Mental health and wellbeing in Norfolk and Waveney: briefing paper

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Summary of findings

This report looks across the life course, analysing the mental health and wellbeing of the population of Norfolk and Waveney. It covers the prevalence of mental illness, risk and protective factors for mental health, service need and outcomes among those with mental illness.

In Norfolk and Waveney, the prevalence of mental health problems among children is higher than the England average and increasing. Early years and childhood are particularly crucial periods to build mental wellbeing and resilience. Across the adult population the prevalence of diagnosed mental health conditions is similar to England. However, self-reported mental illness is higher.

Self-harm rates among 10-24 year olds are decreasing. However, Norfolk has seen average or higher than average suicide rates over the last 10 years. The majority of deaths by suicide between 2009-2019 have been among men.

There are key periods of transition across the life course where interventions may improve mental health outcomes by increasing protective factors and reducing exposure to risk factors.

Protective factors can increase wellbeing and resilience, improving a person's ability to cope with life adversities. Key determinants of mental wellbeing lie in the family, environment, community, and society into which a person is born and raised. Overall wellbeing scores in Norfolk are high, and similar to the national average, as are the prevalence of protective factors.

Exposure to adversity across the life course can increase the risk of an individual developing mental illness. In early years and childhood, unstable family environments such as having a parent with substance misuse problems or being in local authority care increases the risk of mental illness. In Norfolk looked after children and young offenders have particularly high levels of emotional and mental health needs. Among adults, social care users have a significantly higher prevalence of anxiety and depression than the general adult population. Those experiencing unemployment or homelessness also have a higher risk of mental illness.

For all ages poverty is a key risk factor for increased mental health needs. In Norfolk, areas of deprivation see higher levels of emergency mental health admissions. The main causes for emergency mental health admissions are self-harm, and drug and alcohol use.

Increasing mental wellbeing and resilience among people with serious mental illness (SMI) can support their mental health recovery. Good physical health is a key determinant of mental wellbeing among people with SMI as much as it is for the general population. Life expectancy among people with severe mental illness (SMI) is significantly lower than those without SMI. This is largely due to poorer physical health. In Norfolk people with SMI have much higher rates of smoking which is a key cause of physical illness. Alongside this, in Norfolk and Waveney, people with SMI have lower levels of completed physical health checks compared to the England average.

The data analysis identifies the following groups as highest priority:

- People with low incomes living in areas of deprivation
- Parents with young children
- Looked after children
- Children involved with youth justice system
- Men's wellbeing
- Unemployed
- Homeless

- Adult social care users
- People who access drug and alcohol services
- The Physical health of people with Serious Mental Illness

Alongside these high priority groups, there are areas within Norfolk and Waveney which have higher levels of need in terms of self-reported mental illness and use of emergency mental health services. These areas are Lowestoft, South Waveney, Gorleston and Norwich. Consideration should be given to understanding why these areas have higher need and how to address this.

Introduction

Mental illness can have a considerable impact on the quality of life of individuals as well as their friends, families, and wider community (Public Health England, 2018). In the UK mental illness is one of the largest causes of illness, contributing to 21.3% of the total morbidity burden (Public Health England, 2018). Globally, mental health and substance misuse disorders were the fifth leading cause of years lived with disability (Whiteford, 2013). This briefing provides an analysis of mental health and wellbeing in Norfolk and Waveney. The structure follows the principles of a public mental health approach which is concerned with promoting mental wellbeing, preventing mental illness from developing and improving the lives of those with existing mental illness (figure 1) (Public Health England, 2020).

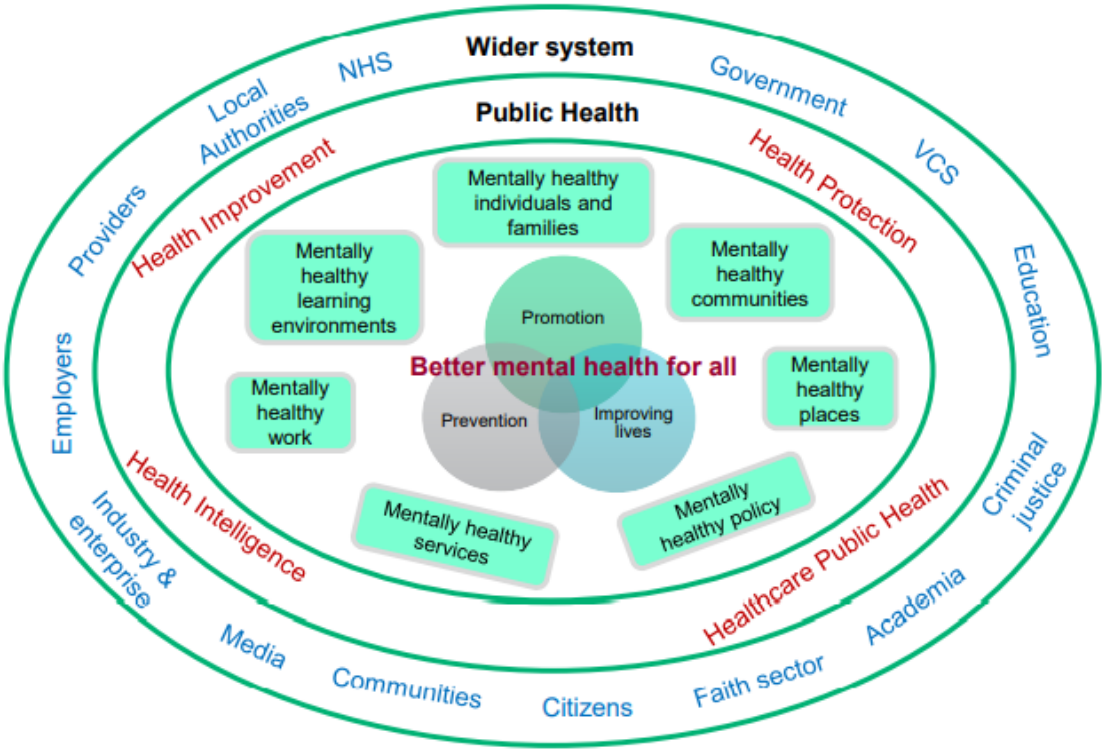

Figure 1. Achieving Better Mental Health for All across the system (Public Health England, 2020)

The term mental health is used to describe a spectrum from mental illness and disorder through to a positive state of mental health or wellbeing (Faculty of Public Health and Mental Health Foundation, 2016). The WHO definition of mental health is "a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community" (World Health Organisation, 2018).

Mental wellbeing is the positive end of the mental health spectrum and refers to both feeling good and functioning well. Feeling good involves happiness, life satisfaction and other positive emotional states. Functioning well relies on self-acceptance, personal growth, positive relations with others, autonomy, purpose in life and the ability to manage the demands of life (Faculty of Public Health and Mental Health Foundation, 2016).

This analysis covers the population of Norfolk and Waveney. It looks at the prevalence of mental illness; risk and protective factors for mental health and wellbeing; service need and demand; and outcomes for those living with mental illness.

Life course approach

The life course approach recognises points in life when there are opportunities to promote mental wellbeing and intervene in at risk populations. These points are those of transition and change particularly during childhood, but also in adulthood and later life, such as redundancy, becoming a new parent, or after a bereavement. Intervening at these stages is effective at reducing mental health problems, supporting recovery and preventing losses for those who are currently at risk (Faculty of Public Health and Mental Health Foundation, 2016).

Limitations to analysis

A range of data sources were used including local and national databases, peer reviewed and grey literature. The latest available data for each indicator was used. However, there is variation in how frequently data for each indicator is collected. Alongside this the COVID-19 pandemic may have disrupted regular data collection. As such data from different years are used in this analysis to build a comprehensive picture.

National data mainly covers England, and where possible local data refers to Norfolk and Waveney, however for some indicators data was only available for Norfolk. In some instances, where data was not available for Norfolk and Waveney, national statistics were used to model estimates for Norfolk and Waveney. The geography covered by the data is indicated in the text.

For certain indicators trend data was not available. This may be due to it being a new or a discontinued indicator.

Prevalence of mental ill health

Children and young people

Around 50% of lifetime mental illness (excluding dementia) occurs by the age of 14 and 75% by the mid-20s (Campion, Bhui, & Bhugra, 2012). This means childhood and adolescence are important periods to improve mental health and wellbeing. Research suggests that 25-50% of adult lifetime mental illness may be avoided through prevention and intervention of mental health problems in childhood (Campion, Bhui, & Bhugra, 2012).

0-4 years old

Mental health prevalence figures among infants and young children can be challenging to determine due to the difficulty in assessing and diagnosing this age group (Lyons-Ruth K, 2017). However, research has estimated the prevalence of any clinically diagnosable mental health condition among the study population of 0–4-year-olds to be 7.1% (Wichstrøm, et al., 2012). This equates to approximately 3,000 children in Norfolk using 2019 population estimates (figure 2) (Office for National Statistics, 2019) (Wichstrøm, et al., 2012).

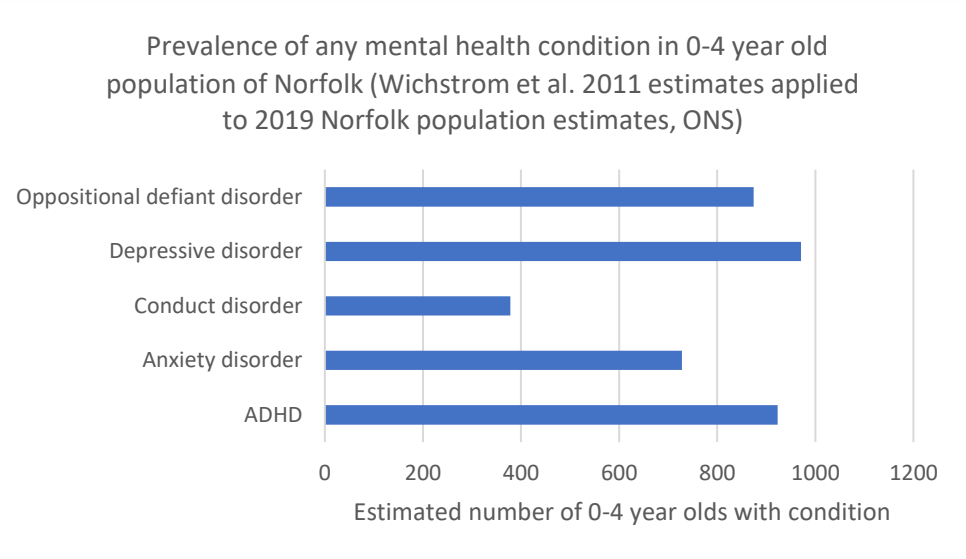

Figure 2. Prevalence of any mental health condition in 0-4 year old population of Norfolk (Office for National Statistics, 2019) (Wichstrøm, et al., 2012).

5-17 years

In Norfolk and Waveney in 2020, the prevalence of social, emotional, and mental health needs was 3.08% among primary school pupils and 3.34% among secondary school pupils (figure 3) (Department for Education, 2020). These are higher than the England averages, and increasing (Department for Education, 2020).

National prevalence estimates for mental health conditions among 5-17 years old suggest that anxiety is more common than depression (NHS Digital, 2018). These national estimates were applied to the 2020 Norfolk and Waveney population. This showed an estimated 2,000 5-17 years old may have experienced any type of depressive disorder and an estimated 9,000 may have experienced any type of depressive disorder in 2020 (NHS Digital, 2018) (Robotham J. , 2021). Put simply, in Norfolk and Waveney, it is likely more children and young people are worried, rather than sad.

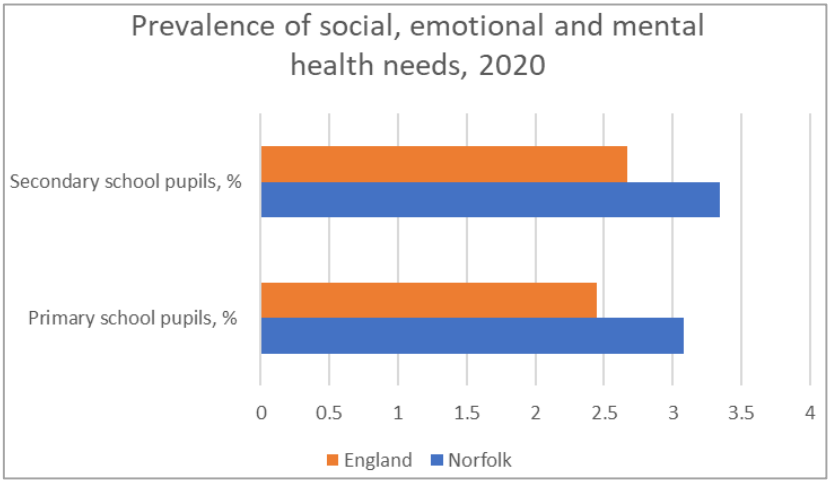

Figure 3. Prevalence of social emotional and mental health needs among children and young people in Norfolk and England (Department for Education, 2020).

Adults 16 years +

Anxiety and depression are more common in Norfolk and Waveney than severe mental illness such as schizophrenia and bipolar affective disorder (Figure 4) (Office for Health Improvement and Disparities, 2021). The prevalence of diagnosed common mental illness and severe mental illness are similar to the England averages (Office for Health Improvement and Disparities, 2021). In 2017, across Norfolk and Waveney, the prevalence of common mental illness among over 16s was 15.8% compared to 16.9% in England (Public Health England, 2021). In 2019/20 the prevalence of severe mental illness among over 18s was 1% compared to 0.9% in England (Office for Health Improvement and Disparities, 2021)

Despite the levels of diagnosed mental illness being similar, in 2019/20 self-reported mental illness was higher in Norfolk and Waveney (11.6%) than England (10.5%) (Office for Health Improvement and Disparities, 2021) . This was mainly driven by high self-reported illness in Norwich, Lowestoft and Gorleston (Public Health Intelligence, 2021). This disparity suggests that there may be people with undiagnosed illness in the community and would benefit from further investigation to identify potential unmet need.

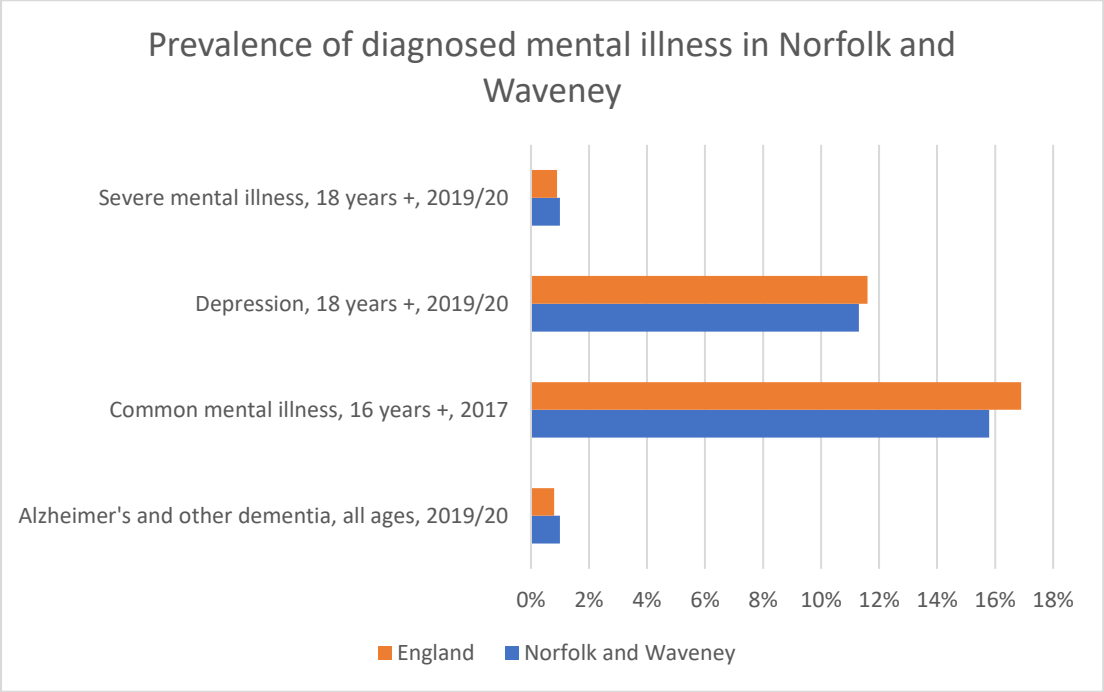

Figure 4. Prevalence of mental illness in Norfolk and Waveney compared with England, 2019/20 (Office for Health Improvement and Disparities, 2021).

Suicide and Self Harm

Hospital admissions due to self-harm among 10–24-year-olds are decreasing and lower than England (The Health and Social Care Information Centre, 2020). In 2019/20 the rate of admissions was 395 per 100,000 population in Norfolk and 439 per 100,000 population in England (The Health and Social Care Information Centre, 2020).

Norfolk has seen statistically similar or higher suicides rates compared to the national average over the last 10 years. The three-year rolling average suicide rate from 2018-20 was 11.5 per 100,000 compared with the England average of 10.4 per 100,000 (Office for National Statistics, 2021). The prevalence of suicide among men is higher than women. Between 2009-2019, 76% of deaths due to suicide in Norfolk were among men (Office for National Statistics, 2021)

Research suggests that there was no significant rise in the rate of suicides during the early stages of the COVID-19 pandemic in England (Appleby, et al., 2021). If there are any changes in trends over the long term, they will need to be evaluated.

Protective factors for mental health and wellbeing

A public health approach considers protective factors for mental health as well as risk factors for mental illness. Increasing protective factors and subsequently resilience can help individuals cope with normal adversities and therefore reduce the risk of developing mental illness and supporting recovery among those with existing mental illness (Royal College of Psychiatrists, 2010) (Campion, Bhui, & Bhugra, 2012). Key determinants of mental wellbeing lie in the family, environment, community and society into which a person is born and raised (figure 6). (Faculty of Public Health and Mental Health Foundation, 2016)

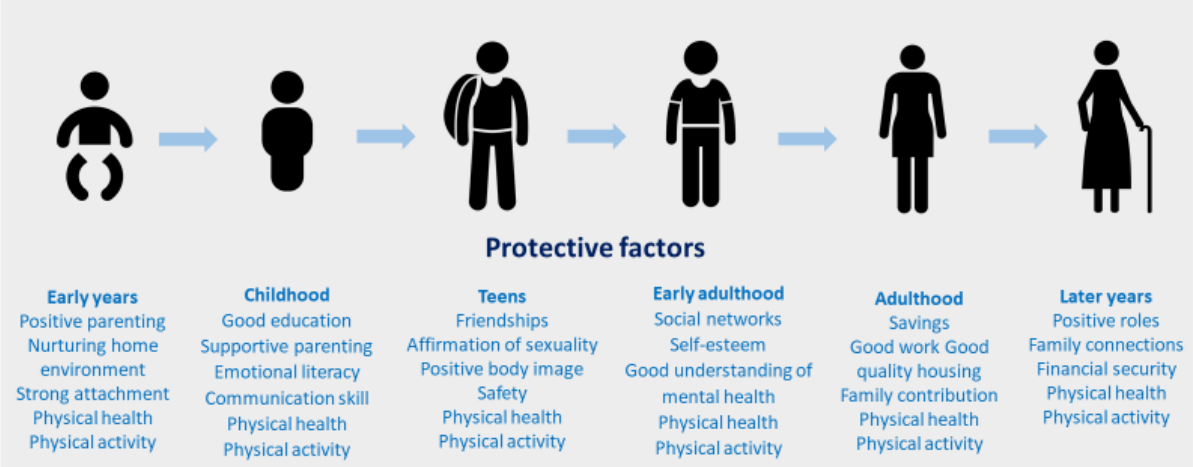

Figure 6. Protective factors for mental health and wellbeing through the life course. Adapted from (Kousoulis, 2019) (World Health Organisation, 2015).

Levels of wellbeing

A child's emotional health is the most powerful predictor of their subsequent adult life-satisfaction (Faculty of Public Health and Mental Health Foundation, 2016). Figure 7 shows that mental wellbeing scores among children in Norfolk were similar to those seen across England in 2019/20 (Sport England, 2020). Among year 3 to year 11 pupils in Norfolk the average scores (out of 10) for happiness, life satisfaction and life worthwhileness were 6.91 (6.96 England), 6.49 (6.50 England) and 6.72 (6.73 England) respectively (Sport England, 2020).

Levels of wellbeing among the adult population of Norfolk are high (figure 8), and similar to England levels. In 2020/21, the Office for National Statistics Annual population survey found that among the Norfolk adult population 76% of respondents reported high life or very high life satisfaction and 75% high or very high scores for happiness (Office for National Statistics, 2021).

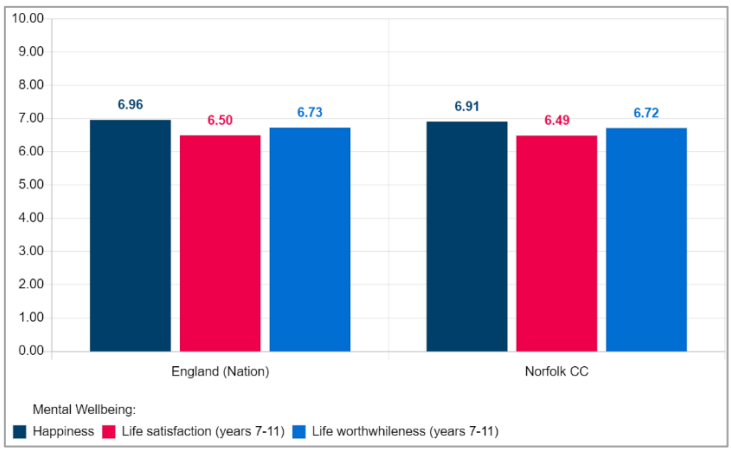

Figure 7. Mental Wellbeing average score (0-10) among year 7-11 pupils, 2019/20 (Sport England, 2020).

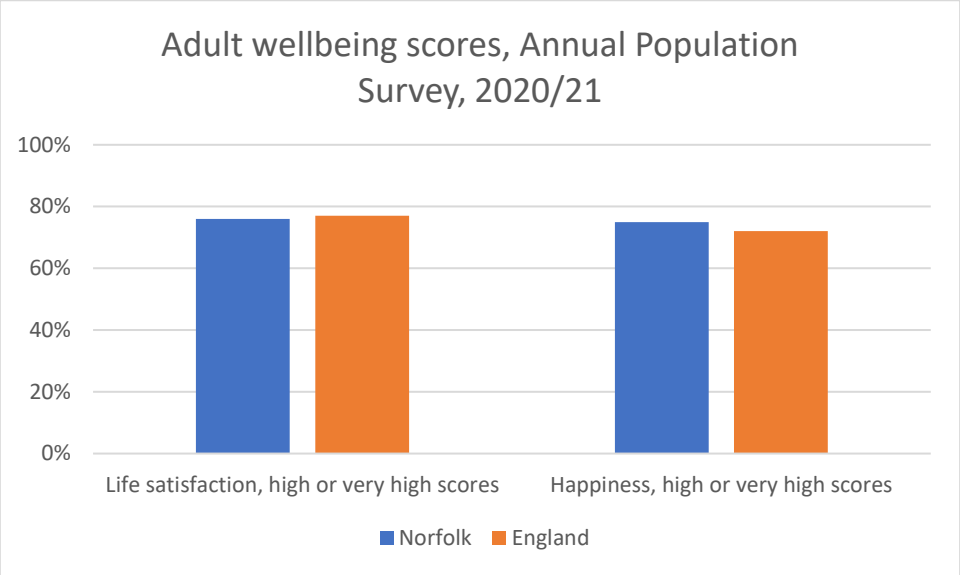

Figure 8. Mental wellbeing score, adults in Norfolk and Waveney, 2020/21 (Office for National Statistics, 2021).

Physical activity

Physical activity is beneficial for both physical and mental health (Faculty of Public Health and Mental Health Foundation, 2016). It can increase self-esteem and reduce stress and anxiety (lfermann & Stoll, 2000) (Salmon, 2001). It can also help in preventing the development of mental illness (Alexandratos, Barnett, & Thomas, 2012).In Norfolk, in 2019/20, just under half (45.2%) of children surveyed reported undertaking 60 mins or more of activity on average per day which was similar to the England average (44.9%). However, over a third of children reported under 30 mins per day on average (35.9%), higher than the England average (31.3%) (Sport England, 2020).

In 2019/20 the proportion of adults who were physically active was 66.2% in Norfolk statistically similar to the England average (66.4%) (Sport England, 2019). Also, statistically similar to England was the proportion of Norfolk residents reporting using of outdoor spaces for health reasons (figure 9) (Natural England, 2015). Research supports the positive association between exposure to green and outdoor spaces and better perceived mental health (Berga, et al., 2015).

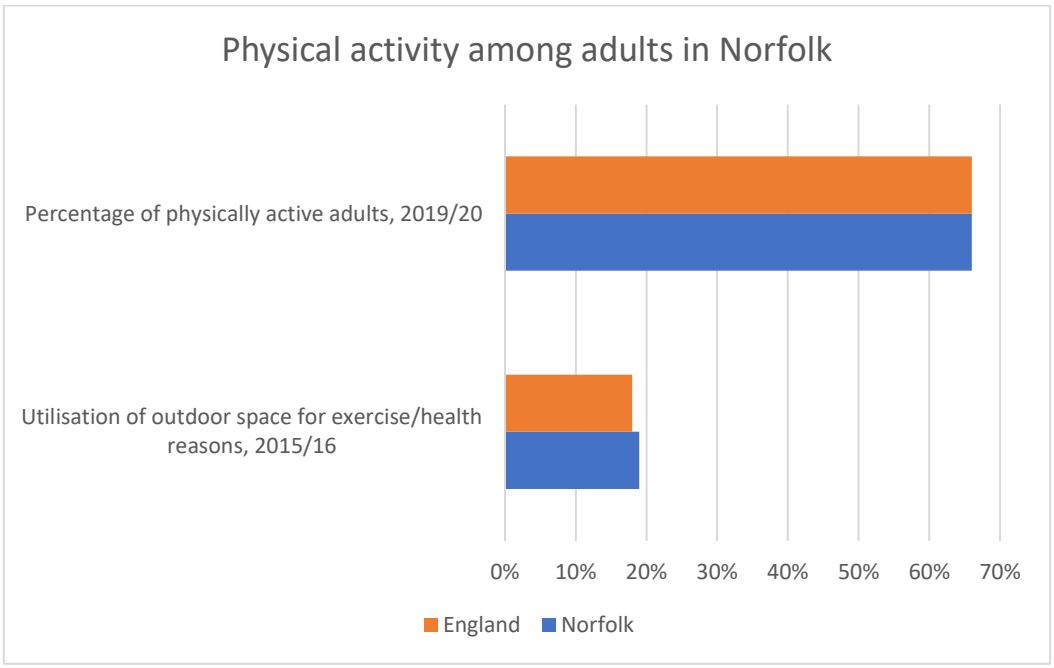

Figure 9. Physical activity and utilisation of outdoor spaces among adults in Norfolk (Public Health England, 2020).

School readiness

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. School readiness at age five has a strong impact on future educational attainment and life chances (Public Health England, 2015). A key aspect of school readiness is determining a child's level of self-confidence and self-awareness; managing feelings and behaviour; making relationships (Public Health England, 2015). These are also factors associated with a child's mental wellbeing (Mentally Health Schools, 2022). School readiness in Norfolk at the end of reception 2018/19 was 72.5% which was similar to the England average of 71.8% (Department for Education, 2019). This trend is increasing and getting better (Department for Education, 2019).

Risk factors for mental illness

Identifying risk factors across the life course can enable modifiable risk factors to be reduced and targeted support to be provide to those in high-risk groups. This can reduce the incidence of mental illness and support recovery for those with mental illness (Faculty of Public Health and Mental Health Foundation, 2016).

Susceptibility to mental health problems is determined by an array of factors. These include individual risk factors, social and the physical environment (Faculty of Public Health and Mental Health Foundation, 2016). Risk factors can start pre-conception and continue into adulthood.

During pregnancy, early years, and childhood the family environment is crucial to mental health. Insecure attachment, abuse and neglect can lead to lifelong problems in learning, behaviour, resilience, and mental and physical health (Faculty of Public Health and Mental Health Foundation, 2016).

As a child gets older the school environment and relationships outside of the home such as with peer and teachers become significant determinants of mental health and wellbeing (Faculty of Public Health and Mental Health Foundation, 2016).

Experiences in infancy and childhood play a large part in the development of mental health and wellbeing in adulthood (Parent-Infant Foundation, 2021). Adverse childhood experiences (ACES) refer to a collection of experiences including abusive or neglectful parenting, drug and alcohol misuse, parental mental illness, divorce, or bereavement. ACES are important predictors of mental and physical health in adulthood and if left unaddressed can lead to poorer health outcomes (Faculty of Public Health and Mental Health Foundation, 2016).

During adulthood experiencing two or more adverse life events, such as bereavement, is associated with mental health problems (Faculty of Public Health and Mental Health Foundation, 2016). Socioeconomic circumstances, social relationships and physical health, disability and health behaviours all affect mental health and wellbeing in adulthood (Davies, 2014).

Parental mental illness

Parental mental illness can lead to disrupted parenting and is associated with abuse and neglect. In the UK at any given time it is estimated that over a third of adults with mental health problems are parents (Faculty of Public Health and Mental Health Foundation, 2016).

A national survey of parents in England that analysed parental attitudes towards bringing up children found that parents may not prioritise their mental health (Ipsos MORI, 2020). Only 10% of parents surveyed spontaneously reported that they took time to look after their own wellbeing (Ipsos MORI, 2020). Furthermore, 18% said they would feel uncomfortable seeking help for how they were feeling (Ipsos MORI, 2020). Results from the survey suggest that some parents may not know where to seek support with 6% of parents saying they would have either

nowhere to go or wouldn't know where to go (Ipsos MORI, 2020). Out of the various sources of support for parents, informal support was favoured, such as speaking to family and friends (Ipsos MORI, 2020).

Perinatal mental illness refers to a range of mental health conditions that mothers may experience during pregnancy or in the first year after the birth of their child. Up to one in five women develop a mental health problem during this time (Centre for Mental Health; London School of Economics, 2014). Illnesses include antenatal and postnatal depression, maternal obsessive-compulsive disorder, anxiety and psychotic disorders.

It is estimated that 10-20% of women will experience a mental illness during pregnancy or within the first year after having a baby (Centre for Mental Health; London School of Economics, 2014) . In 2019 in Norfolk and Waveney there were 9,100 births (Office for National Statistics, 2019). If it is assumed there were no multiple births this would mean that in 2019 approximately 910-1820 women may have experienced some form of mental health problem during pregnancy or in the year following delivery.

Teenage pregnancy

Teenage pregnancy is a risk factor for poor mental health outcomes in infancy due to the increased association with other risk factors such as poverty and poorer maternal mental health, which impact on the parent-infant relationship (Parent-Infant Foundation, 2021). In Norfolk in 2019 numbers of teenage pregnancies were low with a rate of 17 per 1000, see figure 5. This was statistically similar to the England average and decreasing over time (Office for National Statistics, 2021).

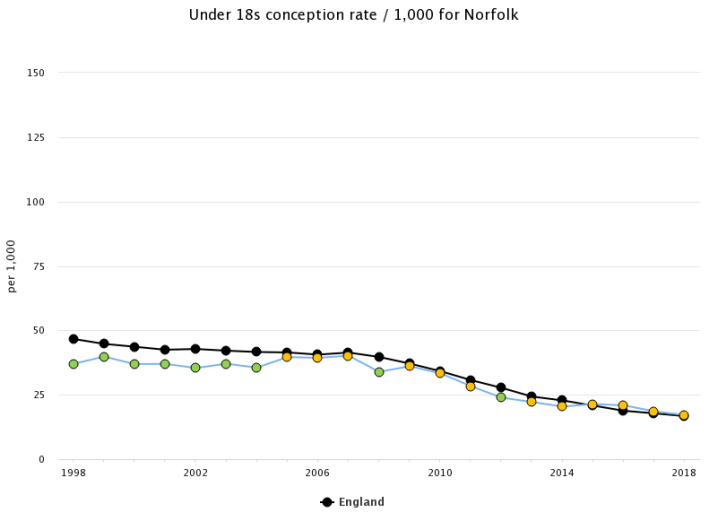

Figure 5. Under 18 year old conception rates per 1,000 for Norfolk (Public Health England, 2018). Black dots represent values for England. Green and yellow dots represent values for Norfolk. Green dots indicate Norfolk value is statistically lower than England value. Yellow dots indicate Norfolk value is statistically similar to England value.

Violence and abuse

Domestic Abuse is associated with depression, anxiety, PTSD and substance abuse in the general population (Trevillion, Oram, Feder, & Howard, 2012). Exposure to domestic abuse has a significant impact on children's mental health (Gilbert, et al., 2009) . Data from 2020/21 showed that the rate of domestic abuse related incidents and crimes in Norfolk was 29.3 per 1000 of the population (Office for National Statistics, 2021). This is similar to the England rate which is 30.3 per 1000 and placed Norfolk in the lowest 40% of local authorities for levels of domestics abuse related incidents (Office for National Statistics, 2021).

Looked after children and children in need

Research shows that looked after children have higher levels of mental health problems compared with their peers, but often their needs are unmet (The Mental Health Foundation, 2002).. In Norfolk the rate of children in care in 2020 was 64 per 10,000 of the population which is statistically similar to the rate for England and shows no significant change in trend (Department for Education, 2020). In Norfolk the proportion of looked after children who's emotional wellbeing is a cause of concern was 45.8% in 2019/20 (Department for Education, 2020).. Given that there were 1083 children in care in 2020/21 this would mean an estimated 496 children would have had concerns raised about their emotional wellbeing (LG inform, 2021). This proportion is significantly higher than the England average of 37.4% and shows a rising trend, see figure 6 (Department for Education, 2020)

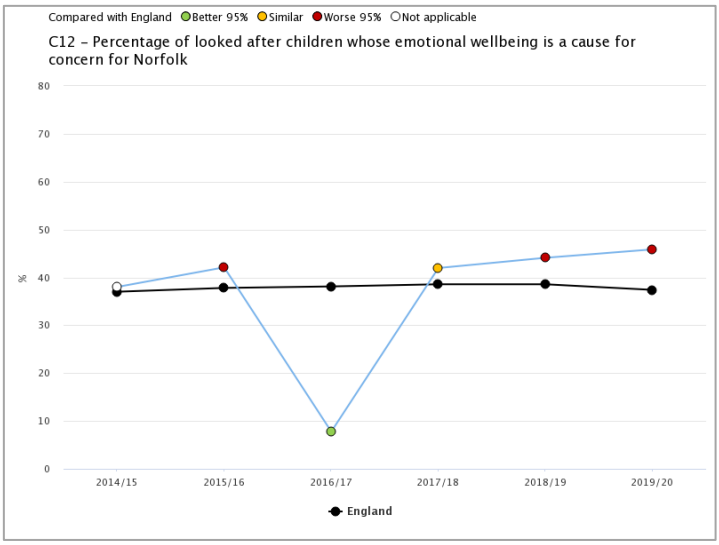

Figure 6. Percentage of looked after children whose emotional wellbeing is a cause for concern for Norfolk (Department for Education, 2020) (Office for Health Improvement and Disparities, Ministry of Justice, 2020). *A significant decrease in the proportion of LAC whose emotional wellbeing is a cause for concern was seen in 2016/17. It is not clear if the outcomes seen in 2016/17 are due to a real improvement in the emotional wellbeing of LAC or differences in reporting or data collection.*

Not in employment education or training (NEET)

Young people not in education, employment, or training (NEETs) are at an increased risk of negative outcomes including early parenthood, poor health and depression (Faculty of Public Health and Mental Health Foundation, 2016). In 2020 5.5% of 16 to 18 year olds were NEET (or whose activity is not known) (Department for Education, 2020). This is statistically similar to the England average of 5.5%, however unlike England where the trend is decreasing, there has been no significant change in Norfolk (Department for Education, 2020).

Unemployment

In Norfolk the unemployment rate in 2021 was 5%, higher the England rate of 4.2% (Office for National Statistics, 2021) . Unemployment can lead do decreased wellbeing and an increased risk of mental illness. This is because it limits a person's ability to contribute to society, be financially independent, afford essentials such as decent housing, food and clothes as well as leisure and luxuries (Faculty of Public Health and Mental Health Foundation, 2016). People who are unemployed are between four and ten times more likely to develop anxiety and depression. Unemployment can also have negative impacts on families with parental unemployment increasing the risk of emotional and conduction disorder among children (Faculty of Public Health and Mental Health Foundation, 2016) (Campion, Bhui, & Bhugra, 2012).

Poverty

People living in poverty have a higher prevalence of mental illness. This relationship is bidirectional with poverty acting as a risk factor for developing mental illness and mental illness leading to social drift and subsequently poverty (Faculty of Public Health and Mental Health Foundation, 2016).

In 2019 15.4% of the Norfolk population experienced fuel poverty compared to 13.4% in England (Department for Business, Energy and Industrial Strategy , 2019). This put Norfolk in the bottom 40% of local authorities for fuel poverty.

In 2019/20, 18.5% of under 16s were recorded as being in in relative low-income families (Department for Work and Pensions, HM Revenue and Customs, 2019). This is lower than the prevalence for England but shows an increasing trend (Department for Work and Pensions, HM Revenue and Customs, 2019). It is important to note that employment does not guarantee financial security. In Norfolk, in 2021, average weekly earnings were £453.20 which was significantly lower than the England average of £496 (Office for National Statistics, 2021). This means that some people may be experiencing in work poverty with the potential subsequent detrimental impact on mental health.

Deprivation varies across Norfolk with some districts within Norfolk having no lower-layer super output areas (LSOAS)[1] falling within the 20% most deprived areas across England and some districts having several LSOAs within the 20% most deprived. Data from 2019 shows that Norwich and Great Yarmouth districts are some of the most deprived areas in the county, while South Norfolk and Broadland some of the most affluent (figure 7.) (Ministry of Housing, Communities and Local Government, 2019).

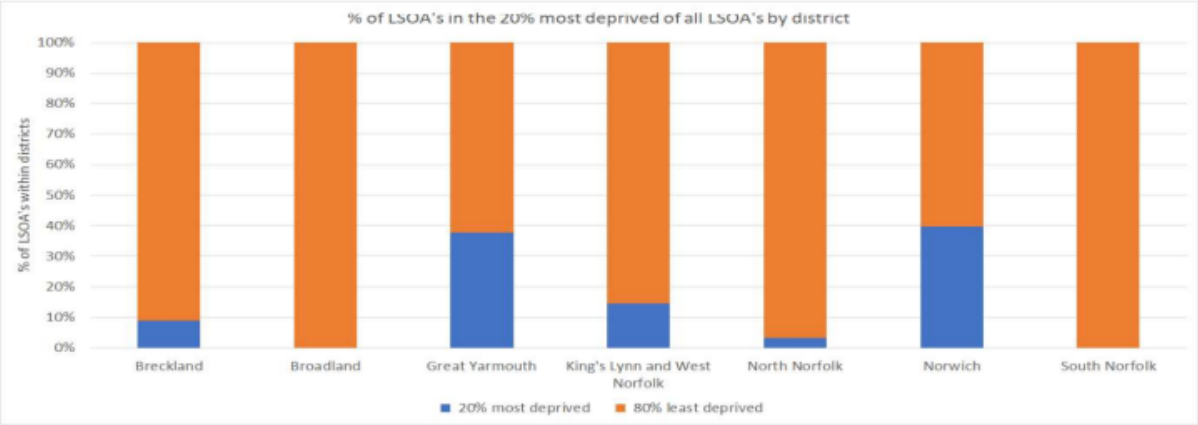

Figure 7 : Percentage of LSOAs within Norfolk that fall within the 10% and 20% most deprived areas in England, taken from English Indices of Multiple Deprivation 2019, Michael Woodward, Norfolk County Council, original source (Ministry of Housing, Communities and Local Government, 2019).

Homelessness

Common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to fifteen times higher (Faculty of Public Health and Mental Health Foundation, 2016). As with poverty there is a two-way relationship between homelessness and mental health problems. In the UK, 26% of homeless people cite mental health issues as a reason for their homelessness (Beaumont, 2011).

The rate of households owed a duty under the Homelessness Reduction Act in 2020/21 was 7.2 per 1000 households in Norfolk which is significantly lower than England (11.3 per 1000) (Ministry of Housing, Communities & Local Government, 2021). The rate of households with dependent children owed a duty under the Homelessness Reduction Act is also lower than the rate for England. In 2020/21 this was 7.3 per 1000 in Norfolk and 11.6 per 1000 in England (Ministry of Housing, Communities & Local Government, 2021).

During the first wave of the COVID 19 pandemic the government run scheme 'Everyone In' supported local authorities to provide emergency accommodation to homeless and rough sleepers. This scheme was followed by a range of additional funding to continue to help local authorities to provide rough sleepers and other vulnerable

[1] small areas designed to be of a similar population size

homeless accommodation (The House of Commons Library, 2021). Evictions were also suspended under the coronavirus act 2020 (The Secretary of State for Housing, Communities and Local Government, England., 2020). It is not clear whether these schemes have had a longer-term impact on rates of homelessness or mental health issues for the homeless. This should be considered in future evaluation of the mental health needs of this community in Norfolk as evidence becomes available.

Substance misuse

It is very common for people to experience problems with their mental health and alcohol or substance misuse at the same time. In 2019/20 more than half of people starting drug and alcohol treatment in England said they had a mental health need (59%) (Public Health England, 2020).

Findings from the Crime Survey for England and Wales showed that approximately 1 in 11 (9.4%) adults aged 16 to 59 years had taken a drug during 2019/20 (Office for National Statistics, 2020). Estimates of the prevalence of drug use from national surveys, applied to the Norfolk population, suggest there were an estimated 44,600 people in Norfolk who used drugs between 2018/19 (Home Office, 2019)

It is estimated that, in 2021, 1% of adults in Norfolk had alcohol dependence (Public Health England, 2021). However, even non-dependant levels of alcohol consumption can have negative impacts on mental health. Data suggests that in the East of England 19% of adults consume over the weekly recommended limit for alcohol (Zambon, 2021).

Children who live with an adult or have a parent who experiences drug and alcohol misuse are at increased risk of developing substance misuse and mental health problems themselves (Advisory Council on the Misuse of Drugs, 2003) (The Parliamentary Office of Science and Technology, 2018). The percentage of all the clients in drug and alcohol treatment in Norfolk who are parents or live with a child under 18 was 54% in 2019/20. This was the same proportion for England (Public Health England, 2020).

Crime

Children and young people at risk of offending or in the youth justice system often have greater mental health needs than other young persons (Lennox & Khan, 2012). In Norfolk the rate of first-time entrants into the youth justice system was 141.2 per 100,000 in 2020 (Office for Health Improvement and Disparities, Ministry of Justice, Office for National Statistics, 2020). This was lower than the England rate (169.2 per 100,000) and on a downward, improving trend (Office for Health Improvement and Disparities, Ministry of Justice, Office for National Statistics, 2020). However, this group of young people have a significantly higher prevalence of mental health needs compared to their peers. National data from 2018/19 suggests that over 70% of children sentenced by the youth justice system had mental health needs (Justice Committee, 2020).

Loneliness

Loneliness can contribute to a higher risk of dementia and depression (Faculty of Public Health and Mental Health Foundation, 2016). Data from the ONS Community Life Survey found that there are certain groups who are more likely to experience loneliness (Office for National Statistics, 2018). Those at higher risk were:

- younger people aged 16 to 24 years old
- single or widowed people
- people living with chronic health conditions
- people who feel less connected to their communities

In 2019/20, in Norfolk, the percentage of adults who reported feeling lonely often/always or some of the time was 20.69% which is not significantly different from 22.26% in England (Sport England, 2019). The prevalence of loneliness among year 7 to 11 pupils were also similar to the England average (Sport England, 2020). Only 11% reported being often/always lonely, 24% occasionally lonely and 32% hardly ever lonely (Sport England, 2020).

However, certain groups have a higher prevalence of isolation and mental illness than the general adult population, in particular adult social care users. In 2019/20 over half (51.6%) of adult social care users reported not having as much social contact as they would like. This was statistically similar to the figure for England (54.1%) (NHS Digital, 2019). The prevalence of depression and anxiety among adult social care users over 18 in Norfolk in 2018/19 was 48.4%, similar to the value for England (50.5%), but considerably higher than the prevalence among the general adult population of Norfolk (NHS Digital, 2019).

Long term illness

People with a long-term physical health conditions are more likely to have poor mental health and the reverse is also true (Royal College of Psychiatrists, 2020). Alongside this suicide occurs more frequently with the co-existence of psychiatric and physical illness (Royal College of Psychiatrists, 2020). The percentage of the Norfolk population in 2011/ with a limiting long-term illness or disability was 20.1%, higher than the England average of 17.6% (Public Health England, 2011)

Service need and demand

Prevalence of mental illness combined with risk and protective factors for mental ill health and wellbeing can impact on service need and demand. Indicators of mental health service need in Norfolk and Waveney were analysed[2]. This showed that need varies geographically and by diagnosis (Office for Health Improvement and Disparities, 2021) (Public Health Intelligence, 2021).

The areas with the highest level of service need for depression, SMI and dementia overall were Lowestoft, South Waveney, Gorleston and Norwich (figure 8) (Office for Health Improvement and Disparities, 2021) (Public Health Intelligence, 2021).

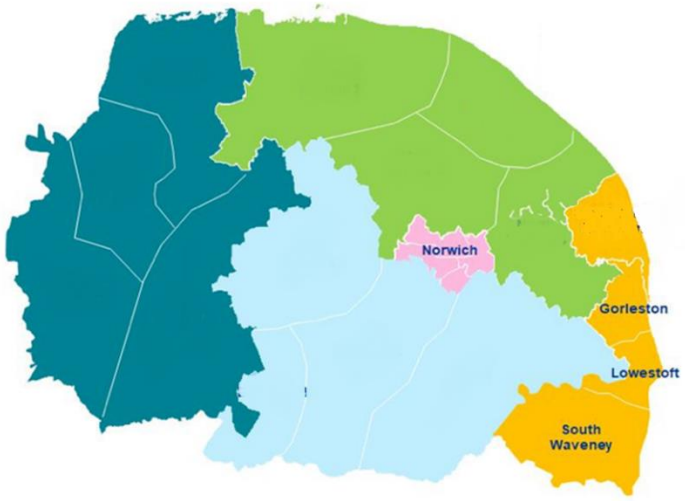

Figure 8. Map of Norfolk and Waveney, areas with the highest level of service need for depression, SMI and dementia are Lowestoft, South Waveney, Gorleston and Norwich.

Areas of highest need for each condition were as follows (Office for Health Improvement and Disparities, 2021) (Public Health Intelligence, 2021):

- Depression: Lowestoft, Norwich
- Dementia and Alzheimer's: South Waveney, North Norfolk, Lowestoft, West Norfolk
- SMI: Lowestoft, parts of Norwich, Gorleston, North Norfolk

Emergency mental health admissions

[2] See appendix for full list of indicators

Need and demand are also reflected in emergency mental health admissions. Where need is high, and demand is not met in the community or by primary care emergency hospital admissions may increase.

Identifying the contributing reasons and geographical areas with highest admissions can help identify where the greatest need is. Admissions for self-harm and excess alcohol and drug use account for more than half of emergency admissions for mental health conditions (NHS Digital, 2021). Areas with the highest excess mental health admissions were Lowestoft, Gorleston and Norwich (NHS Digital, 2021).

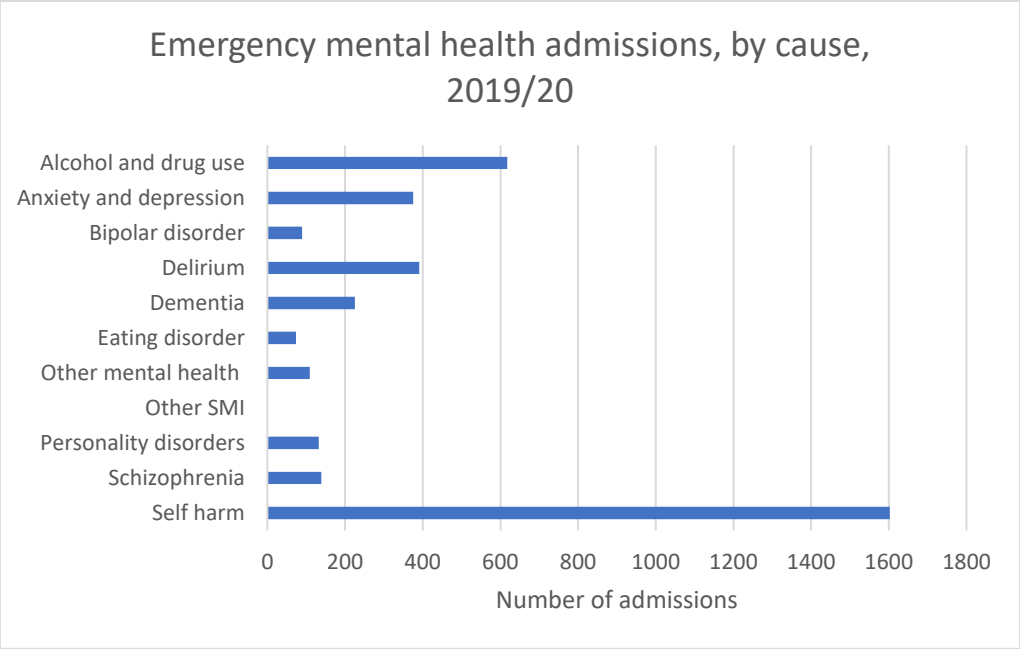

Figure 5. Reasons for emergency mental health admissions in Norfolk and Waveney, 2019/20 (NHS Digital, 2021).

Need and deprivation

Areas of greater deprivation are associated with higher need. Poverty is both a causal factor of mental ill health and can also be the result of mental illness (Elliott, 2016). Using data from 2019/20 all the primary care networks (PCN) across Norfolk and Waveney were ranked in order of deprivation (where the higher the ranking the more deprived i.e. PCN ranking 1 is more deprived than PCN ranking 17) and the number of mental health admissions (the higher the rank the fewer the admissions i.e. PCN ranking 1 has fewer admissions than PCN ranking 17) (Office for Health Improvement and Disparities, 2021). This showed that the number of mental health admissions rose as the income deprivation increased (figure 6) (Office for Health Improvement and Disparities, 2021) (Public Health Intelligence, 2021).

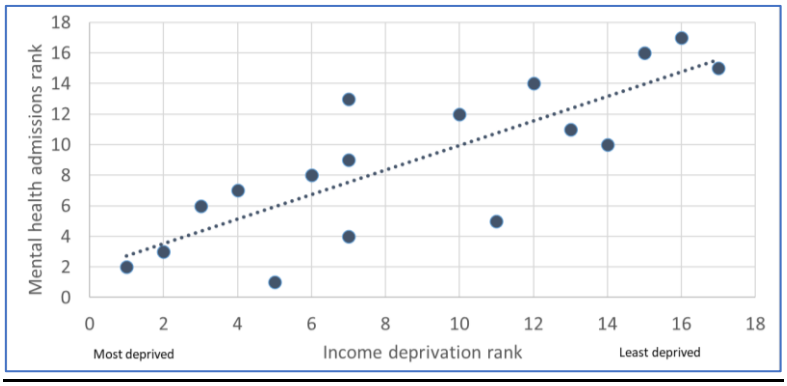

Figure 6. Admissions for mental health rank compared to income deprivation ranks for PCNs in Norfolk and Waveney (Office for Health Improvement and Disparities, 2021) (Public Health Intelligence, 2021)..

Outcomes for people experiencing mental illness

Life expectancy

People with severe mental illness are at substantially higher risk of physical illness such as obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease (Public Health England, 2018). This disparity is largely due to modifiable risk factors such as smoking, obesity, substance misuse and inadequate medical care (Royal College of Psychiatrists, 2013). Alongside these socio-economic outcomes are often poorer for people with severe and long term mental illness (Davies, 2014) (Royal College of Psychiatrists, 2013). As a result, people with SMI die on average 10-17 years earlier than those without SMI (Davies, 2014) (Royal College of Psychiatrists, 2013)

In 2018-20 the mortality rate for under 75s with SMI was 4.5 times higher than the general population

Smoking

There is evidence for a bi-directional association between mental illness and smoking (Leung, Gartner, Hall, Lucke, & Dobson, 2011).Smoking related illnesses accounts for a major part of the difference in life expectancy between those with SMI and those without (Royal College of Physicians; Royal College of Psychiatrists, 2013).

Smoking prevalence among adults in Norfolk with long term mental health conditions (18+) was 25.8% during 2019/20 (Public Health England, 2020). This is considerably higher than the prevalence of smoking among the general adult population in Norfolk of 14.5% (Public Health England, 2020).

Alcohol

Alcohol consumption is an important risk factor for physical illness among people with mental illness. The number of individuals who entered treatment at specialist alcohol misuse services who were engaged in mental health treatment was 10% in Norfolk in 2020/21 compared with 9% in England (Public Health England, 2020).

Employment

People with mental illness are more likely to be in low paid, insecure employment or unemployed. The number of people in Norfolk claiming employment support allowance for mental and behavioural disorders in 2018 was 31.7 per 1000 (Office for National Statistics, 2018). This is statistically higher than the England rate of 27.3 per 1000 England (Office for National Statistics, 2018). Data from 2019/20 shows the gap in the employment rate for those in contact with secondary mental health services and the overall employment rate was statistically similar between Norfolk (68%) compared with England, (67.2%) (ONS; NHS Digital, 2020).

Housing

Stable housing is important to support the recovery of people with mental illness by improving a person's safety and reducing the risk of social exclusion (Office for Health Improvement and Disparities, 2021). It also allows social care to be provided at home increasing personalisation and quality of life and prevents the need to readmit people into hospital or more costly residential care (Mental Health Foundation, 2016) (Office for Health Improvement and Disparities, 2021). Data from 2020/21 shows that in Norfolk 71% of adults in contact with secondary mental health services lived in stable and appropriate accommodation, higher than the England average of 58% (NHS Digital, 2021).

Health checks

In 2019/20 the record of physical health for those on the mental health register in the preceding 12 months was lower in Norfolk and Waveney compared to the England average (Office for Health Improvement and Disparities, 2021). For blood pressure 77.5% of patients had their blood pressure recorded in Norfolk and Waveney, compared with the England average of just over 80% (Office for Health Improvement and Disparities, 2021). For BMI, checks 71.5% of patients in Norfolk and Waveney had this recorded, the England average was 74.4% (Office for Health

Improvement and Disparities, 2021). The proportion of patients with a record of alcohol consumption was 76.5% in Norfolk and Waveney and 81.1% in England (Office for Health Improvement and Disparities, 2021).

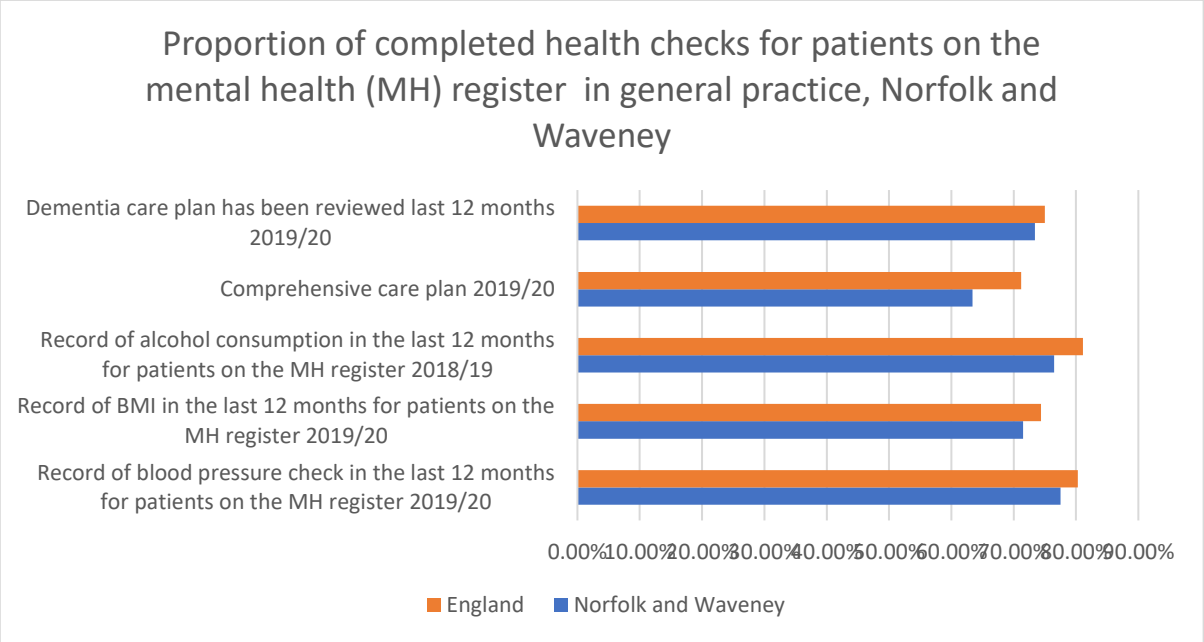

Figure 7. Proportion of completed health checks for patients on the mental health (MH) register in general practice, Norfolk and Waveney (Office for Health Improvement and Disparities, 2021)

There is some association between the number of patients on the mental health register and completion of health checks (Office for Health Improvement and Disparities, 2021). Primary care networks with more patients on the mental health register having a lower proportion of physical health checks completed (Office for Health Improvement and Disparities, 2021)

In 2019/20 the proportion of diagnosed mental health patients with a comprehensive care plan was 63.4% in Norfolk and Waveney and 71.2% in England (Office for Health Improvement and Disparities, 2021). The proportion of diagnosed patients with dementia with a dementia care plan that have been reviewed was 73.4% in Norfolk and Waveney and 75% in England during 2019/20 (Office for Health Improvement and Disparities, 2021).

Conclusion

Key findings

Mental health and wellbeing are affected by individual, family, social, and environmental factors. Interventions at key periods of transition through the life course can prevent mental illness from developing and support recovery.

Early years and childhood are crucial times to promote wellbeing and reduce exposure to risk factors. Although overall wellbeing scores among children and young people in Norfolk reflect scores for England there has been an increase in the prevalence of mental illness in this age group. Certain groups such as looked after children and those in the youth justice system have particularly high levels of mental illness.

High risk groups can be provided with additional support. This can include supporting parents to provide stable family environments which can be particularly challenging for adults with their own mental health or alcohol and substance misuse problems.

The prevalence of diagnosed mental illness in adults is similar to the national average. However, self-reported illness is higher, highlighting possible unmet need. Alongside this, there are certain sub-groups of the adult population that are at higher risk of mental illness. In particular those experiencing poverty or living in areas of greater deprivation.

Other at-risk groups include adult social care users who have much higher levels of loneliness and anxiety and depression, the unemployed, homeless and those with drug and alcohol problems.

Wellbeing scores, specifically life satisfaction and happiness, among the general adult population in Norfolk are similar to England averages. However, there is room to increase factors that improve wellbeing such interventions increase physical activity, which are beneficial across the life course. These can be targeted at high-risk groups and may help address the high prevalence of self-reported mental illness.

Over the last 10 years Norfolk rates of suicide has experienced average or higher than average rates of suicide with 76% of deaths by suicide being among men. Alongside this self-harm remains one of the main causes for emergency mental health admissions. This may be due in part to people not accessing services early enough.

People with SMI have a considerably lower life expectancy than those without SMI. This is largely due to physical illness with smoking as a major preventable cause. In Norfolk the prevalence of smoking among people with SMI is significantly higher than those without SMI, although this is in line with national trends. Alongside this completion of physical health checks for those with SMI in Norfolk and Waveney are below the England average.

Based on the available data the groups who have a greater risk or prevalence of mental ill health and would benefit from targeted attention across the system are as follows:

- People living in poverty or areas of higher deprivation
- Parents with young children
- Looked after children
- Children involved with youth justice system
- High risk for suicide - men
- Unemployed
- Homeless
- Adult social care users
- People with alcohol and substance misuse problems
- People with SMI - targeting improved physical health

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Appendix

The indicators of mental health service need

Indicator	Used in Mental Health area for ranking PCNs
% reporting Alzheimer's disease or dementia	Dementia &Alzheimer's
DEM004: Dementia care plan has been reviewed last 12mths (denominator includes PCAs)	Dementia &Alzheimer's
DEM005: Blood tests recorded (den.incl.exc.) - retired after 2018/19	Dementia &Alzheimer's
Dementia: QOF prevalence (all ages)	Dementia &Alzheimer's
% reporting a long-term mental health problem	Depression AND SMI
DEP003: Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator includes PCAs)	Depression
Depression: QOF incidence (18+) - new diagnosis	Depression
Depression: Recorded prevalence (aged 18+)	Depression
Mental Health: QOF prevalence (all ages)	
MH002: comprehensive care plan (denominator includes PCAs)	SMI
MH003: record of blood pressure check in preceding 12 months for patients on the MH register (denominator includes PCAs)	SMI
MH006: record of BMI in the last 12 months for patients on the MH register (denominator includes PCAs)	SMI
MH007: record of alcohol consumption for patients on the MH register (last 12 mnths), den. incl. exc. - retired after 2018/19	SMI
MH008: Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.) - retired after 2018/19	SMI
MH009: Patients on lithium therapy with record of serum creatinine and TSH in the preceding 9 months (den.incl.exc.) - retired after 2018/19	SMI