

Southampton Strategic Assessment (JSNA)

Mental health and wellbeing

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1. Mental health and wellbeing background



One in four adults and one in 10 children experience mental illness at any one time, and many more of us know and care for people who do. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds ([NHS England mental health information](#)).

Different conditions are more prevalent in different ages and in different parts of the city. Southampton City Council and Hampshire and Isle of Wight ICB through the Health and Wellbeing Board are committed to working together with the people of Southampton to improve the health and wellbeing of residents, with an equal focus on physical and mental health.

At a time of increasing demand on services and pressures on funding, it is even more important to make sure the city is a healthy place by ensuring services are delivered as efficiently as possible, targeting them towards those people who need them most. The [Southampton Health and Wellbeing Strategy \(2017-25\)](#) recognises that it is particularly important to increase access to appropriate mental health services as early as possible and when they are needed; prioritising and promoting mental health and wellbeing as being equally important as physical health. More information can be found in the resources section below

2. Who is at risk and why?

Risk factors that are linked to poor mental health can include:

- **Deprivation**— mental illnesses are unevenly distributed across society, with disproportionate impacts on the most deprived members of society, for example, those living in poverty. In the 2019 Index of Multiple Deprivation, Southampton is ranked 55th (where 1 is the most deprived) out of 317 local authorities. Southampton has 19 Lower Super Output Areas (LSOA -2011) within the 10% most deprived in England and one in the 10% least deprived. More information can be found in the [health inequalities](#) and [deprivation and poverty](#) sections.
- **Physical health** – poor physical health, disability and those with long-term conditions are risk factors for poor mental health. Those with existing long-term conditions such as asthma, diabetes or arthritis are 2 to 3 more times likely to develop a mental illness. In Southampton, in 2021/22, 17,254 (6.1%) registered patients have an active diagnosis of asthma, 15,304 (6.2%) people have diabetes and 18.4% of the registered population are living with 3 or more long-term conditions. More information can be found in the [health conditions](#) section.
- **Loneliness and lack of social interaction** – both can occur at any time in an individual's life. However, the circumstances that increase the risk of loneliness vary with age. For example, leaving education is a commonly vulnerable time for younger people, whereas the death of a loved one or the onset of an illness are more often times of vulnerability for older people. In the 2020 City Survey, It appears that the majority of people (67%) feel a low level (score of

0-3) of loneliness and isolation in their daily life. However, levels of loneliness and social isolation appear to have increased in Southampton since 2018; 16% scored 7-10 in 2020, an increase of 5% points compared to in 2018. More information can be found in the [surveys and research](#) section and [social isolation](#) page.

- **Individual characteristics** – such as resilience and the availability of ‘social capital’, which are the social networks and relationships an individual can access in times of difficulty, which in some circumstances can positively influence health outcomes.

3. COVID-19 and mental health impact

The COVID-19 pandemic saw many restrictions put on the free movement of people across Southampton, England and the world, as part of efforts to reduce the number of people infected with COVID-19, this had a massive impact on daily routines. The new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues took time to get used to. Adapting to lifestyle changes such as these and managing the fear of contracting the virus and worry about the people close to us who are particularly vulnerable, was a challenge. This could be particularly difficult for people with mental health conditions.

3.1 The impact of COVID-19 on children and young people's mental health

Pre-pandemic, across England the number of children and young people (CYP) experiencing mental health difficulties was increasing. A [NHS England survey](#) of CYP in July 2020 found that:

- the number of children with probable mental health disorders had increased from 10.8% in 2017 to 16% in 2020
- CYP with a probable mental disorder were more likely to say that lockdown had made their life worse than CYP unlikely to have a MH disorder

Southampton [Children and Young People's Emotional and Mental Health Wellbeing Plan: 2021 – 2024](#) found evidence that COVID-19 and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing.

No Limits carried out a survey - [The Impact of Coronavirus on Children and Young People's Mental Health](#) of 462 Southampton and Hampshire children and young people aged 8-25yrs between November 2020-January 2021.

- 1 in 3 children and young people reported that their mental health got worse or continued to get worse when returning to school in the autumn.
- 82% of all young people aged 15+ worry about their long-term future.
- Almost two thirds of young people are worrying about: their mental health.
- 81% of young adults are worried about not having enough money to live on
- 36% of girls and young women feel they needed more support in returning to school, college or work compared with 24% of boys and young men.
- 10% of young people felt they had nowhere to go for support with their emotional or mental wellbeing

COVID-19 has affected the social and emotional development of children and young people, as well as their education. Children and young people in Southampton report negative impacts of the pandemic on their mental health. They are worried about their own mental health and about the future.

3.2 The impact of COVID-19 on adults

Southampton residents were already vulnerable to mental health difficulties before the pandemic. Existing mental health difficulties are likely to have been exacerbated due to isolation from family and friends, bereavement, anxiety about infection and effects on others/wider society, financial and employment concern and reduced access to treatment and support. National data shows a mixed picture of periods of deterioration in mental health coinciding with lockdowns, followed by recovery in some indicators.

The Office for Health Improvement and Disparities (OHID) [COVID-19 mental health and wellbeing surveillance report](#) found 'deteriorations in mental health and wellbeing between March and May 2020, followed by a period of improvement from July, stabilising at levels comparable to before the pandemic between August and September... [More recent evidence](#) from UCL, suggests that there was a second deterioration in population mental health and wellbeing between October 2020 and February 2021, followed by a period of recovery.' However, data from ONS indicates higher proportions of adults reporting low self-worth during the period of the pandemic compared to a 2019 baseline.

In Southampton sub-city areas with vulnerable residents are more likely to have vulnerable mental health because of restrictions put in place during the COVID-19 pandemic. The most vulnerable areas are in the more deprived parts of the city centre and areas with more students. Vulnerability is less widespread in the east and west of Southampton, although there are clusters of more vulnerable areas, especially in more deprived areas in eastern and western wards.

More information on the impact of COVID-19 can be found in the COVID-19 Impact assessment in the resources section below and on the [COVID-19](#) section.

4. Children and young people

Children with mental, emotional or social needs are identified in schools where an education health care plan, statement or other support is put in place to help children and young people reach their potential. In Southampton, in 2021/22, 4.1% of primary, secondary and special school pupils with Special Education Needs (SEN) where primary need is social, emotional and mental health. This is significantly worse than 3.0% in England.

Nationally, data from [YoungMinds](#) suggests that:

- One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom.
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse.
- In 2018-19, 24% of 17-year-olds reported having self-harmed in the previous year, and seven per cent reported having self-harmed with suicidal intent at some point in their lives. 16% reported high levels of psychological distress.
- Suicide was the leading cause of death for males and females aged between five to 34 in 2019.
- Nearly half of 17-19 year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.

More information and indicators relating to children and young people's mental health can be found in the resources section below and [children and young people](#) section.

5. Depression

In 2021/22, 12.3% of registered patients in Southampton aged 18+ years, from the Quality and Outcomes Framework (O diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record; similar to the England average of 12.7%. Looking at sub-city levels the highest prevalence of depression is in the wards on the east and west sides of Southampton with the highest prevalence from LSOAs in Woolston ward.

More information is available in the [chronic condition projections](#) page.

6. Severe mental illnesses

People with severe mental illnesses, as defined by QoF as patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers. In Southampton 1.13% of registered patients are recorded as having a diagnosis of severe mental illness, which is significantly higher than the national average of 0.94.

At sub city level there are strong relationships between the prevalence of severe mental illnesses (schizophrenia and bipolar disorder) and deprivation.

Part of the [Core20PLUS5](#) approach from the NHS, which is to inform action to reduce healthcare inequalities at both national and system level. The approach focuses the healthcare offer for people who live in areas that are the 20% most deprived, as well as 'PLUS' population groups identified

locally as most likely to be experiencing inequalities, and '5' clinical areas requiring accelerated improvement. One of these five areas is hypertension.

More information can be found in the [health inequalities](#) section.

7. Dementia

In 2023, it is estimated that 1,727 (64.8%) registered patients, aged over 65 years been recorded diagnosis of dementia. Southampton is statistically similar to the England average of 63.0%.

Dementia is more common in those aged over 65 years but can affect people as young as in their 30s. It is estimated that in Southampton 2.18 crude rate per 10,000 registered population were recorded to have dementia aged under 65 years old, lower when compared to the England average of 3.05% per 10,000.

The prevalence of dementia in those aged over 65 is expected to rise. Estimates from [POPPI](#), suggest that the number of people with dementia aged over 65 years could rise by 36.8% between 2023 and 2040, lower when compared with 45.6% in England.

However, the expected rise in prevalence may not be directly attributable to an underlying increase in prevalence, it could be a combination of a number of factors; for instance, GPs are becoming better at diagnosing and recording dementia, which is likely to continue to improve (NHS England).

More information can be found in the resources section below.

8. Suicide prevention

Suicide is a significant cause of death in young adults and a leading cause of years of life lost. Although suicide can affect anyone, several high-risk groups were identified in the Department for Health and Social Care [Suicide prevention strategy for England: 2023 to 2028](#):

- Young and middle-aged men
- People in the care of mental health services, including inpatients
- People in contact with the criminal justice system
- Specific occupational groups, such as doctors, nurses, veterinary workers
- Farmers and agricultural workers
- People with a history of self-harm

In Southampton, in 2019-21, the rate of suicides was 9.5 DSR per 100,000 population lower but similar to the rate for England of 10.4 DSR per 100,000 population. The rate for males in Southampton was 13.7 DSR per 100,000 population compared with 5.7 DSR per 100,000 for females.



9. Resources

9.1 OHID – Public mental health dashboard

The dashboard is divided into sections relating to the requirements of a JSNA, containing pages where both narrative and data are presented. Indicators are taken from OHID Fingertips

[OHID - Public mental health dashboard](#)

9.2 Health and Wellbeing Strategy 2017-2025

Our vision is that Southampton has a culture and environment that promotes and supports health and wellbeing for all. Our ambition is to significantly improve health and wellbeing outcomes and reduce citywide health inequalities in Southampton by 2025.

[Health and Wellbeing Strategy 2017-2025](#)

9.3 OHID – Fingertips – Mental health tools

These system profiling tools are available to all. They are primarily intended to provide better access to information and intelligence to support commissioning, planning and providing services locally. The tools bring together a wide range of publicly available information to offer a broad picture of mental health and dementia and provide the means to focus on specific topic areas. The tools enable and advocate benchmarking against peers. The core aim is to provide information for improvement, not judgement.

[OHID – Fingertips - mental health](#)

9.4 NHS England – Mental Health Services Monthly Statistics

This publication provides the timeliest picture available of people using NHS funded secondary mental health, learning disabilities and autism services in England.

[NHS England – Mental Health Services Monthly Statistics](#)

9.5 Oxford Brookes University - Projecting Older People Population Information System

This view-only system is developed by the Institute of Public Care (IPC). It is for use by local authority planners and commissioners of social care provision in England, together with providers. It is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over

Oxford Brookes University - [Projecting Older People Population Information System](#)

9.6 NHS England - Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey

This is the first in a series of follow up reports to the Mental Health and Young People Survey (MHCYP) 2017, exploring the mental health of children and young people in July 2020, during the Coronavirus (COVID-19) pandemic and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the COVID-19 pandemic are also examined.

NHS England - [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey](#)

9.7 Public First - The Other Pandemic: The Impact Of Covid-19 On Britain's Mental Health

In February 2021, a survey was carried out by Public First about people's mental health during the pandemic. The survey results concluded that 40% of respondents said their mental health has been negatively affected in the last 12 months. The report shows that Coronavirus has taken on mental health in all parts of society – but especially women, the less well-off and young people.

Public First - [The Other Pandemic: The Impact Of Covid-19 On Britain's Mental Health](#)

9.8 NHS England – Core20PLUS5

Part of the Core20PLUS5 approach from the NHS, which is to inform action to reduce healthcare inequalities at both national and system level. The approach focuses the healthcare offer for people who live in areas that are the 20% most deprived, as well as 'PLUS' population groups identified locally as most likely to be experiencing inequalities, and '5' clinical areas requiring accelerated improvement. One of these five areas is hypertension.

NHS England – [Core20PLUS5](#)