

Mental Health: Public Health outcomes for Norfolk and Waveney. Integrated Care Partnership (ICP) meeting, 8th November 2023.

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

What is the situation?

- Mental illness contributes to 21% of the total disease burden in the UK
- At least 12.8% of children and adolescents have emotional, social and mental health needs
- Prevalence is increasing and is higher than national average
- 16% of adults have diagnosed mental health conditions
- Self-reported mental illness is higher than national average, at 12%, identifying potential unmet needs

Who is most likely to be affected?

- 73% of deaths due to suicide were among men
- Emotional wellbeing is a cause for concern for 44% of looked after children, 65 per 10,000 of children are in care
- 1/3 of adults with mental health problems are parents
- People living in poverty, 16% of the population are fuel deprived
- 59% in drug and alcohol treatment reported a mental health need (England)
- 23% of people with long-term mental health conditions are smokers (compared to 15% of the general population)
- People who are unemployed, which is 4% of the population
- People with long-term conditions, 20% of people have a limiting long-term illness or disability

What are the impacts and risks?

- 496 Hospital admissions due to self-harm per 100,000 population
- 11 suicides per 100,000 population
- Self-harm, excess alcohol and drug use account for more than half of emergency admissions for mental health
- 32 per 1000 claim employment support allowance for mental & behavioural disorders
- The highest excess mental health admissions are in Lowestoft, Gorleston and Norwich

Prevention

- Exposure to green, outdoor spaces and physical activity can improve mental health
- Research suggests 25-50% of adult mental illness may be avoided through prevention and intervention in childhood

Information produced by Insight & Analytics - April 2022, updated November 2023. Data taken from 'Mental Health Needs Assessment' and 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.

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.

Suicide

[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.

What is the situation?

- Around 90 people die by suicide in Norfolk every year.
- Suicide rates in Norfolk are higher than regional and national rates, but not significantly so.
- Highest rates of suicide in Norfolk are in Norwich.
- There has been no increase during the Covid-19 pandemic.

Who is more likely to be affected?

- Men are more likely to die from suicide, as 3 in 4 suicides are men.
- Suicide rates are highest in middle-aged men and women, and older men.
- Suicide is also more likely to affect:
 - People living alone
 - People who are unemployed
 - People born in an EU country
 - People living in more deprived areas
 - People working in trades, construction, agriculture, driving, health & social care

Contacts and Engagement with services

- 47% of those who died by suicide in Norfolk had attempted suicide before, half of whom more than once.
- 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.
 - One in three had no contact with primary care or mental health services.

- 7% had been in contact with primary care and mental health services in the week before their death.
- Of those with recorded mental health data:
 - 69% had been in contact with mental health services.
 - Fewer men had been in contact than women.
- 30% of those who were referred to the services or signposted for self-referral refused or failed to engage with services.

Interrelated Risk Factors

- Suicide is complex, and individuals often faced multiple interrelated risk factors, including:
 - Mental health
 - Social problems
 - Physical health
 - Material problems
 - Addiction
 - Crime
 - Bereavement
 - Adverse Experiences
- Mental health is the most common risk factor for individuals who died by suicide.

Dementia and Alzheimer's

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 (Source: CFAS II)

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 and 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.

Officer Contact:

If you have any questions about matters contained in this presentation, please get in touch with:

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Further detailed information is available on the Norfolk Insight website:

<https://www.norfolkinsight.org.uk/jsna/healthcare-evaluation/>