# Mental Health and Wellbeing Needs Assessment for Worcestershire
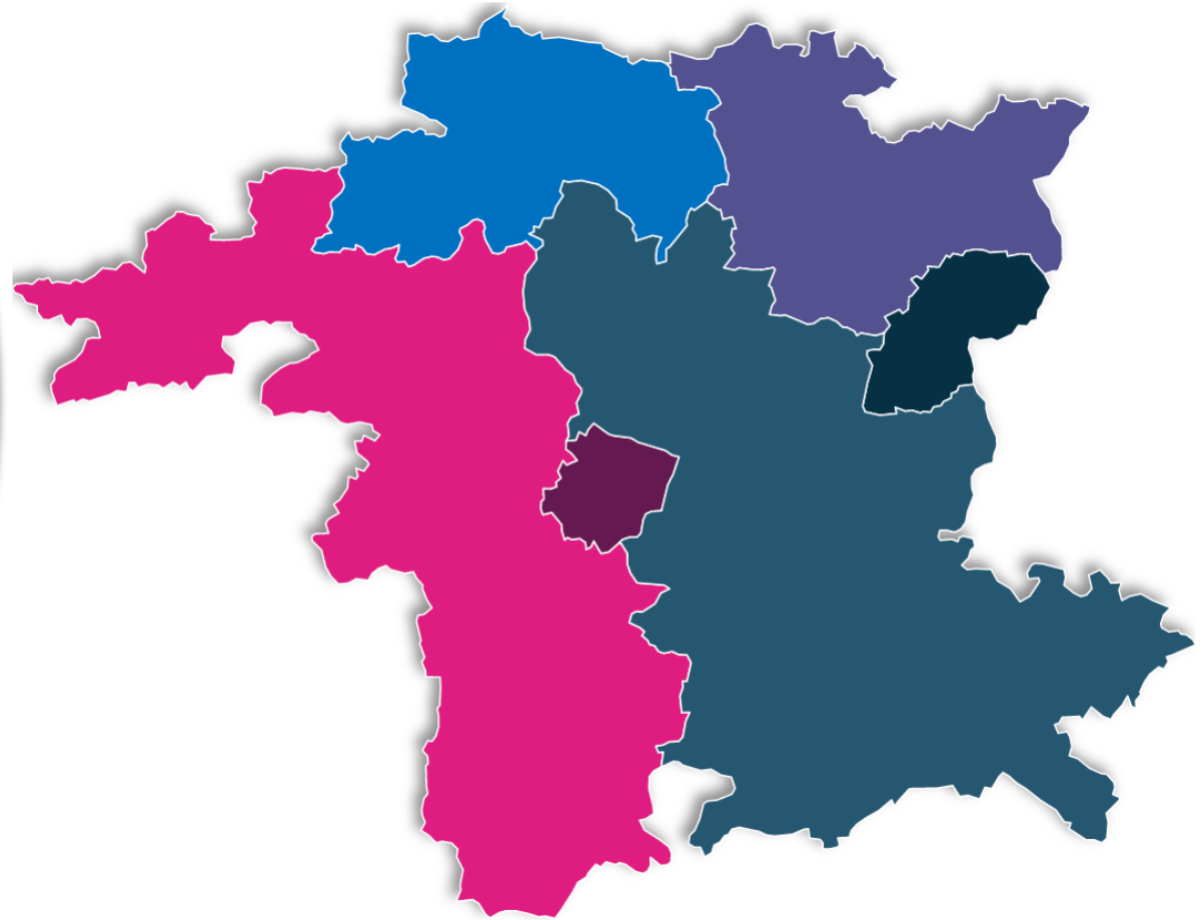## 2023: Summary

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worcestershire
county council

# Contents

# Context of mental health and wellbeing

- This needs assessment was developed to inform action plans for the Joint Local Health and Wellbeing Strategy and seeks to build on existing needs assessment and other JSNA publications

- It seeks to provide an assessment of **mental health and wellbeing** in Worcestershire and identify levels of key risk and protective factors which shape these in the population

### Wellbeing

"Wellbeing is how we're doing as individuals, communities and as a nation, and how sustainable that is for the future. It encompasses the environmental factors that affect us and how we function in society, and the subjective experiences we have throughout our lives."

What Works Wellbeing

### Mental Health

Used to describe "a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health."

Faculty of Public Health

### Mental Health Problem

Used "synonymously with poor mental health or to cover the range of negative mental health states including, mental disorder – those mental health problems meeting the criteria for psychiatric diagnosis, and mental health problems which fall short of diagnostic criteria threshold."

Faculty of Public Health

- **Wellbeing** plays a central role in our experiences of life and is a resource for individuals and for wider society. Improvements in wellbeing are associated with increased education and employment, as well as better physical health and longer life expectancy

- **Mental health** and wellbeing are closely related. **Mental health conditions** (also termed mental disorder or mental health problem) can have a significant impact for individuals and families. They are also associated with high economic costs. However, actions taken to promote wellbeing and prevent mental health problems are often cost saving in both the short and long term

# Contemporary issues and policy context

- Several major issues are influencing current mental health and wellbeing experiences
- Current national and local policy is highlighting mental health as a priority and focusing on early intervention and prevention, as well as mental health inequalities

## Contemporary issues

- The **COVID-19 pandemic** is widely considered to have negatively impacted population mental health and wellbeing. It has also highlighted and exacerbated some health inequalities

- The current **cost of living** is putting increasing pressure on households and is likely to negatively impact mental health and wellbeing

- **Climate change** remains a major challenge in the medium to long term. There is evidence of both direct and indirect impacts on the mental health of the population

- The creation of new **Integrated Care Systems** provides an opportunity for more integrated working across health and social care sectors, and the voluntary community and social enterprise (VCSE) sector

## National and local policy

- The **NHS Long Term Plan (2019)** commits to increasing funding for mental health services with priority areas including perinatal mental health, support in schools and colleges, and talking therapies

- The **Advancing Mental Health Equalities Strategy (2020)** is a national initiative to identify and address inequalities in access experience and outcomes for mental health. Local target groups include rural communities

- The **Major Conditions Strategy** is in development and will inform the national approach to mental health over the next decade

- The **Joint Local Health and Wellbeing Strategy for Worcestershire 2022-2032** has a central focus on supporting "Good mental health and wellbeing"

# What our residents have told us

- People in Worcestershire have shared their perspectives on mental health and wellbeing through a series of surveys and other engagement opportunities undertaken by Worcestershire County Council and other local organisations

## A community consultation

- A series of focus groups and ethnographies undertaken with different groups of Worcestershire residents in early 2022

- Mental health impacts were far reaching across all ages

- Isolation highlighted the importance of social interaction

## Young people's emotional wellbeing

- A series of two surveys run by Healthwatch Worcestershire exploring the emotional wellbeing of young people during the pandemic

- Many young people experienced poorer emotional wellbeing during the pandemic

- Greater access to information about mental health and wellbeing was wanted

## Residents with a learning disability

- The annual white paper of the Worcestershire People's Parliament highlights importance issues for people with a learning disability

- Mental health was the theme of the 2022 report

- It highlighted negative impacts of the pandemic as well as inequalities in life expectancy and how good mental health could support addressing this

## Experiences of accessing mental health services

- A qualitative evaluation of experiences accessing mental health services in Worcestershire was undertaken by Community First

- Mental health was considered in a wider context than just services

- Self care and informal support are invaluable

- Waiting times and barriers to accessing services were sometimes experienced

# Population

Characteristics of the population of Worcestershire:

- Worcestershire has an **older age structure** than is seen nationally, and the number of older people is increasing

- Worcestershire has a **lower proportion of people who are from an ethnicity other than White: English, Welsh, Scottish, Northern Irish, or British** than is seen nationally, although the proportion is increasing in the county

- Worcestershire has **large rural areas** with the districts of Malvern Hills and Wychavon being "Predominantly Rural"

This links to mental health and wellbeing by:

- Whilst many mental health conditions are more common in working age adults, dementia becomes increasingly common in older adults

- People from some ethnic groups are more likely to be diagnosed with a mental health condition

## Age/sex structure of the population
(Census 2021)
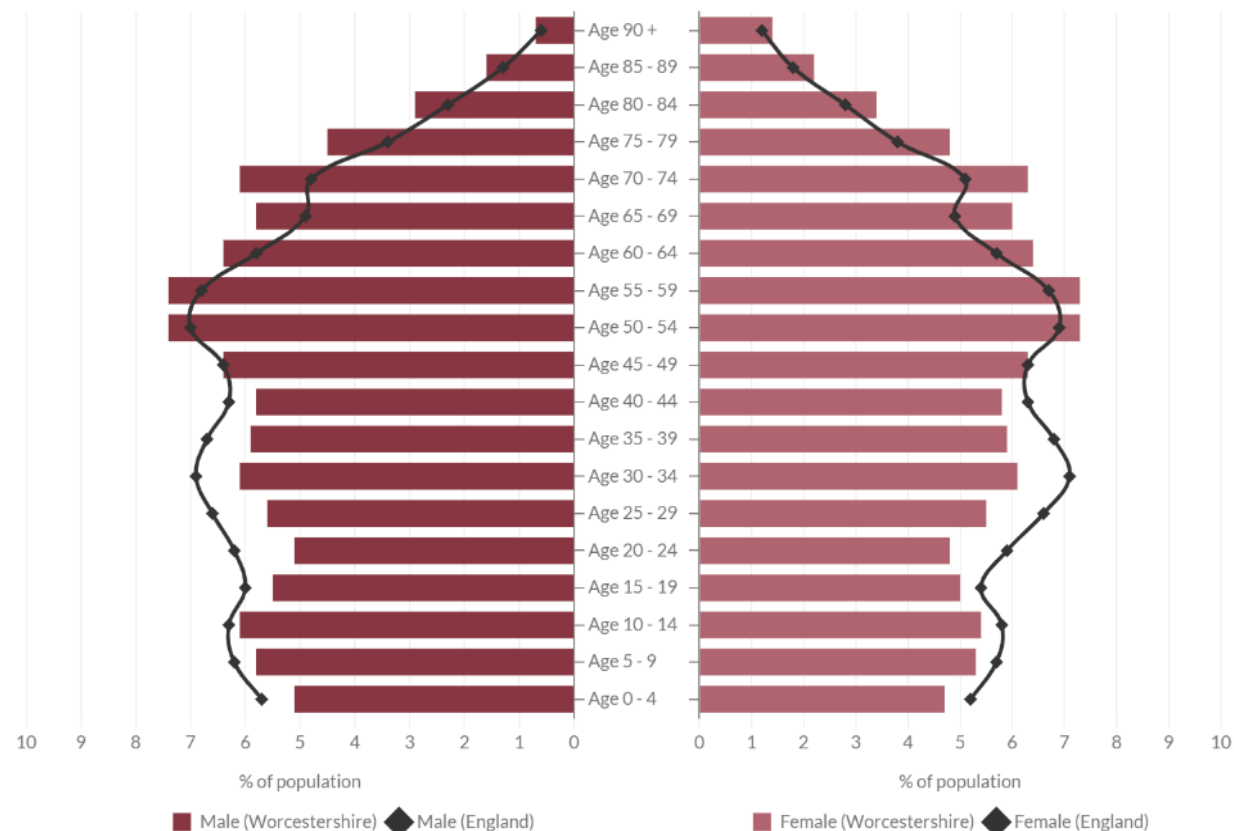


**2021 Census Population – 603,600**

**Further information on the characteristics of the population is available at:** InstantAtlas Worcestershire – Population

# Wellbeing in Worcestershire

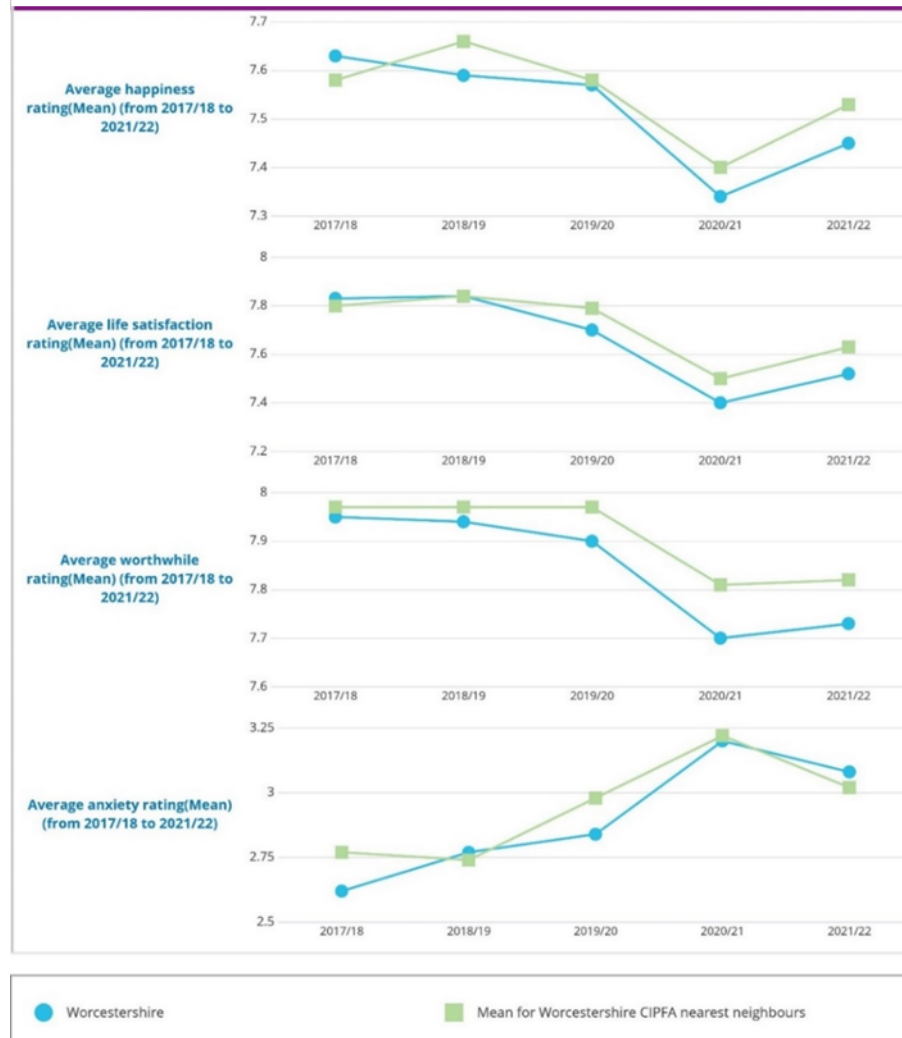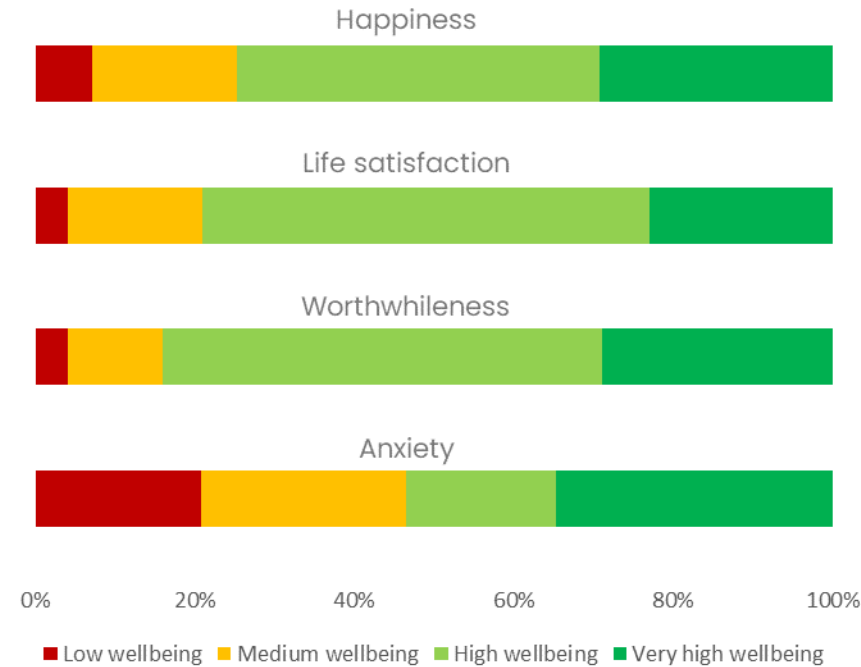**Measuring wellbeing**

- The Office for National Statistics measures personal wellbeing for adults through a series of four measures

- Data is produced annually for local authorities

- Wellbeing has declined during the pandemic but shows a partial recovery in data from 2021/22

- Whilst average wellbeing is slightly lower than comparable local authorities, the absolute differences are small



Average personal wellbeing over time for Worcestershire compared to CIPFA nearest neighbours
(Image: LG Inform)

Average happiness rating(Mean) (from 2017/18 to 2021/22)

Average life satisfaction rating(Mean) (from 2017/18 to 2021/22)

Average worthwhile rating(Mean) (from 2017/18 to 2021/22)

Average anxiety rating(Mean) (from 2017/18 to 2021/22)

Worcestershire    Mean for Worcestershire CIPFA nearest neighbours

CIPFA: Chartered Institute of Public Finance and Accountancy



Proportion of adults with different levels of personal wellbeing in Worcestershire as measured across each domain
(Office for National Statistics 2021/22)

Happiness

Life satisfaction

Worthwhileness

Anxiety

0%  20%  40%  60%  80%  100%

■ Low wellbeing  ■ Medium wellbeing  ■ High wellbeing  ■ Very high wellbeing

- Low levels of wellbeing are experienced by a minority of the population, but this proportion has increased slightly during the pandemic

- Poor self-rated health is strongly associated with poor wellbeing along with unpaid family care duties. This has implications for targeting interventions to support wellbeing

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# Influences on mental health and wellbeing through the life course

- There are a wide range of factors linked with mental health and wellbeing and the experience of these varies through the life course

- In this needs assessment they are examined in relation to the three priority areas of the Worcestershire Health and Wellbeing Strategy set out below

- Overall, it finds that Worcestershire generally has better than national average levels of risk and protective factors for mental health and wellbeing

- Nonetheless, there remain opportunities to further shape the factors that can support good mental health and wellbeing

- Furthermore, differences across and within these which may contribute to mental health and wellbeing inequalities

| Healthy living at all ages | Quality local jobs and opportunities | Safe, thriving, and healthy homes, communities, and places |
|---|---|---|
| • Best start in life<br>• Overall health<br>• Health behaviours | • Education<br>• Employment<br>• Income and cost of living | • Natural environment<br>• Homes<br>• Social relationships and loneliness<br>• Community<br>• Crime and safety |

# Best start in life
## Healthy living at all ages

**"While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits."**
Institute for Healthcare Equity

## Key messages

- Supporting good mental health and wellbeing begins even before birth and actions taken to improve health during pregnancy are likely to bring benefits to the next generation

- Families are important to the cognitive, emotional, and social development of children and supporting parents is an important area for intervention in early years

- Many childhood and adulthood mental health problems are linked to adverse experiences and environments during childhood – creating the best environment for children to flourish is critical to supporting good mental health and wellbeing

## Pregnancy and child health in Worcestershire

- Existing needs assessments have examined key issues during pregnancy and early childhood: Child and Maternal Health JSNA Publications

- Smoking in pregnancy has been highlighted as a contemporary issue and is the focus of current work in the county with promising early results

## Childhood adversity in Worcestershire

- Evidence suggests **over a quarter (28.7%) of mental health conditions** throughout life are attributable to adverse childhood experiences (ACEs)

- Factors linked with childhood adversity vary between districts in terms of how common they are, and it is noted there is a strong link with childhood poverty

- Parental mental ill health, substance misuse, and exposure to domestic abuse are recognised as key risks for childhood adversity

- Redditch and Worcester were previously found to have the highest likelihood of experiencing ACEs

# Overall health
## Healthy living at all ages

## Key messages

- There is an overlap between physical and mental health problems and co-morbidity is a term describing when both occur together

- Co-morbidity is associated with poorer physical and mental health outcomes and higher care costs

- This association between mental health and physical health problems gives rise to significant inequalities in life expectancy, particular for those with severe mental illness

- The population of Worcestershire have a higher healthy life expectancy than the England population overall

## Overall health in Worcestershire

- **Healthy life expectancy** is a measure of the average number of years that a person born today would live in good general health

- Worcestershire has a higher healthy life expectancy than the England average for both males and females

- There remains a substantial difference in the healthy life expectancy of the most and the least deprived people in Worcestershire – this gap is measured as the **inequality in healthy life expectancy**

### Healthy life expectancy (years) in Worcestershire (2018-20)
Source: OHID Fingertips (Public Health Outcomes Framework)

**66.2**
England: 63.9

**11.5**
Inequality

**65.3**
England: 63.1

**11.8**
Inequality

Female

Male

# Health behaviours
## Healthy living at all ages

## Key messages

- Mental health problems are associated with higher rates of negative health behaviours including smoking, poor diet, and physical inactivity

- Higher rates of unhealthy behaviours contribute to poorer physical health and premature mortality for those with mental health problems

- Smoking is a particularly important risk factor and smoking rates are substantially higher for those with long term mental health conditions and severe mental illness

- Supporting healthier lifestyles can itself be a route to improving mental health and wellbeing

"There is a major challenge in changing the perceptions of both smokers and healthcare professionals about the impact of smoking on mental health. There are widespread misperceptions that smoking helps manage stress, while the evidence demonstrates that smoking is a causal factor in mental health conditions and can exacerbate rather than reduce stress."

RCPsych Public Mental Health Implementation Centre

## Smoking and mental health in Worcestershire

- Smoking rates are similar in Worcestershire to England on most measures

- There is evidence of **progressively higher smoking rates** for those with more severe mental health needs*

- This is contributes to physical health inequalities and lower life expectancy. Ensuring effectively targeted support can help to close this gap

**14.3**%

Smoking rate in the adult population

(GP Patient Survey – 2020/21)

**24.4**%

Smoking rate for those with a long term mental health condition

(GP Patient Survey - 2021/22)

**37.0**%

Smoking rate for those with a severe mental illness

(Health and Social Care Information Centre– 2014/15)

**72.6**%

Smoking rate for those admitted for treatment for opiate substance misuse

(NDTMS – 2019/20)

*Note these data are from different sources and so are not directly comparable. They provide an indication of the relative levels of smoking in different groups. Differences in survey methods and the time the data was collected will influence these rates.

# Education
## Quality local jobs and opportunities

## Key messages

- Higher levels of education are associated with better mental health and wellbeing

- Schools provide an important setting to promote good mental health and wellbeing and NICE guidance supports a range of interventions through primary schools and secondary schools

- Worcestershire has similar levels of educational attainment to the average in England but children with free school meal status have comparatively poorer attainment

- Worcestershire has a relatively high proportion of young people (16-17 years) who are Not in Employment Education or Training (NEET) who are more likely to experience poorer mental health and wellbeing

- Disruption from the pandemic disproportionately impacted younger people – See previous report

*"Education develops skills that help people to function and make decisions in life. It increases peoples' ability to get a job and avoid living in poverty. It helps people to understand how social and health systems work allowing them to improve their health and wellbeing. Education can also improve levels of health literacy."*

Office for Health Improvement and Disparities

## Young people not in employment, education or training (NEET)

- **5.6%** of 16–17-year-olds are not in education, employment and training (NEET) (or their activity is unknown) (2021)

- While the proportion of young people not in education, employment or training has generally declined in England, the opposite trend is seen in Worcestershire with a general increase until 2020



Proportion of 16-17 year olds NEET
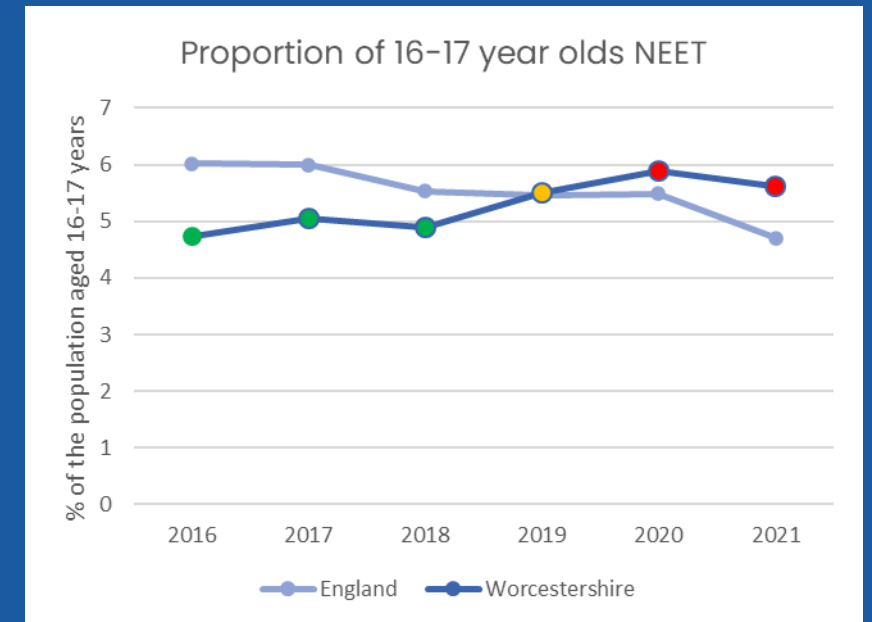
Data: OHID Fingertips (Department for Education)
Worcestershire vs. England- Green: Significantly lower, Amber: Similar, Red: Significantly higher

*"The pandemic has bought out anxieties in people as they fear being judged as the 'COVID generation'."*

Focus group participant (Teenagers 14-18yrs)

# Employment
## Quality local jobs and opportunities

## Key messages

- Employment in a good quality job is associated with better wellbeing
- Unemployment is strongly associated with poorer mental health including common mental disorders and increased risk of suicide
- Whilst unemployment is at historically low levels in England there is a growing proportion of the population who are economically inactive due to long term sickness and mental health conditions are common in this group
- Opportunities to improve mental health and wellbeing can include support to gain and sustain employment, as well as supporting mental health and wellbeing in the workplace

"One of the strongest and most consistent findings in the wellbeing literature is that being unemployed has a negative impact on subjective wellbeing (regardless of how subjective wellbeing is measured) and mental health. The decline in wellbeing is beyond what would be expected from a decline in income from not having a job – it appears that unemployment affects wellbeing by diminishing our sense of purpose and by reducing our social connections as well."

What Works Wellbeing

### Employment and unemployment in Worcestershire

- **3.6%** of working age adults are unemployed (approximately **10,900** people)
- Approximately **16,200** adults are economically inactive due to long term sickness
- Rates of both unemployment and economic inactivity are lower than the average across Great Britain

### Inequalities in employment

- There is a substantial gap in the employment rate between the general population and those in contact with secondary mental health services
- Approaches including Individual Placement and Support (IPS) can help those with severe mental illness attain and maintain employment

# Income and cost of living
## Quality local jobs and opportunities

### Key messages

- Having a very low income is linked with low wellbeing and can be a cause or a consequence of poor mental health

- Measures reflecting low income including rates of fuel poverty, claimants for out of work benefits show recent rises

- There are differences across districts in the proportion of children living in relative low income families

- A cost of living survey is being undertaken in the districts of Bromsgrove and Redditch and the findings from this will help better understand the experience of residents

"Poverty can be both a causal factor and a consequence of mental ill health. Across the UK, both men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. The cumulative effects of poverty are present throughout the life course, starting before birth and continuing into older age."

Office for Health Improvement and Disparities

### Impacts of the rising cost of living in Worcestershire

- The rising cost of living is a current issue of concern and was highlighted in the 2022 JSNA Summary for Worcestershire. Findings included:

  o A substantial rise in the number of households receiving Universal Credit during and since the onset of the pandemic

  o A rise in the claimant count for out of work benefits by approximately 32% since the pandemic

  o Fuel poverty affecting almost 37,500 households in Worcestershire and with a greater proportion affected in Wyre Forest, Malvern Hills and Worcester

- **16.5%** of children in Worcestershire are considered to be living in relative low-income families* and there is variation between the districts:

| Bromsgrove | Malvern Hills | Redditch | Worcester | Wychavon | Wyre Forest |
|---|---|---|---|---|---|
| 11.2% | 14.5% | 19.0% | 20.2% | 14.2% | 20.0% |

* This is defined as earning less than 60% of the UK average income before housing costs and only includes households receiving one or more benefits (Universal Credit, Tax Credits of Housing Benefit). Colours show comparison to England average – Green: Significantly lower, Amber: Similar, Red: Significantly higher.

# Natural environment
## Safe, thriving, and healthy homes, communities, and places

## Key messages

- Spending time in natural environments is associated with better wellbeing and can provide an important setting for physical activity

- Whilst a substantial majority of residents in Worcestershire have access to some outdoor space at their homes a minority use natural environments for health and exercise

- Health Walks are an example of how physical activity, natural environments and social contact can all be combined to support good mental health and wellbeing

- There are opportunities to draw stronger links to wellbeing benefits in the Green Infrastructure Strategy and Local Nature Recovery Strategy which are both in development

"Provision of green space and protection of natural landscapes is one way that local actors can increase opportunities for physical activity. Evidence shows that such contexts have an additional wellbeing benefit, and that people are happier when they are in green (or indeed blue) spaces."

What Works Wellbeing

**Community insights: Worcestershire Viewpoint Panel 2022**

- "Access to nature" was the second highest ranked factor in what is considered "Most important in making somewhere a good place to live" and "Parks and open spaces" the fifth highest ranked

- A high proportion of respondents were satisfied with the provision of parks and open spaces and around two thirds had used them on at least five occasions in the previous year

**Community consultation: Use of outdoor spaces during the pandemic**

- A COVID-19 Focus Group with working age adults with a mental health condition found some experienced wellbeing benefits during the pandemic

- The development of a gardening club when lockdown restrictions eased was positively received:

*"It was very relaxing, and bought us together, a shared interest, it was very beneficial and gave us a good sense of wellbeing"*

# Homes
## Safe, thriving, and healthy homes, communities, and places

## Key messages

- Safe and warm homes that people are not at threat of losing are a fundamental contributor to good mental health and wellbeing

- Worcestershire has a relatively low proportion of households at risk of homelessness and living in temporary accommodation

- There is still a substantial proportion of those in contact with secondary mental health services who do not live in stable and appropriate accommodation, particularly males

- A new "Housing and Health Lead" has been employed to strengthen links between these sectors and enhance opportunities for housing to be a positive driver for health

> "Insecure, poor quality and overcrowded housing causes stress, anxiety, and depression, and exacerbates existing mental health conditions. 19% of adults living in poor quality housing in England have poor mental health outcomes."
>
> Office for Health Improvement and Disparities

## Housing and homelessness in Worcestershire

- Relative to the England average there is a **lower rate** of households living who are considered to be at risk of homelessness as defined in the Homelessness Reduction Act

- There are similarly **lower rates** in temporary accommodation

| | Worcestershire | England |
|---|---|---|
| Households owed a duty under the Homelessness Reduction Act – rate per 1000 households (2021/22) | 5.0 | 11.7 |
| Households in temporary accommodation (2021/22) | 0.3 | 4.0 |

- The Adult Social Care Outcomes Framework assesses the proportion of adults in contact with secondary mental health services living independently

- Whilst similar or better than the England average, a substantial proportion are not considered to be living in stable and appropriate accommodation

| | Worcestershire | England |
|---|---|---|
| Adults in contact with secondary mental health services who live in stable and appropriate accommodation - Male (2020/21) | 60.0% | 56.0% |
| Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Female (2020/21) | 69.0% | 59.0% |

Colours show comparison to England average – Green: Significantly lower, Amber: Similar, Red: Significantly higher

# Social isolation and loneliness
## Safe, thriving, and healthy homes, communities, and places

"People who have good social relationships have higher wellbeing and better mental health. It is clear that these effects are bidirectional – that is, relationships make people happy, and being happy makes one more likely to maintain good relationships, and to interact socially with people."

What Works Wellbeing

## Key messages

- Social isolation and loneliness are associated with poorer wellbeing and higher rates of mental health problems and may be a cause and consequence of each other

- Whilst older people may be more likely to be socially isolated there is evidence that young adults report experiences of loneliness most commonly

- There are significant overlaps with other influences on mental health and wellbeing including loneliness being more commonly reported by those with long term health conditions and by their carers

- There are many opportunities to enhance social connections in Worcestershire and these include both universal and targeted approaches

## Links with loneliness

- National survey data indicates those more at risk of loneliness include: women, young people (16-34 years), lesbian, gay, bisexual people, those living alone or widowed, and those with a disability or long term illness

## Loneliness in Worcestershire

- **22.5%** of adults in Worcestershire feel lonely often, always, or some of the time (2019/20)

- More recent data for Herefordshire and Worcestershire (2021/22) suggests this level has fallen slightly and the proportion experiencing loneliness often or always (**4.7%**) is the lowest in the West Midlands and joint second lowest nationally

- Only **a quarter (24.8%)** of adults providing unpaid care report having as much social contact as they would like

Despite loneliness and isolation featuring throughout the [Community Consultation], many felt the 'community spirit' also increased, referencing things like neighbours helping out and chatting more, local street or community groups being set up and video calls or other activities.

# Community
## Safe, thriving, and healthy homes, communities, and places

## Key messages

- Social connections both with close family and friends, and within the wider community can support better mental health and wellbeing

- Asset based approaches can support the development of connections within communities and enhance the development of community led initiatives

- Volunteering can contribute to personal wellbeing as well as supporting many other areas of work that positively impacts the wellbeing for others

"The mental wellbeing of individuals is influenced by factors at a community level such as social networks, sense of local identify, levels of trust and reciprocity and civic engagement. The benefit of this "social capital" can be felt at an individual level (for example, through family support) or at a wider collective level (for example, through volunteering)."

Office for Health Improvement and Disparities

## Community assets in Worcestershire

- Council run community assets including libraries and museums can provide a valuable setting for social connection

- Surveys of library users suggest that many experience benefits including greater social and community connection, and feeling more positive about their mental health and wellbeing

## Asset based approaches in Worcestershire

- There are currently **25 full time equivalent community builders** across Worcestershire who engage with residents to support and empower them to development new community initiatives

"As a Community Builder I am able to go out and listen to the needs and passions of people living locally, connecting like-minded people to bring their ideas to life. By doing this we can reduce isolation and build confidence making a more resilient community."

A Community Builder in Worcestershire

# Mental health through the life course

- Around half of all mental health problems start by mid-teens and three quarters by mid-20s highlighting the importance of early intervention and prevention

- There is variation in how common different mental health conditions are through the life course which is important in informing preventative approaches as well as mental health service provision

- Self harm and suicide are important reflections of mental health but are not specific to any mental health condition
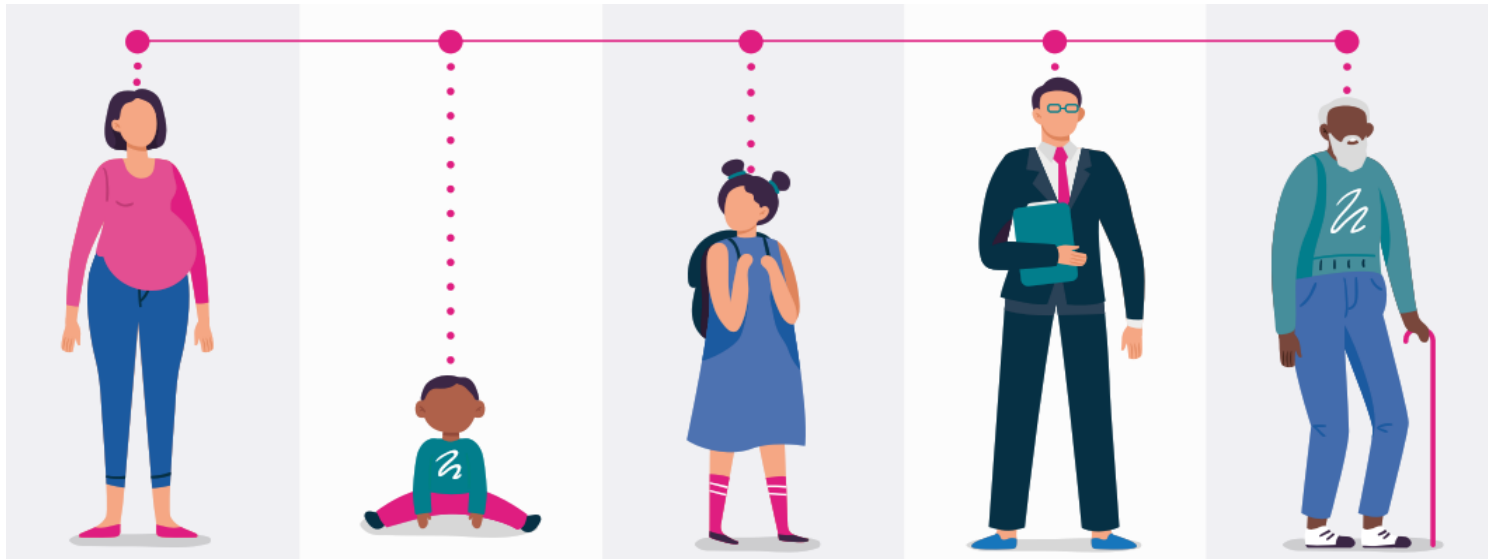


| Perinatal | Children and Young People | Working age adults | Older adults |

# Perinatal mental health
**Mental health through the life course**

## Key messages

- The perinatal period (pregnancy and the period after giving birth) is a time of heightened risk for mental health problems including severe mental illness and suicide is the leading cause of death for women in the first year after giving birth

- The NHS Long Term Plan commits to increasing access to Specialist Perinatal Mental Health Services and whilst in Worcestershire is increasing current levels of access are below nationally defined targets

- Improving perinatal mental health is likely to have wider positive impacts on mental health and wellbeing of children and families and so is a particularly important element of prevention

"Thresholds of access to specialist perinatal mental health services need to take into account the modifying effects of pregnancy and infant care on the course of mental illness and offer lower thresholds and prompt access when needed."

Royal College of Psychiatrists

## Mental health during and after pregnancy

- Nationally it is estimated that around 10-15% of women experience depression in the postnatal period

- This is also a particularly high risk period for women with severe mental illness. For women with bipolar disorder with around a fifth experience the severe mental health condition perinatal psychosis

- National data on maternal deaths has highlighted that mental health accounted for 40% of deaths in the year after giving birth and was higher than previous periods

## Support for pregnant women in Worcestershire

- Specialist perinatal mental health services are provided by Herefordshire and Worcestershire Health and Care Trust

- In line with the NHS Long Term Plan the service is now available to women up to 24 months after giving birth and assessment for partners

- In the 12 months to July 2022 a total of 647 women accessed support from this service against a target of 781

# Children and Young People
## Mental health through the life course

### Key messages

- National surveys suggest that mental health problems in children and young people are becoming more common and this has been particularly notable during the COVID-19 pandemic

- Local surveys of children and young people have highlighted that many may have experienced worsening mental health and wellbeing during the pandemic

- The NHS Long Term Plan commits to increasing access to specialist services. The numbers of children and young people accessing services in Worcestershire is increasing but is currently below the nationally defined access target

- A series of recommendations for child and adolescent mental health services were recently published by a task group from Worcestershire County Council

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"Around half of all lifetime mental health problems start by the mid-teens, and three-quarters by the mid-20s, although treatment typically does not start until a number of years later. …Inequality underlies many risk factors for mental health problems in children and young people, and needs to be addressed through the wider determinants of health"

Office for Health Improvement and Disparities

**National surveys indicate mental health conditions are now more common**

- The Mental Health of Children and Young People in England surveys have found an increase in the proportion of children and young people with "probable mental disorders"

- In 2022, **8.0%** of children aged 7 to 16 years and **22.0%** of young people aged 17 to 24 years had a probable mental disorder

**Child and adolescent mental health services**

- 7725 children and young people accessed child and adolescent mental health services in Herefordshire and Worcestershire in the year to July 2022

- Amongst the recommendations from a recent task group from Worcestershire County Council was expanding provision of services to support those with a lower level of mental health need, reflecting a gap to more specialist services

**Mental health and wellbeing support in schools**
- A range of support for mental health and wellbeing is being delivered within schools in Worcestershire
- This includes Wellbeing and Emotional Support Teams (WESTs) though coverage is not complete reflecting a national target of 45% coverage

# Working age adults: CMD
## Mental health through the life course

## Key messages

- Common mental disorder (CMD) prevalence varies through the life course with highest rates for working age adults. They are more common in women than men particularly in early adulthood

- Recent national survey data suggests symptoms of depression are more common since the pandemic

- A stepped approach to care is recommended for treatment of CMD and talking therapies provided through the NHS Talking Therapies service is a key component of this

- Current demand for NHS Talking Therapies services is outpacing provision and there may be alternative models of support for people with mild/moderate CMD

"Common mental disorders comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great."

Adult Psychiatric Morbidity Survey

## Common mental disorders in Worcestershire

- Worcestershire has higher levels of depression as recorded in general practices and this has risen over recent years. Higher recording rates may influence this.

**14.9%**
**75,084 people**
Proportion of adults in Worcestershire recorded as having depression on GP registers (2021/22)

**1.6%**
**7880 people**
Proportion of Adults in Worcestershire with a **new** diagnosis of depression recorded on GP registers (2021/22)

## Support for people with CMD in Worcestershire

- Current data indicates demand exceeds capacity within NHS Talking Therapies services in Herefordshire and Worcestershire

- Alternative provision to support people with less severe mental health problems is being piloted across Worcestershire and may inform future approaches

# Working age adults: SMI
## Mental health through the life course

## Key messages

- Severe mental illness (SMI) includes psychotic disorders and bipolar (affective) disorder which can both cause severe symptoms and substantially impact on quality of life
- People with SMI have poorer physical health on average than the general population and this is a major contributor to lower life expectancy in this group
- Worcestershire has a lower proportion of people with a diagnosis of SMI than the England average
- Increasing the uptake of physical health checks may be one way to reduce physical health inequalities for this group

"**Psychotic disorders** produce disturbances in thinking and perception that are severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis. **Bipolar disorder**, previously known as manic depression, is a common, lifelong, mental health condition characterised by recurring episodes of depression and mania. It is associated with significant impairment."

Adult Psychiatric Morbidity Survey

## Severe mental illness in Worcestershire

- **0.72%** of the population (4507 people) are recorded as having a diagnosis of SMI on GP registers
- Mental health services in Herefordshire and Worcestershire see and provide recommended care to **86%** of people with first episode psychosis within 2 weeks – above a national target of 60%

## Physical health inequalities and premature mortality

- People with SMI in Worcestershire are **3.4 times** more likely to die prematurely than the rest of the population (lower than the England average)
- Annual physical health checks are recommended and are incorporated as a key element of the NHS CORE20Plus5 approach to reducing health inequalities
- Data indicates rates of physical health checks being completed (**45.3%**) for people with SMI are below the national target of >60% but are increasing

# Older adults
## Mental health through the life course

### Key messages

- Common mental disorders (CMD) are less common in older people than working age adults

- Dementia mostly affects older people and the prevalence of this rises sharply with age contributing a high level of mental health need for older age groups

- Worcestershire has a slightly higher proportion of the population recorded as having dementia, but this is likely to be an underestimate of all cases

- With an ageing population it is anticipated that dementia will become substantially more common within the population of Worcestershire over the coming years. This strengthens the case for addressing potentially modifiable factors to prevent or delay its onset

"Dementia is a term used to describe a range of cognitive and behavioural symptoms that can include memory loss, problems with reasoning and communication and change in personality, and a reduction in a person's ability to carry out daily activities, such as shopping, washing, dressing and cooking."

National Institute for Health and Care Excellence

## Mental health of older people in Worcestershire

- The estimated prevalence of CMD for people aged >65 is **9.4%**

- This is around a third lower than the prevalence for the whole adult population and is similar to the national average

## Dementia in Worcestershire

- **3.2%** of the population aged >65 are recorded as having a diagnosis of dementia

- However, this is likely to be a substantial underestimate as Worcestershire has a **significantly lower dementia diagnosis rate**

- It is projected that the number of people with dementia will **increase by around 50% by 2040**

- **Important risk factors** for dementia which are potentially modifiable include smoking, depression and social isolation. It is estimated that these together account for around 13% of dementia cases

# Self harm and suicide
## Mental health through the life course

## Key messages:

- Self-harm has become increasingly common with the highest rates reported by young women

- Nationally published data for self-harm admissions reflects only a minority of cases overall but this data shows similar rates to the national average

- The rate of deaths by suicide is higher for males and suicide prevention interventions in the county have in part been targeted to men

- Suicide prevention work is well established in Worcestershire and is an important approach which aims to reduce the risk of suicide within the population, particularly targeting higher risk groups

"Only a minority of people who have self-harmed present to hospital services, but it remains one of the commonest reasons for hospital attendance. ...For some people, self-harm is a one-off episode, but repetition is also common, with 20% of people repeating self-harm within a year. People who have self-harmed are at greatly increased risk of suicide, with a 30- to 50-fold increase in risk in the year after hospital presentation.."

National Institute for Health and Care Excellence

### Self harm in Worcestershire

- Hospital admission rates for self harm are similar to the national average (2020/21) and there were **900 admissions** in Worcestershire during this period

### Suicide in Worcestershire

- The overall **suicide rate** averaged over the period 2019-21 is similar to the national average and longer term trends show similar rates

- Similar to the national picture **males are more likely to die by suicide** than females (consistently ~3x higher in national data)

- **Real time surveillance** has been introduced to identify suspected deaths by suicide in order to provide timely support to those affected and to detect any important local patterns in risk for suicide which could be addressed

| | Worcestershire | England |
|---|---|---|
| Suicide rate* (persons) | 12.0 | 10.4 |

*Directly standardised rate per 100,000 (2019-21)

# Inequalities and higher risk groups
## Mental health through the life course

**Key messages:**

- There are differences across the population in the risk of experiencing poor wellbeing or having a mental health condition

- Deprivation is linked with the risk of poor mental health and wellbeing and is particularly strongly linked with severe mental illness

- Risk factors for poorer mental health and wellbeing often cluster together meaning some groups have several times higher risk of developing a mental health condition

- Interventions to support good mental health and wellbeing should be available to all but targeted at those most in need

"The relationship between inequalities related to socio-economic status and protected characteristics and poor mental health is two-way: experiencing disadvantage and adversity increases the risk of mental health problems and experiencing mental health problems increases the risk of experiencing disadvantage."

Faculty of Public Health

## Inequalities in mental health and wellbeing

- There is evidence of a **social gradient for mental health and wellbeing**, where the most deprived in the population are also more likely to experience poor mental health and wellbeing

### Higher risk groups

- A number of groups are identified who have a several fold **increased risk** of developing a mental health condition

- Further understanding of local need for these groups is required and support appropriately targeted relative to need

# Recommendations

- Wellbeing is a key resource for individuals, communities and wider society and this supports an approach to **wellbeing promotion**

- Many mental health conditions start relatively early in the life course and have longer term impacts on individuals and families, as well as higher economic costs. This emphasises the importance of **prevention and early intervention** approaches

- This needs assessment identifies a **wide array of factors that influence and are influenced by** mental health and wellbeing through the life course

- Shaping these factors in a way that supports good mental health and wellbeing is the central message of this report

- No single group or organisation can influence all of these factors and this requires a wider recognition of the way work in different areas can be considered through a lens of its **links to supporting good mental health and wellbeing**

- The recommendations set out **areas to focus on** in order to support good mental health and wellbeing and reduce inequalities in these

**Informing recommendations to support public mental health and wellbeing**

- Evidence exists for the effectiveness of public mental health interventions and there is also economic evidence suggesting at least some interventions can be cost saving in the short-medium term

- A recently published evidence summary from the newly established Royal College of Psychiatrists Public Mental Health Intervention Centre provides a framework for identifying interventions with the strongest evidence base

- Other key guidance on approaches to public mental health informing this needs assessment include Better Mental Health for All from the Faculty of Public Health and What Good Looks Like for Public Mental Health from the Association of Directors of Public Health

# 1: Good mental health and wellbeing starts even before birth

Enhancing preconception and perinatal health as well as support for children and families throughout childhood are important contributors to children's mental health and wellbeing. Schools are a key setting for wellbeing promotion.

## Recommendations

a) *Universal – Preconception and perinatal health*: Continue to work towards improving modifiable factors in pregnancy associated with children's mental and emotional development including smoking and alcohol/substance use

b) *Universal – Whole school approaches*: Increase coverage of whole school approaches to supporting good mental health and wellbeing

c) *Targeted – Parental mental health*: Continue to increase access to specialist perinatal mental health support. Ensure potential impact of parental mental health conditions on children of all ages is incorporated into clinical contacts

d) *Targeted – Parenting support*: Review current universal and targeted parenting support


# 2: Physical health inequalities for people with mental health conditions

Poorer physical health and reduced life expectancy is experienced across the full spectrum of mental health problems. Promoting healthier lifestyles and enhancing physical health care can reduce this gap as well as enhance mental health and wider wellbeing

## Recommendations

a) *Universal – Physical activity and other positive health behaviours to promote wellbeing*: Continue to promote opportunities to encourage physical activity and other healthier lifestyle changes across the life course

b) *Targeted – Inequalities in smoking rates*: Aim to reduce gap in smoking rates for those with mental health problems and those using substances compared to the general population

c) *Targeted – Enhance uptake of physical health checks for those with severe mental illness*: Aim to increase (and sustain) the completion of rate of physical health checks at or above the target level set out in the NHS LTP/Core20PLUS5

## 3: Wellbeing through the workplace

Employment in a good quality job is linked with better mental health and wellbeing. The workplace is also an important setting for wellbeing promotion

### Recommendations

a)  *Universal - Workplace wellbeing*: Support employers to better understand how they can contribute to wellbeing in the workplace and the benefits of this

b)  *Targeted - NEET*: Enhance support for those not in education, employment or training (NEET) including by exploring opportunities to use funding from the UK Shared Prosperity Fund

c)  *Targeted- Mental health and employment*: Review support currently available to those in contact with mental health services to gain and maintain employment

d)  Targeted- Severe mental illness: Continue to increase access to employment support for people with SMI – Individual Placement and Support (IPS)

## 4: Community connections

Social isolation and loneliness are associated with poorer mental health and wellbeing. Actions that bring people together make a positive contribution to wellbeing.

### Recommendations

a)  *Universal - Asset based approaches*: Continue to develop asset-based approaches to empower communities to creates new opportunities that promote wellbeing

b)  *Universal - Community assets*: Enhance opportunities for social connection and wider wellbeing through council run community assets including libraries and museums

c)  *Universal/targeted - Loneliness*: Continue development of new loneliness action plan

## 5: Wider wellbeing environment

Many factors contribute to the development of good mental health and wellbeing. There are wide opportunities to support the development of Worcestershire as a place that enhances wellbeing and supports good mental health

### Recommendations

a) *Universal - Natural environment*: Explore opportunities to enhance access to and utilisation of green and blue spaces for wellbeing promotion including through physical activity

b) *Universal/targeted - Built environment*: Support actions that enhance the quality of housing in Worcestershire and reduce risks of homelessness

## 6: Identify and target support to higher risk groups

- Some groups of people in Worcestershire are identified as having a higher risk of having poorer mental health and wellbeing. This needs assessment identifies these groups but further work is required to better understand opportunities in Worcestershire to enhance targeted mental health and wellbeing support

### Recommendations

a) *Targeted – Groups include*: Looked after children, Children with SEN, People with sensory impairment, LGBTQ +, Carers, Care home residents, People experiencing homelessness, Survivors of domestic abuse, Refugees and asylum seekers, Prisoners, Veterans, People who use substances

b) *Targeted – Inequalities in access, experience, and outcomes*: Identify and respond to inequalities in access, experience and outcomes including for those from different communities of identity, interest, place, and experience

## 7: Early intervention, lower-level mental health support and suicide prevention

Enhancing opportunities for early intervention to support those experiencing poorer mental health and wellbeing as well as reaching those at higher risk of suicide.

### Recommendations

a) *Universal/Targeted - Suicide prevention*: Continue to build on local suicide prevention work targeted towards known and emerging higher risk groups (include men, those working in manufacturing and construction industries, agricultural communities, people experiencing domestic abuse)

b) *Targeted – Commissioned support alongside NHS Talking Therapies*: Respond to evaluation of new provision commissioned by PCNs to support mental health and wellbeing and potentially reduce demand for NHS Talking Therapies services. Consider case for longer term provision

## 8: Voluntary Community and Social Enterprise (VCSE) sector

It is recognised that the VCSE sector in Worcestershire makes a substantial contribution to supporting wellbeing.  There continues to be opportunities to enhance collaboration across organisations to maximise the benefit for the population of Worcestershire

### Recommendations

a) *Universal/targeted - Enhance collaboration with VCSE organisations in supporting good mental health and wellbeing*

b) *Integrating VCSE and NHS primary mental health and wellbeing services: Review outcomes from this project and opportunities for longer term collaborative provision*

## 9: Increase knowledge and capability in mental health and wellbeing promotion in the wider workforce

Increasing knowledge of mental health and opportunities to promote wellbeing can provide new opportunities to support good mental health and wellbeing

**Recommendations**

a) *Targeted - Upskilling wider workforce*: Explore opportunities to embed training for non-mental health staff in awareness of mental health and opportunities for wellbeing promotion

## 10: Developing information for action on mental health and wellbeing

A deeper understanding of mental health needs and assets in some specific areas will help to target provision more effectively. Both quantitative and qualitative approaches are needed to build a more complete picture

**Recommendations**

a) *Wellbeing and loneliness*: Building a more detailed picture of who is experiencing poor wellbeing, loneliness and social isolation in Worcestershire and community perspectives on what will help most – through quantitative and qualitative insights

b) *Primary care data*: Explore ways to measure and track lower-level mental health need presenting in primary care

c) *VCSE provision*: Examining the findings of existing initiatives will help to inform a deeper understanding of their contribution

d) *Mental health crisis*: This is complex area with multiple contact points across multiple organisations. Understanding patterns of demand for mental health crisis support and the drivers of these will help tailor approaches to both support and prevention

e) *Mental health comorbidity in acute hospitals*: Mental health problems for those receiving care in acute hospitals can impact outcomes and hospital discharges. Further analysis of available data can support identification of opportunities to optimise support in hospitals and strengthen the case for prevention throughout the life course

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