

Equality & Diversity Profile – Mental Health

This profile presents the current information available. We would like your feedback. Does it reflect your understanding of key issues for mental health? If not, what would you change or add?

The Population at Risk of Disadvantage & Their Experiences

Mental health needs arise from a combination of risk factors of varying intensity that adversely affect an individual's sense of mental well-being and affect people differently because of their varying degrees of emotional resilience. Some of these factors can be characterised as inherent factors, which includes genetic and biological factors (e.g. age and sex), whilst others can be characterised as, to some degree or other, "modifiable". This includes personally modifiable characteristics, such as:

- Family and socio-economic characteristics (e.g. marital status or social class);
- Individual or household circumstances (e.g. life events, educational qualifications, social networks, financial status, housing tenure);
- Environmental and/or societal factors (e.g. crime or deprivation index)

For this reason there are also differences in the occurrence of mental health needs amongst communities, with some groups more susceptible to mental illness than others, including within geographical locations in the city.

Mental health problems are extremely common – up to 1 in 4 people will experience mental ill health at some point in their lives, with approximately one in six suffering at any one given time. National research suggests there is a broad positive correlation of *relative* deprivation in an area and the degree of mental well-being within this area. Taken as a whole, Sunderland has high levels of socio-economic deprivation (albeit improving steadily). For example, 88 out of 146 sub-wards are in the first deprived 20% of sub-wards nationally (IMD2010). Sunderland therefore has higher levels of mental ill health than average compared to England and the North East as a whole.

The occurrence of child mental illness is estimated at 7.3% of children aged 5–10 and 10.1% of those aged 11–15 years have some form of mental health need. When considering adults, it is estimated 17% of the adult population experience some form of neurotic disorder, of which around 70% experience anxiety or depression in Sunderland at any given time. Mental illness occurrence rates are more common amongst women (nearly 1 in 5, and particularly amongst women from South Asian groups) than men. Approximately 4.4% - 5.8% of the adult population have some form of personality disorder and it is estimated that 1% - 2% of the adult population have more severe mental illness, such as schizophrenia (around 0.5%) or bipolar disorders (0.5% - 1.4%), with the highest occurrence amongst 16 – 44 years.

The future number of people with mental ill health in the city could be driven by several factors including:

- Medium-term economic impact on city due to effects of economic downturn which would result in potentially more people suffering longer-term worklessness;
- Increased number of older people in the population, with mental ill health for older people nationally thought to be under-recognised in the city;
- Societal changes, such as the increased number of single people living alone, may increase the level of social isolation which may negatively impact on individuals' well-being;

From national and local research, some of the issues reported to be facing people with mental illness include:

- Access to meaningful information and advice is reported to be an area for improvement, including initial access to assessment;
- Many people with mental disorders are either undiagnosed; it is thought older people particularly are at risk of suffering from a mental illness which is not diagnosed, or not in contact or treatment; e.g. it is estimated nationally that 35% of those with depression and 51% with anxiety disorders are not in contact with services;
- People with mental ill health are reportedly more susceptible to physical illness and lifestyle choices that may make them more susceptible to ill-health. For example, research suggests:
 - People with mental health needs are more prone to having a poor diet, smoking, drug and alcohol misuse and low rates of physical activity;
 - Are more at risk to coronary heart disease, bowel disease and diabetes;
 - People with severe mental illness are also at an enhanced risk of self-harm and suicide and are more likely to develop significant health problems at a younger age than the general population, and die faster from them;
- Work is known to be a positive protection factor in reducing the likelihood of people becoming mentally ill. Conversely, meaningful training, development and employment opportunities are part of recovery pathways for those with common and several mental health problems. However, Sunderland suffers from a significant degree of worklessness than the population of England, with worklessness rates representing 23% of the population, significantly higher than the 19% experienced nationally. The single most common reason for people accessing Incapacity Benefit is because of mental illness;
- The most common barriers faced by people with mental illness when trying to improve their quality of life can be a lack of confidence, low self-esteem, poor social skills and social networks and a lack of motivation. Furthermore, these issues were cited as major barriers in preventing individuals from accessing universal or mainstream services from which they could benefit. People with severe mental health problems such as psychiatric disorders also often suffer from significant social exclusion and a lack of social opportunities;
- One issue highlighted by people with severe and enduring mental illnesses accessing services is whilst most thought such services of generally high

quality, there were concerns over their effectiveness in promoting their independence in the longer-term – this is particularly true of people in supported accommodation;

- A number of vulnerable people with mental illness who have remained in supported accommodation or secondary mental health wards for extensive periods of time often find it difficult to progress to the next transition in their lives, inhibiting their ability to live their lives independently;
- There remain issues associated with suitable accommodation options for (particularly older) people with severe mental illness (that often have physical difficulties) discharged from long-stay secondary Mental Health wards. Resulting in people living in housing environments that may not be suitable for them, including those living in private-rented or RSL properties. Furthermore, such individuals have a heightened risk of homelessness because of potential income deprivation and/or challenging behaviours that may result in a threat to their continuing tenancies;

