Worcestershire Health and Wellbeing Board

Mental Health Needs Assessment

September 2023

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Mental Health Needs Assessment for Worcestershire 2023

Main report

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Contents

Introduction to this needs assessment

This report is an assessment of the mental health and wider wellbeing of the population of Worcestershire. It examines some of the key factors which influence mental health and wellbeing through life, and opportunities to promote wellbeing and prevent mental health problems. It has been developed to support the Joint Local Health and Wellbeing Strategy 2022-2032 for Worcestershire, which sets out an overarching vision to achieve good mental and wellbeing in the population.

It is organised into the following sections:

- ***Background:*** Sets out key definitions and the current challenges, opportunities, and policy context for mental health and wellbeing
- ***What our residents have told us:*** Insights from different pieces of engagement work with residents in Worcestershire around mental health and wellbeing
- ***Population and higher risk groups:*** Consideration of how the population structure of Worcestershire links to population mental health and wellbeing
- ***Wellbeing in Worcestershire:*** Measures of wellbeing and factors linked to poor wellbeing
- ***Influences on mental health and wellbeing through the life course:*** A summary of some of the key links with mental health and wellbeing organised under the three priority areas of the Health and Wellbeing Strategy
- ***Mental health through the life course:*** A summary of the prevalence of different mental health conditions across stages of the life course and an overview of services to support people experiencing a mental health condition
- ***Recommendations:*** A series of ten areas are identified for recommendations

When reading this report note:

- Several data sources are referenced at multiple points throughout the document and more detail on what these are, characteristics of the data collected, and their strengths and limitations in relation to the needs assessment are summarised in Appendix 1 and linked through the text
- *Supporting evidence about links with mental health and wellbeing* is presented in blue text boxes throughout the document
- *Qualitative insights and case studies* are highlighted in green text boxes. This includes findings from focus groups and engagement with other stakeholders
- *Evidence for interventions to support public mental health* is included in grey text boxes

A summary of the main findings is available here: [Link to published summary slides]

Development of this needs assessment

The Health and Social Care Act 2012 set out statutory requirements for the development of Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS). Their purpose is to improve health and wellbeing of the local population and reduce inequalities. The JSNA provides evidence and analysis of needs to help shape local priorities and identify evidence-based priorities for action. Alongside an overall summary (see the JSNA Annual Summary 2022) more specific issues are addressed through individual needs assessments such as this.

The Health and Wellbeing Strategy for Worcestershire 2022-2032 has a central overarching priority of supporting good mental health and wellbeing. This needs assessment was developed to bring together evidence and analysis around levels of mental health and wellbeing in Worcestershire and identify evidence based opportunities to support its development. It is organised in such a way as to make links both to the overarching priority of the strategy and to the three supporting priority areas of "Healthy living at all ages", "Quality local jobs and opportunities", and "Safe, thriving, and healthy homes, communities, and places".

Figure 1: Priorities of the Joint Local Health and Wellbeing Strategy for Worcestershire 2022-2032

Given the broad scope of mental health and wellbeing and the wide array of factors that influence them, this needs assessment should be considered alongside other JSNA publications, some of which provide deeper analysis of areas highlighted by this work. Where relevant, existing JSNA publications are highlighted and their key findings summarised in the main report for this work.

The needs assessment draws on quantitative (numerical) and qualitative (non-numerical data including focus groups) from a range of sources to examine levels of mental and wellbeing in Worcestershire and the factors that influence, and are influenced by, these. Key factors linked with mental health and wellbeing were identified from high quality evidence summaries including those produced by the Office for Health Improvement and Disparities as part of their "Mental Health JSNA Toolkit".

In identifying evidence based approaches to improving population mental health and wellbeing, reference was made to a comprehensive evidence summary recently published by the Royal College of Psychiatrists, as well as best practice guidance in more specific areas such as that published by the National Institute for Health and Care Excellence. Further information on key reference materials is available in Appendix 1 and Appendix 2

The development of this needs assessment was supported by a steering group consisting of representatives from public health, adult social care, healthcare (mental health and primary care), and the Voluntary Community and Social Enterprise (VCSE) sector. The group met on four occasions between November 2022 and May 2023. The recommendations have been shared with the group and refined in the final meeting. A representative from Healthwatch Worcestershire joined as a participant observer for two of the meetings, including the final meeting.

Engagement with wider stakeholders has also been undertaken as part of this, both to gather specific insights into work across the county and to seek feedback on some specific areas of coverage. The summary findings and recommendations of this needs assessment have been shared with senior public health leaders in Worcestershire County Council and with the Herefordshire and Worcestershire Mental Health Collaborative. However, the findings of this report and its recommendations are relevant to a wider range of stakeholders and will continue to be shared widely.

Timeframe of data collection and completion

This needs assessment was completed between October 2022 to May 2023 with minor updates and reviews up to July 2023. Data recorded in the document is therefore reflective of a point in time up to May 2023 and it is acknowledged that at the point of publication, there may be more contemporary data released. This is particularly relevant for data that is regularly updated such as employment data and service performance data.

1 Background

Section summary

- Mental health and wellbeing shape our lives and are a key resource for individuals, families, communities, and wider society in leading healthy and fulfilling lives
- Poor mental health and wellbeing are linked with a range of negative outcomes including poorer physical health, and reduced education and employment prospects
- The COVID-19 pandemic has challenged mental health and ongoing cost of living pressures continue to challenge mental health and wellbeing
- Both national Government and local policy has brought additional focus to mental health including additional Government funding for mental health services
- The development of Integrated Care Systems provides the prospect to focus on new opportunities for greater collaboration between the NHS, local authorities and voluntary, community and social enterprise (VCSE) organisations in order to work in a more preventative way

Contents

1.1 Mental health and wellbeing

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."

Source: What Works Wellbeing[1]

Mental Wellbeing: "Mental wellbeing does not have one set meaning. It might be used to talk about how someone is feeling, how well they are coping with daily life or what feels possible at a specific moment. *Good mental wellbeing* does not mean a person is always happy or unaffected by their experiences. But *poor mental wellbeing* can make it more difficult to deal with the day-to-day. Struggling with poor mental wellbeing is not necessarily a mental health problem, but people that feel low for long periods of time are more likely to develop severe conditions."

Source: It's time to talk about wellbeing - GMHSC[2]

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

Source: Better Mental Health For All[3]

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."

Source: Better Mental Health For All[3]

The central importance of good mental health and wellbeing

Mental health and wellbeing play a central role in our experiences of life and have wider connections to all other areas of our health. Improvements in mental health and wellbeing are associated with better personal outcomes including educational achievement, physical health, and life expectancy. Maintaining good mental health and wellbeing will also build on individual "mental capital" – "all of the cognitive and emotional resources a person can draw on in their own life, and also allow them to contribute more effectively within their family, community, and wider society".[4]

For the community, improved mental health and wellbeing are associated with higher levels of social participation, increased employment rates, and reduced antisocial behaviour and criminality. There are particular risks and opportunities presented by an ageing population, where sustaining mental capital will be crucial to maintaining independence, but also maximising benefits older people can bring to communities.[4]

Consequences of poor mental health and wellbeing

Mental health problems are much more common for those with the lowest wellbeing in society when compared to the highest.[5] Most adult mental health problems begin in childhood or

[1]What Works Wellbeing. What is wellbeing? [Internet]. 2022. Available at: Link Accessed 20/7/23
[2] Greater Manchester Integrated Care Partnership. It's time to talk about wellbeing [Internet] 2020 Available at: Link Accessed 20/7/23
[3]Faculty of Public Health. Better Mental Health For All [Internet]. 2016. Available at: Link Accessed 20/7/23
[4]Government Office for Science. Mental capital and wellbeing. [Internet] Available at: Link Accessed 20/7/23
[5] Royal Society for Public Health. Public mental health: Evidence, practice and commissioning. [Internet]. 2019. Available at: Link Accessed 20/7/23

adolescence and may continue to impact people through their lives. They are linked with higher risk of physical health problems, and health harming behaviours such as smoking and substance misuse. Mental health problems can be both a cause and a consequence of negative socioeconomic outcomes including disrupted education, unemployment, and poverty.

Having a mental health problem diagnosed does not mean a person cannot achieve good mental wellbeing and this is a particularly important consideration in the context of severe mental health problems (including bipolar affective disorder and schizophrenia) which may be lifelong.

Costs of poor mental health and wellbeing

It is estimated that the cost of associated with mental health problems to the NHS and through losses of productivity at work and benefits payments in England are around £100 billion per year.[6] By comparison, the annual budget for the NHS in England in 2019/20 was £150 billion. Of the total costs associated with mental health conditions, around 11% are specialist mental health service provision and around 2% spent in primary care, and 1% social care. Much of the remaining costs reflect loss of productivity and the high level of informal care provided.

Many public mental health interventions, which are aimed at promoting wellbeing, or prevention and/or early detection and support for mental health problems, are likely to be cost saving in the short and long term.[5,6] These include interventions such as parenting programmes (£15.80 saved in the long term for every £1 spent) and workplace based interventions (£5 saved for every £1 spent).[6]

Mental health and stigma

Many people continue to experience stigma and discrimination in relation to their own mental health of the mental health of those close to them. This may be experienced in a number of ways including having their illness dismissed by others, being over-protected by loved ones, or feeling distanced from them. It may also be seen in misconceptions about the risk posed by people with a mental health problem and the use of flippant or negative language. This can impact negatively on individuals and lead to a loss of self-esteem, or feelings of shame. Wider consequences may include making it harder to make friends, to find and hold down a job, and difficulties when accessing services.

The UK Government Strategy "No Health Without Mental Health" included tackling stigma as one of its key long-term objectives and also popularised the concept of "parity of esteem".[7] This committed to giving equal consideration and weight to mental health and physical health. More recently, the national campaign "Time to Change" ran from 2007 to 2021 to help promote more positive attitudes to mental health.[8] Supporting more positive attitudes to mental health and emphasising the important of wellbeing remain a priority nationally and locally.

[6] Mental Health Foundation. The economic case for investing in the prevention of mental health conditions in the UK. 2022. Available at: Link Accessed 20/7/23
[7] Department of Health and Social Care. No Health Without Mental Health. 2011. Available at: Link Accessed 20/7/23
[8] Time to change. About us. Available at: Link [Archived]

1.2 Current issues: Why re-examine mental health and wellbeing now?

The ongoing impacts of the pandemic

The COVID-19 pandemic is widely considered to have negatively impacted population mental health and wellbeing. Measures of population wellbeing worsened, particularly during the two main waves of the pandemic and have not fully recovered to pre-pandemic levels.[9] Furthermore, the pandemic has highlighted and widened existing inequalities in mental health and wellbeing in the population.[10]

These impacts were reviewed in a dedicated report on this topic was completed in 2021[11] and reflected by residents in Worcestershire in engagement work undertaken by the Public Health Engagement Team (see Section 2: What our residents have told us). In addition, to the impact on residents, specific ethnographic research examined the experiences of the workforce during the pandemic.

Economic uncertainty and cost of living pressures continue

Global events in the past several years have created extraordinary challenges. Whilst there has been considerable economic recovery from the initial shocks of the COVID-19 pandemic, new challenges have emerged, with high levels of inflation and a rise in the cost of living.

Despite Government intervention to shield the population from the extent of rising energy costs, households are facing substantial increases in the cost of living which is putting enormous strain on many. Concerns have been raised about the impact this may have on population mental health and also on those already experiencing poor mental health.

"We know from previous experience that a squeeze on living standards, unmanageable debt and economic recessions cause a rise in mental health problems, demand for services and, sadly, are connected to a rise in suicides. We have the opportunity to learn from the past and address how to support people's wellbeing to avoid repeating history."

Source: Mental Health Foundation

Climate change remains a major challenge in the medium to long term

Climate change is not a new issue, but it is one that is of growing importance globally. There is increasing evidence of both direct and indirect effects of climate change on mental health.[12] However, the actions taken to mitigate against climate risk can also have co-benefits for both mental and physical health and these should be emphasised.[13] It is also imperative that environmental sustainability is a key consideration in all aspects of our work.

Direct effects: The increasing frequency of extreme weather events negatively impacts on those most directly affected by them. Research suggests that those with existing mental health conditions, dementia, alcohol, or substance dependence may be at increased risk of heatwave related mortality.

[9]Office for Health Improvement and Disparities. Wider Impacts of COVID-19 on Health monitoring tool. 2023. Available at: Link. Accessed 20/7/23
[10]Office for Health Improvement and Disparities. COVID-19: mental health and wellbeing surveillance report. 2022. Available at: Link. Accessed 20/7/23
[11]Worcestershire County Council. Mental health needs assessment. [Online]. 2022 Available at: Link . Accessed 20/7/23
[12]University College London. Climate change and mental health. 2021. Available at: Link . Accessed 20/7/23
[13]Imperial College. Co-benefits of climate change mitigation in the UK. 2019. Available at: Link . Accessed 20/7/23

Indirect effects: Concern about the threat from climate change and wider environmental degradation is growing. Some UK surveys suggest an increasing number of people, and particularly younger people, are experiencing "eco-anxiety"[14] – a chronic fear for the environment.

Environmental issues are *a key priority for young people in Worcestershire*. In the "Make your mark" 2022 poll from the UK Youth Parliament, "Environment" received the most votes as the top issue of concern for young people in Worcestershire, receiving 501 votes.[15] Nationally, health and wellbeing topped the survey receiving 93,023 votes.[16]

Opportunities arising from the new Integrated Care System and District Collaboratives

Integrated Care Systems (ICS) are now in place across England and have replaced the previous service commissioning structure of Clinical Commissioning Groups. Central to the promise of the new ICS is the opportunity for more integrated working across health and social care sectors, and the voluntary community and social enterprise (VCSE) sector.

This means a shared responsibility for improving the health of population and the potential for more integrated physical and mental health care.[17] It also presents new opportunities to work more collaboratively between healthcare services, local authorities and the VCSE sector. The report "A Community-Powered NHS" reflects on the rising expenditure on NHS healthcare and sets out a vision for a paradigm shift for health, with a much greater focus on the role of communities in preventing ill health.[18]

Furthermore, in each of the six districts in Worcestershire, a "District Collaborative" has been established. These bring together healthcare (Primary Care Networks and NHS Trusts), district councils, the VCSE sector, and wider services including education, children's services, adult social care, police, and fire services.[19] They also seek to increase collaboration between organisations, identify opportunities for earlier intervention and prevention, and ensure that the needs of the local community are met most effectively.

A new focus on mental health and wellbeing in Worcestershire

The new Joint Local Health and Wellbeing Strategy for Worcestershire will run from 2022-2032.[20] The central focus is on supporting "**Good mental health and wellbeing**" supported by action on the wider determinants of good mental health and wellbeing:

1. Healthy living at all ages
2. Safe, thriving and healthy homes, communities and places
3. Quality local jobs and opportunities

The strategy was developed following extensive engagement with the residents of Worcestershire with 85% strongly agreeing or agreeing with the central focus. This needs assessment seeks to inform the development of action plans within these priority areas.

[14] Rao, M., Powell, RA.. The climate crisis and the rise of eco-anxiety. 2021. Available at: Link . Accessed 20/7/23
[15] Worcestershire County Council. Worcestershire Youth Cabinet Meetings and Consultations. 2022. Available at: Link. Accessed 20/7/23
[16] Youth Parliament. Mark Your Mark. 2022. Available at: Link. Accessed 20/7/23
[17] Royal College of Psychiatrists. Sustainability and Transformation Partnerships and Integrated Care Systems. 2023. Available at: Link. Accessed 20/7/23
[18] New Local. A Community-Powered NHS. 2022. Available at: Link. Accessed 20/7/23
[19] Worcestershire VCSE Alliance. District Collaboratives. Available at: Link. Accessed 20/7/23
[20] Worcestershire County Council. Health and Wellbeing Strategy 2022-2032. 2022. Available at: Link. Accessed 20/7/23

1.3 National and local policy context for mental health and wellbeing

Mental health has been given a greater focus in recent years and this is increasingly reflected in public policy.[21] Key themes to current policy include an increasing focus on prevention and on addressing inequalities in experience, access, and outcomes for mental health services.

National strategy and policy

The Five Year Forward View for Mental Health[22] set the direction for current priorities in mental healthcare and prevention, with many of these reflected in the current NHS Long Term Plan. A national mental health and wellbeing strategy has been dropped in favour of the Major Conditions Strategy, which includes mental health. Inequalities in mental health outcomes are addressed specifically in the current Advancing Mental Health Equalities Strategy.

NHS Long Term Plan (2019)[23]

- Published in 2019 and recognising the combined challenges to the NHS of current funding levels, staffing, increasing inequalities and an ageing population
- Includes a focus on the contribution of the NHS to prevention and tackling health inequalities as well as a general aim to make it quicker and easier to access mental health support (including urgent care)
- Mental health funding is increasing at a faster rate than NHS overall
- Priorities include perinatal mental health, prevention and support in schools and colleges, and further development of psychological therapies and mental health liaison services
- A supplementary Mental Health Implementation Plan[24] provided guidance to local area on delivery of the Long Term Plan
- Mental health services in Worcestershire continue to work towards achieving these ambitions and the NHS LTP provides some specific targets to support this

Advancing Mental Health Equalities Strategy (2020)[25]

- Published in 2020 having been developed by NHS England and NHS improvement
- Reflects the focus on tackling health inequalities in the NHS Long Term Plan
- A national strategy which includes several workstreams:
    - Supporting local health systems
    - Improving data and information on mental health inequalities
    - Diversifying workforce recruitment and supporting capability development in the workforce to tackle inequalities
- This strategy is being implemented in Herefordshire and Worcestershire with a focus on rural communities, children and young people, and transgender people, supported by the Royal College of Psychiatrists

Major Conditions Strategy (in development)

- Following the publication of a discussion paper[26] to inform the development of a 10-year mental health strategy for England it was announced that instead a combined "Major Conditions" strategy which includes mental health will instead be produced

[21]House of Commons Library. Mental Health Policy in England. 2023. Available at: Link. Accessed 20/7/23
[22] NHS England. The Five Year Forward View for Mental Health. 2016. Available at: Link. Accessed 20/7/23
[23] NHS England. NHS Long Term Plan: Mental Health. 2023. Available at: Link. Accessed 20/7/23
[24]NHS England. NHS Mental Health Implementation Plan. 2019. Available at: Link. Accessed 20/7/23
[25]NHS England. Advancing Mental Health Equalities Strategy. 2020/ Available at: Link. Accessed 20/7/23
[26]Department of Health and Social Care. Mental health and wellbeing plan: discussion paper. 2023. Available at: Link. . Accessed 20/7/23

- The details of this are yet to be published but whilst the Government emphasises the benefits of integrating physical and mental health conditions into a single strategy, some mental health charities have emphasised the need for a dedicated mental health strategy[27]

Local mental health strategy and policy

Mental health and wellbeing are a high priority in Worcestershire and the central focus on the new 10-year Health and Wellbeing Strategy.[20] Furthermore, the recently established "District Collaboratives" have generated plans to support improvement in the health of our populations and these issues feature prominently.

District Collaborative Priorities

- "District Collaboratives" have been established in each of the six districts in Worcestershire which bring together representatives from healthcare (Primary Care Networks), public health, council and VCSE sector
- Plans to improve health and wellbeing in each district collaborative have been developed and include priority areas, with most districts highlighting at least one closely related to mental health

Table 1: Priority areas highlighted by Worcestershire's District Collaboratives relating to mental health and wellbeing

District	Identified priorities with a mental health and wellbeing theme
Bromsgrove	Health inequalities and mental health
Malvern Hills	Increasing capacity, connectivity, and activity in non-medical mental health support across the district
Redditch	Mental health and wellbeing
Worcester	Tackling loneliness and social isolation
Wychavon	Tackling loneliness and social isolation, Improve mental health and wellbeing. Best start in life
Wyre Forest	Children's mental health, Population health management (Mental health and wellbeing), Drug related deaths

[27]Mental Health Foundation. The government must deliver a comprehensive mental health plan, say mental health charities. 2023. Available at: Link. Accessed 20/7/23

2 What our residents have told us

Section summary

- People in Worcestershire have contributed their ideas and perspectives on mental health and wellbeing through a series of surveys and other engagement opportunities undertaken by Worcestershire County Council and other local organisations
- These provide valuable insights into mental health and wellbeing experiences in Worcestershire and the findings are examined in more depth in subsequent sections
- The pandemic had a major impact on mental health and wellbeing for residents from a range of backgrounds in Worcestershire, including children and young people, and people with a learning disability
- Disruptions to normal ways of accessing services have contributed to this
- Mental health support may come from a wide range of sources including family and friends, local communities, voluntary community and social enterprise sectors (VCSE) organisations, and healthcare services

Contents

2.1 Experiences of mental health and wellbeing during the pandemic: Public Health Engagement Team

Worcestershire County Council gained deeper insights into the experiences of residents during the pandemic through a series of 30 focus groups with 278 participants from communities of differing identities, experiences, and interests between January to May 2022. These were complemented by an in-depth ethnographic study with several families, and a wider survey.

Mental health impact is far reaching and across all ages

Most participants referenced a ***decline in mental health due to a variety of factors*** including isolation, fear, a lack of routine, increased anxiety and in some cases negative media. Many discussed wanting support to 'get back to normal' and process the mental health effects of COVID-19. The effects of ***changes to employment*** featured heavily, particularly the ***financial implications of lost jobs or reduced hours***. However, some participants found their ***mental health and wellbeing improved***, mainly due to a better work/life balance and introduction of new hobbies or interests.

"I'm just worried all the time, I don't even know why I'm worried sometimes, but I just never feel settled lately"

Source: Focus Group Participant, People from different employment backgrounds

"I am a stronger person now because of the pandemic. That's how you have to look at it."

Source: Ethnographic Research Participant

Isolation and the importance of social interaction and human connection

The ***negative effects of lockdown periods and isolation*** from friends, family and community was a significant theme across all focus groups. A sense of 'belonging' to a community or having a community network was vitally important in terms of resilience and coping with the pandemic. ***Digital technology*** enabled participants to connect and learn new skills, but it also contributed to isolation for the already digitally excluded. ***Employment or volunteering*** was a vital part of coping with the pandemic for many, acting as a distraction or opportunity to interact with others. Almost every group shared a need for free/low-cost community-based events, activities, or opportunities.

"We depend heavily on socialising within the community, as many of us we are not accepted at home, literally having to isolate created significant isolation for us."

Source: Focus Group Participant, LGBTQ+

Experience of accessing information, services, and support

Access to services was negatively impacted for all groups, particularly health and mental health services. Access to mental health support groups was vital for participants, often community or peer led. Groups felt services need to be more tailored to individual needs and promoted to reflect this (for example LGBT+ affirmative or disability friendly).

Information on local amenities, services or support was unclear and difficult to access, social media and local groups played a role in informing local communities throughout the pandemic The idea of information 'hubs' – a place to get tailored information – was referenced by many groups. The public transport cost involved with accessing all services was referenced regularly.

"There is no natural directory for support services, it should be pulled together in this age of IT."

Source: Focus Group Participant, Older adults living independently (over 65)

2.2 Young people's experiences of mental health and wellbeing during the pandemic: Healthwatch Worcestershire

Healthwatch Worcestershire undertook two surveys with children and young people (13-19 years) exploring their experiences of emotional wellbeing during the pandemic. Completed in March 2021[28] (262 participants) and again in March 2022[29] (202 participants) the surveys identified key themes:

The pandemic has negatively impacted on emotional wellbeing

In the first survey, young people's main worries were about the risk of COVID-19 to friends and family, loss of freedom and routines, impact on education and future prospects. Areas that continued to be reported as negatively impacted included learning, anxiety, socialising, increasing screen time, physical health, and family and home life.

"I believe that it has impacted us all significantly and I believe that the government national or regional has forgotten about young people"

Source: 2022 Young People's Emotional Wellbeing Survey

Young people would like more information and had mixed experiences of services

Young people consistently wished to have greater access to information about emotional wellbeing and ways to support this. In 2021, 20% of respondents reported they did not have anyone they felt able to talk to about their worries and concerns. In 2022, experiences of mental health support were rated most positively for support in schools or from private or voluntary organisations. A majority of respondents considered Child and Adolescent Mental Health Services (69%) and Reach4Wellbeing group support (81%) as "not very good".

"My therapy being put on hold and changing to on-line sessions when face to face is crucial in my being able to break my barriers down."

Source: 2021 Young People's Emotional Wellbeing Survey

However, some positive impacts were also identified, and these generally related to increased opportunities to focus on self-care and a reduction in some other pressures.

'I had time to focus on myself and I didn't have the stress from school'

Source: 2021 Young People's Emotional Wellbeing Survey

2.3 Mental health is a priority for people with a learning disability: Worcestershire People's Parliament

The Worcestershire People's Parliament is a group run by SpeakEasy NOW and produces an annual White Paper on a topic of importance to people with a learning disability.[30] ***The theme for 2022 was mental health*** and the paper highlighted:

- A lot of people struggled during Covid-19 not just those with learning disabilities
- There is greater awareness about the importance of mental health and its relationship to wider wellbeing

[28] Healthwatch Worcestershire. COVID-19 Young Peoples Emotional Wellbeing Report. 2021. Available at: Link. . Accessed 20/7/23
[29]Healthwatch Worcestershire. COVID-19 Young Peoples Health and Emotional Wellbeing Report. 2022. Available at: Link. Accessed 20/7/23
[30] SpeakEasy N.O.W. People's Parliament Report. 2022. Available at: Link. Accessed 20/7/23

- There has been an increase in demand for mental health services during the past two years
- People with a learning disability continue to have a much shorter life than other people and good mental health may be one factor in reducing this inequality
- Barriers to accessing support can include provision of accessible self-help information
- Reasonable adjustments may help to ensure wider services are accessible

"Sometimes it's the right thing to feel sad. Sometimes it isn't"

"You need to trust people before you share your personal problems with them"

"I like to walk when I feel low. I think the exercise does me good."

Source: People's Parliament Report 2022

2.4 Experiences of accessing mental health services: Community First

Community First published the findings from an evaluation of community mental health services in January 2022. This was undertaken in the context of the Neighbourhood Mental Health Transformation Programme, initiated by the NHS Long Term Plan. Drawing on written diaries kept by patients in contact with mental health services and a survey of 300 households, it examined experiences of accessing and using services and the broader context of mental health support.

The wider context of mental health experiences

The individual ***coping strategies*** developed to support mental health and the importance role that ***family and friends*** played in supporting someone experiencing mental health difficulties. The wider ***non-clinical context*** was highlighted included the impact of financial and housing difficulties.

"What makes me better? You know it's what the health people do, yes, but maybe more it's my bigger life. I sort of think that in the longer term it's the practical life stuff that will make maybe the biggest difference."

Source: Community First Mental Health Community Services Evaluation Report 2022

Accessing services

Waiting times were frequently cited as a concern and in particular the challenges of an open-ended wait. ***Complexity, hoops and barriers*** to accessing services were highlighted and sometimes seen as requiring responding "correctly" and needing the right tactics to get treatment.

"Why can't mental health help be for everyone and not just those who tick a box and fit in."

Source: Community First Mental Health Community Services Evaluation Report 2022

Experiences of support from services

The ***tone*** of interactions and experiences of sometimes feeling lost in the system could contribute negatively to the ***perceptions of quality*** of services. Support options that were produced together with professionals contribute positively a sense of ***sustaining agency***. Other ***positive*** experiences were captured in reports of care and compassion.

3 Population and higher risk groups

Demographic factors in relating to mental health and wellbeing

Section summary

- Levels of wellbeing and mental health problems vary across the life course and by broad demographic characteristics including gender and ethnicity
- The lowest levels of wellbeing are generally experienced by those in middle age and also younger adults
- Mental health conditions are most common in teenagers and young adults but also in the most elderly
- Whilst there is a substantial gap in common mental health conditions between sexes for young adults, with women experiencing these almost twice as commonly, men are consistently around three times more likely to die by suicide
- A number of groups within the population are identified who have a several times higher risk of having a mental health condition
- Understanding these broad differences as well as highlighting specific higher risk groups can help to identify where public mental health interventions can be most effectively targeted to reduce inequalities
- Further data and information on the population demography of Worcestershire can be found at: Population | Worcestershire Insights

Contents

3.1 Age

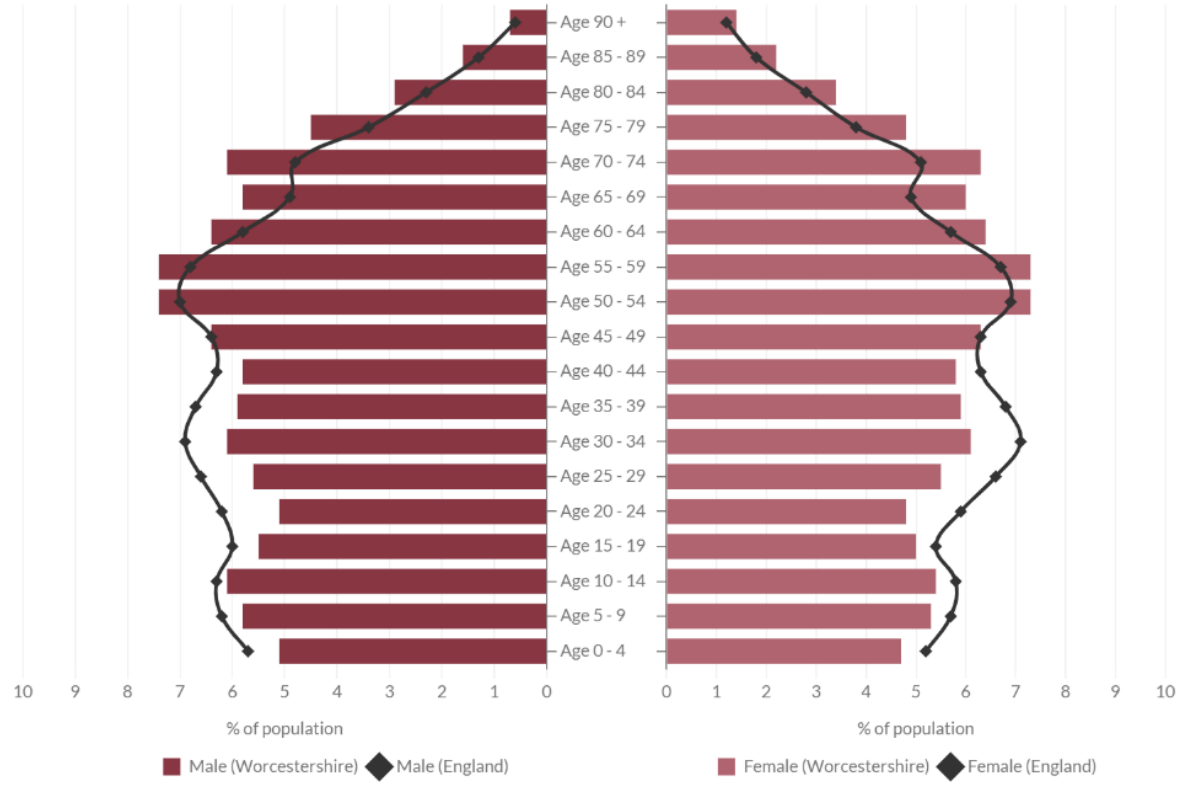
Worcestershire has an older age structure than is seen nationally, and the number of older people is increasing

This has consequences for the county in terms of access to services including GP's and hospitals, physical health of the population, ratio of full-time workers to people of retirement age and levels of resources. Malvern Hills, Wyre Forest, and Wychavon all have particularly high levels of older residents. Almost 23% of the population in Worcestershire are aged 65-plus, with almost 3% aged 85-plus.

The number of children in Worcestershire is increasing, but the increase is not as pronounced as is being seen nationally

This has potential consequences for school and nursery provision, access to health care, GP services and dentists, family support services and housing. There are over 117,900 children living in Worcestershire, with numbers increasing by 2.6% since the 2011 census. Increases in numbers of children over the past ten years are notable in Bromsgrove and Wychavon and are particularly high across the county in the 5-10 age group.

Table 2: Age/sex structure of the population of Worcestershire [Source: Census 2021 – Worcestershire Insights]



Wellbeing varies over the life course and data from the ONS Annual Population Survey in 2020 analysed by the What Works Wellbeing Centre found that on average, wellbeing is lowest in middle age.[31] However, there is some variation across each measure:

[31]What Works Wellbeing. Wellbeing and Age: the triple dip. 2021. Available at: Link. Accessed 20/7/23

- Anxiety is highest in early adulthood (20-24yrs) and wellbeing dips in other measures too
- Life satisfaction is lowest in midlife (45-55yrs)
- Worthwhile scores drop substantially in the oldest age groups (85+yrs)

The majority of mental health conditions first occur in adolescence[32] and there is evidence that these are becoming more frequent for children and young people in England.[33] The pandemic is considered to have had a significant impact on school and young people, particularly those at critical transition points in education.[11]

Overall, the prevalence of common mental disorders (depression and anxiety) varies across age groups and in general, older adults experience lower rates than working age adults. By contrast, dementia rarely occurs in those of working age but becomes progressively more common with increasing age, affecting approximately 6% of those aged 75-79 and almost 18% of those aged 85-89.[34] Therefore, an older age structure is likely to be associated with higher dementia prevalence than the national population.

The NHS Long Term Plan includes a higher level of funding for Child and Adolescent Mental Health Services (CAMHS) reflecting a national drive to increase access to services for this group. However, for older age groups, it has been suggested that mental health problems are under-recognised and under-treated.[35] Lower rates of access to psychological therapies for older adults are highlighted as key inequality in the Advancing Mental Health Equalities Strategy in England (though it is noted that recovery rates for those who do access IAPT are better than the working age population).

3.2 Gender

Worcestershire has a slightly higher proportion of females than males (51% of population) and this is consistent with the national population

Gender identity was asked in Census 2021 for the first time and in Worcestershire 0.32% of those aged 16 and over responded that they identified as a gender different from their sex registered at birth

In a recent survey of secondary school children in Worcestershire 3.4% (n=123/3579) indicated they identified as transgender or identify themselves in some other way

The Census recorded figure for gender identity is lower than in England and Wales as a whole, where 0.5% of the population identified as a different gender from their sex registered at birth. However, the schools survey suggests that a substantially higher proportion of children and young people may identify differently to their sex assigned at birth.

There are differences in the prevalence of some mental health conditions by sex and the direction and extent of these differences varies over the life course.

[32] Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar de Pablo G, Il Shin J, Kirkbride JB, Jones P, Kim JH, Kim JY. Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. Molecular psychiatry. 2022 Jan;27(1):281-95.
[33] NHS Digital. Mental Health of Children and Young People in England. 2022. Available at: Link . Accessed 20/7/23
[34] National Institute of Health and Care Excellence. NICE CKS Dementia. 2022. Available at: Link. Accessed 20/7/23
[35] Royal College of Psychiatrists. Suffering in silence: age inequality in older people's mental health care. 2019. Available at: Link. Accessed 20/7/23

For males, mental health conditions are more common for boys of primary school age, though this trend reverses in secondary school. In adulthood, substance misuse is more common for men and deaths by suicide occur at a rate almost three times higher in men than women.[36]

Overall, females are more likely to experience a range of mental health problems and this gap is most evident for young adults. Common mental disorders in adulthood are more likely to be experienced by women. Evidence from the pandemic suggested that overall, women's mental health was impacted hardest, particularly early on.[37]

The Advancing Mental Health Equalities Strategy in England highlights that men are less likely to be referred to, and enter treatment in, talking therapies services. Inequalities in experience of services are highlighted for women and particularly for transgender people, who frequently experience prejudice and lack of understanding when accessing services.

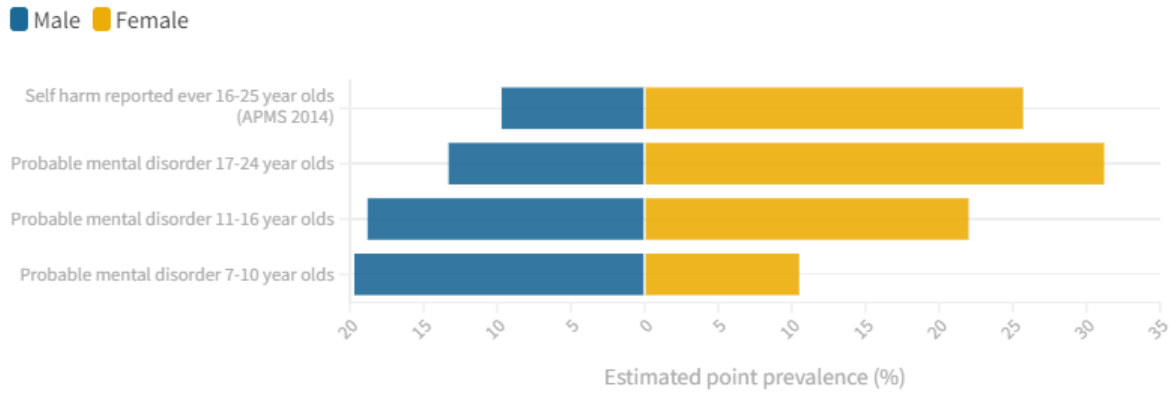


Figure 2: Children and Young People – Differences in the prevalence of probable mental disorder and self-reported self-harm by sex [Sources: Adult Psychiatric Morbidity Survey 2014 and Mental Health of Children and Young People in England Survey – Wave 3 2022]

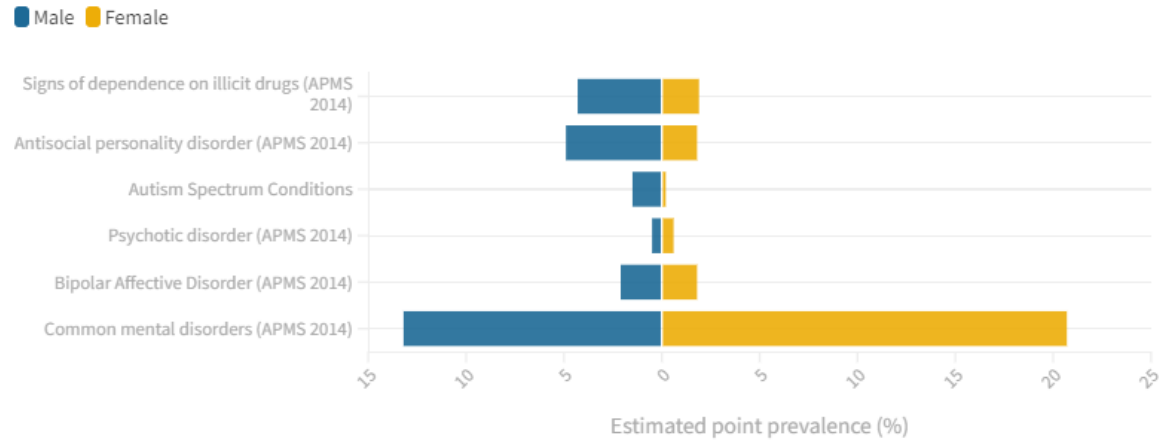


Figure 3: Adults – Differences in the prevalence of a range of mental health problems by sex [Sources: Adult Psychiatric Morbidity Survey, 2014]

[36] Office for National Statistics. Suicides in England and Wales. 2022. Available at: Link. Accessed 20/7/23
[37] Office for Health Improvement and Disparities. Gender spotlight. Available at: Link . Accessed 20/7/23

3.3 Ethnicity

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.

The increasing numbers of people from ethnic minorities in Worcestershire leads to a more diverse community especially in areas where there are high proportions of people from ethnic minorities, such as parts of Redditch and Worcester. It is noted that socioeconomic outcomes and mental health outcomes can vary across ethnicities.

The largest ethnic minorities in Worcestershire include the White: Other group, most notably Polish ethnicities, in all areas, the Asian Pakistani group, notably in Redditch and Bromsgrove, and the Asian Indian group, notably in Bromsgrove.

There is evidence of differences in the prevalence of some mental health problems and patterns of accessing services across different ethnic groups in the UK. A report from the Mental Health Foundation summarises that people from some ethnic minority groups have, on average, better mental health. For example, people from Indian, Pakistani, and African-Caribbean groups experienced higher levels of mental wellbeing than other ethnic groups and mental ill-health is lower among those from Chinese backgrounds compared to white British background.[38]

By contrast, it finds that people from some ethnic groups are more likely to be diagnosed with a mental health condition, present to the emergency department with a mental health crisis and be admitted to hospital with a mental health problem.[39] People from black African and Caribbean backgrounds are disproportionately seen in the 'hard end' of services (for example, at the point of arrest) and are more likely to receive harsher or more coercive treatments.[40]

Furthermore, there is evidence that people from some ethnic backgrounds have poorer access to health services, including those from Gypsy Roma and Traveller backgrounds.[41] This is a group who have worked with Worcestershire County Council Suicide Prevention team to co-produce a video for a campaign: "Hold Out a Hand".[42]

Addressing inequalities affecting BAME groups is an important part of the Advancing Mental Health Equalities Strategy in England. Major inequalities highlighted include higher rates of detention under the Mental Health Act for adults from Black groups, and also lower rates of access to, and poorer outcomes from, psychological therapies.

[38] Mental Health Foundation. Black, Asian and Minority Ethnic Communities. 2021. Available at: Link . Accessed 20/7/23
[39]Public Health England. Mental health: population factors. 2019. Available at: Link . Accessed 20/7/23
[40] Bhui K. From the Editor's desk. The British Journal of Psychiatry. Cambridge University Press; 2016;209(2):181–2.
[41] McFadden A, Siebelt L, Gavine A, Atkin K, Bell K, Innes N, Jones H, Jackson C, Haggi H, MacGillivray S. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. The European Journal of Public Health. 2018 Feb 1;28(1):74-81.
[42]Traveller Times. Hold out a hand. 2022. Available at: Link . Accessed 20/7/23

3.4 Deprivation

"Mental health is closely related to many forms of inequality, with a particularly pronounced gradient for severe mental illness. Explaining the relationship between deprivation and mental health is complex and it is hard to unpick cause and effect. Experiencing disadvantage can increase the risk of mental health problems. People with mental health problems can be affected by a 'spiral of adversity' where factors such as employment, income and relationships are affected by their condition. People who live in deprived areas are more likely to need mental healthcare but less likely to access support and to recover following treatment. This compound and worsens mental health problems."

Source: Mental Health JSNA Toolkit

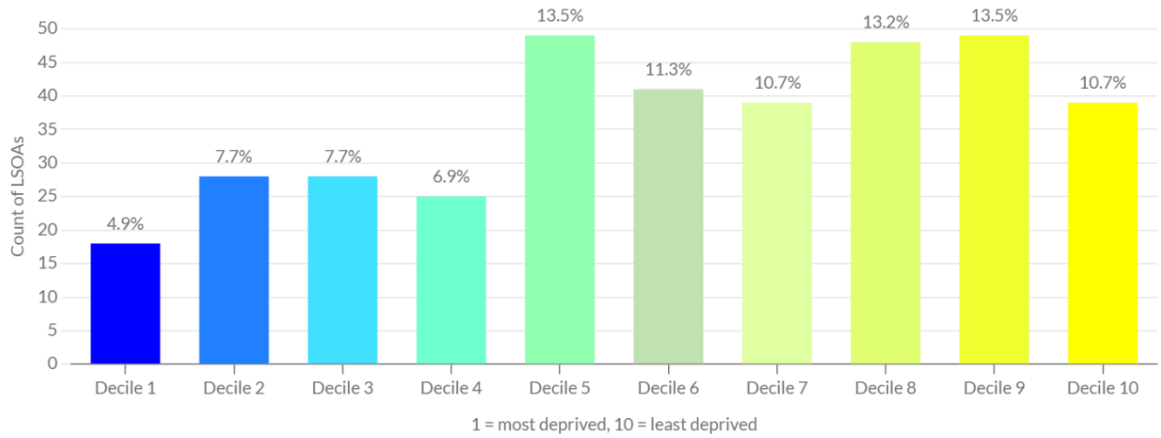
"The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas we can look at the proportion of LSOAs within the area that lie within each decile. Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs."

Source: Deprivation report – Worcestershire Insights

Table 3: Overall IMD score for Worcestershire [Source: OHID Fingertips]

	Worcestershire	**England**
Overall Index of Multiple Deprivation (IMD) score (2019)	18.1	21.7

Figure 4: Distribution of LSOAs in Worcestershire by national deprivation decile (2019) [Source: Worcestershire Insights]



Overall, Worcestershire has lower levels of deprivation than the England average as summarised in the overall IMD score for 2019.

From Worcestershire JSNA Summary 2022: 27,750 residents in Worcestershire live in the 10% most deprived areas in England (almost 5% of the Worcestershire population). Proportions living in the 10% most deprived areas are particularly high in Worcester at almost 12%, and Redditch at over 8%. 123,000 residents in Worcestershire live in the 30% most deprived areas in England (almost 21% of

the Worcestershire population). Proportions living in the 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%.

3.5 Rurality

Worcestershire has large rural areas with the districts of Malvern Hills and Wychavon being "Predominantly Rural".[43] Wyre Forest is considered "Urban with significant rural" whilst Bromsgrove, Redditch and Worcester are "Predominantly Urban".

Whilst rural areas tend to experience better health on average, this can mask inequalities within rural populations. In particular, those in farming and agricultural professions have higher than average rates of depression and suicide. Furthermore, healthcare services tend to be concentrated in urban areas and this can create additional barriers to access, including limitations in public transport. This raises a number of considerations for mental health and wellbeing and is the subject of a UK Government Inquiry which is currently at the stage of taking evidence.[44]

Research by the Centre for Thriving Places into the factors that drive wellbeing found that whilst there were many similarities between rural and urban areas, access to other things people need for good wellbeing such as job opportunities and healthcare were particularly important in rural settings.[45]

Rurality is a consideration for the implementation in Herefordshire and Worcestershire of the Advancing Mental Health Equalities Strategy. Agricultural and Farming Communities are one of three groups specifically targeted in this work.

3.6 Higher risk groups

Beyond differences in mental health and wellbeing experiences across different demographics, there are number of groups that are highlighted at being at higher risk of poor mental health. Factors such as employment and substance misuse are examined in relevant sections of this needs assessment. However, other specific groups summarised below are considered in more detail in individual summary tables in Appendix 3.

Higher risk groups

- Care home residents
- Carers
- Children with Special Educational Needs (SEN)
- LGBT (lesbian, gay, bisexual, and transgender) people
- Looked after children
- People experiencing homelessness
- People with a learning disability
- People with a neurodevelopmental condition (including autistic people)
- People with sensory impairments
- Prisoners
- Refugees and asylum seekers
- Survivors of domestic abuse

This is important because:

- Measures of average population mental health and wellbeing will be shaped in part by the size of these groups within the local population
- Those with the poorest mental health and wellbeing are also those who stand to benefit the most from targeted public mental health interventions

[43] Department for Environment, Food & Rural Affairs. 2011 Rural Urban Classification lookup tables for all geographies. 2021. Available at: Link

[44] UK Parliament Committees. Rural mental health. 2022. Available at: Link . Accessed 20/7/23

[45] Centre for Thriving Places. Defining and Measuring Rural Wellbeing. 2021. Available at: Link . Accessed 20/7/23

- There may be specific considerations for different groups which shape the way that public mental health interventions should be developed and delivered
- Targeted support to these groups can reduce mental health and wellbeing inequalities

Key points from higher risk groups

- As a group, carers are more likely to experience poorer mental health and wellbeing, though needs typically vary across different age groups. Carers support is well established in Worcestershire
- Children in care are likely to have experienced additional challenges through their lives. Whilst they have specific additional support needs, a survey from the Children's Commissioner for England reminds us that they are "first and foremost children" with the same concerns as their peers
- People with a learning disability or a neurodevelopmental condition (also expressed as neurodiversity) may have contact with some specialist parts of mental health services for diagnostic and other support
- People with sensory impairment may have experienced particular challenges during the pandemic with reduced levels of close contact with others and informal support
- There are two male prisons in Worcestershire. There are high levels of mental health conditions including severe mental illness experienced by prison populations. A recent death by suicide led to the issuing of a "Preventing Future Deaths" report from the coroner
- Refugees and asylum seekers are likely to have higher levels of mental health need than the general population as well as additional challenges in accessing support due to language and cultural barriers
- Veterans may experience particular mental health challenges relating to previous combat exposure. The Military Covenant commits to equal access to support for current and previous military personnel, ensuring their service does not negatively impact this

4 Wellbeing in Worcestershire

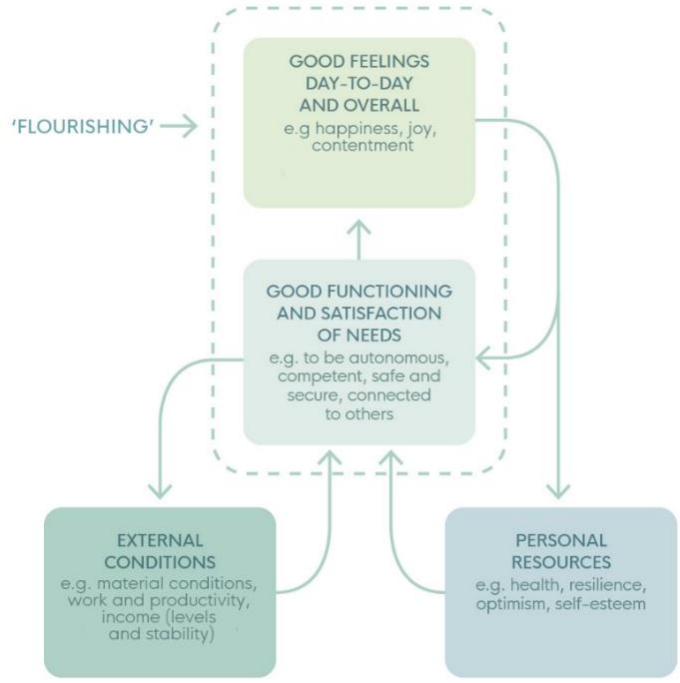
Section summary

- Measures of personal wellbeing (how individuals consider their own wellbeing) show that average wellbeing has declined since the pandemic and only partially recovered since
- Whilst the majority of the population continue to report high levels of wellbeing there is a slightly higher proportion experiencing poor wellbeing across these measures
- Average levels of wellbeing are slightly lower in Worcestershire than comparable local authorities, but the absolute differences are small
- Analysis of national level wellbeing data suggests that several factors are strongly associated with poor wellbeing, and these include poor self-rated health, economic inactivity due to long term illness, unpaid family caring duties, and less social contact

Contents

4.1 Measuring wellbeing

Figure 5: The dynamic model of wellbeing [Image source: New Economics Foundation]



The "Dynamic model of wellbeing" was developed by the New Economics Foundation as a way to conceptualise wellbeing and is relevant to how it can be measured.[46] This was included in the UK Government's Foresight Mental Capital and Wellbeing report.[4]

The model highlights that both external conditions and personal resources contribute to a person's capacity to "flourish". In this context, flourishing means both feeling good and functioning well.

Importantly, functioning well and meeting fundamental needs for feeling in control of our lives, safe and secure and connected to others, supports us in feeling good.

This informs how wellbeing can be measured broadly as subjective and objective wellbeing.

Subjective wellbeing (or personal wellbeing) describes how individuals feel about their own lives. These are reflected in the Dynamic Wellbeing Model above as the "Good feeling day-to-day and overall". The Office for National Statistics (ONS) has sought to measure personal wellbeing through four elements – happiness, anxiety, worthwhileness, and life satisfaction.[47] National trends are considered here alongside the most recent measures for Worcestershire and its districts.

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is another tool for measuring subjective wellbeing.[48] This has been incorporated into a variety of evaluations of local health promotion initiatives and was included in a large sample of school age children in Worcestershire in 2021.

Objective wellbeing examines the wider factors that are supportive of good wellbeing, including health, the environment, the economy, education, and community. In the Dynamic Wellbeing Model, these are the external conditions and some of the personal resources, such as health. These

[46] New Economic Foundation. Measuring our progress. 2011. Available at: Link . Accessed 20/7/23
[47] Office for National Statistics. Personal Wellbeing Frequently Asked Questions. 2018. Available at: Link . Accessed 20/7/23
[48] Warwick Medical School. WEMWBS. 2021. Available at: Link . Accessed 20/7/23

are examined in the following section (Influences on mental health and wellbeing through the life course).

Community intelligence can also provide important insights into wellbeing experiences in Worcestershire, and this is considered through engagement work undertaken by the Public Health Team and partner organisations.

4.2 Wellbeing of adults

Key points

- **Personal wellbeing has declined during the pandemic but shows a partial recovery in the most recent data in 2021/22**
- **Worcestershire currently has slightly lower average wellbeing scores than comparable local authorities with a widening gap since the pandemic. However, the absolute differences in average personal wellbeing are small**
- **The majority of the population experiences high levels of wellbeing across most of these measures**

The ONS produce the main measures of personal wellbeing and annual data from the Annual Population Survey.[49] See Appendix 1 for further detail on this survey. This includes a breakdown at local authority level. The measure used are:

Table 4: Domains and questions from ONS personal wellbeing measures

Domain	Question	Score
Life satisfaction	Overall, how satisfied are you with your life nowadays?	0-10
Worthwhile (Self-worth)	Overall, to what extent do you feel that the things you do in your life are worthwhile?	0-10
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?	0-10
Happiness	Overall, how happy did you feel yesterday?	0-10

National trends

After a decade of generally improving subjective wellbeing in the UK, the COVID-19 pandemic has coincided with sharp declines (2020-21) and only a partial recovery.[50] This is seen across all of the four measures. These changes represent the largest fluctuations in personal wellbeing measures since recording started and reflect the dynamic response in mental wellbeing to the circumstances of the pandemic.

This is also seen in monitoring of personal wellbeing from the Opinions and Lifestyle survey which was undertaken fortnightly during the pandemic to provide almost real time monitoring of wellbeing within the population.[9] This showed an initial peak in anxiety followed by fluctuations with poorer wellbeing that aligned closely with periods of greater.

Worcestershire

Personal wellbeing measures in Worcestershire show a similar trend to the overall UK data though lower average wellbeing is observed against comparable local authorities (CIPFA nearest neighbours).[51]

Figure 1 shows personal wellbeing benchmarked against comparable local authorities in the most recent data from 2021/22. This indicates that across all measures, Worcestershire is in the lowest

[49] Office for National Statistics. Personal well-being in the UK QMI. 2018. Available at: Link. Accessed 20/7/23
[50] Office for National Statistics. Personal well-being in the UK: April 2021 to March 2022. Available at: Link. Accessed 20/7/23
[51] Local Government Association. Personal Wellbeing in Worcestershire. 2023. Available at: Link . Accessed 20/7/23

quarter when these local authorities are grouped together. The absolute differences however are small (in the region of 0.1 point on a 10 point scale) and uncertainty in these measures (as expressed in their 95% confidence interval) suggest that these differences are not statistically significant.

Figure 2 compares these over the past 5 years and shows a divergence from 2019/20 to present with a similar gap observed for all measures except anxiety, which shows a mixed trend.

These wellbeing measures are most valid for examining trends and current levels of wellbeing nationally. The data produced for local authority areas is considered most helpful for examining trends over time within the local authority but comparisons to other areas may be misleading due to a lack of precision in the estimate itself and the relatively small differences in average wellbeing between areas and over time. Figure 2 compares these over the past 5 years and shows a divergence from 2019/20 to present with a similar gap observed for all measures except anxiety, which shows a mixed trend.

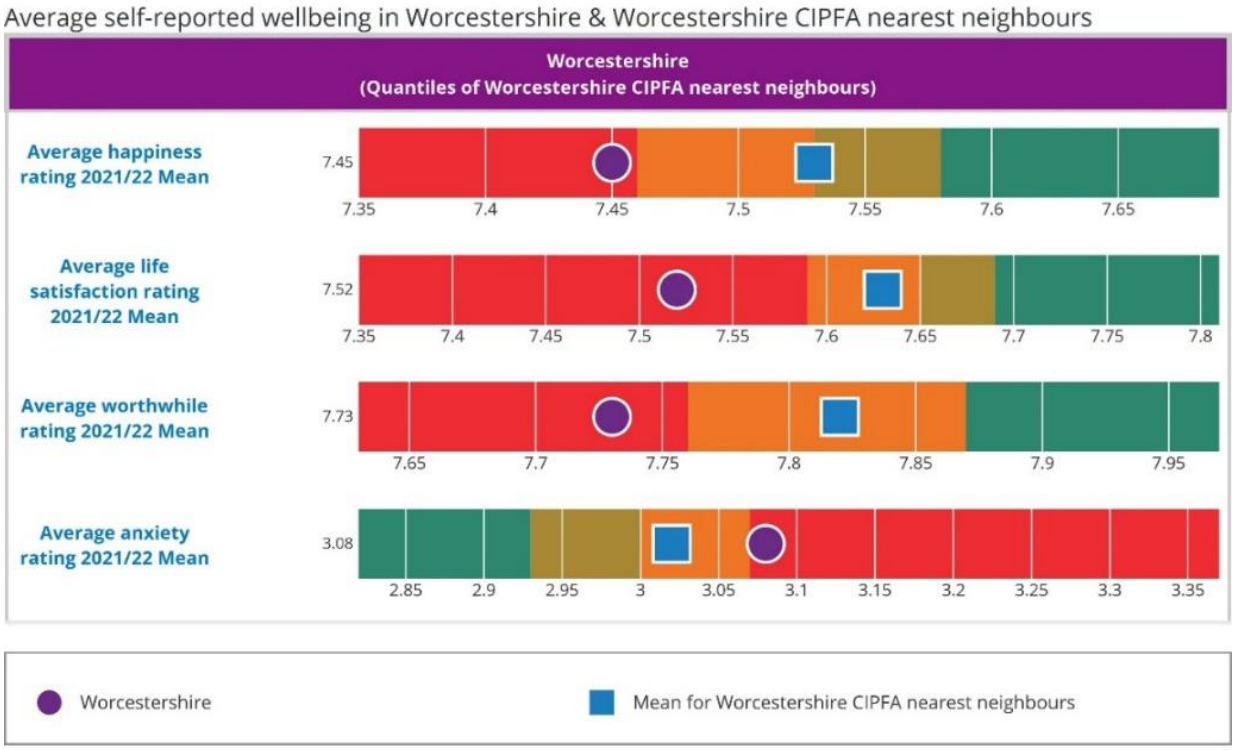


Figure 1: Benchmarking of mean personal wellbeing scores against CIPFA nearest neighbours. [Source: LG Inform]

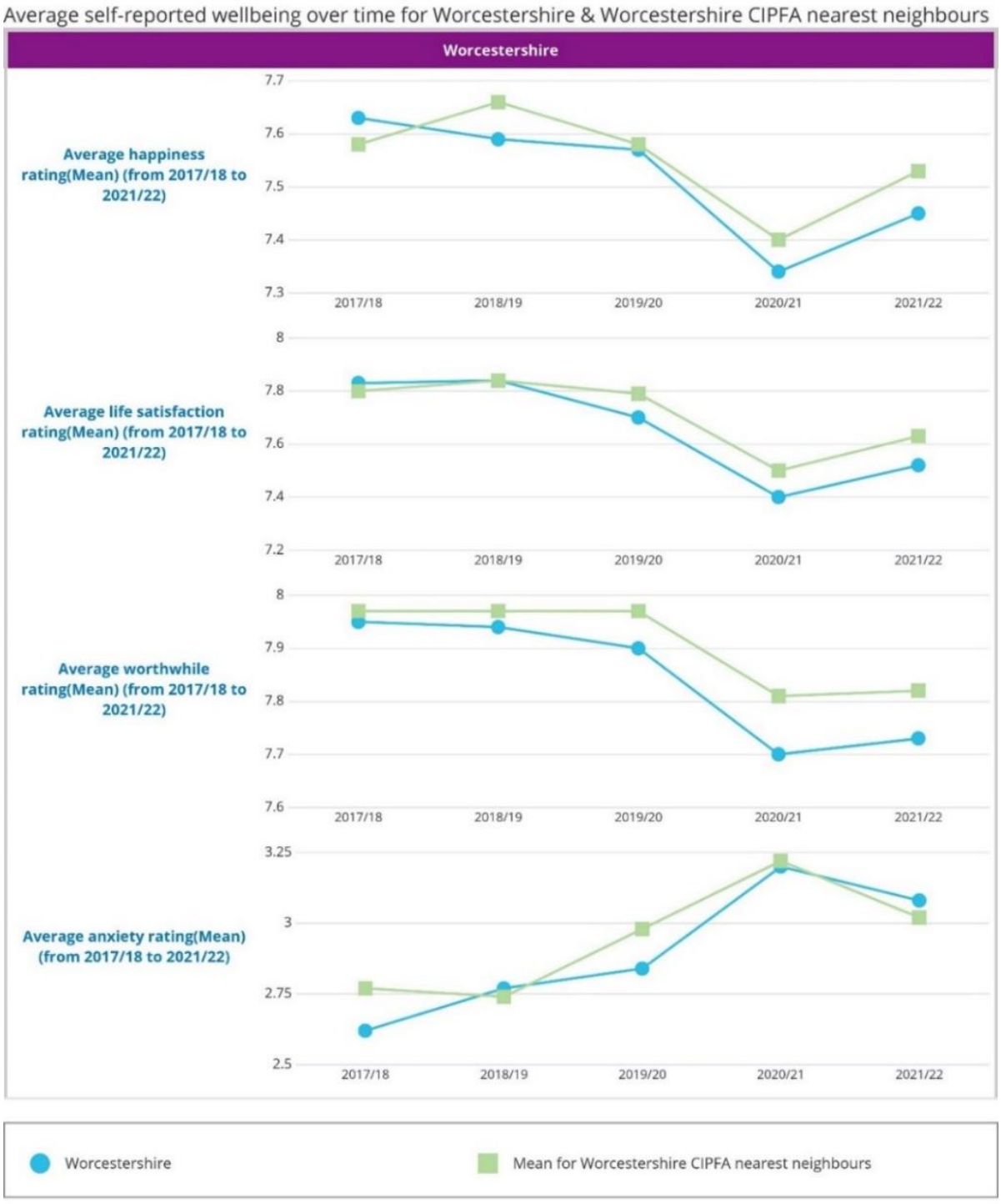


Figure 2: Average (mean scores) on Office for National Statistics Personal Wellbeing Measures over the past 5 years plotted against the average scores for the group of comparable local authorities (CIPFA nearest neighbours) [Source: LG Inform]

Health and Wellbeing Strategy Consultation

A survey undertaken by Worcestershire County Council Public Health between February to May 2022 with people in the county to support the development of the Joint Local Health and Wellbeing Strategy asked about the impact of the COVID-19 pandemic on health and wellbeing of those living and working in Worcestershire:

- **88.3%** (n=1424) thought social isolation and relationships had been negatively impacted
- **87.5%** (n=1412) thought mental health and wellbeing had decreased

This aligns with the findings above, which indicate that a substantial majority of respondents thought that the pandemic had negatively impacted mental health and wellbeing in Worcestershire. However, even where there is a general impression that mental health and wellbeing have declined, it should be recognised that this started from a position of high levels of wellbeing for most of the population and that whilst common, mental health condition continue to be experienced by a minority of the population.

4.3 Wellbeing of children and young people

- **National measures of personal wellbeing for children and young people show a similar trend to adults with a decline and partial recovery since the onset of the pandemic**
- **Other surveys and focus groups with young people in Worcestershire indicate that mental wellbeing has been negatively impacted for many during the pandemic**

National

The UK Government published the "State of the Nation 2022: children and young people's wellbeing" report in February 2023.[52] This provides an overview of trends in wellbeing and mental health during the academic year 2021/22 in England. Key findings regarding wellbeing include:

- Personal wellbeing measures dipped in 2020 coinciding with the pandemic but have since recovered close to pre-pandemic levels by 2021 and were similar in 2022
- Consistent with previous measurements there was a gap between secondary age pupils by gender with boys reporting better wellbeing than girls
- Anxiety amongst primary and secondary age pupils may have worsened slightly from 2021

Worcestershire

Growing up in Worcestershire Survey

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWEBS) was completed by a large cohort of school children in Worcestershire in 2021 as part of the "Growing up in Worcestershire Survey". This survey provides a snapshot of wellbeing in a large groups of secondary school aged children in Worcestershire and a baseline which can be compared against in future. Further details on this survey can be found in Appendix 1.

The distribution of scores is similar to that seen in national data and indicates a higher proportion of females with lower wellbeing scores. Overall, more than half the respondents report medium/high or high scores and around 1-in-10 report low scores on this measure.

[52]Department for Education. State of the nation 2022: children and young people's wellbeing. 2023. Available at: Link . Accessed 20/7/23

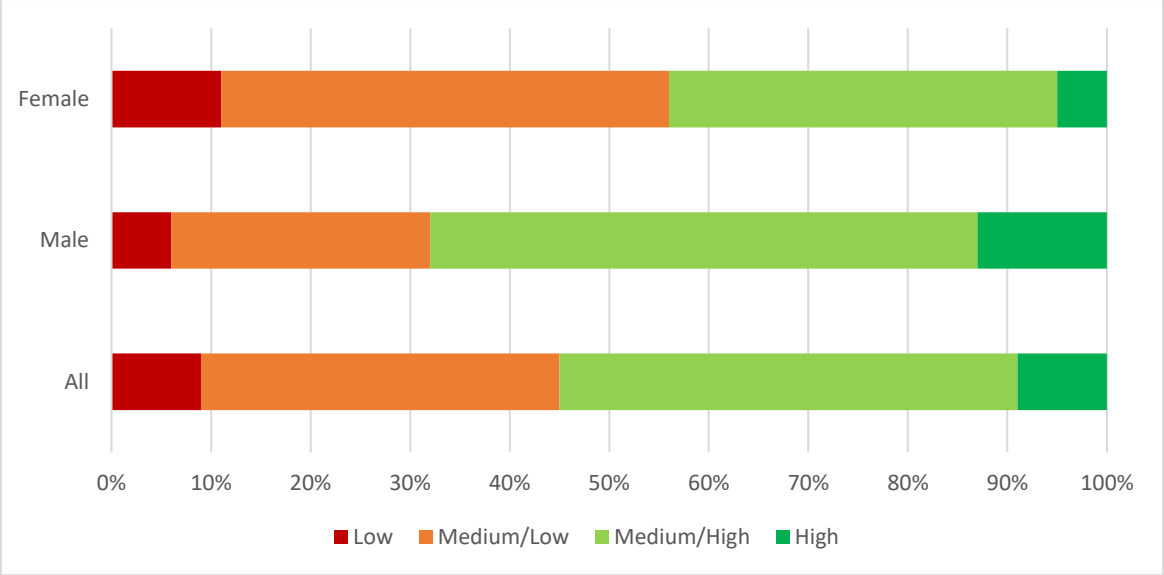


Figure 6: Levels of wellbeing for pupils in Worcestershire participating in the "Growing up in Worcestershire" survey 2021 by age and sex.

This survey provides a snapshot of wellbeing in a large groups of secondary school aged children in Worcestershire and a baseline which can be compared against in future. Further details on this survey can be found in Appendix 1.

Healthwatch Worcestershire Surveys

In the most recent survey of "Young People's Health and Emotional Wellbeing" in March 2022 by Healthwatch Worcestershire, 80% of respondents reported that the pandemic had a negative impact on their emotional wellbeing. This was slightly higher than the 74% in the previous survey in 2021.

Community Consultation: Wellbeing of teenagers during the pandemic

One of the focus groups undertaken by Worcestershire Public Health on experiences during the pandemic was with teenagers aged 14-18. Key themes emerging from this group were:

- Wellbeing was perceived as encompassing both mental and physical health. They also made links to sense of identity, communities, spirituality, productivity, stress and achievements
- Disruption to normal education and subsequent return to school led to increased feelings of anxiety both about academic work and reconnecting socially
- Concerns were expressed about the long-term impacts on educational achievement and future job prospects with some feeling they would be labelled negatively as the "covid generation"

4.4 Exploring differences in wellbeing

- **Whilst there are some differences across districts in average personal wellbeing measures these may not be reliable and further data is required to draw any robust conclusions**
- **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 and this has implications for targeting interventions to support wellbeing**
- **Rural areas on average have higher levels of wellbeing but also wellbeing inequality**

Does wellbeing vary between districts?

Personal wellbeing measures are also available at district level. These can help to understand how wellbeing is changing over time in each area but should not be used to rank districts against each other. Some indicate a sustained decline across multiple measures (Redditch, Malvern Hills) whilst others show recent improvement across all measures (Bromsgrove and Wyre Forest). These data may indicate that there may be differences in the overall wellbeing experiences in the populations at district level. However, there is a large margin of error in these results as they rely on a relatively small sample of people in each area (~100 people). Overall, this is inadequate to draw robust conclusions about changes over short time frames (i.e. between one year and the next) or in relation to other districts.

What Works Wellbeing analysed personal wellbeing at a local authority level including changes during the pandemic.[53] Redditch was highlighted as the local authority with the largest drop in the worthwhile measure and second largest drop in life satisfaction during the pandemic. However, as before, ranking in this way may be misleading due to the small differences.

Who experiences poor wellbeing?

In addition to examining trends in average wellbeing, it is important to understand the extent of poor personal wellbeing experienced in Worcestershire. This reveals that whilst the majority of the population experience high or very well levels of personal wellbeing, a minority (4-7%) report low wellbeing on at least one of happiness, life satisfaction or worthwhile (Table 5). In addition, around a fifth of the population may be experiencing high levels of anxiety. It is not possible to ascertain how much overlap there is in this data but ONS previously found that around 1% of the population reported low wellbeing across all four measures.[54]

Table 5: Levels of personal wellbeing in Worcestershire 2021-22. This table shows the proportion of the population (>16 years) estimated to have low/medium/high/very high levels of wellbeing. Note that for the anxiety the opposite scale is used with lower anxiety being better [Source: LG Inform, Table by author]

Measure	% Low score (0-4)	% Medium score (5-6)	% High score (7-8)	% Very high score (9-10)
Happiness	7%	18%	45%	29%
Life satisfaction	4%	17%	56%	23%
Worthwhile	4%	12%	55%	29%
	% High score (6-10)	% Medium score (4-5)	% Low score (2-3)	% Very low score (0-1)
Anxiety	21%	26%	19%	35%

[53] Sanders, M., 2022. Local Authority wellbeing over time [online] What Works Centre for Wellbeing. Available at: Link . Accessed 20/7/23
[54] Office for National Statistics. Understanding well-being inequalities: Who has the poorest personal well-being? 2018. Available at: Link . Accessed 20/7/23

Whilst this data for Worcestershire isn't broken down by different characteristics, national level data identifies a range of characteristics associated with poor wellbeing. The Office for National Statistics examined the individual characteristics of the 1% who reported poor wellbeing across all four measures in UK data from 2014-16.[65]

Several factors were associated with poor wellbeing and self-rated bad or very bad health was most strongly associated. Others included economic inactivity with long term illness or disability, having no or basic education, and being single, separated, widowed, or divorced. Students were found to have the lowest likelihood of the poorest wellbeing whilst unpaid family carers had the highest.

Combining some of these characteristics, they identified three groups of people considered to be at particular risk of having the poorest wellbeing:

- Unemployed or economically inactive renters with self-reported health problems/disability
- Employed renters with self-reported health problems or disability
- Retired homeowners with self-reported health problems or disability

This forms a potential basis on which to seek to identify groups more likely to experience poor wellbeing and therefore to target wellbeing promotion interventions. In addition, it highlights the importance of wider influences on wellbeing that can be shaped at a population level, for example the importance of maintaining good physical health, and links to housing circumstances.

Drivers of wellbeing inequality

Analysis of subjective wellbeing data by the What Works Centre for Wellbeing sought to unpick what the most important factors were that determined differences (inequalities) in subjective wellbeing (specifically life satisfaction in this case) between local authorities.[55]

Levels of deprivation and lower median income were both associated with higher levels of wellbeing inequality, and unemployment was also associated but less consistently. Particularly relevant to Worcestershire was the finding that rural areas tend to have higher life satisfaction but also a greater degree of life satisfaction inequality. Suggested potential explanations include greater differences in wealth in rural areas and/or that people experiencing adversity may be less able to access appropriate support. Further analysis suggested that unemployment in rural areas had a more pronounced impact on wellbeing.

By contrast, a number of factors were also associated with lower levels of wellbeing inequality including greater engagement in heritage activities and use of green space. Importantly, this research suggests that those with the lowest life satisfaction are also those who benefit the most from engagement with these activities.

[55] What Works Wellbeing. Drivers of Wellbeing Inequality. 2017. Available at: Link. Accessed 20/7/23

4.5 Opportunities to support good wellbeing

The "Five Ways to Wellbeing" were developed by the New Economics Foundation as part of the UK Government Foresight Report into mental health and wellbeing. These were five areas identified as having evidence to support their positive impact on wellbeing, to have universal appeal, and to cover a variety of actions. Whilst these are focused on actions at an individual level, wellbeing promotion can also be considered at a population level, and this is covered in more detail in the following section.

Figure 7: Five ways to wellbeing as summarised in the Worcestershire Health and Wellbeing Strategy 2022-2032

5 Influences on mental health and wellbeing through the life course

- This section is organised according to the three priority areas of the Worcestershire Health and Wellbeing Strategy
- There are a wide range of factors associated with mental health and wellbeing and the experience of these varies through the life course
- It finds that whilst Worcestershire generally has better than average levels of risk and protective factors there are nonetheless differences across and within these which may contribute to mental health and wellbeing inequalities
- Factors relating to employment, income and deprivation are particularly pertinent during the recovery from the pandemic and when facing the challenges of cost-of-living pressures

Contents

5.1 Healthy Living at All Ages

Section summary

- Supporting good mental health and wellbeing starts even before birth and interventions early in life are likely to have an important impact both on childhood mental health but also later in adult life
- Achieving the *best start in life* for good mental health includes preventing childhood adversity, supporting nurturing family relationships. Moving further into childhood recognises the importance of schools as a setting for mental wellbeing and wellbeing promotion

- Physical health and mental health are inextricably linked and how people experience their *overall health* is strongly linked to wellbeing
- Worcestershire has a higher healthy life expectancy than the England average but there is a substantial gap between the most and the least deprived with the population

- *Health behaviours* through the life course are an important factor in influencing physical and mental health, and higher rates of health harming behaviours are observed for those with existing mental health conditions
- Higher rates of health harming behaviours contribute to physical health inequalities across the spectrum of mental health conditions, but these are most stark for people with severe mental illness

5.1.1 Best start in life

Key messages

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

"Taking action to improve the conditions of daily life from before birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and to reduce the risk of those mental disorders that are associated with social inequalities. 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."

Source: Institute of Health Equity, 2012

"The majority of lifetime mental disorders arise before adulthood. Furthermore, childhood mental disorder increases the risk of adult mental disorder. Mental disorder arising in childhood also sets in motion the development of a range of socioeconomically patterned physical illnesses. Therefore, childhood and adolescence offer the greatest opportunity during the life course for both prevention and early treatment of mental disorder."

Source: RCPsych Public Mental Health Implementation Centre, 2022

Before the beginning – Preconception and perinatal health

Evidence suggests that factors even before birth can influence childhood mental health while "The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development."[56] This is therefore a critical opportunity to achieve the best start in life and a unique opportunity for approaches to prevent poor mental health and wellbeing.

In addition, the perinatal period is recognised as a period of high risk for mental health problems for mothers[57], which can have an important impact on early childhood experiences too. This is examined further in the sections "adverse childhood experiences" and "perinatal mental health" below.

Several potentially modifiable factors have been identified during pregnancy which are associated with later childhood and/or adulthood mental health problems.[58] These include smoking, alcohol or other substance misuse during pregnancy, no breastfeeding, and preterm birth.

Alcohol exposure during pregnancy can give rise to fetal alcohol spectrum disorders (FASD), which become more apparent during childhood and can be associated with cognitive problems and increased risk of mental health problems.[59] There is uncertainty about the prevalence of alcohol use

[56] Public Health England. The Best Start in Life - A Vision for the 1,001 Critical Days. 2021. Available at: Link . Accessed 20/7/23
[57] Royal College of Psychiatrists. CR232 Perinatal mental health services. 2021. Available at: Link . Accessed 20/7/23
[58] Royal College of Psychiatrists. Summary of evidence on public mental health interventions. 2022. Available at: Link . Accessed 20/7/23
[59] British Medical Association. Fetal alcohol spectrum disorders. 2016. Available at: Link . Accessed 20/7/23

in pregnancy and also the prevalence of FASD, which is likely under-recorded at present.[60] However, it is nonetheless considered to be the most common environmental cause of learning disabilities.

These issues were explored in the 2019 Worcestershire JSNA report Starting Out and the 2018 Early Help Needs Assessment. In Worcestershire, smoking in pregnancy was highlighted as a new issue of concern. Inequalities in school readiness, poorer educational outcomes for those with free school meals, rising numbers of children requiring social care, rising oral health inequalities and poorer breast-feeding initiation rates were highlighted as persistent issues.

Currently published data indicates ongoing issues with relatively high smoking rates at delivery and premature births, with relatively low breastfeeding initiation rates.

Table 6: Pregnancy health measures in Worcestershire [Source: OHID Fingertips]

	Worcestershire	England
Smoking at time of delivery (2021/22)	10.8%	9.1%
Breastfeeding initiation (2021/22)	64.6%	71.7%
Premature births (<37 weeks gestation) crude rate/1000 (2018-20)	90.0	79.1
Teenage mothers (2021/22)	0.7%	0.6%

Opportunities to support good mental health and wellbeing

Actions taken to improve prenatal and perinatal health can lay the foundations to support good cognitive, social, and emotional development. This provides an opportunity to address potential intergenerational risks.

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

This evidence review produced by the Royal College of Psychiatrists Public Mental Health Implementation centre collates evidence supporting a range of public mental health interventions and highlights those considered the have the strongest evidence for benefit. These include:

- Perinatal interventions targeting parent tobacco, alcohol and substance use during pregnancy (Strong)
- Wider interventions to reduce the occurrence of preterm birth, low birthweight, poor maternal nutrition, and prenatal infections (Moderate)
- Increasing uptake and continuation of breastfeeding (Moderate)

Supporting parents and families

The family environment and quality of relationships during childhood are crucial to supporting good childhood and future mental health.[3] It is estimated that in the UK, around 1-in-4 children aged 0-16 years grow up around maternal mental illness.[61] Parental mental health can impact upon the quality of these relationships and so interventions to address this have wide ranging benefits both for

[60] Department of Health and Social Care. Fetal alcohol spectrum disorder health needs assessment. 2021. Available at: Link . Accessed 20/7/23

[61] Abel KM, Hope H, Swift E, Parisi R, Ashcroft DM, Kosidou K, Osam CS, Dalman C, Pierce M. Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: a national retrospective cohort analysis. The Lancet Public Health. 2019 Jun 1;4(6):e291-300.

parents and children. Drug and alcohol misuse can co-occur with parental mental health problems and be a profound stressor for children.

There is evidence that parental mental health problems during the perinatal period can increase the risk of mental health problems for children and potential mechanisms include disruptions to parenting.[62] In addition, children whose parent(s) have severe mental illness are at increased risk of developing either severe mental illness or mood disorder (such as depression).[63]

The Children's Commissioner for England has recently completed an independent review into family life and published two reports – "Family and its protective effect"[64] and "A positive approach to parenting".[65] The vast majority of children and adults surveyed reported overwhelmingly positive feelings about family, and important themes identified through focus groups were the emotional importance of connection within families, the importance of shared experience for family life; the unconditional support, both practical and emotional, from within families; and the strong, positive, and enduring relationships found in families.

Their analysis of survey data in England found that believing you could rely on family in time of crisis is associated with higher overall well-being. Identified challenges to family life included intense conflict within families, parental separation, mental and physical illness, parental alcohol or substance misuse, domestic abuse, and child abuse and neglect.

"Where children do not live with immediate family, they care about having a happy home. They told us if they were unhappy at home and with their family life, they were nine times more likely to be unhappy with their life overall, and 70% of them were unhappy with their mental health."

Source: Children's Commissioner for England

"There is little that correlates more with a child's happiness than how happy they are with their family. Little that better predicts their outcomes and chances of success. For children to grow up to be adults that are happy, healthy and contribute to society, there is nothing more important to focus on than family."

Source: Children's Commissioner for England

In "A positive approach to parenting" a strengths-based approach to supporting parents is proposed, revolving around four strengths identified by families in the review:

1. A strong emotional connection, with an emphasis on love and joy
2. The importance of shared experiences (both the regular and the exceptional)
3. Mutual support to one another, both practical and emotional
4. The enduring nature of the relationships, and the sense this provides of unconditional support

[62] Stein A, Pearson RM, Goodman SH, Rapa E, Rahman A, McCallum M, Howard LM, Pariante CM. Effects of perinatal mental disorders on the fetus and child. The Lancet. 2014 Nov 15;384(9956):1800-19.

[63] Rasic D, Hajek T, Alda M, Uher R. Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: a meta-analysis of family high-risk studies. Schizophrenia bulletin. 2014 Jan 1;40(1):28-38.

[64] Office of the Children's Commissioner. Family and its protective effect: Part 1 of the Independent Family Review . 2022. Available at: Link . Accessed 20/7/23

[65] Office of the Children's Commissioner. A positive approach to parenting: Part 2 of the Independent Family Review. 2022. Available at: Link . Accessed 20/7/23

More specifically, parent training programmes are recommended by NICE as a specific intervention to support the parents of children aged 3-11 identified as being at high risk of developing behavioural disorders.[66]

Community consultation: Challenges for pregnant women during the pandemic

One of the COVID-19 focus groups comprised of women who were pregnant during the pandemic. Lockdowns and the sudden cutting of school and childcare put tremendous pressure on some participants, who had to juggle work and family commitments, particularly where they already had children. Other informal support previously in place, such as family and friends who assisted with child-care, became inaccessible when households were not able to mix.

"'I think that really the whole two-year period has just taken the focus away from being well… being able to think about how you're coping through it all has been lost a bit as my focus has been on other people and keeping them well."

For most, the pandemic meant that for a significant period of time, all duties were managed under the same roof; childcare, home-schooling, work duties and managing the house. These experiences happening all within the same space exacerbated the stressful impact of the pandemic further.

Source: Focus group with expectant mothers

Opportunities to support good mental health and wellbeing

Parenting plays an important role in early childhood development and family life is recognised as an important contributor to wellbeing. A strengths based approach has been proposed by the Children's Commissioner to build strong emotional connections and empower the provision of mutual support within families.

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

- Parenting programmes (Strong)
- Promotion of child/parent attachment (Moderate/Strong)
- Parental mental disorder prevention, treatment, and mitigation (Moderate)
- Parenting programmes (Strong)

NICE Guideline CG158 (2013): Antisocial behaviour and conduct disorders in children and young people: recognition and management

- Parenting programmes are specifically included as a recommendation to support children with diagnoses of oppositional defiant disorder or conduct disorder
- Group and/or 1:1 support may be indicated

In Worcestershire, specific parenting support is commissioned by a range of organisations[67] and includes a mix of universal, targeted and specialist provision. This ranges from online resources to in-person sessions using evidence informed models. A review of the universal parenting support offer is currently underway and learning from this may help identify any gaps and key opportunities to optimise the current offer.

More generally, the Children's Commissioner recognises the centrality of family life to children and so wider consideration of how other forms of support (including mental health support for parents)

[66] National Institute for Health and Care Excellence. Antisocial behaviour and conduct disorders in children and young people: recognition and management. 2017. Available at: Link . Accessed 20/7/23

[67] Worcestershire County Council. Parenting, health and wellbeing, housing and relationship support. 2023. Available at: Link . Accessed 20/7/23

can recognise, support, and enhance the quality of family relationships is likely to benefit children's mental health and wellbeing. This is a relevant consideration for all professionals who work both with children whose parents may be experiencing mental health challenges, or the wider family considerations for adults experiencing a mental health problem who are also parents.

Adverse Childhood Experiences (ACEs)

This issue was previously examined in Worcestershire in this 2018 JSNA briefing paper and 2018 Early Help Needs Assessment.

Adverse Child Experiences are a specific set of childhood experiences associated with an increased risk of negative outcomes during childhood and later in life, including mental health problems.[68] Strong associations were identified in a systematic review between experiencing four or more ACEs and future mental illness, substance misuse and violence.[69] However, it is important to emphasise that whilst ACEs increase the risk across the population, mental health problems are not an inevitable outcome from childhood adversity.

A systematic review of found that in high income countries, an estimated 28.7% of all mental disorders were attributable to ACEs.[70] A greater proportion of childhood mental disorders (41.2%) were attributable to ACEs with the highest for substance misuse (62.4%) and behaviour disorders (50.3%). In addition, some factors were more strongly linked with mental disorders, particularly those grouped under "maladaptive family functioning", including parental mental illness, substance misuse and physical or sexual abuse. This highlights how these may perpetuate across generations.

Table 7: Types of Adverse Childhood Experiences [Source: Local Government Association[71]]

Direct	**Indirect**
Sexual abuse by parent/caregiver	Parent/caregiver addicted to alcohol/other drugs
Emotional abuse by parent/caregiver	Witnessed abuse in the household
Physical abuse by parent/caregiver	Family member in prison
Emotional neglect by parent/caregiver	Family member with a mental illness
Physical neglect by parent/caregiver	Parent/caregiver disappeared through abandoning family/divorce

ACEs are linked with substantial economic costs and a recent economic analysis suggested that the highest costs were associated with mental illness.[72] This study, combining data from five previous studies with a total of around 15000 households estimated that costs of around £11.2 billion to society arose from mental illness linked to ACEs in England and Wales.

[68]Public Health England. No child left behind: A public health informed approach to improving outcomes for vulnerable children. 2020. Available at: Link . Accessed 20/7/23

[69] Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L, Dunne MP. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health. 2017 Aug 1;2(8):e356-66.

[70] Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, Aguilar-Gaxiola S, Alhamzawi AO, Alonso J, Angermeyer M, Benjet C. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. The British journal of psychiatry. 2010 Nov;197(5):378-85.

[71] Local Government Association. Adverse Experiences in Childhood. 2018. Available at: Link . Accessed 20/7/23

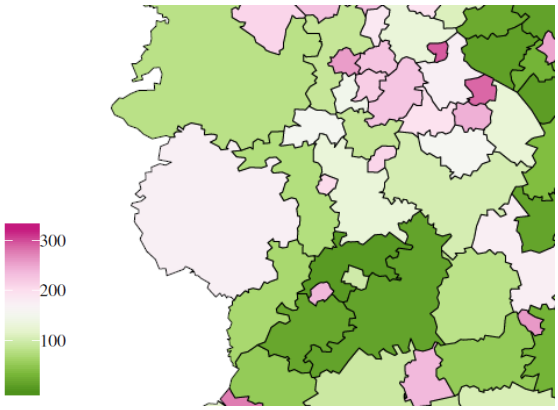
[72] Hughes K, Ford K, Kadel R, Sharp CA, Bellis MA. Health and financial burden of adverse childhood experiences in England and Wales: a combined primary data study of five surveys. BMJ open. 2020 Jun 1;10(6):e036374.

A 2020 study provides additional information on the relative frequency of ACEs in different local authority areas through the creation of an ACEs Index, drawing on data from police, social services, schools, and health statistics.[73] This analysis found that areas with high rates of child poverty tended also to have high frequency of ACEs. In addition, areas with higher population density (cities, urban areas) had higher frequency than low density (rural) areas.

Within Worcestershire, there are differences in the frequency of ACEs as assessed in this study with Redditch and Worcester identified as having the highest frequency. The underlying data is from mid-2010s and it is possible these may have changed over time, particularly given known changes in levels of child poverty across districts.

Table 8: ACE rank compared to other local authority areas in England. Higher number means higher occurence of ACEs - Lower is better

District	ACE Rank (1-324)
Redditch	212.5
Worcester	207
Wyre Forest	157
Wychavon	133
Bromsgrove	93.5
Malvern Hills	79



Three factors in particular that are associated with increased risks of harm to children and poorer developmental outcomes for children":[74]

- **Alcohol/substance misuse:** Children in households where an adult has a drug or alcohol dependence
- **Domestic abuse:** Children in households where an adult has experienced violence or abuse from a partner in the last year
- **Mental health problems:** Children in households where an adult has a clinically diagnosable mental health condition

[73] Lewer D, King E, Bramley G, Fitzpatrick S, Treanor MC, Maguire N, Bullock M, Hayward A, Story A. The ACE Index: mapping childhood adversity in England. Journal of Public Health. 2020 Dec;42(4):e487-95.
[74]Office of the Children's Commissioner. Children living in households with the 'toxic trio' – mental health issues, parental substance misuse and domestic abuse. 2018. Available at: Link . Accessed 20/7/23

The frequency with which these occur vary geographically and the levels of each (and factors combined) was examined by the Office of the Children's Commissioner in a 2019 report. [75] This was developed from data in the Adult Psychiatric Morbidity Survey. These were examined according to "broad criteria" which considered any experience of domestic abuse, substance misuse and at least moderate symptoms of mental disorders. The narrow definition included only domestic violence in the previous year, alcohol or drug dependency and severe symptoms of mental disorders.

Estimates were produced for the frequency these were experienced by children aged 0-17 years old within local authority areas. In Worcestershire these were (Table 8):

Table 9: Prevalence of alcohol/substance misuse/domestic abuse/parental mental health problems in Worcestershire based on data from Adult Psychiatric Morbidity Survey 2014 [Source: Office of the Children's Commissioner]

	Moderate severity "Broad definition"	**High severity "Narrow definition"**
Any	43.4%	15.6%
Two or more	16.2%	3.9%
All three	3.3%	0.9%

This indicates that the occurrence of at least one of these issues is common whilst only a small minority of children live in a household where at least one adult is affected by all three. Mental health problems were the most commonly experienced single issue whilst alcohol or drug dependency was least common.

Opportunities to support good mental health and wellbeing

Childhood adversity is identified as a major contributor to the risk of both childhood and adulthood mental health conditions. There is strong evidence to support actions taken early in life to reduce the risk and impact of ACEs.

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

- Reducing child adversity through: (Strong)
- Parent training programmes, Home visiting programmes, School-based interventions, Adult trusted support
- Early intervention to address childhood adversity (Moderate)

No child left behind: A public health informed approach to improving outcomes for vulnerable children[68]

This report from Public Health England sets out an approach to supporting children at risk of childhood adversity as well as actions for prevention of childhood adversity. These include:

- *Primary prevention:* Interventions to address the underlying causes of vulnerability which tackle health inequalities and wider determinants of health
- *Early intervention:* Interventions to support children and their families

[75]Office of the Children's Commissioner. Technical report 2: Estimating the prevalence of the 'toxic trio'. 2018. Available at: Link . Accessed 20/7/23

- *Mitigation:* The provision of services to reduce the negative impact of adverse circumstances and experiences, and help build resilience

5.1.2 Overall health

Key messages

- **Poor self-rated health is a strong predictor of low life satisfaction**
- **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 healthcare 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**

"Alongside unemployment, health is one of the most regularly identified determinants of subjective wellbeing, but it does depend somewhat on how it is measured. Self-assessed health is often found to be one of the strongest predictors of life satisfaction."

Source: What Works Wellbeing

"Each year, almost a quarter of adults experience at least one mental disorder. People with mental disorder have a 7–25-year reduced life expectancy, depending on the type of mental disorder. Two thirds of global deaths attributable to mental disorder are due to associated physical illness and 18% of deaths are due to unnatural causes such as suicide, with the remainder due to other or unknown causes"

Source: RCPsych Public Mental Health Implementation Centre, 2022

Association between long term physical health conditions and common mental disorders

There is a significant overlap between physical health and mental health problems (co-morbidity). This is likely to reflect a bi-directional relationship, where each influence and increase the risk of the other.[76] Health behaviours such as smoking, diet and physical activity play an important intermediary role.

In the Mental Health of Children and Young People in England Survey (2017) probable mental disorder and physical health conditions were found to commonly co-occur. A quarter of those with a probable mental disorder (25.9%) also had a limiting long-term physical illness, compared with only 4.2% of those without a mental disorder. This increased to over two thirds of children with a probable mental disorder (71.7%) when wider issues including any physical health or developmental condition were included.

The Adult Psychiatric Morbidity Survey (2014) found that prevalence of chronic physical conditions (hypertension, asthma, diabetes, epilepsy and cancer) increased with increasing severity of common mental disorder. Around a quarter (25.3%) of those with no or few symptoms had a chronic physical condition compared to over a third (37.6%) with severe symptoms.

[76] Kings Fund. Long-term conditions and mental health: The cost of co-morbidities. 2012. Available at: Link . Accessed 20/7/23

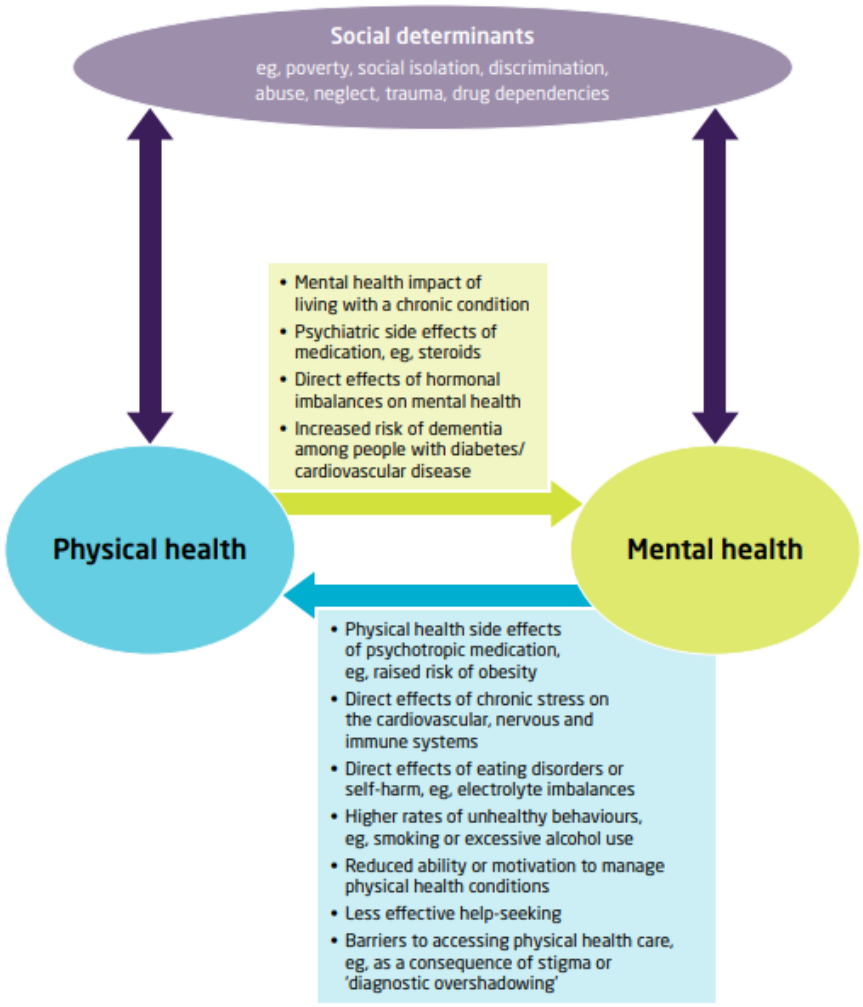


Figure 8: Mechanisms through which mental and physical health interact [Image source: Kings Fund]

Consequences of physical and mental health comorbidity

Co-occurring physical and mental health problems have a range of impacts for population health needs. A 2012 report from the Kings Fund highlighted that co-morbidity is associated with poorer patient outcomes, exacerbating inequalities, and leading to higher costs to the health service.[76] It also contributes to premature mortality, most starkly for those with severe mental illness.[77]

"Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem. People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds.

[77] Firth J, Siddiqi N, Koyanagi AI, Siskind D, Rosenbaum S, Galletly C, Allan S, Caneo C, Carney R, Carvalho AF, Chatterton ML. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. The Lancet Psychiatry. 2019 Aug 1;6(8):675-712.

The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities. Collaborative care arrangements between primary care and mental health specialists can improve outcomes with no or limited additional net costs. Innovative forms of liaison psychiatry demonstrate that providing better support for co-morbid mental health needs can reduce physical health care costs in acute hospitals."

Source: Kings Fund (2012)

Overall health in Worcestershire

Healthy life expectancy is "an extremely important summary measure of mortality and morbidity in itself. Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or in poor health)." Overall, Worcestershire enjoys a higher healthy life expectancy than the average for England for both males and females.

Inequalities in healthy life expectancy give an indication as to how much healthy life expectancy varies between the most and the least deprived. This indicates that the difference in healthy life expectancy between the most and least deprived residents is over ten years.

There are also inequalities seen in measures of overall life expectancy between districts. Inequalities in life expectancy among males are particularly high in Redditch (11.6 years for males and 10.4 years for females), and Bromsgrove (8.8 years for males and 7.7 years for females).[78] Further data on health in Worcestershire is available at: Health | Worcestershire

Table 10: Healthy life expectancy and inequalities in Worcestershire [Source: OHID Fingertips]

	Worcestershire	England
Healthy life expectancy at birth (Male)	65.3	63.1
Healthy life expectancy at birth (Female)	66.2	63.9
Inequality in healthy life expectancy at birth (Male)	11.8	
Inequality in healthy life expectancy at birth (Female)	11.5	

Inequalities in health start at an early age, with higher rates of diagnosed mental health conditions, chronic pain and alcohol problems starting to develop as early as the late teens and early twenties. These health inequalities then continue to grow and change across the life cycle, through working age and into old age.

People living in poorer areas also have greater levels of multiple diagnosed illness (multimorbidity). Large inequalities in the burden of disease are concentrated within a few diagnosed conditions, including chronic pain, diabetes, COPD, anxiety and depression, alcohol problems and cardiovascular disease.

Source: Health Foundation (2022)

Opportunities to support good mental health and wellbeing

A key message from this needs assessment is that mental and physical health are inextricably linked. Actions taken to improve the wider determinants of physical ill health are likely to positively impact

[78]Worcestershire County Council. JSNA 2022. 2022. Available at: Link . Accessed 20/7/23

on mental health and wider wellbeing. Specific issues addressed further in this report are the higher rates of health harming behaviours for those with a mental health condition and stark inequalities in life expectancy for those with severe mental illness.

Specific consideration is given to supporting people experiencing depression alongside a chronic physical health problem in NICE Guideline CG91 (2009)[79]. This includes guidance on assessing symptoms of depression in the context of a chronic illness and recognising how the two can interact.

[79] National Institute for Health and Care Excellence. Depression in adults with a chronic physical health problem: recognition and management. 2009. Available at: Link . Accessed 20/7/23

5.1.3 Health behaviours

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**

Many behaviours are known to be associated with wellbeing (hence the development of the Five Ways to Wellbeing). Physical activity is one for which there is considerable evidence. As well as being associated with higher wellbeing, physical activity has also been found to reduce anxiety and depression.

Source: What Works Wellbeing

"Health behaviour, physical health and mental health are closely related. Each is a determinant and consequence of the other and all are underpinned by wider social factors. Mental health affects risk behaviours, including smoking, alcohol and drug misuse, higher-risk sexual behaviour, lack of exercise, unhealthy eating and obesity.

Negative health behaviours are contributing causes of poorer physical health among those with mental health problems. Smoking prevalence is higher among people with mental health problems and it is likely that the high prevalence of smoking accounts for much of the reduction in life expectancy among people with serious mental illness.

Risk behaviours cluster in particular groups. For example, low income and economic deprivation is associated with the 20 to 25% of people in the UK who are obese or smoke. This same population has the highest prevalence of anxiety and depression. Such clustering can lead to greater lifetime risk of mental health problems, as well as social, behavioural, financial, and general health problems."

Source: Mental Health JSNA Toolkit

Health behaviours in Worcestershire

These issues have been previously examined in a series of briefings (Physical activity 2019, Smoking, 2018) and are also revisited in the JSNA annual summary 2022.

Overall, Worcestershire has typical levels of physical activity in children and adults, and relatively lower levels of childhood obesity compared to the picture in England. Nonetheless, obesity rises during childhood and by Year 6 just over a fifth of children are classified as obese or severely obese under the National Child Measurement Programme (NCMP).

Smoking prevalence for adults is similar to England, including for adults with a long-term mental health condition, a group in which smoking prevalence is almost double the general population. Although there were slightly lower rates recorded in those with severe mental illness (SMI), this data is from 2014/15, and prevalence may have fallen. Vaping is noted to be similarly common in Worcestershire in the 2022 JSNA Summary and a dedicated needs assessment for smoking and vaping in Worcestershire is currently being undertaken.

At district level, Bromsgrove has generally better levels of positive health behaviours, whilst Redditch has higher rates of smoking and childhood obesity, as well as a smaller proportion of physically active children and adults.

Alcohol and substance misuse is considered separately in "Mental health through the life course".

Table 11: Health behaviours for children and adults in Worcestershire

	Worcestershire	England
Physical activity		
Physically active children and young people (2020/21)	43.1%	44.6%
Physically active adults (2020/21)	67.2%	65.9%
Adults walking for travel at least three days per week (2019/20)	10.4%	15.1%
Diet		
% 15yr olds reporting eating 5+ fruit and vegetables per day (2014/15)	51.3%	52.4%
% Adults reporting eating 5+ fruit and vegetables per day on a "usual day" (2014/15)	57.2%	55.4%
Obesity		
Prevalence of adults (18+) classified as obese (2020/21)	25.8%	25.3%
Year 6: Prevalence of obesity (2021/22)	22.0%	23.4%
Reception: Prevalence of obesity (2021/22)	9.0%	10.1%
Smoking		
Smoking prevalence 18+ (GPPS)	14.3%	14.4%
Inequalities		
Smoking prevalence 18+ with a long-term MH condition (20/21)	26.0%	26.3%
Smoking prevalence 18+ with severe mental illness (2014/15)	37.0%	40.5%
Smoking prevalence 18+ admitted for substance misuse - alcohol/non-opiate (2019/20)	69.8%	64.6%
Smoking prevalence 18+ admitted for substance misuse - (all) opiates (2019/20)	72.6%	70.2%

Community consultation: Impacts of the pandemic on physical activity

Findings from the COVID-19 Focus Groups indicated that lockdowns caused a decline in physical activity, as sport and leisure centres closed, social distancing was enforced, and many people ceased commuting. However, the pandemic did encourage some people to take up new exercise regimes and hobbies - especially utilising local green space or online-access classes.

"Before coronavirus I was fairly fit. I went running regularly and attended the gym. After two years of Covid I feel I have lost all motivation. I am no longer fit. I've tried to move past it and start again but it's so hard. I feel like it's too late now"

Source: Deaf focus group

Accessibility was an issue for some groups, particularly those with additional needs, when accessing physical activities in their community. Some participants talked about the cost of gym membership and how a subsidised membership to a local gym would help them to increase physical activity.

"When I used to go to the gym before covid my physical health and my mental health were at their best, but I just can't afford to go now"

Source: Unemployed focus group

Opportunities to support good mental health and wellbeing

Universal: Healthier lifestyles to support good mental health and wellbeing

There is existing guidance on promoting physical activity from NICE[80] and this includes recommendations for children and young people[81], as well as adults. Promoting physical activity through walking and cycling as a form of travel (active travel) also has co-benefits for the environment.[82] In addition, increasing physical activity in mid-life can have a positive impact on reducing the risk of dementia, disability, and frailty in later years[83] as well providing opportunities for social connection.

The Lifestyle Advisor Service in Worcestershire provides 1:1 and group support to people to achieve healthier lifestyles including issues around healthy eating, increasing physical activity, smoking, alcohol consumption and wider mental health and wellbeing. However, healthy lifestyle promotion also happens across a wide range of healthcare settings including in primary and secondary care. The Making Every Contact Count approach has supported this.

For older adults, the focus has been on promoting strength and balance through a mix of classes and the distribution of resistance bands and exercise guides. This approach has a wide reach and allows people to undertake exercises in their own home or with others. It is currently being evaluated in collaboration with academics at University of Worcester.

Targeted: Stopping smoking as a route to improving mental health and wellbeing and reducing physical health inequalities for those with a mental health problem

Smoking is associated with increased risk of some mental health problems, including depression and anxiety, and evidence suggests that smoking cessation can improve symptoms to a similar degree as antidepressant medication.[84] In addition, all those quitting smoking can benefit from increased income, improved employment prospects and improved physical health. Higher rates of smoking for those with existing mental health problems are contributing to health inequalities for this group.

"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."

Source: RCPsych Public Mental Health Implementation Centre, 2022

[80] National Institute for Health and Care Excellence. Physical activity: All NICE products on physical activity. Includes any guidance and quality standards. 2023. Available at: Link . Accessed 20/7/23

[81] National Institute for Health and Care Excellence. Physical activity for children and young people. 2009. Available at: Link . Accessed 20/7/23

[82] National Institute for Health and Care Excellence. Physical activity: walking and cycling. 2012. Available at: Link . Accessed 20/7/23

[83] National Institute for Health and Care Excellence. Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset. 2015. Available at: Link . Accessed 20/7/23

[84] Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. Bmj. 2014 Feb 13;348.

5.2 Quality local jobs and opportunities

Section summary

- **Education** is a key resource for life and is linked with higher levels of wellbeing, primarily through the opportunities it can bring
- As well enhancing academic achievement, schools are a key setting for wellbeing promotion and can play an important role in the early detection and linking to support for emerging mental health conditions

- **Employment** in a good quality job is strongly linked with better wellbeing. Unemployment and economic inactivity linked to long term sickness are both issues that could be targeted to support wellbeing
- For those in employment, the workplace is a key setting for wellbeing promotion
- There is a substantially lower employment rate for people in contact with secondary mental health services and a growing number of young people who are not in employment, education, or training (NEET) in Worcestershire

- The current **cost of living** pressures are likely to increase financial hardship and the risk of escalating debt, affecting the least well off to the greatest extent

5.2.1 Education

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 national average for England overall but children with free school meal status have comparatively poorer outcomes**
- **Worcestershire has a growing proportion of young people (17-19yrs) who are Not in Employment Education or Training (NEET) who may experience poorer mental health**

By and large, those with higher levels of education have higher wellbeing. However, it appears that all or most of this effect is mediated by the effect of education on other intermediate outcomes – for example income and health... Furthermore, there is some evidence, as explored in Five Ways, that continued learning, through adult life, also has positive impacts on wellbeing. People who keep learning: have greater satisfaction and optimism; report higher wellbeing; show a greater ability to cope with stress; report more feelings of self-esteem, hope and purpose.

Source: What Works Wellbeing

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… Those not in education, employment, or training (NEET) after the age of 16 are at increased risk of depression and suicide and the damaging effect of unemployment at this stage of life lasts into later life.

Source: Mental Health JSNA Toolkit

These issues were explored in more detail in the 2019 JSNA Summary: Starting Out, 2018 Early Help Needs Assessment, and more recently in the 2022 Adolescent Health Profile. Key issues identified in this domain included:

- Overall educational attainment at GCSE was slightly higher than the England average in 2019 data but this masks inequalities between districts (with better than average attainment in Bromsgrove, Malvern Hills, and Wychavon, and worse than average in Redditch, Worcester and Wyre Forest)
- In terms of both school readiness and educational attainment at GCSE level Worcestershire's disadvantaged young people are doing less well than their counterparts nationally

Further data on education in Worcestershire is available at: Worcestershire Insights

Supporting children to achieve a good level of educational development

School readiness is "a key measure of early years development across a wide range of developmental areas. Children from poorer backgrounds are more at risk of poorer development and the evidence shows that differences by social background emerge early in life."[85]

There has been a substantial improvement in this measure since 2012/13 with year-on-year improvement. In 2012/13, around half of children were achieving a good level of development by the end of reception and this is now approaching three quarters. Pre-pandemic, in 2018-19 an estimated 72% of children were achieving a good level of development at the end of reception in Worcestershire. There is a gap in data during the pandemic and a subsequent drop in school readiness nationally and in Worcestershire compared to pre-pandemic. No district level data is available.

Table 12: School readiness and educational attainment in Worcestershire [Source: OHID Fingertips]

	Worcestershire	England
School readiness and educational attainment		
% Children achieving a good level of development at the end of reception (2021-22)	65.0%	65.2%
Average Attainment 8 score (2020/21)	50.1	50.9
Inequalities		
% Children with free school meal status achieving a good level of development at the end of reception (2021-22)	45.8%	49.1%
Average Attainment 8 score of children in care (2021)	26.1	23.2
% Children with free school meal status achieving 5 A*-C GCSEs including England & Maths (2015-16)	28.3%	33.3%

Community Consultation: "The COVID generation"?

"The pandemic has bought out anxieties in people as they fear being judged as the 'COVID generation'. In normal scenarios, your grades aren't judged, but if you have received your grades during COVID, then there is the looming question of 'lenient teachers'. This will impact personal statement writing when applying for jobs and universities, as the way we received our education and grades is different. Anxious to connect socially' as they haven't spoken to anyone in so long.

Struggle to get back into work, or education due to the fear and anxiety the pandemic has left them with. A long-term issue is going to be trauma and mental health issues linked to what people have experienced and seen and that anxiety and stress has increased for many people. The group agreed with this and felt this is going to be an ongoing issue for people from young (little) to old."

Source: Focus group – Teenagers 14-18 years

Educational attainment is likely to have been disrupted by the pandemic and different criteria have been used in assessments to try to account for this. Therefore, trends over time are not currently presented. The Worcestershire Education and Skills Strategy 2019-2024 published by Worcestershire

[85]Office for Health Improvement and Disparities. Public health profiles – School readiness – Indicator definitions and supporting information. 2023. Available at: Link . Accessed 20/7/23

County Council sets out a series of ambitions to improve educational attainment in an equitable way. Worcestershire's Children and Young People's Plan 2022-2024 includes a priorities for "Access to the Right Education, Health and Social Care Intervention" and "Access to emotional health and wellbeing and mental health support".

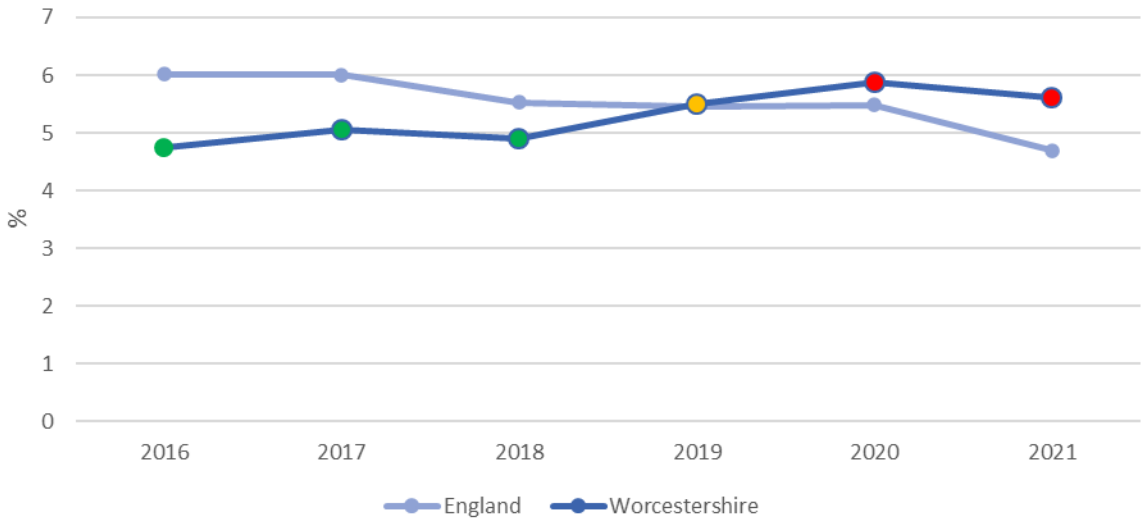
Adolescents not in education, employment, or training in Worcestershire

While the proportion of young people not in education, employment or training has declined during the past five years in England, the opposite trend is seen in Worcestershire with a year-on-year increase from 2018 to 2020 before a slight decline in 2021. It has thus switched from being better than the England average to worse than the England average in this period. The current estimate is there are 711 young people aged 16-17 NEET in Worcestershire. No district level data is available.

Table 13: Young people who are NEET [Source: OHID Fingertips]

	Worcestershire	**England**
% 16-17 year olds not in education, employment and training (NEET) or whose activity is unknown (2021)	5.6%	4.7%

Figure 9: Proportion of 16-17 year olds NEET in Worcestershire (2021) [Source: OHID Fingertips, chart by author]



"The Power of Potential" report published in 2022 by the Princes Trust indicated that employment for young people has been particularly disrupted by the pandemic.[86] A year into the pandemic, young people accounted for around two-thirds of lost employment and youth unemployment was four times higher than the rest of the working age population. Whilst unemployment has fallen from this peak, the proportion of young people who are economically inactive has increased. Mental health is identified in this report as the most cited main reason for difficulties securing work, or not currently seeking work. This is supported by a recent systematic review found that those NEET were more likely to experience a mental problem, substance misuse or both.[87] Longitudinal studies suggest that poor mental health may lead to NEET status.

[86]Princes Trust. The power of potential. 2022. Available at: Link . Accessed 20/7/23

[87] Gariépy G, Danna SM, Hawke L, Henderson J, Iyer SN. The mental health of young people who are not in education, employment, or training: a systematic review and meta-analysis. Social psychiatry and psychiatric epidemiology. 2021 Dec 21:1-5.

Skills and employment support for young people: Careers Worcestershire at The Hive

The Careers Worcestershire Hub at the Hive[88] provides support to a young people 15-18 years of age at risk of being not in employment, education, or training (NEET) as well as young people aged 18-24 who are currently unemployed or economically inactive. The service includes four careers advisors who act as a 1:1 mentor with young people to develop and action plan to support the young person either in getting back to employment or undertaking other relevant steps.

Mental health has been identified as an area of need and the service is supported by a full time wellbeing coordinator. It is delivered in partnership with other organisations to provide more tailored and holistic support. Challenges identified is the potential skills gap for young people in accessing apprenticeship and supporting wellbeing whilst also maintaining work.

Opportunities to support good mental health and wellbeing

Schools are considered a key setting for wellbeing promotion and for early detection and intervention for emerging mental health problems.

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence
Interventions among older adolescents including school-based interventions:

- Interventions to promote adolescent social-emotional functioning and developmental trajectories, School based bullying and violence prevention (Strong)
- Prevention of smoking, alcohol, and drug use (Strong/Moderate)
- Academic interventions, Universal resilience focused interventions, School based promotion of self-regulation, School based mindfulness programmes, Youth mentoring programmes, Psychosocial interventions delivered by teaching (Moderate)

Universal: Promoting good mental health and wellbeing in schools

National guidance supporting this approach comes from the recently updated NICE Guideline NG223 (published in 2022) which sets out recommendations for schools to support social, emotional, and mental wellbeing.[89] These include:

1. Adopting a whole-school approach to supporting wellbeing
2. Universal curriculum content
3. Identifying children and young people at risk of poor social, emotional, and mental wellbeing
4. Targeted support to those with identified mental health needs
5. Support with school-related transitions and other life changes

Schools are recognised as an important setting in supporting the development of good mental health and wellbeing in Worcestershire. “Development of integrated in-school mental health and social care provision targeted to areas with greatest issues” is included in the Worcestershire Education and Skills Strategy 2019-2024.

Targeted: Supporting young people who are NEET

There is a limited evidence base to guide intervention to support this group into employment. A systematic review found some evidence to support “intensive multi-component interventions”.[90]

[88] Careers Worcestershire. The Hub. 2023. Available at: Link . Accessed 20/7/23
[89] National Institute for Health and Care Excellence. Social, emotional and mental wellbeing in primary and secondary education. 2022. Available at: Link . Accessed 20/7/23
[90] Mawn L, Oliver EJ, Akhter N, Bambra CL, Torgerson C, Bridle C, Stain HJ. Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. Systematic reviews. 2017 Dec;6:1-7.

These were generally relatively high intensity interventions with intensive support continuing over 6-8 months combining both classroom-based training and workplace-based placements.

UK Shared Prosperity Fund

"The UK Shared Prosperity Fund (UKSPF or the Fund) is a central pillar of the UK government's ambitious Levelling Up agenda and a significant component of its support for places across the UK. It provides £2.6 billion of new funding for local investment by March 2025, with all areas of the UK receiving an allocation from the Fund via a funding formula rather than a competition. It will help places right across the country deliver enhanced outcomes and recognises that even the most affluent parts of the UK contain pockets of deprivation and need support."

Department for Levelling Up, Housing & Communities

The UK Shared Prosperity Fund is allocated to local areas (delivered at the level of District councils). There is a list of interventions that the funding can be used towards and these are grouped into three categories, which have significant crossover with the priority areas of the Worcestershire Joint Local Health and Wellbeing Strategy 2022-2032:

- Communities and place
- Supporting local business
- People and skills

The Fund focuses on the first two of these areas in 2022/23 and 2023/24 with funding for "People and Skills" to come in from 2024/25 to align with the ending of the current European Social Fund.

Amongst the potential interventions that can be funded include a specific area around supporting economically inactive people. Potential target groups include "young people who are NEET as well as some other groups identified here as higher risk of a mental health condition (people experiencing homelessness, care leavers, ex/offenders, people with substance abuse problems, and victims of domestic violence)".

Therefore, it may be that some of this funding can be used to support skills development for young people who are NEET or indeed other higher risk groups who are not in employment and experiencing barriers including access to basic skills. This is covered in intervention E33 in the above document:

"People and Skills

Supporting economically inactive people to overcome barriers to work by providing cohesive, locally tailored support including access to basic skills

E33: Employment support for economically inactive people: Intensive and wrap-around one-to-one support to move people closer towards mainstream provision and employment, supplemented by additional and/or specialist life and basic skills (digital, English, maths* and ESOL) support where there are local provision gaps.

*Via the Multiply programme"

5.2.2 Employment

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**
- **There are currently low rates of employment for people in contact with secondary mental health services and interventions such as Individual Placement and Support (IPS) may help to address this for those with severe mental illness**

"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... Almost any job is better than no job, but job quality has a very strong effect on subjective wellbeing. There have been several reviews identifying key determinants of job quality, identifying a large number of important factors."

Source: What Works Wellbeing

*"*There are strong links between employment and mental health. The workplace provides an opportunity to encourage well-being and support people to 'build resilience, develop social networks and develop their own social capital'. People who are unemployed are between 4 and 10 times more likely to report anxiety and depression and to complete suicide. Mental health problems also have a significant effect on employers. Nearly one sixth of the workforce is affected by a mental health condition and mental health related absences cost UK employers an estimated £26 billion per year."

Source: Mental Health JSNA Toolkit

The impact of health on economic inactivity

A 2022 report from the Institute for Public Policy Research highlighted significant concerns about the impact of ill health (including mental health) on the labour market.[91] Despite substantial disruption to employment during the pandemic, unemployment is at historically low levels nationally. However, economic inactivity is rising, and long-term illness is a major contributor to this.

Multiple co-morbid health conditions are common in this group (affecting around three quarters) and mental health problems are the single most common group of conditions associated with economic inactivity (affecting around 60% of people who are economically inactive primarily due to any long-term health condition).

[91] Institute for Public Policy Research. Getting better?: Health and the labour market. 2022. Available at: Link . Accessed 20/7/23

Mental health problems are a major cause of sickness absence

For those in work, mental health problems are also a major cause of sickness absence. Prior to the pandemic, mental health problems were associated with a year-on-year increase in the proportion of recorded sickness absence in the UK, accounting for 11.6% of absences in 2020.[92] Whilst COVID-19 accounted for 24.0% of absences, mental health conditions continued to account for 9.8%.

The costs of poor mental health in the workplace and economic benefits of intervention

Through a combination of absenteeism, presenteeism (attending work but being less productive due to ill health) and staff turnover, poor mental health and wellbeing contribute to significant costs to employers. It is estimated that the total annual costs in the UK are around £53-56 billion in 2020-21 with presenteeism the biggest contributor to this.[93] However, a rise in the estimated costs to employers since the pandemic is particularly associated with an increase in staff turnover.

Investing in workplace interventions to maintain and improve mental health and wellbeing is likely to provide a positive return on investment for employers. Importantly, the report by Deloitte above estimated that the greatest return on investment is estimated from universal provision (£5.60 for each £1 spent) and least for reactive strategies in response to identified problems (£3.40 per £1 spent). A 2017 economic evaluation commissioned by Public Health England also found a net return on investment for workplace interventions (£2.37 for each £1 spent for wellbeing promotion and £2.00 for each £1 spent for workplace stress prevention).[94]

Employment, unemployment, and economic inactivity in Worcestershire

Employment

It is estimated that 79.3% of the population of Worcestershire are economically active (those aged 16-64 who are in, or seeking, employment, data October 2021-September 2022 from Nomisweb). The large majority of these are in employment (76.6% of the population aged 16-64) with around seven times as many being employees than self-employed.

Overall, the working age population have similar levels of qualifications to the Great Britain population as whole, with a slightly smaller proportion with no qualifications (4.9% vs. 6.6%, 2021 data). There are approximately twice as many full-time roles as part time roles in Worcestershire, with a slightly higher proportion of part time roles than the Great Britain average (33.9% vs. 31.9%, 2021 data).

The largest types of industries by employment in Worcestershire are (2021 data):

- Wholesale and retail trade; Repair of motor vehicles and motorcycles: 17.1% of jobs
- Human health and social work activities: 14.7% of all jobs
- Manufacturing: 12.0% of all jobs

These industries are all slightly more common employers in Worcestershire compared to the Great Britain average.

Unemployment and economic inactivity

Worcestershire has a similar unemployment rate to Great Britain as a whole and a lower rate than the West Midlands (4.9%) and it is estimated that there are 9800 unemployed adults. Economic

[92]Office for National Statistics. Sickness absence in the labour marked. 2021. Available at: Link . Accessed 20/7/23
[93]Deloitte. Mental Health and Employers: The case for investment – pandemic and beyond. 2022. Available at: Link . Accessed 20/7/23
[94]Public Health England. Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health. Available at: Link . Accessed 20/7/23

inactivity includes those not currently working and who are not currently seeking work. Whilst this includes students, those looking after family and home, and those who are retired, it also includes those on temporary or long-term sickness absence. This latter group consists of around 16,300 people.

Employment rates for those reporting any long term physical or mental health condition are relatively high in Worcestershire. However, there is a substantial gap in the employment rate for those in contact with secondary mental health services, highlighting an important inequality.

Table 14: Unemployment, economic inactivity, and employment inequalities measures for Worcestershire [Source: Nomisweb] [Employment rate gap for secondary mental health service users from OHID Public Mental Health Dashboard]

	Worcestershire	**Great Britain**
Unemployment and economic inactivity		
% Unemployed (Oct 2021-Sep 2022)	3.6%	3.7%
% Economically inactive (Oct 2021-Sep 2022)	20.7%	21.6%
% Long term sick (of economically inactive) (Oct 2021-Sep 2022)	22.7%	25.5%
% Workless households (Jan 2021 – Dec 2021)	10.7%	14.0%
Claimant count		
% Out of work benefit claimants (including Universal Credit)	3.0%	3.6%

Inequalities in employment	**Worcestershire**	**England**
% Population with a physical or mental long term health condition in employment (16-64) (2021/22)	71.9%	65.5%
Gap in the employment rate between those with a physical or mental long term health condition and the overall employment rate (2021/22)	4.3%	9.9%
Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate (2020/21)	62.9%	66.1%

There are some differences across the districts though it is noted that these values show some fluctuation and so observed differences may vary over time. Furthermore, differences in the demographics between district are likely to explain some of this variation, with some having a higher proportion of older people (e.g., Malvern Hills) and others have higher education settings (e.g. Worcester). In addition, economic activity data is not available by category, and this limits the utility of this data in informing whether long term sickness absence varies by district.

District	Wychavon	Bromsgrove	Redditch	Malvern Hills	Worcester	Wyre Forest
Unemployed	3.0%	3.8%	3.2%	3.3%	4.4%	3.8%
Economically inactive	12.9%	22.2%	18.9%	23.2%	17.4%	27.9%

Community consultation: Experiences of unemployment during the pandemic

For individuals seeking employment, the pandemic exacerbated feelings of low self-confidence further. For those recently unemployed due to lockdown restrictions, the change in lifestyle impacted upon their sense of pride. This was particularly so for the participants who needed to access a foodbank for the first time.

The pandemic impacted upon local opportunities further as some participants lost employment directly due to the initial lockdown. This included participants on zero hours contracts or who were self-employed. Competition for what was perceived as very few available jobs was dispiriting.

'I have applied for jobs during covid, but my self-esteem is low'.

Practical issues such as access to transport impacted on employment prospects, particularly for shift-based work, and this was felt to be underacknowledged by job centre staff.

'The food industry is always looking for people, but if you don't drive that's not an option. The factories are all based in the middle of nowhere outside Evesham'.

Source: Focus group with people who are unemployed

Opportunities to support good mental health and wellbeing

The workplace is a key setting for wellbeing promotion and can be a setting that supports early identification and support for people experiencing a mental health problem.

RCPsych Public Mental Health Implementation Centre: Intervention areas with the strongest evidence base

Workplace-based interventions to reduce employee mental disorder, increase wellbeing and promote recovery from mental disorder are highlighted as one of seven areas with the strongest evidence of benefit for public mental health.

Specific types of intervention included are:

- Workplace interventions to reduce employee stress and/or mental disorder, and increase wellbeing (Strong)
- Online interventions to reduce workplace stress or improve mindfulness (Moderate)
- Supported employment to promote recovery from mental disorder (Moderate/Strong)

Universal: The workplace as a setting for mental health and wellbeing promotion

NICE Guideline NG212[95] sets out a series of recommendations to support workplace wellbeing. These include:

[95] National Institute for Health and Care Excellence Mental wellbeing at work. 2022. Available at: Link . Accessed 20/7/23

For organisations

1. Adopting an organisation wide, tiered approach to supporting mental health and wellbeing that builds an environment supportive of wellbeing, includes individual approaches and targets those with the highest needs
2. Engaging with employees and their representatives to understand issues such as organisational culture, workload, concerns that employees have about mental health, and identifying specific, individual needs
3. Training and support for managers to improve awareness of mental wellbeing at work and opportunities to promote and improve wellbeing
4. Engaging with external sources of support including local authorities, Department for Work and Pensions[96], and VCSE organisations

For local authorities

1. Taking a leadership role in championing mental wellbeing and preventing poor mental wellbeing at work
2. Identify and address local barriers and facilitators to employer engagement with local mental wellbeing at work initiatives
3. Setting up a local workplace health accreditation scheme
4. Explore and evaluate the value of incentives or pilot incentive programmes to promote uptake of support and encourage employers to participate in accreditation schemes

Universal: Workplace wellbeing

Public health commissioned support for employers to enhance wellbeing promotion in the workplace is currently subject to review.

Universal/Targeted: Support to gain and sustain employment

Job clubs were found to have moderate evidence of effectiveness in reducing symptoms of depression up to two years after the intervention, particularly amongst those at high risk of depression.[97] Libraries in Worcestershire currently provide job clubs.

IAPT Employment Advisors may be well placed to support people with a mental health condition who are already in contact with healthcare services to gain and sustain employment. A case study from Leicestershire highlighted the potential to work alongside psychological therapists in an IAPT service to create personalised packages of care.[98] During the first three months of the service (with six employment specialists) 100 people were being supported to gain and sustain employment.

Individual Placement and Support (IPS) aims to support individuals with severe mental health problems with employment through intensive, individual support.[99]. It typically involves employment specialists within clinical teams. There is evidence to support the benefits of IPS in gaining and maintaining work. In a large, multi-centre randomised controlled trial in six European counties, IPS increased access to work and reduced rates of re-hospitalisation for people with psychosis.[100] Expansion of provision is part of the NHS Long Term Plan for mental health.

[96] Mental Health at Work. The Access to Work mental health support service. 2023. Available at: Link . Accessed 20/7/23
[97]Moore TH, Kapur N, Hawton K, Richards A, Metcalfe C, Gunnell D. Interventions to reduce the impact of unemployment and economic hardship on mental health in the general population: a systematic review. Psychological medicine. 2017 Apr;47(6):1062-84.
[98] NHS England. NHS England » Employment Advisors in Improving Access to Psychological Therapies (IAPT) service at Let's Talk-Wellbeing. 2023. Available at: Link. Accessed 20/7/23
[99] Centre for Mental Health. What is IPS? 2023. Available at: Link . Accessed 20/7/23
[100] Burns T, Catty J. IPS in Europe: the EQOLISE trial. Psychiatric rehabilitation journal. 2008;31(4):313.

5.2.3 Income and cost of living

"Having a very low income, or experiencing economic deprivation, is associated with low wellbeing. Based on analyses of the European Quality of Life Survey, Eurofound reported someone who suffers severe material deprivation (not being able to afford a range of expenses such as buying new clothes, having guests over for a drink or meal, or a week's annual holiday) scores 2.1 points lower on life satisfaction than someone who can afford all expenses (holding all other variables constant). Their material deprivation index was the single strongest predictor of both life satisfaction and happiness in the survey.

Beyond a certain point, however, it appears that increasing income plays a limited role in increasing wellbeing"

Source: What Works Wellbeing

"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. Unmanageable financial debt is associated with poorer mental health. A quarter of people experiencing common mental health conditions also have financial problems, 3 times more than the general population. Half of adults with a debt problem also have a common mental health condition."

Source: Mental Health JSNA Toolkit

Income in Worcestershire

Around 16.5% of children (<16yrs) in Worcestershire live in relative low-income households. 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). The proportion of children living in low-income households varies between districts and is highest in Worcester and Wyre Forest.

Table 15: Average income and inequalities in Worcestershire [Source: NOMIS and OHID Fingertips**]*

	Worcestershire	**Great Britain**
Gross weekly pay – full time workers (2022) *	£622.8	£642.2
Inequalities		
Hourly pay males – full time workers (2022) *	£16.31	£16.97
Hourly pay females – full time workers (2022) *	£14.93	£15.49
	Worcestershire	**England**
% Children in relative low-income families (2020/21) **	16.5%	18.5%
Proportion of households experiencing fuel poverty (2020)**	14.5%	13.2%

Table 16: Children living in relative low-income families (2020/21) by district

District	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Value	11.2%	14.5%	19.0%	20.2%	14.2%	20.0%

Fuel poverty was highlighted in the 2022 JSNA Summary as being higher than the England average. This measure combines consideration of the affordability of heating a home and the energy efficiency of the home itself. It is defined as living in a home with an energy efficiency rating of Band D or below and when paying to heat the home leaves a household with income below the poverty line. This links themes in this needs assessment both in terms of the issues of low income itself but also issues around the quality of housing.

Cost of living pressures

A 2023 report by the Mental Health Foundation finds that poverty and financial stress are likely to increase over the next several years.[101] Those experiencing both objective financial hardship, as well as those experiencing self-perceived financial strain are likely to experience lower wellbeing and both are linked with depression.

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

- A substantial rise in the number of households receiving Universal Credit during and since the onset of the pandemic
- Fuel poverty affecting almost 37,500 households in Worcestershire and with a greater proportion affected in Wyre Forest, Malvern Hills, and Worcester
- A rise in the claimant count for out of work benefits by approximately 32% since the pandemic

Cost of living survey

Further work to understand the experiences of residents in Worcestershire is being undertaken. This includes a "Cost of living" survey in Redditch and Bromsgrove districts. At the time of preparing this report, the survey data has been collected but is still being analysed. This survey may provide valuable insights into the experiences and priorities of local people in relation to rising costs of living. It is recommended the findings from this report are reviewed and considered for inclusion in future assessments of mental health and wellbeing impacts of the cost of living.

Opportunities to support good mental health and wellbeing

There are strong links between poverty and poor mental health and wellbeing. Actions taken to address the underlying drivers of these, as well as practical support to reduce financial strain worsened by the current cost of living pressures are likely to reduce these impacts.

[101] Mental Health Foundation. Mental Health and the Cost-of-Living Crisis: Another pandemic in the making? 2023. Available at: Link . Accessed 20/7/23

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

This summary document acknowledges that there is currently limited evidence available to inform public mental health interventions targeted specifically to marginalised groups, including those experiencing more significant socioeconomic deprivation, in part because they are also underrepresented in research. Therefore, many of the highlighted interventions, whilst considered to be important considerations in reducing inequalities have limited or moderate evidence.

Relevant to socioeconomic deprivation and poverty are:

- Interventions to address food insecurity (Limited)
- Interventions to address fuel poverty (Limited)
- Interventions to address financial insecurity (Moderate)

5.3 Safe, thriving, and healthy homes, communities, and places

Section summary:

- **Increasing access to green and blue spaces** can benefit wellbeing and may also provide opportunities to harness co-benefits of improvements to health alongside environmental sustainability

- The quality and security of **homes** is fundamental to good mental health and wellbeing. Worcestershire has relatively low rates of people at risk of homelessness

- **Social isolation and loneliness** are strongly linked with poorer wellbeing and with the onset of depression for older people. There is variation across the districts of Worcestershire in terms of the frequency that loneliness is experienced. Young adults are highlighted as a group who experience loneliness most commonly

- Wider community engagement and community cohesion can contribute towards better wellbeing. **Asset based approaches** are growing in Worcestershire. There are also opportunities to continue to build on the role of **community assets** such as libraries and to enhance opportunities for **volunteering**

5.3.1 Natural environment

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 Local Nature Recovery Strategy which is 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…Two aspects of pollution have fairly consistently been found to detrimentally affect subjective wellbeing, as well as physical health. [Nitrogen dioxide and combined air quality index measures]

What Works Wellbeing

Public health action to support healthy behaviour needs to recognise the wider role of social determinants. People's behaviour choices are highly influenced by the opportunities and influences within their living environment and social setting. Access to public parks and green space can support people to be physically active.

Mental Health JSNA Toolkit

The importance of the natural environment to good mental health and wellbeing

A 2021 review by the World Health Organisation noted a growing evidence base supporting positive links between access to green and blue spaces on both short- and long-term mental health outcomes.[102] It is not just time spent in nature but also how connected people feel to it, which is an important link to how it can shape mental health and wellbeing.[103] It also provides opportunities to enhance physical activity and also provides a setting for social connection.

An increasing focus on air pollution

This was the topic of the 2022 Chief Medical Officer's Annual Report.[104] The physical health effects of air pollution are well established and include damaging effects across the life course including higher rates of respiratory and cardiovascular conditions. The link to mental health and wellbeing is a developing area but some research suggests that those living in areas with higher air pollution experience higher rates of common mental disorders[105] and a link has also been made to the risk of developing dementia.

[102] World Health Organisation. Green and Blue Spaces and Mental Health. 2021. Available at: Link. Accessed 20/7/23

[103] Capaldi CA, Dopko RL, Zelenski JM. The relationship between nature connectedness and happiness: A meta-analysis. Frontiers in psychology. 2014:976.

[104] Department of Health and Social Care. Chief Medical Officer's annual report 2022: air pollution. 2022. Available at: Link . Accessed 20/7/23

[105] Bakolis I, Hammoud R, Stewart R, Beevers S, Dajnak D, MacCrimmon S, Broadbent M, Pritchard M, Shiode N, Fecht D, Gulliver J. Mental health consequences of urban air pollution: prospective population-based longitudinal survey. Social psychiatry and psychiatric epidemiology. 2021 Sep;56:1587-99.

Opportunities to harness co-benefits for health and environment

Climate change is widely acknowledged to have direct and indirect impacts on both mental and physical health. A report from the Health Foundation sets out the case for recognising both health and the environment as key forms of capital to support current and future prosperity.[106] Achieving improvement in health and tackling the drivers of climate change are both complex problems that require a long term, systemic approach. As the determinants of health and climate change are linked, there are opportunities to act in a way that achieves co-benefits to both. The Health Foundation also argues that climate change issues are already recognised as requiring long term, systemic action, and the opportunity exists to align approaches to improving health with this. In more practical terms, this could relate to improvements in air quality from decarbonising transport, achieving warmer, more comfortable home environments through insulation schemes, and seeking to developing quality jobs in emerging sustainable industries.

Natural environment measures in Worcestershire

Air pollution

Levels of air pollution are relatively low in Worcestershire compared to the England average. Higher levels are noted in urban areas in Worcester, Kidderminster and Bromsgrove. The relatively high degree of rurality in Worcestershire likely contributes positively to overall air quality.

Table 17: Fine particulate air pollution in Worcestershire [OHID Fingertips]

	Worcestershire	**England**
Air pollution: Fine particulate matter (PM2.5) (2020)	6.6	7.5

Further data is available at: Worcestershire – Environment

Access to green space

A large majority of households have access to some private outdoor space, and this is substantially more common for those living in households than in flats. In terms of the provision of public green spaces, there is variation between districts, with the highest frequency in Malvern Hills and lowest in Redditch.

This does not account for the size or quality of green space, nor does it consider inequalities in access. In general, it is known that those living in more deprived areas have poorer access and lower levels of use of green spaces. Furthermore, specific mobility issues may limit access for others.[107]

Table 18: Access to private garden space 2020 [Source: Office for National Statistics][108]

District	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Public green space Average no. of public green spaces within 1km	2.95	5.07	2.92	3.85	3.57	4.54
Private garden access All	92%	90%	94%	90%	92%	90%

[106] The Health Foundation. Health and climate change: complex problems with co-benefits. 2023. Available at: Link . Accessed 20/7/23
[107] National Institute for Health Care and Excellence. Physical activity and the environment. 2018. Available at: Link . Accessed 20/7/23
[108]Office for National Statistics. Access to gardens and public green space in Great Britain. 2020. Available at: Link . Accessed 20/7/23

properties with private outdoor space						

Use of outdoor space for exercise/health reasons

Data collected as part of a previous national survey on engagement with the natural environment (the Monitor of Engagement with the Natural Environment (MENE) survey) estimated the proportion of residents accessing natural outdoor environments for health or leisure purposes. This suggested less than a fifth of those in England were, and levels were lower in Worcestershire. This is despite a wide definition including any open spaces around towns/cities as well as places such as countryside. However, this data is from 2015/16 and is no longer being updated.

By contrast, almost two thirds of respondents to the Worcestershire Viewpoint panel indicated they accessed parks and open spaces more than 5 times in the previous year, though no explicit link to health or exercise is made.

Table 19: Utilisation of outdoor space for exercise or health reasons in Worcestershire [Source: OHID Fingertips]

	Worcestershire	England
Utilisation of outdoor space for exercise/health reasons (2015-16)	14.2%	17.9%

Table 20: Satisfaction with and use of parks and open spaces by Worcestershire Viewpoint Panel participants [Source: Worcestershire Viewpoint Panel]

	Worcestershire
Service satisfaction: Parks and Open Spaces – Satisfied (2022)	78%
Service user satisfaction: Parks and Open Spaces – Satisfied (2022)	80%
Used parks and open spaces more than 5 times in the previous year (2022)	65%

Community insights: Worcestershire Viewpoint Panel

"Access to nature" was the third 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: Greater use of outdoor spaces during the pandemic

From a COVID-19 Focus Group with people of working age with a mental health condition there were some consensuses that the pandemic alleviated some of their mental health stressors and some actually maintained their health for quite a while enjoying the slowed down pace, less anxiety and more outdoors and walking. 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"

Opportunities to support good mental health and wellbeing

The natural environment can make an important contribution to supporting wellbeing. Actions that increase access to and use of green and blue spaces can support this. This is a particular area where actions taken to address concerns around climate change can be aligned with those that support health and wellbeing, achieving important co-benefits.

There are key opportunities to integrate health and wellbeing issues into wider strategic work across Worcestershire including as part of the Green Infrastructure Strategy and the Local Nature Recovery Strategy[109], both of which are in development.

NICE Guideline NG90: Physical activity and the environment (2018)[107]

This national best practice guidance includes recommendations relevant to access to and use of the natural environments. Relevant recommendations include:

- Develop and use local strategies, policies and plans to increase physical activity in the local environment
- Identify and prioritise local areas where there is a high potential to increase travel on foot, by bicycle, or by other forms of active travel
- Consider ways to enhance the accessibility, quality, and appeal to users of local open spaces, especially green and blue spaces, to increase their use

[109] Department for Environment, Food & Rural Affairs. Local nature recovery strategy: what to include. 2023. Available at: Link . Accessed 20/7/23

5.3.2 Homes

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**

"Living in a house which has pollution, grime, or other environmental problems reduces life satisfaction. In the Eurofound study, the strongest housing-related predictor of life satisfaction was housing insecurity."

*Source: **What Works Wellbeing***

"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.

Everybody who experiences homelessness will feel stress and anxiety, and many report depression. … Compared with the general population, homeless people are twice as likely to have a common mental health condition, and psychosis is up to 15 times more prevalent."

*Source: **Mental Health JSNA Toolkit***

An existing Housing and Health Profile and Homeless Health Profile were published in 2019. Further data on housing in Worcestershire is available here: Housing -Worcestershire.

Housing and mental health

At a population level there is an association between levels of mental health and wellbeing and the type of accommodation that people live in. Those living in rented accommodation are more likely to experience poor wellbeing and common mental health problems though this is likely to be strongly influenced by other factors that determine housing tenure such as age and socioeconomic status.

However, it is also clear that poor quality housing can have a negative impact on mental health and wellbeing. This includes both the physical environment, such as cold and damp homes, but also unstable accommodation with the risk of homelessness. At the extreme end of this, people experiencing homelessness face multiple adversities and are a group with a substantially higher rates of mental health problems including severe mental illness.[110]

Housing can be a valuable asset for individuals, families, and communities. This is captured in "Improving Health and Care through the home: A National Memorandum of Understanding" published in 2018.[111] This highlights that the right home environment can protect and improve health and wellbeing and prevent mental ill health. Supporting people to remain living in their own

[110] Mental Health Foundation. Homelessness: Statistics. 2023. Available at: Link. . Accessed 20/7/23

[111] Public Health England. Improving health and care through the home: a national memorandum of understanding. 2018. Available at: Link . Accessed 20/7/23

homes may also reduce health and social care needs. Key features of such home environments are that they are warm and well ventilated, free from hazards, accessible, and that the tenure is stable and secure.

Housing in Worcestershire

Housing tenure: Worcestershire has a higher proportion of homes that are owned outright or owned with a mortgage than the England average. There are lower rates of private rental and social rented housing from councils and local authorities, with a slightly higher rate of other social rented accommodation.

Figure 10: Housing by tenure in Worcestershire [Source: Worcestershire Insights]

Housing stability: The Homelessness Reduction Act 2017[112] set out both a duty on local housing authorities to *prevent* homelessness as well as to relieve it. This sought to engage local authorities at any earlier stage to provide support to prevent homelessness through provision of advisory services. Worcestershire has substantially lower numbers of households who fall into the broadest category of those at risk of homeless than the England average, and this was estimated to be 1322 households in 2021/22. There are also fewer households in temporary accommodation.

Table 21: Housing stability based on duties owed under the Homelessness Reduction Act and households in temporary accommodation [Source: OHID Fingertips]

	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

Housing for people in contact with mental health services or with a learning disability: Data from the Adult and Social Care Outcomes Framework indicates that around two thirds of people in contact with secondary mental health services live in stable and appropriate accommodation. This is defined as those who are recorded as living independently, with or without support. This is higher for people with a learning disability at almost 85%.

[112]Department for Levelling Up, Housing and Communities. Homelessness code of guidance for local authorities. 2018. Available at: Link . Accessed 20/7/23

Table 22: Housing inequalities for those with more severe mental health problems and those with a learning disability [Source: OHID Fingertips]

	Worcestershire	England
Housing for those in contact with mental health services		
Adults in contact with secondary mental health services who live in stable and appropriate accommodation - Male (2021/22)	60.0%	56.0%
Adults in contact with secondary mental health services who live in stable and appropriate accommodation – Female (2021/22)	69.0%	59.0%
Housing for those with a learning disability		
Adults with a learning disability who live in stable and appropriate accommodation (2021/22)	84.3%	78.8%

Opportunities to support good mental health and wellbeing

Warm, comfortable, and safe homes are an important foundation for good wellbeing and can provide an environment that can help protect against mental ill health and promote recovery from mental health problems. An overarching goal is to ensure the provision of good quality housing for all, whilst more immediate targeted work should focus on those at risk of homelessness

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

Housing interventions are included under interventions to reduce inequalities in marginalised groups. Specifically, this includes intervention to reduce homeless, though there is limited evidence available to guide action in this area.

Targeted: Reducing homelessness and rough sleeping

The Worcestershire Homeless and Rough Sleeping Strategy 2022-25 sets out a vision "to end homelessness and rough sleeping and where it has not been possible to prevent it from occurring, that it is rare, brief and non-recurring".[113] It reflects a collaboration between the six local housing authorities in Worcestershire and sets out a range of preventative actions. In addition, it seeks to increase the supply of, and access to, supported housing so that people can recover successfully from homelessness.

Targeted: Supported living for people with mental health conditions

A mental health needs assessment undertaken by Worcestershire County Council Adult Social Care found that supported living was making a positive impact for service users with a mental health need. Greater coverage across Worcestershire was identified as a priority and an ongoing plan to increase the provision in Wyre Forest, Bromsgrove and Evesham underway.

Targeted: Increasing mental health knowledge and skills for housing staff

Mental health training for housing staff is being expanded through the mental health rough sleeper project led by the Integrated Care Board.

[113] Wyre Forest District Council et al. Worcestershire Homelessness and Rough Sleeping Strategy 2022-2025. Available at: Link . Accessed 20/7/23

5.3.3 Social relationships and loneliness

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 a evidence that young adults now 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**

> …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.
>
> *Source: What Works Wellbeing*

Issues relating to social isolation and loneliness were explored in the 2019 Loneliness Needs Assessment for Worcestershire. This report highlighted associations between poorer mental and physical health, and loneliness. Whilst the highest number of referrals to services supporting people with loneliness were from older age groups, it was recommended that any loneliness service should be able to address the varying needs across different adult age groups.

The relationship between loneliness and mental health

A 2023 review published by the UK Government Department for Digital, Culture, Media and Sport examined what is currently known about the drivers of loneliness, trends in the prevalence of loneliness across different groups, and associations between loneliness and mental health.[114] There is evidence linking loneliness and a range of mental health conditions including anxiety, depression, and psychosis. It appears that this relationship is bidirectional, with each contributing to the other, and that interventions to reduce loneliness are likely to positively impact upon common mental health problems. In addition, loneliness has been strongly associated with the onset of dementia.[115]

Who is more likely to experience loneliness?

Factors associated with higher loneliness include being aged 16 to 24 years, female, single or widowed, having a health condition described as "limiting", renting, reporting feeling less strongly that they belong to their neighbourhood, and little trust of others in their local area.

These risks tend to cluster together and there is overlap with experiencing poor wellbeing, and the Office for National Statistics has expressed this in a series of three profiles of people who may be at increased risk of experiencing loneliness.[116]

[114]Department for Culture, Media & Sport. Tackling loneliness evidence review main report. 2023. Available at: Link . Accessed 20/7/23
[115] Livingston G, Huntley J, Sommerlad A, Ames D, Ballard C, Banerjee S, Brayne C, Burns A, Cohen-Mansfield J, Cooper C, Costafreda SG. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. The Lancet. 2020 Aug 8;396(10248):413-46.
[116] Mental Health Foundation. Loneliness and mental health report. 2022. Available at: Link . Accessed 20/7/23

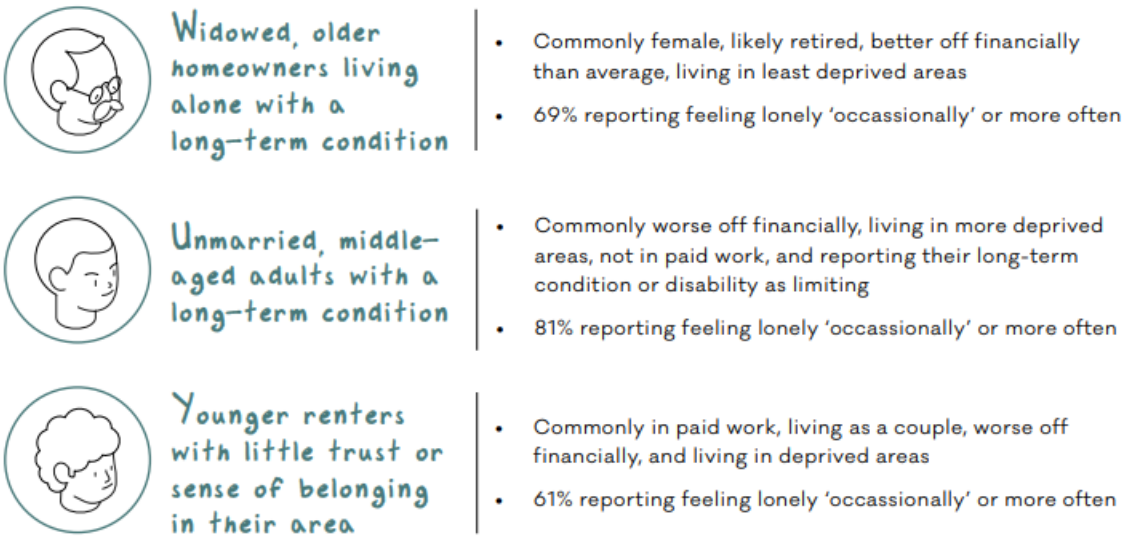


Figure 11: Profiles of groups more likely to experience loneliness. There is overlap with groups at risk of poorest personal wellbeing [Source: Office for National Statistics] [Figure: Mental Health Foundation]

Loneliness has been a UK Government priority coming out of the pandemic

The UK Government published a loneliness strategy in 2018 combining three main objectives:[117]

1. Reduce stigma by building the national conversation on loneliness
2. Drive a lasting shift so that relationships and loneliness are considered in policy making and delivery by organisations across society
3. Building the evidence base on loneliness and addressing current gaps

Efforts to tackle loneliness were considered to be a priority during the pandemic and the UK Government led a number of initiatives to address this including the "Let's Talk Loneliness" public campaign, increasing funding to organisations working to tackle loneliness, and establishing the "Emerging Together" network of organisations.

Loneliness in Worcestershire

Data from the Active Lives Adult Survey in England found that overall, the population of Worcestershire report similar levels of loneliness to the national population. This data is not further broken down to provide deeper insights into groups more commonly experiencing loneliness in Worcestershire. However, there are differences at the district level, with Worcester and Wyre Forest both recording significantly higher levels of loneliness than the England average.

The most recent data release includes measures for Herefordshire and Worcestershire for the year to November 2022. This indicates levels of people reporting loneliness "Often/always" at 4.7% and this was the joint second lowest nationally. The wider definition incorporating "Often/always, Some of the time" includes 20.6%. Whilst the geography is not directly comparable, this nonetheless suggests lower frequency of loneliness, particularly compared nationally.

[117]Department for Culture, Media and Sport. Government's work on tackling loneliness. 2023. Available at: Link . Accessed 20/7/23

Social contact is specifically asked about for adult social care users and carers as part of the Adult Social Care Outcomes Framework (ASCOF). Whilst these groups report similar experiences in terms of social contact to the England population as a whole, it is noted that only a minority report as much social as they would like, and this is lowest for the wider group of carers (>18yrs).

Table 23: Proportion of adults experiencing loneliness in Worcestershire. Experiences of social contact for specific groups is part of the Adult Social Care Outcomes Framework. [Source: OHID Fingertips]

	Worcestershire	England
% Adults who feel lonely often/always or some of the time (2019/20)	22.5%	22.3%
Inequalities		
% Adult social care users who have as much social contact as they would like – 18yrs+ (2021/22)	42.2%	40.6%
% Adult social care users who have as much social contact as they would like – 65yrs+ (2021/22)	35.3%	37.3%
% Adult carers who have as much social contact as they would like – 18yrs+ (2021/22)	24.8%	28.0%
% Adult carer who have as much social contact as they would like – 65yrs+ (2021/22)	28.9%	28.8%

Table 24: Proportion of adults (aged 16 years and over) who feel lonely often/always or some of the time (2019/20) by district [Source: OHID Fingertips]

District	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Adult loneliness	17.8%	24.3%	21.8%	28.6%	15.9%	29.1%

In relation to social isolation, data from the Census 2021 indicates that over a quarter of households in Worcestershire are single person households (29.3% vs. 30.1% in England overall) and that 14% of people over 65 year of age living in one person households.[118] Whilst this reflects living circumstances, it cannot account for wider social connections.

Community consultation: The importance of social isolation and relationships during the pandemic

Loneliness and isolation feature heavily throughout all engagement work. 'Social Isolation and relationships' ranked highest at 88% (n. 1424) when asked what has been negatively affected throughout the COVID-19 pandemic in the Health and Wellbeing Strategy consultation.

The pandemic, lockdown and COVID-19 isolation increased loneliness and isolation across all age groups but particularly in the elderly, young people, and those living in rural areas. Suggestions to improve this included provision of free and accessible activities, groups and services and increasing access to self-help resources. The ethnographies suggested that individuals were more resilient or able to cope with the constraints of COVID-19 where they had access to a larger immediate social or family network.

[118]Office for National Statistics. Household and resident characteristics, England and Wales: Census 2021. 2022. Available at: Link . Accessed 20/7/23

Opportunities to support good mental health and wellbeing

Social isolation and loneliness are strongly linked with poorer wellbeing and with onset of mental health problems. However, many opportunities exist to build social connections within the community, and these may also be focused around other activities which support wellbeing (such as group activities that increase physical activity). In addition to targeted support to address loneliness in higher risk groups, broader actions that promote social interaction should be supported.

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

Loneliness is highlighted as being a contributor to depression, especially in later life. Simple signposting services are effective to reduce social isolation and loneliness in older people (Strong)

Universal: Loneliness action plan and "Stay Connected Pledge"

In collaboration with the Tackling Loneliness Partnership Group, Worcestershire County Council Public Health is leading on updating the Loneliness Action Plan which considers both universal and targeted approaches to reducing social isolation and loneliness in Worcestershire. The Tackling Loneliness Partnership Group brings together representatives from District Councils, the NHS and the VCSE sector. Included in this work is the promotion of the "Stay Connected Pledge".[119]

The **Stay Connected pledge** was developed by the Tackling Loneliness Partnership and aims to help put an end to loneliness by encouraging organisations across Worcestershire to take simple steps to help people feel more connected, less isolated, and ultimately healthier. Signees make a public commitment to a set of actions that can help their employees, customers and local communities make and maintain positive social connections

Universal: Community assets to bring people together

Community assets such as libraries and museums in Worcestershire can provide an important space for social connection and building community cohesion. Their role in promoting wellbeing should be highlighted and strengthened.

Targeted: Understanding loneliness experienced by younger people

Younger adults are the age group most likely to report experiencing loneliness though this may not align with social isolation, which is particularly highlighted for some older people. Better understanding the experiences of loneliness for younger people in Worcestershire may help guide the best opportunities to prevent and to mitigate this. Further exploration of this issue within our population is recommended.

[119]Worcestershire County Council. Stay Connected Pledge. 2023. Available at: Link . Accessed 20/7/23

5.3.4 Community

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**

Alongside close relationships, broader social capital has also been found to be related to subjective wellbeing, and many studies have highlighted the importance of such measures at the aggregate national level.

'Give' was identified as one of the Five Ways to Wellbeing based on the Foresight review of mental wellbeing and capital in 2008 (Five Ways). Most evidence on this is related to volunteering, with clear evidence of a positive effect.

Source: What Works Wellbeing

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). Social capital is associated with values such as tolerance, solidarity or trust. These are said to be beneficial to society and are important for people to be able to cooperate.

Source: JSNA Mental Health Toolkit

Asset Based Approaches

The ABCD approach[120] recognises existing value and potential to enhance local assets within the community. Assets can be the individual skills and experiences of people in the community, their social networks, as well as physical assets such as local businesses and community buildings. ABCD aims to support the creation of conditions where people and communities can flourish in a way that will support wellbeing and reduce inequalities. It is a strengths-based approach that focuses on what is strong rather than what is wrong.

Table 25: The components of the ABCD approach – Adapted from Public Health presentation

"Asset Based"	**"Community Development"**
• Looks at possibilities, resources that already exist and what motivates people to action • Changes the narrative and looks at the world in a very different and powerful way	• Community building with no predetermined agendas • Discover, connect, mobilise (or listen, learn, enable) • Has the aim of developing personal connections in the neighbourhood and encouraging social action

Asset based approaches are growing in Worcestershire and is supported by 25 full time equivalent **community builders** based in a number of settings across the county, including in VCSE

[120]Nurture Development. Asset Based Community Development. 2023. Available at: Link . Accessed 20/7/23

organisations. Their role is to engage with local communities and empower them to recognise their strengths and develop new initiatives.

Asset mapping is an important element of this approach which is undertaken collaboratively with the community and involves "generating a map or inventory of the capacities, skills and talents of individuals, associations, organisations, the natural and built environment, and local economy."[121] This is distinct from geographical mapping of services or resources.

Reflections of a community builder in Worcestershire

As part of wider stakeholder consultation undertaken in the preparation of this needs assessment, feedback was sought from a current community builder about their role and its relationship to supporting good mental health and wellbeing in Worcestershire.

Multiple examples of generally small-scale community led initiatives were shared. Whilst each was unique, a common thread was around growing connections between different people and parts of the community around shared interests, as well as sharing interests and aspects of culture. These initiatives reflected the particular concerns and interests of a diverse range of residents, and some have grown into larger, self-sustaining groups.

Challenges have included engaging in some areas where there is not an existing strong sense of community, and this may be compounded when there are relatively few physical community assets. In addition, whilst each initiative is community led, there is often requirement for some funding, specific assistance, or other facilities to support its ongoing development. Microgrants offered by Worcestershire County Council Public Health are one example of small-scale funding that may support new initiatives to get off the ground.

"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

Case study: Special Educational Needs Parent and Child Group

A community builder in Malvern supported parents of children with Special Educational Needs (SEN) to develop their idea for a parent and child group. A local venue was identified, and an initial session was run. Several of these have now run and the group is now seeking additional funding to support the ongoing running of the group. Comments from attendees included:

"'My kids have made some great friends"

"I saw parents talking to each other more and offering up advice which was super helpful."

Volunteering

Volunteering has been associated with higher levels of wellbeing for those who volunteer in some studies,[122] but volunteers also make important contributions across many other areas that support good mental health and wellbeing in Worcestershire.

[121] Nurture Development. Guidesheets. 2015. Available at: Link . Accessed 20/7/23

[122] Jenkinson CE, Dickens AP, Jones K, Thompson-Coon J, Taylor RS, Rogers M, Bambra CL, Lang I, Richards SH. Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. BMC public health. 2013 Dec;13(1):1-0.

Volunteers work with a range of organisations across Worcestershire including in health services and wider VCSE organisations. Worcestershire County Council connects residents both with local voluntary support being offered, as well as supporting potential volunteers to access appropriate opportunities.[123] A countywide volunteer database grew substantially during the pandemic. There are currently district-based volunteer groups which link residents to local opportunities.

Table 26: Volunteering in Worcestershire

	Worcestershire	England
%Adults aged 16+ any volunteering to support sport and physical activity – Active Lives Survey (2022)	23.0%	19.2%
% Volunteering in the previous 12-month period – Viewpoint panel respondents (2022)	38%	N/A

Community assets run by Worcestershire County Council

A number of valuable community assets which can contribute positively to support good mental health are wellbeing are run by Worcestershire County Council, including libraries and museums. Feedback from library users in annual engagement surveys suggest that beyond a core function as a traditional book library, there are many wellbeing benefits being derived. Specific services offered in libraries that may contribute to enhancing wellbeing include adult learning offers, job clubs, and digital support and signposting.

The 2022 "Customer Voice Survey" for libraries had respondents from Worcestershire across a range of ages. When considering the benefits experienced from accessing libraries the following was reported:

- 52% felt "more connected with the local community, family & friends"
- 44% felt "more positive about my mental health and wellbeing"
- 42% felt an "Increased sense of place and local identity"

"Both libraries in my hometown have benefited me in so many different ways that I can't even begin to describe, all the staff have a real sense of wanting to actually help you and that you're not just another number to them"

"I am a new person to the area and it makes me feel part of the community."

Comments from the Worcestershire Libraries Customer Voice Survey 2019-20

The Library Strategy 2020-2025 highlights the intention of libraries to make a key contribution to community connection and resilience including though the ambition to "Use libraries' trusted brand to deliver services that ensure residents are healthier, have a better quality of life and remain independent for as long as possible".[124]

Museums Worcestershire have published a Strategic Plan 2019-2024 which sets out the role that museums play in providing opportunities for social and emotional connection, learning and mental

[123] Worcestershire County Council. Volunteering. 2023. Available at: Link . Accessed 20/7/23
[124]Worcestershire County Councils. Library Strategy 2022-2025. 2022. Available at: Link . Accessed 20/7/23

wellbeing.[125] It also highlights the particular role they play in bringing people together across generations as well as specific work supporting people living with dementia and their carers.

Measures of community in Worcestershire

Perceptions of local community

Amongst Viewpoint Panel participants, there was a high level of satisfaction with their local area. Around three quarters reported a strong sense of belonging to their local area. This varied by age, with older participants more likely to express a sense of belonging to their area. This was lowest for those aged 18-34 years (57% very or fairly strongly) and highest for those aged 65 years and above (79% very of fairly strongly).

Table 27: Local area satisfaction and strength of belonging expressed by the Worcestershire Viewpoint Panel

	Worcestershire
Local area satisfaction: % Very satisfied or fairly satisfied (2022)	81%
Strength of belonging to local area: % Very strongly or fairly strongly (2022)	75%

Community Consultation: A growth in community spirit during the pandemic

Despite loneliness and isolation featuring throughout the surveys, 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 zoom calls / organised activities.

[125] Museums Worcestershire. Strategic Plan 2019-2024. 2019. Available at: Link . Accessed 20/7/23

5.3.5 Crime and safety

The fear of crime is a regular predictor of subjective wellbeing, with studies often assessing respondents' fears of walking alone at night. Other studies, including the OECD analysis, have shown a negative effect, albeit smaller, of actual experience of crime – for example having money or property stolen. Furthermore, crime rates in a locality predict the wellbeing of people who live in that area, though this effect is only in relation to violent crime, not non-violent crime.

Source: What Works Wellbeing

Being a victim of crime, or exposure to violent or unsafe environments can increase the risk of developing a mental health problem. The most serious example at a young age is child abuse, which can have a sustained detrimental effect on mental health through to adulthood.

Source: Mental Health JSNA Toolkit

Crime and safety in Worcestershire

Level of crime was highlighted by the Viewpoint panel as the second most important factor in what makes somewhere a good place to live. For those aged 35-54, it was their top priority.

Overall, Worcestershire has a lower level of violent crime than the average for England though rates are rising in both and historically have been very similar. Further data on crime and safety in Worcestershire is available here: Crime | Worcestershire

Table 28: Crime in Worcestershire

	Worcestershire	**England**
Violent crime – Offences per 1000 population (2021/22)	28.9	34.9

Domestic abuse

People who experience domestic abuse (survivors of domestic abuse) are more likely to experience mental health conditions, and these can be both a risk for victimisation as well as a consequence of it. Furthermore, exposure to domestic abuse during childhood is one of the identified Adverse Childhood Experiences. Appendix 3 includes specific consideration of this group.

An existing (unpublished) needs assessment on this topic sets out the duties that local authorities have under the Domestic Abuse Act, which include providing alternative accommodation, and other support, where domestic abuse has been identified. Recorded domestic abuse incidents increased during the pandemic.

Current data indicates that domestic abuse related incidents and crimes occur at a similar rate to the national average, though this data reflects the wider West Mercia police force area.

	Worcestershire	**England**
Domestic abuse related incidents and crimes – Crude rate per 1000 population (2021/22)	30.5	30.8

6 Mental health through the life course

Section summary

- This section examines mental health conditions through the life course, combining findings from national studies with local data and intelligence
- It estimates the prevalence of different types of mental disorders, how these are changing over time, and identifies factors which may increase the risk of these
- Current service provision is considered through the life course and an overview of demand for mental health services brings these together
- Issues not specific to any individual mental health condition or age group are examined in a final section on "Other issues"

Contents

6.1 Perinatal mental health

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
- In Worcestershire, access is expanding to cover a wider group of mothers up to 24 months after birth and includes offering partner mental health assessments. Access levels are increasing but current levels are slightly below nationally defined targets
- Improving perinatal mental health is likely to have wider positive impacts on mental health and wellbeing of offspring and so is a particularly important element of prevention

The perinatal period is a time of heightened risk for mental health problems

It is estimated that around 10-15% of women experience anxiety or depression in the postnatal period. The postnatal period is a particularly high-risk period for women with existing severe mental illness, with around one in five of those with bipolar affective disorder experiencing postpartum psychosis.[126] Other pre-existing mental health conditions such as eating disorders, personality disorder, substance misuse, and also neurodevelopmental conditions, may create additional needs and challenges during pregnancy and in the postnatal period.[127]

Suicide is the leading cause of maternal death in the year after giving birth

The 2022 report from MBRRACE-UK on maternal mortality found that deaths from mental health related conditions (suicide and substance misuse) accounted for almost 40% of maternal deaths in the year after giving birth in the period 2018-20, with deaths by suicide being the single leading cause of death in this period.[128] Furthermore, the rate of deaths by suicide observed was three times higher in the latest data from 2020 when compared to the previous period 2017-19. Multiple adversity is a common theme for those die by suicide.

The NHS Long Term Plan commits to increasing access to specialist perinatal mental health services

Within the NHS in England this means ensuring at least 66,000 women with moderate/complex to severe perinatal mental health difficulties can access community services.[129] In addition, this expansion includes increasing the availability of perinatal mental health support from 12 to 24 months after birth, improving access to psychological therapies and providing mental health checks for partners of those accessing perinatal services.

Perinatal mental health in Worcestershire

How common are perinatal mental health problems?

Estimated numbers of women experiencing a perinatal mental health problem were generated by OHID based on the 2017/18 population and applying national estimates of the prevalence of a range of perinatal mental health problems.

These indicate the relative numbers affected across this spectrum. Perinatal psychosis is a rare but serious condition requiring prompt recognition and specialist support, potentially including admission to a specialist mother and baby unit. By contrast, they are substantially higher numbers of women who experience common mental disorders during pregnancy.

These data are now several years old and do not account for other characteristics in the local population such as socioeconomic status. They are also flagged with concerns about the data quality. Therefore, whilst they provide some indication of the anticipated prevalence of a spectrum of perinatal mental health problems, they should be not be considered as precise estimates.

[126] Royal College of Psychiatrists. CR232 Perinatal mental health services. 2021. Available at: Link . Accessed 20/7/23
[127] National Institute for Health and Care Excellence. Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. 2010. Available at: Link . Accessed 20/7/23
[128] MBRRACE-UK. Perinatal Mortality Surveillance: UK Perinatal Deaths for Births from January to December 2021. 2023. Available at: Link . Accessed 20/7/23
[129] NHS England. Perinatal mental health. 2023. Available at: Link . Accessed 20/7/23

Table 29: Estimated number of women experiencing perinatal mental health problems in Worcestershire. N.B. These estimates are flagged as having concerns about the data quality. [Source: OHID Fingertips]

	Worcestershire
Common mental disorders in the perinatal period Estimated number of women with mild-moderate depression in the perinatal period – lower/higher estimate (2017/18)	441-661
Estimated number of women with adjustment disorders in the perinatal period – lower/higher estimate (2017/18)	661-1322
Estimated number of women with post-traumatic stress disorder (PTSD) in the perinatal period (2017/18)	132
Severe perinatal mental health problems	
Estimated number of women with severe depression (2017/18)	132
Estimated number of women with postpartum psychosis (2017/18)	9
Estimated number of women with chronic severe mental illness (2017/18)	9

Supporting perinatal mental health

NICE Guideline CG192: Antenatal and postnatal mental health: clinical management and service guidance[130]

This guidance covers a range of recommendations relevant to different health service provision including:

- *Preconception care:* Supporting access to effective contraception for planning pregnancy and addressing any potential issues with psychotropic medication during pregnancy
- *Recognising perinatal mental health problems:* Using booking appointments as an opportunity to screen for mental health problems. Severe mental illness should lead to a referral to specialist perinatal mental health services
- *Treatment for perinatal mental health problems:* Specific considerations around psychotropic medication during pregnancy are highlighted

RCPsych: Perinatal Mental Health Services: Recommendations for the provision of services for childbearing women[126]

This report from the Royal College of Psychiatrists sets out recommendations around the provision of perinatal mental health services. Key messages include:

- *Thresholds of access to specialist perinatal mental health services:* The effects of pregnancy and infant care on mental health must be considered and thresholds to access specialist mental health services adjusted in accordance with this
- *High quality care should be delivered across an integrated clinical pathway:* This includes providing preconception and prenatal counselling for women at higher risk of perinatal mental health problems and close working between perinatal mental teams, other mental health teams, maternity services and primary care

[130] National Institute for Health and Care Excellence. Antenatal and postnatal mental health: clinical management and service guidance. 2020. Available at: Link . Accessed 20/7/23

- *Education and training:* Good perinatal mental health services should incorporate training both for the specialist workforce and also for other non-specialists who provide care to pregnant and postpartum women

Services in Worcestershire

Herefordshire and Worcestershire Health and Care Trust provide specialist perinatal mental health services in Worcestershire. A range of specific services are offered including preconception counselling and support for pregnant and postnatal women (now expanding to up to 24 months after birth) who experience moderate/severe mental illness or have a history of severe mental illness or a family history of bipolar affective disorder.[131] In addition, they offer support to women who require assessment for tokophobia (phobia of giving birth).

Perinatal mental health services are reported to have been impacted recently from workforce pressures in other services.[132] As a result, levels of access are below the current target and long waiting times are also highlighted as a concern, recognising that some women seeking support do not receive this until late into pregnancy or postnatally.

Table 30: Nationally defined perinatal access targets as per NHS Long Term Plan and access level in Herefordshire and Worcestershire ICB [Source: NHS Mental Health Dashboard]

	Worcestershire	Target
Access to perinatal mental health services		
Number of women accessing support (12 month rolling position to Q1 2022/23)	653	781

[131] Herefordshire and Worcestershire Health and Care Trust. Perinatal Psychiatry Team Operational Policy – Version 1.0. 2019. Available at: Link . Accessed 20/7/23

[132] ICB Mental Health Services Deep Dive document presented in public meeting

6.2 Children and Young People

Key messages:

- 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 within this group
- Factors associated with higher risk of mental health challenges during childhood include parental mental ill health and family dysfunction. There is also a link with socioeconomic adversity.
- 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 and the numbers of children and young people accessing services in Worcestershire is increasing but currently is below the nationally defined access target

Who is more likely to experience a mental health problem during childhood and adolescence?

Factors linked with childhood mental health conditions were explored in the 2017 Mental Health of Children and Young People in England survey:[133]

Primary school aged children (5-10 years)

- Probable mental disorders are more common in boys at this age primarily due to differences in the rate of behavioural disorders
- Parental mental health problems were associated with some of the biggest increases in odds of probable mental disorder (around 2.6 times more likely). Other family factors include "unhealthy family functioning"
- Amongst socioeconomic factors studied, receipt of welfare benefits was associated with the highest odds of probable mental disorders

Secondary school aged children

- Overall, there was no observed difference in rates of probable mental disorders between girls and boys however girls were more likely to experience emotional disorders and boys more likely to experience behavioural disorders
- Other factors were similar to those identified above for primary school aged children

How is the prevalence of mental health problems for children and young people changing?

Mental health conditions in the Mental Health of Children and Young People in England Surveys are grouped into four categories:

Table 31: Groupings of probable mental health problems based on Development and Wellbeing Assessment (DAWBA)

Group	What is included
Emotional	Anxiety spectrum conditions and depression
Behavioural	Repetitive and persistent patterns of disruptive and violent behaviour including conduct disorders
Hyperactivity	Issues with inattention, impulsivity, and hyperactivity
Less common disorders	Includes autism, tic disorders, eating disorders

The main findings from the most recent release of the survey in 2022 include:[134]

Rates of probable mental disorder appear to be rising in England

The rates of probable mental disorders increase with increasing age and have also increased for all age groups over time. In particular, it was found that there has been a considerable rise in the proportion of 17-19 year olds with a probable mental disorder in the most recent 2022 survey, where other age groups have remained more consistent over these past three waves. See Figure 11 below.

There continue to be substantial differences between males and females

Differences continue to be observed in the relative frequency of probable mental disorders between males and females. Whilst they are more common for boys aged 7-10 years, this trend reverses with

[133] NHS Digital. Mental Health of Children and Young People in England, 2017: Predictors of mental disorders. 2019. Available at: Link . Accessed 20/7/23

[134] NHS Digital. Mental Health of Children and Young People in England 2022. 2022. Available at: Link . Accessed 20/7/23

increasing age and for 17-24 year olds, the rates of probable mental disorder are more than double for females.

Possible eating problems are more common but eating disorders remain relatively rare overall
These surveys also assess rates of possible eating problems, and these have also increased from 2017 but remained more stable during the previous two waves. Whilst a high proportion of children screen positive for possible eating problems 12.9% 11-16yrs, 60.3% 17-19yrs), further assessment identified only a small proportion of these children would meet the diagnostic criteria for having an eating disorder and so overall prevalence remains low.

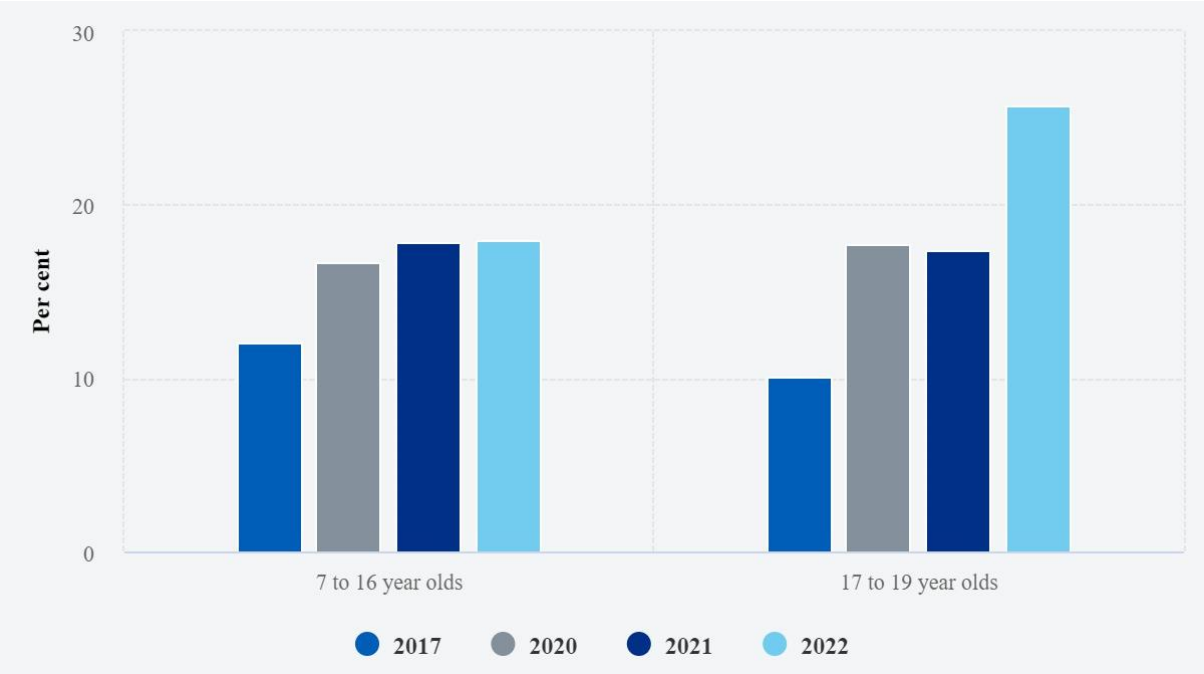


Figure 12: Percentage of children and young people with a probable mental disorder, by age, for surveys undertaken in 2017,2020,2021 and 2022 [Source: NHS Digital]

Mental health of children and young people in Worcestershire

Nationally reported local prevalence estimates for mental disorders in children and young people are now some years out of date (last updated based on 2017 data). This is likely therefore to be an underestimate based on a slight increase in the size of the population and recent surveys suggesting that probable mental disorders have increased. Overall, there is currently a lack of routinely published data on the prevalence of childhood mental health conditions in the population at a local authority level.

Data is also reported on the proportion of school pupils with an identified special educational need (SEN) in the category of social, emotional, and mental health. Worcestershire has similar or lower proportions of children with SEN whose primary need is social, emotional, or mental health, when compared to the England average.

For just over a third of looked after children, their emotional wellbeing is considered to be a cause for concern. This is based on an assessment using the Strengths and Difficulties Questionnaire.

Table 32: Data on mental health of children and young people in Worcestershire

	Worcestershire	England
Child and adolescent mental disorders		
Estimated number of children and young people with mental disorders 5-17yrs (2017/18)	10,404	-
Inequalities		
% School pupils with identified social, emotional and mental health needs (SEN) – Primary school (2021/22)	2.0%	2.6%
% School pupils with identified social, emotional and mental health needs (SEN) – Secondary school (2021/22)	3.1%	3.2%
% School pupils with identified social, emotional and mental health needs (SEN) – All school age (2021/22)	2.7%	3.0%
% Looked after children who emotional wellbeing is a cause for concern (2020/21)	36.1%	36.8%

Insights from primary care coding data

Prevalence of diagnostic coding for mental disorders in children and young people (0-19yrs)

- Overall, there were 3780 cases coded with an ICD-10 diagnosis from any of the four categories of mental disorders (see Table 30) in data for 2022
- The highest number was for emotional disorders, and these comprised 44% of the total
- Behavioural disorders were rarely coded and comprised only 1% of the total

Variation by age and sex

- Just over half of all mental disorder codes were for the 15-19yrs age group and this was particularly seen in emotional disorders (81%)
- Overall, there was an approximately equal split by sex for all mental disorder codes
- Around two thirds (68.7%) of emotional disorder codes were for females
- By contrast the majority of behavioural disorders (88%) and hyperactivity disorders (80%) were recorded for males

Provision to support children and young people's mental health and wellbeing

There is a range of provision to support mental health and wellbeing including services within schools and online. These include:

Training within education settings to support mental health

- *Child Bereavement training (universal)*
- *Suicide Prevention (schools and colleges)*
- *Senior Mental Health Leads Training*
- *Trauma Informed Care (TIC)*

Support in schools

- *NHS Wellbeing and Emotional Support Teams (WEST):* School based teams for early intervention on some mental health and emotional wellbeing issues
- *Act on It Programme:* Social prescribing to support mental wellbeing in targeted schools without a WEST

Online and other digital support

- *Kooth: A* free online mental health support service for children and young people
- *Bestie App:* An app co-produced with young people in Worcestershire to provide information about mental health and wellbeing, local services, and additional features such as mood tracking and a group forum
- *Shout/WOO service:* A free, 24/7, confidential text based crisis service for young people
- *School health nursing - Chat Health:* A free confidential text service which puts 11-19 year olds in touch with a school health nurse

Herefordshire and Worcestershire Health and Care Trust provide Children and Adolescent Mental Health Services in Worcestershire.[135] In addition to school based services, these include:

- *Reach4Wellbeing:* Interactive group courses to support emotional wellbeing of young people
- *CAMHS Consultation Advice Supervision and Training (CAST):* Work directly with other professionals involved in a young person's care to provide specific consultation and advice
- *Specific teams:* Include Child and Adolescent Eating Disorder Service, CAMHS Learning Disability Service, CAMHS Youth Team (supporting transitions from services)
- *CAMHS Plus:* Supporting children and young people experiencing a mental health
- *Specialist CAMHS:* Higher level (Tier 3) support from a multidisciplinary team to support children with more complex or severe mental health difficulties

[135] Children and Adolescent Mental Health Services Herefordshire and Worcestershire. Our services. 2023. Available at: Link. Accessed 20/7/23

Evaluation of CAMHS provision in Worcestershire

The NHS Long Term plan set out access targets that integrated care system areas should aim for across a range of services. Data against these presented on behalf of the Integrated Care Board indicates that currently overall access to CAMHS is below this target. Specialist services including eating disorders (which are some of the only services with specific access targets) have improved over the past 12 months and are currently performing at or extremely near to these targets.

Table 33: Access to services in relation to constitutional standards (12 month rolling position to Q1 2022/23) [Source: NHS Mental Health Dashboard]

	ICB	Target
Access to CAMHS		
Number of children and young people receiving one or more contacts	7725	9371
Specific services		
Eating disorders routine referrals seen within 4 weeks	94.7%	>95%
Eating disorders urgent referrals seen within 1 week	95.0%	>95%

Children's Commissioner Report - Children's Mental Health Services 2021-22

The Office of the Children's Commissioner in England published a report in March 2023 on the provision of Children and Young People's Mental Health Services in England based on data from 2021-22.[136] An overall score based on five individual components was used to rank services (organised by Clinical Commissioning Group) across the country. Scores varied from 9 (poorest performing) to 24 (highest performing).

NHS Herefordshire and Worcestershire had an overall score of 10 and was ranked 11th lowest on this basis (out of 106 CCGs). A high average waiting time is noted as a significant contributor to this score, having the 4th highest waiting time. By contrast, levels of referrals closed before treatment are ranked mid-table.

Table 34: NHS Herefordshire and Worcestershire data from Office of the Children's Commissioner Report 2023

	Spend per child aged 0-17 (£)	% Budget spent on CYPMHS	Average wait (days)	% Referred to CYPMHS	% Referrals closed before treatment	CCG overall score
NHS Herefordshire and Worcestershire	66	0.8%	66	4.9%	34%	10

Some caution is required when considering this assessment. As acknowledged in the report, it does not take account of differences in need in the population. This has relevance to budget allocations and to the expected rates of referral from the population. This limits the validity of a direct comparison across different CCGs. This is further compounded by differences in the configuration of CAMHS and other routes to support which may influence the expected referral rate.

[136] Office of the Children's Commissioner. Children's Mental Health Services. 2021-22. 2023. Link . Accessed 20/7/23

Worcestershire County Council CAMHS Scrutiny Report

In March 2023, a task group from Worcestershire County Council presented the findings from a scrutiny report of CAMHS in Worcestershire. This was formed in response to a recognition of concerns about access to mental health services in Worcestershire, particularly CAMHS.

Findings included:

- Referrals come through a Single Point of Access (SPA) for all services except WESTs and the Integrated Service for children who have experienced care. Waiting times for Tier 3 CAMHS services have been impacted by increasing demand since the pandemic, particularly increases in referrals for eating disorders
- Out of hours support was a concern of the task group and positive developments in this area included the developed of a 24/7 all age crisis line and support in emergency departments for children with very complex needs
- WESTs are supporting whole school approaches to develop in collaboration with school "mental health leads" as well as providing individual support to pupils. Some schools reported finding the threshold for access to specialist CAMHS (Tier 3) to be high
- This was echoed by the perspectives of GPs and fed into a general finding of the group that there was a gap in lower level (Tier 2) provision
- Alternative models of care including the "Solar" approach were examined. This is broadly a fully integrated service with a single point of access to Tier 2-4 support (Tier 1 being non-specialist support provided by GPs and schools). A potential key benefit is the need only for a single assessment, so experiences of children repeating their experiences in depth is avoided

The report made 15 recommendations of which six were accepted in full, eight in part and only one declined. The recommendations spanned a number of areas including:

- Greater clarity about the range of support available to children and young people to support their mental health and wellbeing
- A collaborative approach with enhanced working between system partners and a shared accountability for outcomes ("owning the outcome")
- Addressing an identified gap between the range of support at Tier 2 and Tier 3
- Enhancing lower level support including support for schools
- Building closer working relationships with GPs
- Greater clarity in the reporting of access and outcomes data for CAMHS
- Support for higher risk groups including looked after children and autistic children

The report is available here.

6.3 Working Age Adults

Key messages:

- **Common mental disorders (CMD)** include different types of anxiety and depression, and these reflect the largest group of people in the population who have a diagnosed mental health problem
- Worcestershire has higher levels of depression recorded than the England average and the rate of new cases is also remains slightly higher
- National surveys suggest symptoms of depression have remained more common in the general population since the COVID-19 pandemic
- Talking therapies are a key part of treatment for CMD and current levels of demand for treatment are associated with performance below nationally set waiting time targets
- Alternative provision commissioned by Primary Care Networks including support delivered by VCSE organisations provides an opportunity to explore new models

- **Severe mental illness (SMI)** includes psychotic disorders and bipolar disorder which typically require more specialist support from mental health services
- Worcestershire has lower levels of SMI than the England average and this has remained stable over time
- There is a substantial gap in life expectancy between people with severe mental illness and the general population and poorer physical health is a major contributor to this
- Enhancing access to physical health checks and subsequent support to address modifiable physical health risk factors can reduce this gap

6.3.1 Common Mental Disorder (CMD)

Key messages:

- **Common mental disorders (CMD) contribute to the greatest overall number of mental health problems and taken together have a greater impact than less common but more severe conditions**
- **CMD prevalence varies through the life course, with highest rates for working age adults, and are more common in women than men particularly in early adulthood**
- **Recent national data from the Office for National Statistics suggests that symptoms of depression may be more common since the pandemic and in the context of current cost of living pressures**
- **Worcestershire has higher levels of depression as recorded in general practices and this has risen over recent years**
- **A matched approach to care (matching severity to intensity of intervention) is recommended for treatment of CMD and talking therapies provided through the NHS Talking Therapies (formerly IAPT) service is a key component of this**
- **Current demand for NHS Talking Therapies services has been outpacing provision and there may be alternative models of support for people with lower level mental health needs including less severe CMD**

"Common mental disorders (CMDs) 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

"The vast majority (up to 90%) of depressive and anxiety disorders that are diagnosed are treated in primary care. However, many individuals do not seek treatment, and both anxiety and depression often go undiagnosed."

NICE Guidance Common Mental Disorders

Who is more likely to experience Common Mental Disorders?

A number of characteristics are associated with higher rates of common mental disorders as screened in the Adult Psychiatric Morbidity Survey (2014). [137] These include:

- ***Age/Sex:*** Women consistently have higher rates of CMD across the severity spectrum, but these differences are greatest for young adults (16-24yrs) and older adults (75+yrs). Women have highest rates of CMDs in young adulthood and late middle age whereas for men there is a more consistent peak across working age
- ***Ethnicity:*** Differences were only observed for women, with lower rates in non-White British populations. Women from Black ethnic groups had higher rates of depression.
- ***Household type:*** Adults 16-59yrs living alone had significantly higher rates and women living in larger households also had higher rates

[137] NHS Digital. Adult Psychiatric Morbidity Survey: Common mental disorders. 2016. Available at: Link . Accessed 20/7/23

- ***Benefits status:*** Large differences were observed between those in receipts of Employment and Support allowance (ESA). These differences remained but were less stark when comparing with any out of work benefits or housing benefits
- ***Smoking status:*** CMD prevalence rose with increased smoking for both men and women

As a cross-sectional study, the APMS cannot determine the nature of the relationship between the factors above (i.e., whether one causes the other or if they are linked in other ways). Nonetheless, this information can help in understanding how common mental disorders may be distributed across the population (for example by age/sex) and also highlight some of the linked health inequalities (such as higher smoking rates and the impact this has on overall health).

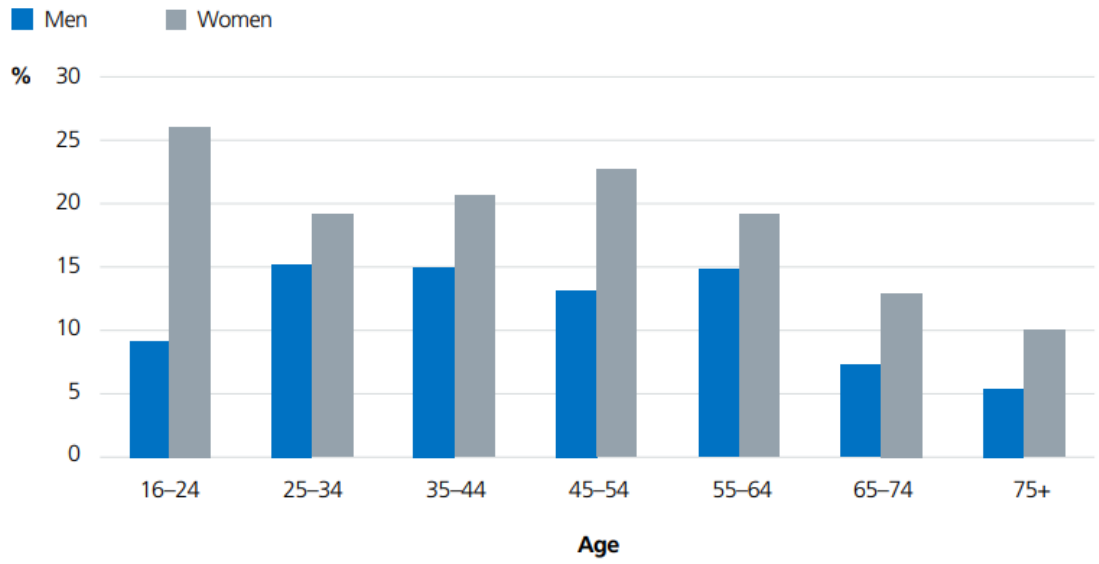


Figure 13: Prevalence of symptoms of CMD (CIS-R score >12) by age/sex [APMS 2014]

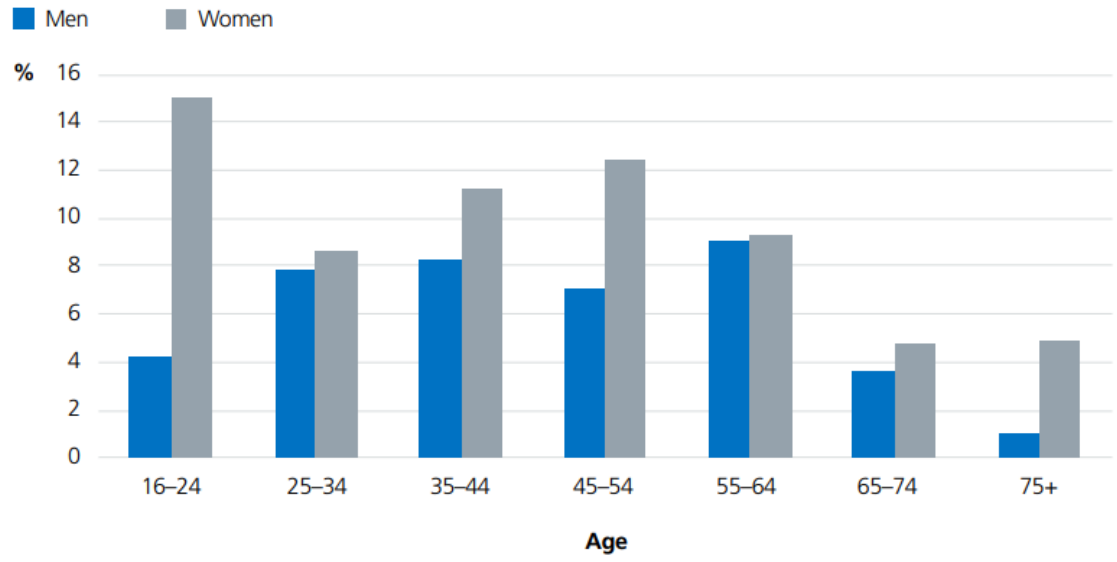


Figure 14: Prevalence of severe symptoms of CMD (CIS-R score >18) by age/sex [APMS 2014]

How the prevalence of Common mental disorders is changing over time

A small but significant increase in the estimated prevalence of CMD over multiple waves from 1993-2014 was observed, with most of this increase evident for those with more severe symptoms. However, depressive symptoms also appear to have become more prevalent since the onset of the pandemic in the adult population across Great Britain based on data from the ONS Opinion and Lifestyles Survey. This is based on screening using the validated Patient Health Questionnaire 8.[138]

Compared to a pre-pandemic baseline of 10%, the prevalence of moderate/severe depressive symptoms peaked at 21% in January-March 2021 but has declined since with the most recent measure at 16% in September-October 2022.

Depression symptoms measured at a point in time do not directly equate to having depression, and furthermore, even for those who would meet this diagnostic threshold, not all will seek help. Therefore, it is not anticipated that this rise would directly translate into a similar rise in demand for mental healthcare services.

This survey is not able to provide data at a local authority level, but the implication is that higher levels of depressive symptoms seen in this sample are likely to translate to some extent to an increase in Worcestershire since the pandemic.

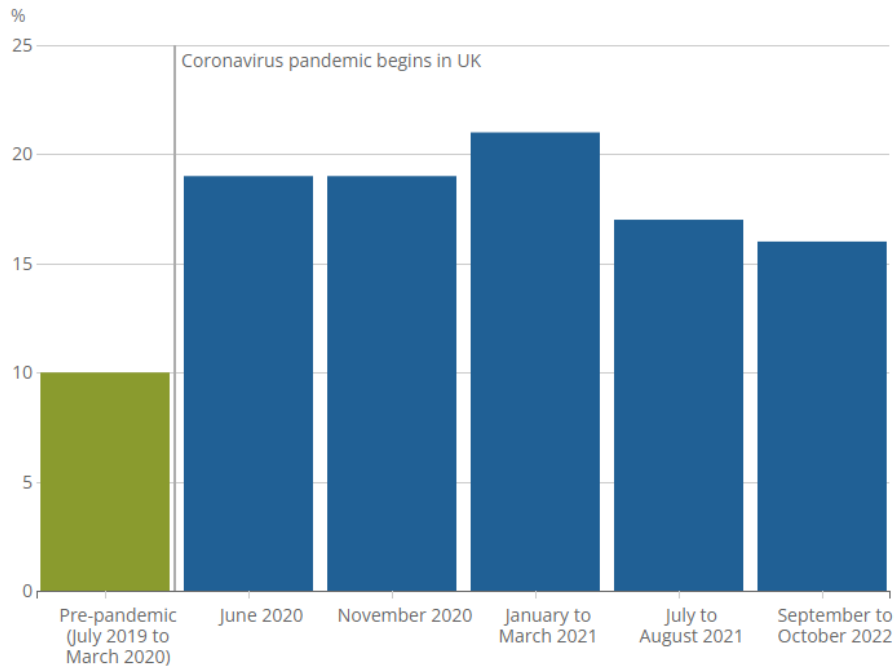


Figure 15: The estimated prevalence of moderate/severe depressive symptoms for adults (16yrs+) in Great Britain [Source: Office for National Statistics]

Common mental disorders in Worcestershire

The prevalence of common mental disorders was estimated for each local authority area by OHID in 2017. This was based on national prevalence and adjusted for the age, sex, and deprivation characteristics of each area. This equates to just over 72,000 adults (>16 years) in Worcestershire.

[138]Office for National Statistics. Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022. 2022. Available at: Link . Accessed 20/7/23

However, there may be other important local factors that are not adjusted for here. The lowest estimated prevalence of CMD was in Bromsgrove (13.0%) and highest in Worcester (16.6%).

Depression prevalence (current cases) and depression incidence (newly diagnosed cases) are recorded in primary care and reported through the Quality and Outcomes Framework. Worcestershire has a higher recorded prevalence of depression than the England average and there is variation across the districts with the highest prevalence in Wyre Forest (18.4%) and lowest in Wychavon (12.2%). Note district level data is from the previous year 2020/21.

Whilst depression prevalence has been steadily increasing since local authority recording began in 2013/4, incidence (new cases) has fallen since a peak in 2018/19. It is likely that some of the decrease observed in 2021/22 is associated with the disruption to normal health services during the pandemic and it is noted that incidence has risen again in the last reporting period 2021/22. NHS Digital have also highlighted that changes in QOF during the pandemic mean comparisons to 2020/21 may be misleading.

Table 35: CMD prevalence and inequalities in Worcestershire [Source: OHID Fingertips]

	Worcestershire	**England**
Common mental disorders		
Estimated prevalence of CMD % of population >16 years (2017)	15.0%	16.9%
Depression		
Depression: QOF Prevalence (2021/22)	14.9%	12.7%
Depression: QOF Incidence (2021/22)	1.6%	1.5%
Inequalities		
Depression and anxiety prevalence (GP Patient Survey) – Social care users (2018-19)	53.3%	50.5%

Table 36: District variation in estimated CMD prevalence and QOF depression prevalence [Source: OHID Fingertips/Public Mental Health Dashboard]

District	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
Estimated CMD prevalence (2017)	13.0%	13.7%	17.0%	16.6%	13.8%	16.4%
Depression QOF prevalence (2020/21)	15.0%	12.9%	15.7%	14.5%	12.5%	18.8%

A number of factors could be contributing to the observed rise in depression:

- Increased coding and reporting for QOF from general practices over time
- Increased public awareness and health seeking
- A rise in the actual population prevalence of depression

- In the context of a relatively stable incidence rate, lower rates of recording resolution of depression would contribute to rising prevalence

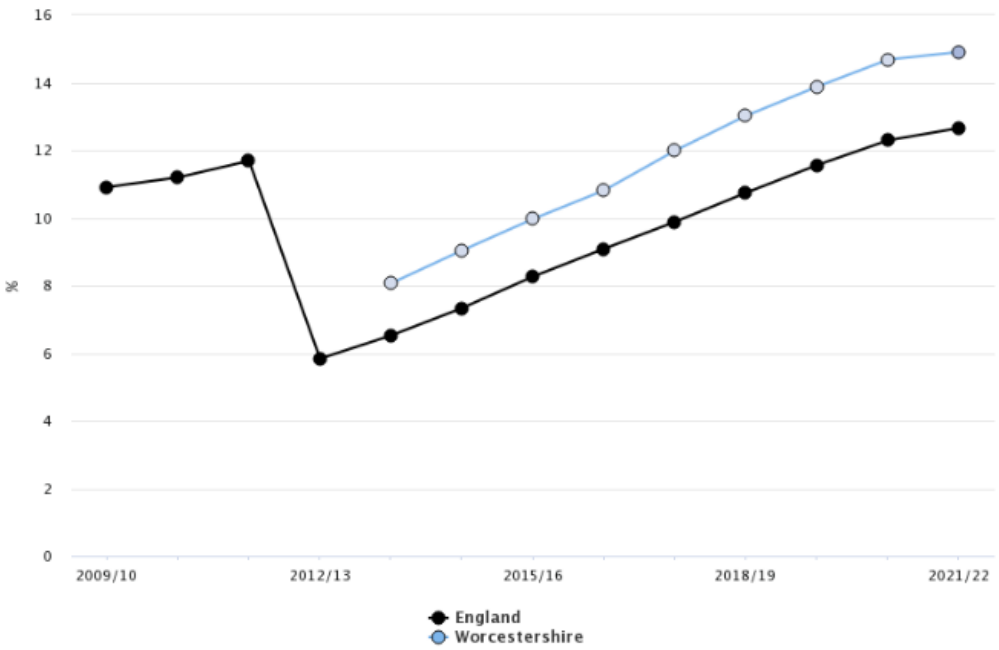


Figure 16: Depression prevalence in Worcestershire. Comparable data only available from 2013/14 for local authorities [Source: QOF/OHID Fingertips]

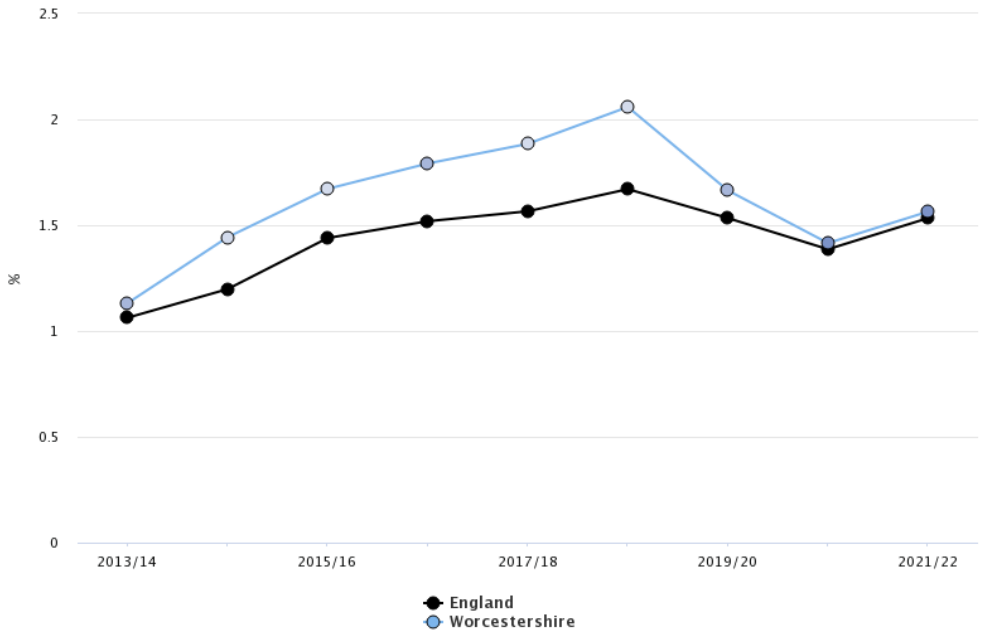


Figure 17: Depression incidence in Worcestershire [Source: QOF/OHID Fingertips]

Insights from Primary Care diagnostic coding

Prevalence of CMDs

- Across PCNs in Worcestershire, there were just over 18,000 cases where a common mental disorder was recorded in the previous 12 months
- The vast majority of these came under the diagnostic group of depression (F32/33)
- Approximately 18.5% of adults were recorded as ever having received a diagnosis of a common mental disorder

Variation in CMDs

- Around two thirds of those with a CMD diagnosis are female
- Almost half of CMD diagnoses (46%) were for people aged 20-39 years
- Recorded rates of diagnoses of CMD in 2022 were similar across PCNs with the exception of Bromsgrove & District (higher) and Pershore & Upton (lower)
- Other diagnoses under the umbrella of CMD were comparatively rarely recorded and do not appear to provide an accurate measure

Insights from prescribing data

- Antidepressant and anxiolytic medications may be used in the treatment of common mental disorders as part of a matched care approach
- The number of prescription items for medications in these groups gives an indication of the levels of prescribing for common mental disorders
- Some may be prescribed for other non-mental health indications
- There is a slight but consistent increase in prescribing of antidepressants and anxiolytics observed over the past five years
- Comparison should not be made to other ICB locations due to differences in population size

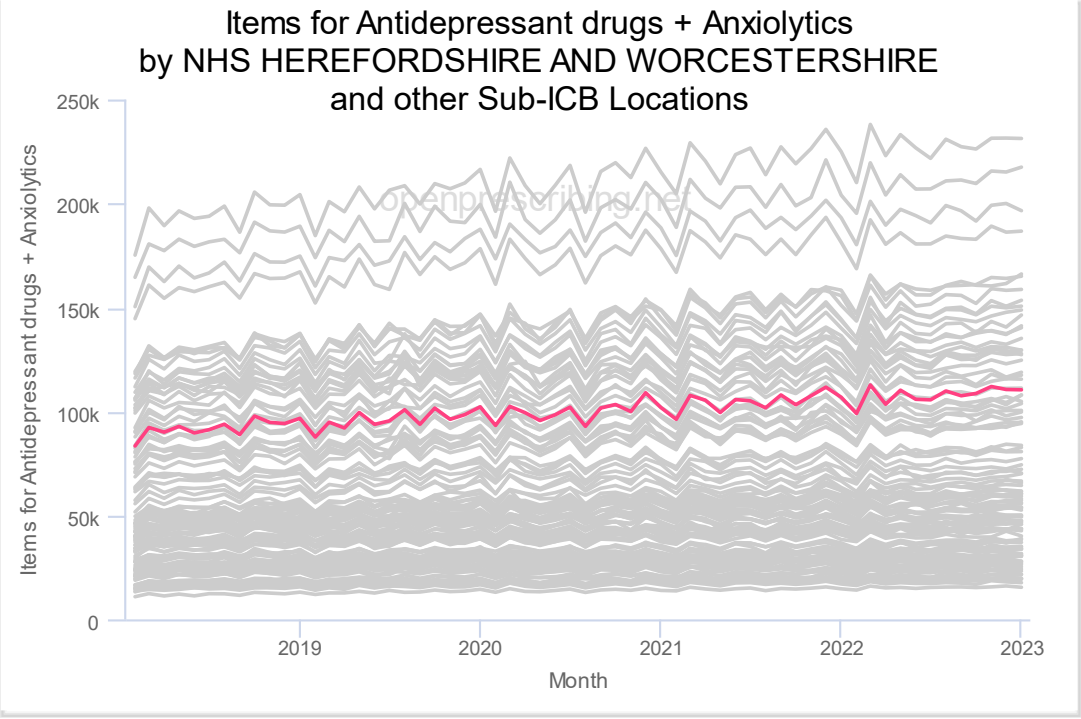


Figure 18: Antidepressant and anxiolytic prescribing in Herefordshire and Worcestershire [Source: Openprescribing.net]

Opportunities to prevent common mental disorders and identify and treat

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

Overall there is strong evidence supporting the effectiveness of interventions for the prevention of depression. These include:

- Employment (evidence of reduced the risk of depression)
- Physical activity can prevent depression
- Primary care based psychological and educational interventions
- Signposting interventions to reduce social isolation and loneliness for older people

NICE Guidelines: Treatment for common mental disorders

A series of clinical guidelines from NICE set out best practice in the assessment and treatment of common mental disorders including:

- CG123: Common mental health problems: identification and pathways to care (2011)
- NG222: Depression in adults: treatment and management (2022)

These guidelines set out a "matched care" approach, with recommended ranging from active monitoring in mild cases and talking therapies in mild/moderate cases up to specialist referral and treatment in severe and treatment resistant cases. Broadly, these recommend ensuring access to a range of support across these levels, which are likely to be delivered across primary and secondary care services including

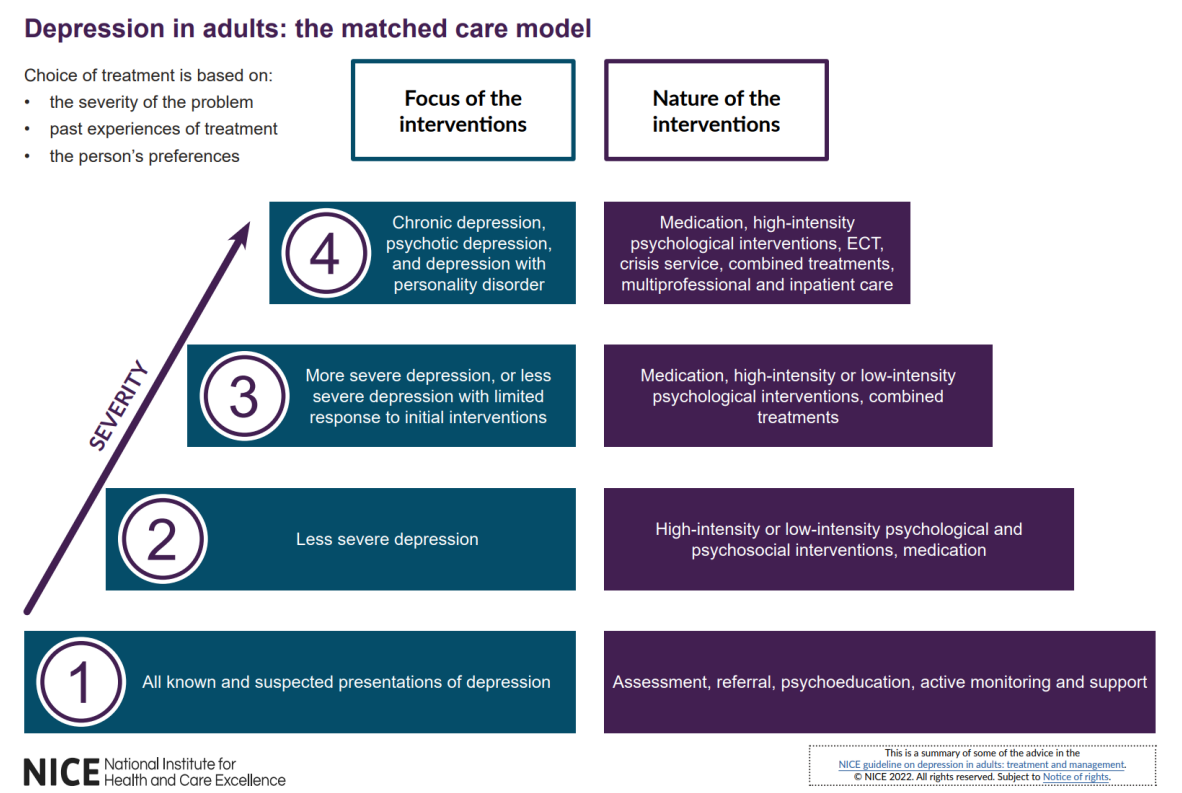


Figure 19: Depression matched care model [Source: NICE]

6.3.2 Severe Mental Illness (SMI)

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 (2014)

Who is more likely to experience a severe mental illness?

A number of characteristics are associated with psychotic disorders and bipolar disorder as screened in the Adult Psychiatric Morbidity Survey (2014). These include:

Psychotic disorders:[139]

- Prevalence of 0.7% (<1 in 100 adults)
- **Age/sex:** Overall there was no difference in prevalence between men and women. The highest prevalence was found in adults aged 34-44yrs but differences across age groups were not found to be significant
- **Ethnicity:** Differences by ethnic group were found for males only with higher prevalence amongst men from black ethnic groups
- **Living alone:** Higher rates observed for both men and women
- **Employment and benefits:** There were markedly higher rates of psychosis for those in receipt of ESA in particular (14.2%) but also for any out of work benefit (7.3%)

Bipolar disorder:[140]

- Prevalence of 2.0% (1 in 50 adults)
- **Age/sex:** Overall there was no difference in prevalence between men and women. However, there was variation by age with higher prevalence in younger age groups (peak in 16-24yrs)
- **Ethnicity:** No difference by ethnicity was identified
- **Living alone:** Higher rates observed for both men and women
- **Employment and benefits:** Higher rates were found for those either unemployed or economically inactive. Receipt of ESA again had the strongest association, particularly for women. For those in receipt of ESA, women were almost four times more likely than men in to screen positive for bipolar disorder.

[139] NHS Digital. Adult Psychiatric Morbidity Survey: Psychotic disorders.. 2016. Available at: Link . Accessed 20/7/23
[140] NHS Digital. Adult Psychiatric Morbidity Survey: Bipolar disorder. 2016. Available at: Link. Accessed 20/7/23

Reducing physical health inequalities for those living with severe mental illness

"People with SMI often experience poor physical health as well as poor mental health. They frequently develop chronic physical health conditions at a younger age than people without SMI. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with SMI are at increased risk of developing more than one of these chronic conditions. … It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses that can be prevented."

OHID: Premature mortality in adults with severe mental illness

Whilst there is a spectrum of increasing premature mortality associated with increasing severity of mental disorders, the gap in life expectancy from the general population is most stark for those with severe mental illness. Addressing this inequality is one of the components of the CORE20Plus5 approach to health inequalities adopted by the NHS.

Severe mental illness and co-occurring substance misuse

"People who have severe mental illness and substance misuse have significantly poorer outcomes than people who have either severe mental illness or substance misuse alone. Identifying substance misuse as soon as possible, by asking people about it when they attend services, such as child and adolescent mental health services (CAMHS), mental health services, emergency departments, general practice and services within the criminal justice system, gives a better chance of tailored care and treatment plans being effective."

National Institute for Health and Care Excellence

This issue is also covered in the section below on substance misuse.

Severe mental illness in Worcestershire

The recorded prevalence of severe mental illness in Worcestershire was 0.72%. This includes those with a diagnosis of a psychotic disorder or bipolar affective disorder as recorded on QOF registers. This is lower than the England average.

Annual physical health checks should be undertaken for all patients diagnosed are not currently being completed as frequently as they should. These checks provide an important opportunity to identify modifiable physical health risks and ways to potentially reduce these.

Table 37: Severe mental illness data [Source: OHID Fingertips]

	Worcestershire	England
Severe Mental Illness		
Mental Health: QOF Prevalence (2021/22)	0.72%	0.95%
Access to services	**ICB**	**Target**
People experiencing first episode of psychosis treated with a NICE approved care package within 2 weeks of referral	86%	>60%
Physical health checks		
Physical health checks (12 months to December 2022)	45.3%	>/=60%

Insights from Primary Care coding

Prevalence of SMI

- Approximately 0.2% of the adult population had a diagnostic code for a severe mental illness recorded in 2022 and 0.74% had a diagnostic code ever

Variation in SMI

- A similar proportion of males and females are recorded with any severe mental illness, there is a higher proportion of males with schizophrenia (62.4%) and females with bipolar affective disorder (62.2%)
- The highest rates of SMI diagnostic code in the past 12 months for 2022 were recorded in adults aged 40-49yrs (275/100,000 adults)

Insights from prescribing data

- Antipsychotic medications may be used in the treatment of common mental disorders as part of a stepped care approach (see below)
- The number of prescription items for medications in these groups gives an indication of the levels of prescribing for severe mental illness though they may be used for some indications outside of this
- There is a slight but consistent increase in prescribing of antipsychotics observed over the past five years

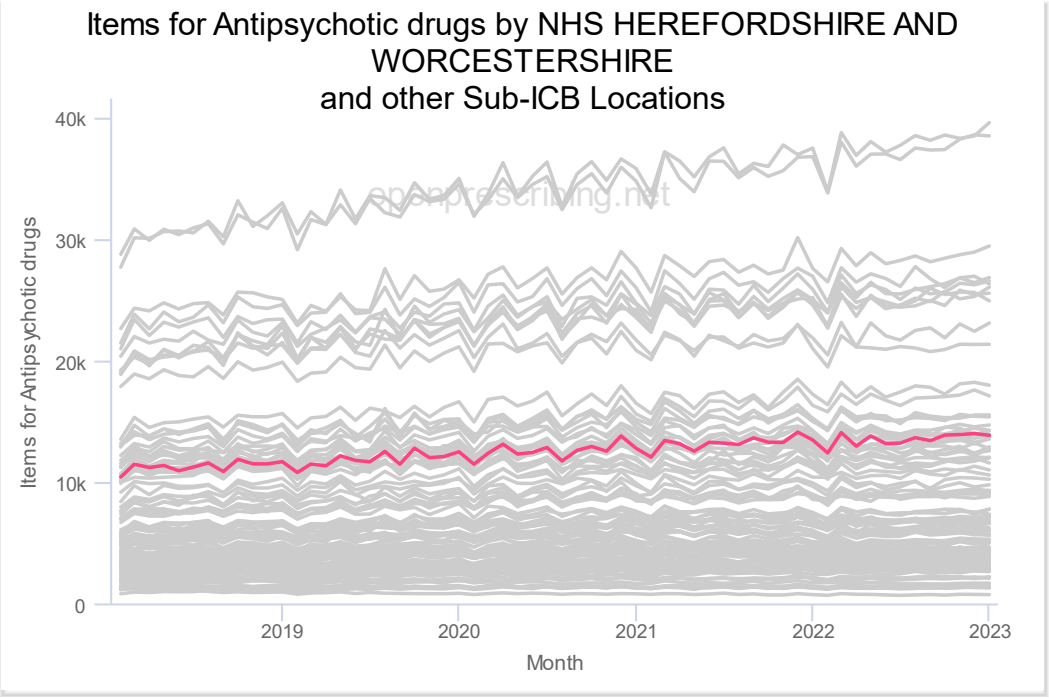


Figure 20: Antipsychotic medication prescribing in Herefordshire and Worcestershire [Source: Openprescribing.net]

6.3.3 Other mental disorders

Key messages

- **Other mental disorders likely to require support from specialist mental health services include eating disorders, personality disorders, and neurodevelopmental conditions**
- **The incidence of eating disorders appear to have increased during the pandemic resulting in higher demands for services**
- **Adult social care assessment of need has identified young adults with personality disorders and eating disorders as two groups with higher levels of social care need and gaps in current provision to be addressed**

Eating disorders

Eating disorders are defined by the negative beliefs and behaviours they cause people to have about themselves and their eating, body shape and weight. They can cause people to adopt restricted eating, binge eating and compensatory behaviours (such as vomiting and excessive exercise). The emotional and physical consequences of these beliefs and behaviours maintain the disorder and result in a high mortality rate from malnutrition, suicide and physical issues (such as electrolyte imbalances). This is most common in people with anorexia nervosa.

National Institute for Health and Care Excellence (2020)

- Eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, and atypical eating disorders
- The estimated prevalence nationally is approximately 6.7% for adults and approximately 90% of people diagnosed with an eating disorder are female though males may be underdiagnosed[141]
- Eating disorders may have increased during the pandemic and this is reflected both in population studies[142] and demand for services[143]
- Eating disorders can be associated both with high levels of psychological distress and also significant physical morbidity and mortality
- Specialist care under an age-appropriate eating disorders team is invariably required and inpatient treatment can be required if there are high mental or physical health risks[144]
- Worcestershire has eating disorders teams with children and young people's services as well as in adult services

NICE Guidance

NICE Guideline NG69 (2017) sets out recommendations for the clinical identification and management of eating disorders

Royal College of Psychiatrists: Public mental health intervention areas with the strongest evidence

[141]National Institute for Health and Care Excellence. Eating disorders: recognition and treatment. 2020. Available at: Link . Accessed 20/7/23

[142] Trafford AM, Carr MJ, Ashcroft DM, Chew-Graham CA, Cockcroft E, Cybulski L, Garavini E, Garg S, Kabir T, Kapur N, Temple RK. Temporal trends in eating disorder and self-harm incidence rates among adolescents and young adults in the UK in the 2 years since onset of the COVID-19 pandemic: a population-based study. The Lancet Child & Adolescent Health. 2023 Jun 20.

[143] NHS England. NHS treating record number of young people for eating disorders. 2022. Available at: Link . Accessed 20/7/23

[144] National Institute for Health and Care Excellence. CKS: Eating Disorders. Available at: Link . Accessed 20/7/23

This evidence review notes that the prevalence of eating disorders has risen since the pandemic and finds moderate strength evidence for the effectiveness of "lifestyle modification and dissonance based prevention programmes" in reducing risk of future onset of eating disorders

Personality disorders

- Personality disorders are characterised by "enduring patterns of thinking and feeling about oneself and others that significantly and adversely affect how an individual functions in the various aspects of life"[145]
- Subtypes include emotionally unstable (borderline) personality disorder, antisocial personality disorder, and others. However, in the most recent release of the International Classification of Diseases (ICD-11) no such distinction is made and instead they are considered as a single condition of varying severity.[146]
- Comorbid mental disorders are common
- Psychological therapies and support from specialist mental health services are typically indicated
- The provision of short term care packages for younger adults (typically women) with emerging personality disorder was highlighted as a gap in provision in a 2021 adult social care needs assessment for mental health pathways

NICE Guidance

There are several relevant guidelines and quality standards setting out best practice in the provision of care for people with different types of personality disorders

NICE Guidance and Quality Standards for personality disorders

Neurodevelopmental conditions

Neurodevelopmental conditions include autism spectrum conditions, attention deficit hyperactivity disorder, and other specific conditions. Mental health services play a role in the identification, diagnosis and post diagnostic support of these conditions. In addition, people with neurodevelopmental conditions (neurodiversity) are more likely to experience comorbid mental health problems. This is summarised in Appendix 3 below.

Autism spectrum conditions:

- A lifelong neurodevelopmental condition characterised by social communication impairments, and restricted, repetitive, and stereotyped patterns of behaviours, interests, or activities[147]
- Autism may be diagnosed by a psychiatrist or other specialist during childhood, but it is also increasingly being identified for the first time in adulthood
- It is associated with an increased risk of other co-morbid mental health conditions particularly anxiety spectrum disorders
- Support for autism spectrum conditions aims to help develop social communication and cognitive skills to improve quality of life

[145]British Medical Journal Best Practice. Personality disorders. 2022. Available at: Link . Accessed 20/7/23
[146]National Institute for Health and Care Excellence. Borderline personality disorder: recognition and management. 2009. Available at: Link . Accessed 20/7/23
[147] British Medical Journal Best Practice. Autism spectrum disorder. 2023. Available at: Link . Accessed 20/7/23

Attention deficit hyperactivity disorder (ADHD)

- ADHD is typically identified during childhood and is characterised by inattention, hyperactivity, and/or impulsivity demonstrated across 2 or more settings (such as home and school)[148]
- It is increasingly being identified during adulthood (though having initially arisen during childhood even where not diagnosed) and is estimated to have a prevalence of 2-5%[149]
- There are high levels of co-morbidity with other mental disorders (affecting an estimated of 75% of adults with ADHD also experiencing another disorder including common mental disorders)
- Stimulant medications are considered the first line treatment and psychological therapies can also be beneficial in managing symptoms including those of comorbid mental disorders

NICE Guidance

There are several relevant guidelines and quality standards setting out best practice in the provision of care for autistic people and people with ADHD

NICE Guidance and Quality Standards for autism

NICE Guidance for ADHD

[148]British Medical Journal Best Practice. Attention deficit hyperactivity disorder in children. 2022. Available at: Link
[149]British Medical Journal Best Practice. Attention deficit hyperactivity disorder in adults. 2023. Available at: Link

6.3.4 Services to support working age adults

There is a wide range of support for people with common mental disorders within Worcestershire as well as other lower-level mental health needs. These include:

Self-help resources:

A wide range of self-help resources are available both from national providers (including the NHS), mental health charities, and local health services (Healthy Minds).

Social prescribing:

Social prescribing is a service offered in primary care (though the model has also been adapted in other settings) to link patients seeking healthcare with wider provision within the community.

Digital/online support

SHOUT: A national, free, anonymous text-based service providing support for people experiencing difficulty with their mental health.

Qwell: An online service providing mental health support to the adult population in Worcestershire. It is an anonymous system. It is available for any adult to access and combines several different elements including self-help articles, a moderated forum to share experienced and advice, and the opportunity to access 1:1 support from a BACP registered therapist based on a live text service. Local data suggests that that most users of the service are working age adults.

Primary care

Much of the treatment for common mental disorders is delivered within primary care. This includes assessment and diagnosis, prescribing of medication where indicated, signposting to wider support, and onward referral where appropriate.

NHS Talking therapies

Talking therapies are a mainstay of treatment for common mental disorders including depression and anxiety. This is recommended as part of a stepped care approach.[150] NHS Talking Therapies is a national programme designed to widen access to talking therapies for anxiety and depression. This has recently been rebranded from Increasing Access to Psychological Therapies (IAPT).[151]

Healthy Minds: This is the NHS Talking Therapies service for Worcestershire. The service provides group courses and 1:1 talking therapies primarily based on a cognitive behavioural therapy (CBT) model. As part of the NHS Long Term Plan, access standards are set for this service and performance monitored in relation to waiting times for initiating assessment and treatment.

It is acknowledged that current wait time targets are not currently being met and these are subject to ongoing work. However, more recent data shared at the Integrated Care Board meeting in January 2023 indicates that progress is being made against these, although it remains too soon for this to be reflected in nationally published data.[152]

The most recent annual summary data on NHS Talking Therapies services in England is available for 2021/22 and can be viewed here including in an interactive dashboard: Annual summaries of IAPT services

[150] National Institute for Health and Care Excellence. Common mental health problems: identification and pathways to care. 2011. Available at: Link . Accessed 20/7/23

[151] NHS England. NHS Talking Therapies, for anxiety and depression. 2023. Available at: Link . Accessed 20/7/23

[152] NHS England. NHS Mental Health Dashboard. 2023. Available at: Link . Accessed 20/7/23

Table 38: NHS Talking Therapies provision in Herefordshire and Worcestershire ICB compared to constitutional standards set out in the NHS Long Term Plan [Source: NHS Mental Health Dashboard]

	ICB	Target
Access		
Number of people entering NHS Talking Therapies (Q2 2022/23)	2945	5362
Waiting		
% People receiving first treatment within 6 weeks of referral (Q2 2022/23)	45.3%	≥75%
% People receiving first treatment within 18 weeks of referral (Q2 2022/23)	74.0%	≥95%
Outcomes		
% People that attended at least two treatment contacts and are moving to recovery (Q2 2022/23)	50.0%	≥50%

Alternative provision within Primary Care Networks to support mental health

In response to challenges with growing waiting times for NHS Talking Therapies services a proportion of funding was devolved to each of the Primary Care Networks to enhance mental health support within their areas. This included commissioning additional provision from VCSE organisations to deliver a range of support such as group courses, 1:1 wellbeing sessions and counselling.

These interventions are currently being evaluated. The outcome of these initiatives will be valuable in considering both the short-term viability of this initiative but also to guide potential longer-term opportunities to achieve better mental health outcomes at a local level in collaboration with VCSE partners.

Working age adult mental health services

Working age adults with higher levels of mental health needs may be supported within secondary mental health services. These are provided by Herefordshire and Worcestershire:

Neighbourhood mental health teams: Developed as part of the Community Mental Health Transformation Programme, there are 12 teams in Worcestershire. These provide collaborative support from mental health professionals, as well as district nurses, therapists, GPs and social care staff.

Crisis Resolution and Home Treatment Teams: Provide urgent support for people experiencing a mental health crisis. This can include intensive home treatment designed as an alternative to hospital admission

Specialist teams: These include Early Intervention Service for psychosis, Eating Disorder Outpatient Therapy Service, Perinatal mental health service, Mental Health Liaison (in general hospitals)

Inpatient care: This is provided across seven wards in Worcestershire including a psychiatric intensive care unit in Worcester

The Community Mental Health Transformation Programme

The Community Mental Health Framework for Adults and Older Adults was published in 2019 and articulates a vision set out in the NHS Long Term Plan for a "new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use…and proactive work to address racial disparities."[153]

Central to this new framework is a goal to reduce the perceived gap between primary and secondary care services and maximising wider support in the community to empower people's recovery. In addition, inequalities in access and outcomes for mental health services are specifically considered, with an aim to reduce variation in care received.

Role of the VCSE Sector

The Voluntary and Community sector makes an important contribution to provision supporting good mental health and wellbeing in Worcestershire.

Some larger organisations public impact reports that help to capture some of the contribution they make in supporting good mental health and wellbeing. An example is from Worcestershire Association of Carers in their 2021-22 report.[154] This includes activities to support social connections for carers and the establishment of a "Carer Friendly Employment Network",

A 2020 survey and report by Worcestershire Voices set out to capture the experiences of the VCSE sector during the pandemic and sets its size and contributions in context.[155] There are over 1500 general charities in Worcestershire with around 8200 staff and 24,000 volunteers. Together they have an income of approximately £214 million. This survey captured responses from 103 organisations across Worcestershire. Coming out of the pandemic, just over three quarters of organisations (78%) reported increased demand for their services. However, in a more challenging economic environment just under a quarter expected no change in income in the coming year whilst almost a fifth expected income to drop by a half or more.

A newly established "State of the Sector" project will further establish the extent of current work undertaken by the VCSE sector and to support strategic development in the sector. This also provides an opportunity to gain deeper insights into the contribution to health and wellbeing and identify opportunities for targeted development.

[153]NHS England. The Community Mental Health Framework for Adults and Older Adults. 2019. Available at: Link . Accessed 20/7/23
[154] Worcestershire Association of Carers. The difference we make – Impact report 2021-2022. 2022. Available at: Link . Accessed 20/7/23
[155] Worcestershire Voices. The Impact of the COVID-19 Pandemic on the Voluntary And Community Sector in Worcestershire. 2020. Available at: Link . Accessed 20/7/23

6.4 Older Adults

Key messages:

- **Common mental health problems** such as anxiety and depression are less common in older people despite particular risk factors such as social isolation and an higher prevalence of long term physical health problems

- **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 a substantial underestimate of all cases. Work is ongoing to increase the rate of diagnosis
- With an ageing population it is anticipated that dementia will become substantially more common within the population of Worcestershire over the coming years, and this strengthens the case for focussing on addressing potentially modifiable factors to prevent or delay its onset

6.4.1 Common mental disorders in older adults

"Although mental health conditions are prevalent in later life, they are not an inevitable part of ageing. Most older people are not depressed and often are less dissatisfied than younger people. However, mental health problems in older people tend not to have the same level of priority compared to that of their younger counterparts, and yet are distressing for individuals and their families. Mental health problems in older people, contrary to popular belief, are as treatable as mental health problems in younger people.

… Productive healthy ageing is about enabling improved health and wellbeing, increasing independence, and resilience to adversity. It also includes having the ability to be financially secure, engaging in social activities, being socially connected with friendships and support, and enjoying life"

Source: Mental Health JSNA Toolkit

Findings from the APMS indicate that common mental disorders were approximately half as common in older people than those of working age. This is despite issues of increasing social isolation and poorer physical health. Rates of dementia in older age groups complicate the picture however and it may be that depression is under-recognised and recorded in these groups.

A 2018 report from the Royal College of Psychiatrists set out concerns about age discrimination in relation to mental health care.[156] It highlights that depression is common in some older age groups including those living in residential care settings affecting an estimated 40% of residents (based on research by Age UK). It calls for specialist services to support older people's mental health, closely aligning care for dementia and other mental health problems, integrated with social care provision.

6.4.2 Dementia

"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.

The most common types of dementia are Alzheimer's disease, vascular dementia, mixed dementia, dementia with Lewy bodies and frontotemporal dementia. Dementia is a progressive condition, which means that the symptoms will gradually get worse. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary."

Source: National Institute for Health and Care Excellence

Dementia was examined in the 2019 Dementia Needs Assessment for Worcestershire. The substantial gap in the estimated and recorded prevalence of dementia was identified. With its ageing population, the prevalence of dementia is expected to continue to rise. A particular need for additional support for unpaid carers for people with dementia was highlighted.

Impact of an ageing population

The Projecting Older People Population Information System (POPPI) generates projections on the number of people with dementia by applying prevalence estimates to ONS population projections.[157]

[156] Royal College of Psychiatrists. CR221 - Suffering in silence: age inequality in older people's mental health care. 2018. Available at: Link . Accessed 20/7/23

[157] Oxford Brookes University. Projecting Older People Population Information. 2022. Available at: Link . Accessed 20/7/23

This estimates that by 2040 the prevalence of dementia in those over 65 will have increased by more than half from 2020. This is driven particularly by a rise in the oldest age groups.

Table 39: Projected estimates for number of older adults (65yrs+) in Worcestershire with dementia by age projected to 2040 [Source: POPPI]

Age group	2020	2025	2030	2035	2040
65-69	596	622	723	752	698
70-74	1,146	1,058	1,116	1,296	1,350
75-79	1,639	2,044	1,904	2,018	2,364
80-84	2,069	2,532	3,172	2,975	3,207
85-89	2,078	2,376	2,931	3,697	3,541
90 and over	2,228	2,452	2,841	3,536	4,514
Total population aged 65	9,757	11,083	12,685	14,273	15,674

Opportunities to prevent dementia

Whilst the prevalence of dementia is strongly influenced by the age profile of the population, there are potentially modifiable factors that might support prevention or delay onset. The Lancet Commission on Dementia published a report presenting an assessment of global evidence on 12 modifiable risk factors, which together are estimated to account for around 40% of dementias worldwide.[115] Notably, smoking, depression and social isolation together contribute 13% of the population attributable risk.

The prevalence of these risk factors within the population will shape their relative contribution to the overall prevalence of dementia. Furthermore, whilst they are associated with differences in the risk of dementia at a population level, this does not imply they are directly the cause of dementia in individual cases. Nonetheless, they provide an indication of the kinds of potentially modifiable risk factors that can be addressed as part of reducing overall risk of dementia in the population.

6.4.3 Mental health of older adults in Worcestershire

Common mental disorders had an estimated prevalence of 9.4% in the over 65 population in Worcestershire when data from the Adult Psychiatric Morbidity Survey were applied to the population. This is perhaps most informative as a comparison to the estimate for CMD within the whole adult population, which is approximately 1.5 times higher.

There were 4730 people recorded as having a diagnosis of dementia (any subtype) on the QOF register in 2021/22. This has been reasonably consistent since 2014/15 and has generally remained slightly above the England average.

The estimated dementia diagnosis rate (calculated as the number of cases diagnosed as a proportion of the number estimated to actually have dementia) has remained consistently below the England average. This suggests that not only is the true prevalence of dementia higher than that recorded, but also that there are slightly higher levels of cases recorded than the average for England. Herefordshire and Worcestershire ICS is now one of 12 systems support by NHS England to increase rates of diagnosis within care settings. This involves implementing the DiaDEM diagnostic tool.[158]

[158]DiADeM. DiADeM. 2023. Available at: Link . Accessed 20/7/23

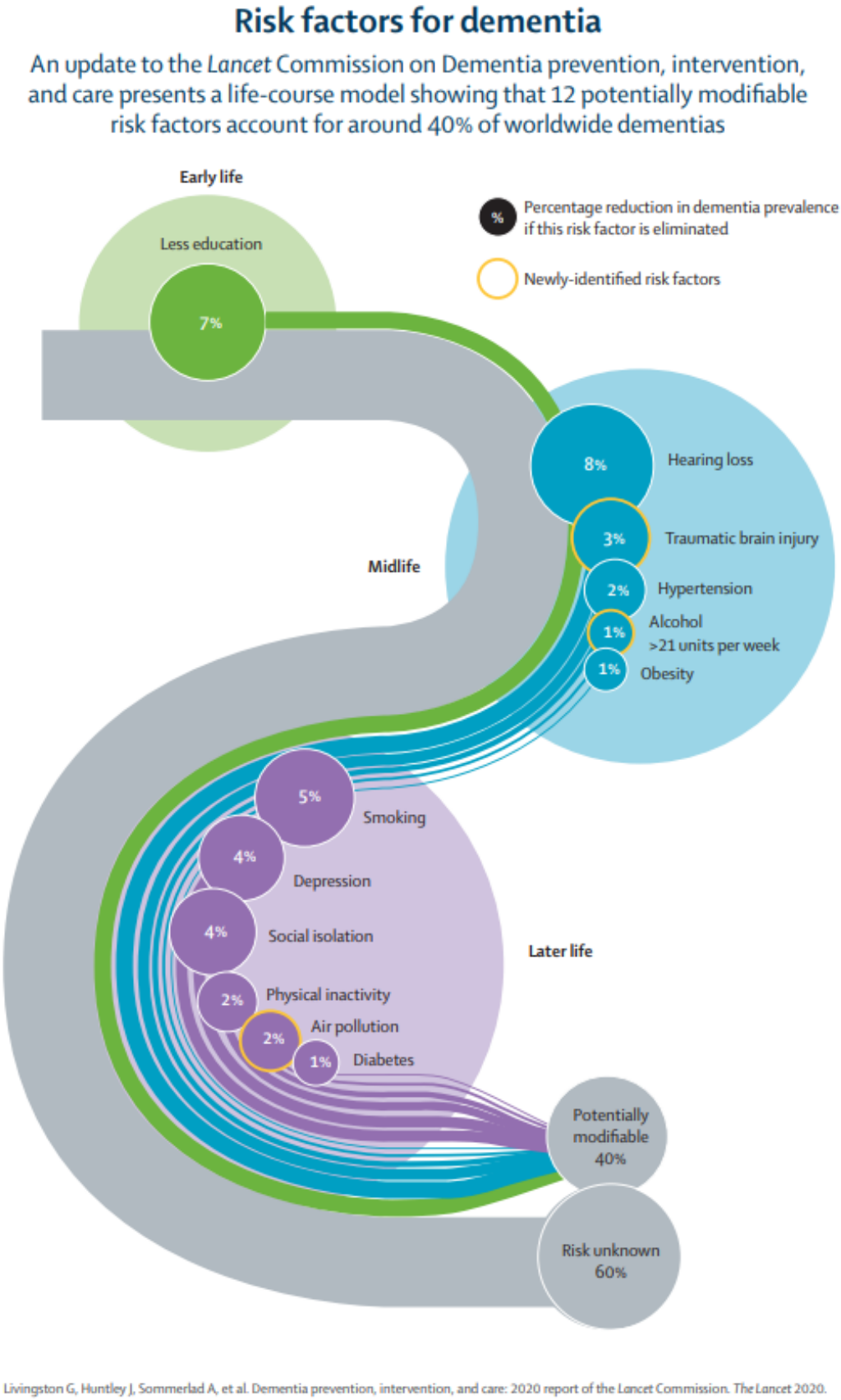


Figure 21: Potentially modifiable risk factors for dementia through the life course [Image source: Lancet Commission on Dementia 2020 report]

Table 40: Prevalence of common mental disorders and dementia in Worcestershire for older adults [Source: OHID Fingertips]

	Worcestershire	England
Common Mental Disorders		
Estimated prevalence of common mental disorders: % of population >65 years (2017)	9.4%	10.2%
Dementia		
Dementia QOF Prevalence (2021/22)	0.8%	0.7%
Estimated dementia diagnosis rate (>65yrs) (2022)	51.8%	62.0%

6.4.5 Services

Secondary mental health services for older adults in Worcestershire are provided by Herefordshire and Worcestershire Health and Care Trust. These include:[159]

- **Older adults community mental health teams:** "The service provides multi-disciplinary assessments, care planning, interventions, and treatment for older adults with complex and/or enduring mental health needs (non-dementia). The services promote recovery and independence for patients and also offer education and support for carers."
- **Complex dementia care:** "The service provides multi-disciplinary assessments, care planning, interventions, and treatment for older adults with complex dementia. The services promote recovery and independence as far as possible for patients and also offer education and support for carers."
- **Dementia assessment and support teams:** "This service provides a comprehensive assessment and diagnostic service to ensure people have access to information and support at early and later stages of their diagnosis. The service also seeks to raise awareness and understanding of dementia among professionals and the public, which will facilitate informed and positive planning and preparation for the future."
- **Inpatient services:** Where required, more intensive inpatient support is provided in specialist mental health inpatient wards in Worcestershire

[159] Herefordshire and Worcestershire Health and Care NHS Trust. Older Adults Community Mental Health Team – Worcestershire. 2023. Available at: Link . Accessed 20/7/23

6.5 Demand for mental health services in Worcestershire

Key messages:

- Nationally published data is available on mental health service activities and referrals but this is presented for the integrated care system area covering Herefordshire and Worcestershire

- A rise in new referrals and patients in contact with services is noted for 2021/22 data when compared to the previous year. This reflects a longer term upward trend but may also be complicated by disruptions from the pandemic
- Around half of NHS Talking Therapies lead to a person accessing services and around a quarter of referrals result in a person completing treatment
- Inpatient treatment is required in only a small proportion of cases and the Mental Health Act may be used in this context. There is evidence of a social gradient for admission with higher rates in more deprived groups in the population

- An initial analysis of data on referrals to mental health services in Worcestershire was undertaken to examine rates of referral across different services and by demographic characteristics. This analysis is provisional and not included in this current report

Nationally published data measuring demand for mental health services

Mental health service providers are required to submit data to NHS Digital to inform the "Mental Health Monthly Statistics" dataset, the annual "Mental Health Bulletin Report" , various "Psychological Therapies" datasets, a "Mental Health Act" dashboard.[160] These provide key metrics in relation to the provision of mental health services and some data is published at the level of Sustainability and Transformation Partnerships or Clinical Commissioning Groups (now replaced by Integrated Care Systems).

Disruption to mental health services data collection

Submission of data was interrupted by a major cyber-attack and so the most recent valid data is up to June 2022. This affected multiple NHS trusts across England.

Psychological therapies

In a year in Herefordshire and Worcestershire (2021-22):

- 17830 referrals for talking therapies were received
- 9050 (51%) of these led to a person accessing treatment
- 4615 (26%) of these led to a person completing a course of treatment with:
    - 49% considered to have achieved recovery
    - 67% considered to have achieved improvement
- An average of 8.1 treatment appointments were delivered
- An average of 9.2 treatment appointments were delivered for those assessed as "recovered"
- Waiting times for accessing services are relatively high when compared to other CCG areas (as show in Figure 16 below)

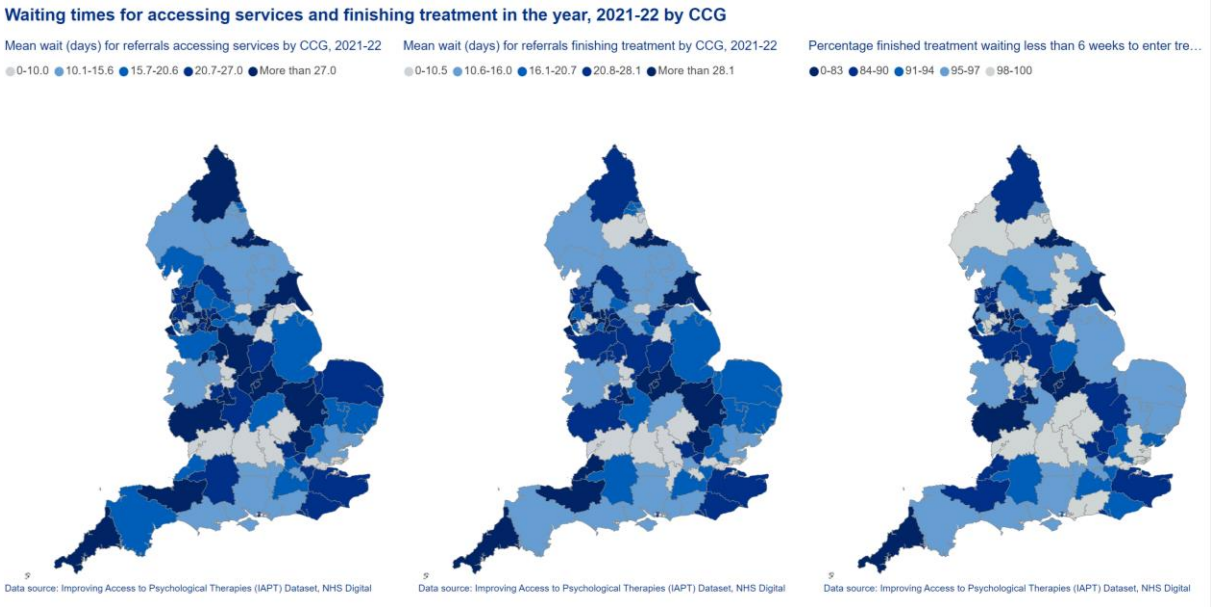


Figure 22: Waiting times for accessing and finishing treatment in IAPT services in CCG area in England [Source: NHS Digital]

[160] NHS Digital. Mental health dashboards. 2023. Available at: Link . Accessed 20/7/23

Secondary mental health services for Herefordshire and Worcestershire

In a year (2021-22):

- In 2021-22 a total of 38,940 people (all ages) had contact with NHS funded secondary mental health, learning disability and autism services in Herefordshire and Worcestershire. This was a rise of over 4000 from the previous year
- Only around 2% of these (n=960) were admitted to hospital for treatment
- Around a quarter of people in contact with mental health services are aged under 18 (n=9355) and three quarters over 18 (n=29,565)

In a month:

- Each month there are approximately 4000-5000 new referrals
- Monthly, there are around 19,000 people in contact with services and this has increased from around 18,000 the year before. This equates to around 2500 patient contacts monthly
- There have been approximately 220-250 people receiving treatment in hospital each month with no clear change in overall trend

Mental Health Act

"The Mental Health Act 1983 (as amended, most recently by the Mental Health Act 2007) is designed to give health professionals the powers, in certain circumstances, to detain, assess and treat people with mental disorders in the interests of their health and safety or for public safety …The legislation also provides safeguards for patients to ensure they are not inappropriately treated under the provisions of the Act."

Kings Fund 2008

Data published by NHS Digital is available for Mental Health Act use in Herefordshire and Worcestershire (STP footprint). This reported total numbers of detentions (under any section) and provides some breakdown by different demographics.

There are some omissions from this dataset including short term orders (S136) that are undertaken outside of a health-based place of safety (e.g., at a police station) though these are expected to be a small minority of cases.

In a year (2020-21):

- In 2020-21 there were 465 detentions under the Mental Health Act recorded in Herefordshire and Worcestershire reflecting a crude rate of 59 per 100,000 people

- Of these, 330 were for working age adults (18-64yrs) and 135 older adults (65+yrs) with the highest crude rate of detention in those aged 18-34yrs (91 per 100,000 people)
- Both the number and rate of detention was slightly higher for females than males (n=240 vs. n=225 detentions)

- Rates of detention by ethnicity are likely to fluctuate significantly due to the small numbers of detentions in non-white populations. The crude rates are higher for all other ethnicities above the broad "white" group
- There is evidence of a social gradient for detentions with progressively higher rates of detention for increasingly deprived groups (based on IMD deciles). The rate of detention for the most deprived group is just over two times higher (90 vs. 42 per 100,000).

6.6 Physical and mental health comorbidity

Key messages:

- Physical and mental health are inextricably linked with each contributing to the other
- The co-existence of mental and physical health problems can contribute to substantially higher healthcare costs and poorer outcomes
- An initial analysis of Hospital Episode Statistics data outlines the scale of physical and mental health comorbidity in acute hospital settings in Worcestershire
- Around a fifth of all patients admitted to physical health hospitals also have one or more mental health conditions and this appears to have increased in recent years
- Further exploration of this issue within Worcestershire is recommended in order to gain a more detailed understanding of the extent of physical and mental health co-morbidity, its implications for healthcare, and the associated costs

"Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. Costs to the health care system are also significant – by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem. People with long-term conditions and co-morbid mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds.

The interaction between co-morbidities and deprivation makes a significant contribution to generating and maintaining inequalities. Collaborative care arrangements between primary care and mental health specialists can improve outcomes with no or limited additional net costs. Innovative forms of liaison psychiatry demonstrate that providing better support for co-morbid mental health needs can reduce physical health care costs in acute hospitals."

Kings Fund (2012)

Co-occurring physical and mental health problems have a range of impacts for population health needs. A 2016 report from the Kings Fund highlighted that co-morbidity is associated with poorer patient outcomes, exacerbating inequalities, and leading to higher costs to the health service. It also contributes to premature mortality, and this as discussed above this is particularly stark for those with severe mental illness.[77]

Medically unexplained symptoms further complicate this picture. These are "physical symptoms for which no clear biological cause can be found".[161] There remains uncertainty about the nature of these symptoms, but they can have negative psychological impacts and co-morbid mental health problems are more common in this group. This highlights the need for integrated approaches between physical health and mental in order to provide the most appropriate support.

Improving the management of medically unexplained symptoms in primary care was highlighted as a priority by a 2016 report from the Kings Fund examining opportunities for greater integration of mental and physical healthcare.

"More than a quarter of primary care patients in England have unexplained chronic pain, irritable bowel syndrome, or chronic fatigue. In secondary and tertiary care, around a third of new neurological outpatients have symptoms thought by neurologists to be 'not at all' or only 'somewhat' explained by disease.

Persistent physical medically unexplained symptoms (MUS) account for up to a fifth of all GP consultations in the UK and are generally managed with limited psychological support. Without appropriate treatment, outcomes for many patients with MUS are poor.

Mental Health JSNA Toolkit

An initial analysis of nationally published data on hospital admissions in Worcestershire (Hospital Episode Statistics) was undertaken to identify levels of comorbidity. A more in-depth analysis of this dataset is included as a recommendation of this report.

[161]Kings Fund. Bringing together physical and mental health. 2016. Available at: Link . Accessed 20/7/23

6.7 Other issues

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
- Overall, the rate of deaths by suicide in Worcestershire is similar to the England average
- Whilst the most recent available data does however show a higher rate of deaths by suicide for males in Worcestershire compared to the England average, longer term trends show comparable rates of deaths for males and females

- **Substance misuse** and mental health problems are linked, and each can contribute to the other. An existing needs assessment completed in 2022 has examined issues in Worcestershire in more detail

- **Mental health social care** plays a vital role in supporting people to live more independently, promote recovery and prevent future mental health problems. Adult social care also has a central role in the administration of the Mental Health Act

6.7.1 Self-harm and suicide

Suicide and self-harm are not mental health problems themselves, but they are linked with mental distress. Suicide is preventable, yet suicide rates in England have generally increased since 2007. Suicide is the biggest killer of men under 50 as well as a leading cause of death in young people and new mothers. On average, 13 people [die by suicide] every day. The death of someone by suicide has a devastating effect on families, friends, workplaces, schools, and communities, as well as an economic cost.

Source: Mental Health JSNA Toolkit

Only a minority of people who have self-harmed present to hospital services, but it remains one of the commonest reasons for hospital attendance. Some estimates suggest upwards of 200,000 presentations in England every year, mostly for self-poisoning. 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.

Source: National Institute for Health and Care Excellence

Deaths from suicide and undetermined intent was previously reviewed in a 2019 JSNA briefing paper. This found a higher male suicide rate than the national average and considered that deaths in prisons may contribute to this higher observed rate. In addition, those living in the most deprived areas were twice as likely to die by suicide as those in the least deprived areas.

Self-harm

Who is most at risk of self-harm?

Findings from the Adult Psychiatric Morbidity Survey (2014) indicate that reported self-harm was increasing up to the most recent survey in 2014.[162] Overall, 6.4% of adults reported having ever self-harmed but there were substantial differences across age groups and by sex.

Self-harm at any point was most commonly reported by young women (25.7% of women aged 16-24yrs). The most common reason shared for self-harming, reported by approximately three quarters, was relieving unpleasant feelings of anger, tension, anxiety, or depression.

Variation in reported self-harm was evident for some characteristics in the APMS. Those who lived alone or were not in work (economically inactive > unemployed) had higher rates of self-harm. Receipt of out of work benefits (ESA) was strongly associated with ever having self-harmed. Around a third of those receiving ESA reported self-harming. It was also more common for those screening positive for a common mental disorder, with frequency increasing with severity of CMD (almost of a third of those with severe CMD symptoms).

In the most recent wave (2022) of the Mental Health of Children and Young People in England Survey 7.8% of children aged 7-16yrs reported ever having self-harmed with higher rates for girls (9.7%) than boys (6.0%).[163] It was more common for those with a probable mental disorder (28.3% ever having self-harmed vs. 2.5% of those considered unlikely to have a mental disorder).

[162] NHS Digital. Adults Psychiatry Morbidity Survey: Suicidal thoughts, suicide attempts, and self-harm. 2016. Available at: Link . Accessed 20/7/23

[163]NHS Digital. Mental Health of Children and Young People in England, 2017: Summary of key findings. 2017. Available at: Link . Accessed 20/7/23

Findings from the Adult Psychiatric Morbidity Survey on self-harm and suicidal thoughts and acts:

- Reported self-harm ever was highest for young females and dropped markedly with increasing age.
- A similar age and sex distribution is seen for suicidal thought and suicide attempts though with less pronounced differences across age groups other than for 16-24yrs age group.

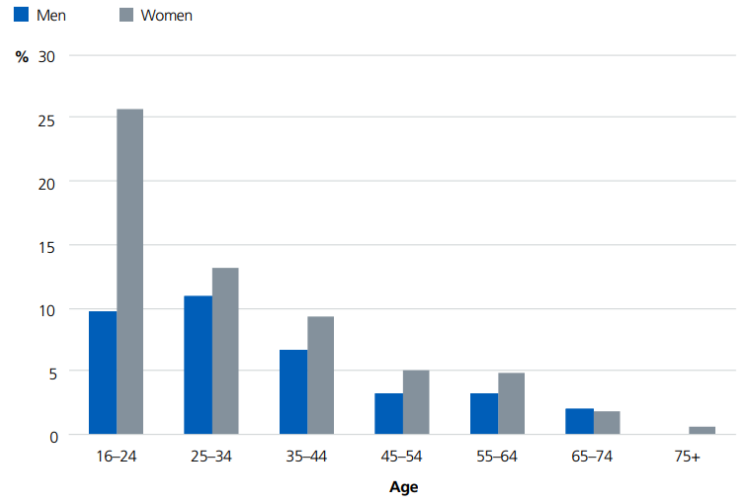


Figure 23: Self harm without suicidal intent, by age and sex [Source: APMS]

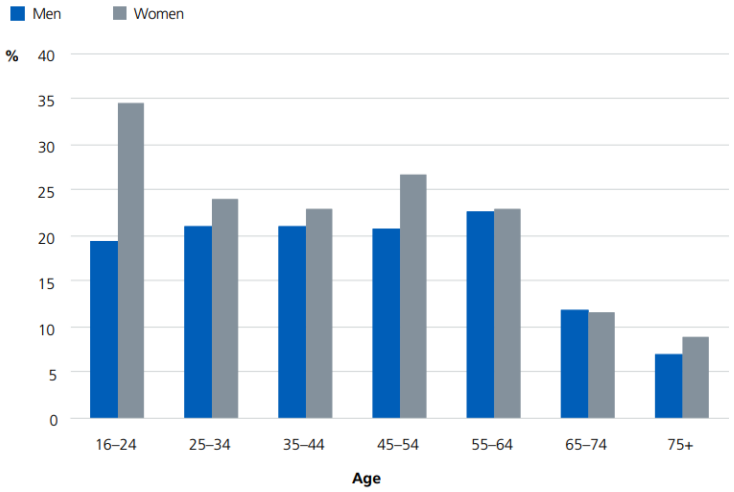


Figure 24: Suicidal thoughts ever, by age and sex [Source: APMS]

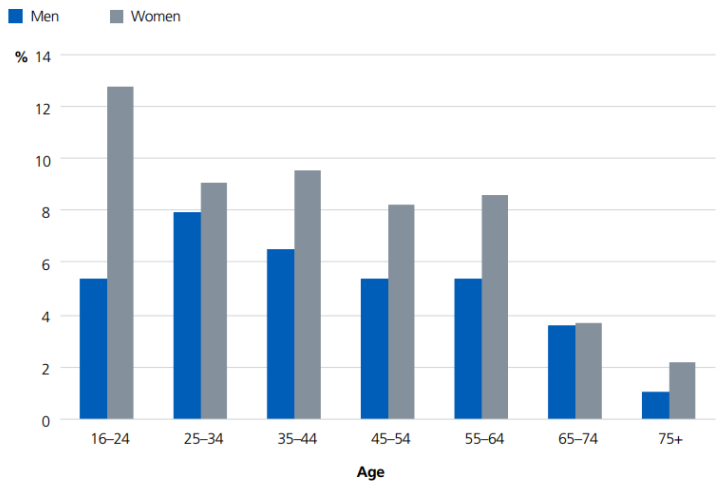


Figure 25: Suicide attempts ever, by age and sex [Source: APMS]

Suicide

Who is most at risk of suicide?

Findings from the Adult Psychiatric Morbidity Survey indicate that reported suicidal thoughts and attempts were increasing up to the most recent survey in 2014.

Overall, around a fifth of adults (20.6%) reported ever having had thoughts of ending their life whilst 6.7% reported ever having made a suicide attempt. There are similar associations in terms of age and sex with self-harm (see Figures above). Similarly, higher rates were noted for those who live alone or are not in work.

The Office for National Statistics produces annual data on deaths by suicide registered each year. The most recent data published covers registrations during 2021.[164] This includes some analysis of known associations including differences by age and sex. Overall, men are around three times as likely to die by suicide as women and this difference has remained consistent over time.

There has been a long term shift in suicide rates by age but for more than a decade it has consistently been working age adults who have the highest risk.

[164]Office for National Statistics. Suicides in England and Wales: 2021 registrations. 2022. Available at: Link . Accessed 20/7/23

Figure 26: Age specific suicide rates by five-year age groups in England and Wales 1981-2021 [Figure source: Office for National Statistics]

The National Confidential Inquiry into Suicide and Safety in Mental Health provide national analysis relating to deaths by suicide.[165] Their 2023 report examines key associations from deaths between 2010-2020 for patients who were known to mental health services (27% of all deaths by suicide). Key findings include:

- The majority of patients who died had a history of self-harm (64%) and there were high proportions of those with alcohol (48%) and drug (37%) misuse, and mental health comorbidity, i.e., more than one mental health diagnosis (53%)
- Nearly half (48%) of all patients lived alone
- In 5% of cases overall, the patients were recent migrants, i.e., seeking permission to stay in the UK or resident in the UK for less than 5 years

Suicides in England and Wales since the onset of the COVID-19 pandemic

Overall, there were 10.7 deaths per 100,000 people in England and Wales and this reflected a rise from the previous year but was consistent with rates prior to the pandemic.

"We saw a significant increase in the rate of deaths registered as suicide in 2021. This increase was the result of a lower number of suicides registered in 2020, because of the disruption to coroners' inquests caused by the coronavirus pandemic… The latest available evidence shows that suicide rates did not increase because of the coronavirus pandemic, which is contrary to some speculation at the time."

Source: Office for National Statistics (2022)

Self-harm and suicide in Worcestershire

At present, routine data is only available on the most severe end of the spectrum of self-harm – that is self-harm leading to hospital admissions. As noted above, there is evidence to suggest that a

[165] The University of Manchester. National Confidence Inquiry into Suicide and Safety in Mental Health: Annual Report 2023 - Executive Summary. 2023. Available at: Link . Accessed 20/7/23

substantial proportion of those who self-harm or attempt suicide do not seek help from professional services. Therefore, this is likely to significantly underestimate the scale of self-harm overall.

Rates of self-harm admissions are similar to the England average overall but there is a significantly lower rate for young people aged 10-24yrs. **All districts** have rates similar to the England average and there are no significant differences in overall rates between districts. No data from previous years for this measure is reported.

Deaths by suicide as reported by the Office for National Statistics show a similar rate overall when compared to the England average. The male suicide rate in Worcestershire is currently significantly higher than the England average and around five times higher than the female rate. However, longer term trends show similar levels to the England average. The relatively small number of deaths by suicide can contribute to fluctuations in the recorded rate despite the pooling of data over a three year period. **At District level**, the highest suicide rates are in Redditch and Wychavon, with lowest in Bromsgrove, though all are considered similar to the England average.

Table 41: Self harm admissions and suicide rates in Worcestershire [Source: OHID Fingertips]

	Worcestershire	England
Self-harm		
Hospital admissions for intentional self-harm 10-14 years Crude rate per 100,000 (2021/22)	245.7	307.1
Hospital admissions for intentional self-harm 15-19 years Crude rate per 100,000 (2021/22)	525.6	641.7
Hospital admissions for intentional self-harm 20-24 years Crude rate per 100,000 (2021/22)	349.6	340.9
Hospital admissions for intentional self-harm 10-24 years Directly standardised rate (2020/21)	373.8	427.3
Emergency hospital admissions for intentional self-harm (2021/22)	155.8	163.9

	Worcestershire	England
Suicide		
Suicide rate (persons) Directly standardised rate per 100,000 (2019-21)	12.0	10.4
Suicide rate (male) Directly standardised rate per 100,000 (2019-21)	20.7	15.9
Suicide rate (female) Directly standardised rate per 100,000 (2019-21)	3.9	5.2

Table 42: Suicide rate (all persons, 2018-21) by district {source: OHID Fingertips]

District	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest

Suicide rate (all persons)	7.6	13.4	15.0	11.9	14.0	10.8

Real time surveillance has been introduced in Worcestershire, recording reports of suspected deaths by suicide. This new approach, involving close collaboration with the police and Coroner, is starting to provide more timely information into suspected deaths by suicide allowing greater opportunities to provide support to bereaved families and identifying any local issues.

Opportunities to support people who self-harm and to reduce deaths by suicide

The Suicide Prevention Strategy for England was published in 2012 and included six areas for action. These have informed local areas of action for suicide prevention, overseen by the Suicide Prevention Partnership. National areas for action include:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Royal College of Psychiatrists: Public mental health interventions

Suicide prevention is not included within this evidence review as research in this area is already well established in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH).

NICE Guideline NG225 (2022): Self-harm: assessment, management and preventing recurrence (and associated quality standard QS34)[166]

This best practice guidance includes a number of recommendations for staff from any sector working with people who have self-harmed. It highlights the importance of providing the opportunity for a holistic psychosocial assessment by mental health professionals. Training on issues around self-harm is recommended.

Interventions to support people who self-harm include Cognitive Behavioural Therapy and for young people with emotional dysregulation difficulties Dialectical Behavioural Therapy adapted for adolescents (DBT-A) is recommended.

NICE Guideline NG105 (2018): Preventing suicide in community and custodial settings (and associated quality standard QS189)

This best practice guidance includes a number of recommendations both around prevention of deaths by suicide but also support for people bereaved by suicide. These include:

- The establishment of multiagency suicide prevention partnerships and the development of a suicide prevention strategy and action plan
- Collation of nationally published data on deaths by suicide as well as local area real time surveillance to understand local need

[166] National Institute for Health and Care Excellence. Self harm. 2023. Available at: Link . Accessed 20/7/23

- Provision of suicide prevention training
- Identification of people bereaved by suicide and provision of appropriate opportunities to access bereavement support

6.7.2 Substance misuse

" People with co-occurring mental health and alcohol/drug use conditions often have multiple needs, with poor physical health alongside social issues such as debt, unemployment or housing problems. They are also more likely to be admitted to hospital, to self-harm, or die by suicide…

…. There are many factors associated with harmful alcohol and drug use. Drug misuse can cause social disadvantage, and social disadvantage may lead to drug use and dependence. Many are social factors, such as deprivation."

Mental Health JSNA Toolkit

Substance misuse was examined in detail in the 2020 Drug and Alcohol Joint Strategic Needs Assessment for Worcestershire. Therefore, this was not a focus of the current needs assessment although the importance of substance misuse in relation to mental health and wellbeing is firmly acknowledged. The 2020 needs assessment found that:

- In 2018-19, 44% of people having structured drug treatment in Worcestershire were identified as having a mental health treatment need. This was lower than the England average of 53%.
- Overall, 53% of all people seeking treatment for drug problems in Worcestershire were receiving mental health treatment, compared to almost 71% nationally
- The impacts of parental substance misuse on children are recognised whilst young people who misuse substances are also highlighted as a high risk group for harm
- Stakeholder engagement identified several themes and issues relating were co-occurring substance misuse and mental ill health were included whilst greater integration with VCSE services was highlighted as an opportunity to improve care

Rising drug related deaths in England

It is noted that nationally, there is concern about a sustained rise in drug related deaths. This trend was noted (both nationally and locally) in the needs assessment above and have continued since. Data from the ONS covering drug deaths up to 2021 highlighted an overall rise in rates (6.2% increase from the previous year) and a continued finding of the highest rates in those born in the 1970s (Generation X). Around half of all deaths were caused by opiate use.

Opportunities to support good mental health and wellbeing

RCPsych PMHIC intervention areas with the strongest evidence base

Alcohol and substance misuse interventions are included amongst those public mental health interventions with the strongest evidence base. Specifically:

- Brief and digital intervention to reduce harmful alcohol consumption (Moderate)
- Targeted alcohol interventions for people with mental disorder (Moderate/Weak)
- Prevention of cannabis misuse (Moderate/Strong)
- Treatment of co-morbid substance misuse and mental disorder

NICE Guideline NG58 (2016): Coexisting severe mental illness and substance misuse: community health and social care services (and associated Quality Standard QS188)

This guideline and associated quality standard recognises the complexity of supporting individuals with severe mental illness and co-occurring substance misuse. The importance of collaborative working between specialist services, wider healthcare and social care services is highlighted.

6.7.3 Mental health social care

Social care plays an important role in supporting wellbeing of people with higher levels of mental health or other social care needs. There are also specific responsibilities in relation to the Mental Health Act. Engagement with colleagues from adult social care in Worcestershire highlighted a strong interest in the potential to strengthen the contribution of mental health social care in supporting recovery from and preventing future mental ill health.

Mental Health Act

Social workers with additional training (Approved Mental Health Professionals) take the lead role in assessments under the Mental Health Act. Linked to this is the provision of ongoing care following discharge from hospital when detained under Section 3 of the Mental Health Act. These aftercare provisions (under Section 117) contribute substantially to overall social care costs.

Mental health social care needs assessment for Worcestershire

A mental health social care needs assessment was undertaken in Worcestershire County Council and completed in August 2021. The actions arising from this work are organised into a number of work streams which are reviewed by a partnership board.

Issues identified from this needs assessment include:

1. **Data and intelligence:** A need to review available data sources and have a shared approached to collating and analysing data and intelligence
2. **Accommodation:** Supported accommodation was seen to be working well for some services users and it was recommended to commission or develop additional supported accommodation targeting areas with lower provision (Wyre Forest, Bromsgrove, and Evesham). Short term crisis residential care was also identified as a need.
3. **Specialist provision:** For those with complex needs including personality disorder, substance misuse issues, forensic needs, and those that engage in hoarding or are self neglecting.
4. **Enablement services:** For those with mental health problems and co-occurring issues including autism, acquired brain injury, or physical disability
5. **Training:** Mental health training for generic services – domiciliary care/extra care/residential care

Upskilling the wider care workforce

One of the recommendations from the needs assessment above relates to increasing knowledge around mental health and wellbeing for the wider care workforce. This is also reflected in recommendations in other key sources including a report on older people's mental health from Royal College of Psychiatrists and is highlighted as a barrier to wider public mental health intervention.[167]

[167] Campion J, Javed A, Lund C, Sartorius N, Saxena S, Marmot M, Allan J, Udomratn P. Public mental health: required actions to address implementation failure in the context of COVID-19. The Lancet Psychiatry. 2022 Feb 1;9(2):169-82.

7 Summary and Recommendations

7.1 Summary

Context of mental health and wellbeing

- Mental health and wellbeing shape our lives and are a key resource for individuals, families, communities, and wider society in leading healthy and fulfilling lives. Poor mental health and wellbeing is linked with a range of negative outcomes including poorer physical health, and reduced education and employment prospects. Many public mental health interventions, which are aimed at promoting wellbeing, or prevention and/or early detection and support for mental health problems, are likely to be cost saving in the short and long term.
- The COVID-19 pandemic has challenged mental health and ongoing cost of living pressures continue to impact mental health and wellbeing. This is on a background of steadily rising rates of mental health conditions across the life course even before the pandemic.
- Both national Government and local policy has brought additional focus to mental health, including additional funding for mental health services. The development of Integrated Care Systems provides the prospect of new opportunities for greater collaboration between the NHS, local authorities and voluntary, community and social enterprise (VCSE) organisations to work in a more preventative way
- 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

7.2 Recommendations

The recommendations are grouped into ten numbered areas which are organised into six themes. Each area includes several specific recommendations which relate to universal and/or targeted approaches to supporting good mental health and wellbeing. Included within these are a number of system wide considerations which relate to how organisation work collaboratively, and how information for action on mental health and wellbeing is generated, identifying current gaps.

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.

Several aspects of pregnancy health and outcomes were identified as areas of focus for Worcestershire. These included actions to reduce smoking in pregnancy and premature births. Whilst levels of alcohol use in pregnancy remain largely undetermined both locally and nationally, health promotion activities that support reductions in alcohol use are likely to reduce later childhood developmental issues including intellectual impairment.

Childhood adversity has been identified as being strongly linked with the development of both childhood and adult mental health conditions. The likelihood of experiencing childhood adversity is itself strongly linked with child poverty. More specifically, exposure to parental mental illness is recognised as an Adverse Child Experience (ACE) and so ensuring prompt recognition and treatment of parental illness should be a priority.

This need is perhaps most well identified in the perinatal period and the ongoing expansion of specialist perinatal mental health provision will address some of this need. However, lower level parental mental health needs should also be considered, as well as impacts later in childhood. It is therefore recommended that services supporting adults should remain aware of the potential impacts for children and seek to identify and support family functioning where parental mental ill health is identified.

Parenting is also highlighted as having a strong link with childhood mental health and wellbeing, and there is evidence to support targeted parenting support (i.e. parenting programmes) in some circumstances (such as where antisocial behaviour and conduct disorder is identified). More generally, the central importance of family life was recently highlighted by the Children's Commissioner for England, recognising strong family relationships as a key asset. The current "Parenting and Community" review of support in Worcestershire will be informative as to current coverage of parenting support and opportunities to optimise current support, and this can be widened to review the current universal and targeted parenting support offer.

Finally, for school aged children, evidence based best practice endorses the provision of mental health and wellbeing support in schools. A key element of this is the development of whole school approaches to mental wellbeing. Whilst the coverage of mental health support teams in schools is currently set by national government, there remain opportunities to continue to support schools in developing whole school approaches which can support with increasing resilience and preventing mental health problems.

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:* Promote increased 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) *Universal/Targeted - Parenting support:* Review current universal and targeted parenting support

2: Physical health inequalities for people with mental health conditions

Mental health and physical health are closely linked. These relationships are likely bidirectional, with each contributing to the other. Poorer physical health and reduced life expectancy is experienced across the full spectrum of mental health problems. Negative health behaviours including smoking, poor diet and physical inactivity may in part mediate this risk. Higher smoking rates for those living with a mental health condition are a key exemplar of this. Promoting healthier lifestyles and enhancing physical health care can reduce this gap as well as enhance mental health and wider wellbeing. Moreover, there is some evidence that physical activity can contribute to preventing mental health conditions from developing including depression and dementia.

Physical health inequalities are particularly stake for those living with severe mental illness. People with SMI in Worcestershire are 3.4 times more likely to die prematurely than those without, and physical health problems are a major contributor to this increased risk. Annual physical health checks for those with a diagnosis of SMI can provide an important opportunity to identify modifiable risk factors and support people to take action to reduce this risk.

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 good quality jobs is associated with better mental health and wellbeing. As well as supporting people to find and maintain employment, there is a wide opportunity to support good mental health and wellbeing in the workplace. Recent NICE guidance endorses organisation wide approaches to promoting wellbeing.

In Worcestershire, it is noted that there is a higher proportion of young people not in education, employment of training (NEET) who are more likely to experience poorer mental health. There is also a substantial gap in employment rates for people in contact with secondary mental health services. Work can be an important factor in mental health recovery and more intensive support may be required for some groups, for example individual placement and support for people with severe mental illness.

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 Individual Placement and Support for those with SMI

4: Community connections

Social isolation and loneliness are associated with poorer mental health and wellbeing. These issues were particularly felt during the pandemic and a reflection of some residents in recent engagement work has been the importance of social connection.

Levels of loneliness in Worcestershire are assessed as comparable or lower than the national average. Whilst some of these measures are available at district level, they cannot currently provide further breakdown to understand which groups are most likely to experience loneliness. The exception is measures from the adult social care outcomes framework which highlights that a minority of carers have as much social contact as they would like.

Actions that bring people together make a positive contribution to wellbeing. Evidence suggests that simple signposting interventions can be effective (specifically identified for older age groups). Asset based approaches represent a promising approach to enhancing community connections. However, it was clear that there are many other settings that can engage people and support social connection. The new loneliness action plan will further help to identify these opportunities.

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: The 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. Amongst those examined in this needs assessment, particular attention is drawn to the importance of safe, secure, and warm homes. At the extreme end of this need, experiences of homelessness are comparatively rare in Worcestershire. However, it was also identified that there remains a substantial proportion of people in contact with secondary mental health services who are not living in stable and appropriate accommodation.

The natural environment also holds potential to support good mental health and wellbeing. Spending time in nature is associated with higher levels of wellbeing and also provides a setting for physical activity. Participants in the Viewpoint Panel highlighted the importance of access to nature and academic research also emphasises connectedness to nature. In the face of an ongoing climate and environmental emergency, there are opportunities to gain co-benefits for health and the environment through nature based solutions.

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:* Continue action to enhance the quality of housing in Worcestershire and reducing risks of homelessness or living in insecure or unsuitable accommodation

6: Identify and target support to higher risk groups

Higher risk groups for poorer mental health and wellbeing are identified. Whilst this work provides an overview of these groups and some key findings in relation to the relative risks of different mental health conditions or low wellbeing, further work is required to better understand gaps in Worcestershire.

As highlighted early in this work, deprivation is strongly linked with poorer mental health (the social gradient), and this is equally true for physical health, a key message of "Healthy Society, Healthy Lives" by Sir Michael Marmot. All organisations providing support for mental health and wellbeing must remain aware of this and seek to ensure that support is delivered equitably, reaching those most in need.

The Advancing Mental Health Equalities strategy particularly focuses on issues of access, experience, and outcomes, and how these can vary for different groups. This needs assessment identified ongoing work to develop an outcomes framework for mental health services that examines these issues. This approach will be important in identifying and addressing inequalities in services.

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 in mental health support

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 is an important element of public mental health. Lower level mental health support for children and young people was identified as a gap in a recent CAMHS scrutiny report. For adults, high demand for talking therapies is reflected in higher waiting times, and alternative provision alongside this is being piloted across the county.

This needs assessment finds that overall, deaths by suicide occur at a similar rate in Worcestershire as nationally. There is substantially higher rate for men. National data suggests around a quarter of people who die by suicide were in contact with specialist mental health services. This highlights the need for wider suicide prevention approaches, albeit targeted in part towards known and emerging higher risk groups. This is in line with the national suicide prevention strategy, which is due to be updated imminently.

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 is a large, active and complex VCSE sector in Worcestershire and making an assessment of its contribution to shaping the wide ranging factors that influence mental health and wellbeing is challenging. This needs assessment recognises that changes in the systems of organisation and delivery of healthcare, specifically the development of integrated care systems, provides a renewed opportunity for greater collaboration.

There continues to be opportunities to enhance collaboration across organisations to maximise the benefit for the population of Worcestershire. Two major projects aiming to enhance support available to people experiencing mental health challenges in primary care through the delivery of interventions delivered by external providers including those in the VCSE sector are underway. It will be important to evaluate the outcomes from these in order to understand what works locally and whether these represent good value. This can guide future collaborative delivery.

Recommendations

a) *Enhancing 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. A lack of knowledge about public mental health and a gap in skills to develop and deliver public mental health interventions is considered a key factor in the relatively low coverage of effective interventions nationally and globally.

Closer to home, a number of opportunities to enhance mental health knowledge in the wider workforce were identified from engagement with stakeholders, for example amongst care staff and those working in the housing sector, some with individuals with complex mental health needs.

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 wide range of data an information sources were reviewed to support the development of this needs assessment. Whilst there are a number of routinely published data sources which can help inform local needs in relation to mental health and wellbeing, they generally provide little further detail on differences across demographics locally.

Several areas were identified as relevant to assessment of mental health need but have not been fully covered in this report. As discussed above, gathering data on VCSE provision is challenging due to the breadth and complexity of the sector. Mental health crisis was also identified as a theme that could be explored further. This would involve bringing together multiple sources of data and information to build a clearer picture of how mental health crises present to services and identify opportunities for earlier intervention and prevention. Finally, it may be possible to gain further insights into issues of physical and mental health comorbidity in acute hospitals. Research suggests comorbidity increases care costs and negatively impacts outcome for patients.

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:* A more detailed understanding of the distribution of social isolation/loneliness and those experiencing poorer wellbeing, as well as community perspectives on what will help most, could guide more effective targeting of wellbeing provision in Worcestershire
b) *Primary care data:* Explore ways to measure lower level mental health need presenting in primary care
c) *VCSE provision:* There are a large number of VCSE organisations providing a wide range of support relevant to achieving good mental health and wellbeing. 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 changing patterns of demand for mental health crisis support and the drivers of these will help tailor both support in a crisis as well as best opportunities for prevention
e) *Mental health comorbidity in acute hospitals:* Mental health problems are common for those receiving care in acute hospitals and can impact on outcomes and hospital discharges. Further analysis of available data may support identification of opportunities to optimise support in hospitals and strengthen the case for prevention throughout the life course

8 Appendices

Appendix 1: Data sources used in this needs assessment

Appendix 2: Key documents guiding action on public mental health

Appendix 3: Higher risk groups – brief evidence summaries

Appendix 1: Data sources used in this needs assessment

Community Consultation

Key points:

- This work was undertaken by Worcestershire County Council Public Health and included data from focus groups commissioned by Public Health and undertaken by a range of community providers
- In total there were over 280 focus group and research participants
- Two associated surveys (Health and Wellbeing Strategy Consultation and Being Well Survey) had responses from over 2300 participants
- Whilst the work aimed to better understand the lived experience of people living and working in Worcestershire, mental health and wellbeing featured strongly as one of the overarching themes in relation to impacts of the pandemic

Strengths in relation to this MHNA:

- Focus groups capture insights into lived experiences of a range of people in Worcestershire from different demographic groups and with certain characteristics such as people with a long term health condition, carers, or those currently unemployed
- The work overall provides an overview of some of the common themes between groups that emerged in relation to impacts of the pandemic relevant to considerations of wider wellbeing

Limitations in relation to this MHNA:

From the PH Engagement team:

The COVID-19 Impact focus groups and community research were carried out between January and May 2022. Any use or reference to the findings of the report should be mindful of the limitations of this research:

- Whilst great efforts were taken to capture a breadth of views, the 30 focus group findings represent the group of individuals who took part in the focus groups and may not reflect the views of the whole population.
- The views were captured at a point in time when COVID-19 restrictions were still in place but beginning to ease, findings represent views and behaviours at this time although they may have application beyond this.
- Participation was voluntary; therefore, views may not be reflective of those who were unable to participate.
- Focus groups were undertaken by a range of community providers, whilst a framework for discussions was used, there may have been variation in delivery across these groups.

Office for National Statistics: Wellbeing data from the Annual Population Survey

Developed to measure national wellbeing over time, the ONS Personal Wellbeing Measures have been recorded as Official National Statistics since 2013

From ONS:

- Personal well-being is assessed through four measures: Life satisfaction, feeling the things done in life are Worthwhile, Happiness, and Anxiety.
- To collect this data, Office for National Statistics (ONS) asks people in the UK to rate their well-being on an 11-point scale.
- Data for personal well-being estimates are sourced from the Annual Population Survey (APS), which is the UK's largest household survey containing the ONS personal well-being questions.
- Personal well-being data are presented as both average means and thresholds (very low/low, medium, high/very high); the mean averages provide an overall estimate of personal well-being and the thresholds allow us to look at the distribution of the scores.
- **If using local authority data, the most appropriate comparisons to make are progress over time within the same local authority, or across local authorities that share a similar demographic composition to one another; simply ranking local authorities by their numerical scores can be misleading due to several reasons including sample sizes and mode effects.**

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

Measure	Question
Life satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?

Source: Office for National Statistics

- Personal well-being is presented as both average means and thresholds. Thresholds present the proportion responding in defined response categories as outlined [below]. Cognitive testing was undertaken to understand how respondents chose their score on the 11-point scale and what they considered to be "high", "low", and "average" ratings of personal well-being.

Life satisfaction, worthwhile, happiness	Ratings	Anxiety	Ratings
Low	0 to 4	Very Low	0 to 1
Medium	5 to 6	Low	2 to 3
High	7 to 8	Medium	4 to 5
Very High	9 to 10	High	6 to 10

Source: Office for National Statistics

Strengths in relation to this MHNA:

- Data is available to examine trends in personal wellbeing in Worcestershire over the past decade relative both to national (England) wellbeing and comparable local authorities
- The ONS personal wellbeing measures are widely used in other research allowing associations with poorer wellbeing to be identified
- The scores provide a relatively simple overview of wellbeing at a county level

Limitations in relation to this MHNA:

- Whilst the overall sample is large (~150,000 responses to wellbeing questions) there is a relatively small sample at Worcestershire level
- Whilst average and threshold scores are generated there is no further breakdown by other demographic factors to support a more detailed understanding of local patterns of wellbeing
- District level estimates are imprecise with a wide confidence interval (margin of error) which limits the strengths of conclusions that can be drawn in terms of differences over time and between districts
- The differences in mean wellbeing observed are small in absolute terms and so whilst they may be important at a population level, they would not be considered meaningful at an individual level

More information is available at: [Personal well-being in the UK QMI - Office for National Statistics (ons.gov.uk)]

Adult Psychiatric Morbidity Survey

The APMS is a national mental health survey for England commissioned and published by NHS Digital. It is undertaken every seven years though the most recently published survey is from 2014. The next survey is currently in development and will be a valuable source of updated information on the prevalence of a range of adult mental disorders and key associations with these.

Key points:

- It is a cross-sectional (point in time) study with data from a representative sample of adults (16yrs and over) in England
- It assesses the prevalence in the general population for a wide range of mental disorders, substance disorders and self-harm behaviours using high quality screening and assessment tools. This allows identification of both diagnosed and undiagnosed conditions

Strengths in relation to this MHNA

- The APMS is an Official Statistics publication and is considered to "meet the highest standards of trustworthiness, quality and public value"
- It provides an estimate of the prevalence of a range of mental disorders in England and their distribution by demographic factors including age, sex, and ethnicity, as well as in relation to wider characteristics such as household circumstances and employment
- It provides data on anticipated levels of mental health need whereas many other data sources examined in this needs assessment are measures of demand for services. The latter is influenced by whether people seek help, as well as the availability and perception of services. Whereas rising need is universally of concern, rising demand for services can be reflective of higher levels of provision or a reduction in unmet need, a positive outcome

Limitations in relation to this MHNA

- As a cross sectional study, it can provide evidence of association between mental disorders and other measured characteristics (for example employment status) but it can cannot reliably inform the nature of these associations – that is whether one causes the other or if they are linked in part or fully by other factors
- The current APMS is based on data from 2014 and prevalence of different conditions may have changed during this period
- The report itself does not include prevalence estimates at local authority level though some of these have been generated and published on the OHID Fingertips Resource. Therefore, whilst it provides an indication of the likely prevalence and variation across different demographic groups and other factors, it does not provide accurate local authority prevalence due to differences in population demographics and deprivation
- For rarer conditions the number of cases identified is small and so prevalence estimates and associations with other characteristics are imprecise

For more information see: APMS 2014 Background Data Quality Statement

Mental Health of Children and Young People in England Surveys (2017 and follow-up waves)

The MHCYP surveys are a series of mental health surveys for Children and Young People in England commissioned and published by NHS Digital. There are three main surveys undertaken in 1999, 2004 and 2017. In addition, three follow-up waves have been undertaken since the pandemic in 2020, 2021 and 2022.

Key points

- Each main survey is a cross-sectional design measuring mental health data at a point in time from a large sample of children aged 2-19 (with responses from parents where appropriate) years old in England
- The follow-up waves include data from a longitudinal sample allowing more accurate comparisons over time
- The surveys assess the prevalence of a range of mental disorders using rigorous, consistent, and detailed methods to assess against ICD-10 diagnostic criteria
- Similar to the APMS above, they are considered to be a key source of data on mental health need in the population rather than demand for services

Strengths

- The MHCYP Survey is an Official Statistics publication and is considered to "meet the highest standards of trustworthiness, quality and public value"
- It provides an estimate of the prevalence of a range of childhood mental disorders, their distribution by demographic factors including age and sex, as well as their associations with a wider range of characteristics
- Follow-up waves have provided additional information on the changing prevalence of mental disorders experienced by children and young people since the pandemic

Limitations in relation to this MHNA

- This is a national sample and does not provide data at a local authority level. The distribution of different risk factors for mental disorder will influence how comparable these findings are to the population of Worcestershire

For more information see: MHCYP 2017 Background Data Quality Statement

Growing up in Worcestershire

This is a cross-sectional survey of school aged children commissioned by Worcestershire County Council Public Health Team and undertaken by the Schools Health Education Unit. The survey has been developed over three decades by health and education professionals, and to date over a million children have participated in these surveys.

Key points:

- This is a cross sectional survey undertaken in schools in Worcestershire
- This included a total of 3579 students from 21 schools, mostly from Years 8 (n=1911) and 10 (n=1061)
- Questions are in a binary (Yes/No)/multiple choice/ordinal scale format and grouped according to a range of health behaviours

Strengths in relation to this MHNA

- This is a large survey of school children in Worcestershire and includes a wide variety of questions which can provide more detailed insights into factors that are known to have an association with mental health and wellbeing (such as experiences of bullying or family difficulties)
- The Warwick Edinburgh Mental Wellbeing Scale is a validated measure of subjective wellbeing used in the survey with national cohort table for comparison

Limitations in relation to this MHNA

- This is a non-random sample, and it is reported that school staff selected classes for participation in the survey. Furthermore, this is a sample of schools in Worcestershire and those selected may not be representative of the whole school population
- Data is primarily collected from Years 8 and 10 and so it provides insights into experiences of children at a particular stage in their education
- Although the survey has been administered previously in Worcestershire, it is currently completed on an ad hoc basis and does not provide routine data on wellbeing

Worcestershire Viewpoint Panel

"The Viewpoint Panel is the residents' panel for research and engagement. Panel members will be asked to complete one short survey a year. Members of the panel are sometimes invited to take part in other surveys, focus groups or workshops, but this is completely optional.

Any Worcestershire resident aged 18 or over can join the panel to have their say on local public services.

The 2022 Survey

From the survey authors: "The survey was made up of questions designed to allow us to monitor public perception indicators relating to issues such as priorities for the local area, satisfaction with county council services and how well informed people feel. The majority of questions had previously been asked in the Place Survey1 in 2008 and in the Worcestershire Viewpoint surveys carried out each November 2009 to 2013 and each May 2014 to 2019. In 2020 the survey was postponed to September due to the COVID-19 pandemic. The autumn timing was retained in 2021. This year we have returned to our usual May survey period.

A total of 4,282 questionnaire completion requests were mailed out to panel members, 90% of these via email and 10% by post. 1,980 valid responses were received from panel members, representing a response rate of 48% (after removal of deadwood). No responses were received from residents who could join the panel and complete the survey during the survey period."

Strengths in relation to this MHNA

- Data is collected only from Worcestershire residents from each of the districts, which provides insights into local views and opinions
- The sample is relatively large with almost 2000 responses
- Many of the questions included are relevant to factors that influence wellbeing
- There are previous survey waves for comparison

Limitations in relation to this MHNA

- The sample consists of voluntary participants, and it therefore cannot be considered as a sample generalisable to the population
- The survey does not include specific mental health or wellbeing measures
- Limited information on demographic and other characteristics is available in the main report

Further information is available at: Worcestershire Viewpoint May 2022 Report

Primary care diagnostic coding

An analysis of data received from the Integrated Care Board provided some insights into the relative frequency of consultations in primary care coded by mental health diagnoses.

Key points:

- Anonymised data recording mental health diagnosis codes from the ICD-10 were used to consultations which were coded for childhood mental disorders, common mental disorders, severe mental illness, and other specific diagnoses
- Data was available for the previous five years and was stratified by demographic characteristics (age, sex and ethnicity)
- Codes over the previous 12 months were examined to provide an indication of the relatively frequency of cases over the course of a year (an indication of active cases rather than new/incident cases)
- Codes recorded at any point gave an approximation of lifetime prevalence of the conditions examined

Strengths in relation to this MHNA

- It is anticipated that almost all cases where a mental health diagnosis has been recorded will have some contact within primary care and so this provides the widest clinical context to identify diagnosed mental health conditions
- It can potentially be used to assess a much wider array of mental health conditions than is reported routinely through sources such as QOF

Limitations in relation to this MHNA

- This approach only captures consultations where a mental health diagnosis is specifically recorded and therefore does not include subthreshold mental disorders
- Consultations for patients with an existing mental disorder may not be recoded every time and these would not be counted
- It is recognised that there is variation in coding practices, and this is likely to influence the completeness of recording and comparability between different practices and PCNs
- Some codes appear to be very rarely recorded despite conditions having a relatively higher estimated prevalence (for example conduct disorders)

Appendix 2: Guiding action on public mental health

A number of key documents were consulted when considering the coverage of this needs assessment and developing recommendations for this report. Each of these is described in more detail below.

Public mental health: Evidence, practice and commissioning

Access the document here

This resource was published by the Royal Society for Public Health and provides a detailed assessment of the current evidence around all aspects of public mental health. It advocates combined approaches of mental wellbeing and resilience promotion and actions to prevent mental disorders. Importantly, this is considered in terms of primary, secondary, and tertiary prevention, the latter being relevant to the evidence-based treatment of existing mental health problems.

RCPsych Public Mental Health Implementation Centre

Access the document here

This recently established group within the Royal College of Psychiatrists seeks to bring together evidence around public mental health interventions and to promote their implementation. Their "Summary of evidence on public mental health interventions" is a key resource referenced extensively through this needs assessment. The report sets out areas for intervention, which are considered to have the strongest evidence for public mental health benefit alongside two priority areas considered as those with high public health relevance but a more limited evidence base. These are:

Intervention areas with the strongest evidence base:

1. Interventions during pregnancy and immediately after birth to prevent child mental disorder
2. Interventions to prevent and treat parental mental disorder and parental drug/alcohol misuse
3. Parenting programmes which prevent child mental disorder, substance use, antisocial behaviours and unintentional injury and improve child behavioural outcomes, parenting and parental mental health
4. Home visiting and parenting programmes to improve child-parent attachment and prevent child adversity
5. School-based interventions to prevent mental disorder and alcohol/tobacco/drug use, reduce child adversity, promote mental wellbeing and resilience, and improve social-emotional skills
6. Workplace-based interventions to reduce employee mental disorder, increase wellbeing and promote recovery from mental disorder
7. Interventions to reduce smoking, alcohol, drug use, physical inactivity, COVID19 infection and promote appropriate care of physical health conditions, including among people with mental disorder

Priority intervention areas include those that:

1. Address socioeconomic inequalities to improve outcomes among marginalised groups
2. Target marginalised and higher risk groups to improve access to public mental health interventions

Faculty of Public Health: Better Mental Health for All

Access the document here

This 2016 report was developed by the Faculty and Public Health and the Mental Health Foundation. It sets out the context of public mental health and areas for action. It sets out principles for taking public mental health action which should be considered in relation this work:

1. Interventions which focus on the positive have added value over those which focus on finding or preventing the negative. Promoting mental wellbeing moves the focus away from illness and is central to an individual's resilience, social purpose, autonomy and ability to make life choices.
2. The social, economic, cultural and environmental determinants of mental health need to be considered and addressed. Different interventions can potentiate (increase power/effect) each other.
3. A proportionate universalism approach which addresses whole population mental wellbeing promotion and provides additional support for high risk groups is the optimum approach.
4. Engagement, both community and individual is central to public mental health. The former is concerned with building on assets and involving communities in framing the issues and the solutions, the latter with developing individual strengths and resilience.
5. Since personal risk and protective factors are determined in early childhood, primarily in the context of family relationships, a life course approach is essential.
6. A truly multidisciplinary and inter-sectoral approach must be adopted as no one discipline has all the knowledge or power to effect the required level of change.

Institute of Health Equity: Social determinants of mental health

Access the document here

This 2012 report focuses on the wider determinants of mental health and makes a strong case for the importance of social inequalities in shaping the risk of common mental disorder. In line with other work by Michael Marmot, it calls for a "proportionate universalism" approach which include actions across the whole of society and proportionate to need in order to level the social gradient. This report also makes a strong case that giving every child the best start in life will generate the greatest societal and mental health benefits.

Association of Directors of Public Health: What Good Looks Like for Public Mental Health

Access the document here

This 2019 report co-developed with Public Health England is part of a wider programme (What Good Looks Like) to support local organisations and wider society to work towards improving population health. It highlights the importance of local system leadership and recommends a life course approach to public mental health action. It sets out a series of principles for actions which should be considered in relation to this work:

1. Adopting a system-wide focus on the prevention of the onset of mental health problems, incorporating action across public health and wider organisational strategies and plans.
2. Shifting the focus of services towards more structural upstream interventions that enable early help, including action on the wider determinants of health and reducing inequalities.
3. Taking proportionate action across the life course that balances population-wide mental health promotion with targeted support where need is greatest.
4. Drawing on people's lived experiences of mental health problems and mental illness, as well as the wider community, to identify solutions and promote equality.

5. Building the capacity and capability across our workforces to prevent mental health problems and promote good mental health within their everyday practice.
6. Continuing to normalise and lessen the stigma associated with mental health problems.
7. Understanding barriers and enablers for change to engage and steer local system leaders from multiple disciplines

Appendix 3: Mental health and wellbeing in high risk groups

Care home residents

Definition	People living in residential care settings including residential and nursing homes. NICE widens this definition further: "Care homes: This refers to all care home settings, including residential and nursing accommodation, and includes people accessing day care and respite care. [Expert opinion]"
Local context	From Census 2021, the number of people living in communal establishments is: • Males: 3838 • Females: 4236 It is estimated that approximately 44% of care home residents are self-funded with the remainder state funded. This estimate is relatively imprecise and may be as low as 38% or as high as 50%. (ONS)
Mental health and wellbeing in this group	From NICE: "Mental health conditions are highly prevalent among older people in care homes, but are often not recognised, diagnosed, or treated. Ageing with good mental health can make a key difference in ensuring that life is enjoyable and fulfilling. The recognition and recording of symptoms and signs of mental health conditions by staff who are aware of the role of the GP in the route to referral can help to ensure early assessment and access to appropriate healthcare services." From RCPsych: "Depression is both the most common and most treatable mental illness in old age. It is estimated that up to a quarter of older people in the community have symptoms of depression serious enough that they may require therapeutic intervention (HM Government, 2011). This figure doubles in the presence of physical illness and trebles in hospitals and care homes."
Worcestershire data	No specific data on mental health and wellbeing for care home residents in Worcestershire was identified
Supporting mental health and wellbeing for this group	NICE QS50 (2013) Mental wellbeing of older people in care homes This includes standards across a range of areas: 1. Participation in meaningful activity 2. Personal identity 3. Recognition of mental health conditions 4. Recognition of sensory impairment 5. Recognition of physical problems

Carers

Definition	Informal carers are any person who provides unpaid care, normally to a family member or close friend in the same or another household. Young carers are anyone under age 18 providing unpaid care. Approximately 7% of the UK population provides informal care and around 60% are female [Reference].
Local context	Worcestershire (Census 2021) • 52,741 residents (>5 years old) reported providing unpaid care in Worcestershire • 29% of these provide >50 hours per week of unpaid care Health Behaviours Survey Worcestershire 2021 (Majority from Years 8 and 10) • 4% reported being a young carer • 10% were not sure and 2% did not want to say
Mental health and wellbeing in this group	Analysis of the Adult Psychiatric Morbidity Survey found carers were at higher risk of common mental disorders (OR 1.58, 95% CI 1.30-1.91) and suicidal thoughts (OR 2.71, 95% CI 1.31-5.62). A rapid evidence review on caring as a determinant of health published by Public Health England in 2021 highlighted the following key themes: • Carers experiences poorer physical and mental health, often having unmet care needs themselves • Younger carers and those with poorer social and financial support may experience higher "carer burden" • Older carers may be at heightened risk of poorer physical health and lower access to appropriate treatment The evidence base in this area, including to inform effective interviews, remains limited
Worcestershire data	Data from the Adult Social Outcomes Framework published by NHS Digital reports on carer experiences. These indicate that a substantial proportion of carers have less social contact that they would like. • Carer satisfaction levels ○ 47.4% (18-64 yrs) – Increasing | 41.2% (65+ yrs) – Stable • Carers having as much social contacts as they would like ○ 19.6% (18-64 yrs) – Decreasing | 28.9% (65+ yrs) – Declining Worcestershire COVID-19 impact focus group included carer participants found: • Carers experienced increased fear, worry and anxiety about keeping themselves and those they care for safe as well as responding to anxieties of others • Disruptions to respite care could put particular strain on carers and many reported having to provide round the clock care when isolated from other support • For some, the pandemic was associated with poorer health behaviours (increased smoking and drinking) whilst for others it was an opportunity to try healthier diets and new physical activity routines at home • The capacity for self-care was highlighted as a key factor in being well
Supporting mental health and wellbeing for this group	Within the limits of the current evidence base, five key considerations regarding support for the physical and mental health of carers are suggested: • Support should aim to lessen the impact on mental health with targeted specialist support for depression, anxiety and stress when needed • Measures to prevent poor physical health arising from caring e.g. back pain • Recognition and management of carers own long term health conditions • Should include measures to reduce the perceived emotional, physical and social hardships. Contact with other carers may help this. • Support should be targeted to specific health risks within different groups *Support in Worcestershire* • VCSE organisations in Worcestershire including Worcestershire Association of Carers play a key role in supporting carers. A current All Age Carers Strategy for Worcestershire includes actions on mental health and wellbeing.

Children in care: Looked after children

Definition	**From NPSCC:** Looked after children are also often referred to as "children in care", a term which many children and young people prefer. A child who has been in the care of their local authority for more than 24 hours is known as a looked after child.. A child stops being looked after when they are adopted, return home or turn 18. However local authorities in all the nations of the UK are required to support children leaving care at 18 until they are at least 21. In general, looked after children are: • living with foster parents • living in a residential children's home or • living in residential settings like schools or secure units
Local context	• Worcestershire has approximately 890 looked after children representing a crude rate of 76 per 10,000 of the population aged 0-17 (2022) *[Source: OHID Fingertips]* • This level is higher than the England average (70 per 10,000)
Mental health and wellbeing in this group	• In a 2007 study combing data from three surveys of children in the care of local authorities in Great Britain, "looked after status" was associated with higher levels of psychopathology, educational difficulties and neurodevelopmental disorders, and was independently associated with nearly all types of mental disorder • Prevalence of mental disorders was particularly high for those in residential care or who had recently changed placement • Data from the "Big Ask" survey undertaken by the Office of the Children's Commissioner in England and published in January 2023 found that levels of happiness were similar amongst children in care to the general population (though with lower happiness about family life) • It is highlighted that the main concerns for children in care are very similar to those of other children ("they are first and foremost children")
Worcestershire data	From OHID Fingertips: • It is estimated that for around a third (36.1%) of looked after children, emotional wellbeing is a cause for concern (as measured by the Strengths and Difficulties Questionnaire) • This is similar to the England average (36.8%) From Worcestershire Public Health COVID-19 Impact Focus Group with Care Leavers: • Participants reported a "huge impact" of the pandemic on their mental health associated with a loss of support they would otherwise have received • Feelings of isolation from friends and family were reported and subsequent anxiety in social settings
Supporting mental health and wellbeing	*National guidance* • Looked-after children and young people | Guidance | NICE • Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care | Guidance | NICE *Support in Worcestershire* • Care leavers | Worcestershire County Council • Anchor | Worcestershire County Council • Green Fingers Project | A healthy lifestyles project for 'Looked After Children' and carers.

Children with special educational needs and disabilities (SEN/SEND)

Definition	From Department for Education: "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she: • has a significantly greater difficulty in learning than the majority of others of the same age, or • has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions"

Local context	• An estimated 12,062 children (15.2% of school children) were identified as having any SEN (2018) – this is higher than the England average (14.4%)
	• Approximately 2.7% have a SEN identified as social, emotional, and mental health needs (2018) - this is lower than the England average (3.0%)
	
	• There are an estimated:
	  ○ 2302 children with a moderate learning disability known to schools (2020)
	  ○ 373 children with a severe learning disability known to schools (2020)
	  ○ 55 children with profound and multiple learning disability known to schools (2020)

Mental health and wellbeing in this group	• There was a considerable overlap between probable mental disorders and SEN in the Mental Health of Children and Young People in England Survey (2017) with 35.6% having a SEN (compared to 6.1% of children without a probable mental disorder) • SEN was identified most frequently for children with less common disorders (64.8%), hyperactivity disorders (62.9%) and behavioural disorders (42.4%) • This is in keeping with wider literature on the co-occurrence of learning disabilities and autism with other mental health problems
Worcestershire data	• No Worcestershire specific data on mental health and wellbeing experiences of this group was identified • A current SEND strategy for Worcestershire (2021-2025) includes recommendations for emotional health and wellbeing. • Feedback gathered from educational settings indicates that increased mental health support in schools and access to CAMHS were considered priorities. • Recommendations include enhancing identification and assessment of CYP with social, emotional and mental health needs
Supporting mental health and wellbeing for this group	*National guidance* • Social, emotional and mental wellbeing in primary and secondary education | Guidance | NICE *Support in Worcestershire* • SEND Local Offer | Worcestershire County Council • SEND Strategy 2021-2025 (worcestershire.gov.uk)

LGBTQ+

Definition	From ONS - **LGB:** An abbreviation used to refer to people who identify as lesbian, gay, bisexual, and other minority sexual orientations (for example, asexual). Sexual orientation is an umbrella term covering sexual identity, attraction, and behaviour. From ONS - **Gender identity:** Refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth. Different gender identities include: • *Non-binary:* Someone who is non-binary does not identify with the binary categories of man and woman • *Trans man:* Someone who was registered female at birth, but now identifies as a man • *Trans woman:* Someone who was registered male at birth, but now identifies as a woman
Local context	From Census 2021: *Sexual orientation:* • 6076 (1.2%) gay or lesbian, 4819 (1.0%) bisexual and 1096 (0.2%) other sexual orientation • 32782 (6.6%) did not answer this question • The proportion of people identifying as gay and lesbian, bisexual or other sexual orientations (2.4%) is lower than the average for the whole of England and Wales (3.2%) From Census 2021: *Gender identity* • 94.43% identified the same as sex registered at birth • 0.13% identified different from sex registered at birth but no specific identity given • 0.06% identified as a trans woman • 0.06% identified as a trans man • 0.07% identified as any other gender identity • 5.25% did not answer this question Worcestershire Schools Health and behaviours survey 2021 • 3.4% (123/3579) indicated they identified as transgender • 3.2% (113/3579) did not respond to the question about their gender
Mental health and wellbeing in this group	*For sexual orientation* In a meta-analysis of 12 population surveys undertaken in the UK: • Lesbian, gay and bisexual adults were found to have higher prevalence of poor mental health and low wellbeing when compared to heterosexual adults • Adjusting for a range of covariates, adults who identified as lesbian/gay had higher prevalence of common mental disorder when compared to heterosexuals • The strongest associations were found for those under 35 (OR = 1.78, 95 % CI 1.40, 2.26), and over 55 (OR = 2.06, 95 % CI 1.29, 3.31).

	• This association was also stronger for bisexual adults and similar for 'low wellbeing' measures These finds were consistent with a systematic review of global studies which found: • A clear majority of studies reported elevated risks for depression, anxiety, suicide attempts or suicides, and substance-related problems (with the exception of alcohol misuse) for sexual minority men and women, as adolescents or adults from many geographic regions • Bisexual individuals were at highest risk in the majority of studies The Advancing Mental Health Equalities Strategy for England highlights that LGB people continue to experience discrimination in healthcare settings and many avoid seeking healthcare as a result. They are less likely to report feeling that they have treated with dignity and respect by NHS mental health services and also experience poorer treatment outcomes from IAPT.
Worcestershire data	Worcestershire Schools Health and behaviours survey: • 10% of respondents worried "quite a lot" or "a lot" about "Thinking you are gay, lesbian or bisexual" COVID-19 focus group with LGBT participants: • Communities and engagement with peers were important • Isolation was experienced strongly by this group during the pandemic • Youth groups and support for older adults were highlighted as gaps in local provision Healthwatch Worcestershire: Lesbian, Gay, Bisexual and Transgender Experiences of Health and Social Care Services (March 2020) • A survey with 186 respondents (adults and young people) as well as 40 engagement conversations • Overall, many adults who identify as LGBT+ felt health services were understanding of them as LGBT+ individuals • However, 44% of respondents did not feel mental health services showed an understanding of LGBT+ • Other issues highlighted were a need for increased visibility and representation within health services, greater awareness and training, and avoiding assumptions being made on the basis of sexuality • A majority of young people who responded (81%) reported experiencing negative attitudes from others relating to their sexuality or gender identity
Supporting mental health and wellbeing for this group	*National/international guidance:* • Advancing Mental Health Equalities Strategy (2020) • This national strategy (which is being implemented within the Herefordshire and Worcestershire ICS) highlights inequalities in access, experience, and outcomes for groups of identity including sexual orientation.

People experiencing homelessness

Definition	Homelessness is defined as occurring when "a household has no home in the UK or anywhere else in the world available and reasonable to occupy". This includes rough sleeping but is much more than this. People are considered homeless if they are living in temporary accommodation, insecure housing (e.g. domestic violence or sofa surfing) or inadequate housing (e.g. extreme overcrowding).
Local context	See main report for data relating to the Homeless Reduction Act.
Mental health and wellbeing in this group	From Public Mental Health: Evidence, practice and commissioning: • Prevalence rates of any mental disorder in young homeless people ranged from 48% to 98% (systematic review) (Hodgson et al, 2013). Prevalence of mental disorder in young people with experience of homelessness (88% current) contrasted with low service use (31%) (small UK survey) (Hodgson et al, 2014). • Data from the second British national survey of psychiatric morbidity revealed prevalence rates for homeless adults of 28% for probable psychosis, 9% for neurotic disorder, 10% for alcohol dependence and 15% for drug dependence (Bebbington et al, 2004) From Health matters: rough sleeping - GOV.UK (www.gov.uk): • 80% of people seen sleeping rough in London (2018/19) had alcohol, drug or mental health support needs • 50% had a mental health need
Worcestershire data	Existing JSNA report: JSNA Homeless Health Profile 2018 (worcestershire.gov.uk)
Supporting mental health and wellbeing for this group	*National/international guidance:* • Briefing: Homelessness Reduction Act 2017 | Shelter England • Homelessness: applying All Our Health | GOV.UK *Support in Worcestershire* • Worcestershire Homelessness Strategy 2022 - 25

Survivors of domestic abuse

Definition	The Domestic Abuse Bill 2021 defines domestic abuse and emphasises that it is "not just physical violence, but can also be emotional, coercive or controlling, and economic abuse." Children are explicitly recognised as victims if they see, hear or otherwise experience the effects of abuse
Local context	Worcestershire: • The rate of domestic abuse related incidents and crimes is 30.5 per 1000 people per year (2021/22) [Source: OHID Fingertips] • This is similar to the England average (30.8/1000)
Mental health and wellbeing in this group	Home Office Domestic Abuse Statutory Guidance (2022) states that mental health problems can be a risk factor both for perpetration and victimisation. It highlights a range of mental health related impacts from domestic abuse including long lasting mental health problems and eating disorders. Female survivors of intimate partner violence (IPV) followed up in a UK Cohort Study, 2019 were 3x more likely to develop a mental illness and were over twice as likely to have had mental illness at the point that IPV was first recorded.
Worcestershire data	No specific data on mental health and wellbeing of this groups was identified
Supporting mental health and wellbeing for this group	*National/international guidance:* • Domestic Abuse Statutory Guidance (publishing.service.gov.uk) *Support in Worcestershire* • Worcestershire Domestic Abuse Strategy 2022 - 2025 • Domestic abuse support | Worcestershire County Council

People with a learning disability

Definition	"A learning disability affects the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills, or coping independently. Around 1.5 million people in the UK have a learning disability." (NHS)
Local context	In Worcestershire: • 2370 children with a learning disability known to schools (2020) • 55 children with profound and multiple learning disabilities known to schools (2020) • 1490 adults with a learning disability receiving support from the local authority (2019/20) • 2947 people (0.5% of the population) of any age recorded on general practice QOF registers as having a learning disability (2019/20)
Mental health and wellbeing in this group	From Public Mental Health: Evidence, practice and commissioning: • Lower IQ was associated with increased risk of mental disorder (England national survey) (McManus et al, 2016): People with learning impairment were twice as likely as those with high verbal IQ to have an anxiety disorder or depression (25% compared with 13%) while the disparity was even more pronounced for rates of probable psychotic disorder • Severe mental illness (SMI): People with learning disabilities were 8.4 times more likely than the general population to be recorded as having SMI after adjusting for age and sex profile (England national GP practice data) (NHSD, 2019b) • Dementia: Risk for people with learning disability in England was 5.1 higher than the general population (England national GP practice data) (NHSD, 2016)
Worcestershire data	2021 Briefing on learning disabilities
Supporting mental health and wellbeing for this group	*National/international guidance:* • Mental health problems in people with learning disabilities: prevention, assessment and management | NICE *Support in Worcestershire* • Learning Disabilities Community Service Worcestershire | NHS • Learning Disabilities Strategy | Worcestershire County Council • Learning Disabilities | Worcestershire Association of Carers

People with a neurodevelopmental condition

Definition	Autism is a "lifelong neurodevelopmental disability which affects how people communicate and interact with the world. It affects around 1 in 100 people in the UK". Autism can be considered as neurodiversity, recognising difference rather than characterising autism as a problem or disability.
Local context	In Worcestershire (2020) • Approximately 988 children with autism known to schools
Mental health and wellbeing in this group	From Public Mental Health: Evidence, practice and commissioning: Children with autism spectrum disorder were at increased risk of mental disorder (Belardinelli et al, 2016/ review; Gonazlez & Lopez, 2016/ review) Children with specific learning difficulties include those with: • Specific language impairment which was associated with increased rates of mental disorder as well as bullying (review) (Durkin & Conti-Ramsen, 2010) • Dyslexia which affects 5-10% of school aged children and associated with • increased rates of mental disorder (review) (Huc-Chabrolle et al, 2010) • Poor early language skills associated with poorer mental health in adulthood (nationally representative British birth cohort study) (Schoon et al, 2010)
Worcestershire data	2021 Briefing on learning disabilities – includes neurodevelopmental conditions
Supporting mental health and wellbeing for this group	*National/international guidance:* • Autism spectrum disorder in adults: diagnosis and management | NICE • Autism spectrum disorder in under 19s: support and management | NICE *Support in Worcestershire* • Worcestershire All-Age Autism Strategy

People with sensory impairment

Definition	From Public Health England: Hearing impairment, visual impairment, and dual sensory impairment are common health problems among older adults in the general population. Sensory impairments can hinder basic daily activities and result in social isolation and loneliness negatively affecting quality of life
Local context	Worcestershire: • 280 people aged 65-74 registered blind or partially sighted (2019/20) • 1455 people aged 75+ registered blind or partially sighted (2019/20) • 7.1% of the population (NHS Herefordshire and Worcestershire) report deafness or hearing loss (2022)
Mental health and wellbeing in this group	From Public Mental Health: Evidence, practice and commissioning: **Hearing impairment** Deaf people experienced higher rates of mental disorder (Fellinger et al, 2012/ review; Emond et al, 2015/ UK cross-sectional study). **Visual impairment** Visually impaired older adults have • Higher risk of one mental disorder (OR 1.32: 95% CI 1.23-1.41), two mental disorders (OR 1.53: 95% CI 1.40-1.67) and three mental disorders (OR 1.76: 95% CI 1.51-2.04) (Scottish cross sectional study of older adults) (Court et al, 2014) • Higher rates of depression and anxiety disorders (Dutch cross-sectional survey) (van der Aa et al, 2015)
Worcestershire data	No specific measures of mental health and wellbeing in Worcestershire for this group were identified. Findings from COVID-19 focus groups with: **Deaf people (profoundly deaf)** • Mental health was negatively impacted by increased social isolation and feelings of being overlooked – particularly in relation to a perceived lack of accessible (British Sign Language) information and interpreters • Specialist mental health provision for deaf people is out of county (Birmingham) **People with sensory loss** • Practical challenges encountered by some with visual impairment due to social distancing and lack of other sound cues in empty streets • Impacted negatively on independence but those with well-established social networks reporting coping well
Interventions to support mental health and wellbeing for this group	*Support in Worcestershire:* • Sensory impairment and physical disabilities | Worcestershire County Council

Prisoners

Definition	People who are currently incarcerated in prison. However, children with a parent in prison are also a higher risk group for poor mental health and wellbeing.
Local context	Prisons in Worcestershire [Ministry of Justice] • HMP Long Lartin – a high security men's prison in Evesham (482 prisoners as of December 2022) • HMP Hewell – a men's prison near Redditch (890 prisoners as of December 2022) Youth offending [OHID Fingertips] • An estimated 269 children aged 10-17 (2.3 per 1000) entered the youth justice system in 2020/21 • This is lower than the England average (2.8 per 1000)
Mental health and wellbeing in this group	Childhood mental disorder, particular conduct disorder, is associated with an increased risk of criminality and incarceration. Furthermore, children with parents in prison are themselves a higher risk group for poor mental health. Prisoners are more likely than the general population to have pre-existing health needs including higher rates of mental health problems, self-harm, and suicide. 37% of the total spending on healthcare for this group goes on mental health and substance misuse (more than double the relative spend in the general population). (House of Common Committee of Public Accounts, 2017) Suicide was the cause of 25% of all deaths in prisons and drug related deaths account for 5% (in national data from 2008-2019). Male prisoners are at an increased risk of dying by suicide (3.9x higher than the general population). Drug related deaths were higher than the general male population in data from 2016-2019. (Drug-related deaths and suicide in prison custody in England and Wales - Office for National Statistics (ons.gov.uk)) OHID Fingertips includes an estimate for the prevalence of severe mental illness in prisoners in England (as captured in the QOF Mental Health indicator) was 7.35% in 2018/19. This is more than seven times higher than in the general population (0.95%).
Worcestershire data	**Healthwatch Worcestershire: Prisoner Experience of Healthcare Services at HMP Hewell (February 2020)** • An engagement session with up to 12 current prisoners was held at HMP Hewell • The prison has a system of "Healthcare Champions" who are current "trusted prisoners" who receive additional training to support peers with health related issues including signposting to services, support completing questionnaires, and provision of health information • Access to external appointments for a range of long term conditions could be challenging due to logistics but overall, it was felt everything that could reasonably de done was so • However, mental health support was highlighted as a significant concern for some prisoners who reported delays in accessing support and considered mental health to be an important underlying factor in many other prison issues **Recent Coroner's response to a death by suicide at HMP Hewell** A Regulation 28 Report To Prevent Future Deaths was issued in January 2023 by the Coroner in Worcestershire in relation to the death by suicide of a prisoner in custody at HMP Hewell. This highlighted concerns that training on risk assessment for self-harm and suicide was not completed by all staff as mandated and a recommendation to further investigate and action this issue made.
Interventions	*National/international guidance:* • Mental health of adults in contact with the criminal justice system | NICE

Refugees and asylum seekers

Definition	**Refugees** are specifically defined and protected in international law. The 1951 UN Refugee Convention defines a refugee as a person who is unable or unwilling to return to their country of origin "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion". An **asylum-seeker** is a person who is seeking international protection and has applied for refugee status under the convention, but whose claim has not yet been determined.
Local context	Worcestershire: •
Mental health and wellbeing in this group	• A systematic review of prevalence studies of refugees found 31.5% had post-traumatic stress disorder (PTSD), 31.5% had depressive disorders, 11.1% had anxiety disorders and 1.5% had psychoses • The prevalence of PTSD and depressive disorders from this review is much higher than the general population • Other conditions including "complex PTSD" resulting from multiple and repeated traumas and this may appear first as issues around trust, loss of agency, inability to imagine a personal future and inappropriate risk taking • Those with an existing diagnosis of severe mental illness are more vulnerable to relapse through a combination of traumatic experiences, isolation and disruptions to normal care • Loss and bereavement are common and may be associated with complex grief and/or contribute to increased risk of mental health problems
Worcestershire data	No specific data on mental health and wellbeing of asylum seekers or refugees was identified
Supporting mental health and wellbeing for this group	*National/international guidance:* • Mental health: migrant health guide | GOV.UK • Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe | WHO *Support in Worcestershire* • Resettlement Programme | Worcestershire County Council

Veterans

Definition	The Armed Forces Covenant "focusses on helping members of the armed forces community have the same access to government and commercial services and products as any other citizen". This includes healthcare.
Local context	Worcestershire (from Census 2021): • 16,141 previously served in the UK regular armed forces • 4121 previously served in UK reserve armed forces • 1000 previously served in both regular and reserve UK armed forces
Mental health and wellbeing in this group	From Combat Stress (a UK charity providing mental health support to veterans and supporting research in this field): • A mental health profile of help-seeking veterans demonstrated that 82% met criteria for PTSD, 74% for anger, 72% for common mental health difficulties (anxiety and depression) and 43% for alcohol misuse. In addition, 32% of the sample experienced comorbid difficulties, with anger and PTSD the most commonly reported • For some veterans, stigma about mental health is a barrier to seeking help. There is some evidence however that this trend could be improving •
Worcestershire data	No specific data on mental health and wellbeing of veterans was identified
Supporting mental health and wellbeing for this group	*National/international guidance:* • Armed Forces Covenant | GOV.UK • Mental health support for the UK armed forces | GOV.UK *Support in Worcestershire* • Veterans Support | Healthy Minds