SUFFOLK Minds MATTER

Suffolk Annual Public Health Report

— 2016 —

ACKNOWLEDGEMENTS

Thank you to everyone who assisted me in writing and producing this Public Health Annual Report. Your valuable contributions and insights are hereby acknowledged.

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INTRODUCTION

The focus of the 2015 Annual Public Health Report was physical illness, specifically what could be done to prevent high levels of health and care need as the people of Suffolk grow older. The actions to be taken were not just for health and care services themselves, but for the wider Suffolk system.

In last year's report we deliberately focused on physical health even though we are aware of the overlaps between mental ill health and physical ill health – hence the focus on mental health this year.

The burden of mental ill health is great. However, mental health often receives less attention, and services are frequently separate to those for physical health. Suffolk is committed to valuing mental health equally with physical health, embodying the NHS England parity of esteem programme.

There are many factors that contribute to good mental health and emotional wellbeing, some of which are less modifiable such as gender and ethnicity. Others, such as our lifestyle and behaviours, are modifiable.

This report describes some of the factors that can affect mental health at different stages of our lives and what we can do at an individual, community and service level in order to:

- **Promote mental health and emotional wellbeing.**
- **Prevent mental ill health.**
- **Ensure people lead happier, healthier lives for longer.**

This report acts as a springboard for the Suffolk mental health promotion plan and Suffolk's five year suicide prevention strategy - Suffolk Lives Matter.

The report gives recommendations for actions in all settings to prevent mental ill health, and to help people with mental health difficulties remain healthy in the future.

"Mental ill health can affect anyone at any age. The aim of this report is to paint a picture of mental health in Suffolk, including the number of people living with mental ill health at various life stages, and those who may be at risk of developing mental ill health in the future."

Abdul Razaq

Director of Public Health and Protection

SUFFOLK MINDS MATTER: *Ambitions for Mental Health in Suffolk*

1. Good mental health is a fundamental human right for everyone. Suffolk residents with mental ill health should be able to live the life they want to lead, without stigma or discrimination.

2. Good mental health is essential for good physical health, and vice versa. It is therefore vital that mental health is valued equally alongside physical health in Suffolk (embodying parity of esteem). (?)

3. Good mental health and the wider determinants of health are deeply intertwined. The Suffolk social determinants of health should be conducive to promoting good mental health including our housing, skills, education, jobs and lifestyle.

4. Every Suffolk child should have the best start in life. Their emotional health and wellbeing should be a priority to ensure they grow in a nurturing and nourishing environment.

5. Suffolk residents should be able to age healthily, with good cognitive brain health, enabling them to live longer, more independent lives. (?)

6. Suffolk aspires to have the lowest possible suicide rate, an ambition embodied in Suffolk Lives Matter, the suicide prevention strategy for Suffolk. People should receive the timely support and intervention they need to prevent death by suicide. Families should have access to the welfare and bereavement services to be able to cope with their loss.

Throughout the report you may see this symbol: (?)

This means a definition or further information is available in the glossary.

This symbol: (£) is designed for health (and other) professionals to see where savings from prevention could occur. A summary table is provided at the back of this document.

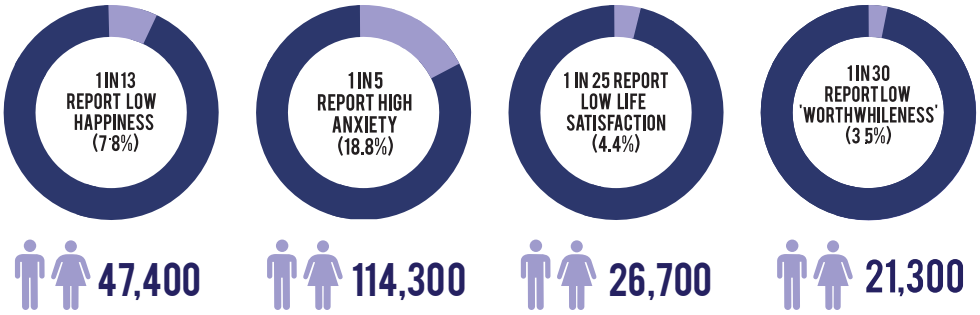
SUFFOLK MINDS MATTER: *The Facts*

This annual report provides a Suffolk picture on mental health, and an insight as to how and why our ambitions for mental health in Suffolk were developed. The sections are arranged in the life course approach with some of the key positive and negative factors identified:

What is emotional wellbeing?

We often make reference to wellbeing without considering what it really means. Whilst most people understand the concepts of mental health and ill health, the use of wellbeing in mental health can have many interpretations. However, reassuringly a 2016 British Social Attitudes survey found that 91% of people surveyed were confident that they know what it means to have good mental wellbeing (without being given any formal definition).

A 2015/16 personal wellbeing survey found that for those age 16+ in Suffolk:



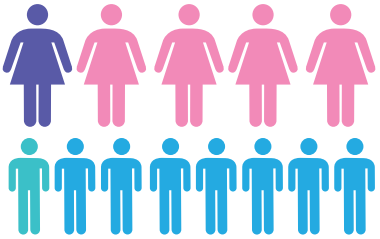
Compared to 2014/15 Suffolk has improved in all areas, and is now slightly better than the England average.

Wherever possible in this report we will use the term emotional wellbeing, and encompass the definitions described in the glossary. It is important that we recognise that physical and emotional wellbeing are linked and also that a person can experience emotional wellbeing whilst also experiencing mental or physical ill health.

SUFFOLK MINDS MATTER: *The Facts*

Who is Affected?

IN ENGLAND IN 2014: ONE IN SIX ADULTS MET THE CRITERIA FOR A COMMON MENTAL DISORDER (CMD).



RATES ARE HIGHER IN WOMEN THAN MEN. ONE WOMAN IN FIVE HAS A CMD (20.7%) COMPARED WITH ABOUT ONE IN EIGHT MEN (13.3%).

12,800

PEOPLE IN SUFFOLK WITH DEMENTIA.

A FURTHER **5,000**

HAVE DEMENTIA BUT REMAIN **UNDIAGNOSED.**

103,300

SUFFOLK ADULTS (16+) ARE ESTIMATED TO MEET THE CRITERIA FOR A COMMON MENTAL DISORDER.

7,516 THE NUMBER OF PEOPLE REGISTERED WITH A SUFFOLK GP IN 2014/2015 THAT HAVE BEEN DIAGNOSED WITH SCHIZOPHRENIA, BIPOLAR OR OTHER PSYCHOSES.

THE NATIONAL REPORTS OF SELF-HARMING **DOUBLED**

IN MEN AND WOMEN AND ACROSS AGE GROUPS BETWEEN 2007 AND 2014. (THIS COULD BE IN PART DUE TO INCREASED REPORTING)

19.1%

THE PERCENTAGE OF PEOPLE IN SUFFOLK ENTERING SPECIALIST DRUG MISUSE SERVICES IN 2014/2015 THAT WERE HAVING TREATMENT FROM MENTAL HEALTH SERVICES FOR A REASON OTHER THAN SUBSTANCE MISUSE AT THE TIME OF ASSESSMENT.

1 IN 100

PEOPLE ARE AFFECTED BY SEVERE MENTAL ILL HEALTH IN SUFFOLK.

50% OF LIFELONG MENTAL HEALTH PROBLEMS DEVELOP BEFORE THE AGE OF 14.

75% DEVELOP BEFORE THE AGE OF 25.

YET ONLY **25-40%** OF CHILDREN AND YOUNG PEOPLE WITH MENTAL HEALTH DIFFICULTIES RECEIVE INPUT FROM A MENTAL HEALTH PROFESSIONAL AT ALL, OR AT AN EARLY AGE.

SUFFOLK MINDS MATTER: *The Facts*

AN ESTIMATED **70%** OF PEOPLE WITH POST TRAUMATIC STRESS DISORDER (PTSD) IN THE UK DO NOT RECEIVE ANY PROFESSIONAL HELP AT ALL.

8% 56,457 PEOPLE AGED 18 AND OVER IN SUFFOLK ARE RECOGNISED BY THEIR GP AS HAVING DEPRESSION.

ONE PERSON IN THREE WITH A CMD REPORTED CURRENT USE OF MENTAL HEALTH TREATMENT IN 2014, AN INCREASE FROM THE ONE IN FOUR WHO REPORTED THIS IN 2000 AND 2007.

26,700 SUFFOLK RESIDENTS AGED 16+ ARE ESTIMATED TO BE LIVING WITH PTSD.

ONE IN SIX PEOPLE IN THE WORKPLACE WILL HAVE A DIAGNOSABLE MENTAL HEALTH CONDITION.

60-70% OF PEOPLE WITH COMMON MENTAL HEALTH CONDITIONS ARE IN EMPLOYMENT.

THE AVERAGE NUMBER OF DEATHS BY SUICIDE IN SUFFOLK EACH YEAR.

24,000 PEOPLE AGED 16 TO 74 IN SUFFOLK ARE ESTIMATED TO HAVE A PERSONALITY DISORDER, WITH MORE MEN AFFECTED THAN WOMEN.

9.1% OF CHILDREN AGED 5-16 YEARS ARE ESTIMATED TO EXPERIENCE MENTAL ILL HEALTH IN SUFFOLK (OVER 9,000 INDIVIDUALS).

35,200 THE ESTIMATED NUMBER OF PEOPLE AGE 16+ WITH EATING DISORDERS **IN SUFFOLK.**

SUFFOLK MINDS MATTER: *Implications of Mental Ill Health:*

People with mental health conditions experience poor physical health outcomes and higher mortality rates. Conversely, people with long term physical conditions experience high levels of mental ill health, as do informal and family carers supporting people at home.

People with mental ill health may not feel able to access preventive and general health care as readily as others. GPs offer an annual health check for those with serious mental ill health and NHS health checks are available for adults aged 40 – 74. However, there is an inequalities gap; those with severe mental ill health are more likely to experience poor physical health, and yet may be less likely to access information, tests and interventions relating to physical activity, smoking, alcohol problems, obesity, diabetes, heart disease and cancer.

Employers and staff may not have adequate knowledge, skills, awareness of pathways and provision, to promote positive mental health and emotional wellbeing.

Mental ill health is common. One in four people will experience mental ill health at some point in their lives.

Evidence indicates that nearly nine out of ten people with mental ill health report that stigma and discrimination negatively impacts their lives. Not only can this delay access to treatment and recovery, it also impacts upon all aspects of a person's life, from finding work, living in suitable housing, and having meaningful social connections and relationships with others.

The costs of mental ill health are multifaceted and very high. They are incurred both by individuals and their families, and by wider society. Some of the costs are 'direct', meaning that they are the costs borne by health and social care services, communities, and by patients and their families in addressing mental ill health.

Other costs are 'indirect', and include lost productivity due to unemployment or people being absent from work because of their mental ill health, and lost productivity caused by people attending work when they are unwell.

All of the above factors contribute to the substantial **personal, societal and financial costs** of mental ill health which we could potentially reduce.

SUFFOLK MINDS MATTER: *Implications of Mental Ill Health:*

COMPARED TO THE GENERAL POPULATION, PATIENTS WITH SCHIZOPHRENIA WILL ON AVERAGE, DIE 14.6 YEARS EARLIER.

THE ECONOMIC COST **ALONE** OF ONE SUICIDE FOR A PERSON OF WORKING AGE IS ESTIMATED TO EXCEED **£1.6M.**

ALMOST HALF OF ALL TOBACCO CONSUMED IS BY PEOPLE WITH MENTAL ILL HEALTH.

THE DIRECT COSTS OF MENTAL ILL HEALTH IN ENGLAND IN 2013/14 WERE ESTIMATED TO BE £34 BILLION.

COMPARED TO THE GENERAL POPULATION, PEOPLE WITH BIPOLAR DISORDER AND SCHIZOAFFECTIVE DISORDER **DIE 8 YEARS EARLIER.**

MENTAL ILL HEALTH COSTS SUFFOLK £450 MILLION IN DIRECT COSTS, AND IS ESTIMATED TO COST BETWEEN £400–950 MILLION IN INDIRECT COSTS EACH YEAR.

SUFFOLK MINDS MATTER: *Starting Well*

IMPACT UPON THE CHILD AND FAMILY:

Giving a child the best start in life precedes birth, and builds strong foundations for future mental health and emotional wellbeing.

Mental ill health may start during the perinatal period or pre-existing conditions may relapse or recur. Unidentified and untreated mental ill health during this time can have serious consequences for the health and emotional wellbeing of a mother and her baby, as well as her partner and other family members. (?)

Many mothers experience a healthy mother–baby relationship, but for some this can be a challenge. Difficulties in the first year after childbirth may lead to a range of problems for the baby, including delayed cognitive and emotional development. There is good evidence that postnatal depression is a risk factor for impairment in infant development, with these problems persisting to at least school age.

POTENTIAL RISK FACTORS FOR MENTAL ILL HEALTH (DURING PREGNANCY AND POST BIRTH):

Although almost any woman is at risk of mental ill health during pregnancy and in the first year after delivery, there are factors that can increase the risk. As with all risk factors, some are modifiable whereas others are not.

Previous history of mental ill health in the mother is a key indicator that the mother may be at increased risk. Other risk factors may include; poverty, migration, extreme stress, exposure to violence and low social support.

Ethnicity of the mother: There may be cultural issues that influence how readily pregnant women and new mothers access services, and they may also have language barriers to overcome. Services need to be sensitive to these diverse needs.

Deprivation: More births occur in Suffolk's most deprived households compared to households that are better off. Evidence suggests that there are differences in access to healthcare services and treatment of conditions by levels of deprivation. Those from more deprived areas may be less likely to use the services available.

5-10 YEAR KEY PREVENTION OPPORTUNITIES FOR SUFFOLK:

Perinatal mental health has been identified as a priority area in the Suffolk Sustainability and Transformation Plan, (?) and through the Family 2020 Strategy. There are opportunities for identifying mental ill health during pregnancy from the first antenatal appointment through to postnatal care.

Clear local pathways are needed so that support can be provided in a timely way, as soon as issues are identified (see NICE guidance CG192). Work is underway to improve the pathway as part of Local Transformation Plans (?) for children and young people's mental health; being led jointly between CCGs, midwifery and children's services. (£)

SUFFOLK MINDS MATTER: *Starting Well*

In Suffolk (2014) 7,857 women had 7,960 babies (live births).

These figures can be used to estimate the scale of perinatal mental ill health.

IN SUFFOLK

	% of women affected	Estimated number of women in Suffolk per year (rounded) with a perinatal mental health need
Depression	12%	943
Anxiety	13%	1021
Post-partum psychosis	0.1-0.2%	8-16
Post-Traumatic Stress Disorder (PTSD) postnatally	3%	236

NATIONALLY BETWEEN 2011-2013; 23% OF WOMEN WHO DIED BETWEEN SIX WEEKS AND ONE YEAR AFTER PREGNANCY WERE FOUND TO HAVE DIED FROM MENTAL HEALTH RELATED CAUSES.

AS MANY AS **50%**

OF WOMEN BECOME EMOTIONAL OR EXPRESS 'BABY-BLUES' AFTER DELIVERY.

IN 2013

18,440 UNDER 16'S

LIVED IN LOW INCOME FAMILIES.

ALTHOUGH SUFFOLK CONTINUES TO EXPERIENCE BELOW AVERAGE LEVELS OF DEPRIVATION, IT HAS BECOME RELATIVELY MORE DEPRIVED BETWEEN 2010-2015.

Suffolk Minds:

"...we could do more for antenatal (care); we need to do more about getting our parents ready to be parents..."

(From an emotional wellbeing and mental health workshop event in 2016)

SUFFOLK MINDS MATTER: *Growing Well*

POTENTIAL RISK FACTORS FOR MENTAL ILL HEALTH:

Children are likely to experience the impact of poor mental health amongst family members, and may also develop mental ill health themselves.

Family circumstances such as unemployment, reduced parenting capacity and capabilities, and the resources available within the community can all impact on a child's emotional wellbeing. Some parents face additional challenges due to substance misuse, their own mental ill health and/or domestic abuse (collectively known as hidden harm).

Although many parents experiencing these challenges are able to meet their children's needs, these risk factors can have a negative impact on their ability to parent and lead to worse outcomes for their children. Children in care are significantly more likely to have mental ill health compared to their peers.

Conduct disorder: A large number of children are diagnosed with conduct disorder. This affects 5,800 children (5.8%) of children aged 5-16 years in Suffolk. (?)

Eating disorders are often associated with the presence of depression or anxiety. Societal factors, a family history of eating disorders, stress inducing situations and abuse also increase the risk. Successful treatment involves helping to resolve the underlying psychological causes whilst improving physical health.

Self-harming is considered to be a risk factor for the development of mental ill health in young people and young people age 16-24, are the age group most likely to self-harm.

Self-harm in young women mostly took the form of self-cutting and the majority reported that they did not seek professional help afterwards.

Self-harm is more common among children and young people living in the most deprived parts of Suffolk.

Currently around 50% of lifelong mental health problems develop before the age of 14 years, with 75% developing before the age of 25 years. Yet, only 25 – 40% of children and young people with mental health difficulties receive input from a mental health professional at all, or at a sufficiently early age.

5-10 YEAR KEY PREVENTION OPPORTUNITIES FOR SUFFOLK:

Promote the emotional and mental wellbeing of children and young people as everyone's business, moving towards a non-stigmatic and sympathetic environment.

Promote speech and language development of all children at early stages of development, which has a positive impact on their emotional wellbeing.

Provide parents and frontline professionals with tools and strategies to identify mental health related issues in children and young people at an early stage, and provide appropriate support as needed.

Encourage and support schools in delivering whole school approaches to increase emotional resilience in children and young people.

Provide a single point of access and assessment, with the provision to improve timely access to the right level of support to children and young people experiencing emotional, behavioural, and mental disorders e.g. conduct disorder.

SUFFOLK MINDS MATTER: *Growing Well*

In Suffolk: Approximately one in ten (9.1%) children aged between 5-16 years have one or more mental health disorders. This equates to just over 9,000 individuals at any point in time.

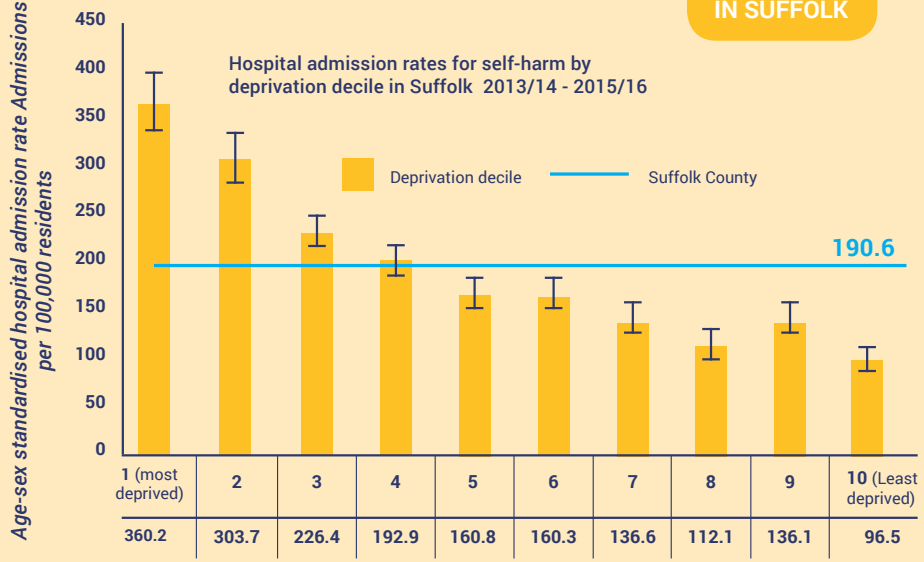
Children in care are 4 times more likely to have mental ill health compared to their peers.

In March 2015 there were 730 Suffolk children in care; of whom 329 (45%) could be experiencing mental ill health.

In Suffolk over the period 2012/13 to 2014/15 there were 1,377 admissions to hospital for self-harm in young people aged 10 to 24.

The overall rate of self-harm admissions in Suffolk is similar to the national average.

The chart below shows admissions for self-harm in Suffolk are 3 times higher in the most deprived areas (1) compared to the least (10):



Recent research indicates that one in four women aged 16 -24 reported having self-harmed at some point; about twice the rate for men of the same age. The gap between young men and young women has grown over time.

For more information, see the section on Hospital Admissions for Self-Harm section of the Mental Health Needs Assessment

The estimated prevalence of eating disorders in Suffolk is 6.68% (for those age 16+), equating to approximately 35,200 people.

Suffolk Minds:

"…The current approach to mental health is reactive. Encouraging preventative measures that allow young people to develop resilience, support each other and create a culture where asking for help early is okay will be hugely beneficial…"

(From an emotional wellbeing and mental health workshop event in 2016)

SUFFOLK MINDS MATTER: *Working Well*

POTENTIAL RISK FACTORS FOR MENTAL ILL HEALTH:

Evidence shows that having a job has a positive impact on a person's mental health. However, simply being in employment is no guaranteed safeguard against mental ill health.

With the average full-time employee spending a third of their waking hours each week at work, the workplace has a significant influence on an individual's mental health and emotional wellbeing.

Studies have demonstrated that a healthy workplace can be achieved by offering employees greater control and flexibility over their work; greater participation in decision-making, and by helping managers improve their people management skills.

NICE guidance, PH22, covers further recommendations for businesses to promote emotional wellbeing at work.

Time to Change is a national campaign offering organisations the opportunity to publicly show their intention to improve the mental health of their employees. Suffolk County Council signed the pledge in 2014 and many other organisations in Suffolk are already working towards changing the culture in the workplace to support positive mental health.

There are reasonable adjustments that employers can make that are often inexpensive and only needed for short periods. These may include anything from specialised training or equipment, to changes in responsibilities or allowing flexible work hours.

Free advice is available from 'Time to Change' and 'Acas' for managers and 'Rethink Mental ill-health' has advice for the employee. For employees with a mental health condition 'Access to Work' offer assessments and personalised support plans to either remain at or return to work.

An individual's ability to cope with pressure will differ depending on a range of factors including previous experiences and current circumstances. Resilience can be strengthened by improving general emotional wellbeing. The 'Five Ways to Wellbeing' is a framework that lists a set of actions to improve people's emotional wellbeing. This approach can help everyone to cope better with the challenges of everyday life.

Suffolk County Council is signed up to the Workplace Wellbeing Charter, and is committed to the promotion of health and wellbeing in the workplace.

5-10 YEAR KEY PREVENTION OPPORTUNITIES FOR SUFFOLK:

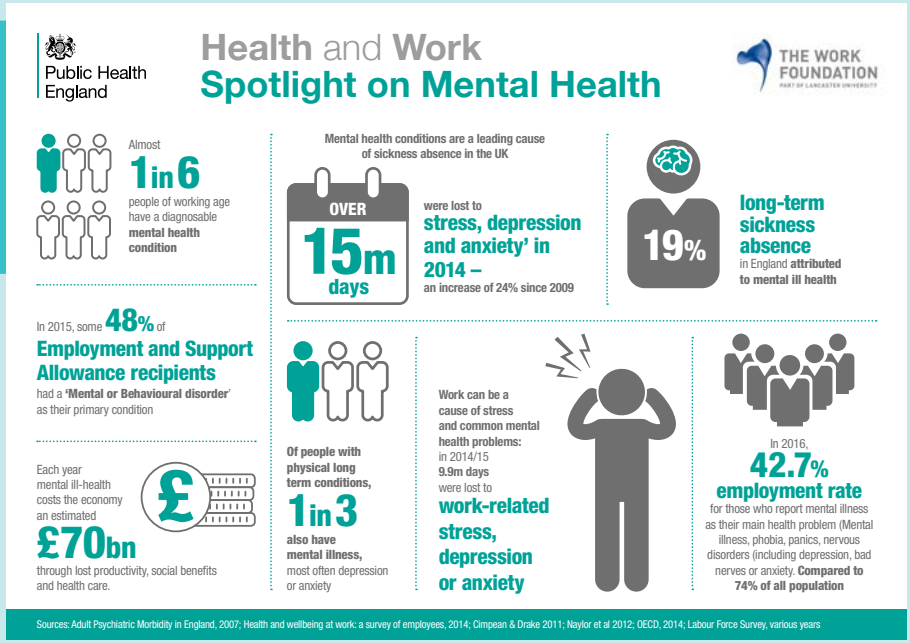
The estimated cost of mental health related absence in the UK is £8.4 billion per year. This cost can be drastically reduced by implementing simple steps to improve the workplace culture around mental health and thereby minimising both the number of absent employees as well as the time they are off.

NICE advice suggests that promoting mental wellbeing in the workplace along with management of long term sickness absence, promoting physical activity, smoking cessation and action to decrease excess weight in the workforce will be cost effective.

Mental health is everybody's business and in the workplace the individual employee, managers, and the organisation as a whole can influence the emotional wellbeing of staff. It is important that everyone in the workplace sees employee's mental health and emotional wellbeing as a key responsibility, and offer positive ways to support employees. £

SUFFOLK MINDS MATTER: *Working Well*

NATIONAL DATA INDICATES



One in six people of working age will have a diagnosable mental health condition.

IN SUFFOLK

- Approximately 73,600 working age adults (16-64) have a diagnosable mental health condition.
- 49% of employment and support allowance claimants had 'mental and behavioural disorders' as their primary condition.
- 130,700 people reported their daily activities were limited a little or a lot because of a health problem or disability in 2011. If 1 in 3 experience mental ill health, this equates to 43,500 people.
- The 2014/15 gap in the employment rate for those in contact with secondary mental health services and the overall employment rate in Suffolk was 66.0 percentage points - similar to the England level (66.1).
- The 2014/15 gap in the employment rate between those with a long-term health condition and the overall employment rate in Suffolk was 9.1 percentage points - higher than the England level (8.6).

Suffolk Minds:

"A happy, healthy workforce is more likely to deliver high quality services for the people of Suffolk than an unhappy, unhealthy one…Making sure that work places are healthy environments is… incredibly important, and can have implications for people and their families outside of work too."

(From the Healthy Suffolk website 2016)

SUFFOLK MINDS MATTER: *Living Well*

POTENTIAL RISK FACTORS FOR MENTAL ILL HEALTH:

Physical health and mental health are inextricably linked. We know that choosing a healthy lifestyle will lead to improved health and emotional wellbeing for the people of Suffolk. However, unhealthy lifestyles can be a response to stress or societal circumstances. They can also be influenced by access and availability (e.g. unhealthy food options or cigarettes).

Ethnicity: The latest data available shows that black women experience a higher prevalence of common mental disorder. The same data highlights that black adults had the lowest treatment rate for mental ill health.

Low levels of physical activity can be a risk factor for mental ill health. Regular physical activity reduces the risk of depression, cognitive decline and dementia. It can enable a person to cope with stress better.

Excess weight can make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.

Risk behaviours: There is a strong association between poor mental health and health risk behaviours such as **smoking, and alcohol and drug misuse.**

Traumatic experiences in childhood have been shown to increase the risk of mental ill health in later life.

Post-Traumatic Stress Disorder (PTSD) can be caused by **any** stress inducing event. Effective identification is key, with timely intervention to minimise impact. (?)

The physical health of people with mental health conditions: People with serious mental health conditions have higher risk of illness and early death. 46% of those with a mental health condition have a long term physical condition, and people with long term physical conditions are more likely to experience mental ill health.

OUTCOMES

Crisis: There is no routinely collected data on mental health related crises for Suffolk, which can make it hard to establish need. Suffolk's Mental Health Crisis Concordat has a detailed action plan to reduce crisis, improve care for people in Suffolk, and reduce admissions. (?)

Suicide: Deaths from suicide often have a huge impact on the friends and family of the deceased. People who lose a partner to suicide are at increased risk of suicide themselves, and the family and friends of someone who dies by suicide are at increased risk of poor mental health.

5-10 YEAR KEY PREVENTION OPPORTUNITIES FOR SUFFOLK:

Positive messages about mental health and self-care will help people to take charge of their own emotional wellbeing. For groups with experience of poor mental health or increased risk of mental ill health, increasing use of psychological therapies can prevent the development of depression and anxiety. Promoting available and effective services such as cognitive behavioural therapy, bereavement counselling and relationship support will improve wellbeing.

In addition, improving the mental health of specific groups in the population for example; targeting men in mid-life who are socioeconomically disadvantaged, people who misuse drugs and alcohol, and people entering and leaving custody may prove effective in reducing the burden of mental ill health.

Excess morbidity and premature mortality could be improved by better integrating mental health support with primary care chronic disease management. Outcomes can be improved with change to small investment, for example, suicide awareness training for GPs. (£)

Although those with diagnosed mental ill health have a higher risk of dying by suicide, only 28% of those who die in this way have been in contact with mental health services. Furthermore, only half of people who attempted suicide sought help after their most recent attempt. Wider awareness of potential indicators of suicide amongst all professionals is key in preventing suicide.

SUFFOLK MINDS MATTER: *Living Well*

Lifestyle factors contribute to the 15–20 year lower life expectancy among people with severe mental ill health.

- Smoking rates in adults with depression are approximately twice as high as among adults without depression. 37% of those with long term mental health issue are smokers.
- Almost half of all tobacco consumed is by people with mental ill health; this may have implications for the design of smoking cessation services.

Post-Traumatic Stress Disorder

26,700 Suffolk residents aged 16+ are estimated to be living with post-traumatic stress disorder.

Evidence suggests that around 70% of people with post-traumatic stress disorder in the UK do not receive any professional help at all.

Suicide

In Suffolk every year, around 60 people die by suicide, and the most recent data shows that 74% of these deaths are in men.

Rates of death from suicide in Suffolk are 8.7 per 100,000 people, this is similar to the national average, but our aspiration is to lower this.

IN SUFFOLK

All of the behaviours below increase the risk of mental ill health, and are more prevalent in the most deprived communities. In Suffolk:

NEARLY 2 IN EVERY 3 ADULTS ARE OVERWEIGHT OR OBESE (65.9%), SIGNIFICANTLY WORSE THAN THE ENGLAND VALUE (64.6%).

42.8% OF ADULTS FAILED TO MEET RECOMMENDED LEVELS OF PHYSICAL ACTIVITY IN 2014.

16.1% OF ADULTS SMOKE.

THERE ARE AN ESTIMATED **2,398** OPIATE AND/OR CRACK COCAINE USERS.

APPROXIMATELY **15%** OF THE POPULATION AGED 18+ DRINK ABOVE THE ADVISED LIMITS. 3.8%, (22,000 PEOPLE) ARE ALCOHOL DEPENDENT.

1/5 PEOPLE ENTERING SPECIALIST DRUG MISUSE SERVICES IN 2014/15 WERE HAVING TREATMENT FROM MENTAL HEALTH SERVICES FOR A REASON OTHER THAN SUBSTANCE MISUSE AT THE TIME OF ASSESSMENT. THIS 'DUAL DIAGNOSIS' HAS IMPLICATIONS FOR SERVICE DESIGN. ?

Suffolk Minds:

"The number of years we can expect to live in good health, healthy life expectancy, is actually falling, which means the number of years living with disability is rising….We are running out of time. We are on our way to becoming less healthy now than our predecessors, and if we want this to change, we need to change as individuals, families, communities and professionals".

(From the Annual Public Health Report 2015)

SUFFOLK MINDS MATTER: *Ageing Well*

POTENTIAL RISK FACTORS FOR MENTAL ILL HEALTH:

Older people are at risk of the same emotional and mental ill health as younger people and also have a much higher risk of dementia. The risk of depression increases with age and ill health, and is more common in women.

Many older adults lose independence because of chronic illness, pain, disability or mental health difficulties. Older people are more likely to experience bereavement and loss of socioeconomic status due to retirement.

Poor physical health increases the risk of depression, and loneliness increases the risk of depression and suicide. Together poor health and isolation combine to increase the risk further. Depression may present differently in older people, and may include physical symptoms, and is linked to adverse outcomes in illness such as heart attack, stroke, and fracture of the hip.

Dementia: The impact of illness extends beyond the individual, affecting family and friends, and placing potential strain on these individuals as they try to help loved ones live an independent, safe and fulfilling life.

People who care for a friend or relative with dementia are at higher risk of developing mental ill health themselves.

In 2015 dementia and alzheimer's disease replaced ischaemic heart diseases as the leading cause of death in England and Wales, accounting for 11.6% of all deaths. It is thought this change is due to the fact that people are living longer, and the detection and diagnosis of dementia has improved. However, an update in the way cause of death is reported is also a factor.

Dementia is **not** considered to be a normal part of ageing. Most older people will not develop the condition in their lifetime despite the accumulation of brain damage and a progressive decline in cognitive function with age. (?)

There are studies underway on the risk factors and preventative measures in relation to dementia. Risk factors for cardiovascular disease (e.g. heart disease and stroke) are also risk factors for dementia. Therefore, adopting a healthy lifestyle (particularly in midlife) can help lower the risk of vascular dementia.

Carers: An increasing number of adults are finding themselves caring for a spouse or elderly relative. Many adult carers are affected by social isolation, often foregoing their own social needs to provide help and support to dependent loved ones.

5-10 YEAR KEY PREVENTION OPPORTUNITIES FOR SUFFOLK:

Guidance for commissioners of older people's mental health services advises joined up working to help meet complex social, medical and emotional needs and to support independence.

There is evidence that depression is underdiagnosed in older people. Improved awareness may lead to improved outcomes. There is evidence of low access to psychological therapy services in older people although there is good evidence of health benefit.

MIDLIFE PREVENTION OPPORTUNITY:

Delaying the age of cognitive decline and dementia onset by an average of five years could reduce the population prevalence of dementia by up to 50%.

A 'spend to save' approach to dementia care for the general population, providing upfront investment in services to facilitate early diagnosis could enable people to remain living in their own homes for longer and reduce hospital admissions. (£)

SUFFOLK MINDS MATTER: *Ageing Well*

- **By 2030, one in five people in the UK will be aged 65 and over.**
- **Suffolk's 65+ population is growing at a faster rate than the Suffolk population as a whole. The 65+ population in Suffolk is forecast to increase by 36% from 2015–2030.**
- **10-20% of people aged 65 and over will experience depression (an estimated 16,600-33,300 people in Suffolk).**
- **Older people living in care homes and in those in hospital have a higher prevalence of depression, estimated at 20-30%, often in combination with dementia.**

IN SUFFOLK

Dementia in Suffolk:

- 2014/15 data indicates Suffolk has a significantly higher percentage of registered patients diagnosed with dementia (0.89%) compared to England (0.74%).
- There are currently approximately 12,800 people living with dementia. This is projected to rise to nearly 25,000 people by 2035, an increase of 90%. The greatest increase will be in the over 85 age group.
- It is thought that about 5,000 people may be undiagnosed. Without a diagnosis, people do not have access to therapeutic interventions and support.
- The prevalence of dementia is nearly 4 times higher among people with learning disabilities aged 65 and over compared with the general older adult population.
- There are approximately 3,452 people over 65 years who have a learning disability in Suffolk, and this number is expected to increase to 4,746 by 2030.

PHYSICAL ACTIVITY HAS A PROTECTIVE EFFECT AND MAY BE ASSOCIATED WITH UP TO A 40% REDUCTION IN DEMENTIA RISK.

- More than 77,000 people provide unpaid care in Suffolk.
- Suffolk data for 2014/15 shows that only a quarter (25.6%) of adult carers feel that they have as much social contact as they would like, significantly below both the regional (42.2%) and national averages (38.5%).

CARERS IN SUFFOLK

Suffolk Minds:

"A helping hand", "someone who is there for you", and "well designed local services" can make a big difference – we know because we have seen it.

The Debenham Project ⓘ has been set up to do just this".

(From The Debenham Project report 2015)

SPENDING WELL £

The Return on Investment from Preventing Mental Ill health

AREA	ACTION WE CAN TAKE IN SUFFOLK	RETURN ON INVESTMENT (ROI)
Starting Well	• Ensure effective access to treatment following identification of post-natal depression (through universal post-natal screening); with additional support provided by psychologically-informed health visitors where the issue does not resolve within a short timescale.	• Improving Access to Psychological Therapies (IAPT) has been evaluated as generating a societal return on investment of £6 for every £1 spent, including the benefits to individuals. • Considering only statutory-sector costs, £1.75 can be saved for every £1 spent on IAPT.
Growing Well	• Develop school-based programmes of Social and Emotional Learning (SEL), to be delivered at age 10, which have been shown to substantially reduce the number of children developing more serious conduct disorders. • Consider commissioning care for people with eating disorders through a 'centres of excellence' model, rather than through lower volume local services.	• A Social and Emotional Learning (SEL programme is estimated to cost £132 per child. Considering only statutory sector costs (including education, the NHS, Social Services and Criminal Justice), SEL generates a return of £0.62 for every £1 spent at year one, £15 for every £1 spent at year 5; and £24 for every £1 spent at year 10. • Including wider societal costs and benefits, a SEL programme generates a return of £47 for every £1 spent per child at year 5; and £74 for every £1 spent at year 10. • Data from Australia suggests that the benefits of best practice care offset costs by more than 5:1. The benefits of increased tax receipts from rising employment more than offset the additional direct care costs in this example.
Working Well	• Continue to support employers and the voluntary and community sector (VCS) in introducing and running effective workplace health programmes.	• NICE calculates that investments to reduce employee absence due to musculoskeletal problems and mental ill health offer a return of £2.40 for every £1 invested.

SPENDING WELL £

AREA	ACTION WE CAN TAKE IN SUFFOLK	RETURN ON INVESTMENT (ROI)
Living Well	• Many of the interventions which encourage healthy lifestyles in the general population are equally applicable to those suffering with mental ill health. Examples include smoking cessation, alcohol reduction, physical activity and weight management. • Offer suicide prevention training to GPs (examples include the Applied Suicide Intervention Skills Training (ASIST) programme and the Skills-based Training on Risk Management (STORM) programme), increasing their ability to identify those at risk from suicide. Identification of risk then needs to be followed up with effective treatment, which may include cognitive behavioural therapy (CBT), pharmaceutical and psychological support.	• Screening and brief interventions for alcohol reduction are estimated to have a societal return of nearly £12 for every £1 invested over seven years. • Smoking cessation services offer a societal return of £1.24 for every £1 invested at five years. • Weight management interventions offer a return of £2 for every £1 spent at 25 years. • Analysis including treatment and training costs, and also including the productivity losses avoided by preventing someone from dying by suicide, suggests that this intervention offers societal returns greater than £20 for every £1 spent, including within one year.
Ageing Well	• Support organisations offering befriending services to those otherwise isolated and lonely. • Dementia delay through modification of personal risk factors including cardiovascular disease.	• Befriending schemes offer a societal return on investment of £4 for every £1 invested. • NICE calculates that for every year in which a person has their dementia delayed by modifying their risk factors, the NHS, Local Government and Central Government will save £15,050. If 66 people in Suffolk prevented or delayed their dementia by one year, this would save £1million.

5–10 YEAR RECOMMENDATIONS TO PROMOTE GOOD MENTAL HEALTH AND REDUCE DEMAND IN SUFFOLK:

1	To work to promote mental health and to reduce stigma and discrimination.
2	Promote emotional wellbeing and resilience in communities throughout Suffolk, by working to address the social determinants of mental health.
3	Ensure those with physical health needs have good mental health, and that those with mental ill health have equal support to improve their physical health.
4	Promote the mental health of women and ensure children have the best start in life.
5	Ensure the effective recognition and treatment of depression in older people, especially those at increased risk.
6	Work to promote active healthy ageing programmes to delay the onset of dementia at any age.
7	Reduce suicide in Suffolk by 10% over the next five years using the 2012-14 data as our baseline.

To find out more about our recommendations, the actions we need to take to achieve them and how we will measure our success please click here:

http://tiny.cc/APHR2016

To find out more about the evidence underpinning this report please click here:

http://tiny.cc/APHR2016Evidence

ONE YEAR ON: *Progress on the 2015 Annual Report*

What progress have we made in implementing the recommendations from the 2015 report?

RECOMMENDATIONS FROM 2015:	ACTION:
1. That the 2015 report forms the basis for the Suffolk Health and Wellbeing Board prevention strategy.	• The prevention strategy has been published and is available here: http://www.healthysuffolk.org.uk The document provides clear priority areas and outcomes we want to achieve in order to decrease demand.
2. Improve the diagnosis and management of hypertension, atrial fibrillation, diabetes and COPD.	• We are continuing work on this as part of priority 1 of the prevention strategy. • There is an action plan with defined dates for target attainment.
3. Improve the momentum in delivering the Health and Wellbeing Board tobacco and alcohol strategies.	• The momentum of both of these has been reinvigorated through their incorporation within the prevention strategy.
4. Continue to drive an increase in physical activity.	• The new healthy lifestyle service, OneLife Suffolk, came into place on 1 April 2016. • The introduction of OneLife Suffolk means one service for the whole county with a single contact number for stop smoking services, adult weight management, NHS health checks, child weight management and advice about physical activity.
5. Design services for greatest population prevention impact.	• OneLife Suffolk is a partnership between Leeds Beckett University, MoreLife, Quit 51 and Tobacco Free Futures. This collaboration represents significant experience in delivering health improvement and influencing positive behaviour change, underpinned by an emphasis on evidence based research. • Local transformation plans in East and West Suffolk and Waveney and Norfolk, aim to improve the way we respond when issues arise. The plans are being jointly delivered by the NHS, local authority, service providers and users of the services. The focus is more than mental health services; it is about how we work together, eliminate gaps and embed a culture that promotes good emotional wellbeing.

GLOSSARY

Cognitive Behavioural Therapy: A talking therapy that can help manage difficulties by changing the way people think and behave. It is commonly used to treat anxiety and depression, but can be helpful for other mental and physical health problems.

Cognitive health: Cognition is the array of mental skills and abilities we have including: memory, concentration, planning, thinking things out, decision-making and understanding. Good cognitive health means that our brains are able to perform these processes effectively.

Common mental disorder: different forms of depression and anxiety. They cause significant emotional distress and interfere with daily function. However, the do not usually affect insight or cognition.

Crisis: When a person with mental ill health urgently needs help due to their behaviour being out of control or irrational and likely to endanger the person themselves or others. The nature of each crisis is unique and variable.

Conduct Disorder: A behavioural and emotional condition diagnosed in children and young people, who have difficulty following rules or behaving in a socially acceptable way.

(The) Debenham Project: A comprehensive range of local volunteer-based services which "draw in" the best professional support for those affected by dementia. It is dedicated to giving practical and emotional support to all in the Debenham area who care for those with dementia, as well as those who have been diagnosed.

Dementia: A syndrome characterised by impaired cognitive functioning e.g. problems with memory loss, thinking speed, mental agility, language, emotional control, understanding and judgement.

Depression: A common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

Dual Diagnosis: Individuals with substance misuse (drug, alcohol or both) problems and mental ill health together are referred to as having dual diagnosis.

Eating disorders: Include a range of conditions including anorexia nervosa, bulimia, and binge eating disorder (BED). It is important to note that many eating disorders (excluding BED) begin in adolescence and young adulthood, and affect both genders.

Emotional wellbeing: Having good mental wellbeing includes: feeling positive, enjoying daily activities, getting on well with other people, being able to make decisions, and dealing with change or uncertainty, In Suffolk, we also use the definition within the Suffolk Children's and Young Peoples Emotional Wellbeing 2020 strategy (but apply it to the whole population rather than just children):

"Emotional wellbeing is intricately connected to mental health, and involves having a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. It centres on how we feel and represents our emotional state in everyday life. The phrase 'emotional wellbeing' is seen as more positive and holistic, and for this reason is preferred when talking about the emotional and mental wellbeing of children in Suffolk".

Family 2020 strategy: This is the East and West Suffolk transformation plan for Children and Young People's Emotional Wellbeing.

http://www.healthysuffolk.org.uk

Local Transformation Plans for children and young people's mental health: In October 2015 Clinical Commissioning Group areas were required to develop a Local Transformation Plan (LTP) in response to the recommendations set out in the Future In Mind Report - promoting, protecting and improving our children and young people's mental health and wellbeing, the report of the Government's Children and Young People's Mental Health Taskforce in 2015.

Mental health (World Health Organisation definition): A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Parity of esteem: A term used in the mental health strategy for England. It is best described as valuing mental health and physical health equally.

Perinatal mental ill health: Maternal mental health problems occurring during pregnancy or in the first year are referred to as perinatal.

Personality Disorders: A complex group of conditions identified through how an individual thinks, feels and behaves.

Post-Traumatic Stress Disorder (PTSD): Can be caused by any stress inducing event. People affected by PTSD may experience a range of symptoms for example: flashbacks; a heightened state of alertness; being angry or upset easily; reckless behaviour. We have used the 4.4% positive screening for PTSD figure from the 2014 Adult Psychiatric Morbidity Survey 2014 to estimate the prevalence in Suffolk.

Severe mental ill health: Can involve psychosis (disturbed thinking and perception) also includes: schizophrenia, bipolar disorder and schizoaffective disorder.

Social and emotional learning: An umbrella term encompassing how children and young people learn and develop skills and understanding in relation to: self-perception and self-awareness, motivation, self-control and self-regulation, social skills, resilience and coping. See also:

https://www.nice.org.uk/advice/lgb12/chapter/Introduction

Suffolk Sustainability and Transformation Plan: A five-year plan covering all areas of NHS spending for Suffolk. The plan describes how local services deliver the NHS Five Year Forward View vision of improved health.

https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/

NOTES

www.healthysuffolk.org.uk

Healthy Suffolk

Suffolk County Council

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