

Adult Mental Health Prevalence Briefing

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Introduction

This document looks at prevalence information available in the public domain for various mental health conditions and related circumstances and applies these to the East Sussex population in order to estimate the prevalence of mental health issues and need in the county. The focus of the needs assessment is on adults - defined as aged 19 and older - and is broken down into various life events and stages with specific reference according to the unique needs of each cohort. These life stages are: working age adults, perinatal mental health and older adults.

Adults

Major surveys of the mental health of adults in England were carried out in 1993, 2000, 2007 and 2014 (Adult Psychiatric Morbidity Survey). The 2014 survey looked at adults aged 16 years or over. It had no upper age limit for participation. The report has chapters on:

1. common mental disorders (CMD)
2. post-traumatic stress disorder
3. psychotic disorder
4. autism
5. personality disorder
6. attention-deficit/hyperactivity disorder
7. bipolar disorder
8. alcohol
9. drugs
10. suicidal thoughts, suicide attempts and self-harm
11. comorbidity

The full report and executive summary of the Adult Psychiatric Morbidity Survey 2014 are available online. ¹

It found that:

- One adult in six (17%) had a common mental disorder (CMD): one in five women and one in eight men
- Young women have become a key high-risk group. The gender gap in mental illness had become most pronounced in young people, and there is evidence that this gap has widened in recent years. Young women have high rates of CMD, self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder

¹ Adult Psychiatric Morbidity Survey: Mental Health and Wellbeing, England, 2014 - GOV.UK (www.gov.uk)

- Reported rates of self-harming increased in men and women and across age groups since 2007
- Rates of mental illness increased in men and women aged 55 to 64. Men in this age-group have some of the highest rates of registered suicide, and have been identified as a priority group in England's National Suicide Prevention Strategy
- Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.
- There was comorbidity with chronic physical conditions, low mental wellbeing and intellectual impairment. For five chronic physical conditions: asthma, cancer, diabetes, epilepsy, and high blood pressure, all had some association with at least one mental disorder.

Figures 1 and 2 give estimates for East Sussex for common conditions and presenting needs based upon prevalence estimates for England from the 2014 Adult Psychiatric Morbidity Survey for adults aged 18 years or over, applied to East Sussex population estimates and projections for 2023 and 2033.² In 2023 there are an estimated **54,000** adults with a common mental health disorder and by 2033 just over **56,000** adults. The classifications in this section reflect the wording used in the 2014 survey and may not reflect currently used terms. The 2014 survey included ASC, ADHD and comorbidities; these are included within the life course sections.

² Adult Psychiatric Morbidity Survey 2014 South East regional estimates applied to East Sussex population projections based on POPGROUP forecasting model developed by the Local Government Association (LGA).

Figure 1 Estimated prevalence of mental disorders in England 2014

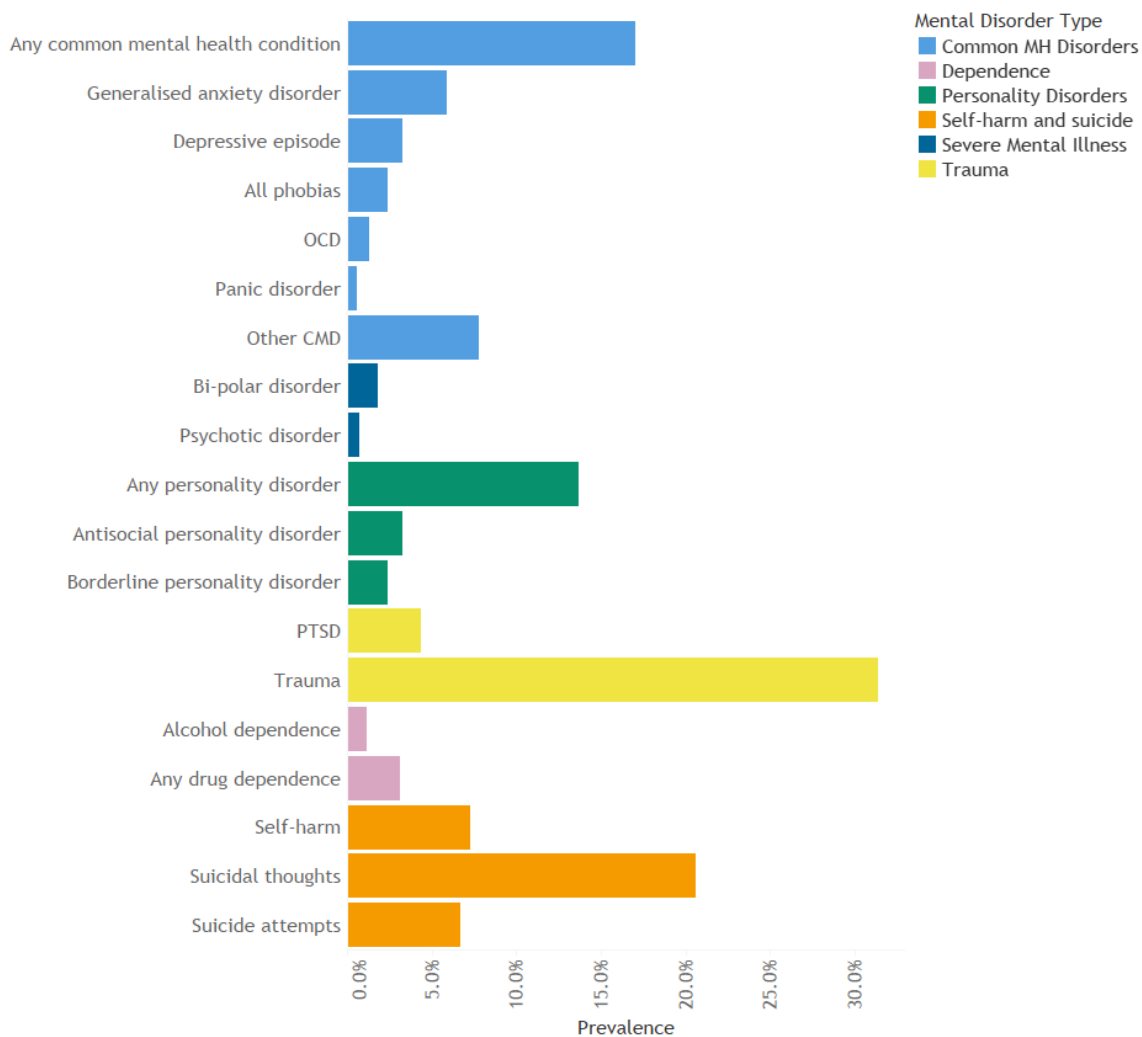


Figure 2 Estimated projection of mental disorders in East Sussex (2023/2033)

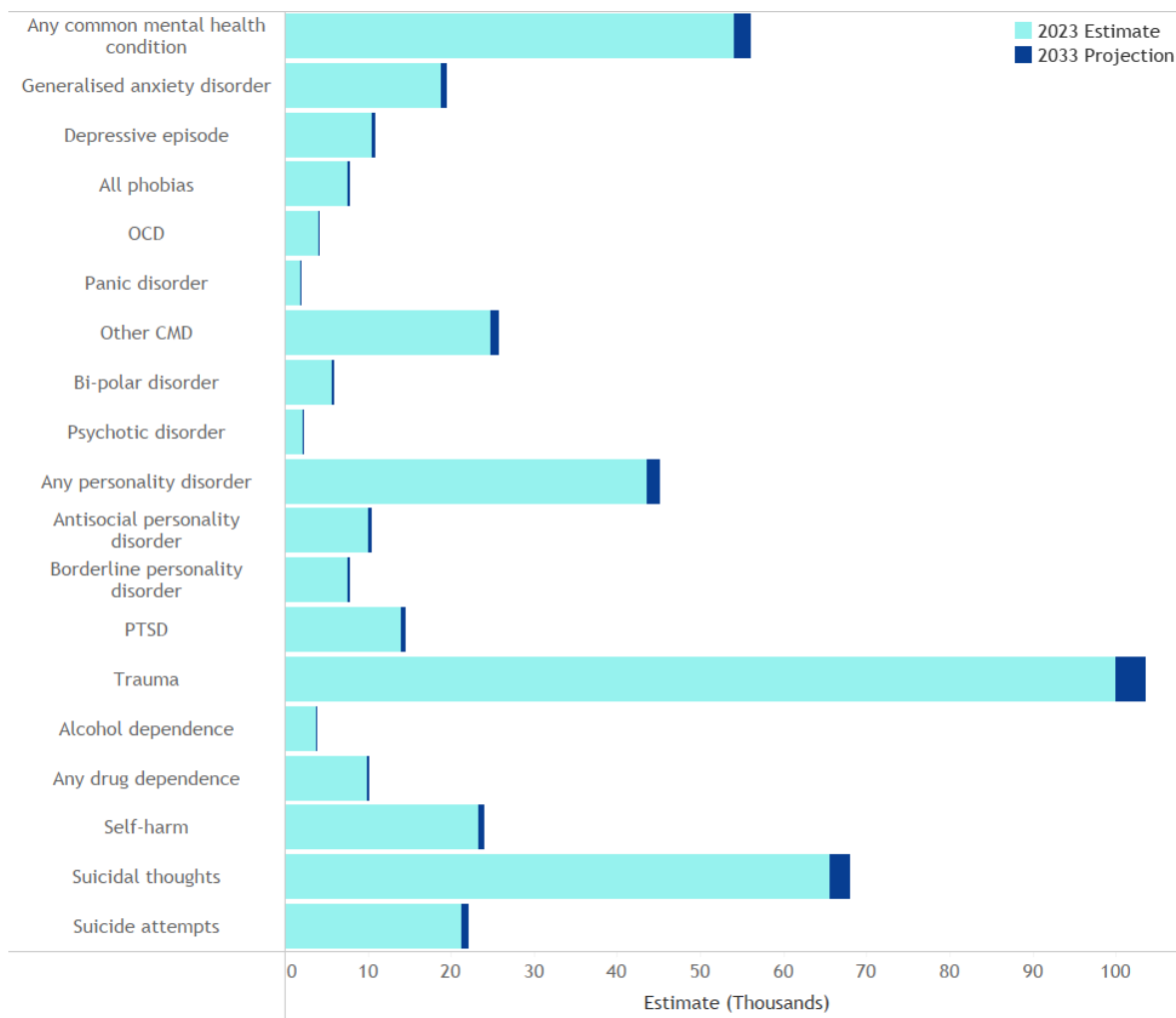


Table 1 - Common mental health disorders in England with East Sussex estimated projections.²

	Condition	England % (2014)	Estimate East Sussex 2023	Estimate East Sussex 2033
Common MH Disorders	Any common mental health condition	17.0%	54100	56100
	Generalised anxiety disorder	5.9%	18800	19500
	Depressive episode	3.3%	10500	10900
	All phobias	2.4%	7600	7900
	OCD	1.3%	4100	4300

	Condition	England % (2014)	Estimate East Sussex 2023	Estimate East Sussex 2033
	Panic disorder	0.6%	2000	2000
	Other CMD	7.8%	24900	25800
Severe Mental Illness	Bi-polar disorder	1.8%	5700	5900
	Psychotic disorder	0.7%	2200	2300
Personality Disorders	Any personality disorder	13.7%	43600	45200
	Antisocial personality disorder*	3.3%	10000	10400
	Borderline personality disorder**	2.4%	7600	7900
Trauma	PTSD	4.4%	14000	14500
	Trauma	31.4%	100000	103700
Dependence	Alcohol dependence	1.2%	3800	4000
	Any drug dependence	3.1%	9900	10200
Self-harm and suicide	Self-harm	7.3%	23200	24100
	Suicidal thoughts	20.6%	65600	68000
	Suicide attempts	6.7%	21300	22100

Note: many people may have more than one condition

* 18-64 years

** 16-64 years

Mental Health Conditions

Common mental health disorders (CMD) in England

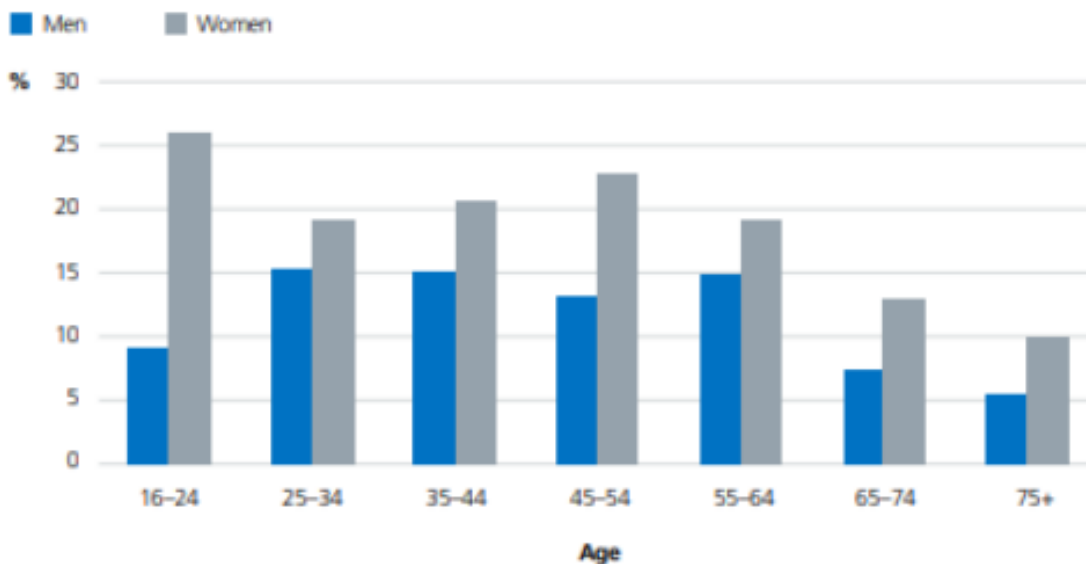
One in six adults (17%) had a CMD: one in five women and one in eight men.³

Common mental disorders (CMD) are more prevalent in women than in men



CMDs were about three times more common in women of aged 16 to 24 (26%) than men the same age (9%). CMDs were more prevalent in certain groups of the population. These included Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes (Figure 3).

Figure 3: Common mental disorders (CIS-R score of 12 or more), by age and sex, England, 2014³



³ Adult Psychiatric Morbidity Survey 2014

Trauma in England

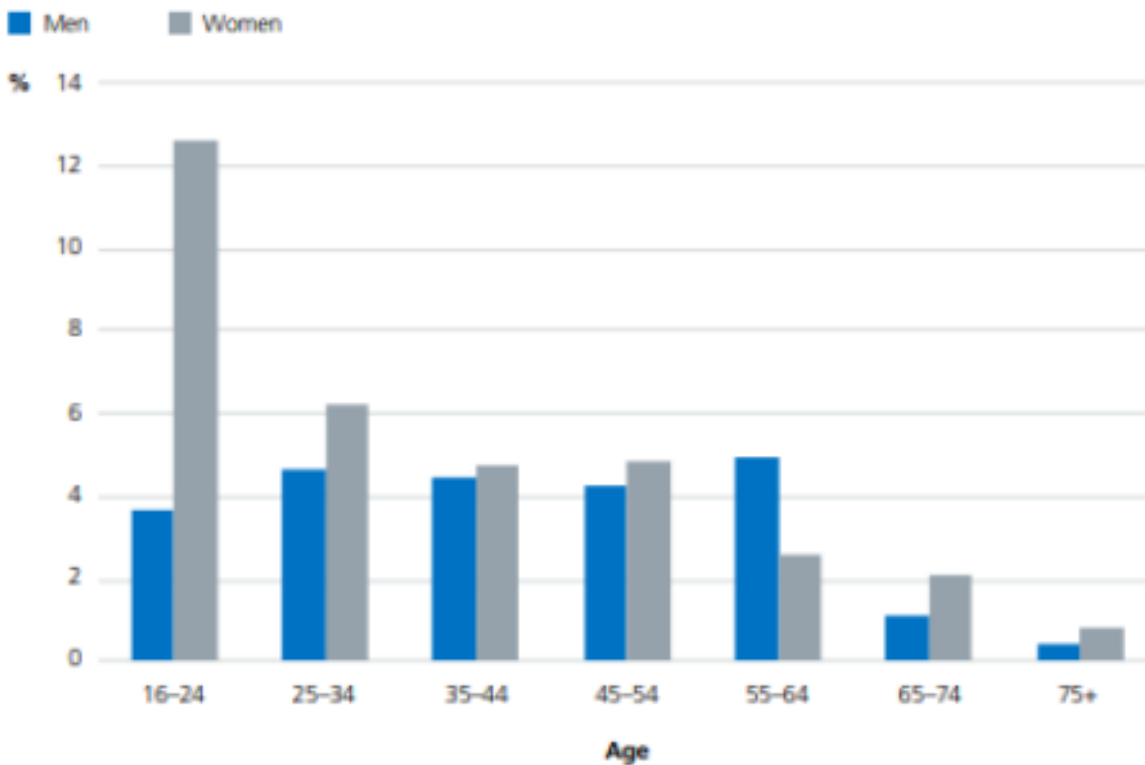
Overall, about one participant in twenty (4.4%) screened positive for Post Traumatic Stress Disorder (PTSD) in the past month, with similar rates for men and women.

Among women, the likelihood of screening positive for PTSD was particularly high among 16-24-year-olds (12.6%) and then declined sharply with age. In men, the rate remained quite stable between the ages of 16 and 64, only declining in much later life (Figure 4).

About a third of all adults (31.4%) reported having experienced at least one major trauma in their lifetime. Trauma in the study was defined as “a major natural disaster, a serious automobile accident, being raped, seeing someone killed or seriously injured, having a loved one die by murder or suicide, or any other experience that either put you or someone close to you at risk of serious harm or death.”³

The national 2014 survey did not ask about complex trauma. Complex trauma is defined as traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence. These events may include, for example, abuse, neglect, interpersonal violence, community violence, racism, discrimination, and war.⁴

Figure 4 - Screen positive for Post Traumatic Stress Disorder (PTSD) by age and sex, England, 2014³



⁴ Mental Health and Wellbeing JSNA - OHID (phe.org.uk)

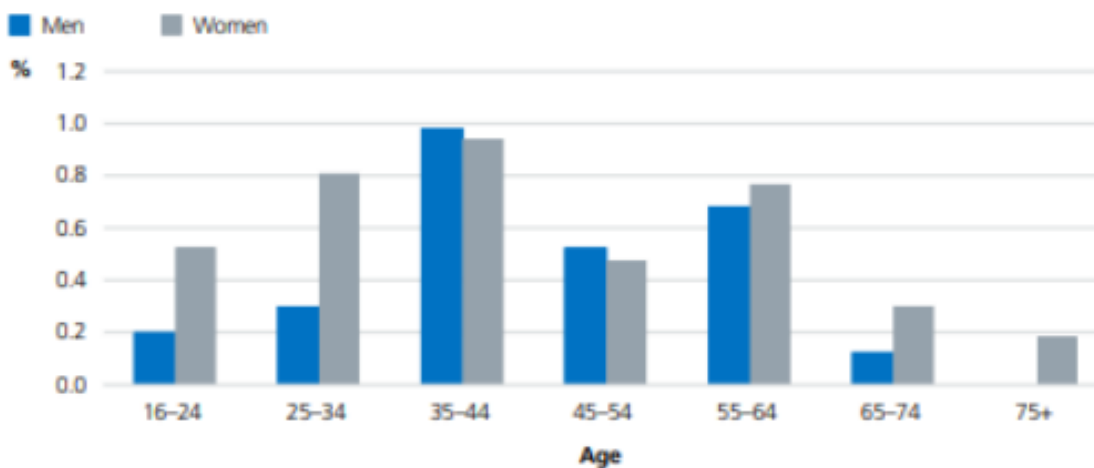
Psychotic Disorder

Less than one adult in a hundred was identified with a psychotic disorder in the past year. The estimate for 2007 was 0.4% and for 2014 it was 0.7%. Prevalence is highest in those aged 35-44 years (Figure 5). It is higher for women than men in all age groups except those aged 35-54 years).

The prevalence of psychotic disorder in the past year (using combined 2007 and 2014 data) was 10 times higher among black men (3.2%) than white men (0.3%).

Psychotic disorder was more common in people who live alone, a finding consistent with wider evidence on links between mental illness, social isolation, and the challenges that people with psychotic disorder may face with maintenance of relationships.

Figure 5: Psychotic disorder in the past year (2007 and 2014 combined), by age and sex, England, 2014³



Bi-polar Disorder

There was no significant difference in the rates for men and women (2.1% for men and 1.8% for women) (Table 2). However, the proportion screening positive for bipolar disorder did vary by age, being more common in younger age-groups: 3.4% of 16- to 24-year-olds screened positive compared with 0.4% of those aged 65-74 years. None of the participants aged 75 years or over screened positive for bipolar disorder.

Table 2: Screen positive for bipolar disorder (lifetime) by age and sex, England, 2014³

	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men (%)	3.1	3.1	2.9	2.1	1.6	0.4	-	2.1
Women (%)	3.7	3.1	1.9	1.2	1.3	0.4	-	1.8
All adults (%)	3.4	3.1	2.4	1.6	1.5	0.4	-	2

Positive screening for bipolar disorder did not vary significantly by ethnic group but was highest among Black/Black British women (Table 3).

Table 3 Screen positive for bipolar disorder (age-standardised) by ethnic group and sex, England, 2014³

	White British	White Other	Black/Black British	Asian/Asian British	Mixed/multiple/other
Men (%)	3.1	3.1	2.9	2.1	1.6
Women (%)	3.7	3.1	1.9	1.2	1.3
All adults (%)	3.4	3.1	2.4	1.6	1.5

Severe Mental Illness (SMI)

The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI. It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses⁵ that can be prevented, and they die on average 15 to 20 years earlier than the general population and as a result are identified as a priority group regarding health inequalities.

⁵ Severe mental illness (SMI) and physical health inequalities - GOV.UK (www.gov.uk)

Personality Disorder

3.3% of people aged 18-64 screened positive for antisocial personality disorder (ASPD). It was more common in men (4.9%) than women (1.8%). Screening positive for ASPD decreased with age. Positive screens for ASPD were more common in men aged 18 to 24 (6.4%) and 25 to 34 (6.6%) than in men in older age groups (4.1% of men aged 55 to 64). A similar pattern was observed among women: 3.3% of women aged 18 to 24 screened positive for ASPD, compared with 0.4% of women aged 55 to 64 (Table 12).

2.4% of people aged 16 to 64 screened positive for borderline personality disorder (BPD), differences between men and women did not reach statistical significance. Younger people were more likely to screen positive for BPD than older people, this pattern was more evident in women than men (Table 4). There was no significant association between any measure of BPD and ethnicity (Table 5).

Table 4 Screen positive for antisocial and borderline personality disorder (SCID-II) percentage by age and sex, England 2014³

	16/18-24	25-34	35-54	55-64	All
Men					
Antisocial (%)	6.4	6.6	3.6	4.1	4.9
Borderline (%)	4.2	0.9	1.7	1.1	1.9
Women					
Antisocial (%)	3.3	2.7	1.3	0.4	1.8
Borderline (%)	7.3	3.7	1.4	0.8	2.9
All adults					
Antisocial (%)	4.9	4.6	2.4	2.2	3.3
Borderline (%)	5.7	2.3	1.5	1	2.4

Table 5 Screen positive for any personality disorder (age-standardised), percentage by ethnic group and sex, England, 2014³

	White British	White Other	Black/Black British	Asian/Asian British	Mixed/multiple/other
Men (%)	13	16.8	16.1	22.7	10.2
Women (%)	14.9	11.7	17.7	10.8	21.9
All adults (%)	13.9	14.2	17	17.3	16.7

Self-Harm and suicidal thoughts

Table 6 shows that a fifth of adults (20.6%) reported that they had thought of taking their own life at some point. This was more common in women (22.4%) than men (18.7%), and in people of working-age than those aged 65 or more. As for suicidal thoughts, lifetime suicide attempts were more likely in working-age adults than in those who were older. While the overall pattern by age was not significantly different in men and women, the rate of suicide attempts reported by young women (aged 16 to 24) was notably high.

Table 6 Self harm and suicidality by age group³

%	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Men								
Suicidal thoughts	19.3	21.1	21.1	20.7	22.5	11.9	7.1	18.7
Suicide attempts	5.4	8.0	6.5	5.4	5.4	3.5	1.0	5.4
Self-harm	9.7	10.9	6.6	3.3	3.3	2.0	-	5.7
Women								
Suicidal thoughts	34.6	24.1	22.8	26.6	22.9	11.7	8.8	22.4
Suicide attempts	12.7	9.1	9.5	8.2	8.6	3.7	2.1	8.0
Self-harm	25.7	13.2	9.2	5.0	5.0	1.8	0.6	8.9
All adults								
Suicidal thoughts	26.8	22.6	21.9	23.7	22.7	11.8	8.1	20.6
Suicide attempts	9.0	8.5	8.0	6.8	7.0	3.6	1.7	6.7
Self-harm	17.5	12.1	7.9	4.1	4.1	1.9	0.3	7.3

The age gradient for self-harm was more pronounced, particularly in women. One in four women aged 16-24 report having self-harmed, compared with one in a hundred women aged 75 or over. Young women were much more likely than young men to self-harm: 26% of women aged 16-24, 10% of men.

Lifetime suicidal thoughts, attempts and self-harm were evident across all ethnic groups, but rates did not differ significantly after age-standardising (Table 7).

Table 7 Self-harm and suicidality across ethnicities³

%	White British	White Other	Black/Black British	Asian/Asian British	Mixed/multiple/other
Men					
Suicidal thoughts	19.6	23.3	21.4	12.0	9.5
Suicide attempts	5.3	6.0	8.9	5.1	1.5
Self-harm	5.8	8.3	5.5	6.1	1.9
Women					
Suicidal thoughts	23.5	18.6	20.3	14.3	26.6
Suicide attempts	8.5	6.2	3.9	5.6	10.0
Self-harm	10.3	4.3	4.2	4.7	6.6
All adults					
Suicidal thoughts	21.6	20.8	20.7	13.1	17.9
Suicide attempts	6.9	6.1	6.1	5.3	5.7
Self-harm	8.1	6.1	4.8	5.5	4.2

Source: Adult Psychiatric Morbidity Survey 2014

Working Age Adults

Introduction

The working age population is defined as those aged 18 to 64. Some information cannot be broken down into working age (18 to 64) and older people (65+) so is relevant for all adults. Working age is often a time where people experience maximum independence and control over their life. Some of the common markers of adulthood include:

- Starting full time work
- Moving out of the parental home
- Having a baby
- Moving in with a partner
- Buying a house
- Getting married
- Becoming a carer

Each of these changes has potential mental health and wellbeing risk and protective elements. As highlighted in the section on children and young people, young adulthood from aged 16 to 24 is seen as a time of very great risk and transition. In this life stage adults can have strong influence on the mental wellbeing of others through their various roles as partner, co-worker, parent and carer.

Risk and Protective Factors

A summary of risk factors for poor mental health (East Sussex versus the Southeast and England) are shown in Table 16 at the end of this report.

Many of the risk and protective factors for working age adults are similar as for other lifestages. However, for working age adults, low educational attainment, material disadvantage and unemployment are particularly strong factors affecting mental health and wellbeing. Work, or lack of it, matters greatly as well as the quality of the working environment. People in Great Britain who are unemployed are between four and ten times more likely to develop anxiety and depression. Cost-effective interventions exist to promote and protect employee mental health.

Many people become parents and the quality of relationships in the home with partners, if present, and children has a very strong influence on parents' mental health. Family relationships matter to adults as well as children. Being in a stable relationship is more strongly associated with both physical and mental health benefits. Many adults take on the role of caring for a partner, spouse or family member who is ill or has a disability. This can have a negative impact on their mental wellbeing, due to feeling increasingly isolated and unsupported. Access to community resources, such as friendship networks, facilities for

children, opportunities for exercise, the quality of the environment and social inequity, stigma and discrimination, all impact on adult mental health. The neighbourhood environment is an important factor in the health and functioning of adults.

Level of Need in East Sussex

The Office for Health Improvement and Disparities (previously Public Health England)⁶ produces estimates for local authorities which take account of the different demographics of the population. It is estimated that there are over 73,000 adults (16%) in East Sussex with a common mental health disorder. This is marginally lower than England where the value is modelled at 16.9%. The numbers of people with mental health conditions in the county could increase to over 99,000 by 2033, based upon expected population growth. East Sussex is broadly in-line with national statistics on mental health, with indicators of common mental health issues and self-reported mental health indicators being within confidence intervals when benchmarked against England. East Sussex’s area profile for self-reported anxiety is noticeably higher, though still within the comparable range of national levels (Table 8).

Table 8 Estimated prevalence of mental health conditions, East Sussex, CIPFA comparators and England, various dates

Indicator	Period	Count	Trend	Rate		
				ES	Eng	CIPFA*
Self-Reported Wellbeing						
People with a high anxiety score	2021/22	-	-	26.0%	22.6%	
People with a low satisfaction score	2021/22	-	-	5.4%	5.0%	
People with a low	2021/22	-	-	3.3%	4.0%	

⁶ Office for Health Improvement and Disparities

Indicator	Period	Count	Trend	Rate		
				ES	Eng	CIPFA*
worthwhile score						
People with a low happiness score	2021/22	-	-	7.4%	8.4%	
Common Mental health disorders						
Estimated prevalence of common mental disorders: % of population aged 16+	2017	73,453		16.0%	16.9%	
Depression: QOF incidence (18+) - new diagnosis	2021/22	7406	Decrease	1.6%	1.6%	1.5%
Depression and anxiety prevalence (GP patient survey): % 18+	2016/17	984		13.2%	13.7%	-
Depression and anxiety among social care users: % of social care users	2018/19			49.0%	50.5%	-

Indicator	Period	Count	Trend			Rate		
			ES	Eng	CIPFA*	ES	Eng	CIPFA*
Severe Mental Illness								
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64 years	2011	56	17.6 per 100,000	25.8 per 100,000	17.8 per 100,000			
Mental Health and Employment								
Employment Support Allowance (ESA) claimants for mental and behavioural disorders	2018	8630	27.6	27.3	24.2			

*Chartered Institute of Public Finance and Accounting (CIPFA) refers to a Nearest Neighbours Model tool for local authorities

East Sussex has a slightly higher suicide rate to England (all persons) of 12.1 per 100,000 compared with 10.4. Both male and female rates are slightly raised compared with England (see table 9).

Table 9: Suicide rates by sex, East Sussex, and England⁶

Indicator	Period	Count	Rate			
			ES	ES	Eng	CIPFA*

Suicide rate				
Persons	2019-21	179	12.1%	10.4%
Female	2019-21	54	6.9%	5.2%
Male	2019-21	123	17.8%	15.9%

Quality and Outcomes

Here we consider key outcome measures for mental health in East Sussex compared to England.

East Sussex has:

- A significantly better 2018-20 rate of premature mortality in adults with severe mental illness compared to England (92.1 compared to 103.6)
- A significantly worse 2021-22 rate of emergency hospital admissions for intentional self-harm than England (250.3 compared to 163.9)
- A comparable 2019-21 suicide rate to England (all persons) of 12.1 per 100,000. Both Male and female rates are also comparable to England.
- A comparable 2021-22 percentage of the population with a physical or mental long-term health condition in employment to England (65.8% compared to 65.5%)
- A significantly better 2020-21 percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (74.0% compared to 58.0% in England)

Older Adults

Introduction

Older age is generally considered to be 65 years and above and this is the age considered within this section, unless otherwise specified. Ageing presents both challenges and opportunities and intensifies the need for physical and social environments to be made more age friendly. Societies that adapt to this changing demographic and invest in healthy ageing can enable individuals to live both longer and healthier.⁷

The rate at which people age is influenced by the accumulation of lifelong experiences, and their past and present socio-economic circumstances. Ageing is often associated with life transitions such as retirement, relocation to more appropriate housing and the death of friends, family and partners. Changes in physical and mental capacity are neither linear nor consistent and they are only loosely associated with a person's age in years.

Older people are particularly vulnerable to factors that lead to depression such as bereavement, physical disability and illness and loneliness. They are disproportionately affected by loneliness and social isolation and the effects on health that accompany them.

⁷ World Health Organisation. Ageing. 2022. <https://www.who.int/health-topics/ageing>

Some are caring for partners and spouses, and this can also increase the risk of poor mental health.⁸

Poor physical health is a risk factor for mental health problems and older people may have more physical health needs. At a national level, male life expectancy is 79.5 years, however, on average 16 years (20.3%) are spent in poor health. Female life expectancy is 83.1 years, however on average 19 years (22.9%) are spent in poor health.⁹ This varies by socio-economic status.

Whilst mental health conditions are prevalent in later life, they are not an inevitable part of ageing. Most older people are not depressed and often are less dissatisfied than younger people.

However, when mental health problems arise in older people, they tend not to have the same level of priority compared to problems in their younger counterparts. Mental health problems in older people are as treatable as mental health problems in younger people.¹⁰

Risk and Protective Factors

Many risk factors for working age adults, set out in the common risk and protective factors section (table 16), are also risk factors for older people. Here we cover risk and protective factors which are particular to older people.

Older people experience complex social, psychological and physical factors that influence the pattern, cause, diagnosis, treatment and prognosis of mental health conditions. Older people who have experienced any of the following are at a greater risk of a decline in their independence and wellbeing:^{11, 12, 13}

- Their partner died in the past two years
- They are a carer
- They live alone and have little opportunity to socialise
- Recently separated or divorced
- Recently retired (particularly if involuntarily)
- Unemployed later in life
- On low income
- Have recently experienced or developed a health problem

⁸ Mental health in later life | Mental Health Foundation - <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/mental-health-later-life>

⁹ Chapter 1: life expectancy and healthy life expectancy - GOV.UK (www.gov.uk)

¹⁰ Living well in older years - GOV.UK (www.gov.uk)

¹¹ Age UK: Promising approaches to reducing loneliness and isolation in later life. 2015

¹² IoTUK. Social Isolation and Loneliness in the UK. 2017.

¹³ Public Health England. Mental health and wellbeing JSNA toolkit: Living well in older years. 7. Living well in older years - GOV.UK (www.gov.uk)

- Have had to give up driving
- Have an age-related disability
- Frailty
- Falls
- Are aged 80 or older
- If they are subject to different levels of discrimination
- Have dementia
- Have delirium
- They have been subject to abuse
- They have experienced alcohol and substance misuse
- If they are taking multiple prescribed medications (polypharmacy).

For most of the risk/protective factors where we have data, East Sussex compares similarly or better to England. However, in the following important areas East Sussex does not compare well: ¹⁴

- A significantly higher rate of emergency hospital admissions due to falls injuries in those aged 65+ with 3880 emergency hospital admissions in 2021/22. This is compared to 2192 regionally and 2100 in England (though count data is likely to be skewed by the higher proportion of older people living in East Sussex)
- Although those living in fuel poverty in East Sussex is similar to that of England, the percentage of people aged 65+ receiving winter fuel payments is significantly lower at 92.9% compared to the South East at 94.4% and England at 94.1%

Whilst similar to England, less than half of adult social care users aged 65+ have as much social contact as they would like (31.7%), though this is more than the South East at 28.2% and England at 28.8%

According to the 2021 Census 10.3% of people aged 65 or over in East Sussex an unpaid carer (at that time, 14665 older people).¹⁵

The 2019 Community Survey in East Sussex showed that:

- Those over 75 years old are more likely to feel lonely (28% compared to 25% overall)
- Those aged 65+ are less likely to feel disconnected to their immediate neighbourhoods (24% compared to 46% of 18-34 year-olds)
- Retired people (30%) and those aged over 65+ (41%) are more likely to feel like they can influence local decision-making, an indicator of involvement and connectedness with communities. This compares to 36% of the overall population.

¹⁴ Productive Health Ageing Profile, Office for Health Improvement & Disparities. Public Health Profiles. 03Jul2023 <https://fingertips.phe.org.uk> © Crown copyright 2023

¹⁵ Office for National Statistics, Census 2021

- Older people aged 65+ are more likely to be satisfied with their local area (87% vs 84% overall)
- Those aged 65+ are much less likely to rate their health as good (56% compared to 82% of those aged 18-43)
- Older residents aged 65+ have a higher mental wellbeing score (50.6) compared to those aged 18-34 who have the lowest (48.8) - a lower score indicates a lower sense of mental wellbeing.
- Older residents aged 65+ are more likely to say they feel financially comfortable/secure (91%) than those aged 18-34 (75%)

Level of Need

The earlier section on prevalence sets out the estimates for mental health conditions for all adults based on the England Adult Psychiatric Morbidity Survey. The Office for Health Improvement and Disparities (previously Public Health England) produces estimates for local authorities which take account of the different demographics of the population and these are presented below.

The estimated prevalence of common mental disorders, defined as any type of depression or anxiety, in those aged 65 year or over in East Sussex is 10.4% (14569 people) (Table 10). This is based upon local authority estimates produced by the Office for Health Disparities (OHID. This is higher, but not statistically significantly higher than the South East (9.2%) and England (10.2%). East Sussex ranks 8th in the list of South East local authorities.²¹

By 2030, it is estimated that 20,000 adults aged 65 or over in the county will have a common mental disorder due to the growing number of older adults.

Table 10 Estimated prevalence of common mental health conditions in those aged 65+, East Sussex, 2023 and 2033

	England % (2017)	East Sussex Estimate 2023	East Sussex Estimate 2033
Common MH disorders (CMD) - population aged 65+	10.2%	15700	20100

Source: Office for Health Improvement & Disparities. Estimates applied to East Sussex population projections based on POPGROUP forecasting model developed by the Local Government Association (LGA).

As shown in Table 11, taking national estimates for the prevalence of various conditions by age and gender, and applying to Office for National Statistics population projections for local areas we see that by 2030 we might expect:

- To have almost 600 more adults aged 65+ with depression, a 17% increase to almost 4,000 people (from 3,370 people in 2020) • To have around 200 more older people with severe depression, a 19% increase to almost 1,300 people (from 1,073 people in 2020)
- The prevalence is higher in females than males in most 65+ age groups (with the exception of those aged 80-84 years).

Table 11 Prevalence and estimates of mental health conditions in older people.¹⁶

Condition and age group	England Prevalence Estimate			East Sussex	
	Male	Female	All	2020	2030
Depression					
65-69	5.8%	10.9%		3000	3900
70-74	6.9%	9.5%		3300	3200
75-79	5.9%	10.7%		2400	2800
80-84	9.7%	9.2%		1900	3000
85+	5.1%	11.1%		2000	2500
Severe Depression					
65-69			2.5%	900	1200
70-74			1.6%	600	600
75-79			3.5%	1000	1200
80-84			3.0%	600	900
85+			3.9%	900	1100

According to the East Sussex JSNA Older People Profile, at least a third of people with long-term physical conditions will also have mental health problems. The majority of GP

¹⁶ Oxford Brookes University and Institute of Public Care. Projecting Older People Population Information System (POPPI). Accessed 14/06/2023. Available at: <https://poppi.org.uk/> (registration required)

consultation, prescriptions and hospital admissions involve patients with multi-morbidity. Some common health conditions afflicting older people are listed below in table 12:¹⁷

Table 12: Common physical health conditions for older people in East Sussex

Condition (aged 65+)	Number	%
Coronary Heart Disease	26000	18.8%
Hypertension	77300	55.9%
Stroke/TIA	12700	9.2%
Diabetes	22300	16.1%
COPD	13200	9.5%
Cancer	11800	8.5%
Osteoarthritis	41000	29.7%

Quality and Outcomes

From the last published data for the period 2013-2017, males aged 65 years or over in East Sussex had a significantly higher rate of suicide and undetermined injury deaths England (Table 13).

Table 13 Suicide crude rate for those aged 65+, Male, 2013-2017²¹

Indicator	Period	Count	Rate		
			East Sussex	England	CIPFA
Suicide Crude rate, 65+ (Male)	2013-2017	49	16.2	12.4	13.2

Note: rate for females not published as numbers too low at local authority level

¹⁷ East Sussex JSNA Health and Social care Profile of Older People in East Sussex, applied to 2016 population estimates

Deaths by suicide for residents aged 65+ have remained fairly steady across the county in recent years (table 14).¹⁸

Table 14 deaths by suicide in East Sussex (age 65+)

Year of Death (occurrence)	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Number	16	11	15	14	13	15	18	13	12	8

Source:

Note: Entries with no coroner’s inquest conclusion are not recorded, so more recent years may appear lower in number than they are in reality

Perinatal Mental Health

Introduction

The physical and mental health of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to the lifelong mental health of the baby and child. While the relationship between mother and child is particularly important, the mental health of fathers and other caregivers should also be considered. A parent’s ability to bond with and care for their baby, their parenting style and the development of a positive relationship can predict a number of physical, social, emotional and cognitive outcomes for their child from babyhood through to adulthood.¹⁹

Mental health problems occurring during the perinatal period can range from symptoms that do not meet the threshold for clinical diagnosis to severe mental illness and include depression, anxiety, post-traumatic stress disorder, postpartum psychosis, adjustment disorders and distress, eating disorders and drug and alcohol-use disorders. The confidential Enquiry into Maternal Deaths shows that suicide remains one of the leading causes of maternal mortality in the UK.

Risk and Protective Factors

Many of the risk and protective factors associated with mental health problems during pregnancy and after childbirth reflect those associated with mental illness in the general

¹⁸ East Sussex Primary Care Mortality Database - NHS Digital

¹⁹ Faculty of Public Health, Mental Health Foundation. Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) Taken from Public Health England 2019 Mental health and wellbeing JSNA toolkit Mental health and wellbeing: JSNA toolkit - GOV.UK (www.gov.uk)

population, however there are factors which can have a particular impact at this life stage.

Fathers may also experience post-traumatic stress symptoms following the birth of a child. Paternal deaths are not recorded; however, fathers face an increased risk of suicide in the perinatal period and there may be distinct challenges for LGBT+ parents, linked to heteronormative systems, stigma, marginalisation, assisted reproduction, and invisibility/social and legal recognition as parents.

Level of Need in East Sussex

There are around 85,000 women of childbearing age resident in the county, that is defined as aged 15 to 44 years. This is 15.4% of the female population, lower than our CIPFA comparators (16.8%) and England (19.0%).²⁰

In 2020, 29% of all live births in England and Wales were to women born outside the UK; this is the highest since records began in 1969, continuing the general long-term increase. In East Sussex in 2022, 14.2% of births were to non-UK born mothers.²¹

Prevalence of perinatal mental health issues

There are no registers for perinatal mental illness. However, the Office for Health Improvement and Disparities (previously Public Health England) Perinatal Mental Health Profiles provide estimates of the prevalence of maternal mental illness by Local Authority based on national survey data (Table 15).

Adjustment disorders (an unhealthy or excessive emotional or behavioural reaction to a stressful event or change in a person's life) and distress are estimated to be the most common maternity related mental illness (between 1 in 6 and 1 in 3 deliveries), followed by mild-moderate depressive episodes (between 1 in 10 and 1 in 6 deliveries). It is important to note that the estimates do not take account of socio-economic or demographic differences which are likely to cause variation across areas.

Table 15 Estimated number of pregnant women with specific mental health issues in the perinatal period, East Sussex, 2017/18 and estimated for 2030

²⁰ Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

²¹ Birth registrations, England and Wales, NHS Digital

	National estimated prevalence (pregnant women)	East Sussex 2017/18	East Sussex 2033
Mild-moderate depressive illness and anxiety in perinatal period (lower-upper estimate)	100 - 150 in 1000	374 - 560	389 - 583
Severe depressive illness in perinatal period	30 in 1000	112	117
Chronic serious mental illness in perinatal period	2 in 1000	7	7
Adjustment disorders and distress in perinatal period (lower-upper estimate)	150 - 300 in 1000	560-1121	
PTSD in perinatal period	30 in 1000	112	117
Postpartum psychosis	2 in 1000	7	7

Quality and Outcomes

There are no local figures, but the UK and Ireland 2021 Confidential Enquiry into Maternal Deaths found that mental health remains one of the leading causes of maternal death during pregnancy and the first postnatal year:

- Maternal suicide is still the leading cause of direct (pregnancy-related) death in the year after pregnancy
- Almost a quarter of all deaths of women during pregnancy or up to a year after the end of pregnancy were from mental health-related causes
- Improvements in care might have made a difference in outcome for two thirds of women who died by suicide

Table 16 - Risk factors for poor mental health, East Sussex, South East and England

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
Children & Young People									
C04 - Low birth weight of term babies	2021	No significant change	90	2.2	Better	2064	2.4	14986	2.8
C09a - Reception: Prevalence of overweight (including obesity)	2021/22	No significant change	895	19.8	Better	18330	20.3	126701	22.3
C09b - Year 6: Prevalence of overweight (including obesity)	2021/22	Increasing and getting worse	1615	32.8	Better	31615	34.0	227314	37.8

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
B01b - Children in absolute low income families (under 16s)	2021/22	Cannot be calculated	11847	13.1	Better	186352	10.8	1599577	15.3
B01b - Children in relative low income families (under 16s)	2021/22	Cannot be calculated	16750	18.6	Better	260240	15.1	2087494	19.9
Children in care	2022	Cannot be calculated	628	62.0	Better	10840	56.0	82170	70.0
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs	2021/22	Increasing and getting worse	2167	3.2	Worse	40204	3.0	250272	3.0

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
Percentage with 3 or more risky behaviours at age 15	2014/15	Cannot be calculated		22.6	Worse		17.2		15.9
B04 - First time entrants to the youth justice system	2021	No significant change	94	188.7	Worse	1191	133.5	7805	146.9
B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2021	No significant change	523	4.9	Similar	10420	5.4	57090	4.7
Physical Health									
C16 - Percentage of adults (aged 18 plus)	2020/21	Cannot be calculated		64.9	Similar		62.2		63.3

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
classified as overweight or obese									
Deprivation									
Deprivation score (IMD2019 2019)		Cannot be calculated		19.8	Middle quintile		15.5		21.7
B17 - Fuel poverty (low income, low energy efficiency methodology)	2020	Cannot be calculated	24923	9.9	Lowest quintile	331687	8.6	3158206	13.2
Population									
Migrant GP registrations: rate per 1,000 population	2017	No significant change	3077	5.6	Better	100734	11.1	701134	12.6

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
Housing and Employment									
Employment deprivation: score	2019	Cannot be calculated		0.1	Middle quintile				0.1
Employment and Support Allowance claimants	2018	No significant change	18290	5.8	Worse	232410	4.1	1898150	5.4
6 - Long term claimants of Jobseeker's Allowance	2021	Decreasing and getting better	273	0.9	Better	6915	1.2	74372	2.1
Affordability of home ownership	2021	Cannot be calculated	330000	10.7	2nd highest quintile	365000	10.7	285000	9.1
B15c - Homelessness: households in	2021/22	Cannot be calculated	400	1.6	Better	10748	2.8	95673	4.0

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
temporary accommodation									
Crime, Safety & Violence									
Crime deprivation: score	2019	Cannot be calculated		-0.3	Lowest quintile				0.0
B13c - First time offenders	2021	Decreasing	728	145.0	2nd lowest quintile	11829	145.6	82791	166.3
B13a - Re-offending levels - percentage of offenders who re-offend	2019/20	Cannot be calculated	466	19.8	Lowest quintile	10377	22.2	88564	25.4
B11 - Domestic abuse related incidents and crimes	2021/22	Cannot be calculated		21.8	Lowest quintile	194732	26.2	1407863	30.8

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
B12b - Violent crime - violence offences per 1,000 population	2021/22	Increasing	14673	26.3	2nd lowest quintile	297625	32.3	1976318	34.9
Prisoner population: count	01/09/2018	Cannot be calculated	629	629.0	2nd lowest quintile	12806	12806.0		
Alcohol, Drugs & Tobacco									
9.01 - Admission episodes for alcohol-related conditions (Broad): Old Method	2018/19	No significant change			Not compared	115193	1955.9	841271	2407.1
Estimated prevalence of opiate and/or crack cocaine use	2016/17	Cannot be calculated	2140	6.6	Similar	35135	6.2	313971	8.9

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
C06 - Smoking status at time of delivery	2021/22	No significant change	473	11.0	Worse	7030	8.2	49534	9.1
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	2021	Cannot be calculated		15.3	Similar		11.9		13.0
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2020/21	Cannot be calculated		28.0	Similar		25.2		26.3

Indicator Name	Time period	Trend	East Sussex		Compared to England value or percentiles	South East		England	
			Count	Value		Count	Value	Count	Value
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	Cannot be calculated		24.3	Similar		24.3		25.8