Suffolk County Council

Public Health & Communities

Environmental factors

Part of the Suffolk mental health needs assessment

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Suffolk County Council Public Health & Communities

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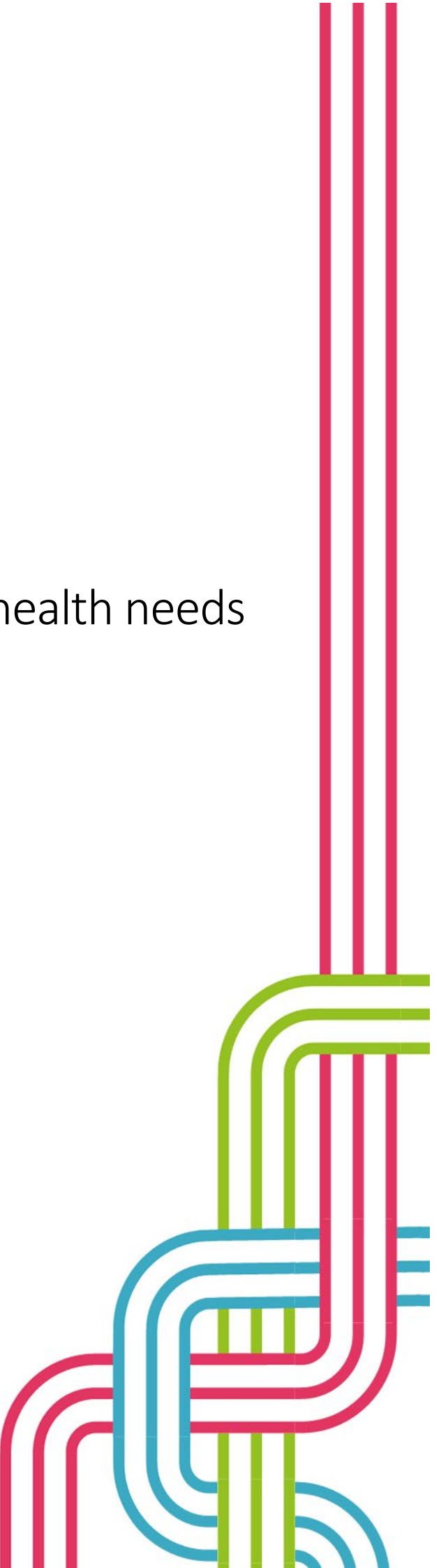


Contents

Five key points

1. Several areas of Suffolk have increased levels of relative deprivation. There is a strong link between deprivation and worse mental health. Support and interventions targeted in areas of highest deprivation around the county are likely to have the biggest impact on improving individual's mental health. (See section below - Introduction)

2. Almost 1 in 4 people experiencing depression or anxiety are likely to be in problem debt, whereas fewer than 1 in 10 individuals without mental illness experience problem debt. Given the link between poverty and mental health – particularly in line with the rising cost of living – awareness needs to be made to Suffolk's average weekly earnings being statistically significantly lower than the national average, with mental health support tailored to low-income individuals. (See section below on Overview - financial insecurity)

3. Individuals not in education, employment, or training between the ages of 16 to 24 are more likely to experience depression and unemployment – Suffolk has a statistically significant lower attainment 8 score than the England average – a considerable risk factor to be addressed to improve future mental health. (See section below on Data sources - education)

4. Ipswich has a statistically significant higher proportion of individuals claiming employment support allowance (ESA) benefits despite having the highest employment percentage in the county. To improve health outcomes for these individuals, support can be targeted to enable people to achieve better quality, more rewarding employment. (See section below on Data sources - employment)

5. Suffolk has a lower proportion of individuals achieving NVQ level 3 qualifications and above than the England average. It also has nearly 10% fewer individuals in employment in occupations within SOC codes 1-3 (managers, directors and senior officials, professional occupations, and associate professional and technical occupations) than the England average. (See section below on Data sources - employment)

Context

Type of report

This report is part of a mental health needs assessment in the Suffolk Joint Strategic Needs Assessment. "A health needs assessment is a systematic approach to understanding the needs of a population that can be used as part of the commissioning process to ensure that the most effective support is provided for those in greatest need"[1].

Background - geography

The report covers the Suffolk County Council geography.

Clinical Commissioning Groups (CCGs) ceased to exist on 1 July 2022, when Integrated Care Boards (ICBs) were legally established. "Sub-ICB areas" match the geography of CCGs for data analysis. Suffolk is covered by two ICBs: Suffolk and North East Essex (West Suffolk and Ipswich and East Suffolk CCGs or sub-ICB areas), and Norfolk and Waveney (ICB or CCG). These areas are different sizes in terms of geography and population (March 2023)[2]:

- 1,088,258 Norfolk and Waveney CCG/ICB
- 1,058,560 Suffolk and North East Essex ICB
- 422,283 Ipswich & East Suffolk CCG/sub-ICB

- 265,688 West Suffolk CCG/sub-ICB

Where possible, health information on the Waveney part of Suffolk (including Lowestoft) is given at Primary Care Network (PCN) level. PCNs are groups of GP practices that cover smaller areas than an ICB or CCG.

Note: East Suffolk Lower Tier Local Authority (LTLA) includes the Lowestoft and Waveney area, which is in the Norfolk and Waveney ICB.

Introduction

This chapter considers social and contextual factors related to mental wellbeing and the prevention of mental illness, such as employment, safety, crime, and housing. Individual's mental health is influenced by their social setting, such as being able to earn enough money and feeling part of a community.

Understanding the local picture helps to identify vulnerable groups and consider interventions to reduce vulnerability and develop resilient communities. Improved community resilience can reduce the prevalence of mental illness, increase the prevalence of good mental health and, improve recovery and support for individuals who have become unwell.

Deprivation and inequality

Anybody can suffer from poor mental health – impacting not just the individual themselves, but their family, communities, and wider society. Mental illness is also associated with many forms of health inequalities – avoidable, unfair differences in health between groups based on demographic, socioeconomic, geographical, and other factors often resulting in a poorer quality of life, worse health outcomes, and early death. Evidence suggests that those living with severe mental illness (SMI) experience the worst inequalities, with a life expectancy of up to 20 years less than the general population and have a 3.7 times higher death rate than the general population for those under the age of 75[2] – with this mortality gap continuing to widen[3].

Research shows that greater neighbourhood deprivation is associated with worse mental health[3]. This coincides with wider health, where individuals who live in poverty are more likely to be unhealthy and die younger than individuals who are wealthy[4], evidenced with an increased prevalence of severe mental illness in more deprived areas. Deprivation and poverty are also largely associated with anxiety and depression, with individuals from lower socioeconomic backgrounds more likely to report symptoms of anxiety or depression than those in a higher socioeconomic position[5].

Data sources - deprivation

Mortality and morbidity rates are higher among individuals in disadvantaged socioeconomic positions. Individuals experiencing fewer health inequalities have a longer life expectancy. Inequalities exist through several determinants, such as material, psychosocial and lifestyle factors[6].

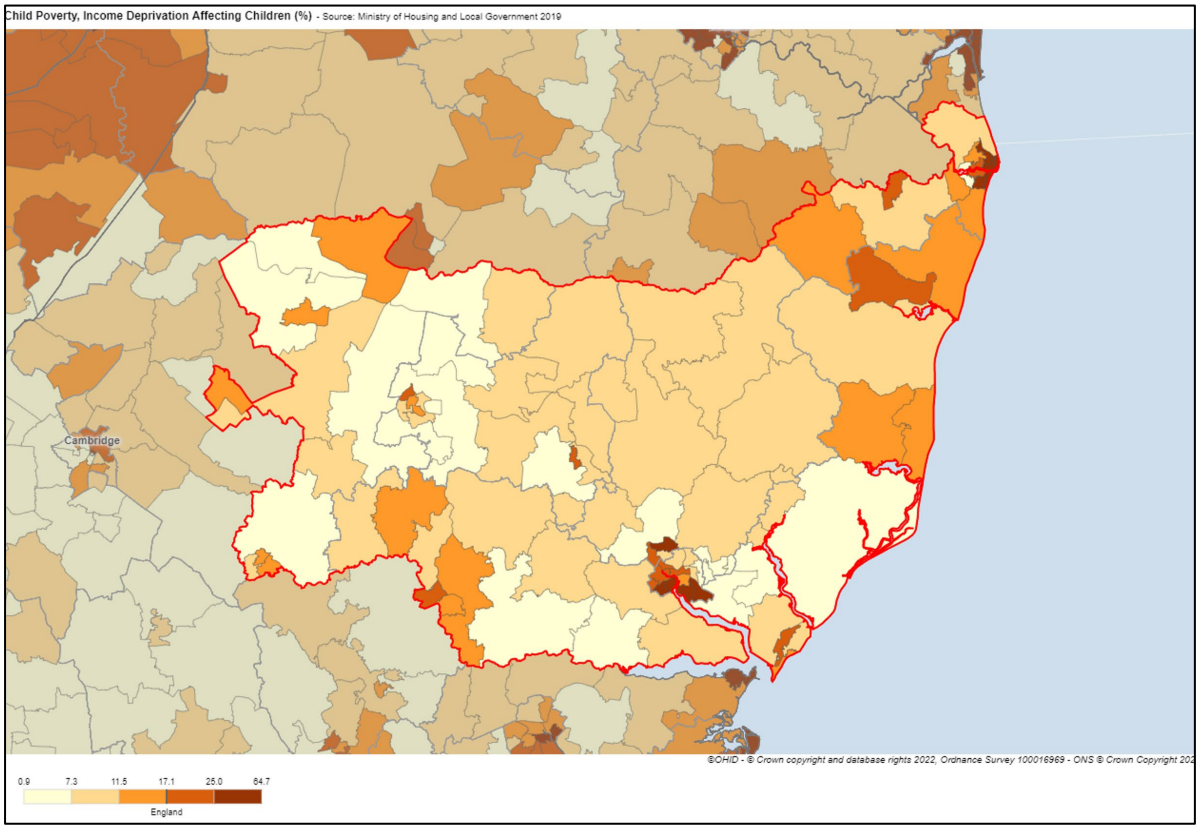
Previous research demonstrates pandemics and emergencies contribute to widening health inequalities, impacting socially disadvantaged groups further. Specific demographics such as gender, age, financial insecurity and existing physical and/or psychological health conditions can interact to affect mental health in the long term [7]. This is seen by a report from the Royal College of Psychiatrists identifying that older adults who have depression or self-harm, are much less likely to

be referred to specialist mental health services than younger adults[8] (See also the chapter on **Mental health: older people**). Furthermore, strengthening neighbourhood social cohesion is highlighted as a potential intervention to address poor mental health and mental health inequality in deprived neighbourhoods[9], which can reduce health inequalities and improve health and wellbeing through the places people live, by creating healthy communities and neighbourhoods, preventing homelessness, and improving access to green spaces.

An important risk factor for mental ill health is the lack of access to resource, which is visible through child poverty: income deprivation can affect children. Growing up in poverty damages a child's current health and wellbeing as well as impacting upon their future health and opportunities as they become an adult. A 2015 study looking at 11-year old's mental health in the UK found "about one in ten (10.3 per cent) 11-year-olds in the UK has a mental health problem according to parents", with children from the lowest income families four times more likely to possess mental health problems than children from the highest earning backgrounds. The study also found that the prevalence of severe mental health problems in children is strongly related to parental education, parental occupation, and family income[10]. (See also the chapter on **Mental health: children and young people**)

Figure 1 shows within Suffolk, according to the Income Deprivation Affecting Children Index (IDACI), 13.5% of children are living in deprivation compared to the national average of 17.1%[11]. However, pockets within the county, particularly in Lowestoft and Ipswich have a much higher prevalence at Middle Layer Super Output Area (MSOA) level. MSOAs are statistical areas that contain 5,000-15,000 population.

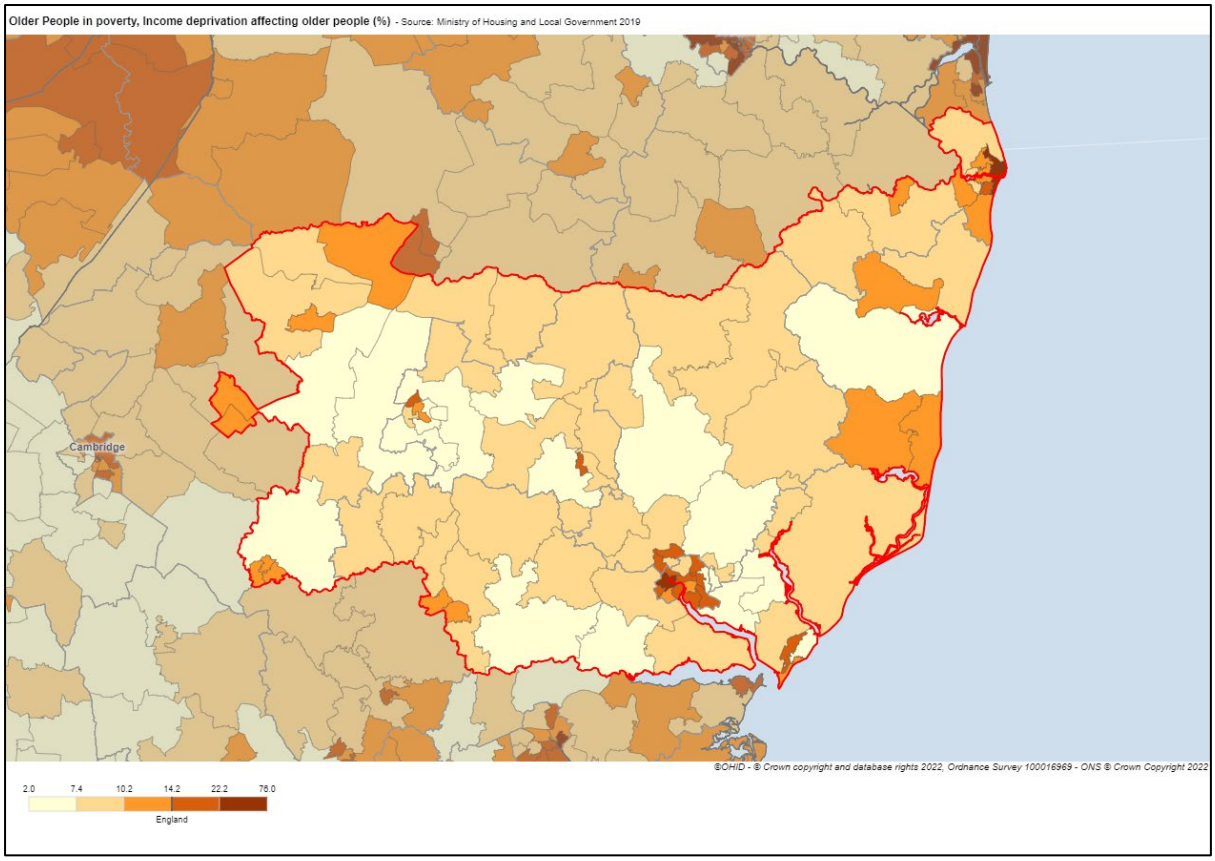
Figure 1: Child poverty, income deprivation affecting children by MSOA level, 2019



Source: English indices of deprivation 2019[11]

This trend is similar when looking at the percentage of older people living in poverty. Figure 2 shows the areas with the highest percentages at MSOA level of income deprivation affecting older people, which are within Ipswich and Lowestoft. In England, 14.2% of older people are classified as living in poverty, with Suffolk's percentage of 10.4% statistically significantly better. However, MSOA areas such as Gipping & Chantry Park and Lowestoft Harbour & Kirkley possess statistically significantly higher percentages of 22.3% and 28.6% respectively[11].

Figure 2: Older people in poverty, income deprivation affecting older people by MSOA level, 2019



Source: English indices of deprivation 2019[11]

Based on the Index of Multiple Deprivation (IMD) Score in 2019, Suffolk has a score of 18.5, placing the county in the 40% least deprived areas in the country. Table 1 shows average IMD score by Suffolk district. Ipswich and East Suffolk both have a higher IMD score than the Suffolk average, with Ipswich also above the national average. Mid Suffolk and Babergh have the lowest IMD scores within the county.

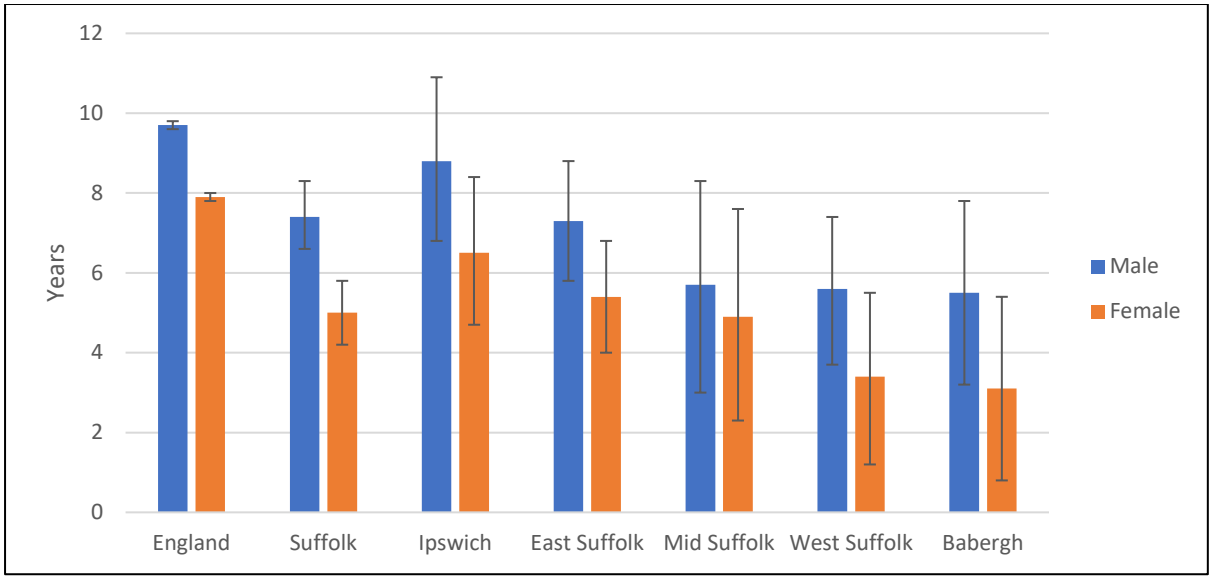
Table 1: Index of multiple deprivation 2019 (IMD) score by local authority (IMD Quintile 1 = most deprived)

Local Authority	IMD Score	IMD Quintile
East Suffolk	19.6	3
Mid Suffolk	13.2	4
West Suffolk	16.2	4
Babergh	14.3	4
Ipswich	25.9	2
Suffolk	18.5	4
England	21.7	3

Source: English indices of deprivation 2019[11]

Mental health plays an important role in healthy life expectancy: people with severe mental illness die younger than the general population[13], and people who live in more deprived areas have a higher prevalence of severe mental illness. In Figure 3, inequality in healthy life expectancy for males and females in Suffolk is displayed – with Ipswich experiencing the greatest inequality in life expectancy for both males and females. Health inequality broadly within Suffolk is below the national average of 9.7 years for males and 7.9 years for females.

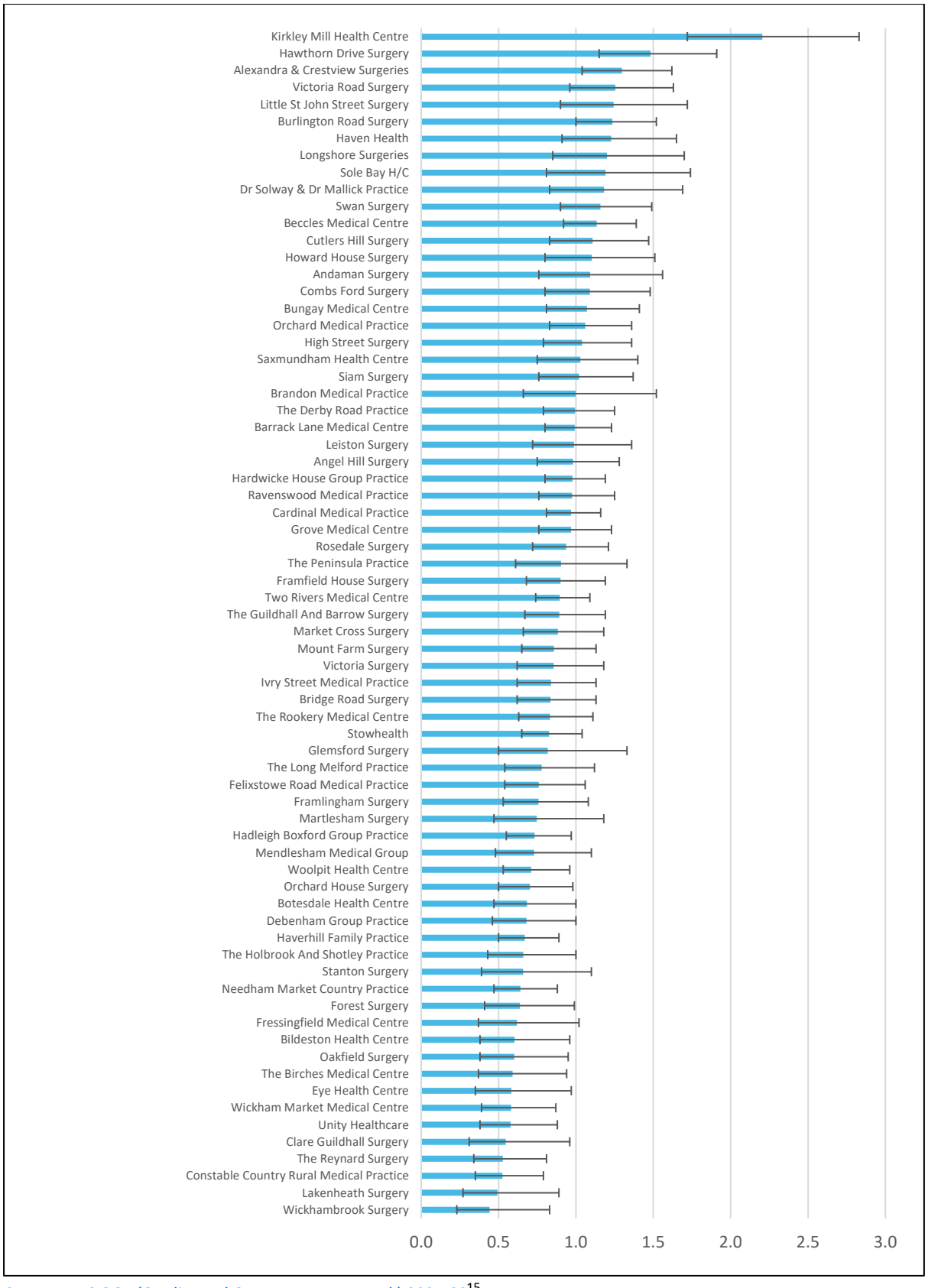
Figure 3: Inequality in life expectancy at birth (males and females), 2018-20



Source: Public Health Outcomes Framework [14]

Local Data – mental illness

Figure 4: Prevalence of patients with severe mental illness (schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy) as a percentage of aggregated practice size list 2021/22

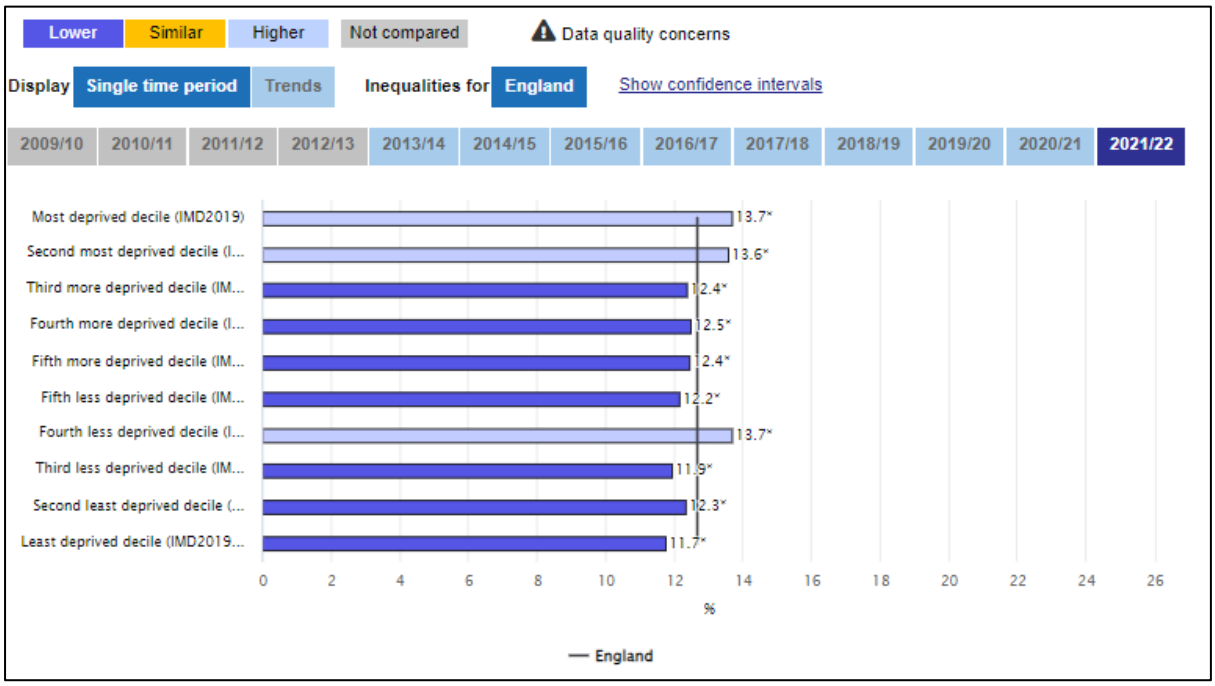


Source: NHS QOF (Quality and Outcomes Framework) 2021-22[15]

Figure 4 shows the variation amongst Suffolk GP surgeries for mental health prevalence (%), from the NHS QOF (Quality and Outcomes Framework) 2021-22. The mental health indicator displays the percentage of patients with schizophrenia, bipolar disorder and other psychoses as recorded on practice disease registers.

At a national level, depression prevalence can be broken down by the indices of multiple deprivation. Figure 5 shows that in England, more individuals within the top 2 deprivation deciles have a higher prevalence of depression (13.7% and 13.6%) than the England average (12.7%), and all other deciles. Similarly, the three least deprived deciles are all below the national average for depression recorded prevalence.

Figure 5: Depression recorded prevalence by IMD decile, England 2021/22



Source: NHS QOF (Quality and Outcomes Framework) 2021-22[15]

Evidence and further information - inequality

- Further information can be seen in Health matters: reducing health inequalities in mental illness which describes the drivers of inequalities associated with mental health, primarily around the social inequalities and disadvantages in severe mental health illness.
- The local government association report LGA: Being mindful of mental health: The role of local government in mental health and wellbeing describes the role councils can take in supporting their communities mental wellbeing as well as the LGA view of a 'mentally healthy' place.
- Another report by the Royal Town Planning Institute details a place-based approach to addressing poverty and inequality by exploring how local environments influence individual's behaviour – Poverty, place and inequality.
- The Marmot review report – Fair society, healthy lives details an evidence-based strategy to combat social determinants of health leading to health inequalities.

Poverty and financial insecurity

Mental health and poverty share a strong link – low income and debt are considerable risk factors for mental illness, with both personal and family financial security being protective factors. An improved awareness of an individual's financial circumstances can assist in identifying vulnerable groups to provide them with the necessary support for those with poor mental health.

Overview - financial insecurity

Recent studies show the link between energy poverty and an increased likelihood of depression in parents – this is particularly important given a mental health burden on its own is important, but also because parental wellbeing can influence child development and outcomes[16]. Furthermore, parental stress – particularly in high-risk communities - if unaddressed has the potential to lead to even greater psychological distress and child maltreatment[17].

Poverty is seen as both a causal factor, and a consequence – of mental ill health. Across the country, people living in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems (term used in the report) than those on an average income. The cumulative effects of poverty are present throughout the life course, starting before birth and continuing into older age[18].

Recent studies demonstrate the link between debt and higher depressive symptoms, anxiety, and perceived stress[19]. Individuals with poor mental health are more likely to be in problem debt than the rest of the population. Fewer than 1 in 10 (8%) of people without mental ill health are in problem debt, compared to almost 1 in 4 (24%) for people experiencing depression or anxiety, and 1 in 3 (33%) experiencing psychosis[20]. People with poor mental health are significantly less likely to be in employment than the rest of the population. According to Mind, poor mental health can make earning and managing finances harder, while worrying about money can worsen an individual's mental ill health[21] – the two elements are interconnected, where mental illness can also influence ability to attend work.

In addition, research shows that adjustments to the benefits cap leaving households with less money has a knock-on effect on mental health, also pushing people away from the labour market and making it harder for individuals to obtain work[22].

Data sources - financial insecurity

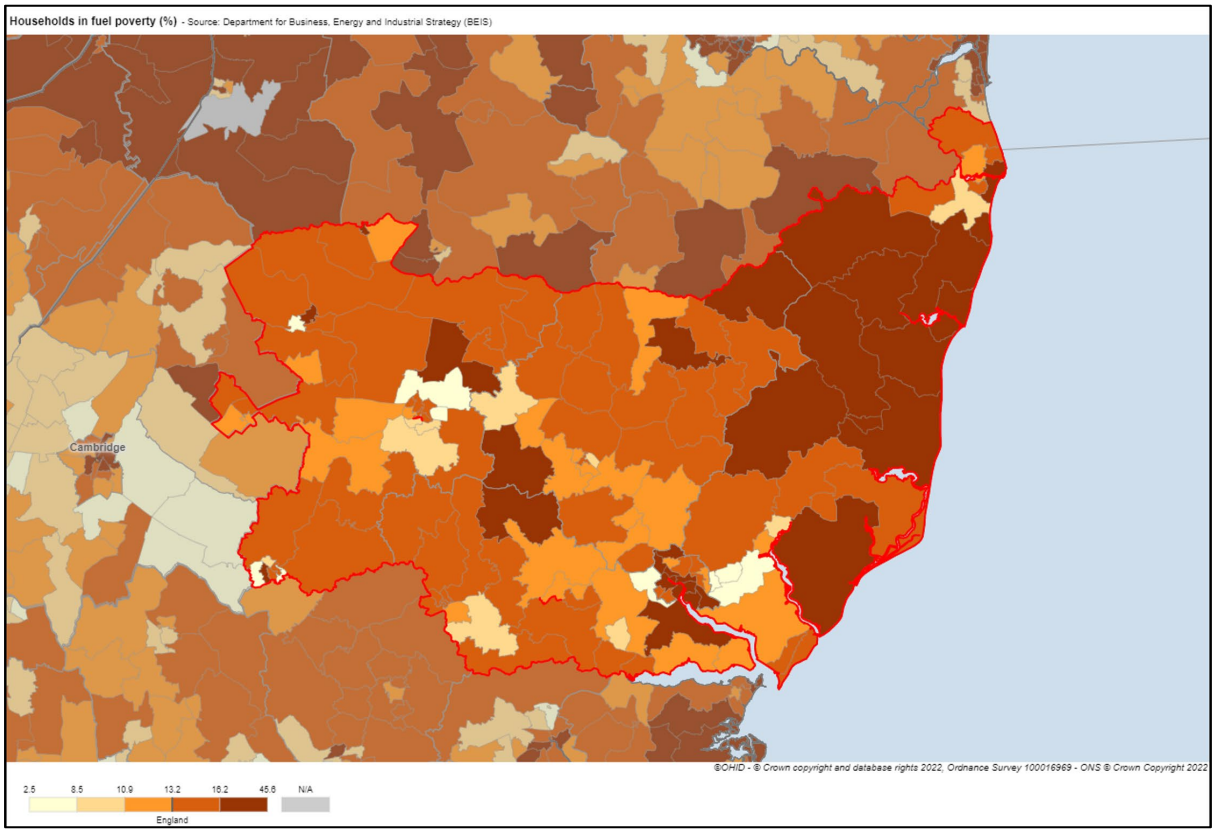
Figure 6 shows households classified as being in fuel poverty (if the household's fuel poverty energy efficiency rating is Band D or below, and their disposable income after housing and fuel costs is below the poverty line). It is important to note that fuel poverty and poverty are separate – a household with high fuel costs could be classified as in fuel poverty, but not general poverty. 14.5% of Suffolk residents, or 49,018 households are classified as being in fuel poverty, higher than the England average of 13.2%. Figure 7 maps modelled fuel poverty within Suffolk at Ward level in 2020 – a number of wards in the northern part of East Suffolk district have higher proportions of households in fuel poverty.

Figure 6: Modelled fuel poverty % for Suffolk and England, 2020

Indicator	Period	Suffolk			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Modelled estimates of the proportion of households in fuel poverty (%)	2020	–	49,018	14.5%	-	13.2%	22.4%		4.4%
Fuel poverty (low income, low energy efficiency methodology)	2020	–	49,018	14.5%	13.2%	13.2%	22.4%		4.4%

Source: Sub-regional fuel poverty 2021 [23]

Figure 7: Modelled fuel poverty within Suffolk at ward level, 2020



Source: Fuel poverty: sub-regional methodology and documentation [24]

From analysing the modelled estimates for fuel poverty at ward level within Suffolk, there are a large proportion of wards in the north of East Suffolk where over 15% of households are classified as being in fuel poverty. As expected, – and mirroring the IMD data – there are also several wards within Ipswich where over 15% of households are classified as being in fuel poverty.
Data from the Department for Work and Pensions on households below average income provides a national breakdown of the composition of these households, with almost 1 in 3 (31%) children in the UK are living in poverty. For working age adults with children, 1 in 4 (25%) are living in poverty, compared to less than 1 in 5 (18%) of working age adults without children[25]. There is also a correlation between the number of children in a household and the increased likelihood of child poverty rates – for households with 3 or more children in 2019/20, 47% of these households were classified as having below average income.

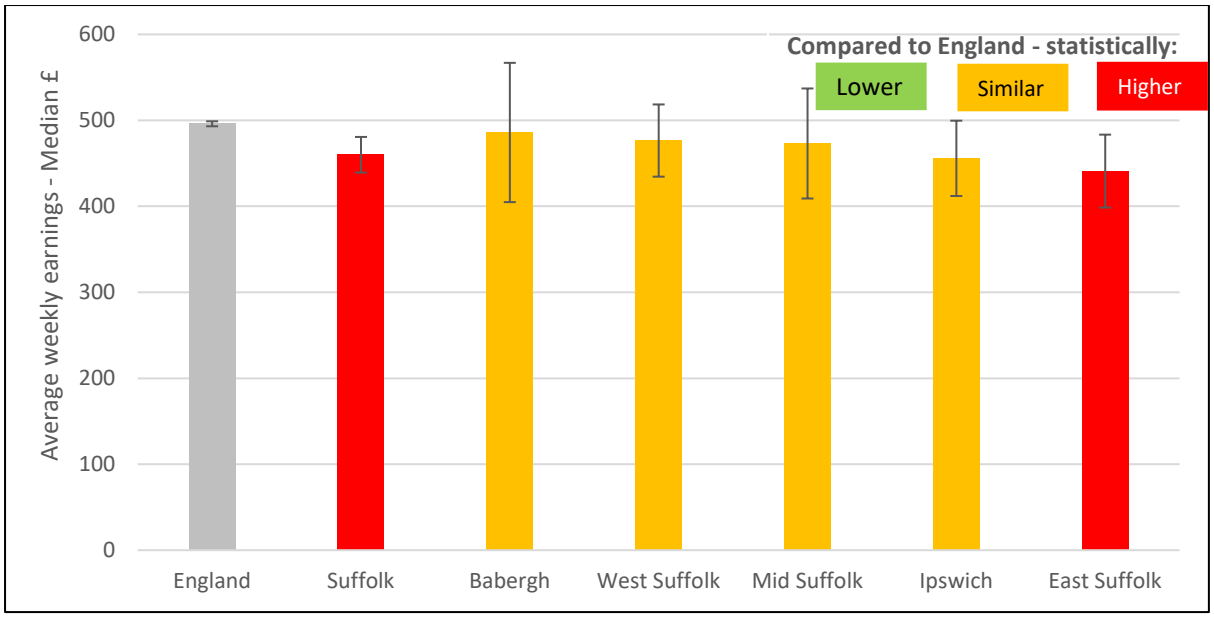
According to the housing affordability index (which is determined based on average house prices – land registry - and earnings from the Annual Survey of Hours and Earnings), in 2021 Suffolk has a housing affordability index ratio of 9.71, above the national average of 9.05[26], meaning houses are slightly more affordable for individuals living and working in Suffolk than the England average.

From the national StepChange report summarising personal debt in the UK for 2021, the mean average unsecured debt per client was £11,176, with council tax (37%) being the most common arrears type and 45% of clients having children[27].

Figure 8 summarises average weekly earnings for Suffolk residents compared to the England average in 2021. Weekly earnings for Suffolk residents are statistically significantly lower than the national average at £460 per week, meaning an individual in Suffolk earns £36 less than the average person in England. East Suffolk residents have statistically significant lower weekly earnings – earning £220

less than the England average each month. Research suggests that higher household income predicts higher self-perceived mental health, and policy and programmes aimed at promoting mental health should be tailored toward low-income individuals[29].

Figure 8: Average weekly earnings for Suffolk, 2021



Source: Annual Survey of Hours and Earnings (ASHE) [28]

Evidence and further information - financial insecurity

- Citizens Advice A debt effect? How is unmanageable debt related to other problems in people's lives? explores the relationship between high levels of debt and wider societal issues such as unemployment, low pay, physical health, and poor mental health.
- The Joseph Rowntree Foundation provides recommendations on actions to solve poverty – We can solve poverty in the UK.
- Poverty and its relationship with mental health is examined in The Mental Health Foundation's Poverty and mental health review.
- 'The missing link – how tackling financial difficulty can boost recovery rates in IAPT' from the Money and Mental Health Policy Institute illustrates the adult improving access to psychological therapies (IAPT) programme can identify and create ways to eliminate financial difficulty.
- Mental health services: cost-effective commissioning (2017) publication from Public Health England (now the Office for Health Improvement and Disparities) includes a section on the effectiveness of providing debt advice to encourage mental health within Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill health.

Housing and homelessness

Adequate housing is essential to prevent mental ill health and promote recovery. Research suggests that during the pandemic, increased time spent in unhealthy places of residence can create stresses[30]. Homelessness and poor-quality housing are risk factors for mental ill health, with stable, good quality housing being a protective factor for mental health which can be a vital element of recovery.

Living in poor quality housing for extended periods of time has negative consequences for an individual's mental health[31], with almost 1 in 5 (19%) of adults living in poor quality housing in England, impacted with poor mental health outcomes[32]. This problem is being exacerbated, with changes to the household energy price cap, increases to the cost of living, and below inflation increases to social security benefits. Studies show that living in a home that is not suitably warm is associated with nearly double the odds of experiencing severe mental distress[33]. Cold homes contribute to social isolation, with older individuals identified as being lonely or isolated are associated with cognitive decline and mental health conditions such as depression, dementia, and Alzheimer's disease[34]. In the UK, recent estimates identify over one-quarter of low-income households had been unable to adequately heat their home in winter 2022. The transition into living in a home that is not suitably warm is associated with nearly double the odds of experiencing severe mental distress for those with no prior mental ill health[35].

People experiencing homelessness are likely to feel high levels of stress and anxiety, with many also reporting depression[32]. Mental illness is more prevalent compared to the general population, with the prevalence increasing further for those between hostels, prison, hospitals, and the streets[36]. Rates of psychiatric disorders are higher in homeless individuals. Psychiatric illness can lead to homelessness. Many homeless people find it difficult to engage with, and access suitable mental health services[37]. High numbers of people with schizophrenia become homeless and present to specialist services, despite contacts with generic mental health services[38].

Data sources - housing

Data relating to homelessness in Suffolk is available within the State of Suffolk report.

Evidence and further information - housing

- The More than shelter report by the Centre for Mental Health provides key considerations for developing supported accommodation for adults with severe mental ill health, including those with multiple needs and substance misuse, as well as those facing homelessness.
- The Homeless Link website includes several useful resources including an audit tool for needs assessment, and PrOMPT (Prevention Opportunities Mapping and Planning Toolkit) to gather information to redesign services and enhance prevention.
- The Mental Health Foundation have a series of resources – Mental Health and Housing – on types of supported accommodation that meet the needs of individuals with mental illness.
- The Office for Health Inequalities and Disparities (OHID) publication on Homelessness: Applying all our health provides a summary of homelessness and the associated issues, as well as highlighting interventions that can be implemented at population, community, family and individual levels.
- OHID's collection Homes for health on housing conditions, suitability and homelessness, and building healthy communities to help local authorities, health and social care commissioners, and decision makers make plans to improve health and wellbeing through the places people live.
- The Spatial planning for health: an evidence resource for planning and designing healthier places report provides findings from an evidence review examining the links between health, and the built and natural environment to inform policy and assistance in designing healthy places.

Education and lifelong learning

Education is a hugely important determinant of an individual's future health and wellbeing – improving life chances, access to health services and enables people to live healthier lives.

Overview - education

Education provides individuals the opportunity to develop skills that allow people to function and make decisions in life, while increasing people's ability to earn employment and reduce their likelihood of living in poverty. Schools have an important role to promote mental health among children, with many schools also becoming the location of mental health services – providing one-to-one counselling and support[39]. Interventions that are well implemented can encourage resilience and develop coping skills of all pupils, while also supporting those with mental ill health[40]. Systematic reviews show that school-based mental health prevention programmes are most effective when they involve monitoring and provision of feedback, improving teachers' buy-in and organising school personnel implementation meetings[41].

Studies show that pupils with emotional and conduct disorders are increasingly likely to fall behind in their learning[42], while those not in education, employment, or training (NEET) between the ages of 16 to 24 are at a higher risk of depression, experiencing the damaging impacts of unemployment - which can last into later life[43,44]. Interventions are proven to be successful which can reduce the proportion of young people who are NEET – these are often most effective when the intervention is early and address barriers faced in accessing education and training, across organisational and geographic boundaries[43].

Later in life, adults can access lifelong learning opportunities which increase the ability of those with low educational attainment to exert control over their lives[45]. Evidence also shows that learning can aid in promoting wellbeing, protecting against normal age-related cognitive decline[46]. Education can also improve levels of health literacy – defined as the 'achievement of a level of knowledge, personal skills, and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions'[47]. Low health literacy is more common among groups with less formal education, with these individuals having an increased likelihood of several health risk behaviours: smoking, poor diet, and not participating in enough physical activity[48] .

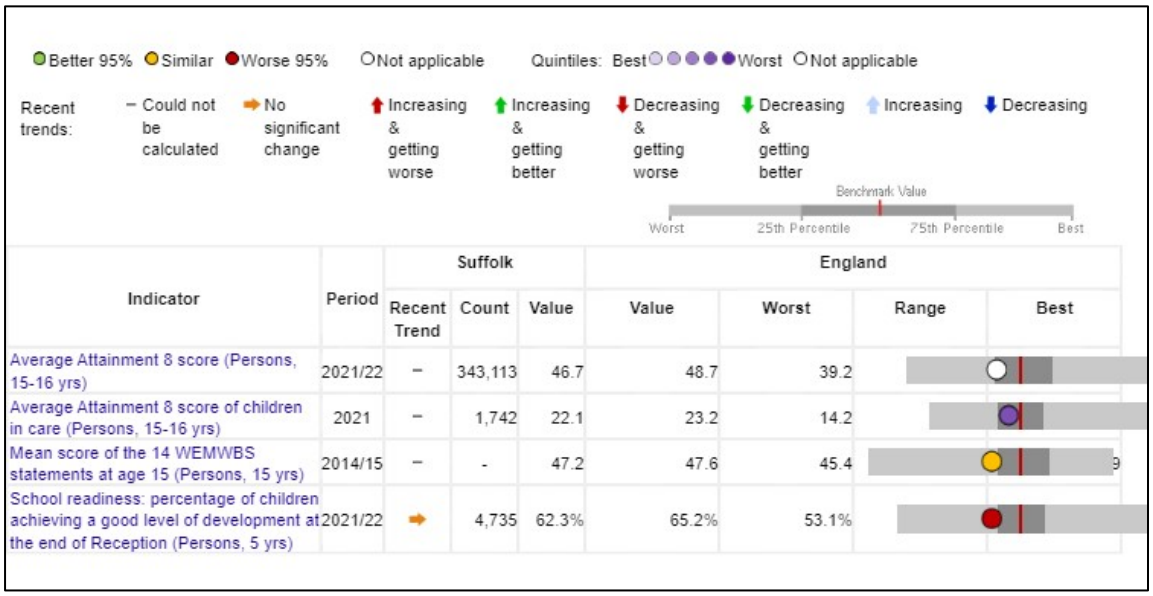
Data sources - education

Figure 9 summarises three indicators on school readiness and attainment 8 scores in Suffolk compared to England. Children from more deprived areas are more at risk of poorer development, with evidence showing that differences by social background emerge early in life. Children are defined as having reached a good level of development if they achieve at least the expected level in the early learning goals in the prime areas of learning and the early learning goals in the specific areas of mathematics and literacy. 70.7% of Suffolk's reception-aged children are classified as achieving a good level of development at the end of reception – this figure is statistically significantly lower than the England average of 71.8%, and below the Eastern region value of 72.3%.

The attainment 8 measures a pupil's achievement across 8 qualifications including English, Maths, Science, and the individual's 3 highest level qualifications meeting the English Baccalaureate specifications. Suffolk's score of 49.0 is also statistically significantly lower than the England average of 50.9. Both measures illustrate the gap in educational attainment for young people in Suffolk with the rest of the country.

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training, and work.

Figure 9: School readiness and average attainment 8 scores for Suffolk, compared to Region and England, various dates



Indicator	Period	Suffolk			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Average Attainment 8 score (Persons, 15-16 yrs)	2021/22	–	343,113	46.7	48.7	39.2		
Average Attainment 8 score of children in care (Persons, 15-16 yrs)	2021	–	1,742	22.1	23.2	14.2		
Mean score of the 14 WEMWBS statements at age 15 (Persons, 15 yrs)	2014/15	–	-	47.2	47.6	45.4		9
School readiness: percentage of children achieving a good level of development at the end of Reception (Persons, 5 yrs)	2021/22	→	4,735	62.3%	65.2%	53.1%		

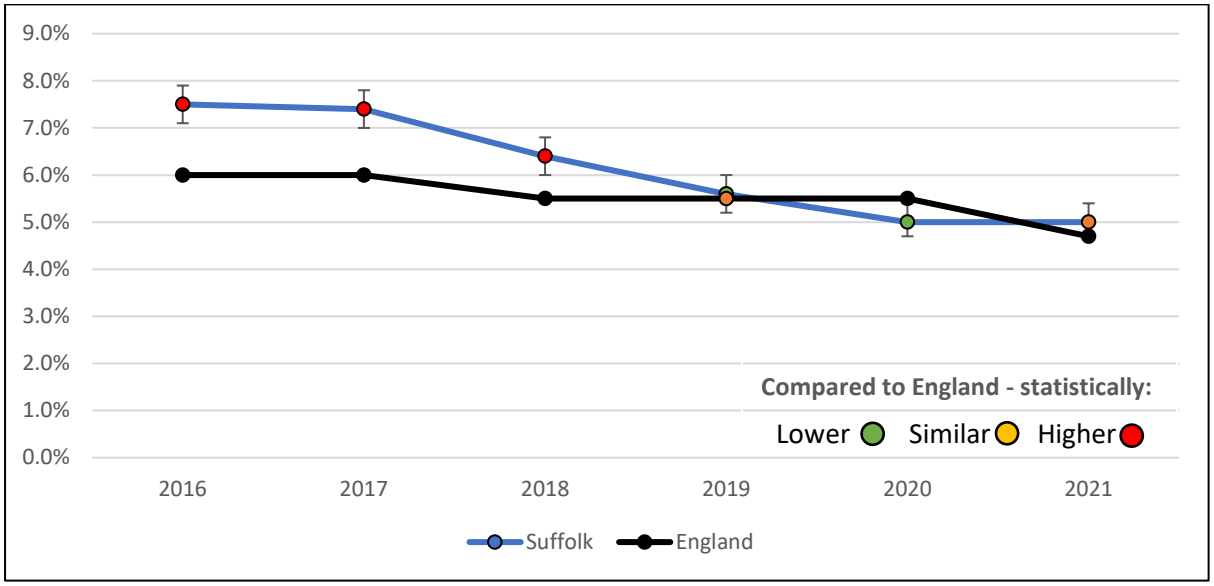
Source: Public health profiles (Fingertips) – OHID [66]

The Government recognises that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is also central to the Government's ambitions to improve social mobility and stimulate economic growth. Figure 10 displays the proportion of 16–17-year-olds not in education, employment, or training (NEET).

1 in 20 (5.0%) of 16–17-year-olds in Suffolk are classified as NEET in 2021, statistically similar to the England average of 4.7%. This value has improved, reducing from 7.5% of 16-17-year-olds in 2016, which was statistically significantly higher than the England average of 6.0%.

During the 2021/22 academic year, within the East of England, 150,400 adults (aged 19 and over) funded further education and skills (including apprenticeships) programmes were completed, an increase of 3,000 participations on the previous academic year[52].

Figure 10: 16–17-year-olds not in education, employment, or training (NEET) or whose activity is not known, 2016-21



Source: Public health profiles (Fingertips) – OHID [66]

Local data - education

Individual school performance can be viewed using the Government's Find School Performance Data service, which provides an overview of assessment data, absence and pupil population and workforce and finance statistics.

Graduate data is available from HESA's HE Graduate Outcomes Data providing detail on the direction of graduates, as well as their earnings following graduation. Data within this resource is published at a regional level, hence Suffolk-specific data has not been included.

Evidence and further information - education

- The Department for Education have a resource titled Mental health and behaviour in schools: departmental advice for school staff that provides strategies to encourage resilience and support, for pupils at risk of developing mental ill health in schools.
- NICE guidelines to promote social and emotional wellbeing for children in the educational setting are available from Social, emotional and mental wellbeing in primary and secondary education.
- Within the Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill health includes sections on school-based social and emotional wellbeing programme's effectiveness, as well as programmes to address young people experiencing bullying.
- The Institute for Health Equity's Reducing the number of young people not in employment, education or training (NEET) details possible interventions to reduce the number of young people classified as NEET and the cost-effectiveness of recommended interventions.
- Supporting mental health in schools and colleges utilises case studies and provides a survey format to support pupil's mental health and wellbeing.

Employment and working conditions

Stable and rewarding employment is a protective factor for mental health and can be a vital element of recovery from mental ill health. Unemployment and unstable employment are risk factors for poor mental health.

Mental illnesses don't just affect an individual, they have an impact on others and on employers: 14.7% of people experience mental ill health in the workplace[53]. It is suggested that 12.7% of all sickness absence days in the UK can be attributed to mental health conditions[54]. Mental health in the workplace impacts employee engagement, productivity, and reputation – with an estimated cost of £1,652 per employee, per year[54]. Employers should provide a healthy workplace, with a supportive work environment and a suitable workplace culture while promoting mental wellbeing[55,56].

Being in employment is beneficial to health and wellbeing – it is vital to distinguish between 'good work' (satisfaction, fair pay, participation and progression, wellbeing and voice and autonomy[57]) and 'bad work' – for example, zero-hour contracts that can be associated with inferior job quality with lesser pay, and underemployment[58].

The right to work is universal, while also protected under the Equality Act 2010 – however, there is a known employment gap between the general population and those with mental ill health, with men and young adults most severely affected, resulting in increased rates of anxiety, mood disorders and suicidal behaviours[59].

There are strong links between employment and mental health, with just under 1 in 7 (14.7%) of people experiencing mental ill health in the workplace. Women in full-time employment are almost twice as likely to have a common mental health disorder as full time employed men (19.8% compared to 10.9%). Studies illustrate that there is an association between current unemployment and the increase in probability of poor mental health among both men and women[60].

Individuals with mental ill health continue to face challenges in obtaining and maintaining employment – sometimes because of negative attitudes and stigma, and concerns from employers who know little about mental health. Reports illustrate that between 30% and 50% of people with schizophrenia are capable of work given suitable support, however only 9% of people with a likely psychotic disorder are working full-time and only 19% are working part-time[53]. The NHS has a target to increase access to individual placement and support schemes to support an additional 35,000 people with severe mental illness to find and retain employment by 2023/24[61].

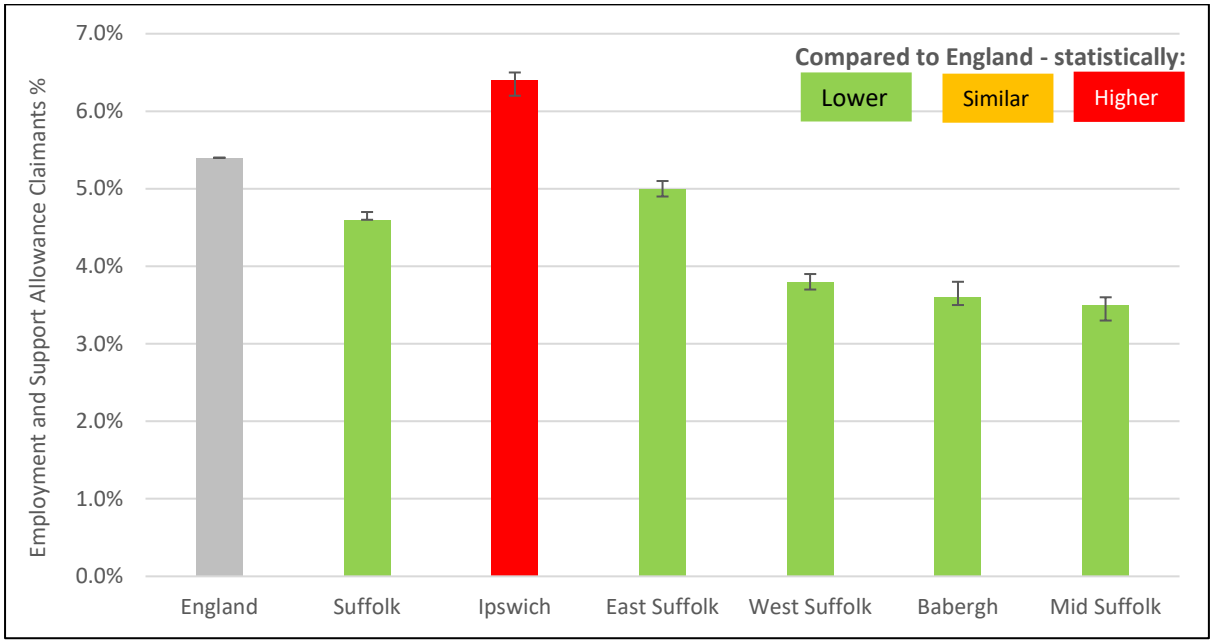
Data sources - employment

This indicator is a measure of people of working age who due to having ill health or a disability are claiming Employment and Support Allowance (ESA) benefit, Incapacity Benefit (IB) or Severe Disablement Allowance (SDA). For people claiming ESA, ill health or disability is a cause of being out of work, or severely restricted in work that can be undertaken. But while not working will be the right option for some of these people, staying out of work longer term may contribute to a worsening of health outcomes for others.

Figure 11 displays the percentage of employment and support allowance claimants in Suffolk and districts, compared to the England average. Suffolk has a statistically significant lower percentage of benefit claimants than the UK average, with less than 1 in 20 (4.6%) receiving this support. However, there is statistically significant variation across the county: 6.4% of individuals in Ipswich are benefit

claimants. Also, East Suffolk has a higher proportion of benefit claimants than the Suffolk average at 5.0%.

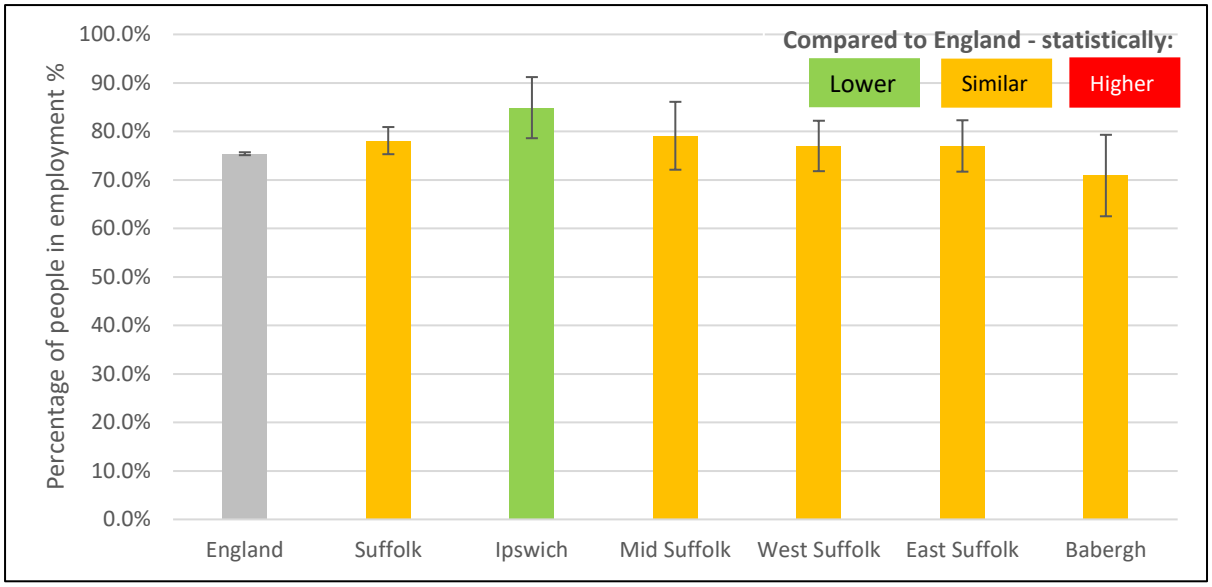
Figure 11: Employment and support allowance claimants, Suffolk local authorities, 2018



Source: Benefit claimants - employment and support allowance - Nomis - Official Census and Labour Market Statistic[62]

Figure 12 presents the employment figures from the 2021/22 annual population survey, showing Suffolk has a statistically similar percentage of individuals in employment to the national average at 78.1% (compared to 75.4% nationally). Ipswich does, however, have a statistically significant higher percentage of individuals in employment at 84.9% - while the local authority has the highest percentage of benefit claimants due to ill health or disability in the county, it also has the highest percentage of individuals employed. All other Suffolk local authorities are statistically similar to the national average.

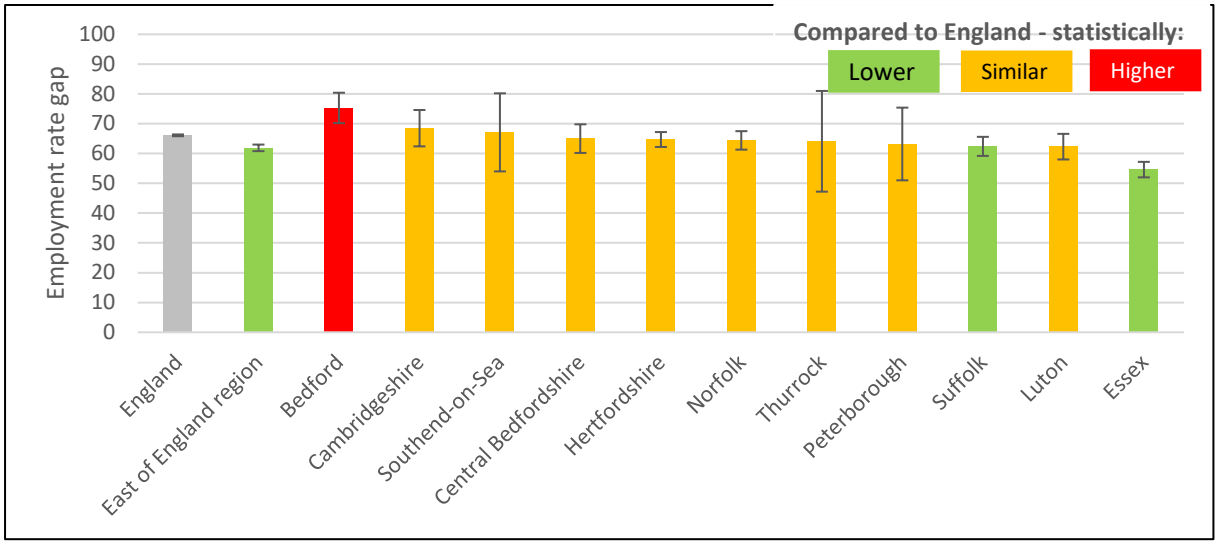
Figure 12: Percentage of people in employment, Suffolk local authorities, 2021-22



Source: Annual population survey - Nomis - Official Census and Labour Market Statistics[63]

Figure 13 presents the percentage point gap between the percentage of working age adults who are receiving secondary mental health services recorded as being in paid employment, and the percentage of all respondents in the Labour Force Survey classed as employed. In Suffolk, this gap is 62.4%, which is statistically significantly lower than the England gap of 66.1% in 2020/21. For the East of England, only Suffolk and Essex report a statistically significantly smaller gap than the England average.

Figure 13: Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate, Eat of England (2020/21)



Source: Measures from the Adult Social Care Outcomes Framework - NHS Digital[65]

A major factor in maintaining good mental health is stable employment. The relationship between mental health and unemployment is bidirectional. Good mental health is a key influence on employability, finding a job, and remaining in that job. Unemployment causes stress, which has long term physiological health effects and can have a negative impact on mental health, including depression, anxiety, and lower self-esteem[66].

Table 2 presents employment and unemployment data for Suffolk in 2022. According to the ONS annual population survey, almost 4 in 5 Suffolk (79.2%) residents are economically active, with the majority (2 in 3) employees of organisations. Just over 1 in 10 individuals within the county are self-employed, above the national average of 9.2%. Also, unemployment is statistically significantly lower in the county (1.3%) than the national average of 3.8%.

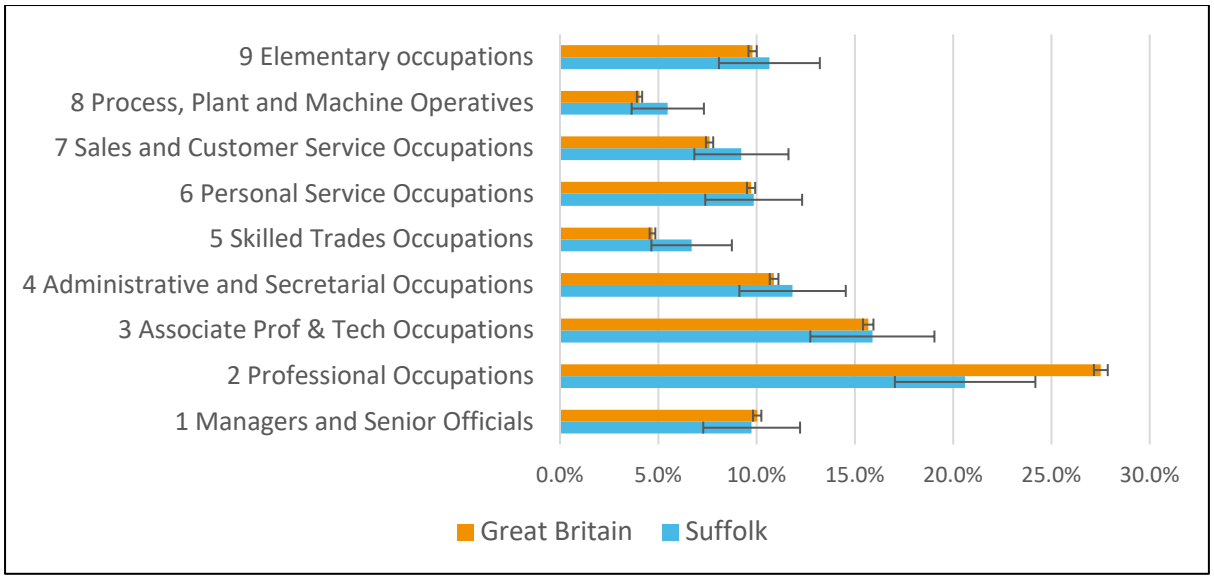
Table 2: Employment and unemployment within Suffolk and Great Britain, people aged 16 and over, year to June 2022

All People	Suffolk (Numbers)	Suffolk (%)	Great Britain (%)
Economically Active	364,700	79.2%	78.6%
In Employment	360,100	78.2%	75.5%
Employees	301,400	66.7%	66.0%
Self Employed	57,100	11.3%	9.2%
Unemployed	4,600	1.3%	3.8%

Source: Annual population survey - Nomis - Official Census and Labour Market Statistics[63]

Figure 14 from the ONS annual population survey also shows the occupations within Suffolk, with statistically significantly fewer individuals working in professional occupations at 20.6% compared to the national average of 27.5%.

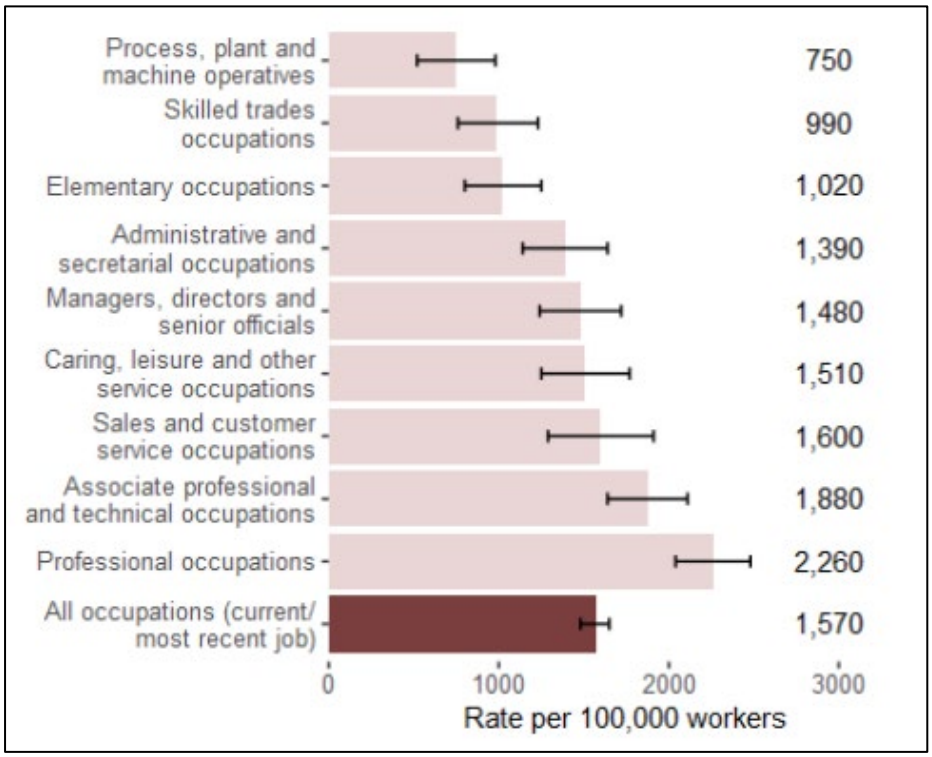
Figure 14: Employment by occupation – Suffolk and Great Britain, year to March 2022



Source: Annual population survey - Nomis - Official Census and Labour Market Statistics[63]

Figure 15 show the data from the Labour Force Survey (averaged from between 2017/18 to 2019/20) shows that in Great Britain, those in professional occupations, and associate professional and technical occupations (SOC codes 1-3) report statistically significant higher rates of work-related stress, depression, or anxiety per 100,000 workers than other occupations.

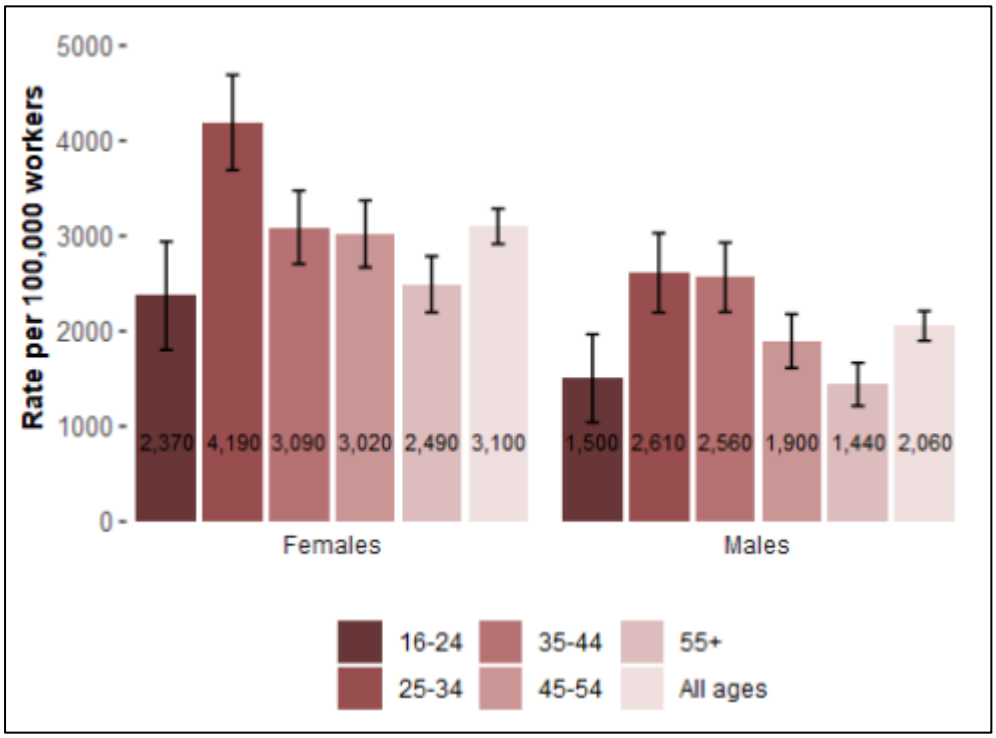
Figure 15: Estimated prevalence of work-related stress, depression, or anxiety in Great Britain, for people working in the last 12 months by occupation, averaged 2017/18-2019/20



Source: Labour Force Survey - Office for National Statistics [67,68]

Figure 16 displays the prevalence of self-reported work-related stress, depression, and anxiety in Great Britain between 2019/20 to 2021/22. Females overall had a statistically significant higher rate of work-related stress, depression, or anxiety, with males reporting statistically significant lower rates than females for all age groups.

Figure 16: Prevalence rate of self-reported work-related stress, depression, or anxiety in Great Britain, by age and gender per 100,000 workers, averaged 2019/20-2021/22



Source: Labour Force Survey - Office for National Statistics [67,68]

Higher levels of education are associated with better mental health. Education has been shown to be one of the clearest indicators of life outcomes such as employment, income, and social status. Table 3 shows that Suffolk has a lower proportion of individuals achieving qualifications at NVQ level 4 and above than the Great Britain average, with individuals achieving a degree/NVQ4 qualification earning a median salary of £10,000 more than non-graduates and experiencing a higher employment rate of 86.7%[69].

Table 3: Qualifications by level in Suffolk and Great Britain (January 2020 – December 2021)

	Suffolk (Numbers)	Suffolk (%)	Great Britain (%)
NVQ4 and above	158,500	36.5%	43.6%
NVQ3 and above	237,100	54.5%	61.5%
NVQ2 and above	323,100	74.3%	78.1%
NVQ1 and above	384,000	88.4%	87.5%
Other Qualifications	21,500	4.9%	5.9%
No Qualifications	29,100	6.7%	6.6%

Source: Annual population survey - Nomis - Official Census and Labour Market Statistics[63]

Evidence and further information - employment

- Business in the Community partnered with Public Health England (OHID from 2022 onwards) to produce a toolkit to assist every organisation to support the mental health and wellbeing of their employees – Mental health toolkit for employers.
- The Centre for Mental Health provides an overview of Individual placement and support (IPS) approaches, as well as the evidence base for the approach and links to successful implementation.
- The Department for Work and Pensions (DWP) uses data from the Labour Force Survey to produce the Work, health and disability green paper highlighting the important relationship between work and health, which includes proposed improvement strategies.
- The Cochrane Review's Flexible working conditions and their effects on employee health and wellbeing evaluates the effects of flexible working interventions on the physical, mental and general health and wellbeing of employees and their families.
- The Mental health at work web resources from Mind provide training information and webinars for individuals and employers. It also includes resources to support staff who are experiencing poor mental health.
- NICE have produced guidance publications – Mental wellbeing at work and workplace health to encourage mental wellbeing at work. Recommendations vary according to the type and size of the organisation, with links to related guidance made within the pathway.
- Public Health England (OHID as of 2022) Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill health includes sections on the effectiveness of interventions to encourage health and wellbeing in the workplace and prevent stress, depression and anxiety problems.
- OHID's Workplace health: applying all our health includes sections with evidence and guidance to assist healthcare professionals to encourage people to live healthy lifestyles at work.
- The Workplace Wellbeing Charter provides several online courses for employees and managers on workplace health on a variety of topics, such as mental health, remote working, weight management and physical activity.

Crime, safety, and violence

"The relationship between crime and mental health problems is complex. It can also be controversial, as public perception about the relationship can contribute to stigma, discrimination and social exclusion."[4]

It is estimated that as many as 90% of prisoners have some form of mental ill health, personality disorder, or substance misuse problem[70]. People with severe mental illness are three times more likely to be a victim of crime in the previous year than the general population, five times more likely to be the victim of assault (increasing to ten times more likely if they are female)[71].

People in contact with the criminal justice system have a high prevalence of mental health needs. 16% of prisoners report symptoms indicative of psychosis, compared to approximately 6% of the population – with the prevalence even higher for female prisoners at 25%[72]. Studies estimate 39% of individuals on probation are suffering from current mental illness, with anxiety disorders being the most common. In the same study, 60% of the probation population had substance abuse problems and 48% had personality disorders[73].

People in contact with the criminal justice system have a greater number of risk factors for suicide including increased prevalence of mental health conditions, substance misuse and socioeconomic deprivation – they are also recognised as a priority group within the Government's suicide prevention strategy[74]. Suicide is covered in more detail within the chapter Mental health: population factors.

Many people with mental illness who are in contact with justice services will additionally be experiencing difficulty accessing good quality homes, employment, and income, which can result in their mental health deteriorating. Public Health England (now OHID) produced the publication Rebalancing Act[75] with national evidence on the needs of people in contact with the criminal justice system, aiming to reduce the health inequalities experienced by people in contact with criminal justice and reduce offending behaviour[76]. Based on the recommendations, those in prison must have their needs identified and addressed during their time in prison and support needs to be in place upon returning to their local community.

Major determinants of violence are socio-economic factors and substance misuse – violence and mental illness are not without connection, sharing many biological and psychosocial factors[77]. Early identification and treatment of substance abuse problems are necessary in violence prevention strategies, in addition to greater attention to diagnosis and management of substance abuse disorders among people with a severe mental illness (further information - Mental health: population factors).

Being a victim of crime, or exposure to violent/unsafe environments can increase the risk of developing mental ill health. Child abuse has the most detrimental impact on mental health through to adulthood[78].

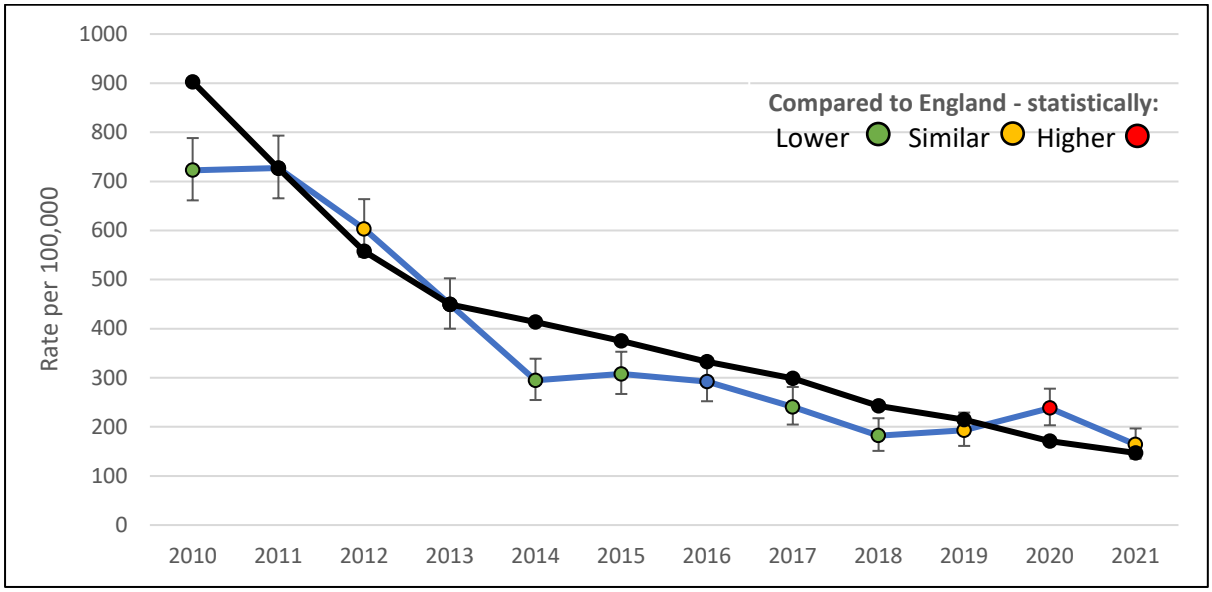
Intimate partner violence is a serious public health concern associated with increased risk of developing mental health conditions[79], with sexual violence also leading to the potential of developing mental illness. In England, 40% of sexual assault referral centre clients are already known to mental health services[80].

Partnership working to address links between mental health and crime is required across a range of agencies such as education, health, public health, police, the judiciary, places of custody and the community organisations assisting individuals in contact with justice services.

Data sources – crime and safety

Figure 17 shows the rates of juveniles receiving their first conviction, caution, or youth caution per 100,000 10-17-year-old population, by the individual's area of residence. Children and young people at risk of offending, or within the youth justice system often have greater mental health needs than other young persons. Based on the above table, Suffolk in 2021 has a statistically similar rate of first-time entrants to the youth justice system to the England average, at 114 per 100,000. Since 2010, both the England and Suffolk rates have reduced significantly over time, however in 2020 – Suffolk had a statistically significant higher prevalence of youth first time entrants to the justice system than the England average with 163 per 100,000.

Figure 17: First time entrants to the youth justice system for Suffolk and England, 2021

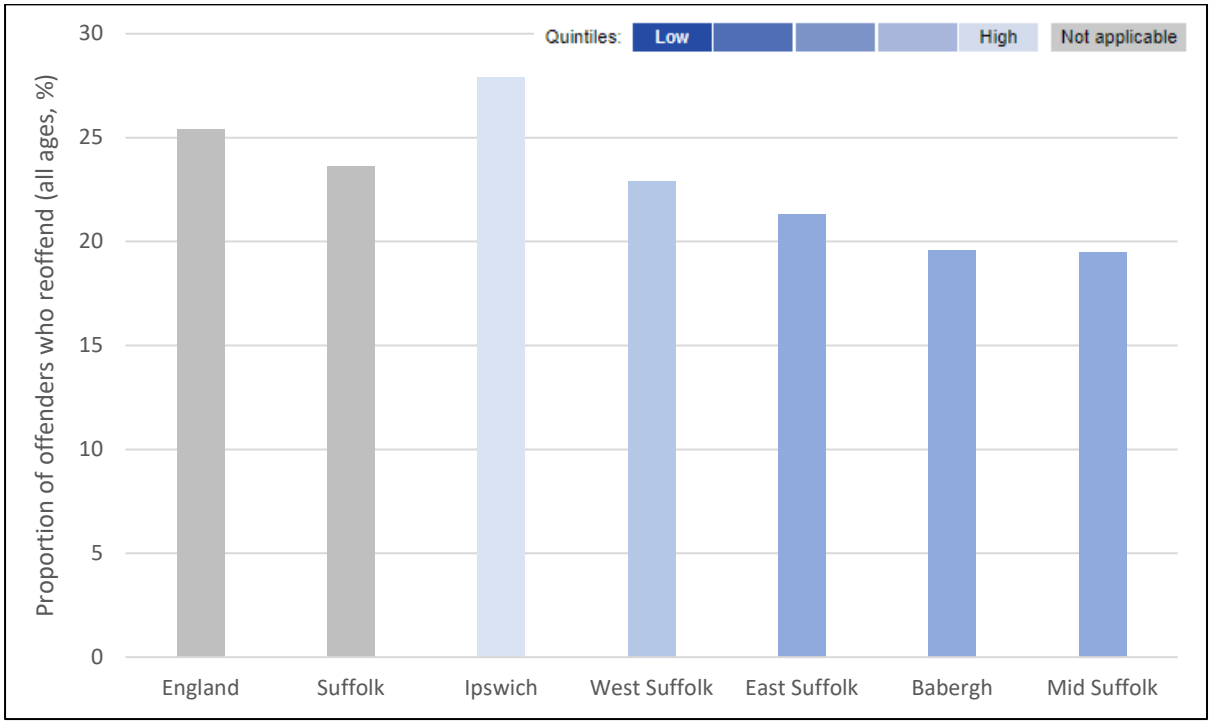


Source: Public health profiles (Fingertips) – OHID [66]

A person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. This outcome therefore cannot be addressed in isolation. Offenders often also experience health inequalities that will need to be identified, examined, and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational. Reoffending therefore has a wide impact on the health and wellbeing of individuals, their children and families, and the communities they live in.

Confidence intervals are not reported for this dataset, so differences between areas may not be statistically significant. Figure 18 shows in 2019/20 over 1 in 4 (25.4%) of offenders in England then go on to re-offend. In Suffolk, the number is fractionally lower – 23.6% of offenders go on to re-offend.

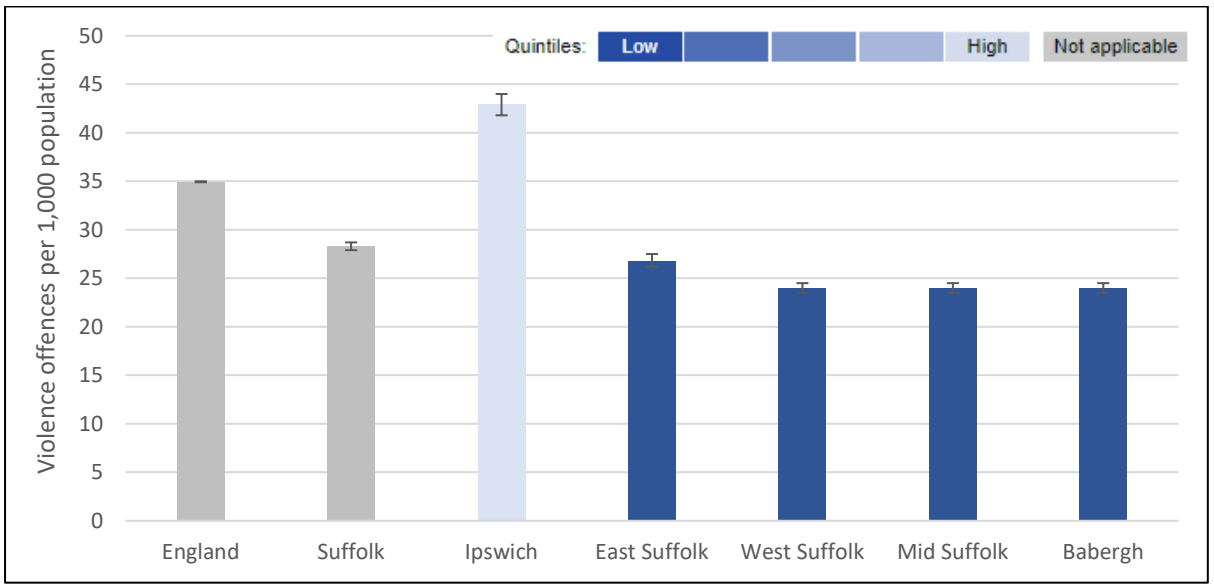
Figure 18: Re-offending levels – percentage of offenders who re-offend by Suffolk, district and England, July 2020 to June 2021



Source: Proven reoffending statistics [82]

Figure 19 is a count of the "violence against the person" offences, which does not include sexual offences. Ipswich has a statistically significant higher incidence of violent crime at 42.9 per 1,000 population than both the England and Suffolk averages – Ipswich's rate also puts the local authority in the first quintile nationally. All other Suffolk local authorities have a statistically significant lower rate of violent crime than Suffolk and England averages. Figures for Babergh, Mid Suffolk and West Suffolk are the values for the community safety partnership that each local authority area sits within.

Figure 19: Violent crime – violence offences per 1,000 population, Suffolk and districts, 2021-22



Source: Police recorded crime and outcomes open data tables[83]

Table 4 provides Suffolk's prison population counts and nationalities in September 2022. From the quarterly prison population statistics, in September 2022 Suffolk had 1,973 individuals within the three prison sites. The three prisons within Suffolk are male only facilities.

In 2020/21, Suffolk has also received 160 referrals into the national drug treatment programme from the criminal justice system. These 160 referrals make up 13% of all referrals into the national programme from Suffolk – with most (62%) coming from self, family, and friends in 2020/21[85].

Table 4: Suffolk prison populations, by nationality, September 2022

	British Nationals	Foreign Nationals	Nationality not recorded	Total Population
Highpoint (North and South)	1,018	208	1	1,227
Hollesley Bay	465	11	3	479
Warren Hill	260	7	0	267
Total	1,743	226	4	1,973

Source: Offender management statistics quarterly:[84]

Evidence and further information – crime and safety

- The Police and Crime Bill includes provision that prohibit individuals aged under 18 from being held in police custody under the Mental Health Act, ensuring adults are only detained in exceptional circumstances, while also reduces the maximum permitted detention time to 24 hours.
- The NHS's Liaison and Diversion resources aim to identify vulnerable people early on, helping to improve health and criminal justice outcomes. There are resources available for services to use.
- NICE have produced guidelines – Mental health of adults in contact with the criminal justice system – which supports assessing, diagnosing, and managing mental illness in adults who are in contact with the criminal justice system.
- The Ministry of Justice produced a cross-government Victims Strategy which sets out the vision to improve support for victims or witnesses to crime during their journey through the justice system – individuals can experience physical and mental scars long after the initial event.
- Victim Support reports provide an overview of the effect of crime and victim's needs, with a variety of quantitative and qualitative reports on a plethora of themes.

Community wellbeing and social capital

Having good mental health and wellbeing is an important health outcome which can improve an individual's resilience to mental and physical illness. Good social capital is associated with better population-level health and wellbeing.

Overview - community

Mental wellbeing is far greater than just the absence of mental illness – it is also linked with an individual's emotional, physical, and social wellbeing and the wider social, economic, cultural, and environmental conditions in which they live. Mental wellbeing is a combination of our emotions and life satisfaction with our relationships, personal control, purpose in life and independence[86]. The NHS suggests 5 steps to improving mental health and wellbeing, including:

- connecting with other people

- being physically active
- learning new skills
- giving to others
- paying attention to the present moment (mindfulness)[87].

Mental wellbeing is particularly important to children and young people as it influences the way they cope with important life events. Both children and adults with better mental wellbeing are likely to be more resilient and deal better with stressful events, recovering quicker from illness and less likely to put their health at risk[88].

Individuals' mental wellbeing is influenced by factors at a community level such as social networks, the sense of local identity, levels of trust and reciprocity and civic engagement. Social capital is used to describe our connections with others and attitudes and behaviours between people are the fabric of a functioning, close-knit society. Social capital is associated with values such as tolerance, solidarity, and trust – these are beneficial to society and important for people to be able to cooperate[89].

Evidence shows that income inequality is associated with poorer mental health[90]. Communities also possess assets that can improve health and build resilience – literature identifies mobilising assets include connecting assets, raising awareness of assets, and enabling assets to thrive[91]. These assets include physical components such as public green space, play areas and community buildings, and social assets such as volunteering and charity groups, social networks and the knowledge and experiences of residents. Using this approach has the potential to protect and increase community wellbeing – improving individuals' resilience.

Young people's wellbeing is increasingly affected by modern day technology, with the use leading to inconclusive debate on the influence of social media on young people's mental and physical wellbeing[92]. In addition, the impact of substituting social media usage for other forms of social interaction not fully understood[93].

Data sources - community

Further local information on communities and community assets is in the State of Suffolk.

Local Data - community

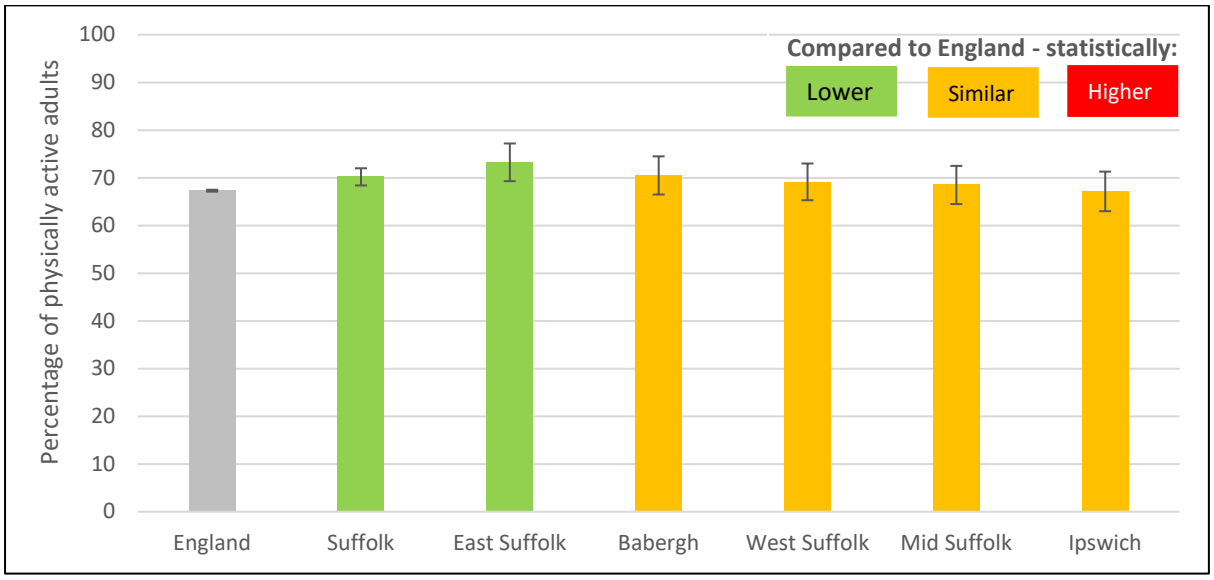
Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally[95]. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older adults' physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year[66].

There is a strong link between physically activity and improving both physical and mental wellbeing[96], with the promotion of physical activity enabling more people to experience the benefits of regular exercise.

Figure 20 provides a summary of the Active Lives Survey data for adult physical activity levels in 2021/22. Suffolk (70.3%) has a statistically significantly higher percentage of adults classified as active compared to the England average (67.3%). East Suffolk (73.2%) also has a statistically significantly higher proportion of active adults compared to the England average. Babergh, West

Suffolk, Mid Suffolk and Ipswich all have statistically similar percentages of physically active adults, compared to the England average.

Figure 20: Percentage of physically active adults, for Suffolk and districts, compared to England 2021/22



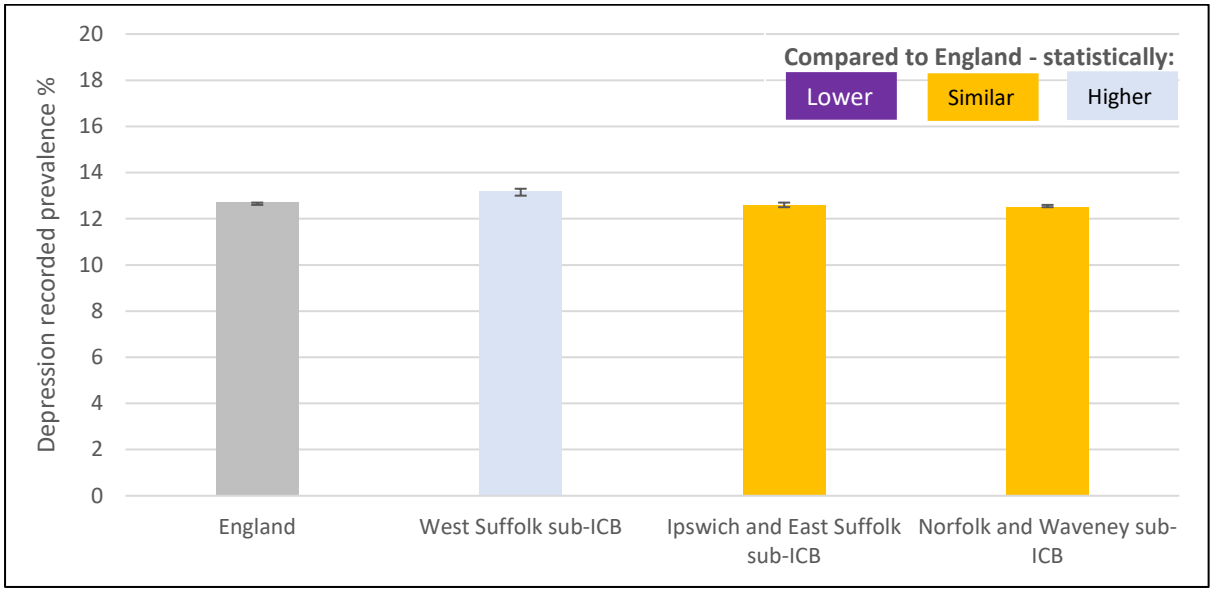
Source: Active Lives, Sport England[94]

Personal Wellbeing in Suffolk provides an overview of how Suffolk residents' anxiety, happiness, life satisfaction and worthwhile scores have changed over the previous 10 years, as well as being broken down by individual local authority.

As part of the Fingertips common mental health disorders profile, and according to NICE guidelines, there is emerging evidence on the importance of psychosocial risk factors throughout life such as loneliness, isolation and depression which may reduce resilience to disease onset and progression. Psychosocial factors may be as important as physical factors in reducing the risk of dementia, but more research is required[97]. The ambition is to reduce the number of people with depression, as this may increase the resilience to dementia onset and progression, and to encourage further research into this association.

Figure 21 provide the prevalence of depression data at below Integrated Care Board (sub-ICB) level in 2021/22. West Suffolk sub-ICB has a statistically significantly higher depression prevalence (13.2%) among practice populations compared to the England average of 12.7%. Both Ipswich and East Suffolk sub-ICB (12.6%) and Norfolk and Waveney ICB (12.5%) have statistically similar depression prevalence among practice populations, compared to the England average.

Figure 21: Depression, recorded prevalence (aged 18 and over) for Suffolk sub-ICBs, 2021/22



Source: NHS QOF (Quality and Outcomes Framework) 2021-22[15]

Evidence and further information - community

- The King's Fund's Strong Communities, wellbeing and resilience details asset-based approaches used by local authorities to build social capital in individuals and communities.
- Community engagement: improving health and wellbeing and reducing health inequalities is a NICE guideline to assist local authorities and health bodies meet their statutory obligations.
- Health matters: community-centred approaches for health and wellbeing from Public Health England (now OHID) provides an overview of community-centred approaches to create the conditions for community assets to thrive.
- The What works centre for wellbeing provides systematics reviews, case studies and policy recommendations, including the report 'Measuring wellbeing inequality in Britain' and a community wellbeing programme.
- The House of Lords library prepared a briefing titled Impact of technology on the health and wellbeing of children and young people on the relationship between technology and health and wellbeing of young people.

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