WEST SUSSEX PUBLIC MENTAL HEALTH NEEDS ASSESSMENT 2024

Part of the Joint Strategic Needs Assessment

Contents

1.1 Glossary

Term	Definition
A&E	Accident and Emergency: Intake for serious injuries and life-threatening conditions. Also called Casualty or the Emergency department
ACE	Adverse childhood experience
ADHD	Attention deficit hyperactivity disorder
AMHP	Approved Mental Health Professionals
AP	Alternative Provision: Full-time mainstream educational curriculum delivered for pupils unable to attend school
APMS	Adults Psychiatric Morbidity Survey
ARBD	Alcohol related brain damage
ASC	Adults' Social Care. In some contexts can also be used to mean "Autism spectrum condition"; in this document see ***ASD***
ASD	Autistic spectrum disorder
ASPD	Anti-social personality disorder
B&H	Brighton & Hove
BAME	Black, Asian, and minority ethnic
BID	Best interest decisions
BMI	Body mass index: Calculation of overweight and obesity derived from height and weight measurements
BPD	Borderline personality disorder
CAA	Care Act assessment: How the local authority determines whether a person is eligible for care and support under the Care Act (2014)
CAMHS	Child and Adolescent Mental Health Services; NHS mental health services for children and young people provided in West Sussex by SPFT
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group; replaced in July 2022 with ICS model. See ***ICS***
CHAMPS	Child and Adolescent Multi-disciplinary Psychological Service
CI	Confidence interval; interval which is expected to typically contain the parameter being estimated
CIS-R	Clinical Interview Schedule - Revised
CLA	Children or Child looked after: A child in the care of their local authority for more than 24 hours
CMD; CMD-NOS	Common mental health disorder; Common mental health disorder - not otherwise specified
CMHL	Community Mental Health Liaison Service
CMO	Chief Medical Officer: The senior medical advisor to HM Government
Core20plus5	National approach set out by NHS England to support the reduction of health inequalities; a target population cohort (core20) plus 5 clinical focus areas requiring accelerated improvement
CQC	Care Quality Commission
CRHTT	Crisis Resolution and Home Treatment Team
CSC	Children's Social Care
CVS	Community and voluntary sector. See ***VCS***

CWCF	Child We Care For. See ***CLA***
CYP	Children & Young People or Child/Young Person. Depending on context an individual may be considered CYP until the age of 18 or even 25 years
DAC	Domestic Abuse Commissioner; statutory role created by the Domestic Abuse Act 2021 to give an independent voice to victims and survivors of domestic abuse
DBT	Dialectic behavioural therapy
DfE	Department for Education
DHR	Domestic homicide review
DoLS	Deprivation of liberty safeguards
DSR	Dynamic support register
DWP	Department for Work and Pensions
EbE	Experts by experience
EHC; EHCP	Education health and care plan
EIP; EIPS	Early Intervention in Psychosis Service: Service to assess, treat, and support people who are experiencing their first episode of psychosis
EJRC	Equality and Human Rights Commission
ES; ESx	East Sussex
EYFS	Early Years Foundation Stage: Standards set by HM Government that early years providers must meet to ensure that children learn and develop well
FNBP	Fathers and non-birthing partners
FNP	Family Nurse Partnership
GAD	Generalised anxiety disorder
GP	General Practitioner
GRT	Gypsy, Roma, and Traveler community: Umbrella term for several distinct socio-ethnic groups with a common history of nomadic lifestyles
HCP	Healthy Child Programme: Coordinates the delivery of public health for children 0-19, including health visiting and school nursing programmes. The HCP is a national requirement for local authorities
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies, also known as NHS Talking Therapies for anxiety and depression: Programme to improve delivery of and access to evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders via the NHS
ICB	Integrated Care Board: NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. See ***ICS***
ICD	International Classification of Disease
ICS	Integrated Care System: Local partnership of NHS organisations, upper tier local authorities (***UTLA***s), voluntary sector, social care providers, and other partners to create services based on local need
IMD	Indices of multiple deprivation (can be written ID, Indices of deprivation)
IPS	Individual placement and support
i-Thrive	See ***Thrive***

JSNA	Joint Strategic Needs Assessment
KPI	Key performance indicator
LA	Local Authority. County councils and unitary authorities are Upper Tier Local Authorities (UTLAs). District and borough councils are Lower Tier Local Authorities (LTLAs)
LGBTQ+; LGBT; LGBT+; LGB+	Lesbian, gay, bisexual, transgender, queer, and others; Lesbian, gay, bisexual and transgender; Lesbian, gay, bisexual, transgender, and others; Lesbian, gay, bisexual, and others
LMNS	Local Maternity and Neonatal System
LSOA	Lower-layer Super Output Area: Statistical group of 400-1200 households, (1,000-3,000 people) for ONS data purposes
LTLA	See ***LA***
MAMHET	Multi-Agency Mental Health in Education Triage: Service which links professionals with different expertise to help identify and respond to presentations of children in school which might progress to the point of a mental health crisis and potential suicide
MASH	Multi-Agency Safeguarding Hub: Single point of contact for all safeguarding concerns regarding children and young people in West Sussex
MATH	Multi-Agency Triage Hub: Partnership between primary, secondary and third sector mental health services to facilitate discussion and direct transfer of referrals between organisations. Serves North West and Coastal West Sussex.
MBU	Mother and baby unit
MCA	Mental Capacity Act (2005), *or* a mental capacity assessment under the Act.
MCN	Multiple compound needs (also known as multiple disadvantage, multiple complex needs): The experience of having several support needs linked to social exclusion, and the multiplicative effects of these needs in combination
MDT	Multidisciplinary team: Group of health and care professionals (e.g. GPs, social care, mental health, and other relevant services) who come together to discuss how best to care for an individual
MHS01	Subset of NHS Mental Health Services measures referring to people in contact with services at the end of the reporting period
MHSDS	NHS Mental Health Services Dataset
MHST	Mental Health Support Team in Schools. The service provided by MHTS is branded as "Thoughtful"
MSDS	Maternity services data set
MYE	Mid-Year (population) Estimate
NCMD	National Child Mortality Data
NDD	Neurodevelopmental disorders: Conditions that affect how the brain functions

NEET	Not in education, employment, or training
NEL	Non-elective admission
NHS	National Health Service
NHSE	National Health Services England (previously NHSE&I including NHS Improvement)
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NSPCC	National Society for the Prevention of Cruelty to Children
OCD	Obsessive compulsive disorder
ODD	Oppositional defiant disorder
OHID	Office for Health Improvement and Disparities, office of Department of Health and Social Care. OHID took on health improvement functions from Public Health England (***PHE***) in 2021
ONS	Office for National Statistics
PA	Personal Advisor. Local authorities have a statutory duty to provide PA support to all care leavers up to age 25, if they request it
Pan-Sussex	Across the 3 local authorities of Sussex: West Sussex County Council, Brighton & Hove Unitary Authority, East Sussex County Council. A combined population of approximately 1.7m people and an area of 3,800km^2
PCN	Primary Care Network: Groups of GP practices working with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas, serving 30-50,000 people
PHE	Public Health England: Agency of Department of Health and Social Care 2013-2021. In 2021 PHE was dissolved: Health protection functions were delegated to ***UKHSA***; health improvement functions to ***OHID*** and NHS agencies
PHSE	Personal health and social education (see ***RHSE***)
Primary care	First point of contact for the public with the healthcare system, e.g. GPs, pharmacies, dentists, opticians.
PTSD	Post-traumatic stress disorder
QOF	Quality and Outcomes Framework: NHS voluntary annual reward and incentive programme for GP practices in England, detailing practice achievement results
RAG	Red-amber-green: Colour coding of data e.g. for high, medium, and low risk respectively
RCM	Royal College of Midwives
RHSE	Relationship, Sex and Health Education (see ***PHSE***)
SCARF	Single Combined Assessment of Risk Form: Used by Sussex Police to notify the ***MASH*** of safeguarding concerns.
SCFT	Sussex Community Foundation Trust
SDG	Sustainable development goal
SEN; SEND	Special educational needs; special educational needs and/or disabilities
SHCP	Sussex Health and Care Partnership
SMD	Severe and multiple disadvantage (see MCN)

SMHL	Senior mental health lead in an educational setting
SMI	Serious mental illness
SOAMHS	Specialist Older Adult Mental Health Services - provided by SPFT. See ***CAMHS***, ***WAMHS***.
SPFT	Sussex Partnership Foundation Trust - one of the main NHS trusts operating in West Sussex
SPoA	Single point of access; provides a simplified single route to access support.
SUDI	Sudden Unexpected Death in Infancy
Thoughtful	See ***MHST***
Thrive; Thrive Framework	The Thrive Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families." Sometimes styled "THRIVE" or "i-Thrive".
TIC	Trauma informed care
Toxic trio	Severe mental health issues, substance use, and domestic abuse; three particularly damaging situations to be exposed to in early life.
UKHSA	UK Health Security Agency, agency of Department of Health and Social Care; took on health protection functions when Public Health England (***PHE***)was dissolved in 2021.
UTLA	See ***LA***
VCS; VCSE; VCSO	Voluntary and community sector; Voluntary, community, and social enterprise; voluntary and community sector organisation
VOLEB	Voices of Lived Experience Board; inclusive advisory board open to anyone who is a victim-survivor of domestic abuse to share their views and improve the provision of local services
WAMHS	Working Age Mental Health Services, provided in West Sussex by SPFT. See ***CAMHS***, ***SOAMHS***.
WHO	World Health Organisation
WS; WSx	West Sussex
WSCC	West Sussex County Council
YES	Youth Emotional Support service
YP	Young person (see ***CYP***)

2 Acknowledgements

There are many contributors to this piece of work, and our particular thanks go to those with lived experience, whose voice and spirit of co-production has informed every part of this work, including all those who attended the lived experience workshops, the West Sussex Youth Cabinet, and West Sussex Lived Experience Advisory Group.

We would like to thank all members of the Steering Group (see Appendix 6), chaired by Dr Bikram Raychaudhuri, GP and Clinical Director for Mental Health, Population Health Management (Prevention) NHS Sussex Integrated Care Board, for advising on and guiding this needs assessment. The needs assessment was produced by a working group, and members of the Public Mental Health Team.

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In addition, we would like to thank all of those who provided data and evidence for the needs assessment and who gave their time to take part in sub-groups, interviews, focus groups and workshops.

The following organisations contributed to and worked in partnership to deliver this needs assessment.

• Allsorts • BHT Sussex • Capital Project Trust • Changing Futures • Chichester University • Cruse • Healthwatch • Mind in Brighton • NHS Sussex • Parent / Carer Forum	• Richmond Fellowship • Rethink • Samaritans • Southdown Employment Support • Southeast Coast Ambulance (SEACAMB) • Stonepillow • Sussex Community Foundation Trust	• Sussex Partnership Foundation Trust • Sussex Police • United Response • University Hospitals Sussex • West Sussex County Council • West Sussex MIND • YMCA

3 Summary

The executive summaries are available on the West Sussex JSNA website.

4 Background

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 JSNA was introduced to create stronger partnerships between communities, local government and the NHS, providing a firm foundation for commissioning that improves health and social care provision and reduces health inequalities."[1]

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 view and experiences of service users, 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.

The JSNA was overseen by a steering group (see Appendix 6) made up of Integrated Care Board NHS Sussex, West Sussex County Council, Districts 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 7 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 prevalence and health data, literature reviews of policies, guidance and strategies, evidence for what works for prevention, service mapping and analysis, analysis of engagement data, coproduction, 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. Coproduction with people with lived experience was a core part of the needs assessment from the beginning to inform and guide the process throughout in line with NHS coproduction principles[2]. A workshop and 7 sub-groups were run to review and validate findings and develop the needs assessment areas for focus. 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)
- Multiple Compound Needs

Many of the areas identified in the findings and areas for focus sections 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.

5 The Determinants of Mental Health

This section uses the information provided by the Office for Health improvement and Disparities (OHID) as published in their Mental Health JSNA Toolkit.

Mental health and wellbeing: JSNA toolkit

The next section sets out data relating to the population and environmental factors in West Sussex.

5.1 The Wider Determinants of Mental Health

The term 'wider determinants of health' is used to refer to the conditions in which people are born, grow, work, live, and age, as well as the wider set of forces and systems shaping the conditions of daily life[3].

Figure 1 Wider Determinants of Health

Source: Dahlgren & Whitehead (1991)

The wider determinants of health can be broadly grouped into environmental and population factors. Although outlined separately below, there are complex relationships between them and some of these factors are subject to changes through the life course (such as employment, housing and income), whereas others are not (such as race, disability and sexual orientation).

5.2 Population factors: demographics and vulnerable groups

Avoidable, systematic inequalities between groups are unfair and action can be taken to reduce these[4]. Some people experience several complex, interrelated issues and many will fall into more than one subgroup. Some subgroups are more vulnerable to unfavourable social, economic and environmental circumstances. These subgroups,

interrelated with ethnicity, gender and age are at higher risk of mental health problems[5,6].

The following groups are identified as being at high risk of mental health problems:

- Black and minority ethnic groups
- People living with physical disabilities
- People living with learning disabilities
- People with substance use disorders[i]
- Prison population, people with a history of offending and victims of crime
- LGBTQ+ (lesbian, gay, bisexual and transgender) people
- Carers
- People with sensory impairment
- Homeless people
- Refugees, asylum seekers and stateless persons

High rates of people moving home within and between areas can disrupt social ties and community networks. This is related to higher levels of stress and mental health problems[ii] and can impact people experiencing life transitions, such as student populations. People who have recently arrived from abroad to live in an area may also face multiple barriers to accessing mental health services.

People who do not speak English well may need specific support to enable them to access mental health services. Additionally, refugee populations are more likely to have experienced trauma and have a higher prevalence of mental health problems, such as post-traumatic stress disorder (PTSD), depression and anxiety[7].

In particular, higher rates of mental health problems are associated with poverty and socio-economic disadvantage. Across the life-course examples of groups identified as high priority are:

- Women and birthing people who are pregnant or have a child under 12 months old
- Children living at a socio-economic disadvantage

[i] Substance use disorders refer to the ICD-11 classification of disorders due to substance use or addictive behaviours that 'develop as a result of the use of predominantly psychoactive substances, including medications, or specific repetitive rewarding and reinforcing behaviours' (WHO, 2024).

[ii] This needs assessment uses the term 'mental health problems' to refer to broad experiences of mental health, including, but not limited to diagnosable conditions. The term is also used by Mind, the mental health charity, based on feedback that the term is helpful and appropriate for those who experience them.

- Children with parents who have mental health problems, substance use disorders or drug and alcohol use
- Looked after children
- Adults with a history of violence or abuse
- People with poor physical health
- Older people living in care homes
- Isolated older people

5.2.1 Equity of access (with a particular focus on ethnicity)

Social characteristics, such as gender, disability, age, race and ethnicity, sexual orientation and cultural attitudes influence access to support and services. It is a legal requirement that access to mental health services should not be discriminatory based on protected characteristics as defined by the Equality Act 2010[8]. Protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage/civil partnership
- Pregnancy
- Race
- Religion or belief
- Sex
- Sexual orientation

One example of discrimination would be not adequately considering the needs of older people in the planning of mental health services.

It is also illegal to discriminate directly or indirectly against people with a mental health condition[iii] in public services and functions. A mental health condition is considered a disability under the Equality Act if the 'mental impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities'[9].

Research and equalities policy has given significant attention to the disparities in access to, and experience of, mental health services according to ethnicity. People from black and minority ethnic groups living in the UK are more likely to[10]:

- Be diagnosed with a mental health problem
- Seek help when in crisis and attend A&E
- Be admitted to hospital with a mental health problem

[iii] 'Mental health condition' is used when referring to diagnosable conditions, using other data sources on mental health, and where other organisations have used the terms 'mental illness', 'mental disorder' or 'probable mental disorder'.

- Experience a poor outcome from treatment
- Disengage from mainstream mental health services

People from black African and Caribbean backgrounds are disproportionately seen in the 'hard end' of services (for example, at the point of arrest) and are more likely to receive harsher or more coercive treatments[11]. Due to the Eurocentricity of service design, people from some black and ethnic minority communities struggle to access services in ways that are meaningful to them[12].

5.2.2 Smoking and health behaviours

Positive health behaviours, such as not smoking, eating healthy food, and engaging in physical activity can encourage psychological wellbeing, improve physical health, prevent mental health problems and support recovery among people who are unwell. In addition to supporting individuals to make healthy choices, interventions should focus on providing environments which support adopting healthy behaviours.

Smoking remains the single biggest cause of preventable death and illness in England. Smoking prevalence is higher among people with mental health problems[13] than in the general population and a third of all tobacco is smoked by people with a mental health condition[14]. While there has been a marked decline in smoking prevalence in the general population over the last 20 years, there has been little change in those with mental health problems[15].

Alongside smoking, there are a number of other links between health behaviours and mental health problems[16]:

- Mental health problems in childhood predict unhealthy choices in adolescence
- Eating healthy foods, particularly fruit and vegetables, can positively affect mental as well as physical health
- Physical activity can positively affect stress, self-esteem, anxiety, dementia and depression, and is recommended as a form of treatment for depression[17]
- Rates of obesity are higher among people with a mental health condition

Health behaviour, physical health and mental health are closely related. Each is a determinant and consequence of the other and all are underpinned by wider social factors. Mental health problems can increase the likelihood of engaging in in risk behaviours, including smoking, alcohol and drug misuse, higher-risk sexual behaviour, lack of exercise, unhealthy eating and obesity[18].

Risk behaviours cluster in particular groups. For example, low income and economic deprivation is associated with the 20 to 25% of people in the UK who are obese or smoke. This same population has the highest prevalence of anxiety and depression. Such clustering can lead to greater lifetime risk of mental health problems, as well as social, behavioural, financial, and general health problems[19].

Negative health behaviours are contributing causes of poorer physical health among those with mental health problems. It is likely that the high prevalence of smoking accounts for much of the reduction in life expectancy among people with serious mental illness[20].

Public health action to support healthy behaviour should recognise the wider role of the social determinants. People's behaviour choices are highly influenced by the opportunities and influences in their environment and social settings. Access to assets, such as public parks and green space can support people to be physically active[21], and access to a diverse range of food and less fast food outlets in the local area can encourage healthy eating[22].

5.2.3 Drug and alcohol use

Harmful use of alcohol or drugs often contributes to or co-exists with mental health problems and leads to poorer outcomes. People with co-occurring mental health problems and drug and alcohol use often have multiple needs. These can include poor physical health and social issues, such as debt, unemployment or housing problems. They are also more likely to be admitted to hospital, self-harm, or die by suicide[23].

Alcohol is the third leading preventable cause of ill health after tobacco and hypertension[24].It also is the leading cause of ill-health, and disability in people aged 15 to 49 years in England[25].

Drinking more alcohol than the low-risk guidelines can harm mental and physical health. It can also lead to social problems, such as unemployment, divorce, domestic abuse, and homelessness[26].

Regular consumption of alcohol has been shown to cause mental health problems including depression, anxiety, and higher levels of self-harm and suicide are seen in people with alcohol-related problems[27]. Regular heavy drinking can also lead to alcohol dependence. The relationship between mental health problems and alcohol is bidirectional- while heavy alcohol use can cause mental health problems, mental health problems can cause people to consume more alcohol as a form of 'self-medication'.

Drug misuse includes taking illegal drugs and the consumption of controlled prescription drugs, such as benzodiazepines, without a prescription[28].

Research shows that mental health problems are experienced by the majority of drug and alcohol users that are engaged with community drug and alcohol services [29]. There are various factors associated with harmful alcohol and drug use, many of which are social. Drug use and misuse tend to occur in clusters, for example, areas of relatively high social deprivation have a higher prevalence of illicit opiate and crack cocaine use and larger numbers of people in treatment[30] [31]. Drug misuse can also cause social disadvantage, which may lead to further drug use and dependence.

The risk of alcohol and/or drug use and dependency are highest amongst people experiencing multiple compound needs[32]. Alcohol and drug use contributes to wider social problems, such as[33]:

- Absenteeism
- Unemployment
- Domestic abuse
- Family breakdown
- Child maltreatment
- Public disorder

There are many links between drug and alcohol use and crime, including gang violence, theft, burglary, fraud and shoplifting. Drunkenness is associated with a majority of murders, manslaughters and stabbings, as well as half of domestic assaults[34].

While there may be public perception of a relationship between violent crime and serious mental health problems[35], between 2006 and 2016 11% of homicide convictions in the UK were known to be committed by mental health patients[36]. Research suggests that drug and alcohol use and socio-economic factors play a more important role[37].

5.2.4 Comorbidity in mental and physical illness

Mental and physical health are completely linked are both determinants and consequences of each other.

There is a strong argument that support for physical and mental health should be integrated. There are four related challenges[38]:

- High rates of mental health conditions among people with long-term physical health problems
- Poor management of 'medically unexplained symptoms', which lack an identifiable organic cause
- Reduced life expectancy among people with the most severe mental health conditions, largely attributable to poor physical health
- Limited support for the wider psychological aspects of physical health and illness

On average, men with severe mental health conditions die 20 years earlier, and women die 15 years earlier, than the general population. Compared with the general population, people in contact with specialist mental health services have[39]:

- Nearly 4 times the rate of deaths from diseases of the respiratory system
- Over 4 times the rate of deaths from diseases of the digestive system
- Nearly 3 times the rate of deaths from diseases of the circulatory system

Much of the extra burden of poor physical health among those with mental health problems can be explained by health behaviours such as smoking and alcohol use. Other factors also play a part such as barriers to receiving adequate physical healthcare. For example, less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months[40].

The close relationship between mental health and physical health is strongly underpinned by the social determinants of health, such as social deprivation.

5.2.5 Suicide and self harm

Suicide and self-harm are not mental health problems themselves, but they are linked with mental distress[41]. Suicide is the biggest killer of men under 50, as well as a leading cause of death in young people and new mothers. The death of someone by suicide has a devastating effect on families, friends, workplaces, schools and communities, as well as an economic cost[42].

The cross-government prevention strategy identified seven important areas for action - which are reflected in the West Sussex Suicide Prevention Action Framework[43]:

- Reduce the risk of suicide in high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in taking a sensitive approach to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Reduce rates of self-harm as a major indicator of suicide risk

People with a history of self-harm are a high-risk group and a priority for the prevention of mental health problems. Some groups have higher rates of self-harm, including young people, particularly children in care and care leavers, and LGBTQ+ people.

People who self-harm are at an increased risk of suicide, although for many people self-harm is a coping mechanism and not a suicide attempt. The risk of suicide is particularly high in those repeating self-harm and in those who have used violent/dangerous methods of self-harm[44].

Other groups identified as high risk for suicide are:

- 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

5.3 Environmental factors

One aim of this needs assessment is to understand the determinants of health and consider the social and contextual factors that affect mental health, such as employment, crime, safety and housing.

The mental health of each person is influenced by their social setting, such as having the ability to earn enough money and feeling part of a community[45]. This chapter outlines the factors that lead to unfair and avoidable differences in health within and between populations.

Understanding these social factors in a local area can help to quantify levels of risk, protection and resilience within a community. It can help to identify vulnerable groups and consider what interventions could help to reduce vulnerability and develop resilient communities. Greater community resilience has the potential to:

- Reduce the prevalence of mental health problems
- Increase the prevalence of good mental health
- Improve recovery and support for individuals who have become unwell

5.3.1 Deprivation and inequality

It is well established that deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly less resource than others) is associated with poorer health, including mental health.

Poor mental health is closely related to many forms of inequality, with a particularly pronounced gradient for severe mental illness[46]. The prevalence of psychotic disorders among those in the lowest fifth of household income is nine times higher than those in the highest fifth, and the prevalence of common mental health problems is double in the lowest compared with the highest income group.

Explaining the relationship between deprivation and mental health is complex and it is difficult to establish cause and effect. Experiencing disadvantage can increase the risk of mental health problems, and people with mental health problems can be affected by a 'spiral of adversity'[47], where factors such as employment, income and relationships are affected by their condition. People who live in deprived areas are more likely to need mental healthcare but less likely to access support and to recover following treatment[48], a combination that worsens mental health problems.

Deprivation is about more than lack of money. It can include lack of access to resources such as adequate housing, and exposure to negative stressors such as violence, crime or lack of public green space. A growing body of evidence suggests that the relationship between deprivation and mental health is not just about absolute lack of resource for individuals. Populations with large differences in wealth and resource between individuals are associated with higher levels of poor health and mental health problems for the population as a whole[49].

5.3.2 Poverty and financial insecurity

Low income and debt are risk factors for mental health problems, and personal and family financial security is a protective factor. Improved understanding of financial circumstances can help identify and target vulnerable groups and support the recovery of people with mental health problems.

Poverty can be both a causal factor and a consequence of mental health problems. Across the UK, both men and women in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income. The cumulative effects of poverty are present throughout the life course, starting before birth and continuing into older age[50].

Unmanageable financial debt is associated with poorer mental health[51 52]. A quarter of people experiencing common mental health conditions also have financial problems, which is 3 times higher than the general population[53]. Half of adults with a debt problem also have a common mental health condition. A survey of 5,500 people with mental health problems found that 86% of respondents said their financial situation had made their mental health problems worse[54]. Mental health problems can affect an individual's motivation and ability to attend work or treatment, which can affect income and recovery.

Additionally, many mental health conditions can lead to periods of impulsivity in spending and anxiety is often exacerbated by money concerns. When people do not have enough money, they may struggle to afford essentials, such as heating, housing, food and medication. Social activity is often an area where people look to save money, which can lead to increased social isolation and have a negative effect on people's relationships and mental health.

5.3.3 Housing and homelessness

Housing is critical to the prevention of mental health problems and the promotion of recovery[55].

Homelessness and poor-quality housing are risk factors for mental health problems. Stable, good quality housing is a protective factor for mental health problems and can be a vital element of recovery.

Insecure, poor quality and overcrowded housing causes stress, anxiety and depression, and exacerbates existing mental health problems[56]. For example, adolescents living in cold housing are at a significantly greater risk of developing multiple mental health conditions[57]. A cold home also contributes to social isolation, which may be a particular issue for older people[58].

Everybody who experiences homelessness will feel stress and anxiety, and many report depression[59]. Mental health problems among people experiencing homelessness are more prevalent than in the general population, particularly among people caught in the

'revolving door' between hostels, prison, hospitals and the streets[60]. Compared with the general population, people experiencing homelessness are twice as likely to have a common mental health condition and psychosis is up to 15 times more prevalent[61]. They are also over 9 times more likely to complete suicide[62]. People experiencing homelessness find it difficult to access health services, including mental health care[63,64].

5.3.4 Education and lifelong learning

Education is an important determinant of later health and wellbeing. It improves peoples' life chances, increases their ability to access health services and enables people to live healthier lives.

Education develops skills that help people to function and make decisions in life. It increases peoples' ability to get a job and avoid living in poverty. It also helps people to understand how social and health systems work, allowing them to improve their health and wellbeing[65].

Schools have an important role in promoting mental health among children[66]. Well implemented interventions can encourage resilience and develop the coping skills of all pupils, while also targeting help to those with mental health problems[67].

Pupils with emotional and conduct disorders are more likely to fall behind in their learning[68]. Those not in education, employment, or training (NEET) after the age of 16 are at increased risk of depression and suicide, and the impact of unemployment as a young adult lasts into later life[69].

For adults, lifelong learning opportunities can increase the ability of those with low educational attainment to exert control of their lives[70]. Participation in adult learning can help encourage wellbeing and protect against age-related cognitive decline in older adults[71].

Education can also improve levels of health literacy. This can be defined as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health'[72]. People with low health literacy experience a range of poorer health outcomes and are more likely to engage in behaviours that risk their health[73]. Practitioners can increase levels of health literacy by improving people's access to health information through use of accessible language, for example.

5.3.5 Employment and working conditions

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

There are strong links between employment and mental health[74]. The workplace provides an opportunity to encourage wellbeing and support people to 'build resilience, develop

social networks and develop their own social capital'[75]. People who are unemployed are between 4 and 10 times more likely to report anxiety and depression, and to complete suicide[76].

The right to work is universal and protected by the Equality Act 2010, yet there is a known employment gap between people with mental health problems and the general population[77]. Analysis of a national survey found that people with a common mental health condition are four to five times more likely to be permanently unable to work and three times more likely to be receiving benefits payments[78].

Being in work is beneficial to health and wellbeing. However, it is important to distinguish between 'good work' (characterised by fair treatment, autonomy, security, and reward), and 'bad work' in which individuals feel unsupported, undervalued and demotivated[79].

Challenges remain for people with mental health problems in gaining and maintaining employment, sometimes because of negative attitudes, stigma, and concerns from employers who know little about mental health. Between 30% and 50% of people with schizophrenia are thought to be capable of work given appropriate support and opportunity, yet only 9% of people with a probable psychotic disorder are in full-time and 19% are in part-time work[80]. There is an emphasis on the doubling of access to individual placement and support (IPS) interventions aimed at enabling people with severe mental illness to find and retain employment[81].

Mental health problems also have a significant effect on employers. Nearly one sixth of the workforce is affected by a mental health condition[82] and mental health related absences cost UK employers an estimated £25+ billion per year[83].

5.3.6 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.

While there is public perception that people with mental health problems have offended , the vast majority of these individuals are not violent and the most crimes are committed by people who do not have mental health problems[84]. People with mental health problems are three times more likely to be a victim of crime than the general population and five times more likely to be a victim of assault (rising to 10 times more likely for women)[85].

There is a high prevalence of mental health needs among people in contact with the criminal justice system. 16% of prisoners report symptoms indicative of psychosis, a much higher proportion than in the general population[86]. These disorders are more severe and complex[87], and are often combined with poor physical health and drug and alcohol use. There are high levels of mental health conditions among people on probation[88]. There are

also high levels of mental health conditions (including psychosis, antisocial personality disorder and anxiety) among British male gang members[89].

People in contact with the criminal justice system have considerably more risk factors for suicide, including increased prevalence of mental health conditions, drug and alcohol use and socioeconomic deprivation, and are recognised as a priority group in the cross-government suicide prevention strategy[90]. The risk of suicide is highest in the 28 days following release from prison[91].

Many people with mental health problems, who are in contact with the criminal justice system (including victims of abuse and crime) , experience other issues, such as difficulty accessing good quality homes, employment and income. This may result in their mental health deteriorating. People in prison need to have their needs identified and addressed while in prison, and support should continue when they return to their local community.

The major determinants of violence are socio-economic factors and drug and alcohol use, whether they occur concurrently with a mental health problem or not.

Being a victim of crime, or exposure to violent or unsafe environments can increase the risk of developing a mental health problem. The most serious example at a young age is child abuse, which can have a sustained and detrimental effect on mental health through to adulthood[92].

Being a victim of intimate partner violence or domestic abuse increases the risk of mental health problems[93] and there are high rates of mental health conditions (particularly PTSD) among people who have been raped and among immigrant women who have undergone female genital mutilation[94].

5.3.7 Community wellbeing and social capital

Good mental health and wellbeing is an important health outcome and can improve resilience to mental and physical health problems. Measures of good social capital are associated with better population-level health and wellbeing.

Mental wellbeing is more than the absence of mental ill-health. It is linked with an individual's emotional, physical and social wellbeing, as well as the wider social, economic, cultural and environmental conditions in which they live. Mental wellbeing is a combination of an individual's experience (such as happiness and satisfaction) and their ability to function as both an individual and as a member of society[95]. It includes a sense of control, resilience, self-efficacy and social connectedness.

Mental wellbeing is of particular importance to children and young people and influences the way in which they cope with important life events. Children and adults with better mental wellbeing are likely to deal better with stressful events, recover more quickly from illness and be less likely to put their health at risk[96].

The mental wellbeing of individuals is influenced by factors at a community level such as social networks, sense of local identity, levels of trust and reciprocity and civic engagement. The benefit of this "social capital" can be felt at an individual level (for example, through family support) or at a wider collective level (for example, through volunteering). Social capital is associated with values such as tolerance, solidarity and trust, which are said to be beneficial to society and important for people to be able to cooperate[97].

Whilst disadvantaged communities have higher health need, they may also have assets within the community that can improve health and build resilience[98]. Community assets improve the health and the quality of the community. These include physical assets, such as public green space, play areas and community buildings; and social assets such as, volunteer and charity groups, social networks and the knowledge and experiences of local residents. These assets have potential to protect and increase community wellbeing and thus strengthen resilience.

The wellbeing of young people is increasingly influenced by modern day technology. The significance of technology in peoples' lives has led to debate on the effects of social media on young people's mental and physical wellbeing. The effects of substituting social media activity for other forms of social interaction is not fully understood. Cyberbullying is increasingly an issue in young people.

5.3.8 Digital, online, social media

Growing up now involves navigating not just the physical world but the online digital and social media world through smart phones, game consoles, tablets, computers and other devices. This is widespread not just in the UK but globally whereby the use of social media is nearly universal amongst teenagers[99] and most children aged 3-17 go online (at home or elsewhere) via mobile phones (69%) and tablets (64%), although the types of devices used varies by age of child[100]. Digital, online spaces can have both benefits to protect young people's mental health as well as the potential to cause harm[101].

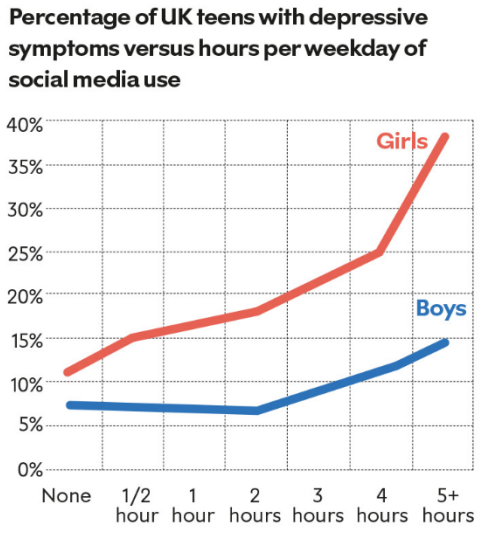
The US Surgeon General's report published in 2023 highlights despite the widespread use of social media among children and adolescents, there is not yet enough evidence to determine if its use is sufficiently safe — especially during adolescence, a particularly vulnerable period of brain development. Different children and young people are affected by social media in different ways based on their individual strengths and vulnerabilities and based on cultural, historical, and socio-economic factors[102][103].

Social media is considered to provide some benefits to young people who may feel marginalised such LGBTQ+ young people and people with disabilities, as it can provide positive or identify affirming content and be a space for self-expression and help young people feel accepted. Young people struggling with their mental health may also want to and find it easier to talk to others online about what they experiencing and mental health

support can also be provided by the NHS online. In order to understand this better a Sussex-wide youth-led research survey was conducted on the use of these platforms to find out what young people thought[104]. The review found that:

- 85% said online mental health support was useful
- 66% of young people accessed online support for the first time during the COVID-19 pandemic
- 60% of young people said they would like a mixture of face-to-face and online support in the future
- 27% were referred to online services by their GP
- 19% had existing therapy moved online due to the pandemic

Figure 2 UK teens with depressive symptoms vs social media use



There is increasing evidence of the risks of the online world, as children and young people on social medica are commonly exposed to extreme, inappropriate, and harmful content, and those who spend more than 3 hours a day on social media face double the risk of poor mental health including experiencing symptoms of depression and anxiety[105,106].

The use of social media is increasing in younger age groups, almost a quarter of 5 to 7 year-olds in the UK have their own smartphone and overall use of social media sites or apps particularly among 5-7 year-olds has increased year on year to 38% in 2024.[107] Online gaming has also seen an increase with 41% of children, more than ever before of 5 to 7 year-olds[108]

The NSPCC highlights the risks of social media (such as Tik Tock, Instagram, Facebook) and chat apps (such as What's app, snapchat and Kik) for children and young people that includes oversharing, sharing your location, talking to people you don't know, sending or receiving inappropriate content, unrealistic sense of body image or reality and obsessive focus on likes and comments[109].

Online young people can be more exposed to hate-based content[110] and evidence from the US shows that among teenage girls of colour, one-third or more report exposure to racist content or language on social media platforms.[111] Research shows there to be a relationship between cyberbullying via social media and depression among children and young people, with teenage girls / young women and sexual minority youth more likely to report experiencing incidents of cyberbullying[112,113]. In addition, the effects of substituting social media activity for other forms of social interaction is not fully

understood and evidence shows that unregulated online journalism can unnecessarily increase anxiety in children and young.

Research regarding the role the internet plays in acts of self-harm and suicide is rapidly evolving. In a landmark judgement, in 2022, social media was ruled to have contributed to the case of a young person's suicide[114]. A national enquiry into suicide deaths of young people in England identified that in 26% of deaths of those under 20, suicide content had been accessed on the internet[115].

The Online Safety act published in 2023 aims to make the internet safer by placing legal duties and responsibilities on online service providers to keep children and young people safe online by tackling illegal material and content that is harmful to children, conducting regular risk assessments and properly enforcing age limits.

West Sussex County Council provides support to families, parents and children and young people to stay safe online. There is a digital safety package for schools to equip school staff to feel more confident supporting children and young people with online safety advice and knowledge of how to teach key digital safety principles linked to the curriculum. Training looks at the physical and emotional impact and provides resources for teachers and parents. Topics include media use, screentime, inappropriate content, oversharing, sexting/image sharing, sexual abuse imagery, social media, grooming into radicalisation and extremism and cyberbullying. Webinar sessions are also available for parents and a monthly Staying Safe Online E-newsletter provides information around online mental health and wellbeing support.

Sussex Police are also working on reducing online risks to young people and run a project called SOLAH, which stands for "safer online at home" to protect children and young people who are either uploading self-generated images to the internet or sharing indecent images of children between themselves or online.

6 West Sussex Data – Demographics and Wider Determinants

Key Points

- West Sussex is a large county of almost 770 square miles, with coastal resorts, market towns, a New Town (Crawley) and large rural areas with smaller towns and villages. The county is home to almost 892,350 people.
- In the last ten years, the county has experienced a higher percentage growth in population than the South East and England overall and a far higher percentage increase than other local authorities in the Sussex ICS.
- The population is projected to further increase overall but growth will be driven by the older age groups, whereas 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 profile compared with England, with a lower percentage of people from minority ethnic backgrounds. However, there are considerable differences within the county, of note Crawley has a younger and ethnically more diverse population, with over 26% of the population from ethnic minority groups. Services need to take account of the differences within the county overall and by age group when looking at diversity within the county.
- While West Sussex compares well overall on many environmental risk factors for mental health, including overall levels of poverty, employment and crime, some risks are rising. Housing stands out as an increasing risk, with higher numbers of people who are homeless and in temporary accommodation.

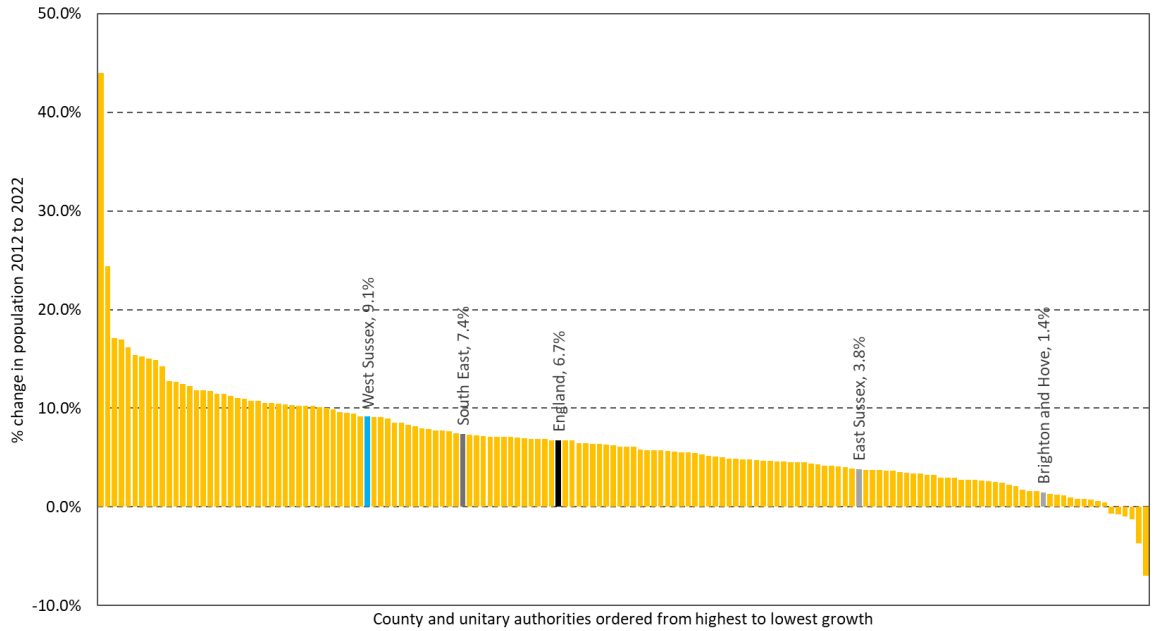
6.1 Population and Population Change

6.1.1 Current Population

In 2022 there were an estimated 892,350 people living in West Sussex.

Over the last 10 years, population growth in West Sussex has been higher than the England average, with an increase of 9.1%. This increase is higher than the Southeast (7.4%) and England (6.7%), and notably higher than the other local authority areas of the Sussex ICS (growth of Brighton & Hove and East Sussex was 1.4% and 3.8%, respectively).

Figure 3 Population Change Between 2012 and 2022 - English Upper Tier and Unitary Authorities

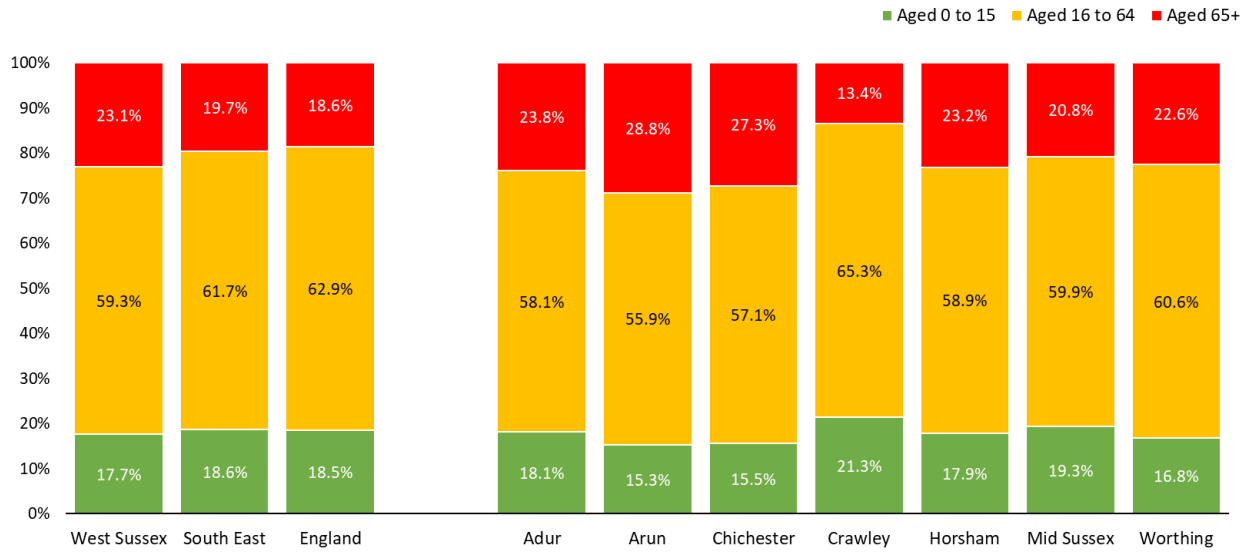


Source: Office for National Statistics (ONS) Mid-Year Estimates of Population

The age profile of the county is older than the Southeast and England. A higher percentage of the population is aged 65 years or over (23%) compared to England (18.6%). There are differences across the county, for example, Crawley has a far younger age structure with over 21% of the local population aged 0-15 years compared to 18.5% nationally.

The differences in population age profile need to be considered when planning services across the county.

Figure 4 Population Age Profile 2022 West Sussex Local Authorities



Source: Office for National Statistics (ONS) Mid-Year Estimates of Population

Given the older age profiles and longer life expectancy of women, there are more female residents than male overall, with notably larger numbers in the 65+ age groups.

Figure 5 Age and Sex West Sussex Residents 2022

Age	Male	Female	Total
Aged under 1 year	4,300	4,200	8,500
1 - 4 years	18,400	17,700	36,100
5 - 9 years	25,700	24,100	49,800
10 - 14 years	27,300	25,900	53,300
15 - 19 years	24,200	22,400	46,600
20 - 24 years	20,200	19,400	39,600
25 - 29 years	23,200	23,600	46,700
30 - 34 years	26,400	28,400	54,800
35 - 39 years	27,100	28,500	55,600
40 - 44 years	27,600	29,200	56,800
45 - 49 years	26,900	28,200	55,100
50 - 54 years	30,500	31,800	62,300
55 - 59 years	31,300	32,600	63,900
60 - 64 years	27,700	29,800	57,500
65 - 69 years	23,900	26,100	50,000
70 - 74 years	23,100	26,800	49,800
75 - 79 years	21,100	25,000	46,000
80 - 84 years	12,600	16,200	28,800
85 and over	11,600	19,500	31,100
Total	**433,200**	**459,200**	**892,300**

Source: Office for National Statistics (ONS) Mid-Year Estimates of Population

6.1.2 Population Projections

Note: The ONS and West Sussex County Council have yet (as of April 2024) to rebase population projections using data based on the 2021 Census. This means that projections detailed below, which were produced in 2018, should be treated with some caution.

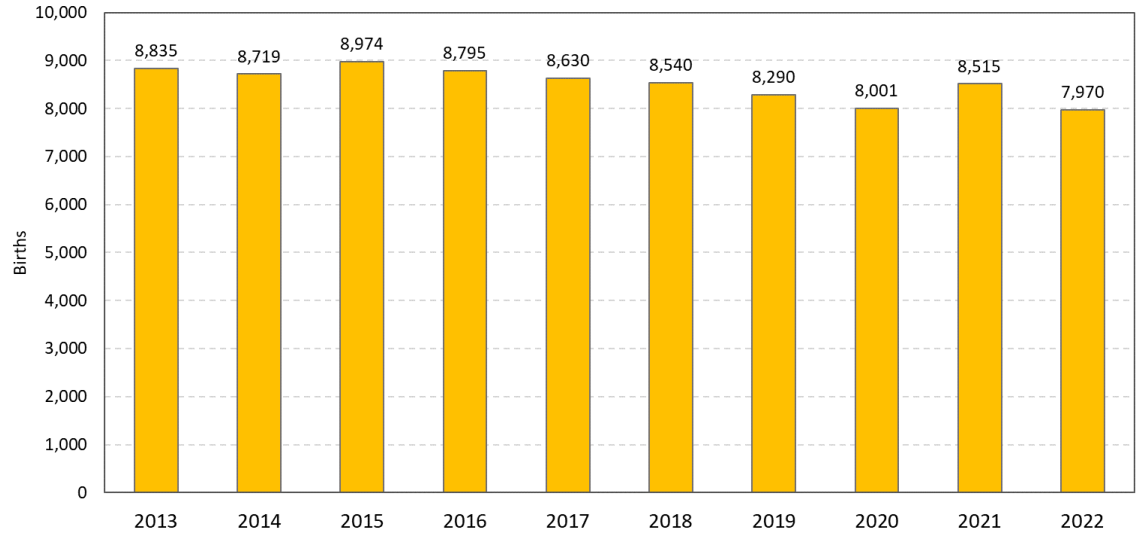
Using existing ONS population projections, the West Sussex population is projected to increase by a further 47,000 people within the next 10 years. Within that change, the child population (0-15 years) is projected to fall by approximately 6%, whereas the older age group (people aged 65+ years) is projected to increase by 23%.

6.1.3 Components of Population Change

6.1.3.1 Births

In 2022 there were 7,970 live births in West Sussex, the lowest number in the last ten years. There has been a downward trend in the number of births over the last 10 years.

Figure 6 Live Births – West Sussex 2013 to 2022



Source: ONS Live Births

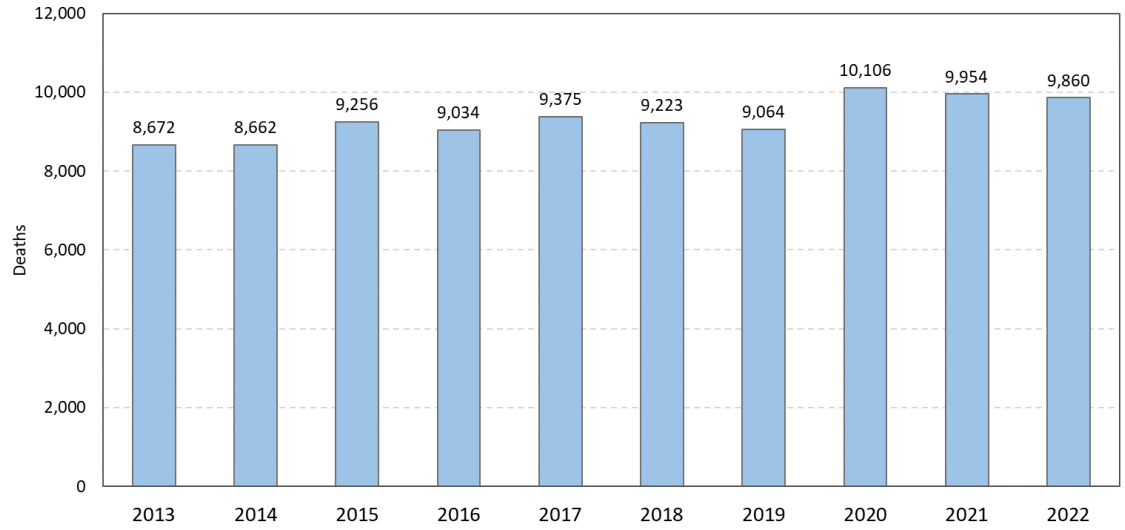
The county's fertility rate in 2021 was 56.6 live births per 1,000 women aged 15-44 years. This is significantly higher than the England rate of 54.3 per 1,000, and the highest amongst the three Sussex ICS local authorities: East Sussex has a rate of 53.3 per 1,000 and the Brighton & Hove has a rate of 35.8 per 1,000 (and is one of the lowest in England).

In 2022, 22.4% of deliveries in West Sussex were to women and birthing people born outside of the UK. This was lower than England overall (30%) and Brighton & Hove (32.7%), and higher than East Sussex (14.2%).

6.1.3.2 Deaths

In 2022 there were 9,860 deaths, which was fewer than 2021, but there has been an upward trend in deaths over the last 10 years.

Figure 7 Deaths – West Sussex 2013 to 2022



Source: ONS Mortality Statistics (accessed via nomisweb.co.uk)

6.1.3.3 Migration

Given there are more deaths than births across West Sussex as a whole, the large population growth in the county over the last 10 years has been driven by net inward migration, meaning people moving into the county from elsewhere in the UK and internationally.

Between 2021 and 2022 the ONS estimated the components of population change in West Sussex as being a natural change (loss) of -1,153 residents, with net gain from rest of the UK of approximately 5,590 people, and net gain from outside of the UK of approximately 3,200 people.

This differs across the county. In 2022, Crawley and Mid Sussex experienced both positive natural change (meaning more births than deaths) and net inward migration, whereas population increases in all other areas in the county were accounted for solely by net inward migration.

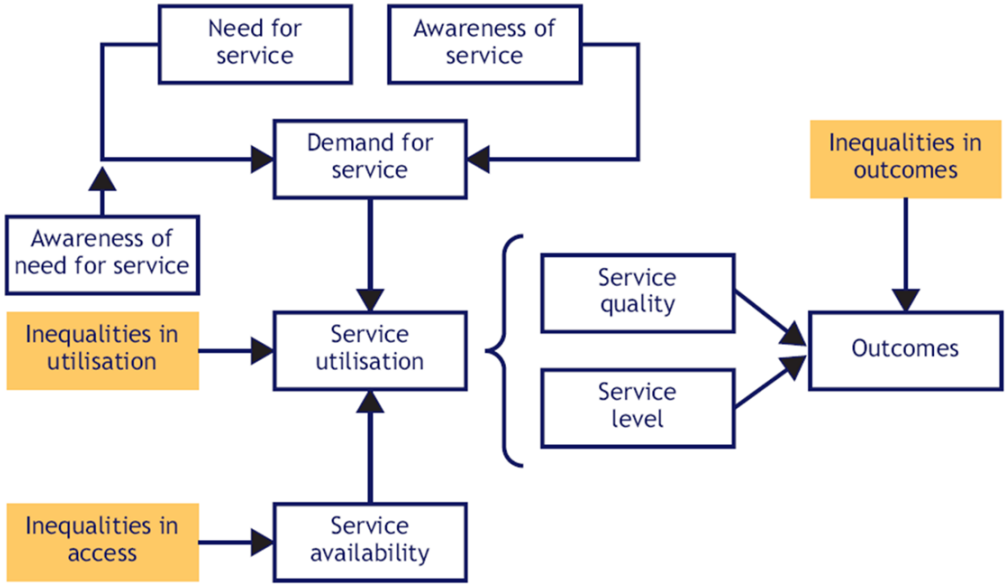
6.2 Data Relating to Population and Environmental Risk Factors

This section sets out the data relating to wider environmental factors (such as poverty, housing, employment, crime), characteristics and population groups known to be at higher risk. For each risk and protective factor, we have set out the data for West Sussex. Where there are significant differences within the county, these are noted.

Some people face barriers in accessing services and maintaining support when a need arises. It is important to understand that inequalities in access, usage and outcomes can occur at different points in a service pathway. For example:

- Where someone may not recognize their own mental health condition because mental health is stigmatized or not discussed in their community
- A service which is restricted by time or location
- People having problems sustaining treatment due to irregular employment hours or caring commitments
- Impact of discrimination on accessing, and sustaining support

Figure 8 Inequalities at Different Points in a Service Pathway



Source: West Sussex PHSRU

6.3 Equality Act Protected Characteristics

The Equality Act 2010 consolidated and replaced previous legislation for a single Act. Public bodies have a duty to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

There are nine protected characteristics. It is against the law to discriminate against someone because of a protected characteristic.

Figure 9 Description of Equality Act 2010 Protected Characteristics

Characteristic	Equality and Human Rights Commission (EHRC) Description
Age	A person belonging to a particular age (for example 32 year-olds) or range of ages (for example 18 to 30 year-olds).
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Gender reassignment	The process of transitioning from one sex to another.
Marriage and civil partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act)

Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion or belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex	A man or a woman.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

6.3.1 Age and Sex

Age and sex are key drivers of demand for healthcare services and support, including those for mental health needs. West Sussex has an older population profile but there are differences within the county. Growth is also expected to be skewed towards the older age groups. In older age there are far more women than men in West Sussex.

For data see paragraph 4.1.1.

It is also important to consider the relatively large population who live in communal establishments. Care home residents are at higher risk of depression and poor mental health. Where one in five older people in the community are estimated to be affected by depression, this rises to two in five of those living in care homes[116]. This is a notable concern in West Sussex where a high proportion of older people live in care homes, particularly in Worthing, which has the highest number of over 65s per 1,000 living in a care home in England.

Figure 10 Number aged 65 years and over living in a Communal Establishment

Age	Total 65+ living in a communal establishment	Aged 65 years	Aged 66 to 69	Aged 70 to 74	Aged 75 to 79	Aged 80 to 84	Aged 85 years +
Adur	365	5	10	30	45	50	225
Arun	1,730	35	100	150	180	260	1005
Chichester	1,075	10	45	105	135	155	625
Crawley	250	10	10	15	20	40	155
Horsham	935	15	35	65	90	120	610
Mid Sussex	965	0	20	55	115	150	625
Worthing	1,225	25	55	110	145	225	670

Source: ONS Census 2021 Table RM120

6.3.2 Long Term Health Conditions and Disability

There are strong links between physical and mental health, and the relationship is complex. People who have long term chronic conditions, such as diabetes, arthritis, asthma, are more likely to have poor mental health and may need additional support to manage their health conditions and improve their physical health. People with severe mental illness (SMI) have on average a shorter life expectancy than the rest of the population, by around 15 to 20 years. There are a range of factors driving this difference, including:

- The effect of some medication to treat SMI acting to increase cardiovascular risk
- Problems in accessing and sustaining use of health care
- Higher rates of smoking and alcohol use amongst people with SMI

NHS Digital state that people living with SMI have:

- 6.6 times increased risk of respiratory disease
- 6.5 times increased risk of liver disease
- 4.1 times increased risk of cardiovascular disease
- 2.3 times increased risk of cancer
- Are 3 times more likely to lose their natural teeth

Under the Equality Act 2010 it is illegal to discriminate (directly or indirectly) against people with a mental health condition illness in public services and functions. A mental health condition is considered a disability in line with other types of disability, where a mental condition has a "substantial and long-term adverse effect on a person's ability to carry out normal day to day activities"[iv,117].

[iv] A condition is considered long term if it lasts, or is likely to last, 12 months. 'Normal day-to-day activity' is defined as something done regularly in a normal day. This includes things like using a computer, working set times or interacting with people. (Source: UK Government (2010). " When a mental health condition becomes a disability" *Gov.uk*)

Sections 5 and 6 in this document set out the detailed prevalence of mental health conditions for children and adults.

People with a disability are more than three times more likely to experience depression compared to the general population. This is also related to a range of complex and interrelated reasons, including loss of role, lower income and poverty, facing negative stereotypes and societal attitudes[118].

Figure 11 Disability in West Sussex

	Disabled under the Equality Act		Disabled under the Equality Act: **Day-to-day activities limited a lot**		Disabled under the Equality Act: **Day-to-day activities limited a little**	
	number	%	number	%	number	%
Adur	12,600	19.5	5,050	7.8	7,550	11.7
Arun	32,500	19.7	13,150	8.0	19,350	11.7
Chichester	21,000	16.9	7,900	6.4	13,100	10.5
Crawley	17,700	14.9	7,200	6.1	10,500	8.8
Horsham	21,800	14.9	7,900	5.4	13,900	9.5
Mid Sussex	22,050	14.5	7,900	5.2	14,200	9.3
Worthing	21,300	19.1	8,700	7.8	12,600	11.3
West Sussex	**148,900**	**16.9**	**57,750**	**6.5**	**91,150**	**10.3**
South East	1,496,350	16.1	581,050	6.3	915,300	9.9
England	9,774,500	17.3	4,140,350	7.3	5,634,150	10.0

Source: ONS Census 2021

6.3.2.1 People with a neuro disability / diversity and Learning Disability

People with neuro disability/diversity and people with a learning disability are more likely to experience poor mental health, and there is a higher prevalence of mental health conditions in people with a learning disability compared to the general population. Autism Spectrum Disorders (autism) have an associated risk of anxiety disorders, such as obsessive-compulsive disorder (OCD), a specific phobia or social anxiety disorder.

6.3.2.2 People with a Sensory Impairment

OHID have identified people with a sensory impairment as a distinct group of people who are at a higher risk of having poorer mental health across the life course. Poorer mental health was evident for people with sight loss, people with hearing impairment and deaf blind.[119]

In West Sussex, there are an estimated 34,000 people living with sight loss, with an estimated 4,700 people who are blind[120]. There are an estimated 29,000 people aged 18 years and over who have severe hearing loss.[121]

6.3.3 Ethnicity

There are complexities around how data relating to the mental health of people from different ethnicities is collected, categorised and reported. For example:

- Relatively little data are systematically collected on smaller ethnic groups such as Gypsy, Roma and Travellers
- Classification can be broad, for example, grouping distinct East Asian and South Asian communities under one 'Asian' category.
- There are differences observed between males and females of the same ethnic group

With the above caveats in mind, OHID's Mental Health JSNA Toolkit presents some of the differences in the access to and experience of services that black and minority ethnic groups face. These groups are more likely to:

- Be diagnosed with a mental health problem
- To seek help in a crisis and by attending A&E
- Be admitted to hospital with a mental health problem
- Experience a poor outcome from treatment
- Disengage from mainstream mental health services

Figure 12 Ethnicity – West Sussex Compared with South East and England
Source: ONS Census 2021 Table TS021

There are some differences noted between ethnic groups and between sexes:

- Data from the Adult Psychiatry Morbidity Survey found that the prevalence of psychotic disorder in the past year was highest amongst black men
- The latest published data (for March 2022)[122] showed that black people were almost five times as likely as white people to be detained under the Mental Health Act, with 342 detentions per 100,000 people, compared with 72 per 100,000

The Census remains the most comprehensive picture of ethnicity in the UK. Outside of the Census, data are often poorly collected. Again, there are considerable differences within the county. Overall in West Sussex, 15.8% of the population are from an ethnic minority group[v]. According to the Census 2021, this rises to over 38% in Crawley.

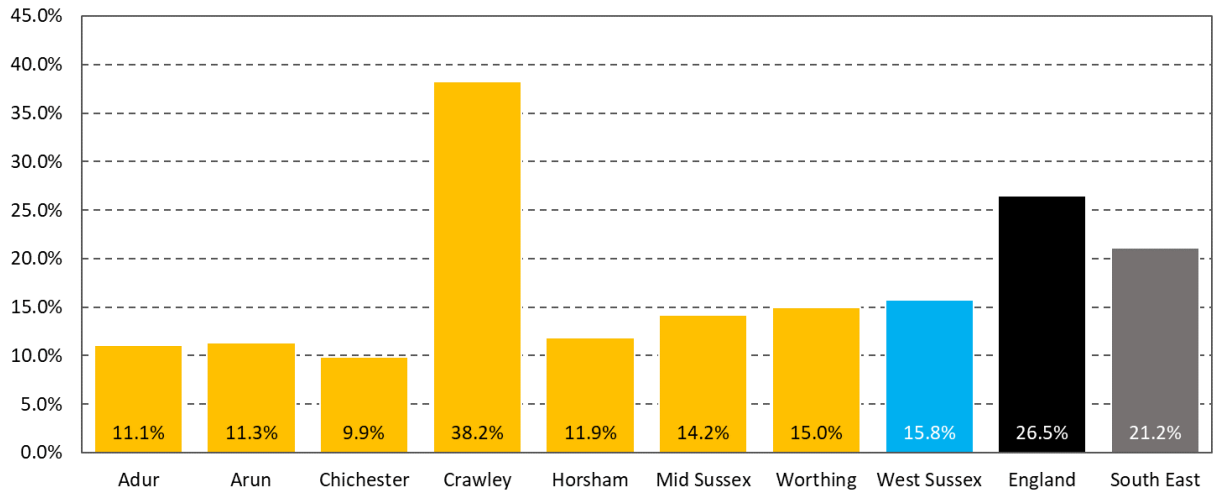
[v] Note this relates to all groups minus White: English, Welsh, Scottish, Northern Irish or British

Figure 13 Ethnic Minority Groups - West Sussex Compared with England and South East

Ethnic group	West Sussex		England	South East
	number	%	%	%
Total: All usual residents	**882,650**			
Asian, Asian British or Asian Welsh	**38,300**	**4.3**	**9.6**	**7.0**
Bangladeshi	3,300	0.4	1.1	0.4
Chinese	3,450	0.4	0.8	0.7
Indian	14,000	1.6	3.3	2.6
Pakistani	7,350	0.8	2.8	1.6
Other Asian	10,200	1.2	1.7	1.7
Black, Black British, Black Welsh, Caribbean or African	**11,450**	**1.3**	**4.2**	**2.4**
African	7,250	0.8	2.6	1.6
Caribbean	2,050	0.2	1.1	0.5
Other Black	2,100	0.2	0.5	0.3
Mixed or Multiple ethnic groups	**20,800**	**2.4**	**3.0**	**2.8**
White and Asian	7,050	0.8	0.8	0.9
White and Black African	3,500	0.4	0.4	0.4
White and Black Caribbean	4,150	0.5	0.9	0.7
Other Mixed or Multiple ethnic groups	6,050	0.7	0.8	0.8
White	**803,500**	**91.0**	**81.0**	**86.3**
English, Welsh, Scottish, Northern Irish or British	743,550	84.2	73.5	78.8
Irish	6,750	0.8	0.9	0.8
Gypsy or Irish Traveller	1,200	0.1	0.1	0.2
Roma	1,100	0.1	0.2	0.1
Other White	50,900	5.8	6.3	6.3
Other ethnic groups	**8,650**	**1.0**	**2.2**	**1.5**
Arab	1,800	0.2	0.6	0.3
Any other ethnic group	6,800	0.8	1.6	1.1

The Crawley population is far more diverse than the rest of West Sussex, the South East and England overall.

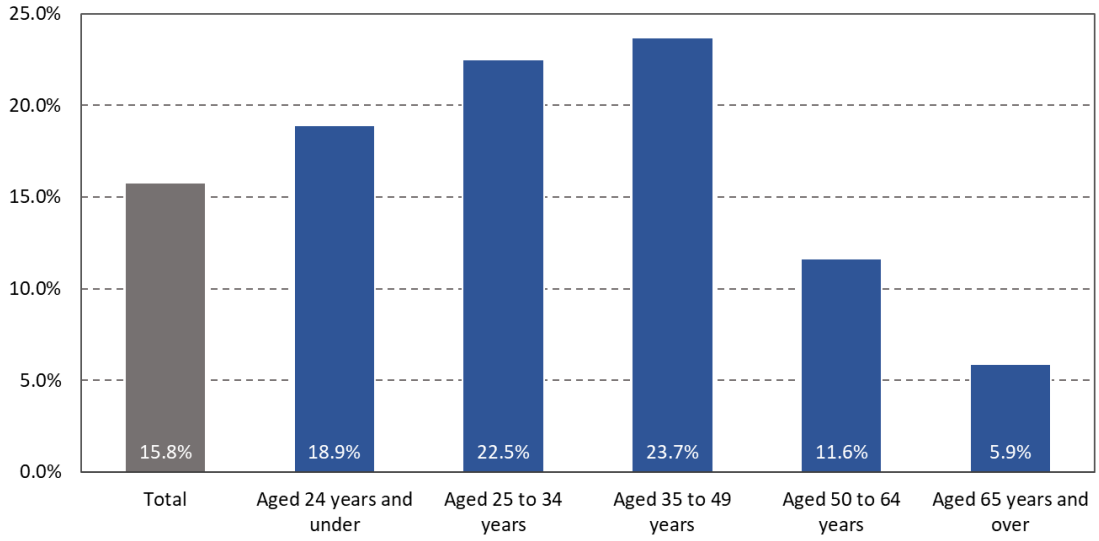
Figure 14 Percentage of Population from an Ethnic Minority Background – West Sussex Local Authorities



Source: ONS Census Table TS021

There are also differences by age in West Sussex. Younger age groups across the county tend to be more ethnically diverse and the working age group has the highest percentage of people from an ethnic minority background.

Figure 15 Population from Minority Ethnic Backgrounds by Age – West Sussex



Source: ONS Census 2021 Table RM032

6.3.3.1 Gypsy, Roma, and Travellers

Gypsies, Roma, and Travellers (GRT) have been identified as having a higher risk of poor physical and mental health, including:

- 20 times more likely to have experienced the death of a child[123]
- 3 times more likely than the general population to be anxious and twice as likely to be depressed, with women twice as likely as men to experience mental health problems[124]
- A lack of access to services and opportunities, including education and employment, which puts them at greater risk of developing mental illness.

According to the Census 2021, there were 1,210 residents who identified as Gypsy, Roma or Traveller in West Sussex.

6.3.4 Gender Reassignment

OHID identify LGBTQ+ people as being a high risk group for poor mental health and are more likely to have depression, suicidal thoughts and use drugs and alcohol. Additional problems of discrimination and the fear of discrimination may result in avoiding services or treatment.[125]

- **Gender reassignment -** A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

EHRC further clarify that, to be protected from gender reassignment discrimination, a person does not need to have undergone any specific treatment or surgery to change from their birth sex to their preferred gender. This is because a person changing their physiological or other gender attributes is a personal process rather than a medical one. A person can be at any stage in the transition process – from proposing to, undergoing a process to, or having completed a process to reassign their gender.

Figure 16 Gender Identity in West Sussex - Census 2021

Area	Gender identity different from sex registered at birth	Gender identity same as sex registered at birth	Not answered	Grand Total
Adur	120	50,315	2,480	52,915
Arun	515	131,450	7,595	139,560
Chichester	350	99,140	5,210	104,700
Crawley	580	87,405	5,580	93,565
Horsham	320	114,850	5,470	120,640
Mid Sussex	390	117,140	5,765	123,295
Worthing	410	86,945	5,005	92,360
West Sussex	**2,685**	**687,245**	**37,105**	**727,035**

Source: ONS Census 2021

Further detail was provided on how people identified. In West Sussex a relatively similar number of people identified as a trans man or a trans woman, with a slightly smaller number of people who said they were non-binary.

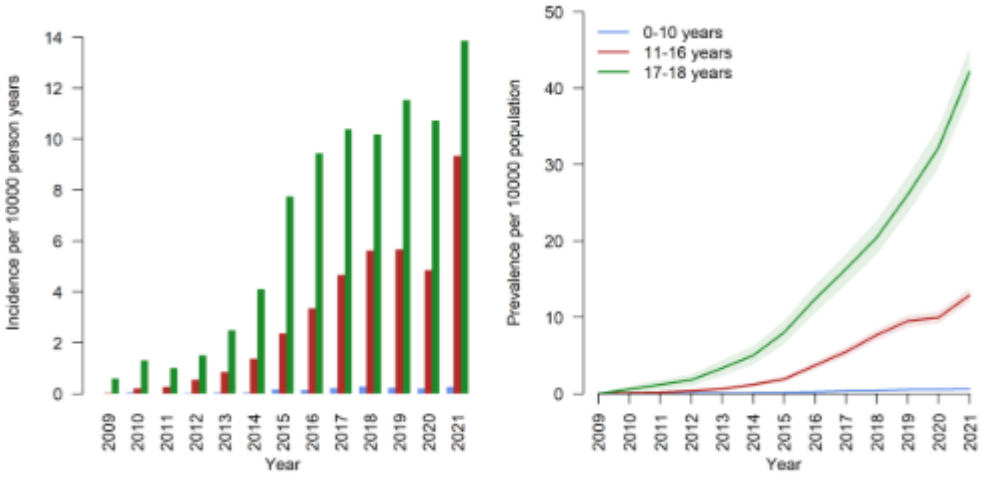
Figure 17 Detailed Gender Identity (rounded to nearest 5)

Area	West Sussex
All other gender identities	220
Gender identity different from sex registered at birth but no specific identity given	1,095
Gender identity the same as sex registered at birth	687,255
Non-binary	360
Not answered	37,115
Trans man	565
Trans woman	525

Gender dysphoria estimates in children and young people (Cass review)[126]

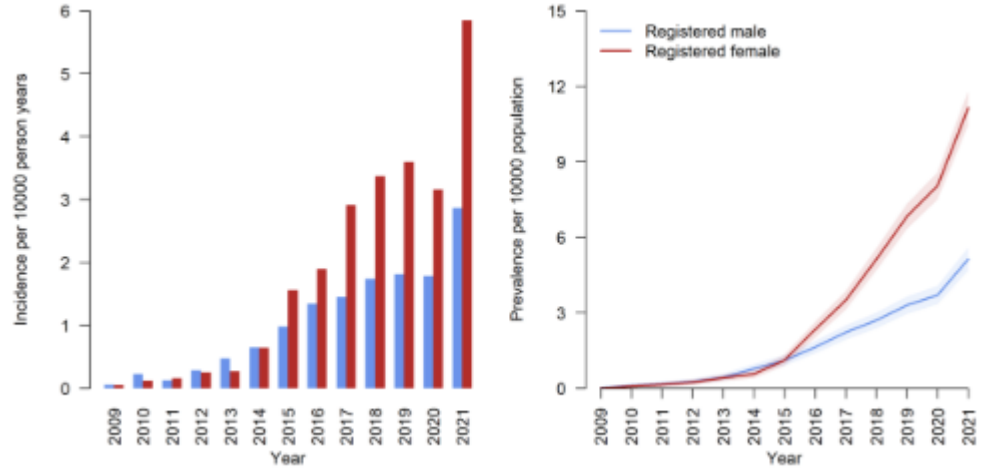
A retrospective cohort study in the Cass review used electronic primary care records to describe the incidence and prevalence of gender dysphoria in children and young people aged 18 and under in England. The prevalence of gender dysphoria in 2021 was over 100 times that in 2009 (Figure 17). From 2009 to 2015 the increase was gradual, with an acceleration from 2015 onwards. In the accelerated phase between 2015 and 2021, the most rapid increase was seen in people registered as female (Figure 18).

Figure 18 Incidence of recorded prevalence of gender dysphoria by age group



Source: The Cass Review.

Figure 19 Incidence of recorded prevalence of gender dysphoria by registered gender



Source: The Cass Review.

6.3.5 Sexual Orientation

For clarification definitions in the Equality Act 2010 are as follows:

- Sexual Orientation means a person's sexual orientation towards (a) people of the same sex, (b) people of the opposite sex, or (c) people of either sex

Data on sexual orientation is used to ensure equality legislation is met, monitor inequalities and address public health needs. Data may differ depending on whether the questions about sexuality are framed in terms of sexual identity, attraction or behaviour.

UK Census data provides figures on the sexual orientation of people aged 16 years or over. As with gender identity, 2021 was the first year that this information was collected via the Census,.

In West Sussex, 2.9% of residents were recorded as having a sexual orientation other than heterosexual, with 1.5% recorded as either gay or lesbian, 1.3% as bisexual, 0.2% as pansexual, and 0.1% as asexual. These are similar both across the county and to England averages.

Figure 20 Sexual Orientation in West Sussex

	All persons	Female	Male
Total	**727,120**	**378,360**	**348,770**
Straight or Heterosexual	656,910	340,620	316,290
Lesbian, Gay, Bisexual, or Other (LGB+)	21,210	11,790	9,420
Not answered	49,010	25,950	23,060

Source: ON Census 2021 Table RM122

Figure 21 Detailed Sexual Orientation in West Sussex

Area	Residents aged 16 years and over	Sexual orientation other than heterosexual	Gay or Lesbian	Bisexual	Pansexual	Asexual	All other sexual orientations
West Sussex	**727,120**	**21,205**	**11,045**	**8,165**	**1,320**	**395**	**275**
Adur	52,955	1,790	1,015	625	110	30	15
Arun	139,550	3,675	2,000	1,360	205	70	35
Chichester	104,710	2,980	1,420	1,255	200	60	50
Crawley	93,570	2,720	1,400	1,020	225	35	40
Horsham	120,665	3,075	1,585	1,225	160	65	45
Mid Sussex	123,315	3,250	1,640	1,305	195	70	40
Worthing	92,355	3,715	1,985	1,380	230	70	55
England	46,006,955	1,459,750	709,705	591,690	107,850	26,615	23,890

Source: Census 2021

Sexual orientation differs by age and by sex. With younger women far more likely to state a sexual orientation other than straight / heterosexual than males

Figure 22 Sexual Orientation by Age and Sex

Age	Overall				Female	Male
	Straight or Heterosexual	Lesbian, Gay, Bisexual, or Other (LGB+)	Total (Who Answered)	% LGB or Other		
Total	656,910	21,210	678,110	3.1%	3.3%	2.9%
Aged 16 to 24 years	64,240	5,440	69,680	7.8%	11.0%	4.8%
Aged 25 to 34 years	89,950	5,430	95,380	5.7%	6.4%	4.9%
Aged 35 to 44 years	99,510	3,820	103,330	3.7%	4.0%	3.4%
Aged 45 to 54 years	110,100	3,170	113,260	2.8%	2.6%	3.0%
Aged 55 to 64 years	108,930	1,970	110,900	1.8%	1.4%	2.2%
Aged 65 to 74 years	94,580	920	95,500	1.0%	0.7%	1.3%
Aged 75 years and over	89,600	450	90,050	0.5%	0.3%	0.8%

Source: ONS Census 2021

6.3.6 Religion

A higher percentage of people in West Sussex are Christian (48%) compared with the South East and England, and a slightly higher percentage said they had no religion (41%).

Figure 23 Religious Belief in West Sussex

Religion	West Sussex		South East	England
	number	%	%	%
Total: All usual residents	882,700			
No religion	363,050	41.1%	40.2%	36.7%
Christian	424,500	48.1%	46.5%	46.3%
Buddhist	3,800	0.4%	0.6%	0.5%
Hindu	10,150	1.1%	1.7%	1.8%
Jewish	1,700	0.2%	0.2%	0.5%
Muslim	19,250	2.2%	3.3%	6.7%
Sikh	1,400	0.2%	0.8%	0.9%
Other religion	5,100	0.6%	0.6%	0.6%
Not answered	53,800	6.1%	6.1%	6.0%

Source: ONS Census 2021

6.3.7 Marital Status / Relationship Status

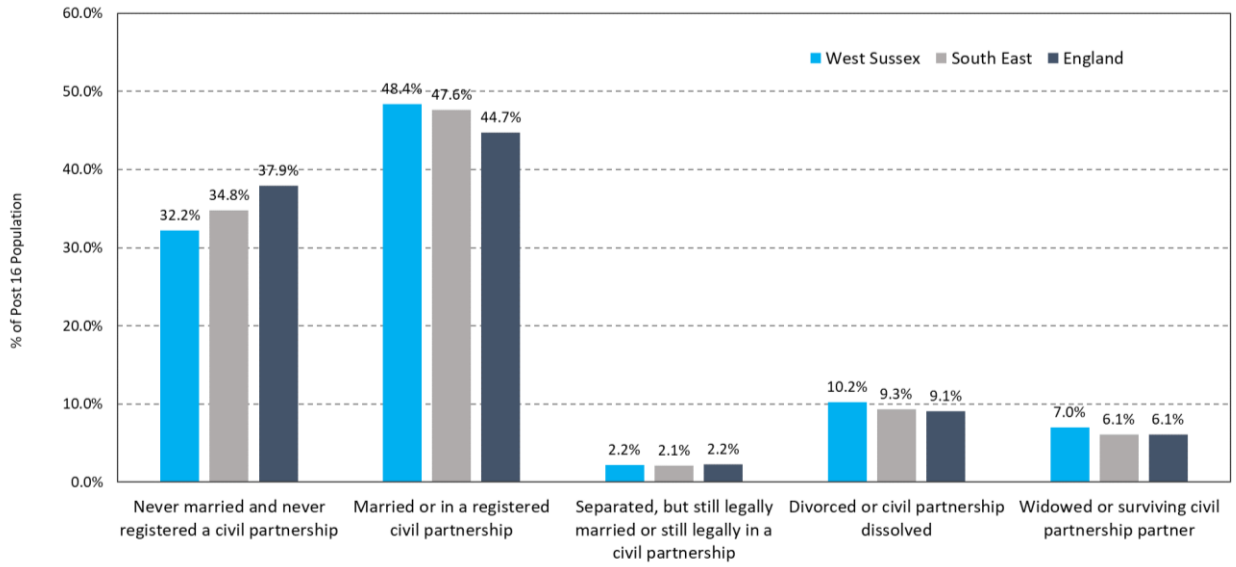
West Sussex has a lower percentage of people who have never been married (32%) compared with the South East (35%) and England (38%).

Figure 24 Legal Partnership Status West Sussex

Total	**West Sussex**	
	Number	**%**
	727,100	**100.0**
Never married and never registered a civil partnership	**234,300**	**32.2**
Married or in a registered civil partnership	**351,750**	**48.4**
Married	350,000	48.1
Opposite sex	347,550	*47.8*
Married: Same sex	2,450	*0.3*
In a registered civil partnership	1,750	0.2
Opposite sex	550	*0.1*
Same sex	1,200	*0.2*
Separated, still legally married or still legally in a civil partnership	**15,750**	**2.2**
Separated, but still married	15,650	*2.2*
Separated, but still in a registered civil partnership	100	*0.0*
Divorced or civil partnership dissolved	**74,300**	**10.2**
Divorced	74,100	*10.2*
Formerly in a civil partnership now legally dissolved	250	*0.0*
Widowed or surviving civil partnership partner	**50,950**	**7.0**
Widowed	50,850	*7.0*
Surviving partner from civil partnership	100	*0.0*

Source: ONS Census 2021 RM074

Figure 25 Legal Partnership Status – West Sussex Compared with South East and England



Source: ONS Census 2021 Table RM074

6.3.8 Pregnancy and maternity

There are approximately 8,000 births in West Sussex each year and 151,000 women aged between 15-44 years in the county.

Data is provided in the perinatal section in this report.

6.4 Other Groups at Risk of Poorer Mental Health

6.4.1.1 People with a Learning Disability

NICE Guideline (NG54) sets out the context of learning disability and poorer mental health:

- Population-based estimates suggest that 40% (28% if problem behaviours are excluded) of adults in the UK with learning disabilities experience mental health problems at any point in time. An estimated 36% (24% if problem behaviours are excluded) of children and young people with learning disabilities experience mental health problems at any point in time. These rates are much higher than for people who do not have learning disabilities
- When a person is not able to describe or express their distress and when they have coexisting physical health problems, their mental health problems can be difficult to identify. This leads to mental health problems remaining unrecognised, which prolongs unnecessary distress
- Psychosis, bipolar disorder, dementia, behaviour that challenges, and neurodevelopmental conditions, such as autism and Attention Deficit Hyperactivity Disorder (ADHD) are more common than in people without learning disabilities, and emotional disorders are at least as common. Some causes of learning disabilities are associated with particularly high levels of specific mental health problems (for

example, affective psychosis in Prader–Willi syndrome and dementia in Down's syndrome)

- When people with learning disabilities experience mental health problems, the symptoms are sometimes wrongly attributed to the learning disabilities or a physical health problem, rather than a change in the person's mental health. Indeed, their physical health state can contribute to poor mental health, as can the degree and cause of their learning disabilities (including behavioural phenotypes), biological factors (such as pain and polypharmacy), psychological factors (such as trauma) and social factors (such as neglect, poverty and lack of social networks)

In 2022/23 there were 5,412 people on GP Learning Disability registers, however we know that this likely to be an underestimation.

Using a national prevalence rate of learning disability and applying these rates to the 2022 West Sussex population, there are an estimated 17,420 people with a learning disability in the county.

Figure 26 Age Specific Estimates of People with a Learning Disability in West Sussex

Age Group	Estimate of People with a Learning Disability
15 - 19	1,240
20 - 24	1,070
24 - 29	1,160
30 - 34	1,360
35 - 39	1,370
40 - 44	1,400
45 - 49	1,270
50 - 54	1,490
55 - 59	1,480
60 - 64	1,280
65 - 69	1,010
70 - 74	1,160
75 - 79	960
80+	1,160
Total	**17,420**

Source: Research[127] Estimates applied to Mid Year (population) Estimate 2022

6.4.1.2 Neurodiverse People

People with a neurodevelopmental condition (such as autism , ADHD and Tourette's syndrome) are more likely to experience poorer mental health and wellbeing.

The Mental Health Foundation[128], have set out some reasons why autistic people may be at a higher risk of poor mental health, while recognising that neurodiverse people, like the general population, can have good mental health. They state that autistic people:

- Can struggle to try to fit into or make sense of the world, which can lead to feelings of depression and anxiety
- May face delays in getting their mental health problems diagnosed

- Are more likely to face stigma and discrimination
- Are less likely to have appropriate support available. For example, group therapy might not be suitable for some autistic people, or therapists might not know how to adapt their approach to helping an autistic person

In relation to ADHD, MIND[129] highlighted some of the challenges faced and why people with ADHD may be more likely to have poorer mental health, including sleep problems, as well as evidence of higher rates of anxiety, depression, conduct disorder (persistent patterns of antisocial, aggressive, or defiant behaviour) and drug and alcohol use.

Estimates of children and young people, and adults with neurodiverse conditions are provided in Section 6 and Section 7 of this report.

6.4.1.3 Children in Care

Care experienced children (including those currently in care, care leavers and children in foster care) have higher rates of mental health problems than the general population, and a significant proportion of care experienced children have more than one mental health condition[130].

Rates of self-harm are also high amongst children in care and behaviours can persist into adulthood. In 2012, the Department of Health reported that looked after children and care leavers were between four and five times more likely to self-harm in adulthood[131].

Figure 27 Children Looked After West Sussex

Children Looked After	2019	2020	2021	2022	2023
Non-unaccompanied asylum-seeking children	633	728	811	754	799
Unaccompanied asylum-seeking children	72	78	80	107	88
Total (as at 31 March)	705	806	891	861	887

Source: DfE

Care leavers are an especially vulnerable group. A Barnardo's Report[132] in 2017 found that:

- 46% of the Barnardo's care leaver cases reviewed as part of the research involved young people considered to have mental health needs
- One in four of the case files involved a young person who had faced a mental health crisis since leaving care
- 65% of young people reviewed as having mental health needs were not in a receipt of a service

In West Sussex there are approximately 640 care leavers aged 17 to 21 years, with a further 130 young people aged 22 to 25 years who have requested and received support.

6.4.1.4 Students

According to the 2021 Census, there are approximately 38,000 full time students aged 16 years or over in West Sussex, this is approximately 5.2% of the 16+ population, a lower percentage than England (7.7%) and the South East (7.0%).

The University of Chichester has approximately 6,000 students.

6.4.1.5 Carers

Carers, including child and young carers can be more stressed and have higher rates of depression than the general population.

The 2023 Carers Survey undertaken by Carers UK found:

- More than a quarter (27%) of unpaid carers have bad or very bad mental health, rising to 31% of those caring for more than 50 hours a week, or for over 10 years
- 84% of carers whose mental health is bad or very bad have continuous low mood, 82% have feelings of hopelessness and 71% regularly feel tearful
- 68% of carers with bad or very bad mental health are living with a sense of fear or dread
- More than three quarters of all carers (79%) feel stressed or anxious, half (49%) feel depressed, and half (50%) feel lonely
- 65% of carers agreed that the increase in the cost of living was having a negative impact on their physical and/or mental health
- Despite feeling they are at breaking point, nearly three quarters (73%) of carers with bad or very bad mental health are continuing to provide care

Figure 28 People Providing Unpaid Care by Age, West Sussex

Age Group	19 hours or less	20 to 49 hours	50 or more hours
All Ages	39,615	12,840	20,310
05 to 17	1,420	240	175
18 to 24	1,520	755	305
25 to 29	1,315	665	530
30 to 34	1,505	825	910
35 to 39	1,750	925	1,260
40 to 44	2,360	1,005	1,465
45 to 49	3,585	1,190	1,555
50 to 54	5,525	1,480	1,820
55 to 59	6,710	1,555	1,975
60 to 64	5,460	1,465	1,825
65 to 69	3,370	875	1,670
70 to 74	2,295	665	2,100
75 to 79	1,435	540	1,855
80 to 84	810	380	1,570
85 to 89	410	200	975
90+	145	75	320

Source: ONS Census 2021

6.4.1.6 Refugees and Asylum Seekers

Note on definition Asylum is protection given by a country to someone fleeing from persecution in their own country. An asylum seeker is someone who has applied for asylum and is awaiting a decision on whether they will be granted refugee status. An asylum applicant who does not qualify for refugee status may still be granted leave to remain in the UK for humanitarian or other reasons. An asylum seeker whose application is refused at initial decision may appeal the decision through an appeal process and, if successful, may be granted leave to remain.

(Taken from Asylum Statistics, Research Briefing House of Commons Library March 2022)

Data at a local authority level relating to people seeking or granted refugee status is published by the Home Office. The impact of the situations in Syria, Afghanistan and latterly Ukraine mean that numbers are volatile.

Two sets of data on local authorities are published: information on specific schemes and information on people in receipt of Section 95 support.

Section 95 support is means tested support provided to people without the ability to support themselves. Most of the people in receipt of Section 95 are provided with accommodation, known as dispersed accommodation, in line with the Home Office's policy to disperse asylum seekers around the country.

In West Sussex, Crawley has a higher number (and rate per 10,000) of people in specific schemes and people in dispersed accommodation.

Figure 29 Resettled Refugees - Cumulative Total Jan 2014 to March 2023

Area	Community Sponsorship Scheme	UK Resettlement Scheme	Vulnerable Persons Resettlement Scheme	Grand Total
Adur			15	15
Arun			11	11
Chichester		4	34	38
Crawley			48	48
Horsham		4	36	40
Mid Sussex	5		37	42
Worthing			26	26
West Sussex	5	8	207	220

Figure 30 Asylum seekers receiving support, by type of support, at December 2023

	Contingency Accommodation - Hotel	Contingency Accommodation - Other	Dispersed Accommodation	Initial Accommodation	Total	Asylum seekers per 10,000 population
United Kingdom	45,768	2,827	56,489	1,398	111,132	16.6
South East	4,984	410	2,094	0	7,488	8.1
Adur	0	0	0	0	0	0
Arun	0	0	0	0	0	0

Chichester	194	0	29	0	223	18.0
Crawley	602	0	2	0	604	51.0
Horsham	155	0	0	0	155	10.6
Mid Sussex	310	0	1	0	311	20.4
Worthing	0	0	11	0	11	1.0

Source: Home Office Immigration statistics quarterly table Asy_D11

6.4.1.7 Military Veterans and Armed Forces Personnel

Most people who have served in the Armed Forces do not experience mental health problems while they are in service, or after they have left service. However, given that service personnel may experience specific and extreme risks during their military service, they may require treatment in service or afterwards. Although PTSD, depression, anxiety, homelessness and drug and alcohol use impact a minority of service personnel and veterans, they affect a significant minority.

In West Sussex there is a military base is at Thorney Island, near Chichester, where regiments from the Royal Artillery reside.

In terms of military veterans, data from the Census 2021 show that almost 24,500 people have served.

Figure 31 Veterans in West Sussex

Area	Previously served in UK armed forces		Previously served in UK reserve armed forces		Previously served in both regular and reserve UK armed forces	
	number	%	number	%	number	%
West Sussex	**24,374**	**3.4**	**6,046**	**0.8**	**1,441**	**0.2**
Adur	1,819	3.4	459	0.9	115	0.2
Arun	5,930	4.2	1,147	0.8	335	0.2
Chichester	4,551	4.3	917	0.9	222	0.2
Crawley	1,957	2.1	587	0.6	135	0.1
Horsham	3,815	3.2	1,089	0.9	250	0.2
Mid Sussex	3,365	2.7	1,087	0.9	221	0.2
Worthing	2,937	3.2	760	0.8	165	0.2

Source: ONS Census 2021

6.5 Wider Determinants of Health

6.5.1 Deprivation and Poverty

6.5.1.1 Index of Deprivation 2019

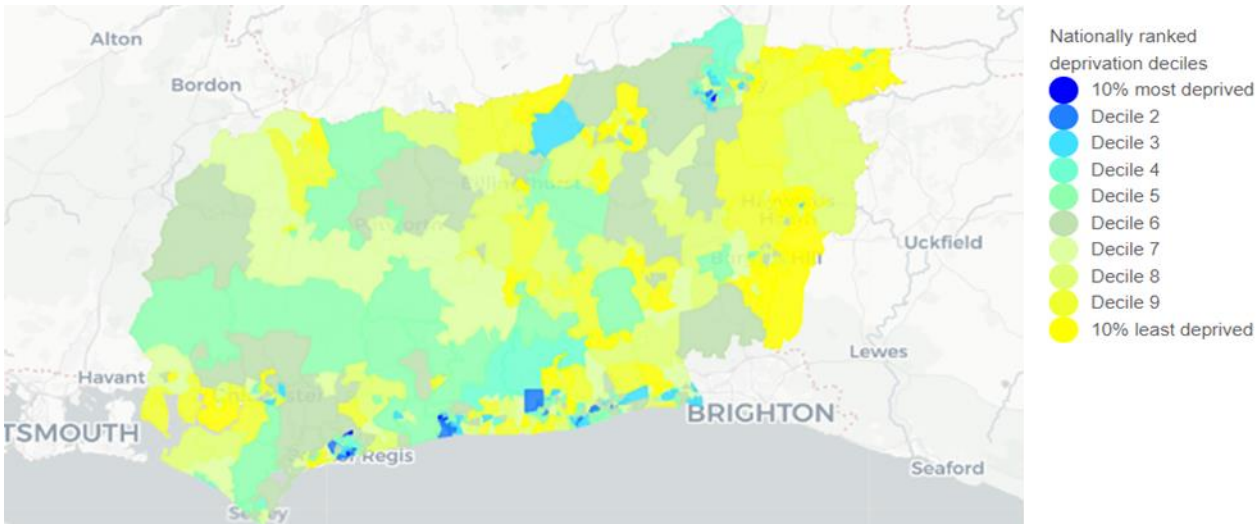
The Index of Deprivation 2019 (ID2019) was published by the then Government Department of Communities and Local Government. ID2019 measures relative deprivation (how deprived one area is compared with another)., however, does not

measure absolute deprivation, (how deprived an area is compared with how deprived it was a year ago).

There are 7 domains of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The overarching methodology for the index remains unchanged from previous years.

Overall, West Sussex is one of the least deprived areas in the England but some neighbourhoods in Arun and Crawley rank among the poorest 10% of all areas in England. The different shades on the map below represent the relative position of each area in the county on the ID2019. Areas shaded dark blue are considered the 10% most deprived in the country, and areas shaded dark yellow are the least deprived.

Figure 32 Deprivation in West Sussex



Source: DCLG

6.5.1.2 The 20% Most Deprived Neighbourhoods

In 2021 the NHS introduced the Core20PLUS5 approach to support the reduction of health inequalities.

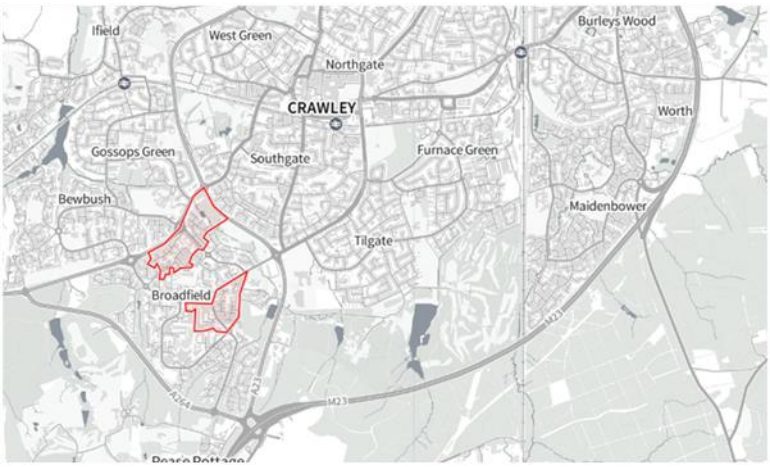
- The “Core 20” – refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD)
- The “Plus” refers to locally identified experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone
- The “5” refers to five clinical areas of focus (Maternity, Severe mental illness (SMI), Chronic respiratory disease, Early cancer diagnosis, Hypertension case-finding), each having specific indicators

Figure 33 - NHS Core20Plus5 Measures

For this NHS approach there are areas in the south west of Crawley and within Littlehampton, Bognor, Durrington and Worthing that fall into the “Core20”. These are shown on the maps below.

Figure 34 Most Deprived Neighbourhoods - Coastal Areas

Figure 35 Most Deprived Areas - Crawley



6.5.2 Child Poverty

The rate of child poverty, at county level, is lower compared to the South East and England. In West Sussex using DWP data (for children under 16 years) in 2022/2023 there were:

- 20,290 children in relative[vi] low-income families.
- 16,10 children in absolute[vii] low-income families.

Child poverty rates differ across the county and fluctuate from year to year. In some areas the rate of child poverty has remained relatively stable, whereas in others it has increased considerably. Of note, in Crawley, the child poverty rate had been below that of the South East. The UK overall has seen a rise in child poverty from 13% in 2015 to almost 19% in 2023.

Figure 36 Children (under 16) in Low Income Families 2015 to 2023

	2015	2016	2017	2018	2019	2020	2021	2022	2023
Adur	11.7%	11.9%	14.6%	14.8%	15.3%	15.2%	16.9%	16.5%	13.3%
Arun	12.6%	13.4%	15.0%	15.5%	16.3%	17.0%	17.6%	18.9%	16.0%
Chichester	10.3%	10.9%	11.7%	12.1%	13.0%	13.4%	14.3%	15.6%	13.3%
Crawley	13.0%	13.7%	15.5%	16.7%	17.4%	19.1%	21.0%	22.0%	18.8%
Horsham	7.4%	7.6%	8.8%	8.5%	9.1%	9.3%	10.7%	10.6%	9.2%
Mid Sussex	6.5%	7.0%	7.6%	7.7%	7.7%	8.2%	9.3%	9.0%	7.6%
Worthing	11.8%	12.0%	13.4%	14.1%	14.4%	14.4%	15.8%	15.7%	13.4%
South East	10.6%	11.0%	12.7%	13.2%	13.7%	13.9%	14.8%	15.1%	13.1%
UK	15.4%	16.2%	16.9%	18.0%	18.2%	19.3%	18.7%	20.1%	20.1%

6.5.3 Education and Employment

Overall, West Sussex has a higher percentage of people with no qualifications compared to the South East, but a lower percentage than England. Across the county, the area with the highest percentage of adults with no qualifications is Arun and the lowest is Mid Sussex.

[vi] Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year.

[vii] Absolute low income is a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in 2010/11. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics. Children are dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education.

6.5.3.1 Population Qualification Level (Census 2021)

Figure 37 Qualification Level 16+ Population

Indicator	West Sussex			
	Count	Rate	SE	England
People with no qualifications	114,600	15.8%	15.4%	18.1%
Apprenticeship	39,250	5.4%	5.1%	5.3%
Other qualifications	20,800	2.9%	2.7%	2.8%
Level 1	76,650	10.5%	9.8%	9.7%
Level 2	110,250	15.2%	13.9%	13.3%
Level 3 qualifications	127,550	17.5%	17.4%	16.9%
Level 4/5 (degree or higher)	238,000	32.7%	35.8%	33.9%

Figure 38 No Qualification and Level 4 Qualifications - West Sussex District and Boroughs

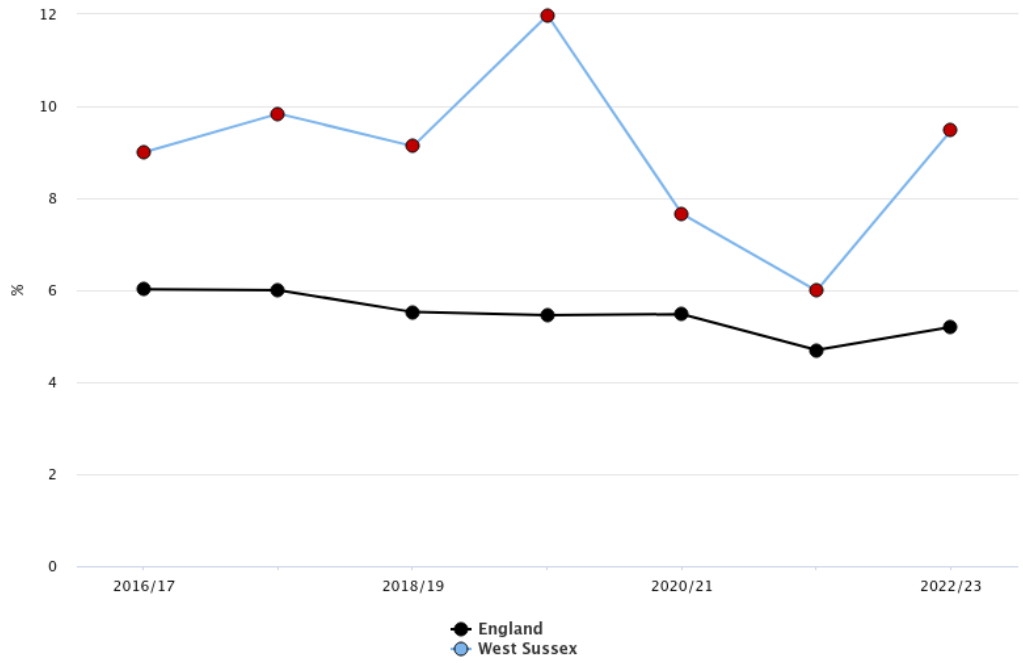
Area	No qualifications	% No Qualifications	Level 4 qualifications or above	% with Level 4 Qualifications
Adur	10,350	19.5%	14,800	28.0%
Arun	27,550	19.7%	36,850	26.4%
Chichester	15,550	14.9%	39,000	37.2%
Crawley	16,700	17.9%	25,750	27.5%
Horsham	15,050	12.5%	44,600	37.0%
Mid Sussex	14,450	11.7%	47,700	38.7%
Worthing	15,000	16.2%	29,300	31.7%
West Sussex	**114,600**	**15.8%**	**238,000**	**32.7%**
England	8,317,800	18.1%	15,606,450	33.9%

Source: Census 2021 Table RM055

6.5.3.2 Young People Not in Education, Employment, or Training (NEET)

West Sussex has a relatively high percentage of 16-17 year-olds whose status in terms of being in education, employment or training is unknown. Young people who are not in education, employment or training (NEET) are at greater risk of worse outcomes, including poorer physical and mental health. In 2022/23, the status of 9.5% of 16–17 year-olds (approximately 1,600 people) was unknown. This was the fifth highest rate in the country.

Figure 39 16-17 year-olds not in education, employment or training (NEET) or whose activity is not known - West Sussex



Source: OHID

6.5.4 Housing

Insecure, poor quality and overcrowded housing causes stress, anxiety and depression, and exacerbates existing mental health conditions. One in five (19%) adults living in poor quality housing in England have poor mental health outcomes.

6.5.4.1 Housing Affordability

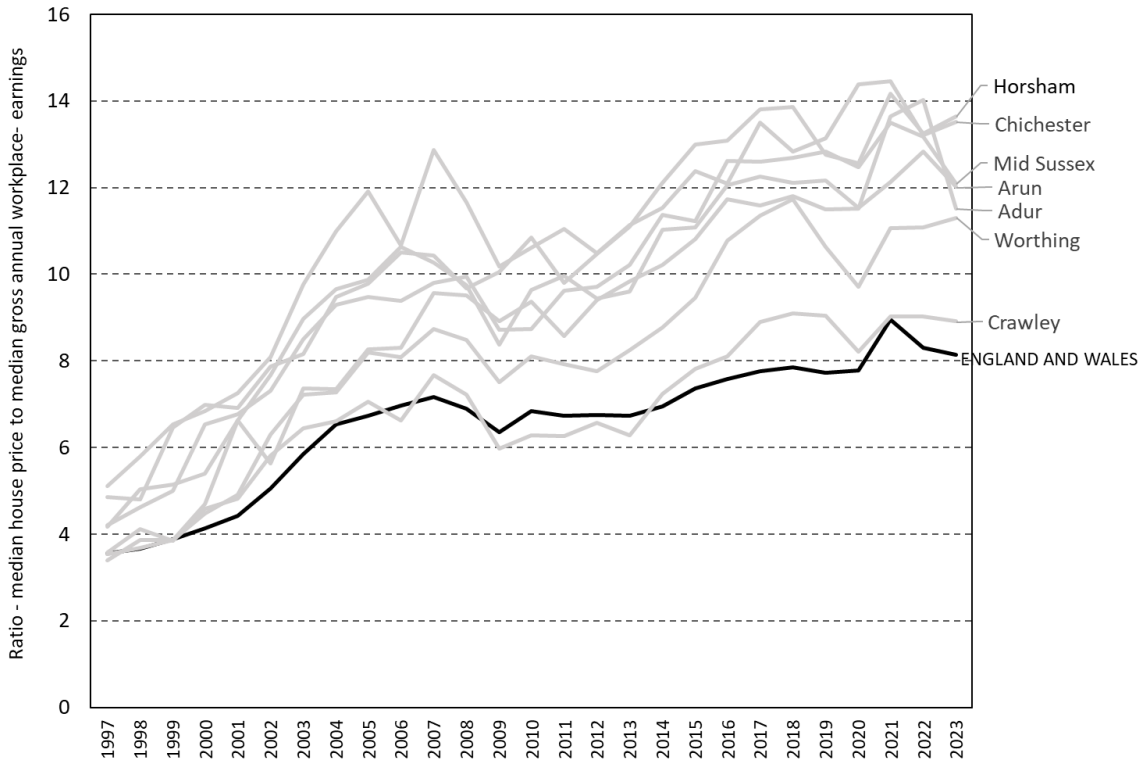
Housing affordability, in terms of buying or renting a home, has worsened across West Sussex. At room rental level, data from December 2023 showed prices are particularly high in Crawley and Worthing at £600 and £675 per month, respectively.

Figure 40 Rental Prices by Bedroom Size

	Room Rental				
	Count of rents	Mean	Lower quartile	Median	Upper quartile
ENGLAND	18,200	508	422	495	575
West Sussex	190	578	495	575	650
Adur	20	532	475	528	573
Arun	30	539	450	525	600
Chichester	40	523	470	490	525
Crawley	70	612	550	600	650
Horsham	10	543	..	575	..
Mid Sussex	0	.	.	.	.
Worthing	30	647	600	675	680
	One Bedroom				
	Count of rents	Mean	Lower quartile	Median	Upper quartile
ENGLAND	84,820	838	575	750	950
West Sussex	1,430	866	788	850	950
Adur	80	895	825	875	970
Arun	160	759	695	750	825
Chichester	180	848	785	825	895
Crawley	220	931	855	925	995
Horsham	280	901	800	883	975
Mid Sussex	200	872	795	850	950
Worthing	330	842	775	850	900
	Two Bedroom				
	Count of rents	Mean	Lower quartile	Median	Upper quartile
ENGLAND	190,540	932	650	825	1,100
West Sussex	2,740	1,126	988	1,100	1,250
Adur	170	1,196	1,100	1,200	1,300
Arun	290	1,053	925	1,000	1,150
Chichester	470	1,106	950	1,050	1,200
Crawley	370	1,170	1,075	1,175	1,250
Horsham	640	1,142	995	1,150	1,295
Mid Sussex	400	1,133	1,000	1,135	1,250
Worthing	390	1,097	940	1,100	1,225

Source: ONS

Figure 41 Housing affordability Ratio (Median House Prices to Earning) 1997 to 2023, West Sussex Local Authorities Compared to England



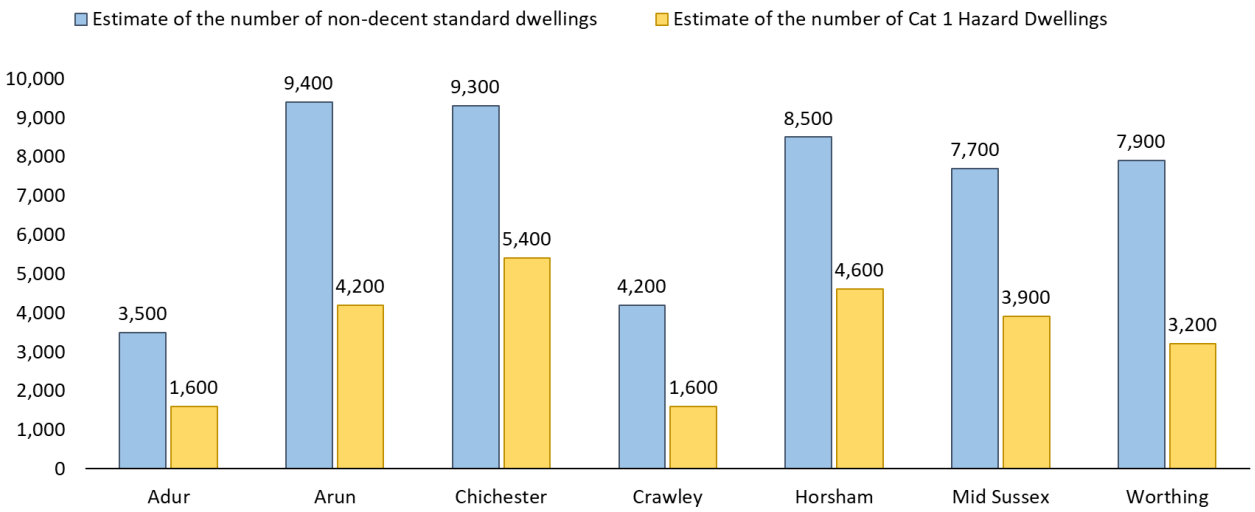
Source: Land Registry

6.5.4.2 Housing Quality

Local authority level data have been published by the ONS providing estimates of the number of homes that are deemed to be non-decent (as defined by the Decent Homes Standard) and the number of homes deemed unsafe due to having a Category 1 Hazard of the Housing Health and Safety System (HHSRS).

It is important to note that data are modelled, and the ONS classify the dataset as experimental. Vacant homes are excluded from the modelling.

Figure 42 Estimate of Non-Decent Dwelling and Dwelling with Cat 1 Hazards



Source: Department of Levelling Up Housing and Local Government, June 2023

6.5.4.3 Homelessness

In West Sussex, in 2022/23, Crawley had the highest rate of households (per 1,000) owed a duty under the Homelessness Reduction Act. Overall, in the same year, 3,377 households across West Sussex were assessed as being owed a duty (8.8 households per 1,000). The rate in Crawley was significantly higher than England.

Figure 43 Households Owed a Duty Under the Homeless Reduction Act 2022/23

Area	Recent Trend	Count	Value
England	–	298,430	12.4
West Sussex	–	3,377	8.8*
Crawley	–	672	14.6
Arun	–	849	11.3
Worthing	–	541	10.5
Chichester	–	372	6.7
Mid Sussex	–	396	6.2
Horsham	–	395	6.2
Adur	–	152	5.3

In the period October to December 2023 the end of a private rented Assured Shorthold Tenancy was the most common reason for households being owed a prevention duty (43%). For households owed a relief duty, family or friends being no longer willing or able to accommodate was the most common reason for homelessness.

Figure 44 Reasons for Homelessness, Oct 2023 to December 2023 West Sussex

	Prevention Duty		Duty of Relief	
Total	**419**		**485**	
End of assured shorthold (AST) private rented tenancy	181	43.2%	64	13.2%
End of non-AST private rented tenancy	27	6.4%	22	4.5%
Family or friends no longer willing or able to accommodate	93	22.2%	114	23.5%
Non-violent relationship breakdown with partner	14	3.3%	39	8.0%
Total Domestic abuse	14	3.3%	78	16.1%
Other violence or harassment	10	2.4%	17	3.5%
Total end of social rented tenancy	23	5.5%	8	1.6%
Total evicted from supported housing	19	4.5%	31	6.4%
Total Departure from institution	6	1.4%	26	5.4%
Required to leave accommodation provided by Home Office as asylum support	3	0.7%	56	11.5%
Home no longer suitable - disability / ill health	6	1.4%	5	1.0%
Other reasons / not known	23	5.5%	25	5.2%

Source: DLUCLG

In terms of households in temporary accommodation, in 2022/23 across West Sussex there were 1,342 households in temporary accommodation. Worthing and Crawley had the highest rates, and both were significantly higher than England.

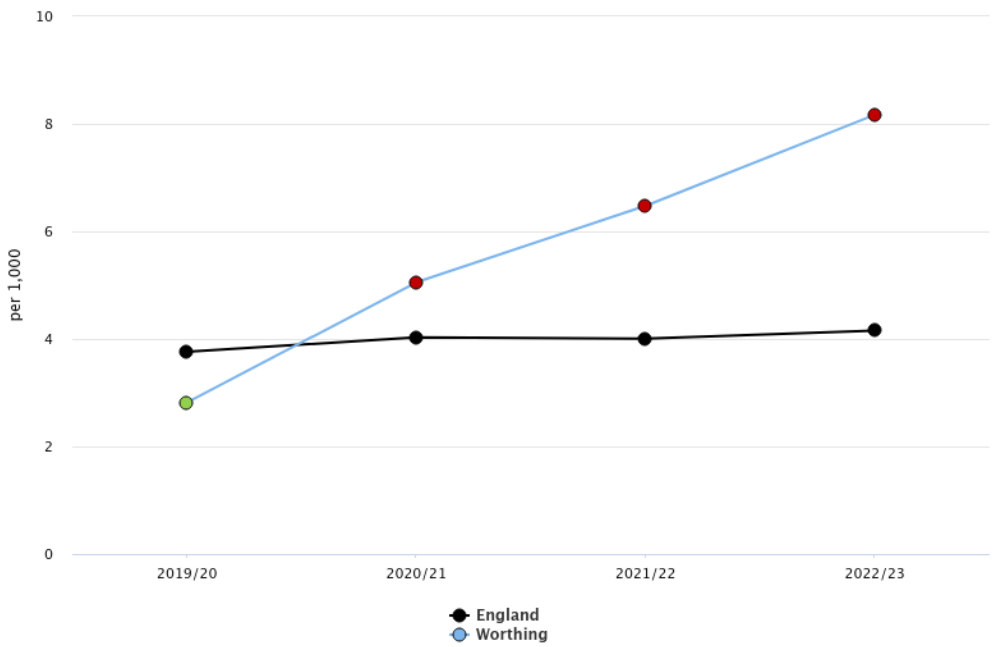
Figure 45 Households in Temporary Accommodation 2022/23

Area	Recent Trend	Count	Value
England	–	99,888	4.2
West Sussex	–	1,342	3.5*
Worthing	–	420	8.2
Crawley	–	328	7.1
Adur	–	121	4.2
Arun	–	168	2.2
Horsham	–	133	2.1
Chichester	–	99	1.8
Mid Sussex	–	73	1.1

Source: OHID

In Worthing the upward trend in households in temporary accommodations has been particularly sharp, and in 2022/23 had the second highest rate in the South East (after Hastings).

Figure 46 Households in Temporary Accommodation - Worthing 2019/20 to 2022/23 Rate per 1,000



6.5.4.4 Households in Quarterly Accommodation Quarterly Data – October to December 2023

The latest available quarterly data shows Worthing and Crawley have the highest rate, with over 1,450 households across West Sussex in temporary accommodation, including 690 households with children (a total of 1,390 children).

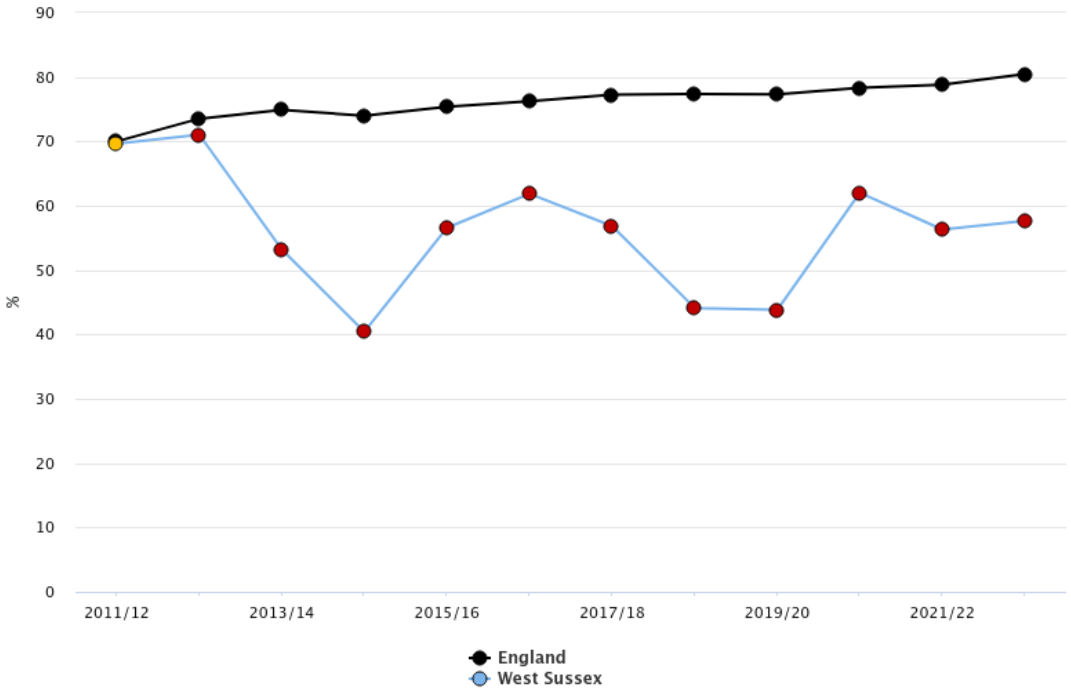
Figure 47 Households in Temporary Accommodation - West Sussex October to December 2023

	Total number of households in TA	Total number of households in TA per (000s)	Total number of households in TA with children	Total number of children in TA
England	112,660	4.7	71280	145800
Adur	135	4.7	55	96
Arun	200	2.7	122	241
Chichester	73	1.3	10	24
Crawley	458	9.9	256	534
Horsham	139	2.2	89	185
Mid Sussex	69	1.1	34	74
Worthing	389	7.6	124	236
West Sussex	1,463	3.8	690	1390

6.5.4.5 Housing for Adults with a Learning Disability

In West Sussex a significantly lower percentage of adults (58%) with a learning disability live in settled accommodation[viii] compared to England overall (81%).

Figure 48 Adults with a learning disability live in stable and appropriate accommodation in West Sussex in comparison to England 2011 to 2023



Source: OHID

6.5.4.6 Fuel Poverty

In West Sussex 8% (30,778) of all households are estimated to be living in fuel poverty compared to 13% in England.

6.5.4.7 The natural environment

The natural environment has a big impact on our physical and mental wellbeing, so maximising health benefits in our local environment is important.

The West Sussex environment, both natural and built, is an asset, with historic coastal resorts, seaside attractions, beautiful countryside, lively market towns and villages, and a large part of the county located within the South Downs National Park. Places in West Sussex frequently feature in the national press as desirable places to live, work or retire.

[viii] This relates to working age (aged 18 to 64) learning disabled clients known to social services who are living in their own home or with their family during the financial year.

In 2020 the ONS released information based on Ordnance Survey data, relating to the access to public spaces and gardens. This accounts for public parks and playing fields, as well as any public and private gardens that people may have access to.[ix]

In West Sussex the most densely population local authority area is Worthing and the average distance to a playfield or public garden is lower (at 553m) than the England average.

Figure 49 Access to Public Gardens and Playing Fields

	Population Density(Residents per square km)	Average distance to nearest Park, Public Garden, or Playing Field (m)	Average size of nearest Park, Public Garden, or Playing Field (m2)	Average number of Parks, Public Gardens, or Playing Fields within 1,000 m radius	Average combined size of Parks, Public Gardens, or Playing Fields within 1,000 m radius (m2)
Adur	1534.4	581.79	22422.05	2.08	40730.99
Arun	746.1	1140.57	47074.25	1.56	61791.7
Chichester	157.8	2623.73	175028.51	1.67	244835.26
Crawley	2634.9	837.85	317915.02	1.23	354362.45
Horsham	276.8	1949.95	244491.77	1.04	265792.07
Mid Sussex	456.8	1340.67	76885.79	1.36	82829.71
Worthing	3423.7	553.54	40639.04	1.77	61738.1
England	433.5	986.78	203154.02	2.46	374295.19

Source: ONS

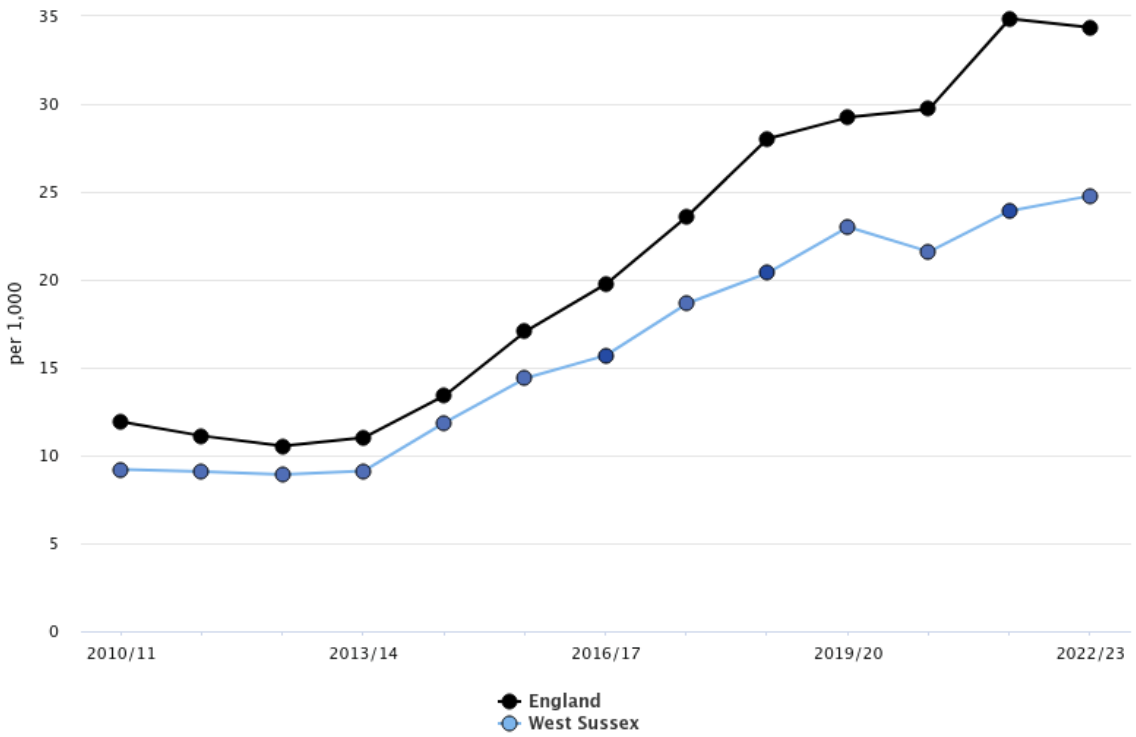
6.5.5 Community Safety

There were 101,956 total crime offences in West Sussex County between Mar-2023 to Feb-2024, with the overall crime rate being 114.3 per 1,000 population. This is lower than the average across South East (121.1) and lower than the average across England (131.3).

In terms of violent crime, overall, the rate is lower in West Sussex compared with England, but as with England has increased over the last 10 years.

[ix] Caution is needed when using this data in rural areas with access to the countryside, as, although they may be a further distance from public gardens or playing fields, the areas will still have good access to open green spaces.

Figure 50 Violent Offences Per 1,000 Population



7 Mental Health Conditions and Wellbeing Data: Children and Young People

Key Points

- Prevalence – National surveys found that an increasing number of children and young people have a probable mental health condition, and it is estimated that 1 in 5 children and young people aged 8 to 25 years have a mental health condition. The most recent follow up surveys are suggesting rates may have stabilised. There is good evidence and understanding of higher risk groups.
- Applying these findings to the local population, **approximately 20,420 children and young people in West Sussex are estimated to have a probable mental health condition.**
- National surveys have identified some common characteristics of groups more likely to have mental health problems:
    - Children and young people from poorer economic backgrounds are more likely to have a mental health condition.
    - Young people who identified as non-heterosexual (lesbian, gay, bisexual or with another non-heterosexual sexual identity) were more likely to have a mental health condition compared with young people who identified as heterosexual.
    - Rates of mental health conditions were found to be higher in the White British group, lower in Asian/Asian British and Black/Black British.
    - **Home environment -** The home environment and experience of children and young people was found to be different for those with a mental health condition. Rates of mental health conditions were higher where a child lived with a parent who had a mental health problem, or where a parent was in receipt of a disability related income.
    - Children who had experienced adverse events were also found to have higher rates of mental conditions, in the national survey examples given included parental separation and a home financial crisis.
    - **Social support and participation** – the national survey found higher rates of mental health conditions where children and young people had small social networks and support and did not take part, or had lower participation in clubs or activities, in and out of school.

7.1 Children and Young People Survey 2017

In relation to children and young people, there have been fewer national surveys compared to surveys of adults.

At a national level there have been surveys of young people in 1999, 2004 and in 2017[133]. All three surveys covered children and young people aged 5 to 15 years, the 2017 survey was extended to include very young children, 2 to 4 year-olds, and 17 to 19 year-olds.

Approximately 9,200 children and young people were surveyed in 2017. The report covered:

- Emotional disorders
- Behavioural disorders
- Hyperactivity disorders
- Autism spectrum, eating and other less common disorders.
- Predictors of mental disorders
- Multiple conditions and wellbeing
- Professional services, informal support, and education
- Behaviours, lifestyles and identities
- Preschool children

There have been several follow up reports (or waves), following up respondents in the 2017 survey. The follow ups in 2020 and 2021 helped to understand change during the COVID-19 pandemic, and the waves in 2022 and 2023 helped to understand mental health after pandemic measures were lifted.

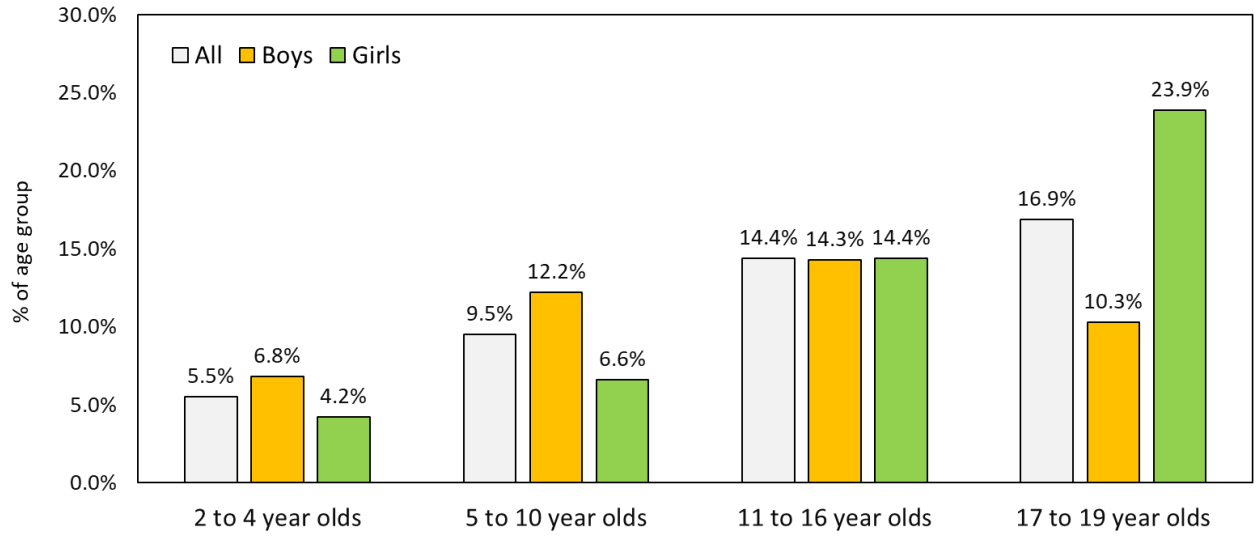
In this section of the report, findings from the 2017 national survey to have been applied to West Sussex population estimates. This broadly quantifies how many young people may be affected by a mental health condition in the county. These are estimates and should be treated with caution.

7.1.1 Children and Young People with Any Mental Health Condition – Data from the 2017 National Survey

The 2017 national survey of children and young people found that prevalence differed by age and sex:

- In pre-school children, the survey found that 5.5% of children overall had a probable mental health condition[x]
- In primary school aged children this rose to almost one in ten children, with a higher percentage of boys compared with girls having a condition
- In secondary aged children a similar percentage of girls and boys had a condition (14.4% overall)
- As young people transitioned to adulthood, prevalence was notably higher among girls, with almost one in four having a mental health condition

Figure 51 Rates of probable mental health conditions by Age and Sex, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

Applying these findings to the local population (Table 1), approximately 20,420 children and young people in West Sussex are estimated to have a probable mental health condition.

Figure 52 Estimate of children and young people with a mental health condition

All Children	**2 to 4 years**	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**
Adur	110	450	640	310
Arun	250	940	1,410	780
Chichester	180	710	1,120	680
Crawley	250	920	1,300	630
Horsham	260	930	1,550	740
Mid Sussex	290	1,080	1,640	780
Worthing	190	700	1,050	550
West Sussex	**1,530**	**5,720**	**8,710**	**4,460**
Boys	**2 to 4 years**	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**
Adur	70	300	340	100
Arun	160	620	740	240
Chichester	110	470	570	200
Crawley	160	620	670	210
Horsham	160	620	800	230
Mid Sussex	180	710	840	250
Worthing	120	460	540	180
West Sussex	960	3,800	4,480	1,410
Girls	**2 to 4 years**	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**
Adur	40	150	300	210
Arun	90	320	670	540
Chichester	70	240	560	490
Crawley	90	300	630	420
Horsham	90	310	750	510
Mid Sussex	110	370	800	520
Worthing	70	240	510	350
West Sussex	560	1,920	4,230	3,040

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

The national survey considers prevalence against different characteristics and family context:

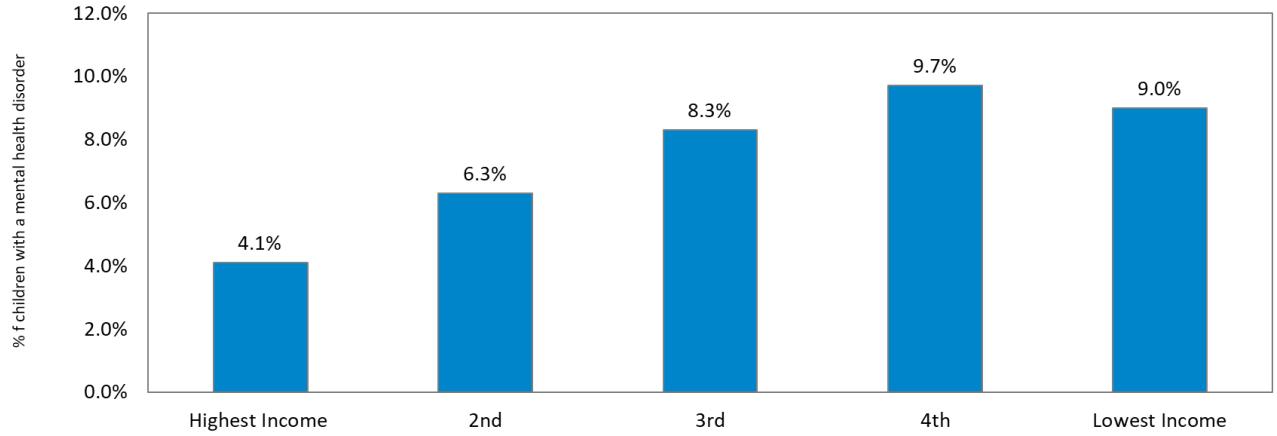
- Demographic background and characteristics, such as age, sex, ethnic background, sexual orientation, gender identity
- Health, including special educational need (SEN) status
- Family context such as the health status of a parent
- Socio-economic context, including whether prevalence is higher amongst more deprived groups

7.1.1.1 Characteristics of Children and Young People with Any Mental Health Condition

In relation to having any mental health condition, there were some specific groups in the national survey identified at higher risk:

- **Children and young people from poorer economic backgrounds** are more likely to have a mental health condition. Approximately one in ten children in the poorest areas estimated to have a mental health condition compared with less than one in twenty in the highest income groups

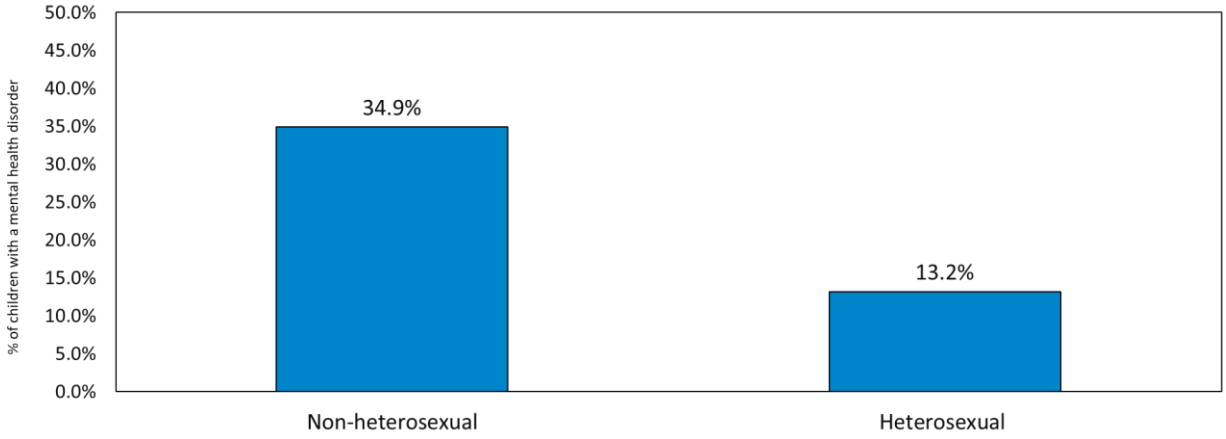
Figure 53 Prevalence of mental health condition by household income, 5-19 year-olds, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

- **Young people who identified as non-heterosexual** (lesbian, gay, bisexual or with an other, non-heterosexual sexual identity) were more likely to have a mental disorder compared with young people who identified an heterosexual

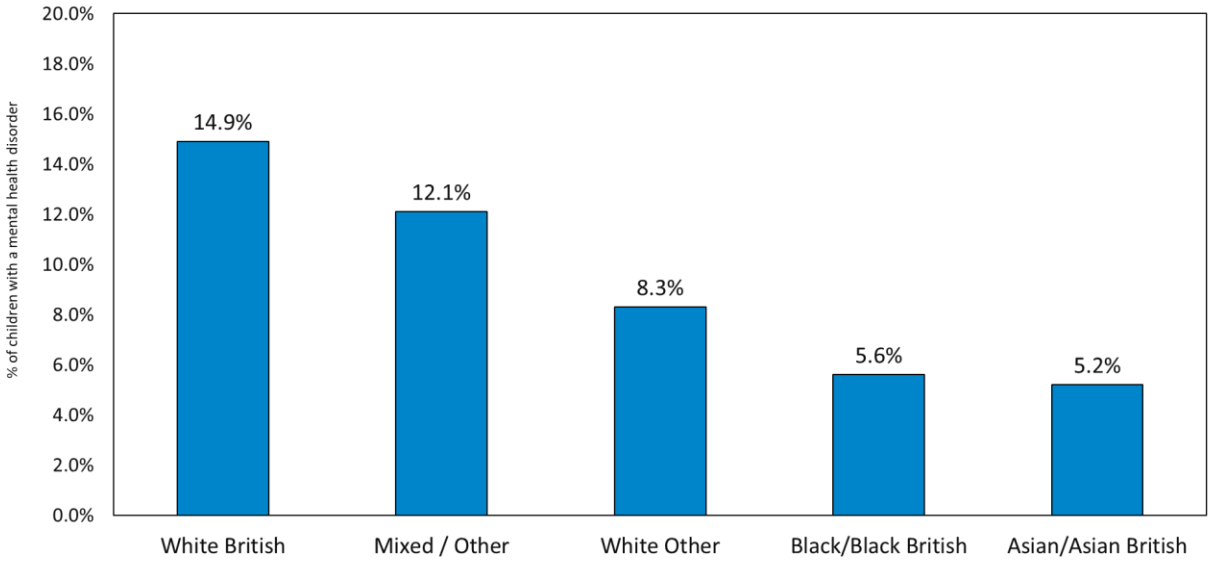
Figure 54 Prevalence of mental health condition by sexual orientation, 14-19 year-olds, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

- **Rates of mental health conditions were found to be higher in the White British group** and lower in Asian/Asian British and Black/Black British.

Figure 55 Prevalence of mental health condition by ethnic background, 5-19 year-olds, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

Home environment **-** The home environment and experience of children and young people was found to be different for those with a mental health condition.

- Rates of mental health condition were higher where a child lived with a parent who themselves had a mental health problem, or where a parent was in receipt of a disability related income.
- Children who had experienced adverse events were also found to higher rates of mental health conditions, in the national survey examples given included parental separation and a home financial crisis.

Social support and participation **–** the national survey found higher rates of mental health conditions where children and young people had small social networks and support and did not take part, or had lower participation in clubs or activities, in and out of school.

7.2 Specific Conditions

This next section breaks down the overall picture into the four broad groupings of conditions; emotional; behavioural; hyperactivity and other less common disorders[xi].

[xi] Section 4.2 refers to specific conditions as disorders as this reflects the terminology used in NHS Digital data.

Figure 56 National Survey – Broad Categorisation and Sub Groupings

Disorder categories	**Emotional**	**Emotional**	**Emotional**	**Behavioural (or 'conduct') disorders**	**Hyperactivity disorders**	**Other less common disorders**
Sub - group	Anxiety disorders	Depressive	Bipolar affective disorder	-	-	-
Disorders	• Separation anxiety disorder • Generalised anxiety disorder • Obsessive compulsive disorder • Specific phobia • Social phobia • Agoraphobia • Panic disorder • Post-traumatic stress disorder • Other anxiety • Body dysmorphic disorder	• Major depressive episode • Other depressive episode	• Bipolar affective disorder • Mania	• Oppositional defiant Disorder • Conduct Disorder confined to family • Unsocialised conduct disorder • Socialised conduct disorder • Other conduct disorder	• Hyperkinetic disorder • Other hyperactivity disorder	• Autism spectrum disorder • Eating disorder • Tics • Selective mutism • Psychosis • Attachment disorder • Feeding disorder • Sleep disorder • Eliminating disorder

7.2.1 Emotional Disorders

NHS Digital Definition - In the national survey a child was classified with an emotional disorder according to ICD-10 diagnostic criteria for emotional disorders. This covers anxiety disorders, depressive disorders, and mania/bipolar affective disorder. Children meeting the DSM-5 diagnostic criteria for body dysmorphic disorder were also counted as having an emotional disorder.

Anxiety disorders: characterised by feelings of anxiety and fear, included in the report were:

- Separation anxiety
- Generalised anxiety disorder
- Obsessive compulsive disorder
- Specific phobia
- Social phobia
- Agoraphobia
- Panic disorder
- Post-traumatic stress disorder
- Other anxiety disorders
- Body dysmorphic disorder

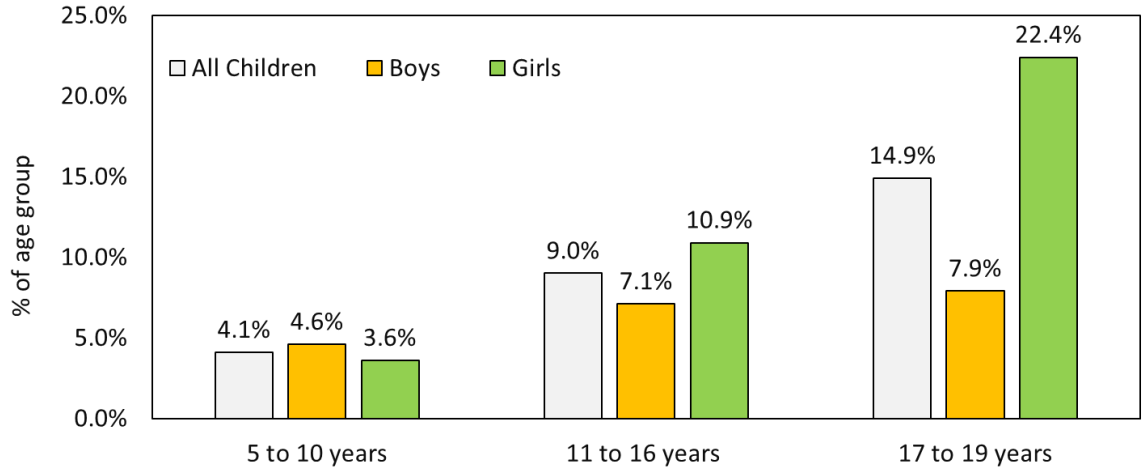
Depressive disorders: characterised by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration. Depression can be long lasting, recurrent and substantially impair functioning at school and in daily life.

Bipolar affective disorder /manic episode: characterised by intense mood swings, where mood and activity levels are significantly disturbed (WHO, 1992).

7.2.2 Emotional Disorders – Overall Prevalence

The 2017 survey found about one in twelve children and young people had an emotional disorder such as anxiety or depression, with highest rates for anxiety disorders.

Figure 57 Prevalence of emotional disorders by age and sex, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

Figure 58 Prevalence of emotional disorders, England 2017

All Children	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All - 5 to 19 years**
Any emotional disorder	4.1	9.0	14.9	8.1
Any anxiety disorder	*3.9*	*7.9*	*13.1*	*7.2*
Any depressive disorder	*0.3*	*2.7*	*4.8*	*2.1*
Mania/Bipolar affective disorder	-	*0.0*	*0.1*	*0.0*
Boys	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All - 5 to 19 years**
Any emotional disorder	4.6	7.1	7.9	6.2
Any anxiety disorder	*4.4*	*6.2*	*6.3*	*5.4*
Any depressive disorder	*0.4*	*1.6*	*3.2*	*1.4*
Mania/Bipolar affective disorder	-	*0.1*	-	*0.0*
Girls	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All - 5 to 19 years**
Any emotional disorder	3.6	10.9	22.4	10.0
Any anxiety disorder	*3.4*	*9.7*	*20.3*	*9.1*
Any depressive disorder	*0.2*	*3.8*	*6.5*	*2.8*
Mania/Bipolar affective disorder	-	-	*0.3*	*0.1*

Source: NHS Digital Mental Health of Children and Young People in England 2017

7.2.2.1 Characteristics of Children and Young People with Emotional Disorders

• ***Demographics:*** More girls than boys have emotional disorders and prevalence increases with age. Rates were highest among children from White British (9.1%) and Mixed ethnic backgrounds (8.9%)

• ***Health:*** Children with a special educational need were more likely to have emotional disorders (20.3%) as were children whose physical health was either fair or poor (25.4%)

• ***Family:*** Higher prevalence of emotional disorders was found in households with less healthy family functioning (13.8%)[xii] and children who had a parent or parents with signs of a common mental disorder (17.5%)

• ***Poverty:*** Children from poorer backgrounds are more likely to have an emotional disorder, and 9.0% of children in the lowest income group had an emotional disorder, compared with

[xii] Assessed using the General Functioning Scale of the McMaster Family Activity Device (FAD). This has 12 statements that parents rate on a four point scale: strongly agree, agree, disagree and strongly disagree and then scores families in terms of 'healthy' or 'unhealthy' family functioning.

4.1% in the highest income group. Also, children who have parents in receipt of out of work and/or disability benefits had higher prevalence.

7.2.2.2 Emotional Disorders - Prevalence Assumptions applied to West Sussex Population

Figure 59 Prevalence of Emotional Disorders, West Sussex Estimates

All Children	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All**
Adur	190	400	280	870
Arun	410	880	680	1,970
Chichester	310	700	600	1,610
Crawley	400	810	560	1,770
Horsham	400	970	650	2,020
Mid Sussex	470	1,030	690	2,190
Worthing	300	660	480	1,440
West Sussex	2,470	5,450	3,930	11,850
Boys	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All**
Adur	110	170	80	360
Arun	230	370	180	780
Chichester	180	280	150	610
Crawley	230	330	160	720
Horsham	230	390	180	800
Mid Sussex	270	410	190	870
Worthing	170	270	140	580
West Sussex	1,430	2,220	1,080	4,730
Girls	**5 to 10 years**	**11 to 16 years**	**17 to 19 years**	**All**
Adur	80	230	190	500
Arun	180	500	510	1,190
Chichester	130	420	460	1,010
Crawley	170	480	390	1,040
Horsham	170	570	480	1,220
Mid Sussex	200	610	490	1,300
Worthing	130	390	330	850
West Sussex	1,050	3,200	2,850	7,100

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

7.2.3 Behaviour Disorders

NHS Digital Definition - NHS Digital describes behavioural disorders as being characterised by repetitive and persistent patterns of disruptive and antisocial behaviour in which the rights of others and social norms or rules are violated.

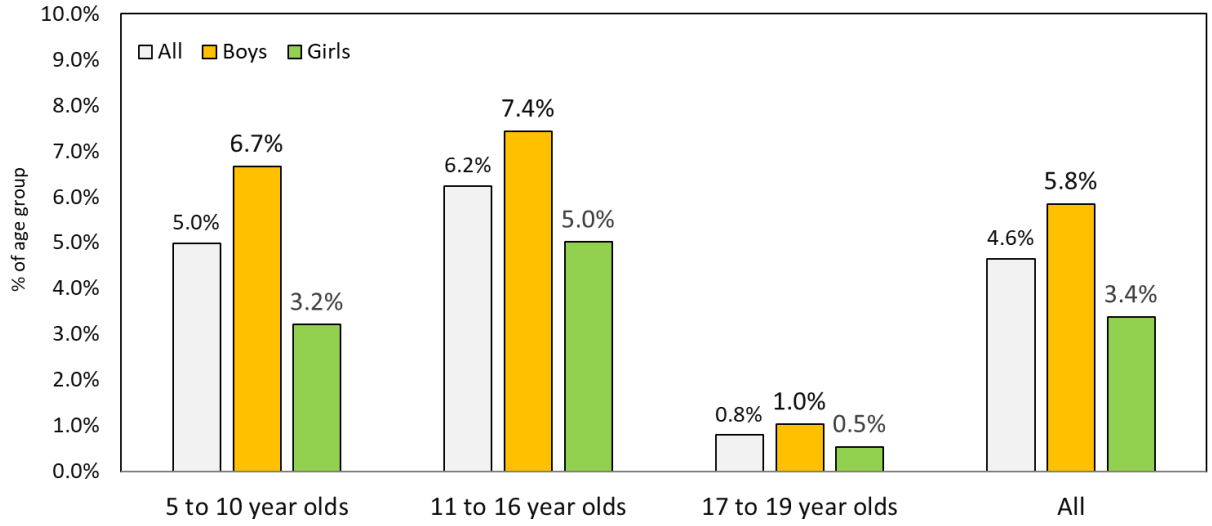
The national study then sub-divides into specific disorders including oppositional defiant disorder (ODD) characterised by temper outbursts, arguing with adults, disobedience etc and, less commonly, socialised conduct disorder and unsocialised conduct disorder.

In terms of referrals to children and adolescent mental health services, behavioural disorders have been the most common reason for a referral.

7.2.3.1 Behaviour Disorders - Overall Prevalence

Approximately one in twenty children are estimated to have a behavioural disorder.

Figure 60 Prevalence of behavioural disorders by age and sex, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

7.2.3.2 Characteristics of Children and Young People with Behavioural Disorders

Demographics: More boys than girls have behavioural disorders, and prevalence is higher in the 11 to 16-years age group. Rates were highest in children who were White British children (5.7%), lowest in Black/Black British (0.7%) or Asian/Asian British (0.8%)

Health/education: Approximately one in four (23.1%) children with a special educational need had a behavioural disorder. Children with fair or poor general health more likely to have a behavioural disorder (10.1%)

Family: Children who had a parent or parents with poorer mental health were more likely to have a behavioural disorder as were children from households with less healthy family functioning

***Poverty**:* Children living in the most deprived neighbourhoods and those with a parent on disability benefits were more likely to have a behavioural disorder.

7.2.3.3 Behavioural Disorders - Prevalence Assumptions applied to West Sussex Population

Figure 61 Prevalence of behavioural disorders, West Sussex estimates

All Children	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	230	280	10	520
Arun	490	610	40	1,140
Chichester	370	490	30	890
Crawley	480	560	30	1,070
Horsham	490	670	30	1,190
Mid Sussex	570	710	40	1,320
Worthing	370	460	30	860
West Sussex	3,010	3,780	210	7,000
Boys	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	160	170	10	340
Arun	340	380	20	740
Chichester	260	290	20	570
Crawley	340	350	20	710
Horsham	340	410	20	770
Mid Sussex	390	430	30	850
Worthing	250	280	20	550
West Sussex	2,070	2,320	140	4,530
Girls	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	70	110	0	180
Arun	160	230	10	400
Chichester	120	190	10	320
Crawley	150	220	10	380
Horsham	150	260	10	420
Mid Sussex	180	280	10	470
Worthing	120	180	10	310
West Sussex	940	1,470	70	2,480

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

7.2.4 Hyperactivity

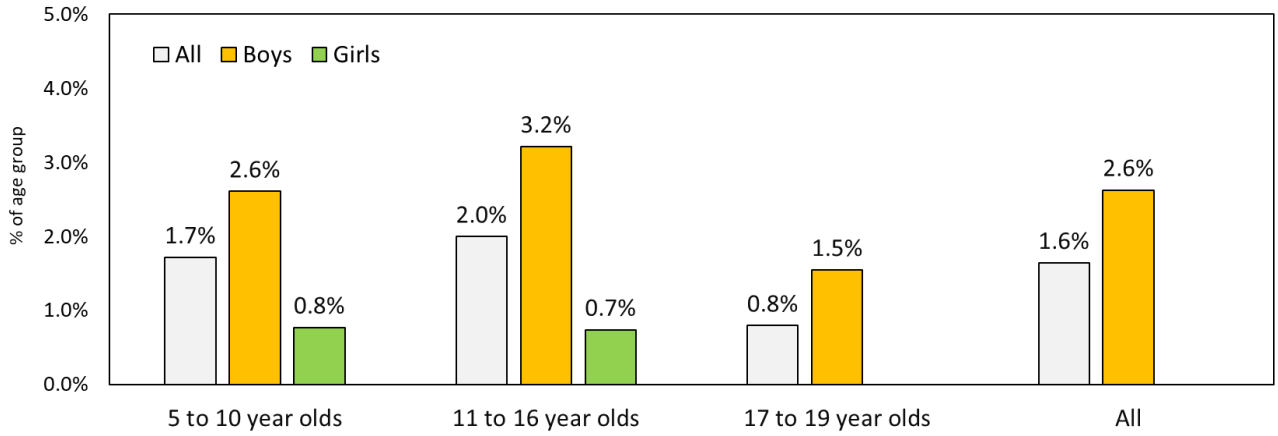
NHS Digital Definition - Hyperactivity disorders start in childhood and are characterised by developmentally inappropriate patterns of inattention, impulsivity, and hyperactivity. This can mean that children find it hard to sit still, act without thinking and complete tasks. Although many children will behave like this for a period, children with a hyperactivity disorder will have persistent symptoms impacting school and home life.

Hyperactivity disorders from childhood can impact a person throughout their life. In adulthood hyperactivity disorders are associated with lower levels of economic activity, having no qualifications and substance misuse problems[134].

7.2.4.1 Hyperactivity Disorders - Overall Prevalence

Approximately one in sixty children are estimated to have a hyperactivity disorder.

Figure 62 Prevalence of Hyperactivity Disorders by Age and Sex, England 2017



Source: NHS Digital, Mental Health of Children and Young People, 2017

7.2.4.2 Characteristics of Children and Young People with Hyperactivity Disorders

Demographics: More boys than girls have hyperactivity disorders. Prevalence is higher in the 11 to 16 years age group lower in the 7 to 19 years age group, and in girls. Rates were highest in the White British group (2.1%).

Health: Children with SEN had higher rates of hyperactivity disorders (11.9%), as well as children whose general health was rated as fair, bad or very bad had (2.9%).

Family*:* Rates of hyperactivity disorders were higher in children in households with less healthy family functioning (3.4%) and in children of a parent or parents with poorer mental health.

Poverty*:* Children with a parent in receipt of income-related or disability benefits were more likely to have a hyperactivity disorder.

7.2.4.3 Hyperactivity Disorders - Prevalence Assumptions applied to West Sussex Population

Figure 63 Hyperactivity disorders - West Sussex estimates

All Children	5 to 10 years	11 to 16 years	17 to 19 years	All
Adur	80	90	10	180
Arun	170	200	40	410
Chichester	130	160	30	320
Crawley	170	180	30	380
Horsham	170	210	30	410
Mid Sussex	190	230	40	460
Worthing	130	150	30	310
West Sussex	**1,030**	**1,210**	**210**	**2,450**

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

7.2.5 Less Common Disorders

In providing estimates for less common disorders there are some challenges: -

- Due to lower prevalence of these conditions, the sample size may not be sufficient to pick up variation between groups or trends
- In relation to autism NHS Digital note that due to self-reporting among 17 to 19 years, prevalence is likely to be underestimated in this age group
- In relation to eating disorders NHS Digital note research finding underestimation of eating disorders through surveys and a tendency to conceal conditions and avoid seeking help.
  Note given the focus on eating disorders in the 2017 follow up surveys, data relating to eating disorders are shown in later sections in this report.

Figure 64 Prevalence of Less Common Disorders by Age and Sex, England 2017 (NHS Digital)

All	5 to 10 years	11 to 16 years	17 to 19 years	All
Any less common disorder	2.2	2.2	1.8	2.1
Autism Spectrum Disorder (ASD)	1.5	1.2	0.5	1.2
Tics/Other less common disorders	1.1	0.6	0.6	0.8
Boys	5 to 10 years	11 to 16 years	17 to 19 years	All
Any less common disorder	3.4	2.4	1.4	2.6
Autism Spectrum Disorder (ASD)	2.5	1.8	1.0	1.9
Tics/Other less common disorders	1.6	0.8	0.4	1.1
Girls	5 to 10 years	11 to 16 years	17 to 19 years	All
Any less common disorder	1.0	2.0	2.2	1.6
Autism Spectrum Disorder (ASD)	0.4	0.7	-	0.4
Tics/Other less common disorders	0.6	0.4	0.8	0.6

7.2.5.1 Less Common Conditions Prevalence Estimates Applied to West Sussex Population

Figure 65 Prevalence of less common disorders, West Sussex Estimates, 5 to 19 year-olds

Area	ASD	Tics and Other Less Common Conditions
West Sussex	1,760	665

Source: NHS Digital Mental Health of Children and Young People in England 2017 and ONS Population Estimates 2021. Figures rounded to nearest 10.

7.3 Follow Up Surveys

Follow up surveys with those questioned in 2017 have taken place. These have been particularly important in understanding the impact of the COVID pandemic, both during the pandemic measures and since.

In 2023 the fourth follow up survey included 2,370 children and young people who took part in the MHCYP 2017 survey. This survey, in addition to mental health status, included information about sleep, loneliness, education, access to services, wider activities, social media, eating problems, self-harm and psychotic episodes.

The four follow up surveys since 2017 can be used to track change but there are some caveats:

- The follow up surveys did not collect the extensive range of data on specific conditions, and sample sizes were smaller. Some subjects of increasing concern were selected for focus, such as eating disorders
- The survey method changed from face to face in 2017 to telephone and online in the follow up surveys. A change in method can impact responses and findings particularly in relation to sensitive questions such as questions on eating problems and disorders or self-harm
- There is little information on the youngest age group, as those aged 5 in the 2017 survey increased in age in each subsequent follow up

7.3.1 Data from the 2023 Follow Up and Change Over Time

The 2017 survey, and subsequent follow up surveys, use the Strengths and Difficulties Questionnaire (SDQ)[xiii][135]. This is the main measure of mental health amongst children and young people. Depending on responses given, the SDQ algorithm estimates the likelihood of a child or young person having a possible, or probable, mental health condition.

Key Findings from the 2023 Follow Up Survey

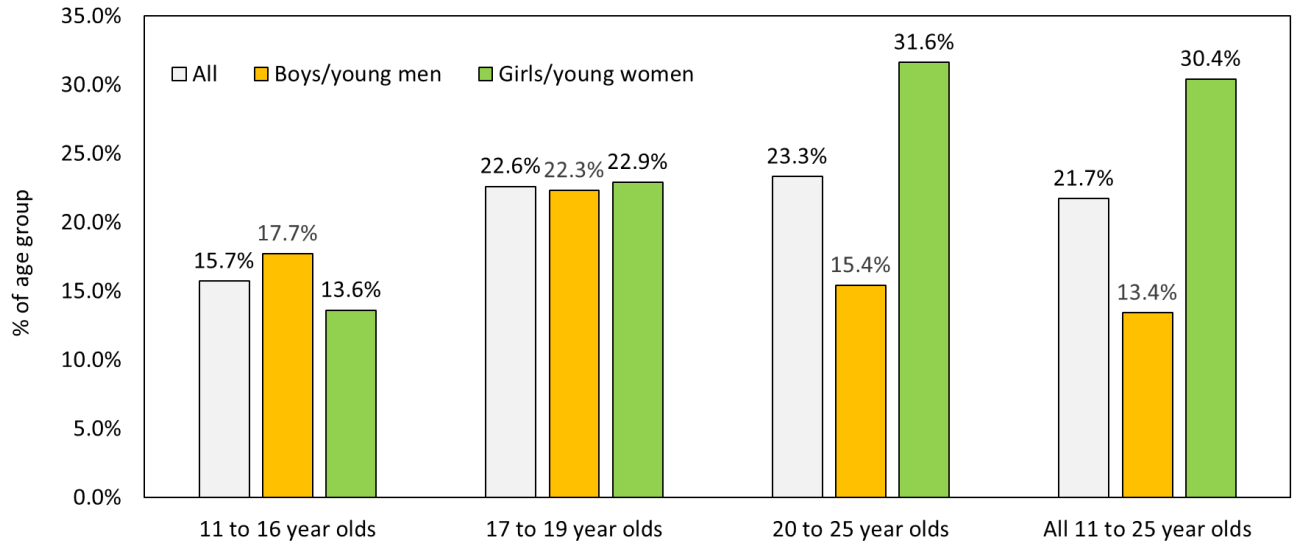
[xiii] The SDQ has 25 questions relating to a child's strengths and difficulties on peer relationships, emotions, conduct, hyperactivity and prosocial behaviour. In addition to the 25 items there is an impact assessment asking parents and children whether they think there is a problem and the impact of that problem, including distress and impact on others.

- **Overall Prevalence**: Approximately one in five children and young people aged 8 to 25 years had a probable mental health condition
- **Prevalence by sex**: While rates for 8 to 16 year-olds were similar between girls and boys, for young people aged 17 to 25 years rates were considerably higher (twice as high) for young women compared with young men
- **Young women**: Over 30% of young women aged 17 to 19 years and 20 to 25 years found to have probably mental health condition
- **Eating problems and disorders:** In 2023, 2.6% of children aged 11 to 16 years and 12.5% of 17 to 19 year-olds were identified with an eating disorder (clinically defined disorder). Rates were considerably higher (4x) amongst girls than boys. 5.9% of 20 to 25 year-olds, with little differences of rates between men and women in this age group
- **Self-harm:** 5.9% of children aged 8 to 16 years with a probable mental health condition had tried to harm themselves in the past 4 weeks, compared to 10.6% of young people aged 17 to 24 years
- **Activities and Behaviours:**
  - Children and young people with a probable mental health condition were significantly less likely to be physically active or to take part in activities in or outside of school, than those unlikely to have amental health condition. This is also linked to children and young people from poorer backgrounds who reported, or whose parents reported, not being able to afford paying for activities
  - Young people with a mental health condition were far more likely to smoke or vape (32.9% compared with 18.4% of those unlikely to have a mental disorder)
- **School:** Only 35% of children with a probable mental health condition said they enjoyed learning at school (compared with 71% of children without a mental health condition)
- **Bullying:** Children aged 11 to 16 years with a mental health condition were more likely to have been bullied in the past year. More than one in three reported bullying face to face and one in ten reporting bullying online

Change in Prevalence Rates Over Time.

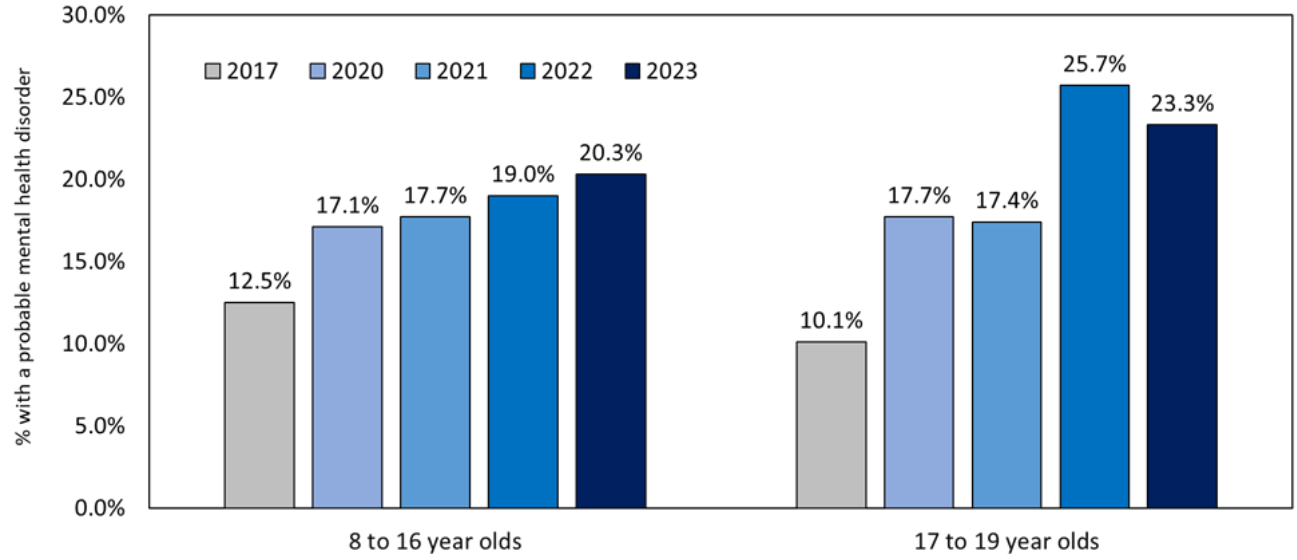
- **Children and Young People with a Probable Mental Health Disorder**. The 2023 follow up survey found that, after rises in prevalence between 2017 and 2020, there was some stabilisation in between 2022 and 2023
- **Children and Young People with a Possible Eating Disorder.** As with overall prevalence, the 2023 survey found that there was a stabilisation of the rate of children and young people with possible eating disorders between 2022 and 2023 after rises between 2017 and 2022

Figure 66 Rates of probable mental health condition by Age and Sex, England 2023



Source: NHS England. MHCYP Wave 4 Survey, England, 2023

Figure 67 Prevalence of probable mental health condition by age, 2017 to 2023, England



Source: NHS England. MHCYP Wave 4 Survey, England, 2023

Figure 68 Prevalence of children and young people with a probable mental health disorder, West Sussex

All	8 to 10 years	11 to 16 years	17 to 19 years	20 to 25 years
Adur	380	1,010	430	710
Arun	810	2,210	1,070	1,950
Chichester	620	1,760	930	1,700
Crawley	770	2,040	870	1,750
Horsham	800	2,440	1,020	1,670
Mid Sussex	910	2,580	1,080	1,700
Worthing	600	1,650	750	1,400
West Sussex	4,880	13,690	6,150	10,880
Boys/Young Men	8 to 10 years	11 to 16 years	17 to 19 years	20 to 25 years
Adur	230	520	150	230
Arun	470	1,150	360	600
Chichester	360	880	300	530
Crawley	450	1,040	310	550
Horsham	460	1,240	340	530
Mid Sussex	520	1,300	370	550
Worthing	350	840	270	430
West Sussex	2,830	6,970	2,110	3,420
Girls/Young women	8 to 10 years	11 to 16 years	17 to 19 years	20 to 25 years
Adur	160	480	270	470
Arun	340	1,060	710	1,370
Chichester	260	880	650	1,190
Crawley	320	1,000	550	1,210
Horsham	340	1,200	670	1,140
Mid Sussex	390	1,280	690	1,130
Worthing	250	810	470	990
West Sussex	2,050	6,710	4,020	7,490

Source: NHS Digital Mental Health of Children and Young People in England 2023 and ONS Population Estimates 2021. Figures rounded to nearest 10.

7.4 Eating Disorders – Data from the 2023 Follow Up Survey

NHS Digital Defintions and 2023 Follow Up Survey

Children with an eating problem / possible eating disorder have an increased likelihood of broader difficulties with eating. To identify children who may be experiencing problems a screening tool is used, whereolder children and young people self-report and parents report for younger chldren. The Development and Well-Being Assessment (DAWBA) eating disorder screening section has 5 questions.

- Have you ever thought you were fat even when other people told you that you were very thin?
- Would you be ashamed if other people knew how much you eat?
- Have you deliberately made yourself vomit (throw up)?
- Do your worries about eating (What? Where? How much?) really interfere with your life?
- If you eat too much, do you blame yourself a lot?

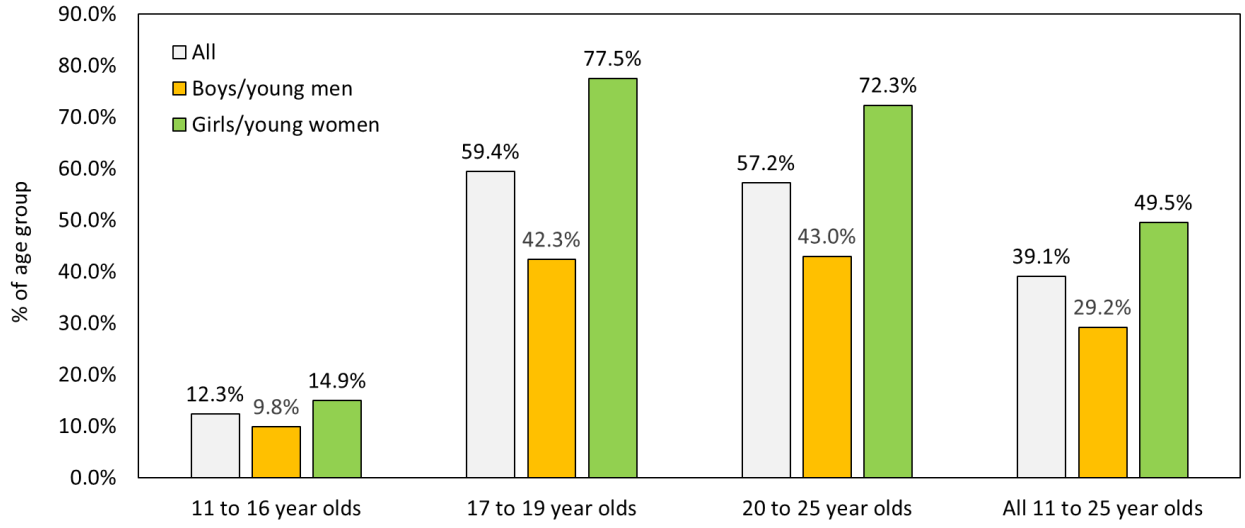
A positive screening at this stage does not provide a diagnosis of an eating disorder but does indicate a an increased risk or likelihood of wider problems with eating. 'Screening positive' was defined as scoring yes to 2 or more questions where a parent was reporting on a child, 1 or more where a young person was self reporting.

Clinically impairing eating disorder. As part of the 2023 survey, children who screened positive on DAWBA screening section were then asked to complete the full DAWBA eating disorder module. Answers were then reviewed, and some children were assigned a diagnosis of an eating disorder, such as anorexia, bulimia or another eating disorder according to the International Classification of Disease version 10 (ICD-10).

7.4.1 Possible Eating Disorder / Eating Problems

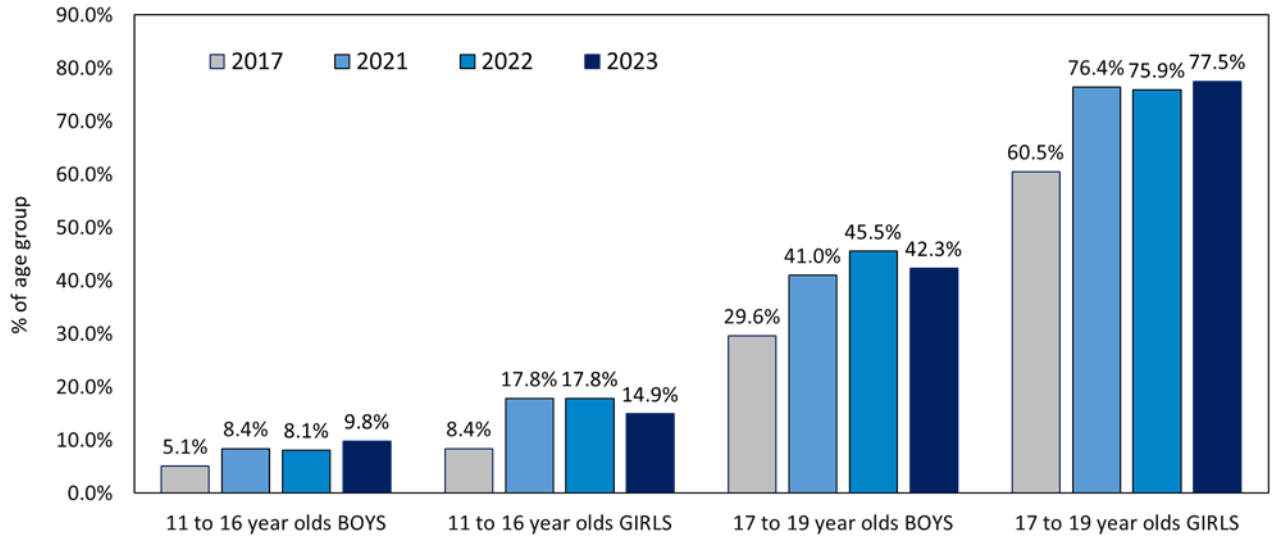
In 2023 the survey found that 12% of 11 to 16 year-olds screened positive for a possible eating disorder, rising to almost 60% in 17-to 19-years-olds. Girls in all age groups were more likely to screen positive than boys.

Figure 69 Percentage of children and young people with a possible eating problem, England 2023



Source: NHS Digital Mental Health of Children and Young People in England 2023

Figure 70 Percentage of children and young people with a possible eating problem 2017, 2021, 2022, 2023 England



Source: NHS Digital Mental Health of Children and Young People in England 2023

Using the findings from the 2023 survey and applying these to the West Sussex population provides an estimate of 7,450 11 to 16 year-olds, 15,680 young people aged 17 to 19 years and 28,680 young adults aged 20 to 25 years with a possible eating disorder.

Figure 71 Prevalence of children and young people with eating problems, West Sussex

Area	11 to 16 years	17 to 19 years	20 to 25 years
Adur	550	1,100	1,860
Arun	1,200	2,720	5,150
Chichester	960	2,370	4,490
Crawley	1,110	2,220	4,620
Horsham	1,330	2,590	4,410
Mid Sussex	1,400	2,750	4,470
Worthing	900	1,920	3,680
West Sussex	7,450	15,680	28,680

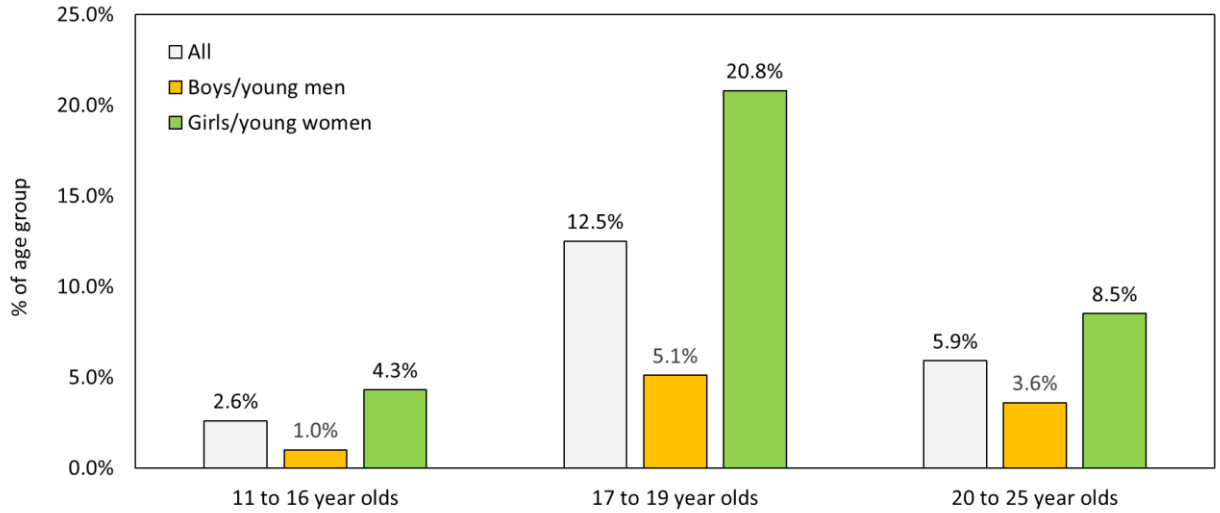
Source: NHS Digital Mental Health of Children and Young People in England 2023 and ONS Population Estimates 2021. Figures rounded to nearest 10. Rounded to nearest 10.

7.4.2 Clinically Impairing Eating Disorder

Of those who screened positive for a possible eating disorder, further data were collected to estimate the prevalence of children and young people with an eating disorder, in line with ICD10 classification:

- In 2023 in England an estimated 2.6% of 11-to 16- years-olds, 12.5% of 17-to 19-years-olds and 5.9% of 20 to 25 years were estimated to have an eating disorder

Figure 72 Percentage of children and young people with an eating disorder, England 2023



Source: NHS Digital Mental Health of Children and Young People in England 2023

Figure 73 Estimated prevalence of children and young people with an eating disorder, West Sussex

Area	11 to 16 years	17 to 19 years	20 to 25 years
Adur	120	230	190
Arun	250	570	530
Chichester	200	500	460
Crawley	230	470	480
Horsham	280	550	460
Mid Sussex	300	580	460
Worthing	190	400	380
West Sussex	1,580	3,300	2,960

Source: NHS Digital Mental Health of Children and Young People in England 2023 and ONS Population Estimates 2021. Figures rounded to nearest 10. Rounded to nearest 10.

8 Mental Health Conditions and Wellbeing Data: Adults

Key Points

- National surveys relating to the mental health of adults are relatively old (2014); data from the 2023 APMS are due to be published in 2025. Applying 2014 national assumptions to the West Sussex population, 17.0% of adults (approximately 119,890 people) are estimated to have a common mental health disorder
- Information from the ONS Wellbeing Survey has shown that levels of anxiety amongst the general population have been increasing (approximately one in four adults have a higher anxiety score on the ONS Wellbeing Survey)
- In terms of prevalence of specific conditions, in West Sussex it is estimated that:
    - 71,070 adults with ADHD
    - 4,780 adults are autistic
    - 184, 050 adults have experienced trauma during their lifetime
    - 13,130 people with bipolar disorder
    - 3,710 with a psychotic disorder

8.1.1 The Adult Psychiatric Morbidity Survey (APMS) 2014

The Adults Psychiatric Morbidity Survey (APMS) is a national survey that provides a snapshot in time of the prevalence of mental health conditions and mental wellbeing. The survey provides information about prevalence of specific conditions, comorbidities and some insight into treatment gaps. Of note:

- The survey collects information from approximately 8,000 people
- To date there have been four surveys undertaken, in 1993, 2000, 2007 and 2014 Results from the 2023 survey are yet (as of December 2023) to be published
- Following consultation it was decided that this survey would have increased sampling from ethnic minority groups, and people in more deprived neighbourhoods. The survey would have also extended questions in relation to eating disorders as information on eating disorders was last collected in the 2007 survey
- Each survey round has slightly differed in geographical and/or age coverage. In 1993 16 to 64 year-olds were surveyed, which changed in 2000 to 16 to 74 year-olds, and covered England, Scotland and Wales. In 2007 and 2014 the survey included people aged over 16 but covered England only. Survey participants are randomly selected from addresses. Given the sample size, figures are not available at local authority level. Data in this needs assessment have been informed by the 2014 APMS

8.1.2 Prevalence of Mental Health Disorders

The APMS 2014 has twelve chapters:

- Common mental disorders
- Mental health treatment and service use
- PTSD

- Psychotic disorder
- Autism
- Personality disorder
- ADHD
- Bipolar disorder
- Alcohol dependence
- Drug use and dependence
- Suicidal thoughts, suicide attempts and self-harm
- Comorbidity in mental and physical illness

In this report we have taken findings from the national survey and applied the prevalence assumptions to the local population estimate. This provides an estimate of how many people in West Sussex have a specific condition. In doing this it should be noted that estimates of need based on national surveys should be treated with some caution. The population in West Sussex is older and less deprived than many areas in England, and therefore different to England's overall population. The numbers provide an approximate guide to the scale of a condition and need within the area. As West Sussex has an older age profile compared with England overall, where possible age specific rates have been applied to form an overall prevalence rate for West Sussex.

8.2 Overall Summary Assumptions of Mental Health Conditions

Figure 74 Prevalence of mental health conditions

Group	Subgroup	Prevalence Assumption (based on national survey)	Findings applied to West Sussex population 2021 (rounded)
Common Mental Health Disorder (CMD)	Any CMD	17.0%	119,890
	Generalised anxiety disorder	5.9%	41,550
	Depressive episode	3.3%	23,770
	Phobias	2.4%	16,270
	Obsessive compulsive disorder	1.3%	8,870
	Panic disorder	0.6%	4,280
	CMD-Non specified	7.8%	55,000
CMD by Severity of Symptoms	CIS-R Score of 18 or more	8.1%	56,680
	CIS-R Score of 12 or more	15.7%	110,880
Trauma	PTSD screen positive	4.4%	28,840
	Trauma experienced (lifetime)	31.4%	184,050
Personality Disorders	Any Personality Disorder	13.7%	99,550
	Antisocial personality	3.3%	16,890
	Borderline personality	2.4%	12,580
Neurodevelopmental conditions	ASC	0.7%	4,780
	ADHD	9.7%	71,070

Dependence	Alcohol Dependence	1.2%	9,480
	Drug Dependence	3.1%	22,420
Self-Harm and Suicide	Self-Harm	7.3%	53,500
	Suicidal thoughts	20.6%	150,060
	Suicide attempts	6.7%	49,200
Severe Mental Illness	Bipolar disorder	1.8%	13,130
	Psychotic disorder	0.7%	3,710

8.3 Common Mental Health Disorders

APMS Definition - Common mental disorders (CMDs) comprise different types of depression and anxiety, and cause marked emotional distress and interfere with daily function but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great. The APMS uses the Clinical Interview Schedule (CIS-R[xiv]) to assess six types of CMD (people may be identified with more than one):

- Depression
- Generalised anxiety disorder (GAD)
- Panic disorder
- Phobias,
- Obsessive compulsive disorder (OCD)
- and CMD not otherwise specified (CMD-NOS)

The CIS-R is also used to produce a score that reflects overall severity of CMD symptoms.

8.3.1 Common Mental Disorders – Key Findings from the National Survey

- One in six adults were identified as having symptoms of a common mental disorder, with approximately one in twelve having severe symptoms
- Characteristics: Women were found to have a higher prevalence than men (19.1% compared with 12.1%). Women were also more likely to have severe symptoms (9.8% having a CIS-R score of 18 or over compared with 6.4% of men)
- Working aged people are more likely to have symptoms of CMD than people over 65 years
- Smoking status was also found to be strongly associated with CMD, and almost a third of people who smoke 15 or more cigarettes a day have a CMD

[xiv] The CIS-R is a structured interview covering the presence of non-psychotic symptoms in the week prior to interview. This covers symptoms including worry, disturbed sleep, problems with concentration and irritability. A CIS-R score of 12 or above is used as the threshold to indicate a CMD, scores above 18 indicate severe or sustained symptoms which are likely to warrant health care interventions (such as medication or therapy)

Figure 75 Prevalence of common mental health disorders. Percentage in each age group

Disorder	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ year	All
Generalised anxiety disorder	6.3	6.1	6.9	7.3	6.4	4.0	2.5	5.9
Depressive episode	2.3	3.5	4.1	4.5	4.3	2.1	1.3	3.3
Phobias	3.3	3.3	3.0	2.7	2.3	0.6	0.5	2.4
Obsessive compulsive disorder	1.8	1.4	1.6	1.6	1.5	0.3	0.3	1.3
Panic disorder	1.2	0.5	0.3	0.5	0.5	0.7	0.6	0.6
CMD-not specified	8.4	9.1	8.2	8.7	8.1	5.2	4.9	7.8
Any CMD	**18.9**	**19.0**	**19.3**	**19.1**	**18.0**	**11.5**	**8.8**	**17.0**

Source: APMS 2014

Figure 76 shows how many people are estimated to have a common mental health disorder in West Sussex. Statistics in the figure below have been calculated by applying the prevalence estimates to the 2021 population estimates for West Sussex and each of the District and Borough areas of the county.

Figure 76 Common Mental Health Disorders - Prevalence Estimates for West Sussex

Common Mental Health Disorder	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Generalised anxiety disorder	41,550	3,000	7,670	5,820	5,670	6,920	7,170	5,300
Depressive episode	23,770	1,730	4,380	3,300	3,240	3,980	4,110	3,030
Phobias	16,270	1,170	2,910	2,230	2,370	2,680	2,820	2,080
Obsessive compulsive disorder	8,870	630	1,590	1,220	1,270	1,470	1,560	1,140
Panic disorder	4,280	300	820	630	540	710	700	550
CMD-NOS	55,000	3,980	10,250	7,760	7,420	9,130	9,420	7,000
Any CMD	**119,890**	**8,650**	**22,220**	**16,840**	**16,330**	**19,930**	**20,600**	**15,280**

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

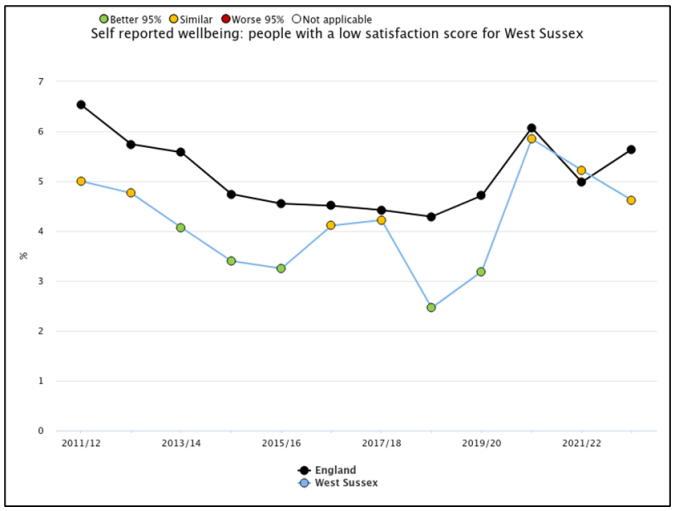
8.3.2 Overall Mental Health and Wellbeing of the Population

ONS measure individual or subjective wellbeing based on four questions:

- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

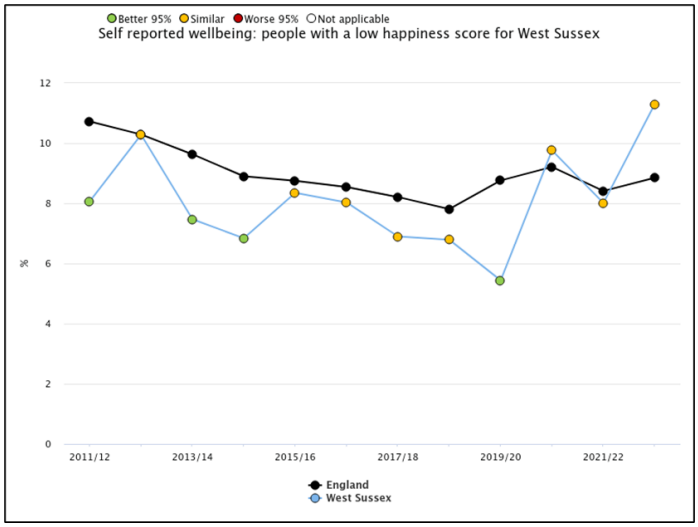
On life satisfaction - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low satisfaction score. This was an improvement in comparison with the previous 2 years, and is similar to the percentage in England overall.

Figure 77 ONS Wellbeing - Life Satisfaction



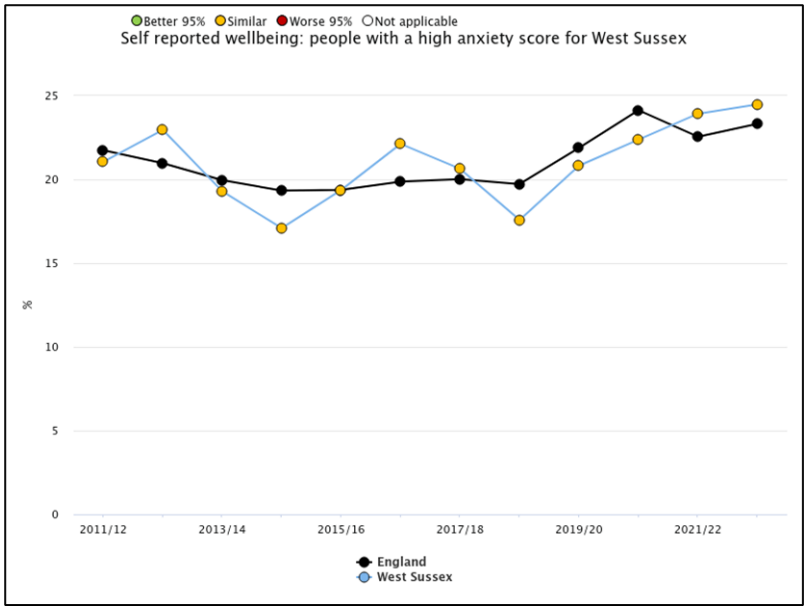
Happiness - In West Sussex, 11.3% of adults surveyed in 2022/23 had a low happiness score. This has been worsening in the last few years, and is similar to the percentage in England overall.

Figure 78 ONS Wellbeing - Happiness



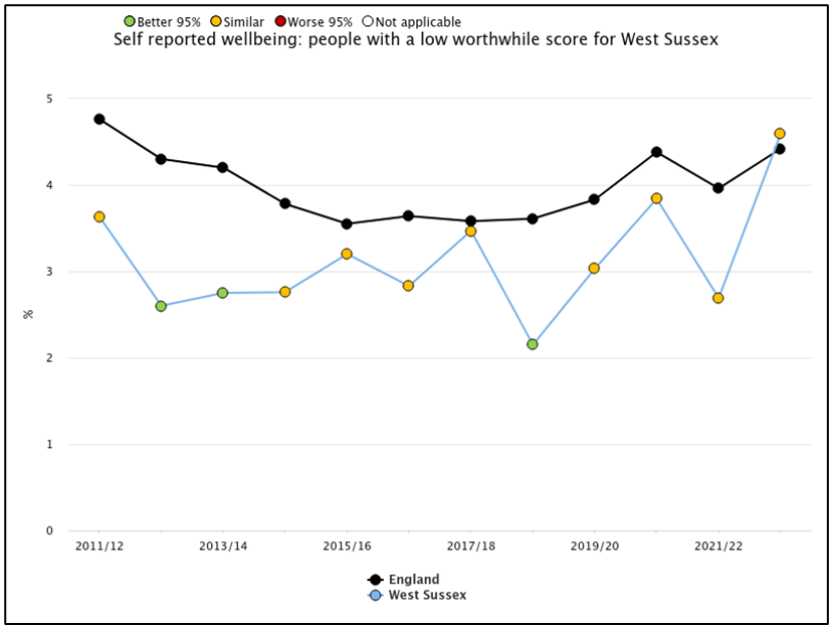
Anxiety - In West Sussex, the percentage of people with a high anxiety score has been increasing since 2019/20. In 2022/23, 24.5% of those surveyed had a high anxiety score, a similar percentage to England overall.

Figure 79 ONS Wellbeing - Anxiety



Worthwhile - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low worthwhile score, which is similar to the percentage in England overall.

Figure 80 ONS Wellbeing - Life is Worthwhile



8.3.3 Common Mental Health Disorders - Severity of Symptoms

APMS Description

- A CIS-R score of 12 or more is the threshold applied to indicate a level of symptoms to warrant primary care recognition
- CIS-R score of 18 or more denotes more severe or pervasive symptoms of a level very likely to warrant intervention such as medication or psychological therapy

Figure 81 Percentage of adults with CIS R score of 12 or more, England 2014

Clinical Interview Schedule – Revised (CIS-R) score	Age Group							
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
All adults								
18 or more	9.5	8.2	9.8	9.8	9.2	4.2	3.3	8.1
12 or more	17.3	17.2	17.9	18.0	17.1	10.2	8.1	15.7
Men								
18 or more	4.2	7.8	8.3	7.0	9.1	3.6	1.1	6.4
12 or more	9.1	15.3	15.1	13.2	14.9	7.3	5.3	12.2
Women								
18 or more	15.1	8.6	11.2	12.5	9.3	4.8	4.9	9.8
12 or more	26.0	19.1	20.6	22.7	19.1	12.9	10.0	19.1

Figure 82 Prevalence applied to West Sussex 2021 population estimates

	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Clinical Interview Schedule – Revised (CIS-R) score of **18 or more**								
Adur	500	550	790	890	780	320	250	4,080
Arun	1,290	1,450	1,740	2,030	2,130	980	790	10,410
Chichester	1,130	1,030	1,260	1,530	1,680	710	570	7,910
Crawley	1,110	1,510	1,850	1,530	1,220	370	230	7,820
Horsham	1,180	1,310	1,740	2,000	1,940	720	540	9,430
Mid Sussex	1,220	1,380	2,000	2,190	1,810	670	520	9,790
Worthing	920	1,090	1,390	1,530	1,350	520	420	7,220
West Sussex	**7,340**	**8,340**	**10,770**	**11,700**	**10,920**	**4,290**	**3,320**	**56,680**
	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
Clinical Interview Schedule – Revised (CIS-R) score of **12 or more**								
Adur	910	1,160	1,450	1,640	1,450	770	620	8,000
Arun	2,350	3,040	3,170	3,720	3,950	2,370	1,940	20,540
Chichester	2,050	2,170	2,310	2,810	3,130	1,710	1,390	15,570
Crawley	2,030	3,170	3,370	2,800	2,260	900	560	15,090
Horsham	2,150	2,760	3,180	3,670	3,600	1,750	1,340	18,450
Mid Sussex	2,220	2,890	3,650	4,020	3,370	1,640	1,270	19,060
Worthing	1,670	2,290	2,540	2,820	2,520	1,270	1,030	14,140
West Sussex	**13,370**	**17,490**	**19,670**	**21,490**	**20,290**	**10,420**	**8,150**	**110,880**

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10. Rounded to nearest 10.

8.4 Mental Health Treatment and Service Use

APMS Definition - The APMS asks people about their use of services and treatment. It is important to note that this is self-reported and data are not based on health records.

Services and treatment include medication; counselling and psychological therapy; the use of healthcare services for a mental health reason (GP, inpatient and outpatient health care); and day and community service use. This includes public services and private provision. In terms of CMD, data were also broken down into severity using scores on the Clinical Interview Schedule (CIS-R).

- CIS-R score of 12 or more: used to indicate the presence of clinically significant symptoms of CMD and identifies people with 'symptoms of CMD' sufficient to warrant recognition
- CIS-R score of 18 or more: used to indicate the presence of 'severe symptoms of CMD', sufficient to warrant intervention.

8.4.1 Treatment and Service Use – Key Findings from the National Survey

From national data we can consider who is more likely to seek and receive treatment:

- Severity of symptoms is a good predictor, and people with more severe symptoms are more likely to be in receipt of support
- Women are more likely to be in receipt of support/treatment than men, including after considering the overall difference in symptom severity
- Except for those aged 75 or above, younger adults were less likely to be receiving treatment than those over 35 years of age
- Black adults had lower treatment rates (6.5%) compared with White British adults receiving treatment (14.5%)

Figure 83 Treatment currently received for a mental or emotional problem, by severity of common mental disorder (CMD) symptoms, England 2014

	CIS-R Score				
Type of treatment	0-5	6-11	12-17	18+	All
No treatment	93.8	83.1	70.1	52.1	86.9
Medication only	5.4	13.7	23.8	30.3	10.1
Counselling or therapy only	0.6	2.4	3.3	6.0	1.5
Both medication and counselling	0.3	0.8	2.8	11.7	1.5
Any medication	5.7	14.5	26.7	41.9	11.6
Any counselling or therapy	0.9	3.2	6.1	17.6	3.0
Any treatment	**6.2**	**16.9**	**29.9**	**47.9**	**13.1**

Source: APMS 2014

8.5 Trauma

APMS Definition - Trauma events are experiences that either put a person, or someone close to them, at risk of serious harm or death. Examples include a major natural disaster, a serious car accident, being raped, or a loved one dying by murder or suicide.

For some people who experience trauma, they may go on to develop PTSD. This is a severe and disabling condition characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance. To screen for this the APMS uses a specific checklist[136]. Screening positive on this tool means that there are sufficient symptoms to warrant further investigation to identify whether the disorder is present.

8.5.1 Trauma – Key Findings from the National Survey

- The APMS 2014 found that one in twenty people screened positive for PTSD in the past month (4.4%). Approximately a third of adults (31.4%) reported that they had experienced some sort of trauma during their lifetime
- **Demographics –** Rates of PTSD were highest amongst younger adults. Rates for women diminished through the age groups and rates for males remained similar during working age, then declined in older age. There were higher rates of positive screening for PTSD amongst Black/Black British adults (9.3% screening positive)
- **Health –** Approximately half of people screened positive for PTSD were in receipt of treatment for a mental health problem
- **Family / Poverty** – Both positive screening for PTSD and trauma experienced over a lifetime was far higher among more deprived groups or people who are economically inactive

Figure 84 Estimated prevalence of post-traumatic stress disorder (PTSD) and experience of trauma, England 2014

All adults	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
PTSD screen positive	8.0	5.4	4.6	4.5	3.7	1.6	0.6	4.4
Trauma experienced (during lifetime)	25.2	29.6	31.5	35.3	35.0	32.3	29.5	31.4
Men								
PTSD screen positive	3.6	4.7	4.4	4.2	5.0	1.1	0.4	3.7
Trauma experienced (during lifetime)	17.9	28.7	33.7	38.6	35.8	34.8	30.6	31.5
Women								
PTSD screen positive	12.6	6.2	4.7	4.8	2.5	2.0	0.8	5.1
Trauma experienced (during lifetime)	32.8	30.5	29.4	32.1	34.1	29.9	28.7	31.2

Figure 85 Trauma – Prevalence Estimates for West Sussex based on 2014 APMS

	PTSD screen positive	Trauma experienced during lifetime
West Sussex	28,840	184,050
Adur	2,060	13,390
Arun	5,180	35,290
Chichester	3,990	26,540
Crawley	4,180	23,620
Horsham	4,760	30,630
Mid Sussex	4,970	31,220
Worthing	3,680	23,380

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

8.6 Psychotic disorder

APMS Definition - Psychotic disorders produce disturbances in thinking and perception that are severe enough to distort perception of reality. The main types of psychotic disorders are schizophrenia and affective psychosis. Due to low numbers, the APMS pooled results from the data from APMS 2007 and 2014 to provide insight into the characteristics of people with psychotic disorder. Two measures were estimated in the APMS:

- psychotic disorder in the past year (the main estimate used in the APMS analyses and in this report)
- probable psychotic disorder (a slightly higher estimate but included people who may have been in treatment and stable for many years.

Overall, less than one in a hundred people are estimated to have a psychotic disorder (in the past year).

Prevalence of psychotic disorder in the past year was highest amongst black men (3.2%) than men from other ethnic groups. There was no significant difference between women from different ethnic groups.

Figure 86 Prevalence of psychotic disorder, England 2014

	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	All Adults
Psychotic disorder in the past year								
Men	0.2	0.3	1.0	0.5	0.7	0.1	-	0.5
Women	0.5	0.8	0.9	0.5	0.8	0.3	0.2	0.6
All adults	0.4	0.6	1.0	0.5	0.7	0.2	0.1	0.5
Probable psychotic disorder								
Men	0.2	0.9	1.2	0.7	0.9	0.3	0.3	0.7
Women	0.7	1.1	1.1	1.0	0.6	0.3	0.1	0.8
All adults	0.5	1.0	1.1	0.8	0.8	0.3	0.2	0.7

Source: APMS 2014

Figure 87 Psychotic disorder – prevalence estimates for West Sussex based on APMS 2014

Area	Psychotic disorder in the past year
West Sussex	**3,710**
Adur	280
Arun	670
Chichester	500
Crawley	530
Horsham	610
Mid Sussex	640
Worthing	470

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

8.7 Neurodiversity – Data from the 2014 APMS on Autism and ADHD

People with neurodevelopmental conditions are more likely to experience poorer mental wellbeing and health.

8.7.1 Autism Spectrum Disorder

APMS Definition - autism spectrum disorder (autism), also referred to as ASD, are developmental disorders characterised by impaired social interaction and communication, severely restricted interests, and highly repetitive behaviours.

For the APMS 2014 self-reported data are collected, followed by a semi-structured assessment, which is carried out by a clinically trained research interviewer.

The APMS 2014 found an overall prevalence of autism of approximately 0.7%. However, to boost the overall sample size, survey data from 2007 and 2014 were combined and a prevalence estimate of 0.8% has been stated with a confidence interval of between 0.5% and 1.3% (95% CI). Men were estimated to have a higher prevalence than women.

Figure 88 Autism spectrum disorder (autism) prevalence, England

Autism	16-34 years	35-54 years	55-74 years	75+ years	All 16+
Men	2.6	0.2	2.0	0.7	1.5
CI lower limit	*1.1*	*0.1*	*0.9*	*0.2*	*0.8*
CI upper limit	*6.1*	*0.7*	*4.5*	*3.3*	*2.6*
Women	0.6	0.0	-	-	0.2
CI lower limit	*0.2*	*0.0*	-	-	*0.1*
CI upper limit	*1.9*	*0.3*	-	-	*0.6*
All adults	1.6	0.1	1.0	0.4	0.8
CI lower limit	*0.8*	*0.0*	*0.4*	*0.1*	*0.5*
CI upper limit	*3.3*	*0.4*	*2.1*	*1.7*	*1.3*

Figure 89 Autism spectrum disorder (ASD) – prevalence estimates for West Sussex based on 2014 APMS

Area	Estimate	*Lower Limit*	*Upper Limit*
West Sussex	**4,780**	***2,330***	***9,760***
Adur	350	*170*	*710*
Arun	920	*450*	*1,870*
Chichester	690	*340*	*1,410*
Crawley	610	*300*	*1,250*
Horsham	790	*390*	*1,620*
Mid Sussex	810	*400*	*1,650*
Worthing	610	*300*	*1,240*

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

8.7.2 Attention-deficit/hyperactivity disorder (ADHD)

APMS Definition - Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder defined by the core dimensions of inattention, hyperactivity and impulsiveness. Characteristic symptoms and behaviours include significant and enduring difficulties with organisation and planning, distractibility, forgetfulness, over-activity, restlessness and impulsiveness, to an extent that causes significant distress or significantly interferes with everyday functioning.

The APMS uses the Adult ADHD Self-Report Scale (ASRS). Adults who scored four or more on this scale (described in the APMS as the threshold at which clinical assessment for ADHD may be warranted) were considered positive for ADHD.

Overall, approximately one in ten people are estimated to have ADHD, with similar rates for men and women.

Positive screening is higher amongst young people, people living alone and those without qualifications and who are economically inactive.

Figure 90 Prevalence of attention-deficit/hyperactivity disorder (ADHD) (characteristics present in the past six months), percentage by age group, England 2014

ASRS score of 4 or more	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	All
All adults	14.6	12.2	10.5	10.7	9.0	4.2	3.4	9.7
Men	15.2	15.2	9.3	9.9	8.7	3.4	3.3	10.0
Women	14.1	9.1	11.7	11.4	9.2	5.0	3.5	9.5

Figure 91 Attention-deficit/hyperactivity disorder (ADHD) (characteristics present in the past six months) - prevalence estimates for West Sussex

	ADHD
West Sussex	**71,070**
Adur	5,170
Arun	13,630
Chichester	10,250
Crawley	9,120
Horsham	11,820
Mid Sussex	12,050
Worthing	9,030

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

8.8 Personality disorder

APMS Definition - Personality disorders are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are the two types considered for public and mental health policies and treatment.

ASPD is characterised by a pervasive pattern of disregard for and violation of the rights of others in people aged at least 18, which has persisted since the age of 15.

BPD is characterised by high levels of personal and emotional instability associated with significant impairment.

Overall, approximately 14% of people screened positive for any personality disorder, and rates were similar between men and women.

Men are more likely to screen positive for ASPD than women. Positive screening for ASPD declines with age.

Positive screening for personality disorders is higher among people who live alone and those not in employment or in receipt of benefits.

Figure 92 Prevalence of personality disorder - percentage by age group, England 2014

	16/18-24 years	25-34 years	35-54 years	55-74 years	75+ years	All Adults
Any Personality Disorder	22.4	17.0	12.8	9.4	8.0	13.7

Figure 93 Antisocial personality disorder and borderline personality disorder, England 2014

	16/18-24 years	25-34 years	35-54 years	55-64 years	All Adults
All					
Antisocial (ASPD)	4.9	4.6	2.4	2.2	3.3
Borderline (BPD)	5.7	2.3	1.5	1.0	2.4
Men					
Antisocial (ASPD)	6.4	6.6	3.6	4.1	4.9
Borderline (BPD)	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

Figure 94 Personality disorders – prevalence estimates for West Sussex

	Any Personality Disorder	Antisocial personality disorder	Borderline personality disorder
West Sussex	**99,550**	**16,890**	**12,580**
Adur	7,260	1,210	900
Arun	19,170	2,980	2,220
Chichester	14,410	2,290	1,700
Crawley	12,820	2,500	1,860
Horsham	16,630	2,800	2,090
Mid Sussex	16,950	2,940	2,200
Worthing	12,700	2,170	1,610

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10.

8.9 Bipolar disorder

APMS Definition - bipolar disorder, previously known as manic depression, is a common, lifelong, mental health condition characterised by recurring episodes of depression and mania. It is associated with significant impairment.

Overall, 2.0% of survey participants screened positive for bipolar disorder, with no difference between men and women.

There was a strong tailing off in terms of age, with highest rates amongst younger adults.

Figure 95 Bipolar disorder, England 2014

	16-24	25-34	35-44	45-54	55-64	65-74	75+	All
All	3.4	3.1	2.4	1.6	1.5	0.4	-	2.0
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

Source: APMS 2014

Figure 96 Bipolar disorder - prevalence estimates for West Sussex

Area	Prevalence of bipolar disorder
West Sussex	13,130
Adur	950
Arun	2,520
Chichester	1,890
Crawley	1,690
Horsham	2,180
Mid Sussex	2,230
Worthing	1,670

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10

8.10 Alcohol Dependence and Drug Dependence

APMS Definition - Alcohol Dependence

The APMS uses Alcohol Users Identification Test (AUDIT) tool, this uses 10 questions around different aspects of drinking, including level of consumption, alcohol related harm and symptoms of dependency (such as morning drinking). The tool groups respondents into different categories:

- Non-drinker or low risk drinkers
- Hazardous drinkers
- Harmful drinkers and/or mild dependent drinkers

- An AUDIT score of 20+ suggests probable dependence

APMS Definition - Drug Dependence

WHO define drug misuse as the use of a substance for a purpose not consistent with legal or medical guidelines, such as non-medical use of prescription medications or the recreational use of illegal drugs which can lead to problematic drug use, including dependence.

The International Classifications of Diseases (ICD10) includes a number of classifications for dependent drug use. These utilise diagnostic criteria centred on

- Preoccupation with substance use
- sense of need or dependence
- impaired capacity to control substance-taking behaviour
- increased tolerance
- withdrawal symptoms,
- and persistent substance use despite evidence of harm

Overall alcohol and drug dependence is higher among men than women. Alcohol dependence higher in the 25 to 44 age group and drug dependence is higher in younger adults.

Figure 97 Prevalence of alcohol dependence by age, England 2014

AUDIT score of 20+	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	All Adults
All	1.5	1.7	2.0	1.2	0.8	0.3	0.3	1.2
Men	2.0	3.0	3.1	1.8	1.1	0.5	0.6	1.9
Women	1.1	0.5	0.9	0.7	0.6	0.1	-	0.6

Figure 98 Drug dependence in the past year, England 2014

	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	All Adults
All	8.3	5.0	3.2	1.6	1.0	0.3	0.1	3.1
Men	11.8	6.6	4.0	2.3	1.3	0.3	0.3	4.3
Women	4.6	3.4	2.5	1.0	0.8	0.3	-	1.9

Figure 99 Alcohol and drug dependence - prevalence estimates for West Sussex

Area	Alcohol Dependence	Any Drug Dependence
West Sussex	**9,480**	**22,420**
Adur	690	1,630
Arun	1,820	4,300
Chichester	1,370	3,230
Crawley	1,220	2,880
Horsham	1,580	3,730
Mid Sussex	1,610	3,800
Worthing	1,200	2,850

8.11 Suicidal thoughts, suicide attempts and self-harm.

APMS Definition - The APMS has included questions relating to thinking about suicide; making a suicide attempt with the intention of taking one's own life; and harming oneself without the intent to die. These are explored by the following questions:

- Have you ever thought of taking your life, even though you would not actually do it?
- Have you ever made an attempt to take your life, by taking an overdose of tablets or in some other way?
- Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?

A positive response to any of these questions is then followed up with a question on whether this last occurred in the past week, the past year, or longer ago.

One in five adults stated that they had had suicidal thoughts at some time in their life. This was more common amongst women compared with men, and highest amongst people aged under 65 years.

Young women were more likely to report suicide attempts and had notably higher rates of self-harming, with one in four women aged 16 to 24 years reporting self-harm. Lifetime suicidal thoughts did not differ across people from different ethnic backgrounds.

Figure 100 Prevalence of suicidal thoughts, suicide attempts and self-harm by age and sex, England 2014

	16-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years	All Adults
All adults								
Suicidal thoughts	26.8	22.6	21.9	23.7	22.7	11.8	8.1	20.6
Suicidal 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
Men								
Suicidal thoughts	19.3	21.1	21.1	20.7	22.5	11.9	7.1	18.7
Suicidal 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
Suicidal 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

Figure 101 Suicidal thoughts, suicide attempts and self-harm estimates for West Sussex

Area	Suicide Attempts	Self-harm	Suicidal Thoughts
West Sussex	**49,200**	**53,500**	**150,060**
Adur	3,580	3,890	10,910
Arun	9,440	10,260	28,780
Chichester	7,100	7,720	21,640
Crawley	6,310	6,870	19,250
Horsham	8,180	8,900	24,960
Mid Sussex	8,350	9,080	25,450
Worthing	6,250	6,800	19,060

Source: APMS 2014, ONS Population Estimates 2021. Figures rounded to nearest 10

8.12 Comorbidity in mental and physical illness.

APMS - The APMS examines the co-existence of mental health problems against five chronic physical health conditions. These are:

- Asthma
- Cancer
- Diabetes
- Epilepsy
- High blood pressure

Figure 102 Co-existing physical health conditions by severity of common mental health problem, England 2014

Physical Health Conditions	Severity of symptoms of common mental disorder (CIS-R score)				
	0-5	6-11	12-17	18+	All
Asthma	7.2	10.1	12.9	14.5	8.7
Cancer	1.3	2.2	2.1	2.8	1.6
Diabetes	5.2	7.4	6.8	9.1	6.0
Epilepsy	0.4	1.2	1.4	1.1	0.7
High blood pressure	15.9	18.4	17.6	21.3	16.9
Any of these	25.3	31.5	30.8	37.6	27.7
None of these	74.7	68.5	69.2	62.4	72.3

8.13 Dementia Prevalence

The number of people living with dementia in West Sussex is increasing due to longer life expectancies and a demographic bulge of people moving into old age.

A national study found that age-specific dementia incidence was declining between 2002-10 but increased again between 2010-19. People with low education had a lower decrease between 2002-10 and a sharper increase between 2010-19.

Figure 103 Estimated number of people with dementia in 2023 and 2028

West Sussex	2023	2028	Increase 2023-2028	% increase 2023-2028
All dementia	14,830	16,630	1,800	12%
Late Onset - Mild	8,060	9,060	1,000	12%
Late Onset - Moderate	4,670	5,260	590	13%
Late Onset - Severe	1,840	2,050	210	11%
Alzheimer's disease	9,190	10,310	1,120	12%
Vascular dementia	2,520	2,830	310	12%
Mixed (AD and VD)	1,480	1,660	180	12%
Dementia with Lewy bodies	590	670	80	14%
Frontotemporal dementia	300	330	30	10%
Parkinsons' dementia	300	330	30	10%
Other	440	500	60	14%

8.13.1 Early Onset Dementia

The number of people developing early-onset dementia is projected to remain stable over time.

Figure 104 People aged 30-64 predicted to have early onset dementia 2025 and 2030

Sex	Age of onset	2025	2030
Male	30-39	4	4
	40-49	11	11
	50-59	75	71
	60-64	61	64
	Total aged 30-64	**151**	**150**
Female	30-39	5	5
	40-49	14	14
	50-59	49	47
	60-64	39	40
	Total aged 30-64	**107**	**106**

Source: poppi.org.uk

In West Sussex an estimated 90 residents with Down's Syndrome are estimated to have dementia, the majority aged 65+ years. This is projected to remain stable over the next 20 years.

Figure 105 People with Down's Syndrome in West Sussex Projected to Have Dementia by 2030

Age of onset	2025	2030
45-54	4	4
55-64	11	11
65+	75	71

Source: pansi.org.uk

8.14 Alcohol Related Brain Damage (ARBD)

There is a need to establish accurate prevalence figures and epidemiological profiles for ARBD patients and those at 'high risk'. While it may not be possible to give a robust estimate of the number of people in West Sussex with ARBD, some recent studies have successfully used hospital admission figures to examine trends in patients diagnosed with ARBD-related conditions in hospital.

There are a number of challenges in estimating ARBD prevalence nationally and locally, including:

- The absence of a standard diagnostic tool for ARBD
- Problems in underdiagnosis and mixed coding in clinical settings
- A lack of professional knowledge of ARBD among professionals
- Underdiagnosis of ARBD in the community. Failure to present at services, for reasons including stigma is common

Previous research found that around 35% of dependent drinkers have some form of ARBD[137]. Applying this rate to the estimated number of adults with probable dependent drinking in West Sussex Alcohol Health Equity Audit[138] provides a provisional estimate of 2,739 residents with possible ARBD. 12% of people with ARBD have been found to have Wernick-Korsakoff syndrome, an estimated 329 residents in West Sussex.

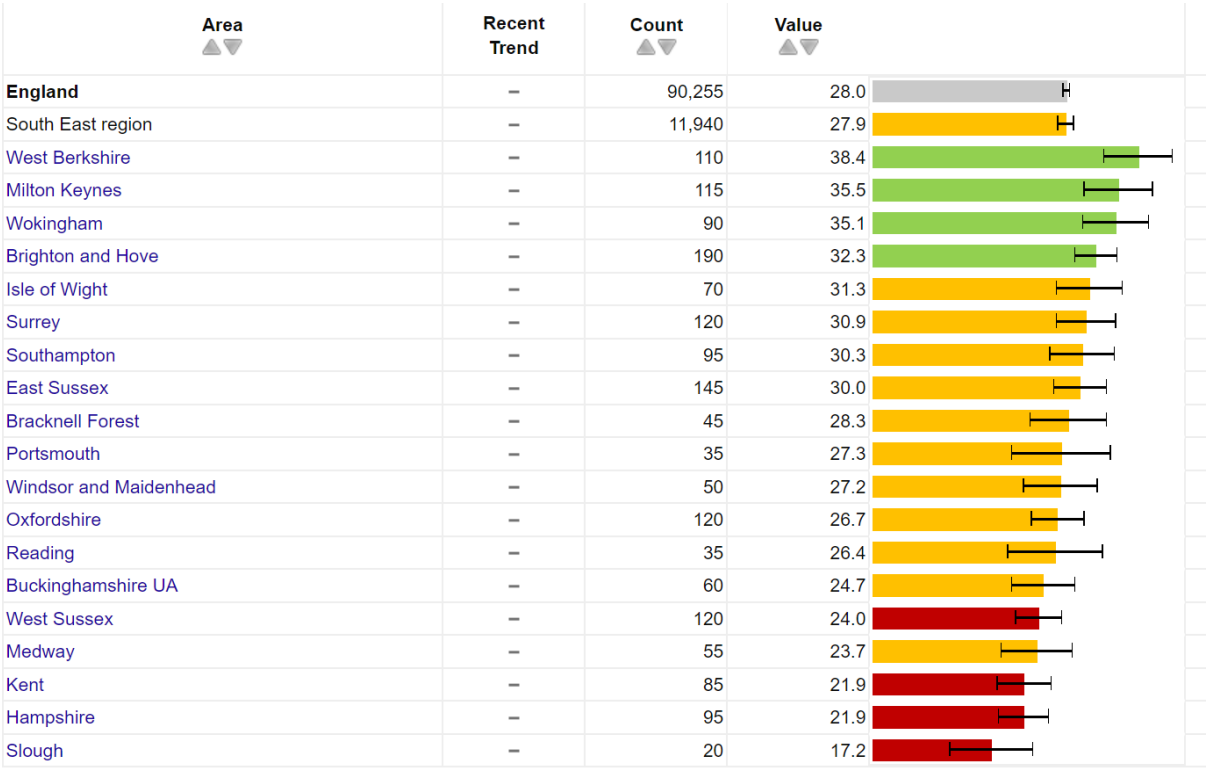
Figure 106 Provisional estimates of ARBD prevalence in West Sussex

Adults with probable dependent drinking	of which possible ARBD		of which have Wernick-Korsakoff syndrome	
	%	no.	%	no.
7,825	35	2,739	12	329

8.15 Social isolation and loneliness

Figure 107 Social isolation and loneliness

Area	Recent Trend	Count	Value
England	–	90,255	28.0
South East region	–	11,940	27.9
West Berkshire	–	110	38.4
Milton Keynes	–	115	35.5
Wokingham	–	90	35.1
Brighton and Hove	–	190	32.3
Isle of Wight	–	70	31.3
Surrey	–	120	30.9
Southampton	–	95	30.3
East Sussex	–	145	30.0
Bracknell Forest	–	45	28.3
Portsmouth	–	35	27.3
Windsor and Maidenhead	–	50	27.2
Oxfordshire	–	120	26.7
Reading	–	35	26.4
Buckinghamshire UA	–	60	24.7
West Sussex	–	120	24.0
Medway	–	55	23.7
Kent	–	85	21.9
Hampshire	–	95	21.9
Slough	–	20	17.2



Source: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers, NHS Digital

9 Community Health Survey – Your Health Matters 2024

In 2024 a local survey was conducted in West Sussex called the Your Health Matters survey. This survey randomly sampled households across the county and centred on questions of health and wellbeing.

In order to understand health inequalities across the county, the sampling strategy for this survey focused on poverty. Addresses were divided into five groups according to area deprivation and for each quintile at least 1,000 responses from households were obtained.

Provisional results are shown below for questions related to mental health and wellbeing. These analyses show a clear social gradient in relation to mental wellbeing and loneliness.

The full results and analysis of this survey will be released later in 2024.

9.1 Questions included relating to Mental Health and Wellbeing

9.1.1 Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

This scale enables monitoring of mental wellbeing in the general population and can be used in the evaluation of interventions that aim to improve mental wellbeing. It is comprised of seven questions:

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

In the UK SWEMWBS has a mean score of 23.5 (standard deviation of 3.9 in UK general population samples).

SWEMWBS has been benchmarked on PHQ-9[xv] and GAD-7, and using the cut points of PHQ-9 = 5 and PHQ-9 =10 this analysis suggests that:

- A score of >18-20 is indicative of possible mild depression
- A score of 18 or less is indicative of probable clinical depression
- Scores above 28 would be within the top 15% of scores

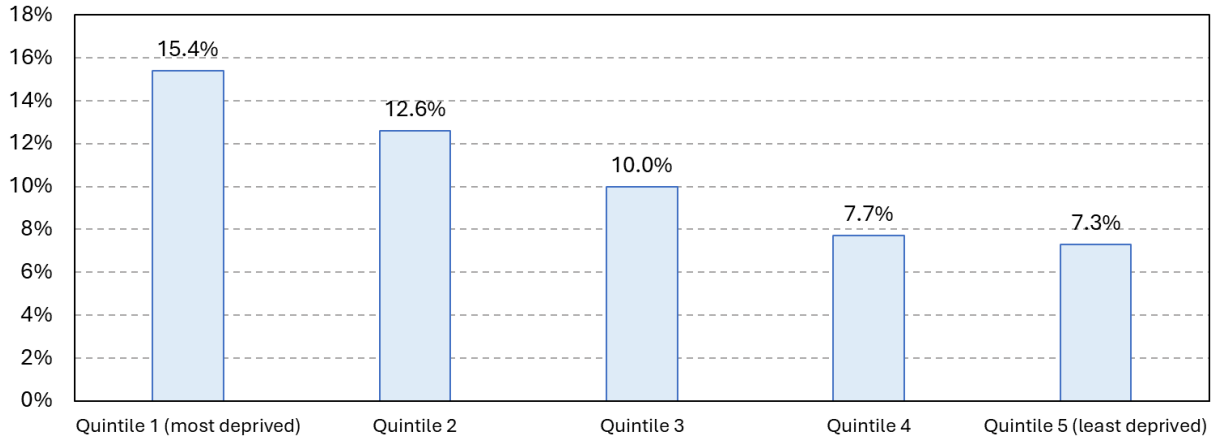
Provisional results from the community survey show a social gradient, notably on the low scores of the SWEMWEB, with 15% of respondents from the most deprived neighbourhoods having scored below 18, compared with 7% in the least deprived areas.

[xv] PHQ-9 refers to the nine item Patient Health Questionnaire used to screen patients for depressive symptoms in primary care settings.

Figure 108 West Sussex survey provisional results - SWEMWEB

	Quintile 1 (Respondents from most deprived neighbourhoods)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (Respondents from Least deprived neighbourhoods)
Mean Score	22.94	23.07	23.93	24.14	24.12
% at 28 or above	15.5%	14.2%	19.8%	18.8%	20.4%
Scores > 18-20	16.4%	16.1%	12.5%	14.0%	14.3%
Score 18 <	15.4%	12.6%	10.0%	7.7%	7.3%

Figure 109 percentage of respondents with SWEMWEB score of 18 <



9.1.2 De Jong Gierveld Scale - Loneliness

The six-item De Jong Gierveld Scale is used to measure emotional and social loneliness. It is compromised of the following questions, three of which are negatively , and three positively framed:

- I experience a general sense of emptiness
- I miss having people around
- I often feel rejected
- There are plenty of people I can rely on when I have problems
- There are many people I can trust completely
- There are enough people I feel close to

Responses to these questions are combined to produce a scale from 0 to 6, where 0 is least lonely and 6 is most lonely. For this provisional analysis a score of 6 has been used to signify loneliness.

Figure 110 Provisional percentage of respondents lonely - by IMD Quintile

	Quintile 1 (Respondents from most deprived neighbourhoods)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (Respondents from the Least Deprived Neighbourhoods
% lonely	10.6%	10.5%	7.2%	6.7%	6.8%

9.1.3 Quality of Sleep

A single question was asked in relation to quality of sleep:

During the past month, how would you rate the quality of your sleep overall?

Figure 111 Provisional percentage of respondents' sleep quality

	Quintile 1 (Most deprived households)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (
Net - Good	63.0%	61.0%	69.0%	70.0%	70.0%
Net - Bad	36.0%	38.0%	31.0%	29.0%	30.0%
Very good	14.0%	13.0%	15.0%	16.0%	15.0%
Fairly good	49.0%	48.0%	54.0%	54.0%	55.0%
Fairly bad	22.0%	27.0%	23.0%	23.0%	24.0%
Very bad	13.0%	11.0%	7.0%	6.0%	6.0%
Don't know	1.0%	0.0%	1.0%	0.0%	0.0%
Prefer not to say	1.0%	0.0%	0.0%	0.0%	0.0%

A more detailed analysis, including cross tab tables with other behaviours and characteristics will be carried out in summer of 2024.

10 Recorded Prevalence

Key Points

Recorded prevalence relates to people who have had a diagnosis from a healthcare professional. We know that not everyone with a mental health condition or problem will have been diagnosed.

GP Registers

- In 2022/23 there were 9,050 people on the severe mental illness (SMI) GP registers, this represented 0.97% of registered patients. In a single year the list had grown by approximately 490 patients
- In 2022/23 there were 102,430 people recorded with depression on GP registers, this represented 13.6% of registered patients aged 18+ years. There was 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 represented 0.6% of the registered patients. There was a year-on-year increase of 135 people
- In January 2024 there were 9,365 people with a recorded diagnosis of dementia

Children and Young People

Outside of specific disease/condition registers there are some proxy datasets which provide information on the numbers of children known to services with mental health problems or at high risk of poorer mental health.

Dynamic Support Register

- As of October 2023, there were 138 children and young people on the children and young person's dynamic support register (who are at high risk of a mental health admission)

Children with SEN

- In 2022/23 4.1% of pupils had an Education Health and Care Plan (EHCP). Of these 1,065 had autism as a primary care need, 425 a moderate Learning difficulty, 430 a severe difficulty, 812 with a social, emotional, and mental health need.

Children in Need and Assessments

- Mental health of a parent is the most frequently cited factor identified at the end of assessment and was identified in 2,500 assessments in 2022/23 in relation to mental health of a parent/carer, and in 1,146 assessments in terms of mental health of the child.

People in Contact with Secondary Mental Health Services

- In 2022/23 nationally published data show that 6.8% of children and young people (9.3% in England) and 3.9% of adults (England, 5.5%) were in contact with mental health services.

10.1.1 Severe Mental Illness (SMI)

- In 2022/23 there were 9,050 people on the severe mental illness (SMI) GP registers, representing 0.97% of registered patients. Nationally 1.0% of registered patients are on the mental health register
- In a single year the list had grown by approximately 490 patients

In terms of *percentage* of the patient list on the SMI register, Cissbury Integrated Care PCN was highest with 1.6%. The PCN with the highest *number* of patients on the register is Chichester Alliance PCN - 933 patients.

Figure 112 General Practice SMI register West Sussex PCNs 2022/23

PCN name	Prevalence (%)	Register 2022/23
Cissbury Integrated Care PCN	1.6%	774
Bognor Coastal Alliance PCN	1.3%	474
Central Worthing Practices PCN	1.3%	543
Angmering Coppice Fitzalan (Acf) PCN	1.3%	371
Regis Healthcare PCN	1.1%	715
Lancing And Sompting PCN	1.0%	300
Shoreham And Southwick PCN	1.0%	375
Chichester Alliance Of Medical Practices PCN	1.0%	933
Haywards Heath Central PCN	1.0%	235
Crawley Care Collaborative PCN	1.0%	458
Coastal And South Downs PCN	0.9%	299
Arun Integrated Care (Aic) PCN	0.9%	321
Horsham Central PCN	0.9%	502
East Grinstead PCN	0.8%	387
South Crawley PCN	0.8%	356
Burgess Hill & Villages PCN	0.8%	403
Chanctonbury PCN	0.8%	380
Healthy Crawley PCN	0.8%	389
Horsham Collaborative PCN	0.8%	257
Rural North Chichester PCN	0.7%	285
Haywards Heath Villages PCN	0.7%	293

Source: NHS Digital QOF

10.1.2 Depression

- In 2022/23 there were 102,430 people recorded with depression on GP registers, this represented 13.6% of registered patients aged 18+ years
- There was a year-on-year increase of approximately 4,800 people

10.1.3 Learning Disability

- In 2022/23 there were 5,412 people with a learning disability (including autism) on GP registers. This represented 0.6% of the registered patients.
- There was a year-on-year increase of 135 people

10.1.4 Dementia Diagnosis

The NHS publish both the existing register and the gap between the register and an estimated number of people with dementia in the local area.

On GP registers in January 2024 there were 9,365 people with a recorded diagnosis. Of these:

- 4,845 recorded as Alzheimer's
- 320 mixed type of dementia
- 3,415 other dementia type
- 815 vascular dementia

The majority are women (63%) over the age of 80 years.

Figure 113 recorded dementia by age and sex

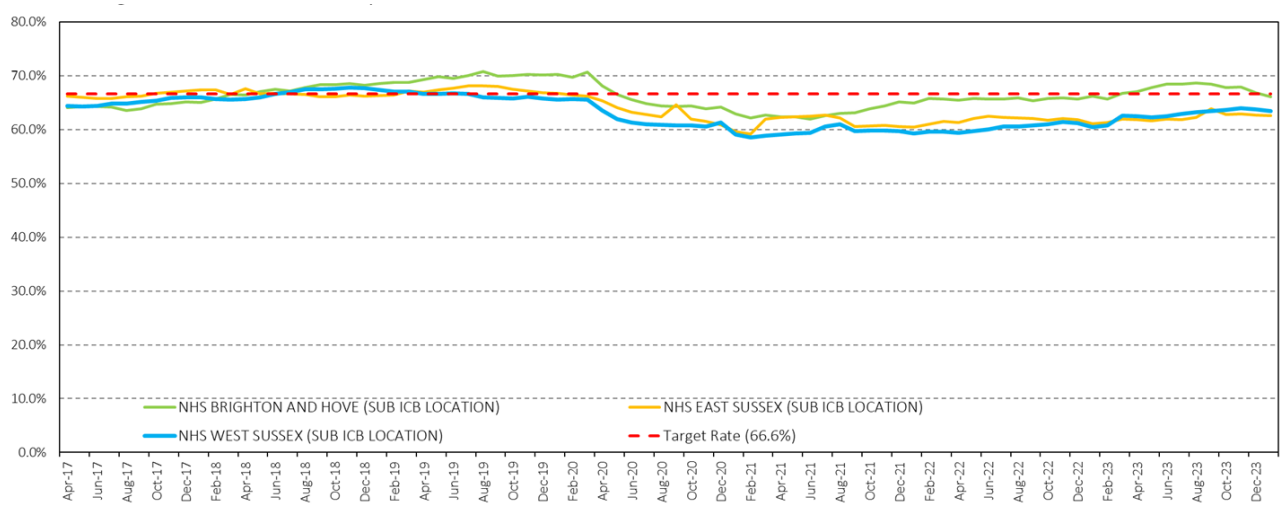
Source: NHS Digital

NHS England estimate the recorded and "expected" level of dementia diagnosis to identify the potential level of undiagnosed disease. This is defined as the rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia, given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II.

In West Sussex (January 2024) 63.5% of those aged 65 or over, who were estimated to have dementia, have a coded diagnosis. This equates to 9,367 people (out of an estimated 14,756 with dementia) who have a recorded diagnosis.

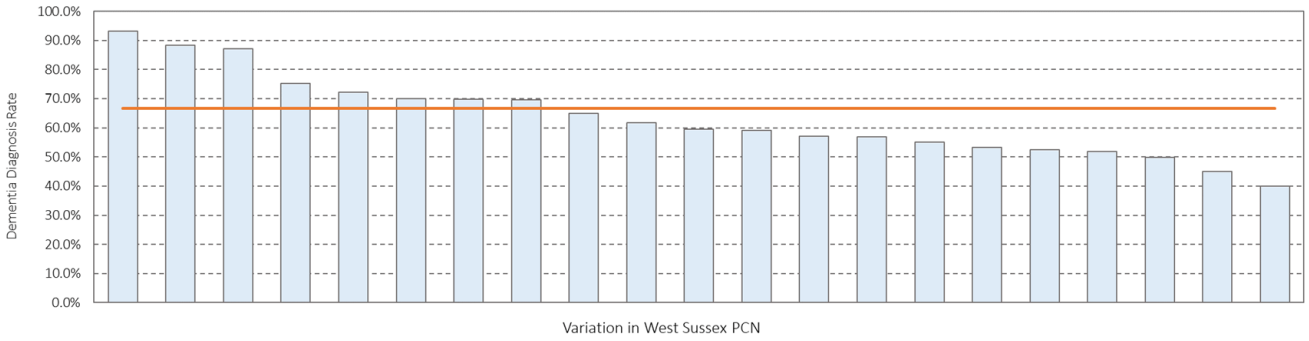
The January 2024 diagnosis rate was an improvement compared with January 2023 (60.5% diagnosis rate) but has yet to recover to pre pandemic levels.

Figure 114 Diagnosis rate April 2017 to Jan 2024



There was a considerable variation in diagnosis rates across the PCNs within West Sussex, with some PCNs having rates of 50% or below.

Figure 115 - West Sussex PCN level dementia diagnosis rate – December 2023



10.2 Other Registers

10.2.1 Dynamic Support Register

NHS England Description

Dynamic support registers (DSRs) are the mechanism for local systems to identify children, young people and adults (with consent) who are at risk of admission to mental health inpatient services without access to timely dynamic support.

They provide the tool to:

- use risk stratification to identify people at risk of admission to a mental health hospital
- work together to review the needs of each person registered on the DSR
- mobilise the right support (for example, a Care (Education) and Treatment Review, referral to a keyworker service for children and young people, extra support at home) to help prevent the person being admitted to a mental health hospital

Key Points

- All local areas required to have DSRs (for 0 to 18 year-olds and 18+).
- The purpose is to register those at risk of needing hospital admission (to mental health beds) or high-level care. The overall aim of the register is to better support people to remain in the community, and ensure that services are in place to promote stability and/or respond to changing risk.
- People on the DSR have been diagnosed with a learning disability and/or autism. Many will also have co-morbidities, particularly in terms of mental health conditions.
- There are registers for each of Brighton and Hove, East Sussex and West Sussex, but overall governance is under NHS Sussex (ICB).
- The governance and development of this under NHSE, who set minimum standards and definitions. However, the requirement is that there is a register in place, and there are none related to the specific format or running of the register.
- People on the register have a key/lead worker, risk is rated (RAG) in terms of escalating risk (and rated blue if they are an in-patient).
- While it would be expected that some children transfer from the 0 to 18 to the 18+ register (for example children with a learning disability) this may not always be the case
- The register is voluntary.
- **As of October 2023, there were 138 children and young people on the CYP register in West Sussex. They represent a complex group with high-level needs.**

10.3 Other Recording

10.3.1 SEND

In 2022/23, 4.1% of pupils in West Sussex had an Education Health and Care (EHC) plan, compared to 4.3% nationally.

The number of children with Education, Health and Care (EHC) plans has continued to increase year on year (there are 1,453 more pupils with EHC plans in 2022/23 than in 2017/18).

Figure 116 Pupils with SEN and EHC Plans

	England	West Sussex
EHC plans	389,171	5,360
EHC plans - % of pupils	4.3%	4.1%
SEN support/SEN without an EHC plan	1,183,384	19,914
SEN support/SEN without an EHC plan - % of pupils	13.0%	15.2%

Source: DfE

West Sussex has a higher proportion of children where speech, language and communications needs are recorded as the primary need, and a lower percentage of autism, compared to England. Note: this may reflect access to diagnosis.

Figure 117 Primary Needs - Pupils with EHC

With EHC	England	%	West Sussex	%
Autistic Spectrum Disorder	115,984	32.2%	1,065	21.9%
Hearing Impairment	6,242	1.7%	71	1.5%
Moderate Learning Difficulty	32,898	9.1%	425	8.7%
Multi- Sensory Impairment	1,207	0.3%	20	0.4%
Other Difficulty/Disability	8,756	2.4%	156	3.2%
Physical Disability	14,324	4.0%	227	4.7%
Profound & Multiple Learning Difficulty	10,120	2.8%	79	1.6%
Severe Learning Difficulty	31,322	8.7%	430	8.9%
Social, Emotional and Mental Health	54,598	15.2%	812	16.7%
Specific Learning Difficulty	14,824	4.1%	218	4.5%
Speech, Language and Communications needs	66,287	18.4%	1,311	27.0%
Visual Impairment	3,780	1.0%	44	0.9%

Figure 118 Primary Needs - Pupils without EHC

Without EHC	England	%	West Sussex	%
Autistic Spectrum Disorder	90,779	8.7%	851	5.2%
Hearing Impairment	16,947	1.6%	192	1.2%
Moderate Learning Difficulty	189,375	18.2%	2,596	15.8%
Multi- Sensory Impairment	3,230	0.3%	42	0.3%
Other Difficulty/Disability	43,763	4.2%	1,041	6.3%
Physical Disability	22,479	2.2%	361	2.2%
Profound & Multiple Learning Difficulty	824	0.1%	8	0.0%
Severe Learning Difficulty	2,277	0.2%	23	0.1%
Social, Emotional and Mental Health	229,723	22.0%	3,258	19.8%
Specific Learning Difficulty	155,238	14.9%	3,657	22.3%
Speech, Language and Communications needs	278,596	26.7%	4,288	26.1%
Visual Impairment	9,913	1.0%	116	0.7%

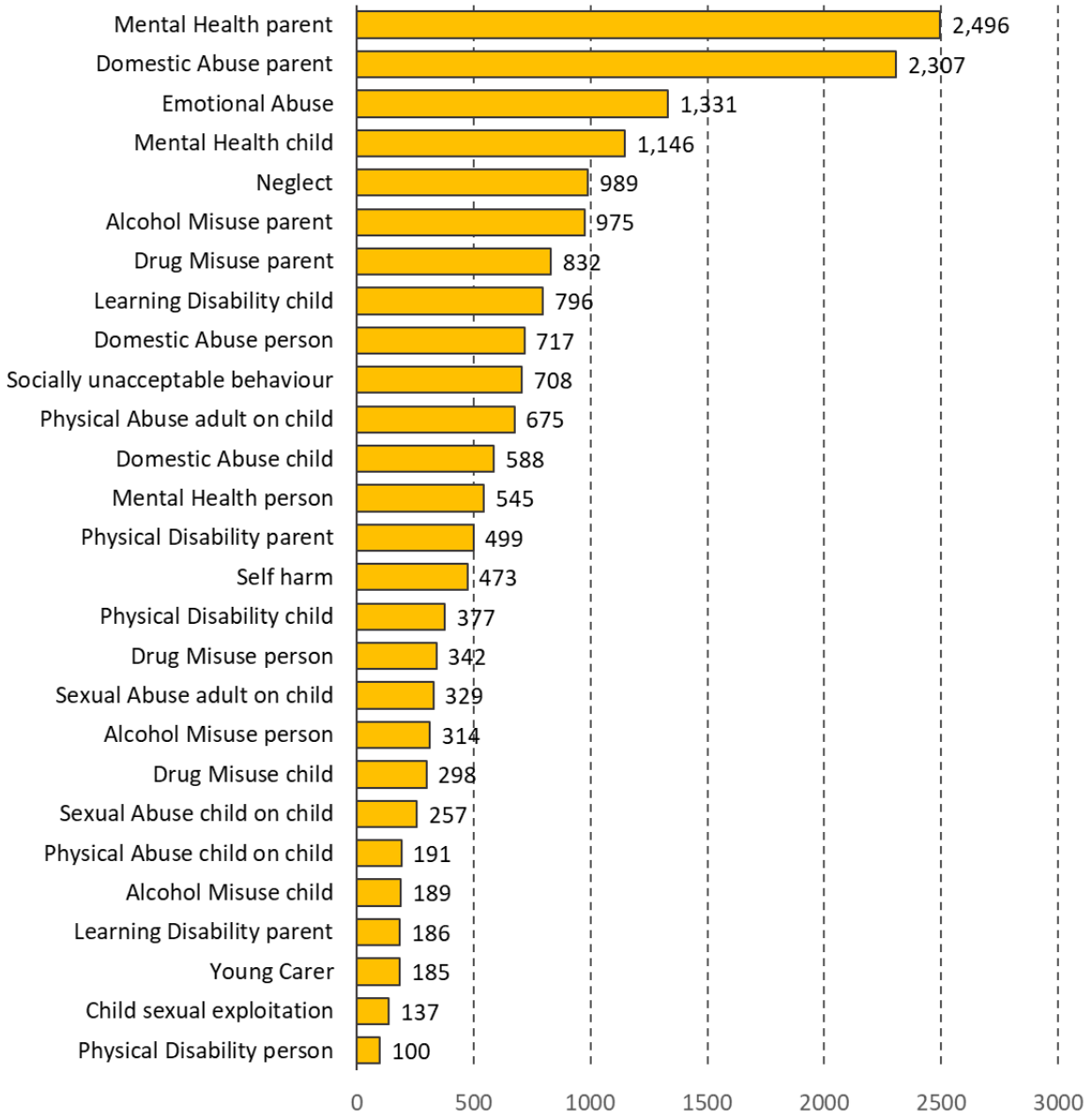
Source: DfE

10.3.2 Children in Need

Department for Education definition - Children in Need are a legally defined group of children (under the Children Act 1989), assessed as needing help and protection as a result of risks to their development or health. This group includes children on child in need plans, children on child protection plans, children looked after by local authorities, care leavers and disabled children.

Mental health of a parent is the most frequently cited factor identified at the end of assessment.

Figure 119 Factors identified at the end of assessment 2022



Source: DfE. Note only those factors with incidence of 100 or more included in this figure

10.3.3 Early Help Services in West Sussex

An analysis of assessed needs and risk factors of families engaged with Early Help services identified mental health as a key concern among the almost 8,900 cases opened in a four-year period (2020-2023)

- 11% referenced parental substance misuse
- 21% with parents needing mental health support
- 3% referenced concurrent substance misuses and mental health needs
- 5% referenced child substance misuse issues
- 68% with a child needing mental health support
- 4% referenced concurrent substance misuse and mental health needs
- 9% referenced family at risk of homelessness

10.4 Contact with Secondary Mental Health Services – West Sussex Compared with England

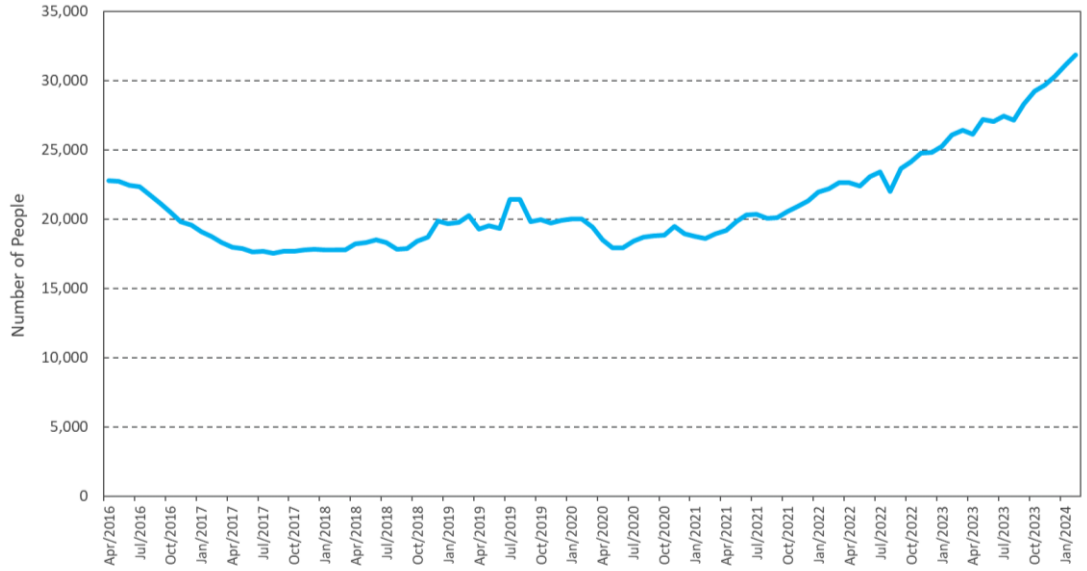
Data in the following tables are taken from the NHS Digital Monthly Statistics

https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics

Data are published every month on a range of metrics. Some caution is needed in using this information as the data does not include people being treated only in primary care (including those on being prescribed medication), people in receipt of NHS Talking Therapies, and many do not include some people treated for a mental health problem where the intervention is not funded by the NHS.

A time series is shown for the overall metric of people in contact with services (MHS01) in February 2024. According to the NHS Digital statistics almost 32,000 people in West Sussex were in contact with services and a 22% increase between February 2023 and February 2024.

Figure 120 People in contact with secondary mental health services April 2016 to February 2024



Source: NHS Digital (MHS01)

Annual data (as published by NHS Digital) has been used as a benchmark, to enable comparisons with England overall and comparable areas.

Figure 121 2022/23 NHS Digital benchmarks

	West Sussex	England
Percentage of children and young people in contact with mental health services	6.8%	9.3%
Percentage of adults people in contact with mental health services	3.9%	5.5%

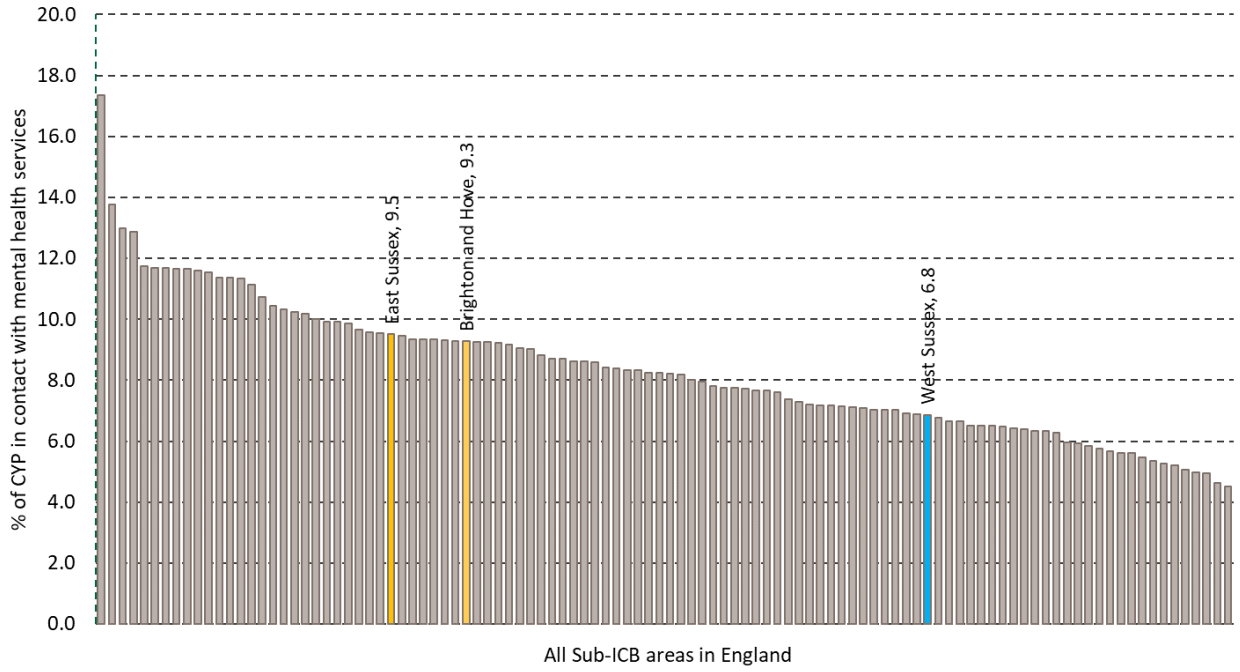
Source: NHS Digital

In comparison to other sub-ICB areas, West Sussex has a relatively low percentage of children and adults in contact with mental health services.

In West Sussex a lower percentage of children (under 18) are in contact with mental health services, compared with other local authorities and the other local authority areas of Sussex ICB.

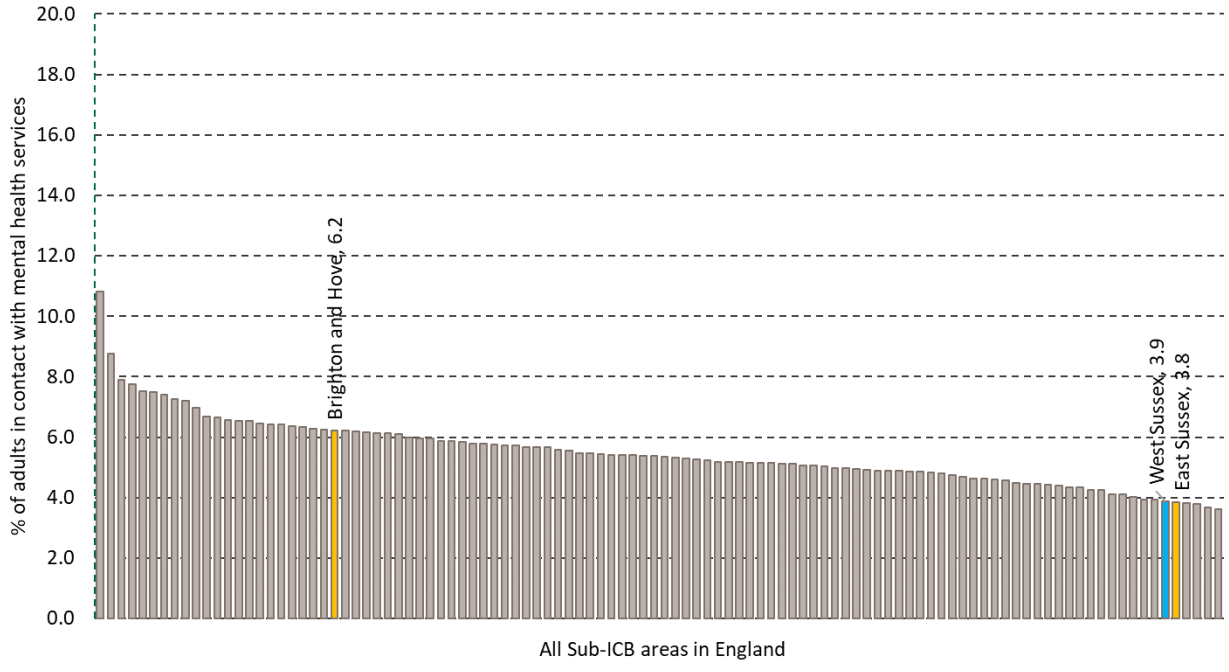
In 2022/23 West Sussex had one of the lowest percentage of adults in contact with mental health services compared with other areas in the country.

Figure 122 - Percentage of **children and young people** in contact with mental health services – Sub-ICB areas



Source: NHS Digital

Figure 123 Percentage of adults people in contact with mental health services – Sub-ICB areas



Source: NHS Digital

11 GP Staff Survey 2024

A staff survey was conducted in GP practices across West Sussex as part of the public mental health needs assessment to identify the challenges to mental health and wellbeing support for patients across the life course stages.

A total of 47 responses were received from across the county. The highest number (about a quarter) came from Horsham District and the least responses were received from Crawley.

Most responses came from GPs, who accounted for 32% (15responses); followed by mental health support coordinators and social prescribers, who each accounted for 15% (7 responses); and other professionals totalled 38% (including practice nurses, social prescribers, mental health support workers) of responses.

Figure 124 Location of Respondents to GP Survey

Area	Repondents
Adur and Worthing	7
Arun	9
Chichester	10
Crawley	4
Horsham	12
Mid Sussex	5
Total	**47**

11.1 Biggest Challenges - Adults (18+)

Numerous challenges to mental health and wellbeing support for adult patients were identified by professionals in GP practices. Findings of this survey indicate that the top five challenges were:

- 87% (41 respondents) identified waiting times to access mental health services
- 53% (25 respondents) identified access to help for those in crisis
- 49% (23 respondents) stated that assessment for patients presenting with neurodivergent needs (including autism, ADHD)
- 40% (19 respondents) identified continuity of care/allocation to a named professional
- 34% (16 respondents) identified support for family carers and/or parents

Other challenges identified include the coordination between services, mental health support for people who are neurodivergent, and access to a range of different types of psychological therapies.

11.2 Biggest Challenges - Children and Young people (0-17 years)

Staff working in GP practices reported the biggest challenges to mental health and wellbeing support for under the age of 18. The top five challenges from the survey were:

- 85% (40 respondents) identified waiting times for access to mental health services

- 62% (29 respondents) identified assessments for patients presenting with neurodivergent needs (including autism and ADHD)
- 51% (24 respondents) identified access to help for those in crisis
- 36% (17 respondents) identified mental health support for people who are neurodivergent
- 36% (17 respondents) identified support for family carers and or parents

Other challenges identified include access to a range and different types of psychological therapies (such as art or drama), coordination between services and continuity of care / allocation to named professional.

11.3 Healthcare professionals' Overall Confidence

11.3.1 Confidence that Patients will be able to access the mental health support

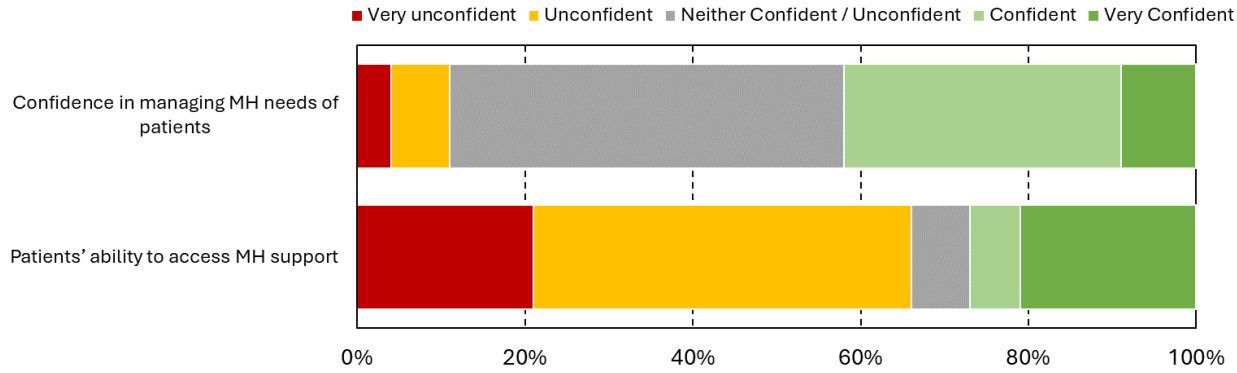
Staff in GP practices were asked to indicate how confident they are in their patients' ability to access the mental health support they need. The survey results show that:

- Almost half of the respondents (45%) are **unconfident** that their patients will be able to access the mental health support they need
- 21% of the respondents indicated that they are **very unconfident** that their patients will be able to access mental health support they need
- 21% of the respondents indicated that they are **very confident** that their patients will be able to access the mental health support they need
- A few (6%) of the respondents are **confident** that their patients will be able to access the mental health support they need

Other respondents indicated that they were **neither confident nor unconfident** that their patients will be able to access the help they need.

Two thirds (66%) of the respondents indicated that they were either unconfident or very unconfident that their patients will be able to access the mental health support they need, while a total of 27% stated that they were either very confident or confident about their patients accessing the needed mental health support. This suggests that there is a need for improvement in access to mental health support for patients and residents of West Sussex.

Figure 125 Confidence in accessing MH support and managing patient needs



11.3.2 Confidence in managing the mental health needs of their patients

In terms of confidence in managing the mental health needs of patients in GP practices, the survey results showed that:

- Almost half (47%) of the respondents said they are **neither confident nor unconfident** in managing their patients' mental health needs
- About one third (33%) of the respondents are **confident** in managing their patients' mental health needs
- 9% of the respondents are **very confident** in managing their patients' mental health needs
- 7% of the respondents are **unconfident** in managing their patients' mental health needs
- 4% are **very unconfident** in managing their patients' mental health needs

11.4 Life Stage - Perinatal - Issues Identified

Professionals in GP practices who participated in this survey identified specific challenges in delivering care for patients with mental health problems in the perinatal period. These are categorised in themes and include the following:

11.4.1 System under pressure

Respondents highlighted difficulty finding help due to a general lack of access to services and support.

11.4.2 Whole pathways and all people

Respondents identified gaps in perinatal mental health care pathways and people. They reported poor coordination of care and communication between teams, lack of training around perinatal mental health, as well as inability of people in the perinatal period to prioritise their care and engage with services due to the level of responsibility required when caring for a new baby. In addition, a respondent expressed difficulty in knowing who will be accepted by services:

"The perinatal health team started with a wide remit that was rapidly narrowed, making it much harder to know who will be accepted by their service".

11.4.3 Complexity – conditions / life and services

In terms of complexity, respondents reported that tailored help is only available for people with severe and enduring mental health conditions. There is not enough focus on parents with anxiety and depression, and not being able to access help will affect the family and development of babies.

11.5 Life Stage - 0-5 year-olds (including parents with specific issues) - Issues Identified

Professionals in GP practices also reported specific challenges in caring for patients with mental ill-health in 0 to 5 year-olds, including parents with specific issues. These include the following:

11.5.1 System under pressure

Findings of this survey show a general lack of access to services for patients who are 0 to 5 years old. Respondents reported difficulty or long waiting times for families to access services or needed support, a reduction in health visitor support, as well as lack of specialised training for professionals in GP practices to support patients with mental health problems. Respondents also stated that the healthy child program is under resourced.

11.5.2 Accessible, flexible and personalised services

For early years patients, respondents reported difficulty in accessing CAMHS and low-level mental health input. There is also a lack of timely access to parental support, education and training to manage sleep, communication and behavioural issues. Frequent rejection of referrals was also highlighted as an issue impacting access to mental health support for patients and families of children in this age group.

11.5.3 Whole pathways and all people

This survey identified gaps in mental health care pathways for children aged 0 to 5. GPs reported a lack of options or places to refer patients to that have the expertise to provide the needed mental health care for children and families. Respondents also stated that services have long waiting lists, resulting in reliance on the voluntary sector to fill the gaps in mental health care.

Difficulty in finding mental health services and delays to acceptance of referrals from CAMHS were also identified as challenges to accessing specialist mental health support in children aged 0 to 5 and their families.

11.5.4 Complexity – conditions / life and services

Professionals in GP practices reported that working with many parents with complex needs that impact health, such as chronic fatigue and trauma, is a significant challenge. They

highlighted the need for timely diagnosis and interventions and added that some of the parents will have an undiagnosed condition or neurodiversity themselves.

This survey findings also indicate that the lack of support for parents whose children have additional needs is significantly impacting on their mental health. Respondents stated that:

"they put all their time and energy into trying to support their child and therefore, are unable to prioritise their own needs".

Difficulty in getting neurodiversity assessments due to long waiting times was also reported to be a challenge for children with emerging neurodevelopmental disorders, and survey findings also indicated that these children are often discharged after diagnosis.

11.6 Life Stage - 5–16 year-olds - Issues Identified

This survey identified specific challenges in caring for patients with mental health problems who are 5 to 16 years old, as reported by professionals in GP practices.

11.6.1 System under pressure

Findings show a lack of services, long waiting times to access services including CAMHS, as well as shortages of staff or lack of capacity to meet increasing demand for mental health care. Respondents also stated that rejection of referrals from some services increases pressure in the system.

11.6.2 Preventing ill-health, supporting people earlier

Respondents stated that there is an epidemic of low-level mental and emotional distress in this age group. They highlighted the need for evidence-based resilience training and parenting support to meet the needs of children in this age group. Professionals further proposed:

"*a population approach to happiness, utilising parents, schools and clubs rather than one to one interventions which will never be available to all in need"*.

11.6.3 Accessible, flexible and personalised services

Professionals from GP practices also reported that access to specialist mental health services for children and young people in this age group is extremely difficult or almost impossible as outlined:

"*access to specialist services is near impossible as even acute suicidal teenagers are not taken on"*

"Access to CAMHS, access to support that is prepared to manage risk around self- harm and suicidal thoughts as the current system seems to promote a sense of not knowing where to turn while waiting after SPoA is completed".

There is also difficulty in accessing available and appropriate support due to long waiting times, funding issues and potential lack of capacity across all levels of the system, which are

reported to impact significantly on GPs, which leads to them prescribing medications that should be specialist initiated, such as SSRIs, due to a lack of any level of therapy support or access to a psychiatrist for assessment. A respondent further expressed ambiguity in eligibility of services for young patients: "*Nothing is black and white anymore. There are too many shades of grey, the teenagers get confused".*

11.6.4 Whole pathways and all people

Respondents identified and reported gaps in pathways and support. These included lack of communication between agencies and GPs; inadequate services and support (including psychological approaches, poor counselling facilities, challenges around community support and link to family support); lack of early intervention and suitable support for families whose children are suicidal, with the only option being A&E; as well as lack of expertise to manage mental health problems among staff.

11.6.5 Complexity – conditions/life and services

In terms of complexity around conditions, life and services, respondents identified lack of access to CAMHS and very long waiting times for neurodivergence assessments as major challenges.

11.7 Life Stage - 16-24 year-olds – Issues Identified

This survey identified the following challenges in delivering mental health care and support for patients aged 16 to 24 years old, or young adults.

11.7.1 System under pressure

Professionals in GP practices also reported long waiting lists and waiting time to access services.

11.7.2 Accessible, flexible and personalised services

Access to timely and appropriate levels of mental health support was found to be a major challenge in delivering mental health care and support for young adults due to a lack of capacity across all levels of the system. This significantly impacts on GPs who are left to deal with conditions outside their competency levels such as having to manage high risk patients at home due to difficulty in accessing crisis level support. In situations when patients reach out to A&E there can also be delays in accessing support. Similarly, difficulty accessing CAMHS assessment, support for families and specialist services were also reported as key challenges.

11.7.3 Housing and Accommodation

In terms of housing and accommodation, respondents stated that there is difficulty in getting appropriate housing for patients with neurodiversity who are waiting for assessments.

11.7.4 Whole pathways and all people

Respondents reported gaps or poor transition from children to adult mental health services with people often slipping through the net. Other challenges identified include declined referrals; quick discharge for those over 18 years old; a lack of personalised and long term support; a lack of community based support services for young adults, especially in rural communities; little to no support after discharge from CAMHS; a lack of or limited follow up following crisis/admission to hospital with a mental health related illness; general lack of resources and difficulty accessing services due to age eligibility. A respondent stated that:

"*Age 16-18 are not covered by adult services and due to waiting times the 17-18 year-olds risk not being seen by either child and adult services".*

11.7.5 Complexity – conditions / life and services

Professionals in GP practices reported emotional dysregulation due to isolation since the COVID-19 pandemic, as well as lack of social skills as challenges in caring for young adults with complex needs.

11.8 Life Stage - 25-65 year-olds - Issues Identified

Professionals in GP practices identified the following challenges in caring for patients with mental ill-health in 25 to 65 year-olds, or working age adults.

11.8.1 System under pressure

Respondents reported that the system is under pressure due to long waiting times to access services, declined referrals, delayed assessments for those in crisis, lack of continuity with psychiatrists, delay in receiving letters on drug changes, funding, and general lack of resources.

11.8.2 Accessible, flexible and personalised services

Respondents reported difficulty for working age adults to access timely mental health support and services. This includes low-level input or support, CBT or other talking therapies, as well as specialist services for acute suicidal patients who are not taken on after discharge from the crisis team. Other challenges identified include a lack of community-based support and services to support the mental health and wellbeing of patients.

11.8.3 Housing and accommodation

A large number of housing referrals, overcrowding, unstable, damp and mould issues, as well as trauma histories are challenges identified by respondents in terms of housing and accommodation support for adult patients.

11.8.4 Whole pathways and all people

Professionals in GP practices stated that lack of knowledge and expertise to support those with mental health problems and stigma are some of the challenges to providing mental health for adults. Other challenges identified include lack of personalised, face to face and

long-term support; lack of continuity of care for patients who suffered trauma or need more care than they have access to, resulting in further trauma; poor communication between teams; very little follow up and general difficulty and long waiting times when accessing services when patients experience relapse.

11.8.5 Complexity – conditions / life and services

In terms of complexity, life and conditions, respondents reported that addiction, low self-esteem, non-engagement with services, lack of motivation to implement lifestyle changes, lack of psychosocial support, poor links to probation/forensic services, as well as lack of healthy resilience habits such as exercise, healthy cooking, eating and socialising, as some of the challenges in caring for patients with complex needs.

11.9 Life Stage - 65+ year-olds - Issues Identified

The following challenges were reported by professionals in GP practices caring for older adults aged 65+ years with mental health problems.

11.9.1 System under pressure

Survey results show that there are long waiting times to access services, including dementia assessment. This results in the deterioration of a patient's condition prior to assessment and means that GPs manage patients' conditions, which can be outside their competency level.

11.9.2 Accessible, flexible and personalised services

Professionals in GP practices reported a lack of support or services that cater for older people. Difficulty in accessing specialist services, which was said to be "*near impossible",* and limited support from the voluntary sector for people aged 65+ years were also identified as some of the challenges in caring for this population with mental health problems.

11.9.3 Whole pathways and all people

Respondents reported a severe lack of services for older adults, especially dementia services, as older adults have to be in crisis to get assessed. There is also significant reliance on medication for people with dementia that has a very low evidence base such as donepezil rather than a psychosocial approach was also identified as a challenge, as well as conflation of mental health presentations with dementia group. A professional explained:

"Conflation of mental health presentations with dementia group so that we are always asked for bloods and urine even if someone has known bipolar for example. Some rational thought in triaging referrals would be very helpful."

11.9.4 Complexity – conditions / life and services

Respondents also reported issues including dementia, mobility issues, bereavement, social isolation, disability, grief, physical ill-health (such as chronic pain or terminal illness) and a lack of purpose. These issues are reportedly aggravated by a general lack of support.

Professionals proposed recommendations to tackle depression and anxiety in this age group:

"*Depression and anxiety in this age group needs an approach to tackle social isolation and helping people prepare and cope with retirement".*

"*It would be so beneficial to have some 'coaching' courses available for people nearing or in this age range, so they feel more prepared for the complexities of old age, especially as people are living longer".*

11.10 Life Stage - Older patients with mental health problems and dementia - Issues Identified

The following challenges were identified by professionals in GP practices in caring for patients with mental health problems and dementia.

11.10.1 System under pressure

Lack of resources such as limited funding and inadequate capacity to meet demands are some of the challenges. This results in long waiting times to access services.

11.10.2 Preventing ill-health, supporting people earlier

Some of the challenges reported by respondents in caring for patients with mental health problems and dementia include lack of support or early intervention (including after diagnosis) until patients are in crisis. Inability to refer new cases of potential dementia was also reported.

11.10.3 Accessible, flexible and personalised services

Lack of available support and difficulty in accessing services due to strict inclusion criteria are some of the major challenges of caring for older people with mental health problems and dementia, as identified by respondents. Inadequate support for families of people with dementia was also highlighted.

11.10.4 Whole pathways and all people

Respondents reported unavailability of dementia services due to being on hold, resulting in patients being left without diagnosis or treatment. There is also stigma around dementia; a lack of training in the area; as well as delays in dementia support including when patients present in crisis , due to not having a formal dementia diagnosis which is difficult to obtain.

11.11 What Works well in terms of mental health support

For what works well in terms of mental health support, respondents reported the following:

11.11.1 Individual level - Availability of mental health support in GP practices

Professionals in GP practices stated that patients are more open to help, and having mental health support, including YES, in GP surgeries works well for people. There is also available support for people experiencing loneliness and social isolation in a few areas through the

Conservation Starter Project and Care Shop in Selsey; as well as services that offer coping strategies such as Richmond Fellowship and Emotional Wellbeing Service, which was reported to have a quick response time and can be beneficial for those who require self-help support. More funding for social interventions were recommended.

Additionally, a professional stated that being able to give personalised support to each patient works very well, as they are not governed by tick boxes and can create a truly person-centred approach to caring for patients. Counselling in general was also reported to work well for a lot of people and this was recommended to be made more readily available.

Furthermore, crisis service for suicidal patients was reported to be easier to access.

11.11.2 Organisational/Service level - Good multidisciplinary working

Respondents reported that GP-based working with social prescribers, where patients can be seen quickly, works well, though they added that the rest of Emotional Wellbeing Service has a long wait following assessment. Staying well service as additional support, as well as Pathfinders, Mid Sussex well-being, Social Prescribers are also reported to be working well.

Additionally, the ability to see patients with health conditions and work holistically, lower the DNA rate[xvi], provide early access to treatment of common mental health (such as preventative screening at entry level), and identifying primary need via telephone at some GP surgeries seems to be working well.

Furthermore, support from senior management, training and awareness, timely intervention by the right team, swift and prompt action to prevent crisis, quick turn around on appointments, outpatient letters by the perinatal mental health team, and giving out medication- which is reported to be the easiest and quickest fix, are some of the responses to what is working well in terms mental health support.

11.12 **Patients with co-occurring mental health and substance misuse conditions**

11.12.1 Lack of link between mental health and substance misuse services

Respondents strongly highlighted the lack of joined up working between mental health services and drug and alcohol services as the biggest challenge in supporting patients with co-occurring mental health and substance use disorders. They expressed the need for integration of the services to better support patients who need both categories of support, as treating them separately is not effective. This was expressed by many respondents:

"*Mental health team won't help when substance misuse, but there is very little help in our area for patients with substance misuse so they get stuck between two services"*

"mental health won't see without substance misuse input and patient wont engage with substance misuse therefore they get no help - maybe a joined up service should be set up".

[xvi] DNA rate is the rate of patients that did not attend appointments.

"*Both issues exacerbate the other and need to be managed in unison, however patients need to go to separate services for these and manage the misuse before mental health services will see them".*

"Both departments will not look after - substance abuse wants their mental health sorted first, and the mental health team wants their substance abuse sorted first. Ownership and support are needed".

"*Treating these as two separate conditions is unrealistic".*

In addition, lack of communication between departments and specialities was also reported.

11.12.2 Difficulty in achieving behaviour change

Professionals in GP practices expressed difficulty in achieving behaviour change in patients with substance use disorders due to lack of engagement with support and inadequate support:

"*Pattern of behaviour which is difficult for client to break out. We are not an addiction support agency and can only signpost to agencies*".

"*It is difficult to make any progress with patients who are not engaging with substance misuse services".*

Sometimes patients keep coming back to GPs in crisis as expressed:

"They keep coming back to GPs in crisis having gone round and round the system feeling nothing will help. Patients being unable to self-care and break their cycle of distress and self-damaging behaviours".

11.12.3 Difficulty in accessing services

Respondents identified difficulty in accessing services as one of the biggest challenges in supporting patients with co-occurring mental health and substance use disorder. This was reported to be as a result of long waiting times:

"Demand outstrips capacity".

11.12.4 Resource constraints

Resource limitation was also identified, including lack of professional staff due to limited funding, as well as lack of additional support in the community.

Additionally, a respondent stated that:

"*temporary accommodation is full of people with addictions and easy access to substances"*.

11.12.5 How local systems of support for co-occurring mental health and substance misuse can be improved

The following suggestions on how local systems can improve support for co-occurring mental health and substance misuse were made by professionals in GP practices. These include the following:

- Joined up working, which includes clinics and assessment, as well as greater communication between mental health services and drug and alcohol services to improve support, and avoid patients being declined due to drug and alcohol use. There should also be shared support, as opposed to rigid boundaries, so patients can be moved between mental health teams
- Staff training and awareness
- Provision of more in-depth specialist support
- Increase in resources such as funding and capacity to minimise waiting lists, as well as better pay to improve staff retention
- More investment in mental health services including funding for centres or hubs for people with addiction
- Improvement in the relationship/ interface between primary care and mental health service: "*If you can break down silo working you will have succeeded where everyone else has failed"*
- More community input to prevent patients from reaching crisis point
- More personalised care/fewer groups at least initially
- Localisation to prevent access to support barriers such as travel issues. Many services are based in Crawley and Worthing, which are not easily accessible for many people
- More opportunities for patients to access support

11.13 **Additional inputs from respondents on mental health support**

Respondents made the following additional inputs:

- The whole mental health care system is in crisis. This is falling back on GPs who are having to take on the risk of managing mental health patients. There is an extreme shortage of specialists and services in the area, resulting in very long waiting lists
- There is a need for changes and drastic improvement of services
- There is a need for prompt or sooner assessment and management from the adults CMHT to CAMHS to improve patient care and safety
- Early years is not always supportive and inclusive of parents' views, which sometimes worsen patients' mental health
- There is inequity in access to mental health care: *"Patients referred to Psychiatry UK can still access EWS whereas if on a waiting list for secondary care just for an*

outpatient appointment or awaiting diagnosis, they cannot see a mental health practitioner in primary care and their needs are likely to be more complex"

- There is a need for a dedicated neurodevelopmental service which covers all neurodiversity, as many patients have mixed presentation also
- There is no real treatment after diagnosis except for co-morbid mental health, and limited intervention whilst waiting diagnosis
- There is a need for the location of more services at neighbourhood level, such as Sussex Recovery College and CGL, as many patients are working age. There is also need for greater links with services for children with special needs and parent support as many parents are struggling
- There is need for the recognition of physical and mental health such as chronic fatigue
- There is a need for improvement in GPs' ability to recognise the right service to refer patients to
- There is a need for the provision of low-level crisis support and assessment at the primary care level, rather than secondary. A respondent expressed: ''*We are not an urgent service but could expand to provide a more rapid response for some patients''*
- There is urgent need for reduction in waiting times for neurodiversity diagnosis, including recognition in school and appropriate, timely support as "*many parents feel ostracised and threatened when there are problems with attendance or their own mental health impacts"*
- There is a need for greater awareness in GP surgeries on demonstrating parity of esteem with mental health as many referrals are rejected by Psychiatry UK due to the provision of insufficient information
- There is a need for proper screening to assist patients with neurodiversity in completing assessment forms and gathering information
- Mental health support for mental health staff would be helpful too as a respondent explained that "*everything is catered for patients yet the staff who are burnt out, depressed, suicidal and carrying an entire surgery of patients on their shoulders due to lone working aren't looked after"*
- There is lack of appropriate mental health services. GPs receive inappropriate referrals due to the level of mental health needs and level of training, with no places to refer patients to as they are unlikely to be accepted by ATS or won't get contact for 28 days which is unacceptable for many people
- The overall lack of funding for mental health needs is a significant issue. It is under-resourced

12 Learning from safeguarding reviews in West Sussex

This section covers a summary of the learning from children's and adults safeguarding reviews focused on mental health and wellbeing that took place in West Sussex between 2018 and 2024. A total of 16 reviews were analysed, 6 from the Safeguarding Adults Board Manager, and 10 by the West Sussex Safeguarding Children Partnership Strategic Partnership Manager. The learning is summarised under the theme findings of this needs assessment.

12.1 System under pressure

Multi-agency working should be encouraged to provide a holistic overview of the individual, and partners should have shared responsibility for communicating the support they provide. Information sharing enables more effective multi-agency collaboration. This is particularly important for young people transitioning from childhood to adulthood, and between children's and adults services. Focus should be given to continuity of care, especially when the individual's care crosses geographical boundaries and/or providers.

12.2 Preventing mental ill-health, supporting people earlier

To support people earlier there is a need to have clearly defined roles and responsibilities for those providing health and social care services. This was also developed to include clear expectations for the individual, their family, friends, carers and professionals. The role of family, friends and carers was highlighted within both adult and children safeguarding reviews to include them more actively within care planning and risk assessing. This closer involvement is intended to encourage person-centred care by including the thoughts experiences of those close to the person, as well as themselves. Engaging with the individual to have a comprehensive understanding of their presentation, wishes, as well as understanding their ability and desire to engage is important in identifying next steps. To do this, professionals should be encouraged to practice professional curiosity and decision-making. Understanding the uniqueness of individual journeys is vital to developing proportionate and timely support plans. Professionals should have access to training and be supported to practice professional curiosity, identify complex situations, feel supported to make appropriate and timely referrals and operate with cultural awareness and sensitivity.

Further development is required to encourage information sharing between services, including education providers and families, to ensure informed risk assessing can take place. To support informed risk assessing, training should be available and learning encouraged for professionals supporting children and young people and adults. This would also support multi-factorial presentations, such as dual diagnosis for children and young people and life events associated with transitioning to adulthood. This includes the support available and duty of care through schools to children and young people in education, and over the age of 18 years social care for specific transition arrangements from one service to another.

Further alignment is required in public and community services and social prescribing. Clearer pathways will support self and professional referrals to reach the right team quicker and subsequently support the individual in a timelier way. In addition, clearer escalation procedures should be accessible by professionals, including GPs.

Factors impacting mental health and wellbeing can be opportunities for support, including bail assessments, bereavement and transition.

12.3 Whole pathways and all people

Transitioning between children's and adults' health and social care offers can be complex , both for the individual and for professionals. Developing information sharing to enable multi-agency support, including education establishments, would support individuals through pathways and increase transparency and openness. Pathways should be clear with escalation routes communicated/available.

From an all-age angle, thresholds and referral processes for services should be clearly communicated to professionals. Individuals should have access to information to understand the offers available and the individual's voice should be considered. This would support in ensuring the purpose of the referral is understood and the expectations of the referral are clear.

Further training should be provided on Single Combined Assessment of Risk Form (SCARF) notifications to ensure information sharing is robust. This will assist with appropriate ongoing referrals and/or signposting.

Consideration should be given to alternative provision for individuals who attend A&E for a mental health reason where there is no physical health need.

Individuals, family, friends and carers should be engaged in discharge planning to support compliance and have clear pathways for escalation.

Universal and specialist services should be available for children and young people in West Sussex.

12.4 Accessible, flexible and personalised support

To support the development of personalised services professionals should be encouraged to listen to the voice of the individual, as well as their family, friends and carers. Understanding the individual's hopes and expectations of the intervention supports the appropriate planning and increases transparency and openness. Family, friends and carers can provide a supportive role, particularly around engagement, cultural awareness and discharge planning.

Training on statutory and legislative requirements, such as Mental Capacity Assessments (MCA), Deprivation of Liberty Safeguards (DoLs) and Best Interest Decisions (BID) should be available to allow for appropriate and timely referrals to be made. Training should also be

made available for professionals to increase understanding of statutory duties and legislative requirements.

Professionals should have access and be encouraged to develop their knowledge of trauma informed practice, to support individuals on a personalised support pathway. To enable accessible, flexible and personalised services and multi-agency working should be encouraged.

12.5 Housing and accommodation

Secure and safe housing is widely accepted as a fundamental need to support good mental health and wellbeing. Housing support organisations, such as housing associations and homeless charities are encouraged to have robust information recording and sharing procedures that support the sharing of information with other professionals. Encouraging housing support organisations to be included in multi-agency support planning and ensure clear escalation routes to discuss cases of concern can improve outcomes for individuals.

Housing and accommodation should be considered as part of the discharge planning procedures by organisations providing health and social care services.

Transitioning from child to adult health and social care support should focus on continuity of care, with extra care given when working across local authority boundaries.

12.6 Complexity: multiple physical and mental health, social care and or education needs and multiple services

Joint review of policies and procedure is needed for individuals presenting with dual or threefold diagnoses (e.g., physical, mental and drug and alcohol) to highlight good practice and support multi-agency working.

Where limitations to service provision are identified, these should be communicated in a timely way with the team/s supporting the individual, particularly where self-neglect is present. Clear threshold and pathways support the identification of potential gaps in offers, which require timely escalation.

Bereavement support should be available, particularly for children and young people. Where complexity is identified, partners should be encouraged to work collaboratively for the outcome of the child/young person.

Improvements can be made in record keeping for individuals who experience domestic abuse.

13 Data: Use and Measurement of Outcomes and Activity

To inform this needs assessment, a large amount of quantitative and qualitative data has been collected. This includes data collected and reported on at a national level (such as data for the NHS Talking Therapies Services), data used in specific reviews (such as information

collated for a service stocktake), operational information on activity of teams/services, and qualitative information from services users, professionals, and organisations.

This needs assessment has focused on data where it is possible to compare information over time and between places. However, it is recognised that the information summarised in this document is a snapshot in time. Some of the information is not in the public domain. There are known data quality issues with data regarding SPFT and data has been provided to support delivery of this needs assessment, with the aim of providing as full a picture as possible.

Work on this needs assessment has identified challenges in the use of data. This includes the broad application and use of data at a strategic level to understand the scale and direction of demand and activity, the use of data to inform the effectiveness of treatment and support, and the use of data to drive a common understanding of the local system between different organisations and agencies.

The following issues were identified:

- There is a need for an overarching, agreed set of measures to monitor the complex system. Data needs to be used at a strategic level for oversight as well as at operational levels. There are some KPIs, standards and outcomes but these are not articulated or agreed across the whole system
- Some national systems/datasets are fully understood or incorporated within the system to provide sufficient oversight, or benchmarking
- It is difficult to capture flow in the system and this is required for effective decision-making. Understanding referrals (those accepted and those not meeting the criteria) for services in the system is the bedrock of understanding. Segmentation (including by characteristics such as age, sex, ethnicity, health status) of referrals is required to understand barriers to services and differences in outcomes
- Outside of the Changing Futures programme, which is focussed on multiple compound needs, there is little information on co-morbidities or social factors and mental health
- Given system pressures, it is understandable that data tends to be focussed on capacity. There is little reporting of outcomes or experience at population or group levels
- Key points/services in the system may hold considerable amounts of knowledge, for example, the Single Point of Access (SPoA) for children and young people, hospital data and waiting lists. These should be reviewed, in depth, to strengthen understanding to inform support and services, and review of these should be adequately resourced. Nonetheless, there are known issues with some data sets (e.g., primary diagnosis for some hospital admissions)
- Greater sharing, discussion and scrutiny of data will support improvement and an agreed understanding

Developing a common framework of measures to be used at a strategic level (starting with existing statutory metrics) will support better use of data, below provides a suggested way of doing this. Reducing “snapshot” analysis where there is little replication / time series, or ongoing commitment to data quality and reporting will help to make better use of analytical resources.

13.1 Ongoing monitoring of the system

In undertaking this work we have identified a small set of some key measures across the life course, which may be useful to monitor and track to provide a population level oversight of the activity and outcomes.

This is a draft set of measures for discussion and may support an outcomes framework. measures would need to be developed with frontline staff, commissioners, and service users and of note, include measurement of patient outcomes.

Measures are further explored in each of the life course chapters.

Figure 126 Population Measures - Activity, KPIs and Outcomes (continued overleaf)

West Sussex - Overall View of Existing and Potential KPIs, Standards and Outcome Measures - DRAFT

There are a wide range of services and organisations working across West Sussex, working to promote good mental health and support those with mental health needs and ongoing problems. This is complex system. Outcomes, KPIs and measures are summarised in the needs assessment life stages, and for urgent and emergency care. These measures have been taken from the range of work reviewed, they include national, and some local KPIS, standards (for example in terms of waiting times). These have been set out to understand a complex system, in each we have tried to order from identification, access, treatment and outcome.

Perinatal

Health Visiting - Opportunities for Identification

- New Birth Visits (NBVs) completed within 14 days (%)
- Infants receiving a 6 to 8 week review (%)
- Children receiving a 12-month review (%)

Specialist Perinatal Mental Health Service

- Referrals and urgent referrals to specialist service
- Waiting time from referral to service
- Access standard - Number with at least one attended contact (face to face or virtual) with a specialist community perinatal mental health service (and as a % of 2016 births)
- % of those with a paired outcome

Children and Young People

Support for Mild/Moderate Needs

- Increase in targeted Tier 2 Support
- MHST Coverage
- Number of CYP aged under 18 accessing support by NHS funded community services and school or college based Mental Health Support Teams (receiving at least one contact).

Access to Specialist Services

- % of population who have accessed CAMHS
- Waiting time from accepted referral to assessment, and assessment to treatment. (% waiting less < 4 weeks, > 18 weeks)

Eating Disorders

- % CYP with ED (urgent cases) that wait one week or less from referral to start treatment
- % CYP with ED (routine cases) that wait 4 weeks or less from referral to start of treatment.

Working Age

NHS Talking Therapies

- Number who enter NHS funded treatment with Talking Therapies
- % finished treatment who had 1st first treatment appt within 6 weeks of referral
- % finished treatment who had 1st treatment appt within 18 weeks of referral
- % who waited over 90 days between first and second treatment appointment
- Number who have attended at least two treatment contacts and are moving to recovery.

Health Checks SMI and LD

- % of people on the GP SMI register that have had a full physical health check in the preceding 12 months.
- % of patients with a Learning Disability (GP Registers) who have had a Health Check

Access

- Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services for adults and older adults with severe mental illnesses
- Waiting times to assessment of accepted referrals
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation
- The proportion of people who receive long-term support who live in their home or with family (tbc)

Older People

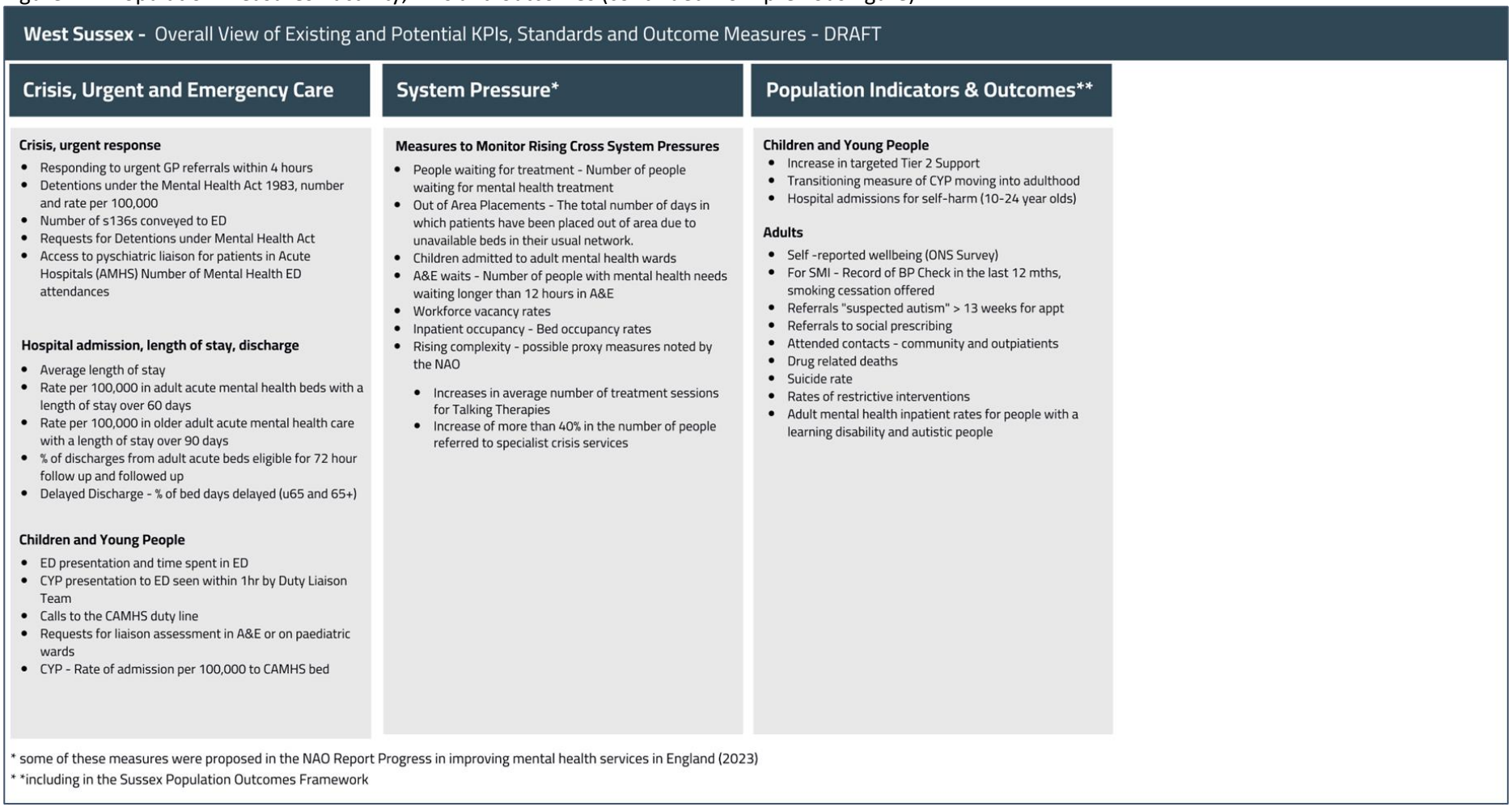
Social Contact, Support for Older People

- % of people who use services, who reported that they had as much social contact as they would like (reported in different age groups)
- Access and Take Up of NHS Talking Therapies of Over 65s

Dementia Diagnosis Rate and Care within Primary Care

- Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, as % of the estimated prevalence based on GP registered populations
- % of Patents with a Dementia Diagnosis who have Received Care Plan

Figure 127 Population measures - activity, KPIs and outcomes (continued from previous figure)



14 Perinatal – Conception to 1 year of age

14.1 Introduction

Perinatal mental health refers to mental health during pregnancy or in the first year after childbirth[139]. The NHS Long Term Plan (2019) included a commitment to extend specialist community perinatal mental health services to 24 months after birth. Perinatal mental health problems are either pre-existing or those that occur during pregnancy or as a result of pregnancy.

Pregnancy, childbirth and new motherhood periods are accompanied with significant changes and adjustments, which can increase the risk of mental health problems in new mothers or aggravate previous mental problems or conditions [140.] Mental wellbeing of a mother during pregnancy and after birth is as crucial as physical health. It is estimated that up to 20% of women develop mental issues during pregnancy or within the first year after birth, while the rates for men and other caregivers are unknown[141].

Many women experience mild mood changes, while some are affected by anxiety disorders (13%) and depression (12%) during the perinatal period. Other mental health conditions that can occur during the perinatal period or cooccur with depression include panic disorder, OCD, PTSD, bipolar effective disorder, eating disorders, personality disorders and tokophobia (an extreme fear of childbirth) as well postpartum psychosis[142,143].

Parental mental health problems can have significant and long-lasting effects on the mother, child and wider family if left untreated. Perinatal mental health problems can affect the developing foetus and the relational or family environment for the infant, as well as impact negatively on the emotional, cognitive and physical development of the child. Evidence shows that maternal and paternal depression negatively affect the interaction of parents with their children[144] resulting in severe long-term consequences.

Perinatal mental health can also result in maternal deaths.[145] Maternal suicide is the leading cause of direct (pregnancy-related) death in the year after pregnancy. Evidence shows 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. Additionally, perinatal mental health problems have a significant financial impact on the NHS and social services, with an estimated cost of approximately £1.2 billion annually and 72% of the cost relates to the impacts on the child[146].

Good social support, universal and mental health and wellbeing services and the specialist community perinatal mental health services can together prevent or provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby.

14.2 Prevalence

Between 10% and 20% of women are affected by mental health problems at some point during pregnancy or in the first year after childbirth.

The OHID provides estimates of the prevalence of perinatal mental health problems. These estimates use national evidence and apply rates to the local population. Some caution is required in using estimates derived from national studies as these assumptions do not take into account demographic differences (e.g., in relation to deprivation or ethnicity).

The most common disorders are adjustment disorders this includes unhealthy or excessive emotional or behavioural reactions to a stressful event or change and tokophobia, bereavement and maternity related trauma, and are estimated to affect between 985 and 1,965 women a year in West Sussex, with far lower numbers affected by postpartum psychosis or chronic serious mental health.

Figure 128 Estimated Prevalence – Specific Mental health Issues in the Perinatal Period

	National prevalence estimate	Estimate for West Sussex* *(Rounded to nearest 5)*
Mild-moderate depressive illness and anxiety states *(lower and higher estimates)*	100 – 150 per 1,000	655 - 985
Severe depressive illness	30 per 1,000	195
Chronic serious mental illness	2 in 1,000	15
Adjustment disorders and distress *(lower and upper estimates)*	150 – 300 in 1,000	985 – 1,965
Post traumatic stress disorder in perinatal period	30 in 1,000	195
Postpartum psychosis	2 on 1,000	15

Source: OHID, Assumptions are taken from Joint Commissioning Panel for Mental Health, Guidance for Commissioners of Perinatal Mental Health Services (Volume 2 Table 1)

There is less research on the mental health of fathers and non-birthing partners. A study[147] relating to the mental health of fathers and co-parents estimated that 10% of fathers experienced perinatal depression and 5% to 15% perinatal anxiety.

14.3 Factors that influence perinatal mental health

14.3.1 Risk factors

Evidence suggests that almost a fifth of women will experience a mental health condition during pregnancy or in the year after the birth. Among women with perinatal mental health conditions, 20% will experience suicidal thoughts or acts of self-harm[148].

There can be many risk factors associated with perinatal mental health, some of which are the direct impact of the trauma and adversity's the mother has faced in her life such as adverse childhood experiences (ACEs[xvii], trauma in adulthood and bullying. These experiences can consciously and subconsciously affect a person's ability to regulate emotions and can contribute to other risk-taking behaviours during pregnancy, such as smoking and drinking.

Evidence has found associations between ACEs and mental health problems, such as anxiety, PTSD and prenatal depression[149] [150] increasing the risk of poor paternal and childhood outcomes. Moreover, Woman with four or more ACEs have an increased risk of substance use disorders, depression and attempting suicide [151] [152] and are more likely than those with low or no ACEs to have postpartum depression[153].

ACEs were the main reason for children being taken into care for both West Sussex and England[154]. In 2023, this accounted for 69% of all cases of children looked after on the 31st of March in West Sussex and 65% in England. It is recognised that most looked after children would have experienced trauma in some way and their physical, emotional and mental health may have been compromised through these experiences, leaving them with complex emotional and mental health needs and increased vulnerability to abuse[155]. It is therefore important that if they are care experienced they are supported throughout every stage of the perinatal period and further into the early years, to prevent any current or future mental health difficulties from worsening.

Women and birthing people should be supported during this stage to cut down or completely stop smoking and drinking behaviours. Studies have shown that woman who use drugs, alcohol and tobacco while pregnant have higher odds of having perinatal mental health problems compared to those who do not[156] [157].

It is important to factor in sociodemographic influences, such as low family income, unstable or unsafe housing, poor education and being unemployed or in unsatisfactory employment, that can detrimentally effect perinatal mental health and develop socioemotional and behavioural problems early in childhood[158]. Women and birthing people who experience these factors also less likely to engage in antenatal care[159]. Frequent moves or changes in residence have been linked to emotional and behavioural problems and issues with

[xvii] WHO defines ACEs as intensive and reoccurring sources of stress that children may experience in early life. These experiences include multiple types of abuse; neglect; violence between parents or carers, and peer and community violence, as well as other kinds of serious household dysfunction such as alcohol and drug use.

academic attainment in children, which have consequences for later life[160]. A woman or birthing parent's vulnerability during these times can be further exacerbated by other complex social factors such as drug and alcohol use, which increases the risk of perinatal mental health conditions and child loss[161]. Furthermore, homelessness and temporary accommodation during pregnancy can increase the likelihood of preterm births and low birth weight[162], as well as increase perinatal stress and anxiety- making it challenging for babies to receive consistent, sensitive and responsive care[163].

One in three women and birthing people describe giving birth as a traumatic event[164] during or after childbirth, which in some cases can lead to the development of birth-related PTSD symptoms[165]. Between 3-5% of postpartum mothers and birthing parents, and 15.7% of those considered high-risk (such as those with mental health problems and infant complications) have birth-related PTSD[166]. There is significant evidence that when a mother birthing parent experiences a traumatic birth it can have a negative effect on the relationship with their child, as well as lead to infant troubled sleep at 2 years and poor child social emotional development at 2 years[167,168]. Additionally, a study identified the prevalence of birth-related PTSD in partners who have also witnessed the traumatic event. One study also noted higher distress rates in fathers[169].

Mind[xviii] highlights that *"some perinatal mental health problems have clear causes. For others, it may be less obvious. And in many cases, it can be a combination of factors… Having a baby is a major life event. It can be stressful, exhausting and overwhelming. If you don't have people around to help, this could affect how well you cope. It may mean that you're more likely to develop a mental health problem"*[170].

Evidence suggests that a lack of support within the perinatal period can effect both mother and child and can be associated with postpartum depression. A study from 2015 on social support, postpartum depression and professional assistance[171] noted that assessing how mothers of newborns perceive their level of support may prove valuable in identifying specific indicators of better support for women and birthing people who are transitioning into motherhood. The study concluded that a thorough assessment of the mother's physical and psychological health needs, as well as her support system, is paramount.

[xviii] *Mind* refers to the mental health charity in England and Wales.

14.3.2 Protective factors

Protective factors within the perinatal period can act to support and protect the mental health of both the mother or birthing parent, and the child, effectively reducing the chances of either developing poor mental health in the future. Protective factors start from conception and include access to, antenatal care and education, nutrition as well as good, safe, stable accommodation and support, and specialist perinatal mental health services when needed. These protective factors continue alongside others, such as strong peer support networks, access to healthy relationships and social support, good physical and mental health, financial stability and access to early intervention services. All of these factors can contribute to parent and infant attachment and the development of positive family health and wellbeing[172] [173] [174] [175].

Having access to perinatal mental health support provides new and expecting mothers and birthing parents with support for their mental health from conception. When specialist mental health input is required, a perinatal mental health nurse can support with their birth plan and ensure that they take into consideration their wants and needs, as well as any trauma-related anxiety they may feel.

Health visitors use strength-based approaches, building non-dependent relationships to enable efficient and effective working with parents and families to support behaviour change, promote health protection and to keep children safe. Health visitors can provide direct support to parents and act as advocates. They can work with families and link with other specialist services and voluntary agencies. Health visitors can raise awareness of gaps in service delivery and be proactive in mobilising services to offer preventative solutions.

For parents that are currently in employment, evidence suggests that parental leave from work is protective against poorer mental health for mothers and birthing parents in the post-partum period, particularly paid leave of at least 2–3 months. Fathers exhibit mental health improvements with policies that provide either adequate wage replacement or incentives through other means, such as uptake quotas[176].

Having hybrid access to specialist services and support such as Pregnancy in Mind, antenatal classes and the Healthy Families programme are protective factors for both the mother or birthing parent and the baby's mental health. Classes can offer opportunities for new parents to form friendships with other new parents, as well as the use of 'mobile health' which, when combined with peer support, decreased symptoms of poor mental health and provided positive experiences[177]. Evidence suggests peer support builds parents' confidence, reduces social isolation, builds links between parents and services and reduces depressive symptoms[178].

Some women report having felt pressured to breastfeed or feel unsupported to formula feed, leaving them feeling guilty, isolated and stressed. Supporting positive conversations about feeding choice and mental health in the perinatal period is important in enabling

mothers and birthing parents to feed their baby as they wish and to do so in a way that is as pain-free, low stress and rewarding as possible[179].

14.4 National and Local Policies

14.4.1 National Policies and Strategies

There are national policies and strategies aimed at improving perinatal mental health and minimising its impact on individuals, families and society. These include the following:

14.4.2 Five Year Forward View for Mental Health.

The Five Year Forward View (FYFV) for mental health was published in 2016 [180] and made some recommendations to improve mental health care during the perinatal period:

- An integrated mental and physical health approach that supports at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period across England
- Services should include access to psychological therapies and the right range of specialist community or inpatient care

14.4.3 The NHS Long Term Plan

The NHS Long Term Plan (LTP) was published in 2019[181] and builds on the commitments outlined in the FYFV for mental health to improve access to quality community-based perinatal mental health care for mothers, their partners and children by:

- Increasing access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis to benefit an additional 24,000 women per year by 2023/24, in addition to the extra 30,000 women getting specialist help by 2020/21.
- Availability of care provided by specialist perinatal mental health services from preconception to 24 months after birth is in line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life
- Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions
- Expanding access to evidence-based psychological therapies within specialist perinatal mental health services so that they also include parent-infant, couple, co-parenting and family interventions
- Offering fathers/partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required. This will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period.
- Increasing access to evidence-based psychological support and therapy, including digital options, in a maternity setting. Maternity outreach clinics will integrate

maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

14.4.4 White Paper Reforming the Mental Health Act

The Reforming the Mental Health Act White Paper[182] was published in 2021 and proposed changes and recommendations to the Mental Health Act 1983 to improve how the Mental Health Act works for people of all ages including those in the perinatal period through:

- Improving access to community-based mental health support, including crisis care, to avoid the need for detention and admission
- Revise and clarify the detention criteria for civil sections of the Act, so that patients are only detained when it is appropriate and where there is demonstrable therapeutic benefit to the patient
- Give everyone a voice and the power to express their views about the care and treatment they want to have
- Provide high quality, tailored support to everyone detained under the Act

14.4.5 Children and Families Act 2014

The Children and Family Act 2014[183] makes provision about children, families and people with special education needs or disabilities and the right to request flexible working and for connected purposes. In relation to perinatal mental health, the Children and Family Act 2014:

- Makes provision for right time off to accompany to antenatal appointment for an employee who has a qualifying relationship with a pregnant woman and her expected child based on the advice of a registered medical practitioner, nurse or midwife

14.4.6 Suicide Prevention in England: 5-Year Cross-Sector Strategy 2023

The Suicide Prevention 5-year Cross Sector Strategy was published in 2023, an update to the previous strategy published in 2012, to foster collaborative working between the national government, NHS, local government, the voluntary, community and social enterprise (VCSE) sectors, employers and individuals around priorities, and set out actions to reduce suicide rates over the next five years, improve support for people who have self-harmed and people bereaved by suicide[184]. In relation to perinatal mental health, this strategy:

- Identified and included pregnant women and new mothers in the priority groups or those at higher risk of suicide
- Recommends the provision of tailored, targeted support to pregnant women and new mothers to prevent suicide
- Providing effective crisis support across sectors for those who reach crisis point
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides

14.4.7 NICE Quality Standard: Antenatal and Postnatal Mental Health 2016

NICE quality standards for antenatal and postnatal mental health are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness during the perinatal period[185]. The quality standard is expected to contribute to improvements in the following outcomes.

- Maternal wellbeing
- Service user experience of mental health services
- Quality of life for women with severe mental illness
- Neonatal and infant health and wellbeing
- Suicide rates

14.4.8 COVID-19 Mental Health and Wellbeing Recovery Action Plan 2021-2022

This plan was published in March 2021 by the government in response to the aftermath of the COVID-19 pandemic to support the general population including pregnancy and new mothers to look after their mental health and wellbeing, prevent the onset of mental health difficulties and support services to continue to expand and transform to meet the needs of people who require specialist support[186].

14.4.9 NHS England: Three Year Delivery Plan for Maternity and Neonatal Services

This plan was published in March, 2023 and sets out how the NHS will make maternity and neonatal care safer, more personalised and more equitable for women, babies and families[187.] In relation to perinatal mental health, this plan aims to ensure that:

All women are offered personalised care and support plans which takes into account their mental health in addition to their physical health, social complexities and choices. Plans consider inequalities in the broadest sense, including protected characteristics and Core20PLUS5.

- All women have equitable access to specialist care, including perinatal mental health services when needed.
- Integrated care boards (ICBs) to commission and implement community perinatal mental health services including maternal mental health services, in line with national service specifications, to improve the availability of mental health care.

14.4.10 Maternity and Neonatal Voices Partnership Guidance

This guidance was published in November 2023 to provide advice to integrated care boards (ICBs) and trusts on fulfilling statutory obligations around involving people and communities in the planning, proposals and decisions regarding NHS maternity and neonatal services in England. This guidance also responds to actions and responsibilities laid out in the Three-year delivery plan for maternity and neonatal services, set out areas to consider when commissioning and support effective maternity and neonatal voices partnerships (MNVPs) as well as signpost ICBs and trusts to resources on how to set up and sustain and MNVP[188].

MNVPs influence improvements in the safety, quality, and experience of maternity and neonatal care through:

- Listening to the experiences of women and families and bringing together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care
- Ensuring that service users' voices are at the heart of decision making in maternity and neonatal services by being embedded within the leadership and provider trusts and feeding into the LMNS which in turns feeds into the ICB decision making

14.4.11 Perinatal Mental Health Roadmap

The new perinatal mental health roadmap was launched by the Royal College of Midwives (RCM) in September 2023 to improve maternal mental health care in the UK and ensure women receive the support they need[189.] The key changes RCM propose in this roadmap are:

- All professionals working with women in the perinatal period have the necessary knowledge and understanding of perinatal mental health
- Every maternity service has a minimum whole-time equivalent Band 7 perinatal mental health specialist midwife
- All maternity professionals should be equally concerned with mental health and wellbeing as well as physical health in pregnancy, childbirth and postnatal period

14.4.12 National Maternity Review: A Five-Year View for Maternity Care

This review was published in February 2016 and set out recommendations to improve maternity services across England[190]. One of the key recommendations for action is better postnatal and perinatal mental health care through:

- Significant investment in perinatal mental health services in the community and in specialist care, as recommended by NHS England's independent Mental Health Taskforce.
- Postnatal care must be resourced appropriately. Women should have access to their midwife (and where appropriate obstetrician) as they require after having had their baby. Those requiring longer care should have appropriate provision and follow up in designated clinics.
- Maternity services should ensure smooth transition between midwife, obstetric and neonatal care, and ongoing care in the community from their GP and health visitor.

14.4.13 Government Response to the Independent Pregnancy Loss Review: Care and Support when Baby Loss Occurs before 24 Weeks Gestation.

This policy was published in July 2023[191] in response to the Pregnancy Loss Review which was commissioned to consider options aimed at improving care and support for parents who experience a pre-24-week pregnancy loss. 73 recommendations aimed at minimising

the trauma of pregnancy loss were made in the review, including around bereavement and support. In relation to mental health, this policy paper set out actions based on the Pregnancy Loss Review recommendations:

- Information about the impact of first pregnancy loss on mental health and trauma that may ensue following a baby loss should be provided and individuals should be advised that they can self-refer to NHS talking therapies. Clinicians should actively encourage this self-referral if they feel it would benefit the individual
- Following two losses, an appointment should be made for blood tests, including full blood count and thyroid function and other necessary investigations. Depending on the results of these tests, along with any other pre-existing or chronic physical or mental health conditions, referrals should be made to the relevant specialism
- All parents experiencing a loss should be provided with safe and compassionate bereavement support that is responsive to their needs and choices. The National Bereavement Care Pathway for Pregnancy and Baby Loss provides evidence-based care pathway with guidance for professionals delivering bereavement care to parents and families
- Employers, including the NHS, to put statutory provisions in place to support an employee following the loss of a pregnancy
- Consider and commission research through the National Institute for Health and Care Research (NIHR) into mental health screening for those affected by pre-24-week baby loss
- Information leaflets, bereavement support books and bereavement resources should be available in all languages, in easy read and digital format to bereaved parents to take home in all primary and secondary healthcare settings, following a pre-24-week baby loss

14.4.14 Women's Health Strategy for England

This strategy was published in August 2022[192]. It builds on Our Vision for the Women's Health Strategy for England published in December 2021 and set out 10-year ambitions for improving the health and wellbeing of women and girls in England based on the life course approach and resetting how the health and care system listens to women. Specifically for pregnancy loss, this strategy recommends that NHS Trusts join the National Bereavement Care Pathway Programme to reduce the variation in the quality of bereavement care provided by the NHS and ensure that there are improvements in care pathways parents who experience pregnancy loss to support them through bereavement and future pregnancies, especially if they have experienced multiple early pregnancy losses. The strategy also aims to:

- Continue to work across government to assess what more could be done to support bereaved families.

- Work across government and the voluntary sector to consider how we can strengthen workplace support for women and partners affected by pregnancy loss and stillbirth.

14.4.15 Born into Care: Best Practice Guidelines for when the State Intervenes at Birth

This guidance was published in March 2023[193] by the Nuffield Family Justice Observatory and aims to inform multi-agency practice when the state takes safeguarding action pre-birth, during birth and in the immediate follow-up period after discharge from hospital. The guidance includes the following linked to perinatal mental health, guiding practice with parents and their unborn baby throughout the **pre-birth period**:

- Parents and professionals co-define needs and goals, and work collaboratively to identify and build on strengths throughout the pregnancy
- Professionals work proactively with parents and the family and friend network to provide support matched to identified needs and concerns that may place the baby at risk of significant harm during pregnancy and after birth
- Professionals' concerns and plans are shared with parents at every step of the way, including any plan to initiate care proceedings at birth; the understanding of parents is continually checked
- The birth arrangements and plan for the baby after birth are shared at a timely point. The birth arrangements contain sufficient detail of the management of risk. Choice and control are offered to parents wherever possible
- Practice guidance with parents and babies in the **maternity setting:** Parents experience continuity of professional involvement from community to maternity setting (midwife, social worker)
- Women receive trauma-informed care during labour, birth and on the postnatal ward
- Parents' privacy and confidentiality is respected
- Careful consideration is given to the inclusion of the father or co-parent in the care of the baby while in hospital
- Careful consideration is given to the role of the family and friend network in providing support to the parents while in hospital
- Parents are given maximum opportunities to parent their baby, wherever safe and in the baby's best interests, holding in mind the possibility of discharge home or reunification
- **At the first hearing**, an inclusive approach is taken to family and friends regarding legal proceedings and decision making
- Mothers receive support to attend court, including transport, and are offered the alternative of inclusive arrangements for a private and supported remote hearing

- **In preparation for separation or a baby's placement,** parents are offered adequate time to prepare for separation. Attention is paid to their wishes regarding the detail of separation, and they are offered choice wherever possible
- Opportunities are created for parents to express their wishes and preferences with regards to care for their baby, and for them to create memories of their first hours and days with the baby to support ongoing connections

The following statements should guide practice when parents are **leaving the hospital and returning home without their baby:**

- Professionals check the immediate basic and emotional support needs of parents prior to them leaving the hospital
- Midwifery case allocation maximises the opportunity for continuity of specialist/appropriately trained care, and an assertive outreach approach is taken to postnatal care
- The role of kinship and foster carers is developed to maximise opportunities to support parents to bond with their baby
- Agencies work collaboratively with parents to continue to offer support to address identified concerns and needs, including reproductive health
- Professionals involved with the separation are offered an opportunity to debrief and have access to clinical supervision

14.4.16 Local Policies and Strategies

14.4.17 West Sussex Joint Health and Wellbeing Strategy 2019 - 2024

The West Sussex Joint Health and Wellbeing strategy includes perinatal and maternal mental health as part of starting well priorities[194].The strategy aims to reduce poor maternal mental health through initiatives that improve services and support for pregnant women, babies and their families.

14.4.18 West Sussex Suicide Prevention Framework and Action Plan 2023 - 2027

The West Sussex Suicide Prevention Framework and Action Plan aims to reduce the risk of suicide in West Sussex in line with the national strategy, Suicide prevention in England: 5-year cross-sector strategy and Sussex Suicide prevention Strategy and Action Plan. This framework proposes action to reduce risk of suicide in pregnant women and new mothers.

14.4.19 Sussex Perinatal Equality and Equity Plan 2022 - 2025

Sussex Perinatal Equality and Equity Plan was published in December 2022 by the Local Maternity and Neonatal Systems (LMNS) to reduce health inequalities and inequities in pregnant women, including those living in deprived areas, Black and Ethnic Minority Groups

(BAME) and young mothers[195]. In terms of perinatal mental health, the goal of the Sussex wide plan is to ensure that:

- All perinatal mental health services robustly capture access data by ethnicity and deprivation, which would be used to address the mental health needs of underserved communities
- Specialist perinatal and maternal mental health services expand in line with the NHS Long Term Plan

In West Sussex, the priority improvements include supporting long-term maternal health and wellbeing:

- Implementing the Long-Term Plan (LTP) mental health service, which will improve access to psychological support for at-risk service users
- Consider how wider access to mental health support for young birthing people could be achieved

14.5 Voice: coproduction, engagement and interviews

14.5.1 Voices in the perinatal period

National and local engagement reports which provided insights into the experiences and needs of women and non-birthing partners during the perinatal period (including pregnancy loss or bereavement) in relation to their mental health, were identified. The key findings from these reports are included below. Following a search, no national or local engagement reports on mothers and birthing parents whose child had been removed during the perinatal period were identified, and therefore, none were included.

.14.5.1.1.1 Healthwatch national survey on maternal health

The Healthwatch national survey on maternal mental health published in March 2023[196] chimes with findings from the local report detailed below. Access is to mental health support is a key issue nationally. Many new mothers and birthing parents reported that they experienced difficulty in accessing needed mental health support during the perinatal period. (35%) of the respondents who were first-time mothers and birthing parents experienced poor mental health for the first time and almost half (44%) of these did not receive any guidance or referrals when experiencing poor mental health. Long waiting times to access mental health services also worsened symptoms, as reported by nearly half (42%) of the respondents.

Postnatal inpatient care is having an impact on maternal mental health: Nearly half (43%) of the respondents reported negative experiences of care during their birth period, which negatively impacted on their mental health and resulted in loss of trust in NHS services to deliver high quality maternity care. This report highlighted that **pregnant women and people and new mothers and birthing parents remain at higher risk of suicide**. About a third (31%) of respondents experienced suicidal thoughts. This highlights the need for the provision of tailored mental health support for new mothers and early intervention to decrease the risk of suicide.

This report found a gap around monitoring whether the postnatal consultations are taking place in line with best practice guidance and reported that not all GPs are always aware of best practice guidance on making these consultations meaningful.

.14.5.1.1.2 Sussex Maternity Voices Partnership feedback

The following three themes were identified from the Maternity Voices Partnership feedback survey report from four University Hospitals Sussex sites, three of which are in West Sussex (Worthing, Chichester, Haywards Heath). The survey is an on-going feedback survey that opened in May 2023 to women who delivered their babies in any of the four university hospitals in Sussex. 105 responses were received. Most (70%) of the responses were received in December, 2023.

Key findings are summarised under the following 3 themes:

1. Access to mental health support

35.2% of respondents were well supported with their mental health in the postnatal period, while 27.6% of respondents were not offered support for their mental health and wellbeing after birth. Patients experiences of postnatal mental health support offer was found to be inconsistent and difficult to access causing inequity of provision. A lack of response after referrals also reduced access in parts.

2. Postnatal inpatient care with the parents in mind

Feedback highlighted that the lack of recognition and validation from healthcare professionals, regarding the feelings and birth experiences of mothers and birthing parents afterbirth resulted in increased distress, birth trauma and reluctance in seeking mental health support. Feedback given reported that there is a need for improvement in personalised maternity care that is appropriate, suitable and empathetic to prevent women from developing or being left with untreated mental health conditions after birth. This feedback has highlighted a need for training of healthcare professionals.

"I actually found this service increased my distress and birth trauma emotions. It helped me to understand the medical reasons for things and what happened from a medical point of view but completely disregarded my experience and how I was treated or my emotions around my birth. This made me feel that my feelings and experiences weren't valid and that my birth 'went well' even though I felt far from that."

3. Informed and personalised postnatal mental health support

The lack of awareness of patients' traumatic birth experiences and increased risk of developing perinatal mental health conditions contributed towards creating a barrier in accessing mental health support and resulted in untreated mental health conditions. This highlights the need for trauma informed care after delivery and personalised postnatal mental health support plans as part of early intervention for mothers and birthing parents who had traumatic birth experiences and are at a higher risk of developing mental health

conditions as a result. An integrated physical and mental health approach was needed for maternity care for pregnant women and people, and new mothers and birthing parents, to ensure that both physical and mental health issues are identified and treated.

.14.5.1.1.3 Interviews with Fathers in Sussex

In Sussex wide engagement (2022)[197], fathers and non-birthing partners (FNBP), health professionals and pregnant women and birthing people/ mothers and birthing parents, were interviewed to better understand their views, experiences and needs to inform how local systems can improve its support to FNBP. A total of 65 people were interviewed, out of which 50 were FNBP. 25 FNBP were from Brighton & Hove, 15 were from East Sussex and 10 were from West Sussex. Other interviewees included 10 professionals and five pregnant women and birthing people/mothers and birthing parents.

This study found that all fathers and non-birthing partners recognised their challenges and the need for support during the perinatal period. Many of the challenges are unique and underpin the need to develop non-stigmatised accessible and effective targeted support for FNBP during the perinatal period. Findings show that most FNBP were jubilant about pregnancy and birth, however, majority had challenges during the first year, mostly around tiredness, life-style changes, sense of isolation and helplessness (with child and partner), relationship tension, balancing work and childcare, and some had mental health challenges. A series of recommendations were developed from the findings to help drive preventative public health approaches during the perinatal period and contribute to wider work streams of mental health support, child outcomes, safer sleeping practices and reduce the incidence of Abusive Head Trauma (AHT) and sudden unexpected death in infancy (SUDI). These include encouraging the uptake of support among FNBP to prevent their mental health conditions from reaching crisis point, support for FNBP during pregnancy, support in the first year after birth and tailored support according to people's specific circumstances.

.14.5.1.1.4 Voices of Young Mums in the Perinatal Period

In a national engagement for young mothers and birthing parents aged 16-25 years in 2023[198], their maternal mental health experiences were explored. This study involved a total of 20 young mothers and birthing parents across the UK whose views and experiences were collected through focus groups.

The study found that young mothers and birthing parents are experiencing **difficulty in accessing postnatal mental health suppor**t and sometimes have to repeat their story to different professionals, which compounded the difficulties they were experiencing. The findings also indicate that many of the young mothers and birthing parents felt that services were judgemental and assumptions were made about them as parents. Some professionals told them what to do rather than empowering them to help themselves and sometimes the fear of losing their children due to reporting their mental health problems prevented them from seeking professional help. Young mums also **advocated for targeted, dedicated community-based services** which they reported to be very helpful as they felt more

understood and supported by these services, and they also provided opportunities to connect with other young people in similar situations. Furthermore, young mothers and birthing parents expressed the need for access to childcare to enable them have time for themselves and engage in activities of interest, as well as access to free community-based activities for mothers/birthing parents and babies to support their mental health and wellbeing.

This study identified four priority areas for action that need to be taken to better support the needs of young mothers and birthing parents. These include:

- Listen and respond to the needs of young mothers and birthing parents in national and local systems, including commissioning of support pathways and holistic services to meet their needs and co-production of services
- Ensure access to specialist mental health services for young mothers and birthing parents
- Research and listen to the voices for young mothers and birthing parents
- Resource and invest in universal services such as increase in the number of health visitors, school nurses, midwives, other vital public health teams of support and establishment of family hubs across local authority areas

14.5.2 Voices: Pregnancy Loss and Bereavement

Pregnancy or perinatal loss refer to early baby loss due to miscarriage, ectopic or molar pregnancy or because parents have made a heart-breaking decision to terminate a much-wanted pregnancy after receiving a diagnosis that their baby has a serious congenital anomaly and stillbirths[199]. Data from ONS[200] show that there were 2451 stillbirths in England in 2021 at a rate of 4.1 stillbirths per 1000 births and 1633 neonatal deaths at a rate of 2.7 neonatal deaths per 1000 births in England in 2021. There was also an estimation of over 100,000 miscarriages in England in 2021[201] and 3,370 pregnancies terminated for medical reasons in England and Wales in 2021[202]. Evidence show that pregnancy loss is associated with short- and long-term psychological effects[203]. The rates of pregnancy or perinatal loss in England indicate the need for psychological support for women and their partners who experience these losses.

The following themes were identified from published studies on pregnancy loss and bereavement and their effect on mental health of mothers and their partners.

14.5.2.1 Mental health experience

A study conducted by Imperial College London[204] highlights long term PTSD, anxiety and depression following miscarriage and ectopic pregnancy. The research looked at 650 women and birthing people, 537 of whom had suffered a miscarriage (pre-12-week's gestation) and 116 had suffered an ectopic pregnancy and found that after 1-month loss:

29% of women reported suffering with Post Traumatic Stress , 24% of women reported suffering with moderate to severe Anxiety , 11% of women reported suffering with moderate to severe Depression. 9 months later, it was reported that:

28% of women reported suffering with Post Traumatic Stress, 17% of women reported suffering with moderate to severe Anxiety, 6% of women reported suffering with moderate to severe depression.

This findings were corroborated by a survey conducted by Mariposa Trust with people who had experienced an 'early term' loss (pre-12 weeks gestation), late term miscarriage (up to 14 weeks gestation), stillbirths, neonatal and early years loss and reported that:

41% of women reported they suffered PTSD for a time following baby loss, 36% of women reported they were still suffering with PTSD following baby loss. 50% of women reported they suffered clinical depression following baby loss.

These findings indicate that pregnancy and neonatal loss is having an impact on the mental health of women/birthing people and their partners **and highlight the need for specialist and tailored mental health support for women and partners who experience perinatal loss.**

14.5.2.2 Access to mental health support

The Baby Loss Awareness Alliance report, 'Out of Sight, Out of Mind - Bereaved parents falling through the gaps in mental health care[205] found that several parents (60%) who experienced baby loss and went through grieving were unable to access specialist psychological support for their mental health on the NHS following their baby loss. Findings from the survey of Bereavement Midwives[xix], also show that although emotional support is commonly offered to women/birthing people, 46% of respondents reported that it is not routinely offered to partners or spouses. **These highlight gaps in the provision of specialist mental health support for both mothers and birthing parents, and partners after baby loss.**

14.5.3 Findings from semi-structured interviews with healthcare professionals: perinatal

Four professionals working in various services related to perinatal mental health were interviewed to identify the current needs related to mental health in West Sussex. Codes were generated, which were used to form themes. Within each theme, the population, organisational, and system level needs were identified, with quotes to evidence each theme. Population level needs relate to needs of those in the perinatal stage from the perspective of professionals. Organisational needs relate to needs within a service and system level needs

[xix] Online survey circulated through the Bereavement Midwives Forum in August-September 2018. 92% of respondents are based in an NHS Trust, 90% are based in England and 82% identified as specialist bereavement midwives. Total of 39 responses. Respondents are unlikely to be fully representative

refer to high-level changes that are needed across the county to improve mental health outcomes for those in the perinatal period.

Figure 129 Themes from semi-structured interviews

Theme	Population needs	Organisational needs	System level needs	Quotations
1. **The criteria necessary to receive support from services** does not always identify or accommodate the different needs of the population at risk of poor mental health	An identified cohort of people with mental health needs that are too complex for talking therapies, but do not meet the criteria for the specialist perinatal mental health service.	A flexibility within services to offer support to those that may not meet the criteria for perinatal mental health services but have been identified as needing support. A need for the bereavement pathway to be more flexible relating to the number of weeks a person is pregnant for, and provide support based on need, not just the criteria.	Drop-in services to be offered, that cater to various practical needs that babies and birthing parents have, as well as identify mental health support needs, so that birthing parents who would not otherwise seek support for their mental health, possibly due to stigma and practical constraints, can be identified and supported by services. A clear service provision for those who may not be eligible for current services due to not meeting the criteria for perinatal mental health services, but whose mental health problems are too severe for Talking Therapies. The need for a Mother Baby Unit in West Sussex, as this disproportionately affects people who are unable to travel to other areas for support, due to cost, time, and capacity.	''it's quite well recognised nationally that black and ethnic minority pregnant people may not be getting the right support.'' ''We do have people who are turned away by [Tier 2 service] but have equally been turned away by the specialist team because they don't meet their criteria.'' ''[I would like to organise] postnatal groups for birthing parents that are mild to moderate mental health. That borderline, where they're stuck in the middle of things.'' ''The bereavement pathway is very tight, and I understand why sometimes the dates have to be very tight, but I think it should go on history to make a decision.''
Theme	**Population needs**	**Organisational needs**	**System level needs**	**Quotations**
2. Current funding and resource should be **consistent, with more of a focus on staff wellbeing and retention,** to meet the needs of the birthing parents.		Services should offer more support to staff who deal with mental health across the perinatal system to improve retention and the quality of	A need for more certainty around the commissioning of services year to year. Services that offer the same provision in different areas should be provided with equitable	''…the funding is always hanging by a thread… they'll pay them 'til the end of March, but what happens after that?'' 'Because of staffing, they've cut back antenatal visits. It's one of the ones that goes

		support that can be offered.	resource/funding, so support is consistently delivered and not lacking in certain areas.	when they're prioritising work.'' ''If somebody needs to be referred into an assessment and treatment, it can be difficult to get people well supported [because of understaffing, lack of funding and resource]''
3. Perinatal mental health services are stopped for parents **who have their baby removed from their care**, which limits the support provided.		A need for current services to be more flexible in who they offer support to. Conditions, such as the requirement to be longer term contraception, may act as a barrier for service users in accessing support.	A need for more accessible support for parents who have had their babies removed either by remaining on the perinatal mental health pathway, or by offering more provision in other services so that support is timelier. An understanding that stopping support as soon as a baby has been removed from the parent's care means that the parent's needs are likely not being met.	''they just go back to adult mental health services and that's really disappointing. There is still something along the Pause programme for people who've had multiple removals, but that's really difficult for people to access.'' ''If someone's been through removal of a child, for whatever reason, we don't continue to work with them.''

Theme	Population needs	Organisational needs	System level needs	Quotations
4. Effective communication through **information sharing and relationship building** within the system, and between services and service users improves service user outcomes.		A need for professionals working with birthing parents to be able to refer to mental health services on behalf of service users, to prevent delays and support those who may need help with referrals. A need for other services to be notified when a person has a traumatic birth, so that the person can be offered the appropriate support across services.	More shared learning is needed across services. A need for relevant information, particularly in instances of serious safeguarding issues, to be flagged in a timely manner and escalated appropriately to avoid severe levels of need being missed by other services supporting the same person.	''I think because we're seeing them quite regularly, you're starting to build that rapport. People are generally really open and honest with us.'' ''Better communication and a willingness to work more flexibly [will improve support].'' ''…now the records aren't sent over, so there's a gap in knowing...''

14.6 Activity, Quality and Outcomes

14.6.1 Opportunities for Early Identification

West Sussex has a relatively high percentage of infants who have had a newborn visit within 14 days and reviews at 6-8 week check and 12 months, although these have declined over recent years. These remain opportunities for early identification and support as do the GP 6–8-week mother and baby checks.

Figure 130 Health Visiting Statistics - West Sussex

Measure	2022/23 Annual Value	Latest Information (Q1 and Q2 2023/24)
% infants receiving a new birth visit (NBV) by a Health Visitor within 14 days (two weeks) of birth.	In 2022/23 88.4% of infants had a NBV within 14 days (England 79.4%)	Q1 2023/24 West Sussex 85.1%, England 80.9% Q2 2023/24 West Sussex 91.4%, England 83.5%
Proportion of infants receiving a 6 to 8-week review	In 2022/23 86.8% of infants had a 6–8-week review (England 79.6%)	Q1 2023/24 West Sussex 87.9%, England 81.1% Q2 2023/24 West Sussex 90.3%, England 81.7%
Proportion of children receiving a 12-month review – within 12 months	In 2022/23 83.8% of children had a 12-month review (England 70.9%)	Q1 2023/24 West Sussex 85.6%, England 74.8% Q2 2023/24 West Sussex 90.1%, England 77.6%

Source: NHS Digital Health Visiting Statistics

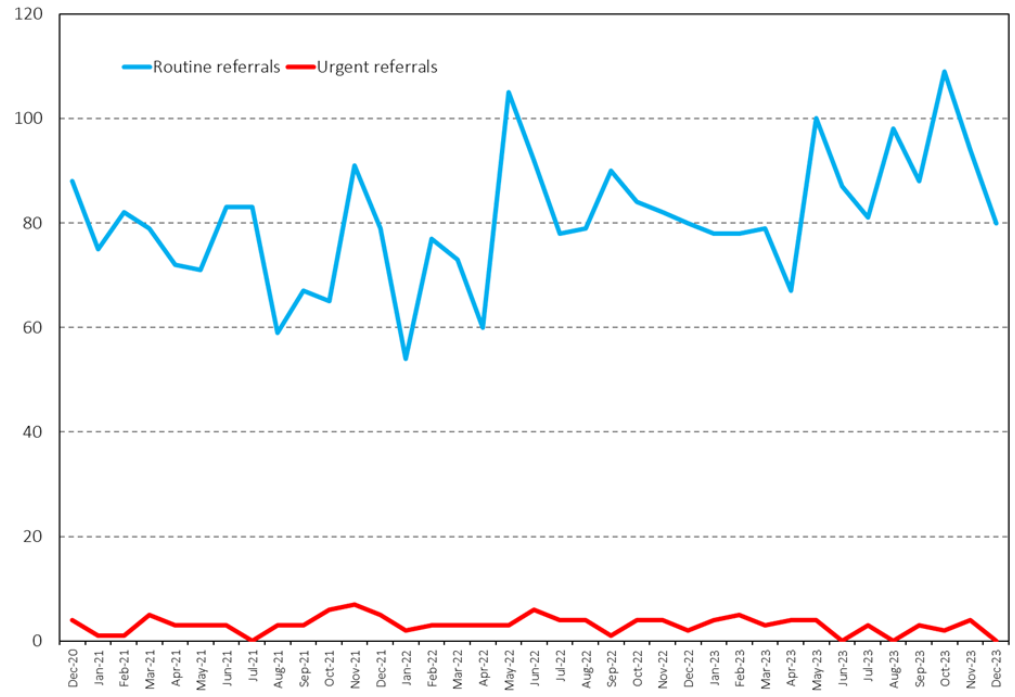
14.6.2 Service Activity – Specialist Perinatal Mental Health Service

In terms of West Sussex residents, there are approximately 90 referrals a month, with 3-5 urgent referrals. The average number of referrals have increased slightly and urgent referrals have remained stable.

Figure 131 Specialist perinatal mental health service measures

Measure	Scale	Direction
Referrals	Data between Jan 2023 and Dec 2023 shows an average of 87 per month (low of 67 in April, high of 109 in October. Urgent referrals average 3 per month (low of 0, high of 5)	In 2022 on average there were 79 referrals a month. Activity has slightly increased. There was a similar level of high and low values. Urgent referrals remained stable.
Assessments	Data between Jan 2023 and Dec 2023 shows an average of 49 per month (low of 37 in April, high of 67 in November. Urgent assessments average 1 per month (low of 0, high of 4)	No change in the level of assessments (monthly average in 2022 48 assessments)
Caseload	In December 2023 SPFT West Sussex caseload was approximately 500	In December 2022 the caseload was lower at approximately 450.

Figure 132 Referrals - Specialist Perinatal Mental Health Service



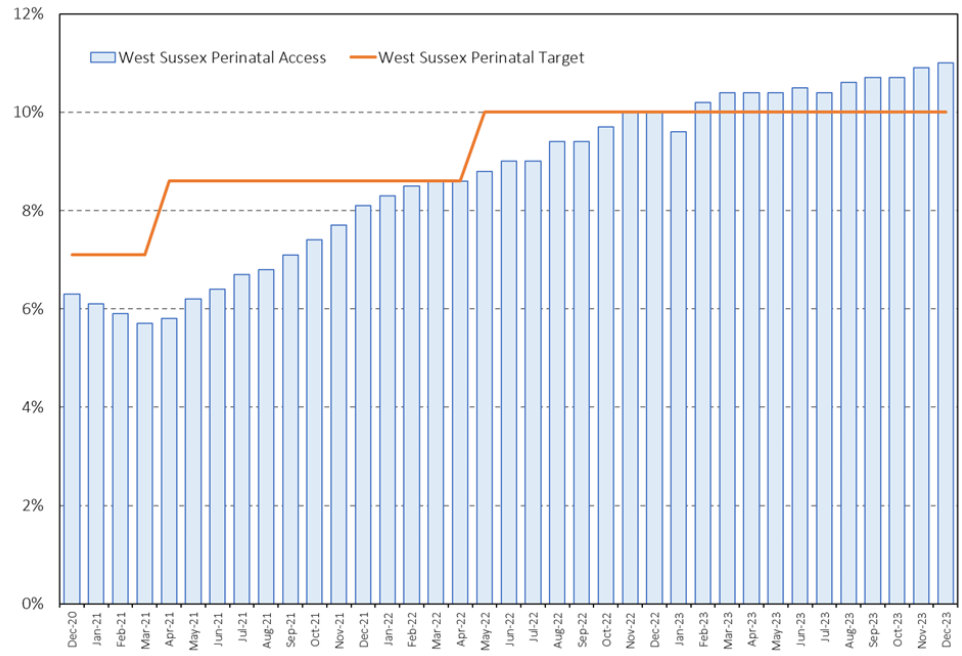
Source: SPFT Provider Reports, Monthly Commissioner Reports

14.6.3 Perinatal Access Standard

The NHS Five Year Forward View for Mental Health included a commitment to increase access to specialist perinatal mental health treatment. This plan set out an ambition to reach 30,000 more women from the 2014/15 baseline of approximately 12,000. This ambition was then stretched in the NHS Long Term Plan (2019/20), to 35,000 above the baseline in 2020/21, 45,000 in 2021/22 and 54,000 in 2022/23 and 2023/24. The longer-term ambition (to 2022/23 and 2023/24) equates to approximately 10% of births.

For West Sussex, this target of 10% of births, has been achieved and exceeded in 2023/24

Figure 133 West Sussex Perinatal Access Standard



Source: SPFT Provider Reports, Monthly Commissioner Reports

14.7 What we know about the offer of support

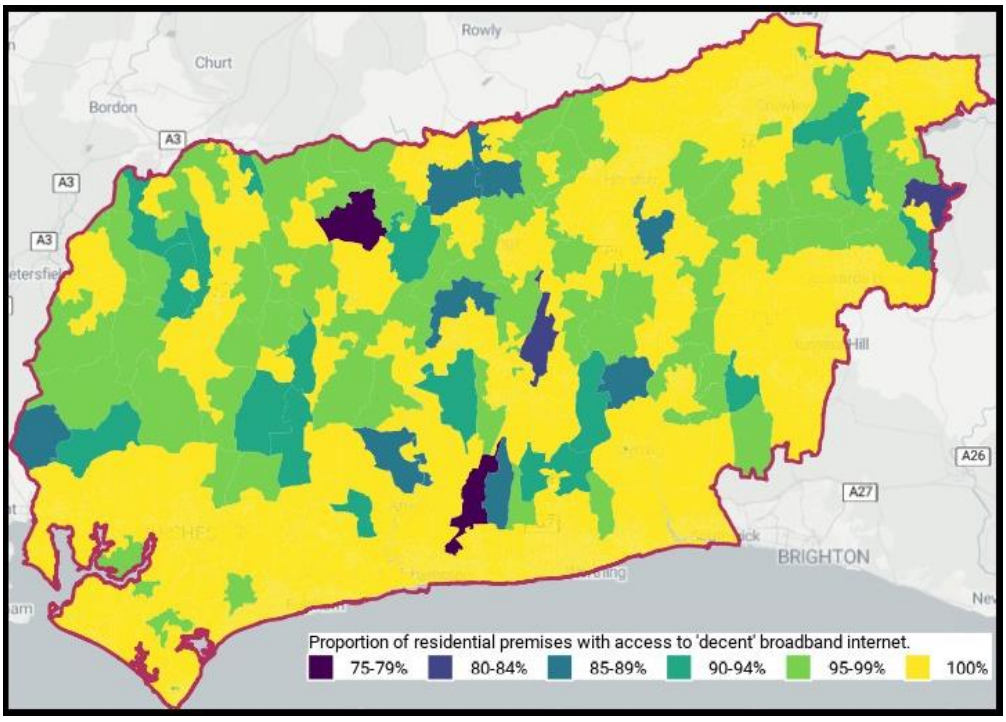
Support for mild to severe perinatal mental health is provided through primary and secondary care mental health services. Services range from online and telephone based, to intensive one to one support, community and voluntary services, statutory services and clinical offers. These are in addition to universal services detailed in Appendix 5.

In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

There are increasing number of online offers for families, and for those providing interventions such as video calling, a 'decent' internet speed may be needed. Figure 134 shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality connections. This is an important consideration when

providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 134 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

14.7.1 Primary Care

GPs and other allied primary care professionals can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed. GP contracts include the requirement for a mental health assessment to be included within a 6-8 week check. In line with NICE Guidance, this should include a review of the mother's mental health and general wellbeing[206].

14.7.2 Maternity and neonatal services

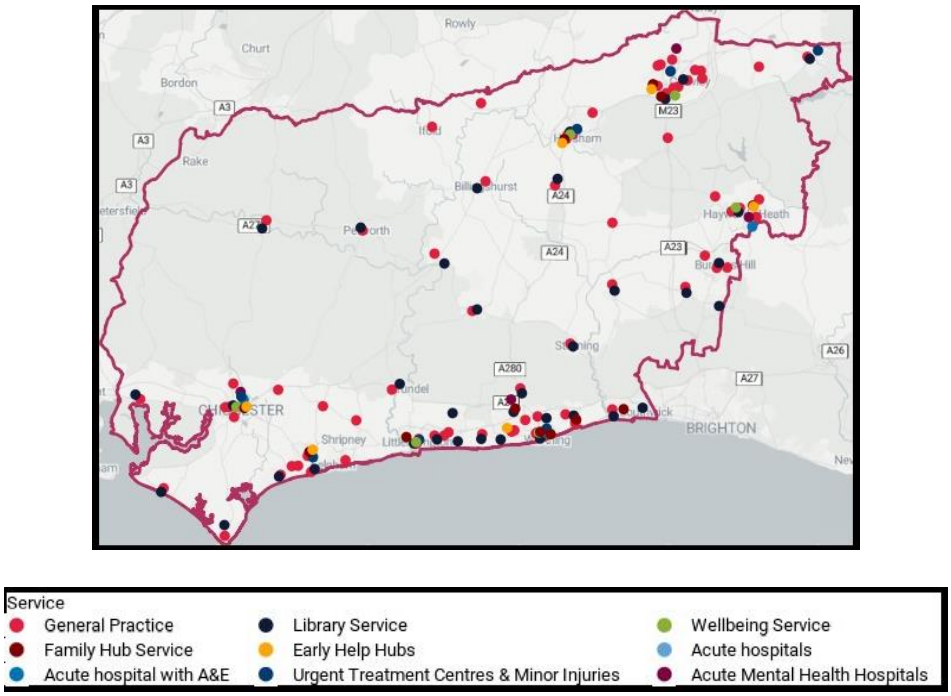
The local maternity offer comprises preconception care, and care during pregnancy, birth and up to 28 days postnatally (where needed), although this tends to be around 10 days after birth, when care is handed over to the Health Visiting Team (see below). This care may be shared with a GP, obstetrician or other specialist support for higher risk pregnancies. This is delivered in a combination of community-based places (including homes and midwife led units) and acute inpatient care in three hospitals: St Richards, Worthing Hospital and the Princess Royal in Hayward's Heath.

Midwives and primary care professionals can support women and birthing people with low level mental health needs, however, for those experiencing moderate to severe mental ill

health, women and birthing people can be referred into the Sussex Perinatal Mental Health Service, and be supported for up to a year after birth. Any professional working with women/birthing people can refer into the service.

These services can be accessed at a number of locations including to GP surgeries, family hubs, and acute hospitals (Figure 135).

Figure 135 Service map



If birthing people are too unwell for primary care level support, but not unwell enough for specialist perinatal services, talking therapies accepts referrals of pregnant women as a priority.

14.7.3 Healthy Child Programme – Health Visiting service

The Healthy Child Programme Health Visiting Service entitles children and families to routine health and development reviews up to the age of 5, which includes:

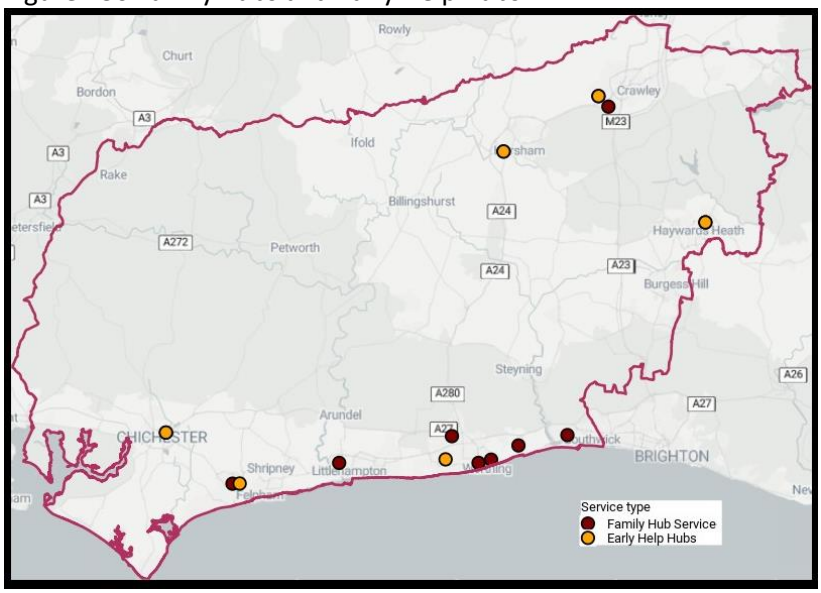
- from 28 weeks of pregnancy
- within 14 days of birth
- when your child is 6 to 8 weeks old
- when your child is 9 to 12 months old
- when your child is 2 to 2.5 years old

Parents or carers have access to our confidential anonymous texting service, Parentline.

The Health Visitors ask about parent's mental wellbeing and provide support and advice where a mental health need is identified. They may signpost into additional support or make a referral into another service.

These services are delivered online, by telephone, in homes, family hubs, clinic settings, schools and other appropriate community settings, depending on the level of support and the type of review.

Figure 136 Family hubs and Early Help hubs



For women and families who need additional support from pregnancy to 2 years old, there are enhanced offers through the Early Help Service. The universal offer (Level 1) is open to all and there are three further levels of service, depending on the needs of the family – including support for those in the criminal justice system, FNP for parents under 24 years of age and support from the Healthy Futures Team for those with complex needs and vulnerabilities. Parenting programmes also form part of the offer. This service includes a Specialist Health visitor for Perinatal Maternal and Infant Mental Health, who provides peer support groups for mothers and birthing parents, and a group for fathers alongside one-to-one support and referrals to the specialist perinatal mental health service.

14.7.4 Specialist Perinatal Mental Health Service

The specialist perinatal mental health service is a community-based service providing specialist support to mothers/birthing parents and families who are experiencing, or who have previously experienced, moderate to severe and complex mental health difficulties during the perinatal period. Support and clinics are available in a number of community settings, including home or a venue of the parent's choosing.

14.7.5 Inpatient care Mother and baby units (MBUs)

These units provide intensive inpatient care for mothers experiencing severe or acute mental illness. These are specialist units, where mothers and babies are resident during treatment. There is no MBU Sussex but there are a number in the South East area, including Kent and Medway and Hampshire.

14.7.6 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at both county level and as local offers.

As well as universal services available for adults (Appendix 5), there are also a small number of CVS organisations that provide support for mental health and emotional wellbeing needs to birthing and non-birthing parents and their infants, for example Families in Mind service and the Early Years Alliance.

There are also national charities offering advice and support around issues which affect mental health and wellbeing, such as bereavement, new parenthood, stress, pregnancy loss, sleep issues, sexual and domestic abuse, alcohol and substance misuse and others. These are online/app and telephone-based offers.

These are listed in Appendix 5**.**

14.7.7 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, ACEs, on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

14.8 Perinatal Healthcare - What works for prevention

Prevention is crucial to reducing the harmful effects of illnesses or conditions on the health and wellbeing of women/birthing people and their families, and children's development. Effective prevention, as well as early identification and treatment of perinatal mental health problems can positively impact on the lives of many women/birthing people and their families[207]. There are approaches that have been identified to prevent perinatal mental health problems from developing or progressing during pregnancy and after birth based on evidence. These include:

14.8.1 The Perinatal Healthcare Pathway.

The National Collaborating Centre for Mental Health developed the perinatal mental health care pathways following a process agreed with NICE and included involvement from an Expert Reference Group including experts by experience, carers, practitioners, academics, commissioners, service managers and representatives from national NHS arm's-length bodies. This pathway provides evidence-based guidance on what works in perinatal healthcare. It consists of a series of five pathways to support the mental health of women from preconception to the perinatal period[208]:

- **Pathway one – preconception advice**: This specifically supports those with severe mental health problems (past or present) in planning a pregnancy. The Timely preconception advice and monitoring from a specialist community perinatal mental health service can help prevent many avoidable mental health problems and minimise the risks associated with pregnancy particularly in women and birthing people at high risk of perinatal mental health problems due to existing mental health conditions. Up to 90% of women taking medications for existing mental health conditions will stop taking medication when they discover that they are pregnant, which can result in major consequences or relapse, meaning preconception advice crucial for prevention.
- **Pathway two – Specialist assessment**: Special assessment is recommended during each antenatal and postnatal routine to improve early identification rates and reduce long-term adverse effects of undiagnosed or untreated mental health issues. Women and birthing people referred to a specialist community perinatal mental health team with a complex or severe perinatal mental health problem (known or suspected) should have timely access to a biopsychosocial assessment and an agreed care plan put in place with a known professional if the need for an intervention is identified.
- **Pathway three – Emergency assessment:** Emergency assessment is crucial and should be carried out on women/birthing people who are suspected to be in crisis or require urgent intervention. For instance, those presenting with severe depression or the onset of postpartum psychosis that put the mother or birthing parent and baby at risk should undergo emergency assessment for immediate treatment to protect mother/birthing parent and baby.
- **Pathway four – Psychological interventions:** Psychological interventions (either alone or in conjunction with pharmacological treatment) are extremely effective for treating depression and anxiety disorders, and many women/birthing people prefer them to taking medication. They are also recommended for the treatment of a range of other perinatal mental health problems including SMI and eating disorders.
- **Pathway five: Inpatient care (MBUs):** MBUs provide support and care for the mother/birthing parent in their parenting role and have staff with specialist expertise to manage complex or severe perinatal mental health problems. Women/birthing people who need unplanned inpatient care should have urgent access to an MBU.

14.8.2 Specialist Perinatal Mental Health Services

Provision of specialist community perinatal mental health services rather than general psychiatric services are also reported to be more effective, preferred and valued by women and birthing people in tackling perinatal mental health issues. Perinatal mental health services provide specialist help and tailored support to women/birthing people with moderate to severe and complex mental health needs or women/birthing people experiencing mental health problems during the perinatal period. Easy and timely accessibility of these services can provide early intervention for perinatal mental health and wellbeing or prevent existing mental health conditions from reaching crisis point[209,210].

14.8.3 Universal Services and Support for Parents' Mental Health During the Perinatal Period

PHE published the following evidence-based preventive approaches to support the mental health of parents during the perinatal period, as well as early identification and intervention[211.]

- **Individual and Familial**: Universal services, particularly healthcare practitioners such as GPs, health visitors and midwives, who are in frequent contact with pregnant women/people and their families, should play active roles in identifying risk factors for poor mental health (such as poverty, exposure to violence, migration, trauma, low social support, loneliness or social isolation) and make referrals to mental health services. They should also ensure that any past or present information related to mental health problems is shared to enable support from multiple agencies where necessary. Services should also provide support to fathers and co-parents who may need it.
- **Training of Healthcare Professionals**: Training health visitors, midwives and GPs on mental health problems during pregnancy and the first year after birth to assist in identifying women/birthing people who are at risk of perinatal mental health problems during contact with them, and offering to refer to specialist mental health services is also effective in preventing mental health problems during pregnancy and after birth. Midwives should discuss mental wellbeing at the appointment booking and include mental health in the personalised care plan. Additionally, all healthcare professionals referring to a maternity service should ensure that information on any previous or current mental health problems is shared to enable women/birthing people experiencing poor mental health to receive the support they need from healthcare professionals.
- **Community**: Community support initiatives such as peer support for women/birthing people are found to be effective support for perinatal mental health. Peer support for women/birthing people with low mood after childbirth can have a positive impact on their emotional wellbeing. Women and birthing people report that peer support including those tailored to Black and Ethnic Minority groups can contribute to reducing low mood and anxiety by overcoming feelings of isolation, disempowerment and stress, supporting improvements in mothers' and birthing parents' feelings of self-esteem, self-efficacy and parenting competence. Peer support can be provided in a woman's/birthing person's native language and can be a valued and effective service. Care provision and funding for pregnancy and postnatal peer support projects could consider the organisation of the support and the training received by the supporters.

14.9 Findings and areas for focus

Life Stage: PERINATAL

KEY POINTS

- In 2021 there were 8,515 live births in West Sussex.
- Prevalence - In terms of perinatal mental health, each year, it is estimated that between 990 and 1,970 women have adjustment disorder and distress (unhealthy or excessive emotional reaction or behavioural reaction to a stressful event of change). An estimated 650 and 990 have mild-moderate depressive illness and anxiety. Rarer conditions such as severe depressive illness and post-traumatic stress disorder impact approximately 195 a year, chronic serious mental illness 15 women a year.
- Expressed demand - There has been an increase in referrals to the specialist service. In December 2023 there were 87 referrals, the average number of monthly referrals has increased from below 80 in 2022.
- Access Target - In West Sussex (in 2023/24) the national access standard is being met (in terms of reaching approximately 10% of 2016 births) and is higher than Brighton & Hove and East Sussex.
- Outcomes - In terms of outcomes the published data state a paired outcomes value of 46%, but this is across Sussex overall. Waiting times (across Sussex) 22 days for non-urgent referrals.

High Level Overall Areas for focus

For all high-level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus, no specific perinatal areas for focus.

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

Specific perinatal areas for focus

- Increase access to what's working - antenatal and postnatal classes and birth after thoughts
- Workforce training to increase access to mental health & wellbeing support, prevention & early intervention including digital. Provide training across different orgs and services to increase understanding across the system and join up pathways
- Joined up, longer term commissioning for community peer support for perinatal mental health
- Review access to support for pregnancy loss support for all

- Collect data and review impact of child removal and support available

Area 3: Whole pathways and all people

Specific perinatal recommendation

- Review perinatal mental health pathway for those who are considered too complex for talking therapies, but do not meet the criteria for the specialist perinatal mental health service to address gaps (support for those who have had their baby removed from their care within the perinatal MH pathway) and join up services (antenatal and postnatal classes with care pathways).

Area 4: Accessible, flexible & personalised support

Specific perinatal areas for focus

- Review improving access to perinatal mental health regarding flexibility of criteria based on need for access and drop-in services to address practical barriers for attendance.
- Review access to bereavement and loss support based on need and history not just weeks of pregnancy.
- Workforce training on diversity, neurodivergence, reducing stigma and increasing access to all.
- Review of support for those on waiting lists to enable better 'waiting well' and 'waiting safely' and increase signposting to resources on Sussex LMNS | Local Maternity & Neonatal System website.

Area 5: Housing & accommodation

Specific perinatal areas for focus

- Increase awareness of libraries as a setting for delivering services and community support for improving perinatal and children and young people's mental health.
- Review of community spaces and where support can be provided in community non-judgemental easy access settings.

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

Specific perinatal recommendation

- Review specialist maternity pathways and access to full range of mental health & wellbeing support including talking therapies and GP postnatal maternal assessment.

15 Children, Young People and Families – Early Years 0 - 5

15.1 Introduction

Early years is defined as the period from conception to 5 years. Mental health for babies and young children refers to their developmental wellbeing both socially and emotionally[212]. The period from conception to age 2 is a critical point in a child's life as it lays the foundations for their cognitive and emotional development[213], and experiences from conception to age 5 shape the experiences a person has well into adulthood[214]. WHO's Global Strategy acknowledges the importance of healthy early childhood development as a key part of a thriving society and in achieving the Sustainable Development Goals (SDGs)[215]. Many factors, including experiences in the womb, parental/carer relationships and nutrition influence early years' social and emotional development and wellbeing.

15.1.1 The First 1001 Days

From birth to 18 months, 1 million connections per second are created in the brain, meaning early experiences shape brain development with a lifelong impact on babies' mental and emotional health[216]. If a child does not develop at the normal rate during their early years, their development tends to stay behind in later life.

15.1.2 Early Years Foundation Stage (EYFS) Profile

EYFS refers to standards of learning, development, and care of children from birth to age 5, for all schools and early years' providers in England. The areas of learning are:

- Communication and language
- Personal, social, and emotional development
- Physical development
- Literacy
- Mathematics
- Understanding the world
- Expressive arts and design

These areas of learning are mostly taught through play and games. Progress is reviewed between ages 2 and 3 by a health visitor or early years practitioner, and assessments of infants are carried out by class teachers at age 5.

Figure 137 shows data on development in children at ages 2 to 2 and a half years, and at the end of reception in West Sussex, the South-East region, and England. The percentage of children in West Sussex achieving a good level of development at ages 2 to 2 and a half years is statistically similar to the South-East, and significantly better than England. However, the percentage in West Sussex is decreasing over time. At reception age, the percentage of children ready for school is significantly lower than the percentage in the South-East, and statistically similar to the rest of England. There has been no significant

change in the percentage of children developmentally ready for school over recent years in West Sussex.

Figure 137 Development in children at ages 2 to 2.5 years

Indicator	West Sussex	South East	England
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years (2022/23)	84.4	88.9	85.3
School readiness: percentage of children achieving a good level of development at the end of Reception (2022/23)	67.5	69.6	67.2

Source: Fingertips

15.2 Prevalence

In pre-school children, the national survey found that 5.5% of children aged 2-4 years had a probable mental health condition, with a slightly higher percentage of boys than girls having a condition. Applying the national survey estimate to the local population would equate to approximately 1,530 children.

Figure 138 Estimate of 2-4 year-olds with a probable mental health disorder

All Children	2 to 4 years	Boys	Girls
Adur	110	70	40
Arun	250	160	90
Chichester	180	110	70
Crawley	250	160	90
Horsham	260	160	90
Mid Sussex	290	180	110
Worthing	190	120	70
West Sussex	**1,530**	960	560

15.3 Factors that influence early years' development

15.3.1 Attachment

Attachment theory emphasises the significance of the bond between child and primary caregiver[217]. Particularly in the first 1001 days, where connections are forming at a rapid pace, it is important that parenting is caring and sensitive to the infant's needs. Not meeting their needs, as well as factors such as neglect, abuse, and poor maternal and paternal mental health can lead to insecure attachment.

Children are more able to cope with stress, adversity and change, and have a higher perception of self-worth when attachment is secure and positive, meaning attachment style is predictive of mental health in adulthood[218]. Insecure attachment in early years can result in depression, self-harm, anxiety, PTSD and other mental health problems in later life[7].

Secure and positive relationships, as well as experiences in the womb, and co-regulation, also influence self-regulation in children[219]. Self-regulation is the ability to control actions, emotions, thoughts, and adapt and adjust to new situations, while co-regulation refers to parents' ability to sooth and calm infants. Self-regulation skills help individuals to endure challenging situations, ignore distractions and think before acting. It is continuously developed on throughout the early years, so positive relationships throughout this stage are critical in building self-regulation skills in children.

15.3.2 Nutrition

15.3.2.1 Birth Weight

A low birth weight (under 2.5kg) is linked to higher levels of infant mortality, physical and cognitive developmental issues, and poorer overall health in later life[220]. Low birth weight can be due to growth restriction in the womb, prematurity, or a combination of the two factors. In the population, a significant proportion of low birth weight babies are due to poor antenatal and maternal health[221].

The table below shows data on low-birth-weight babies in West Sussex, the South East and England. West Sussex has a significantly lower percentage of term babies with low birth weight. Percentage of babies with very low birth weight in West Sussex is statistically similar to the South East and England.

Figure 139 Low-birth-weight of term babies and all babies.

	West Sussex	South East	England
Low birth weight of term babies (2021) (%)	1.8	2.4	2.8
Very low birth weight of all babies (2021) (%)	1.1	0.9	1.0

Child development data. Source: Fingertips

15.3.2.2 Breastfeeding

It is recommended that a baby is breastfed exclusively for the first 6 months of their life, and together with solid food thereafter, for as long as the mother/birthing parent and baby want. Breastfeeding meets all the baby's nutritional needs and can help strengthen the emotional bond between mother/birthing parent and baby[222]. Some evidence on breastfeeding also suggests that there are other positive impacts on a baby's development.

The table below shows the available data for breastfeeding in West Sussex, compared to the South East and England. Data on baby's first feed is from the NHS Maternity Services Data Set (MSDS). Data relating to breastfeeding prevalence at 6-8 weeks refers to babies who are exclusively breastfed.

Figure 140 Breastfeeding prevalence

Indicator	West Sussex	South East	England
Baby's first feed breastmilk (2020/21)	68.5	74.4	71.7
Breastfeeding prevalence at 6-8 weeks after birth (2022/23)	-	-	49.2

Child development data. Source: Fingertips

15.3.2.3 Solid Foods

Between ages 1 to 3, an infant's cognitive ability increases, and nutrition can have an impact on memory, attention, and academic achievement in later life[223]. Infants should be fed nutrient-dense food from a variety of food groups and should be fed the appropriate portion sizes often throughout the day[224].

15.4 Risks and Protective Factors to Early Years Mental Health

15.4.1 Risk Factors

Various factors that interact in different ways can lead to poor developmental outcomes in early years and poor mental health outcomes in later life. The role of parenting is a crucial factor in these outcomes. Both conflict in the inter-parental relationship and maternal psychological distress are positively associated with socio-emotional difficulties at age 3[225].

Due to the rapid brain development that occurs in the first years of life, ACEs that occur without nurturing support from a parent or carer can impact brain development in the early years and mental health later in life[226]. ACEs are highly stressful and potentially traumatic experiences, including abuse and neglect; as well as living with someone who has gone to prison, with drug or alcohol dependency, or serious mental illness[227].

18% of children and young people who are looked after by local authorities in England are under the age of 4[228]. The most common primary reason for being in care is due to being at risk of abuse or neglect[206]. Children in the care are also at risk of placement instability and disruptions to their relationships with caregivers. This higher likelihood of experiencing ACEs results in higher levels of poor mental health outcomes for[229].

The association between household income and poor mental health outcomes is more complex and dependent on other factors, such as emotional, educational, and family environment[200]. Comparison from the mental health survey of children and young people in England suggests that children aged 2 to 4 years from the lowest-income families were more likely to develop a mental health condition compared to those with the highest incomes, however no association was found when controlling for other factors[230]. In the same survey, and after controlling for other factors, children were twice as likely to develop

a mental health condition if their parent was in receipt of welfare benefits, compared to those whose parent was not in receipt of welfare benefits.

Between 2021 and 2022, approximately 10% of children aged 0 to 5 years in West Sussex were in absolute low income before housing cost, compared to 15% in England. Within West Sussex, Crawley had the highest proportion of 0 to 5 year-olds living in absolute low income at 15%, while Mid Sussex had the lowest at 6%[xx].

Housing insecurity and homelessness may also impact on access to universal healthcare and other services and can cause significant disruption in early child development[231]. Frequent moves or changes in residence have been linked to emotional and behavioural difficulties which have consequences for later life[206]. Experiences of homelessness can result in increased difficulty accessing antenatal care and increase perinatal stress, leading to less consistent, sensitive, and responsive care[232].

15.4.2 Protective factors

Protective factors of poor mental health outcomes in early years stem from how safe and protected an infant feels in the environment they are in, and with their families. Infants who experience a secure attachment can use their caregiver as a 'secure base' to safely explore the environment around them[233]. A secure attachment means that children are less likely to engage in risky behaviours, have fewer mental health problems and are more likely to have enhanced social skills and coping strategies[234]. Self-regulation is the ability to adapt, adjust and control emotions, actions, and thoughts[235]. This plays an essential role in emotional health and wellbeing and helps individuals to cope in challenging situations, ignore distractions and think before acting[216]. The ability to self-regulate is shaped by experiences in the womb and interactions with caregivers and the environment in early childhood. Adults support the development of these skills by understanding a child's needs and emotions and being responsive to them, known as co-regulation[216].

Other factors that contribute to positive mental health outcomes include good nutrition in preconception and the perinatal period, good infant nutrition, stimulation and play, and access to learning opportunities[236].

[xx] Based on analysis using data from Department of Work and Pensions and Office of National Statistics.

15.5 National and Local Policies and Strategies

Policies relating to the developmental, social, and emotional wellbeing of infants tend to be applicable to children and young people between ages 0 and 25. Policies below have clearly identified guidance or outcomes that would influence the mental health of infants aged between 0 and 5. Policies mentioned in *Children and Young People - Review of National and Local Policy and What Works,* but not mentioned in this chapter, are also potentially relevant to ages 0-5.

15.5.1 National Policies and Strategies

15.5.2 Future in Mind (2015) *Promoting, protecting, and improving our children and young people mental health and wellbeing*[237]

The Children's mental health taskforce, led by the Department of Health and NHS England, published a report that examined ways to improve access to CYP mental health support and review how CYP's mental health services are organised, commissioned and provided. Ambitions related to early years include improving access to evidence-based intervention programmes to support the strengthening of attachment.

15.5.3 Transforming children and young people's mental health provision: a Green Paper (2017)

This paper was published in December 2017, building on the Future in Mind report. The Green paper set out a commitment to further analyse the support that healthcare professionals are given to understand the importance of mental health in pregnancy and the early stages of life.

15.5.4 COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021)

This plan was published in March 2021 by the government, with the aim to "prevent, mitigate and respond to the mental health impacts of the pandemic during 2021 to 2022". Actions related to early years and early years with SEND include more funding (£5.3 million) to VCSOs to support disadvantaged children's development and family wellbeing related to the COVID-19 pandemic. The plan also developed further outcomes around supporting families through the Troubled Families Programme.

15.5.5 Early Years Foundation Stage (EYFS) Statutory Framework (2014)

The framework was published by the Department of Education and is mandatory for all school and childcare providers in England. Standards for learning, development, and care of a child from birth to 5. Childminders, preschools, nurseries, and school reception classes should follow EYFS. Learning is taught mainly through games and play. Areas of learning are communication and language, personal, social, and emotional development, physical development, literacy, mathematics, understanding the world, expressive arts, and design. A child's progress will be reviewed between ages 2 and 3 by an early years' practitioner/health visitor and by their class teacher at the end of the school year when they turn 5.

15.5.6 Better Births: Improving Outcomes of Maternity Services in England – A Five Year Forward View for Maternity Care (2016)

Developed by the NHS as a five-year-plan for enhancing maternity services for women, family, and babies. The plan highlights the importance of collaboration between midwives and health visitors to influence outcomes on maternal mental health during pregnancy and breastfeeding, timely access to high quality mental health support for mothers, particularly during high-risk periods such as pregnancy and the first year of parenthood, and better support around breastfeeding in maternity services.

15.5.7 **No Health Without Mental Health (2011)**: Establish parity of esteem between services for people with mental and physical health problems[238].

Published in February 2011 by the Department of Health, the strategy lays out the work being done at the time to improve mental health at population level for all ages across the life course. With input from various partner organisations, recommendations for CYP include the following:

- Review of current models of service for health visiting
- An increase in the health visitor workforce
- Health visitors will lead on the Healthy Child Programme and Family Nurse Partnership programme.

15.5.8 **The Best Start for Life: A Vision for the 1,001 Critical Days (2021):** Early Years Healthy Development Review Report to understand positive current practice and areas for development in services.

The policy was developed by the Department of Health and Social Care as part of the early years healthy development review. Action areas are:

- A clear and collaborative Start for Life offer from local authorities
- Family hubs and services that baby-centred and tailored to the needs of the local community.
- Access to information in a timely manner for families
- Support from skilled, knowledgeable, and empathetic professionals and volunteers
- Continuous improvement of the start for life offer
- Clear leadership throughout the system of support for families.

15.5.9 **Local Policies and Strategies**

15.5.10 Sussex Health and Care – Improving Lives Together (2019 – 2024)

Sussex Integrated Care System (ICS) developed the strategy to build on the work already taking place in Brighton & Hove, East Sussex and West Sussex and identified CYP's mental health as a priority. For early years, the strategy aims to work more closely with settings to improve mental health outcomes.

15.5.11 West Sussex Joint Health and Wellbeing Strategy (2019 – 2024)

The Joint Health and Wellbeing Strategy (JHWS) developed by the West Sussex Health and Wellbeing Board identified children and young people's mental health as a key priority. Related to early years, one of the outcomes for starting well is improved infant and maternal outcomes, particularly in deprived areas. This includes actions to reduce smoking during pregnancy, and address the causes of low birth weight, infant mortality, and poor maternal mental health.

15.5.12 West Sussex Education and Learning Strategy (2023-2025)

The strategy aims to address inequalities in education across West Sussex. One of the workstreams for the theme ''improving outcomes for all children and young people'' focuses on working collaboratively with the early years' sector to improve outcomes for young children, including early language, reading, and personal, social, and emotional development.

15.5.13 Crawley Mental Health Community Transformation (2023)

A programme aligned with Sussex ICS' *Improving Lives Together* strategy. Part of the programme includes further development to the Children's Development Centre in Crawley Hospital, which is open to CYP aged 0-19, with a range of difficulties or disabilities that may affect their health, development, and wellbeing.

15.5.14 Right from the Start: West Sussex Early Years and Childcare Strategy to be published 2024.

15.6 Voice: coproduction, engagement and interviews

See section 14 for engagement findings from children and young people from 4 years upwards.

15.6.1 Findings from semi-structured interviews with healthcare professionals: 0-5 years

Four professionals working in various services related to early years were interviewed to identify the current needs related to mental health in West Sussex. Codes were generated, which were used to form themes. Within each theme, the population, organisational, and system level needs were identified, with quotes to evidence each theme. Population level needs relate to needs of those in early years from the perspective of professionals. Organisational needs relate to needs within a service, and system level needs refer to high-level changes that are needed across the County, to improve mental health outcomes for children and families in early years.

Figure 141 Themes from semi-structured interviews with healthcare professionals: 0-5 years

Themes	Population Level Needs	Service Level Needs	System Level Needs	Quotations
1. More support is needed for children and families of children with complex	A need for support for parents who are in crisis because they are	A need for more training to manage complex behaviours in	A need for more holistic support for families across services. There is value in the support	''General hospitals are being used a lot to be a hold all space for young people, who are very distressed.''

needs, such as children with SEND and neurodevelopmental conditions, particularly in the early stages and at crisis point.	struggling to support their child/children's complex behaviours. A need for more support where children do not have clearly defined SEND-related needs but may experience delayed development and emotional dysregulation.	early years' settings. A call for professionals to diagnose learning disabilities in children under 5 consistently and as early as possible, to provide enough support to the family. An understanding that there is a reluctance to diagnose or label infants with conditions that may change over the course of their development, however, this means parents are not necessarily aware that their child has a lifelong disability and do not receive the appropriate support. A need for services to offer support to those whose children are not diagnosed/on the waiting list for a diagnosis. Criteria for support can be tight and mean parents will need to wait for other support to come through before accessing the services they need.	provided when families can access Child Development Centres, as they offer access to multiple services. A need for service provision for neurodevelopmental conditions other than Autism and ADHD, for example, Tourette Syndrome and other Tic disorders, and Dyspraxia, which can impact education if left unmanaged. Appropriate follow up or review should be given to infants under 5 who are added to the disability register. A need for drop-in services across the county, so parents can attend with any developmental concerns that they may have and receive support, as well as develop a connection with others. The need for an appropriate service with enough capacity, where families can seek support during crisis. The Police service and A&E are not fully trained or equipped to deal with the current need of children in crisis and families do not have a safe alternative.	''If they're lucky, they'll get a visit by the crisis team.'' ''A lot of things aren't available unless you have a diagnosis, but getting a diagnosis is really difficult.'' ''It's hard to find early years provision for children with SEND, particularly the children who've got more complex needs.''
2. Capacity of early years' services to		A need for early years settings to be able to	More consistent service offers across the county.	''The Health Visitors have had to cut back [on routine checks] because

meet the need across West Sussex		contact other services for support, to avoid delays in accessing the right care for service users. Professionals in early years settings are expected to hold a lot of concerns or issues for longer before they refer on or get extra support due to services across the system being overstretched. Early years' settings to be staffed up to support complex needs. Some settings are not able to keep children on in the service if there is not another staff member present that can support with their needs.	Participants identified a disparity between waiting lists in different areas, particularly for the neurodevelopmental pathway. Settings in more deprived areas may not access the training or information due to capacity. A need for better recruitment and retention practices for staff across early years' services. Not having enough staff means some settings are unable to offer places to children. A need for more staff and resource in the universal offer to deliver on routine checks and identify any concerns. A need for service provision to reflect the prioritisation of early years' development. More services should be available to meet the different needs at early years so that responsibility does not fall on early years' settings to manage too big a range of need.	we haven't got enough of them.'' ''[Early years' settings] are already stretched in terms of minimum staffing or minimum wage, and with their own recruitment crisis'' ''she couldn't cope with the workload, the number of families she was expected to see. She couldn't give each one of those the time that they needed.'' ''All services are stretched and, wherever you are, you feel like [you've] got to hold this for a bit longer.''
3. There is stigma surrounding parents who seek support for children's needs.	Parents may avoid support where they feel they may be blamed for their child's behaviour. Where children have then been diagnosed with mental health needs or a neurodivergent	A need for services to take ownership when a family has not been provided with the support that they were entitled to when more complex needs are initially identified by parents. If children receive a		''[when asking for support from services] it is made to be the parents' problem to fix.'' ''parents need somebody to listen to, to take them seriously, to recognise that it's not because they're bad parents, because that's the first thing that happens for parents who have

	condition years later, services do not necessarily apologise to parents or take accountability in these circumstances, which can leave parents feeling traumatised by services. A need for parents to be able to share openly and honestly with professionals without the concern that their child might be removed from their care. A need for parents to be listened to when they raise issues, and supported to observe and discuss concerns, rather than exclusively being offered suggestions around improving their parenting.	diagnosis later than necessary due to services initially assuming the problem lies in their parenting, this should be acknowledged by the service to maintain trust with service users. A need for services to offer lived experience, or peer support to parents to enable trust. Peer support is also important for fathers who access support to help break down the barriers that they may experience when accessing services.		children with extreme behavioural challenges'' ''the main fear parents have when accessing support when they have small children is that the children are going to be removed''

15.7 Activity, Quality and outcomes

Activity data is found in Section 13.

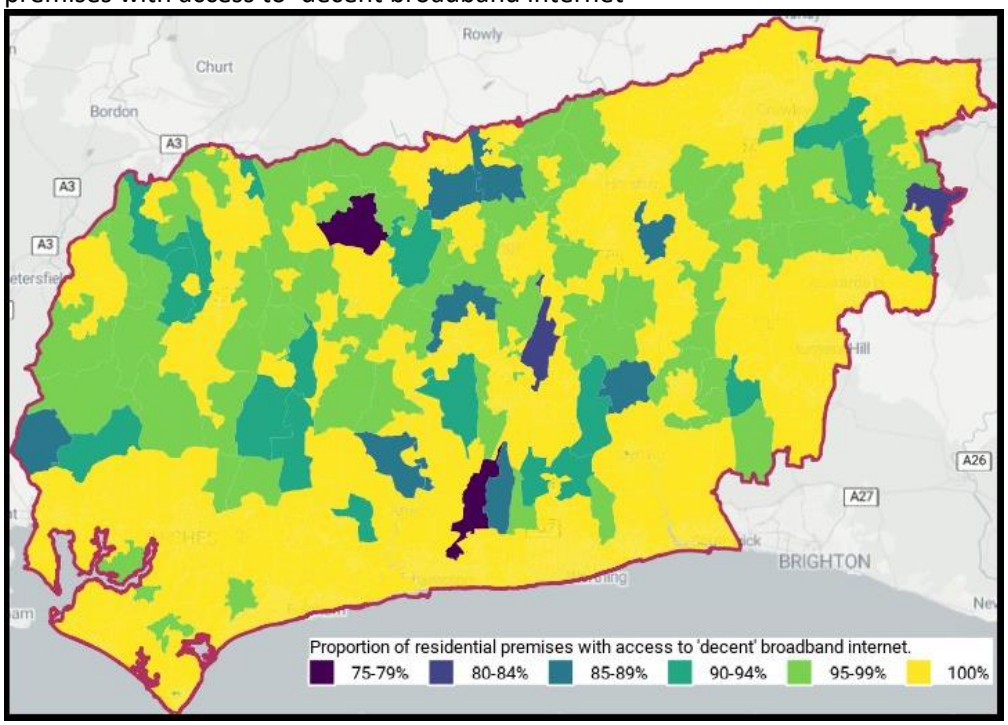
15.8 What we know about the offer of support

Support for mild to severe mental health is provided through primary and secondary care mental health services. Services range from online and telephone based, to intensive one-to-one support, community and voluntary services, statutory services and clinical offers. These are in addition to any universal services.

In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

There are an increasing number of online offers families and for those providing interventions such as video calling, a 'decent' internet speed may be needed. The figure below shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 142 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

15.8.1 Primary Care

GPs and other allied primary care professionals can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed.

15.8.2 Healthy Child Programme – Health Visiting service

The Healthy Child Programme Health Visiting Service entitles children and families to routine health and development reviews up to the age of 5, which includes:

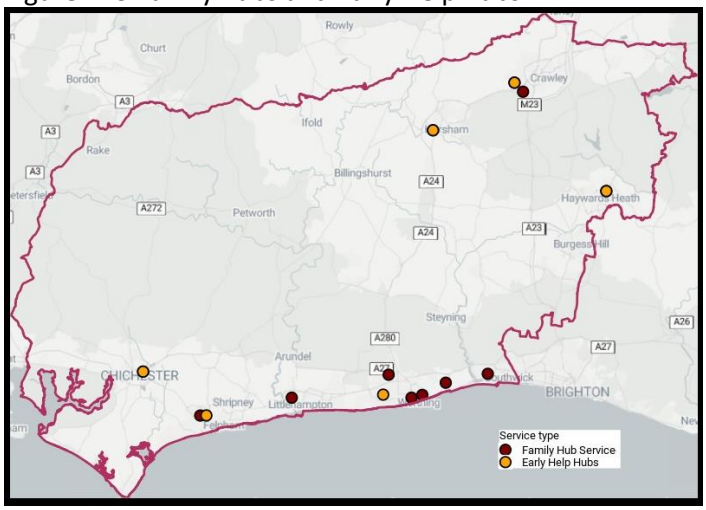
- from 28 weeks of pregnancy
- within 14 days of birth
- when your child is 6 to 8 weeks old
- when your child is 9 to 12 months old
- when your child is 2 to 2.5 years old

Parents or carers have access to our confidential anonymous texting service, Parentline.

The Health Visitors ask about parent's mental wellbeing and provide support and advice where a mental health need is identified. They may signpost into additional support or make a referral into another service.

These services are delivered online, by telephone, in homes, family hubs, clinic settings, schools and other appropriate community setting, depending on the level of support and the type of review.

Figure 143 Family hubs and Early Help hubs



For women/birthing parents and families who need additional support up to 5 years old, there are two enhanced offers through the Early Help Service: one from pregnancy up to two years of age and one for 3 to 4 year-olds. The universal offer (Level 1) is open to all and there are three further levels of service depending on the needs of the family – including support for those in the criminal justice system, FNP for parents under 24 years of age and support from the Healthy Futures Team for those with complex needs and vulnerabilities. Telephone support is available via the Early Help Duty Helpline. This service includes a Specialist Health visitor for Perinatal Maternal and Infant Mental Health who provides peer support groups for mothers/birthing parents and a group for fathers/co-parents, alongside one-to-one support and referrals to the specialist perinatal mental health service for up to one year post birth. All children who are looked after receive enhanced offers.

West Sussex County Council provide early years settings, such as nurseries with information and guidance on how to support a child in a family where there have been additional needs identified e.g.: an early help plan is in place.

15.8.3 Sussex Child and Adolescent Mental Health Service

CAMHS are a specialist NHS children's and young people's mental health service providing consultation support and training for professionals. The team also undertakes direct case work with children, young people and their families through a number of different services. These include inpatient services; CHAMPS (Child and Adolescent Multi-disciplinary Psychological Service), which supports children who are open to Children's Social Care; the

Looked After Children's Mental Health Service, which supports children in care who are experiencing complex emotional and/or behavioural difficulties; the Urgent Help Service for children needing immediate interventions; Complex Behaviour Support for families who have children with moderate to severe learning disabilities or severe global developmental delay, together with emotional, communication and behavioural problems.

The Community Mental Health Liaison Service (CMHL) primarily offers consultation to professionals such as GPs, teachers, public health nurses and support workers, and can offer some support to young people directly under certain circumstances. Notably, the service can only be accessed by professionals and not parents, carers or young people.

15.8.4 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local CVS organisations, at a county level as well as hyperlocal offers.

As well as universal services available for adults, there are also a small number of CVS organisations that provide support for mental health and emotional wellbeing needs to birthing and non-birthing parents and their infants, for example, Families in Mind service and the Early Years Alliance Family Development Programme.

There are number of free local activity groups for families with children under 5 years across the county, run by community groups such as churches, libraries and community hubs- which connect parents, provide advice and support and reduce isolation, which is essential for wellbeing.

There are also national charities offering advice and support around issues which affect mental health and wellbeing, such as bereavement, parenthood, birth trauma, stress, pregnancy loss, sleep issues, sexual and domestic abuse, drug and alcohol use and others. These are predominantly online/app and telephone-based offers.

*The national charities are listed in Appendix 5**.***

15.8.5 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, including ACEs, on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

15.9 Early Years - What Works for prevention

Interventions between ages 0 to 5 can identify atypical development and offer support that will have a lasting impact on an individual's mental health in later life[239]. Early intervention

programmes are universal (offered to all families) or targeted (aimed at addressing particular risk factors or individuals at risk of poorer outcomes).

15.9.1 Parenting Programmes

Evidence surrounding parenting interventions is extensive, however, focuses predominantly on mothers/birthing parents as opposed to fathers[240]. There are various parenting programmes that are seen as effective in supporting early years development:

- Effective universal programmes: Offer support to parents to fully understand their babies by providing knowledge around their infant's development and behavioural management, showing them what their infant can do and helping to recognise emotional changes.
- Promotional Interviewing: Recommended as part of the HCP during the antenatal and postnatal period. Interviews are intended identify needs and to empower parents through positive reinforcement.
- Prevention of postnatal depression: An approach that targets mothers/birthing parents at high risk of or experiencing postnatal depression. Effective programmes include CBT and person-centred counselling from a trusted practitioner. Interventions to prevent postnatal depression need to be targeted to be effective.

15.9.2 Targeted Infant Programmes

Targeted infant programmes typically offer support to vulnerable parents and infants who are at increased risk of social and emotional problems due to a range of factors. Vulnerabilities include exposure to drug and alcohol use, mental health problems and contact with the criminal justice system, those born to parents under 18 years, or who have physical, speech and communication difficulties[241]. Targeted infant programmes are usually home visiting services for teenage mothers who require intensive support, and can address various, specific needs that parents may have.

15.9.3 Family Nurse Partnership (FNP)

One example of a targeted infant programme is the FNP, which offers support from early pregnancy until the baby is age 2[242]. FNP was introduced across England, Scotland, and Northern Ireland due to results from large-scale randomised control trials in the US that showed long-term benefits for young mothers and their babies[243]. However, the Building Blocks trial assessed the efficacy of FNP in England and found that, unlike in the US, FNP did not reduce rates of smoking during pregnancy, or small or premature babies, in the UK[244]. However, there was some reduction in the proportion of children with a developmental concern at age 2 in the group receiving FNP.

15.9.4 Early Learning Programmes

Early learning programmes are those that improve early years' language and cognitive development. Examples of evidence-based early learning programmes include Raising Early Achievement in Literacy (REAL) which targets disadvantaged families with children between

ages 3 and 5 to provide information and interventions to support their child's literacy development. Evidence-based early learning programmes tend to be selective (target groups at higher risk of poor mental health outcomes due to wider determinants) or indicated (target a small group with specific, possibly diagnosed issues that need intensive support)[20]. In the Early Intervention Foundation's *Foundations for Life* report, REAL and Let's Play in Tandem- a school readiness programme for disadvantaged children- had the strongest evidence-base and both offered support for 12 months or more on a one-to-one basis.

15.9.5 Examples of Successful Programmes

15.9.5.1 Universal Programmes

- **Families and Schools Together**[245] (FAST): Offered to parents of reception age children who are disadvantaged, to engage parents with their children's education and create more support. The programme has been shown to be effective in engaging parents, has a positive effect on children's social and behavioural competencies, and a high retention rate.
- **Triple P:** A collection of universal and targeted support for families who have concerns around children's behaviour. There is evidence of short-term positive impact on outcomes in children[246].
- **Baby Steps:** A service developed by the NSPCC for parents who are likely to need extra support, and are less likely to access educational services during pregnancy and the first months of life. The aim of the programme is to build positive relationships between parents and their baby.
- **The Family Links Nurturing Programme:** A 10-week parenting programme developed to address adverse parenting behaviour patterns, which aims to build emotionally healthy relationships between parents and their child[247].

15.9.5.2 Targeted Programmes

- Incredible Years (IY): A range of evidence-based interventions for parents, children, and teachers. IY has been trialled in target settings, including in the UK.
- Mellow Parenting (Mellow Baby): A range of programs focused on attachment and relationships. Video feedback on interactions is a core aspect of the Mellow Parenting programmes.
- Strengthening Families Strengthening Communities: A parenting programme that targets communities with high levels of minority ethnic families.

15.10 Findings and areas for focus

Life Stage: 0 to 5 YEARS

KEY POINTS

- In terms of prevalence the 2017 national survey was extended to include very young children (2 to 4 year-olds). Applying the national survey estimate to the local population would equate to approximately 1,530 children having a probable mental health condition.

High Level Overall Areas for focus

For all high level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus, no specific 0-5 years areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific 0-5 years areas for focus

- Reduce stigma to increase parents accessing support earlier for their children and themselves.
- Increase access to early years support and for increased capacity in early years services to manage demand and provide more support to those in needs including SEND families, preventing crises.
- Review of existing information structures and access such as library Cleo service and social prescribing and further develop and promote sources information and support through campaigns and engagement.
- Joined up commissioning for community-based support and linked with other support

Area 3: Whole pathways and all people

Specific 0-5 years recommendation

- Training early years workforce on early years development including mental health and wellbeing and mental health first aid and signposting.

Area 4: Accessible, flexible & personalised support

Specific 0-5 years areas for focus

- Review access to bereavement and loss support based on need and history, not only weeks of pregnancy.

- Workforce training on diversity, neurodivergence, reducing stigma and increasing access to all
- Review of support for those on waiting lists to enable better 'waiting well' and 'waiting safely'

Area 5: Housing & accommodation

Specific 0-5 years recommendation

- Increase awareness of libraries as a setting for delivering services and community support for improving children's mental health

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

See high level areas for focus, no specific 0-5 years areas for focus.

16 Children, Young People and Families 5 – 16 Years

16.1 Introduction

This section focuses on young people ages 5-16. From childhood, mental health provides the foundations for thinking and communication skills, learning, emotional growth, resilience, and self-esteem[248]. As much as 50% of mental health problems in adulthood begin before the age of 14 years, making the early stages of life a particularly important opportunity to promote mental health and prevent mental health problems.

Evidence suggests that at first onset of mental health problems in childhood or adolescence, the problems tend to be moderate rather than severe. However, children, young people and families do not often receive adequate support or treatment until a few years after initial onset. This delay in addressing mental health problems at an early stage can have significant consequences throughout the children and young people's life – affecting a child's development and contributing to poorer educational outcomes[249].

Child health and social care services are responsible for providing services for children and young people with long-term health conditions until the age of 18. The transition period from child to adult mental health and social care services starts at the age of 16, therefore ages 16-18 are a particularly vulnerable time for those with mental ill-health[250]. The upper age limit for the provision of health services for those with special educational needs or disabilities (SEND) is different, and children with SEND are offered services until the age of 25 under the SEND code of practice.

16.2 Prevalence

See Section 5 for more detailed information.

Approximately 14,500 children and young people aged 5 to 16 years are estimated to have a mental health condition in West Sussex.

Figure 144 Prevalence of mental health disorders in children and young people

All Children	5 to 10 years	11 to 16 years
Adur	450	640
Arun	940	1,410
Chichester	710	1,120
Crawley	920	1,300
Horsham	930	1,550
Mid Sussex	1,080	1,640
Worthing	700	1,050
West Sussex	**5,720**	**8,710**

A higher proportion of boys in the 5 to 10-year age groups are estimated to have a mental health condition, whereas prevalence is broadly the same in the 11 to 16 year group.

16.3 Factors that influence Children and young people's mental health

16.3.1 Risk Factors

Children and young people's parents and carers, as well as the wider community, have a significant impact on their mental health outcomes. Like other life course stages, ACEs are a risk factor for mental health problems in children and young people. The below provides data on the estimated prevalence of some ACEs experienced by children and young people aged 0-17 in West Sussex and nationally:

- In 2019, the prevalence of children that lived in households where a parent was experiencing alcohol/drug dependence in West Sussex was 3.5%, or 6035 children, compared to 4% in England[251]

- Between 2019 to 2020, the prevalence of children living with a parent with a severe mental health problem in West Sussex was 18,932, or 10.8%, compared to 13.5% at a national level[252]

- Between 2019 and 2020, approximately 5.7%, or 9,875 children living in West Sussex were exposed to domestic abuse, compared to 6.6% nationally[253]

Modelled prevalence data between 2019 and 2022 suggests that less than 1% (1511) children lived in households where there was a combination of exposure to domestic abuse, living with a parent with a severe mental health problem, and living with a parent with alcohol/drug dependence[254].

56% of looked after children in England are aged 5-15. An ONS longitudinal study of non-parental care in childhood and its impact on long-term health found that, relative to individuals who lived with their parents, children who grew up in care were more likely to have worse self-reported physical and mental health decades later. They were also 70% more likely to experience premature mortality due to unnatural causes including self-harm or other causes linked in some respects to mental health problems[255].

Loneliness and social isolation are risk factors for mental health problems. Data from the Health and Happiness survey indicated that in 2018, 13.5% of 10 to 11 year-olds in West Sussex often felt lonely. This was higher for girls (16%) than for boys (11%)[256].

Children with SEND are more likely to experience mental health problems during their lifetime. This is supported by national data from NHS Digital, which indicated that in 2021, more than half of 6 to 16 year-olds with SEND had a probable mental health condition (56.7%, compared to 12.5% of those without). This was an increase from 43.9% and 8.2% in 2017, respectively[257]. Locally in West Sussex, there are 5,360 pupils with an Education,

Health, and Care (EHC) Plan (2022/2023) which is a 7.9% increase from 2021/2022. There has also been a 5.1% increase in pupils with SEND support across the same period[258].

Locally in West Sussex, the What About YOUth survey indicated that in 2015, approximately 7.7% of 14-15 years olds were drinking alcohol regularly (at least once per week) and 6.2% had used cannabis in the last month[259]. Emergency hospital admissions data showed that between 2018 and 2021, there were approximately 195 admissions for alcohol-specific conditions among children under 18 in West Sussex- a higher rate than the England average (38 and 30 per 100,000, respectively)[260].

A safe environment is integral to a child's physical and emotional health and development. It is vital children are safeguarded against harm and can grow up in an environment where they can thrive. National data from NHS Digital indicated that in 2021, 11 to 16 year-olds with a probable mental disorder were less likely to feel safe at school (61.2%) than those unlikely to have a mental disorder (89.2%)[261]. As well as feeling safe at school it is important children feel safe at home and in their local community.

The West Sussex lifestyle survey in 2015 asked 14 to 15 year-olds how they rated the safety of the area in which they lived[262]:

- 80% said their safety was 'good' during the day, compared to 47% after dark
- 19% said their safety was 'average' in during the day, compared to 42% after dark
- 2% said their safety was 'bad' during the day, compared to 11% after dark
- Girls were less likely than boys to say that they thought the safety was 'good' after dark (43% compared to 52%, respectively)
- 25% respondents from deprived areas rated their neighbourhood unsafe after dark, compared to 4% from less deprived areas.

Being bullied during childhood can have severe lifelong consequences on mental health and emotional wellbeing. Data from the West Sussex Lifestyle survey (2015) showed that among 14 to 15 year-olds in West Sussex, 28% of girls and 23% of boys said they had been bullied in the past year[263]. It is generally reported that bullying is more likely to be reported by younger children. This is supported by data from the Health and Happiness survey, which shows that half of West Sussex year 6 pupils had been bullied between 2018 to 2019. Of the 50% that reported being bullied, 13% reported cyberbullying, 78% reported verbal bullying and 38% reported physical bullying[264].

Social mobility is about ensuring that children and young people have the same opportunities to succeed in life regardless of who they are or where they live. The Social

Mobility Index 2017 ranked local authorities on the prospects of disadvantaged people in their areas. In West Sussex, Arun, Chichester and Crawley were identified as social mobility "cold spots" – falling among the 20% lower ranked local authorities in England. By age group, Chichester was a cold spot for early years, whilst Crawley was 7th worst in the country for school-age children[265].

Poverty and deprivation are key determinants of children's social and behavioural development and can often be a causal factor and consequence of mental health problems. According to the latest IMD data (2019), West Sussex ranked 129th of 151 upper-tier authorities (1 being most deprived, 151 being least deprived). Despite being ranked highly, data from OHID shows that 23,732 children under 16 live in relative poverty, which accounts for approximately 15.3% of West Sussex families[266]. Government data from 2022-2023 also shows that 18,106 (15.6%) of children are known to be eligible for free school meals in West Sussex, an increase from 16,432 in the previous year[267].

16.3.2 Protective Factors

Resilience is an important protective factor for good mental health and is comprised of self-regulation, achievement, agency and self-worth. Data from the Health and Happiness survey in 2018 showed that 50% of 10 to 11 year-olds in West Sussex did something that gave them a sense of achievement either often or very often, compared to 12% who said they rarely or never did anything that provided this. Using the 'Life Satisfaction Scale (Huebner, 1991) indicated that the average life satisfaction score of 10 to 11 year-olds in West Sussex was 17.8 out of 20 (2018)[268].

Support from adults in the family, as well as adults and peers in school are all associated with mental wellbeing in children and adolescence and act as protective factors for children and young people's wellbeing. Teachers and parents independently impact children and young people's engagement and achievement in school. A recent study shows that having access to one supportive adult in both school and the family is more protective than having access to one supportive adult in either one setting or the other[269]. Consequently, safe, secure, and supportive home and school environments are both required for children and adolescents to develop and thrive[270].

16.3.3 Risk and Protective Factors LGBTQ+ Children and Young People

Research consistently shows inequalities in LGBTQ+ children and young people's mental health and wellbeing compared to heterosexual and cisgender children and young people[271]. The mechanism by which stigma and hetero/cisnormativity impact on LGBTQ+ children and young people's mental health and wellbeing can be known as the minority stress model. This model suggests that because of stigma, prejudice and discrimination, minority groups such as LGBTQ+ people experience more stress than non-LGBTQ+ people. The Cass review published in 2024 reported that children and young people who have been

referred to a gender clinic have high rates of neurodiversity and ACEs, which are also risk factors for poor mental health outcomes[272]. Findings suggested that the association between gender dysphoria (an uncertainty around gender identity) and poor mental health outcomes is complex and may be due to minority stress, experiences of neurodiversity, trauma, or a combination of factors.

Protective factors for mental health include: Parental, family, and self-acceptance; connectedness to others including belonging to LGBTQ+ networks and groups including LGBTQ+ and heterosexual (straight) and cisgender alliances; safe spaces to connect with others, both face-to-face and online, and belonging to a religious community demonstrating acceptance[273,274].

In educational settings, a range of national surveys indicate the high prevalence of anti-LGBTQ+ bullying and the potential for stigmatisation in both schools and universities[275]. This has impacts on mood and wellbeing[276] and is more prevalent in transgender youths than in lesbian, gay and bisexual (LGB) youths[277].

Young LGBTQ+ people are at a greater risk of experiencing hate crime. Cyberbullying remains an issue for young people, and 40% LGBTQ+ young people have been targeted online, with 97% of LGBT+ young people seeing homophobic, biphobic and transphobic content online[278]. West Sussex partnership data show that in 2022 18% of hate crimes were linked to sexual orientation (an increase of 14% compared to the previous year).

Problematic drug and alcohol use has been shown to be higher in LGBTQ+ compared to heterosexual or cisgender people[279]. It is possible that this increase is driven by worsened mood and wellbeing.

LGBTQ+ people experience higher levels of self-harm compared to heterosexual, non-trans young people. In addition, 44% of LGBTQ+ young people have considered suicide compared to 26% of heterosexual non-trans young people[280].

Young people who come out or have thoughts that they are lesbian, gay, or bisexual at a younger age may be at increased risk of suicide attempts. There is a correlation between experiencing victimisation and risk of self-harm and suicide in LGBTQ+ young people. Future suicide risk, past suicide attempts and suicidal ideation in young LGBTQ+ people may be associated with stigma and discrimination, including school stigma, and negative reactions from family and friends. A study of 922 deaths by suicide of people under 25 in 2014-15 found that 3% of deaths of 20 to 24 year-olds were lesbian, gay, bisexual and trans (LGBT) individuals. Of deaths under 20, 6% were LGBT individuals; of these a quarter had been bullied, and most had self-harmed[281]. For transgender young people over the age of 12, evidence suggests there is an increased occurrence of self-harming thoughts and behaviour when compared to the whole adolescent population[282].

16.4 National and Local Policies, Strategies and Reports

Below are some of the key policies and strategies relating to improving the mental health of children and young people, not already covered within the needs assessment.

16.4.1 National Policies, Strategies and Reports

16.4.2 No Health Without Mental Health (2011): Establish parity of esteem between services for people with mental and physical health problems[283].

Published in February 2011 by the Department of Health, the strategy lays out the work being done at the time to improve mental health at population level for all ages across the life course. With input from partner organisations, recommendations for children and young people include:

- More funding into schools, early intervention, and personal health budgets for children transitioning to adult services.
- Age-appropriate methods to communicate with children and young people so that they can understand their mental health problems and choices around treatment and care.
- Settings and treatment that enable children and young people to live as normal a life as possible.
- Greater choice, control, and personalisation
- A review of the models of service for school nursing so that they can support children and young people's emotional wellbeing and mental health.

16.4.3 Future in Mind (2015): Promoting, protecting, and improving our children and young people's mental health and wellbeing[284]

The Children's mental health taskforce, led by the Department of Health and NHS England, published a report that examined ways to improve access to children and young people's mental health support and review how children and young people's mental health services are organised, commissioned, and provided. The report recommended the need for universal, targeted and specialist services to promote good mental wellbeing, prevent mental health problems from developing and early identification of need to prevent serious problems developing. The report recommended that these should be delivered through the Local Transformation Plans which set out how local services work to improve the mental health of young people.

16.4.4 The Five Year Forward View for Mental Health (2016)

Published in 2016, the FYFV made several recommendation relating to children and young people's mental health including:

- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health– helping people lead better lives as equal citizens.
- Prioritising mental health promotion and prevention and early intervention for children and young people.

- The full implementation of the recommendations made in the 2015, Future in Mind report.

16.4.5 Transforming children and young people's mental health provision: a Green Paper (2017)

This paper was published in December 2017, building on the Future in Mind report. The Green paper set out three key elements to support children and young people and tackle early signs of mental health issues:

- Incentivising every school and college to identify a Designated Senior Lead to oversee mental health and wellbeing.
- Funding new Mental Health Support Teams, supervised by NHS children and young people's mental health services' staff, to provide extra capacity for early intervention and ongoing help.
- Trialling a four-week waiting time for access to specialist NHS children and young people's mental health services

16.4.6 NHS Long Term Plan (2019)

The plan sets out what the NHS will do in the next 10 years to achieve parity of esteem, improve prevention, reduce health inequalities, and widen access to mental health care and support for children and young people. The NHS Long Term Plan builds on the work of the Five Year Forward View, continuing expansion of community-based mental services and eating disorders services and includes delivery of expanded crisis support and improved transition between children's and adult mental health services.

16.4.7 Suicide Prevention and Strategy Plan (2021) – *to be updated with latest strategy*

The government published a suicide prevention strategy workplan in 2019 to reduce the incidence of suicide. The workplan recommended tailored approaches for children and young people, including exploring issues impacting on their mental health, tackling homophobic, biphobic and transphobic bullying in schools, and analysing suicide rates of people at university to explore lessons learned and increase awareness of suicide risk and mental wellbeing[285].

The Preventing suicide in England: Fifth progress report published in 2019 identified children and young people as a vulnerable group in relation to suicide. The report noted that the rates of suicide in under 25s, and rates of self-harm amongst 10 to 24 year-olds were rising. The revised workplan, which reflects the COVID-19 context, sets out the following actions for children and young people, including:

- Fund mental health advisers in each local authority to upskill education staff in responses to trauma.
- Creation of Mental Health Support Teams (MHSTs) for schools/colleges is ongoing.
- Implementation guidance for Relationship, Sex and Health Education (RSHE) curriculum content.

- Develop the University Mental Health Charter Award Scheme.
- Student Space platform - to bridge gaps in mental health support for students at universities. Student Space is a collaborative mental health resource to support students at universities through the unique circumstances created by the COVID-19 pandemic.
- 'Every mind matters' platform - campaign focused on children, young people, their parents and carers.
- Establish a new duty of care on how online services should deal with illegal and harmful content.
- Address the lack of LGBT self-harm and suicide data.
- Collection of National Child Mortality Data (NCMD) - for the real-time surveillance of child suicide deaths. Early access to this data can help local areas to better monitor suicide rates in real time and identify patterns of risk and causal factors.

16.4.8 COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021)

This plan was published in March 2021 by the government, with the aim to "prevent, mitigate and respond to the mental health impacts of the pandemic during 2021 to 2022". The plan recognised the significant increase in referrals to children's mental health services during the pandemic. In response, the government reaffirmed its commitments to the NHS Long Term Plan and the Suicide prevention strategy action plans to support children and young people. Actions include:

- Establishment of a Mental Health in Education Action Group by the Department for Education.
- Appointment of a Youth Mental Health Ambassador
- Launch of a free, online Psychological First Aid training course for people who care for or work with children and young people aged up to 25.
- A renewed approach to Troubled families, focusing on building the resilience of vulnerable families, and close working with local councils and NHS mental health services to co-design strengthened mental health outcomes.
- Reduce health inequalities among new mothers and babies through the VCSE Health and Wellbeing Fund.

16.4.9 Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan (2023)

The plan aims to improve experiences for children, young people and families in the SEND system. The aims are to publish practice guides to provide advice to mainstream settings, informed partially by national guidance on children and young people's mental health and wellbeing; support a more collaborative approach between NHSE and the DfE to improve outcomes for children with SEND; and delivering an integrated SEND and AP system.

16.4.10 National Strategy for Autistic Children, Young People and Adults (2021 -2026)

The National Strategy for Autistic Children, Young People and Adults sets out a roadmap with priority areas of improvement for autistic people in the UK. For children and young people, these priorities include improving access to education, supporting positive transitions into adulthood and improving support within the criminal and youth justice systems.

16.4.11 The Independent Review of Children's Social Care (2022)

A review that highlighted current issues in the social care system around support for looked after children and care leavers. Also, more investment into mental health services and training professionals to identify need were recommended. For families, the introduction of 'Family Help' services was highlighted as important for streamlining the support provided.

16.4.12 NHS Core20Plus5 for Children and Young People

NHS Core20Plus5 is a national approach set out by NHS England to support the reduction of health inequalities. The approach defines a target population cohort (core20) and identifies 5 focus clinical areas requiring accelerated improvement. Core20plus5 has been adapted to apply to children and young people. Mental health is one of the five clinical areas of focus, aimed at improving access rates to children and young people's mental health services for 0 to 17 year-olds, for certain ethnic groups, age, gender, and deprivation.

16.4.13 THRIVE Framework for System Change (2019)

The THRIVE framework was developed by the Anna Freud National Centre for Children and Families and Portman NHS Foundation Trust to deliver mental health services to children, young people and families that is integrated, needs-led and person-centred. The framework also places importance on children, young people and families' involvement in decisions relating to their care.

16.4.14 Queer Futures commissioning framework

The following was developed by Queer Futures 2, a national research programme to evaluate early mental health support for LGBTQ+ children and young people. This checklist summarises their view of 'What works to support LGBTQ+ young people's mental health?'[286]

- **Accessibility:** Have specific steps been taken to identify and remove barriers and ensure that the service is accessible specifically for LGBTQ+ young people?
- **Intersectionality:** Does the service recognise and pay attention to different experiences and needs among LGBTQ+ young people? Have specific steps been taken to identify those young people who may be excluded or overlooked?
- **Youth rights:** Are LGBTQ+ young people's human rights acknowledged explicitly in service policy and information? Are these rights upheld for LGBTQ+ young people in the service?
- **Agency:** Does the service educate and empower LGBTQ+ young people to make informed decisions about their treatment and lives? Are LGBTQ+ young people meaningfully involved in the design and evaluation of services at all stages?
- **Belonging:** Does the service foster belonging and connection for LGBTQ+ young people?

- **Body:** Does the service support LGBTQ+ young people in bodily wellbeing and self-expression?
- **Emotion:** Does the service use an emotion-centred approach to LGBTQ+ young people's feelings?
- **People:** Does the service support LGBTQ+ young people to navigate important relationships in their lives (without assuming what these are), including: support staff; peers; LGBTQ+ adults; family; school or college; work?
- **Possibility:** Does the service support LGBTQ+ young people to imagine and work towards futures on their own terms?
- **Recognition:** Does the service recognise, affirm and value diverse LGBTQ+ identities and experiences?
- **Safety:** Is the service safe for LGBTQ+ young people in ways that extend beyond immediate physical safety? Are LGBTQ+ young people involved in defining what safety means for the service?
- **Space:** Does the service prioritise a sense of definition and ownership of support space(s) on young people's terms? Are LGBTQ+ young people involved in decisions about the design, layout and use of support space(s)?
- **Time:** Is the service timing, frequency, duration and pace organised in a way that reflects and makes sense in the context of LGBTQ+ young people's lives?

16.4.15 Rainbow Flag Award for schools

The Rainbow Flag Award[287] is a national quality assurance framework for all schools and youth centred organisations, which focuses on positive LGBTQ+ inclusion and visibility. The award encourages a whole organisational approve to LGBTQ+ inclusion and extends to LGBTQ+ young people, LBGTQ+ families and LGBTQ+ staff members.

16.4.16 Local Policies, Strategies and Reports

16.4.17 West Sussex Joint Health and Wellbeing Strategy (2019 – 2024)

The JHWS developed by the West Sussex Health and Wellbeing Board identified children and young people's mental health as a key priority.

The JHWS was reviewed to include the cost-of-living crisis. The addendum also recognised the impact of the cost-of-living crisis on children and young people's mental health. The JHWS is currently under review, for publication in 2024.

16.4.18 Sussex Health and Care – Improving Lives Together (2019 – 2024)

Sussex ICS developed the strategy to build on the work already taking place in Brighton & Hove, East Sussex and West Sussex and identified children and young people's mental health as a priority.

16.4.19 Foundations for our future – Sussex-Wide Review of Emotional Health and Wellbeing Support for Children and Young People (2020)

This report was published in March 2020, and was an independent review of emotional and wellbeing support for children and young people and their families in Sussex. The review was commissioned by the Sussex CCG, SPFT and the three local authorities in Sussex following recognition that the experiences of children and young people and their families and carers, who needed emotional and wellbeing support, required improvement. The review identified several challenges and barriers including the difficulties children, young people and families face in accessing services, the lack of consistency in the commissioning of mental health services, and lack of clarity regarding the engagement with schools and colleges and workforce challenges. The review made 20 recommendations and identified the key actions of focus to improve emotional and wellbeing support for children, young people, and their families, including:

- Radical redesign of the service model with a particular focus on creating a more effective pathway, improving access, and achieving better outcomes
- Ensuring focused investment on priorities and outcomes demonstrated across the provider pathway. Where the investment is largest, the challenge will be bigger
- Establishing more effective partnership working across Sussex both in commissioning and in the provision of services
- Hearing and responding to the voice of children and young people and ensuring improved co-production and co-design
- Ensuring that commissioning is more co-ordinated, strategic and has the capacity, capability, and leadership to drive improvement
- Developing a strategic outcomes framework that enables a full and accurate understanding of the return on investment
- Simplifying the map of provision so that children, young people, and their families can find help more easily and more quickly
- Making sure that levels of investment reflect local need
- Improving accuracy and availability of data
- Addressing the workforce challenge

16.4.20 Sussex Foundations for our Future Children and Young People Emotional Wellbeing and Mental Health Strategy (2022 – 2027)

Following recommendation from the Sussex Foundations for our Future Review in 2020, Sussex ICS developed a Sussex-wide strategy to improve children, young people and families' emotional wellbeing and mental health over five years. The four key areas of change are:

- Prevention – addressing the issues that impact mental health.
- Early help and access to support
- Specialist and timely support to meet high and complex needs.

16.4.21 West Sussex Children and Young People's Plan (2022)

The Children First Board, a subgroup of the West Sussex HWB, provides the primary framework for overseeing the strategic development of children and families work across the broad partnership of West Sussex. The Board updated The Children and Young People's plan in August 2022, identifying the following five priorities, including mental health:

1. Keeping children and young people safe from harm
2. Providing the earliest support to families on low incomes to minimise the impact this has on their lives
3. Closing the disadvantage gap for children and young people across all key stages
4. Improving children and young people's emotional health and wellbeing
5. Strengthening our multi-agency approach to identifying and meeting the needs of children and young people with special educational needs and disabilities

16.4.22 Sussex Partnership Foundation Trust (SPFT) Suicide prevention strategy 2023 – 2026

In line with the national strategy, SPFT sees children and young people as a priority group to improve mental health and wellbeing. Aims of the strategy are:

- To develop 'suicide-safer communities' (where many agencies prioritise suicide as a serious community health problem and engage with various stakeholders to deliver actions)
- To support clinical delivery services to develop their action plans to prevent suicide

16.4.23 Sussex Suicide Prevention Strategy (2024 -2027)

In line with the national strategy, the aims are to reduce the rate of suicide over the next five years, as well as improve support for people who have self-harmed and are bereaved by suicide. The strategy identifies children and young people as a priority group to provide more tailored, targeted support to across Sussex. Other actions relevant to children and young people include:

- Promoting online safety and responsible media content and provide helpful messaging around suicide and self-harm
- Providing effective crisis support for those who need it

16.4.24 Pan-Sussex Children and Young People's Mental Health Digital Review (2021)

The aim of the review was to evaluate the current offer of digital mental health services in Sussex for children and young people between ages 11 and 25, and map services using the THRIVE framework. The review involved a survey of over 80 young people in Sussex, who were in contact with various youth and mental health services. The review identified:

- Current offers across Sussex
- Target groups
- Expected benefits for children and young people.

- Gaps in provision
- Barriers to access
- Other criteria (e.g., diversity and inclusion)

16.4.25 West Sussex Suicide Prevention Framework and Action Plan (2023 – 2027)

The West Sussex Suicide prevention framework and action plan 2023–2027 was developed to replace the 2017 Suicide prevention strategy for West Sussex. The new framework and plan recognise middle-aged and older men, children and young people, people who self-harm and those with existing mental health problems as most at risk of committing suicide or self-harm. The Framework and Action plan focus on the following seven key areas of action:

- System leadership, governance, and communications
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to means of suicide
- Provide better support to those bereaved and affected by a suicide
- Use of system data to support planning, support learning and training
- Reduce risk of self-harm

16.4.26 West Sussex County Council Plan (2021–2025)

The West Sussex Council Plan sets out the priorities that the County Council aims to achieve, including the key outcomes and performance indicators. The plan identifies four priorities all of which have an impact on children and young people's wellbeing. These priorities are underpinned by the cross-cutting theme of tackling climate change. The four priorities are:

- Keeping people safe from vulnerable situations
- A sustainable and prosperous economy
- Helping people and communities to fulfil their potential
- Making the best use of resources

16.4.27 Children Looked After and Safeguarding: The Role of Health Services in West Sussex (2015)

Completed by the CQC, the document reviews the effectiveness of health services for looked after children and safeguarding within health services for all children in West Sussex. The review raised concerns around:

- Waiting times for CAMHS
- Access to CAMHS for children and young people who were not in stable placements
- A lack of collaboration between CAMHS and looked after children health teams
- A lack of contribution by GPs, health visitors and school nurses to reviews

Recommendations were made for NHS Sussex formally made up of CCGs in West Sussex, based on information from children and young people, and parents/carers.

16.4.28 West Sussex Education and Skills Strategy (2019-2024) Supporting the inclusion of all children and young people (0-25 years), with a particular focus on those with Special Educational Needs and Disabilities (SEND)

The strategy has been co-produced with parents, carers, children and young people, and professionals in education, social care and health. Priorities that form the strategy are:

- Knowing children and families well (using an inclusive, person-centred approach)
- Meeting the needs of children and young people through schools, education, and general services
- Collective responsibility

Building on the SEND strategy (2016-2019), West Sussex Education and Skills Strategy highlights: a confidence in services available, a consistent and graduated approach to support, and creative thinking to develop needs-based solutions that are as close to home as possible, to support children with SEND.

16.4.29 West Sussex SEND Strategy (2019–2024)

The strategic priorities of the West Sussex SEND strategy align with those of the Education and Skills Strategy (above).

16.4.30 Area SEND inspection of West Sussex Local Area Partnership 2023[288]

Ofsted and the CQC conducted a SEND inspection of the West Sussex Local Partnership from November to December 2023. West Sussex County Council and Sussex ICB are jointly responsible for the delivery, commissioning, and planning of services for children and young people with SEND in West Sussex. Findings from the report include:

- Children and young people with SEND receive good support from skilled professionals
- Some services value and act on the views from the Young Voices participation group and the Parent Carer Forum (PCF) is an effective advocate for the experiences of families with SEND
- There are clear pathways for those transitioning to adulthood when within CSC
- It is challenging for children, young people, and their families to access key services at the point of need
- Support across the partnership is inconsistent, including when young people are transitioning to adult services
- Waiting lists for several specialist services are too long, with no support for children and young people to 'wait well'

Areas of improvement focus on the leadership in the area partnership. Health leaders should: identify and address 'waiting well' arrangements and gaps in service provision to meet the full range of needs of children and young people with SEND; act to ensure children identified as at high risk of aspiration are fully assessed; work to develop their strategy to improve the timeliness of Education, health and care plans (EHCPs) and ensure that processes are rigorous, sustainable and of consistent quality; continue to implement their oversight and

commissioning arrangements of suitable specialist school places and AP and finally, review and strengthen their strategic approach to preparation for adulthood.

16.4.31 Crawley Mental Health Community Transformation (2023)

A programme aligned with Sussex ICS' *Improving Lives Together* strategy. Part of the programme includes further development to the Children's Development Centre in Crawley Hospital, which is open to children and young people aged 0 to 19 with a range of difficulties or disabilities that may affect their health, development, and wellbeing.

16.4.32 West Sussex Controlling Drug Partnership Plan[289]

The West Sussex Drug and Alcohol Partnership is currently developing its local plan of action (2024-27) to reduce drug and alcohol-related harm, based on the evidence and insights gathered from a local multi-agency needs analysis, Partnership survey, and focus groups of people with lived experience of substance-related harms. Based on local context and need, and consistent with existing legislation, the plan will set out how the Partnership will aim to address the core commitments against each strategic objective of the national strategy: Breaking drug supply chains; delivering a world class treatment and recovery system; achieving a generational shift in the demand for drugs.

16.4.33 Rapid Review of the Impact of the COVID-19 Pandemic on Children and Young People's Mental Health and Wellbeing in Sussex (2022)

This Sussex wide review was first published in October 2021 and updated in March 2022. It was commissioned by the three local authorities in Sussex (East Sussex, West Sussex and Brighton & Hove) to review the impact of the COVID-19 pandemic on the mental health needs in children and young people and the impact on services in Sussex to inform the development of the Sussex-wide strategy and outcomes framework. The review recommends:

- A focus on preventative and early intervention services and addressing the social determinants of mental health to address the increase in demand and to reduce inequalities, especially support in schools and other educational settings.
- Channelling funding into early intervention, addressing staffing shortages and challenges, including young people's mental health specialist and the education of the wider workforce.
- Tackling the fragmentation of children and young people's mental health services by bringing services together across the whole system is essential to meet increased demand.
- The implementation of the THRIVE Framework across Sussex to move towards a collaborative, whole systems pathway approach.
- Improve mental health outcomes for children, young people, their families and carers.

16.5 Voice: coproduction, engagement and interviews

16.5.1 Views of looked after children and young people aged 4-18 years in West Sussex (2021)[290]

Analysis from a survey of 135 looked after children and young people aged 4-18 in West Sussex identified the following key themes.

- Young people (aged 11 to 18) in West Sussex were more likely than young people in care in other local authorities to report that adults did things to make them feel embarrassed about being in care (24% vs. 12%)
- 12% of young people (aged 11 to 18) did not have a good friend, compared with 3% of peers in the general population
- A slightly smaller proportion of young people (aged 11 to 18) recorded low overall well-being in 2021 than in 2018 (11% vs. 17% in 2018)
- 5 (8%) children in the two youngest age group categories (aged 5 to 11) described themselves as 'sad' or 'very sad'
- Certain characteristics were shared amongst two or more of these children: not feeling safe where they lived; not feeling settled where they lived; not trusting their carer; not trusting their social worker; feeling that their carers didn't notice how they were feeling; worrying about their own feelings or behaviour and wanting more contact with their family
- Nearly two fifths (38%) of the young people (aged 11 to 18) in West Sussex reported high levels of happiness the previous day, whilst 36% reported feeling that the things they did were worthwhile. These proportions are slightly more favourable than for young people in both other local authorities and in the general population.
- 39% of young people (aged 11 to 18) in West Sussex reported very high levels of positivity about the future the same is true for 36% of young people in other local authorities and 26% in the general population
- 8 (11%) young people (aged 11 to 18) recorded low overall wellbeing. Factors with the strongest statistically significant effect on low overall wellbeing were: Not being happy with their appearance; not 'always' feeling settled where they lived; not liking school and not having a trusted adult
- 24% felt embarrassed by adults about being in care – twice the rate of the rest of the UK (12%)
- 11 to 18 year-olds in West Sussex were more likely than those in other local authorities to feel afraid to go to school because of bullying (33% vs. 22%). Being free from bullying is one of the most important factors in children's well-being[291]
- Children and young people reported having fun and doing activities and had good access to nature (contact with nature can reduce stress and improve mental health[292])
- Around 15% of 4 to 18 year-olds reported not aways feeling safe in the home where they lived. Not feeling safe is associated with raised cortisol levels, difficulty learning and poor concentration[293]

- 57% of 8 to 11 year-olds worried about their feelings or behaviour at least 'sometimes'. 92% said they were getting help from adults to cope with this
- 57% of 11 to 18 year-olds worried about their feelings or behaviour at least 'sometimes'. 78% said they were getting help from adults to cope with this
- 21% of 11 to 18 year-olds had low levels of happiness with their appearance compared with 10% in the general population[294]
- 82% of 4 to 7 year-olds reported that the adults they were living with 'mostly' noticed how they were feeling
- 95% of 8-to 11-year-olds and 89% of 11 to 18 year-olds said their carers noticed how they were feeling 'all or most of the time' or at least 'sometimes'
- 58% of 11 to 18 year-olds said they spoke to the adults they lived with about something that mattered to them at least once a week. This was lower than in other local authorities where 70% reported this
- 21% of 11 to 18 year-olds reported low levels of happiness with their appearance. This is associated with low self-esteem, depression and self-harm[295]
  The majority of 4-to 18-year-olds reported being happy yesterday. A small proportion reported being unhappy (8% of 4 to 11 year-olds and 18% of 11 to 18 year-olds)
- 64% of 11 to 18 year-olds reported high levels of life satisfaction
- 89% of 11 to 18 year-olds said the things they did in their life were worthwhile; 11% said they were not. Having purpose in life is associated with well-being[296]
- 11 to 18 year-olds in West Sussex were more likely to report high levels of positivity about the future than those in other local authorities (75% vs. 63%). Optimism about the future is associated with happiness and resilience[297]
- 81% of children aged 8 to 18 reported that their lives were improving
- 12% of children aged 4 to 7 said they were either sad or very sad
- The overall portion of young people with low well-being decreased as the time in care increased
- Low well-being is associated with various other factors such as not liking their appearance, not liking school, not feeling safe or settled where they lived, not having a trusted adult, not wanting to go to school due to bullying and carers not noticing how they were feeling

16.5.2 Views of young people aged 11-16 years (2023)

The findings from an online health survey[298] of *47 young people in school years 7-10, aged 11–16 are detailed below.*

- Young people reported getting most support for their mental health from their family (68%) followed by their friends (21%)
- The least support for mental health was reported to be from teachers/other members of staff (44%), other professionals, such as school counsellors and therapists (21%) and extra-curricular leaders (19%)
- 38% of young people reported having support for their well-being from others on a weekly basis; however, 26% said they never had any support

- Most young people said they would rather talk about their concerns on a one-to-one basis (64%) rather than in a small group (36%)
- 15% of young people said they had been diagnosed with a mental health problem; a further 13% would 'prefer not to say'
- 68% of young people said they suffered from stress
- 34% either agreed or strongly agreed that stress affected their physical well-being

16.5.3 Key Findings of LGBT+ young people engagement conducted by University of Chichester 2023

Researchers from the University of Chichester were commissioning to conduct qualitative engagement with LGBT+ young people in West Sussex in 2023.

Nine semi-structured focus groups were conducted online and across four schools and one peer-support organisation in West Sussex, within a four month-period. Four focus groups were held with parents and educators, three with secondary school pupils, one with a LGBTQ+ young persons' support group, and one with LGBTQ+ young adults. A booster survey was also conducted with 48 participants aged 11-16.

"*I don't know many people who are part of the community haven't had, you know, self-harm, or like self-harm problems or like suicidal ideation of some kind. I've had quite a few friends who are part of the community, you know, attempt suicide or self-harm themselves" Child aged between 11-16*

"A lot of that stems from bullying I think I'd say that was the main thing, and obviously whatever that leads to, whether that leads to self-harm or depression or anxiety." Educator

"We had a really hard time kind of just being mother and son" Parent of a LGBTQ+ child

Theme categories

Below are the key findings that came out of the qualitative analysis of the focus groups and survey. The four overarching themes of mental health were identified as "severe risk factors", "mental health needs - facilitators of mental health", "mental health needs – barriers to positive mental health" and "help-seeking considerations". The theme column explains what the element each overarching theme entails and the sub-theme gives more detail on these themes.

Figure 145 Themes from focus groups

Over-arching Theme	Theme	Sub-Theme
Severe Risk Factors	Risk of Life	Self-harm/ suicide
	Risks at Living Circumstances	Lack of safety at home
		Strained Family Relationships
	Risks to Physical Health	Risk to sexual health
	Mental Health Risks	Eating Disorders
		Depression and Anxiety
Mental Health Needs – Barriers of Positive Mental Health	Struggles with self-acceptance	Accepting own sexual and gender identity
		Conflict with non-inclusive religious beliefs
	Loss of trust in institutions due to sustained negative experience	Safety Concerns in schools
		Safety Concerns in health services

	Fear of rejection	Feeling isolated
	Peer bullying and conformity pressures	Stress
	Negative impact of news media over-exposure	Fear for one's safety, and grief
Mental Health Needs - Facilitators of positive mental health	Increasing validation	Important adults (I.e., teachers, parents) showing understanding and acceptance
	Offering meaningful visibility	Engaging with the history and importance of Pride and LGBTQ+ Awareness Month
	Increasing self-acceptance through media representation	Positive and diverse representation of LGBTQ+ lives in entertainment media
	Combating isolation through adult LGBTQ+ visibility and mentorship	More adults in young people's lives that are out
	Being with other LGBTQ+ youth	Feeling safe, connected and accepted by being in LGBTQ+ spaces (online or offline)
	Looking after one's well-being	Self-care
		Learning coping strategies in school
	Turning distress into self-empowerment	Recognizing one's self-worth
		Independence and autonomy
Help-Seeking Considerations	LGBTQ+ Affirmative Care	Understanding and acknowledgment of LGBTQ+ Identities
	Overwhelmed Systems	Demand for services and system navigation
	Safe Environments	Threats to 'out' status and anonymity

16.5.4 Findings from semi-structured interviews with healthcare professionals: 5-16 years

Four professionals working in various services related to children and young people's mental health were interviewed to identify the current needs related to mental health in West Sussex. Codes were generated which were used to form themes. Within each theme, the population, organisational, and system level needs were identified, with quotes to evidence each theme. Population level needs relate to needs of children and young people from the perspective of professionals. Organisational needs relate to needs within a service, and system level needs refer to high-level changes that are needed across the County, to improve mental health outcomes for children and young people.

Figure 146 Themes from semi-structured interviews with healthcare professionals: 5-16 years

Theme	**Population level needs**	**Organisational level needs**	**System level needs**	**Quotations**
1. **More resource, consistent funding and changes to commissioning** are needed so that services can adapt to the change in	A need to address the rise in complex mental health needs, such as comorbidities of neurodivergence , mental health conditions and risk of suicide,	A need for more defined organisational remits, meaning some services are not trying to meet a wider range of needs for children and young people,	A need for more capacity in services. There are many different offers available for children and young people, but all are limited in terms of capacity, due to lack of resource.	''though these offers are available, I think there's a limited offer in all of these places.'' ''in all areas, we've seen a huge influx and I think that's had a huge impact on the services and the

children and young people's mental health needs	particularly in vulnerable groups such as young people who have been in contact with the youth justice system.	which results in longer waiting lists and some services holding significant risk, so children and young people are not accessing services as quickly.	More of the available resource should be directed to preventative support, rather than only focusing on higher levels of need. A need for more commissioning of services to address emotionally based school avoidance/non-attendance, as young people with EBSA will not have any support from school and will be waiting for support that is not necessarily available. Services are commissioned to deliver offers without the guarantee that they will get funding the following year, so interventions and developments within services feel short term. A need for commissioning to adapt to the increase in more severe mental health needs. Services are trying to be as flexible within the system as possible, however, there is not clear commissioning for self-harm, emotional distress and dysregulation.	demand outstrips the resources.'' ''it prevents that long term development because it's always short-term, because they can't confirm funding''
2. Structured support should be in place for **children and**	A need for more mental health support for looked after		There is no continuity of care once a young person once they turn 18.	''I think that's a big challenge across the board. It's almost as though you hit the age of 18 and then

young people transitioning from children to adult mental health services	children and young people, who will be transitioning from being in care, to care leavers between 16 and 18, and may be more vulnerable as a result of adverse childhood experiences. A call for support in preparation of this transition to start at around 14 and remain consistent until after 18.		Children's services may be able to offer a level of contact that is suddenly lost when a child is transferred to adult services due to capacity, so the young person has to suddenly adjust to a very different level of support.	services completely change.'' ''If a young person at the age of 16 is coming into [a service], the likelihood of them having an assessment and intervention before their 18th birthday is… there's not likely to be a service in place….'' ''Looked after children near that transition age. You can see they're becoming more vulnerable… their self-harm increases, their level of anxiety.''
3. **Collaboration and joined up working between services** is an important part of providing support to children and young people		A need for services to have a more holistic picture of children and young people's mental health history, particularly if they have had previous interactions with A&E or other services, that may suggest the child/young person has been in crisis at points.	A need for all services to have a clear understanding of service offers and where gaps are by using a shared language, such as the i-THRIVE model, to allow for a shared meaning that translates to consistent support for service users. A need for multi-disciplinary meetings to be joined up, with both frontline workers and senior team members attending, ensuring that there is capacity for decisions to be made in those meetings. A need for more joined up working between health, social care and education, to avoid excessive duplications in work, which result in significant time	''if young people are in and out of A&E, sharing the information around safety plans with schools, with GPs, feels really key.'' ''Having people at those meetings who can make decisions, but also who are at the frontline with the information… what's happening now, we've got silos.'' ''there's so much more complexity presenting now, so I don't really feel that we can work in isolation of services. It requires the join up of services to benefit that young person.''

			being wasted across services.	
4. More support is needed for **vulnerable children and young people, including those who are from black and minority ethnic backgrounds, with neurodevelopmental conditions, and undiagnosed complex needs,** particularly pre diagnosis and at crisis point	A need for more support for families from black and minority ethnic (BAME) groups, as well as those from deprived areas. Biases toward marginalised groups, as well as differences in education and ability to communicate their children's needs can result in families not receiving the support they need.	Settings should be more accommodating to children and young people who are neurodivergent, to help to prevent distress in their day-to-day lives, and to reduce the need for higher level intervention. A more needs-led approach within services, particularly when a child or young person has mental health needs and a neurodivergent profile. Practitioners are reluctant to offer mental health support when they are aware that a child has a neurodivergent diagnosis. A need for services to assess girls for Autism or ADHD, acknowledging that they are more likely to mask symptoms in school but still require support.	A need for a clear pathway of support for less common neurodevelopmental conditions, particularly Tourette Syndrome and other tic disorders, as well as robust measures at early stages for conditions like foetal alcohol syndrome, so that support can be offered before symptoms are likely to become more severe and overwhelming for young people, for instance, during exam periods. More support is needed for young people who are in contact with the youth justice system. Currently, there is a small provision within the youth justice system, as well as some service support, however, more targeted support is needed. A need for support for vulnerable children and young people in crisis, who may attend A&E as a place of safety and have to stay on the hospital ward without the appropriate support.	''[Young people with Autism or ADHD] they've often come to [A&E] because no one else knows what to do. Things have escalated to a point they come to acute health providers, and sometimes it's like adding fuel to the fire.'' ''A lot of young people, who are part of youth justice, have really early developmental trauma and adverse childhood experiences. How do we really work with those young people earlier to support their needs?'' ''I think that to navigate the services, I think you have to have a certain level of education. If parents haven't got that certain level of education to advocate for their children, it's easy for their difficulties to be scapegoated.''

16.6 Activity, Quality and outcomes

16.6.1 Mental Health Support Teams (MHSTs)

16.6.1.1 Background

Thought-Full is part of a national initiative Establishing Mental Health Support Teams (MHSTs) in education settings. The national role is delivered jointly with the DfE and NHSE, working closely with local partners including local authorities and NHS trusts. Funding comes from NHSE via local ICBs. In West Sussex MHSTs use the name Thought-Full, a name chosen by young people and there is an integrated team with staff from both West Sussex County Council and SPFT. This brings together expertise from health and education.

MHSTs have three core functions:

1. Support for the senior mental health lead in each education setting to introduce or develop their whole school approach
2. Evidence based interventions in schools for mild to moderate mental health issues based on low-intensity CBT. These interventions treat a number of mental health problems including generalised anxiety, social anxiety, low mood, low self-esteem, separation anxiety, panic, sleep difficulties, poor eating patterns, common behavioural difficulties
3. Timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education

16.6.1.2 MSHT Scale of Provision

Thought-full works with primary, secondary, special and AP schools. Each Mental Health Support Team has a reach of between 7,000 and 8,000 pupils. Current service reach (as of December 2023) is 72,488 pupils which is around 55% of the pupils in schools in West Sussex.

In September 2023 Thought-Full expanded from six teams working in Chichester, Bognor, Worthing, Mid-Sussex, and two Crawley sites, to a service of nine teams with the addition of sites in Horsham, Littlehampton & West Worthing, and Adur.

With each expansion the locations and schools are chosen following a data analysis.

There is a planning tool to support the senior mental health lead (SMHL) in each education setting to introduce or develop their whole school approach to mental health and wellbeing. As well as training and teaching, this might also include working with directly with pupils and/or parents. Pupils are referred for support via the (SMHL).

16.6.1.3 Mental Health Support Teams (MHSTs) in schools Data for 2023/24

In January 2024 MHSTs were operating in 137 schools in West Sussex, a reach of 72,488 pupils. All schools in the county are supported via a whole school approach programme.

2023/24 referral numbers below show an increase.

- Q1 - 201

- Q2 - 192
- Q3 - 515
- Q4 – tbc

16.6.2 Single Point of Access (SPoA)

- West Sussex has a Single Point of Access (established in June 2022), in terms of services most children and young people, but not all, will route through this system
- When the SPoA was established, the business case estimated approx. 7,000 referrals per annum, between June 2022 – June 2023 it was approx. 8,500 (21% higher than the business case). The SPoA activity level has not reduced

Monthly received referrals fluctuate (and lowest during school holiday periods) but have exceeded 900 a month.

Figure 147 Monthly SPoA Referrals Received June 2022 to February 2024

Source: Local Data - SPFT

In terms of the referral source, since the start of the SPoA in June 2022, the highest proportion of referrals came from carers, then GPs, schools and self-referrals.

Figure 148 Source of referral to the West Sussex Single Point of Access (SPoA)

Source of referral

Referrals since June 2022

Episode Source	Referrals
B2 - Carer Referral	3,974
General Medical Practitioner	3,349
C2 - Education Services (School/College)	2,158
B1 - Self Referral	1,489
M6 - Other Service or Agency	1,193
A1 - Referred by GP	823
C1 - Social Services	643
A3 - Other Primary Health Care	261
F2 - Hospital-based Paediatrics	88
M3 - Out of Area Agency	88
F1 - School Nurse	67
F3 - Community-based Paediatrics	65
H1 - A&E Department	27
J4 - CMHT (CAMHS)	25
C2a - Non-Mainstream Education	11
A2 - Health Visitor	8
H2 - Other secondary care speciality	8
M7 - Other: Single Point of Access Service	8
E1 - Police	4
C3 - Housing Service	3
K4 - Inpatient Service (CAMHS)	3
G3 - Other Indep Sect MH Services	2
G4 - Voluntary Sector	2
Q2 - Mental Health Support	2
I2-Perm trans from other MH Service (NHS Funded)	1
Total	**14,302**

Source: SPFT

In terms of who is referred, more younger boys than girls are referred, and more older girls than boys are referred. This is in line with the different prevalence of mental health problems by age.

Figure 149 Referrals to SPoA by gender - Under 11s

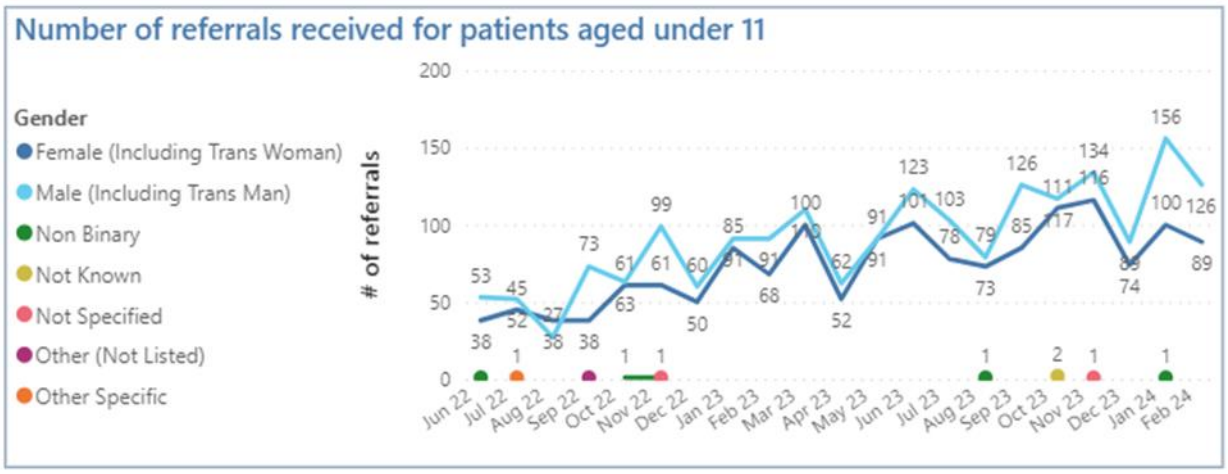
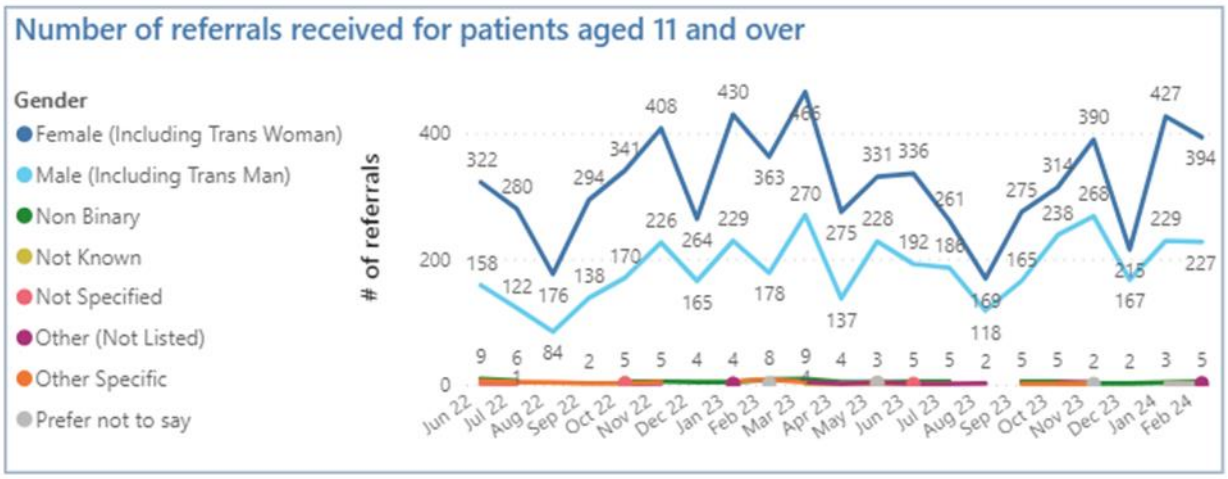


Figure 150 Referrals by gender - Over 11s



Source: SPFT

16.6.3 Referrals Accepted by Child and Adolescent Mental Health Services (CAMHS) (SPFT)

Note : Analysis as part of a wider stocktake of services for children and young people examined referrals accepted by CAMHS. “Accepted” referrals were examined to ensure that there was consistency across the three local authority areas examined as part of the stocktake.

This approach was used because each area had different a Single Point of Access arrangements. This means that direct comparison between areas was challenging, for example, some areas will receive a higher number of referrals which are subsequently signposted to the right service. Comparison over time is also a challenge as some referral systems have changed recently. For example, prior to June 2022 there was no Single Point of Access in West Sussex, and all referrals were triaged by the individual team.

Figure 151 Accepted referrals (West Sussex CYP) January 2019 to December 2023, **including** referrals on the neurodevelopmental referrals.

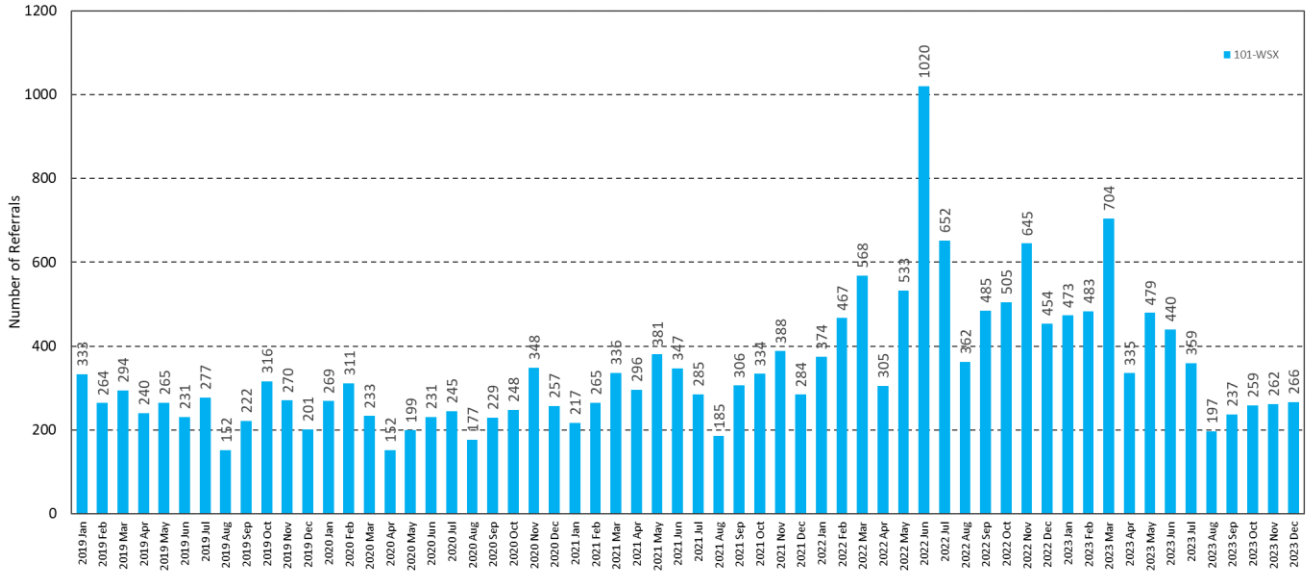
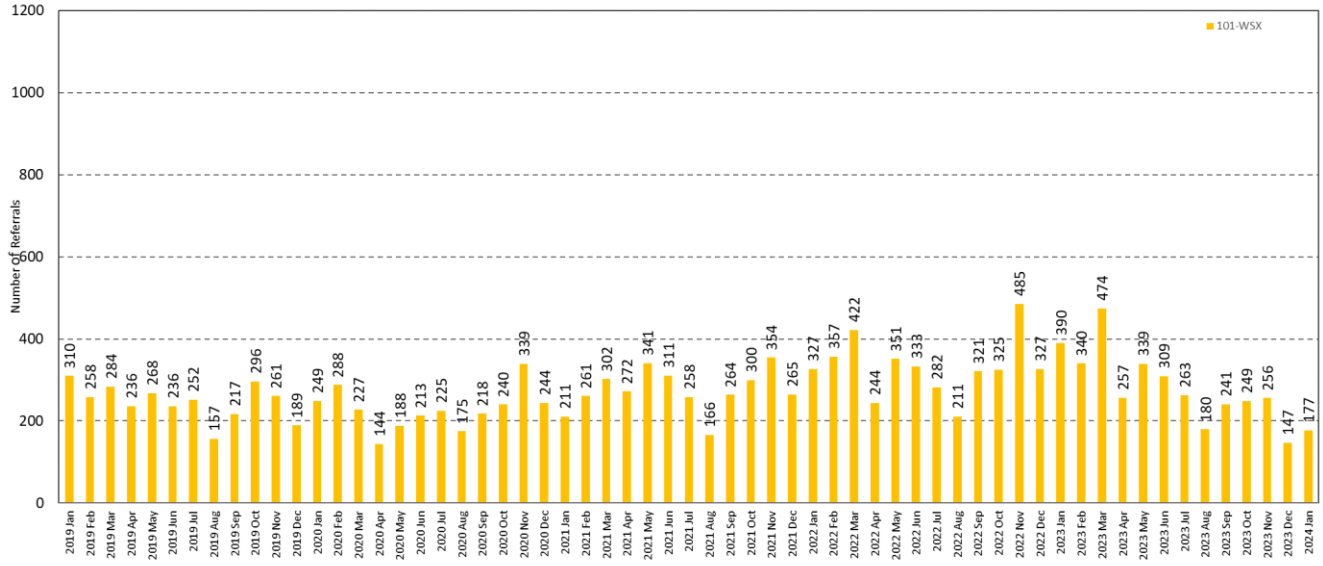


Figure 152 Accepted referrals (West Sussex CYP) January 2019 to December 2023, **excluding** referrals on the neurodevelopmental referrals.



16.6.4 Specialist Intervention Waiting List (CAMHS – SPFT)

SPFT publish updates on children and young people on the specialist intervention waiting list. This is defined as:

- All young people placed on the Specialist Intervention Waiting List have received an initial assessment and are currently awaiting a specialist intervention. Young people can be waiting for more than one intervention if deemed clinically required. This is most often young people waiting for neurodevelopmental or psychiatric assessment, while waiting for therapeutic input (CBT).
- In most cases young people will have already received either initial treatment or in more complex cases, already attended and completed other interventions but further intervention is required.
- *Start date;* the start date is the date of the clinical decision to offer the young person the particular intervention, *End date:* the young person is removed from the list as soon as they attend the first session or commence Stage 2 for ASC and ADHD.

In January 2024 there were approximately 2,800 children and young people on the waiting list, of these more than half were waiting for a stage 2 autism spectrum condition (ASC) assessment.

16.6.5 Waiting Times to Child and Adolescent Mental Health Services (CAMHS) – Nationally Published Data

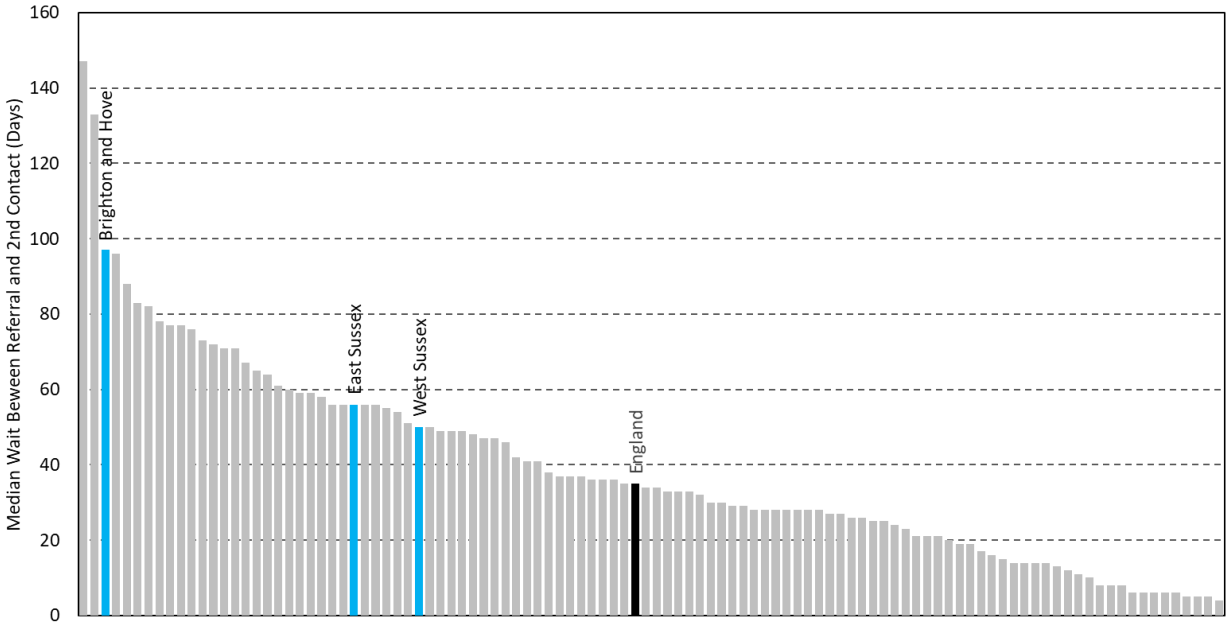
The Office of the Children's Commissioner requested data from NHS Digital to benchmark children and young people accessing secondary mental health, learning disabilities and autism services.

Data were published in March 2024 and relate to the financial year 2022/23. The Children's Commissioner examined waiting times for children who were referred and subsequently entered treatments (accepted referrals), examining access throughout the country (at sub-ICB level), age and reason for referral. This data is drawn from the NHS Mental Health Services Dataset (MHSDS).

There are a number of caveats noted in the report, of note:

- NHS England data only includes services funded by the NHS. Services such as school-based counselling not funded by the NHS are excluded; thus, this report does not examine figures on mental health provision financed by organisations. It is noted that "ICBs spending more on external or preventative services at the expense of NHS funded children and young people's mental health services (CYPMHS) will underperform on indicator scores based solely on CYPMHS".
- A child is counted as accessing treatment if they have two contacts with CYPMHS. Some children may have more contracts before starting treatments, others may not require specialist treatment and be referred elsewhere.

Figure 153 Median Days Between Referrals and 2nd Contact – Children Referred to NHS Funded Services (CYPMHS) by Sub ICB Area from areas with longest wait to shortest wait

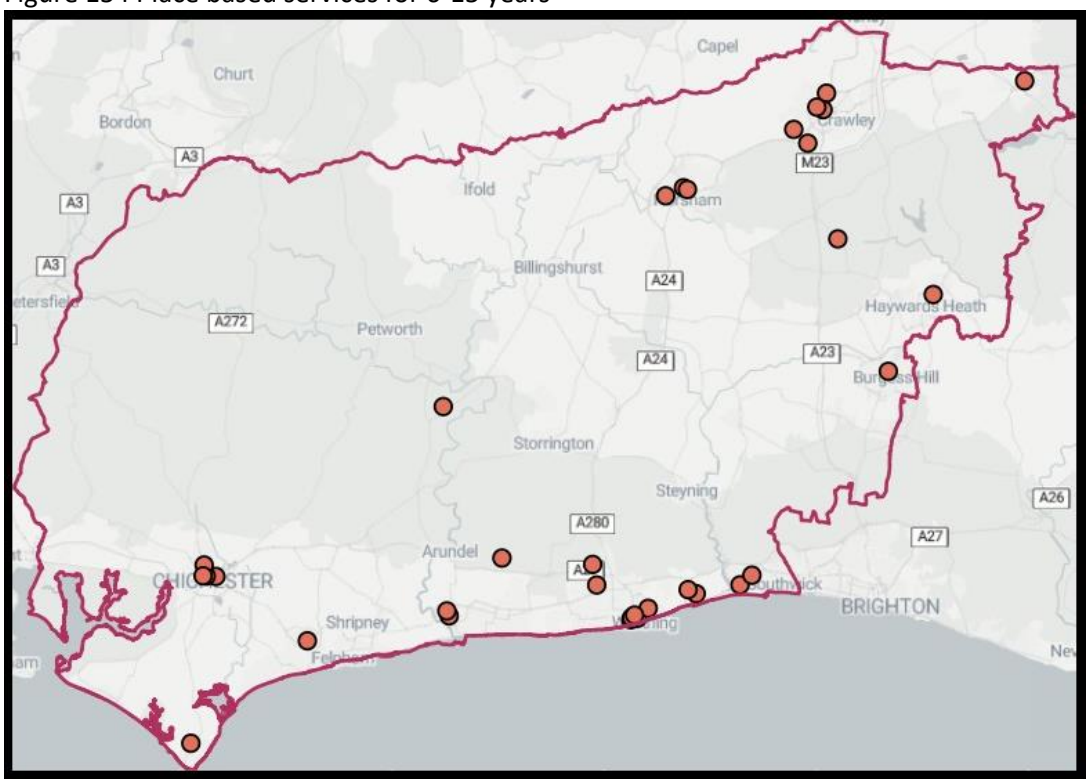


16.7 What we know about the offer of support

Support for mild to severe mental health is provided through primary and secondary care mental health services. Services range from online and telephone based to intensive one-to-one support, community and voluntary services, statutory services and clinical offers. These are in addition to any universal services listed in Appendix.

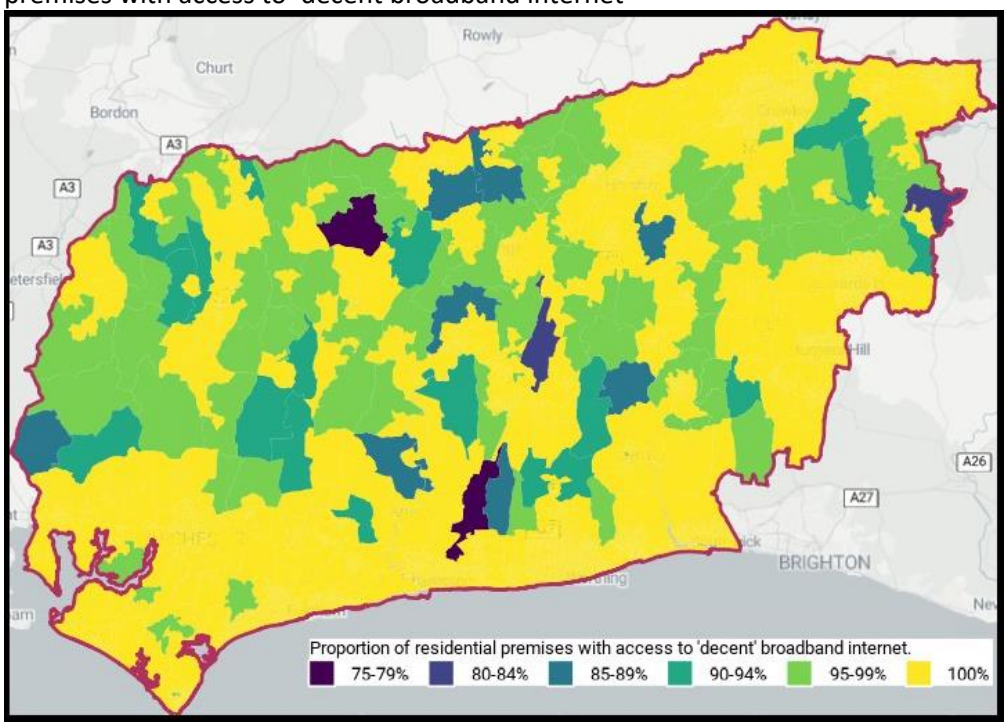
In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

Figure 154 Place based services for 6-15 years



There are increasing number of online offers for children, young people and families, and for those providing interventions such as video calling, a 'decent' internet speed may be needed. Figure 154 shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 155 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet'*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

16.7.1 Primary Care

GPs and other allied primary care professionals can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed.

16.7.2 Healthy Child Programme – School Nurse Service

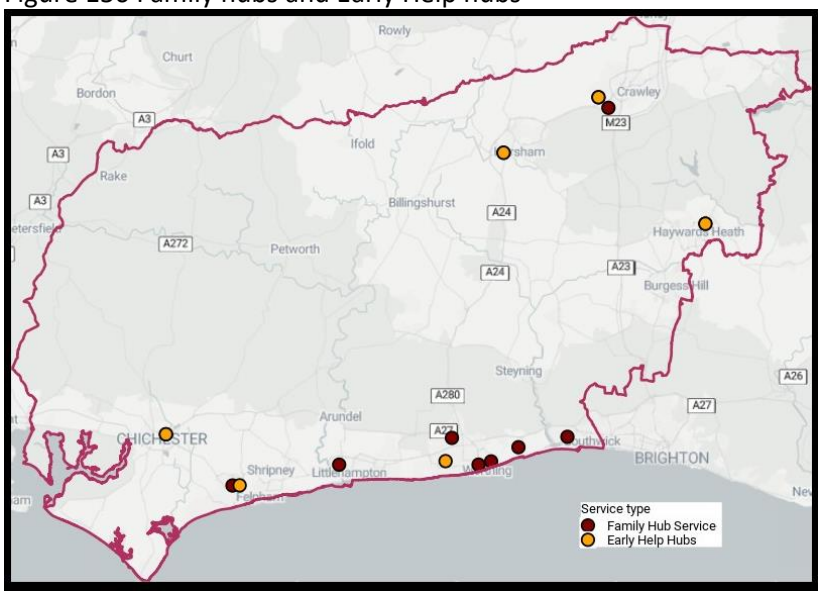
The Healthy Child Programme School Nurse offer entitles children and families to routine health and development reviews, which includes school screening for hearing and vision, the national child measurement programme for height and weight, support in delivering personal health and social education (PHSE).

All young people and parents or carers have access to our confidential anonymous texting service, which is known as ChatHealth or Parentline.

The HCP also offer additional support when needed.

These services are delivered online, by telephone, in homes, family hubs, clinic settings, schools and other appropriate community setting, depending on the level of support and the type of review.

Figure 156 Family hubs and Early Help hubs



For children, young people and their families who need additional support, there are two enhanced offers through the Early Help Service, one for 5 to 11 year-olds and one for 11 to 16 year-olds (the offer can overlap depending on whether a child is in primary or secondary school at age 11). The universal offer (Level 1) is open to all and there are three further levels of service, depending on the needs of the family. For the 5 to 11 cohort this includes services such as support and follow up after the year 5 questionnaire, youth offending support and interventions where there are safeguarding needs. For those aged 11 to 16 this

includes support such as one-to-one and group work on a number of issues, access to further emotional support, support for young carers, homelessness prevention for 16 to 17 year-olds and youth offending support.

16.7.3 Schools

It is a legal requirement that children from ages 5 to 16 must be in education. Most children in West Sussex attend schools or academies which are funded by the local authority or directly from the DfE, including specialist pupil referral units for those who have been excluded from mainstream settings. West Sussex also has a number of private schools. A small number of children and young people are educated at home, however, since the COVID pandemic, this number has increased.

These provide 'touch points' in the system for children and their parents/carers where interventions, especially in terms of prevention and promotion of good mental health and wellbeing, can be delivered.

Each school has access to local authority support in terms of whole school approaches (iThrive model) and the HCP school nurse service (which includes the ChatHealth and ParentLine offer).

16.7.4 Thriving in education

All the schools in West Sussex have access to support for mental health in some measure but the offer varies between schools. The new Thriving in Education guide provides a single, central portal accessible by any school and enables staff to access training, toolkits, and links to services, offering additional chargeable packages of support.

In terms of implementing a whole school approach to mental health and emotional wellbeing the Thriving in Education offer includes termly network locality meetings for Senior Mental Health Leads, access and signposting to training, a regular mental health and emotional wellbeing newsletter, a parent/carer newsletter, training for governors, dissemination of resources, and support to take a change management approach to embedding a whole school approach. Additionally, schools that are a part of the Thought-Full programme have access to a named Thought-Full advisory teacher who can give more individualised support around developing whole school provision.

16.7.5 Thought-Full – Mental Health Teams in Schools (MHSTs) Service

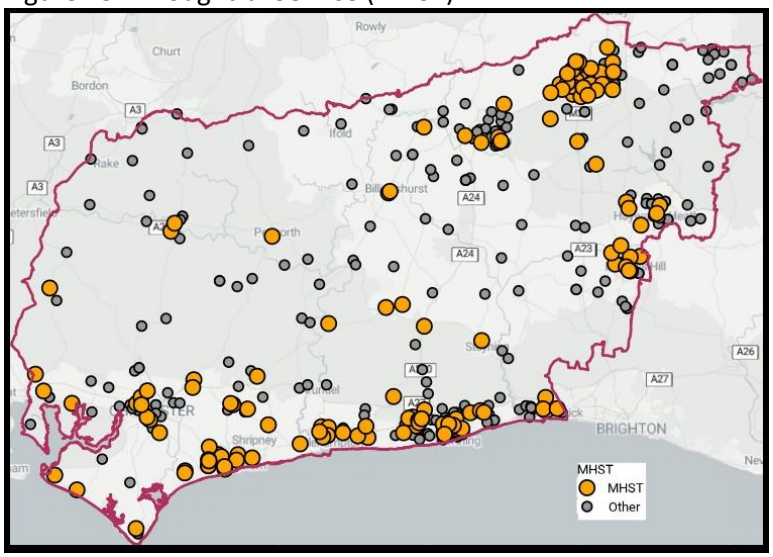
MHSTs are an important strand of the Government's 2017 Green Paper 'Transforming Children and Young People's Mental Health Provision'.

More than 50% of pupils in West Sussex have access to the Thought-full service (Mental Health in Schools Teams, funded through DfE).

Thought-Full support the SMHL in each education setting to introduce or develop their whole school approaches to mental health and emotional wellbeing, provide one-to-one evidence-based interventions in schools for mild to moderate mental health problems (such as anxiety and depression), as well as provide advice to school staff and liaise with external

specialist services, to help children and young people to get the right support and stay in education.

Figure 157 Thoughtful Service (MHST)



16.7.6 Multi-Agency Mental Health in Education Triage (MAMHET)

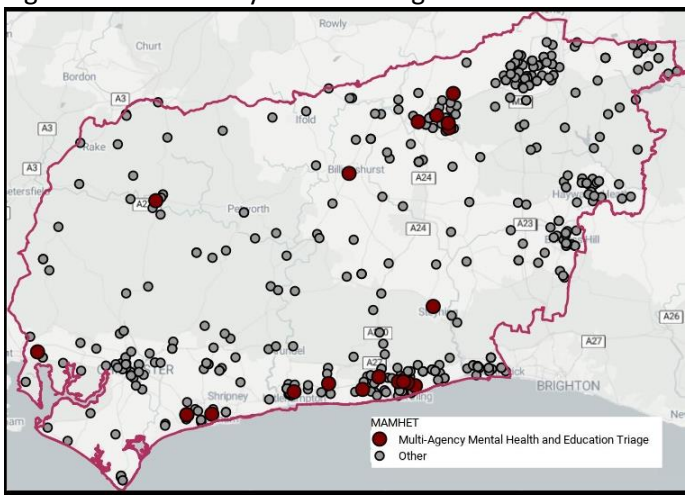
All secondary schools have access to the Multi-Agency Mental Health in Education Triage (MAMHET) which provides support for young people who are at risk of significant mental distress and who may need intensive support.

MAMHET was established in September 2022 in response to a number of deaths in children and young people. The multi-agency triage identifies children and young people (under the age of 18) who are at risk of suicide or serious self-harm and aims to safeguard them through effective partnership planning and action.

The MAMHET brings together professionals to help identify and respond to presentations of children in school which might progress to the point of a mental health crisis and potential suicide. The MAMHET will seek to identify any individuals or groups of young people who might be negatively impacting on each other's mental health and to prevent any future deaths by suicide.

For those that are home schooled there is an Elective Home Education Team who support parents and carers educating their child at home, which includes information to support their mental wellbeing.

Figure 158 Secondary schools using MAMHET



16.7.7 West Sussex Single Point of Access (SPoA)

The West Sussex Single Point of Access (SPoA) is a dedicated service which provides a simplified single route to access specialist emotional wellbeing and mental health support. The SPoA helps direct you to the right service, eliminating the need to refer to multiple services.

As well as referral into specialist mental health services, the SPoA provides access to emotional support services such as the Youth Emotional Support (YES) Service for those from ages 11 up to their 18th birthday and Mind the Gap Emotional health support service. *These services are listed in Appendix 5.*

16.7.8 Sussex Child and Adolescent Mental Health Service (CAMHS)

CAMHS are a specialist NHS children's and young people's mental health service that provide consultation support and training for professionals. The team also undertake direct case work with children, young people and their families through a number of different services including: Inpatient services, urgent care, early intervention, complex behaviour, looked after children, neurodevelopmental disorder diagnosis and treatment, SEND, harmful sexual behaviour, forensic support and eating disorders.

These are listed in Appendix 5.

16.7.9 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at a county level as well as more local offers.

As well as universal services available for this age group, there are also a number of CVS and place-based organisations that provide support for mental health and emotional wellbeing for children and young people. These include online, as well as in-person support, such as the e-wellbeing service from YMCA Downslink, the Children and Young People's Social Prescribing service from West Sussex Mind, and the iRock service. There is also information, advice and support at a district and borough council level.

It is not clear what the offer is for children and young people with complex needs who do not meet thresholds for more support, or what is available to anyone on the waiting list whose health may be deteriorating. There is a need for a co-ordinated 'waiting well' service – using national and local sources of support.

There are number of free local activity groups and clubs for children and young people (including those with SEND) in smaller communities across the county. They are run by community groups such as youth clubs, sports clubs in churches, libraries and community and recreational hubs. These groups connect children and young people and parents, as well as provide opportunities for socialising and reduce isolation, which is essential for wellbeing. These low-cost opportunities have been reduced due to a programme of disinvestment in youth services since 2010.

There are also a number of national charities offering advice and support around issues which affect mental health and wellbeing such as bereavement, bullying, stress, neurodiversity, LGBTQ+ experiences, sleep issues, sexual and domestic abuse, pregnancy, drug and alcohol use, and others. These are predominantly online/app and telephone-based offers.

These are listed in Appendix 5.

16.7.10 Trauma Informed Care

The evidence on the impacts of trauma, including ACEs, on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

16.8 Children and Young people 5–16 Years and Families - What works for prevention

Some indicators of good mental health in children and young people include the achievement of developmental milestones, healthy social and emotional development, and effective coping skills[299]. Biological factors, as well as the conditions of the environment (including family support) that children and young people grow and live in, shape their mental health. Schools and colleges are also crucial in supporting mental health and wellbeing at this life stage[300].

16.8.1 Resilience

While protective and risk factors are not deterministic, they contribute to the mental health outcomes of children and young people. For example, experiencing ACEs does not guarantee that a person will develop mental health problems, and many children who experience these

in early years grow up to become healthy adults. Resilience plays a key role in the development and maintenance of mental health and wellbeing[301]. Factors that build resilience are individual, such as the ability to self-regulate, achievement motivation, and perceived efficacy and control; familial, through effective care and parenting; and community-based, through positive relationships with friends, parents, and romantic partners[10].

16.8.2 Early Intervention

Early intervention means identifying children and young people who are at greater risk of poor mental health outcomes and providing preventative support before problems worsen. Effective early intervention can also contribute to social and emotional development, build stronger foundations to promote good mental health and prevent children and young people engaging in risky behaviours[302].

16.8.3 Whole School/College Approach

There is good evidence to support the link between good mental health and education engagement and academic achievement[303]. A whole-school approach involves:

- A senior leadership team within the school that understands the impact that mental health has on academic achievement and provides strategic and practical mental health and wellbeing support for children and staff.
- Staff that foster a mentally healthy school environment by supporting children's development, through social and emotional learning.
- Planning and continuing evaluation of practices, identifying strengths and external support, and consultation with children, staff, parents, and carers.

OHID and DfE developed a whole-school approach to promote pupil mental health with the aim of impacting all aspects of school and college that improve the health and wellbeing of children and young people[304]. There are 8 principles of the approach, based on evidence and feedback from practitioners on what works to improve children and young people's mental health. Senior leadership within schools and colleges is central in this approach, as it is essential in ensuring changes are implemented effectively. Ideally, a SMHL should be identified to implement the approach in schools and colleges.

Whole-school and college approaches that provide adequate teacher training on the importance of pupil mental health and wellbeing can support early intervention for children and young people, particularly those with SEND[305].

16.8.4 Social and Emotional Learning Interventions (SEL)

SEL is defined as a whole-systems or curriculum-based approach that allows children and young people to develop core skills that provide a baseline to lead fulfilling lives at school and in work, through healthy relationships and as civilians in the wider community. The Collaborative for Academic, Social and Emotional Learning (CASEL) developed a framework with 5 core social and emotional skills that support development and the settings where

students live and grow in the surrounding circles[306]. SEL interventions tend to target one or more skills of the framework[307].

12 meta-analyses summarise the current evidence on SEL from EY to 18 years[308]. Evidence shows that SEL promotes the development of social and emotional skills, which enables positive social behaviours, as well as a reduction in disruptive behaviour and emotional distress. Nurturing these skills can also improve children's cognitive and academic performance.

Schools-based interventions that promote SEL in class can also reduce incidences of bullying in schools that may lead to poorer mental health and wellbeing. Skills, such as cooperation, tolerance, empathy, building healthy relationships and resisting pressure can be protective against bullying, as well as building resilience and coping skills[309].

16.8.5 Wraparound care

Wraparound care is intensive support from a care coordinator with a low caseload, who organises a support system around an individual, including family members, natural support systems and other professionals. A systematic review and meta-analysis of wraparound support for children and adolescents in the United States found significant effects of wraparound care on school functioning, mental health symptoms and a smaller, but statistically significant effect on mental health functioning[310].

16.8.6 Eating Disorders

Preventative interventions for eating disorders in children and young people are varied. The most effective universal interventions for children and young people include:

- Teaching children and young people media literacy, which involves explanation of the alteration of images in the media so people appear thinner[311]. Sessions also allow children and young people to discuss and critique media messages.
- CBT programs aim to change patterns of thinking that put children and young people at risk of developing an eating disorder and promote healthy attitudes to body image.
- Cognitive dissonance programs, which aim to weaken the individual's belief that thinness is ideal, through activities that foster 'anti-thinness'. Examples of activities include exploring the costs of the 'ideal' body image, as well as self-affirmation in the mirror.

16.8.7 Looked after children

Providing looked after children a secure and caring environment can support them to overcome adverse experiences in early life[312]. Emotional wellbeing should be a priority for professionals in the care system, including an in-depth assessment of children and young people's mental health needs. Children and young people's voice and allowing looked after children to influence their own care is also important. Emotional and mental health support should also extend to children and young people when they become care leavers, and carers should receive regular training on emotionally supporting looked after children[12].

Other interventions for preventing or treating poor mental health in looked after children can be direct or indirect (interventions for carers/guardians)[313].

Direct interventions include:

- Attachment, Regulation and Competency (ARC) – a framework that focuses on attachment, self-regulation, and developmental skills. The framework aims to develop treatment targets for both the child and carer. Use of ARC has been associated with reductions in problem behaviours and symptoms of PTSD
- Mentoring schemes – Regular social meetings with an unrelated adult, possibly including additional skills training. Mentoring can be beneficial to children and young people's self-determination, and social and emotional wellbeing
- Life story work – Supports looked after children to create a record of their experiences and gives them a clear story to reflect on and communicate. Methods are varied and can involve the use of books or online programmes

Indirect interventions include training programmes on SEL, attachment theory, parenting skills, and behaviour management.

16.8.8 Successful Programmes

16.8.9 Healthy Child Programme (HCP) – School-aged years

The HCP is universal and offers a personalised response to children and families. Support for school-aged children is broken down into three high impact areas: supporting resilience and wellbeing, improving health behaviours and reducing risk, and supporting healthy lifestyles[314]. Interventions are at individual and family, community and population level. At school age, school nurses offer assessment of children and young people's mental health needs and can offer mental health promotion, prevention, and early intervention services. School nursing teams also collaborate with other professionals, such as GPs, CAMHs, education services and children's social care.

16.8.10 Early Intervention in Psychosis (EIP)

EIP is available to children and young people aged 14 and over. The intervention is community-based and provides support to individuals following their first episode of psychosis. The approach aims to reduce the risk of psychosis recurring by focusing on recovery. Access to EIP that is well-timed can have a significant impact on the lives of the child and their family in the long-term[315].

16.8.11 Early Support Hubs

Early support hubs are mental health and wellbeing services that are open to young people aged 11 to 25 without the need for referral. A few areas in the UK have offered Early Support Hubs, including East Sussex (and from 2023 Horsham in West Sussex), Camden, and Salford[316]. These services were designed for cohorts who may experience barriers to accessing traditional services. Furthermore, hubs offer community-based support for children and young people who are likely to avoid hospital-based services due to stigma. Camden's offer, Minding the Gap, also co-designed their service with children and young people and used

feedback to develop a welcoming and non-stigmatising mental health service[317]. Early support hubs are cost effective and have resulted in fewer young people being re-referred due to the partnership working between services.

16.8.12 Digital CBT

Digital CBT offers flexible access and more convenient support for children and young people through various digital devices. Benefits also include more privacy and capacity. Recent NICE guidance[318] has recommended four digital CBT programs:

- Lumi Nova
- Online Social Anxiety and Cognitive therapy for Adolescents
- Online support for intervention for child anxiety.
- Space from anxiety for teens, space from low mood for teens, space from low mood and anxiety for teens

16.9 Findings and areas for focus

Life Stage: 5-16

KEY POINTS

- Approximately 14,500 children and young people aged 5 to 16 years are estimated to have a mental health disorder in West Sussex.
- Expressed demand – Where time series data are available, service data reviewed (including some VCSE services, MHST and CAMHS (SPFT)) show a long-term increase in the level of referrals.
- When the West Sussex Single Point of Access was established, the business case estimated approximately 7,000 referrals per annum, between June 2022 – June 2023 there were approximately 8,500 referrals (21% higher than the business case). The SPoA activity level has not reduced.
- For CAMHS (SPFT) the increase predated the pandemic, continued and escalated, notably in 2021. Further work is needed on whether demand to CAMHS (SPFT) is plateauing or continuing to rise.
- The large increase in referrals (to CAMHS – SPFT) relating to neurodevelopmental disorders are acting to obscure change. Monthly data (identified in the December 2023 stocktake) estimate accepted referrals up to 485 per month (excluding NDD) to over 1,000 per month (including NDD).
- Waiting lists – Data published by the Children's Commissioner stated waiting times (in terms of referral to 2nd contact) in Sussex are longer than the England average.
- In relation to specific interventions within CAMHS (SPFT) the scale and length of waiting list is greatest for cognitive behaviour therapy.

High Level Overall Areas for focus

For all high-level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus, no specific 6-15 years areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific 5-16 years areas for focus

- Increase resource & support for prevention in schools and communities to address complex needs including ND and those in touch with criminal justice system, EBSA, self-harm, emotional distress and dysregulation.
- Adopt I-Thrive model and incorporate within support

- Review, join up youth support & promote mental health support including digital support at all levels, across communities, education, council, CVS & NHS
- Kite mark for youth provision on mental health and wellbeing training to support local provision.
- Develop a county-wide work programme to reduce harms of social media
- LGBTQ+ visibility including comms and Pride events that encourage wellbeing to be recognised and supported

Area 3: Whole pathways and all people

Specific 5-16 years areas for focus

- Leadership and strategic planning and connection at different levels across the system – join up vision, strategy, planning, address gaps, referral mechanisms, adoption of models to increase access
- SPoA: simplify information sharing, referrals and access to services: review function & info sharing between organisations within and external to the SPoA
- Increase access for vulnerable CYP and prioritise evidence-based interventions for CYP with mental health problems and SEND (particularly autism) and/or BAME and/or LGBTQ+ and/or those in contact with youth justice system
- Review pathways for gaps in support for those identified, including for less common neurodevelopmental conditions: Tourette Syndrome and other tic disorders, foetal alcohol syndrome
- Data collection and use to ensure equity of access for all, including from deprived areas and recognise wide range of categories for self-definition of identity
- Research required amongst specific groups including intersectionality and on protective factors for LGBTQ+
- Research & evaluation on the effectiveness of interventions at improving all including LGBTQ+ children and young people's mental health.
- Support for parents/carers to support children and young people with mental health needs, including through support for parent/carer mental health.

Area 4: Accessible, flexible & personalised support

Specific 6-15 years areas for focus

- Services to review equity of access for children and young people
- Development of tailored offers, workforce training and communications to increase access to support for high-risk children and young people (NDD, LGBTQ+, SEND, criminal justice) with coproduction and peer support as part of this
- Use of inclusive imagery, diverse representation and signage for physical environments.
- Support for victims of hate crimes to recognise the specific mental health impact of experiencing LGBT+ hate crime.

Area 5: Housing & accommodation

Specific 6-15 years areas for focus

• Increase awareness of libraries as a setting for delivering services and community support for improving children and young people's mental health • Review of community spaces and where support can be provided in community non-judgemental easy access settings
Area 6: Complexity: Multiple physical and mental health, social care and or education needs and multiple services
Specific 6-15 years recommendation Workforce training & support on compassionate practice, building trust, personalised support for mental health & complexity

17 Young People 16–25 years

17.1 Introduction

This section focuses on young adults or early adulthood, referring to young people aged 16 to 25. This is a key life stage as the transition through adolescence and adulthood is a time of upheaval and uncertainty, marked by considerable emotional, social and physical changes, and is often a time for developing a sense of self and identity. It is also the point when young people transition between learning centres or from school to workplace and may experience significant changes in their peer group[319].

Services for children and young people with long-term health conditions are provided by child health and social care services until the age of 18. From 18 years old, they are usually provided by adult services, with this transition process starting from age 16.

Poor mental health at this stage is associated with several negative social outcomes, such as lower educational attainment, higher rates of health risk behaviours (such as unplanned pregnancy, smoking, and alcohol and drug use), poorer social skills and anti-social behaviours[320,321]. Evidence suggests that 20% of adolescents may experience a mental health problem in any given year. 50% of mental health problems are established by age 14 and 75% by age 24 [322,323]. Between the ages of 16 and 18, young people are more susceptible to mental health conditions[324].

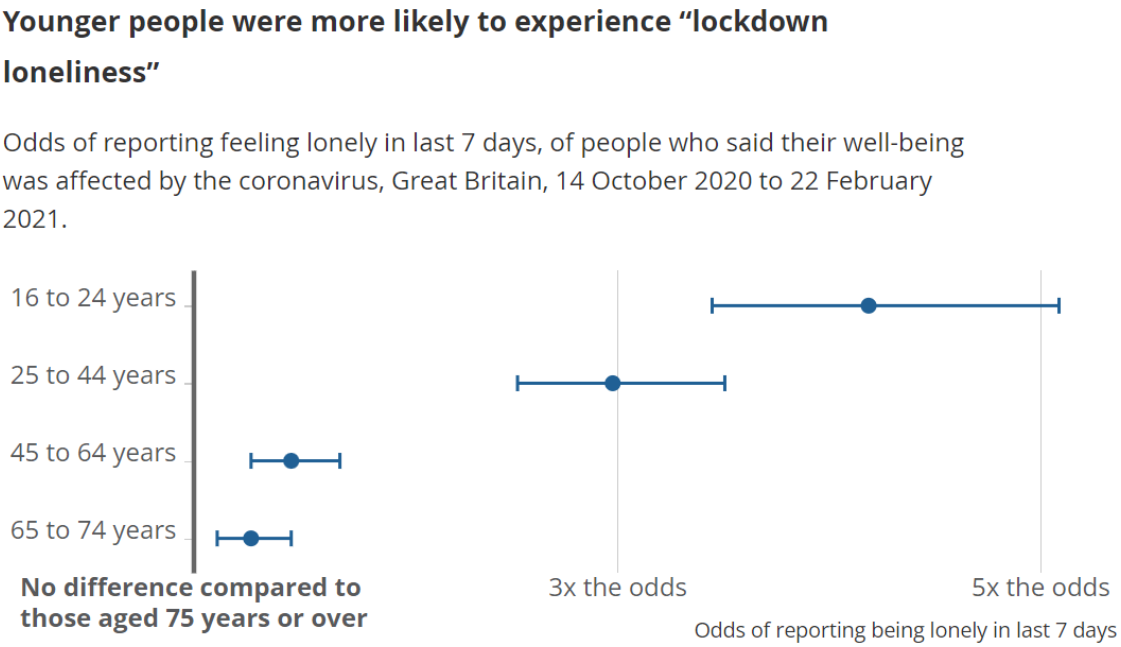
Differences in adult and child services' criteria mean that some people are no longer able to access services when they turn 18. For these people, support can reduce sharply at age 17 /18 even though need is unchanged. Capabilities such as planning, self-control, flexibility and awareness help adults to manage life and work effectively. Ages 15 to 23 years is a period of significant development of these executive function capabilities[325].

Between the ages of 16 to 25 years, children who were looked after by the local authority become care leavers. Local authorities have a statutory duty to provide Personal Adviser (PA) support to all care leavers up to age 25, if they want the support.

Promoting good mental health and ensuring timely access to mental health care are very crucial to supporting people in this life stage and reducing mental health problems in later adulthood.

In terms of loneliness, data collected showed that young people were less resilient to loneliness than older people both before and during the COVID-19 pandemic [326] , [327].

Figure 159 Loneliness by age bracket during pandemic, ONS.



17.2 Prevalence

In West Sussex an estimated 6,150 young people aged 17 to 19 years, and 10,880 young people aged 20 to 25 years have a probable mental health condition.

Figure 160 Prevalence of Mental Health Disorder People aged 17 to 25 years - West Sussex local authorities

All	All 17 to 19 years	All 20 to 25 years	Male 17 to 19 years	Male 20 to 25 years	Female 17 to 19 years	Female 20 to 25 years
Adur	430	710	150	230	270	470
Arun	1,070	1,950	360	600	710	1,370
Chichester	930	1,700	300	530	650	1,190
Crawley	870	1,750	310	550	550	1,210
Horsham	1,020	1,670	340	530	670	1,140
Mid Sussex	1,080	1,700	370	550	690	1,130
Worthing	750	1,400	270	430	470	990
West Sussex	6,150	10,880	2,110	3,420	4,020	7,490

Source: NHS Digital Mental Health of Children and Young People in England 2023 and ONS Population Estimates 2021. Figures rounded to nearest 10.

See section 5 for more detailed information.

17.3 Factors that influence the mental health of young people aged 16-25 years

Risk and protective factors that influence children and young people's mental health are relevant to this young people aged 16 to 25 years and can be found in section 13.3. However, these risk and protective factors will likely impact 16 to 25 year-olds in different ways than children and young people aged 5 to 16 years.

17.3.1 Risk and Protective Factors LGBT+ Children and Young People

Research consistently shows inequalities in LGBTQ+ children and young people's mental health and wellbeing, compared with heterosexual and cisgender children and young people[328]. The mechanism by which stigma and hetero/cisnormativity impact on LGBTQ+ children and young people's mental health and wellbeing can be known as the minority stress model. This model suggests that because of stigma, prejudice and discrimination, minority groups such as LGBTQ+ people experience more stress than non-LGBTQ+ people. The Cass review published in 2024 reported that children and young people who have been referred to a gender clinic have high rates neurodiversity and ACEs, which are also risk factors for poor mental health outcomes[329]. The review included the findings that association between gender dysphoria (an uncertainty around gender identity) and poor mental health outcomes is complex and may be due to minority stress, experiences of neurodiversity, trauma, or a combination of factors.

Protective factors for mental health include parental, family, and self-acceptance; connectedness to others including belonging to LGBTQ+ networks and groups including LGBTQ+ and heterosexual (straight) and cisgender alliances; safe spaces to connect with others, both face-to-face and online, and belonging to a religious community demonstrating acceptance[330,331].

In educational settings, a range of national surveys indicates the high prevalence of anti-LGBTQ+ bullying and potential for stigmatisation in both schools and universities[332]. This has impacts of mood and wellbeing[333] and is more prevalent in transgender youths than in lesbian, gay and bisexual (LGB) youths[334].

Young LGBTQ+ people are at a greater risk of experiencing hate crime. Cyberbullying remains an issue for young people with 40% LGBTQ+ young people have been targeted online and 97% of LGBTQ+ young people seeing homophobic, biphobic and transphobic content[335]. West Sussex partnership data show that in 2022 18% of hate crimes were linked to sexual orientation (an increase of 14% compared to the previous year).

Problematic drug and alcohol use has been shown to be higher in LGBTQ+ compared to heterosexual or cisgender people[336]. It is possible that this increase is driven by worsened mood and wellbeing in the individuals.

LGBTQ+ people experience higher levels of self-harm compared to heterosexual non trans young people. In addition, 44% of LGBTQ+ young people have considered suicide compared to 26% of heterosexual non-trans young people[337].

Young people who come out or have thoughts that they are lesbian, gay, or bisexual at a younger age may be at increased risk of suicide attempts. There is a correlation between experiencing victimisation and risk of self-harm and suicide in LGBTQ+ young people. Future suicide risk, past suicide attempts and suicidal ideation in young LGB people may be associated with stigma and discrimination, including school stigma and negative reactions from family and friends. A study of 922 deaths by suicide of people under 25 in 2014-15 found that 3% of deaths of 20 to 24 year-olds were LGBTQ+. Of deaths under 20, 6% were LGBTQ+; of these a quarter had been bullied, and most had self-harmed[338]. For transgender young people over the age of 12, evidence suggests there is an increased occurrence of self-harming thoughts and behaviour when compared to the whole adolescent population[339].

17.4 National and Local Policies, Strategies and Reports

17.4.1 National Policies, Strategies and Reports

The following national policies captured or made recommendations to support mental health of young adults.

17.4.2 Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing.

This report made some specific recommendations to support young adults during transition to ensure better coordination of mental health services[340]. These include:

- Best practice for transitions and a transfer/discharge protocol that can be used by local areas to support better transition planning and delivery published by NHS England.
- The local strategic planning on transition should take the needs of vulnerable young people into account.
- The production of best practice guidance for NHS Commissioners and GPs around student transitions which encourages close liaison between the young person's home-based primary care teams and promotes adherence to NHS guidelines on funding care and specification for transition from child and adolescent Mental Health Services for transient populations[341].

17.4.3 The Five Year Forward View (FYFV) for Mental Health

The FYFV for mental health recommended an integrated physical and mental health approach for young adults seeing their GPs to ensure that[342]:

- Those with a disability or health problem will not just be treated but offered advice to ensure that their recovery is as smooth as possible.
- In the case of a physical illness a person cannot recover from, more should be done for mental wellbeing.

- NHS England should work with local NHS commissioners , local authorities and other partners to develop and trial a new model of acute inpatient care for young adults aged 16 to 25, working with vanguard sites.

17.4.4 Transforming Children and Young People's Mental Health Provision: A Green Paper

This green paper detailed various supporting commitments including further research to improve the evidence base, setting up a cross government partnership to look at the needs of 16 to 25 year-olds and improving the online environment in terms of children and young people's mental health[343]. These include:

- Drive up standards in promoting student and staff mental health and wellbeing through the launch of a new University Mental Health Charter in June 2018.
- Department of Education set up a team with representations from across the sector to review the support needed for students in the transition into University, particularly those at risk of mental health issues
- The DfE to develop a workable disclosure agreement for universities giving them permission to share information on student mental health with parents or a trusted person

17.4.5 NHS Long Term Plan

The NHS Long Term Plan commits to a comprehensive mental health offer that reaches across mental health services for children, young people and adults (age 0 to 25 years) integrated across health, social care, education and voluntary sector to address health inequalities[344]. Specific plan for young adults include the following:

- A new approach for young adult mental health services for people aged 18-25 that will support their transition to adulthood
- NHS England is working closely with Universities UK via the Mental Health in Higher Education programme to build the capability and capacity of universities to improve student welfare services and improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities

17.4.6 Suicide Prevention Strategy: Action Plan

The national suicide prevention strategy and action plan[345] published in September 2023 set out the actions within the suicide prevention strategy and specifically recommends the following actions to prevent suicide in young adults:

- All state schools and colleges to be offered funding to train a senior mental health lead by 2025
- Work with Universities UK (UUK) to support universities to embed its Suicide-safer universities guidance[346] which covers both prevention of suicide and compassionate responses to suicide in universities. Guidance developed in partnership with PAPYRUS-UK

- Commission an independent organisation to carry out a national review of higher education student suicides. This will support rigorous local reviews and identify recommendations to prevent future deaths
- Support the higher education mental health implementation taskforce[347]. The taskforce will set out a plan to improve mental health support and suicide prevention in higher education
- Strengthen guidance promoting the health and wellbeing of looked-after children, including extending it to cover care leavers up to age 25

17.4.7 COVID-19 Mental Health and Wellbeing Recovery Action Plan 2021 -2022

This plan[348] set out actions to support the mental health and wellbeing of young adults who may have been adversely impacted by the pandemic, through provision of funding to accelerate support for young adults, including university students and those not in education or training. DfE have launched an online platform and one-to-one mental health support, hardship funds for disadvantaged students impacted by COVID-19, funding for mental health innovative projects and promotion of a whole university approach to mental health, recognising higher education providers that demonstrate good practice.

17.4.8 Reforming the Mental Health Act White Paper

This act proposes legislative changes and recommendations that give children and young people the right to be involved in, and challenge, decisions related to their care, and to ensure that they are only detained for treatment in hospital when absolutely necessary[349]. For young people aged 16 and 17, the review recommended that:

- The Mental Health Act and its guidance should make clear that the Mental Capacity Act (MCA) should provide the only test of the capacity of 16 and 17 year-olds
- Young people aged 16 and 17 who lack capacity should not be admitted on the basis of parental consent[350]
- Young people aged 16 or 17 should have the same right to choose a nominated person as an adult, where they have the relevant capacity to make this decision

17.4.9 Ending Youth Homelessness Together - Centrepoint's Strategy to End Youth Homelessness 2021–2026

This Centrepoint's strategy was published in 2022 and specifically aims to end homelessness in people aged 16 to 25[351]. The strategy identified three points to ending youth homelessness which are planned to be achieved through open consultations with charities, public bodies, local councils, academics, campaign groups, people with lived experience and members of the general public to clarify the problem and develop solutions. The points are:

1. Undertake preventative action, so that the number of young people being made homeless is minimal
2. Ensure that there is a quick solution to provide a safe and stable place to live for every young person facing homelessness

3. Ensure that each young person who has been provided with a temporary safe place to live, is supported and settled into a permanent home as soon as they are ready to live independently

17.4.10 National Youth Guarantee

The National Youth Guarantee (NYG) was developed by the government and published in February 2022. This plan was backed by £560 million investment to provide regular out of school activities, adventures away from home and opportunities to volunteer for every young person aged 11 to 18 (or up to 25 for those with SEND) in England by 2025[352]. The aims of the Youth Investment Fund are to:

- Deliver up to 300 new and refurbished youth facilities in the most deprived parts of England, providing young people with a safe space to engage in positive activities outside of school and access support from youth workers
- Tackle youth group waiting lists and offer The Duke of Edinburgh's Award to all state secondary schools in England
- National Citizen Service receives funding to ensure thousands more young people are 'world ready and work ready'

17.4.11 Suicide Safer University Guidance

This guidance was first published in 2018 with PAPYRUS, the UK's national charity on preventing young suicide and updated in 2022 to provide advice focused on developing strategies specifically on suicide prevention in universities[353].

The guidance has two versions; one for university leaders and one for sector practitioners and cover the following areas:

- Steps to prevent student suicide
- Intervening when students get into difficulties
- Best practice for responding to student suicides
- Case studies on approaches to suicide prevention through partnership working
- Checklist highlighting steps university leaders can take to make their communities safe

17.4.12 Queer Futures commissioning framework

The following was developed by Queer Futures 2, a national research programme to evaluate early mental health support for LGBTQ+ children and young people. This checklist summarises their view of 'What works to support LGBTQ+ young people's mental health?'[354]

- **Accessibility:** Have specific steps been taken to identify and remove barriers and ensure that the service is accessible specifically for LGBTQ+ young people?

- **Intersectionality:** Does the service recognise and pay attention to different experiences and needs among LGBTQ+ young people? Have specific steps been taken to identify those young people who may be excluded or overlooked?
- **Youth rights**: Are LGBTQ+ young people's human rights acknowledged explicitly in service policy and information? Are these rights upheld for LGBTQ+ young people in the service?
- **Agency:** Does the service educate and empower LGBTQ+ young people to make informed decisions about their treatment and lives? Are LGBTQ+ young people meaningfully involved in the design and evaluation of services at all stages?
- **Belonging:** Does the service foster belonging and connection for LGBTQ+ young people?
- **Body:** Does the service support LGBTQ+ young people in bodily wellbeing and self-expression?
- **Emotion:** Does the service use an emotion-centred approach to LGBTQ+ young people's feelings?
- **People:** Does the service support LGBTQ+ young people to navigate important relationships in their lives (without assuming what these are), including: support staff; peers; LGBTQ+ adults; family; school or college; work?
- **Possibility:** Does the service support LGBTQ+ young people to imagine and work towards futures on their own terms?
- **Recognition:** Does the service recognise, affirm and value diverse LGBTQ+ identities and experiences?
- **Safety:** Is the service safe for LGBTQ+ young people in ways that extend beyond immediate physical safety? Are LGBTQ+ young people involved in defining what safety means for the service?
- **Space:** Does the service prioritise a sense of definition and ownership of support space(s) on young people's terms? Are LGBTQ+ young people involved in decisions about the design, layout and use of support space(s)?
- **Time:** Is the service timing, frequency, duration and pace organised in a way that reflects and makes sense in the context of LGBTQ+ young people's lives?

17.4.13 Rainbow Flag Award for schools

The Rainbow Flag Award[355] is a national quality assurance framework for all schools and youth centred organisations, which focuses on positive LGBTQ+ inclusion and visibility. The award encourages a whole organisational approve to LGBTQ+ inclusion and extends to LGBTQ+ young people, LBGTQ+ families and LGBTQ+ staff members.

17.4.14 Local Policies, Strategies and Reports

The following local policies set out actions to support the mental health of young adults in West Sussex.

17.4.15 The West Sussex Joint Health and Wellbeing Strategy 2019 - 2024

This strategy identified good mental health for all children as one of its priorities in the 'Staring well' theme which includes young adulthood[356]. For young adults this strategy aims

to ensure that young people up to the age of 19 years (or 25 years for young people with SEND) have good mental health through various initiatives:

- Find It Out Plus: An integrated hub approach to emotional wellbeing and mental health for young people aged 13 to 25[357]
- Family Assist, which also offers digital support for young people's mental health[358]
- Apprenticeship scheme

For care leavers transitioning to adulthood, the strategy proposes that comprehensive pathways and care packages are available to support them.

17.4.16 West Sussex Suicide Prevention Framework and Action Plan 2023 - 2027

This framework and action plan specifically aims to reduce suicides in children and young people who are in the priority groups through:

- Ongoing delivery of multi-agency mental health triage to reduce risk of self-harm and suicide
- Support for CYP transitioning to adults' services and review support for Care Leavers regarding suicide prevention, mental health and housing

17.4.17 The Safer West Sussex Partnership 2021 – 2025

The Safer West Sussex Partnership Plan was published in April 2021 in line with the Crime and Disorder Act 1998 which requires every local authority to have a Community Safety Partnership[359]. This partnership prioritises keeping all West Sussex residents including children and young people categorised as vulnerable, safe from risk factors for mental health issues in young people[360]:

- Violence and exploitation
- Social inequality and hate crime
- Preventing radicalisation and violent extremism
- Sexual violence and abuse
- Substance misuse
- Digital safety

17.4.18 Foundations for our future strategy – Sussex Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027

This Sussex wide strategy aims to deliver the best outcomes for all children and young people ages 0 to 25 years across Sussex[361]. At the core of this strategy are actions to reduce health inequalities in children and young people through the Sussex Health and Care Partnership Strategy Framework, structured around six focal areas including young people's mental health and learning disabilities. For young adults, this strategy aims to ensure that appropriate transition and specialist services are available up to the age of 25, that take account of their need rather than being focused on their age.

17.4.19 West Sussex Adults Mental Health Rapid Review (Unpublished)

This public health review was conducted in 2022 and aimed to provide a snapshot view of the current need and projected demand for adult age mental health services in West Sussex following the COVID-19 pandemic, including transition of young people to adult services and made the following recommendations specifically for young people:

- The need to restore and fund high quality universal and primary prevention services for younger people
- Digital ambitions should be co-produced with young people, supported by digital training for organisations and digital guides for young people to prepare for remote mental health support

17.4.20 West Sussex Children and Young People Plan 2022-2025

The West Sussex Children and Young People Plan set out priorities to improve the health and wellbeing of children and young people including young adults in West Sussex.

Specific priority for young adults is aimed at increasing the number of young people between the ages of 16 and 18 in education, employment and training[362].

17.4.21 Sussex Transforming Care Partnerships Plan – For People with Learning Disability and/or Autism

This is a joint Sussex wide plan that was published in May 2016 to transform care partnerships for children, young people and adults with a learning disability and/or autism, and aimed to improve their quality of care, quality of life and reduce reliance on inpatient services[363]. The following priorities were identified across Sussex:

- To ensure clear and effective governance and leadership of the Transforming Care agenda through effective planning and joint commissioning
- To ensure appropriate, safe, high quality and best value accommodation & care and support services are available locally for people with learning disabilities, including people with severe autism and people with learning disabilities who also have mental health conditions or behaviours considered challenging
- Through effective assessment, support planning and review to ensure effective clinical approaches to prevention, crisis intervention and prevention of in-patient admission
- To ensure all in-patient services are safe, of good quality, value for money, appropriate and reviewed regularly with a focus on effective intervention and timely discharge
- To work with local service providers to support workforce and service development
- To improve how children and young people considered as high-risk are identified, assessed and planned for

17.4.22 Surrey and Sussex Healthcare NHS Trust Carer Strategy 2021 – 2024

This carer strategy was published in May 2021 and aims to ensure that carers including young carers, and the role they have in caring for someone is valued, that they are involved in a way they wish to be involved and are supported in their role[364]. This fits with the Trust's vision of safe, high-quality healthcare that puts our community first. This strategy plans to:

- Ensure staff are 'carer aware'
- Identify carers and support them with new and changing caring roles
- Value carers in their caring role when the person they care for is admitted to hospital
- Involve carers as valued partners
- Support and signpost carers to support
- Have due consideration for carers when they are patients
- Have carer-friendly policies and practices in place for staff

17.4.23 Sussex Mental Health and Housing Strategy

This Sussex wide strategy was published in July 2020 and aims to create an environment where people can start well, live well and age well in all parts of Sussex. This includes access good quality homes that provide a secure place for people to thrive and promote good health, wellbeing and independent living. The strategy commits working together to take a more strategic and integrated approach to housing and mental health for all adults.

17.4.24 West Sussex Mental Health and Housing Plan 2022 - 2024

West Sussex Mental Health and Housing plan was published in 2022 and sets out five priorities to better integrate mental health and housing services in West Sussex over two years. This Plan covers mental health and housing services for people living in West Sussex who are 16 years old and over and focuses both on people considered to be living with SMI and those experiencing other mental health issues, who may or may not be under the care of NHS mental health services (excluding dementia). One of the five priorities for this plan is to enhance the specialist accommodation options available to young people and improve homeless young people's access to mental health support. For young adults aged 16 to 25, this plan proposed the establishment of a working group to:

- Produce an analysis of the levels of demand and support provided for young people within current commissioned young people's accommodation services, with recommendations for greater integration of existing support offers including wraparound multi-agency support from the point of referral
- Develop a supported housing commissioning plan to expand or reprovision current age-specific accommodation solutions for people with mental health needs, embedding mental health support as a cornerstone of best practice
- Ensure that review activity and service re-provisioning is co-produced with young people with lived experience of homelessness / supported accommodation

- Integrate with the children and young people's mental health services' ICP workstream and the activity of Foundations for Futures and children and young people

17.4.25 Rapid Review of the Impact of the COVID-19 Pandemic on Children and Young People's Mental Health and Wellbeing in Sussex

This Sussex wide review was first published in October 2021 and updated in March 2022. It was commissioned by the three local authorities in Sussex (East Sussex, West Sussex and Brighton & Hove) to review the impact of the COVID-19 pandemic on the mental health needs in children and young people and the impact on services in Sussex to inform the development of the Sussex-wide strategy and outcomes framework. The review recommends:

- A focus on preventative and early intervention services and addressing the social determinants of mental health to address the increase in demand and reduce inequalities, especially support in schools and other educational settings
- Channel funding into early intervention, addressing staffing shortages and challenges, including young people's mental health specialist and the education of the wider workforce
- Tackling the fragmentation of children and young people's mental health services by bringing services together across the whole system is essential to meet increased demand
- The implementation of the THRIVE Framework across Sussex to move towards a collaborative, whole systems pathway approach
- Improve mental health outcomes for children, young people, their families and carers

17.4.26 West Sussex Adult Social Care Strategy 2022-2025

This strategy was designed with people across West Sussex and published in 2022. Specifically for young adults, this strategy commits to working collaboratively between children's and adult social care services to review how young people are supported in their transition into adulthood, to ensure that they continue to feel supported. Key elements include the following:

- Conversations start as early as possible
- Good information, which sets out clearly what will happen and by when
- Linking educational opportunities between ages 18 and 25 with future work prospects, with clear next steps after leaving specialist education settings
- Continued focus on life skills for independence
- Plan for living outside family home
- Parents still involved in the conversation, where the young person is happy with this

17.5 Voice: coproduction, engagement, focus groups and interviews

See Section 17 (working age adults 25-65 years) for analysis of engagement reports and findings from coproduction events with people 18 years and over.

17.5.1 Key Findings from engagement with care leavers

West Sussex Care Leavers Said: Our Mental Health is the Priority

In 2023 eight care leavers on the WSCC Care Leavers Advisory Board (CLAB) shared that they often feel different and judged by others and that it can be challenging for young people in and leaving care to form relationships with carers and professionals. Experiences of being looked after can lead to feelings of loneliness, isolation, anxiety, and low self-confidence. They reported challenges related to trusting carers, safety, feeling settled where they live and finding it difficult to form relationships with others particularly when being away from family and siblings, and how this all affects their mental health and wellbeing. They developed the below top tips to try to help workers understand more about how they feel and how best to support them.

Top tips for professionals developed by West Sussex Care Leavers Advisory Board 2023

- Do what you say you are going to do – follow through on actions; not doing this can lead to frustration and young people asking for less support and services than they may need
- Show empathy and compassion – be sensitive and respond in a calm and reassuring way
- Discuss sensitive mental issues in the right environment – make sure the place is private with no distractions
- Give your full attention and time to the young person – make sure they feel important and valued
- Ask the right questions – ask about feelings in a sensitive, non-judgemental and non-patronising manner and work at the young person's pace
- Consider culture – some people young from other cultural backgrounds may take longer to feel they can talk openly about feelings

17.5.2 First year university students views on emotional health and wellbeing (2023)[365]

Below are the findings from a survey conducted with first year university students at a freshers' fair, the students were asked the question: 'What do you think is needed in West Sussex to support young people's emotional health and wellbeing?' 82 students voluntarily participated and gave a range of answers. These are themed below.

Main themes

- Support was mentioned 22 times

Although 'support' is a general term, the following aspects of support were mentioned (as well as the number of times mentioned):

    - Support groups (11) including places to talk and listen to others, social support as well as topic-specific groups
    - Some preferred support to be anonymous (3) either online or on the telephone
    - School and student support (5)
    - More support (8) and more services in general (5), including services for eating disorders (2)
    - Follow-up support (2)
    - Non-binary/transgender support (2)
- Easy access to services was mentioned 15 times
    - Waiting times (7) including shorter waiting times and easier access
    - Immediate access to services when needed (5), including support, diagnosis, 24 hours a day access (2) and drop-in services (2)
- Availability of counselling was mentioned by six people and a further four mentioned therapy, including access and cost-free therapy
- Better promotion of services/issues (4) including posters/advertising on how to access services (3) using routes such as education and lectures (2)
- Being able to talk to others with similar issues such as neurodivergence (3)

17.5.3 LGBTQ+ young people views conducted by University of Chichester 2023

Researchers from the University of Chichester were commissioning to conduct qualitative engagement with LGBT+ young people in West Sussex in 2023.

Nine semi-structured focus groups were conducted online and across four schools and one peer-support organisation in West Sussex, within a four month-period. Four focus groups were held with parents and educators, three with secondary school pupils, one with a LGBTQ+ young persons' support group, and one with LGBTQ+ young adults. A booster survey was also conducted with 48 participants aged 11 to 16.

"Feeling of isolation is a really big part of it. I think for a lot of LGBT people and there's like that period of time where you can feel quite isolated, which obviously has an impact on your mental health, because I think a lot of people feel like they are alone in it and they're the only ones that are dealing with it, especially like with LGBTQ people because not necessarily for everyone, because obviously everyone has different experiences, but they might feel like they're not able to talk about their mental health because it links to the feelings of being LGBT" Young person aged between 18-25

"We had a really hard time kind of just being mother and son" Parent of a LGBTQ+ child

"My college tutor we do tutorials at my college most of last year, when, like I wasn't feeling too good kind of family problems last year and stuff my colleagues used, she was really helpful with everything. She just sort of sat and listened and was unbiased with everything. But she didn't like really say much like to add to the situation. She just sort of let me talk and let me feel validated about my feelings so that was really helpful" Young person aged between 17-20

"I feel like I've been passed around and get offloaded a lot and it is really frustrating and feels like people aren't listening to me and to the point where I just don't want support anymore, but don't know if this is worth it and I

just get really upset and it's certainly feels like they're making me worse when they're really meant to be helping you, making you better" Young person aged between 17-20

Theme categories

Below are the key findings that came out of the qualitative analysis of the focus groups and survey. The four overarching themes of mental health were identified as "severe risk factors", "mental health needs - facilitators of mental health", "mental health needs – barriers to positive mental health" and "help-seeking considerations". The theme column explains what the element each overarching theme entails and the sub-theme gives more detail on these themes.

Figure 161 Themes from focus groups and survey

Over-arching Theme	Theme	Sub-Theme
Severe Risk Factors	Risk of Life	Self-harm/ suicide
	Risks at Living Circumstances	Lack of safety at home
		Strained Family Relationships
	Risks to Physical Health	Risk to sexual health
	Mental Health Risks	Eating Disorders
		Depression and Anxiety
Mental Health Needs – Barriers of Positive Mental Health	Struggles with self-acceptance	Accepting own sexual and gender identity
		Conflict with non-inclusive religious beliefs
	Loss of trust in institutions due to sustained negative experience	Safety Concerns in schools
		Safety Concerns in health services
	Fear of rejection	Feeling isolated
	Peer bullying and conformity pressures	Stress
	Negative impact of news media over-exposure	Fear for one's safety, and grief
Mental Health Needs - Facilitators of positive mental health	Increasing validation	Important adults (I.e., teachers, parents) showing understanding and acceptance
	Offering meaningful visibility	Engaging with the history and importance of Pride and LGBTQ+ Awareness Month
	Increasing self-acceptance through media representation	Positive and diverse representation of LGBTQ+ lives in entertainment media
	Combating isolation through adult LGBTQ+ visibility and mentorship	More adults in young people's lives that are out
	Being with other LGBTQ+ youth	Feeling safe, connected and accepted by being in LGBTQ+ spaces (online or offline)
	Looking after one's well-being	Self-care
		Learning coping strategies in school
	Turning distress into self-empowerment	Recognizing one's self-worth
		Independence and autonomy
Help-Seeking Considerations	LGBTQ+ Affirmative Care	Understanding and acknowledgment of LGBTQ+ Identities
	Overwhelmed Systems	Demand for services and system navigation
	Safe Environments	Threats to 'out' status and anonymity

17.5.4 Young people's views on the use of digital/online platforms for mental health support

In 2021 a Sussex-wide youth-led research survey was conducted on the use of digital mental health platforms[366]. The review found the following:

- 85% said online mental health support was useful
- 66% of young people accessed online support for the first time during the COVID-19 pandemic
- 60% of young people said they would like a mixture of face-to-face and online support in the future
- 27% were referred to online services by their GP
- 19% had existing therapy moved online due to the pandemic

17.5.5 Findings from semi-structured interviews with professionals: 16-25 years

Four professionals were interviewed to identify the current needs related to mental health in West Sussex young people aged 16 to 25 years. Thematic analysis was conducted and the findings are below.

17.5.5.1 What is working well in terms of mental health and wellbeing support in West Sussex for young people

Theme 1: Accessible and personalised mental health support

Individual level

Improved access to mental health support

Professionals reported that the establishment of a **single point of access (SPoA)** through the E-wellbeing website has simplified the referral process for young people to access to mental health services, including Youth Emotional Service (YES), YCMA and CAMHS. This ensures that young people who are referred or self-refer are allocated to the right or most suitable service for their mental health needs: *"I think what's working well is we've simplified the referral process and the 16 to 18 in terms of the single point of access. And so, it is less confusing for young people and parents and professionals to be able to refer in". "I guess what we've endeavoured to do as a system is to cut down on the entry points of people coming into the commissioned services".* The multi-agency triage hub (MATH) for adults (18+ years)[xxi] also receives referrals and ensures that young adults have access to the appropriate mental health support for their needs improving access to personalised support.

[xxi] The MATH is for patients aged 18. At time of writing, it operates in North West and Coastal West Sussex and aims to create a partnership between primary, secondary and third sector mental health services across West Sussex that facilitates discussion and direct transfer of referrals between organisations.

The West Sussex links into schools through the Mental Health Support Team in Schools (Thought-Full) and the Multi-Agency Mental Health Education Triage (MAMHET) are reported to improve access to personalised mental health support for young people in schools.

Organisational/Service Level

Improved information sharing

Professionals explained that **information sharing** between services delivering mental health has improved. Information is shared between the three providers in the SPoA in line with information sharing protocols and where there are safeguarding concerns, information is passed on. However, services that are not in the SPoA cannot directly access service user information as reported: "*A lot of the information about the referral into the SPoA about their emotional mental health difficulties is held on a completely different system that nobody has access to unless you work in this SPoA. And so there's still that separation of information".*

In addition, the Thought-Full service and MAMHET strong multiagency partnership working supports schools to provide appropriate and suitable mental health support for young people as well as suicide prevention: *The input that is going into schools now is really useful… So some of the schools can access CBT sessions in school. So I think those services are really good. I think the MAMHET as well is really useful. So going into supporting schools where there's concerns around young people's mental health and maybe sort of suicidality and things getting a group together around them is really, really good".*

System Level

Establishment of a pathway for children

YMCA Downlinks group work with CYP aged 0 to 25 years across Sussex and in West Sussex they are the main provider for accommodation, commissioned provider of counselling therapeutic services for mild to moderate mental health problems for young people aged 13 to 18, and are also commissioned to sit in the SPoA. The pathway for children and young people's mental health up to the age of 18 that has been commissioned around the SPoA has strengthened the service offer and partnership working between organisations.

"We do have a commissioned pathway for children and young people up to the age of 18. Although there is challenge and difficulty at the lower end of that and challenge and difficulty at the upper end of that…. So that has been great that we've got that pathway there and we have a SPoA that is being embedded over the past probably 18 months now. And that has been very sort of challenging to embed. Particularly in a system that is under pressure and is changing and is shifting around a lot, but I think the power of the success that sits behind that are the individual organisations that really want to make it work, and I think that is, you know, testament to the success that we have at this moment in time".

Theme 2: Transition Support

Individual level

Available transition support

Transition support is available for young people with mental health needs and complex needs transitioning from children's to adults' social care through the transitions panel. This was described as a multi-agency panel that look at the needs of young people and shares information among partners to best support them and was reported to be v useful and working well: "*We've got a transitions panel which is mainly for young people with mental health need coming in from children's services into adults social care and that is very useful". "I work with transitions for the most complex people, and I would say that's working well".*

System Level

Good multi-agency working

The multi-agency working was also reported to be working well in to providing transition support for young adults with complex needs transitioning from CAMHS to AMHS.

17.5.5.2 Challenges in terms of mental health and wellbeing support in West Sussex for young people

Theme 1: Lack of Early Intervention

Individual Level

Difficulty accessing timely mental health support

Many young people are found to be experiencing difficulties in accessing timely mental health support due to long waiting times as a result of increasing demand and shortage of resources and services. There is also a lack of lower-level or community-based support for young people who are experiencing mild to moderate symptoms of mental health conditions, such as depression, trauma and self-harming. Professionals explained that young people have to wait for extended periods of time without any support, resulting in deterioration of their symptoms and conditions as expressed:

"*the waiting times the lists are getting bigger, the waiting times are getting longer and that in itself is causing problems because you know young people are having to wait a year, 18 months for effective long term support and therefore their mental health and emotional well-being issues that may have come in a relatively low to medium level and then becoming worse and worse because they're having to wait for this support".*

Professionals also added that young people have to be severely mentally ill to access to meet the required threshold for CAMHS.

Similarly, there is a lack of early intervention for young people with neurodiversity due to extremely long waiting times for assessments which professionals stated can last up to three years, as well as those with eating disorders due to not meeting the clinical threshold

for the eating disorder service. Early intervention is very crucial to prevent the mental health conditions of young people from reaching crisis point.

System Level

Lack of community based lower level support

There is unavailability of community based lower-level support in the system to provide early intervention for young adults experiencing early onset of mental health problems as remarked by a professional:

"There's a lack of resources out there for people to access when they're starting to become unwell. So they have to become quite unwell in order to access services".

Theme 2: Resource Constraints

System Level

Limited Funding

Inadequate funding for children and young peoples' mental health support and services is identified as a major issue impacting on timely and accessible support to young people. This results in service provision gaps as expressed by professionals:

"*the resourcing of children and young people's mental health provision is not comparable to the funding that is in adult mental health provision".*

"We don't have enough services and we don't have enough resource for the referrals that are coming in". "from cuts in Youth Services. Comes from cuts in family Services as well, because when families struggle, children struggle, when parent struggles, children struggle".

Furthermore, inadequate funding also limits the ability of services to increase their capacity to meet the increasing demands from young people, resulting in very long waiting times and difficulty in accessing timely mental health support.

Theme 3: Transition Support

Individual Level

Inconsistent access to transition support

Access to transition support for young people was found to be inconsistent. Transition support was seen as accessible and working well in some pockets, while some young people were unable to get the support:

"*We see it time and time again from about age of 17 onwards. Young people, you know, the more vulnerable groups, their mental health just deteriorates rapidly and it just feels that transition's kind of a last minute thing, sometimes doesn't even happen."* This can result in health inequalities.

System level

Unsuitability of adults' mental health services for young people

Adults' mental health services were reported to be mostly unsuitable for young people, especially 18 year-olds who have been on the waiting list for children's services when they were 17 and are moved to adult services as soon as they turn 18. This was described by a professional:

"the provision commission across the county ends at 18. It never used to end at 18, it used to end at 25. And I really think that we've lost something in that... Because that has created a real Cliff edge of provision for young people aged 17 1/2 to 18 or even 17 because sometimes the wait is for over a year and then they find themselves not being suitable for adults support".

17.5.5.3 Mental health and wellbeing support gaps for young people

Lack of specialist support for young people with neurodiversity: Specialist support or provision for young people with neurodiversity was found to be mostly unavailable. Professionals explained that this cohort are compelled to rely on services that are not suitable for them or tailored to their needs:

"*A large portion of our referrals have either diagnosed with neurodiversity or suspected neurodiversity. We're not a specialist neurodiversity team and so we're having to step into that gap, provide extra training for our staff, but it's not the specialist service that those children and young people need".*

Furthermore, the need for additional support for young people with a range of complex or co-existing conditions, such as trauma history, complex emotional needs, some neurodiversity and drug and alcohol use was also highlighted.

Lack of specialist team in children's social care: A specialist team in children's social care to support children with mental health needs was also found to be unavailable. A professional expressed that this is crucial as social workers lack an understanding of the complexity of mental health problems, the legislation governing mental health (such as the Mental Health Act), as well as partnerships and organisations that they should be collaborating with to support the young people.

Lack of suitable and tailored inpatient ward for young people: Inpatient ward that is specific to young people was also identified to be unavailable. A professional explained that placing young people who have recently transitioned from children's ward with older adults aged 65 to 70 in an extremely distressing environment may cause their mental health conditions to worsen rather than improve:

"*They find themselves in an adult inpatient ward, mixed up with adults who could be up to 65 or 70 in very distressing environments which is not the best place for a very young, vulnerable 18 year old. So they may have been in hospital in a children's unit for sometimes*

over three years. And there isn't any step-down facility or social care support for those young people or very, very limited".

Lack of digital mental health and wellbeing support offer for young people: Effective online or digital support offer was identified to be largely unavailable in West Sussex. One professional explained that this gap significantly impacts on young adults living in rural areas where public transport is lacking:

"We don't have the kind of effective online or digital offer for young people in West Sussex. And that can be really challenging for young people that particularly live in the rural areas and where the transport is not effective".

Lack of tailored mental health support for homeless young people: Professionals reported a gap in tailored mental health support for young adults in supported accommodation who experienced trauma but are not care experienced:

"We talked a lot homeless young people. I don't think their needs are being specifically met, particularly homeless young people who have not, who are not care experienced. Most of the young people in our supported accommodation who have experienced trauma, their needs and the services and the provision for them isn't there".

Insufficient therapeutic help and support for young people of protected characteristics: Available mental health support for young adults from LGBTQI+ and ethnic minority communities were reported to be inadequate by professionals. This can create access to support barriers or difficulties and result in health inequalities:

"We have only one ethnicities worker in the whole of West Sussex for offer provision in the well-being service for young people who are of a protected characteristic in terms of their ethnicity".

Lack of therapeutic support for young people who are bereaved by suicide: A gap around therapeutic support for young people who are bereaved by suicide was also identified. One professional explained that the existing standardised bereavement support or grief counselling, which was designed to support children and young people who have lost a parent is inadequate for those who have lost their parent to suicide.

17.5.5.4 Support for Carers

Individual level

Available and accessible personalised support for carers

Tailored support is available for young adult carers through the young carers service or Carers Support West Sussex which is delivered according to their identified needs. Carers are identified through the SPoA referral or initial patient or Care Act assessments and support ranges from useful information sharing, referrals to carer support services, linking carers with informal support groups such as siblings group and parent partnership and professionals working with families caring for young people with complex needs:

I think we have done some really good pieces of work to give information to parents and carers to connect them to one another so that they can have that peer support but it's I think it's quite sporadic and it's not joined up and West Sussex is a huge county.

"So for young people that have caring responsibility, we work closely with the young carers team as part of West Sussex County Council, so we would always, if we identify a young person who is delivering a caring role either towards their parent or for a sibling or is in a situation where the sibling, for example, has complex needs or the parent has complex needs, even if they don't see necessarily, that they are young carer, we would work with them to help them understand what a young carer is and then make the necessary referral and support to the young carer service".

"From 18 onwards, my team would refer to the carer services through West Sussex County Council. But also I would expect that clinicians would liaise with family always. So we're really strong, it comes up through all our serious incidents that we need to be working with families particularly with the 18 to 25 group".

17.5.5.5 Areas of improvement for mental health and wellbeing support for young adults

0–25 years model of children and young people's services

Professionals advocated for eligibility and commissioning of children's mental health services to be raised from 18 to 25 years due to the unsuitability of adults' services for young adults as expressed:

"Adult services becoming involved at 18 is the wrong age. I think then and I know there's been groups that have looked at the 16 to 25 model, but I think we need to keep the youth model until someone is 25". Another professional also remarked: "*I think what would be really helpful would be for a decision to be made about what the upper age limit of young adults is. Is it going to be 18 or is there going to be a service that is up to the age of 25, which would be my hope".*

Provision of early intervention for young people

Professionals recommended upstreaming of resources for the provision of community based lower-level support as early intervention, stronger links into schools and embedding trauma informed support in educational systems to prevent young people's mental health from deteriorating or reaching crisis point.

Furthermore, there should also be provision of specialised training for youth workers in youth centres as mental health first aiders to provide support and signposting for young people experiencing mild to moderate mental health issues.

Additionally, professionals called for urgent reduction in the waiting time for neurodiversity assessments to improve earlier access to support and intervention for that population.

Provision of targeted support for young people with neurodiversity

Professionals also recommended the provision of targeted support and services for young people with neurodiversity and associated mental health needs to meet their unique needs. This should include aftercare after diagnosis:

"*We could have better services for people with autism, definitely and associated mental health needs".*

Improvement in access to therapeutic support

Improvement in access to therapeutic support such as dialectic behavioural therapy (DBT) for people with neurodiversity, personality issues, and young adults (18 to 25 years) with mental health needs was also recommended by a professional who noted a significant reliance on medication: *"I'd like to see more access to therapeutic input. There's quite a reliance on medication for the sort of 18 to 25 group.*
And DBT works really well for people with neurodiversity. Really well for people with any sort of like emerging personality issues around that sort of emotional intensity, and that's really in short supply".

Better multi-agency working

Stronger long-term collaborations between organisations and partners in the integrated care systems, which is not influenced by shortage of funding or resources was also recommended by professionals. This will improve multidisciplinary working across organisations and enable mental health services to work more effectively and efficiently in the provision of integrated care for West Sussex residents.

17.6 Activity, Quality and outcomes

For activity data up to 18 years see section 13.

17.6.1 Transition Data

17.6.1.1 WSCC Review of the Transition Panel – September 2023

A review of young people, referred to as the WSCC transition panel was undertaken in September 2023. It examined three key questions:

Who are the 50-60 YP being referred to panel per year?

- 33% of referrals are for children who have been looked after (25% from CWCF and 9% from Leaving Care)
- 30% of referrals are from Family Safeguarding teams and 21% are from A&I

What are their support needs?

- Nearly 70% of YP referred have had past or current involvement with CAMHS
- 31% of YP have diagnosed autism
- 20% were CAMHS inpatients at point of referral
- 18% are entitled to Section 117 aftercare

- 15% of YP have diagnosed ADHD
- 10% were referred while in residential placement

What are the trends in terms of Care Act Assessment / adult team support?

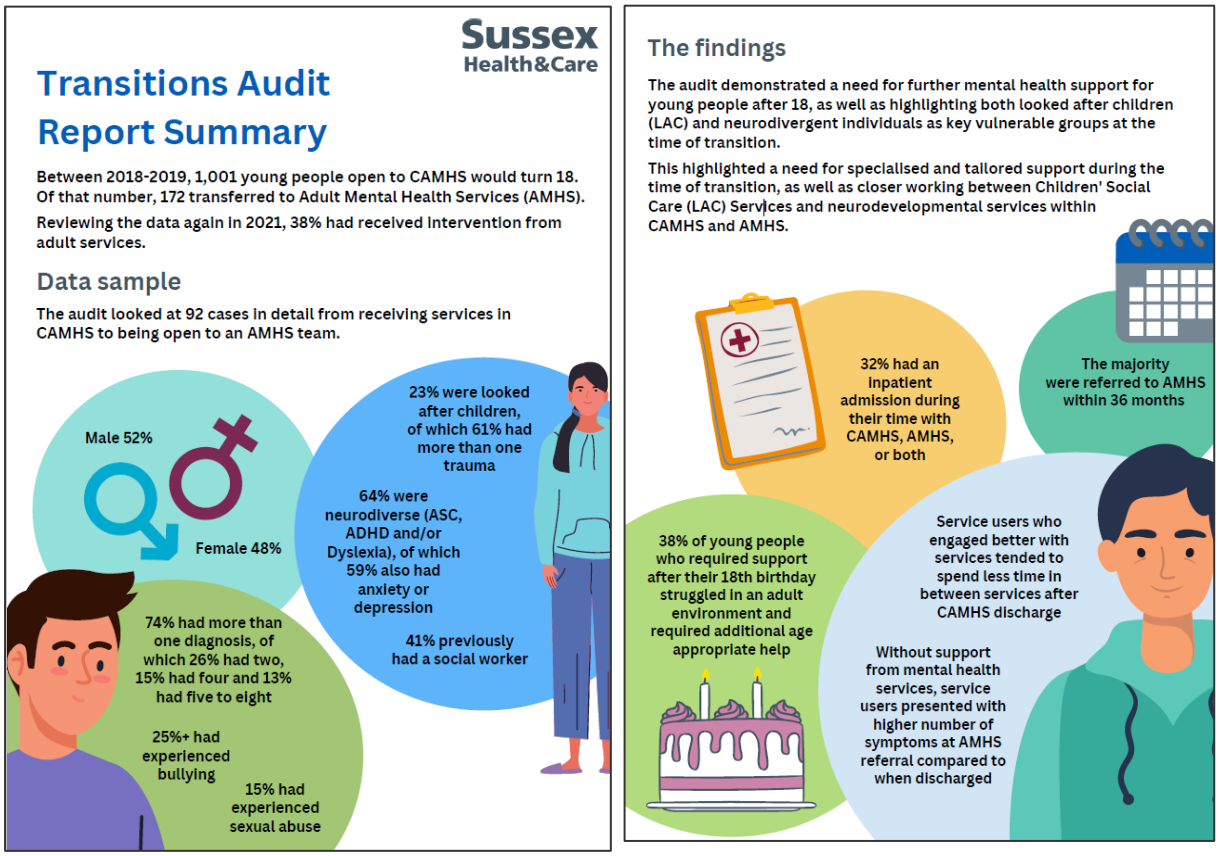
- Increasing % of referrals allocated to WAMHS for CAA (over time)
- Increasing % of referrals are found to have no eligible adult social care support needs

17.6.1.2 Transitions Audit Sussex Health and Care?

A retrospective review of young people who had been aged 18 in CAMHS in the financial year 2018/19 found that:

- 172 had subsequently transferred to adult mental health services (in 2021)
- Looking at 92 cases in detail (of those who had transferred) approximately one in four were looked after children.
- 64% were neurodiverse
- 74% had more than one diagnoses (with 13% having five to eight diagnoses)

Figure 162 Infographic of the 2021 Transitions Audit



17.7 What we know about the offer of support

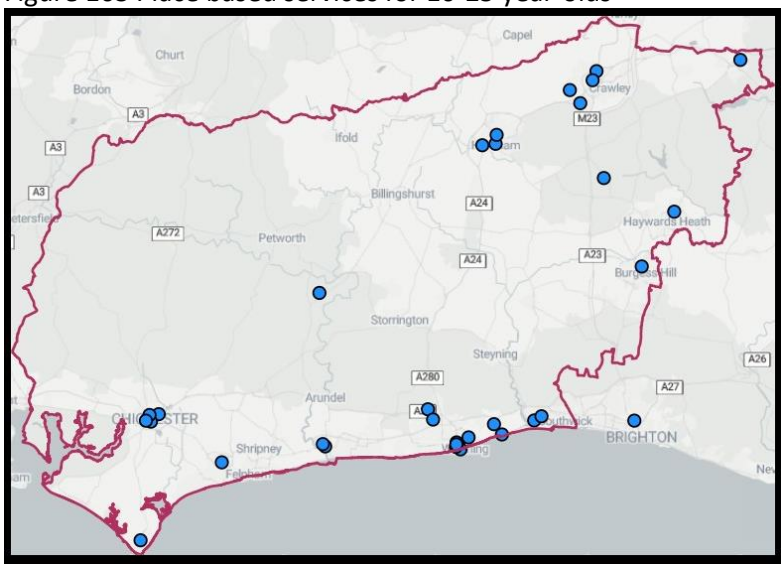
Support for mild to severe mental health is provided through primary and secondary care mental health services. Services range from online and telephone based to intensive one-to-one support, community and voluntary services, statutory services and clinical offers. These

are in addition to any universal services. This group has access to both children and young people's services and adults – so for those over 18, adult services are available, and those aged 16 to 17 years old can access most children's services. Some young people transition between children's and adults' services – however, there are gaps in services designed specifically for this age group.

Services are listed in Appendix 5, grouped by age but also include those for under 18s and over 18s. This section focuses on services with a specific offer for young adults.

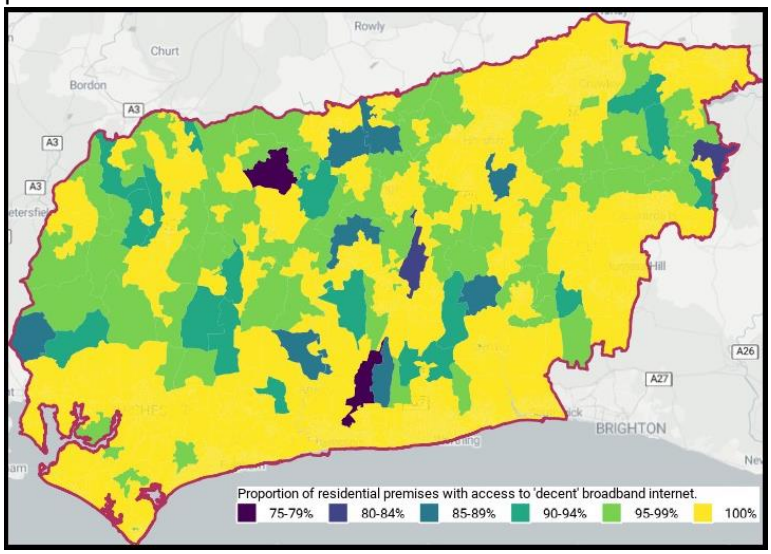
In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

Figure 163 Place based services for 16-25 year-olds



There are an increasing number of online offers for people and for those providing interventions such as video calling, a 'decent' internet speed may be needed. Figure 164 figure below shows the coverage in West Sussex, which demonstrates that rural areas are more likely to have homes that have reduced quality connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 164 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

17.7.1 Primary Care

GPs and other allied primary care professionals can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed.

17.7.2 Healthy Child Programme – School Nurse Service

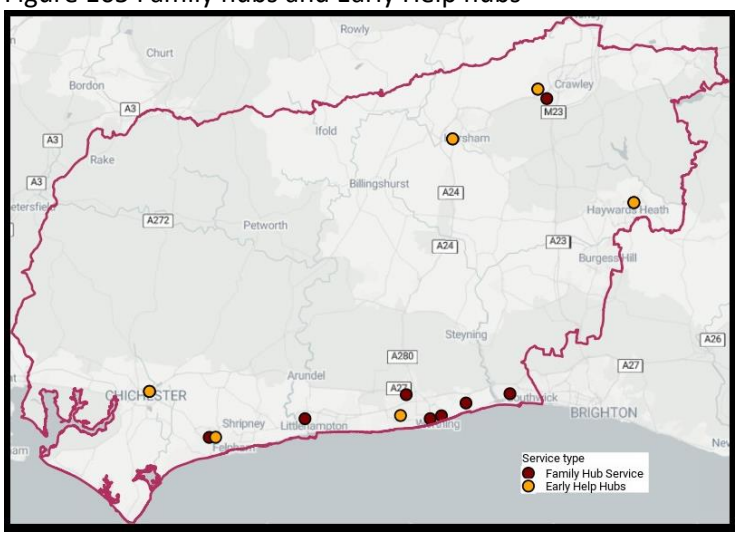
The HCP offer entitles children and families to routine health and development reviews, up to the age of 19 (or 25 for young people with SEND).

All young people up to age 19 (or 25 for young people with SEND) have access to our confidential, anonymous texting service, which is known as ChatHealth. There are pathways into schemes, such as the Duke of Edinburgh awards, Youth Cabinet, Find it Out service and other sources of support and information.

The HCP also offer additional support when needed.

These services are delivered online, by telephone, in homes, family hubs, clinic settings, schools and other appropriate community setting, depending on the level of support and the type of review.

Figure 165 Family hubs and Early Help hubs



For children, young people and their families who need additional support up to 5 years old, there are two enhanced offers through the Early Help Service. The universal offer (Level 1) is open to all and there are 3 further levels of service depending on the needs of the family. For this cohort services are accessible through children and adults services. Specifically, the enhanced offer includes an allocated personal advisor for care leavers aged 17 to 25.

Schools for young people studying in secondary schools with a sixth form (up to age 18), means that 16 to 18 year-olds may have access to the Thought-Full service and MAMHET (see Appendix 5).

17.7.3 Enhanced support for mild to moderate mental health issues

Young adults up to 18 can access additional support from services through the West Sussex Single Point of Access (SPoA) - a dedicated service which provides a simplified single route to access specialist emotional wellbeing and mental health support. The SPoA helps direct the user to the right service, eliminating the need to refer to multiple services.

As well as referral into specialist mental health services, the SPoA provides access to emotional support services such as Youth Emotional Support (YES) Service for those from age 11 up to their 18th birthday, and Mind the Gap Emotional health support service. These services are listed in Appendix 5. SPoA is also part of the limited Pathfinder offer for those under 18.

The Emotional Wellbeing service is available through primary care settings for those under and over 18, and young adults from age 18 to 25 can access the Pathfinder Alliance, who provide mental health support services to adults (including peer support, recreational activities, therapies and clinical support).

17.7.4 Specialist Mental Health Support

Young adults up to the age of 18 can access those services outlined in the children and young people aged 5-16 chapter and are detailed below. This includes those service provided by

CAMHS, such as the CHAMPS service, eating disorder services, inpatient care and support for those with multiple complex needs alongside their mental health.

Working Age Mental Health Services (WAMHS) include inpatient care, rehabilitation services, Assessment and treatment services and home treatment teams. Not all those who met the threshold for care in the children's service will qualify for support in adulthood.

For those in children's social care and those in CAMHS, multi-agency Transition Panels meet to discuss the ongoing needs of the young person transitioning into adulthood. These rely on forward planning at an early stage, but often review cases in which the young person is close to 18.

17.7.5 Housing

There is a supported accommodation offer in West Sussex which supports those aged 16 to 25, and is currently undergoing a re-design to create a better offer especially for those with mental health problems. This service is a collaboration of local authority and voluntary sector providers. Increasing complexity of need in this population has been observed.

17.7.6 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at a county level as well as more local offers.

As well as universal services available for this age group, there are also a number of CVS and place-based organisations that provide support for mental health and emotional wellbeing for children and young people. These include online as well as in person support, such as the E-wellbeing service from YMCA Downslink, the Children and Young People's Social Prescribing service from West Sussex MIND, the BeOK Service by West Sussex MIND and BHT[xxii] iRock service. There is also information, advice and support at a district and borough council level, such as: The Young People's Shop in Chichester, which provides access to counselling and other sources of support; the Phoenix Project in Adur & Worthing to support with housing, homelessness and mental health; and The Youth Advice Centre in Crawley, which connect young people to other community services.

It is not clear what the offer is for those with complex needs who do not meet thresholds for more support, or what is available to anyone on the waiting list whose health may be deteriorating. There is a need for a co-ordinated 'waiting well' service – using national and local sources of support.

There are number of free local activity groups and clubs for this cohort (including those with SEND) in smaller communities across the county. These are run by community groups, such as youth clubs, sports clubs in churches, libraries and community and recreational hubs. These groups connect young adults and provide opportunities for socialising and reduce isolation, which is essential for wellbeing. However, many of these do not span this age

[xxii] BHT Sussex is a housing association and homeless charity.

range and fit predominantly in the CYP or adult space. These low-cost opportunities have been reduced due to a programme of disinvestment in youth services since 2010.

There are also a number of national charities offering advice and support around issues which affect mental health and wellbeing such as bereavement, employment, bullying, stress, neurodiversity, LGBTQ+, sleep issues, sexual and domestic abuse, pregnancy alcohol and drug use, and others. These are predominantly online/app and telephone-based offers.

These are listed in Appendix 5**.**

17.7.7 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, including adverse childhood experiences (ACEs), on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

17.8 Young people aged 16–25 years mental health - what works for prevention

Prevention can play a very crucial role in addressing social factors and stressors that can result in mental health problems in young adults through stopping mental health problems before they start, supporting those at higher risk of experiencing mental health problems and helping young adults living with mental health conditions to stay well[367,368].

Whole School and College Approach

The whole school and college approach involves all parts of the school, working together to promote and support the mental health and wellbeing of children and young people. This approach was developed by PHE in partnership with DfE and works through a collective responsibility that involves all staff, including headteachers, principals and their senior leadership teams, school and college governing bodies, senior mental health leads, SEN and pastoral leads, school nurses, Educational Psychologists and local public health teams. The approach is based on eight principles which should be applied consistently and comprehensively to contribute towards protecting and promoting young people's mental health and wellbeing[369]. These principles include the following:

- Curriculum teaching and learning through school or college-based programmes to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions that impact on them and can benefit their mental and wellbeing and help them develop strong social networks
- Staff development to support their own wellbeing and that of students by providing opportunities for assessing the mental health and wellbeing needs of staff, providing

support to enable them to reflect on and to take actions to enhance their own wellbeing and a work-life balance

- Identifying need to help inform commissioning decisions at school and college level and monitoring impact of interventions using tools that both focus on wellbeing and mental health
- Working with parents and carers through communicating mental health and wellbeing support offer and ensuring that parents and carers are aware of wider support available to them in their local area
- Targeted support and appropriate referral for students with a particular mental health and wellbeing need or, those at risk of experiencing poor mental health
- An ethos and environment that promotes a culture of respect and values diversity

17.8.1 Provision of Mental Health Resources and Information

Provision of mental health resources to parents and caregivers (parenting programmes, education, employment and housing resources) can assist them to be consistent sources for support for their young people and promote early intervention[370]. Digital technologies and online resources have also been identified to support young adults' mental health through the availability of sources of help and information to address their mental health problems[371,372].

17.8.2 Early Intervention

Availability of early support for young people's mental health that considers their views on what makes that support acceptable and accessible can be effective early intervention for young people[373]. Programmes that prevent young people's mental health from reaching crisis point can also be effective in preventing severe mental health problems in young adults. This should support young people to look after their mental health, have someone to turn to when experiencing mental health problems and develop powerful young voices or youth-led movement to make sure mental health support is there for anyone who needs it[374].

17.8.3 Whole University Approach

A whole university approach was developed to enable universities adopt mental health as a strategic priority and create mentally healthy universities. This approach was found to be effective in supporting mental health and wellbeing activities and signposting to other mental health services in universities[375], and recommends that all aspects of university life promote and support student and staff mental health based on five cross cutting themes[376]. These include:

- Leadership, which requires vice chancellors and senior leaders to commit to prioritising mental health across all aspects of the University.
- Coproduction with students, staff and representative bodies to develop a shared vision for mental health and improve outcomes.

- Information sharing between academic, professional and support teams to assist in identifying and helping students and staff in difficulties.
- Inclusion to ensure that all students receive support for challenges specifically relating to higher education as well as personal, cultural and structural including staff who identify as LGBTQ+, experience racism or are care leavers.
- Research and innovation to address gaps in the knowledge of mental health and wellbeing in higher education.

17.8.4 Partnerships between colleges, universities and the NHS

Partnerships between colleges, universities and the NHS are also crucial to ensuring that students with severe mental health conditions get access to the right care. This also includes involving NHS specialist staff on university and college committees (including health and wellbeing committees), having a GP practice onsite or offering drop-in-sessions with nurses for students[377].

17.9 Findings and areas for focus

Life Stage: 16 to 25 YEARS
KEY POINTS
• In West Sussex an estimated 6,150 young people aged 17 to 19 years, and 10,880 young people aged 20 to 25 years have a probable mental health condition. • While rates for 8 to 16 year-olds were similar between girls and boys, for young people aged 17 to 25 years rates were considerably higher (twice as high) for young women compared with young men. Over 30% of young women aged 17 to 19 years and 20 to 25 years were found to have probable mental health conditions. • Transition – Transition is referred to in different ways in the data reviewed. Transition is seen from a service perspective to monitor transition of those known to services, often retrospective and this remains a challenge. There are known higher risk groups - of note, looked after children and children with a neurodiversity. • Services working with “transition age” young people (not all known to mental health or social care) report complex and multiple problems including housing support needs. • The highest rates of secondary mental health hospital admission in West Sussex are ages 20-34.
High Level Overall Areas for focus For all high-level areas for focus see section 21 of this report.
Area 1: System under pressure
See high level areas for focus, no specific 16-25 years areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific 16-25 years areas for focus

- Keep what's working well including carers support, pathfinder service / function, suicide prevention multiagency working
- Review of access to early intervention support regarding trauma including peer support
- Waiting well and waiting safely measures and ongoing communication with those on waiting lists
- Workforce training on lower-level support, trauma informed support, mental health first aid.

Area 3: Whole pathways and all people

Specific 16-25 years areas for focus

- Development of system wide offer for 16-25 building on existing support where it works well and developing more prevention, early intervention and intermediate care
- Review pathway & support for particularly LGBTQ+, BAME, care experienced, those in contact with the criminal justice system, bereaved through suicide & carers
- Further simplify referrals & access to services: review function of the SPoA & info sharing between orgs within and external to the SPoA
- Structured support and pathway for those transitioning from children's mental health support to adults', increase support for care leavers and continuity of support during transition

Area 4: Accessible, flexible & personalised support

Specific 16-25 years areas for focus

- Workforce training on mental health first aid
- Review inpatient admissions across age cohorts, referral routes and pathways
- Day services to bring services together in one place, drop-in facility with extended hours so people can access a service when they need it
- Step down support from A&E, linking with social prescribing and high-risk adolescent services.
- Ongoing / continuous coproduction with those that reflect communities within development of all services

Area 5: Housing & accommodation

Specific 16-25 years recommendation

- Increase access to mental health support for people experiencing homelessness

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

Specific 16-25 years areas for focus

- Review adult social care young adults support function & continuity of carer particularly when moving CYP to adult services
- Review role and access to advocates and peer support
- Development of gender informed approaches in MH and MCN services: women only space in the male dominated services; working with men due to higher risk of suicide in males; use the Hastings approach to gender inequalities through co-production.
- Expand offer for men have been through criminal justice system & access to a personality disorder pathway forensic service to those who are registered sex offenders

18 Working age adults – aged 25 to 65 years (including dementia)

18.1 Introduction

Adulthood is a time of higher independence and control over life. For adults aged 25-65, this can involve starting or being in employment, moving in with a partner, having a baby, getting married, owning a home and becoming a carer for a spouse or family member[378,379]. Each of these changes has potential mental health and wellbeing risk and protective elements.

Adults can have strong influence on the mental wellbeing of others through their various roles as partner, co-worker, parent and carer. One in four adults experience at least one diagnosable mental health problem in any given year[380]. People in all works of life can be affected and at any point in their lives.

Protecting and promoting good mental health and supporting those experiencing poor mental health during this stage of life is therefore very crucial in supporting the working population to thrive.

18.2 Prevalence

See section 5 for detailed information

18.3 Factors that influence working age adult mental health and wellbeing

18.3.1 Risk factors

One-third of mental health problems in adulthood are directly connected to an ACEs[381] and adults who have experienced four or more adversities in their childhood are four times more likely to have low levels of mental wellbeing and life satisfaction[382].

Homelessness and insecure housing are also a risk factor for poor mental health in adults. The 7th highest local authority of people who are homeless outside of London is Crawley, with an estimated 1,064 homeless people - either street homeless or living in temporary accommodation. Evidence suggests long-term impacts of persistent poor housing on mental health[383]. The 2016 homelessness needs audit reported 44% of homeless people have a mental health diagnosis, compared to 23% of the general population[384].

Providing care to an older family member can restrict personal, social life and employment of the caregiver and is associated with higher levels of stress and depression[385].

Suicide rates are higher among men and women living in the most deprived areas of England. Middle-aged men (40-59 years) have higher suicide rates in the most deprived areas – up to 36.6 per 100,000 compared to 13.5 per 100,000 in the least deprived areas[386].

Men aged 35-49, particularly from lower socio-economic groups, are most at risk of suicide. The highest rates of suicide in men aged 40 to 50 years are in the following groups:

- Disabled men

- Those who have never worked or are in long term unemployment
- Single men (defined as never been married or in a civil partnership)

Personality traits, challenges of mid-life, relationship breakdown, bereavement, lack of health-seeking behaviour and socio-economic factors – such as unemployment and addictions including alcoholism and gambling – are some of the various reasons men might take their own lives. For older men, loneliness, long-term ill-health, caring for a partner and financial worries are contributory factors[387].

MIND identifies other risk factors for poor mental health[388]:

- Social isolation or loneliness
- Experiences of discrimination or racism
- Severe or long-term stress
- Drug and alcohol use
- Bullying/abuse experienced as an adult
- Trauma experienced as an adult (such as in military combat, being involved an incident where a person feared for their life, or being a victim of a violent crime)

18.3.2 Protective factors

Good emotional health and wellbeing can be linked to many different factors such as a healthy and balanced diet, green spaces and environment that allows physical activity, a good educational attainment and living in good quality affordable housing. It is also linked to the networks of support we have around us from family and friends, for example people in communities that may be experiencing multiple inequalities are more likely to have higher health needs however they may have assets within the community that can help to protect and improve wellbeing.

It is estimated that a person will spend a third of their life at work and therefore it is no surprise that a stable and rewarding job that encourages wellbeing and supports people to build resilience, develop social networks and their social capital as well as provides a culture of participation, equity and fairness will prove to be beneficial to their health and wellbeing.

Whilst people in communities experiencing multiple inequalities are more likely to have higher health needs, they may also have assets within the community that can help to protect and improve wellbeing[389]. Community assets include physical assets such as public green space, play areas and community buildings and social assets such as volunteer and charity groups, social networks and the knowledge and experiences of local residents[390].

18.4 National and Local Policies and Strategies

18.4.1 National Policies and Strategies

The following national policies proposed actions to support the mental health and wellbeing of working adults.

18.4.2 The Five Year Forward View (FYFV) for Mental Health

The FYFV for mental health made the following recommendations to improve mental health care and support for working age adults[391]. These include the following:

- NHS England should ensure that a 24/7 community-based mental health crisis response is available in all areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission by 2020/21
- NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs)
- Out of area placements for acute care should be reduced and eliminated as quickly as possible
- People experiencing a first episode of psychosis should have access to a NICE-approved care package within 2 weeks of referral
- The Department of Health should address race equality as a priority and appoint a new equalities champion to drive change and reduce inequalities in access to early intervention and crisis care
- An integrated mental and physical health approach and increase in access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21
- 29,000 more people yearly living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS)
- The Department of Health, the Department of Communities and Local Government, NHS England, HM Treasury, and other agencies should work with local authorities to build the evidence base for specialist housing support for vulnerable people with mental health problems and explore the case for using NHS land to make more supported housing available for this group
- The Ministry of Justice, Home Office, Department of Health, NHS England and Public Health England (PHE) should work together to support those in the criminal justice system experiencing mental health problems by expanding- liaison and diversion schemes nationally
- The Department of Health and Public Health England should continue to help local communities build a grass roots social movement to raise awareness of good physical and mental health and support people to seek help when they need it

- PHE should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes
- NHS England should ensure that people being supported in specialist older-age acute physical health services have access to liaison mental health teams – including expertise in the psychiatry of older adults – as part of their package of care, incentivised through the introduction of a new national Commissioning for Quality and Innovation (CQUIN) framework or alternative incentive payments, and embedded through the Vanguard programmes

18.4.3 NHS Long Term Plan

The NHS long term plan made a renewed commitment to improve and increase mental health care and services to support working adults[392]. These commitments include the following:

- Expand access to Improving Access to Psychological Therapies (IAPT) services for adults and older adults with common mental health problems, with a focus on those with long-term conditions as set out in the Five Year View for Mental Health
- Set clear standards for patients requiring access to community mental health treatment and roll them out across the NHS over the next decade to achieve improvements in access, quality of care and outcomes
- New and integrated models of primary and community mental health care that will support adults and older adults with severe mental illnesses. Offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use
- Expand services for people experiencing a mental health crisis
- Availability of 24/7 community-based mental health crisis response for adults and older adults across England by 2020/21
- Ensuring the NHS will provide a single point of access and timely, universal mental health crisis care for everyone in the next 10 years
- Suicide reduction
- Increase alternative forms of provision for those in crisis
- The Clinical Review of Standards will make recommendations for embedding urgent and emergency mental health in waiting time standards
- Ambulance staff will be trained and equipped to respond effectively to people in a crisis
- Ending acute out of area placements by 2021, allowing patients to remain in their local area – maintaining relationships with family, carers, and friends
- Design a new Mental Health Safety Improvement Programme, which will have a focus on suicide prevention and reduction for mental health inpatients

- Put in place suicide bereavement support for families and staff working in mental health crisis services in every area of the country
- Building on the work of the Global Digital Exemplar (GDE) programme, the NHS will use decision-support tools and machine learning to augment its ability to deliver personalised care and predict future behaviour, such as risk of self-harm or suicide

18.4.4 White Paper Reforming the Mental Health Act

This paper proposes changes to the mental health Act and introduces new guiding principles to drive a more person-centred system in the choices made by patients to have weight and influence, where care must have a therapeutic benefit for the patient, and where the powers of the Act are only used when necessary[393]. These principles include the following:

- Choice and autonomy – ensuring service users' views and choices are respected in their care and treatment plans and enhanced opportunities to challenge treatment decisions
- Least restriction – ensuring that Act's powers are used in the least restrictive way
- Therapeutic benefit - ensuring that therapeutic benefit is a requirement for detention and patients are supported to get better so they can be discharged as quickly as possible
- The person as an individual – ensuring that patients are viewed and treated as rounded individuals in accordance with the NHS Constitution's statement that staff should value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits

18.4.5 Suicide Prevention in England: 5-Year Cross-Sector Strategy 2023

In relation to working adults, this strategy identifies middle aged men, people who have self-harmed, people in contact with mental health services, people in contact with justice system and autistic people among adults in the priority groups[394]. Priorities for action over the next five years include the following:

- Improving data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be developed and adapted
- Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone
- Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support
- Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
- Providing effective crisis support across sectors for those who reach crisis point
- Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides

- Providing effective bereavement support to those affected by suicide
- Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

18.4.6 The National Carers Action Plan 2018 -2020

This action plan builds on the National Carers Strategy published in 2008 and outlines cross-government programme to work to support carers in England over the two- year period[395]. The action plan set out government commitment to support carers through 64 actions across five priorities which emerged from the carers call for evidence. These include the following:

- Services and systems that work for carers
- Employment and financial wellbeing
- Supporting young carers
- Recognising and supporting carers in the wider community and society
- Building research and evidence to improve outcome for carers.

18.4.7 From Harm to Hope: A 10-year Drug Plan to Cut Crime and Save Lives – Guidance for Local Delivery Partners.

This guidance was developed and published by the UK government in June 2022 to support the implementation of the plan to combat and cut off the supply of illicit drugs by criminal gangs and give people with drug addiction a route to a productive and drug free life as outlined in 'From Harm to Hope' plan[396]. It is underpinned by an investment of over £3 billion to reduce drug-related crime, death, harm, and overall drug use and sits alongside the drugs strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm. This guidance provides foundation for work at national and local levels to deliver three strategic priorities.

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a generational shift in demand for drugs

18.4.8 NICE Guideline for Mental Wellbeing at Work

This guideline was published in March 2022 and provides information on how to create the right condition for mental wellbeing at work[397]. It aims to promote a supportive and inclusive work environment, including training and support for managers and helping people who have or are at risk of poor mental health. The guideline provides recommendations on the following key areas:

- Strategic approaches to improving mental wellbeing in the workplace
- Supportive work environment
- External sources of support

- Organisation-wide approaches
- Training and support for managers
- Individual level approaches
- Approaches for employees who have or are at risk of poor mental health
- Organisational-level approaches for high-risk occupations
- Engaging with employees and their representatives
- Local and regional strategies and plans

18.4.9 Community Mental Health Framework for Adults and Older Adults

This framework was published in September 2019 and is aimed at meeting people's mental health needs in the community through collaboration. It also supports NHS commissioning planning as well as the development of the 5-year strategic plans of ICSs, as outlined in the Long Term Plan, the NHS Operational Planning and Contracting Guidance and the NHS Mental Health Implementation Plan 2019/20–2023/24[398]. The framework sets out how the vision for a new place-based community mental health model can be realised, and how community mental health services can be modernised to shift to whole person, whole population health approaches. This framework will enable people with mental health problems to:

- Access mental health care where and when they need it and be able to move through the system easily
- Manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers, and social networks, and supported in their local community
- Contribute to and be participants in the communities that sustain them, to whatever extent is comfortable to them

18.4.10 NHS Core20PLUS for Adults

The Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' - and identifies 5 focus clinical areas requiring accelerated improvement one of which is ensuring annual physical checks for adults with severe mental illness (SMI) to, at least, nationally set targets[399].

18.4.11 Local Policies and Strategies

The following local policies proposed actions to support the mental health and wellbeing of West Sussex residents.

18.4.12 West Sussex Joint Health and Wellbeing Strategy 2019 - 2024

This strategy aims to empower working adults to look after their own health and wellbeing through community and social connections, access to secure and good quality homes to thrive and improve their health and wellbeing as well as play and work environment that

promote health and wellbeing[400]. The strategy aims to achieve these objectives through the following key initiatives.

- Health in all policies
- Empowering and supporting communities through social prescribing, volunteering, and community development initiatives
- Wellbeing programmes and wellbeing deals
- Workplace health which involves delivering lifestyle interventions and change social norms
- Preventing homelessness through working with frontline staff to identify risk factors and intervene early

18.4.13 Sussex Suicide Prevention Strategy 2024 – 2027

This Sussex wide suicide prevention strategy was published November 2023 and aims to take early actions across a range of settings to prevent individuals from reaching crisis point where they feel suicidal, while ensuring that those in crises will get the support they need in line with the national suicide prevention strategy 5-Year *Suicide prevention in England: 5-year cross-sector strategy* and associated *Suicide prevention strategy: action plan.* A multi-agency partnership group which includes Brighton & Hove, East and West Sussex Public health, Sussex Integrated Care Board, Police, Sussex Partnership Foundation Trust and representatives for the Community and Voluntary sector will oversee the delivery of this strategy and action plan.

18.4.14 SPFT Suicide Prevention Strategy

This strategy commits to working with local public health teams and a range of other agencies in Sussex to develop Suicide-Safer Communities. The Trust recognises that each local authority must have its own local suicide prevention action plan and these plans will be part of overall local suicide prevention action plans led by public health teams[401]. The Sussex partnership strategic commitments include the following:

- To build local Suicide-Safer Communities through initiatives working with local people and organisations led by public health teams
- To support Clinical Delivery Services to develop their action plans to prevent suicide These will be a part of comprehensive action plans developed by public health teams
- To support people who are bereaved as a result of suicide
- To support individual staff and teams when a patient has died from suicide
- To develop a culture of openness and learning when a patient has died from suicide
- For clinical academic groups to identify best practice and effective interventions
- To enable staff to access the information, education and training they require
- To collect, make available and report data and information on suicide and related risk factors

18.4.15 West Sussex Suicide Prevention Framework and Action Plan 2023 - 2027

This action plan commits to reducing the risk factors and increasing the protective factors for suicide across the life course, building individual and community resilience to improve lives and prevent people from falling into crisis by tackling risk factors for suicide in West Sussex, in line with the national strategy for suicide prevention, 5-Year *Suicide prevention in England: 5-year cross-sector strategy* and *Sussex suicide prevention strategy*. Some of the key action areas in this plan are to reduce the risk of suicide in the following groups of working adults:

- Support for those who have attempted suicide
- Develop a plan for reducing isolation and loneliness for men 35-59 years
- Delivery of support for older people focused on tackling social isolation, increasing access to advice and information
- Tailor approaches to improve mental health in specific groups such as support for those affected by gambling, the impact of cost-of-living pressures, debt and financial challenges, people with multiple needs, carers, frontline mental health workers and those in contact with criminal justice system
- Victims, survivors, and perpetrators of domestic abuse
- Co-occurring substance misuse and mental health issues
- People experiencing homelessness
- Neurodivergence
- LGBTQI+

18.4.16 Sussex Mental Health and Housing Strategy 2020

This Sussex wide strategy commits to developing an approach to integrating housing, health, and social care for all adults across Sussex based on the following strategic objectives[402].

- Create Mental Health and Housing Strategic Plans for each place in East Sussex, West Sussex and Brighton & Hove
- Ensure housing expertise is embedded within the new model for community mental health services being developed across the ICB
- Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision
- Deliver the ambition to create new integrated models of supported housing for people with multiple and complex needs thereby reducing the need for inappropriate out of area hospital placements and residential care
- Drive forward the integration of housing, social care, and mental health clinical services, by supporting Sussex Partnerships NHS FT to establish strategic and operational partnerships with providers of housing and housing services, that improves individual outcomes, service quality and reduces unnecessary variation

18.4.17 West Sussex Mental Health and Housing Plan 2022

This plan sets out five key priorities to better integrate mental health and housing services in West Sussex in line with objectives of the Sussex Health and Care Partnership (SHCP) Mental Health and Housing Strategy. These priorities include the following:

- Improve the supply of specialist mental health accommodation options available in West Sussex
- Mainstream the trial Discharge to Assess (D2A) Pathway
- Enhance the data & information available in the mental health & housing systems
- Prevent homelessness and crises requiring hospital admissions
- Enhance the specialist accommodation options available to young people

18.4.18 West Sussex Adults Social Care Strategy 2022–2025

This strategy was developed with the voices of West Sussex residents on what is important to them and published in 2022 to guide decisions for prioritising areas for improvements in adult social care. The strategy sets out five priorities to ensure that services support residents to live a good life[403]. These include the following:

- Building relationships and connections
- Empowerment
- Home
- Addressing gaps
- Inclusion and tackling inequalities

18.4.19 Crawley Mental Health Community Transformation: Case for Change (Unpublished)

This report aims to increase understanding of mental health and wellbeing in Crawley communities and inform the Crawley programme to make it easier and quicker for people to access the support they need, when they need it, close to home. The Crawley programme aims to address health inequalities and improve health outcomes by tailoring health services and service models in Crawley to meet the needs of the population with a focus on the most disadvantaged communities. The programme also aims to deliver good mental health support, care, and treatment in the community by ensuring that:

- People can have a good-quality assessment at whatever point they present
- Interventions for mental health problems are readily available and accessible at the location most appropriate to people's needs
- Care can be stepped up where or when more specialist care is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There are effective links with community assets to support and enable people to become more embedded within their community and to use these assets to support their mental health

18.4.20 West Sussex Joint Carer Strategy 2021–2026

This strategy builds on builds on the significant progress made over recent years in identifying and improving the experience and outcomes of many families and friends carers in West Sussex. This strategy aims to recognise, value, involve and support the role carers play including when they are patients themselves or are colleagues through six priority areas. These include the following:

- Greater recognition and support for carers
- Limit financial hardship as a result of caring
- Limit carer and young carer isolation
- Targeted support for carers
- Advanced equality of access
- Contingency planning

18.4.21 Adults Mental Health Rapid Review 2022 (Unpublished)

This review identified gaps in mental health services and areas for improvement for adults including in the field of autism and made the following recommendations:

- Commissioning should invest in and increase access to universal and primary prevention services, as well as investigating further the need for more services for people with ongoing and severe mental illness
- Work on improving mental health and well-being could be through an existing health inequality forum or mental health group
- Enhance access to support for multiple areas of deprivation and include service users in developing a recovery plan
- Innovative measures of recruiting and retaining workforce should be considered by commissioners and service providers

18.5 Voice: coproduction, engagement, focus groups and interviews

18.5.1 Key Findings of the Adults Mental Health Lived Experience Coproduction Events November–December 2023

To adequately identify the needs of residents, the steering group aimed to coproduce the needs assessment with adults in West Sussex. Coproduction is defined as *"a way of working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it"*[404]. The Adults Lived Experience Task and Finish (T&F) Group was established to support the steering group with co-production of the needs assessment by engaging people aged 18+ with lived experiences of mental health conditions/problems in West Sussex. This section is a summary of findings from the first two coproduction events that the T&F group conducted to support the PMHNA November - December 2023.

The Adults Lived Experience T&F group ran two events to help design the purpose of the needs assessment, elicit views of people using or potentially using services, and provide

opportunity to 'drill into' specific themes. The group also established links with people with lived experiences to support the needs assessment in the long-term after the engagement events were completed.

The first was a two hour online event conducted over zoom on Monday November 13th 6-8pm to accommodate those that may not be able to attend an in-person event due to work commitments and those that prefer to engage online rather than in-person. This was attended by 19 participants. The second was an in-person, full day event on Monday December 11th 11am-4pm held at Field Place, Worthing. This was attended by 48 participants. A support worker was present throughout both events to provide support as required, help participants feel at ease when sharing difficult experiences and made the event more inclusive of people who were not comfortable voicing but could provide a written input.

At both events, the following 3 questions were asked:

1. What is your experience of using mental health services?
2. What are the gaps/needs?
3. How can we address the gaps or what does a good service look like to you?

Data gathered from these events was thematically analysed.

Key Findings

The following five themes were identified on which individual, organisational and system level needs were mapped:

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Quotations
1. More timely and accessible services and reduction in service provision gaps	• **General difficulties in accessing information** at times of need. A call for improvement in dissemination of support information and accessibility. This included lack of information about availability of perinatal and postnatal care for new mothers, leading to challenges in seeking help to address unique challenges during childbirth. • **Lack of recognition and support received for mental health during childhood and adolescence,**	• **Long wait times for referrals** affect timely access to capture and support trauma situations when individuals are most vulnerable. • **Need for enhanced peer support systems** within organisation that have targeted social activities and working groups, underlining the therapeutic role of community and peer connections. • Need for **dedicated mental health staff in A&E** that have a separate waiting area than those with physical health emergencies.	• Lack of **continuity of care and gaps in long-term support** leading to entrenched mental health issues. • **Urgency to reduce waiting times** to ensure prompt access to mental health services. • Necessity of more **crises centres** for those with immediate need. • **Establishing of more community based drop-in centres** as safe spaces is emphasized to help support those that are waiting to receive referred services. • **Need for sufficient availability of psychiatric beds** ensuring the capacity of the mental health care	• "There is difficulty in getting appointments to mental health services." • "Referrals to mental health service take a very long time to access due to long waiting lists." • "Services are available in crisis but you have to be in crisis to get it. There is no early intervention." • "No intervention in Worthing

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Quotations
	leading to greater need during adulthood. Gap in mental health education in schools is identified. Preventing mental health issues should involve educating children and young people and equipping them with coping skills to tackle real-world challenges. • **Need for early intervention** to prevent mental health issues from worsening. There is absence of proactive measures and concerns about the referral criteria for receiving help.		system to accommodate those in inpatient care. • Need for **increased access to 1:1 therapeutic counselling,** including psychotherapy and talking therapies. • Need for **sustained and long-term funding** to enhance mental health services, ensuring resources are consistently and strategically available for services with higher demand. • Need for ensuring **early, quick, fair, and universal access to mental health support** through appropriate and shorter registration and referral processes for services. • Need for **extended support during out-of-hours** is highlighted, recognising that mental health issues are not confined to a specific timeframe. This could include 24 hour crises service and mental health helpline.	hospital, and I don't consider A&E a safe place."
2. Informed, coordinated and continuous mental health support system	• Necessity of **developing comprehensive aftercare plans** for individuals who have undergone in-patient treatment to ensure they have continuous support and are not isolated. • **Inadequacies and inconsistencies in mental health service delivery**, causing anxiety and re-traumatisation through repeating stories. Issues such as staff turnover and dismissive attitudes, insufficient therapeutic support, and inconsistent care were emphasized.	• **Need for integrated data sharing between mental health services**, voluntary sectors, and GPs is highlighted. This aims to create a more cohesive system, minimizing gaps, enhancing user experiences, and ensuring continuity of care. • Need for appropriate documentation of essential meetings to ensure transparency and accountability. **Gaps in record-keeping are a recurrent issue**, impacting the accuracy and accessibility of patient information. This lack of	• **Need for a more integrated and cohesive mental health system and increasing opportunities for jointed up work** between mental health services and other support that will help to address root causes of mental health issues and prevention. This includes a seamless transition between services, clear communication and collaborate approaches among professionals, particularly GPs with mental health professional. • Need for a **central system for mental health records**, accessible by different healthcare professionals. This centralised approach will enhance coordination and	• "No consistency, just moving medication around. No therapy treatment has been offered." • "There are too many different services, and they don't work together." • "Having to repeat so many times to MH practitioners brings back trauma."

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Quotations
		comprehensive documentation can lead to misunderstandings and potential risks to patient care. • Participants highlight the value of workshops, such as those provided by Sussex recovery college, in enhancing public knowledge about mental health. **Educational initiatives** are viewed as instrumental in empowering individuals to navigate the mental health care landscape.	collaboration among healthcare providers involved in patient's care. • **Carers or families of individuals dealing with mental health issues face a notable gap in community support**, especially in terms of face-to-face or phone assistance. The lack of a supportive community infrastructure exacerbates the challenges faced by both patients and their families.	
3. Personalised care and support that is appropriate and empathetic	• Frustration when working with mental health **services that were not listening, providing inadequate care and challenges in accessing support.** Service users being reduced to a number through box-ticking of target number of meetings. • There were **positive experiences when staff were people who also had lived experience of mental health**. They were able to connect with individuals and a personal level. • Need for a **range of psychological therapies and empowering choice with patient-centred approaches** that have more involvement of individuals and carers in care plans that are fit for purpose.	• A call for mental health services to be more **receptive to feedback, have trauma-informed care, and empathetic to individuals seeking help**. Empathy, responsiveness, and shared experiences contribute significantly to the effectiveness of mental health support. • Recognition of the **supportive role played by voluntary sector organisations**. They provided a supportive community, opportunities for creative expression, and a platform for individuals to share their experiences. • Need for more **comprehensive and tailored therapeutic interventions,** particularly for those that have complex trauma and Post Traumatic Stress Disorder (PTSD).	• **More safe spaces for men** to openly discuss mental health issues without judgment or pressure is central. This includes creating an environment that fosters trust, reassurance, and empathy. • **Larger organisations to be more adaptive** to the needs of service users like smaller ones such as voluntary and community interest groups that are more agile and responsive. • Participants also advocated for **increased staffing and manpower within voluntary and community groups** to bridge gaps in mental health care. • Call for **mental health care that goes beyond a generic approach**, emphasizing the need for specialists who can address the specific and varied requirements of individuals dealing with mental health issues	• "Only offered CBT or online self-help – due to demand, they said. The charity and third sector are good, but it depends where you live." • "Fulfilled the need to be in a small group." • "Capital Project Trust given the confidence and a voice, for people who are unable to express their needs and feelings."

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Quotations
4. Holistic support for issues that can significantly impacting mental wellbeing	• **Financial considerations** are highlighted as a significant factor in mental health, with personal experiences shared about the impact of financial challenges on mental health outcomes. This underscores the interconnectedness of financial and mental well-being. Additionally, during financial challenges, individuals deprioritise seeking mental health support. Financial worries were particularly highlighted by those living in rental housing. • Need for **enhance support for parents who risk losing their children** due to poor mental health.	• Call for a **holistic service model**, where individuals can find comprehensive support for all needs within one location and from a designated Key worker. • More **use of one-stop-shop approaches**. The idea of Pathfinder as a joined-up service reflects a holistic perspective and allows for choice in referrals.	• Need for **mediators to simplify bureaucratic processes and medical assessments** when applying to receive support from Department for Work and Pensions (DWP), housing and other systems. • Need for **better training of staff working in housing, DWP and related systems** on mental health issues to shift towards prioritising support over mere approval/disapproval of applications and have empathy in crisis situations. • Need for **children's services, domestic abuse services and mental health services to provide integrated support to vulnerable individuals** with children in their care.	• "Kids taken off me due to my poor mental health and I had no support at that time. Now I am fighting for my children, but no one cares"
5. Specialised training and workforce developme nt of staff in mental health services	• **Gender biases** where women are not appropriately diagnosed with ADHD due to lack of recognition of unique symptoms. • Need for **patients to receive guidance and training from staff on developing personal coping mechanisms** that service users can use when not in contact with services. • Need for **support to manage medications** side effects and during the cessation process.	• Some trainee psychiatrists were brilliant while others were lacking proficiency. This created **inconsistencies in professional expertise** that effected the quality of care and accuracy in diagnosis of the participants. • **Instances of misdiagnosis and inadequate explanation and support** following diagnoses. Points to the need for clearer communication and post-diagnostic support for individuals navigating mental health challenges.	• Need for **consistent quality of mental health services**, noting differences in the effectiveness of treatments, variations in staff competence, and the need for personalized care rather than a one-size-fits-all approach. Staff competence to focus on building relationship with service user. • Need to address the **lack of experienced mental health nurses, paramedics, and specialists**, particularly those related to trauma and eating disorders across the system.	• "The psychiatrist did not tell me my correct diagnosis, although before that they gave me several incorrect diagnoses." • "Some good and some terrible." • "What often matters is how well you get on with the therapist, rather than their expertise."

18.5.2 Key themes from mental health-related engagement work in West Sussex (Adults) 2019-2024

This section illustrates the most mentioned themes from a selection of mental health reports (see Appendix 3 for summaries of findings from individual reports and list of reports) in which engagement with stakeholders was reported in the county. The most mentioned/highest level themes are outlined directly below this paragraph. This is followed by a table categorising all the themes included into whether the themes are associated with individuals, organisations or at system level. Where mentioned, areas in which potential improvements might be made are also included. After this table, a full listing of the main points from each of the reports has been added, with references to the original documents.

Although many aspects of mental health and associated provision are mentioned in the reports, the most frequently mentioned themes are:

Access to services was one of the most prominent themes from the reports. This included finding support initially and then accessing the support that was most appropriate. **Getting the 'right support'** was a prominent theme. Although navigating the system can present issues, misdiagnosis was mentioned, as was how getting this right might help people move on. This included support from professionals, but also from the community, voluntary sector and from families. Support that is tailored and empathetic to need was highlighted.

One important aspect of accessing services was **timeliness and that support was available when needed** and that people could feel confident that this was the case. This was apparent in mentions surrounding waiting times for support and a gap in longer term support for more complex trauma.

Both **professional and public knowledge** was thought to be lacking. The first port of call that people used when seeking **information** about mental health was an internet search (either as a service user or potential service user), followed by seeking information from their GP. People noted that they found it difficult to find and access the information they were looking for and weren't sure what was available anyway.

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 was a prominent theme. This covered professional expertise and the delivery of services and support.

Staffing issues were another, albeit lesser mentioned, theme, the main issue being the lack of staffing across the service including the voluntary sector. In all cases this 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.

All themes

Feeling low/depressed, anxiety and suicidal feelings/harm to others are the conditions that people were most likely to seek help for.

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Finding and accessing support	• People try GP and Google first – both service users and potential users • Same access difficulties across conditions • For people who are homeless/temporarily housed/rough sleeping - difficulty maintaining communication with services due to accessing phones and IT	• Most difficult to access support tends to be via 999/A&E	• Online information can be confusing	• Clear visual identity needed • Visual maps of services would be helpful • Services avoid 'blacklisting' those who miss follow up appointments/calls
Lack of knowledge about what is available	• People lack knowledge about what is available • Wrong first contact can lead to more barriers in finding and getting help • Unable to get right service • People accessing wrong service • Person may give up leading to more acute need later on	• GPs lack knowledge • Professionals lack knowledge about what is available, the remit of services, eligibility and which patients are best suited to services/ referral routes	• Lack of clear information and signposting	• Services could be listed by condition • A single point of information could be helpful

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Workforce and capacity • Demand has increased – higher than capacity and may not have reached its peak yet		• GP services face geographical challenges • Short term contracts in vol sector	• Lack of workforce in all areas	
What is working well?	• Triage for preassessment	• MH social care team • MH crisis house in West Sussex • Vol sector involvement		
Service gaps	• Accommodation issues for some discharged adults	• Underdeveloped services for autism • Young people's transitions – capacity doesn't meet demand • Problems in recruiting means some providers leave the market • Out of county placements thought not to work	• Lack of workforce in all areas • Lack of consistency in services • Budget needs to increase • Adult MH service market underdeveloped • Work of MH staff not well recognised	• MH workers in all GP practices • More prevention – such as MH first aiders, IAPT post Covid service, young person's suicide prevention • Provide correct housing after discharge from mental health services

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Individual needs	• Safe areas in the community • Trust that service can be accessed when needed • Accessible information about support • Support to understand and manage meds • Diagnosis important to move forward • Better translated medical advice for non-UK nationals			• Service user involvement in service development
More timely and accessible services and reduction in services gaps	• Difficult to get information • Not enough early intervention • Waiting times	• MH staff in A&E • Little continuity of care • Little option for longer term trauma recovery support		• Peer support • Urgency to reduce waits • Crises centres • Availability of psychiatric beds • One to one therapeutic counselling • Long term and sustained funding • Timely access to support • Out of hours support extended
Informed, coordinated and continuous mental health support	• Lack of community support for carers and families	• Inconsistent MH services delivery • Gaps in record keeping • More coordination between statutory and specialist services	•	• Comprehensive aftercare plans • Education initiatives for navigating MH system • Need for integrated data sharing • Centralised records system • Joined up working

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Appropriate empathetic care, personalised care and support	• Poor listening, care and access • More positive with staff who have lived experience • Manner of asking questions in services does not encourage victims to disclose abuse. • Stigma within services around homelessness	• Larger organisations – more adaptive		• Patient-centred range of therapies and choice • Empathetic care and support • Voluntary organisation support • Comprehensive and tailored care and support • Safe space for men • More staff In voluntary groups • Mental health support that is beyond generic • More queries around relationship history from services • More specialist support for trauma
Holistic support			• Financial considerations	• Holistic service model • Enhance support for parents at risk of losing children • One stop shop approaches • Mediators to simplify the process • Training for those in housing, DWP, etc • Integrated support from children's services, domestic abuse services and mental health services • Support to navigate the individual through the different support services

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Specialist training	• Some misdiagnosis, inadequate explanation and support	• Inconsistent professional expertise • Lack of experienced mental health nurses, paramedics and specialists		• Gender biases • Guidance and training for patients for coping strategies • Support to manage meds • Need for consistent mental health support • Better understanding of the impact of living with domestic abuse on health
BAME issues	• Financial concerns • Mental health conditions – anxiety and depression • Cultural barriers and heritage • Difficulties in navigating system can lead to feelings of discrimination • Mental health support mainly from families			
Women and ADHD	• Services poor or in needs of serious improvement • Misdiagnosis or not receiving the best treatment			• Better help for comorbidities and neurodiversity • GPs should have a better understanding of mental health and ADHD • Provision of supportive courses of treatment and therapy after trauma

18.5.3 Minority Voices collected from West Sussex Minorities Health and Care Group, February 2024

Key Theme	Individual level needs	Organisational level needs	System level needs	Quotes
Timely and accessible mental health information and services	**Difficulty accessing free mental health support** such as talking therapies or counselling due to long wait time. There is need to make **mental health information more accessible** to people from minority communities. **Social prescribing** was reported to be effective and suitable for many but long wait to access the service remains a major issue.	**Need for reduction in wait time and improved access** to access mental health support and services and neurodiversity assessments and support. **Need for dissemination of mental health information** in community facilities including worship places to reach more people from minority communities.	**Establishing community-based support for people waiting to access specialist mental health services** to prevent their mental health from deteriorating during waiting period.	"Long waiting lists for access to counselling services compels people who can, to pay for private counselling resulting in inequalities. If people are not getting help with simple talking therapies which doesn't cost a lot, their mental health needs can escalate"
Minority peer support	**Need for minority peer support groups or social clubs** to promote connectedness and create a safe space for individuals to speak freely about their mental health and build support systems and resilience.	**Including minority communities in coproduction projects aimed at reducing health inequalities** to identify their challenges and be captured in recommendations as part of the West Sussex population.	**Including minority peer support as part of community support initiatives.** **Resourcing** for peer support projects for minority communities	"Supporting community growth and connectedness through minorities social clubs to connect people".
Awareness raising and de-stigmatization of mental health issues in minority communities	**There is a need for mental health awareness raising in** minority communities to decrease stigma and encourage people to seek support.	**Need for healthcare professionals to assist in identifying people from minority communities** who are at high risk or experiencing mental health	**Training of health care professionals on mental health issues and engaging with people from minority communities** to ensure that	"Mental health stigma is still common in some minorities communities such as the Muslim and Chinese communities".

		difficulties and make appropriate referrals to appropriate support.	those who seek support for their mental health are able to access it.	

18.5.4 Findings from mental health lived experience coproduction events: validation of findings of the needs assessment, April 2024

The Adults Lived Experience Task and Finish Group ran two events to provide opportunity for people with lived experience of mental health conditions to review and provide feedback on the overall themes and findings of the needs assessment across all the life course stages including those with multiple compound needs.

The first, was an in-person two-hour event that took place on Thursday 11th April 2 – 4pm at Field Place Worthing. This was attended by 34 participants. The second was a two-hour online event that was conducted on zoom on Monday, 15th April, 6 – 8pm. This was an alternative option for those who found a digital event more suitable due to work or travel issues for the in-person event. This was attended by 27 participants.

At both events, the following three questions were asked:

1. Do these themes look right?
2. Is there anything missing from the theme your group is looking at?
3. Do you have experience that helps to confirm these findings are correct?

Data gathered from these events were analysed and is presented below.

Theme 1 – Preventing mental Ill-health, supporting people earlier

People with lived experience of mental health conditions or problems agreed that this theme is right and made the following additional inputs for the prevention of mental ill-health and supporting people earlier.

Expansion of peer support

Participants strongly advocated and recommended the expansion of peer support and skilled advocacy especially at the lower end of support needs as part of preventing mental-ill-health and supporting people earlier. This was explained to be due to the ease of talking to a peer support worker rather than a clinical practitioner and the ability of peer support workers to identify early signs of mental health problems and facilitate support as expressed by people with lived experience; "*A peer support worker was able to identify a support that would help me before I knew I needed help*". "*Peer support workers can save lives".* "*The lack of drop in centres has meant that peer support is so important".* "*Peer support needs to be expanded".* **Participants noted that Crisis Cafés can offer a good example.**

Community development and early intervention

Participants reiterated the need for provision of funding for community development initiatives or smaller projects to create opportunities for corporate organisations to engage and interact with local communities as well as increase volunteering opportunities aimed at preventing mental ill-health and improving the wellbeing of residents.

In addition, **provision of community based mental health support with mental health specialists to provide early intervention** for those who are not in crisis was also recommended as a participant reported ineligibility for ATS due to not being in crisis "*Being told that the ATS can't help me unless I tried to commit suicide".*

Furthermore, community-based outreach to reduce loneliness and isolation was also proposed.

Training of healthcare staff on mental health problems

Training of healthcare workforce on mental health issues was also recommended by participants. This was proposed to improve early identification of mental health conditions as well as the provision of timely, appropriate, empathetic and kind support for those experiencing mental health problems. Similarly, there is a need for training of mental health practitioners to provide trauma informed care to those with mental health conditions as some participants reported lack of sympathy from psychiatrists and trained nurses.

Exploring non-medical approaches to mental health care

Exploring alternatives to medication such as therapeutic support for mental health conditions was also proposed by participants who reported a significant reliance on medication. Signposting to alternative remedies or non-medical approaches such as homeopathy, mindfulness, meditation and selfcare was also recommended by people with lived experience of mental health issues.

Promotion of mental health and first aider courses

Additional campaign initiatives to promote mental health and first aider courses was recommended by participants. They also expressed the need for greater understanding and empathy around the mental health of men as a male participant reported to being told to "man up" when suffering from post-traumatic stress disorder (PTSD). Increasing hospital interest in psychological health was also recommended.

Increase and improve victim support

Participants also advocated for the improvement of support for those who experienced domestic abuse rather than victim blaming. They proposed increased awareness or education around domestic violence and abuse that recognises that men can also be victims.

Increase in provision counselling services in schools

Participants recommended increase in counselling services in secondary schools as a preventive measure to tackle mental health issues in children and young people.

Addressing health inequalities

Provision of support around wider determinants of health such as unemployment, debt and housing issues among others was also proposed to prevent mental ill-health or a deterioration of mental health conditions.

Additionally, services should ensure that all unpaid carers have access to carers support when needed.

Theme 2 – Accessible, flexible and personalised services

People with lived experience of mental health issues largely agreed that this theme is right. However, some participants suggested changing the theme to **"high quality services by staff with appropriate expertise and training".** Participants made the following additional inputs to this theme.

Workforce training

Participants reiterated the need for training of the mental health care workforce including receptionists to improve the care experience and quality of service for service users. This should include specialised in-depth training to deliver appropriate support people with unique needs such as neurodiversity.

Trauma informed care approaches and services

The need to adopt trauma informed care approaches that takes cumulative trauma into account across pathways was also reiterated by participants. Provision of trauma services was also proposed which some participants reported to be currently unavailable.

Improved awareness of mental health services

Participants proposed publicising available mental health services in West Sussex to improve knowledge and access to appropriate support and signposting. Participants expressed lack of knowledge and clarity on where to seek help for their mental health difficulties, overwhelming options on google and limitations for those without technology.

Additionally, improved awareness of what GP services can offer around mental health was also suggested to minimise wrong 'front doors'.

De-stigmatisation of mental health in minority communities

Awareness creation on mental health and wellbeing in ethnic minority communities was proposed by participants to encourage more people to seek help when experiencing mental health difficulties. Participants noted that there is still stigma around mental health issues in different cultures and communities.

Addressing service provision gaps

Participants also recommended addressing service provision gaps to improve timely access to targeted and personalised support for those who may need it. They highlighted

unavailability of eating disorder services, lack of timely mental health support or early intervention for those who are not in crisis and oversubscription of neurodevelopment disorder services.

Theme 3 – Housing and Accommodation

People with lived experience of mental health problems agree that this theme is right and made the following additional inputs.

Increase in housing support and provider choice

Participants reiterated the need to increase housing support for people with mental health issues especially males, in order address the current housing difficulties they are experiencing or unmet housing needs. They also proposed increase in choice and more specialised and suitable accommodation for people according to their conditions or needs as a participant reported that "*someone without substance abuse issues but struggling with mental health can end up being moved to substance abuse housing".*

Additionally, participants stated that access to housing support can prevent mental health issues such as trauma and anxiety associated with lack of housing or poor housing as well as protect the mental health of children in affected families.

Destigmatising homelessness

Destigmatising homelessness was also proposed by participants who noted that *"homeless people are being stigmatised and cast as nuisance".*

Continuity of care

People with lived experience of mental health problems also reiterated the need for continuity of care which can include the use of technology such as Zoom or Skype calls to bridge distance when people in supported accommodation change locations.

Multi-agency working

Participants reiterated the need for multi-agency working between housing, mental health services and the NHS to deliver integrated care. A participant expressed that "*temporary accommodation is a stop gap, doesn't fulfil mental health needs and there was no support from NHS or social worker".*

Training of housing staff on mental health issues

Participants proposed training of housing staff on mental health issues to improve their knowledge, availability and location of mental health services to better support people with both housing needs and mental health problems. Some participants reported a lack of knowledge on mental health issues and services among housing staff.

Expansion of peer Support

Participants also reiterated the need for more peer support and recommended that the system invest and harness the value of peer support.

Continuous funding for voluntary sector organisations

Participants advocated for continuous funding for charities which they reported to be more helpful in terms of wellbeing and homelessness support.

Theme 4 – Mind the gap - gaps in pathways and people

People with lived experience of mental health problems agreed that this theme is right and made the following additional inputs.

Joined-up system

Participants reiterated the need for a joined-up system and consistency of support and services. They also recommended embedding mental health offer for people with neurodevelopmental disorder across all services. Additionally, they proposed that GPs are updated with the available and appropriate services for people with neurodiversity for correct or appropriate signposting.

Furthermore, participants also proposed no wrong door approach to access services as well as improvement in relationships and communication between services to prevent vulnerable people from being declined by a service after referral and waiting or experiencing long waiting times for referrals or access to services.

0 – 25 years mental health offer for young people

The need for extension of mental health offer for young people to the age of 25 was also reiterated by participants to minimise the difficulties currently experienced by 16–17 year-olds who are referred to children's services but transferred to adults services when they turn 18.

Increase in capacity of services to deliver timely support

Participants also proposed an urgent increase in the capacity of services to deliver timely support for people who need it. Reduction in waiting times to access support or services. "*We definitely don't want a 10months waiting list for a service when you are pregnant". "Waiting lists for children services are too long – 5 years".* "*Difficult to get a GP appointment and if you have mental health issues, you may just give up".*

Commissioning of whole pathways

Participants also reiterated the need for commissioning of whole pathways from prevention to care and support to improve clarity and seamless navigation between mental health services.

Long-term commissioning cycles

Long-term sustainable commissioning cycles was also recommended by participants to provide opportunity for consistent beneficial mental health support which can be more efficient use of resources.

Theme 5 – Complexity, conditions, life and services

People with lived experience of mental health issues agreed that this theme is right and made the following additional contributions.

Integration of physical and mental health

Participants reiterated the need for integration of physical and mental health care for people with multiple or complex needs such as neurodevelopmental disorders and mental health or physical and mental health. This should include availability of mental health practitioners in GP surgeries, granting GPs access to mental health records of patients and updated information on available suitable mental health services for appropriate signposting based on the specific needs of the individuals.

Additionally, participants proposed the provision of lead practitioners and support workers in mental health services and tackling stigma around mental health issues.

Multi-disciplinary working

Multi-disciplinary working between the NHS, social workers and social services was also recommended by participants to deliver integrated care for people with complex needs which should be followed through. This should include improved information sharing and communication between organisations or agencies. Adopting holistic care approach to mental health and wellbeing support.

Training of police workforce on mental health issues

Participants also proposed training for the police workforce on mental health conditions to be more understanding and empathetic when dealing with people with mental health conditions and minimise brutality.

Safeguarding for people with complex needs

People with complex needs are vulnerable to abuse. Participants recommended safeguarding to protect people with complex needs and older adults from exploitation or financial abuse.

In addition, they proposed allowing the voices of this population to be directly heard rather than through family members or carers.

Expansion of peer support

Participants also reiterated the need for peer support in GP practices for people with

complex needs. They suggested training of peer support workers and volunteers by CAPITAL to deliver this very crucial role for people in GP services.

Monitoring and feedback

Participants suggested that there should be monitoring of services and feedback from service users to check effectiveness, quality and identify areas for improvement to inform policy makers.

Provision of community-based hubs

Provision of community-based hubs led by specialist mental health practitioners was also recommended by people with lived experience of mental health issues to bridge the gaps experienced in GP services and mental health services.

18.5.5 Findings from semi-structured interviews with professionals: working-age Adults (25 – 65 years)

Four professionals were interviewed to identify the current needs related to mental health in West Sussex for working age adults. Thematic analysis was conducted and the findings are represented below.

What is working well in terms of mental health and wellbeing support in West Sussex for working age adults

Theme 1: Accessible and personalised mental health support

Individual level

Improved access to personalised mental health support

Professionals highlighted that the **profiling of mental health issues as distinct treatable conditions** for individuals is a significant progress. Mental health services can be accessed by adults through GPs, agency referrals and self-referrals. The Pathfinder Alliance provides a single point of access to a range of services to support adults including carers with their mental health and wellbeing. This improves access to mental health and wellbeing support for West Sussex residents as expressed by some professionals: "*I think the profile of mental health as a separate condition, which can be treated rather than something which you need to hideaway in a closet that's made a big difference". "The Pathfinder Alliance is a real strength in terms of support". "I do think we've got quite a good and vibrant, kind of lower end pathway if you like. So the VCSE sector I think is doing some really great work".* The strength-based approach was also highlighted to be working well in providing personalised support and empowering individuals to meet their needs and stay more independent using community-based resources or third sector resources.

Additionally, individuals in crisis can access support through the Crisis Cafes to de-escalate their conditions or situations, support their mental health or prevent mental health crisis as described by a professional: "*From a crisis perspective, the new well-being service, cafes,*

someone doing frontline assessments. It's been amazing to be able to say if you are really struggling out of hours not to just say to someone ring 999 or go to A&E but to be able to say there is somewhere that you can self-refer to and you can go and sit and you can have a different space to actually manage and regulate. That's amazing much more of that you know because actually if you're dysregulated and you're really struggling the worst possible place you could be right now is A&E isn't it on all basis".

Organisational/Service Level

Improved partnership working

Professionals reported that **partnership working** between clinical services and voluntary sector to support the mental health and wellbeing has improved the care experiences and access to appropriate support. This was explained by some professionals: *"What I think's working well is that the partnership between the voluntary sector and Sussex partnership, so the NHS and the voluntary sector, mental health services working together, and I think that's on the foundation of the Pathfinder West Sussex service".*

"There are clinicians embedded in the voluntary sector support, which means that If somebody's struggling, they've got what they call a protective intervention pathway. That means we can voluntarily get advice from the clinician about what they can do to help support someone and stabilise their mental health".

This alliance facilitates the ability of individuals to access higher or lower-level support with minimal barriers. Partnership working is also identified as a significant strength in the delivery of accommodation or housing for patients through the hospital discharge hub comprising of adult social care, mental health professionals, clinical staff and housing workers.

System Level

Improved information sharing

Information sharing between different organisations involved in the provision of mental health and wellbeing support are reported to have improved. This is achieved through information sharing agreements between services and access to specific information systems which improves the navigation between services for service users. Though a professional expressed challenges around accessing information on two different systems which includes Carenotes and Mosaic for social care:

"We have a patient record system or Carenotes, we're actually transferred to another product at the moment, but we've got a system whereby we have some arrangements with organisations, so we have NHS providers and non NHS providers who will access that system, we have specific information sharing agreements".

There is also a multidisciplinary team (MDT) programme known as proactive care which includes social care, mental health, GP and relevant services working together and sharing information to provide integrated care and support for individuals with complex needs.

Good multi-agency working

The establishment of the multi-agency triage hub (MATH) was reported to have improved access to the right and suitable mental health support for people. This was described to be a point where referrals received are triaged and sent to the appropriate service to minimise access to support barriers or wrong front doors for people seeking mental health support. Multi-agency working was also identified to be working well for suicide prevention responses and supporting people with multiple compound needs: "*So you know responses, suicide prevention for example if something happens actually I think we have quite a good system in place where people come together and try and learn and support those processes".*

"The bit that I've seen has had the biggest impact has been those navigator roles, so changing futures have the peer navigators, so people with lived experience can be referred to work with people, with multiple agencies to do some of that navigation work".

"We have multi agency triage hub (MATH). That's been a significant change. So that idea that someone will get referred in, but actually you know rather than bouncing off and saying no, you're not suitable for us, you're not suitable for us. You know, it's that having that one point where the referral comes in and … actually saying who's the most appropriate person for this referral so that it comes in once and then goes to the right place".

Multi-agency working through the **hospital discharge hub** comprising of adult social care professionals, mental health professionals, clinical professionals and housing workers was also reported to be working well in supporting patients through discharge from hospital and getting back into the community.

Challenges in terms of mental health and wellbeing support in West Sussex for working age adults

Theme 1: Resource Constraints

System Level

Limited Funding

Limited funding has been identified to be a significant barrier to the provision of long-term mental health support for West Sussex residents. Professionals expressed that short term funding puts beneficial and crucial mental health services and support at risk of ending and hinders staff retention as well as long-term innovations.

"You know that often people will have to apply for one year's funding, two years, sometimes it's three months' worth of funding you might get at the moment. And actually, those kinds of loops, they don't allow you to set up anything sustainable that can continue on. You've got no security as a provider, you can't then recruit staff and retain them".

Furthermore, professionals reported that a lack of funding also hinders the ability to increase the capacity of delivery of mental health support for people. These highlight the

need for sustained financial provision for mental health services particularly in view of the rising demand.

Capacity Limitations

Many mental health services are finding it increasingly difficult to meet the extremely high volume of demands for support due to **inadequate capacity**. This negatively impacts on the work experience of professionals and results in very long waiting times to access mental health support and services. This was highlighted by some professionals:

"I think services are struggling and this plays out across the entire pathway. Everybody feels stretched and feels that they are not able to achieve what they came in for. And I think there's a lot of moral injury amongst professionals about how to cope with the severe volume of demand".

Theme 2: Gaps in Pathways

System Level

Lack of clear or streamlined pathway

Lack of clear or streamlined pathway has been identified as a barrier to effectively supporting people to navigate through the system or between services. This consequently results in difficulty in accessing support or services, the deterioration of their mental health conditions and increase in complexity as expressed by a professional*: "I think nobody in this system understands what the pathway is and that has a fundamental impact on being able to, clearly support people to navigate it. So I think we've got lots of people who then by default, then become more unwell because they're not able to access what they need to and then we end up with more with more pronounced and complex needs".*

Difficulty in streamlining pathways was also identified to include possible resistance to culture change, resource constraints and increasing demand.

Theme 3: Housing and Accommodation

Organisational Level.

Gaps in partnership working

From housing perspective, there is a need for improvement in **collaborative and multidisciplinary working** to deliver integrated mental health care including housing support for patients. Many patients are reported to be experiencing difficulties in switching between multiple providers and having to retell their stories again: *"[we need to] have a mature partnership between healthcare and housing". "I think again, that challenge of people having to retell their stories, moving between multiple providers often comes up as an issue."*

System Level

Lack of targeted accommodation for patients with Neurodiversity and Complex Emotional Needs

Personalised and suitable accommodation for patients with neurodiversity or autism are identified to be largely unavailable. This cohort consequently receive inpatient care outside of the county. There is also limited availability of suitable accommodation support for younger adults with complex emotional needs such as personality disorder. This was explained by professionals*:*

"For people who are neurodivergent so particularly people who are autistic, these arrangements are often just not there and we're not able to source the right solutions for people going into the wrong types of provision and people are therefore, you know, sometimes delayed from a hospital discharge point of view or receiving inpatient care out of the county in some instances".

"I think there's something as well around what we're describing as our complex emotional needs cohort, so people who might have a diagnosis or a personality disorder. Adults with personality disorder are often picked up as potentially not fitting into existing provision".

Housing or accommodation is also identified to be a significant issue for people with multiple compound needs as remarked by a professional: "*So and in terms of multiple compound needs, housing is a huge issue".*

Mental health and Wellbeing Support Gaps for working age adults

Lack of targeted mental health support for people with neurodiversity: Tailored support for people with neurodiversity such as autism and ADHD is identified to be lacking or limited in West Sussex. This was described to be due to lack of resources and services that provide targeted support for this group of people. As expressed by a professional*: "There's a lack of targeted mental health support. I think the only ADHD group offer that I'm aware of in West Sussex runs three or four times a year… so there's a shortage in terms of ASD specific and ADHD specific support*". Difficulty in procuring support for adults with complex needs was also highlighted: "*The people we struggle to find support for are people who have got quite complex needs… a learning disability and a mental health need or they've got a mental health need and they're autistic".*

Gaps in integration of mental health services: The lack of link between substance misuse services and mental health services was reported to be a barrier for adults who require both category of services or support as described by a professional*: "The services are there, but I don't think they're linked up... I think there's a big gap there because mental health will say no, you need to sort out your substance use problems first and substance misuse will say the patient is not coming to us so we can't do anything about them".*

Service provision gaps: Professionals expressed difficulty in getting providers to provide targeted support for adults with specific mental health needs, these include adults with substance misuse issues who want to stop, people with mental health needs who have been charged with sexual offense, transgender people as some models of care are classed as male and female, mothers who have a mental health need with a young child who doesn't

meet the thresholds, adults who are self-harming as well as those with mental health needs who require wheelchair accessible properties.

Lack of early intervention for adults in the criminal justice system: Adults in the criminal justice system are identified to be most vulnerable to developing mental health conditions and often in need of mental health support. However, there is no early intervention offer for this population. There is a call for early intervention strategies to decrease the likelihood of drugs and alcohol misuse, criminal involvement and recidivism among this population. "*I think that the people in the criminal justice system are often the most vulnerable, and perhaps the most in need of mental health support, and there's enough evidence that things like complex emotional needs or personality disorders are very highly represented in that system."*

Lack of targeted support for LGBTQI+ communities: Findings from LGBTQI+ communities survey conducted in 2023 indicated a gap around targeted and peer support for people from those communities who currently have access to only general mental health support and expressed a preference for more targeted support which has limited availability. This was reported by a professional: *We've done some work with the LGBTQIA Plus community because there wasn't a specific support for them, and I suppose we wanted to understand what people kind of wanted, so we did a survey last year. And through that identified peer support was a bit of a gap"*.

Similarly, targeted support for people from ethnic minority communities was also found to be inadequate.

Support for Carers

Individual level

Available and accessible of targeted and personalised support for carers

Professionals stated that targeted and personalised support are available for carers through the Carers Support West Sussex service. Carers are identified through initial patient assessments or self -identification and referred to the carers service. A professional further explained that carers who have mental health needs can access support through the emotional wellbeing service through their GP practice or self-referral to the voluntary sector services:

"We do ask everybody if they're a carer as part of their initial assessment to understand any specific needs of support that they might need. And we do work with carers support West Sussex, so they've got a mental health carers lead".

Areas of improvement for mental health and wellbeing support for working age adults

Early intervention

Professionals acknowledged improvements in access to mental health support through the Community Mental Health Transformation Programme which is being implemented, however they recommended upstreaming of resources for community based lower level

support that is easily accessible to all residents to improve early intervention and prevent mental health difficulties or problems from reaching crisis point.

Integration of mental health and wellbeing services

Given the current the limitations on resources or funding, professionals advocated for improved integration of mental health services and multidisciplinary working including housing to improve effectiveness and efficiency and facilitate greater accessibility to all mental health and wellbeing support and services across West Sussex: "*Being more realistic because that's what we need to be at the moment and working more closely together. If we integrate the mental health support that's available in different services across West Sussex so they work together more seamlessly, that would improve the service within the financial situation that we find ourselves in and I believe that's what the Community mental health transformation is working towards".*

Development of whole pathway

There is a call for development of whole pathway for adults. The need for pathways to be reviewed, gaps addressed and developed into whole pathways was emphasised by some professionals. This was recommended to improve clarity, seamless navigation between mental health services and professionals as well as improve access to timely and appropriate mental health support and care experience of West Sussex residents:

"*I think bringing that whole coherent pathway together… that's not working is around some of the crisis and emergency care and joining that all up. So I think kind of a systems approach where you're joining that whole pathway together and people can move together much more fluidly".*

Similarly, **commissioning of neurodiversity services** which include diagnosis, post diagnostic support and provision of specialised training for professionals to provide appropriate and suitable support was recommended.

Suicide prevention

Provision of support for working age adults who experience difficult life events or social situations such as isolation as suicide prevention intervention was recommended by a professional as expressed: *The issue of men you know does come up but for me as a suicide prevention aspect. We are aware that's an issue for us to be thinking about, particularly those people with particular life events happening. So not just thinking about coexisting conditions, but the social situations. So you know relationship breakdowns, social isolation, all of those sort of social factors that sit alongside someone's mental health".*

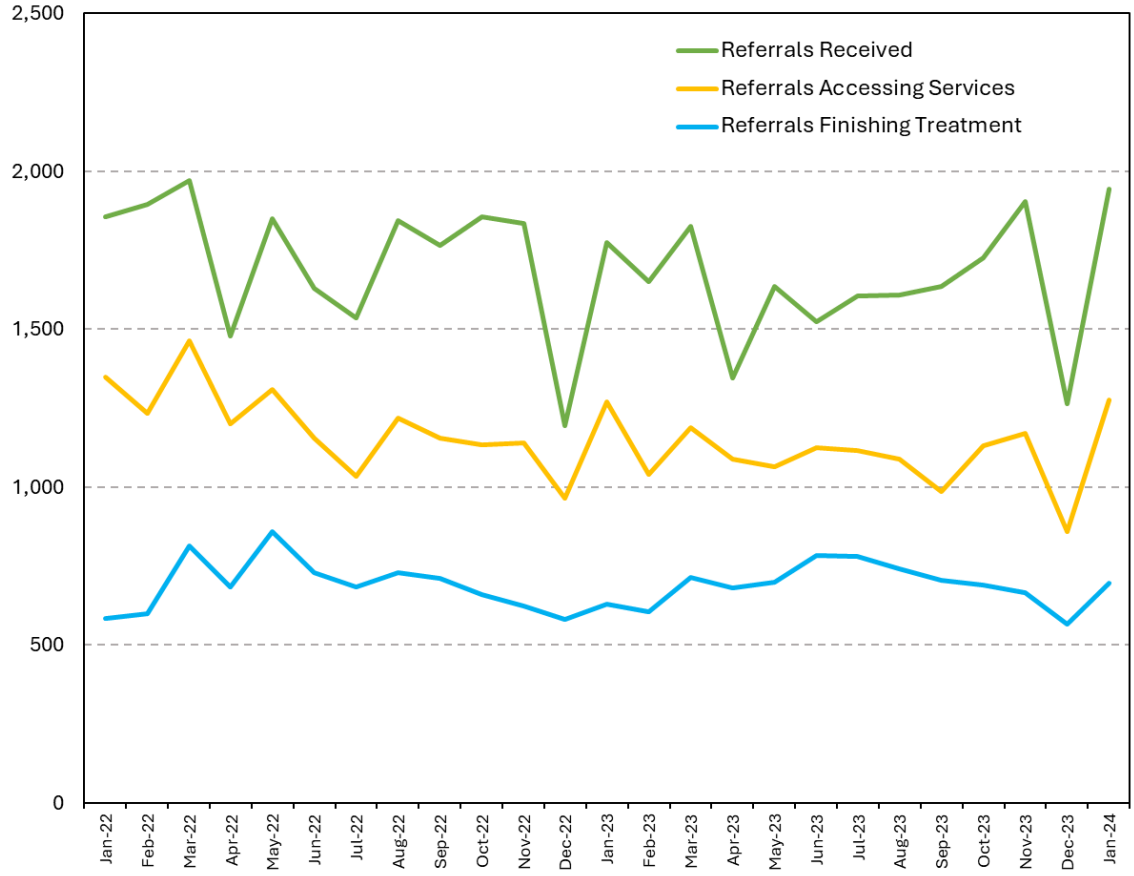
18.6 Activity, Quality and outcomes

18.6.1 NHS Talking Therapies

18.6.1.1 NHS Talking Therapies Referrals

In 2023 there were an average of 1,625 referrals a month to NHS Talking Therapies. On average 1,094 people accessed services, with 688 referrals finishing treatment each month. In January 2024 referrals received had increased to 1,945.

Figure 166 NHS Talking Therapies - Activity Levels

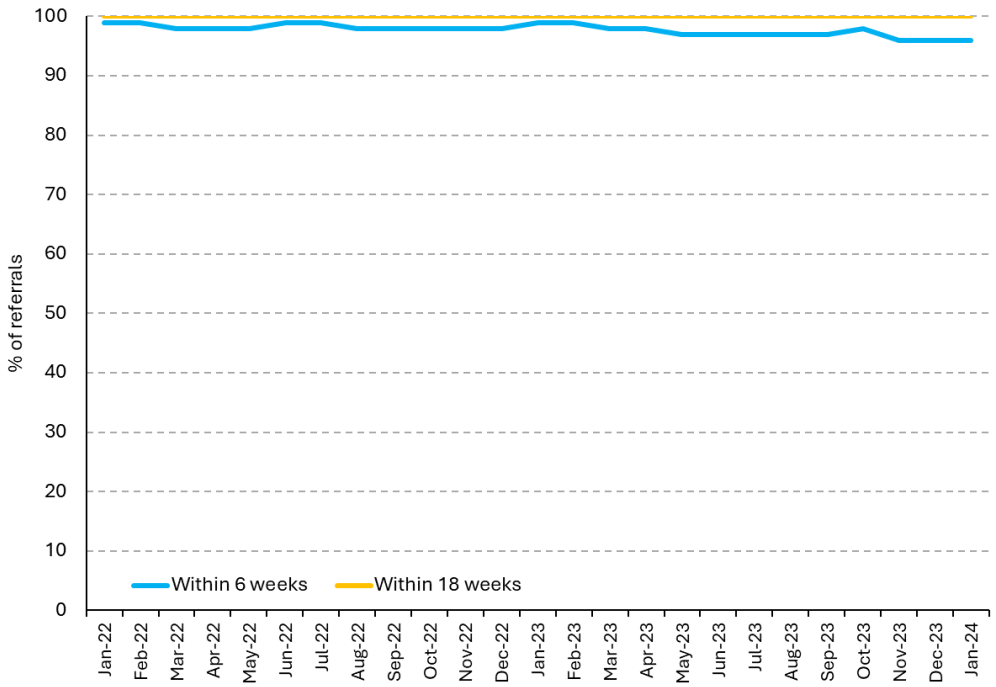


Source: NHS Digital

18.6.1.2 NHS Talking Therapies – Waiting Times

100% of referrals are within 18 weeks, over 95% within 6 weeks. These are at or higher than national service standards (75% of patients should have a first appointment within six weeks of referral / 95% should have a first appointment within 18 weeks of referral).

Figure 167 NHS Talking Therapies - Waiting Times



Source: NHS Digital

18.6.1.3 NHS Talking Therapies – Recovery Rates

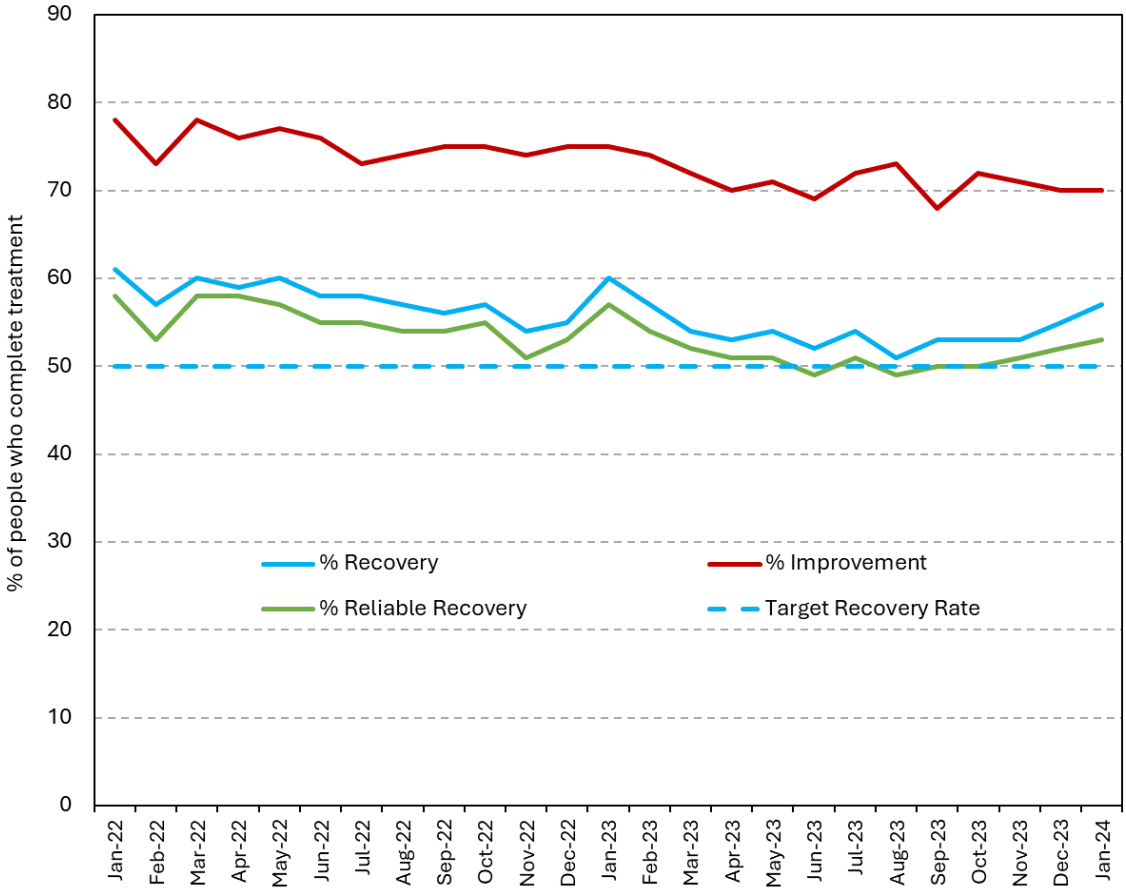
Recovery rates in West Sussex has remained above the national target of 48%. West Sussex remains amongst the top performing Talking Therapy services in England.

Recovery Rate – a person referred to NHS Talking Therapies has moved to recovery defined as a clinical case at the start of their treatment, no longer defined as a clinical case at the end of their treatment.

Reliable improvement – where there is a significant improvement in a condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition.

Reliable recovery - A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition.

Figure 168 NHS Talking Therapies - Recovery Rates



Source: NHS Digital

18.6.2 Pathfinder Alliance

The alliance comprises of a number of organisations working together to support people with mental health needs across West Sussex.

- BHT Sussex
- Capital Project Trust
- Mind in Brighton
- Rethink
- Richmond Fellowship
- Southdown Employment Support
- SPFT
- Stonepillow
- United Response
- West Sussex MIND

There are local hubs across the county (run by BHT Sussex, West Sussex MIND, Richmond Fellowship and United Response). Advocacy services, both community and inpatient advocacy – provided by Mind in Brighton & Hove. Inpatient support provided by CAPITAL Project Trust (Capital Peers Project). An Asian Mental Health Helpline provided by Rethink

Employment Support provided by Southdown Supported Employment. Support for people who are experiencing homelessness is provided by Stonepillow

SPFT also work within the Pathfinder Alliance, with clinical staff supporting the transition of people moving from inpatient, engaging with community- based provision and support within the Alliance. By working together organisations provide a comprehensive range of services and support, are able to signpost to appropriate services and ensure countywide coverage.

18.6.2.1 Scale of Activity 2023/24 Q4

The following information has been provided to give insight into the range of work undertaken by the Pathfinder Alliance and approximately scale of activity. It should be noted that data refer to one specific quarter (Q3, 2023/24), these have been included to provide scale but this can fluctuate.

Q3 2023/24 Data

- **Hubs** - there are over 1,400 service users across the hubs who have active support plans. In Q3 2023/24 there were 639 new referrals (information from each Hub is provided on the slide overleaf).
- **Community Advocacy** (Mind in Brighton) – 143 new cases in Q3 2023/24 with continued support for 25 cases. Approx half of cases from Crawley and Worthing. Majority of cases are via self-referral.
- **IMHA** (Mind in Brighton) – 83 new cases in Q3 2023/24, 122 cases being supported. Approx half of cases of residents from Crawley and Worthing, Most referrals are from hospital wards, followed by self-referrals.
- **Peer mentor programme** (Mind in Brighton) supporting 32 people in Q3, and 11 new mentees and 4 new mentors.
- **CAPITAL Peer Support** work in hospitals across West Sussex, in terms of the number of people supported in Q3 2023/24 - Langley Green, Crawley (126 people supported), Meadowfield Hospital, Worthing (70 people supported), and Oaklands, Chichester (36 people supported).
- **Rethink** – the call line received 51 calls in Q3 2023/24 (it is noted that as most of the calls are via mobile phones not possible to always locate caller)
- **Southdown Supported Employment**. 113 referrals to IPS noted as 36% higher than 2022/23, and an active caseload of 185 people. The Pathfinder Employment Service had 35 service users active to caseload in Q3 (noted as a high caseload for a IPS worker)
- **Stonepillow** – in Q3 there are 43 service users with mental illness/dual diagnosis supported (increase noted and related to increased staff induction and training)
- **Pathfinder clinical service** (SPFT) – 127 new referrals reported in Q3 (with quarterly average caseload of 20 people)
- **United Response** – Supported accommodation (active caseload reported at Q3 2023/24 of 21) and community support workers (active caseload of 117).

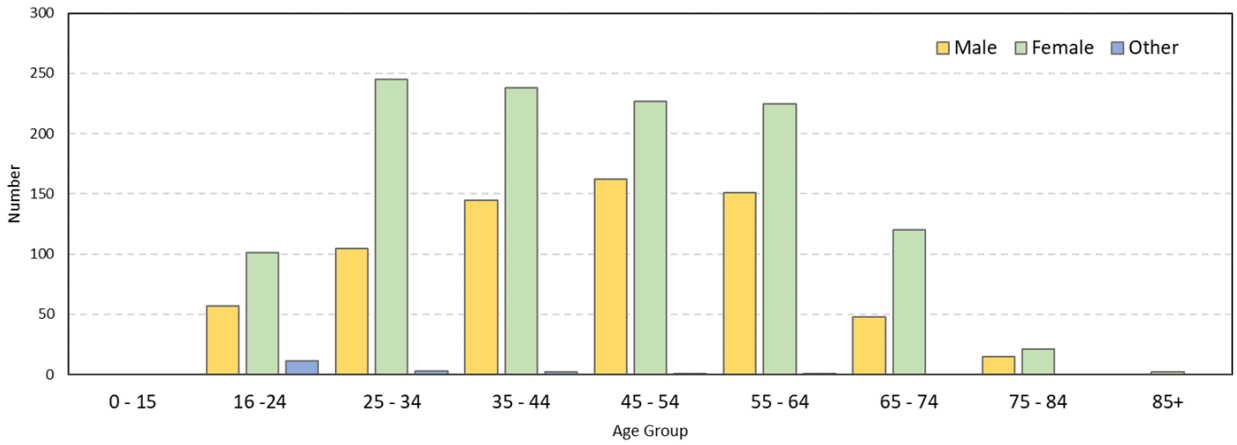
Figure 169 Pathfinder Hub Alliance Data Q3 2023/24

		Referrals Received	Personal Support Plans			First Contact	Service Users in Receipt of Active Support Plan	Duration
Hub	Provider	No of Referrals received / service users making contact with an Alliance Provider.	No of contacts leading to Personal Support Plan (PSP) Agreements	No of initial PSP / agreements set up.	No of PSPs/ agreements due for review in the reporting period	Total number of service users/carers First Contacts in relation to signposting/advice/ information.	Total number of service users/carers in receipt of an active personal support plan.	Average caseload duration in days
Adur	West Sussex MIND	51	57	57	50	109	227	186
Bognor	United Response	57	39	39	12	23	77	201
Chantonbury	West Sussex MIND	20	10	10	19	38	81	316
Chichester	Richmond Fellowship	84	44	44	50	133	135	247
Crawley	BHT	127	76	61	118	141	116	151
Horsham	Richmond Fellowship	75	47	47	92	297	92	231
Littlehampton	West Sussex MIND	50	40	40	51	141	202	244
Midhurst	West Sussex MIND	20	8	8	17	28	89	226
Mid Sussex	BHT	63	47	38	68	75	44	152
Worthing	West Sussex MIND	92	66	66	69	409	369	219
Total		**639**	**434**	**410**	**546**	**1,394**	1,432	**217**

Breakdown of Hub Users - The majority (over 63%) of Hub service users are women, and have a younger age profile compared with men. Of the 18 services users who identified neither as male or female all were aged under 35 years. Of the Hubs only Bognor reported more male than female users.

Excluding those who preferred not to provide an ethnic identity, 90% of male users, 91% of female users and 100% of those who identified as another gender identity were of a white background.

Figure 170 Age and Sex Profile of Hub Clients



18.6.3 Referrals to Secondary Mental Health Services

In December 2023 there were approximately 1,600 referrals of people aged U65 (18-65) to adult mental health services each month, with a further 800+ a month of 65+ year-olds. December referral numbers tend to be lower than most other months. Referrals of have increased by approx. 15%+ compared with pre pandemic levels. Under 65 referrals were already increasing pre pandemic, 65+ had been more stable.

18.6.4 NHS Health Reviews

18.6.4.1 Learning Disability

GPs undertake annual health checks for people registered with them who have learning disabilities and meet the eligibility criteria: that is for people aged 14 years or over and on the GP Practice learning disability health checks register.

A review[405] of health checks for people with a learning disability found they were effective in picking up unmet, unrecognised and potentially treatable conditions, including cancer, heart disease and dementia. Health checks also acted to target actions to address the needs identified.

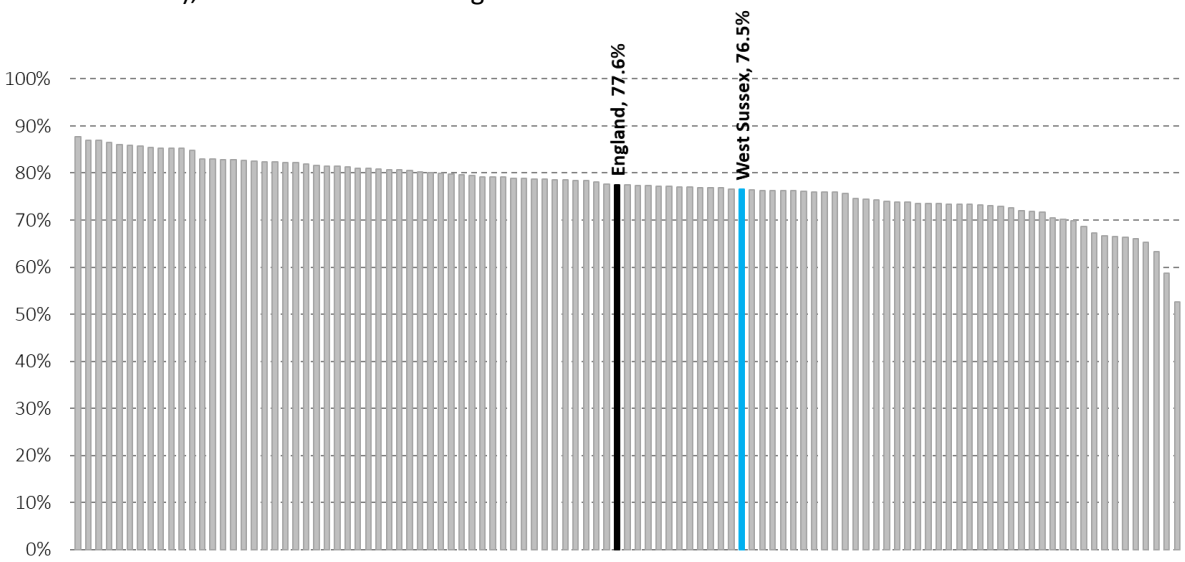
Figure 171 Health checks for people with learning disability. Data as of March 31st 2024

Total LD Register (age 14+)	Completed health checks	Health Checks Declined	Patients NOT had a health check	% Completed health checks	Completed Health Action Plans	% Completed Health Action Plans
5,131	3,926	379	826	76.5%	3,834	74.7%

Source: NHS Digital

76.5% of people aged 14+ on the GP Learning Disability registers in West Sussex had a health check, this is slightly lower (not significant) than the England overall value of 77.6%.

Figure 172 Percentage of Patients on Learning Disability Register – Completed Health Check (as of March 31 2024), All Sub ICB Areas in England



Source: NHS Digital

18.6.4.2 SMI Annual Reviews

Overall people with severe mental illness have poorer physical health and lower life expectancy.

One of the key challenges is access and use of healthcare, to enable early diagnosis of physical illness and conditions, support and maintain treatment and reduce crisis presentation.

Research[406] into the efficacy of annual reviews found that annual reviews were associated with:

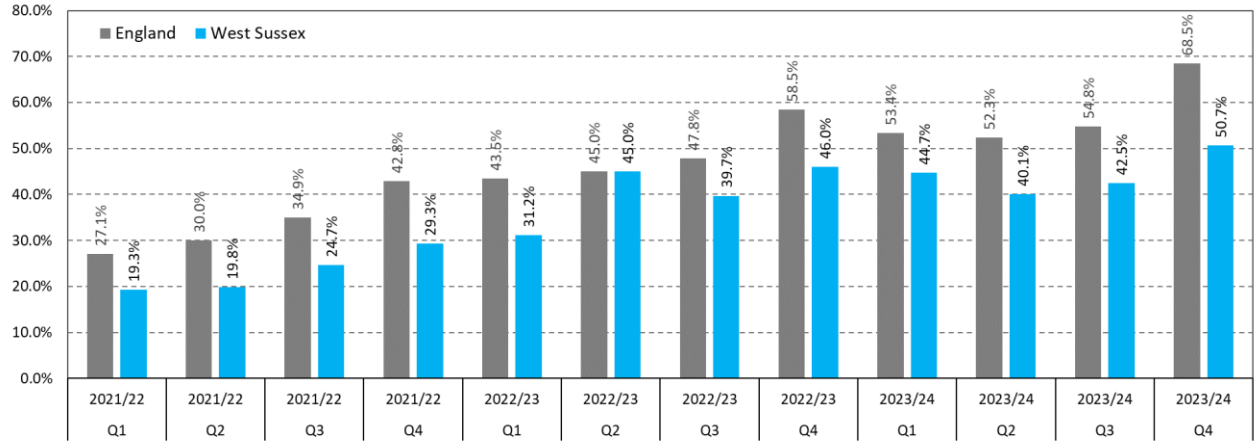
- A lower rate of A&E attendance (20% reduction)
- Reduced rate of serious mental illness admission (25% reduction)
- Reduced ambulatory care sensitive condition admission (24% reduction)
- and lower overall health-care costs

There are six core checks: alcohol consumption status; blood glucose or HbA1c test (as clinically appropriate); blood pressure; body mass index; lipid profile; and smoking status.

Physical health checks can be delivered in either primary or secondary care and can be undertaken more frequently depending on clinical need.

Overall, nationally and locally there has been an increase n the percentage of people on SMI registers having an annual review (complete review). In Q4 2023/24 50.7% of people in West Sussex, 68.5% people nationally had had an annual review in the previous 12 months.

Figure 173 Percentage of People on SMI Register having had a Complete Review in the Previous 12-month period



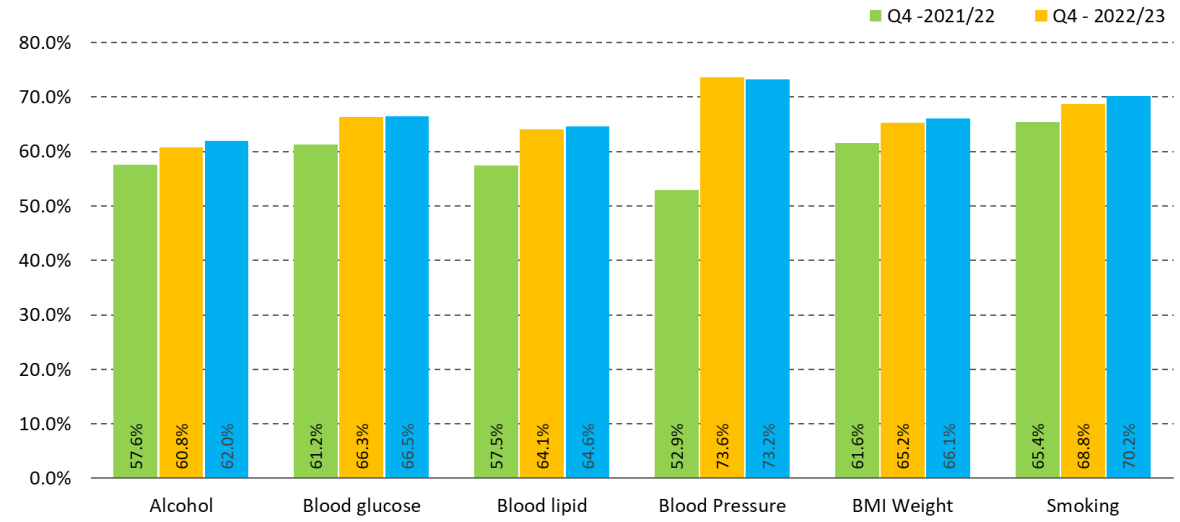
Source: NHS Digital

NHS Digital also publish the number of people who form the denominator for the take up rate of annual reviews compared with the overall SMI register.

Each year there will be people who, for various reasons, do not have a review, but this number has fallen considerably in West Sussex. In Q4 2023/24 there were 9,106 people on the register and 8,415 people in the review take up denominator (the denominator was 92.4% of the "expected" QOF denominator.

Blood pressure having been the test with the lowest completion in 2021/22 now has the highest completion rate of 73.2%. The lowest completion in Q4 2023/24 was alcohol consumption with 62.0%

Figure 174 Percentage of Patients Who Have Had Each of the 6-core physical assessments – West Sussex Quarter 4 in 2021/22, 2022/3 and 2023/4



Source: NHS Digital

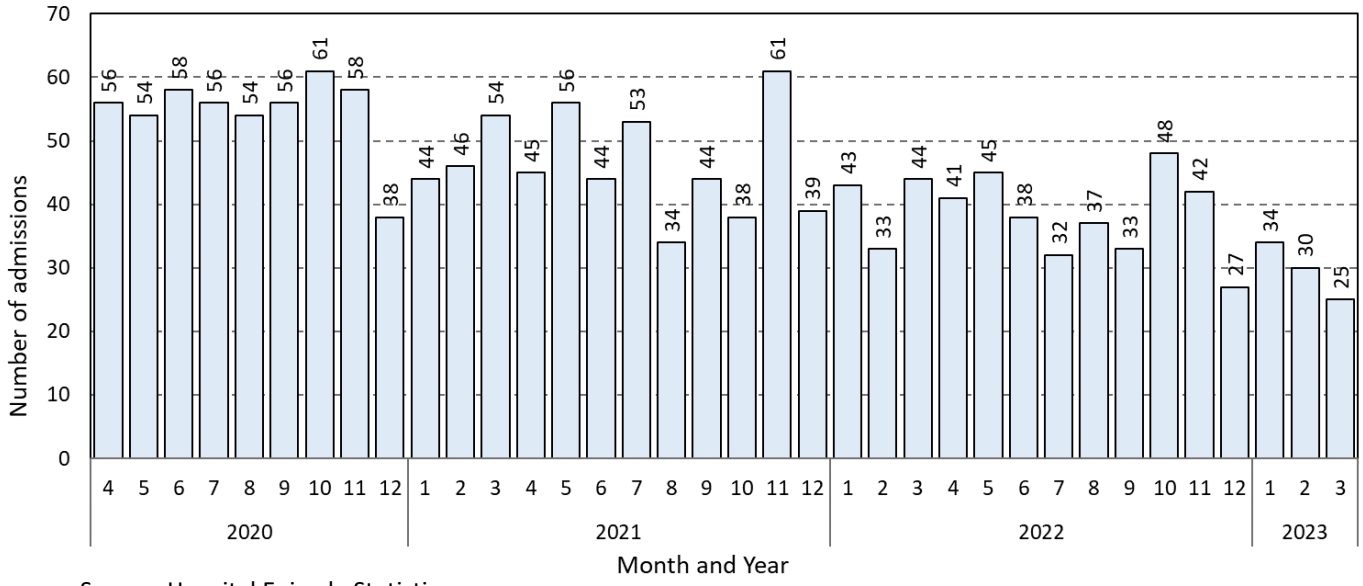
18.6.5 Unplanned Admissions to Hospital – West Sussex residents

A local high-level analysis of hospital admissions was undertaken. We looked at admissions where Sussex Partnership NHS Trust was the main provider (SPFT). Data were examined over three financial years (2020/21, 2021/22 and 2022/23).

18.6.5.1 Monthly admissions over last three years

Over the last three years the number of emergency admissions of West Sussex residents has declined.

Figure 175 Trend of unplanned emergency admissions where provider is SPFT, any primary diagnosis, all ages, West Sussex residents, 2020/21 - 2022/23



Source: Hospital Episode Statistics

18.6.5.2 Primary Diagnosis of Admission

For the following table, due to small numbers, data for the three year period 2020/21 to 2022/23 have been pooled.

For the vast majority of unplanned emergency admissions there is no primary diagnosis code on the dataset, almost 79% of emergency admissions have "unknown and unspecified causes of morbidity" as the primary diagnosis.

Figure 176 Primary diagnosis of unplanned emergency admissions where provider is SPFT, all ages, West Sussex residents, 2020/21 - 2022/23 (3 years pooled)

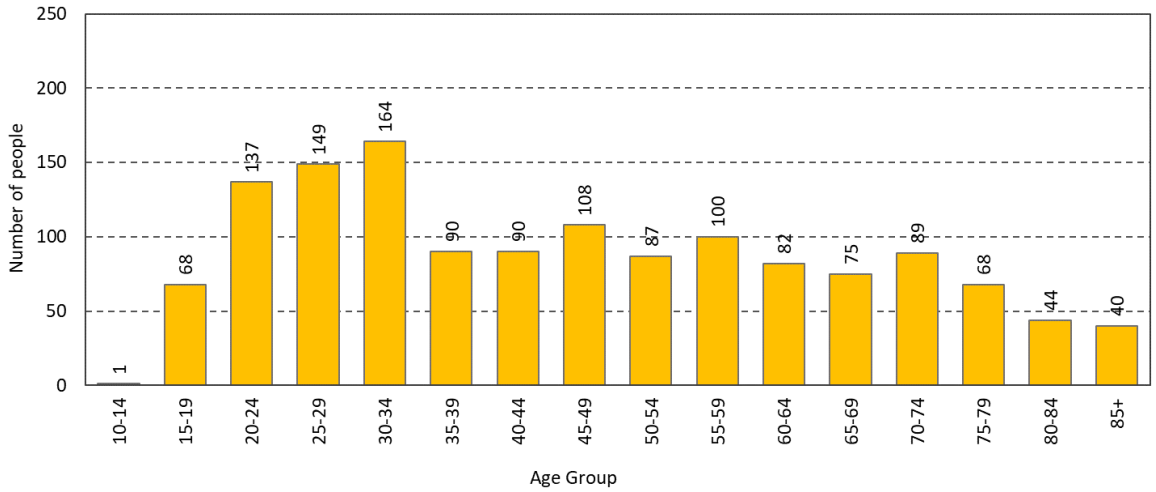
Primary diagnosis	Number of admissions	% of total NEL admissions
Unknown and unspecified causes of morbidity	1,261	78.8%
Specific personality disorders	86	5.4%
Schizophrenia	45	2.8%
Recurrent depressive disorder	32	2.0%
Bipolar affective disorder	29	1.8%
Depressive episode	24	1.5%
Reaction to severe stress and adjustment disorders	24	1.5%
Dementia in Alzheimer's disease	17	1.1%
Schizoaffective disorders	14	0.9%
Pervasive developmental disorders	11	0.7%
Mental and behavioural disorders due to use of alcohol	8	0.5%
Other anxiety disorders	8	0.5%
Unspecified nonorganic psychosis	8	0.5%
Manic episode	6	0.4%
Acute and transient psychotic disorders	5	0.3%
Persistent delusional disorders	5	0.3%

Source: Hospital Episode Statistics

18.6.5.3 Age Profile of People Admitted

In terms of people admitted broken down by five year age groups the highest number are of people in in their twenties and thirties.

Figure 177 Age profile of emergency admissions where provider is SPFT, any primary diagnosis, West Sussex residents, 2020/21 - 2022/23 (3 years pooled)



Source: Hospital Episode Statistics

18.6.6 Urgent and Emergency Care

There is a Sussex wide Mental Health and Urgent Care Improvement Plan. As part of this plan the following five key metrics are monitored closely against specific targets:

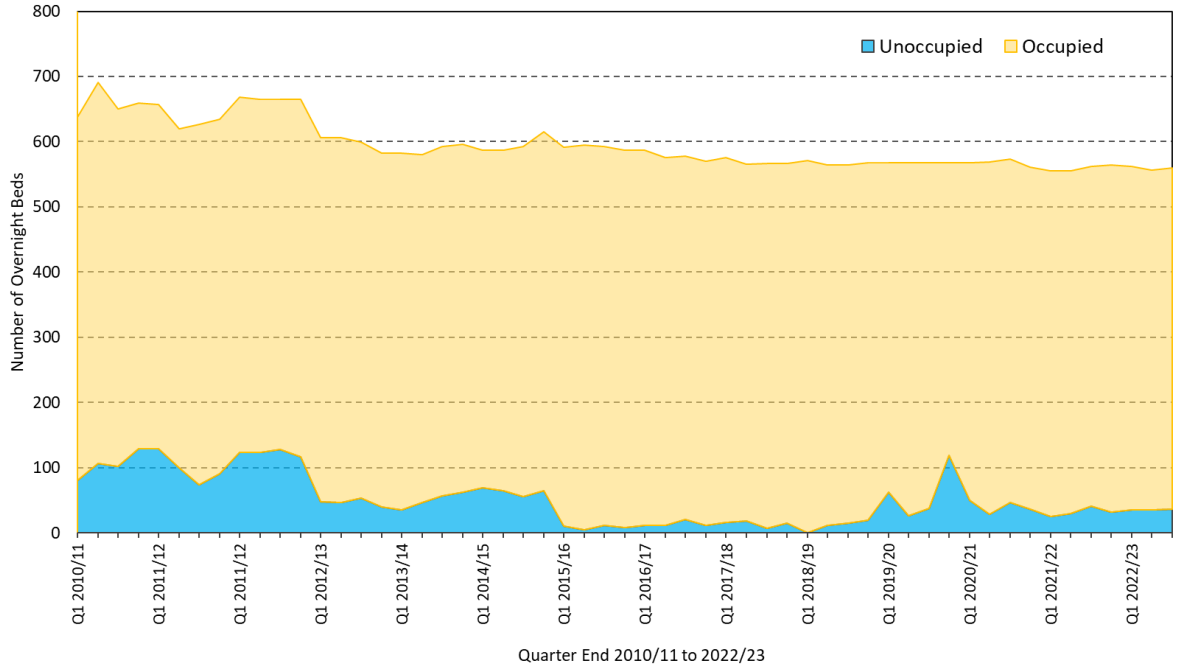
- Reducing mental health emergency department attendances
- Reducing the number of detentions under s136, and reduce number of s136s conveyed to an emergency department
- Eliminating 72 hour waits in an emergency departments for a mental health concern
- Reducing the average length of stay in a mental health bed
- Reducing the average time waited for a mental health bed

Of note data January 2024 show that the discharge from a mental health bed and the wait for a mental health bed of those requiring admission remain considerable challenges within the system.

18.6.7 Overnight Beds and Occupancy

Data are collected from NHS Trusts on a quarterly basis on the number and occupancy of beds. Data are collected on day and overnight beds, occupancy and by consultant main speciality. Data on mental health beds and occupancy of beds

Figure 178 Mental Health Beds and Occupancy Levels

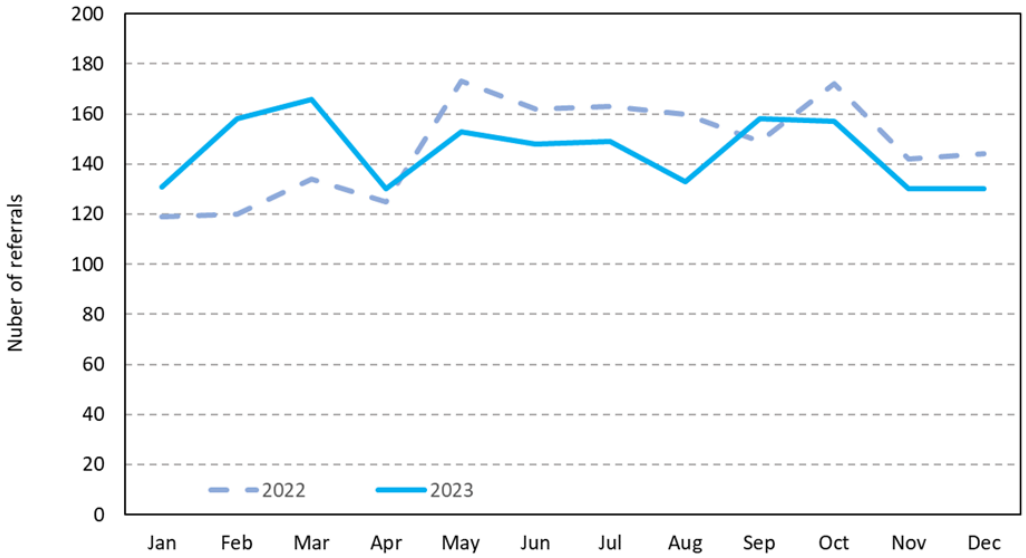


Source: NHS Digital (KHO3 data collection)

18.6.8 Mental Health Act – Approved Mental Health Professionals (AMHPs)

In 2023 there were 1,743 referrals, an average of 145 per month to West Sussex Approved Mental Health Professionals (AMHPs). In 2023 the highest proportion of referrals were from SPFT MH Unit (39%)

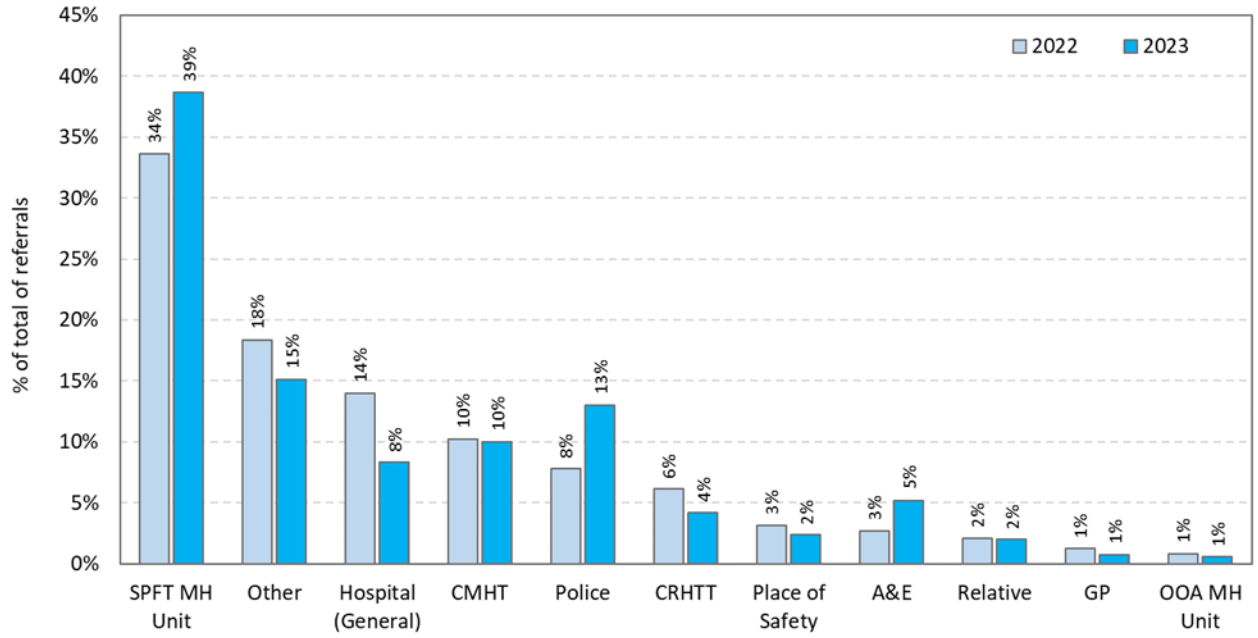
Figure 179 Month by Month Referrals AMPH 2022 and 2023



Source: WSCC

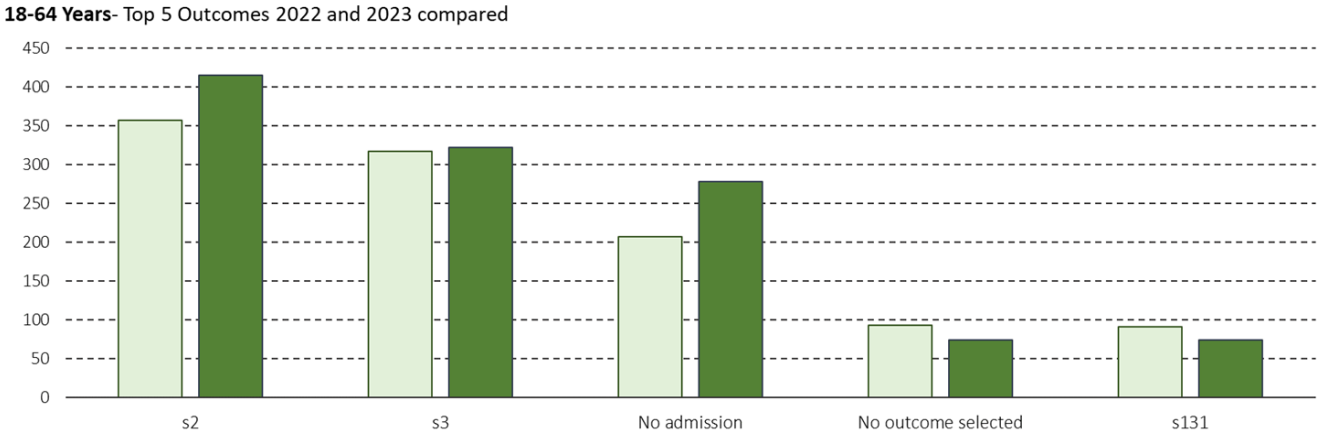
The largest number of referrals were from the mental health unit. Of note in comparing 2022 and 2023 a higher proportion of referrals came from SPFT MH units and the police.

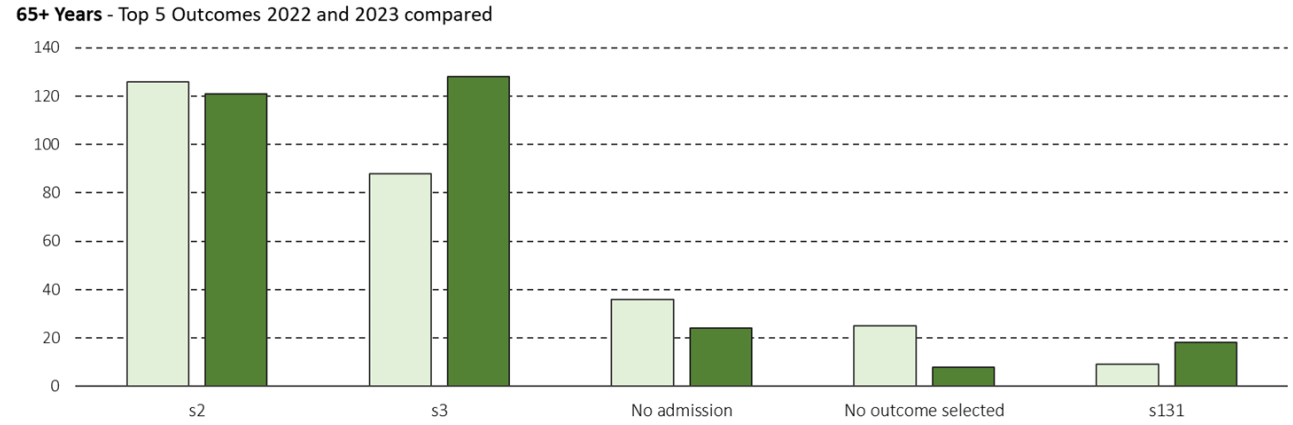
Figure 180 Referral Source 2022 and 2023



In terms of outcomes, for people aged 18-64 years, for whole calendar years 2022 and 2023, largest increases in s2 and no admission. For those aged 65 years+ there was a notable increase in s3 between 2022 and 2023.

Figure 181 Mental Health Act Assessments - Outcomes





18.6.9 Mental Health Beds – Occupied Beds and Delays – Under 65s

In December 2023 there were a total of 3,757 bed days of adults under the age of 65 years. Of these 1,137 were delayed, this is 30% of the total occupied bed days. Looking at the longer term, it is evident that overall occupied bed days have declined, but delayed bed days have increased. The increase in delayed bed days precedes the pandemic, reduced during the pandemic and have risen since.

In terms of the reason for delays, the monthly SPFT Integrated Performance Report (reported to SPFT Board of Director monthly meetings) have noted the continued challenge of a shortage of social care commissioned accommodation and care which can support complexity.

18.7 Outcomes

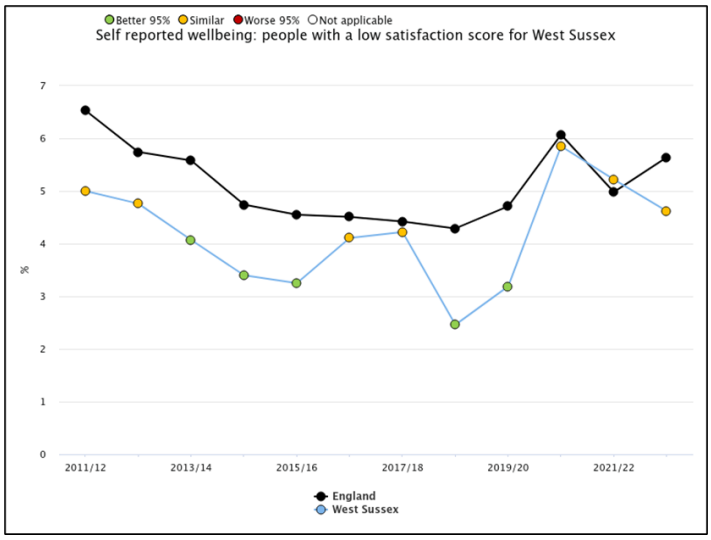
18.7.1 Overall Mental Health and Wellbeing of the Population

The Office for National Statistics (ONS) measure individual or subjective wellbeing based on four questions:

- Overall, how satisfied are you with your life nowadays?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?
- Overall, to what extent do you feel the things you do in your life are worthwhile?

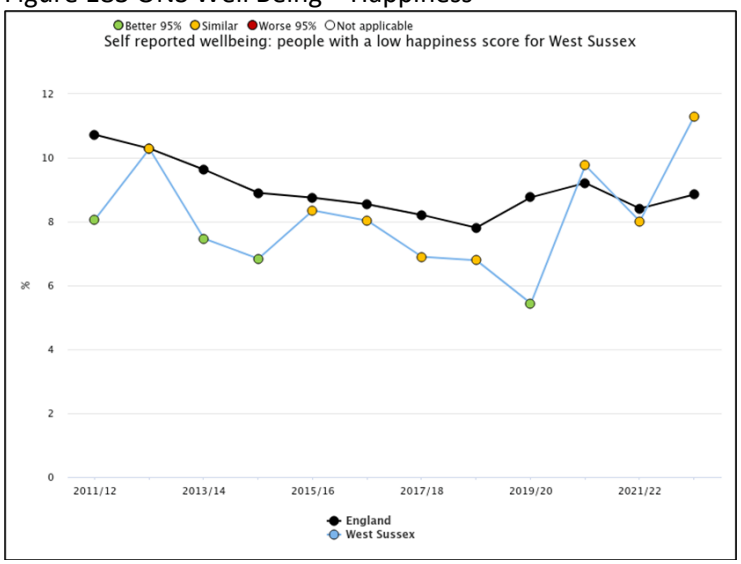
On life satisfaction - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low satisfaction score, this was an improvement on the previous 2 years. It is similar to the overall England %.

Figure 182 ONS Well Being - Life Satisfaction



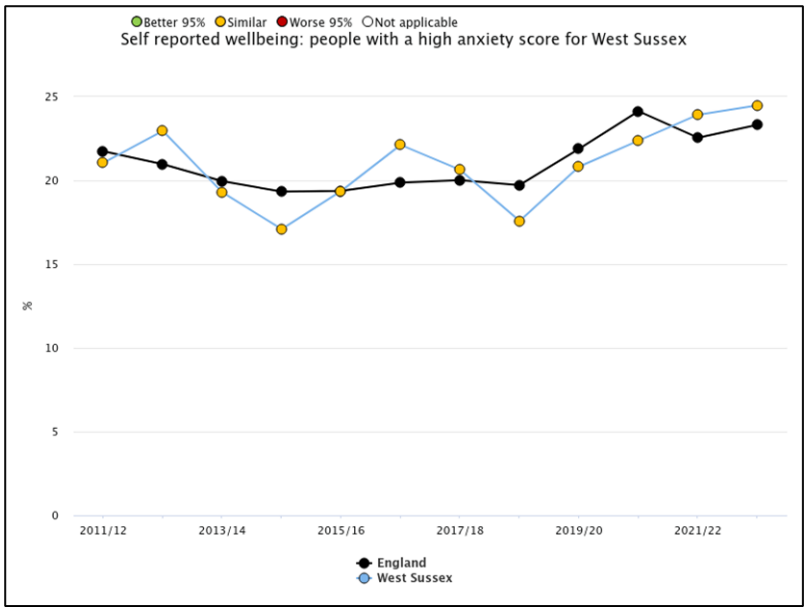
Happiness - In West Sussex, 11.3% of adults surveyed in 2022/23 had a low happiness score, this has been worsening in the last few years, it is similar to the overall England %.

Figure 183 ONS Well Being – Happiness



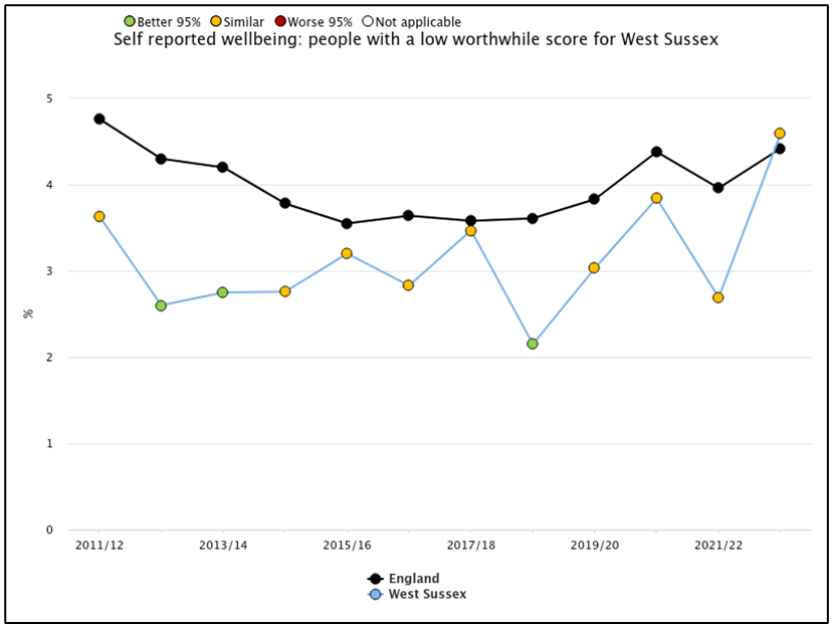
Anxiety - In West Sussex, the percentage of people with a high anxiety score has been increasing since 2019/20. In 2022/23, 24.5% of those surveyed had a high anxiety score, similar to the overall England %.

Figure 184 ONS Wellbeing - Anxiety



Worthwhile - In West Sussex, 4.6% of adults surveyed in 2022/23 had a low worthwhile score, similar to the overall England %.

Figure 185 ONS Wellbeing - Life is Worthwhile



18.7.2 Detentions Under the Mental Health Act 1983

In 2022/2023 there were 660 detentions in West Sussex (an estimated rate of 75 per 100,000). This is below the national rate of 87 per 100,000. Brighton & Hove and East Sussex have higher rates (117 and 98 respectively).

There has been some reduction in numbers in recent years, in 2021/22 there were 695 detentions (rate of 81 per 100,000), compared with 780 detentions (rate of 91 per 100,000) in2020/21.

18.7.3 Section 117 (as of March 2024)[xxiii]

There are approximately 1,400 people on the s117 register (approximately 35 under 18 years, 960 aged 18 to 64 years, and 410 people aged 65 years or over). Approximately 660 currently funded (480 aged 18 to 64 years, 180 65+ years).

[xxiii] For some who have been kept in hospital under the Mental Health Act free help and support is provided when they leave hospital. This is established under is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'.

18.7.4 Outcomes (OHID Profile) for People Living with Serious Mental Illness (SMI)

Figure 186 Outcomes profile for People Living with SMI

Better 95% Similar Worse 95% Not applicable

Recent trends: Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

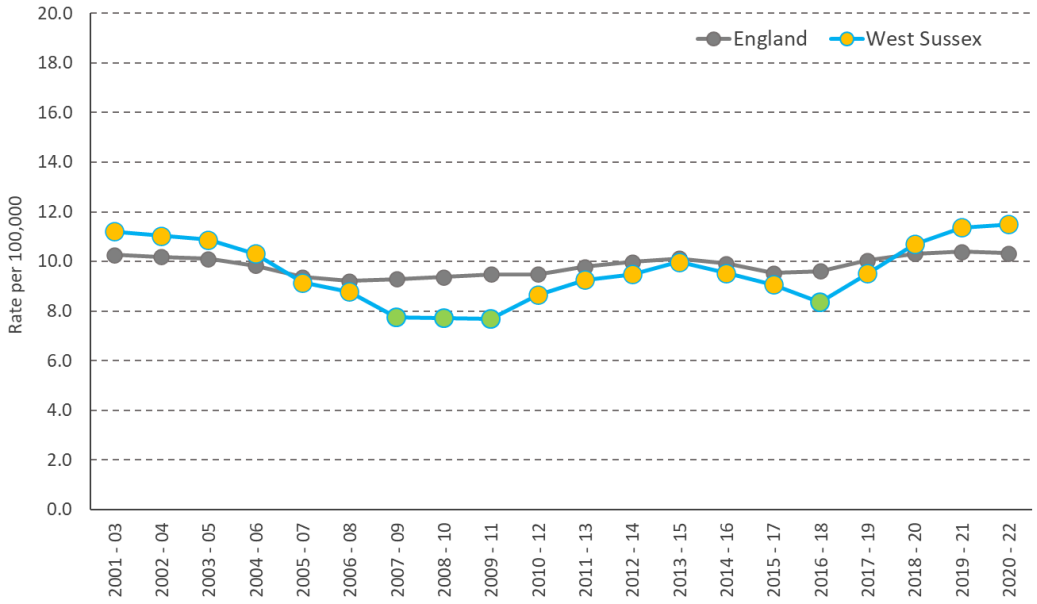
Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	W Sussex			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	–	-	72.0%	58.0%	5.0%		0%
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	2020/21	–	-	67.3	66.1	76.0		
Premature mortality due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	320	15.7	20.2	53.0		10.0
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	–	1,610	80.8	103.6	212.4		52.2
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2018 - 20	–	280	13.7	18.9	46.9		8.7
Premature mortality due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	115	6.1	7.6	21.0		3.0
Premature mortality due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	200	9.6	12.2	30.6		4.7
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 20	–	-	407.2%	389.9%	615.1%		
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	-	105.5%	125.8%	302.8%		%
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)	2018 - 20	–	-	322.0%	306.6%	548.6%		
Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	-	603.4%	550.2%	1,323.3%		7.6%
Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	-	804.4%	559.5%	998.2%		
Emergency Hospital Admissions for Intentional Self-Harm New data	2021/22	–	1,575	189.2	163.7	425.8		47.8
Suicide rate New data	2020 - 22	–	270	11.5	10.3	18.3		
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) New data	2021/22	–	-	19.6%	25.2%	37.6%		
Homelessness: households in temporary accommodation New data	2021/22	–	-	-	-	-		-
Homelessness: households owed a duty under the Homelessness Reduction Act New data	2021/22	–	-	-	-	-		-

18.7.5 Suicide

The mortality rate for suicide and injury undetermined has tended to be similar to England overall, in some years it has been significantly below the national rate (shown by markers shaded green in graphs below). In the 3 years of 2020-2022 there were 270 deaths.

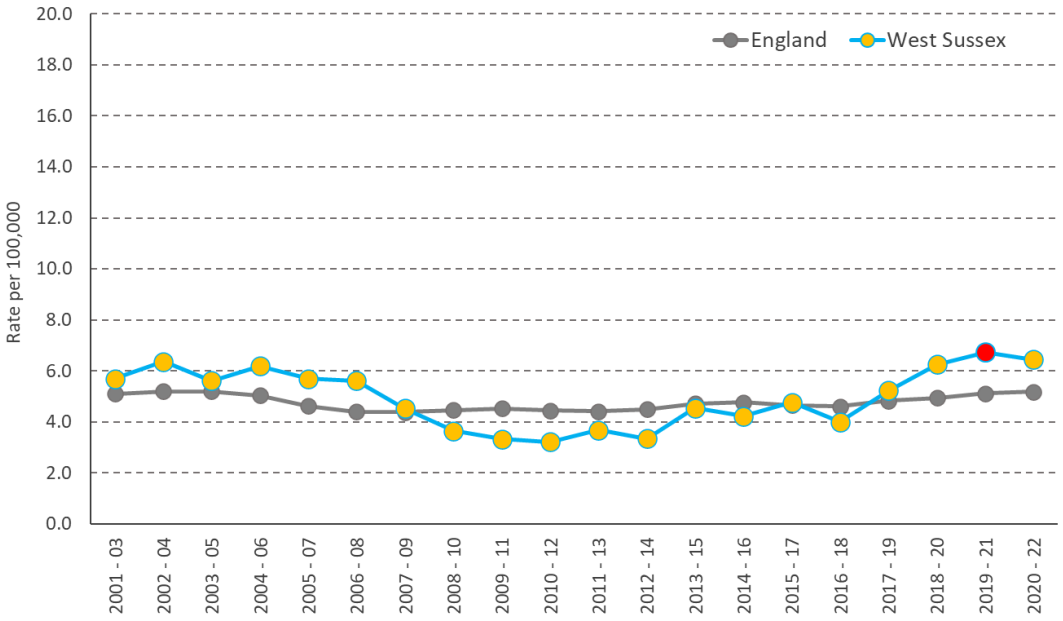
Figure 187 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (All People)



Source: OHID Fingertips Suicide Profile

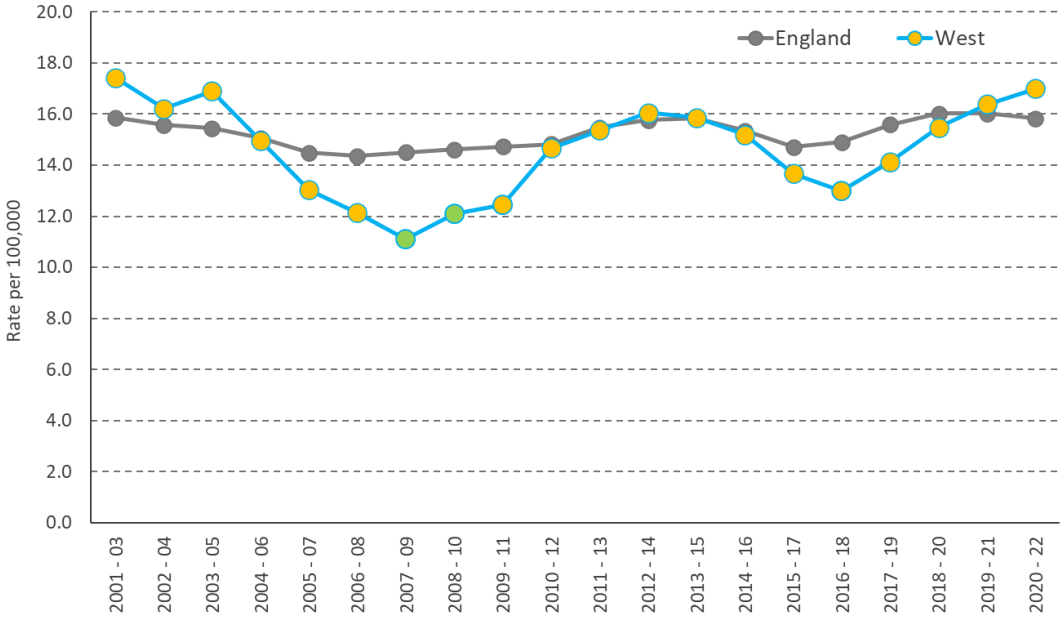
The male suicide rate locally and nationally is higher than that of women.

Figure 188 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (Female)



Source: OHID Fingertips Suicide Profile

Figure 189 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population pooled years 2001-2003 to 2020-2022 (Male)



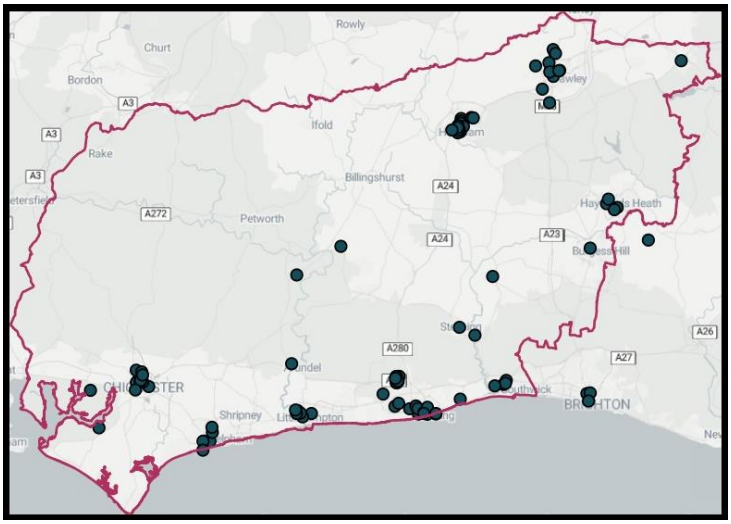
Source: OHID Fingertips Suicide Profile

18.8 What we know about the offer of support

There are a wide range of community services available for across West Sussex commissioned either by health, or jointly with the Local Authority. In addition, there are local charity and national offers. As well as the universal offer, those over 25 and up to 64 can access a number of sources of support.

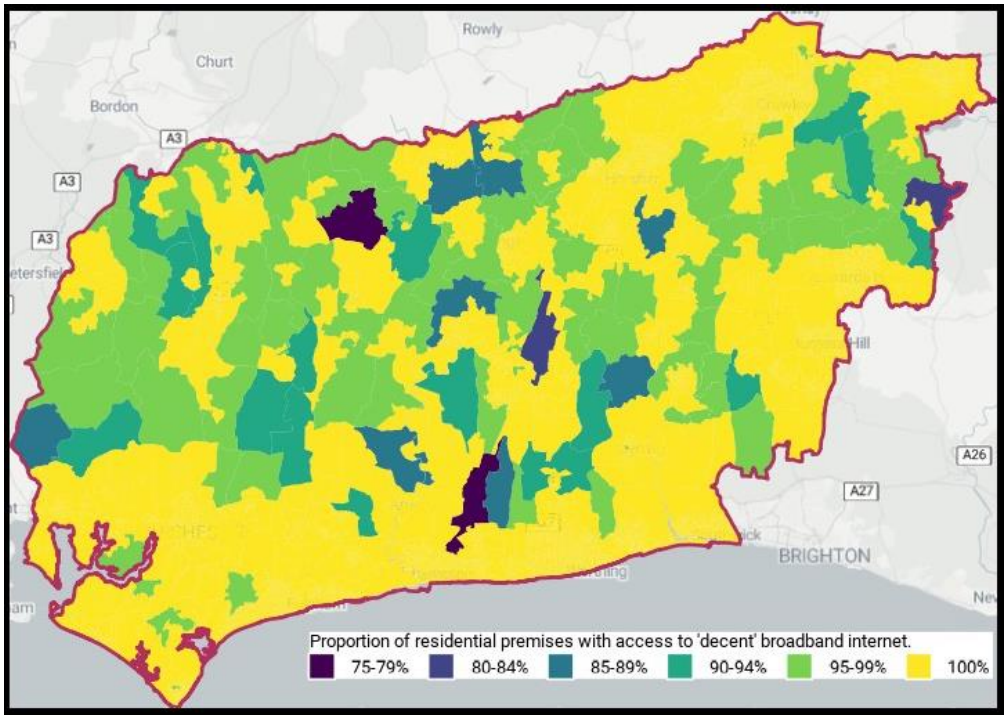
In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place based offers.

Figure 190 Place based services for working age adults



There are increasing number of online offers for working age people, and for those providing interventions such as video calling, a 'decent' internet speed may be needed. The following figure shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 191 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

18.8.1 Primary Care

GPs can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed.

18.8.2 Emotional Wellbeing Service - Primary Care Network Mental Health Team

Mental Health Practitioners and Mental Health Support Coordinators (part of the Pathfinder Alliance – see below) embedded into Primary Care Networks (PCNs) delivering triage, assessment and support for mental health needs within general practice.

Currently in place in all of the PCNs within West Sussex. Provided by Sussex Partnership NHS Foundation Trust and West Sussex MIND. Not all GP surgeries have this service through the EWS, but may have an alternative offer.

18.8.3 Pathfinder Alliance – West Sussex Mental Health Support Service

Pathfinder is an alliance of local community-based services working together to support residents with their mental health and emotional wellbeing. Services are delivered by an alliance of eleven organisations: BHT Sussex, CAPITAL Project Trust, West Sussex Mind, Mind in Brighton & Hove, Rethink Mental Illness, Richmond Fellowship, Southdown, Stonepillow, Sussex Partnership NHS Foundation Trust and United Response.

The alliance works together to strengthen, develop and integrate mental health support for different levels of need. Services include – but are not limited to - from peer support, activity based and social groups, emotional wellbeing advisors in GPs, access to therapies and clinical services, opportunities for co-production of services, a Staying Well crisis service, family support, employment and housing support. Each organisation works to tackle stigma and promote good mental health for our residents.

18.8.4 Talking interventions

NHS Talking Therapies – is available in person as an online course, on the telephone or by video.

Sussex Mental Health Helpline are available directly, with no need for referral and is for those who are in crisis. This is a 24/7 service. Samaritans are also a 24/7 service for those experiencing suicidal thoughts or need someone to talk to – via telephone or online.

Several community groups charities also provide talking and listening services, these are listed below in Appendix 5.

18.8.5 Housing

District and Brough councils have housing teams with mental health support embedded and Sussex Partnership Foundation Trust have a specialist housing offer.

18.8.6 Secondary and Specialist Mental Health Services

These are provided by Sussex Partnership Foundation Trust (SPFT).

Secondary mental health care is for those whose mental health needs are moderate to severe. These secondary services include: Assessment and treatment service, which is the entry point into specialist services, SPFT crisis resolution and home treatment teams (CRHTTs), Early Intervention in Psychosis Service (EIPS) for people who are experiencing their first episode of psychosis; Community Rehabilitation Service and SPFT Group Treatment offers support to adults with affective disorders and complex emotional difficulties.

There are a number of inpatient units across the county for people with dementia, learning disabilities, acute mental illness, support and recovery wards and secure inpatient units.

SPFT also provide specific specialist services including: Sussex Eating Disorder Service (SEDS), Tobacco Dependency, Neuromodulation Clinic, Operation Courage, The Complex Trauma service, Mental Health Dietitians, Psychological Service and SPFT Speech and language therapists.

SPFT also provide a Street Triage service in the former Coastal West Sussex and Crawley CCG geographies. This provides support to police with an immediate assessment of whether to hold a person under section 136 of the Mental Heath Act, and if not, where they might receive support they need. There is no physical health provision, and if any injuries are sustained, they are directed to A&E or a Minor Injuries Unit/Urgent Treatment Centre.

These services, and those above are listed and described in Appendix 5.

18.8.7 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at a county level as well as more local offers.

As well as universal services available for this age group, there are also a number of CVS and place-based organisations that provide support for mental health and emotional wellbeing for our working age residents. These include online as well as in person support. The Pathfinder Alliance a community offer, however, there are lower levels of support for those with mild mental health issues as well as services for those that care for people with mental health issues.

There are number of sources of support and information at the district and borough level such as emotional wellbeing activities for men, carers, people who identify as LGBT+ and social prescribing schemes. These are listed in Appendix 5.

There are number of free local activity groups and clubs for this in smaller communities across the county, run by community groups – many focusing on men, as well as sports clubs, churches, libraries and community and recreational hubs which connect with adults and provide opportunities for socialising and reduce isolation, which is essential for wellbeing.

There are also a number of national charities offering advice and support around issues which affect mental health and wellbeing such as bereavement, employment, stress, debt, addiction, neurodiversity, LGBT+, sleep issues, sexual and domestic abuse, pregnancy alcohol and substance misuse and others. These are predominantly online/app and telephone-based offers.

These are listed in Appendix 5**.**

18.8.8 Workplace offers

Formal support for metal health may exist in some larger employers, however, there is no single offer for workplaces. This makes understanding gaps in workplace based support challenging.

18.8.9 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, including adverse childhood experiences (ACEs), on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

18.8.10 What's working well

18.9 Working age adults 25-65 years mental health - What works for prevention

The mental health of people is influenced by factors such as personal history and social circumstances including housing, employment and education[407]. Preventive approaches are very crucial to improving the mental health and wellbeing of working adults to stop problems from developing, offering support to those who are more likely to develop mental health issues due to their characteristics and experiences as well as helping working age adults living with mental health problems to stay well and have a good quality of life. These approaches should cover both individual and community basis including work settings[408].

18.9.1 Universal Approach – Better mental health for all

This approach targets primary prevention or stopping mental health problems before they emerge. It was developed by the Faculty of Public Health in partnership with the Mental Health Foundation[409] and include the following actions:

- Provide mental health literacy training to frontline housing and advice workers to help individuals and families to secure and sustain appropriate accommodation, manage debt and maximise their incomes
- Using social media and other avenues to disseminate universal public mental health messages such as those promoted in 5 Ways to Wellbeing
- Mindfulness has a rapidly expanding evidence base and is increasingly popular in both people with mental health problems and risk factors and in general populations
- Promote body work that both exercises and stills the mind like Yoga and Tai Chi, which are increasingly popular and have a small evidence base to support their effectiveness
- Promote walking and exercise on prescription schemes, books on prescription schemes, social prescribing and wellbeing pledge programmes in primary care
- Promote the use of volunteering, such as timebanks, as a way of linking local people who share their time and skills, and enabling them to live well, improve their health and wellbeing, and link them to their community. Time banking can help lower the number of GP visits by removing the kind of visits that do not require medical attention

18.9.2 Targeted Approach

This is a secondary preventive approach and involves offering support to adults who are higher risk of developing mental health conditions or issues and empowering them to be in charge of their own health through self-help, self-referral, self-management and peer support. These also include the following actions:

- Increasing people's capacity to use psychological treatment methods. This can prevent the development of mental health problems, particularly if used during

periods of transition and pressure, such as redundancy, after birth or after a bereavement. Simple interventions and promoting available services such as cognitive behavioural therapy have been found to be successful with those at increased risk of mental health problems, such as those with long term conditions and those who are isolated

- Provision of bereavement counselling to those who are bereaved to help them cope with their loss and prevent their mental health from deteriorating
- Provision of relationship support
- Supporting unemployed working age adults into high quality work and ensuring that those who are unable to work have access to a reasonable standard of resources and are supported to lead fulfilling lives, moving towards employment as appropriate is also crucial to protecting their mental health
- Increasing mental health literacy, especially for people with limited financial and social resources, including vulnerable people such as older people, people with long term health conditions, refugees, people from Black and Minority Ethnic communities and people living with disabilities, to enable them to be actively involved in decisions about their health and wellbeing as well as reduce delays in help-seeking and access to appropriate treatment
- Provision of regular general physical health assessments and signposting to information and support that addresses diet, alcohol consumption, exercise, drug misuse and sleep to ensure that vulnerable people minimise some risk factors for poor mental health
- Access to smoking cessation, free dental and optical examinations, and flu vaccinations
- Inspection of services, facilities and resources to ensure they are accessible to those who need them are also very crucial to addressing barriers to accessing mental health services
- Ensuring that service navigators are available to support people with complex needs and advocate for them to have peer experience and be skilled in negotiating the access barriers experienced by minority groups
- Developing trauma informed care, particularly for those who have witnessed or experienced violence, abuse and/or severe neglect either in childhood or adulthood is also crucial to supporting their mental health and preventing it from reaching crisis point

18.9.3 Indicated Solutions or Tertiary Prevention

This is the third layer of prevention and involves supporting people who are already affected by mental health problems to reduce symptoms that can be disabling, limit complications of the illness, reduce the risk of relapse, and empower people experiencing problems to manage their own symptoms as much as possible[410].

18.9.4 Workplace Interventions

Work-related stress has been identified as one of the major mental health problems in working adults. The 'Thriving at Work' review which was commissioned by the government and published in 2017, set out a framework for set of actions or 'mental health core standards' for all organisations to promote and improve the mental health of people at work and reduce the number of people leaving work with mental health problems[411]. These actions include:

- Produce, implement and communicate a mental health at work plan that promotes good mental health for all employees and outlines available support for those who may need it
- Develop mental health awareness among employees by making information, tools and support accessible
- Encourage open conversations about mental health and the support available when employees are struggling, during the recruitment process and at regular intervals throughout employment, offer appropriate workplace adjustments to employees who require them
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development
- Promote effective people management through line managers and supervisors to ensure all employees have a regular conversation about their health and well-being with their line manager, supervisor or organisational leader and train and support line managers and supervisors in effective management practices
- Routinely monitor employee mental health and wellbeing by understanding available data, talking to employees, and understanding risk factors

The NICE Guideline for mental wellbeing at work also provides comprehensive and holistic guide on strategic approaches to improving mental wellbeing in the workplace, creating supportive work environment, external sources of support, organisation-wide approaches to mental health, training and support for managers, individual level approaches, approaches for employees who are at risk of poor mental health, organisational-level approaches for high-risk occupations, engaging with employees and local and regional strategies and plans.

18.10 Findings and areas for focus

Life Stage: Working age adults 25 to 65 YEARS

KEY POINTS

- Prevalence - National surveys relating to the mental health of adults are relatively old (2014); data from the 2023 APMS are due to be published in 2025. Applying national assumptions to the West Sussex population 17.0% of adults (approximately 119,890 people) are estimated to have a common mental health disorder.
- Information from the ONS Wellbeing Survey has shown that levels of anxiety amongst the general population have been increasing (approximately 1 in 4 adults having a higher anxiety score on the ONS Wellbeing Survey).
- In terms of prevalence of specific conditions, in West Sussex it is estimated that:
    - 71,070 adults with attention-deficit/hyperactivity disorder (ADHD)
    - 4,780 adults with autism
    - 184, 050 adults have experienced trauma during their lifetime
    - 13,130 people with bipolar disorder
    - 3,710 with a psychotic disorder
    - Expressed Demand
- In 2023 there were an average of 1,625 referrals a month to NHS Talking Therapies, this was approximately 100 a month lower than 2022. NHS Talking Therapies in West Sussex perform well on all remaining KPIs (including referral to 1st appointment, treatment wait and recovery rates).
- Pathfinder Hubs maintain a caseload of over 1,400.
- There are approximately 1,600 referrals of people aged U65 (18-65) to adult mental health services each month, with a further 800+ a month of 65+ year-olds. Referrals of have increased by approx. 15%+ compared with pre pandemic. U65 referrals were already increasing pre pandemic, 65+ had been more stable.
- The highest rates of secondary mental health hospital admission in West Sussex are ages 20-34.
- Inpatient - Under 65 - Looking at the longer term, overall occupied bed days have declined, but delayed bed days have increased. The increase in delayed bed days precedes the pandemic, reduced during the pandemic and has risen since.
- Urgent and Emergency Care – the Sussex Urgent and Emergency Care Plan sets out five objectives with associated metrics (Sussex wide). Of note - the data show that the discharge from MH beds and the wait for a MH bed of those requiring admission remain considerable challenges within the system.

High Level Overall Areas for focus

For all high level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus, no specific working age adults areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific working age adults areas for focus

- Keep what's working well including carers support, pathfinder service / function, suicide prevention multiagency working
- Review of access to early intervention support regarding trauma including peer support
- Waiting well and waiting safely measures and ongoing communication with those on waiting lists
- Workforce training on lower level support, trauma informed support, mental health first aid.

Area 3: Whole pathways and all people

Specific working age adults recommendation

- Development and delivery of a strategic plan for commissioning & provision building on what's working well, addressing challenges including gaps for targeted support: access to mental health support for those with substance misuse, people in the criminal justice system, people on sex offences register, mothers who have a mental health need with a young child but doesn't meet thresholds, transgender friendly models of care, adults who are self-harming, those who are care experienced, wheelchair accessible properties; tailored support for LGBTQ+ including peer support, eating disorder, earlier access to support for those not in crisis and neurodevelopmental disorder & gaps in essential support such as care tasks for those not registered to do so such as collect

Area 4: Accessible, flexible & personalised support

Specific working age adults years areas for focus

- Workforce training on, mental health first aid
- Review inpatient admissions across age cohorts, referral routes and pathways
- Day services to bring services together in one place, drop in facility with extended hours so people can access a service when they need it
- Step down support from A&E, linking with social prescribing

Area 5: Housing & accommodation

Specific working age adults years recommendation

- Increase access to mental health support for people experiencing homelessness

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

Specific working age adults years areas for focus

- Keep what's working well: Innovative service delivery models, dual diagnosis protocol, women's therapeutic house model and proactive care
- Trauma informed care system wide & compassionate approaches including communication methods by staff e.g. giving diagnoses, domestic abuse and victim support
- Development of gender informed approaches in MH and MCN services: women only space in the male dominated services; working with men due to higher risk of suicide in males; use the Hastings approach to gender inequalities through co-production.
- Development and adoption of a common assessment tool that will lead to better referrals

19 Older adults – aged 65 years or over (including dementia)

19.1 Introduction

Older age is generally considered to start at 65, the former state pension age, and this cut-off is used in this section unless otherwise specified.

The rate at which people age is influenced by the accumulation of lifelong experiences, and their past and present socio-economic circumstances. Changes in physical and mental capacity are only loosely associated with a person's age in years. Most older people are not depressed. Mental health problems in older people are as treatable as mental health problems in younger people[412].

Recent national research has found that on average older adults report greater resilience to chronic loneliness than younger age groups, but individuals who have experienced difficulties in making or maintaining healthy relationships earlier in life are more vulnerable to loneliness in later life, as are those who are bereaved, divorced or separated or have long-term health conditions.

From the Chief Medical Officer's (CMO) Annual Report 2023: Health in an Ageing Society[413] older age can be when the cumulative impacts of poor mental health and adversity throughout life are most evident. Mental health difficulties can manifest differently in older age. Symptoms can be less likely to be volunteered, detected, or treated and may be considered to be a normal part of ageing. Symptoms may be more often physical than emotional in older people.

The CMO report highlighted the following:

- Depression is the most common mental health condition in older people. One in four older people experience depression, but fewer than one in six seek help from their GP. Rates are higher among people living in care homes, with around four in ten residents experiencing depression. Depression is a risk factor for dementia

- Anxiety may affect between 10 and 20% of adults aged 65 years and over. Anxiety in older adults is most often seen in the context of a life-long history of anxiety, which the factors associated with ageing may have exacerbated. Anxiety can also be a presenting feature of dementia, depression, and physical illness
- It is uncommon to develop new onset severe mental illness in later life. Older adults with pre-existing bipolar disorder have different symptoms to those with late-onset disease. Schizophrenia developed after the age of 65 is more common among women and often presents with a different symptom profile to when developed at a younger age. Although only a small percentage of older adults will experience these serious mental illnesses, as a result of the ageing population the absolute number of older adults with these conditions will increase and comprise a larger proportion of all people with these diagnoses in the future
- Eating disorders occur in later life but can be unrecognised. Triggers for disordered eating in older age include life transitions, loss and trauma, bereavement and the onset or worsening of other health symptoms
- Suicide rates fall as people age, but then rise again in later old age, particularly in men. Self-harm is less common in later life but older adults who self-harm have increased suicidal intent and should be considered at high risk of suicide. Risk factors for suicide and self-harm in later life include: underlying psychiatric illness (particularly depression), a deterioration of physical health that impairs independence, chronic pain, and stressful life events such as loss, breakdown of relationships and serious financial problems. These can be compounded by feeling socially disconnected and the perception of being a burden to others

19.2 Prevalence

19.2.1 Older People with Common Mental Health Disorders

Figure 192 Prevalence of Common Mental Health Disorders 65+ Year-olds

Disorder	65-74 years	Applied to West Sussex Population 65-74 years	75+ year	Applied to West Sussex Population 75+	Total 65+
Generalised anxiety disorder	4.0	3,990	2.5	2,650	6,640
Depressive episode	2.1	2,095	1.3	1,375	3,470
Phobias	0.6	600	0.5	530	1,130
Obsessive compulsive disorder	0.3	300	0.3	320	620
Panic disorder	0.7	700	0.6	635	1,335
CMD-not specified	5.2	5,190	4.9	5,190	10,380
Any CMD	**11.5**	11,475	**8.8**	9,320	20,795

Source: APMS 2014 applied to MYE 2022

19.2.2 Dementia

The number of people living with dementia in West Sussex is increasing due to longer life expectancies and a demographic bulge of people moving into old age. A national study found that age-specific dementia incidence was declining 2002-10 but increased again 2010-19. People with low education had a lower decrease 2002-10 and a sharper increase 2010-19.

There are an estimated 14,800 people living with dementia in West Sussex, of these 1,840 are estimated to have sever dementia.

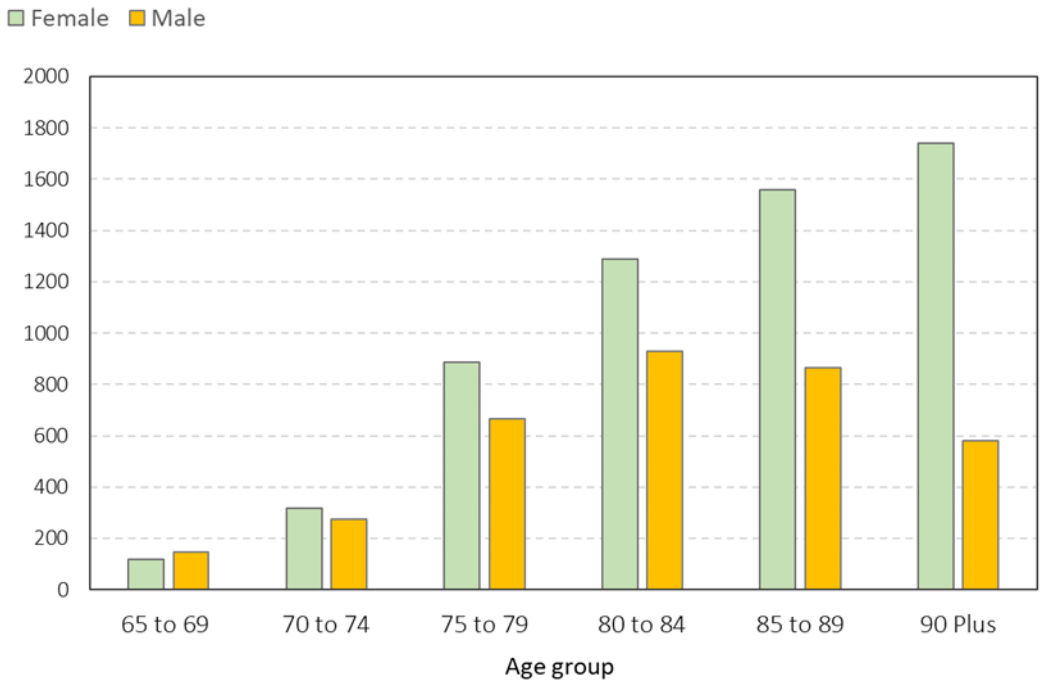
19.2.2.1 GP Dementia Register

As of January 2024, there were 9,365 West Sussex residents with a dementia diagnosis on GP registers:

- 4,845 recorded as Alzheimer's.
- 320 mixed type of dementia
- 3,415 other dementia type
- 815 vascular dementia

The majority were women, over the age of 80 years.

Figure 193 Recorded Dementia by Age and Sex



19.3 Factors that influence older adults aged 65 years and over mental health, dementia and Alcohol Related Brain Damage

19.3.1 Depression

Depression is one of the most common mental health conditions experienced by older adults. As part of this needs assessment a rapid review found the following risk factors relating to depression and older people:

- Visual impairment
- Chronic disease (where linked to impairment or pain)
- Mobility impairment
- Instrumental Activities of Daily Living impairment such as managing medication or driving
- Pain
- Sleep disturbance

In West Sussex there are poorer (higher) rates of preventable sight loss for macular degeneration, glaucoma and sight loss certifications, as show in the table below.

Figure 194 Rates of preventable sight loss in West Sussex, 2022/23

E12a - Preventable sight loss: age related macular degeneration (AMD) New data	2022/23	➡	241	117.1	105.6	208.7	
E12b - Preventable sight loss: glaucoma New data	2022/23	➡	116	23.1	13.5	35.9	
E12c - Preventable sight loss: diabetic eye disease New data	2022/23	➡	23	3.0	2.9	-	Insufficient number of values for a spine char
E12d - Preventable sight loss: sight loss certifications New data	2022/23	➡	497	55.7	42.0	101.8	

There is some evidence, but also contrary results across studies, for the following risk factors be associated with mental health challenges. For some factors such as smoking the direction of risk is likely to be bi-directional:

- Female gender (significant in the three UK longitudinal studies)
- Being aged 80+ (compared to 65-79 or similar younger age-brackets)
- Current smoker
- Low education
- Hearing loss
- Loneliness
- Being on a low income or living in a deprived area
- Loss of spouse
- Dual sensory impairment
- Living in a care home

The most consistent evidence for protective factors were:

- Good social / family support
- Physical activity
- Cognitive activity
- Good diet

19.3.2 Anxiety

Anxiety in older people is usually due to life-long factors, and development of anxiety in old-age is rare. Anxiety can be linked to dementia, depression, and physical illness[414]. There is significant overlap in the risk profiles for anxiety and depression. The impact of health conditions and impairments more commonly leads to depression rather than anxiety. One factor which was more likely to result in anxiety than depression is traumatic events[415].

19.3.3 Dementia

Twelve risk factors account for approximately 40% of dementias globally, meaning that 40% of cases could potentially be prevented if action is taken on these risk factors across the life course. Risk factors include the wider determinants of health, such as poor air quality, which can contribute to a decline in mental ability and possibly dementia in older people. Social isolation, hearing loss, smoking and a sedentary lifestyle are also risk factors. Other conditions, such as obesity, hypertension, diabetes and depression also put people at higher risk of dementia.

The national ambition is for two-thirds of people with dementia to have a formal diagnosis. In March 2020, the dementia diagnosis rate dropped below the national ambition for the first time in almost 4 years, reflecting the impact that the pandemic has had on memory assessment services and GP referrals into those services. We have committed to recover diagnosis rates to the national ambition of two-thirds.

The twelve modifiable risk factors which account for 40% of dementia risk[416] are listed below, in the period of life in which evidence is strongest that preventive measures can reduce risk. People tend to have more than one risk factor and some such as depression and social isolation interact. This interaction is accounted for in the percentage contribution to risk.

Figure 195 Risk factors for dementia by life course

Stage of life course	Risk factor	Contribution to risk for dementia
Early life	Less education	7.1%
Mid-life	Hearing loss	8.2%
	Traumatic Brain Injury	3.4%
	Hypertension	1.9%
	Alcohol >21 units/week	0.8%
	Obesity (BMI >30)	0.7%
Later life	Smoking	5.2%
	Depression	3.9%
	Social isolation	3.5%
	Physical inactivity	1.6%
	Diabetes	1.1%
	Air pollution	2.3%

19.3.4 Alcohol Related Brain Damage (ARBD)

Alcohol use and associated harm is increasing more among people between 65 and 74 in England. The ageing process makes people more susceptible and at risk of the physical and mental health harms caused by alcohol. For people who developed alcohol problems as older adults, this is usually associated with difficult life transitions such as retirement, bereavement, or loss of sense of purpose.

Prolonged excessive alcohol use is the main risk factor for ARBD. People may drink problematically because of traumatic brain injuries experienced earlier in life. As damage from drinking accumulates to the brain this can lead to further brain damage from falls, fights, fits and self-harm. Cognitive impairment can increase due to strokes and poor sleeping patterns[417]. ARBD is most common in men aged 50+ but also in increasing numbers of women aged 45+. Patients presenting to alcohol treatment services are at risk of thiamine deficiency and cognitive disfunction[418].

Women develop alcohol-related brain damage about 10 years earlier than men, and as a result of shorter drinking histories. Women are also more likely to have experienced brain injury from domestic violence.

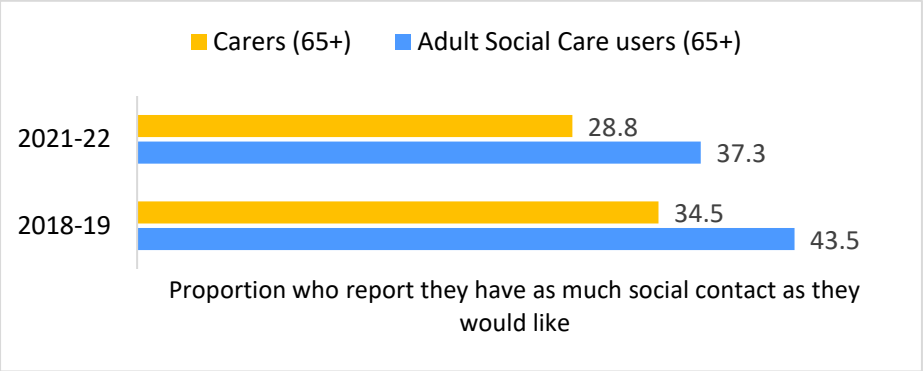
19.3.5 Loneliness

Predictors of loneliness did not change during the pandemic[419]. Being aged 65+ continued to predict greater resilience to chronic loneliness compared to all other age groups. While women over the age of 70 continued to report lower levels of loneliness than younger women, it appears they did experience a significant and enduring increase in self-reported loneliness during the 2 years of the pandemic[420]. Men aged 70+ did not report a significant increase during the pandemic. While it can be theorised, that men are less willing to admit feelings of loneliness, indirect measures of loneliness have not found men to have higher levels of loneliness than in the direct measures[421].

19.3.6 Social isolation

Social isolation is reported for two specific groups of older people in the Public Health Outcomes Framework: adult social care users (65+) and carers (65+)[422]. There were significant declines for both groups in the proportion reporting that they had as much social contact as they would like from 2018-19 to 2021-22. These had previously been stable, so the increase in social isolation for these two groups appears to have been prompted by the pandemic. Notably 65+ carers were not found to have increased loneliness[423], further illustrating the distinction between loneliness and social isolation.

Figure 196 Proportion (percentage) of over-65 carers and Adult Social Care users who report that they have as much social contact as they would like



Note: Figures are for England as sample size is sufficient to measure whether change is significant. Similar trend is reported for West Sussex.

19.4 National and Local Policies and Strategies

Key documents at national and local level are outlined below. Only those documents which make specific reference to older adults' mental health or dementia are included.

19.4.1 National Policies and Strategies

19.4.2 Major conditions strategy: case for change and our strategic framework [424]

Mental ill health and dementia are two of the six major conditions in the UK government's Major Conditions Strategy framework. The framework outlines how the government will address multimorbidity, which is most common in older people with a focus on:

- Rebalancing the health and care system, over time, towards a personalised approach to prevention through the management of risk factors
- Embedding early diagnosis and treatment delivery in the community
- Managing multiple conditions effectively - including embedding generalist and specialist skills within teams, organisations and individual clinicians
- Seeking much closer alignment and integration between physical and mental health services
- Shaping services and support around the lives of people, giving them greater choice and control where they need and want it and real clarity about their choices and next steps in their care

19.4.3 **Suicide prevention strategy for England 2023-29 (2023)** [425]

This strategy covers the following in terms of older people:

- The National Confidential Inquiry into Suicide and Mental Health is working to support integrated care systems (ICSs) across England to improve community-based services and care for older adults who self-harm

- Restrictions on older adult access to crisis services have been removed –everyone across England now has access to 24/7 mental health crisis services (including via open-access crisis lines)
- There has been significant expansion of open-access, community-based crisis teams for older adults

19.4.4 Tackling loneliness evidence review: main report, 2023

When the government launched its strategy to tackle loneliness in 2018, among the key recommendations were to gather more data about the causes of loneliness for different ages and groups, and effective ways to address and prevent it[426]. Some of these evidence gaps have now been filled[427] and are summarised below.

- Loneliness and social isolation are emotive topics, particularly when thinking of vulnerable older residents cut off from contact from the rest of society. However, by most measures, older people continue to have greater resilience to chronic loneliness than younger age groups both before and during the Covid-19 pandemic [428,429]
- This trend is reflected in the Public Health Outcomes Framework indicator on Loneliness[430] which shows some limited increase in reported loneliness in older age groups, but at lower levels and with smaller increases compared to younger age groups[431]
- Counterintuitively, those who live in denser urban areas report higher levels of chronic loneliness than those in rural areas in direct measures of loneliness[432]. However, when loneliness is measured indirectly, those in rural areas report higher rates of loneliness[433]
- Most subject experts advocate moving away from a focus on older people to a life-course approach which identifies those with specific vulnerabilities to loneliness, such as Adverse Childhood Experiences, or widowhood[434,435]

19.4.5 NHS Long Term Plan (2019) [436]

The plan makes the following commitments for older adults' mental health:

- Continue to expand access to IAPT services for older adults with common mental health problems, with a focus on those with long-term conditions
- New and integrated models of primary and community mental health care will support older adults with severe mental illnesses
- By 2023/24, new models of care, underpinned by improved information sharing, will give older adults greater choice and control over their care, and support them to live well in their communities
- A 24/7 community-based mental health crisis response for older adults is available across England by 2020/21

- In the next ten years a single point of access and timely, universal mental health crisis care for everyone. This will include post-crisis support for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves
- Suicide bereavement support for families and staff working in mental health crisis services in every area of the country
- Improving the care we provide to people with dementia and delirium, whether they are in hospital or at home. Enhanced community multidisciplinary teams and the application of the NHS Comprehensive Model of Personal Care. Working closely with the voluntary sector, including supporting the Alzheimer's Society to extend its Dementia Connect programme which offers a range of advice and support for people following a dementia diagnosis
- Continuing to support general hospitals, which all now have mental health liaison services, with an aim of 70% meeting the 'core 24' standard for older adults by 2023 to 2024. All should seek to meet this standard where not yet achieved

19.4.6 COVID-19 mental health and wellbeing recovery action plan, UK Government[437]

This action plan includes a strategy to support the wellbeing of older offenders which prioritises appropriate prison environments, purposeful and rehabilitative regimes, access to health and care services equivalent to those within the community, and preparation for release.

£58 million will be used to accelerate the roll-out of the community mental health framework to treat adults and older adults with serious mental illness.

Bringing forward the expansion of integrated primary and secondary care for adults and older adults with serious mental illness.

19.4.7 DHSC UK clinical guidelines for alcohol treatment: core elements of alcohol treatment[438]

These guidelines cover Alcohol-Related Brain Damage (ARBD): Onward care after being discharged from hospital and responsibility for onward care and assessment should be agreed with the appropriate teams as part of standard pathways for memory impairment. Patients with ARBD should not be excluded from these.

Physical health and mental health assessment, and screening for alcohol related brain damage as part of a comprehensive assessment, are particularly important for older people. They are at higher risk of alcohol-related and other physical and mental health problems, including alcohol related brain damage.

19.4.8 National Dementia Strategy: Living Well with Dementia

This strategy was published in February 2009, and provides a strategic framework within which local services can deliver quality improvements to dementia services and address

health inequalities relating to dementia; provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services; and provide a guide to the content of high-quality services for dementia. The strategy aims to ensure that significant improvements are made to dementia services across three key areas which include the following:

- Improved awareness
- Earlier diagnosis and intervention
- Higher quality of care

19.4.9 Prime Minister's Challenge on Dementia 2020: Implementation Plan

This plan was published in March 2016 and builds on the vital progress made under the previous challenge launched in 2012[439]. It set out more than 50 specific commitments, across four core themes of risk reduction, health and care, awareness and social action, and research, that together will make England the world-leader in dementia care, research, and awareness by 2020. This plan sought to:

- Transform our approach to risk reduction using the NHS Health Check programme to educate more people earlier about the risks of developing dementia, and the steps they could take to reduce those risks
- Build on the outstanding work in health and care that has seen the dementia diagnosis rate reach above two-thirds nationally
- Increase dementia awareness and social action through increase in the total number of Dementia Friends to at least 2.5 million, on track towards a goal of 4 million by 2020 and establish at least 100 more Dementia Friendly Communities
- Continue government funding for dementia research backed my wider investors to accelerate progress towards disease modifying therapy, and ultimately a cure by 2025
- Establish a new Dementia Research Institute that puts the UK at the forefront of the global effort and offer more opportunities to participate in dementia research

19.4.10 OHID Dementia Guidance: Applying All Our Health

This guidance is a part of 'All Our Health' and was updated in February 2022[440]. It contains information that will help frontline health and care staff to use their trusted relationships with individuals, families, and communities to promote the benefits of focusing on dementia and support the implementation of NHS England's Well Pathway for dementia which covers the following areas:

- Preventing well: Advising people that their risk of developing dementia can be reduced by looking after their health and communicating what is good for the brain
- Diagnosing well: Timely accurate diagnosis, care plan and review within the first year
- Living well: Supporting people with dementia to live well through promoting holistic health messages and a range of activities tailored to their preferences to promote wellbeing

- Supporting well: Access to safe high-quality health and social care for people with dementia and their carers
- Dying well: Ensuring that people with dementia die with dignity in the place of their choosing

19.4.11 NICE Guideline for Dementia

This guideline was published in June 2018,[441] and aims to improve care by developing recommendations on training staff and helping carers to support people living with dementia. It covers diagnosing and manging dementia including Alzheimer's disease and provides recommendations on the following:

- Involving people with dementia in decisions about their care
- Assessment and diagnosis
- Interventions to promote cognition, independence and wellbeing
- Pharmacological interventions
- Managing non-cognitive symptoms
- Supporting carers
- Staff training and education

19.5 Local policies and strategies

Passages from the following documents relating to older people and dementia are summarised below.

19.5.1 West Sussex Joint Health and Wellbeing Strategy 2019 – 2024[442]

Three of the four goals in the West Sussex Joint Health and Wellbeing Strategy relate directly to mental health.

- Fewer older people feel lonely or socially isolated
- Older adults stay healthier, happier and independent for longer
- People receive good quality end of life care and have a good death

The fourth goal, to reduce the number of older people who have falls also has an indirect relationship to mental health, as depression is a risk factor for falls. The risk to carers of loneliness and mental health problems is also highlighted.

19.5.2 West Sussex County Council Plan 2021 - 2025[443]

- Dementia – in partnership with NHS Sussex, districts and boroughs and the Voluntary and Community Sector (VCS), we will combine efforts to ensure the right accommodation and support is available for people to live independently, including support to carers.

19.5.3 Sussex Integrated Care System strategy and delivery plan (2023 – 2028)[444]

This aims to:

- Increase the number of adults and older people supported by the community mental health team.
- Work to increase dementia diagnosis through schemes such as the locally commissioned services in Primary Care.
- Agree and formalise a dementia model and strategy for each place, that is consistent and meets national best practice with the implementation of locally commissioned Primary Care services to support diagnostic rates. The memory services will offer a clearer and timelier assessment and diagnostic service that will support the existing pre and post diagnostic support for people with dementia. It will also support wider system strategies.

19.5.4 West Sussex suicide prevention framework and action plan 2023 -2027

The Framework and Action plan covers the following:

- Family and friend carers have a higher-than-average risk of suicide.
- Risk factors for suicide including alcohol and substance misuse, domestic abuse, homelessness and neurodivergence are all present in older age groups.
- Delivery of support for older people focused on tackling social isolation, increasing access to advice and information.
- Provision for bereavement support for those bereaved and affected by a suicide.

19.5.5 Joint Carers Strategy 2021-26[445]

The majority of carers in West Sussex are aged under 65, but older people who are carers more commonly provide 50 or more hours per week of care, which is often more than younger carers [446].

West Sussex County Council and the NHS produced a joint strategy that sets out six priorities to guide the future development of carer support practice up to 2026:

- Carers will benefit from greater recognition and support.
- We will better target resources to support carers at each stage of the caring journey in order to prevent carer breakdown and enable best care.
- We will ensure that more adult carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.
- We will continue to identify and support carers from vulnerable communities.
- We will try and limit financial hardship as a result of caring.
- We will limit carer and young carer isolation.

19.5.6 The West Sussex Joint Dementia Strategy (2020 - 2023)[447] and rapid review (2023)

The West Sussex Joint Dementia Strategy 2020-23 was developed through a partnership between the NHS, local authorities, and the community voluntary sector to address gaps in the Dementia Well pathway. The NHS provided funding to implement the strategy. A rapid review of the strategy in 2023 identified the following areas of progress, challenges and remaining gaps.

19.5.6.1 Progress

The inclusion of people living with dementia in developing the strategy was identified as a strength by several stakeholders. Partnership working across health, social care and the voluntary sector was strong and enabled important work.

The strategy drove improvements to the pathway for minority groups. There was significant progress for people with learning disabilities with the whole Dementia Well pathway funded on a recurring basis. Training was embedded for health and care staff on LGBTQ+. Some engagement took place with gypsies and travellers, and prisoners. Several projects and services sought to engage South Asian residents with some success.

Some valuable projects which were identified through the strategy working group have been sustained beyond the initial funding period, including short respite breaks for carers, the bilingual memory navigator service, training for health and care staff in managing distressed behaviour, travel buddies and the dementia minorities forum.

19.5.6.2 Challenges

Given the three-year time frame and challenges such as Covid-19, not every aspect of the Dementia Well pathway was improved for each minority group identified in the strategy goals. The objectives on diagnosis and post-diagnostic support for people with Alcohol Related Brain Damage, specified in the strategy goals, have not been completed. Post-diagnostic support for young-onset dementia was challenging as younger people living with dementia often have work or caring responsibilities that make it difficult for them to access services traditionally designed for older residents.

While there has been progress in engaging South Asian communities in Crawley, identified as a strategic priority across several parts of the strategy, this did not always translate to residents with dementia or their carers accessing all the services available.

19.5.6.3 Gaps

Primary prevention was referenced in the strategy but was not a focus of the delivery plan. While some risks are addressed by existing services there was limited additional work in response to the goals in the 2020-23 strategy.

‘Early intervention and ongoing support for hearing and sight loss’ was a goal in the strategy to slow cognitive decline in people with Mild Cognitive Impairment or Dementia, but work in this area was limited.

19.6 Voice: coproduction, engagement, focus groups and interviews

Older Adults (65+ years)

19.6.1 Key Findings from semi-structured interviews with professionals: 65+ years including dementia

Four professionals were interviewed to identify the current needs related to mental health in West Sussex for older adults and those with dementia. Thematic analysis was conducted, and the findings are represented below.

What is working well in terms of mental health and wellbeing support in West Sussex for older adults

Theme 1: Specialist mental health support

Individual level

Improved access to specialist mental health support

Specialist mental health support including a crisis team specifically for older adults is available to provide personalised care that meet the needs of older adults and those with dementia. This was reported to be working effectively in supporting the mental health and wellbeing as explained: "*what's working well is about three to four years ago we took older adults back under an older adult umbrella, so they were mixed in with adults and what was happening was their voice wasn't being heard, so we know that an older adult will not shout up like a younger person will, so they were quite often not being seen, felt they didn't meet criteria because they were so quiet and not seen".* This ensures that older adults have access to mental health services that is appropriate and suitable for them.

Furthermore, organisations such as the SPFT, GPs and mental health teams facilitate access to the specialist older people's mental health services for service users through referrals.

Organisational/Service Level

Improved access to service user information

Organisations are able to access service user information through GP notes and NHS system and social care via a Shared Care Records system. This helps to minimise barriers to timely support for older adults. *We rely on what the GP sends us. We do have access to a system called Plexus which has a lot of information on… our staff can (also) go into Mosaic and see if they're open to social care.*

Theme 2: Optimal partnership working

System Level

Effective partnership working

Good long-term multi-agency working between adult services and NHS mental health trusts have been identified as a strength in delivering mental health services for older adults. The establishment of mental health discharge hub which comprises of adult services, secondary

mental health, housing, and social workers was described to foster stronger partnership and multidisciplinary working to support adults exiting psychiatric hospitals. *"The older people's service has been working in partnership with our health colleagues in SPFT. It's quite a well-established long-term partnership working arrangements, so we've got good relationships with older people's services in West Sussex".*

"I think one of the really good things is about the collaboration between adult services and the mental health trust. Because we've got quite good relationships with the teams that provide services for older people".

Theme 3: Carers Support

Individual level

Available targeted and personalised support for carers

Personalised support is available and delivered to carers of older adults or those with dementia based on their identified needs through Carers Support West Sussex or directly by some service providers as explained: *If we're working with somebody, then we will obviously work with the carer as well. So what we're doing is trying to support them, to care for the person and we'll look at in a roundabout way. We'll be looking at what their needs are, what support they need. Do they need some respite? Do they need advice and information about something? Can we give them ideas about how to look after their person? Can we do anything for them? that comes included in the work that they that we do for the person that's got the mental health condition".*

Challenges in terms of mental health and wellbeing support in West Sussex for older adults

Theme 1: Lack of targeted support for older adults with multiple and complex needs.

System level

Difficulty in the provision of targeted support for older adults with multiple and complex needs

Professionals expressed difficulty in getting and providing appropriate and suitable support for older adults with multiple and complex needs such as mental health and frailty needs, dementia and physical needs, alcohol related dementia or alcohol related brain injury, substance misuse and alcohol misuse issues. This was reported to be due lack of specialised skills and resources to support these cohorts as well as availability of the specialised services in the market:

"*It's often difficult to get good support in place of people with both complex mental health and frailty needs. Older people with dementia that also have physical health needs as well. That can be quite difficult to make sure that they've got the right support".*

"And some of it comes from we're seeing a much higher rate of people coming to us that are over the age of 65 with substance misuse or alcohol misuse, that's gone up in the last few years. And so and that's really difficult to support".

Theme 2: Gaps in adult services

System level

Lack of recognition and consideration of the mental health needs of older adult

Professionals working in mental health support provision for older adults identified gaps in adult services. The mental health needs of older adults need to be considered within the design and implementation of adults (without upper age limit) mental health services. If the needs of older adults are not incorporated when establishing new services or service developments such as personality disorder, this can result in unsuitable mental health services for older adults and health inequalities.

Theme 3: Lack of integration of physical and mental health services

System level

Lack of integration of physical and mental health support

Many older adults are experiencing both physical and mental health issues or comorbidities. Lack of integration of physical and mental health support or services for older adults has been identified to be a significant issue for older adults with comorbidities who require both categories of services as remarked by a professional: "*Having that cohesive kind of more integrated working, I think would be really quite transformational for older people, many of whom will be accessing physical health and mental health services".*

Mental health and wellbeing support gaps for older adults

Lack of tailored support for older adults with complex dementias and multiple needs: Professionals reported that the needs older adults with complex dementia, alcohol related dementia, alcohol misuse issues, substance misuse issues, self-neglect and hoarding in are not adequately being met due to a general lack of specialised service provision. This results in untreated mental health conditions which deteriorates to more complex physical and mental health issues, as explained:

"*There's more people with issues of substance and alcohol misuse issues and people don't always fit nicely into boxes, so there's a bit of a gap there".*

"I think the only ones I can think of that we do see sometimes don't get the right support of people that are substance misuse... if they continue to drink and they get cognitive problems, they really do struggle because it's they fall between mental health and physical health".

"We're finding a lot of times now people in their 50s are being diagnosed with alcohol related brain damage and so their cognition is very low and so they're coming to our teams as well. And they have very different needs to the needs of somebody in their 80s who's got

Alzheimer's, even though it's a dementia, it's very different. And so it's difficult for us to meet all those needs".

Lack of NHS talking therapies in care homes: Talking therapies that can provide timely mental health and wellbeing support for older adults in care homes are also identified to be largely unavailable as described by a professional: "*NHS talking therapies into care homes is lacking. We know that between 20 and 40% of people in care homes are going to be suffering with depression. We know how well older adults respond to talking therapies".*

Areas of improvement for mental health and wellbeing support for older adults

Multi-disciplinary working

Professionals recommended multi-disciplinary working to provide integrated care and support for older adults as remarked by a professional: *I'd like to see us being able to draw people in to have those multi-agency meetings and so that everybody takes a bit of responsibility for doing something to support that person.* The need for integration of physical health and mental health as well as the whole neighbourhood team was also highlighted.

Voluntary service provision for older adults

Professionals recommended the provision of community based voluntary services, outreach, or social groups for older adults to connect, address loneliness and isolation and improve their mental health and wellbeing. They noted that the majority of voluntary services in West Sussex are more suitable for younger adults with less consideration or provision for older adults: *It's quite challenging but I think that would be a big improvement if there was more access to voluntary groups or social groups for older people that I think that's missing."*

"So quite often people as they get older, find themselves being quite isolated and lonely and I think that's a huge area where we could potentially you know that could help if there were services that were like team chat services… going in and have a cup of tea and a chat".

Whole system approach to reducing health inequalities

Professionals also recommended taking a whole system approach to reduce the health inequalities experienced by older adults around services, as well as education and training to improve their care experience. This includes the availability of targeted support that is appropriate and suitable for older adult within the adults' mental health services and public awareness around empathetic care for older adults.

19.7 Activity, Quality and Outcomes

19.7.1 NHS Talking Therapies - Referrals Received and Referrals Accessing Services 65+

Data for the financial year 2022/23 show that 8.4% of referrals were from people aged 65 years or over (approx. 1,300 people). Of the people whose contact with the service ended after one treatment, a higher proportion of these were aged 65+.

Figure 197 Age Breakdown of NHS Talking Therapies Referrals, Ending Treatment and Mean Number of Appointments (2022/23)

	18 to 25	26 to 64	65 to 74	75 to 89
Referrals Received	4,260	14,295	1,005	685
	21.0%	70.6%	5.0%	3.4%
Accessing Services	2,455	10,065	775	510
	17.8%	72.9%	5.6%	3.7%
Second Treatment	1,290	6,435	445	235
	15.3%	76.6%	5.3%	2.8%
Finished Course Treatment	1,325	6,255	415	220
	16.1%	76.1%	5.1%	2.7%
Ended Before Treatment	1,750	4,085	225	170
	28.1%	65.6%	3.6%	2.7%
Ended After One Treatment	1,285	4,210	380	280
	20.9%	68.4%	6.2%	4.5%
Mean Appts	11.5	10	8.4	6.8

Source: NHS Digital – due to small numbers, people aged below 18 years or above 90 years have been excluded from the table

19.7.1 Mental Health Beds – Occupied Beds and Delays – Over 65s

In relation to adults aged over 65 years, both overall occupied bed days and delayed bed days have increased, but growth in delayed bed days has been higher. The upward trend is evident from June 2021 onwards. By December 2022 more than 1 in 4 bed days was a delayed discharge bed day.

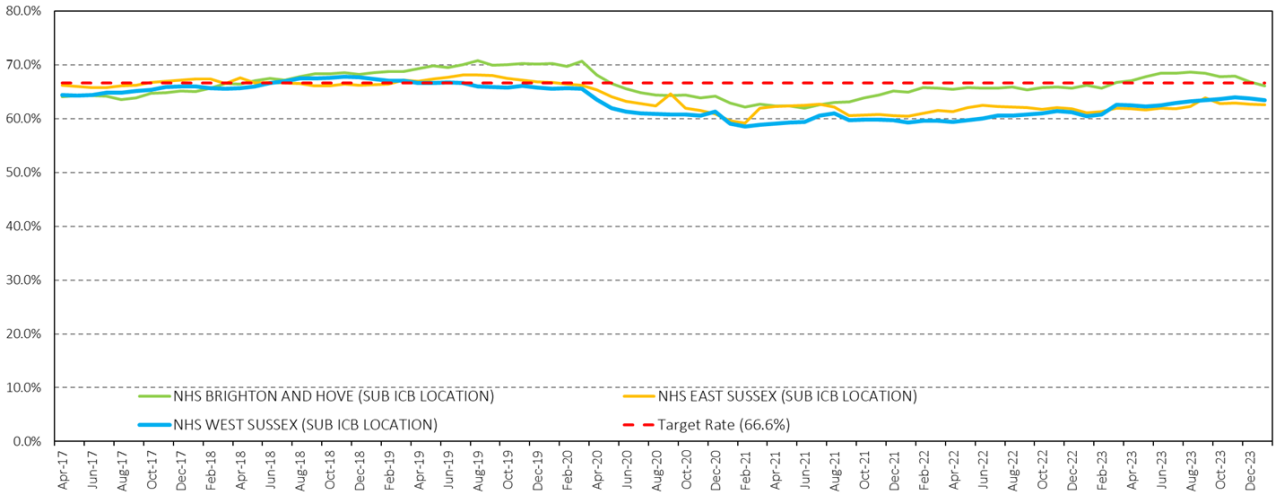
19.7.2 Memory Assessment Service

In 2023 there were an average of 401 referrals a month in West Sussex to the Memory Assessment Service, an increase from 2022 (average 363). Average monthly assessments fell from approximately 250 per month to approximately 245 a month in 2023.

19.7.3 Dementia – Diagnosed vs Estimated

In January 2024, 63.5% of those aged 65 or over-estimated to have dementia also have a coded diagnosis of dementia. This equates to 9,367 who are recorded to have dementia (of an estimated 14,800 with dementia). In January 2023 the diagnosis rate was 60.5% in West Sussex, this increased in 2024 but has not recovered to pre pandemic levels.

Figure 198 Dementia Diagnosis Rate April 2017 to January 2024



There is considerable variation between the variation rate amongst the West Sussex Primary Care Networks (PCNs), from over 90% down to 40%. There is also considerable variation in the percentage of patients on the register with a care plan.

Figure 199 West Sussex PCN Level Dementia Diagnosis Rate – December 2023

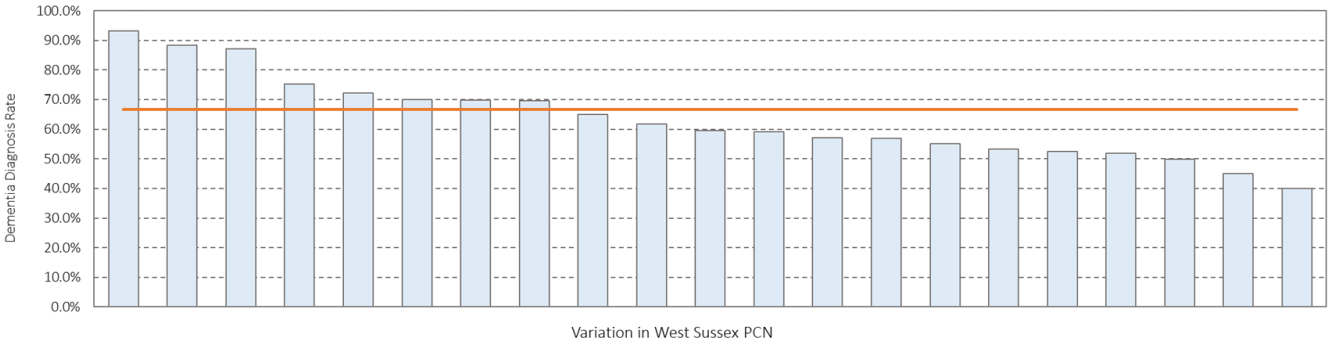
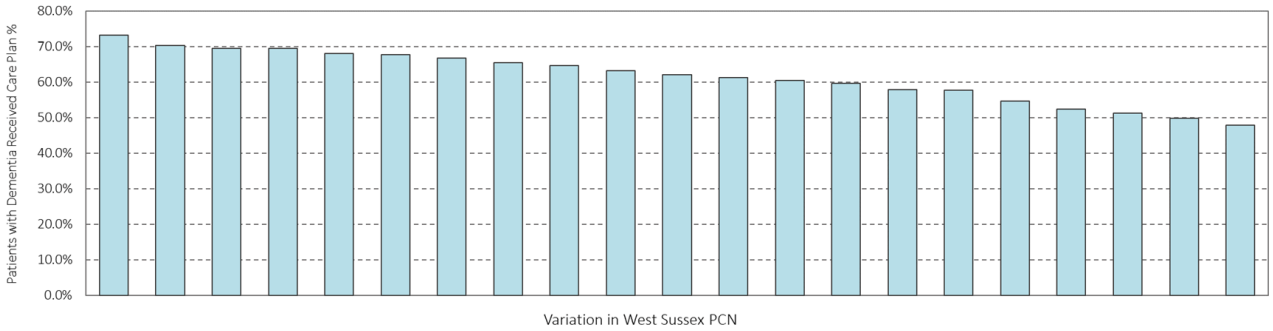


Figure 200 West Sussex PCN Level % of Patients Who Have Received a Care Plan – December 2023



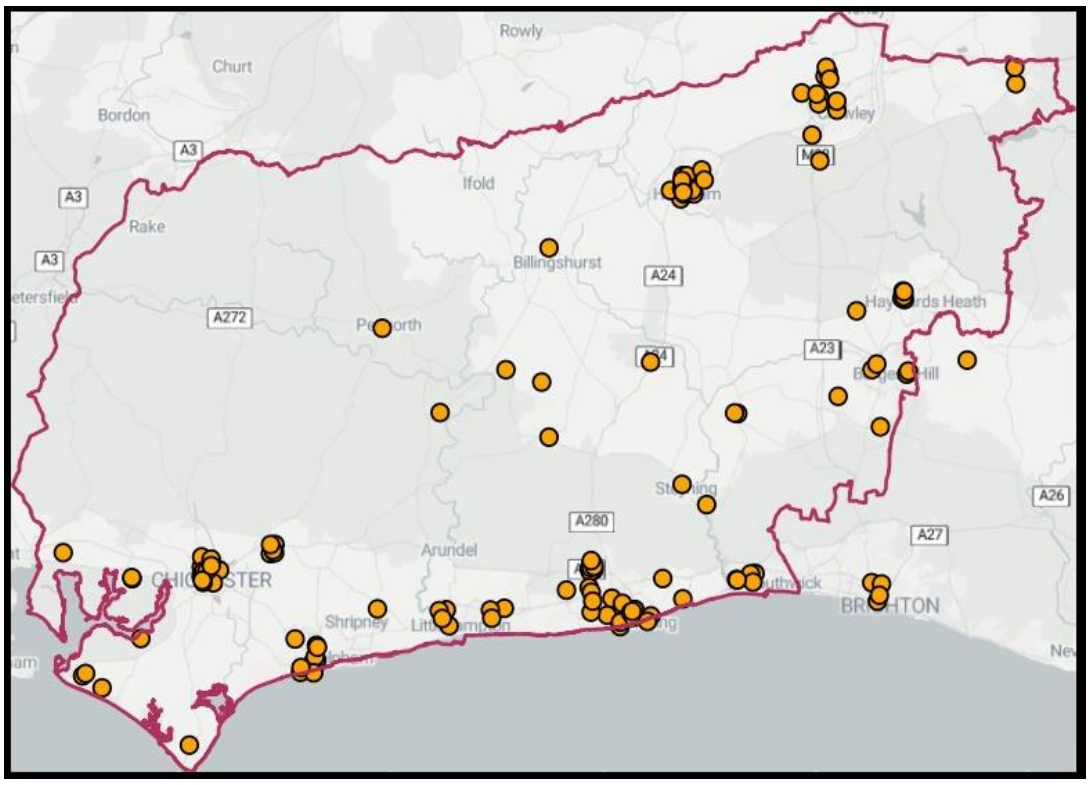
19.8 What we know about the offer of support

Mental health

There are a wide range of community services available across West Sussex, commissioned either by health, or jointly with the Local Authority. In addition, there are local charity and national offers. As well as the universal offer, those 65 and over can access a number of sources of support. This section does not include dementia services as these are described in the next chapter. This chapter focuses on those service specifically for this age group – Appendix 5 lists all services available for mental health support, which include the working age offers with no upper age limit.

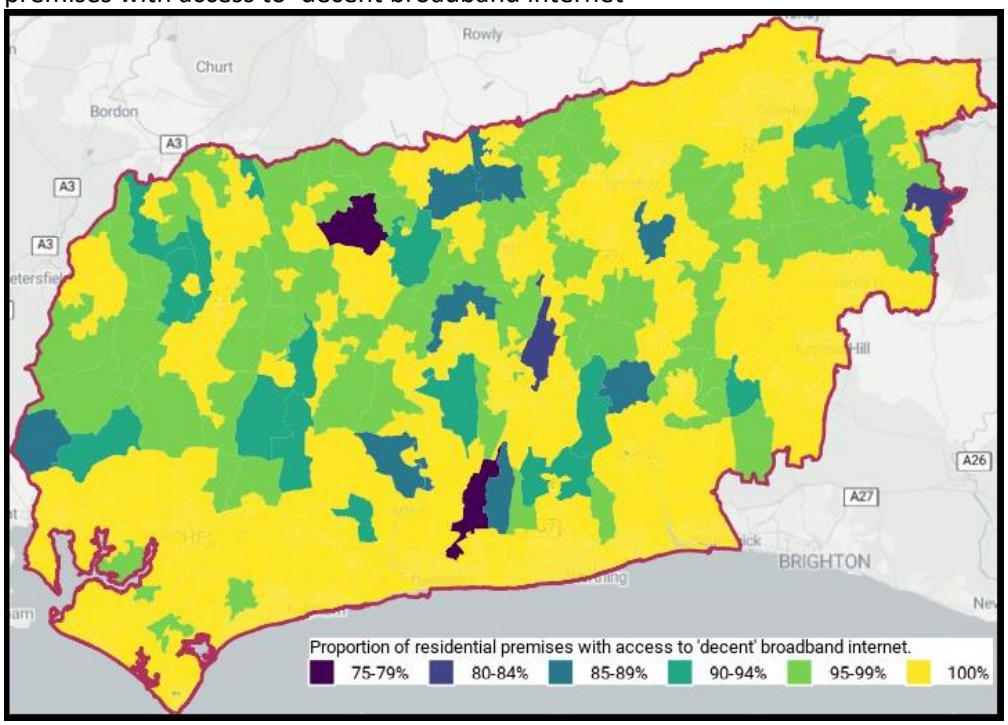
In terms of geography, the highest concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

Figure 201 Place based older peoples' services



There is an increasing number of online offers for older people, and for those providing interventions such as video calling, a 'decent' internet speed may be needed. The following figure shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality internet connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability. This population are the least likely to be able to engage with digital platform, but universal offers are available to increase digital inclusion in this age group.

Figure 202 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet'*



*proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

19.8.1 Primary Care

GPs can provide information, advice and treatment and can refer individuals to a mental health or psychological therapies service if needed.

People can access the Emotional Wellbeing Service and the Pathfinder Alliance who support those over 65 – these are described in Appendix 5 and set out in the working age chapter of this needs assessment.

19.8.2 Social prescribing

Social prescribing enables GPs, nurses, and other primary care professionals to refer people to a range of local, non-clinical services to support their mental health and wellbeing. It improves outcomes for people by giving more choice and control over their lives and an improved sense of belonging. Social prescribing is also effective at targeting the causes of health inequalities, and is an important facet of community and neighbourhood centred practice. Each Primary Care Network has a Social Prescribing Service.

Screen & Intervene, Health and Wellbeing Service – social prescribing for people with serious and enduring mental illness (SMI). Available through GPs and the Pathfinder service.

19.8.3 Secondary and Specialist Mental Health Services

SPFT specialist older adults and dementia services - older people's mental health and dementia services sit under the banner of SOAMHS (Specialist Older Adult Mental Health

Services). SOAMHS provides specialist support and treatment relating to health and social care needs to older adults experiencing moderate to severe and complex mental health issues, including dementia.

SOAMHS consider referrals for individuals aged 65 and over with mental health issues who are experiencing significant frailty, disability or complex needs related to the aging process and referral is by GP.

19.8.4 Social Care

Older Peoples Mental Health Social Work Teams provide intensive support and interventions for people who need more help, which may include having contact with several team members, or having access to services during evenings and weekends.

The Shared Lives Scheme provides opportunities for older people with mental health issues to have breaks with a Shared Lives carer family, in the carer's home.

19.8.5 Mental health support for carers

Carers Support West Sussex are dedicated to offering unpaid Carers information, guidance, and emotional support.

Worthing Rethink Mental Health Carers Group provide information and support for those caring for someone with experience of mental illness.

19.8.6 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at a county level as well as more local offers.

As well as universal services available for this age group, there are also a number of CVS and place-based organisations that provide support for mental health and emotional wellbeing for our older residents. These include online and telephone offers as well as in person support. The Pathfinder Alliance is a community offer with an Older Person's Service provided by West Sussex MIND, however, there are lower levels of support for those with mild mental health issues as well as services for those that care for people with mental health issues.

Age UK provide a number of services which impact on mental health, such as a debt and money advice, tackling social isolation programmes and an older person's information and advice service.

There are number of sources of support and information at the district and borough level such as emotional wellbeing activities for older people, befriending services, community transport initiatives, support for carers, older people who identify as LGBT+ and social prescribing schemes. These are listed in Appendix 5.

There are number of free local activity groups and clubs for this in smaller communities across the county, run by community groups, such as: lunch clubs, befriending services, based in churches, libraries and community and recreational hubs which connect with older

adults and provide opportunities for socialising and reduce isolation, which is essential for wellbeing.

There are also a number of national charities offering advice and support around issues which affect mental health and wellbeing such as bereavement, social isolation and loneliness, debt, addiction, neurodiversity, LGBT+, sleep issues, sexual and domestic abuse, alcohol and substance misuse and others. These are predominantly online/app and telephone-based offers.

These are listed in Appendix 5**.**

19.8.7 Trauma Informed Care (TIC)

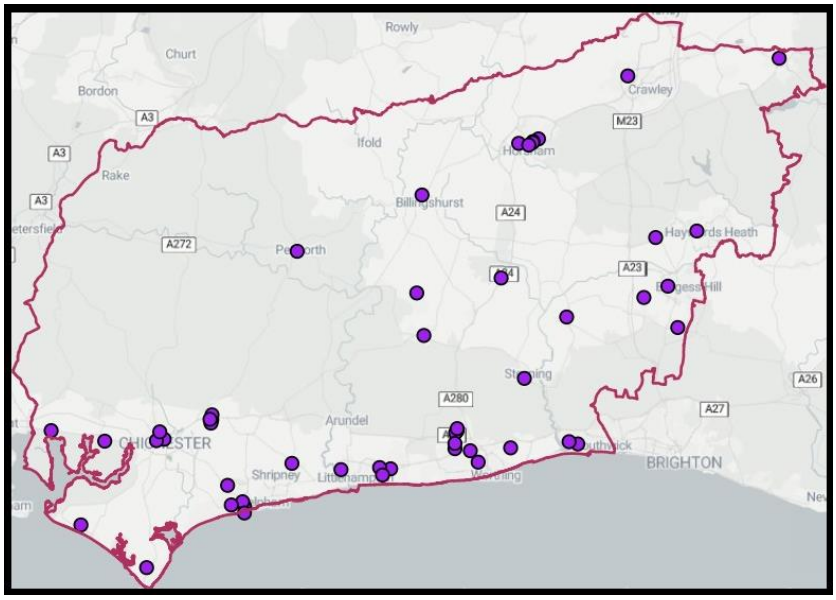
The evidence on the impacts of trauma, including adverse childhood experiences (ACEs), on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and the development of a strategy.

Dementia

There are a wide range of services for people with dementia and their carers available across West Sussex commissioned either by health, or jointly with the Local Authority. In addition, there are local charity and national offers. As well as the universal offers, those with dementia and their carers can access a number of sources of support and these are outlined in other sections for working age and older adults. Appendix 5 lists services specifically available for people with dementia and their carers.

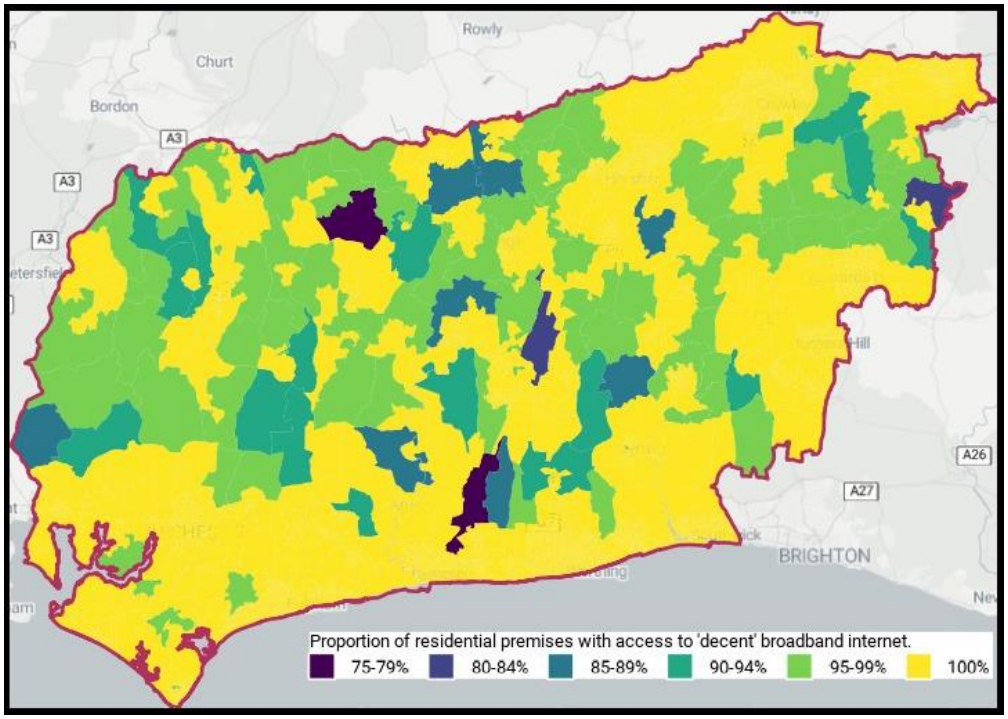
In terms of geography, the highest concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers.

Figure 203 Placed based service for people with dementia and carers



There are an increasing number of online offers for our residents and for those providing interventions such as video calling, a 'decent' internet speed may be needed. Some assistance technology may also rely on internet capabilities. The figure below shows the coverage in West Sussex which demonstrates that rural areas are more likely to have homes that have reduced quality internet connections. This is an important consideration when providing online offers to areas where transport is either difficult to access availability or affordability.

Figure 204 West Sussex neighbourhood (output area) internet coverage, proportion of residential premises with access to 'decent broadband internet'*



*Proportion of residential premises that have access to download speeds of 10Mb/s and upload speeds at or above 1Mb/s from fixed broadband or wireless internet provider.

19.8.8 Secondary and Specialist Mental Health Services

SPFT provide the Memory Services and Dementia Assessment Services as well as the specialist older adults and dementia services - older people's mental health and dementia services sit under the banner of SOAMHS (Specialist Older Adult Mental Health Services). SOAMHS provides specialist support and treatment relating to health and social care needs to older adults experiencing moderate to severe and complex mental health issues, including dementia. There is also a specialist dementia inpatient service.

19.8.9 Social Care

Older Peoples' Mental Health Social Work Teams provide intensive support and interventions for people who need more help, which may include having contact with several team members, or having access to services during evenings and weekends.

The Shared Lives Scheme provides opportunities for older people with mental health issues and dementia to have breaks with a Shared Lives carer family, in the carer's home.

19.8.10 Bereavement support

There is an offer to support people in West Sussex who experience loss, through bereavement generally which are described in the older person's chapter. There are some services which support bereavement (including anticipatory grief) through dementia. Many of these are specific bereavement organisations, however, West Sussex Carers Support provide a free bereavement course for carers recently bereaved. Offer include face to face, group support and online or telephone-based support.

Local offers are available from hospices and faith-based groups, including drop-in grief café.

19.8.11 Mental health support for carers

Carers Support West Sussex are dedicated to offering unpaid Carers information, guidance, and emotional support.

Worthing Rethink Mental Health Carers Group provide information and support for those caring for someone with experience of dementia.

Short breaks and respite are available through a number of providers.

The voluntary sector – in particular the Alzheimer's Society – provide local opportunities for carers to meet and share experience and access support and advice.

19.8.12 Community and Voluntary Sector organisations

Support to improve mental health and wellbeing is provided by many local Community and Voluntary Sector (CVS) organisations, at a county level as well as more local offers.

As well as universal services available for this age group, there are also a number of CVS and place-based organisations that provide support for mental health and dementia, and those who care for them. These include online and telephone offers as well as in person support.

There are number of sources of support and information at the district and borough level such as emotional wellbeing activities for older people with dementia including, physical activity, reminiscence groups, support for minority ethnic communities, transport initiatives, support for carers, people who identify as LGBT+, multi-agency hubs, and training offers. These are listed in Appendix 5.

There are number of free local activity groups and clubs for this in smaller communities across the county, run by community groups –such as lunch clubs, befriending services, based in churches, libraries and community and recreational hubs which connect with older adults and provide opportunities for socialising and reduce isolation, which is essential for wellbeing.

There are also a number of national charities offering advice and support dementia and wellbeing. These are predominantly online/app and telephone-based offers.

19.8.13 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, including adverse childhood experiences (ACEs), on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

19.8.14 **What's working well**

19.8.14.1 Dementia

- SPFT Assessment for Learning Disabilities from 30 years.
- Worthing Dementia hub – supports access to support, early intervention. Supports those still working as well as those retired or not working and their carers.
- Young Dementia – virtual work
- My Choice - an accessible information resource to support people to live well with dementia[448]
- Dementia friendly communities – Crawley, Chichester and Worthing

19.9 Older adults mental health, dementia and Alcohol Related Brain Damage - what works for prevention

19.9.1 Mental health and wellbeing

Evidence for public mental health interventions is more limited than it is for physical health, and older people are underrepresented in research[449]. The available evidence is summarised below.

In older people, depression can be prevented in some cases through psychological interventions such as cognitive behavioural therapy[450]. For those with symptoms, talking therapies are as effective for older people as they are for people of working age, but older people are more likely to be prescribed medication and may be under-represented in some talking therapy services[451].

To promote the mental wellbeing of older people NICE recommends[452]:

- Occupational therapy interventions
- Physical activity
- Walking groups
- Training for health and care professionals in the principles of occupational therapy

There is some evidence that these activities can reduce depression. To maintain independence and improve mental wellbeing NICE recommends a range of group, one-to-one and volunteering activities that meet the needs and interest of local older people [453].

Early medical interventions such as prescribing antidepressants following acute stroke may reduce the risk of depression[454]. Psychosocial interventions and interventions which address hearing loss for older people have been found to improve mental health, life satisfaction and quality of life and reduced depressive symptoms[455]. Social support services are effective in reducing social isolation and loneliness in older people[456]. For older people, there is a positive association between internet use and mental health. Regularly engaging in a cultural event is protective against depression for older people[457].

Targeting care homes should be a priority given the higher rates of depression among care home residents[458]. To promote mental wellbeing in older people living in care homes NICE recommends[459]:

- Opportunities to participate in meaningful activity
- That people are enabled to maintain their personal identity
- That symptoms and signs of mental and physical health conditions and sensory impairments are recognised and recorded as part of their care plan
- Access to the full range of healthcare services

19.9.2 Dementia

19.9.3 Primary prevention – delaying disease for the whole population before it starts

There are effective interventions to address the twelve modifiable risk factors for dementia[460].

Mukadam et al (2020) found that interventions addressing hypertension, smoking cessation, diabetes prevention and hearing loss were cost effective and produce quality-adjusted life year gains[461]. A separate review found interventions addressing physical activity were cost effective[462].

Figure 205 Dementia risk factors by stage of life course

Stage of life course	Risk factor	Contribution to risk for dementia	Existing focus of prevention work in W. Sussex[463]	Interventions may be cost-effective for dementia alone
Early life	Less education	7.1%	compulsory	-
Mid-life	Hearing loss	8.2%	pharmacies and opticians	yes
	Traumatic Brain Injury	3.4%	indirect: road safety	-
	Hypertension	1.9%	yes	yes
	Alcohol >21 units/week	0.8%	yes	-
	Obesity (BMI >30)	0.7%	yes	-
Later life	Smoking	5.2%	yes	yes
	Depression	3.9%	yes	-
	Social isolation	3.5%	yes	-
	Physical inactivity	1.6%	emerging	yes
	Diabetes	1.1%	typically targeted mid-life	no
	Air pollution	2.3%	yes	-

19.9.4 Support to live well with dementia

In summary, NICE recommends[464]:

- Involving people living with dementia in decisions about their care
- Providing accessible information that is relevant for their stage of dementia
- Offering early and ongoing opportunities for people living with dementia and their carers to discuss the future and plan ahead
- There is specific guidance for diagnosis of different types of dementia and in different groups, for example in people with learning disabilities
- A single named professional should be provided to coordinate care
- Services should be accessible including to those without a carer or transport; people who have other responsibilities such as work or care; people with sensory impairments, learning or physical disabilities; those who are less likely to access health and social care services such as people from black, Asian and other minority ethnic backgrounds

- In people with mild to moderate dementia, NICE recommends cognitive stimulation, group reminiscence, cognitive rehabilitation and occupational therapy, and a range of activities tailored to the person's preferences. Drugs can modestly improve cognition in people depending on their stage and type of dementia

19.9.5 Dying well with dementia

The Alzheimer's Society recommends[465]:

- Advance care planning to help people receive the end-of-life care they would wish and die in the place of their choice. Discussing these difficult decisions early can ensure the person living with dementia is involved before a crisis is reached. Care plans should be reviewed and reliably shared between health and care professions
- Training of health and care staff in how to assess and manage co-occurring conditions and pain in their last year of life should continue to increase
- Families and carers should be provided with timely co-ordinated support before death, at the time of death and bereavement

19.9.6 Alcohol Related Brain Damage (ARBD)

ARBD is not a degenerative condition, and up to 75% of patients will recover to some degree with abstinence and appropriate rehabilitative support. If a person with ARBD stops drinking alcohol and receives good support, they may be able to make a partial or even full recovery.

Alcohol Change UK recommend the following to prevent cognitive impairment in dependent drinkers[466]:

- A pharmaceutical intervention for cognitive impairment
- Nutrition and hydration are important for preventing cognitive impairment and can help to improve sleep, provide energy for exercise, and fill the stomach to slow absorption of alcohol

19.10 Findings and areas for focus

Life Stage: Older adults 65+ (including dementia)

KEY POINTS

- 20,000 people aged 65 years or over are estimated to have a common mental health condition.
- There are an estimated 14,800 people living with dementia in West Sussex. The majority are women, over the age of 80 years. In terms of recorded prevalence (i.e., people with a diagnosis) as of January 2024 there were 9,365 West Sussex residents with a dementia diagnosis on GP registers:
    - 4,845 recorded as Alzheimer's.
    - 3,415 other dementia type
    - 815 vascular dementia
    - 320 with a mixed type of dementia
- The dementia diagnosis rate (diagnosis versus estimated prevalence) has not returned to pre pandemic levels.
- There is considerable variation in dementia diagnosis rate between the West Sussex PCNs.
- In December 2023 there were 1,880 bed days in total adults aged 65 years or over. Of these, 535 days were delayed being discharged, this represents 28.5% of the total occupied bed days. The percentage of bed days delayed has been increasing.

High Level Overall Areas for focus

- For all high-level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus. There are no specific older adults areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific older adults areas for focus

- Increase engagement across services and communities to promote earlier diagnosis of dementia.
- Increase early identification of those with dementia equitably, prioritising those unrepresented population groups with risk factors.
- Increase access to talking therapies for older people in different settings, including care homes.

Area 3: Whole pathways and all people

Specific older adults areas for focus:

Development and delivery of a strategic plan for commissioning & provision building on what's working well and addressing challenges. This includes:

- Addressing gaps in join-up between specialist services for complex dementia, alcohol related dementia, alcohol misuse issues, substance misuse issues, self-neglect, and hoarding.
- A lack of focus on older people's mental health, which can be linked with lower levels of referrals to talking therapies (in some cases this may be because dementia is more commonly considered before mood disorders)
- Inadequate respite offers: the offer of respite provision for 72 hours is felt to be too short.
- Restrictions in Care Act thresholds to enable earlier intervention when required e.g. in instances of self-neglect, capacity assessment and DOLS.
- Difficulties in identifying people with dementia living alone and ensuring they are supported by suitable available services
- Update when there are significant services changes, the service ceases, or criteria change
- A dual diagnosis with dementia leads to confusion in identifying services that fit needs
- Difficulties connecting with private co-carers.

Area 4: Accessible, flexible & personalised support

Specific older adults areas for focus:

- Workforce training on mental health first aid.
- Review inpatient admissions across age cohorts, referral routes and pathways.
- Day services to bring services together in one place, drop in facility with extended hours so people can access a service when they need it.
- Step down support from A&E, linking with social prescribing.

Area 5: Housing & accommodation

Specific older adults areas for focus:

- Increase access to mental health support for people experiencing homelessness

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

Specific older adults areas for focus:

- Keep what's working well: Innovative service delivery models, dual diagnosis protocol, women's therapeutic house model and proactive care.
- Review ND pathway and support for adults & older people, workforce training and awareness - having perspective of ND.
- Trauma informed care system wide & compassionate approaches including communication methods by staff e.g., giving diagnoses, domestic abuse and victim support

- Development of gender informed approaches in MH and MCN services: women only space in the male dominated services; working with men due to higher risk of suicide in males; use the Hastings approach to gender inequalities through co-production.
- Development and adoption of a common assessment tool that will lead to better referrals.

20 Multiple Compound Needs

20.1 Introduction

Severe and multiple disadvantage, also termed multiple disadvantage, multiple complex needs, or multiple compound needs (MCN), describes the experience of having several support needs linked to social exclusion, and the multiplicative effects of these needs in combination.

In 2014, the National Lottery-funded, Fulfilling Lives programme was launched to support people with severe and multiple disadvantage in England. This was a £112 million investment over 8 years supporting people who are facing multiple disadvantage; individuals with a combination of three or more interconnected needs of mental ill-health, homeless/or at risk of homelessness, substance use and/or offending histories.

The Lankelly Chase Foundation's 2015 'Hard Edges' report[467] described severe and multiple disadvantage (SMD) as experiencing some combination of homelessness, offending and substance misuse. This study did not include people with mental health problems as a defined category, due to the lack of national data, (although mental ill-health was included as a primary aspect of the quality-of-life profile of people with SMD).

Bramley et al. found that over 250,000 people annually in England are in contact with providers in two out of three of the sectors (homelessness, offending and substance misuse), and 58,000 with all three. The groups identified as being most at-risk were white men, aged 25-44, with childhood trauma and long-term experience of social and economic marginalisation, including low educational attainment and poverty. A recent needs assessment on multiple complex needs conducted by Brighton & Hove (JSNA 2020[468]) broadened the definition to include any two of the following five: homelessness, mental health, domestic violence, alcohol or substance misuse and offending.

In 2021, the Changing Futures programme was launched, co-funded by the government and National Lottery Community Fund. Changing Futures seeks to improve outcomes for people experiencing multiple disadvantage at the individual, service, and system level. Sussex is one of the fifteen areas in receipt of dedicated funding, which has been extended until March 2025.

The government's Changing Futures programme includes the following support needs: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Key research about these experiences and populations includes exploration of 'multiple exclusion homelessness' and the similarity of experiences between groups experiencing different kinds of 'deep social exclusion'[469]. Analyses by these researchers[470] revealed an association between complex multiple exclusion homelessness and adverse childhood experiences, and the consistency of particular chronological patterns of exclusion, namely mental health and substance misuse issues preceding and perhaps predicting later experiences including homelessness.

Bramley et al. estimated that an average local authority might expect to have 385 people with experience of all three of: substance misuse, homelessness, and the criminal justice system. This estimate is likely to have increased over time and during the cost-of-living crisis. The authors also found that there were higher concentrations in localities with specific characteristics, including 'major seaside resorts and former port cities', which suggests that West Sussex could have a higher-than-average number of affected residents.

Most recently (November 2023), the East Sussex Safeguarding Adults Board has begun to use a minimum threshold definition of having four contemporaneous needs out of six, which includes poor physical health in addition to the five core needs of homelessness, mental health, domestic abuse, substance misuse and people in contact with the criminal justice system. There is current work ongoing to join up work across Sussex with a chapter on MCN being developed for the Pan Sussex Safeguarding Adults procedures.

The definition included in the Changing Futures programme prospectus, is: "[…] adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many people in this situation may also experience poverty, trauma, physical ill health, and disability, learning disability, and/or a lack of family connections or support networks"[471].

Within the Pan Sussex Changing Futures programme, the terms 'multiple compound needs' or 'multiple disadvantage' are both utilised and therefore we propose to use these terms in the needs assessment to ensure consistency of language. A recommendation is also to define multiple compound needs as having three out of the five core needs (homelessness, mental health, domestic abuse, substance misuse and people in contact with the criminal justice system, in accordance with the Changing Futures definition.

The term 'inclusion health groups' is also used as an umbrella term for people are socially excluded and often experience multiple risk factors for poor health, such as poverty, violence, and complex trauma[472]. Some evidence in the needs assessment is related to inclusion health groups, which includes people who experience homelessness, drug and alcohol dependence, and people in contact with the criminal justice system.

20.2 Prevalence

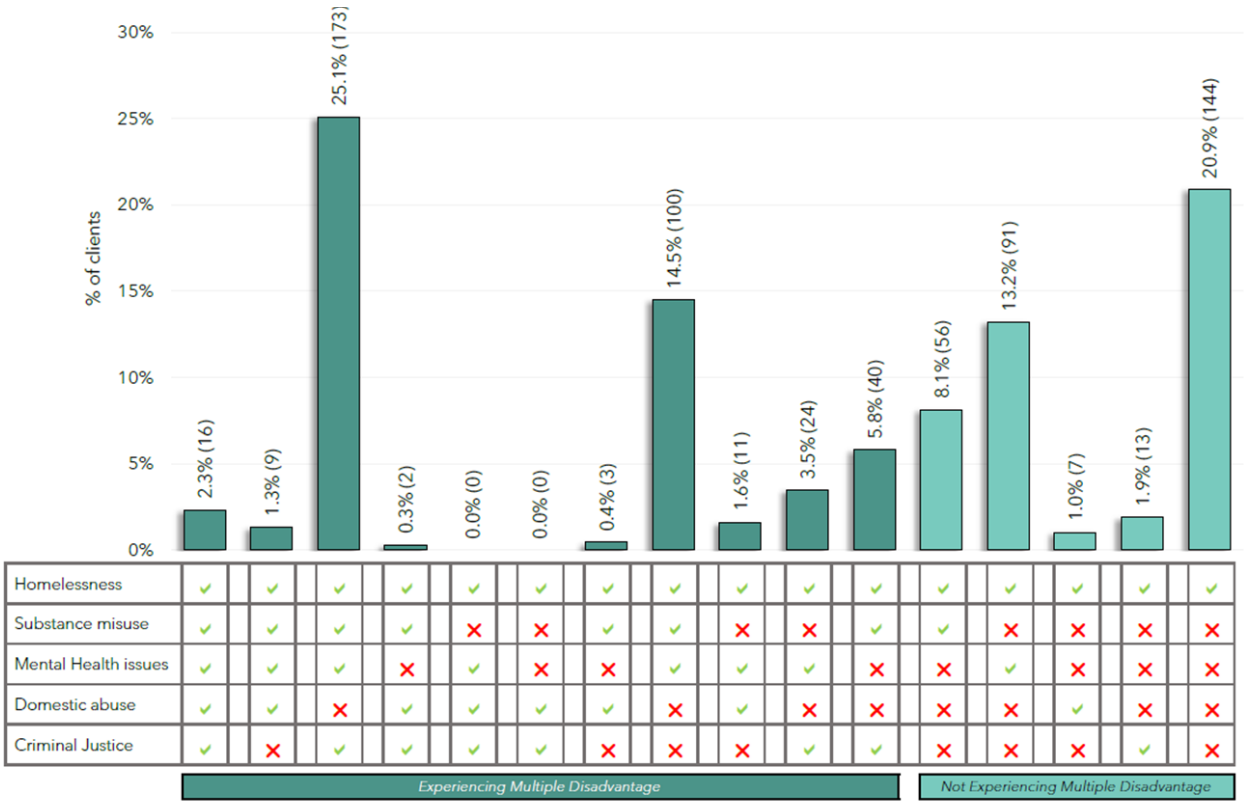
There is no routine data which provide a breakdown of people with multiple compound need. Data collected as part of an audit for Changing Futures[xxiv]. Data in the audit are based

[xxiv] Changing Futures is a Sussex-wide system change programme focussing on improving systems and services for people experiencing multiple disadvantage. It is funded by DLUHC (Department for Levelling Up, Housing and Communities) and the NLCF (National Lottery Community Fund) until March 2025. It aims to improve outcomes for the most excluded adults – those experiencing

on returns from local housing authorities as well as homelessness and housing service providers and captures information about co-occurring needs alongside housing situation / homelessness, such as mental and physical health, substance misuse, domestic abuse, and whether the individual is accessing support for their needs.

- In the period March to June 2023 - 689 clients provided information, 378 experienced multiple disadvantage as defined by the Changing Futures programme
- 88% of clients who had multiple disadvantage had a mental health need (and 29% of those who did not have multiple disadvantage had a mental health need)

Figure 206 Mental Health as a component of multiple disadvantage Audit March – June 2023



20.3 Factors that influence multiple compound needs

20.4 Risk factors

Risk factors relating to multiple compound needs are listed below[473]:

- Adverse childhood experiences (including abuse, neglect, and family dysfunction)
- Family relationship problems
- Problematic relationships with partners
- Poverty and deprivation

multiple disadvantage, which means adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system.

- Substance use
- Poor experiences in education
- Limiting long term illness/disability

One-third of mental health problems in adulthood are directly connected to an adverse childhood experience (ACE)[474]. Adults who experienced four or more adversities in their childhood are four times more likely to have low levels of mental wellbeing and life satisfaction[475] The chances of experiencing each individual area of need within MCN as an adult, including ill mental health, increases as the number of ACEs experienced increases[476].

Recent statistics from Shelter tell us there is an estimated 167,000 people homeless in London alone, making that 1 in every 51 people without a home. The seventh highest local authority of people who are homeless outside of London is Crawley, with an estimated 1064 homeless people either street homeless or living in temporary accommodation. Crisis reports that two thirds of homeless people cite drug or alcohol use as a reason for first becoming homeless. Those who use drugs are seven times more likely to be homeless. Evidence suggests strong long-term impacts of persistent poor housing on mental health[477]. The 2016 health needs audit reported 44% of homeless people have a mental health diagnosis, in comparison with 23% of the general population. People with MCN who are homeless, notably women, tend to be younger than adults that experience the most complex combinations of disadvantage and need[3].

Substance use is an extremely common domain of MCN. Approximately 70% of people that receive support from drug services and 86% of those from alcohol services experience poor mental health[478]. A survey of people sleeping rough found that 82% of participants had a current mental health vulnerability and 60% were defined as having a current drug or alcohol need[479]. The relationship between mental health and substance misuse is complex due to difficulties in accessing support services, particularly when intoxicated or experiencing mental health crisis. There is a strong link between poor mental health and learning disabilities for adults with MCN, and a very strong association between men who have a learning disability and experiences of abuse and violence. The Hard Edges report by the Lankelly Chase Foundation identifies a high incidence of truanting and suspension from school as a child in those with two or more domains of disadvantage.

A report from the Lankelly Chase Foundation found that those who have experienced violence and abuse are at least five times more likely to have attempted to take their own life, compared to those with little experience[480]. This increased to 15 times for people in the who had experienced extensive physical or sexual abuse as a child or adult, with 80% of those in the group being women.

Suicide rates are higher among men and women living in the most deprived areas of England. Middle-aged men (40-59 years) have higher suicide rates in the most deprived areas – up to 36.6 per 100,000 compared to 13.5 per 100,000 in the least deprived areas[481]. The Hard Edges report suggests that areas in England with higher levels of deprivation also

had a higher prevalence of people with MCN. Women with MCN who live in poverty are at a higher risk of experiencing violence and abuse, as well as poor mental health outcomes.

Men aged 35 – 49, particularly from lower socio-economic groups, are most at risk of taking their own life. For men aged 40 to 50 years, the highest rates of suicide were in disabled people, those who have never worked or are in long term unemployment or are single (never been married or in a civil partnership). Personality traits, challenges of mid-life, relationship breakdown, bereavement, and socio-economic factors – such as unemployment and addictions including alcoholism – are some of the various reasons men might take their own lives. For older men, loneliness and long-term ill-health are contributory factors.

Protective factors

Good emotional health and wellbeing can be linked to many different factors such as a healthy and balanced diet, green spaces and environment that allows physical activity, a good educational attainment and living in good quality affordable housing. It is also linked to the networks of support we have around us from family and friends, for example, whilst people in communities experiencing multiple inequalities are more likely to have higher health needs, they may also have assets within the community that can help to protect and improve wellbeing[482]. Community assets include public green space, play areas and community buildings, and social assets such as volunteer and charity groups, social networks and the knowledge and experiences of local residents.

20.5 National and Local Policies, Strategies and Reports

Several national level policies and strategies relating to improving mental health outcomes of people with MCN have been developed and published over the years. Below are some of the key policies identified.

20.5.1 National Policies, Strategies and Reports

20.5.2 No Health without Mental Health (2011)[483]

Published in February 2011 by the Department of Health, the strategy lays out the work being done at the time to improve mental health at population level for all ages across the life course. Recommendations for those with MCN include:

- A whole-family approach for families with multiple needs
- Family interventions are effective in reducing mental health problems, substance misuse and domestic violence in children, young people, and families
- Mental health services should work closely with homelessness outreach teams, and there should be coordination of mental health and drug and alcohol services to support adults with MCN
- Improve outcomes in mental health by reducing differences in access, experience, and mental health outcomes with evidence-based approaches
- An inter-ministerial working group to tackle the complex causes of homelessness

20.5.3 No Second Night Out (2011)[484]

The plan sets out a series of commitments to end rough sleeping. One commitment is to help people access healthcare by:

- Supporting health and wellbeing boards to ensure that the needs of vulnerable groups are better reflected in Joint Strategic Needs Assessments
- Highlighting the role of specialist services in treating homeless people, including those with a dual diagnosis of mental health and drug and alcohol misuse
- Working with government stakeholders to identify what needs to be done to include the needs of homeless people in the commissioning of health services

20.5.4 Alcohol Strategy (2012)[485]

The strategy aims to change the approach to address problematic drinking, including acknowledging the link between mental health and alcohol use and offending and alcohol use. An action from the strategy was to develop an alcohol interventions pathway and outcome framework in four prisons, to inform the commissioning of effective interventions in all types of prison.

20.5.5 Making Every Contact Count: A joint approach to preventing homelessness (2012)[486]

The report identifies how services can prevent households from reaching the point of homelessness. Commitments of the report include:

- Tackle troubled childhoods and adolescence through interventions for troubled families and innovative approaches to youth homelessness
- Improve health outcomes for people who are homeless and have other needs, such as poor mental health or substance dependency, and making sure healthcare professionals who discharge patients know who to refer to for housing support
- Reduce crime involvement by strengthening housing availability for offenders

20.5.6 Social Justice: Transforming Lives (2012)[487]

An objective of the Social Justice Strategy is to support the most disadvantaged adults by committing to more coordinated services in local areas, to provide support to those that are missed by current services. Outcomes were focused on unemployment, drug and alcohol support and reduced re-offending.

20.5.7 Future in Mind (2015)[488]

The Children's mental health taskforce, led by the Department of Health and NHS England, published a report that examined ways to improve access to children and young people's mental health support, and review how children and young people's mental health services are organised, commissioned, and provided. The report highlights the importance of consultation and liaison teams, helping staff to work with those with highly complex needs which include mental health difficulties, those who have been adopted, and/or in contact with the youth justice system. Consultation and liaison teams should offer advice, troubleshooting, formal consultation and care planning, or assessment and intervention in cases that were above the level of existing cross-agency provision. Also, the report recommends identifying a designated or lead professional for a family, who liaises with agencies to ensure care is coordinated and integrated.

20.5.8 The Five Year Forward for Mental Health (2016)[489]

Published in 2016, the Five Year Forward for Mental Health report recommended the following in relation to MCN:

- The Department of Health should create an expert group to examine how the complex needs of vulnerable children (including those who are looked after, care leavers, victims of abuse or exploitation and those within the criminal justice system) should be best met
- Vanguard sites should provide more access to personal budgets for people of all ages, including children and young people with multiple and complex needs, to give more choice and control over how and when they access different services

20.5.9 Better care for people with co-occurring mental health and alcohol/drug use conditions (2017)[490]

Public Health England (PHE) and NHS England developed guidance on the commissioning and delivery of services for people with co-occurring mental health and alcohol/drug use. Principles surrounding these services are:

- Meeting the needs of people with co-occurring conditions is the responsibility of commissioners and providers
- There is no wrong door, that providers in alcohol and drug, mental health and other services have an open-door policy
- Treatment is available through every point of contact

20.5.10 Transforming Children and Young People's Mental Health Provision: A Green Paper (2017)[491]

This paper was published in December 2017, building on the Future in Mind report. One of the actions of the paper is that the Department of Education will pilot new approaches to the mental health assessment that looked after children receive when entering care, so that they can identify the complex needs that they often experience.

20.5.11 Policing, Health, and Social Care Consensus: Working together to protect and prevent harm to vulnerable people (2018)[492]

The consensus statement is a collaboration between those involved in public health and policing to prevent crime and protect vulnerable individuals in England. Priorities include:

- Moving from single services to a whole systems approach
- Collaborating with various partners to identify and support vulnerable people
- Ensure support for families in the Troubled Families programme
- Ensure staff have the skills and knowledge to identify risk factors at an early stage, and improve health and wellbeing for service users

20.5.12 Strengthening Probation, Building Confidence: Dynamic Framework (2018)[493]

The framework enables Regional Probation Directors to procure rehabilitation and resettlement offers in their areas. The offers are:

- Resettlement services- supportive services for those in prison who are nearing release. Services should address any needs relating to transitioning from prison to into the community
- Rehabilitation interventions – interventions that address a range of individual needs to reduce reoffending on community orders, suspended sentences and for those on license

20.5.13 NHS Long Term Plan (2019)[494]

The plan sets out what the NHS will do in the next 10 years to achieve parity of esteem, improve prevention, reduce health inequalities, and widen access to mental health care and support. Actions include extending keyworker support to vulnerable children, including those with complex needs that are not currently being met. The plan also announced more funding to meet the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support that is integrated with existing outreach services.

20.5.14 A Smarter Approach to Sentencing (2020)[495]

The white paper acknowledges the relationship between low-level, repeat offending, substance use and mental health needs, as well as the few options available and a lack of confidence in the quality of mental health services in the criminal justice system. Proposals to change the sentencing framework include:

- Early identification of vulnerable individuals in the criminal justice system, and an increase in the availability of Community Sentence Treatment Requirements to deliver tailored interventions that support those with mental health, and drug and alcohol needs
- Attaching mental health treatment requirements (MHTR) to offenders with poor mental health, and making greater use of treatment requirement programmes as part of community sentences
- Using deferred sentencing to divert offenders (particularly women, who often receive sentences of less than 12 months for persistent, low-level offences, and who have a higher prevalence of need relating to substance misuse, trauma, and mental health) to provide opportunities for restorative justice
- Communicating to CPS around whether an accused individual has drug, alcohol, or mental health needs
- Analysis of when the decision is made that someone detained under the Mental Health Act is remanded, rather than transferred to a more appropriate setting

20.5.15 Strengthening Probation, Building Confidence (2020)[496]

The guidance aims to provide more consistent support to offenders by offering a single, accountable probation officer with clearly defined roles and responsibilities.

20.5.16 COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021)[497]

This plan was published in March 2021 with the aim of "preventing, mitigating and responding to the mental health impacts of the pandemic during 2021 to 2022". The plan:

- Recognised that COVID-19 restrictions could exacerbate the mental health needs of prisoners and created a variety of self-help materials with input from Mind
- Highlighted additional funding to trial Respite Rooms across the country, to provide specialist support for women suffering from multiple disadvantage who are affected by violence and abuse
- Highlighted the areas of housing support for rough sleepers that also offer mental health provision, including the announcement of funding for the Changing Futures programme

20.5.17 From Harm to Hope (2021)[498]

From Harm to Hope is a 10 year drugs plan to cut crime and save lives, by reducing the supply and demand for drugs and offering a high-quality treatment and recovery system. Aims include supporting over half of the people in drug treatment into long-term recovery, and creating a generational shift in attitudes towards recreational drugs by investing in the education of children and young people.

20.5.18 Tackling Violence Against Women and Girls Strategy (2021)[499]

The strategy follows the Domestic Abuse Act to reduce the prevalence of violence against women and girls and improve support and the response to victims and survivors. Aims of the strategy include increasing support for victims and survivors.

20.5.19 National Strategy for Autistic Children, Young People and Adults (2021-2026)[500]

The National Strategy for Autistic Children, Young People and Adults sets out a roadmap with priority areas of improvement for autistic people in the UK. Priorities include improving support within the criminal and youth justice systems by developing framework and guidance, introducing Neurodiversity Support Manager roles in some prisons, and ensuring adjustments are accessible to autistic people when interacting with the criminal and youth justice system.

20.5.20 Drug Misuse Prevention Review (2022)[501]

The Advisory Council on the Misuse of Drugs published advice on drug misuse prevention in vulnerable groups. The recommendations for prevention include:

- Guidance from the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) on- mainly family-based- interventions
- Avoid funding approaches that do not work (such as fear arousal and stand-alone mass media campaigns)
- Increase understanding of effective prevention approaches that are suitable to vulnerable adults' circumstances
- The UK's strategy should include universal, selective, and indicated approaches to prevention, using a whole systems approach
- Focus on 'vulnerable people' as opposed to 'vulnerable groups', acknowledging the complexity of vulnerability

20.5.21 End Rough Sleeping for Good (2022)[502]

This strategy from the Department of Levelling Up, Housing and Communities, highlights four focal points for ending rough sleeping, including better preventative measures, quick and effective intervention for those that are currently sleeping rough, targeted support for recovery, and a collaborative approach to end rough sleeping. Mental health is considered an aspect of taking a whole systems approach to ending rough sleeping, by investing in better drug and alcohol treatment and mental health provision. The strategy also highlights that more investment will be put into the Respite Rooms programme, which offers a short-term, single gender space for those who may have experienced domestic abuse.

20.5.22 Tackling Domestic Abuse Plan (2022)[503]

The plan aims to tackle domestic abuse as a whole society and reduce domestic abuse and cases of domestic homicide, while ensuring that victims and survivors receive adequate support. Objectives of the plan include strengthening the system through improved collaboration, identifying, and responding to more cases, and more data and knowledge, which will result in prioritising prevention, supporting victims, and pursuing perpetrators.

20.5.23 The Independent Review of Children's Social Care (2022)[504]

The review that highlighted current issues in the social care system around support for looked after children and care leavers. More investment into mental health services and training professionals to identify need were recommended. For families, the introduction of 'Family Help' services was highlighted as important for streamlining the support provided.

20.5.24 A National Framework for NHS – Action on Inclusion Health (2023)[505]

The framework focuses on the NHS' role in reducing health inequalities for socially excluded individuals by improving access, experience, and outcomes for people in inclusion health groups. It focuses on all aspects of health, including mental health. The inclusion health principles are:

1. Commit to action on inclusion health
2. Understand the characteristics and needs of people in inclusion health groups
3. Develop the workforce for inclusion health
4. Deliver integrated and accessible services for inclusion health
5. Demonstrate impact and improvement through action on inclusion health

20.5.25 Domestic Abuse: Draft Statutory Guidance Framework (2023)[506]

This guidance is issued under section 84 of the Domestic Abuse Act (2021) and has been framed to set standards and promote best practice. Information linking to mental health includes:

- The intersection between domestic abuse, substance misuse and poor mental health and how health-related issues can be exacerbated by domestic abuse
- Barriers to access for those with co-occurring mental health needs
- Services should avoid assuming that mental health needs are a result of a victim's health and social care needs, therefore not enquiring about domestic abuse

20.5.26 National Suicide Prevention Strategy (2023-2028)[507]

This strategy identifies people in contact with the criminal justice system as a priority group that could benefit from bespoke support. It also highlights the Ministry of Justice's continued funding to Samaritans to oversee the delivery of the Listener Scheme and postvention service. Actions also included a continued roll out of suicide and self-harm prevention training among prison staff, install ligature-resistant cells.

Middle-aged men are also a priority, and the strategy mentions that a history of alcohol or drug misuse, contact with the justice system, family or relationship problems and social isolation and loneliness are also factors that are common in men who die by suicide. Actions highlighted in the strategy to address these factors include making every contact count and improving treatment and support for alcohol and drug misuse.

20.5.27 UK Clinical Guidelines for Alcohol Treatment: Core Elements of Alcohol Treatment (2023)[508]

The Department of Health and Social Care drafted guidelines with contribution from experts by experience. One of the themes identified by the group was that services should collaborate so that those with alcohol dependency and mental health conditions are not turned away, and instead receive help for both conditions. The guidelines also offer psychosocial interventions as a vital part of treatment for everyone, and advises that services offer psychological treatments focused specifically on alcohol-related issues.

20.5.28 UK Clinical Guidelines for Alcohol Treatment: Specific Settings and Populations (2023)[509]

The guidelines from the Department of Health and Social Care are currently in draft and provide guidance on working with people with co-occurring mental health and alcohol use conditions. Guidance is based around the principles of 'everyone's job' and 'no wrong door'

to avoid exclusion of those with co-occurring conditions. The report advises that the combination of conditions should be considered when assessing agreeing a plan and coordinating care for people with co-occurring conditions. Staff should also be trained to offer screening, brief advice and be able to arrange a rapid alcohol assessment for people with complex needs with alcohol use disorders.

20.5.29 NHS Core20Plus5 for Children and Young People[510]

NHS Core20Plus5 is a national approach set out by NHS England to support the reduction of health inequalities. The approach defines a target population cohort (core20) and identifies 5 focus clinical areas requiring accelerated improvement. Core20plus5 has been adapted to apply to children and young people. Mental health is one of the five clinical areas of focus, aimed at improving access rates to children and young people's mental health services for 0-17 year-olds, for certain ethnic groups, age, gender, and deprivation.

20.5.30 NHS Core20Plus5 for Adults[511]

NHS Core20Plus5 is a national approach set out by NHS England to support the reduction of health inequalities. The approach defines a target population cohort (core20) and identifies 5 focus clinical areas requiring accelerated improvement. The 'plus' groups include inclusion health groups and one of the areas of focus for ensuring annual physical health checks for people with adults is severe mental illness to at least the level of nationally set targets.

20.5.31 **Local Policies, Strategies and Reports**

20.5.32 Children Looked After and Safeguarding: The Role of Health Services in West Sussex (2015)[512]

Completed by the Care Quality Commission (CQC), the document reviews the effectiveness of health services for looked after children and safeguarding within health services for all children in West Sussex. The review raised concerns around:

- Waiting times for CAMHS
- Access to CAMHS for children and young people who were not in stable placements
- A lack of collaboration between CAMHS and looked after children health teams
- A lack of contribution by GPs, health visitors and school nurses to reviews

Recommendations were made for different former CCGs in West Sussex, based on information from children and young people, and parents/carers.

20.5.33 West Sussex: A County Against Exploitation Strategy (2019-2024)[513]

The strategy sets out a vision for everyone in West Sussex living free from exploitation by collaboration with communities, organisations, businesses, and other stakeholders across the county. Though the strategy does not specifically mention mental health, the aims are based around support for those abused and exploited, responding to perpetrators while also balancing the need for rehabilitation and recovery, and developing services that can respond to unmet needs.

20.5.34 Foundations for our future – Sussex-Wide Review of Emotional Health and Wellbeing Support for Children and Young People report and (2020) strategy (2022-2027)[514]

This report was published in March 2020, and was an independent review of emotional and wellbeing support for children and young people and their families in Sussex. The strategy highlights a focus on prevention and improved support as action areas to support children and young people. One of the strategic priorities is to provide specialist and timely support to meet high and complex needs, particularly for the most vulnerable children who are looked after or may have experienced trauma or abuse. The Sussex-wide strategy to improve children, young people and families' emotional wellbeing and mental health over five years includes developing specialist and timely support to meet high and complex needs.

20.5.35 Pan-Sussex Strategy for Domestic Abuse Accommodation and Support (2021-2024)[515]

A Sussex-wide needs assessment was completed to assess the current provision and to help identify gaps and opportunities for improving the offer of accommodation and support for survivors of domestic abuse and their children. Mental health is embedded throughout the strategy, with an understanding that domestic abuse and poor mental health frequently co-occur. The most relevant recommendations include:

- Traditional refuge may not be suitable for those with poor mental health
- Establishing a specialist provision to support survivors of domestic abuse with MCN, acknowledging the challenges of accessing services and suitable accommodation when a person has a dual diagnosis of poor mental health and other conditions
- Accommodation should be flexible, longer-term, staffed 24 hours a day, with limited shared facilities and specialist wraparound support for mental health, alcohol/substance misuse and offending
- Embed trauma-informed practice into processes and services with training and specialist knowledge

20.5.36 The West Sussex Children and Young People's Plan (2022)[516]

The Children First Board, which is a subgroup of the West Sussex Health and Wellbeing Board, provides the primary framework for overseeing the strategic development of children and families work across the broad partnership of West Sussex. The Board updated The Children and Young People's plan in August 2022, with the following priorities related to MCN:

- Keeping children and young people safe from harm
- Providing the earliest support to families on low incomes to minimise the impact this has on their lives
- Closing the disadvantage gap for children and young people across all key stages

20.5.37 Sussex Mental Health and Housing Strategy (2022)[517]

This strategy is an initiative from Sussex Partnership NHS Foundation Trust, in collaboration with social care, housing and community groups to improve the means of accessing housing and support for those who are due to leave mental health hospitals. The five objectives of the strategy are to:

- Increase the availability of mental health support in the housing pathway, including improving the supply of specialist mental health housing
- Develop a specialist service for 18–25 year-olds who are transitioning from children to adult services
- Improve the connection between mental health and housing, so the system can better manage mental health needs
- Develop housing and support services to meet the needs of people with co-occurring conditions and MCN
- Reduce the barriers to hospital discharge by using housing-based models, including Discharge to Assess approaches

20.5.38 The Life You Want to Lead 2022-2025[518]

The Life You Want to Lead is a West Sussex adult social care strategy that identifies five priorities, accompanied by 'we will' statements, to inform the development of future adult and social care services in West Sussex. One aspect of the strategy focuses on inclusion for people facing multiple disadvantage and aims to continue collaboration with partners to deliver the Changing Futures Programme and the Joint Mental Health and Housing Strategy.

20.5.39 Adur and Worthing Community Homelessness Strategy 2017-2022[519]

The strategy was developed by stakeholders within the Adur and Worthing community. It highlights the use of systems leadership methods to ensure support for those with poor mental health and at risk of homelessness is holistic and client centred.

20.5.40 Crawley Homelessness and Rough Sleeping Strategy 2019 - 2024[520]

The strategy is part of Crawley Council's response the statutory duties under the Homelessness Act 2002. Actions to meet the needs of vulnerable people are to:

- Collaborate with local mental health services to successfully support services users with mental health issues
- Continue to engage with mental health hospital discharge teams to facilitate managed moves from mental health hospitals and prevent emergency discharge presentations
- Engage in training opportunities for Housing Options staff from organisations that work with vulnerable people

20.5.41 Horsham Housing and Homelessness Strategy 2021-2026[521]

One of Horsham District Council's objectives in the strategy is to ensure no one needs to sleep rough through having no other choice. One action already taken to achieve this objective is the collaboration with Turning Tides to expand services for rough sleepers in Horsham. Together, they have recruited a mental health Practice Lead as part of the offer for individuals sleeping rough.

20.5.42 Mid Sussex District Council Homelessness & Rough Sleeping Strategy 2020 – 2025[522]

One of the priorities of Mid Sussex' strategy is to minimise the use of and improve temporary accommodation. Of the actions to achieve this priority is to evaluate options to increase temporary accommodation, particularly for those with mental health and complex needs, by collaborating with mental health and adult services in the area.

20.6 Voice: coproduction and engagement

20.6.1 Key themes from mental health-related engagement work in West Sussex (Adults) 2019-2024

This section illustrates the most mentioned themes from a selection of mental health reports (see Appendix 3 for summaries of findings from individual reports and list of reports) in which engagement with stakeholders was reported in the county. The most mentioned/highest level themes are outlined directly below this paragraph. This is followed

by a table categorising all the themes included into whether the each are associated with individuals, organisations or at system level. Where mentioned, areas in which potential improvements might be made are also included. After this table, a full listing of the main points from each of the reports has been added, with references to the original documents.

Although many aspects of mental health and associated provision are mentioned in the reports, the most frequently mentioned themes are:

Access to services was one of the most prominent themes from the reports. This included finding support initially and then accessing the support that was most appropriate. **Getting the 'right support'** was a prominent theme. Although navigating the system can present issues, misdiagnosis was mentioned, as was how getting this right might help people move on. This included support from professionals, but also from the community, voluntary sector and from families. Support that is tailored and empathetic to need was highlighted.

One important aspect of accessing services was **timeliness and that support was available when needed** and that people could feel confident that this was the case. This was apparent in mentions surrounding waiting times for support and a gap in longer term support for more complex trauma.

Both **professional and public knowledge** was thought to be lacking. The first port of call that people used when seeking **information** about mental health was an internet search (either as a service user or potential service user), followed by seeking information from their GP. People noted that they found it difficult to find and access the information they were looking for and weren't sure what was available anyway.

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 was a prominent theme. This covered professional expertise and the delivery of services and support.

Staffing issues were another, albeit lesser mentioned, theme, the main issue being the lack of staffing across the service including the voluntary sector. In all cases this 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.

All themes

Feeling low/depressed, anxiety and suicidal feelings/harm to others are the conditions that people were most likely to seek help for.

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Finding and accessing support	• People try GP and Google first – both service users and potential users • Same access difficulties across conditions • For people who are homeless/temporarily housed/rough sleeping - difficulty maintaining communication with services due to accessing phones and IT	• Most difficult to access support tends to be via 999/A&E	• Online information can be confusing	• Clear visual identity needed • Visual maps of services would be helpful • Services avoid 'blacklisting' those who miss follow up appointments/calls
Lack of knowledge about what is available	• People lack knowledge about what is available • Wrong first contact can lead to more barriers in finding and getting help • Unable to get right service • People accessing wrong service • Person may give up leading to more acute need later on	• GPs lack knowledge • Professionals lack knowledge about what is available, the remit of services, eligibility and which patients are best suited to services/ referral routes	• Lack of clear information and signposting	• Services could be listed by condition • A single point of information could be helpful

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Workforce and capacity • Demand has increased – higher than capacity and may not have reached its peak yet		• GP services face geographical challenges • Short term contracts in voluntary sector	• Lack of workforce in all areas	
What is working well?	• Triage for preassessment	• MH social care team • MH crisis house in West Sussex • Voluntary sector involvement		
Service gaps	• Accommodation issues for some discharged adults	• Underdeveloped services for autism • Young people's transitions – capacity doesn't meet demand • Problems in recruiting means some providers leave the market • Out of county placements thought not to work	• Lack of workforce in all areas • Lack of consistency in services • Budget needs to increase • Adult MH service market underdeveloped • Work of MH staff not well recognised	• MH workers in all GP practices • More prevention – such as MH first aiders, IAPT post Covid service, young person's suicide prevention • Provide correct housing after discharge from mental health services

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Individual needs	• Safe areas in the community • Trust that service can be accessed when needed • Accessible information about support • Support to understand and manage medications • Diagnosis important to move forward • Better translated medical advice for non-UK nationals			• Service user involvement in service development
More timely and accessible services and reduction in services gaps	• Difficult to get information • Not enough early intervention • Waiting times	• MH staff in A&E • Little continuity of care • Little option for longer term trauma recovery support		• Peer support • Urgency to reduce waits • Crises centres • Availability of psychiatric beds • One to one therapeutic counselling • Long term and sustained funding • Timely access to support • Out of hours support extended
Informed, coordinated and continuous mental health support	• Lack of community support for carers and families	• Inconsistent MH services delivery • Gaps in record keeping • More coordination between statutory and specialist services	•	• Comprehensive aftercare plans • Education initiatives for navigating MH system • Need for integrated data sharing • Centralised records system • Joined up working

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Appropriate empathetic care, personalised care and support	• Poor listening, care and access • Manner of asking questions in services does not encourage victims to disclose abuse. • Stigma within services around homelessness	• Larger organisations – more adaptive		• Patient-centred range of therapies and choice • Empathetic care and support • Voluntary organisation support • Comprehensive and tailored care and support • Safe space for men • More staff in voluntary groups • Mental health support that is beyond generic • More queries around relationship history from services • More specialist support for trauma
Holistic support			• Financial considerations	• Holistic service model • Enhance support for parents at risk of losing children • One stop shop approaches • Mediators to simplify the process • Training for those in housing, DWP, etc • Integrated support from children's services, domestic abuse services and mental health services • Support to navigate the individual through the different support services

Key theme	Individual Level Needs	Organisational Level Needs	System Level Needs	Potential Improvement
Specialist training	• Some misdiagnosis, inadequate explanation and support	• Inconsistent professional expertise • Lack of experienced mental health nurses, paramedics and specialists		• Gender biases • Guidance and training for patients for coping strategies • Support to manage medications • Need for consistent mental health support • Better understanding of the impact of living with domestic abuse on health
BAME issues	• Financial concerns • Mental health conditions – anxiety and depression • Cultural barriers and heritage • Difficulties in navigating system can lead to feelings of discrimination • Mental health support mainly from families			
Women and ADHD	• Services poor or in need of serious improvement • Misdiagnosis or not receiving the best treatment			• Better help for comorbidities and neurodiversity • GPs should have a better understanding of mental health and ADHD • Provision of supportive courses of treatment and therapy after trauma

20.6.1.1 Client Feedback from Changing Futures Programme Sussex[523]

''Thinking about all local services, what do you feel would be helpful?''

- "Trauma therapy groups, specialist therapist."
- "Specialist therapy for PTSD, childhood trauma." "I have PTSD from childhood trauma, I have never had support for this, I always get triggered and reacting the way I do under pressure and stress I always get kicked out of accommodation."
- "When someone is leaving a mental health unit the correct housing should be in place, as well as the communication between housing directly with the client should be agreed."
- "Having someone to navigate the individual through the services they are accessing for support or treatment."

20.6.1.2 SPFT and Changing Futures Innovation workshops – Pan-Sussex Voices of Lived Experience Board (VOLEB) (2024)[524]

Feedback from the following questions:

1. Why do you think people end up too long staying in Emergency Departments with mental health problems? This could be issues affecting before, during the stay or after.

2. What would you want/like to see for people in mental health crisis, if all parts of the system were working optimally?

Themes

- A&E are too overwhelmed with demand and not enough resources, including specialist mental health support.
- External factors (no support network, substance misuse, housing issues, the cost-of-living crisis).
- Not enough support pre-crisis point.
- Lack of understanding of mental health needs.

20.6.1.3 Pan Sussex Voices of Lived Experience Board: Public Mental Health Needs Assessment (2024)[525]

Questions:

1. What is your experience of using mental health services?

2. What are the gaps/needs?

3. How can we address the gaps or what does a good service look like to you?

Themes

- When Mental Health support is provided to perpetrators this is a missed opportunity to screen for domestic abuse, if it has not been identified they are abusing their partners it can leave partners at risk of harm. In addition to this feedback from

VOLEB recent DAC and HALT DHR research noted 63% of perpetrators were engaged with MH services

- Children are now legally recognised as victims (of Domestic abuse) in their own right, but there is a lack of mental health support for children who have experience DA, and even more so a lack of mental health support for children with additional needs for example neurodivergence
- Long waiting lists and time limited support, little option for longer term trauma recovery support which reduces the risk of revictimisation
- Statutory services should be more coordinated - they don't 'speak' to each other, repeatedly telling your story to access a service is retraumatising
- Better coordination between Mental Health, Domestic Abuse, and Substance Misuse services
- Being directly asked 'Sorry I have to ask, are you experiencing domestic abuse?' with no prior enquiry about relationship history does not encourage Victim Survivors to disclose abuse

20.6.2 Community feedback with marginalised groups experiencing homelessness (2023)[526]

The report outlines the process of gaining client feedback around health inequalities between October 2023 and March 2024, including results, themes, and outcomes and impact from qualitative and quantitative data. A survey provided feedback from 70 current and new clients of Stonepillow (an organisation that supports people who are homeless), between the ages of 18 and 65. Findings from the survey include:

- Approximately 44% of respondents had a physical health issue at the time, 51% did not
- 60% of respondents considered themselves to have mental health difficulties, 30% did not, and 10% did not wish to disclose

The themes, barriers and positive feedback from the project that related to mental health outcomes were as follows:

- Lack of regular access to a mobile phone limits access to GP and hospital appointments as missing the calls results in being 'blacklisted'
- Those with physical health issues struggle to attend pharmacies and GP practices due to mobility
- Barriers to support included poorly translated medical advice for non-UK nationals, lack of access to technology to receive NHS calls and stigma around homelessness within NHS services
- Positive feedback covered the support people received from support workers, experience of hospital stays as being positive and 100% of clients being registered to local GPs

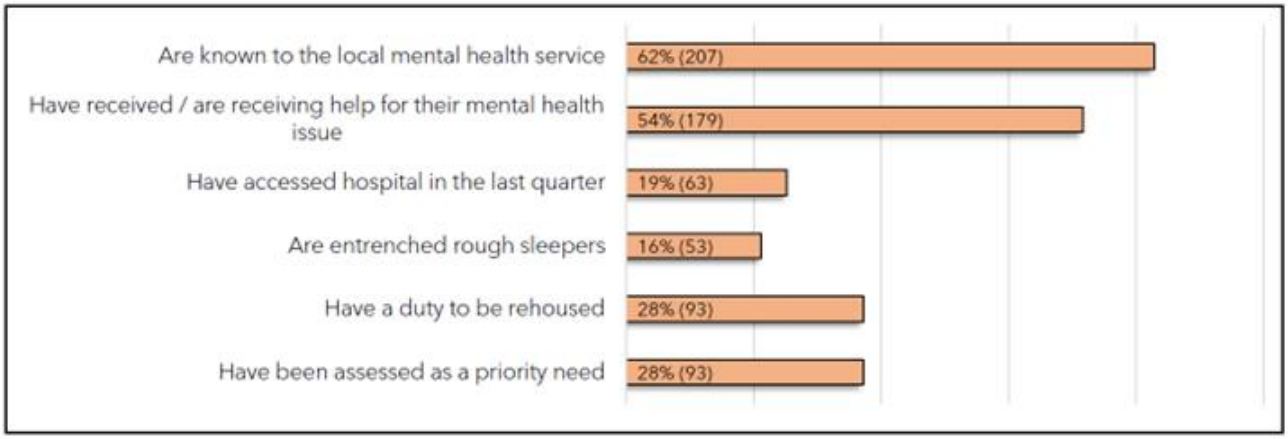
20.7 Activity, quality, and outcomes

Many programmes and services work with people of complex needs and multiple disadvantage, but data are not always routinely recorded.

Changing Futures, is a programme focused on individuals experiencing multiple disadvantage[xxv]. It is one of the few programmes that records a range of issues affecting individuals.

In the period April to June 2023, of the 689 clients for whom data was returned, 378 experienced multiple disadvantages as defined by the Changing Futures programme, and of those 378 people 88% had a mental health problem. The majority were known to mental health services (62%), almost one in five had been in hospital in the last three months, and more than one in four were assessed as a priority need for rehousing in their local area.

Figure 207 Clients Experiencing Multiple Disadvantage with Mental Health Issues (April 23 - June 23)



Source: Changing Futures Local Data

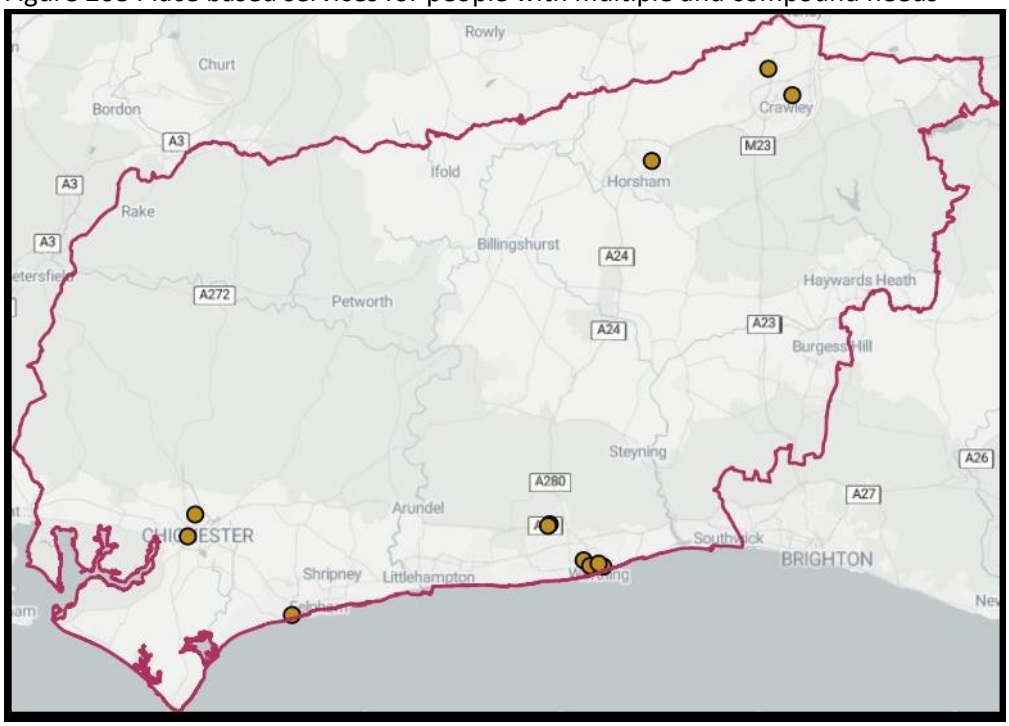
[xxv] Adults experiencing three or more of the following five: homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Changing Futures in their reporting use the terms multiple compound needs and multiple disadvantage interchangeably.

20.8 What we know about the offer of support

For people with multiple and compound needs (MCN) accessing universal and specialist services available cross the life course is challenging. Issues around access to services for this group are discussed elsewhere in this chapter. This section focuses on those services specifically targeting those with MCN.

In terms of geography, concentration of physical spaces for accessing services is in our towns. In rural areas there are issues with availability, suitability, and affordability of transport. Community transport offers are patchy across the county, which affects access to in-person place-based offers. Some of the offers in rural areas are suitable for those wanting to remove themselves from urban or noisy environments or communities.

Figure 208 Place based services for people with multiple and compound needs



The evidence-based interventions for people with multiple and compound needs are effective, however, resources are currently stretched to breaking point, especially in supported housing provision. This impacts on the ability of services to meet the needs of people with MCN. Services are based around homelessness, domestic abuse, criminal justice, and substance misuse. Particularly important to this group is trauma informed care, to improve outcomes.

20.8.1 Trauma Informed Care (TIC)

The evidence on the impacts of trauma, including adverse childhood experiences (ACEs), on mental health is set out in the children and young people section of the report. The impact of trauma is increasingly being recognised, along with the benefits of taking a trauma informed approach to care and practice. It can help improve patient engagement, treatment

adherence and health outcomes, as well as provider and staff wellness. Trauma informed care can help reduce burnout among health and social care providers, potentially reducing staff turnover. Work is progressing on incorporating trauma informed approaches across the Sussex wide system, including communities of practice and development of a strategy.

Training staff in a trauma informed approach is an effective way of supporting adults with trauma as a result of ACEs. It builds knowledge and awareness about the consequences of ACEs amongst professionals, as well as collaborative approaches across sectors and organisations. Staff across a wide range of agencies should be supported to understand the impact people's ACEs and adverse adult experiences can have on behaviours, health and wellbeing and enable staff to respond appropriately. This will require training at all levels across all services to develop a shared learning and understanding of the local approach to trauma. Sussex Health and Care Partnership are implementing a Trauma Informed Care (TIC) programme across Sussex.

Trauma Informed care seeks to:

- Realise the widespread impact of trauma and understand paths for recovery.
- Recognise the signs and symptoms of trauma in patients, families and staff.
- Respond through integrated knowledge about trauma into policies, procedures and practices.
- Actively avoid re-traumatisation.

Trauma informed services are also reflective in their practice, which involves curiosity about the work we do, with a fundamental focus on relationships at the heart of the work. The five key principles of trauma informed care are trustworthiness, safety (psychological and physical), choice, collaboration, and empowerment.

20.8.2 Changing Futures

Changing Futures has brought a collaborative approach to supporting people with MCN. Voluntary organisations specialising in support people with complex lives along with Adult Mental Health Teams.

20.8.3 Domestic abuse

There are comprehensive offers for domestic abuse generally in West Sussex, with a specific service designed for those with MCN.

20.8.4 Co-occurring conditions

There is provision from the community and voluntary sector, as well as the Sussex Partnership Foundation Trust. There is a service specifically for people with substance misuse, homelessness, and mental health issues as well as service focussed on substance misuse and mental health.

20.8.5 Housing and homelessness

Housing support is central to the offer for people with MCN. This may be through supported accommodation, help with obtaining and maintain a tenancy, or accessing short term hostel accommodation.

20.8.6 Criminal justice

There is statutory provision through the probation service and the Liaison and Diversion service as well as support through voluntary sector organisation, around housing ex-offenders.

It is not clear what the offer is for those who have MCN but fall below the threshold for Adult Social Care, particularly around self-neglect and this has been identified as a significant gap in provision.

20.9 Multiple Compound Needs - What works for prevention

Below are some approaches in current use, as well as evidence-based interventions, for preventing poor mental health outcomes in children at risk of MCN and adults with MCN.

Trauma Informed Approach

Approximately 85% of adults that experience multiple disadvantage in their adult life experienced trauma in their childhood[527]. The broad uptake of trauma informed approaches nationally is partly in response to the extensive evidence on the negative impacts that trauma can have on a person's mental health throughout the life course[528]. There is no agreed definition or national framework for a trauma informed approach[529,530,531], however, the most common principles that occur in literature are:

- Taking a trauma lens (recognising and responding with the understanding that people may have experienced trauma, which can impact their thoughts, feelings, and behaviour)
- Prevent further re-traumatisation
- Ensure safety
- Take a strengths-based approach to empower service users and give them control.
- Build trust between staff/volunteers and those accessing services

A recent systematic review evaluating the effectiveness of trauma-informed organisational change programmes in adult primary care and community mental healthcare, found evidence that implementing trauma-informed approaches across multiple components within a healthcare organisation (including an allocated budget, ongoing staff training, and support and identification of patients affected by trauma) can create a safe environment that leads to improvements in health outcomes. However, there is a lack of consistent evidence on the impacts of trauma-informed approaches on mental health outcomes, likely due to the wide

range of trauma types[532] and differences in service delivery of trauma-informed approaches across the public and voluntary sector.

Fulfilling Lives Programme

Fulfilling Lives is an eight-year programme that supports people through local partnerships across England. The aim of the programme is to trial new methods to ensure collaborative and person-centred report for people with multiple disadvantage[533]. A national evaluation over nine years has identified useful evidence around the approaches and interventions that work to support people with multiple disadvantage[534]. These include:

- Long term support – a positive move-on from a service can take a person with MCN up to 48 months, however, some services only offer time-limited support
- Individual and person-centred support – Around 47% of individuals working with fulfilling lives show overall progress towards self-reliance after 12 months on the programme, while 42% made little or no progress, and 11% got worse. This suggests that pathways in services should be diverse and avoid rigid programmes of change
- Services should be designed with the expectation of relapse. Evidence suggests that people with MCN will experience relapses and setbacks in their progression, services should be accommodating of individuals leaving services and returning, as opposed to excluding individuals once they have left
- Specialist support services for women. Women with MCN who have experienced abuse should be able to access appropriate, gender specific, trauma-informed services as a priority[535]
- Combining the programme with substance misuse support increases the likelihood of improved wellbeing and self-reliance. Those who also receive Cognitive Behavioural Therapy, Psychotherapy or counselling are more likely to show improvements in their emotional and mental health

A Lancet systematic review (2018) identified preventative interventions for inclusion groups, including people who use drugs, with experience of homelessness, imprisonment, or sex work. Effective programmes for children and young people have been shown to have evidence of long-term positive impacts on outcomes through multiple rigorous evaluations[536].

Early Years (0-5 years)

Early interventions that address the risk factors associated with multiple disadvantage can prevent poor mental health outcomes in children and young people at risk of MCN in adulthood.

Effective interventions for early years[537] include:

- Programmes that reduce parental stress and improve parent-child interaction.

- Home visiting
- High quality preschool education

Effective programmes for early years

- Incredible Years (IY) – a range of evidence-based interventions for parents, children, and teachers. IY has been trialled in target settings, including in the UK[538]
- Family Nurse Partnership (FNP)- FNP offers support to parents aged 24 and under from early pregnancy until the baby is age two[539]. FNP was introduced across England, Scotland, and Northern Ireland due to results from large-scale randomised control trials in the US that showed long-term benefits for young mothers and their babies. The Building Blocks trial assessed the efficacy of FNP in England and found that there was some reduction in the proportion of children with a developmental concern at age two in the group receiving FNP[540]
- Triple P – A collection of universal and targeted support for families who have concerns around children's behaviour. There is evidence of short-term positive impact on outcomes in children[541]

Children and Young People (5-16 years)

The Lancet systematic review advised that the following interventions are encouraging for preventative interventions for mental health and wellbeing:

- Family-based therapy
- Cognitive Behavioural Therapy (CBT)
- Foster care may improve mental health outcomes and reduce criminal activity for children in the care system.

Effective programmes for Children and Young People

- Generation PMTO is a targeted-selected and targeted-indicated programme delivered to families with children between ages 3 and 18, who are at risk of developing behaviour problems[542,543]. Evidence shows that the programme can support children's mental health and wellbeing through improving adjustment and social competence, as well as prevent crime, violence, and antisocial behaviour
- Multisystemic Therapy (MST) – for families with a young person aged 12-17, who are at risk of going into care due to antisocial/offending behaviour. MST has robust evidence to suggest it supported children's mental health and wellbeing, preventing child maltreatment and a reduction in crime-related and antisocial behaviour[544]
- Becoming a Man (BAM) – BAM is a two-year, school based emotional learning programme targeted at young, adolescent males aged 12-18, who are most at risk of failing to attain good academic outcomes and coming into contact with the criminal

justice system. Service users tend to be from deprived areas and from lower socio-economic backgrounds[545]

Adults

The most effective interventions identified for adults with MCN include:

- Multicomponent Interventions that involve coordination between health and non-health services. These interventions can improve treatment processes for people with drug and alcohol dependency. For individuals who have experience of homelessness, coordinated support was associated with improvements in mental health symptoms and substance use
- Service user involvement in service development and evaluation, for example, through peer worker programmes and coproduction[546], can guarantee equity, acceptability, and ensure services remain relevant to individuals' needs
- Active and psychologically informed outreach and engagement from trained community nurses and peer workers

Effective interventions specifically for women

Being a woman with MCN can result in different negative outcomes and responses from services than other genders. The Lancet systematic review recommended the following interventions for women:

- Gender specific, tailored group sessions delivered by trained community or mental health nurses, combined with therapeutic approaches like cognitive behavioural therapy (CBT) and motivational interviewing (MI), resulted in positive psychological, behavioural, and cognitive outcomes in homeless women[547]
- Therapeutic communities is a residential intervention that aims to isolate individuals from outside influences while providing intensive support. They are commonly used in drug rehabilitation, low-risk prison populations and for women seeking shelter from intimate partner violence. Therapeutic communities are effective in motivating women to make positive changes and improving psychological wellbeing. Other outcomes, such as reduced rates of incarceration and re-arrests, prevention of drug relapse, and returning to a violent sexual partner, can also help to prevent poor mental health outcomes
- Case management services that integrate perinatal, parenting and child-related services with alcohol and drugs services can improve maternal mental health

20.10 Findings and areas for focus

Life Stage: Multiple Compound Needs

KEY POINT

- There is no routine data which provides a breakdown of people with multiple compound need. Data collected as part of an audit for Changing Futures found that 88% of clients who had multiple disadvantage had a mental health need (and 29% of those who did not have multiple disadvantage had a mental health need).

High Level Overall Areas for focus

For all high-level areas for focus see section 21 of this report.

Area 1: System under pressure

See high level areas for focus, no specific multiple compound needs areas for focus.

Area 2: Preventing mental ill health, supporting people earlier

Specific multiple compound needs areas for focus

- Keep what's working well including carers support, pathfinder service / function, suicide prevention multiagency working.
- Review of access to early intervention support regarding trauma including peer support.
- Waiting well and waiting safely measures and ongoing communication with those on waiting lists.
- Workforce training on lower-level support, trauma informed support, mental health first aid

Area 3: Whole pathways and all people

Specific multiple and compound needs recommendation

- Development and delivery of a strategic plan for commissioning & provision, building on what's working well, addressing challenges including gaps highlighted in 25-65 years section for targeted support: access to MH Support for those with substance misuse, people in the criminal justice system, people on sex offences register, mothers who have a mental health need with a young child but doesn't meet thresholds, transgender friendly models of care, adults who are self-harming, wheelchair accessible properties; care experienced; tailored support for LGBTQ+ including peer support, eating disorder, earlier access to support for those not in crisis and neurodevelopmental disorder & gaps in essential support such as care tasks for those not registered to do so, such as collect medications.

Area 4: Accessible, flexible & personalised support

Specific multiple compound needs recommendation

- Workforce training on mental health first aid.

- Review inpatient admissions across age cohorts, referral routes and pathways.
- Day services to bring services together in one place, drop in facility with extended hours so people can access a service when they need it.
- Step down support from A&E, linking with social prescribing high-risk adolescent services.

Area 5: Housing & accommodation

Specific multiple compound needs recommendation

- Increase access to mental health support for people experiencing homelessness

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

Specific multiple compound needs areas for focus

- Keep what's working well: navigator roles for MCN, dual diagnosis protocol, women's therapeutic house model and proactive care.
- Trauma informed care system wide & compassionate approaches including communication methods by staff e.g., giving diagnoses, domestic abuse and victim support.
- Review and provide outreach care support for those with MCN.
- Development of gender informed approaches in MH and MCN services: women only space in the male dominated services; working with men due to higher risk of suicide in males; use the Hastings approach to gender inequalities through co-production.
- Development of gender informed approaches in MH and MCN services: women only space in the male dominated services; working with men due to higher risk of suicide in males; use the Hastings approach to gender inequalities through co-production.
- Development and adoption of a common assessment tool that will lead to better referrals.

21 Overall High-Level Findings and Areas for focus

This section provides a high-level overview of the findings of the needs assessment, along with the areas for focus across the following 6 areas.

1. System under pressure

2. Preventing mental ill health, supporting people earlier

3. Whole pathways and all people

4. Accessible, flexible & personalised support

5. Housing & accommodation

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

21.1 Prevention

Mental health problems are common, affecting almost two thirds of us. Mental and physical health are fundamentally linked, and mental health problems 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. They are costly and are both a cause and a consequence of social inequalities.

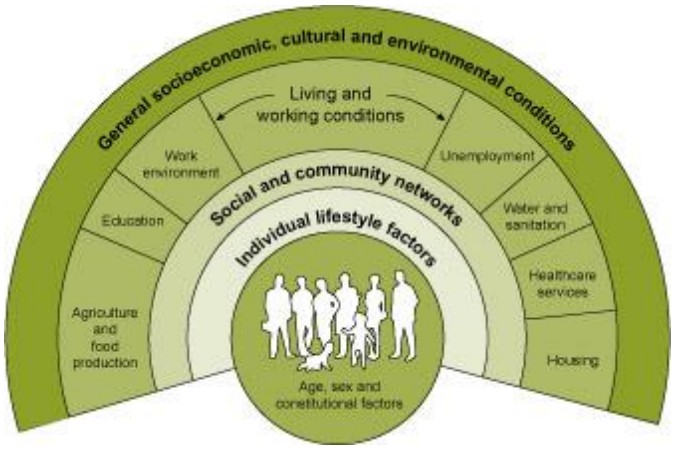
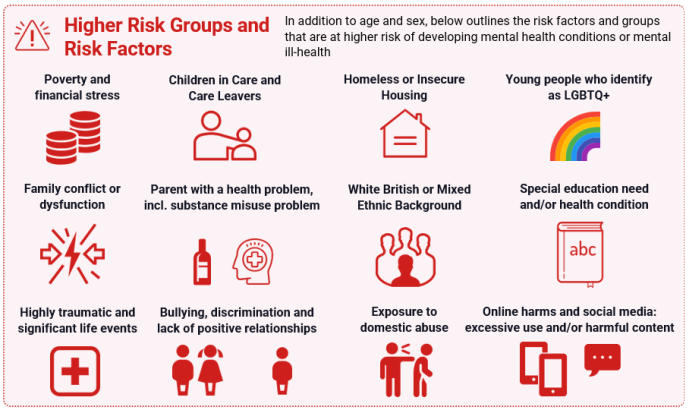


Figure 209 Building blocks of health

Source: Dahlgren & Whitehead (1991)

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 – by 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. These are the building blocks of health and are illustrated here in Figure 1.

Figure 210 Higher risk groups and risk factors for children and young people's mental health and wellbeing

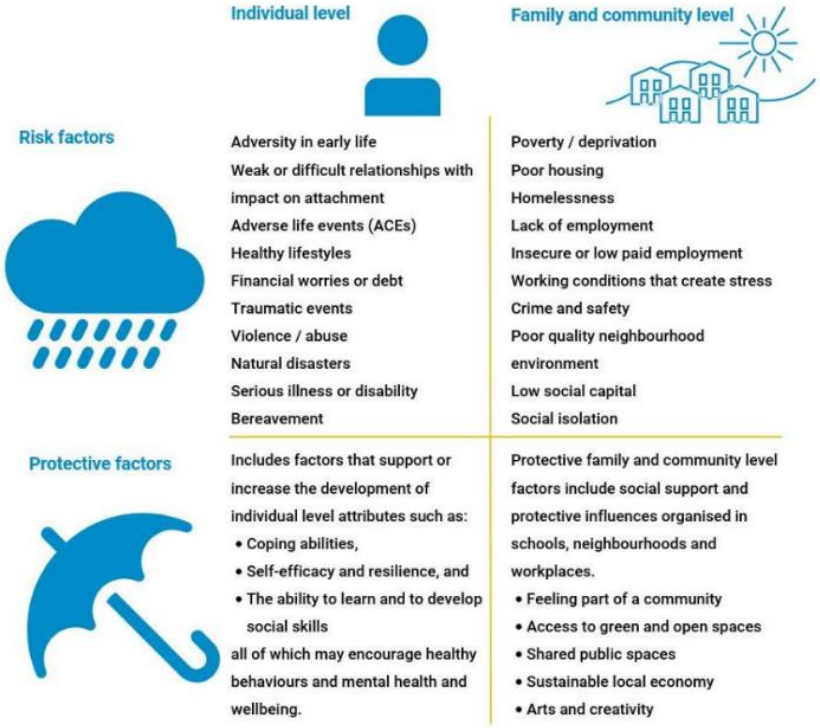


21.2 Population

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.

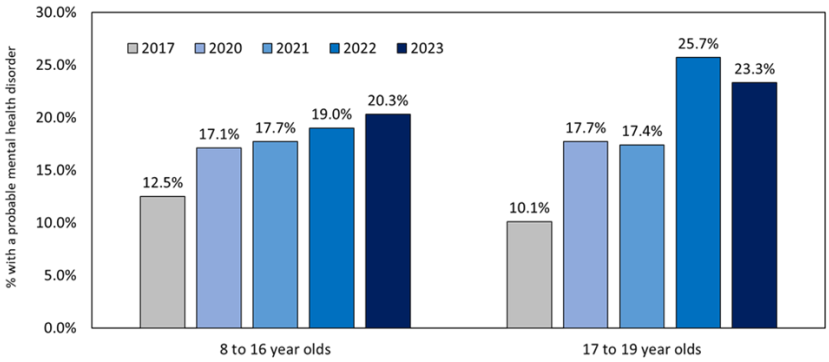
Figure 211 Common risk and protective factors for mental wellbeing at individual and family/community level



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

In recent years, we have seen the negative impact of poverty, cost of the living, 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.

Figure 212 Rates of probable mental health disorder 8-16, 17-19



21.3 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 5 years, currently 24% of the population self-report high anxiety.
- 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. 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 represented 0.6% of the registered patients, there was 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 the number 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 in comparison to national average.
- 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 experiencing 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 having lower mental wellbeing compared to 7% in the least deprived areas.

21.4 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 on January 2023 (diagnosis rate was 60.5%) but the diagnosis rate has yet to recover to pre pandemic levels.

21.5 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 in professionals and people in communities for support available nationally, county wide and within local neighbourhoods.
- It is difficult to manage and coordinate 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).

21.5.1 Children and Young People

- West Sussex has a Single Point of Access (established in June 2022), in terms of services most CYP (not all) will route through this system. The number of referrals to the SPoA is significantly higher than 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 and support expansion continuing to grow reach into more schools.
- Overall, new services or expanded services experience high demand and may cap / introduce waiting lists, or explore different methods of supporting people to manage this.

- Activity has increased, there are more assessments, treatments, contacts, and appointments. This increase 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.

21.5.2 16 + years and adults

- Data shows demand, via referrals and activity is increasing, this rise started to happen before COVID-19 pandemic.
- 70% of young people referred to the transitions panel for moving from Children's to Adult's social care have had past or current involvement with CAMHS.
- The highest rates of secondary mental health hospital admission in West Sussex are ages 20-34.
- Talking therapies are amongst 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, AMPH accepted referrals are stable, lower rates of mental health act detention.
- Access to perinatal mental health support is rising.
- There are challenges relating the use of data and intelligence to understand scale and direction of demand and activity at a strategic level, to inform effectiveness of treatment and support and to drive common understanding of local system between different organisations.

21.6 Voice

21.6.1 Children and young people

Below summarises 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; follow up and non-binary / transgender support.
- Easy access is essential, there is a 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.

21.6.2 Adults

Analysis from engagement reports with adults is summarised below:

- **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, including in 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.

The key themes from the coproduction events as part of this needs assessments were as follows:

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, coproduced and validated by professionals working within the system and people with lived experience.

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 & 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 & 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 to 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.

22 Appendix 1 Diagnostic Tools Used in APMS

Condition	Diagnostic status	Classification system	Assessment tool	Reference period
Generalised anxiety disorder	Present to diagnostic criteria	ICD 10	CIS-R	Past week
Depressive episode	Present to diagnostic criteria	ICD 10	CIS-R	Past week
Phobias	Present to diagnostic criteria	ICD 10	CIS-R	Past week
Obsessive compulsive disorder	Present to diagnostic criteria	ICD 10	CIS-R	Past week
Panic disorder	Present to diagnostic criteria	ICD 10	CIS-R	Past week
CMD-NOS	Present to diagnostic criteria	ICD 10	CIS-R	Past week
Post-traumatic stress disorder (PTSD)	Screen positive: endorsed six out of ten items	DSM-IV	PTSD Checklist – civilian version (Blanchard et al. 1996)	Past week
Attention deficit hyperactivity disorder (ADHD)	Screen positive: endorsed all six items	DSM-IV	Adult Self-Report Scale-v1.1 (WHO 2003)	Past 6 months
Bipolar disorder	Screen positive	DSM-IV	Mood Disorder Questionnaire (Hirschfield et al. 2000)	Lifetime
Alcohol Dependence	Screen positive	-	AUDIT (Saunders et al. 1993)	Past 6 months
Drug dependence	Screen positive	DSM-IV	Based on the Diagnostic Interview Schedule (Malgady et al. 1992)	Past year
Psychotic disorder	Present to diagnostic criteria	ICD-10	CAN (WHO 1999)	
Borderline personality disorder (BPD)	Present to diagnostic criteria	DSM-IV	Self-report SCID-II (First et al. 1997)	Past year
Antisocial personality disorder (ASPD)	Present to diagnostic criteria	DSM-IV	S-report SCID-II (First et al. 1997)	Past year
Any personality disorder	Screen positive	DSM-IV	Standardised Assessment of Personality (Hesse and Moran 2010)	Lifetime
Attempted suicide	Occurrence of behaviour	-	Self-completion	Past year

23 Appendix 2 – Risk and Protective Factors, Population Outcomes

The following tables detail comparative data for West Sussex, England and also where possible for comparator local authorities. This information is published and updated by OHID and available at

https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/

The comparator authorities are CIPFA comparators and for West Sussex these are:

- East Sussex
- Essex
- Gloucestershire
- Hampshire
- Kent
- Leicestershire
- Norfolk
- North Yorkshire
- Nottinghamshire
- Somerset
- Staffordshire
- Suffolk
- Surrey
- Warwickshire
- Worcestershire

For each measure, where there is a clear direction, i.e., whether higher or lower is better or worse, differences are RAG rated (red for worse, green for better, amber for no significant difference) against England.

In the following tables we have shown overall risk factors for the population, and then specific additional tables for each life stage.

CHILDREN AND YOUNG PEOPLE							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Low Birth Weight (% of live births)	2021	138	→	1.8%	●	2.8%	-
Children in Low Income Households (< 16 years) - %	2022/23	20,287	→	12.9	●	19.8%	-
% of Reception Children Overweight	2022/23	1,685	→	19.8%	●	21.3%	-
% of Year 6 Children Overweight	2022/23	2,940	↑	32.4%	●	36.6%	-
Children in Care - per 10,000	2022/23	887	-	50	●	71	-
% of school pupils with social, emotional and mental health needs	2022/23	3,833	↑	3.3%	●	3.3%	-
First time entrants to the youth justice system - per 10,000	2022	78	→	96.6	●	148.8	-
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	1,603	↓	9.5%	●	5.2%	-
PHYSICAL HEALTH							
% of adults (aged 18+) classified as overweight or obese	2021/22	-	-	61.6%	●	63.8%	
DEPRIVATION							
% of households in fuel poverty	2021	30,778	-	8.0%	-	13.1%	-
Index of Deprivation (2019) Rank	2019	-	-	14.4	-	21.7	-
HOUSING AND EMPLOYMENT							
Employment Deprivation Score (IMD 2019)	2019	-	-	0.070	-	0.099	-
Long term claimants of Job Seekers Allowance	2021	575	↓	1.1	●	2.1	1.2
Affordability of home ownership - Ratio of median house price to median gross annual earnings	2021	366,500	-	11.6	-	9.1	-
Statutory homelessness : households in temporary accommodation	2022/23	1,342	-	3.5	-	4.2	-
Statutory homelessness : households owed a duty under the Homelessness Reduction Act	2022/23	3,377	-	8.8	●	12.4	-
CRIME, SAFETY AND VIOLENCE							
Crime Deprivation Score (IMD 2019)	2019	-	-	-0.44	-	0.01	-
First time offenders	2022	978	↓	124	-	166	-
% of offenders who re-offend	2020/21	547	→	19.1%	-	24.1%	-
Domestic abuse related incidents and crimes	2022/23			20.1	-	30.6	-
Violence crime - violent offences per 1,000 population	2022/23	21,931	↑	24.8	-	34.4	-

ALCOHOL, DRUGS AND TOBACCO							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Estimated prevalence of opiate and/or crack cocaine use	2016/17	2,695	-	5.3		8.9	6.1-
Smoking status at time of delivery - %	2022/23	611	→	7.9%		8.8%	-
Smoking Prevalence in adults (18+) - current smokers (APS)	2022	-	-	12.5%		12.7%	-
Smoking Prevalence in adults with anxiety or depression (18+) GPPS)	2016/17	-	-	19.3%		25.8%	-
Smoking Prevalence in adults with a long term mental health condition (18+) (GPPS)	2022/23	-	-	22.1%		25.1%	-
Admission episodes for alcohol-related conditions (Narrow) (All)	2020/21	3,803	-	415		494	-
Admission episodes for alcohol-related conditions (Narrow) (Female)	2020/21	1,369	-	294		341	-
Admission episodes for alcohol-related conditions (Narrow) (Male)	2020/21	2.434	-	554		664	-
Drug Related Deaths	2018-2020	78	-	3.2		5.0	-

Population Protective Factors

CHILDREN AND YOUNG PEOPLE							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
School readiness: % of children achieving a good level of development at the end of Reception	2022/23	6,187	-	67.5%		69.6%	-
Average Attainment 8 Score	2022/23	-	-	46.4		46.2	-
Average Attainment 8 Score of Children on Care	2021/22	-	-	13.2		20.3	-
LIFE EXPECTANCY							
Healthy Life Expectancy (Female)	2018 - 2020	-	-	63.9 years		63.9 years	-
Healthy Life Expectancy ((Male)	2018 - 2020	-	-	63.8 years		63.1 years	-
Life Expectancy at Birth (Female)	2020 - 2022	-	-	84.2 years		82.8 years	-
Life Expectancy at Birth (Male)	2020 - 2022	-	-	80.3 years		78.9 years	-
Life Expectancy at 65 (Female)	2020 - 2022	-	-	21.9 years		20.9 years	-
Life Expectancy at 65 (Male)	2020 - 2022	-	-	19.2 years		18.4 years	-
EMPLOYMENT							
% of People in Employment	2022/23	401,000	→	78.9%		75.7%	-

Population Protective Factors continued

WELLBEING AND SOCIAL CAPITAL							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Social Isolation: % of adult social care users who have as much social contact as they would like	2022/23	3,590	-	44.1%		44.4%	-
Social Isolation: percentage of adult carers who have as much social contact as they would like	2021/22	120	-	24.0%		28.0%	
PHYSICAL ACTIVITY							
Percentage of physically active adults	2021/22	-	-	69.6%		67.3%	-
Utilisation of outdoor space for exercise or health reasons	2015 - 2016	-	-	20.3		17.9	-
Quality of living environment: IMD score	2019	-	-	17.9		22.1	-

Mental Health Outcome Measures

POPULATION LEVEL WELLBEING MEASURES							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Self reported wellbeing: people with a low satisfaction score - %	2022/23	-	-	4.6%		5.6%	-
Self reported wellbeing: people with a low worthwhile score - %	2022/23	-	-	4.6%		4.4%	-
Self reported wellbeing: people with a low happiness score - %	2022/23	-	-	11.3%		11.3%	-
Self reported wellbeing: people with a high anxiety score - %	2022/23	-	-	24.5%		23.5%	-
SELF HARM							-
Emergency admissions for self-harm	2021/22	1,575	-	189.2		163.7	--
Hospital admissions as a result of self-harm (10-24 years)	2022/23	-	↓	478.0		319.0	-
Hospital admissions as a result of self-harm (10-14 years)	2022/23	-	↑	347.3		251.2	-
Hospital admissions as a result of self-harm (15-19 years)	2022/23	-	→	794.2		468.2	-
Hospital admissions as a result of self-harm (20-24 years)	2022/23	-	↓	303.2		244.4	-
SUICIDE							
Suicide Rate (All)	2020 - 2022	270	-	11.5		10.3	-
Suicide Rate (Female)	2020 - 2022	78	-	6.4		5.2	-
Suicide Rate (Male)	2020 - 2022	192	-	17.0		15.8	-
MENTAL HEALTH RELATED CARE							
Successful completion of drug treatment: opiate users	2022	69	→	5.9%		5.0%	-
Successful completion of drug treatment: non opiate users	2022	211	→	27.8%		31.4%	-
Successful completion of alcohol treatment	2022	330	→	31.7%		35.1%	-
SEVERE MENTAL ILLNESS							
Premature mortality in adults with severe mental illness (SMI)	2018 - 2020	1,610	-	80.8		83.7	-
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 2020	-	-	407.2%		425%	-
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) on the Care Plan Approach, and the overall employment rate	2020/21	-	-	67.3		66.7	-
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (All)	2020/21	-	-	72.0%		58.0%	-
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2020/21	-	-	75.0%		59.0%	-
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2020/21	-	-	69.0%		56.0%	-

PERINATAL AND EARLY YEARS - RISK FACTORS							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Children in Low Income Households (< 16 years) - %	**2022/23**	**20,287**	→	**12.9%**	●	**19.8%**	
Percentage of deliveries to women from ethnic minority groups	**2021/22**	**895**	↑	**11.2%**	-	**22.9%**	-
Stillbirth rate - rate per 1,000 births	2019 - 2021	71	-	2.9	●	3.9	3.4
Infant mortality - rate per 1,000 births	2020 - 2022	75	-	3.1	●	3.9	-
Teenage Pregnancy - **Conceptions in women aged under 18 per 1,000 females aged 15-17**	**2021**	**113**	-	**8.1**	●	**13.1**	-
Sole registered births	2021	306	-	3.6%	-	4.6%	-
Children in households affected by parental alcohol or drug misuse - modelled estimate	2019	estimate 6,040	-	3.5%	-	-	-
Children Looked After (aged <5)	as at March 2023	142	-	16% of CLA	-	19% of CLA	-
Children on Child Protection Plans	as at March 2023	-	-	43.2 per 10,000	-	43.2 per 10,000	-
Children in Need	as at March 2023	-	-	317.6 children per 10,000 children	-	342.70 per 10,000	
Social care assessments - where mental health identified as a concern about parent/care/, child or another person	2022	2,496 - parent 1,146 - child 545 - other	-	-	-	-	-
Domestic abuse in general population	2022/2023	-	-	20.1 per 1,000	-	30.6 per 1,000	-
Domestic abuse in households where children are present - modelled estimated for 0-17 year olds	2019	9,880	-	5.7% of children aged 0-17 years	-	-	-
Homeless households -**Households containing children or a pregnant woman, per 1,000 households**	**2021/22**	1,044 households		11.1 per 1,000		14.4 per 1,000	
Lone parent households	Census 2021	37,000 households		10%		14%	

Mental Health Outcome Measures

CHILDREN AND YOUNG PEOPLE - RISK FACTORS							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Children in Low Income Households (< 16 years) - %	2022/23	20,287	→	12.9%	●	19.8%	
Percentage of looked after children whose emotional wellbeing is a cause for concern	2022/23	119	→	46%	●	40%	
% of school pupils with social, emotional and mental health needs (All School Age)	2022/23	3,833	↑	3.3%	●	3.3%	
% of school pupils with social, emotional and mental health needs (Primary School Age)	2021/22	1,578	→	2.4%	●	2.6%	-
% of school pupils with social, emotional and mental health needs (Secondary School Age)	2021/22	1,647	↑	3.3%	●	3.2%	
Children in Need - due to abuse or neglect	2023	3,021		170.5 per 10,000		194.6	
First time entrants to youth justice system	2022	78	→	96.6 per 100,000	●	148.8	
16 to 17 years not in education, employment or training (NEET) or whose activity is not known	2022/23	1,603	↓	9.5%	●	5.2%	
Children leaving care - rate per 10,000	2023	377	↓	21 per 10,000		27 per 10,000	
Children subject to a CPP - with initial category of abuse	2023	335		18.9 per 10,000		20.6 per 10,000	
Children subject to a CPP - with initial category of neglect	2023	371		20.9 per 10,000		21.0 per 10,000	
Looked after children rate under 5 per 10,000	2023	142		31.9 per 10,000		48.8 per 10,000	

Mental Health Outcome Measures

OLDER PEOPLE							
Indicator / Measure	Time Period	Count	Trend	West Sussex	RAG	England	CIPFA
Percentage of the population over 85 years	2022	31,100		3.5%		2.5%	-
Older people living in low income households - %	2019	22,360		9.5%		14.2%	
Older people living alone - %	Census 2021			28.5%		28.9%	
% of older people who are carers	Census 2021	19,700		9.8%		10.5%	
Social Isolation: % - adult carers who have as much social contact as they would like	2021/22	120		24.0%		28.0%	
Social Isolation: % - adult social care users who have as much social contact as they would like	2022/23	2,015		42.1%		41.5%	-
Access to Healthy Assets & Hazards Index	2022	21,565		2.5%		22.6%	
Admission episodes for alcohol-related conditions (Narrow) – 65+ years	2022/23	1,401		690 per 100,000		809 per 100,000	
Estimated dementia diagnosis rate (aged 65 and older)	2023	9,053		62.6%		63.0%	
Emergency admissions due to falls (65+ years)	2022/23	4,730		2,098 per 100,000		1,933 per 100,000	
Emergency admissions due to falls (80+ years)	2022/23	1,455		959 per 100,000		928 per 100,00	
Healthy life expectancy at 65 (female)	2018 - 2020			63.9 years		63.9 years	
Healthy life expectancy at 65 (male)	2018 - 2020			63.8 years		63.1 years	

24 Appendix 3 – Key findings from adult engagement reports West Sussex 2019 - 2024

Improving Access to Mental Health Services (Sussex) (2023)[548]

Participants:

- Stakeholder interviews (8 professionals)
- Public/service user survey (354 responses: 42% West Sussex, 26% East Sussex, 31% Brighton & Hove, 1% out of area)
- Public/service user interviews (6)

Themes from service users/public survey

- Most common conditions/difficulties: feeling low or depressed/experiencing difficult emotions (79%), anxiety or panic attacks (74%), and feeling suicidal/being at risk of harm to self or others (50%).
- Respondents felt that it was difficult to find or access the right support (77% said this).
- Those looking for and accessing support found this difficult (45%)
- This was most prominent in WS with 51% saying it was very difficult
- This was a similar picture regardless of the issue people were seeking help for
- Using Google (60%), contacting GPs (56%), contacting another service (46%) were the most common routes used for accessing support by those needing it
- Potential users also cited Google (75%) and their GP (63%)
- When accessing services, the most difficult route was A&E/dialling 999
- What is making it hard to find the right support?
    - Information online being confusing and not well presented for what patients need
    - Often, GPs and other referrers lack the necessary understanding of care pathways
- What could make it easier to find the right support?
    - issues with the unclear and inaccurate information online

Themes from stakeholders (professionals)

- Mental health support system is complex, and this impacts patients' ability to navigate it
    - Commissioning arrangements adding complexity to the care offer/making it difficult to signpost or transfer patients
    - Lack of incentive for different players in the system to work together (i.e. each organisation/ department working to their own remit)
    - Lack of up-to-date knowledge about other parts of the system, outside their own pathway

- Widespread lack of awareness around the range of support and advice available, which creates barriers to access
    - Which services are available
    - Which services fit together
    - What each service does
    - Who can access each service
    - What type of patient is best suited to each service, and which thresholds apply
    - Which services can refer to each other
- Lack of awareness around the range of support available is not always reflected in signposting information and advice
    - People who don't know what they're looking for
    - People who know what they are looking for, but can't easily find it
    - People who know what they're looking for, but aren't getting their needs met in that space and therefore go looking for other things
    - People who think they need one thing, but actually need something else
- Patients whose first point of contact is not a relevant/appropriate service tend to encounter more barriers
    - The person gets stuck in the system – unable to be referred to the right service, or unable to find it due to a lack of knowledge (both their own and professionals')
    - The person is accessing the wrong service – putting undue pressure on, for example, emergency services when they could be helped by someone else
    - The person gives up – does not continue to seek help, then presents again later with more acute symptoms (e.g. ending up having to be hospitalised)
- Finding and using the "right door" is not easy due to a lack of clear information and signposting
    - Inconsistent website content/information
    - A lack of cohesive visual identity
    - A lack of understanding about where each service sits in the pathway/system
    - The reliance on referrals within the system
    - Universal services being different across the three sub-areas of Sussex
    - Services are organised/presented by name, not condition/offer
    - Clinical language being used
    - Lack of integration with the VCSE sector
- Main areas for improvement:
    - A clear visual identity that links together relevant services
    - A visual map of services, so patients/potential patients can see where they fit (i.e. lighter touch leading up to more complex needs) without having to read extensively
    - Services listed/portrayed by conditions/what they can help with (NB: be careful not to over-medicalise)
    - Having a single/primary point of information

Adults Mental Health Rapid Review West Sussex. West Sussex Public Health Team (2022)[549]

This report cites a national survey: Coronavirus: the consequences for mental health: The ongoing impact of the coronavirus pandemic on people with mental health problems across England and Wales, MIND (2022).

Participants:

- Two surveys of young people (13-24) and adults (25+) with existing mental health problems which were carried out between March and May 2021.

Key findings from the surveys were:

- Most of the respondents reported worsening mental health since the pandemic started
- A small number of respondents (17% of adults and 18% of young people) reported improved mental health
- People from low-income families and ethnic minority groups were most affected, and were more likely to experience mental health distress or decline
  - Some respondents reported experiencing mental distress for the first time during the pandemic (26% of adults and 18% young people who responded)
  - The main causes of mental health distress or decline included loneliness, social isolation, and financial worries
  - More young people (32%) who responded had used self-harm as a coping mechanism during the pandemic, compared to adults (14%)

Mental health service providers and commissioners in Sussex working group key themes[550]

Participants:

- Mental health service providers and commissioners were invited to attend the working group (number unknown) and five people were interviewed by telephone.

Key themes:

Workforce

- **There is a lack of consistency in services**, largely due to the high turnover of staff which makes it difficult to build relationships.
- **There are geographical challenges to delivering services in GP practices** in the County and on borders, and within the county.
- The NHS funds long term contracts but **there are a lot of short-term contracts in the voluntary sector, which has implications for staff and services.** There is **also a**

recognition that the budget needs to increase –voluntary sector and charities cannot keep offering the same service to more people on the same budget. Longer term contracts would help with service planning and employment.

- There is a **risk of lack of workforce in all areas.** Clinical staff are being trained, but commissioners are increasingly contracting with the voluntary sector.

Demand

- **Demand has significantly increased over the past 5 years**, with an estimated 3 times as many people, but core funding hasn't changed. Complexity has increased too. The Covid-19 pandemic hasn't helped, with a notable increase in domestic violence, and alcohol abuse.
- Finance that sits with the MHIS and Long-Term plan is a mismatch. **Demand is higher than capacity**. Covid-19 has increased demand.
- Significant rise in **demand has been seen for young people and people with eating disorders.**
- **The growing need for services may not have yet reached the peak**.

Service User views

- **One method of involving service users is the use of NHS data and an experience questionnaire.** In development are peer support groups and developing young people's leaders for the 16 – 25 young peoples' mental health pathways.
- Sussex Partnership Foundation Trust report a **strong service user voice and influence**. SPFT employ 'experts by experience' (EBE), using surveys, small working groups, patient groups, events on wards and some public conversation.

What works well

- In 2020 **multiagency triage meetings were introduced for a pre-assessment stage**. The point of this is to emphasise that there is 'no wrong door' for the patient.
- **A new mental health social care team**, discharge-to-assess, has been established to assist people discharged from hospital, working closely with a health led Hospital Discharge Hub which aims to coordinate the health, social care, and housing needs of mental health inpatients awaiting discharge.
- **A mental health Crisis house** in West Sussex is being commissioned from 2023 using NHS transformation funding to deliver an accommodation-based model as an alternative to hospital admission.
- An emphasis was placed on how the **voluntary sector is creative, can move quickly, and are very cost effective.** A comment that **voluntary groups need to be seen as equal partners**.

Gaps in services and areas for improvement

- There are **mental health workers in some GP surgeries**, but not in all.
- There is an **under-developed adult mental health services market** in West Sussex, and there are sometimes **problems with accommodation for people discharged** from inpatient services.

- There is a **gap in the field of autism**, again, the pathway and market of services are very under-developed.
- Another **problematic area is transitions for young people**, both for general mental health services and more specialist services. **Capacity doesn't match demand**.
- **Some providers are leaving the market because of the difficulties in recruiting staff**. There is a skills drain, as people move on, and it is particularly difficult to recruit when it comes to finding staff with experience of work with people with complex and specific needs.
- **Out of area placements don't work**, for individuals and for families.
- **The contribution of mental health staff to the NHS and public is under recognised**, including those who work with people with learning disabilities.
- **Need more prevention**: more use of Mental Health First Aiders, think about mental health of workforce, and an IAPT post covid service. There is **high concern about suicide in young people** post Covid-19.

NHS Long Term Plan Engagement: Focusing on Mental Health in West Sussex. Healthwatch West Sussex (2019)[551]

Participants:

- Focus groups/survey in Bognor Regis and East Grinstead (number of participants not recorded).

Key themes:

- Having safe areas in the community to help people to stay well and connected. These are safe because they provide non-judgmental relationships and an atmosphere of support and light-heartedness.
- Trusting that access to services (including General Practice), with trained/empathic professionals is available promptly when needed.
- Having information about support services at your fingertips.
- Support to understand and manage medication is vital to people's long-term wellness.
- Getting a diagnosis for some was, they felt, something that could help them to move forward with their lives (but was missing).

Mental Health Lived Experience Coproduction Events Report. West Sussex Public Health (2024)[552]

Participants:

- Online co-production event (19 participants) and an in-person co-production event (48 participants).

Key themes:

- More timely and accessible services and reduction in service provision gaps:
    - General difficulties in accessing information
    - Lack of recognition and support received for mental health during childhood and adolescence, leading to greater need during adulthood
    - Need for early intervention
    - Long wait times for referrals
    - Need for enhanced peer support systems
    - Need for dedicated mental health staff in A&E
    - Lack of continuity of care and gaps in long-term support
    - Urgency to reduce waiting times
    - More crises centres
    - Need for sufficient availability of psychiatric beds
    - Increased access to one-to-one therapeutic counselling
    - Sustained and long-term funding to enhance mental health services
    - Early, quick, fair, and universal access to mental health support
    - Extended support during out-of-hours

- Informed, coordinated and continuous mental health support system:
    - Necessity of developing comprehensive aftercare plans
    - Inadequacies and inconsistencies in mental health service delivery
    - Need for integrated data sharing between mental health services
    - Gaps in record-keeping are a recurrent issue
    - Educational initiatives are viewed as instrumental in empowering individuals to navigate the mental health care landscape
    - Joined up work
    - Central system for mental health records
    - Carers or families of individuals dealing with mental health issues face a notable gap in community support

- Personalised care and support that is appropriate and empathetic:
    - Services that were not listening, providing inadequate care and challenges in accessing support.
    - Positive experiences when staff were people who also had lived experience of mental health.
    - Range of psychological therapies and empowering choice with patient-centred approaches.
    - Receptive to feedback, have trauma-informed care, and empathetic to individuals seeking help.
    - Supportive role played by voluntary sector organisations.
    - Comprehensive and tailored therapeutic interventions.
    - More safe spaces for men.
    - Larger organisations to be more adaptive.
    - Increased staffing and manpower within voluntary and community groups.

    - Mental health care that goes beyond a generic approach.

- Holistic support for issues that can significantly impacting mental wellbeing:
    - Financial considerations.
    - Enhance support for parents who risk losing their children.
    - Call for a holistic service model.
    - More use of one-stop-shop approaches.
    - Need for mediators to simplify bureaucratic processes and medical assessments.
    - Better training of staff working in housing, DWP and related systems.
    - Children's services, domestic abuse services and mental health services to provide integrated support to vulnerable individuals.

- Specialised training and workforce development of staff in mental health services:
    - Gender biases.
    - Patients to receive guidance and training from staff on developing personal coping mechanisms.
    - Support to manage medications.
    - Inconsistencies in professional expertise.
    - Instances of misdiagnosis and inadequate explanation and support.
    - Need for consistent quality of mental health services.
    - Lack of experienced mental health nurses, paramedics, and specialists.

Customer and Nearest Relative feedback on Mental Health Act assessment (2023). Adult Social Care Quality Assurance (November 2023, interim report)[553]

Participants:

- 35 surveys completed by people who had a Mental Health Act assessment.

Positive findings:

- 83% of the surveys were completed by the person who has the Mental Health Act assessment;
- 68% of these individuals were satisfied with the overall approach taken in the assessment including their involvement;
- 76% reported that the Approved Mental Health Professionals (AMHP) had explained why it was important to involve the person in the assessment process and to seek their views on it and the possible outcomes;
- 69% felt that the AMHP had listened to them and given weight to their views;
- 71% responded positively to the AMHP providing them with information about what happens next.

Challenging findings:

- AMHPs only identified themselves to the person, including showing their photographic identification, in 54% of assessments;

- Where an admission to a hospital was indicated following the assessment, AMHPs only provided general information about what to expect at an admitting hospital to 29% of respondents;
- When information was provided by AMHPs about a person's rights, it was only provided in writing to 42% of respondents (despite council produced information being available and accessible for this specific audience).

Mental Health Services Communications Working Group (MHSC). Sussex Health and Care (2023)[554]

Participants:

- 8 stakeholder interviews
- 338 service user surveys

Key themes:

Finding and accessing support:

- The last time people looked for support, 24% rated the ease of this as 1 out of 10.
- Main ways of finding support are online and GPs.
- Online searching is used by most people even just to supplement other sources.
- Sussex Mental Healthline, Health in Mind, CAMHS were the services most likely to be accessed directly.

What is making it hard to find support?

- Information online is unclear and confusing.
- People are not always sure what they need support for so looking through a list of services isn't always helpful.
- Previous service users are most likely to be aware of what is on offer and how to find it.

What would make it easier to find and access the right support

- To speak to someone who can direct or refer to help/support, or contact a service directly.
- Clearer information on services and their offer.
- Clearer/more accurate signposting and referrals.
- Support to navigate and understand pathways.

Accessing support

- A number of respondents said that finding support was not an issue, but accessing it was.
- Difficult to get appointments/long waiting lists/long hold times.
- Lack of communication between services which means patients have to repeat themselves often.

What would make it easier to access the right support?

- Clearer information about service criteria.

- Shorter waiting times.
- Support to access services.
- More referral route options.

Patient Viewpoint Update 2 (November 2023)[555]

Undertaken July to September 2023

Participants:

- 26 participants in 2 MH units (Meadowfield, Maple ward and Larch; Oaklands) fed back on their experiences.

Key themes:

Meadowfield, Maple ward

- Activities not every day
- Gym closed
- Quality of care at night
- Favouring some patients
- Observations not being met
- Bored at weekend
- Some patients not involved in care plan
- Food not good
- Staff overstretched

Meadowfield, Larch

- Food not good
- Hungry through the day
- Staff very attentive
- Friendly ward
- Loving Sunday tea
- Good activities on ward

Oaklands

- Safety incident
- Ward feels understaffed
- Anxious about discharge – unheard
- Food: good at lunch; poor at dinner, but times too early & bring back cooked breakfast at weekends
- Physical needs not always met
- Issues with patient clothing – no family
- Some staff are trying their best
- Staff have gone above and beyond
- Some staff are very good

- Patients not seen care plan
- Some staff spend time in office and never interact
- Not enough ventilation
- Some staff don't respond to complaints

Health Inequalities and Engagement Workshops. Rethink and BHT Sussex (2023?)[556]

Participants:

- One focus group (followed by three workshops) with mental health professionals and service users from Crawley and surrounding areas of Sussex to focus on mental health inequalities experienced by BAME services users. Focus group attended by three professionals and three BAME service users.

Key themes:

- Financial concerns and mental health conditions such as anxiety and depression.
- Service users and professionals noted that current mainstream services are not yet meeting their needs because of cultural barriers and limited organisational awareness of the impacts of heritage.
- The experience of being frustrated by care planning processes and difficult to navigate organisational procedures leave people demotivated by a feeling of discrimination.
- Most of the support people identified was from their spouses and children.

Summary of Women's Focus Group in relation to NHS Sussex and Women's Health. ADHD Aware NHS Sussex (2023)[557]

Participants:

- One focus group of nine women (7 neurodivergent, 1 neurotypical, 1 unknown). Questions covered a range of areas such as diagnosis, healthcare, perinatal care, menopause and pre-menopause and chronic disorders. One question focused specifically on mental health.

Key themes:

Most women had used mental health services.

- Most described the services that they received as either 'bad' or in need of 'serious improvement'.
- Some felt they were either misdiagnosed or did not receive the best treatment that they could have, such as supportive talking therapies.

Suggested improvements included:

- Better help for those with comorbidities/neurodiversity.

- Better understanding from GPs about mental health and how this might manifest in those with ADHD.
- The provision of supportive courses of treatment or therapy including after traumatic events.

Client Feedback from Changing Futures Programme Sussex[558]

"Thinking about all local services, what do you feel would be helpful?"

- "Trauma therapy groups, specialist therapist."
- "Specialist therapy for PTSD, childhood trauma." "I have PTSD from childhood trauma, I have never had support for this, I always get triggered and reacting the way I do under pressure and stress I always get kicked out of accommodation."
- "When someone is leaving a mental health unit the correct housing should be in place, as well as the communication between housing directly with the client should be agreed."
- "Having someone to navigate the individual through the services they are accessing for support or treatment."

SPFT and Changing Futures Innovation workshops – Pan-Sussex Voices of Lived Experience Board (VOLEB) (2024)[559]

Feedback from the following questions:

1. Why do you think people end up too long staying in Emergency Departments with mental health problems? This could be issues affecting before, during the stay or after.

2. What would you want/like to see for people in mental health crisis, if all parts of the system were working optimally?

Themes

- A&E are too overwhelmed with demand and not enough resources, including specialist mental health support
- External factors (no support network, substance misuse, housing issues, the cost of living crisis)
- Not enough support pre-crisis point
- Lack of understanding of mental health needs

Pan Sussex Voices of Lived Experience Board: Public Mental Health Needs Assessment (2024)[560]

Questions:

1. What is your experience of using mental health services

2. What are the gaps/needs?

3. How can we address the gaps or what does a good service look like to you?

Themes

- When Mental Health support is provided to perpetrators this is a missed opportunity to screen for domestic abuse – it has not been identified they are abusing their partners and leaves partners at risk of harm. (In addition to this feedback from VOLEB recent DAC and HALT DHR research noted 63% of perpetrators were engaged with MH services)
- Children are now legally recognised as victims (of Domestic abuse) in their own right, but there is a lack of mental health support for children who have experience DA, and even more so a lack of mental health support for children with additional needs for example neurodiversity.
- Long waiting lists and time limited support, little option for longer term trauma recovery support which reduces the risk of revictimisation.
- Statutory services should be more coordinated - they don't 'speak' to each other, repeatedly telling your story to access a service is retraumatising.
- Better coordination between Mental Health, Domestic abuse and Substance Misuse services.
- Being directly asked 'Sorry I have to ask, are you experiencing domestic abuse?' with no prior enquiry about relationship history does not encourage Victim Survivors to disclose abuse.

Stonepillow – Health inequalities small grants programme community engagement with marginalised groups (2023)[561]

The report outlines the process of gaining client feedback around health inequalities between October 2023 and March 2024, including results, themes, and outcomes and impact from qualitative and quantitative data. A survey provided feedback from 70 current and new clients of Stonepillow between the ages of 18 and 65. Findings from the survey include:

- Approximately 44% of respondents were experiencing, and 51% did not have a physical health issue at the time.
- 60% of respondents considered themselves to have mental health difficulties, 30% did not, and 10% did not wish to disclose.

The following themes, barriers and positive results emerged from the project that related to mental health outcomes:

- Lack of regular access to a mobile phone limits access to GP and hospital appointments as missing the calls results in being 'blacklisted'.
- Those with physical health issues struggle to attend pharmacies and GP practices due to mobility.
- Barriers included poorly translated medical advice for non-UK nationals, access to technology to receive NHS calls and stigma around homelessness within NHS services.

- Positive feedback was around the support received from support workers, experience of positive hospital stays and 100% of clients being registered to local GPs.

25 Appendix 4 – Recommendations from LGBTQ+ Needs Assessment, Children and Young People's mental health 2023-204

Below are the full list of recommendations from the LGBTQ+ children and young people's mental health needs assessment conducted in 2023.

1) Educational settings:

- A training needs assessment should be carried out to understand educational staff need around feeling confident in supporting LGBT+ pupils and delivering LGBT+ topics in the classroom.
- This should include the needs of LGBT+ pupils with Special Educational Needs and Disabilities (SEND) and LGBT+ Black and Minority Ethnic (BAME) pupils.
- Educational settings should consider ways in which LGBT+ topics can be covered across a range of curriculum areas including SRE, history and literature.
- Pupils should be supported around developing resilience and coping strategies.
- Engagement with parents, families and carers should support LGBT+ positivity.
- Structures / process should be in place to support LGBT+ pupil / student voices.
- Pupils / students should be made aware of available LGBT+ resources, support, and services.
- Anti-bullying policies and procedures should be reviewed to ensure they address the bullying of LGBT+ pupils / students including cyberbullying,
- Education-related activity to support LGBT+ children and young people should include those who are home schooled and those who are experiencing Emotionally Based School Avoidance.

The activities above should take place within the context of Whole School Approaches to Mental Health and Emotional Wellbeing.

2) Parents, carers and families:

- Communications, resources and training / education for parents, families and carers should foster understanding and support for LGBT+ children and young people.
- Parents, families and carers should be made aware of resources, support and services for LGBT+ children and young people.
- Parents, families and carers should be able to access support networks or groups where families can connect with others facing similar experiences.

3) Organisations, services and professionals supporting LGBT+ CYP Mental Health and Wellbeing:

- Professionals should receive training on LGBT+ mental health and wellbeing and working with LGBT+ children and young people. This training should include:
  a) Risk factors for inequalities in LGBT+ mental health and wellbeing largely have a social basis in terms of experience of homo, bi and transphobia.
  b) Increased risk for specific conditions, including suicide and self-harm.
  c) Not all aspects of poor mental health and wellbeing in LGBT+ children and young people are related to sexual orientation or gender identity.
  d) The impact of the media / social media on mental health and wellbeing including the reporting of homophobic, transphobic, and bi-phobic incidents.
- All services should offer the option for confidential engagement.
- Services should be accessible and safe, and recognise, affirm and value diverse LGBT+ identities and experiences.
- Services, support and resources should be co-produced with LGBT+ children and young people.
- Health services should ensure the provision of / referral to non-clinical or medical interventions in addition to clinical care including assessing the possibility of social prescribing provision.
- Health improvement programmes in areas associated with LGBT+ health inequalities should include an explicit focus on LGBT+ children and young people, including suicide and self-harm prevention, tackling loneliness and social isolation, digital inclusion and safety.
- The importance LGBT+ visibility including Pride events in supporting wellbeing should be recognised and supported.

4) Environments and law:

- Safe and supportive physical and digital environments should be in place for LGBT+ children and young people.
- Environments should include visible displays of support including inclusive imagery, diverse representation and signage for physical environments.
- Activity around digital environments should recognise the protective role of online LGBT+ peer support and networks and also specific risks such as cyberbullying.
- LGBT+ children and young people, parents families and carers and professionals should be aware of relevant equality legislation and what action to take in the event of unlawful discrimination.
- Robust mechanisms and procedures should be in place for reporting and responding to hate crimes.
- Support for victims of hate crimes should recognise the specific mental health and wellbeing impacts of experiencing LGBT+ hate crime.

5) Gaps in knowledge:

- Data collection to recognise wide range of categories for self-definition.
- Research required amongst specific groups including intersectionality.
- Further research is required on protective factors.
- Robust research and evaluation is required on the effectiveness of interventions aimed at improving LGBT+ children and young people's mental health and wellbeing.
- Research on the family / family members as protective factors.

26 Appendix 5 – Universal services & offers across the life-course

26.1 Universal services

Understanding which services we have, who they are for, where they are, and how they can be accessed is key to informing commissioning.

This first part of this section describes the universal offer to residents of West Sussex which are comprised of statutory services, those which require no source of referral (open access) and are free at the point of access. These are services which have varying elements of provision for maintaining or improving mental health and emotional wellbeing, either directly or indirectly. Many of these open access services present opportunities for support, information and interventions, whether they are health services or have a broader offer.

These universal services provide ways into additional support and specialist services. These specialist services are summarised for each life stage. A description of the services included in each age group in the needs assessment can be found in this section.

Although every effort has been made to capture this information there are important caveats: demand or capacity is not explored in this chapter, but is discussed elsewhere in the document for some of the services described. The length of contract or origin of funding for these services is not discussed. For reasons of practicality, we have focused down to the level of offers at district and borough council level, but acknowledge that many voluntary and community based offers support our residents to live well.

This is a snapshot of the off available to residents at the time the mapping exercise was undertaken in December 2023.

26.2 Community based services

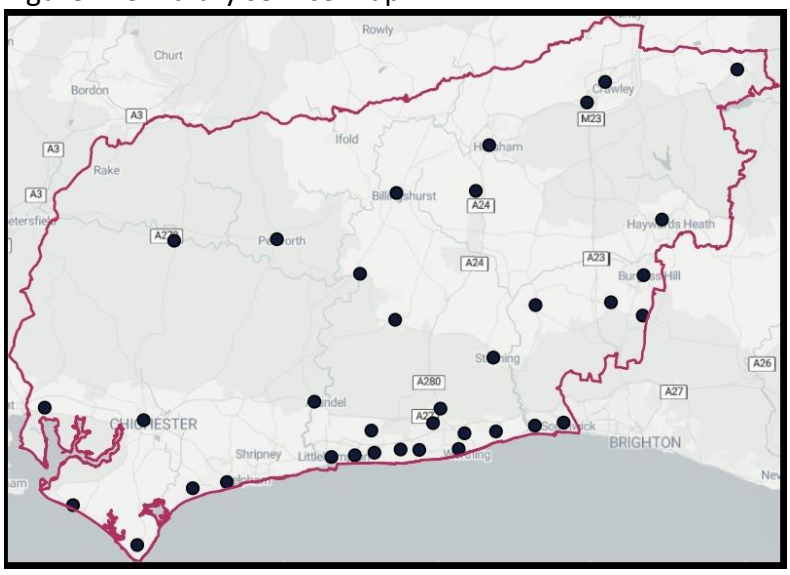
26.2.1 West Sussex Library Service

The Library service is available to anyone living or working in West Sussex. A free, non-stigmatising place based service libraries provide the comprehensive offer of book and other media loans, resources for those with special educational needs and disabilities, as well as a wide offer for the whole community.

Family based activities, including baby and toddler groups, board games sessions are available as well as hobby-based activities. Digital volunteers work with those who are wanting to engage in technology for the first time or upskill.

Libraries are also a hub for those who may need help with health issues, including mental health and emotional wellbeing, self-help resources and signposting is a crucial function. Libraries are based in the heart of communities and their local knowledge allows them to direct people to other sources of help and support, through the Council and Local Information Online (CLIO) platform.

Figure 213 Library service map



The library service also offer a mobile library for those communities who may be unable to access the library due to transport issues. For residents who cannot access either service due to age, illness, disability, mobility problems, caring responsibilities or other reasons, Home Library Direct volunteers can deliver books, audiobooks and other resources free of charge.

The library service also have a comprehensive digital offer.

26.2.2 West Sussex Citizens' Advice

Citizens Advice in West Sussex offers advice and assistance to residents with various problems such as managing debt, understanding rights at work, or housing issues. There is an additional offer of specialised services in mental health and debt, homelessness, and employment.

26.2.3 Family information service

The Family Information Service (FIS) is an online service provided by West Sussex County Council offering free, impartial, up-to-date information to all families on childcare, as well as activities and services for 0-25 year-olds. This is available across the county online.

26.3 Health services

26.3.1 GP service

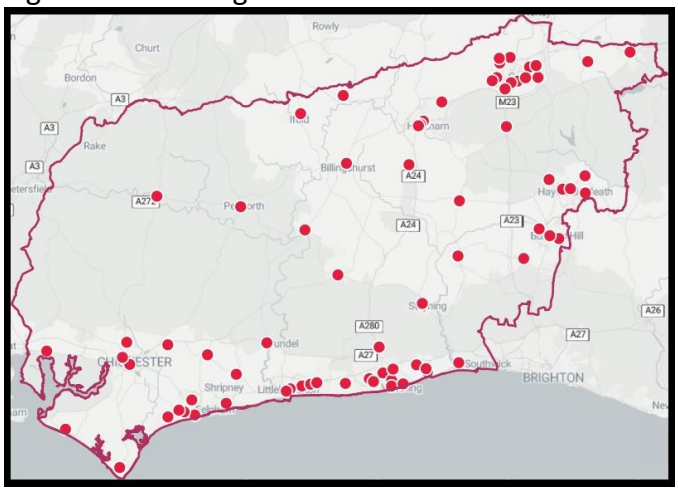
Anyone in England can register with a GP surgery to access NHS services. It's free to register you do not need proof of address or immigration status, ID or an NHS number.

West Sussex has 75 GP surgeries providing primary care.

GP services can treat many conditions, including some common mental disorders and give health advice and refer to other NHS services. Access to services include online, app based and telephone consultations, as well as clinic-based activity. Home visits are available by exception based on medical need.

Some of these GPs serve communities on the borders of the county and, likewise, some West Sussex residents may access GP surgeries in other counties.

Figure 214 GP surgeries in West Sussex



26.3.2 Primary Care Networks (PCN)

Many people are living with long term conditions or mental health issues, or both, and may need to access their local health services more often.

To meet these needs, GP practices are working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

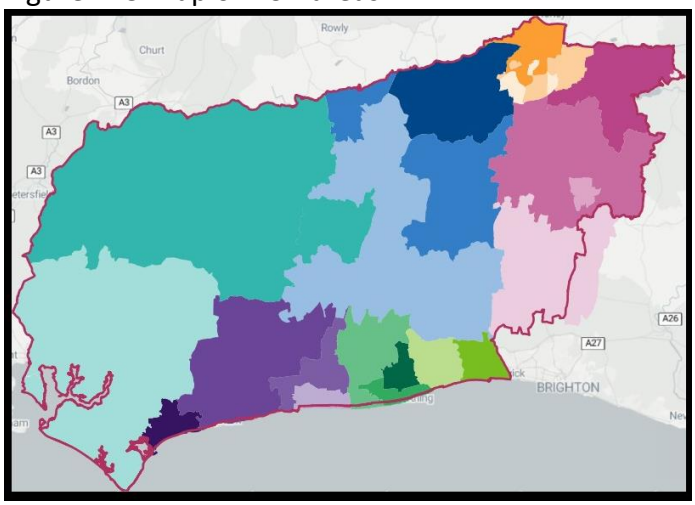
PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home. Clinicians describe this as a change from reactively providing appointments to proactively caring for the people and communities they serve.

PCNs are based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people (with some flexibility). They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and

economies of scale through better collaboration between GP practices and others in the local health and social care system.

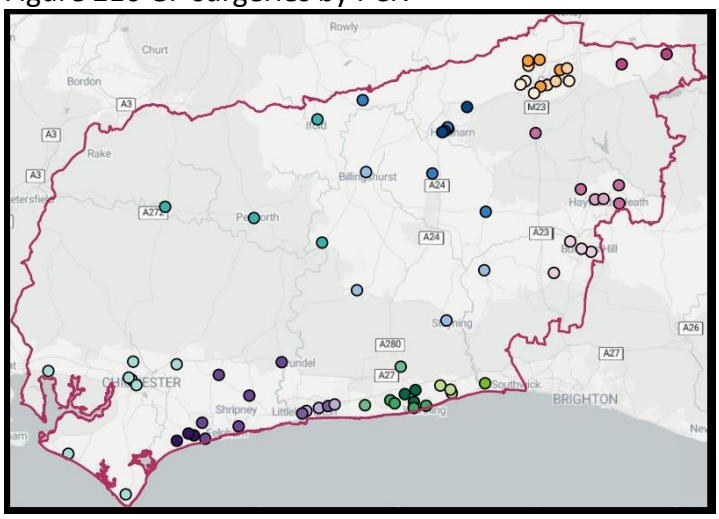
Each PCN has an embedded Emotional Wellbeing Service, with the Additional Roles Reimbursement Scheme (ARRS) as well as a social prescribing service. The offer does differ between surgeries, however, with some practices making their own arrangement for enhanced mental health support.

Figure 215 Map of PCN areas



The map below shows the GPs in each PCN and these areas broadly reflect the geography of the local district and borough councils.

Figure 216 GP surgeries by PCN



26.3.3 West Sussex Wellbeing Service

This service can help you to find local wellbeing, information and services and links to the teams in each local council area. The service provides advice and support on how to make small changes to improve your health and wellbeing.

West Sussex Wellbeing is a friendly and impartial service which comes from each West Sussex local authority and other partners, the majority of services are completely free to

users. As well as using this website, you can find out more about local activities and support services by talking to friendly Wellbeing Advisors over the phone or in person.

Figure 217 West Sussex Wellbeing Hubs

26.3.4 Emergency care

A&E (accident and emergency) is for serious injuries and life-threatening emergencies only. It is also known as the emergency department or casualty. This includes a suicide attempt by taking something or self-harming, or the immediate threat of that happening. If someone is in danger of suicide, contacting 999 for urgent assistance from paramedics is recommended.

In some areas of West Sussex, Staying Well and other crisis services, offer an alternative to A&E which for some people experiencing mental illness or distress can find difficult and sometimes harmful.

The Sussex Mental Health Helpline, Warning Signs website and Samaritans are a 24/7 source of support for anyone feeling overwhelmed or in mental distress. These are telephone or digital services for all residents to access free of charge.

26.4 Services for children and families

26.4.1 Sussex Local Maternity and Neonatal System (LMNS)

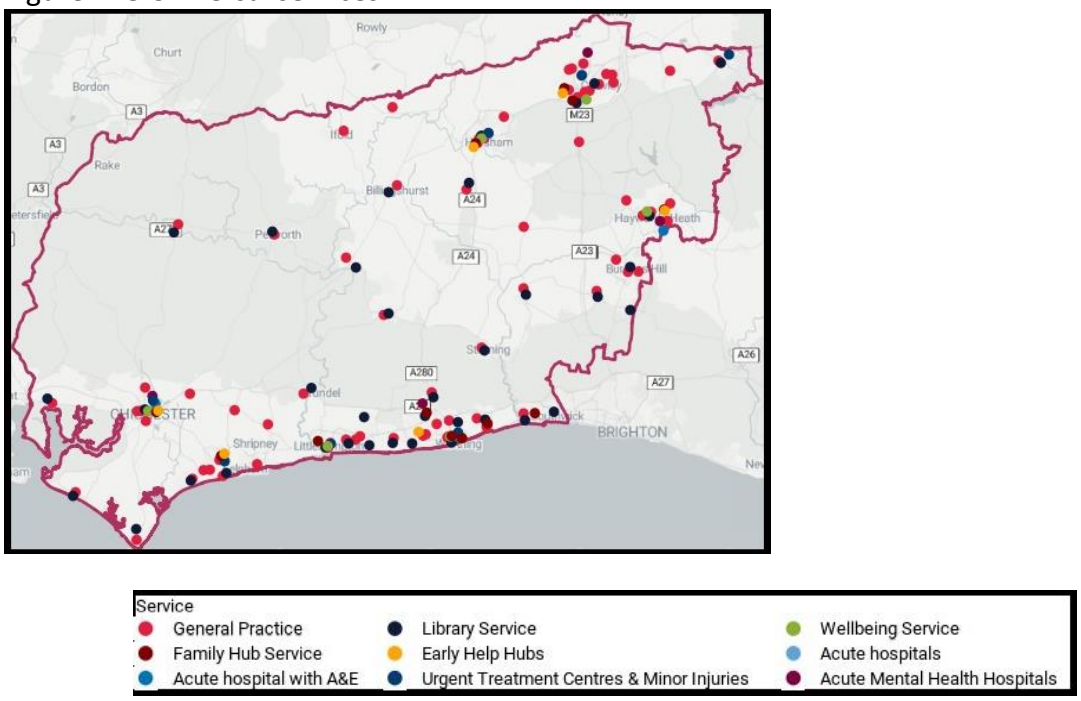
The local maternity system brings together all the people involved in providing and organising maternity and neonatal care in Sussex, such as midwives, obstetricians, health visitors, GPs, neonatal staff, managers, commissioners, public health, educators, perinatal mental health providers and service users. The LMNS supports maternity service teams and service users across Sussex, working to improve safety, develop choice and personalisation, whilst transforming the digital offer.

The local offer comprises preconception care, antenatal, intrapartum and post-natal midwife led care, shared care with a GP, obstetric or other specialist support for higher risk

pregnancies. This will be a combination of community-based practice (including homes and midwife led units) and acute inpatient care in three hospitals: St Richards, Worthing Hospital and the Princess Royal in Hayward's Heath. There is a specialist perinatal mental health service. Women may choose to have their care outside of West Sussex, for example in Hampshire or Surrey.

These services can be mapped to GP surgeries, family hubs, and acute hospitals (with A&E)

Figure 218 Universal services



26.4.2 Healthy Child Programme (0-19 or 25 for SEND)

The Healthy Child Programme entitles children and families to routine health and development reviews, which includes:

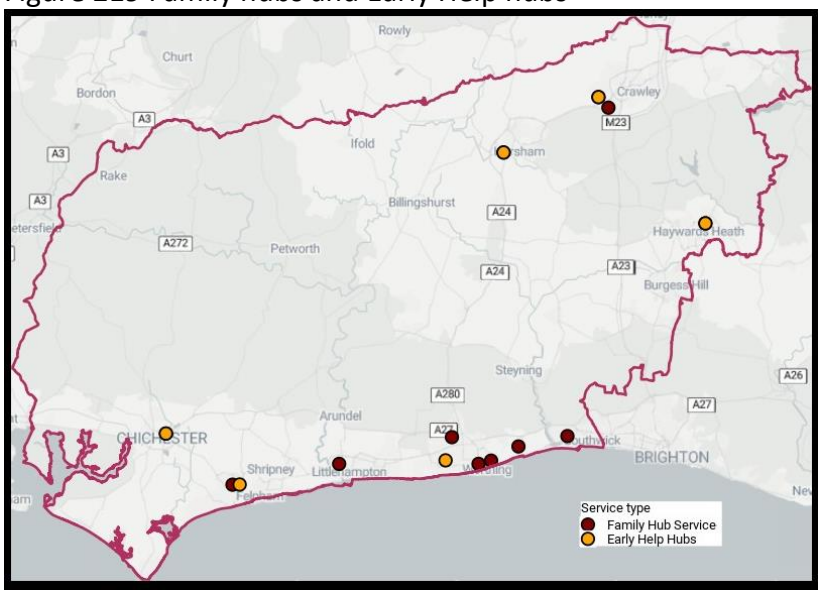
- from 28 weeks of pregnancy
- within 14 days of birth
- when your child is 6 to 8 weeks old
- when your child is 9 to 12 months old
- when your child is 2 to 2.5 years old
- school screening for hearing and vision - reception (West Sussex and Brighton & Hove)
- national: child measurement programme for height and weight - reception and Year 6

All young people and parents or carers have access to our confidential anonymous texting service, which is known as ChatHealth or Parentline.

The HCP also offer additional support when needed.

These services are delivered online, by telephone, in homes, family hubs, clinic settings, schools and other appropriate community setting, depending on the level of support and the type of review.

Figure 219 Family hubs and Early Help hubs



26.4.3 Schools

It is a legal requirement that children from ages 5 to 16 must be in education. Most children in West Sussex attend schools or academies which are funded by the local authority or directly from the Department for Education, including specialist pupil referral units for those who have been excluded from mainstream settings. West Sussex also has a number of private schools. A small number are educated at home, however, since the COVID pandemic, this number has increased.

These provide 'touch points' in the system for children and their parents/carers where interventions – especially in terms of prevention and promotion of good mental health and wellbeing – can be delivered.

Each school has access to local authority support in terms of whole school approaches (iThrive model) and the Healthy Child Programme school nurse service (which includes the ChatHealth and ParentLine offer).

All of the schools in West Sussex have access to support for mental health in some measure, but this offer varies between schools. The new Thriving in Education guide provides a single central portal accessible by any school and enables staff to access training, toolkits, and links to services offering additional chargeable packages of support.

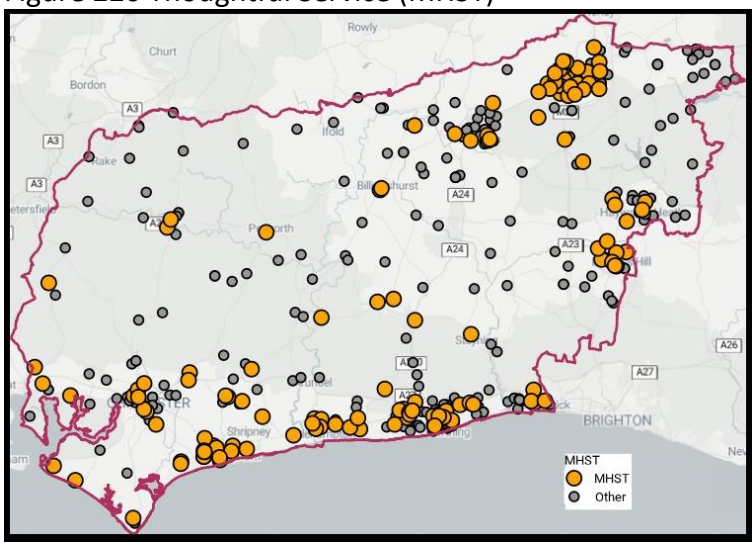
In terms of implementing a whole school approach to mental health and emotional wellbeing the Thriving in Education offer includes termly network locality meetings for Senior Mental Health Leads, access and signposting to training, a regular mental health and emotional wellbeing newsletter, a parent/carer newsletter, training for governors,

dissemination of resources, and support to take a change management approach to embedding a whole school approach. Additionally, schools that are a part of the Thought-Full programme have access to a named Thought-Full advisory teacher who can give more individualised support around developing whole school provision.

More than 50% of pupils in West Sussex have access to the Thoughtful service (Mental Health in Schools Teams) and all secondary schools have access to the Multi-Agency Mental Health in Education Triage (MAMHET) which provides support for young people who are at risk of significant mental distress and who may need intensive support.

For those that are home schooled there is an Elective Home Education Team who support parents and carers educating their child at home, which includes information to support their mental wellbeing.

Figure 220 Thoughtful Service (MHST)



Accessing online help might not be possible for everyone however. Rural communities may struggle with internet and mobile phone coverage, age and income can also impact on ability to access these sources of early support. Accessing place based services may also be challenging for those without access to transport due to availability or affordability.

26.5 Summary of national and local offers

26.6 Perinatal

Emotional wellbeing and mental health support

National

The Maternal Mental Health Alliance (MMHA) is a UK-wide charity and network of over 100 organisations, dedicated to ensuring women and families affected by perinatal mental problems have access to high-quality comprehensive care and support.

Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging time

ICON – support for parents with advice about how to comfort a crying baby and how to cope when it goes on for a long time.

PANDAS is a community offering peer-to-peer support for every parent or network affected by perinatal mental illness e.g. postnatal depression.

Baby Buddy is a free, interactive pregnancy and parenting app, created to support parents, co-parents and caregivers.

DadPad - As a new dad you will feel excited, but you may also feel left out, unsure or overwhelmed. DadPad can help by giving you the knowledge and practical skills that you need. DadPad is a guide for new dads, developed with the NHS. The resource will support you and your partner to give your baby the best possible start

Welcome to the Birth Trauma Association (BTA). We're a charity that supports women who suffer birth trauma – a shorthand term for post-traumatic stress disorder (PTSD) after birth.

The National Sleep Helpline supports people with and provides information about sleep issues.

Local

Perinatal Mental Health service - Our community-based service supports mothers who are experiencing, or who have previously experienced, severe mental health difficulties during pregnancy or up to a year after birth.

Families in MIND Service (West Sussex MIND) available in: Bognor, Littlehampton, Worthing and Adur - Support for parents and carers from late stages of pregnancy, after birth and until child is school age. Services include: Weekly Play & Chat groups, Enjoy Your Baby course,
Well-being walks and meet ups at community venues and events to support parents to access other community groups and reduce isolation. Some limited one-to-one support available and peer support available from staff, volunteers and peers with lived experience. Closed Facebook group and opportunities to co-produce and volunteer.

Pregnancy loss and bereavement support

National

The Miscarriage Association provide support and information to anyone affected by miscarriage, ectopic pregnancy or molar pregnancy.

Life charity have a Pregnancy Matters service providing support services for anyone facing unplanned pregnancy or pregnancy loss. Including emotional support, counselling, and skilled listening via phone, text, or email to anyone affected by a difficult pregnancy or pregnancy loss, 23 houses around the country for mums and their babies and free mum and baby supplies to anyone who needs it.

The Sands National Helpline provides a safe, confidential place for anyone who has been affected by the death of a baby either long ago or recently. Teddy's Wish has a similar offer but also includes loss of a baby through SIDS along with the Lullaby Trust who provide information on all aspects of safer sleep and bereavement support to those affected by the sudden death of a baby / toddler. Although the primary focus of Bliss Baby Charity is support for those with a baby in a neonatal unit, there is support for loss of a baby.

The Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child.

Generic bereavement offers include CRUSE and At a Loss.

Alcohol, substance misuse and addiction

National

Alcohol Change UK, Alcoholics Anonymous and Drinkline offer support for alcohol misuse.

NSPCC, We Are With You, Adfam, and FRANK offer free and confidential support to people experiencing issues with drugs, alcohol or mental health.

Gamcare offer support and information for those with gambling addiction.

Domestic abuse and victims of crime

National

All for Maternity offers online support and advice on Pregnancy, birth and parenthood after childhood sexual abuse.

The Survivor's Trust provides online support and advice on Pregnancy, birth and parenthood after childhood sexual abuse

For Baby's Sake a domestic abuse charity supporting behaviour change that could help you to make changes in your life and end hurtful or harmful behaviour.

Lifecentre is a charity providing support and counselling for people of all age and genders who have had an unwanted sexual experience and their support network.

Women's Aid work to support women and ensure women are believed, know abuse is not their fault and that their experiences have been understood.

We conduct research projects on key issues to ensure that we are leading the way in evidence and data on domestic abuse

Victim Support offers emotional and practical support to victims and witnesses of crime.

Whole Family Support

National

Family Lives offers families early intervention and support, for issues which impact on the mental health and emotional wellbeing, including debt, family breakdown, relationships and behaviour.

West Sussex and Sussex Wide

The Healthy Child Programme (HCP) is a national requirement of Local Authorities. The HCP focuses on the contribution of **health visiting** and **school nursing** services leading and co-ordinating the delivery of public health for children aged 0 to 19. The HCP aims to bring together health, education and other main partners to deliver an effective programme for prevention and support. The HCP also includes the Family Nurse Partnership (FNP) which provides specialist Public Health Nurses who can support teenage and vulnerable young parents and their families and Early Help Service. Available in a range of settings – home, school, community.

The Early Years Alliance offer The Family Development Programme: a free 12 week **home based** service for families with a child 0-7 years old who may need some support with appropriate behaviour, family bonds and relationships, parenting skills, knowledge of child development and parental role in promoting development and play skills (parent and/or child).

Local

Home-Start Arun, Worthing, and Adur (HSAWA) helps families with children under five years with free, universal, emotional, practical, confidential support, via a network of volunteers and experts along the South coast between Pagham and Southwick, West Sussex.

Self-harm & suicide

National

The National Self Harm Network provides crisis support, information and advice for those at risk of or actively self harming.

Samaritans also provides support for those thinking about ending their life, and is an all age offer.

West Sussex and Sussex Wide

Stay Alive – an app created by Grass Roots, a suicide prevention charity. Also available in booklet form. For those who are at risk of suicide or care for someone who is

Specialist support

National

ARC (Antenatal Results and Choices) offer support to families who receive test results which indicate that there may be complications with the development of the baby. The charity provide the information and support to make decision about what to do next.

West Sussex and Sussex Wide

Amaze is a charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND).

Family Nurse Partnership is for parents aged 24 and under. Young mothers-to-be are partnered with a specially trained Family Nurse who visits regularly, from early pregnancy until the child is aged between one and two. (Part of the HCP).

The Young Parents Pathway (YPP) supports pregnant young parent mothers and young fathers.

Local

PACSO (Parents and Carers Support Organisation is a small charity that supports children with disabilities aged 0 to 25 and their families in the Chichester and Arun districts of West Sussex. We offer a range of respite activities and fun events for the whole family to enjoy.

26.7 0-5

Local and national offers for 0-5s

These can be summarised as follows:

Emotional wellbeing and mental health support

National

Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging time

PANDAS is a community offering peer-to-peer support for every parent or network affected by perinatal mental illness e.g. postnatal depression.

Baby Buddy is a free, interactive pregnancy and parenting app, created to support parents, co-parents and caregivers.

DadPad - As a new dad you will feel excited, but you may also feel left out, unsure or overwhelmed. DadPad can help by giving you the knowledge and practical skills that you need. DadPad is a guide for new dads, developed with the NHS. The resource will support you and your partner to give your baby the best possible start

Welcome to the Birth Trauma Association (BTA). We're a charity that supports women who suffer birth trauma – a shorthand term for post-traumatic stress disorder (PTSD) after birth.

The National Sleep Helpline supports people with and provides information about sleep issues.

West Sussex and Sussex Wide

CAMHS are a specialist NHS children's and young people's mental health service that provide consultation support and training for professionals. The team also undertakes some direct case work with children, young people and their families through a number of different services:

Inpatient service at Chalkhill, Hayward's Heath for young people with serious mental illness and eating disorders.

CHAMPS (child and adolescent multi-disciplinary psychological service) supports the mental health, emotional wellbeing and safety of children who are open to Children's Social Care, and identified as having difficulties which could be helped with specialist psychological support.

The Looked After Children's Mental Health Service supports children and young people who are looked after who are experiencing complex emotional and/or behavioural difficulties.

The Urgent Help Service supports children and young people who are experiencing mental health conditions and difficulties that are putting themselves or others at risk, for example if they are having psychotic symptoms or showing signs of wanting to take their own life.

Complex Behaviour Support Team provides a service in West Sussex for families who have children/young people with moderate to severe learning disabilities or severe global developmental delay, together with emotional, communication and behavioural problems

The Community Mental Health Liaison Service (CMHL) primarily offers consultation to professionals such as GPs, teachers, public health nurses and support workers, but are able to offer some support to young people directly under certain circumstances. Notably the service can only be accessed by professionals and not parents, carers or young people.

Families in MIND Service (West Sussex MIND) available in: Bognor, Littlehampton, Worthing and Adur - Support for parents and carers from late stages of pregnancy, after birth and until child is school age. Services include: Weekly Play & Chat groups, Enjoy Your Baby course,

Well-being walks and meet ups at community venues and events to support parents to access other community groups and reduce isolation. Some limited one-to-one support available and peer support available from staff, volunteers and peers with lived experience. Closed Facebook group and opportunities to co-produce and volunteer.

Bereavement support

National

The Sands National Helpline provides a safe, confidential place for anyone who has been affected by the death of a baby either long ago or recently. Teddy's Wish has a similar offer but also includes loss of a baby through SIDS along with the Lullaby Trust who provide information on all aspects of safer sleep and bereavement support to those affected by the sudden death of a baby / toddler. Although the primary focus of Bliss Baby Charity is support for those with a baby in a neonatal unit, there is support for loss of a baby.

The Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child.

Generic bereavement offers include CRUSE and At a Loss

Alcohol, substance misuse and addiction

National

Alcohol Change UK, Alcoholics Anonymous and Drinkline offer support for alcohol misuse.

NSPCC, We Are With You, Adfam, and FRANK offer free and confidential support to people experiencing issues with drugs, alcohol or mental health.

Gamcare offer support and information for those with gambling addiction.

Domestic abuse and victims of crime

National

All for Maternity offers online support and advice on Pregnancy, birth and parenthood after childhood sexual abuse.

For Baby's Sake a domestic abuse charity supporting behaviour change that could help you to make changes in your life and end hurtful or harmful behaviour.

Women's Aid work to support women and ensure women are believed, know abuse is not their fault and that their experiences have been understood.

Lifecentre is a charity providing support and counselling for people of all age and genders who have had an unwanted sexual experience and their support network.

Victim Support offers emotional and practical support to victims and witnesses of crime.

Whole Family Support

National

Family Lives offers families early intervention and support, for issues which impact on the mental health and emotional wellbeing, including debt, family breakdown, relationships and behaviour.

Fegans Family Support uses a counselling approach to support families and children from 5+ years as well as training and parent education

West Sussex or Sussex Wide

Early Help Duty Helpline - A 'whole family' approach ensures that children's needs and welfare are being met and maintained as well as those of the family. This is done by working with the family, local communities and others already supporting them.

Early Help - Family Support Service provides support for parents and carers. Children and young people's support is targeted.

The Family Development Programme is a free 12 week home based service for families with a child 0-7 years old who may need some support with appropriate behaviour, family bonds and relationships, parenting skills, knowledge of child development and parental role in promoting development and play skills (parent and/or child).

Self harm & suicide

National

The National Self Harm Network provides crisis support, information and advice for those at risk of or actively self harming.

Papyrus – Hopeline provide support specifically for a young person who is thinking about suicide or for those who might be worried about someone who may be thinking about it. Samaritans also provides support for those thinking about ending their life, and is an all age offer.

Local

Stay Alive – an app created by Grass Roots, a suicide prevention charity. Also available in booklet form. For those who are at risk of suicide or care for someone who is

Specialist support

West Sussex and Sussex Wide

Amaze is a charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND).

Dame Vera Lynn Childrens Charity - An Early Intervention service working with children who have Cerebral Palsy or other motor learning delay, using Conductive Education, Music Therapy, Swimming and home play to provide a holistic range of services to best support the family.

Family Nurse Partnership is for parents aged 24 and under. Young mothers-to-be are partnered with a specially trained Family Nurse who visits regularly, from early pregnancy until the child is aged between one and two. (Part of the HCP).

The Young Parents Pathway (YPP) supports pregnant young parent mothers and young fathers.

The Child Disability Teams offer a specialist statutory social work service for disabled children with complex needs, where these needs impact significantly on daily activities, family relationships, education, safety and independence.

The Choice Team are a specialist team within the West Sussex Lifelong Service, working with children who have disability needs and their families to use their own expertise of their child's strengths and needs to plan and manage their care with additional support.

26.8 6-15

National and local offers

These can be summarised as follows:

Emotional wellbeing and mental health support

National Offer

Young Minds is an offer specifically for children and young people up to 18 to support with mental health challenges, helping them to access the right support at the right time.

The Mix is a service for those from 11-25 years and supports young people with a number of issues which impact on emotional wellbeing and mental health.

Childline is a free 24/7 offer of confidential support and advice for children and young people up to 18, offering support and advice on a range of issues from emotional wellbeing and issues affecting mental health.

The National Sleep Helpline supports people with and provides information about sleep issues.

West Sussex and Sussex Wide

Thoughtful: Mental Health in Schools Team: Delivering evidence-based interventions in schools for mild to moderate mental health issues. Supporting the senior mental health lead in each education setting to introduce or develop their whole school or college approach to mental Health and wellbeing. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

YES is a free service that works with young people 11-17(referrals can only be accepted up until the young person's 18th birthday). YES can support young people with a variety of mental/emotional health issues including low mood, feelings of anxiety, relationship issues and self-injury

The Find It Out Service, is delivered by WSCC. Young people can drop-in to access support at Family centres or Library hub for 11-19 years The following services are also co-located at

the Find It Out Hub: Youth Emotional Support, YMCA Dialogue Counselling and YMCA Mind The Gap.

YMCA - eWellbeing and online platform to support people up to 25 years and beyond with their mental wellbeing. Young person's platform up to 25 years.

ChatHealth allows young people in West Sussex to get confidential support and advice from their school nurse via text messaging. The service is available Monday to Friday 9am to 4.30pm throughout the year (excluding bank holidays). It's an easy way for young people to confidentially ask for help about a range of issues such as bullying, eating, sleeping and drug and alcohol issues.

The Children and Young People's Social Prescribing Service (West Sussex MIND) accepts relevant GP practice referral for mental health advice, information, goal setting and on-going psycho-social recovery focused support. This includes face to face, phone, text and video call support and help to connect with wider community resources.

Concordia runs wellbeing programmes aimed at secondary schools to support students with their wellbeing by running informative, practical sessions on wellbeing topics such as combating anxiety and healthy relationships.

Target 4 Teens offers short group work activities and one-to-one support providing information, advice and guidance. It is for young people aged 13–16 who are referred to the service.

ESTEEM is a youth organisation based in Sussex. ESTEEM work with 14 to 26 year-olds to run volunteering, mentoring, wellbeing and social opportunities.

Sussex Clubs for Young People directly delivers youth clubs and detached/outreach services across Sussex for management committees, parish councils and housing associations.

Mind The Gap Emotional Health Support (YMCA) offers young people (aged 11 to 25) living in West Sussex with an alternative pathway into accessing mental health support. We help the young people to explore and manage their emotional health difficulties by utilising self-help and coping strategies whilst identifying longer term support through a social prescribing approach.

The Community Wellbeing Service provides counselling, CBT, groupwork, digital interventions via e-wellbeing and family sessions.

The Sussex Mental Healthline is a 24/7 telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health.

Extra support

The West Sussex Single Point of Access (SPoA) is a dedicated service which provides a simplified single route to access specialist emotional wellbeing and mental health support. The SPoA helps direct you to the right service, eliminating the need to refer to multiple services.

The Multi Agency Mental Health in Education Triage service (MAMHET) brings together professionals to help identify and respond to presentations of children in school which might progress to the point of a mental health crisis and potential suicide. The MAMHET will

seek to identify any individuals or groups of young people who might be negatively impacting on each other's mental health and to prevent self harm and suicide.

Specialist MH support

Dynamic Support Register aim to monitor and review all children and young people who meet the Transforming Care Criteria and have significant risk factors which could mean they require a mental health inpatient admission.

CAMHS are a specialist NHS children's and young people's mental health service that provide consultation support and training for professionals. The team also undertakes some direct case work with children, young people and their families through a number of different services:

Inpatient service at Chalkhill, Hayward's Heath for young people with serious mental illness and eating disorders.

CHAMPS (child and adolescent multi-disciplinary psychological service) supports the mental health, emotional wellbeing and safety of children who are open to Children's Social Care, and identified as having difficulties which could be helped with specialist psychological support.

The Looked After Children's Mental Health Service supports children and young people who are looked after who are experiencing complex emotional and/or behavioural difficulties.

The Urgent Help Service supports children and young people who are experiencing mental health conditions and difficulties that are putting themselves or others at risk, for example if they are having psychotic symptoms or showing signs of wanting to take their own life.

Complex Behaviour Support Team provides a service in West Sussex for families who have children/young people with moderate to severe learning disabilities or severe global developmental delay, together with emotional, communication and behavioural problems

The Community Mental Health Liaison Service (CMHL) primarily offers consultation to professionals such as GPs, teachers, public health nurses and support workers, but are able to offer some support to young people directly under certain circumstances. Notably the service can only be accessed by professionals and not parents, carers or young people.

Early Intervention Psychosis Team (EiP) A community-based service which supports people aged between 14 and 65 years old who have experienced a first episode of psychosis or are identified to be at very high risk of developing psychosis.

The Consultation Assessment and Treatment Service (CATS) is a multidisciplinary psychological service working with children and young people up to 18 years of age who have engaged in, or are alleged to have engaged in, harmful sexual behaviour. We offer help to control these behaviours in childhood and adolescence to prevent them becoming entrenched in the future.

Forensic Child and Adolescent Mental Health Service (FCAMHS) A specialist community-based child and adolescent mental health service for high risk young people under the age of 18 who live in Sussex, Surrey and Kent & Medway.

Neurodevelopmental service for children and young people - CAMHS Neurodevelopmental Service provides diagnostic assessments of neurodevelopmental conditions in children from 6 -18 years.

Pan-Sussex Children, Young People and Families Eating Disorder Service (CYP-FEDS)

A specialist service for children and young people aged 10-18 years old in Sussex, which works with families to develop a treatment plan and help achieve the best possible recovery for the young person.

CYPRESS (part of CAMHS) We provide a specialist service in West Sussex supporting young people with a diagnosable learning disability, who are presenting with significant challenging behaviours.

Local offer

Chichester district

The Chichester Youth Connections 13 to 19 years service is for young people who are looking for help in dealing with the following: Lack of confidence; feeling lonely or isolated; wanting to have a greater sense of connection to their community and friends. Support with an advice or counselling service; careers; money advice; housing; something sporty; arty; social, or volunteering.

The Bridge , Selsey offers counselling, mentoring, support, education and activities for young people. Youth Dream offers comprehensive programmes, projects, and services, including counselling, support groups, education, community projects, and intergenerational initiatives.

The Young People's Shop offers free and confidential Counselling, Emotional Support, Advice and Guidance to young people aged 11 to 25 in Chichester and the surrounding area. Our Emotional Support Workers are skilled in offering a listening ear for 30 minute sessions between 2pm and 6pm Monday to Friday. Counselling sessions last for 50 minutes, and you can see the same counsellor once a week, for up to two years. The Young People's Shop also run wellbeing workshops such as Craft and Chat, Bushcraft, Yoga and many more.

Horsham

i-Rock Horsham District is a support and advice hub for young people aged 14 to 25 and living in West Sussex, to help with issues such as mental and emotional health, relationships, money and benefits, family problems, bullying, housing, education and employment. We can also assist you in accessing specialist support from services if needed. Virtual, community and drop in offer.

Adur & Worthing

We offer a range of provisions for young people in Sompting and Lancing. We work closely with our local secondary school, offering support for young carers and mentoring some students who find school particularly difficult. We run a Saturday youth club for young

people aged 11 to 18.W and e Thursday youth club for those wanting to take part in a quieter, more discussion based session. We also run outreach and detached services, a Duke of Edinburgh provision and school holiday activities.

Mid Sussex

The Escape Youth Club has three main areas of focus: 1) Health and Wellbeing -2) Education and 3) Community and Engagement - offering a safe, accessible place for young people and supporting the local community.

Crawley

The Juno Project empowers girls and young women to achieve their goals, in spite of their challenges. Our mission is enthuse, empower and encourage. We explore the behaviours, attitudes and responses of the young women we work with and help them to develop a growth mindset that will enable them to overcome barriers and achieve whatever goals they set themselves.

The Youth Advice Centre, based at Crawley Foyer, offers information, advice, guidance. The following services are also co-located at the YAC: Mind The Gap Emotional Health Support, YMCA Dialogue Counselling, LGBTQU+ Youth Support & Room To Rant.

Bereavement support

National Offer

There is a diverse range of bereavement charities offering support for children and young people. Banardo's Child Bereavement Service and the Grieftalk Helpline is specifically for young people who have been bereaved.

Whilst the Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child. Generic bereavement offers include CRUSE and At a Loss.

West Sussex and Sussex Wide offer

Jigsaw (South East) supports bereaved children, young people and their families and also those affected by a family member having a terminal diagnosis throughout Surrey, Sussex and surrounding areas.

Chestnut Tree House is a children's charity providing hospice care services and community support for children and young people with progressive life-shortening conditions. Our specialist palliative care services include, bereavement support, specialist neonate services, family activities and specialist care for families after the unexpected death of a child or young person.

Winston's Wish supports all children (including pre-school age), young people up to the age of 25 and their families after the death of someone close to them. The charity offers a wide range of practical support and guidance via a Freephone Helpline, online support, a crisis messenger text service, individual and group support, publications and training.

Alcohol, substance misuse and addiction

National Offer

There are a number of offers nationally, specifically aimed at children and young people who are at risk of, or are experiencing substance misuse or addiction, or may be in a family who are.

Alcohol Change UK and Drinkline offer support for alcohol misuse, whilst Release offer support for substance misuse, each of these provide support for young people aged 12+. Re-Solv provide support for young people aged 8-18 who use legal highs/solvents.

Gamcare offer support and information for those aged 8 years and over. The national association for children of alcoholics (NACOA) supports any child or young person, and also those who have historic experience of alcoholism in parents.

West Sussex and Sussex wide

Drug & Alcohol Wellbeing Network - Services cover alcohol and substance use, Health and wellbeing, mental health criminal justice domestic abuse and homelessness. The Children and Young Persons Therapeutic Service is a free and confidential service for children and young people in West Sussex. We offer a therapeutic service for children and young adults aged 5-18 years who have been affected by a parent, carer or sibling's substance misuse.

Domestic abuse and victims of crime

National Offer

Lifecentre is a charity providing support and counselling for people of all age and genders who have had an unwanted sexual experience and their close supporters with play therapy for those under the age of 11.

B You offers 1.1 support to children and young people who are suffering criminal or sexual exploitation. The service is child focused and needs led, going at the pace the child or young person is comfortable with. We also deliver a service to parents/carers of children who are being exploited both sexually and criminally.

Victim Support offers emotional and practical support to victims and witnesses of crime. We will only ever work with children aged 12 and under with the consent of their parent/carer. For children aged 13 to 15 that do not want parent/carer involvement we are required to

carry out a competency test. Our Young Witness Service supports witnesses and their families attending Crown Court and supporting them with making Section 28 video evidence for court.

Child line

West Sussex and Sussex wide offer

The Domestic Abuse Recovery Programme is for young people aged 13-16. The small, group work, programme is designed for young people who have previously experienced domestic violence within their family.

Escape the Trap is a programme specifically designed to help all young people, however they identify, to recognise abusive behaviours and identify the impact of such behaviours on their mental health and emotional well-being.

Worth Services Young Person's Team offer: One-to-one work with high risk victims of Domestic Abuse aged 13 to 17 yrs or 18 to 21 yrs if there are additional needs (Young Person's Independent Domestic Violence Advisor YP IDVA). One-to-one work with 14 to 17 yrs victims of sexual abuse supporting them through a criminal investigation (Young Person's Independent Sexual Violence Advisor YP ISVA).

Paragon provide a Children and Young Person’s Domestic Abuse Support Service in partnership with West Sussex County Council from the 1st March 2024.The service will provide specialist trauma informed support to CYPs residing in West Sussex aged 5 – 18 years or up to 25 years if a care leaver or SEND status who have been subject to domestic abuse within the family home either directly, as a witness or within their own intimate relationships. The service will also support CYP’s living in Refuge accommodation or safe accommodation.

Whole Family Support

National Offer

Family Lives offers families early intervention and support, for issues which impact on the mental health and emotional wellbeing, including debt, family breakdown, relationships and behaviour.

Fegans Family Support uses a counselling approach to support families and children from 5+ years as well as training and parent education.

West Sussex or Sussex Wide

The Healthy Child Programme (HCP) is a national requirement of Local Authorities. The HCP focuses on the contribution of health visiting and school nursing services leading and co-ordinating the delivery of public health for children aged 0 to 19.

Early Help Duty Helpline - A 'whole family' approach ensures that children's needs and welfare are being met and maintained as well as those of the family. This is done by working with the family, local communities and others already supporting them.

Early Help - Family Support Service provides support for parents and carers. Children and young people's support is targeted.

The Family Development Programme is a free 12 week home based service for families with a child 0-7 years old who may need some support with appropriate behaviour, family bonds and relationships, parenting skills, knowledge of child development and parental role in promoting development and play skills (parent and/or child).

Take Back Control (Challenging Teenagers) (2 sessions for parents & carers). Introducing this 2-session empowering intervention for parents and carers of challenging teenagers. Gain the tools and support you need to reclaim control and rebuild positive relationships. Take charge with a greater understanding of challenging behaviour and learn some new strategies to implement at home.

Parenting Support Service (West Sussex MIND) - support for parents and carers to increase knowledge and awareness of mental health and boost confidence in coping with and addressing children and young people's mental health. Service includes fortnightly virtual groups with guest speakers on topics such as EBSA, anxiety, supporting siblings and neurodiversity and mental health.

SEND

West Sussex And Sussex wide

Amaze is a charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) up to 25 years.

PACSO is small charity that supports children with disabilities aged 0 to 25 and their families in the Chichester and Arun districts of West Sussex. We offer a range of respite activities and fun events for the whole family to enjoy.

SENse Learning is an alternative provision that provides holistic tuition for children with additional needs who are out of school or in between placements, taking place in the student's own home and out in the community. Can support anxiety and complex mental health issues.

TAC Access is a new on-line hub launched in West Sussex and Brighton & Hove, linking qualified children and young people counsellors, therapists and specialist teachers directly with commissioning organisations from Health, Education, Social Care and parents/carers.

Understand Me – for families with children who have difficulty communicating because of a disability. WSCC library service have a special communication library with a range of resources, including devices to help with alternative and augmentative communication.

Statutory services

The WSCC Child Disability Teams offer a specialist statutory social work service for disabled children with complex needs, where these needs impact significantly on daily activities, family relationships, education, safety and independence.

The Choice Team was set up in 2015 as part to the wider Children's Disability Service. We are a specialist team within the West Sussex Lifelong Service, working with children who have disability needs and their families We help families to use their own expertise of their child's strengths and needs to plan and manage their care with additional support.

The West Sussex SEND (IAS) Information, Advice and Support Service provides impartial information, advice and support to parents and carers of children who have special educational needs and/ or a disability. Our service is available for any parent whose child has or may be identified as having special educational needs and/or a disability. We also support the young people themselves who would also like support to express their views, wishes and aspiration

SEND services support children and young people with SEND/additional needs.

The West Sussex Disability Register (0 to 25) gathers information about children and young people with Special Educational Needs and Disabilities (SEND) in West Sussex. Being part of the disability register scheme is a good way of sharing your information so it can be used to help review and plan services across West Sussex.

West Sussex County Council Advocacy Service Provides independent Advocates to support children and young people (CYP), in the way they choose, to ensure their views are heard and rights upheld. We offer an issue-based service, for example support to challenge decisions, to take part in formal meetings or make a complaint.

Self harm & suicide (in addition to mental health support above)

National Offer

The National Self Harm Network provides crisis support, information and advice for those at risk of or actively self-harming.

Papyrus – Hopeline provide support specifically for a young person who is thinking about suicide or for those who might be worried about someone who may be thinking about it.

Samaritans also provide support for those thinking about ending their life, and is an all age offer.

West Sussex and Sussex wide support

Self Harm Learning Network – West Sussex MIND and YMCA provide free online training for teachers/professionals and parents/carers working with children and young people at risk of or engaging in self harm, along with a community of practice for those wanting to come together to share experiences and learning. Eating disorders, LGBT+ and neurodevelopmental disorders are also discussed relating to self-harm.

Stay Alive – an app created by Grass Roots, a suicide prevention charity. Also available in booklet form. For those who are at risk of suicide or care for someone who is

West Sussex Cruse Bereaved by Suicide Service - For anyone bereaved, or affected by suicide. We help people living in West Sussex who have been bereaved by suicide, offering support, advice and guidance.

Specialist support

National offer

BEAT is a charity offering support for those aged 12+ with eating disorders or supporting someone with a disorder.

Just Like Us and Banardo's offer support specifically for young people who identify as LGBT+.

The ADHD Foundation, Little Lives UK and Ambitious About Autism have offers for children and young people and their families, with disabilities and neurodevelopmental disorders to support their mental health.

Banardo's – Moving Forward Health have an offer of support for young people aged 14+ years with disabilities to transition into adulthood.

Boloh – The Black and Asian Family Helpline is a charity who provide a multi lingual, culturally literate mental health and emotional support to Black and Asian children and young people from 11+.

West Sussex and Sussex wide

Allsorts Youth Project listens to, connects and supports children and young people under 26 who are lesbian, gay, bisexual, trans or exploring their sexual orientation and/or gender identity (LGBT+) through Youth Groups, One-to-One Support, Family Support, Training and Schools work.

Children Missing from education (WSCC) is statutory service responding to all children of compulsory school age who are not on the roll of a school nor being educated otherwise (for example, privately or in alternative provision such as elective home education).

Family Nurse Partnership FNP is for parents aged 24 and under. Young mothers-to-be are partnered with a specially trained Family Nurse who visits regularly, from early pregnancy until the child is aged between one and two.

Pregnancy Options Centre offers free, non-directive help and support to 13+ facing unplanned pregnancy or struggling following a pregnancy loss or an abortion.

The Young Parents Pathway (YPP) supports pregnant young parent mothers and young fathers.

The Young Carers Service is available for CYP who are carers.

The Youth Justice Service has a primary focus on preventing offending, reoffending and anti-social behaviour by children and young people.

Local Offer

Chichester and Arun

Pregnancy Options Centre offers free, non-directive help and support to 13+ facing unplanned pregnancy or struggling following a pregnancy loss or an abortion. Support is offered 1 to 1 with a trained volunteer practitioner. Sessions are client led and provide a safe environment for women, partners and family members to talk about their thoughts and emotions surrounding their circumstances.

Children and young people in care

West Sussex offer

West Sussex County Council Advocacy Service Provides independent Advocates to support children and young people (CYP), in the way they choose, to ensure their views are heard and rights upheld. We offer an issue-based service, for example support to challenge decisions, to take part in formal meetings or make a complaint.

West Sussex County Council Independent Visitor Scheme - Befriending scheme for children and young people who are looked after by the local authority. Independent visitors are not professional care workers. They are adult volunteers who enjoy spending time with children and young people. They are matched with a particular child and visit them once a month, building up a friendship and doing things together which the child enjoys. This can be going for a bike ride, having a chat over a hot chocolate, visiting a museum - whatever the child is interested in and wants to do.

26.9 16-25

Emotional wellbeing and mental health support

National Offer

Services up to 18

Young Minds is an offer specifically for children and young people up to 18 to support with mental health challenges, helping them to access the right support at the right time.

Childline is a free 24/7 offer of confidential support and advice for children and young people up to 18, offering support and advice on a range of issues from emotional wellbeing and issues affecting mental health.

Services up to 25

The Mix is a service for those from 11-25 years and supports young people with a number of issues which impact on emotional wellbeing and mental health.

Services for any adults (18+)

Campaign Against Living Miserably (CALM) the helpline is for people in the UK who are down or have hit a wall for any reason, who need to talk or find information and support

The National Sleep Helpline supports people with and provides information about sleep issues.

West Sussex and Sussex Wide

Services up to 18 or 19

In some schools with Sixth Forms - Thoughtful: Mental Health in Schools Team: Delivering evidence-based interventions in schools for mild to moderate mental health issues. Supporting the senior mental health lead in each education setting to introduce or develop their whole school or college approach to mental Health and wellbeing. Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

YES is a free service that works with young people 11-17(referrals can only be accepted up until the young person's 18th birthday). YES can support young people with a variety of mental/emotional health issues including low mood, feelings of anxiety, relationship issues and self-injury

The Find It Out Service, is delivered by WSCC. Young people can drop-in to access support at Family centres or Library hub for 11-19 years (25 for SEND) The following services are also co-located at the Find It Out Hub: Youth Emotional Support, YMCA Dialogue Counselling and YMCA Mind The Gap.

Mind The Gap Emotional Health Support (YMCA) offers young people (aged 11 to 25) living in West Sussex with an alternative pathway into accessing mental health support. We help the young people to explore and manage their emotional health difficulties by utilising self-help and coping strategies whilst identifying longer term support through a social prescribing approach.

YMCA Dialogue Community Wellbeing Service provides counselling, CBT, groupwork, digital interventions via e-wellbeing and family sessions

ChatHealth allows young people in West Sussex to get confidential support and advice from their school nurse via text messaging. The service is available Monday to Friday 9am to 4.30pm throughout the year (excluding bank holidays). It's an easy way for young people to confidentially ask for help about a range of issues such as bullying, eating, sleeping and drug and alcohol issues

The Children and Young People's Social Prescribing Service (West Sussex MIND) accepts relevant GP practice referral for mental health advice, information, goal setting and on-going psycho-social recovery focused support. This includes face to face, phone, text and video call support and help to connect with wider community resources.

Sussex Clubs for Young People directly delivers youth clubs and detached/outreach services across Sussex for management committees, parish councils and housing associations.

Audio Active support young people through music projects as well as broader work around self esteem and art.

Services up to 25

ESTEEM is a youth organisation based in Sussex. ESTEEM work with 14 to 26 year-olds to run volunteering, mentoring, wellbeing and social opportunities.

NHS Talking Therapies – Next Steps This service is designed for young people with additional needs who are experiencing anxiety, isolation and who have limited or no plans for the future post COVID-19. Young people, family members or professionals can make a Request for Support. It is available throughout the year.

West Sussex MIND BeOK Service can be accessed via self-referral for mental health and wellbeing advice, information, goal setting and on-going psycho-social recovery focused support. This includes face to face, phone, text, video call 1:1, group and peer support.

YMCA - eWellbeing and online platform to support people up to 25 years and beyond with their mental wellbeing. Young person's platform up to 25 years.

West Sussex Mind – Children and Young People's Social Prescribing Service offer from 8-18 and 18+

Services for any adults (18+) see working age adults

The Sussex Mental Healthline is a 24/7 telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health.

The Pathfinder Alliance - an alliance of organisations (MIND, Richmond Fellowship Trust, Sussex Oakleaf, BHT) working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing.

Emotional Wellbeing Service (EWS) in Primary Care Networks (PCNs) with the introduction of Additional Roles Reimbursement Scheme (ARRS) roles (under 18s offer in some PCNs)

Sussex Recovery College offers free educational courses that focus on mental health and recovery. We design our courses specially to increase your knowledge and skills and help promote self-management. The aim is to enable you to take control by becoming an expert

in your own wellbeing, so you can get on with your life despite mental health challenges – whether yours or those of someone close to you.

NHS Talking therapies psychological therapies, are effective and confidential treatments delivered by fully trained and accredited NHS practitioners. They can help if you're struggling with things like feelings of depression, excessive worry, social anxiety or post-traumatic stress disorder (PTSD).

YMCA - eWellbeing and online platform to support people up to 25 years and beyond with their mental wellbeing. Young person's platform up to 25 years.

Extra support

Up to 18 years

The Multi Agency Mental Health in Education Triage service (MAMHET) brings together professionals to help identify and respond to presentations of children in school which might progress to the point of a mental health crisis and potential suicide. The MAMHET will seek to identify any individuals or groups of young people who might be negatively impacting on each other's mental health and to prevent self harm and suicide.

Up to 25

BeOK is a free to use service for young people aged 16 to 21 in Mid-Sussex and Crawley, 16 to 18 in Horsham, who are looking for support with their wellbeing. Some of the areas we support with are: Your Mood - Anxiety - Relationship Issues - Self Injury - Unhelpful Thoughts - Self Esteem - Significant Life Event - Anything that might be worrying you. This support will come in an offer of 1 to 1s, groups and project work. We do not diagnose health conditions or provide medication.

YMCA Downslink Group provides supported accommodation and transitional housing for young people.

Screen & Intervene, Health and Wellbeing Service (Southdown) – social prescribing for people with SMI. Available through GPs.

Pathways Home is a Housing Support service operating in all areas of West Sussex, jointly funded through West Sussex County Council and the seven Local Authorities in West Sussex.

Specialist MH support up to 18 (25 SEND)

Dynamic Support Register aim to monitor and review all children and young people who meet the Transforming Care Criteria and have significant risk factors which could mean they require a mental health inpatient admission.

CAMHS are a specialist NHS children's and young people's mental health service that provide consultation support and training for professionals. The team also undertakes some direct case work with children, young people and their families through a number of different services (also mapped here)

The Community Mental Health Liaison Service (CMHL) primarily offers consultation to professionals such as GPs, teachers, public health nurses and support workers, but are able to offer some support to young people directly under certain circumstances. Notably the service can only be accessed by professionals and not parents, carers or young people.

Sussex Children & Young People Services (ChYPs): Sussex Early Intervention in Psychosis Services (EIP) Early intervention means getting help for problems when they start, before they develop into a more serious illness.

The Consultation Assessment and Treatment Service (CATS) is a multidisciplinary psychological service working with children and young people up to 18 years of age who have engaged in, or are alleged to have engaged in, harmful sexual behaviour. We offer help to control these behaviours in childhood and adolescence to prevent them becoming entrenched in the future.

CYPRESS (part of CAMHS) We provide a specialist service in West Sussex supporting young people with a diagnosable learning disability, who are presenting with significant challenging behaviours.

Specialist Mental Health Support 18+

Bluebell House is a specialist service for people with a diagnosis of personality disorder and offers group treatment in the community for up to 25 service users.

Specialist support

SPFT assessment and treatment services (ATS) are the entry point into specialist mental health services for adults over the age of 18 years old.

SPFT crisis resolution and home treatment teams (CRHTTs) work in the community to support people who are suffering from an acute mental health problem or who are experiencing a mental health crisis

SPFT Community Rehabilitation Service is an exciting and innovative service supporting adults with mental health problems in the community

SPFT Group Treatment offers support to adults with affective disorders and complex emotional difficulties, helping them to develop psychological awareness and 'here and now' coping skills to help towards recovery.

Inpatient services – SPFT acute care

Dementia inpatient services

Learning disability inpatient services

Support and recovery inpatient units

Secure inpatient unit

Acute Mental Illness Wards at Langley Green Hospital and Meadowfield Hospital

Memory Services and Dementia Assessment Services

Local offer

Chichester district

Up to 18/19

The Chichester Youth Connections 13 to 19 years' service is for young people who are looking for help in dealing with the following: Lack of confidence; feeling lonely or isolated; wanting to have a greater sense of connection to their community and friends. Support with an advice or counselling service; careers; money advice; housing; something sporty; arty; social, or volunteering.

Up to 25

The Young People's Shop offers free and confidential Counselling, Emotional Support, Advice and Guidance to young people aged 11 to 25 in Chichester and the surrounding area. Our Emotional Support Workers are skilled in offering a listening ear for 30 minute sessions between 2pm and 6pm Monday to Friday. Counselling sessions last for 50 minutes, and you can see the same counsellor once a week, for up to two years. The Young People's Shop also run wellbeing workshops such as Craft and Chat, Bushcraft, Yoga and many more.

Chichester council now has a dedicated Supporting You Team. These are specialist trained advisors who work alongside our other service teams. Their role is to help people access a wide range of help.

Chichester University Provides a range of Wellbeing Services, free for students accessing higher education at Chichester University.

Horsham

Up to 25

i-Rock Horsham District is a support and advice hub for young people aged 14 to 25 and living in West Sussex, to help with issues such as mental and emotional health, relationships, money and benefits, family problems, bullying, housing, education and employment. We can also assist you in accessing specialist support from services if needed. Virtual, community and drop in offer.

Mind B&H - peer mentoring service is available anywhere in Crawley, Horsham and Mid Sussex wards - no fixed location for delivery.

Adur & worthing

Up to 18

We offer a range of provisions for young people in Sompting and Lancing. We work closely with our local secondary school, offering support for young carers and mentoring some students who find school particularly difficult. We run a Saturday youth club for young people aged 11 to 18. and e Thursday youth club for those wanting to take part in a quieter, more discussion based session. We also run outreach and detached services, a Duke of Edinburgh provision and school holiday activities.

Up to 25

Phoenix Project - Housing and Holistic Community provide support and promote independence for 16 to 25 year old young people with mental health needs.

Crawley

Up to 25

The Youth Advice Centre, based at Crawley Foyer, offers information, advice, guidance. The following services are also co-located at the YAC: Mind The Gap Emotional Health Support, YMCA Dialogue Counselling, LGBTQU+ Youth Support & Room To Rant.

Mind B&H - peer mentoring service is available anywhere in Crawley, Horsham and Mid Sussex wards - no fixed location for delivery.

MENSHARE - Support Group for Men in Crawley

Arun

Up to 18/19

Arun Youth Projects runs youth clubs, projects and support for young people in the Littlehampton, Rustington and East Preston area.

Mid Sussex

Up to 18

The Escape Youth Club has three main areas of focus: 1) Health and Wellbeing - supporting young people in good mental health and wellbeing with activities and events, 2) Education and Work

Up to 25

Mind B&H - peer mentoring service is available anywhere in Crawley, Horsham and Mid Sussex wards - no fixed location for delivery.

Bereavement support

National Offer

Up to 18

There is a diverse range of bereavement charities offering support for children and young people. Barnardo's Child Bereavement Service and the Grieftalk Helpline is specifically for young people who have been bereaved.

Up to 25

Whilst the Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child. Generic bereavement offers include CRUSE and At a Loss.

West Sussex and Sussex Wide offer

Up to 18

Jigsaw (South East) supports bereaved children, young people and their families and also those affected by a family member having a terminal diagnosis throughout Surrey, Sussex and surrounding areas.

Up to 25

Winston's Wish supports all children (including pre-school age), young people up to the age of 25 and their families after the death of someone close to them. The charity offers a wide range of practical support and guidance via a Freephone Helpline, online support, a crisis messenger text service, individual and group support, publications and training.

Alcohol, substance misuse and addiction

National Offer

Up to 18

Re-Solv provide support for young people aged 8-18 who use legal highs/solvents.

Up to 25

Alcohol Change UK and Drinkline offer support for alcohol misuse, whilst Release offer support for substance misuse, each of these provide support for young people aged 12+.

Gamcare offer support and information for those aged 8 years and over. The national association for children of alcoholics (NACOA) supports any child or young person, and also those who have historic experience of alcoholism in parents.

West Sussex and Sussex wide

Up to 18

The Children and Young Persons Therapeutic Service is a free and confidential service for children and young people in West Sussex. We offer a therapeutic service for children and young adults aged 5-18 years who have been affected by a parent, carer or sibling's substance misuse.

Up to 25

Drug & Alcohol Wellbeing Network - Services cover alcohol and substance use, Health and wellbeing, mental health criminal justice domestic abuse and homelessness.

CGL provides a substance misuse service for young people in West Sussex.

Domestic abuse and victims of crime

National Offer

Victim Support offers emotional and practical support to victims and witnesses of crime.

We offer emotional support, advice, information and signposting to local services for male survivors of sexual abuse and rape living in England and Wales.

We work to ensure women are believed, know abuse is not their fault and that their experiences have been understood. With our supporters, we call on the government to tackle the causes and consequences of domestic abuse.

Childline is a free 24/7 offer of confidential support and advice for children and young people up to 18, offering support and advice on a range of issues from emotional wellbeing and issues affecting mental health

ManKind Initiative - Supporting Male Victims of Domestic Abuse a confidential helpline is available for male victims of domestic abuse and domestic violence across the UK as well as their friends, family, neighbours, work colleagues etc

West Sussex and Sussex wide offer

Up to 18

Escape the Trap is a programme specifically designed to help all young people, however they identify, to recognise abusive behaviours and identify the impact of such behaviours on their mental health and emotional well-being.

Worth Services Young Person's Team offer: one-to-one work with high risk victims of Domestic Abuse aged 13 to 17 yrs or 18 to 21 yrs if there are additional needs (Young Person's Independent Domestic Violence Advisor YP IDVA). One-to-one work with 14 to 17 yrs victims of sexual abuse supporting them through a criminal investigation (Young Person's Independent Sexual Violence Advisor YP ISVA).

Paragon provide a Children and Young Person's Domestic Abuse Support Service in partnership with West Sussex County Council from the 1st March 2024.The service will provide specialist trauma informed support to CYPs residing in West Sussex aged 5 – 18 years or up to 25 years if a care leaver or SEND status who have been subject to domestic abuse within the family home either directly, as a witness or within their own intimate relationships. The service will also support CYP's living in Refuge accommodation or safe accommodation.

Up to 25 or beyond

Safe in Sussex is a registered charity providing help and support for people affected by domestic abuse in West Sussex. Outreach and refuge programmes.

My Sisters' House Women's drop in centre works across the coastal area of West Sussex. We provide a range of support needs to women from all backgrounds facing all kinds of issues where their strengths are recognised, their difficulties acknowledged and where they can achieve positive change they are proud of. Group and one-to-one work is offered.

Women's Aid - We work to ensure women are believed, know abuse is not their fault and that their experiences have been understood. With our supporters, we call on the government to tackle the causes and consequences of domestic abuse.

Whole Family Support

National Offer

Up to 18

Family Lives offers families early intervention and support, for issues which impact on the mental health and emotional wellbeing, including debt, family breakdown, relationships and behaviour.

Fegans Family Support uses a counselling approach to support families and children from 5+ years as well as training and parent education.

West Sussex or Sussex Wide

Up to 18/19

The Healthy Child Programme (HCP) is a national requirement of Local Authorities. The HCP focuses on the contribution of health visiting and school nursing services leading and co-ordinating the delivery of public health for children aged 0 to 19.

SEND

West Sussex And Sussex wide

Amaze is a charity that gives information, advice and support to families of children and young people with special educational needs and disabilities (SEND) up to 25 years.

PACSO is small charity that supports children with disabilities aged 0 to 25 and their families in the Chichester and Arun districts of West Sussex. We offer a range of respite activities and fun events for the whole family to enjoy.

SENse Learning is an alternative provision that provides holistic tuition for children with additional needs who are out of school or in between placements, taking place in the student's own home and out in the community. Can support anxiety and complex mental health issues.

TAC Access is a new on-line hub launched in West Sussex and Brighton & Hove, linking qualified children and young people counsellors, therapists and specialist teachers directly with commissioning organisations from Health, Education, Social Care and parents/carers.

Understand Me – for families with children who have difficulty communicating because of a disability. WSCC library service have a special communication library with a range of resources, including devices to help with alternative and augmentative communication.

Statutory services

The WSCC Child Disability Teams offer a specialist statutory social work service for disabled children with complex needs, where these needs impact significantly on daily activities, family relationships, education, safety and independence.

The Choice Team was set up in 2015 as part to the wider Children's Disability Service. We are a specialist team within the West Sussex Lifelong Service, working with children who have disability needs and their families We help families to use their own expertise of their child's strengths and needs to plan and manage their care with additional support.

The West Sussex SEND (IAS) Information, Advice and Support Service provides impartial information, advice and support to parents and carers of children who have special educational needs and/ or a disability. Our service is available for any parent whose child has or may be identified as having special educational needs and/or a disability. We also support the young people themselves who would also like support to express their views, wishes and aspiration

SEND services support children and young people with SEND/additional needs.

The West Sussex Disability Register (0 to 25) gathers information about children and young people with Special Educational Needs and Disabilities (SEND) in West Sussex. Being part of the disability register scheme is a good way of sharing your information so it can be used to help review and plan services across West Sussex.

West Sussex County Council Advocacy Service Provides independent Advocates to support children and young people (CYP), in the way they choose, to ensure their views are heard and rights upheld. We offer an issue-based service, for example support to challenge decisions, to take part in formal meetings or make a complaint.

Self harm & suicide (in addition to mental health support above)

National Offer

All ages

The National Self Harm Network provides crisis support, information and advice for those at risk of or actively self harming.

Samaritans also provide support for those thinking about ending their life, and is an all age offer.

Up to 35

Papyrus – Hopeline provide support specifically for a young person who is thinking about suicide or for those who might be worried about someone who may be thinking about it.

West Sussex and Sussex wide support

Up to 18

Self Harm Learning Network – West Sussex MIND and YMCA provide free online training for teachers/professionals and parents/carers working with children and young people at risk of or engaging in self harm, along with a community of practice for those wanting to come

together to share experiences and learning. Eating disorders, LGBT+ and neurodevelopmental disorders are also discussed relating to self-harm.

All ages

The Sussex Mental Healthline is a 24/7 telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health

Stay Alive – an app created by Grass Roots, a suicide prevention charity. Also available in booklet form. For those who are at risk of suicide or care for someone who is

Specialist support

National offer

Up to 25

BEAT is a charity offering support for those aged 12+ with eating disorders or supporting someone with a disorder.

Just Like Us and Banardo's offer support specifically for young people who identify as LGBT+.

The ADHD Foundation and Ambitious About Autism have offers for children and young people and their families, with disabilities and neurodevelopmental disorders to support their mental health.

Banardo's – Moving Forward Health have an offer of support for young people aged 14+ years with disabilities to transition into adulthood.

Boloh – The Black and Asian Family Helpline is a charity who provide a multi lingual, culturally literate mental health and emotional support to Black and Asian children and young people from 11+.

West Sussex and Sussex wide

Up to 18

Children Missing from education (WSCC) is statutory service responding to all children of compulsory school age who are not on the roll of a school nor being educated otherwise (for example, privately or in alternative provision such as elective home education).

The Young Carers Service is available for CYP who are carers.

The Youth Justice Service has a primary focus on preventing offending, reoffending and anti-social behaviour by children and young people.

Up to 25

Allsorts Youth Project listens to, connects and supports children and young people under 26 who are lesbian, gay, bisexual, trans or exploring their sexual orientation and/or gender identity (LGBT+) through Youth Groups, One-to-One Support, Family Support, Training and Schools work.

Family Nurse Partnership FNP is for parents aged 24 and under. Young mothers-to-be are partnered with a specially trained Family Nurse who visits regularly, from early pregnancy until the child is aged between one and two.

Pregnancy Options Centre offers free, non-directive help and support to 13+ facing unplanned pregnancy or struggling following a pregnancy loss or an abortion. circumstances.

The Young Parents Pathway (YPP) supports pregnant young parent mothers and young fathers.

The Leaving Care Service is a personal advisor service to support young people leaving care.

Local Offer

Chichester and Arun

Pregnancy Options Centre offers free, non-directive help and support to 13+ facing unplanned pregnancy or struggling following a pregnancy loss or an abortion. Support is offered 1 to 1 with a trained volunteer practitioner. Sessions are client led and provide a safe environment for women, partners and family members to talk about their thoughts and emotions surrounding their circumstances.

Children and young people in care

West Sussex offer

Up to 18

West Sussex County Council Independent Visitor Scheme - Befriending scheme for children and young people who are looked after by the local authority. Independent visitors are not professional care workers. They are adult volunteers who enjoy spending time with children and young people.

Up to 25

The Leaving Care Service is a personal advisor service to support young people leaving care, by WSCC.

West Sussex County Council Advocacy Service Provides independent Advocates to support children and young people (CYP), in the way they choose, to ensure their views are heard

and rights upheld. We offer an issue-based service, for example support to challenge decisions, to take part in formal meetings or make a complaint.

Asphaleia aims to impact the lives of children and young people and the organisations that work with them through care, fostering, training and specialist services.

26.10 Working age adults

National and local offers

Emotional wellbeing and mental health support

National Offers

Rethink mental Illness, MIND, SANE, Shout provide a wide range of support through their national offer.

Campaign Against Living Miserably (CALM) the helpline is for people in the UK who are down or have hit a wall for any reason, who need to talk or find information and support.

Every Mind Matters – NHS an online offer with hints, tips and signposting to support for metal health. Here you will find expert advice, practical tips, and plenty of help and support if you're stressed, anxious, low or struggling to sleep

West Sussex and Sussex Wide

NHS Talking Therapies (formerly known as Improving Access to Psychological Therapies or IAPT) is a national network of services providing free to access therapies for adults experiencing symptoms of anxiety and depression.

The Sussex Mental Healthline is a 24/7 telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health.

The Pathfinder Alliance - an alliance of organisations (MIND, Richmond Fellowship Trust, Sussex Oakleaf, BHT) working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing.

Talk Club is a UK male mental health charity helping men to improve their mental health - this is available on line in West Sussex

How are you out of 10 service - mental fitness through talking groups actively helps men to understand how they're feeling by asking 'How are you? Out of 10?' then explaining why. It helps to build resilience, and the numbers prove it.

Emotional Wellbeing Service (EWS) in Primary Care Networks (PCNs) with the introduction of Additional Roles Reimbursement Scheme (ARRS) roles

YMCA - eWellbeing and online platform to support people with their mental wellbeing.

West Sussex Wellbeing online and local offer across all D&Bs to help with a range of health and wellbeing issues.

Sussex Recovery College offers free educational courses that focus on mental health and recovery. We design our courses specially to increase your knowledge and skills and help promote self-management. The aim is to enable you to take control by becoming an expert in your own wellbeing, so you can get on with your life despite mental health challenges – whether yours or those of someone close to you.

Community advocacy is for people who have an issue they are struggling with and feel they would like some help to deal with it. POhWER's community advocacy services are free and confidential. Adults who are 18 or over, including: people with learning disabilities; people with mental health problems; people with autism; people with a brain injury; people with physical disabilities; people with sensory impairments (sight and hearing problems); older people; people with dementia; people with a long-term illness

Men Walk Talk Traditionally, men often avoid seeking support but we can change this, by providing that support in a more accessible and easy way. Together, we want to reduce the number of male suicides, we want to provide a community of support for guys to know they are not alone and they can speak up. Zoom provision across West Sussex.

Sustainable Mind run weekly mindfulness meditation sessions online via Zoom across West Sussex. Also provide 1;1 online/in person events at Sompting.

Extra support

Bluebell House is a specialist service for people with a diagnosis of personality disorder and offers group treatment in the community for up to 25 service users.

Screen & Intervene, Health and Wellbeing Service (Southdown) – social prescribing for people with SMI. Available through GPs.

Pathways Home is a Housing Support service operating in all areas of West Sussex, jointly funded through West Sussex County Council and the seven Local Authorities in West Sussex.

Specialist support

SPFT assessment and treatment services (ATS) are the entry point into specialist mental health services for adults over the age of 18 years old.

SPFT crisis resolution and home treatment teams (CRHTTs) work in the community to support people who are suffering from an acute mental health problem or who are experiencing a mental health crisis

SPFT Community Rehabilitation Service is an exciting and innovative service supporting adults with mental health problems in the community

SPFT Group Treatment offers support to adults with affective disorders and complex emotional difficulties, helping them to develop psychological awareness and 'here and now' coping skills to help towards recovery.

Inpatient services – SPFT acute care

Dementia inpatient services

Learning disability inpatient services

Support and recovery inpatient units

Secure inpatient unit

Acute Mental Illness Wards at Langley Green Hospital and Meadowfield Hospital

Memory Services and Dementia Assessment Services

Local offer

Chichester district

Chichester council now has a dedicated Supporting You Team. These are specialist trained advisors who work alongside our other service teams. Their role is to help people access a wide range of help.

Men Walk Talk Traditionally, men often avoid seeking support but we can change this, by providing that support in a more accessible and easy way. Together, we want to reduce the number of male suicides, we want to provide a community of support for guys to know they are not alone and they can speak up. Available in Littlehampton, Bognor, Worthing and Arundel with Zoom provision across West Sussex

Chichester Counselling Service has provided one-to-one weekly counselling to individuals aged 18+ in Chichester and the surrounding area for more than forty years. They offer face to face, online (via Zoom) and telephone counselling.

Horsham

Horsham and Crawley Counselling Group affordable counselling for all ages

Drop in service (online/telephone available) Community advocacy is for people who have an issue they are struggling with and feel they would like some help to deal with it. POhWER's community advocacy services are free and confidential. Adults who are 18 or over, including: people with learning disabilities; people with mental health problems; people with autism; people with a brain injury; people with physical disabilities; people with sensory impairments (sight and hearing problems); older people; people with dementia; people with a long-term illness

Adur & worthing

Wild Gathering creates and facilitates nature connection health and wellbeing workshop programmes, events and guided mindful walks.

Worthing Counselling Service has been a provider of counselling - including bereavement counselling- for almost 35 years. With 30 counsellors they offer significant depth and

breadth of experience. The centre is accredited by the British Association for Counselling and Psychotherapy and they adhere to BACP's ethical framework for the Counselling Professions.

Men Walk Talk Traditionally, men often avoid seeking support but we can change this, by providing that support in a more accessible and easy way. Together, we want to reduce the number of male suicides, we want to provide a community of support for guys to know they are not alone and they can speak up. Available in Littlehampton, Bognor, Worthing and Arundel with Zoom provision across West

Staying Well services in Sussex offer support to people who are at risk of going into crisis. You can contact and refer yourself directly to a Staying Well Service in Crawley or Worthing and access the service alongside any care you might be receiving.

SPFT Mental Health Street Triage - An immediate assessment is carried out to determine whether the person should be held under Section 136 of the Mental Health Act and if not, whether any follow up is needed from mental health, social or substance misuse services. Referrals to the service are made by the police.

Crawley

MENSHARE - Support Group for Men in Crawley

Staying Well services in Sussex offer support to people who are at risk of going into crisis. You can contact and refer yourself directly to a Staying Well Service in Crawley or Worthing and access the service alongside any care you might be receiving.

Horsham and Crawley Counselling Group affordable counselling for all ages

SPFT Mental Health Street Triage - An immediate assessment is carried out to determine whether the person should be held under Section 136 of the Mental Health Act and if not, whether any follow up is needed from mental health, social or substance misuse services. Referrals to the service are made by the police.

Arun

Men Walk Talk Traditionally, men often avoid seeking support but we can change this, by providing that support in a more accessible and easy way.

Together, we want to reduce the number of male suicides, we want to provide a community of support for guys to know they are not alone and they can speak up. Available in Littlehampton, Bognor, Worthing and Arundel with Zoom provision across West Sussex.

SPFT Mental Health Street Triage - An immediate assessment is carried out to determine whether the person should be held under Section 136 of the Mental Health Act and if not, whether any follow up is needed from mental health, social or substance misuse services. Referrals to the service are made by the police.

Mid Sussex

Breathe Men is a recently launched local charity in Hayward's Heath to try to encourage men to get together in small informal groups and talk about their worries and cares.

Bereavement support

National Offer

Whilst the Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child.

Generic bereavement offers include CRUSE and At a Loss.

Survivors of Bereavement by Suicide (SOBS) Peer-led support groups and national helpline can provide a safe, confidential environment in which those impacted by suicide can share experiences and feelings, thus giving and gaining support from each other.

West Sussex and Sussex Wide offer

Sussex Bereavement Helpline - Provides information and guidance, and is run by a team of experienced support workers, who can talk to you about the tasks that need to be completed after a death – such as registration of the death, arranging a funeral or informing other people and organisations.

West Sussex Carers Support - for people with caring responsibilities. FREE Bereavement workshops for carers bereaved in the last 6 months.

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Sussex Bereaved by Suicide - For anyone bereaved, or affected by, suicide living in East and West Sussex, Brighton & Hove. We help people living in West Sussex who have been bereaved by suicide, offering support, advice and guidance.

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The Bereavement Journey uses films and discussion to help guide people through the most common aspects of grief. It is for anyone who has been bereaved at any time, and although often run by churches, it is for people of any faith or no faith, as all the faith content is confined to the optional 6th and final session which looks at bereavement from a Christian perspective.

The Cooperative Funeral Care Bereavement Service (Southern Region) The Bereavement Centre is a free service designed to support your emotional, practical and social needs,

providing access to one to one bereavement counselling, friendship/social and support groups, walk and talk groups, life coaching and memorial services.

Local

Horsham

St. Peter's, Henfield Bereavement Support is an informal drop in group that is there to give people time to talk and to share their experiences, both the difficult and the good, in a confidential and relaxed environment.

St Barnabas House Hospices - We offer individual bereavement counselling, counselling in groups and a bereavement art group to anyone who lives within the hospice catchment area. Our catchment area is: Worthing, Adur, Arun and Henfield. If you live further away we may be able to help find bereavement support local to you.

St Catherine's Hospice - Our expert team of counsellors and support visitors can support you in the days, months or even years after your bereavement. We can offer you support in two ways. One is over the telephone and the other is via an NHS secure system, using a mobile smart phone, which allows you to see each other face to face.

Adur & Worthing

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Alcohol, substance misuse and addiction

National Offer

Alcohol Change UK, Alcoholics Anonymous and Drinkline offer support for alcohol misuse.

NSPCC, We Are With You, Adfam, Release and FRANK offer free and confidential support to people experiencing issues with drugs, alcohol or mental health.

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Gamcare offer support and information for those aged 8 years and over. The national association for children of alcoholics (NACOA) supports any child or young person, and also those who have historic experience of alcoholism in parents.

West Sussex and Sussex wide

Drug & Alcohol Wellbeing Network - Services cover alcohol and substance use, Health and wellbeing, mental health criminal justice domestic abuse and homelessness.

Change Grow Live - Drug and alcohol treatment. Including: 1-1 assessments and care planning, harm reduction support, alcohol detoxification and substitute prescribing for opiates, outreach prescribing for vulnerably housed and group programmes both in person and online.

Domestic abuse and victims of crime

National Offer

Victim Support offers emotional and practical support to victims and witnesses of crime.

Women's Aid, Refuge, the National Domestic Abuse Hotline work to support women and ensure women are believed, know abuse is not their fault and that their experiences have been understood. Mankind offer support to men who are affected by domestic abuse, and Safelives support all those affected.

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LD/NDD

West Sussex And Sussex wide

Statutory services

Learning disabilities (adult) Includes dementia assessments for adults with learning disabilities,

providing specialist community support for adults with a learning disability, their families and carers.

Life long services.

Counselling and Autistic Spectrum Support, is a counselling and training service, practicing in the Sussex Area. We offer support to individuals with autism and Asperger's Syndrome and their families, and provide specialist training to employers and organisations wishing to promote equality and diversity.

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Self harm & suicide (in addition to mental health support above)

National Offer

All ages

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Papyrus – Hopeline provide support specifically for a young person who is thinking about suicide or for those who might be worried about someone who may be thinking about it.

West Sussex and Sussex wide support

West Sussex Cruse Bereaved by Suicide Service - For anyone bereaved, or affected by suicide. We help people living in West Sussex who have been bereaved by suicide, offering support, advice and guidance.

Stay Alive – an app created by Grass Roots, a suicide prevention charity. Also available in booklet form. For those who are at risk of suicide or care for someone who is

ANDYSMANCLUB are a men's suicide prevention charity, offering free-to-attend peer-to-peer support groups across the United Kingdom and online. Face to face activity in Littlehampton – but virtual offer across West Sussex

Warning Signs Campaign – an online media campaign to prevent suicide in middles aged men with a call to action of calling the Sussex Mental Health Helpline.

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Specialist support

National offer

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The ADHD Foundation provide support for those with disabilities and neurodevelopmental disorders to support their mental health.

Rethink Asian Mental Health Helpline - The Sahayak Asian Mental Health Helpline offers a culturally sensitive listening and information service for anyone affected by mental health issues - whether they are service users, carers or friends, and people affected by domestic abuse.

West Sussex and Sussex wide

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SPFT Neuromodulation Clinic

SPFT Operation Courage provide free mental health and wellbeing services to ex-serving members of the UK Armed Forces and service personnel, including those who are making the transition to civilian life and reservists.

SPFT The Complex Trauma service provides highly specialist psychological interventions for people who have experienced complex trauma and, as a result, struggle with Complex PTSD AND significant dissociative symptoms that usually meet criteria for a dissociative disorder.

SPFT Mental Health Dietitians are qualified health professionals who assess, diagnose and treat diet and nutritional problems at an individual level – and also advise on wider public health issues in relation to diet and nutrition.

SPFT Psychological Service provide assessment and treatments and advise other colleagues supporting you.

SPFT Speech and language therapists assess the speech, language and communication of children, adolescents and adults with communication difficulties. In addition, the management of dysphagia (eating, drinking and swallowing difficulties) is an important component of speech and language therapy practice.

Sussex Gender Service NHS adult gender service pilot in Sussex, which has been commissioned to provide local transgender healthcare for trans and non-binary people.

The Sussex Liaison and Diversion Service (SLDS) is a specialist service to support you if you have complex mental health problems and have become involved in the criminal justice system.
The service aims to improve overall health outcomes and to help in the reduction of re-offending. It also aims to identify vulnerabilities early on and make sure the right support is in place for you as soon as possible.

MindOut is a Brighton-based mental health service run by and for lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people. 100% of their team also have lived

experience of mental health needs, or caring responsibilities for a person with lived experience. Online offer – includes for 50+

Friends, Families & Travellers We have a dedicated and brilliant team of outreach staff in Sussex, providing a range of support and guidance to Gypsies and Travellers in the area. Our experienced team provide advocacy and advice with a range of issues relating to health, homelessness, education, discrimination and more.

The New Ones on the Block (under-65s living with dementia) Join our Dementia Voice Local Group to share problems, influence change and make a difference to attitudes and community. Group members enjoy increased confidence, engaging work and friendships with other people living with dementia. This group is delivered through face-to-face sessions or online.

Local Offer

Crawley

Can Do Club, Crawley (Age UK) is a weekly support group for people living with early onset Dementia or those recently diagnosed. Spend part of the day with us travelling to see the sites of West Sussex. Heading off from Crawley, each week we will travel to various sites in West Sussex, supported by our trained staff team. We also incorporate engaging activities within the day to help promote wellbeing & social interaction.

Carers

National Offer

Tide - Living grief and bereavement, a resource for carers of people with dementia.

West Sussex Carers Support - for people with caring responsibilities. FREE Bereavement workshops for carers bereaved in the last 6 months.

Local Offer

Worthing Rethink Mental Health Carers Group - We are a peer-led support group for the carers, family members and friends of people with lived experience of mental illness. We also welcome people living with mental illness who wish to attend, as both sets of people share similar issues.

26.11 Older people - mental health

National and Local Offers

Emotional wellbeing and mental health support

National Offers

Rethink mental Illness, MIND, SANE, Shout provide a wide range of support through their national offer.

The Silver Line Helpline is the only national, free and confidential helpline for older people open 24 hours a day, 7 days a week and 365 days a year. We offer information, advice and friendship through our helpline and services. There is no question too big, no problem too small and no need to be alone.

Campaign Against Living Miserably (CALM) the helpline is for people in the UK who are down or have hit a wall for any reason, who need to talk or find information and support.

Every Mind Matters – NHS an online offer with hints, tips and signposting to support for metal health. Here you will find expert advice, practical tips, and plenty of help and support if you're stressed, anxious, low or struggling to sleep.

West Sussex and Sussex Wide

NHS Talking Therapies (formerly known as Improving Access to Psychological Therapies or IAPT) is a national network of services providing free to access therapies for adults experiencing symptoms of anxiety and depression.

The Sussex Mental Healthline is a 24/7 telephone service offering listening support, advice, information and signposting to anyone experiencing difficulties with their mental health.

The Pathfinder Alliance - an alliance of organisations (MIND, Richmond Fellowship Trust, Sussex Oakleaf, BHT) working together to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing.

Age UK free money advice service - free money advice service to help older people and their family and carers with general money matters, checking which benefits and payments you're entitled to and advice on managing the increases to the cost of living.

Emotional Wellbeing Service (EWS) in Primary Care Networks (PCNs) with the introduction of Additional Roles Reimbursement Scheme (ARRS) roles

West Sussex Wellbeing online and local offer across all D&Bs to help with a range of health and wellbeing issues.

Sussex Recovery College offers free educational courses that focus on mental health and recovery. We design our courses specially to increase your knowledge and skills and help promote self-management. The aim is to enable you to take control by becoming an expert in your own wellbeing, so you can get on with your life despite mental health challenges – whether yours or those of someone close to you.

Community advocacy is for people who have an issue they are struggling with and feel they would like some help to deal with it. POhWER's community advocacy services are free and confidential. Adults who are 18 or over, including: people with learning disabilities; people with mental health problems; people with autism; people with a brain injury; people with physical disabilities; people with sensory impairments (sight and hearing problems); older people; people with dementia; people with a long-term illness

Prevention Assessment Team - The service provides non-urgent, short term

interventions for adults and older people & their informal carers who have health & wellbeing

problems and are at risk of not managing these, thus placing them at risk of functional decline, ill

health & dependence, putting them at increased risk of needing higher level services and

unnecessary admission to hospital/residential care.

Age UK Tackling Social Isolation - Social isolation services connect older people aged 65+ to community group activities and provide one-to-one support that enable social interaction within their local community to build connections to reduce social isolation and loneliness. Providers include Guild Care in Worthing, Age UK West Sussex in 6 districts in partnership with Royal Voluntary Service, Community Transport, Mind and Age UK East Grinstead in some districts

Age UK Information & Advice 65+ service offers residents, their families and friends', representatives, and carers, an easy to access, comprehensive, and independent service to address all issues affecting people in later life, including financial advice.

Sustainable Mind run weekly mindfulness meditation sessions online via Zoom across West Sussex. Also provide 1;1 online/in person events at Sompting.

WSCC Shared Lives scheme - Family-based accommodation or support for vulnerable people.

Shared Lives is available to adults with all different kinds of needs, such as people with learning or physical disabilities, mental health issues, dementia or vulnerable older people.

Extra support

Older Peoples Mental Health Social Work Teams Intensive support and interventions for people who need more help, which may include having contact with several team members, or having access to services during evenings and weekends.

Bluebell House is a specialist service for people with a diagnosis of personality disorder and offers group treatment in the community for up to 25 service users.

Screen & Intervene, Health and Wellbeing Service (Southdown) – social prescribing for people with SMI. Available through GPs.

Pathways Home is a Housing Support service operating in all areas of West Sussex, jointly funded through West Sussex County Council and the seven Local Authorities in West Sussex.

Memory Services and Dementia Assessment Services - We are here to provide early detection, diagnosis, treatment and care if you, or someone you care for, have difficulties associated with dementia. Offer differs between areas.

Specialist support

SPFT specialist older adults and dementia services - older people's mental health and dementia services sit under the banner of SOAMHS (Specialist Older Adult Mental Health Services).

Inpatient services – SPFT acute care

Dementia inpatient services

Learning disability inpatient services

Support and recovery inpatient units

Secure inpatient unit

Acute Mental Illness Wards at Langley Green Hospital and Meadowfield Hospital

Memory Services and Dementia Assessment Services

Local offer

Chichester district

Chichester council now has a dedicated Supporting You Team. These are specialist trained advisors who work alongside our other service teams. Their role is to help people access a wide range of help.

Men Walk Talk Traditionally, men often avoid seeking support but we can change this, by providing that support in a more accessible and easy way. Together, we want to reduce the number of male suicides, we want to provide a community of support for guys to know they are not alone and they can speak up. Available in Littlehampton, Bognor, Worthing and Arundel with Zoom provision across West Sussex

Chichester Counselling Service has provided one-to-one weekly counselling to individuals aged 18+ in Chichester and the surrounding area for more than forty years. They offer face to face, online (via Zoom) and telephone counselling.

West Sussex MIND – older people's service. Offering advice and information about mental health and other services in the local area. Services include one to one support including goal setting and progress reviews, focused learning and development workshops to help improve mental and physical well-being and support personal development, access to a peer mentor, and group sessions to socialise with others.

Horsham

Horsham and Crawley Counselling Group affordable counselling for all ages

Drop in service (online/telephone available) Community advocacy is for people who have an issue they are struggling with and feel they would like some help to deal with it. POhWER's community advocacy services are free and confidential. Adults who are 18 or over,

including: people with learning disabilities; people with mental health problems; people with autism; people with a brain injury; people with physical disabilities; people with sensory impairments (sight and hearing problems); older people; people with dementia; people with a long-term illness

Mind in Brighton & Hove peer mentoring scheme

Adur & worthing

Wild Gathering creates and facilitates nature connection health and wellbeing workshop programmes, events and guided mindful walks.

Worthing Counselling Service has been a provider of counselling - including bereavement counselling- for almost 35 years. With 30 counsellors they offer significant depth and breadth of experience. The centre is accredited by the British Association for Counselling and Psychotherapy and they adhere to BACP's ethical framework for the Counselling Professions.

Staying Well services in Sussex offer support to people who are at risk of going into crisis. You can contact and refer yourself directly to a Staying Well Service in Crawley or Worthing and access the service alongside any care you might be receiving.

SPFT Mental Health Street Triage - An immediate assessment is carried out to determine whether the person should be held under Section 136 of the Mental Health Act and if not, whether any follow up is needed from mental health, social or substance misuse services. Referrals to the service are made by the police.

West Sussex MIND – older people's service. Offering advice and information about mental health and other services in the local area. Services include one to one support including goal setting and progress reviews, focused learning and development workshops to help improve mental and physical well-being and support personal development, access to a peer mentor, and group sessions to socialise with others.

Crawley

MENSHARE - Support Group for Men in Crawley

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Mid Sussex

Breathe Men is a recently launched local charity in Hayward's Heath to try to encourage men to get together in small informal groups and talk about their worries and cares.

Mind in Brighton & Hove peer mentoring scheme

Bereavement support

National Offer

Whilst the Child Bereavement Trust, Child Death Helpline and The Compassionate Friends are aimed at families bereaved through the death of a child.

Generic bereavement offers include CRUSE and At a Loss.

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West Sussex and Sussex Wide offer

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Sussex Bereavement Helpline - Provides information and guidance, and is run by a team of experienced support workers, who can talk to you about the tasks that need to be completed after a death – such as registration of the death, arranging a funeral or informing other people and organisations.

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SPFT Neuromodulation Clinic

SPFT Operation Courage provide free mental health and wellbeing services to ex-serving members of the UK Armed Forces and service personnel, including those who are making the transition to civilian life and reservists.

SPFT The Complex Trauma service provides highly specialist psychological interventions for people who have experienced complex trauma and, as a result, struggle with Complex PTSD AND significant dissociative symptoms that usually meet criteria for a dissociative disorder.

SPFT Mental Health Dietitians are qualified health professionals who assess, diagnose and treat diet and nutritional problems at an individual level – and also advise on wider public health issues in relation to diet and nutrition.

SPFT Psychological Service provide assessment and treatments and advise other colleagues supporting you.

SPFT Speech and language therapists assess the speech, language and communication of children, adolescents and adults with communication difficulties. In addition, the management of dysphagia (eating, drinking and swallowing difficulties) is an important component of speech and language therapy practice.

MindOut is a Brighton-based mental health service run by and for lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) people. 100% of their team also have lived experience of mental health needs, or caring responsibilities for a person with lived experience. Online offer – includes for 50+

Friends, Families & Travellers We have a dedicated and brilliant team of outreach staff in Sussex, providing a range of support and guidance to Gypsies and Travellers in the area. Our experienced team provide advocacy and advice with a range of issues relating to health, homelessness, education, discrimination and more.

Carers

National Offer

Tide - Living grief and bereavement, a resource for carers of people with dementia.

West Sussex Carers Support - for people with caring responsibilities. FREE Bereavement workshops for carers bereaved in the last 6 months.

Wild Gathering creates and facilitates nature connection health and wellbeing workshop programmes, events and guided mindful walks.

Local Offer

Worthing Rethink Mental Health Carers Group - We are a peer-led support group for the carers, family members and friends of people with lived experience of mental illness. We also welcome people living with mental illness who wish to attend, as both sets of people share similar issues.

End of life

West Sussex wide

End of Life Care Hub (ECHO) improves the coordination and delivery of end of life care across Coastal West Sussex by linking key services via a 24/7 telephone coordination hub staffed by trained nurses

26.12 Older people – Dementia

National and Local Offers

Emotional wellbeing and mental health support

West Sussex and Sussex Wide

WSCC Shared Lives scheme - Family-based accommodation or support for vulnerable people.

Shared Lives is available to adults with all different kinds of needs, such as people with learning or physical disabilities, mental health issues, dementia or vulnerable older people.

Speak Out with Dementia - Switchboard's award-winning Dementia Support project provides safe and friendly spaces (both online and physical) for LGBTQ+ people living with dementia or memory loss and their caregivers to connect with others. The project provides peer support opportunities at venues throughout Brighton and the wider Sussex areas, including gardens and allotments, art galleries, lunch clubs and more. There is also a weekly online social event for LGBTQ+ people living with dementia to meet.

TuVida Short Break Weekend - providing breaks in West Sussex for people with dementia and their family or friend carers. The weekend breaks are designed for people under the age of 65 who have received a diagnosis of dementia. However, the person can be any age, they just need to be 'young at heart'. A family or friend carer is also welcome to accompany their loved one.

Time to Talk befriending service - An accredited befriending charity overcoming loneliness experienced by older people through a range of intergenerational befriending activities for adults 65+. One to one/Telephone Befriending/Group Befriending/ Enhanced Befriending/ Intergenerational projects/ Seasonal Events/ Signposting/Chaplaincy

Extra support

Older Peoples Mental Health Social Work Teams Intensive support and interventions for people who need more help, which may include having contact with several team members, or having access to services during evenings and weekends.

Memory Services and Dementia Assessment Services - We are here to provide early detection, diagnosis, treatment and care if you, or someone you care for, have difficulties associated with dementia. Offer differs between areas.

Specialist support

SPFT specialist older adults and dementia services - older people's mental health and dementia services sit under the banner of SOAMHS (Specialist Older Adult Mental Health Services).

Inpatient services

Dementia inpatient services provide inpatient services for people with dementia who are expressing their distress in a way that makes it difficult to support them in their usual environment. We will provide them with immediate and expert assessment, treatment, and support in a safe environment. Forget Me Not Unit, Swandean.

Local offer

Horsham

Drop in service (online/telephone available) Community advocacy is for people who have an issue they are struggling with and feel they would like some help to deal with it. POhWER's community advocacy services are free and confidential. Adults who are 18 or over, including: people with learning disabilities; people with mental health problems; people with autism; people with a brain injury; people with physical disabilities; people with

sensory impairments (sight and hearing problems); older people; people with dementia; people with a long-term illness

Adur & worthing

Wild Gathering creates and facilitates nature connection health and wellbeing workshop programmes, events and guided mindful walks.

West Sussex MIND – older people's service. Offering advice and information about mental health and other services in the local area. Services include one to one support including goal setting and progress reviews, focused learning and development workshops to help improve mental and physical well-being and support personal development, access to a peer mentor, and group sessions to socialise with others.

Arun

West Sussex MIND – older people's service. Offering advice and information about mental health and other services in the local area. Services include one to one support including goal setting and progress reviews, focused learning and development workshops to help improve mental and physical well-being and support personal development, access to a peer mentor, and group sessions to socialise with others.

Age UK Dementia Carer and Cared For - A supporting space for adults living with dementia and their family or friend carers. We provide a safe space for people to share experiences and receive support from peers and staff. We also host activities and trips throughout the year. Available monthly at Brighton and Southwick and weekly at Bognor Regis

Chichester

Dementia Support offers information and advice for anyone wanting to know more about living with dementia. Our Wayfinding service allows everyone entering Sage House to talk to a professional for essential one-to-one support and advice. A familiar and friendly face will always be available to support people living with dementia, their families, friends and carers. The Wayfinder will stay with you from pre-diagnosis (when you notice dementia symptoms) and will be your named contact throughout your journey and all the dementia stages: They will help you 'find your way' through the health and social care system, provide accurate and accessible information, support and signpost to the right services at the right time, help individuals to live well with dementia, provide emotional support for people living with dementia and their families and help plan for the future including information when choosing and planning long term care

Dementia – Living Well for all communities

West Sussex wide

Learning Disabilities Dementia pathway and promotion, SPFT - The aim of the Learning Disability Dementia Care Pathway is to: document and deliver a dementia screening

programme for people with Downs Syndrome. This includes confirming a baseline assessment; ensure early recognition of deterioration and appropriate assessment and any onward referrals for all people with a learning disability; provide a process for monitoring the person over time; and deliver improved outcomes and quality of life for people with a learning disability.

Dementia Minorities Forum - Coordinated by Alzheimer's Society, the Dementia Minorities Forum brings diverse minority-dementia groups together such as Gypsies and Travellers; residents of Black, African and Caribbean and South Asian ethnic backgrounds; LGBTQ+

Communication and Interaction Training (CAIT) in hospitals and care homes has reduced incidence of one-to-one care so care has improved, reducing costs.

Resources for diverse groups, Alzheimer's Society and Carers Support West Sussex - Translated leaflets for South Asian communities, awareness raising leaflet for people with learning disabilities and people from Gypsy & Travelling communities. Culturally appropriate reminiscence packs for loan through library service.

Dementia Friendly Communities Website, Alzheimer's Society - Development of a website that aims to successfully increase the number of organisations within West Sussex applying and joining the Alzheimer's Society Dementia-Friendly recognition scheme; continue expanding awareness and understanding about Dementia to the local communities; and deliver expansion of national and local schemes through campaigns and improved use of media to reach people affected by dementia in our local communities.

'Lift the Lid' on sex and intimacy in care homes - resources/webinars for care homes, WSCC, Switchboard, Alzheimer's Society

Virtual Reality Dementia Bus Training, WSCC Learning & Development - VR Dementia Tour Bus is an immersive experience providing people without dementia empathy as to the impact of some of the sensory deficits that impact a person with dementia that may challenge them on a daily basis.

Local

Arun

Citizens Advice Dementia Information & Advice, Citizens Advice Arun & Chichester - A holistic advice service to support those living with dementia and their carers to help navigate complex systems, empower them to make informed decisions. Running out of Sage House in Tangmere and covering Chichester and Arun only. Outreach offered. Other offer include: Cost of living support pack, Frontline Digital Navigator training, and Winter readiness training.

Cognitive Stimulation Therapy Programmes, Age UK, Dementia Support at Sage House and Crawley Community Foundation Group - CST, or 'Cognitive Stimulation Therapy', is a brief treatment for people with mild to moderate dementia

Chichester

Cognitive Stimulation Therapy Programmes, Age UK, Dementia Support at Sage House and Crawley Community Foundation Group - CST, or 'Cognitive Stimulation Therapy', is a brief treatment for people with mild to moderate dementia

Sage House – Sage House is a bespoke, modern and functional community hub where we bring local Dementia Support services together under one roof. We provide the latest support, information, advice and activities to those living with Dementia and their families. Including respite day care for people living with dementia; activities - for people with dementia and their carers; Support Groups - training programmes for carers and businesses; personal Care - assisted bathing, foot care and massage; Hairdressing Salon - dementia friendly hair specialists; Smart Zone - innovative technology to help ease daily tasks; and Daisy's Café - community spaces serving hot and cold food & drinks

Citizens Advice Dementia Information & Advice, Citizens Advice Arun & Chichester - A holistic advice service to support those living with dementia and their carers to help navigate complex systems, empower them to make informed decisions. Running out of Sage House in Tangmere and covering Chichester and Arun only. Outreach offered. Other offer include: Cost of living support pack, Frontline Digital Navigator training, and Winter readiness training.

Life Story Workshops, Dementia Support Sage House - LeDeR reviews undertaken in Sussex have evidenced a lack of available life history for older people with learning disabilities including those with dementia. Life story work with people with dementia, supported by their families and/or carers helps build a personal biography of memories, photos, music and important events. It is also integral to enabling a person-centred approach in dementia and end of life care. A series of training workshops were offered to anyone caring for or supporting someone with a learning disability.

Crawley

Cognitive Stimulation Therapy Programmes, Age UK, Dementia Support at Sage House and Crawley Community Foundation Group - CST, or 'Cognitive Stimulation Therapy', is a brief treatment for people with mild to moderate dementia

Mid Sussex

Cognitive Stimulation Therapy Programmes, Age UK, Dementia Support at Sage House and Crawley Community Foundation Group - CST, or 'Cognitive Stimulation Therapy', is a brief treatment for people with mild to moderate dementia

Worthing

Reminiscence Interactive Therapy Activities (RITA) - RITA stands for Reminiscence/Rehabilitation & Interactive Therapy Activities and is an all-in-one touch Screen solution which offers digital reminiscence therapy. it encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist

patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

Dementia - Activities and Support Groups

West Sussex wide

Online Sporting Memories Club – Sussex - This online Sporting Memories session via Zoom uses the rich history and heritage of sport, Sporting Memories clubs are open to any people over the age of 50 who enjoy reminiscing about their experiences of watching or playing it.

Local

Adur & Worthing

Memory Moments Cafés - Memory Moments Café is a friendly, informal café providing tea, coffee and cake; a little fun and laughter with music, games, dances, crafts and much more.

Love to Move - seated exercise session to music by deliverers from the British Gymnastics Foundation. These sessions have physical, emotional and cognitive benefits, improving cognitive function, coordination and the ability to carry out activities of daily living more independently. The sessions are designed specifically for people with dementia and the classes have been a great success in supporting positive mental health and well being through the isolation.

Mid Sussex

Memory Moments Cafés - Memory Moments Café is a friendly, informal café providing tea, coffee and cake; a little fun and laughter with music, games, dances, crafts and much more.

Horsham

Memory Moments Cafés - Memory Moments Café is a friendly, informal café providing tea, coffee and cake; a little fun and laughter with music, games, dances, crafts and much more.

Sporting Moments Dial Post - a friendly, supportive group where you can choose from activities such as table tennis, badminton, new age curling, skittles, boccia or have a coffee and a chat with other people living with or experiencing dementia.

Love to Move is a fun seated exercise session to music by deliverers from the British Gymnastics Foundation. These sessions have physical, emotional and cognitive benefits, improving cognitive function, coordination and the ability to carry out activities of daily living more independently. The sessions are designed specifically for people with dementia and the classes have been a great success in supporting positive mental health and well being through the isolation.

Horsham Rusty Brains -This group has six to eight people with dementia who work together influencing Alzheimer's Society and other organisations at all levels, with support from our skilled team. The group provide perspectives on living with dementia to make a difference locally, regionally and nationally. Group members enjoy increased confidence, engaging work and friendships with other people living with dementia. This group is delivered through face-to-face sessions or online.

Bereavement support

National

Tide - Living grief and bereavement A booklet for carers of people with dementia

West Sussex and Sussex Wide offer

West Sussex Carers Support - for people with caring responsibilities. FREE Bereavement workshops for carers bereaved in the last 6 months.

Local

Horsham

St. Peter's, Henfield Bereavement Support is an informal drop in group that is there to give people time to talk and to share their experiences, both the difficult and the good, in a confidential and relaxed environment.

St Barnabas House Hospices - We offer individual bereavement counselling, counselling in groups and a bereavement art group to anyone who lives within the hospice catchment area. Our catchment area is: Worthing, Adur, Arun and Henfield. If you live further away we may be able to help find bereavement support local to you.

St Catherine's Hospice - Our expert team of counsellors and support visitors can support you in the days, months or even years after your bereavement. We can offer you support in two ways. One is over the telephone and the other is via an NHS secure system, using a mobile smart phone, which allows you to see each other face to face.

Adur & Worthing

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Arun

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Crawley

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Mid Sussex

St Catherine's Hospice - Our expert team of counsellors and support visitors can support you in the days, months or even years after your bereavement. We can offer you support in two ways. One is over the telephone and the other is via an NHS secure system, using a mobile smart phone, which allows you to see each other face to face.

St Peter and St James - Lewes (covers Mid Sussex) The Bereavement Group is held once a month and provides a safe space for people to remember together. It is very informal, with plenty of tea and cake, and offers a chance to meet with others who may have similar experiences.

Chichester

St Wilfred's Hospice providing palliative care for adults. The Family Service of Social Workers, Counsellors and Chaplains provide psychological and spiritual support to patients, their families, including children and the bereaved. They have a 30 plus team of Hospice Visitors who provide emotional support for patients and the bereaved.

Carers

National Offer

Tide - Living grief and bereavement, a resource for carers of people with dementia.

West Sussex wide

West Sussex Carers Support - for people with caring responsibilities. FREE Bereavement workshops for carers bereaved in the last 6 months.

Dementia Project - Switchboard's award-winning Dementia Support project provides safe and friendly spaces (both online and physical) for LGBTQ+ people living with dementia or memory loss and their caregivers to connect with others. The project provides peer support opportunities at venues throughout Brighton and the wider Sussex areas, including gardens and allotments, art galleries, lunch clubs and more. There is also a weekly online social event for LGBTQ+ people living with dementia to meet.

Wild Gathering creates and facilitates nature connection health and wellbeing workshop programmes, events and guided mindful walks.

Carer Information and Support Programme - One AND Two West Sussex. Programme One is for those recently diagnosed; Programme Two is for those caring for someone who has been living with dementia for some time. The programme covers: understanding dementia, legal and money matters, support and care, and coping with dementia day to day. This group is delivered through face-to-face sessions or online.

TuVida short breaks for carers - Short Break Weekend - providing breaks in West Sussex for people with dementia and their family or friend carers. The weekend breaks are designed for people under the age of 65 who have received a diagnosis of dementia. However, the person can be any age, they just need to be 'young at heart'. A family or friend carer is also welcome to accompany their loved one.

Dementia Carer Connect, Carers Support West Sussex service provides 2 Dementia Carer Link Workers (DCLW) sitting within CSWS existing Hospital team, one linking with the Chichester, Horsham, Crawley, and Mid Sussex locality teams and one with Arun, Adur, and Worthing locality teams.

Check in and Chat Telephone Befriending Service for carers, Carers Support West Sussex - volunteers supporting carers with weekly / biweekly or monthly calls. Volunteers matched with carers to offer support.

Local Offer

Adur & Worthing

Worthing Rethink Mental Health Carers Group - We are a peer-led support group for the carers, family members and friends of people with lived experience of mental illness. We also welcome people living with mental illness who wish to attend, as both sets of people share similar issues.

Shoreham Carers Support Group - Our peer support group gives you the opportunity to meet with others who understand some of what you are going through. Run by a facilitator, the sessions offer a chance for people affected by dementia to ask questions, get information and share experiences in a safe and supportive environment

Arun

Rustington Carers Support Group - Our peer support group gives you the opportunity to meet with others who understand some of what you are going through. Run by a facilitator, the sessions offer a chance for people affected by dementia to ask questions, get information and share experiences in a safe and supportive environment

Bognor Carers Support Group - Our peer support group gives you the opportunity to meet with others who understand some of what you are going through. Run by a facilitator, the sessions offer a chance for people affected by dementia to ask questions, get information and share experiences in a safe and supportive environment

Age UK Dementia Carer and Cared For - A supporting space for adults living with dementia and their family or friend carers. We provide a safe space for people to share experiences and receive support from peers and staff. We also host activities and trips throughout the year. Available monthly at Brighton and Southwick and weekly at Bognor Regis

Chichester

Selsey Carers Support Group - Our peer support group gives you the opportunity to meet with others who understand some of what you are going through. Run by a facilitator, the

sessions offer a chance for people affected by dementia to ask questions, get information and share experiences in a safe and supportive environment

Wayfinding Service - Dementia Support offers information and advice for anyone wanting to know more about living with dementia. Our Wayfinding service allows everyone entering Sage House to talk to a professional for essential one-to-one support and advice. A familiar and friendly face will always be available to support people living with dementia, their families, friends and carers. The Wayfinder will stay with you from pre-diagnosis (when you notice dementia symptoms) and will be your named contact throughout your journey and all the dementia stages: They will help you 'find your way' through the health and social care system, provide accurate and accessible information, support and signpost to the right services at the right time, help individuals to live well with dementia, provide emotional support for people living with dementia and their families and help plan for the future including information when choosing and planning long term care.

Sage House Dementia Carer Group

Horsham

West Chiltington Carers Support Group - Our peer support group gives you the opportunity to meet with others who understand some of what you are going through. Run by a facilitator, the sessions offer a chance for people affected by dementia to ask questions, get information and share experiences in a safe and supportive environment.

Dementia Day care

West Sussex wide

7 Directly Provided WSCC Day Opportunity Centres (in each district and brough council area) - The services are for older people, older people with Mental Health support needs, people with dementia, people with a learning disability or autism, and people who may have a physical disability, sensory impairment (sight or hearing difficulty), memory loss or a brain injury.

Local

Horsham

Specialist Day Care (Henfield) - This specialist day care for people living with dementia offers a variety of stimulating activities including exercise, crafts, music , singing, targets games and much more. Transport is available to and from the local area. The day care provides much needed respite for carers three days a week. Henfield Haven is open five days a week and the Haven Café serves refreshments and meals each day in a relaxed and friendly atmosphere.

End of life

West Sussex wide

End of Life Care Hub (ECHO) improves the coordination and delivery of end of life care across Coastal West Sussex by linking key services via a 24/7 telephone coordination hub staffed by trained nurses

Good Grief Cafes, Carers Support WS, Dementia Support Sage House - The Good Grief Trust encourages people to set up pop up ‘grief cafes’ to offer a friendly place out in the community, with the main aim to encourage talking about grief in a more honest, straightforward way. Their model is run by volunteers that have experienced bereavement.

End of Life training, St Winfred’s Hospice - Virtual training sessions were offered to health and social care staff in: End of Life & Dementia; End of Life & Learning Disabilities; and the Namaste Care Programme for Advanced Dementia

26.13 Multiple & compound needs

National and local offer

Multiple Compound Need Specialist Services/Roles

West Sussex wide

Changing Futures - A joint initiative between The Department for Levelling Up, Housing and Communities and the National Lottery Communities Fund running until March 2025 to research ways that services could be designed, delivered or commissioned to achieve positive outcomes for adults with Multiple Compound Needs. Flexible, person-centred support is delivered across Sussex to clients and in West Sussex this is delivered through three charities within the field of homelessness and the Adults Mental Health Team at West Sussex County Council.

Survivors Network - Support for all survivors of sexual violence and abuse, including specialist Independent Sexual Exploitation Advisor (ISVA) for clients with Multiple Compound Needs. Including: access to an ISVA for information and support, primarily around the criminal justice process but also advocacy around housing, sexual health follow-up, employment and study. In person and online counselling and online/in-person groups, such as peer support groups and mindfulness.

Co-occurring conditions services (formerly Dual Diagnosis Services)

West Sussex wide

SPFT Dual Diagnosis Practitioners - Assessment, review, risk assessment, care plan development and co-working for clients experiencing co-occurring substance misuse and mental health needs.

Turning Tides - Six Substance Misuse and Wellbeing Workers working across West Sussex to support clients with co-occurring substance misuse and mental health needs into and navigation through services.

Local

Chichester

Stonepillow **-** Two hubs in Chichester and Bognor covering Chichester Council boundaries. Outreach and hostels and day-drop in. Supported accommodation in Littlehampton. Two Dual Diagnosis Workers for clients who are rough sleeping with co-occurring substance misuse and mental health needs. Part of Pathfinder Alliance.

Housing/Homelessness Services

West Sussex wide

SPFT Housing Team - A team of Housing Specialists within Sussex Partnership Trust, to embed housing expertise across adult mental health services by providing housing advice and interventions to people open to adult mental health services.

Turning Tides - Support for single homeless people within West Sussex. Including: two Community Hubs where people can access practical support/information, food, clothing and washing facilities. Specialist roles, who work with clients to ensure they can access the services needed to help improve and manage their health needs. Residential projects to provide accommodation, including integrated support for residents and a residential service for men and women with drug and/or alcohol addiction. There is a rural residential offer.

Local

Arun and Chichester

Bognor Housing Trust - Three low to medium level supported housing projects for single homeless people in Bognor Regis. Residents are supported by staff with a view to moving towards independent accommodation including: pre-tenancy workshops, 1-1 support from a keyworker and housing related support such as budgeting or claiming benefits.

Stonepillow - Support for homeless and vulnerable people on their recovery journey, with a focus on health, housing and employment. Including: two Hubs for anyone homeless or in crisis, residential services with access to health and wellbeing services and an abstinence-based Recovery Service for people with drug and/or alcohol problems.

Crawley

Crawley Open House - Support and services for adults experiencing homelessness. Including: access to a Resource Centre for service users to socialise, access food, use shower and laundry facilities and afternoon classes such as employability skills, cooking and English. They also provide specialist support such as benefits, health and resettlement advice and provide residential services with weekly support and key working sessions.

Substance misuse services

West Sussex wide

Change Grow Live - Drug and alcohol treatment. Including: 1-1 assessments and care planning, harm reduction support, alcohol detoxification and substitute prescribing for opiates, outreach prescribing for vulnerably housed and group programmes both in person and online.

Substance Misuse and Housing/Homelessness Services

West Sussex wide

Substance Misuse Housing Support Service - Housing Support Workers supporting adults with substance misuse needs to access and maintain more permanent housing options, enabling them to better engage in treatment recovery from addiction.

Local

Worthing and Arun

Emerging Futures - Transitional recovery accommodation across West Sussex with structured therapeutic support and behavioural change programmes and coaching to help adults build resilience and self-worth, develop positive relationships and connect with others in their local community.

Domestic Abuse/Violence Services

West Sussex wide

Brighton Women's Centre - Short-term counselling and psychotherapy for a total of 12 weeks for self-identifying women in need of emotional support, advice and information (including women experiencing bereavement, trauma, homelessness and contact with the criminal justice system.)

Hourglass - Specialist Independent Domestic Violence Advisors (IDVAs) and Domestic Abuse Workers for adults aged 60 and above. Delivering emotional and practical advice, guidance and support to help individuals remain safe in their home and community.

Mankind - Face to face counselling for self-identifying males aged 18 and over who have been affected by an unwanted sexual experience.

My Sisters House - Emotional and practical support for women experiencing domestic abuse. Including: free counselling, risk assessment and safety planning, finance and housing support and advocacy, peer support groups and 1-1 coaching to develop skills.

Paragon Sussex - Emotional and practical support from a team of Independent Domestic Violence Advisors (including a Complex Needs IDVA.) Including: creating safety and support plans, advocating for specialist services (such as housing or substance misuse) and counselling services for recovery work.

Safe in Sussex - Practical and holistic support for women experiencing domestic abuse. Including: Independent Domestic Violence Advisors (IDVAs) and Domestic Abuse Recovery Workers, who work alongside clients on a 1-1 basis, community groups and providing Refuge accommodation for single women or women with their children.

The Saturn Centre - Confidential healthcare and compassionate support for people aged 14 and over who have experienced sexual assault in their lifetime. Including: crisis support and healthcare including access to medicine, forensic medical examinations, collection and storage or forensic samples and completion of risk assessments.

Worth (Place Services) - Specialist support for people at risk of harm as a result of domestic abuse, with a team of Independent Domestic Violence Advisors (IDVAs) across West Sussex who work to identify, assess and assist people at risk, including providing practical and emotional support and safety planning.

Criminal Justice Services

West Sussex wide

West Sussex Probation - Statutory criminal justice service, which supervises previous offenders released into the community.

Liaison and Diversion service - Non-custodial services are those that focus on appropriate diversion, support and recovery of those entering the criminal justice system. The non-custodial services provide a continuous pathway of support for individuals, ensuring communication and information sharing thereby supporting a person's access to treatment and support.

Local

Arun and Chichester

Stonepillow (Accommodation for Ex Offenders.) - Accommodation for Ex Offenders (AFEO) Workers to support adults released into the community to source private accommodation or find alternative routes into housing.

27 Appendix 6 – Steering Group membership

Membership of Steering Group

Sector	Role
Public Health	Nicola Rosenberg, Consultant in Public Health – Mental health all ages
	Rachel Jevons, Public Health Lead Mental Health
	Samantha Taplin, Consultant in Public Health - CYP
	Jacqueline Clay, Principal Manager – PH Research Unit
	Tim Martin, Healthcare Intelligence manager
	Lesley Wilks, Healthcare Intelligence manager
	Rabia Khattak, Public Health Specialty Registrar
	Bevan Rowlands, Programme Support Officer (coordination including minutes)
NHS Sussex	Bikram Raychaudhuri, GP, Clinical Director for Mental Health, Population Health Management (Prevention) Sussex **(Chair)**
	Stina Bormann, Head of Mental Health Commissioning West Sussex
	Sarah Ives, Deputy Head of Mental Health Commissioning West Sussex
	Lizzie Izzard, Head of CYP Mental Health
	Selma Stafford, Clinical Director CYP mental health
	Emma Finlay, senior quality lead
	Isabelle Hodgson – Designated Doctor Children in care, NHS Sussex
Adult Social Care	Loretta Rogers, Assistant Director Adult Operations
	Marie Bliss, Head of Service Mental health
	Irene Loft, Commissioning Lead, Adult Services & Health, co-chair of West Sussex Dementia Partnership Group
Housing	Mark Dow, Head of Strategic Housing Adults
	Shelly Dichello, Head of Strategic Housing Childrens
Partnerships and communities	Debra Balfour, Head of Partnerships and Communities
Children, Young People and Learning	Daniel Ruaux, Assistant Director – Corporate parenting, CYP and learning
	Laura Mallinson, Interim Assistant Director - Children's Safeguarding, quality and assurance / Head of Safeguarding
	Stephen Humphries, Head of CYPL Commissioning, Children, Young People and Learning
	Steve Nyakatawa, Interim Assistant Director Education and skills and / or Head of SEND and Inclusion
	Jacqui Parfitt - Service manager and development lead CYP JCU
	Helen Johns, Head of Service, SEND
	Cara Davis, Service Manager CYPL Mental health Services
Providers of mental health care and support	Robert Szymanski, Managing Director - West Sussex, Sussex Partnership NHS Foundation Trust

	Penny Fenton, Community Pathway Lead Sussex Partnership Foundation Trust
	Martin Pannell, Assistant Operational Director, Adult Services, Sussex Partnership NHS Foundation Trust
	Carly Mendy - SPFT General Manager CAMHS suicide prevention lead
	Rick Fraser, SPFT - Clinical Lead for the Wellbeing Service SPFT and 16-25 Pathway
	Miranda Rose, SPFT General Manager, West Sussex CAMHs
	Jackie Allt, Chief Psychologist, SCFT
Community and Voluntary Sector	Cheryl Campling, SECAMB – MH Lead
	Rachel Brett, YMCA
	Zoe Harries, Healthwatch manager, West Sussex
People with lived experience, Engagement Leads	Kerrin Page CEO WSx MIND, West Sussex Mind and Pathfinder Board representative
	Jo Rogers Programme manager, Changing Futures
	Duncan Marshall, Capital Project
Police	Toby Wilson, Children and Young People Participation
	Ellie Taylor – Burr WSx Parent and Carer Forum, Carer / parent rep
	Kate Belbin, WSx Partnerships Manager, Sussex Police

28 Appendix 7 – Table of Figures

29 Appendix 8 - References

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