

# West Sussex Public Mental Health Needs Assessment - 2024

## Executive Summary

## West Sussex Public Mental Health Needs Assessment – **Executive Summary**

**This all-age public mental health needs assessment is part of the Joint Strategic Needs Assessment (JSNA). The JSNA is a statutory requirement for public health that looks at the current and future health, wellbeing and care needs of local populations to inform and guide the planning and commissioning services, this may include strategies, action plans and frameworks for delivery. This is a full needs assessment designed to be used as a commissioning tool to inform mental health and wellbeing services and support, this is not a strategy, action plan or framework for delivery. This report informs and guides future work and is intended to support health and care partners across West Sussex on this important agenda.**

The objectives of this needs assessment are to:

- Identify and describe guidance, and local policy in relation to mental health and wellbeing across the lifespan from perinatal, birth to older age.
- Describe the prevalence of mental ill-health and identify groups in the local population who may be at higher risk of poor mental health or dementia.
- Describe services and identify strengths, assets, gaps, barriers, and unmet needs.
- Capture the views and experiences of people who use services, professionals and local organisations supporting people with mental health issues, dementia and their carers.
- Describe the impact of COVID-19, cost of living and other challenges on mental health needs and services.
- Provide evidence-based recommendations for action.

### **How the needs assessment was organised**

The JSNA was overseen by a steering group made up of the Integrated Care Board NHS Sussex, West Sussex County Council, district and borough councils, mental health providers, community and voluntary sector and Sussex Police. The work was carried by the needs assessment working group and this was informed by the work of seven sub-groups (one per population cohort, a data working group and co-production working groups for children and young people and adults.)

The needs assessment was conducted from October 2023 to June 2024 and included collation and analysis of the following:

- Prevalence and health data
- Literature reviews of policies

- Guidance and strategies
- Evidence for what works for prevention
- Service mapping and analysis
- Co-production and analysis of engagement data
- Primary data collection and analysis (community health survey, survey of staff in GP practices, semi-structured interviews with professionals, focus groups and incorporation of the findings from the LGBTQ+ children and young people's mental health needs assessment.)

Co-production with people with lived experience was a core part of the needs assessment from the beginning to inform and guide the process throughout. A workshop and seven sub-groups were set up to review and validate findings and develop the needs assessment recommendations.

This needs assessment report can be used to shape county wide approaches to mental health and wellbeing commissioning and provision. It supports the identification of needs and gaps as well as what is working well within the system.

The needs assessment covers the following population cohorts: perinatal mental health, early years: conception to 5 years of age, children and young people and families – aged 5 to 16 years (including SEND), young people 16 – 25 years, working age adults – aged 25 to 65 years (including dementia), older adults – aged 65 years or over (including dementia) and multiple compound needs.

Within the summary we provide a high-level overview of the findings of the needs assessment, along with the areas for focus across the following six areas:

- 1. System under pressure**
- 2. Preventing mental ill-health, supporting people earlier**
- 3. Whole pathways and all people**
- 4. Accessible, flexible and personalised support**
- 5. Housing and accommodation**
- 6. Complexity: multiple physical and mental health conditions, social care and or education needs and multiple services**

Many of the areas identified in the areas for focus have programmes of work in place to address these. These are not included in this needs assessment report, they will be part of strategies, action plans or frameworks for delivery.



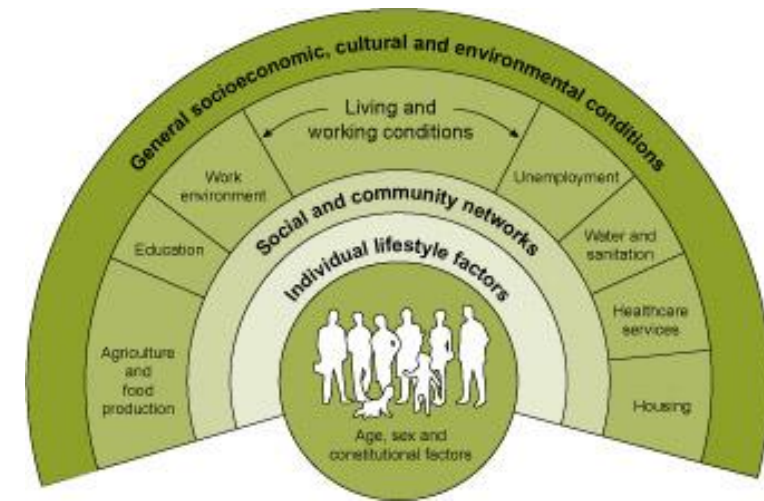
## Prevention

Mental health problems are common, affecting almost two thirds of us. Mental and physical health are fundamentally linked, and can shorten lives. Mental health problems are subject to stigmatisation and may be kept hidden. They affect, and are affected by, our relationships with family, friends, and communities. The effects of poor mental health can be costly and are both a cause and a consequence of social inequalities.

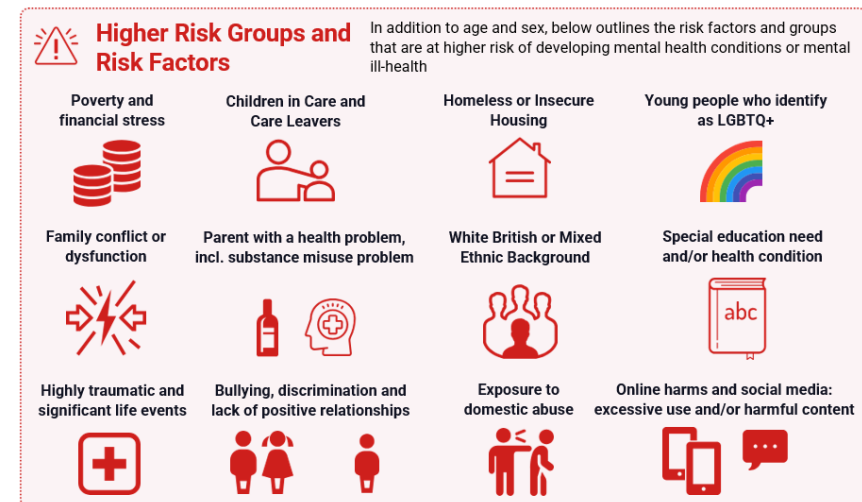
The risk of developing a diagnosable mental illness, and of having low levels of mental wellbeing, varies across people and communities and over time. It is strongly influenced by multiple factors past and present. This can include the environment in which we are born, grow, live, work and age, by our family relationships especially when we are a child, life experiences, trauma, and our genetics. Some factors increase the likelihood of having mental health problems (risk factors) and other reduce it (protective factors). Evidence shows that the largest determinant of our health is our wider socio-economic circumstances such as income, wealth, education, employment and community cohesion.

**Figure 1:** Building blocks of health

Source: Dahlgren and Whitehead (1991)



**Figure 2:** Higher risk groups and risk factors for children and young people's mental health and wellbeing



## Population

In the last ten years the county has experienced a higher growth in population than the South East and England overall and a far higher increase than other local authorities in the Sussex Integrated Care System. The population is projected to further increase overall but growth will be driven by the older age groups; the child population is projected to fall.

There are significant differences within the county in terms of age and ethnicity. Overall, West Sussex has an older population compared with England, with a lower percentage of people from minority ethnic backgrounds. However, Crawley has a younger and ethnically more diverse population, with over 26% from ethnic minority groups.

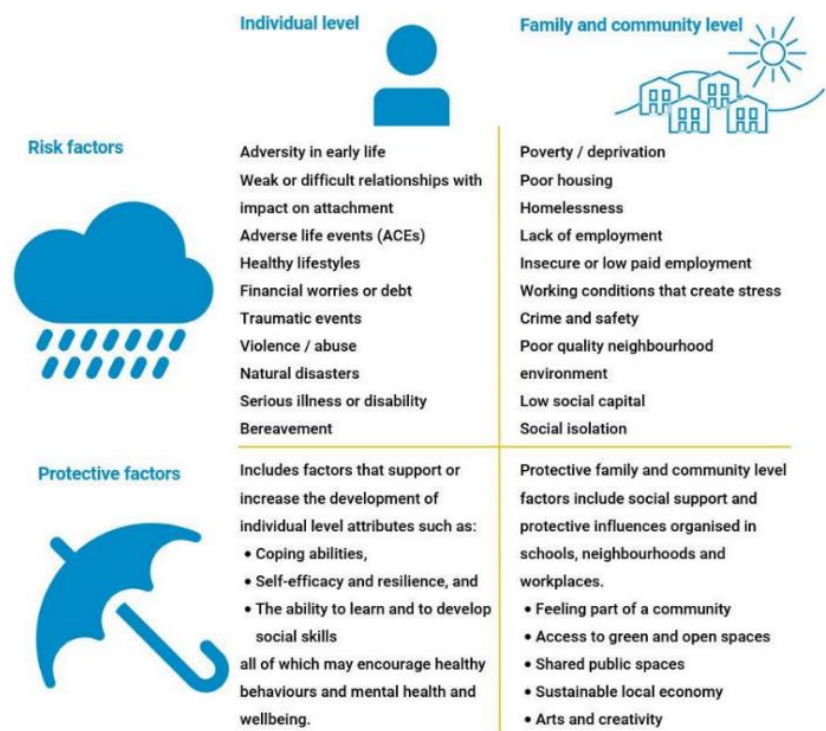
West Sussex compares well on many environmental risk factors for mental health. However there are increasing numbers of children living in poverty, increasing problems of accessing housing and West Sussex has lower than England average rates for the protective factors for mental health. This includes school readiness, 16-17 year olds not in education, employment or training, and adults with Learning Difficulties in paid employment and or living in stable and appropriate accommodation.

In recent years, we have seen the negative impact of poverty, cost of living and homelessness, and the rise of the impact of social media on children and young people. There has been a rise in the rates of mental health conditions in children and young people.

## Mental health prevalence

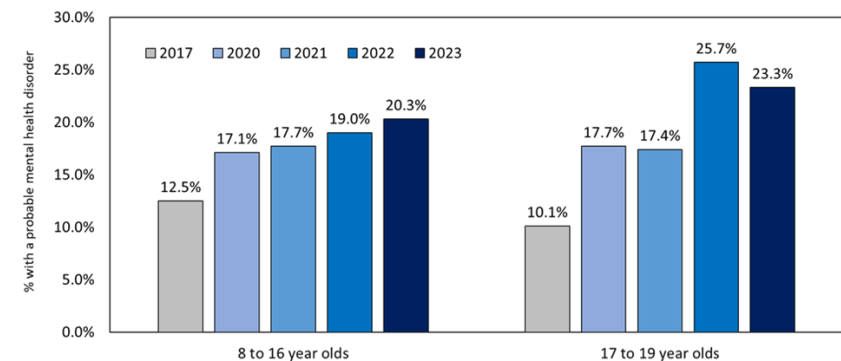
- There are 120,000 (1 in 6) people living in West Sussex with a common mental health condition / disorder.
- The levels of anxiety has risen over the last five years. Currently 24% of the population self-report high anxiety.

**Figure 3:** Common risk and protective factors for mental wellbeing at individual and family/community level



- There are rising rates of mental ill-health. In 2022/23 there were 9,050 people with severe mental illness on GP registers, a 5% increase of 490 - higher than population growth.
- There are over 102,000 people with depression on GP registers, 13.6% of registered patients aged 18+ years; a year-on-year increase of approximately 4,800 people.
- In 2022/23 there were 5,412 people with a learning disability (including autism) on GP registers. This represents 0.6% of the registered patients, and a year-on-year increase of 135 people.
- Mental health of a parent is the most frequently cited factor identified at the end of a Children in Need assessment.
- In Early Help services 21% parents need mental health support.
- There was a 22% increase between February 2023 and February 2024 of adults in contact with secondary mental health services.
- West Sussex has:
  - Lower proportions of population in contact with mental health services for children and young people and adults.
  - High mortality rate due to respiratory disease in adults with severe mental illness.
  - High rates of hospital admission for intentional self-harm and rising suicide rate (above England average for all people.)
  - 88% of clients who had multiple disadvantage had a mental health need.
- Mental health, as well as physical health, tends to be poorer in older age.
- The most common mental health problem amongst older people is depression.
- Mental health problems are high amongst older people in hospital and people who live in residential or nursing homes.
- Good physical health in later life links to better mental health.
- The community health survey (2024) shows a social gradient with 15% of respondents from the most deprived neighbourhoods in West Sussex having lower mental wellbeing compared with 7% in the least deprived areas.

**Figure 4:** Rates of probable mental health disorders in 8-to-16 and 17-to-19 year olds, 2017-2023.



## Dementia prevalence

- In West Sussex 63.5% of those aged 65 or over, estimated to have dementia have a coded diagnosis of dementia. This equates to 9,367 of an estimated 14,756 with dementia.
- The January 2024 diagnosis rate was an improvement in January 2023 (diagnosis rate was 60.5%) but the diagnosis rate has yet to recover to pre pandemic levels.

## Services

- There are many support offers and services across all ages and cohorts. However access is different across the county and populations due to transport, access to technology and broadband, as well as the wider determinants of health.
- There is a need for increased knowledge and awareness by professionals and people in communities of the support available nationally, county wide and within local neighbourhoods.
- It is difficult to manage and co-ordinate demand across different organisations, particularly for those waiting for assessment and support.
- Waiting times, access to neurodivergence assessment and support, crisis support and support for parents and carers were the top mental health and wellbeing challenges identified by a survey of staff in GP practices (2024).

## Children and Young People

- West Sussex has a Single Point of Access (SPOA), established in June 2022. Most mental health support services for children and young people (not all) will route through this system. The number of referrals to the SPOA is significantly higher than its capacity.
- There are increasing referrals and accepted referrals to children and young people's mental health support services.
- Mental health support teams cover at least 55% of schools, with rising referrals. Support continues to expand into more schools.
- Overall new services or expanded services have high demand and may then need to cap/introduce waiting lists or explore different methods of supporting people to manage demand.
- Activity has increased, there are more assessments, treatments, contacts and appointments. This increase of activity has not been sufficient to keep up with the inflow of referrals.
- Overall, what is in place is working well but there has been growing and high levels of demand and inflow is greater than capacity of the system.

## 16 + years and adults

- Data shows demand, via referrals and activity, is increasing. This rise started to happen before the COVID-19 pandemic.
- 70% of young people referred to the transitions panel for moving from children's to adult social care have had past or current involvement with Child and Adolescent Mental Health Services (CAMHS.)
- The highest rates of secondary mental health hospital admission are ages 20-25.
- Talking therapies are amongst the top performing services in England in terms of recovery and reliable improvement.
- Access to lower-level mental health support is considered good.
- There are challenges regarding pressures of those 65+ years in terms of discharge from hospital.
- Mental health Approved Mental Health Practitioners accepted referrals are stable, lower rates of Mental Health Act detention.
- Access to perinatal mental health support is rising.
- There are challenges relating to the use of data and intelligence to understand the scale and direction of demand and activity at a strategic level, to inform effectiveness of treatment and support and to drive common understanding of the local system between different organisations.

## Voice

### Children and young people

Summary of analysis from engagement with children and young people:

- There is a need for more support and services: Groups, places to talk and listen to others, social support as well as topic-specific groups; some preferred support to be anonymous either online or on the telephone; more services for eating disorders; and follow up and non-binary / transgender support.
- Easy access essential, need for shorter waiting times and easier access when needed including support, diagnosis, 24 hours a day access and drop-in services.
- Availability of counselling including access and cost-free therapy.
- Better promotion of services/issues including posters/advertising on how to access services, using routes such as education and lectures.
- Being able to talk to others with similar issues such as neurodivergence.



## Adults

### Summary of analysis from engagement with adults:

- Access to services was one of the most prominent themes. This included finding support initially and then accessing the support that was most appropriate.
- Getting the right support - although navigating the system can present issues, misdiagnosis was mentioned, as was how getting this right might help people move on. Support that is tailored and empathetic to need was highlighted.
- Timeliness and that support was available when needed and that people could feel confident that this was the case.
- Both professional and public knowledge was thought to be lacking.
- Online information could be confusing with people noting that they encountered poor clarity and signposting. A clear visual identity and a single point of information were mentioned as potentially helpful, with services listed by condition alongside the use of visual mapping.
- Inconsistency in the support provided - this covered professional expertise and the delivery of services and support.
- Staffing issues: The lack of staffing across the service, including the voluntary sector, which impacted on the ability to provide a service. Other staff-related points included better recognition for staff and the helpfulness of staff who had lived experience of a mental health condition themselves.

### Key themes from co-production events as part of this needs assessments:

1. More timely and accessible services and reduction in service provision gaps
2. Informed, coordinated and continuous mental health support system
3. Personalised care and support that is appropriate and empathetic
4. Holistic support for issues that can significantly impacting mental wellbeing
5. Specialised training and workforce development of staff in mental health services

## AREAS FOR FOCUS

Below provides the high-level areas for focus that have been developed using the data and evidence from the needs assessment, co-produced and validated by professionals working within the system and people with lived experience. There is also a population cohort specific executive. You can find the summaries and full Public Mental Health Needs Assessment on the JSNA website [insert link once published].

### Area 1: System under pressure

1. **Joined up strategic system leadership** – in a system under pressure it is more important than ever to strengthen collaboration for best strategy and use of resources; system wide joined-up commissioning and provision, plans, processes and KPIs across organisations and between services and support; enable longer term investment in services working well and workforce; strengthening a culture of joint working at all levels; building relationships and improving information sharing and communication between and about services.
2. **Build on and further develop existing structures that foster the development of effective and collaborative practice across all partners** (for example, Multiple Compound Needs Boards).
3. **Keep what is working well across all six areas for focus.**
4. **Review consistency and equity** of offer and maintain, learn from and expand effective evidence-based practice to ensure consistent and equitable service delivery across the county.

### Area 2: Preventing mental ill-health, supporting people earlier

1. **Increase focus on preventative and early intervention** initiatives using evidence-based approaches and strategies and consider how this informs resource allocation across the system, to look at what to stop doing and where to shift resource to evidence-based prevention, early intervention and better use of existing resource including buildings, spaces and community-based support.
2. **Ensure co-production continues** to develop across all support to guide provision.
3. **Increase awareness and understanding of support offers and services**, improving understanding by professionals, people, and communities to improve access.
4. **Consider existing information structures** and access to them, and further develop and promote sources of information and support through campaigns and engagement to different settings to raise awareness within communities including workplaces.

### Area 3: Whole pathways and all people

1. **Ensure collective understanding of referral mechanisms and pathways across all cohorts**, consider gaps within pathways initially prioritising those highlighted in the needs assessment and strengthen referral mechanisms.
2. **Prioritise access and evidence-based support for vulnerable groups**, ensuring equitable mental health care, including those who are neurodivergent, from ethnic minorities, LGBTQ+, care-experienced, involved in youth justice system, bereaved by suicide, and carers.
3. Improve **access and support for parents and carers** looking after people (all-ages) with mental health issues.
4. **Strengthen prevention and early intervention for 16–25-year-olds** through a clear and accessible mental health support offer.
5. **Continue to strengthen and utilise data and intelligence** to inform decision-making and help improve service delivery and outcomes. The use of system wide metrics in line with existing evidence and guidance will support data sharing between organisations, systems of scrutiny.

Strengthening the use of outcomes and experience data will support service improvement (e.g. looking at what care plans are saying and if they are co-produced will help to improve quality.)

#### Area 4: Accessible, flexible and personalised support

1. **Simplify access to mental health support for everyone**, regardless of their needs ('no wrong front door') involving links between different access points and services.
2. **Strengthen support and communication for individuals waiting for assessments, support and or care**, promoting safety and wellbeing.
3. **Incorporate co-production and peer support in offering personalised and tailored support** for individuals from high-risk groups.
4. **Foster diversity and inclusion**, welcoming and representative spaces and communication to reduce mental health stigma. Strengthening workforce training on diversity including neurodivergence will support this.
5. **Use of inclusive imagery, diverse representation** and signage for communications and physical environments.
6. **Outreach to support people where they are** - working in neighbourhoods and together across agencies aligned with district and borough levels.
7. **Maintain access to immediate support during mental health crises**, linking with local communities.

#### Area 5: Housing and accommodation

1. **Partnership, multi-agency working and system wide planning at county and district and borough levels** across social care, mental health, NHS and housing to prioritise solutions to improve access to mental health and appropriate housing support.
2. **Workforce training and awareness raising** with housing staff regarding mental health and support offers available.
3. **Strengthen collection and use of data** between housing and mental health services and support to join up and inform the development of service models and support.

#### Area 6: Complexity: Multiple physical and mental health, social care and or education needs and multiple services

Complexity refers to people who experience three or more areas in their life which require input or support from health, social care or other services. This can be because of their physical and mental health, disability, or wider life circumstances such as homelessness, poverty or domestic abuse that have a significant impact their daily life.

1. **Further development of trauma informed approaches** and training across the system will better support those with more complex needs.
2. **Foster the development of services that are welcoming, supportive and evidence-based for individuals with multiple complex needs**, utilising targeted interventions through Trauma Informed Care, Social Prescribing, Family & Carer Support, and Advocacy and Peer Support.
3. **Ensuring access to support for parents and carers of children and young people** with complexity and mental illness.
4. **Consider access and support for those waiting for assessments, care and or support** for those with complex needs and understand the needs of those people who have complex needs to achieve equity of access and ensure they are supported whilst waiting for services.
5. **Enable integration of mental and physical health support** within neighbourhoods, emphasising increased uptake of physical health checks for most vulnerable groups.
6. **Ensure all services are accessible and acceptable for people who are neurodivergent**, so that they are considered neurodivergent-friendly.
7. **Foster close collaboration between services to help ensure seamless transitions and continuity of care** for individuals with complex needs including self-neglect across all age groups and service boundaries.
8. **Strengthen joint working between substance misuse and mental health services** to increase access to both.