Mental Health: Public Health outcomes for Norfolk and Waveney

Integrated Care Partnership (ICP) meeting 8th November 2023

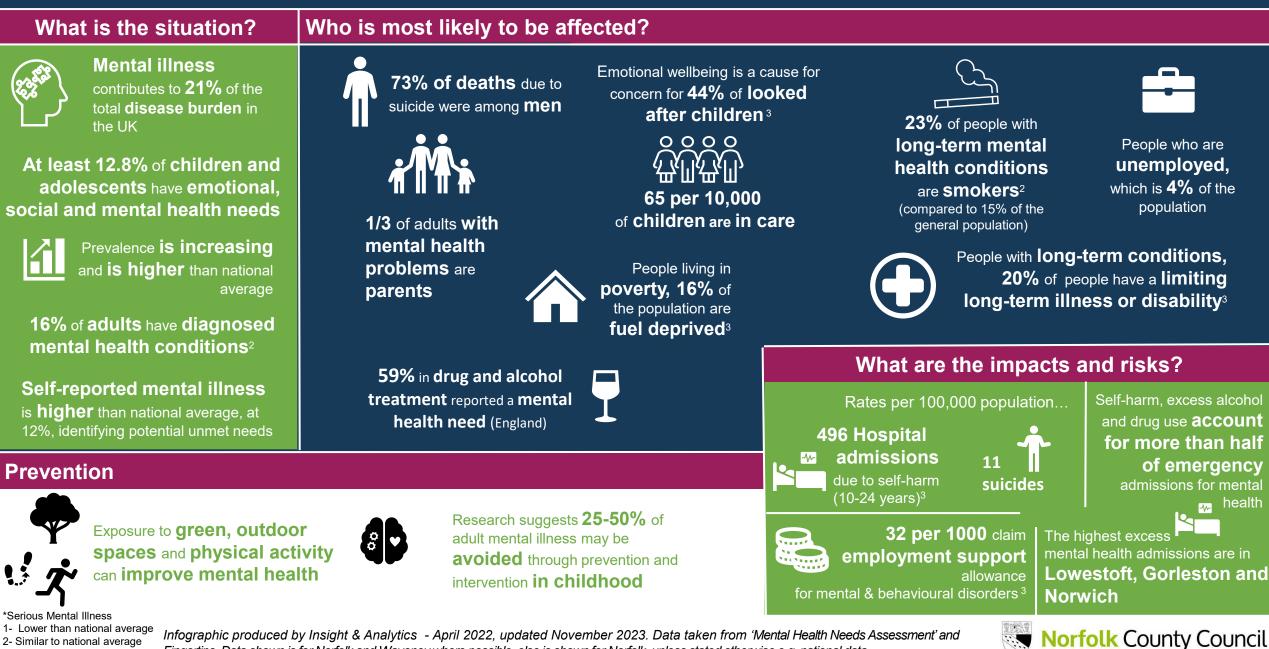
Suzanne Meredith, Deputy Director of Public Health

Acknowledgements:

Dr Abhijit Bagade, Dr Tim Winters, Joshua Robotham, Public Health



Summary of Mental Health & Wellbeing in Norfolk and Waveney - outcomes



3- Higher than national average

Fingertips. Data shown is for Norfolk and Waveney where possible, else is shown for Norfolk, unless stated otherwise e.g. national data.

Children and Young People

- 12.8% of 5 to19-year-olds (1 in 8) are estimated to have a diagnosable mental health condition. In Norfolk and Waveney this equates to over 18,000 Children and Young people. (Pre-pandemic)
- Most recent estimates suggest 1 in 6 CYP have a 'probable MH need' with prevalence as high as 1 in 4 within 17–19-year-olds (NHS Digital, 2020)
- Self-harm although people across all age groups may self-harm, females and young people are recorded to self-harm in greater numbers than the rest of population.
 - Hospital admission rates as a result of self-harm in 10-to-24-year-olds in Norfolk are significantly worse than England.

Hospital admissions as a result of self-harm (10-24 years) 2021/22

Directly standardised rate - per 100,000

Area	Value		95% Lower Cl	95% Upper Cl
England	427.3	H	423.2	431.
East of England region	383.5	н	371.9	395.
Suffolk	497.3		458.3	538.
Norfolk	496.0		460.6	533.
Peterborough	477.9	<mark> </mark>	411.9	551.
Cambridgeshire	456.1		418.7	496.
Southend-on-Sea	408.9		337.9	490.
Central Bedfordshire	397.9	<mark>⊢</mark> l	342.6	459.
Bedford	383.9		318.7	458.
Luton	352.4	⊢	300.6	410.
Hertfordshire	320.8	┝━┥	296.9	346.
Thurrock	296.7	⊢	238.3	365.
Essex	279.2	H	258.5	301.

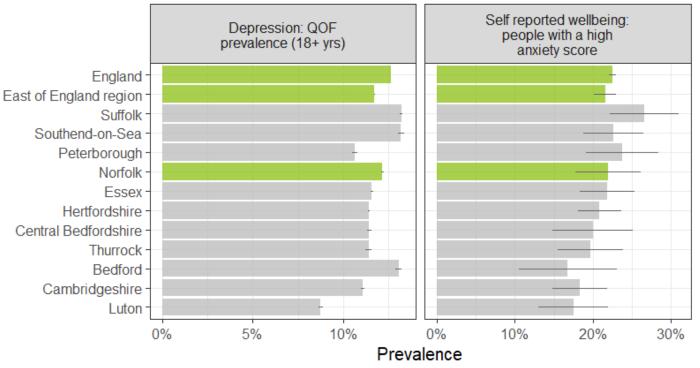
Source: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Public health profiles - OHID (phe.org.uk)



Adult Population

- Depression and Anxiety are commonly diagnosed Mental Health conditions.
- The proportion of the population diagnosed with depression is similar to the England average.
- There is variation across the PCNs in terms of prescribing practices and patient management.
- Depression is a major and treatable risk factor for suicide.



OHID fingertips - 2021/22



Area

The Norfolk Suicide Audit identified higher rates of people dying by suicide in Norwich and areas of higher deprivation, as well as higher risk cohorts such as middle-aged and very old men.



In the **year** before their death...

- 52% had seen primary care for their mental health, and 58% of those were also known to mental health services
- 1 in 3 had no contact with primary care or mental health services

In the **week** before their death...

7% had been in contact with primary care and mental health services

- 69% had been in contact with mental health services
- Fewer men had been in contact than women

Of those who were referred to the services or signposted for self-referral...

• **30%** refused or failed to engage with services

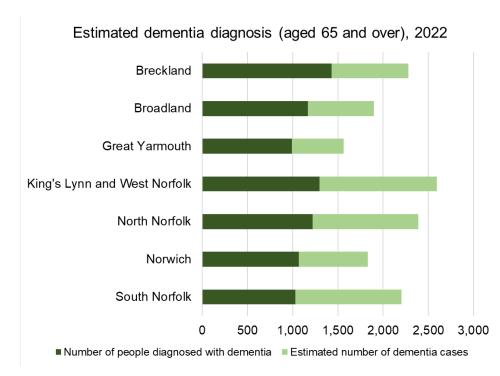
Mental Health Bereavement

Social Problems

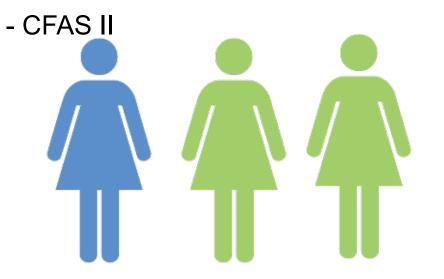


Physical Health **Material Problems**

If you are struggling, call Samaritans for free on 116 123, email them at jo@samaritans.org, or visit www.samaritans.org Or visit this page for more support www.norfolk.gov.uk/care-support-and-health/health-and-wellbeing/adults-health/suicide The proportion of the population diagnosed Alzheimer's disease or dementia is higher than the England average and is likely to almost double in the next 20 years.



More than 1 in 3 females over the age of 90 are estimated to have dementia in Norfolk



There are approximately 14,800 people living with dementia in Norfolk now; this is forecast to double to by 2040. Almost 3 out of 4 of these additional diagnoses will be in those aged over 85.

Source: Pansi, fingertips.phe.org.uk

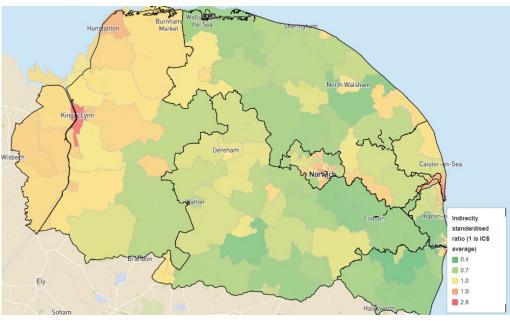


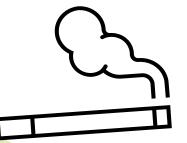
Currently around 50% of patients with dementia have had their care plan reviewed in the previous 12 months, and this is as low as 30% in Primary Care Network areas such as West Norfolk Coastal or Ketts Oak.

Health Inequalities

- Adults with Severe Mental Illness (SMI) have a 383.3% higher risk of premature mortality (before aged 75) compared to those without SMI in Norfolk.
- People living with SMI experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population.
- People with long term mental health conditions, especially from more deprived areas, are at substantially higher risk of physical illness such as obesity, asthma, diabetes, COPD and cardiovascular disease.
- This disparity is largely due to modifiable risk factors such as smoking, obesity, substance misuse and medical care.
- The proportion of people with a diagnosed mental health condition with a comprehensive care plan or with a blood pressure / BMI check varies across our system e.g. In Gorleston, 200 extra patients with SMI would need a care plan put in place to meet the England average.

SMI unplanned Hospital admissions 2017/18-19/20





26% of people with long term mental health conditions are smokers (compared to 15% of the general

population)

Neurodiversity - Autism

Situation in Norfolk & East Suffolk

Health Need





children in Norfolk have autism as primary special educational a need. This means the figure is likely to be higher than this as others will have autism as a secondary need (2021/22).

Autism is a set of lifelong, neurodevelopmental conditions characterized by difficulties with social and communication, narrow areas of interest, and repetitive behaviours.

Health Care Barriers and Considerations

Autistic individuals have higher healthcare utilization, higher likelihood of hospitalization, prescription drugs claims, a greater number of emergency room, primary care, outpatient, inpatient, mental health, neurological, and speech therapy visits. Community and voluntary organisations play an important role in providing support for people with autism.

Autistic people have self-reported **poorer quality healthcare** than their peers. Healthcare adjustments are needed but infrequently available, such as:

- Sensory environment adjustments
- Knowledge and communication of healthcare professional
- Flexibility of clinical service context (e.g., offering online appointments, changing appointment length according to patient preference, etc.) (c)

Males are 4 times more likely than **females** to be diagnosed autistic

It is likely that many of the adults in Norfolk with autism have **not been** formally diagnosed. In particular, it is thought females are less likely to

Autism affects all ethnic and socioeconomic groups but minority groups tend to be diagnosed later and less often. Early intervention affords the best

opportunity to support healthy development across the lifespan.

14 x

5 x

more likely to have

attention deficit

disorders

2 x

dyslipidaemia

Psychiatric conditions

Those with autism and a mental health problem may not access services as often as the general population with mental health problems, leading to health inequalities.

Research has also shown that 54% of people with autism are diagnosed with a psychiatric condition.

Chronic conditions

Many areas in Norfolk have identified gaps in provision of preventative services, to avoid the more likely to have need for escalation to specialist services*.

Nearly all chronic medical conditions are significantly more common in adults with autism.

*For more detail please see our needs assessments on Norfolk Insight: Adults and children with autism in Norfolk (Mar-19)

receive a diagnosis, as autism may present differently.

Research has shown people with autism are (b):

4 x

6 X

more likely to more likely to have OCD have dementia

more likely to have **bipolar** 3 x

5 X

more likely to more likely to have **depression** attempt suicide

Research has shown people with autism are (b):

16 x

2 x



more likely to have epilepsy

more likely to have hypertension

more likely to have nutrition conditions

Infographic produced by Insight & Analytics - May 2023. (a) estimates calculated using 2018 SNPP CCG pops (for 2023) based on the assumption that 1% of population have ASD. (b) Croen LA et al. (2015) doi: 10.1177/1362361315577517. (c) Weir, E et al. (2022) doi: 10.1186/s13229-022-00501-w



Officer Contact:

If you have any questions about matters contained in this presentation,

please get in touch with:

Name: Dr Abhijit Bagade, Consultant in Public Health Medicine Email: abhijit.bagade@norfolk.gov.uk / abhijit.bagade@nhs.net

Further detailed information is available on the Norfolk Insight website: https://www.norfolkinsight.org.uk/jsna/healthcare-evaluation/

