Wolverhampton Joint Strategic Needs Assessment

Adult Mental Health Needs Assessment

2023

Acknowledgements

The undertaking of the adult mental health needs assessment was a significant challenge that could not have been achieved without the goodwill and partnership working of all involved.

City of Wolverhampton Public Health would like to thank everyone who contributed to the needs assessment, including the membership of the needs assessment steering group, and the following organisations and forums:

Adult Social Care City of Wolverhampton Council
Wolverhampton Voluntary & Community Action
Black Country Healthcare NHS Foundation Trust
NHS Black Country Integrated Care Board
One Wolverhampton
Healthwatch
Royal Wolverhampton NHS Trust
University of Wolverhampton
West Midlands Police
Wolverhampton Mental Health Stakeholder Forum
Wolverhampton Suicide Prevention Stakeholder Forum

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Executive Summary

Aims and objectives

This needs assessment focuses on adult mental health in Wolverhampton, and its purpose is to:

- provide a picture of mental health and wellbeing for working-age adults (age 18-64) and older adults (age 65+) in the city, using a nationally validated framework.
- identify where there are gaps that need to be addressed to improve the mental health and wellbeing of local people.

Local Wolverhampton profile

Although Wolverhampton currently has a younger population than the English average, it still has challenges from an ageing population, with the 65 years and above age group expected to rise faster than younger groups. On average, people in Wolverhampton live shorter lives compared to England, and people in Wolverhampton spend fewer years living in good health.

Wellbeing

- Wellbeing in Wolverhampton has historically been worse than in the West Midlands and England for Happiness, feeling life is Worthwhile and Life Satisfaction
- Anxiety in Wolverhampton was previously reported to be much lower compared to regional and national levels, but the recent trend shows that levels of anxiety are increasing.
- All four areas of self-reported wellbeing were worse amongst groups at higher risk of poor mental health.
- 'Being mentally well' for people in Wolverhampton includes feeling emotionally balanced, resilient, and able to bounce back, or cope with life challenges, feeling optimistic about the future, having good social connections and being able to access support when needed.
- 'What would support wellbeing' within the city: being able to get out and do more things was the most frequent choice among respondents, along with having time for oneself, more money and someone to talk to, better physical and mental healthcare support and a better working environment.
- An evidence review identified sub-groups for whom COVID-19 increased their risk of poor mental health across the life course, which included: Children; Children with Special Educational Needs and Disabilities (SEND) and their parents/carers; Young, unemployed people; Refugees and migrants; Ethnic minorities; Women; Critical workers; Older people with long-term physical health conditions or disabilities; Older people with a pre-existing mental health condition.
- Findings from co-creation engagement activities with the above groups told us:
    - There are challenges with mental health support – access and ongoing – one size does not fit all, and the approach needs to flex to meet different people's needs, access to appointments, waiting times, and lack of understanding about options/health care system.
    - People are also concerned about the impacts of access to quality housing, public transport, access and availability of things to do to improve wellbeing, and cost of living, as well as the need to reduce mental health stigma and create a more inclusive society.

Understanding Place

- 30% of Wolverhampton neighbourhoods are in the top 10% most deprived nationally.
- Low income and debt are risk factors for poor mental health and wellbeing. Poverty can be both a cause and a consequence of mental ill health.
- An estimated 22.4% of Wolverhampton households are affected by fuel poverty. Cold homes are linked to an increased risk of social isolation, depression and anxiety.
- Stable and rewarding employment is a protective factor for mental health and improving recovery. Unemployment and unstable employment are risk factors for mental health problems and suicide. Wolverhampton is 4th highest in England for unemployment.
- Approximately 5% of Wolverhampton adults residents are estimated to have experienced domestic abuse in the year ending March 2022
- 48% of adults who use social care services in the city felt that they had as much social contact as they would like – better than regional and national averages.
- Over 29% of adult carers supported by social care services felt that they had as much social contact as they would like – similar to regional and national averages.

Understanding People

Equity of access and vulnerable groups:

- People from ethnic minority groups living in the UK often face challenges that can affect access to healthcare and overall mental and physical health, including racism and discrimination; social and economic inequalities; mental health stigma, disparities in the use of Mental Health Assessments and Community Treatment Orders; and migration.
- Equity and equality challenges to healthcare are also more likely for people with disabilities, and people who identify as LGBT+

Health risk behaviours:

- An estimated 28% of adults in our city do less than 30 minutes of physical activity a week
- Over 68% of adults in Wolverhampton are estimated to be overweight or obese.
- Smoking is England's single biggest cause of preventable death and illness. Approximately 13% of adults in the city are self-reported smokers. In Wolverhampton, nearly a third of adults with a long-term mental health condition report as smokers. Nationally, over 40% of people with a severe mental illness are estimated to smoke.
- In Wolverhampton, an estimated 8 in 10 people drinking at levels that are harmful to health are not in touch with treatment services. Half of people experiencing problematic use of drugs are not in touch with treatment services.
- Mental and physical health are closely linked. The numbers of people in Wolverhampton living with one or more long-term conditions are higher than the national average.

Healthy Adults

Common mental health conditions:

- Approximately one in four adults in England will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any given time, with depression and anxiety being the most common.

- 13.6% of adults registered with a Wolverhampton GP were estimated to be smokers, according to GP practice records in 2021/22
- Antidepressant prescribing locally has increased yearly, similarly to the national trend.
- People referred to eating disorders services for Wolverhampton residents during 2018-2022 were predominately female, and aged between 25-44
- Top reasons for accessing social prescribing in October 2022 were mental health, social isolation and benefits advice.
- National Targets for Talking Therapies (IAPT) in Wolverhampton were met during April-December 2022

Severe mental illness (SMI):

- In England, people with SMI die on average 15 to 20 years earlier, often due to preventable causes.
- Wolverhampton is worse than England overall for premature mortality in adults with SMI.
- To address this, adults with SMI should receive an annual physical health check. As of 2022/23, the number of completed health checks in Wolverhampton are below the national target.

Healthy Ageing

- Older people who have experienced any of the following are at a greater risk of a decline in their independence and wellbeing: their partner died in the past 2 years; being a carer; living alone; recently separated or divorced; recently retired; low income; aged over 80; have a disability; have dementia; been subject to abuse.
- Older people often present with physical health problems, which can result in unmet mental health needs.
- Priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty and falls, and carers.

Consultation and Engagement

In addition to the input from the needs assessment steering group, the needs assessment has incorporated input from consultation via the #WolvesWellbeingAndMe survey, co-creation activities with targeted groups and engagement with Wolverhampton Mental Health Stakeholder Forum.

Recommendations

Future Mental Health and Wellbeing priorities should consider the need to:

WELLBEING: Improve mental health and wellbeing and awareness by:

- Promoting mental health and wellbeing self-care resources, campaigns, and awareness of local, regional, and national support
- Making mental health and wellbeing training available to help reduce mental health stigma
- Increasing knowledge of how and where to access support and reducing barriers to access
- Improving opportunities for social connections and access to green spaces

PLACE: Improve the social factors which influence mental health by:

- Becoming a Prevention Concordat signatory and developing a cross sector action plan to promote protective factors and reduce risk factors (including poverty, cold homes, domestic abuse, and unemployment)
- Using evidence-based prevention and promotion approaches across universal, targeted and specialist areas to strengthen opportunities for health promotion and reduce demand on acute services
- Reduce the prevalence of risk factors known to impact mental health (smoking, obesity, inactivity, alcohol and drug use)

PEOPLE: Reduce knowledge gaps identified in MH JSNA around inequalities by:

- Understanding how the national picture of mental health race inequalities are experienced in Wolverhampton.
- Better understanding of mental health needs and assets for people who identify as LGBT+, and disabled people.
- Learning more about supportive transition pathways between MH services.

HEALTHY ADULTS: Reduce premature mortality and improving the quality of life in people with severe mental illness (SMI) by:

- Improving uptake of and outcome from annual SMI Physical Health Check.
- Ensuring people with SMI access cancer screening in line with national targets.
- Supporting development of tobacco dependence pathways for people using mental health services.
- Ensuring equitable access to welfare rights , benefits, and finance for people with SMI and their families/ carers.

HEALTHY AGEING: Support the mental health of people with long-term conditions, reduce isolation and strengthen opportunities for social connections by:

- Ensuring physical health services consider the need to promote mental health and wellbeing

- Improving universal opportunities for social connectedness, reducing isolation across the life-course with a focus on those people using social care services and carers

SERVICES: Ensure implementation of community mental health service transformation to:

- Place people at the heart of service design to ensure flexibility in terms of when, where and how services can be accessed
- Availability of culturally appropriate services including access to interpreters, ease of booking, reduced waiting times
- Ensure that a range of voices of experts by experience are central to the design and delivery of services
- Provide targeted support for people with co-existing substance misuse and mental health problems

Background and context to this needs assessment

Aims and objectives

This needs assessment focuses on adult mental health in Wolverhampton, and its purpose is to:

- provide a picture of mental health and wellbeing for working-age adults (age 18-64) and older adults (age 65+) in the city, using a nationally validated framework.
- identify where there are gaps that need to be addressed to improve the mental health and wellbeing of local people.

It sits alongside other needs assessments that are related to mental health:

- Suicide prevention rapid needs assessment
- Perinatal mental health rapid needs assessment
- Children and Young People's emotional mental health and wellbeing needs assessment.

The findings from these needs assessments will help to inform and shape future approaches to improve population mental health and wellbeing.

National policies and drivers

National policies have focused on making prevention a priority for mental health, improving mental health outcomes, reducing inequalities, and reforming mental health services. These include:

- **NHS Long Term Plan**[1] builds on the **Five Year Forward View for Mental Health**[2] and sets out a vision to achieve parity between mental and physical health and transformation of the mental health system. The plan also outlines measures for the NHS to improve mental health support for working-age adults and older adults with a range of needs across all mental and physical health services and settings.

- **Reforming the Mental Health Act white paper**[3] - which sets out proposed changes to the **Mental Health Act 1983**[4] and wider reforms of policy and practices around it.

- **Prevention Concordat for Better Mental Health**[5] aims to facilitate local and national action around preventing mental health problems and promoting good mental health.

- **Core20PLUS6**[6] offers a way of improving health outcomes and reducing health inequalities by targeting prevention work. One of the key '6' clinical areas of focus includes Severe Mental Illness, with a target to ensure that at least 60% of people living with severe mental illness receive a physical health check every year.

Local priorities

Our City: Our Plan[7] and **The City of Wolverhampton Public Health Vision 2030**[8] sets out how the Council and Public Health will work alongside local, regional, and national partners to improve outcomes for local people so that they can live longer, healthier lives. The key areas, shown in the diagram below are very similar to the building blocks of health that help to promote good mental health and wellbeing.

Joint Public Mental Health and Wellbeing Strategy[9] 2018-2021 which sets out the following aims:

- Focus on mental health promotion, mental illness prevention and recovery throughout the life course.
- Promote resilience in individuals, families and communities through asset-based working and the wider social determinants of health.
- Deliver timely, person-centred, effective services that align health and social care outcomes to provide integrated, responsive services and care.
- Improve people's experiences of mental health and social care services.
- Reduce inequalities in mental health and wellbeing and access to care and support.
- Challenge stigma and discrimination related to mental health problems.

This Strategy will be refreshed in 2023 and will be shaped by the recommendations of all of the mental health and suicide prevention needs assessments.

Health & Wellbeing Together Wolverhampton Joint Health & Wellbeing Strategy[10] 2018-2023 which sets out the following themes and priorities:

- **Theme 1 - Growing Well**
  - Priority 1 - Early Years
  - Priority 2 - Children & young people's mental wellbeing and resilience
- **Theme 2 - Living Well**
  - Priority 3 – Workforce
  - Priority 4 - City Centre
  - Priority 5 - Embedding prevention across the system

- **Theme 3 - Ageing Well**
    - Priority 6 - Integrated Care; Frailty and End of Life
    - Priority 7 - Dementia friendly city

Black Country Healthcare NHS Foundation Trust strategies[11], which describe how the Trust works in partnership with staff, patients, carers, partners and other groups to deliver care to the communities it serves. Key strategies include **Clinical strategy**, **People strategy, Communications strategy, Digital strategy** and the **Service User and Carer strategy.**

Key local strategic groups for adult mental health

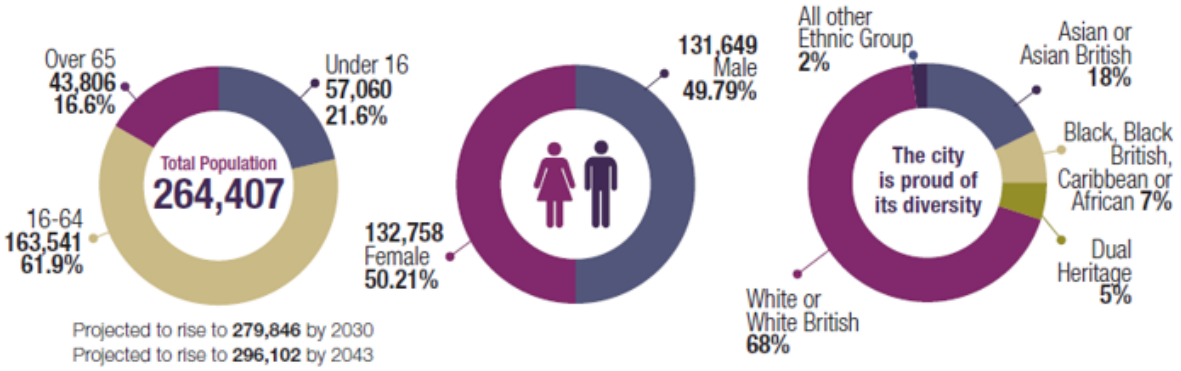
- Health and Wellbeing Together
- One Wolverhampton Adult Mental Health Strategic Working Group (SWG)
- Wolverhampton Mental Health Stakeholder Forum
- Wolverhampton Suicide Prevention stakeholder forum

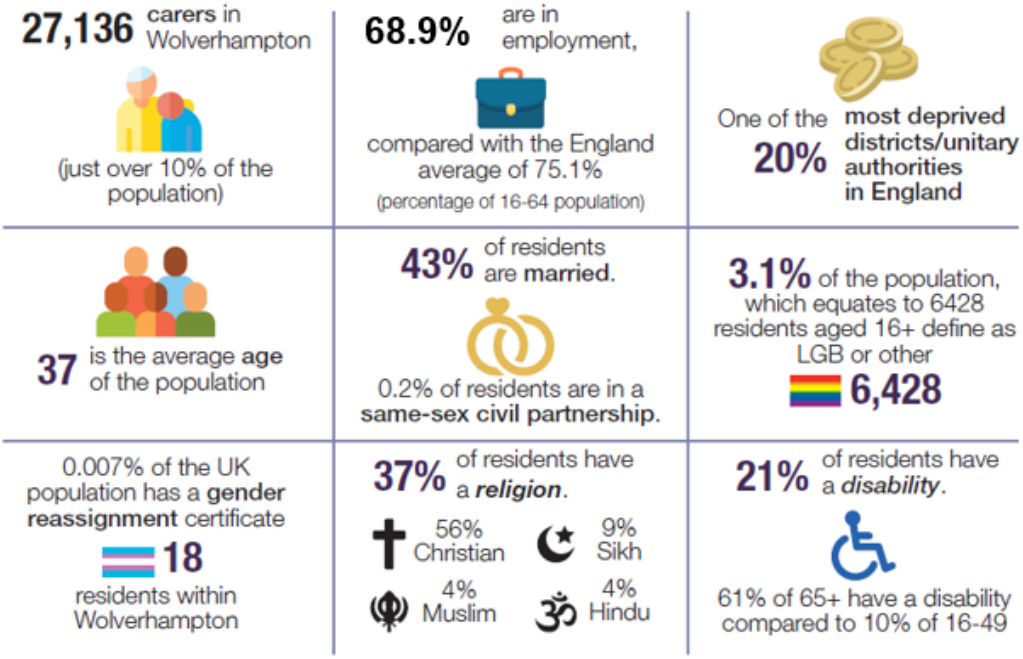
Local Wolverhampton profile

Our city is a diverse place, and it is important to recognise what makes people unique, such as age, culture, religion, gender and sexuality.

Although Wolverhampton currently has a younger population than the English average, it still has challenges from an ageing population, with the 65 years and above age group expected to rise faster than younger groups[12,13].

Key facts about the city's population





Life expectancy

Life expectancy is the average number of years that an individual is expected to live. On average, people in Wolverhampton live shorter lives compared to England. Male life expectancy is lower than female life expectancy.

Indicator	Period	Wolves			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male, 1 year range) New data	2021	–	-	76.3	77.9	78.7	72.3		83.8
Life expectancy at birth (Male, 3 year range) New data	2018 - 20	–	-	76.6	78.5	79.4	74.1		84.7
Life expectancy at birth (Female, 1 year range) New data	2021	–	-	80.3	82.1	82.8	78.6		86.2
Life expectancy at birth (Female, 3 year range) New data	2018 - 20	–	-	81.3	82.5	83.1	79.0		87.9
Life expectancy at 65 (Male, 1 year range) New data	2021	–	-	16.6	18.1	18.4	15.6		21.6
Life expectancy at 65 (Male, 3 year range) New data	2018 - 20	–	-	16.9	18.3	18.7	16.0		23.1
Life expectancy at 65 (Female, 1 year range) New data	2021	–	-	18.8	20.7	21.0	17.8		23.5
Life expectancy at 65 (Female, 3 year range) New data	2018 - 20	–	-	19.7	20.8	21.1	18.6		25.4

Source: Fingertips

Healthy life expectancy is the average number of years that a person can expect to live in good health. In Wolverhampton healthy life expectancy is worse than the national average, meaning that people in the city spend fewer years living with good or very good health.

Indicator	Period	Wolves			Region England	England		England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Healthy life expectancy at birth (Male, All ages)	2018 - 20	–	-	60.0	61.9	63.1	53.5		74.7
Healthy life expectancy at birth (Female, All ages)	2018 - 20	–	-	59.3	62.6	63.9	54.3		71.2
Healthy life expectancy at 65 (Male, 65)	2018 - 20	–	-	8.2	10.2	10.5	5.9		16.1
Healthy life expectancy at 65 (Female, 65)	2018 - 20	–	-	9.0	10.9	11.3	6.9		17.2
Disability-free life expectancy at 65 (Male, 65)	2018 - 20	–	-	8.4	9.4	9.8	6.2		14.6
Disability-free life expectancy at 65 (Female, 65)	2018 - 20	–	-	7.4	9.2	9.9	6.4		15.5

Source: Fingertips

Mental Health: Wellbeing

Introduction

Wellbeing is about “how we’re doing” as individuals, feeling good and functioning well[14]. We all need good wellbeing – it's essential to living happy and healthy lives and can help us sleep better, feel better, do the things we want to do, and have more positive relationships. It can also help us deal with difficult times in the future.

Good mental wellbeing doesn't mean you're always happy or unaffected by your experiences, but poor mental wellbeing can make it more difficult to cope with daily life.

Wolverhampton has historically reported lower levels of happiness, lower levels of feeling life is worthwhile and lower levels of life satisfaction compared with the West Midlands and England.

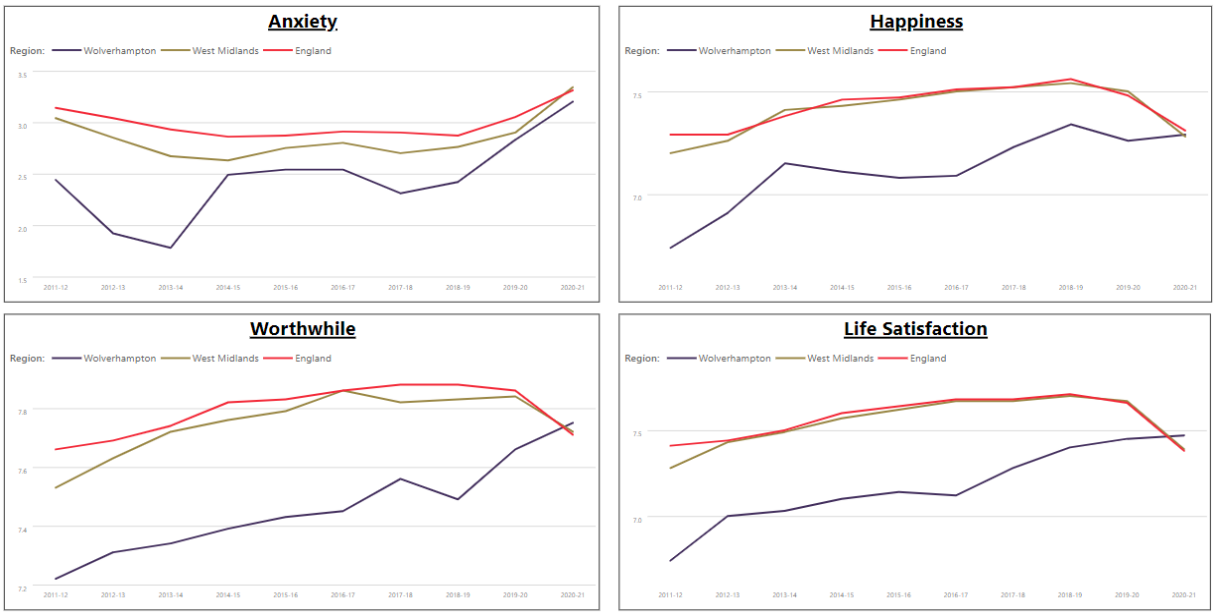
Levels of reported anxiety have previously been much lower in Wolverhampton than in the West Midlands and England, but more recently, reported levels of anxiety have increased in the city.

ONS measures of personal wellbeing

A measure of Wellbeing is the ONS Annual Population Survey, which asks people the following on a scale of 0-10 (where 0 is not at all, and 10 is completely):

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

The four charts below show the average of responses to each of the four questions from 2011-2012 to 2020-2021[15],[16]:



Source: ONS

Additional local data capture including the targeting of groups of people known to be at increased risk of mental health problems in Wolverhampton showed that when compared to benchmarking data, anxiety was considerably higher, and current satisfaction, feeling that life is worthwhile and happiness were all lower.

The data from Fingertips shows data for the percentage of those scoring 0-4 (the lowest marks) for levels of life satisfaction, worthwhile and happiness, and the percentage of those scoring 6-10 (the highest marks) for anxiety:

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Self reported wellbeing: people with a low satisfaction score New data	2021/22	–	-	5.4%	5.2%	5.0%	9.8%		2.1%
Self reported wellbeing: people with a low worthwhile score New data	2021/22	–	-	5.1%	4.2%	4.0%	9.4%		1.3%
Self reported wellbeing: people with a low happiness score New data	2021/22	–	-	7.3%	8.4%	8.4%	14.8%		4.0%
Self reported wellbeing: people with a high anxiety score New data	2021/22	–	-	23.1%	21.3%	22.6%	31.7%		14.6%

Source: Fingertips

Improving Life Satisfaction

ONS guidance recommends actions to increase employment and improve health outcomes. Building social networks helps to meet people's needs for social contact and improve their confidence, which can help to mitigate the negative impacts of unemployment or ill health. Wider community wellbeing can be supported through the design of housing and the built environment, having a thriving high street, having good employment opportunities, reducing crime and the fear of crime, and promoting volunteering to build community spirit and promote a sense of belonging.

The impact of COVID-19 on mental health and wellbeing

A review of available evidence confirmed that people who were experiencing disadvantages before the COVID-19 pandemic were subject to further challenges because of COVID-19, and this had a negative impact on the mental health of these population groups[17]. These groups included but were not limited to ethnic minorities; people living with disabilities; and refugees and migrants. Economic and social factors related to COVID-19 lockdowns placed additional pressure on these groups. Children and young people (0-25), those living in poverty, women, and critical workers also faced significant additional stressors because of the COVID-19 pandemic.

The review also provided key data specific to Wolverhampton and the West Midlands region, to make sense of the impact of COVID-19 in a local and regional context. After London, the West Midlands is the most ethnically diverse region in England and, after London, suffered the highest number of hospitalisations and deaths among ethnic minority people during the first wave of the COVID-19 pandemic. Wolverhampton is ranked the 24th most deprived Local Authority in England, and 21% of people living in Wolverhampton live in the top 10% of most deprived areas of the country. Issues of ethnicity, poverty, and their relationship to poor mental health during the COVID-19 crisis are therefore particularly relevant to the City of Wolverhampton.

The sub-groups for whom COVID-19 increased their risk of poor mental health across the life course included:

1. Children
2. Children with Special Educational Needs and Disabilities (SEND) and their parents/carers
3. Young, unemployed people
4. Refugees and migrants
5. Ethnic minorities
6. Women
7. Critical workers

8. Older people with long-term physical health conditions or disabilities
9. Older people with a pre-existing mental health condition.

A series of co-creation activities were deployed amongst the above population groups to empower communities with the skills, knowledge, and confidence to collect stories about their members' unique experiences of the pandemic; to help understand the challenges, but also what has/will help people be well and how can they secure more of these capacity building resources moving forwards[18]. The evidence review and outcomes are available here: evidence review and report. A summary of the discussions from co-creation activities is included in the consultation section of this needs assessment.

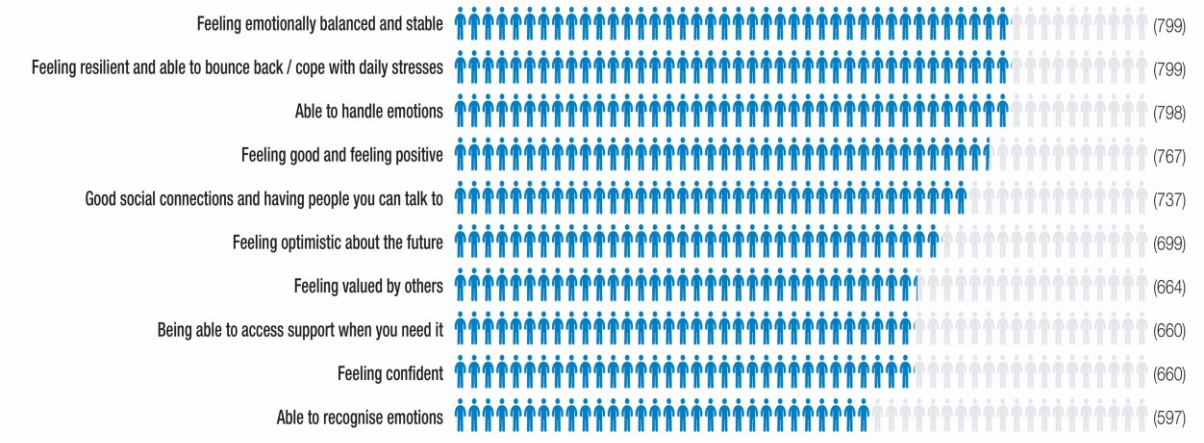
#WolvesWellbeingandMe Survey

The #WolvesWellbeingandMe survey of personal wellbeing was completed between 22 March 2022 and 20 May 2022, to find out more about the things people in our city have found challenging during the pandemic and the good things that people have found important in helping them stay well[18].

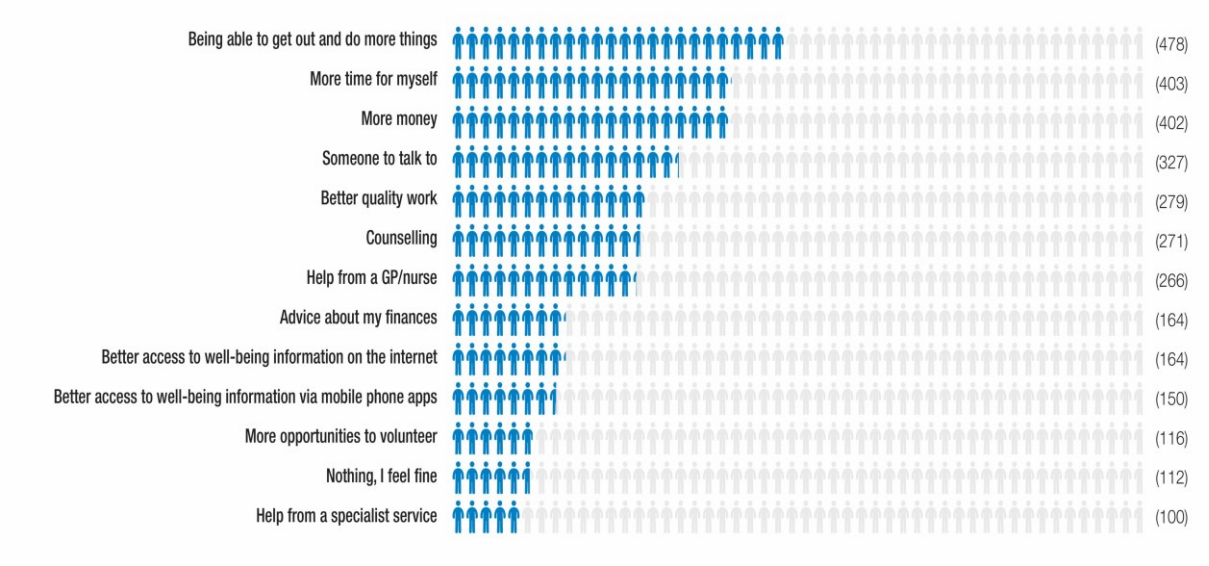
Wellbeing was measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), a 14-question self-completion measure of wellbeing[19]. Each question is scored on a 5-point scale ranging from 'none of the time' to 'all of the time'. The range of possible scores is 14 to 70, with higher scores meaning better subjective wellbeing. The WEMWBS is a widely used questionnaire and has demonstrated good validity and reliability[20].

The results showed that in comparison to benchmarking data, the wellbeing of a sample of people in Wolverhampton was significantly lower than that of the general population with scores indicative of possible mild depression.

It should be noted that the national surveys used as comparators have far larger sample sizes than the survey results reported here. Despite concerted efforts, the #WolvesWellbeingAndMe survey sample was not fully representative of the local population in the city. Some groups specifically known to be at higher risk of mental health problems due to their disproportionate exposure to a range of social factors were targeted for survey completion.



Aspects of what people felt that 'being mentally well' meant for them included feeling emotionally balanced, resilient, and able to bounce back, or cope with life challenges. Feeling optimistic about the future, having good social connections, and being able to access support when needed were also features of the responses.



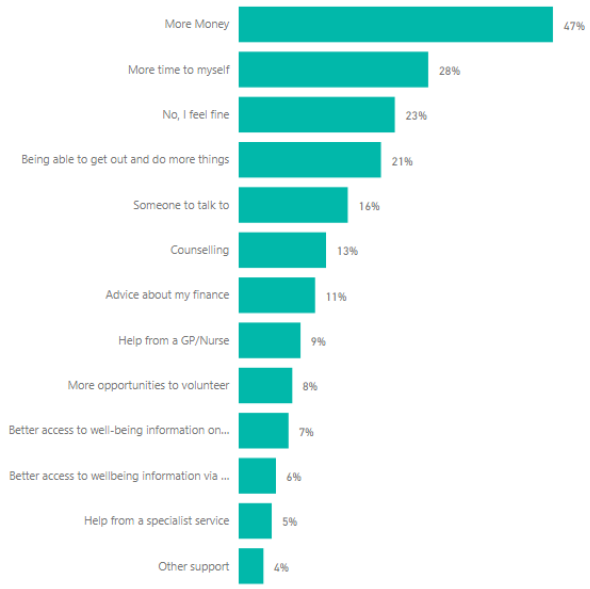
In response to the question of 'what would support wellbeing' within the city moving forward; being able to get out and do more things was the most frequent choice among respondents, along with having time for oneself, more money, and someone to talk to. Better physical and mental healthcare support and better working environments are also featured as factors likely to positively impact future wellbeing.

City Lifestyle Survey

The City Lifestyle Survey in Wolverhampton was conducted between October 2022 and February 2022 to find out about the health and wellbeing of people living in Wolverhampton. There were 6021 respondents.

Data for all responses shows that the top three answers to the question "Is there anything that would help you to increase your wellbeing/satisfaction with life?" were 1. More money (47%), 2. More time to myself (28%) and 3. No, I feel fine (23%).

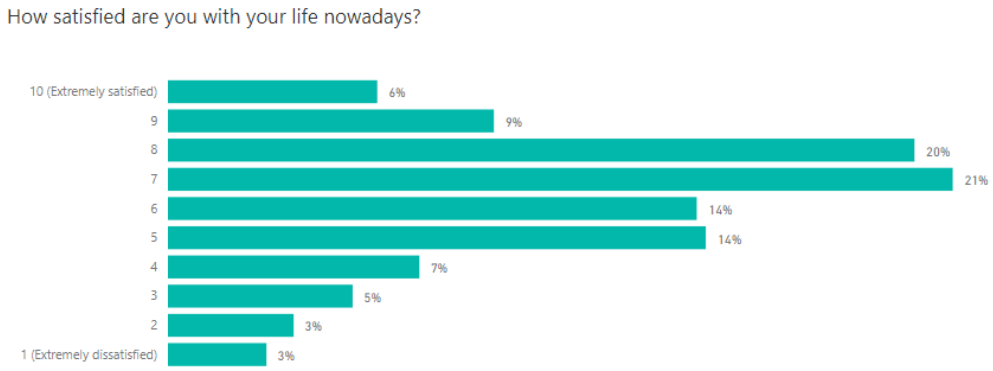
Whilst this needs assessment outlines challenges experienced by some population groups in securing the amount of social contact they would like; local survey responses highlight the importance people in Wolverhampton place on having "more time alone" as a means of improving mental health and wellbeing. A small proportion of respondents who valued "more time alone" provided additional information about what would help their mental health and wellbeing, of which two prominent themes were: 1. having more support to manage family/caring responsibilities, and 2. a better work/life balance.



Notable differences by demographics included:

- Among people aged 65 or over, the most common response was No, I feel fine (42%)
- People with a disability were less likely to say that they felt fine (16%), with the top three responses being 1. More money (44%), 2. Being able to get out and do more things (29%), and 3. More time to myself (22%).
- The top three responses for people from a Black, Black British, Caribbean, or African ethnic group were the same as the top three responses for the #WolvesWellbeingAndMe survey, but in a different order: 1. More money (53%), 2. More time to myself (25%), and 3. Being able to get out and do more things (24%).

Data for all responses shows that the most common responses to the question about life satisfaction were 7 or 8 on a scale of 1-10 (where 1 is extremely dissatisfied and 10 is extremely satisfied).



Mental Health: Understanding Place

Introduction

This chapter looks at the social "place" factors related to the promotion of mental wellbeing and the prevention of mental health problems. These include employment, crime, safety, housing, having enough money, and feeling part of a community. This chapter also considers the determinants which 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

Deprivation and inequality

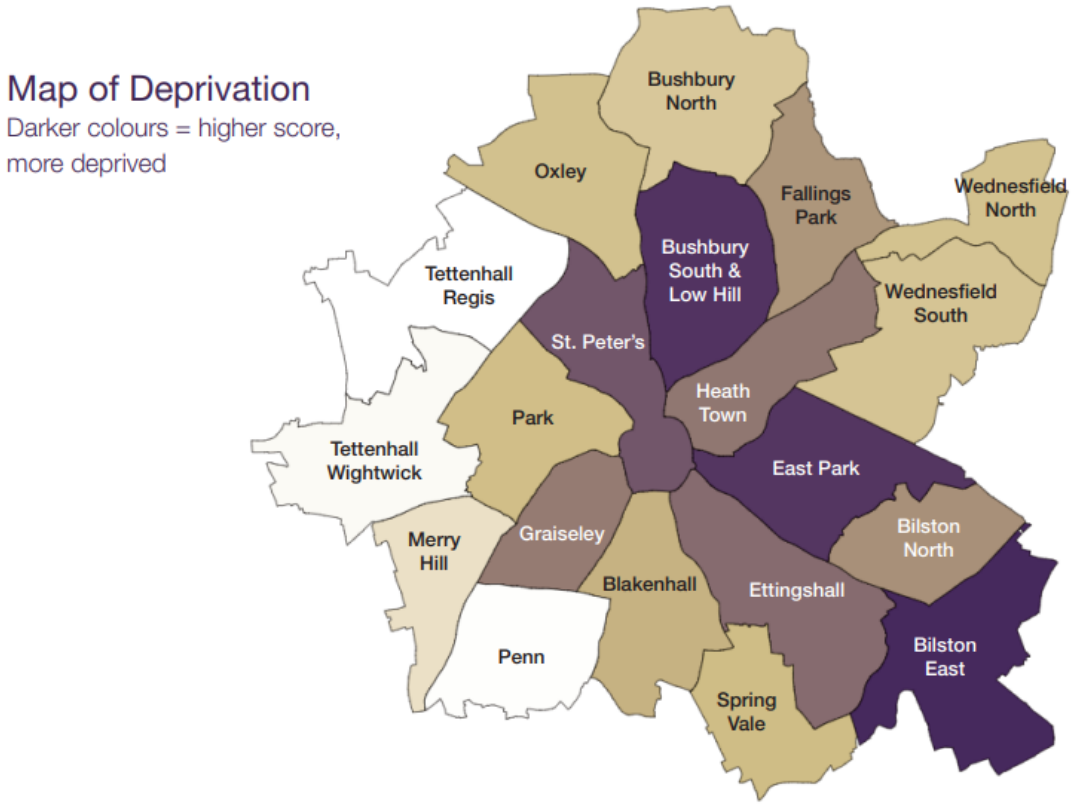
Deprivation (a lack of money, resources and access to life opportunities) or being in a position of relative disadvantage (having significantly fewer resources than others) is associated with poorer health, including mental health[21,22].

Wolverhampton has seen increasing levels of deprivation in recent years. Deprivation is affected by health, employment, income, education, crime, living environment, and barriers to housing and services. Evidence shows that people living in more deprived areas face worse healthcare inequalities in relation to healthcare access, experience and outcomes.

Wolverhampton is ranked 24th out of 317 authorities in England for deprivation, based on the Index of Multiple Deprivation average score. 29.75% of Wolverhampton neighbourhoods are in the 10% most deprived nationally.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Deprivation score (IMD 2019)	2019	–	-	32.1	25.3	21.7	45.0		5.8

Source: Fingertips



Source: WVInsight

Poverty and financial insecurity

Low income and debt are risk factors for poor mental health and wellbeing. Personal and family financial security is a protective factor for good mental health and wellbeing. Poverty can be both a cause and a consequence of mental ill health[23].

Our finances affect all our lives, from the homes we live in, what we can afford on a day-to-day basis, how we cope with unexpected costs and how we socialise and keep in touch with loved ones.

Living in poverty is known to increase the risk of developing mental health problems. People living in the poorest 20% of households are twice as likely to have mental health problems as those in the 20% highest-earning households. This is important for Wolverhampton, where, on average, rates of poverty are higher than the national average.

National evidence suggests that these are challenging times for people's mental health and wellbeing, brought about by the cost-of-living crisis on top of those from the pandemic and years of austerity in public services[24].

Experiencing a mental health problem can adversely impact income in several ways[25]:

- Less than half of people with mental health problems in the UK are in employment.
- Those who are in work are more likely to work part-time and be in low-paying roles.
- People with mental health problems are more likely to receive benefits, which provide low financial support.
- Symptoms of mental health problems including low mood, increased impulsivity and reduced concentration can make it more difficult to budget and manage money effectively.

- People with poor mental health are 3.5 times more likely to be in debt compared with the general population.
- 1 in 5 people with poor mental health are in problem debt.

People with poor mental health are twice as likely to have relied on credit or borrowing to cover everyday spending during the COVID-19 pandemic, compared to those without mental health problems. A household is classified as being in fuel poverty if their disposable income (after housing and fuel costs) is below the poverty line and their home has a poor energy efficiency rating. Wolverhampton has the highest percentage of households (22.4%) living in fuel poverty in England.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Fuel poverty (low income, low energy efficiency methodology)	2020	–	24,722	22.4%	17.8%	13.2%	22.4%		4.4%

Source: Fingertips

Wolverhampton has the second-highest rank in England for the Cost-of-Living Vulnerability Index, with a value of 1,612. The Cost-of-Living Vulnerability Index is the total of multiple poverty-based vulnerability and work-based vulnerability indicator rankings for each local authority. Higher scores indicate an area's relative risk of more people being pulled into poverty and the relative risk of those who were already hard up being pushed into destitution. In 2021, an estimated 14.28% of Wolverhampton households were experiencing struggle with food poverty, higher than the England average of 12.83%.

Housing and homelessness

Poor quality housing and homelessness are risk factors for mental health problems[26]. Stable, Good-quality, safe housing is a protective factor for mental health and can be a vital part of recovery[27].

Insecure, poor quality and overcrowded housing causes stress, anxiety and depression and can make existing mental health conditions worse[28]. Cold and damp housing conditions can impact mental and physical health[29]. Living in a cold home and having a constant worry about affordability and damage to possessions because of insufficient heating have been associated with poorer health, social isolation, and stigma[30].

Homelessness and rough sleeping can make people feel more isolated and experience poor mental wellbeing, particularly among people caught in the “revolving door” between hostels, prisons, hospitals, and the streets[31]. Homelessness often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

People experiencing homelessness are 9 times more likely to die by suicide and find it more difficult to access health services including mental health care[32].

People in Wolverhampton who experience mental health difficulties can receive care and support in their homes, including help to manage their tenancy, via Adult Social Care. For some people, however, a more supportive environment will be required, where their own home is part of a bigger setting with some shared spaces and support workers present in the building.

As well as Extra Care Housing for all people over 55 years, the City of Wolverhampton Council commissions six supported living settings for people living with mental health difficulties:

- Two settings provide accommodation plus a concierge service, which means there will be a staff member available at certain times to help with activities such as applying for welfare benefits, making appointments, and managing the tenancy. Additional care and support from community agencies can be arranged if needed.
- One of the settings has a support worker present during the week, with telephone support available at weekends if needed.
- Two of the settings have a member of staff present 24 hours a day, with additional support workers when needed on an individual basis.
- One setting has two members of staff present at all times.

The variety of accommodation options provided allows people to live somewhere as independently as possible, whilst feeling reassured that support is available at the level they require when needed.

The Homelessness Reduction Act in 2018 introduced new prevention and relief duties that are owed to all eligible households who are homeless or threatened with becoming homeless[33]. In Wolverhampton, the number of households owed a duty under the Homelessness Reduction Act and are therefore at risk of homelessness, is worse than the national average.

In 2022/23 Q2, a total of 549 households in Wolverhampton were identified as being owed a prevention or relief duty, of which 383 households were assessed as homeless and 162 as threatened with homelessness[34].

In 2022/23 Q2, there were a total of 33 households in temporary accommodation in Wolverhampton. This equals a rate of 0.30 households per 1,000 households, which is lower than the England rate of 1.88.

Based on average earnings and average house prices, homes are more affordable in Wolverhampton compared to the West Midlands and England averages.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Homelessness: households in temporary accommodation	2021/22	–	-	*	2.2	4.0	47.8		0.1
Homelessness: households owed a duty under the Homelessness Reduction Act	2021/22	–	3,068	28.3	10.9	11.7	29.9		4.4
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs) (Persons, 16-24 yrs)	2021/22	–	776	7.2	2.5	2.4	7.2		0.7
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs) (Persons, 55+ yrs)	2021/22	–	214	4.7	2.1	2.8	12.5		1.0
Affordability of home ownership (Persons, All ages)	2021	–	174,995	6.4	7.6	9.1	24.8		4.4

Source: Fingertips

There were 11,650 housing benefit recipients in Wolverhampton in Nov 2022, 10.75% of all households in the city.

The estimated number of rough sleepers in Wolverhampton during a single night in November 2022 was 11. The numbers of people observed to be sleeping rough were November 2022 (2), December (1), January 2023 (1), February 2023 (2).

Census 2021 data shows that almost all homes in Wolverhampton are single-family households and that 1.8% of homes have no central heating.

Household composition		
	Households	
	Wolverhampton Local Authority	
	count	%
All households	105,141	100.0
One-person household	32,468	30.9
Single-family household	64,872	61.7
Other household types	7,801	7.4

Source: ONS - 2021 Census (TS003)

To protect against disclosure e of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Education and lifelong learning

Education is an important determinant of later health and wellbeing. It improves people's life chances, increases their ability to access health services and enables people to live healthier lives[35].

Participation in adult learning can help encourage wellbeing and protect against age-related cognitive decline in older adults[36]. Community-based adult education programmes can be a form of social prescribing for mild to moderate anxiety and depression and have been found to reduce symptoms by offering access to social networks and activities[37].

Education can also improve levels of health literacy[38]. 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'.

People with low health literacy experience a range of poorer health outcomes and are more likely to engage in behaviours that risk their health[39]. Practitioners can increase levels of health literacy by improving people's access to health information, for example by using accessible language[27].

In Wolverhampton, there are typically over 2100 adult learners enrolling on courses at Adult Education each academic year.

Highest level of qualification		
	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 years and over	208,441	100.0
No qualifications	52,803	25.3
Level 1 and entry-level qualifications	22,947	11.0
Level 2 qualifications	28,741	13.8
Apprenticeship	10,241	4.9
Level 3 qualifications	31,391	15.1
Level 4 qualifications or above	54,712	26.2
Other qualifications	7,606	3.6

Source: ONS - 2021 Census (TS067)

To protect against disclosure e of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Employment and working conditions

Wolverhampton is 4th highest in England for unemployment (8% locally compared with 4.4% national average). Wolverhampton has an employment rate of 68.9%, which is below the England figure of 75.7%[40].

The proportion of Wolverhampton residents claiming unemployment-related benefits in February 2023 was 7.6%[40].

37,765 people in Wolverhampton were claiming Universal Credit in February 2023. 23,855 of these claimants were not in employment, whilst 13,411 were in employment[40].

Additional data related to employment are shown in the table below:

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate (Persons, 18-64 yrs)	2021/22	–	-	67.2	70.4	70.6	80.9		
Sickness absence: the percentage of employees who had at least one day off in the previous week (Persons, 16+ yrs)	2019 - 21	–	-	1.5%	1.6%	1.8%	4.0%		
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population (Persons, 16-64 yrs)	2018	↑	5,600	35.2*	29.9*	27.3*	64.0		10.7
Employment deprivation: score	2019	–	-	0.154	-	0.099	0.209		
Economic inactivity rate (Persons, 16-64 yrs)	2021/22	↓	37,300	22.9%	22.5%	21.2%	31.6%		
Employment and Support Allowance claimants (Persons, 16-64 yrs)	2018	↓	11,830	7.3%	5.9%	5.4%	12.0%		
Average weekly earnings (Persons, 16+ yrs)	2021	–	-	£460.0	£476.5	£496.0	£394.2		
Job density	2020	–	-	0.72	0.80	0.85	0.39		
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) (Persons, 16-64 yrs)	2021/22	–	-	58.5%	64.8%	65.5%	45.2%		
The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64) (Persons, 18-64 yrs)	2021/22	–	-	5.1%	3.3%	4.8%	0.3%		

Source: Fingertips

Stable and rewarding employment is a protective factor for mental health and can be a vital element of recovery from mental health problems[27]. Unemployment and unstable employment are risk factors for mental health problems and suicide[27].

Being in work is beneficial to health and wellbeing. The workplace can encourage wellbeing and support people to build resilience, develop social networks and develop their social capital[41].

However, it is important to distinguish between 'good work' (fair treatment, autonomy, security, and reward), and 'bad work' (feeling unsupported, undervalued, and demotivated). Zero-hours contracts can lead to financial insecurity, anxiety, and stress[27].

Challenges remain for people with mental health problems in gaining and maintaining employment, sometimes because of negative attitudes and stigma, and concerns from employers who know little about mental health[27]. Access to individual placement and support (also called IPS) can enable people with severe mental illness to find and retain employment.

Data for Wolverhampton's total access during 2022-23 shows that 205 people were out of work and seeking employment. 104 people were in employment but were absent or at risk of losing their jobs and therefore sought retention support to stay in work[42].

IPS Out of Work Outcomes:

- Referrals received within a financial year: 209.
- Individuals opting into the service in a year: 122 (58% opt-inn rate)
- Individuals supported into work in a year: 52 (43% supported into work rate versus opt-in)
- Individuals supported to sustain employment for 3 months: 38 (73% versus supported into work)
- Individuals supported to sustain employment for 6 months: 28 (54% versus supported into work)

IPS Retention Outcomes:

- Referrals received within a financial year: 81.
- Individuals opting into the service in a year: 63 (78% opt-in rate)
- Individuals supported to return to work: 19 (30% returned to work rate versus opt-in)
- Individuals supported to leave employment with dignity: 10 (16% versus opt-in)

Mental health problems also have a significant effect on employers. Nearly 1 in 6 of the workforce is affected by a mental health condition and mental health-related absences cost UK employers an estimated £26 billion per year[43,44].

Employers have a responsibility to provide a healthy workplace[45]. This can be achieved through providing a culture of participation, equality, and fairness, and making the promotion of good mental health and wellbeing everyone's business[46,47].

Economic activity	Persons	
	Wolverhampton Local Authority	
	count	%
All residents aged 16 years and over	208,444	100.0
Economically active (excluding full-time students)	117,395	56.3
In employment	107,523	51.6
Unemployed	9,872	4.7
Economically active and a full-time student	5,595	2.7
In employment	3,788	1.8
Unemployed	1,807	0.9
Economically inactive	85,454	41.0
Retired	39,930	19.2
Student	12,134	5.8
Looking after home or family	13,784	6.6
Long-term sick or disabled	10,986	5.3
Other	8,620	4.1

Source: ONS - 2021 Census (TS066)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Crime, safety and violence

Being a victim of crime, or exposure to violent or unsafe environments can increase the risk of developing a mental health problem[27].

The relationship between crime and mental health problems is complex. It can also be controversial, as public perception of the relationship can contribute to stigma, discrimination and social exclusion[27]. The number of recorded violent offences and domestic abuse offences is higher in Wolverhampton, compared to England.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Violent crime - hospital admissions for violence (including sexual violence) (Persons, All ages)	2018/19 - 20/21	–	415	50.1	37.7	41.9	116.8		12.0
Violent crime - sexual offences per 1,000 population (Persons, All ages)	2021/22	↑	1,035	3.9	3.2*	3.0*	1.4		9.4
Violent crime - violence offences per 1,000 population (Persons, All ages)	2021/22	↑	16,164	61.1	41.6*	34.9*	8.6		98.4
First time offenders (Persons, 10+ yrs)	2021	↓	416	183	148	166	95		352
Domestic abuse related incidents and crimes (Persons, 16+ yrs)	2021/22	–	-	40.6*	34.8	30.8	12.3		45.2
Crime deprivation: score	2019	–	-	0.07	-	0.01	1.21		-1.66

Source: Fingertips

- Based on data from the Crime Survey for England and Wales, an estimated 5% of the adult population experienced domestic abuse in the year ending March 2022.
- The survey also estimated that in England and Wales approximately 70.8% of domestic abuse victims were female and 29.2% were male.
- Nationally and locally, demand has increased for services supporting people experiencing domestic abuse.

Community wellbeing and social capital

Social capital and strong social support systems are critical to the wellbeing of communities. Good mental health and wellbeing is an important health outcome in its own right[48].

Mental wellbeing is more than the absence of mental illness. It is linked with an individual's emotional, physical and social wellbeing and the wider social, economic, cultural and environmental conditions in which they live[14]. 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[14].

Social capital is the extent and nature of our connections with others, and the collective attitudes and behaviours between people that support a well-functioning, close-knit society.

The benefits of social capital can be felt at an individual level (such as family support) or a wider collective level (such as through volunteering)[27].

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[27]. 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[27].

Although linked, loneliness and social isolation are not the same. People can be isolated yet not feel lonely, equally, they can be surrounded by others and feel lonely.

Loneliness is a subjective state defined as a 'negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want'. Social isolation is an objective state defined as the 'quantity of social relationships and contacts between individuals, across groups and communities.

More adults in Wolverhampton accessing social care services feel that they have as much social contact as they would like, compared with the West Midlands and England average. For adult carers, the reported amount of social contact is similar in Wolverhampton to the West Midlands and England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs) New data	2021/22	–	-	48.9%	41.6%	40.6%	24.3%		2.5%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs) New data	2021/22	→	-	48.4%	37.6%	37.3%	13.6%		4.5%
Social Isolation: percentage of adult carers who have as much social contact as they would like (18+ yrs) New data	2021/22	–	130	29.3%	29.4%	28.0%	16.0%		
Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs) New data	2021/22	–	65	29.8%	30.3%	28.8%	14.4%		

Source: Fingertips

Environment and access to outside spaces

Being in outdoor spaces promotes good mental health and wellbeing. Access to green and blue spaces can promote healthy behaviours such as physical activity, social contact and connectivity, foster a sense of belonging and encourage restorative connections to nature[49].

Green spaces include parks, gardens, playing fields, allotments, woods, and other natural areas.

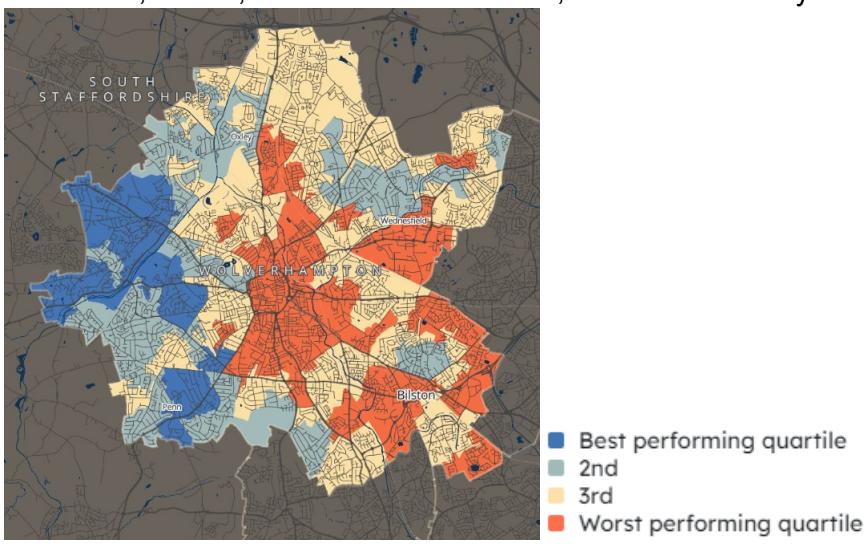
Blue spaces include outdoor spaces that feature water such as rivers, lakes, and ponds.

Inequalities in mental health are narrowed for socioeconomically disadvantaged groups living near green spaces. Living in urban areas with more green space in the UK is associated with both lower mental distress and higher wellbeing.

People in socioeconomically disadvantaged groups generally have less access to good quality green space and visit the natural environment less often than their less deprived peers. However, for those in deprived groups with good access to green and blue spaces, the inequality in mental wellbeing is narrower, compared to those with less access[50].

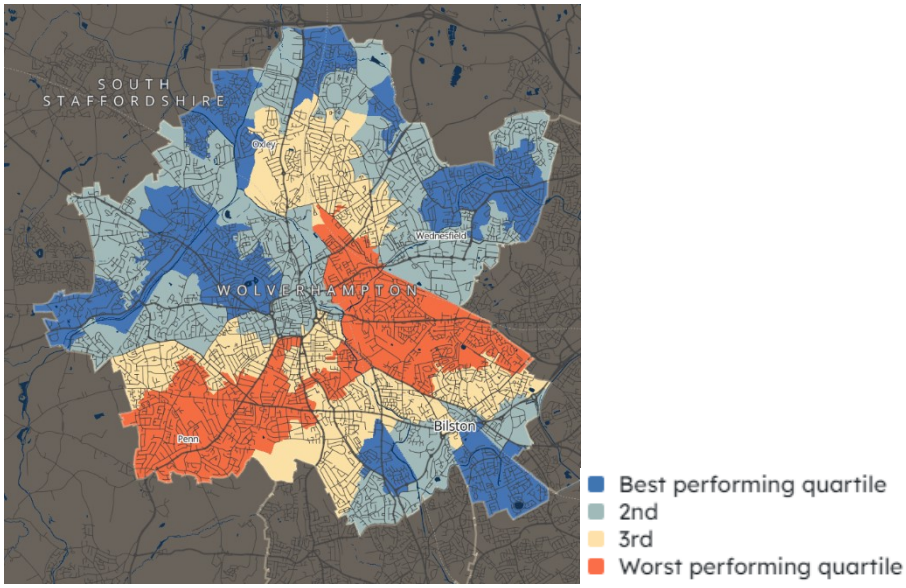
Local data

Green Spaces – areas of the city in blue or green have more parks, gardens, playing fields, allotments, woods, and other natural areas, than the red and yellow areas of the city.



Source: Consumer Data Research Centre

Blue Spaces - areas of the city in blue or green have more outdoor spaces that feature water such as rivers, lakes and ponds, than the red and yellow areas of the city.



Source: Consumer Data Research Centre

Mental Health: Understanding People

Introduction

This chapter looks at the population "people" factors related to the promotion of mental wellbeing and the prevention of mental health problems. To identify inequalities in prevalence of mental health problems, access to services and outcomes it can be helpful to look at differences by gender, ethnicity and other 'protected characteristics' as defined by the Equality Act 2010[51,52].

Alongside mental health across the life course, there are important causes and consequences of mental health problems. These include health behaviours such as smoking, physical activity and problematic use of drugs and alcohol. The inter-relationship between mental and physical health is important. Poor physical health increases the risk of developing mental health problems, and vice versa[51].

People with mental health problems, particularly those who do not access treatment early and with more severe conditions, experience poorer physical health and reduced life expectancy[51]. One measure of local population vulnerability is the level of self-harm across the life course. While not mental health outcomes in themselves, suicide and self-harm are closely related to factors associated with mental health[51].

Population demographics and vulnerable groups

Avoidable, systematic inequalities between groups are unfair. Some groups of the population are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. Nationally, the following groups are identified as being at high risk of mental health problems[30,53]:

- Minority ethnic groups
- people living with physical disabilities
- people living with learning disabilities
- people with alcohol and/or drug dependence
- prison population, offenders and victims of crime
- people who identify as LGBT+ (lesbian, gay, bi, transgender or anyone that defines under the umbrella of LGBT+)
- carers
- people with sensory impairment
- homeless people
- refugees, asylum seekers and stateless person

In addition, national evidence shows that some groups of the population can be vulnerable to developing mental health problems. These include the LGBT+ community, veterans, carers and young adults transitioning from children to adult mental health services[51].

The transition from Children and Young Peoples' mental health services to Adult mental health services can be a time of upheaval for young people[54]. There are significant risks of young people disengaging or being lost in the transition process. This can result in young adults presenting again in crisis or with greater severity of need later in life. Transitions for vulnerable groups, such as those within the criminal justice system, can be particularly problematic[54].

The NHS Long-Term plan includes a clear national direction to develop an offer to support young people aged 18-25 accessing mental health support[1]. The structure of mental health

services often creates gaps for young people undergoing the transition from children and young people's mental health services to appropriate support including adult mental health services.

A 2022 Healthwatch report into the Black Country Children's Mental Health collected feedback from young people and their parents/carers about their experiences of transitioning from child to adult mental health services[55]. Common themes included barriers and challenges with communication between services, and how long the process of transitioning takes.

The report makes the following recommendations about the transition from children to adult mental health services:

- Consider the age of the transition from children to adult services as this varies across the Black Country and needs to be more consistent.
- Consider more training in adult services around the conditions that children are diagnosed with.
- Consider how health passports used in children's services could follow through into adult services.

Evidence suggests that being a veteran of the Armed Forces does not increase the risk of mental health problems, but the community can experience difficulties with stigma and readjusting to civilian life, and disadvantages including access to healthcare and continuity of care, housing issues, social isolation and alcohol-related issues[14,56].

Equity and equality of access

Inequalities in health exist when there are avoidable, unfair and systematic differences in health across the population and between different groups of people within society.

Equality ensures that everyone is given the same opportunities, while equity aims to give everyone what they need in order to have equal access to those opportunities. Equity has been often overlooked as an important part of addressing societal challenges.

Ethnicity

People from ethnic minority groups living in the UK often face individual and societal challenges that can affect access to healthcare and overall mental and physical health. Some evidence suggests that people from some ethnic minority groups may struggle to access services in ways meaningful for them, due to the ways that many services are culturally designed.

There are a number of factors that can influence mental health which include[57,58,59,60]:

- **Racism and discrimination** – research suggests that experiencing racism is highly stressful and has a negative impact on mental health.
- **Social and economic inequalities** – people from ethnic minority backgrounds are more likely to experience poverty, have poorer educational outcomes and have higher unemployment.
- **Mental health stigma** – in some communities' mental health problems are rarely spoken about and can be seen in a negative light. This can discourage people within those communities from talking about their mental health and may be a barrier to engagement with services.
- **Interaction with the criminal justice system** – national evidence suggests that there are unmet mental health needs among people from some minority ethnic

backgrounds within the criminal justice system, particularly in the youth justice system. A disproportionate number of people from ethnic minority backgrounds are detained under the Mental Health Act. Rates of detention for Black or Black British groups are over 4 times those of White groups. Community Treatment Orders for Black or Black British groups are over 10 times those of White groups.

- **Migration** – mental health needs are common as a result of the trauma that can be experienced as an asylum seeker or refugee (forced migration), but also the stress of going through immigration procedures (whether refugee/asylum seeker or voluntary migration) and lack of social networks s in a new country.

Disabilities

Evidence suggests that individuals with a disability are more likely to experience mental ill-health and poor wellbeing. Risk factors include physical ill-health, poor social relationships, stress, poverty and unemployment[61].

According to the Census 2021, 19.4% of people in Wolverhampton reported having a disability.

Long-term health problems or disability	Persons	
	Wolverhampton Local Authority	
	count	%
All residents	263,727	100.0
Disabled under the Equality Act: Day-to-day activities are limited a lot	22,149	8.4
Disabled under the Equality Act: Day-to-day activities are limited a little	25,830	9.8
Not disabled under the Equality Act: Has long-term physical or mental health condition but day-to-day activities are not limited	13,905	5.3
Not disabled under the Equality Act: No long-term physical or mental health conditions	201,843	76.5

Source: ONS - 2021 Census (TS038)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Sexual orientation and gender identity

Orientation is an umbrella term describing a person's attraction to other people. This attraction may be sexual (sexual orientation) and/or romantic (romantic orientation). These terms refer to a person's sense of identity based on their attractions, or lack thereof. Orientations include but are not limited to, lesbian, gay, bi, ace and straight.

Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.

People who identify as LGBT+ (lesbian, gay, bi, transgender or anyone that defines under the umbrella of LGBT+) have higher rates of common mental health problems and lower wellbeing than heterosexual people[62]. The gap is greater for older adults over the age of 55, and people under the age of 35[62].

Being part of the LGBT+ community can mean having more confidence, a sense of belonging, feelings of relief and self-acceptance, and better relationships with friends and family. However, LGBT+ people can be affected by discrimination, homophobia or

transphobia, social isolation, rejection, and difficult experiences of coming out, all of which can negatively affect mental health and wellbeing[14].

In 2017 Stonewall surveyed over 5,000 LGBT people across England, Scotland and Wales to understand their experiences of mental health[63]:

- 52% of respondents said they had experienced depression in the previous year. The rate was higher for people who are trans (67%) and non-binary (70%).
- One in eight LGBT people aged 18-24 (13%) said they had attempted to take their own life in the previous year.
- 41% of non-binary people said they had harmed themselves in the previous year compared to 20% of LGBT women and 12% of GBT men.
- One in eight LGBT people (13%) had experienced some form of unequal treatment from healthcare staff because they are LGBT.
- Almost one in four LGBT people (23%) had witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the previous year, 6% of LGBT people – including 20% of trans people – had witnessed these remarks.

Sexual Orientation

Persons

	Wolverhampton Local Authority	
	count	%
All residents aged 16 and over	208,442	100.0
Straight or Heterosexual	185,921	89.2
Gay or Lesbian	2,262	1.1
Bisexual	2,161	1.0
Pansexual	555	0.3
Asexual	89	0.0
Queer	19	0.0
All other sexual orientations	72	0.0
Not answered	17,363	8.3

Source: ONS - 2021 Census (TS079)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Gender Identity

Persons

	Wolverhampton Local Authority	
	count	%
All residents aged 16 and over	208,442	100.0
Gender identity the same as the sex registered at birth	191,659	91.9
Gender identity is different from sex registered at birth, but no specific identity is given	829	0.4
Trans woman	309	0.1
Trans man	393	0.2
Non-binary	72	0.0
All other gender identities	70	0.0
Not answered	15,110	7.2

Source: ONS - 2021 Census (TS070)

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected.

Health risk 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[51].

Smoking

Smoking remains the single biggest cause of preventable death and illness in England[64]. Smoking rates among people with a mental health condition are significantly higher than in the general population and there is a strong association between smoking and mental health conditions[64]. This association becomes stronger relative to the severity of the mental health condition, with the highest levels of smoking found in psychiatric inpatients. It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke[64].

People with mental health conditions smoke significantly more, have increased levels of nicotine dependency, and are therefore at even greater risk of smoking-related harm[64].

Smoking among those with a mental health condition has changed little over the past 20 years, in contrast to the marked decline in smoking prevalence in the general population[51]. Social deprivation contributes to and reinforces smoking, and smoking intensifies disadvantage[64].

Partly a result of high smoking rates, people with a mental health condition die sooner compared to the general population. Therefore, quitting smoking is particularly important as smoking is the single largest contributor to reduced life expectancy[64].

People with a mental health condition who smoke are more likely than members of the general population to anticipate difficulty in quitting and are less likely to succeed. However, smokers with mental health conditions are frequently motivated to quit and are generally able to do so provided they are given evidence-based support[64].

The NHS Long Term Plan outlines a universal smoking cessation offer, which will be available as part of specialist mental health services[1].

13.6% of adults in Wolverhampton are estimated to be smokers, according to the Annual Population Survey in 2021. This is similar to the regional (13.8%) and national average (13.0%). Nearly a third of adults with a long-term mental health condition in Wolverhampton are estimated to be smokers (30.9%).

However, self-reported estimates should be interpreted with caution. According to Wolverhampton GP Practice records in 2021/22, 17.3% of residents aged 15 and over are smokers, 30.1% of people on a register for depression are smokers, and 37.6% of people with a severe mental illness smoke.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Smokers that have successfully quit at 4 weeks	2019/20	–	-	*	1,154*	1,808	19		
Smokers that have successfully quit at 4 weeks (CO validated)	2019/20	–	-	*	805*	1,113	11		
Smoking prevalence in adults (15+) - current smokers (QOF) New data	2021/22	↓	41,229	17.3%	15.7%	15.4%	23.9%		4%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	–	-	7.6%	7.0%	8.2%	14.9%		3.4%
Smoking prevalence at age 15 - regular smokers (WAY survey)	2014/15	–	-	5.9%	4.9%	5.5%	11.1%		1.3%
Smoking prevalence at age 15 - occasional smokers (WAY survey)	2014/15	–	-	1.7%	2.0%	2.7%	7.6%		0.6%
Smokers setting a quit date	2019/20	–	-	*	2,221*	3,512	48		
Percentage with 3 or more risky behaviours at age 15	2014/15	–	-	10.7%	13.2%	15.9%	23.8%		
Smoking prevalence in adults (18+) - current smokers (GPPS) New data	2020/21	–	-	16.5%	14.6%	14.4%	23.5%		8.0%
Smoking prevalence in adults (18+) - ex smoker (GPPS) New data	2020/21	–	-	23.0%	25.7%	27.1%	15.2%		
Smoking prevalence in adults (18+) - never smoked (GPPS) New data	2020/21	–	-	60.6%	59.6%	58.5%	46.7%		
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	–	-	13.6%	13.8%	13.0%	22.0%		6.6%
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2020	–	-	19.0%	24.8%	24.5%	42.1%		
Smoking Prevalence in adults (18+) - ex smokers (APS)	2021	–	-	19.8%	23.7%	25.7%	13.4%		4.2%
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	–	901	40.6%	39.6%	40.5%	52.3%		
Smoking Prevalence in adults (18+) - never smoked (APS)	2021	–	-	66.6%	62.5%	61.3%	45.1%		
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) New data	2020/21	–	-	30.9%	26.9%	26.3%	47.3%		15.7%
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	–	-	25.5%	24.6%	25.8%	36.3%		
Smoking prevalence at age 15 - regular smokers (modelled estimates)	2014	–	172	5.9%*	-	5.4%*	11.1%		
Smoking prevalence at age 15 - regular or occasional smokers (modelled estimates)	2014	–	220	7.6%*	-	8.2%*	14.9%		
Rate of prescriptions for nicotine replacement products per 100,000 smokers	2018	→	3,343	9,949	8,625	11,781	690		
Smoking in early pregnancy	2018/19	–	-	17.1%	14.5%	12.8%	29.1%		2.1%

Source: Fingertips

Obesity

An estimated 68.5% of adults aged 18+ in Wolverhampton are classified as overweight or obese in 2020/21. This is higher than the West Midlands (66.8%) and England (63.5%).

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of adults (aged 18+) classified as obese (Persons, 18+ yrs)	2020/21	–	-	30.5%	28.1%	25.3%	40.3%		10.5%
Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)	2020/21	–	-	68.5%	66.8%	63.5%	76.3%		44.0%

Source: Fingertips

Physical inactivity

28.0% of Wolverhampton adults are estimated to be physically inactive, which is significantly worse than in the West Midlands and England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of physically inactive adults	2020/21	–	-	28.0%	25.6%	23.4%	38.1%		9.7%

Source: Fingertips

Substance Misuse

Problematic use of alcohol or drugs often contributes to or co-exists with mental health problems and leads to poorer outcomes. When people have co-existing conditions it is important that they access relevant treatment in line with NICE and other national guidance[65]. People should not be excluded from support based on mental health or alcohol/drug use conditions that they may have (known as the 'no wrong door' principle)[65].

More detail is included in the Wolverhampton Substance Misuse needs assessment, but key findings include:

- Alcohol-specific mortality is worse in Wolverhampton than England
- Wolverhampton is a regional outlier for alcohol-related mortality and alcohol-related hospital admissions.
- In Wolverhampton, 8 in 10 people drinking at levels that are harmful to health are not in touch with treatment services. Half of people experiencing problematic use of drugs are not in touch with treatment services.
- Successful completion of drug and alcohol treatment is better in Wolverhampton than the national average.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Alcohol-related mortality (Persons, All ages) New data	2021	–	120	50.7	41.9	38.5	77.5		23.0
Alcohol-related mortality (Female, All ages) New data	2021	–	32	26.4	23.1	21.3	37.0		10.1
Alcohol-related mortality (Male, All ages) New data	2021	–	88	78.7	63.4	58.3	124.0		37.0
Alcohol-specific mortality (Persons, All ages, 1 year range) New data	2021	–	52	21.5	15.8	13.9	33.7		4.6
Alcohol-specific mortality (Persons, All ages, 3 year range) New data	2017 - 19	–	141	20.1	12.9	10.9	27.3		3.9
Admission episodes for alcohol-specific conditions (Persons, All ages) New data	2021/22	–	2,125	865	619	626	2,514		255
Admission episodes for alcohol-specific conditions (Female, All ages) New data	2021/22	–	565	449	366	390	1,360		148
Admission episodes for alcohol-specific conditions (Male, All ages) New data	2021/22	–	1,560	1,306	885	879	3,758		300
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Persons, All ages) New data	2021/22	–	1,189	479	382	404	2,110		142
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Male, All ages) New data	2021/22	–	896	743	565	587	3,210		202
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad) (Female, All ages) New data	2021/22	–	293	230	209	233	1,097		86
Successful completion of alcohol treatment (Persons, 18+ yrs)	2020	→	228	43.2%	34.9%	35.3%	18.4%		
The proportion of clients entering alcohol treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. (Persons, 18+ yrs)	2020/21	–	207	82.1%	80.4%	80.4%	55.8%		96.4%
Successful completion of drug treatment: opiate users (Persons, 18+ yrs)	2021	→	49	5.5%	4.5%	5.0%	1.2%		
Successful completion of drug treatment: non opiate users (Persons, 18+ yrs)	2021	→	82	32.5%	33.5%	34.3%	14.6%		
The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. (Persons, 18+ yrs)	2020/21	–	158	64.0%	67.7%	71.0%	46.5%		3%

Source: Fingertips

There were 496 Wolverhampton residents aged 65+ admitted to hospital for alcohol-related conditions in 2021-2022. Approximately 71% of the admissions were male.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons, 65+ yrs)	2021/22	–	496	1,156	952	810	1,403		510
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Male, 65+ yrs)	2021/22	–	350	1,755	1,490	1,275	2,313		856
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Female, 65+ yrs)	2021/22	–	146	641	486	415	728		196

Source: Fingertips

Comorbidity in mental and physical illness

Mental and physical health are closely linked. There are multiple associations between mental health and chronic physical conditions that can significantly impact a person's quality of life, and their need for health care, and other services[14].

Poor mental health is a risk factor for chronic physical conditions. People with severe mental health conditions are particularly at high risk of experiencing chronic physical conditions such as cardiovascular disease, COPD and diabetes. People with chronic physical conditions are at risk of developing poor mental health[14].

Comorbidity refers to experiencing two or more long-term conditions at the same time. A long-term condition is a health problem that lasts for at least 12 months. Around 4 out of 10 people (36%) with comorbidity are living with a physical and a mental health condition.

By 2025, there will be an estimated 9.1 million people living with one or more long-term conditions in the UK.

People with long-term physical conditions are more likely to have lower wellbeing scores than those without, and evidence suggests that those with specific long-term conditions such as cancer, diabetes, asthma and high blood pressure are more likely to experience a range of mental health problems including depression and anxiety[66].

Mental health conditions can increase the likelihood of developing some musculoskeletal disorders. For example, people with depression are at greater risk of developing back pain. Musculoskeletal conditions can also have a significant impact on mental health as living with a painful condition can lead to anxiety and depression, and depression is 4 times more common among people in persistent pain compared with those without pain[67].

In Wolverhampton, the percentage of people with a musculoskeletal problem is higher than the England average. People with a musculoskeletal problem are more likely to also have another long-term condition including those related to mental health.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Odds ratio of reporting a mental health condition among people with and without an MSK condition (Persons, 16+ yrs)	2022	–	-	2.1	1.4	1.4	0.5		
Percentage reporting a long-term Musculoskeletal (MSK) problem (Persons, 16+ yrs)	2022	–	-	17.9%	19.0%	17.6%	26.1%		
Percentage reporting at least two long-term conditions, at least one of which is MSK related (Persons, 16+ yrs)	2021	–	-	13.3%	13.0%	12.1%	20.7%		6.3%

Source: Fingertips

In Wolverhampton, during 2021/2022, the percentage of people with the following long-term conditions is higher than the England average: Chronic Kidney Disease, Depression, Diabetes, Hypertension, Mental Health, Osteoporosis, and Rheumatoid Arthritis.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Lowest	Range	Highest
CHD: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	8,669	2.9%	3.1%*	3.0%	1.1%		%
CKD: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	→	9,370	4.1%	4.7%*	4.0%	1.1%		
COPD: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	5,090	1.7%	1.9%*	1.9%	0.6%		
Depression: QOF incidence (18+ yrs) - new diagnosis (Persons, 18+ yrs)	2021/22	→	4,037	1.8%	1.7%*	1.5%	0.7%		
Depression: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	↑	29,060	12.8%	13.3%*	12.7%	3.8%		%
Diabetes: QOF prevalence (17+ yrs) (Persons, 17+ yrs)	2021/22	↑	20,473	8.8%	8.2%*	7.3%	2.7%		10.2%
Hypertension: QOF prevalence (all ages) (Persons, All ages)	2021/22	↓	41,610	14.1%	14.7%*	14.0%	6.9%		18.4%
Mental Health: QOF prevalence (all ages) (Persons, All ages)	2021/22	→	2,945	1.00%	0.92%*	0.95%	0.25%		%
Osteoporosis: QOF prevalence (50+ yrs) (Persons, 50+ yrs)	2021/22	↑	935	0.9%	0.8%*	0.8%	0.1%		
Rheumatoid Arthritis: QOF prevalence (16+ yrs) (Persons, 16+ yrs)	2021/22	→	2,163	0.9%	0.9%*	0.8%	0.3%		
Stroke: QOF prevalence (all ages) (Persons, All ages)	2021/22	→	5,062	1.7%	1.9%*	1.8%	0.7%		

Source: Fingertips

Suicide and self-harm

Every suicide should be seen as preventable. Gaining an understanding of vulnerability in local populations can aid the development of an effective suicide prevention plan. People with a history of self-harm are a high-risk group for suicide.

There is a separate needs assessment for suicide prevention for Wolverhampton, which has included the following key findings:

- During the period June 2019- May 2022 data for incidents of suicide recorded by the Coroner's Office showed:
  - the majority of suicides were in males.
  - 54% of suicide cases were unknown to mental health services.

Key findings for self-harm data during 2018-2022 in Wolverhampton show:

- The number of people being admitted to hospital for self-harm is decreasing.
- People from more deprived areas are more likely to attend A&E for self-harm than people from less deprived areas.
- Just under half of people are discharged home, and a quarter are admitted into hospital.
- Approximately 73% of attendances are White British. 5% of attendances are people from the Indian ethnic group.
- 60.08% of people were female, 39.07% were male. 0.21% were "other" or not recorded.
- 3% of attendees were aged 65 or over.

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Emergency Hospital Admissions for Intentional Self-Harm (Persons, All ages)	2021/22	–	450	166.4	151.0	163.9	425.7		47.9

Source: Fingertips

Mental health: Healthy Adults

Introduction

For this needs assessment, the wide range of mental health conditions has been grouped into two broad categories; common mental health conditions and severe mental illness (also called SMI).

Common mental health problems

Common mental health problems include depression and anxiety disorders such as generalised anxiety disorder, social anxiety disorder, health anxiety, panic disorder, agoraphobia, obsessive-compulsive disorder (also known as OCD), phobias and post-traumatic stress disorder (also known as PTSD). Common mental health problems cause distress and interfere with normal life. For working-age adults, parenting, caring, going to work, and socialising can all suffer[68]. The large number of people experiencing these conditions at any one time has a significant cost to society[68].

Prevalence and incidence of common mental health problems

Research suggests that approximately one in four adults in England will experience a mental health problem at some point in their life[69] and one in six adults has a mental health problem at any given time, with depression and anxiety being the most common[70].

Estimates and projections of common mental health problems in Wolverhampton are as follows:

People aged 18-64 predicted to have a mental health problem, projected to 2040:

	2020	2025	2030	2035	2040
Wolverhampton: People aged 18-64 predicted to have a common mental disorder	29,971	30,545	31,055	31,515	31,899
Wolverhampton: People aged 18-64 predicted to have a borderline personality disorder	3,806	3,879	3,944	4,003	4,052
Wolverhampton: People aged 18-64 predicted to have an antisocial personality disorder	5,335	5,444	5,555	5,643	5,718
Wolverhampton: People aged 18-64 predicted to have psychotic disorder	1,112	1,133	1,154	1,171	1,186
Wolverhampton: People aged 18-64 predicted to have two or more psychiatric disorders	11,431	11,653	11,859	12,038	12,188

Source: PANSI

Depression

The proportion of the population (prevalence) of depression (12.8%) and the number of new cases at a defined point in time (incidence) of depression (1.8%) in Wolverhampton are both similar to the national average.

Indicator	Period	Wolverhampton			England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Depression: QOF incidence (18+ yrs) - new diagnosis (Persons, 18+ yrs)	2021/22	→	4,037	1.8%*	1.5%	0.8%		
Depression: QOF prevalence (18+ yrs) (Persons, 18+ yrs)	2021/22	↑	29,060	12.8%*	12.7%	5.8%		
Newly diagnosed patients with depression who had a review 10-56 days after diagnosis (denominator incl. PCAs) (Persons, 18+ yrs)	2021/22	↓	2,173	53.8%*	54.9%	3.2%		71.8%

Source: Fingertips

Antidepressants are a type of medication used to treat clinical depression or prevent it from recurring. It should however be noted that some medications classified as antidepressants are used for non-mental health purposes such as to support pain management. As such, there is a need to be cautious in drawing conclusions. Nationally, antidepressant prescribing has increased substantially in recent years[71].

The Black Country ICB has one of the highest numbers of patients prescribed antidepressants, with a monthly average of 93,580 patients, compared with the ICB national average of 43,406. The data for number of patients is not available at Wolverhampton level.

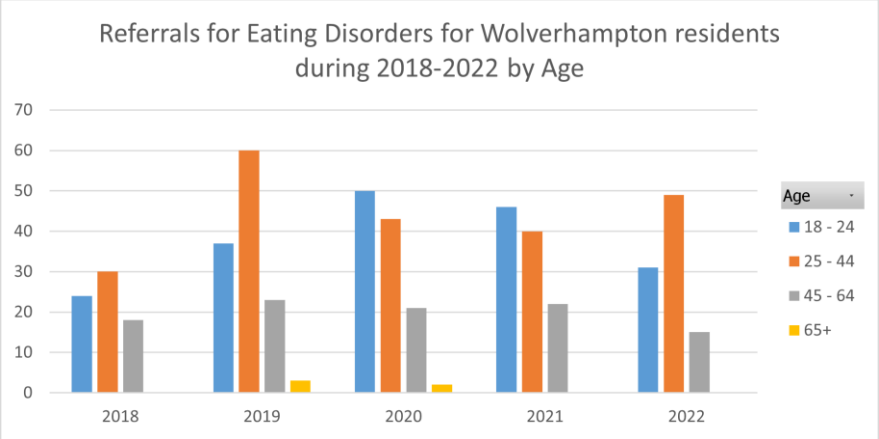
Antidepressant prescribing in Wolverhampton in 2021-2022 averaged 21.26% of all antidepressants prescribed in the Black Country ICB.

Eating disorders

People with eating problems use the control of food to cope with feelings and other situations. The most common eating disorders diagnoses are anorexia, bulimia, and binge eating disorder, but some people have a difficult relationship with food and do not fit the criteria for any specific diagnosis.

Referrals to eating disorders services for Wolverhampton residents aged 18 or over during 2018-2022 show:

- 88% of referrals were female, 10% were male and 2% were not specified.
- The highest numbers of referrals to the eating disorders team by Ethnicity in descending order were White British, Asian, or Asian British – Indian, and mixed White and Black Caribbean
- 25–44-year-olds are most referred, followed by 18-24-year-olds



Black Country Healthcare NHS Foundation Trust Community Transformation

In April 2020 Black Country Partnership NHS Foundation Trust, and Dudley and Walsall Mental Health Partnership Trust merged to become Black Country Healthcare NHS Foundation Trust.

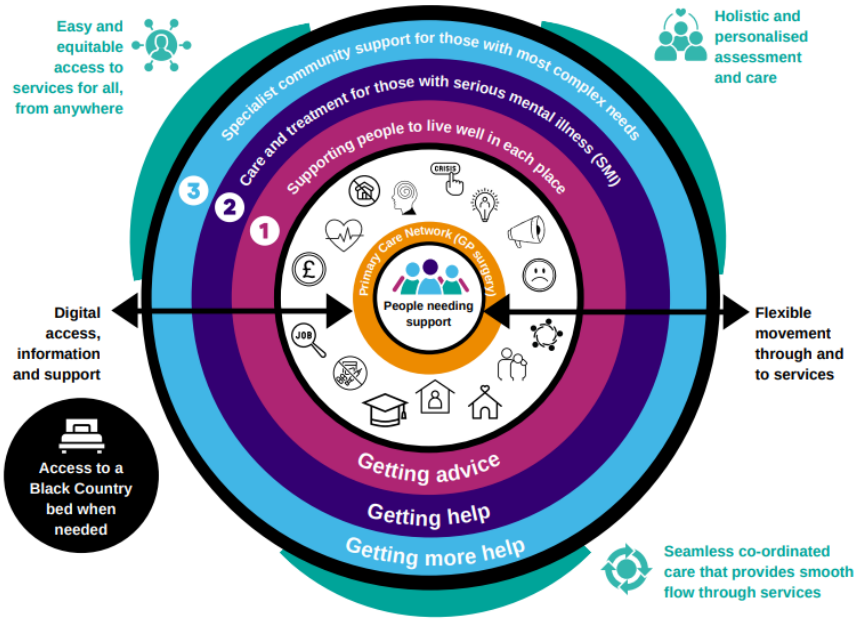
Nationally, the NHS Long Term Plan and NHS Mental Health Implementation Plan 2019/20 – 2023/24 set out that the NHS will develop new and integrated ways of working for primary and community mental health care, for adults and older adults with mental health challenges.

A new community-based way of working 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 substance use.

By 2023/24, this will help at least 370,000 adults and older adults per year nationally to have greater choice and control over their care, and to live well in their communities.

The **Community Mental Health Transformation Programme** is a partnership of NHS organisations, community and voluntary sector organisations, adult social care, service users and people with lived experience coming together to transform how these mental health services are organised and delivered[72].

Timescales for the transformation process run from 2021-2024 based on a geographical approach. Year 1 will focus on Wolverhampton and Dudley (part year) with a focus on the recruitment of mental health link workers who will work within primary care networks (PCNs). Additional activity will include the transformation of community rehabilitation services, eating disorder services, personality disorder pathways and expansion of recovery college services to support service users' recovery journey. Year 2 of the transformation will include transformation work in Dudley and Walsall, with year 3 concluding transformation work in Sandwell.



BCHFT 3-2-1 diagram of how people can access support with their mental health.

Support for younger adults 18-25: A new service has been co-designed with young people and this will 'wrap around' services already offered within healthcare, social care and the voluntary sector. Peer support workers will assist young people to connect with opportunities within their communities and a lived experience trainer to help services appreciate what young people find helpful and how support could be increasingly young person friendly. Having a 'young person panel' within the service will enable regular discussion about what works and how things could be improved from a young adult's point of view, providing flexibility to adapt as needed.

Support for adults: The model will focus on supporting people with mental health problems to live well in communities. The goals of transformation will include the provision of:

- **Easy to access services:** Mental health services wrapped around people providing personalised holistic care in communities.
- **No more gaps:** Seamless ways for people to move between different services, providing continuity of care.
- **Better community support:** Working in partnership with voluntary and community organisations to support patients' and communities' wellbeing.
- **Better re-introduction to services:** Simplified access to services after finishing treatment (if needed) removing the need for people to re-tell their stories.
- **Reduced Waiting Times:** A holistic personalised plan of care within 4 weeks of assessment.

People who have been referred to Black Country Healthcare NHS Foundation Trust services are provided with interim support interventions whilst they are waiting for more specialised care to become available. Whilst it is acknowledged that these interventions may be helpful for some people, for others the inability to access specialised services when required may provide further challenges.

Support for older adults: Enhanced Community Mental Health Teams for Older Adults will have a number of community mental health nurse practitioners who will assess and support patients, working alongside primary care, GPs and Social Care. The teams will also support frailty and target issues such as isolation and loneliness.

Student mental health support

Wolverhampton University has a worldwide student population of 24,825 with 4 campuses the majority of the student population is concentrated at City Campus in Wolverhampton. A large percentage of the student population are local residents within the Black Country who have selected to study and commute locally. The student population is made up of a large percentage of mature students.

The mental health offer from the university provides students access to a Mental Health and Wellbeing Team. The team is comprised of Practitioners from a Multi-Disciplinary background (Mental Health Nurses, Counsellors and Social Workers). The service operates Mon -Fri 9am-5pm and offers one-to-one and group interventions. Liaising and supporting with both internal and external partners, where and when necessary. The offer of the university also includes free access to a digital 24/7 peer and professional mental health support in an online community space (togetherall). The primary remit and focus of the service is to support students in a Higher Education setting.

Around 3% of the student population have accessed Mental Health and Well-being services within the past couple of academic years. The general themes that have been noted as reasons for accessing the service are as follows, stress-related issues, low mood and anxiety. These appear to be the primary reasons disclosed for accessing the service. It is also noted that predominately individuals identifying as female are using the service. These themes appear to be common features of the local population and the student population is a reflection of that.

Social prescribing

Social prescribing is an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

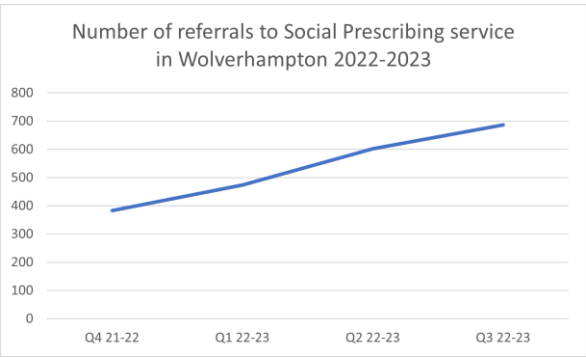
In social prescribing, local agencies such as local charities, social care and health services refer people to a social prescribing link worker. Social prescribing link workers give people time, focusing on 'what matters to me?' to coproduce a simple personalised care and support plan and support people to take control of their health and wellbeing.
Social prescribing link workers also support existing community groups to be accessible and sustainable and help people to start new groups, working collaboratively with all local partners.

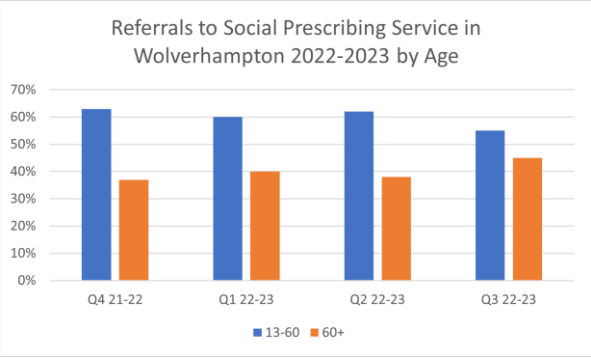
Social prescribing works particularly well for people who:

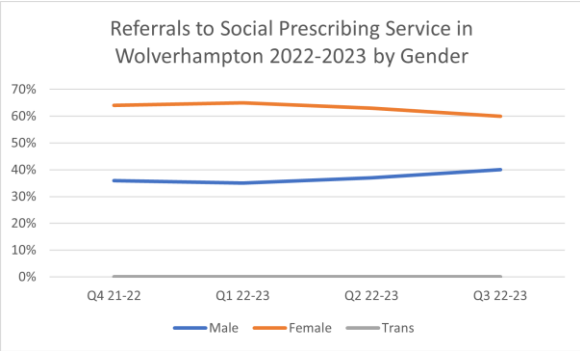
- have one or more long-term conditions.
- who need support with low-level mental health issues.
- who are lonely or isolated.
- who have complex social needs which affect their wellbeing.

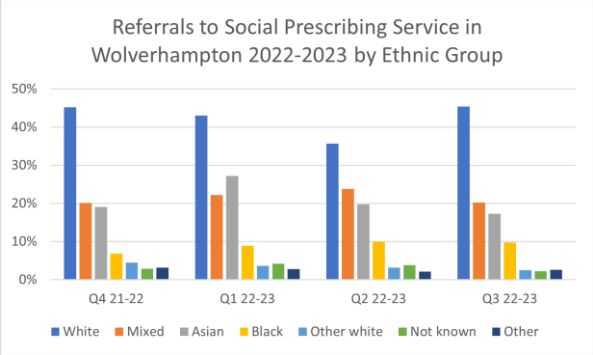
In Wolverhampton, the social prescribing service has 11 link workers and 1 Citizens Advice Bureau worker.

Referrals data for 2022-2023 shows that the number of referrals is increasing each quarter (from 383 Q4 21-22 to 687 Q3 22-23). The proportion of people referred aged 13-60 is higher than for people aged 60+, but the gap is narrowing.

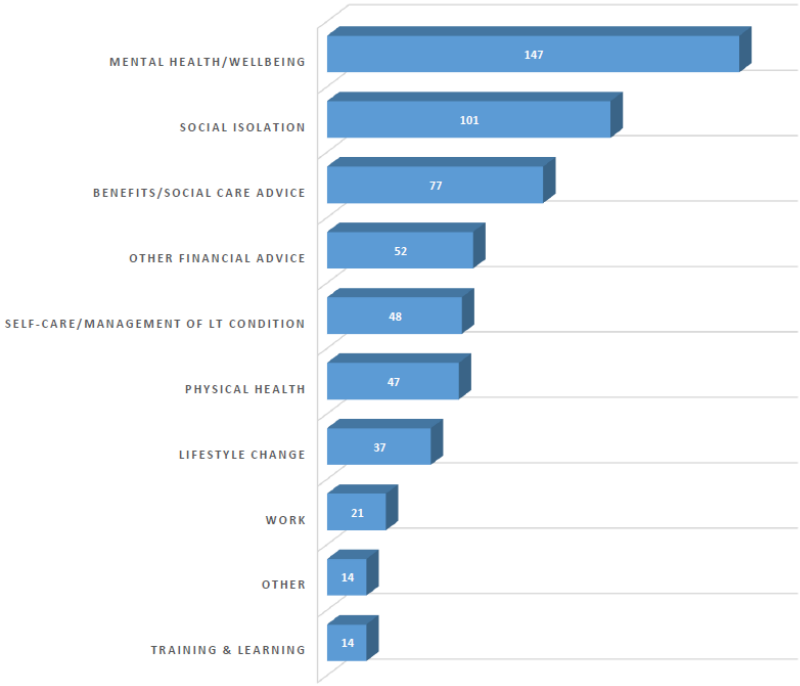








The presenting reasons to Social Prescribing in October 2022 were:



Data from Citizens Advice Referrals via the Social Prescribing Service in Wolverhampton shows that the most common advice issue is for benefits and tax credits. Other common advice issues are Universal Credit and housing. The top benefits issue is personal independence payment advice.

NHS Talking Therapies for Anxiety and Depression (Previously known as Improving Access to Psychological Therapies or IAPT)

The talking therapies service in Wolverhampton is called Healthy Minds, which is part of the Black Country Healthcare NHS Foundation Trust. The service provides NICE-approved, evidence-based psychological therapies for people with depression, stress or anxiety disorders. People living in Wolverhampton can either self-refer to Healthy Minds or they can be referred by their GP.

National data suggests that talking therapies are as effective for older people as for those of working age. However, despite talking therapy services being open to all adults, older people are underrepresented amongst those accessing services. Analysis of national data shows:

- The proportion of older people (65+) referred to IAPT services is lower than the proportion in the general population.
- Once referred, a greater proportion of older adults complete treatment than their working-age counterparts.
- Older people achieve good outcomes from IAPT treatment.

Black Country Healthcare data

During Q3 2021/2022 to Q2 2022/2023, data for the Black Country exceeded the national targets within the reported time period of 75% of people referred to IAPT services starting treatment within 6 weeks and 95% within 18 weeks. However, the target of 50% of people achieving clinical recovery has not been met.

Adult mental health: NHS Talking Therapies, for depression and anxiety (formerly IAPT services)	Black Country and West Birmingham CCG		Black Country ICB	
	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
NHS Talking Therapies access: number of people entering NHS-funded treatment during the reporting period	6,660	6,620	6,640	5,590
NHS Talking Therapies % of all referrals that are for older people 65+	4.2%	4.5%	5.0%	4.6%
NHS Talking Therapies recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery	48.0%	47.0%	44.0%	43.0 %
NHS Talking Therapies recovery rate for Black, Asian or Minority Ethnic groups	49.0%	44.0%	42.0%	42.0 %
NHS Talking Therapies % of people receiving first treatment appointment within 6 weeks of referral	83.0%	81.0%	83.0%	88.0 %
NHS Talking Therapies % of people receiving first treatment appointment within 18 weeks of referral	97.0%	95.0%	95.0%	98.0 %
NHS Talking Therapies % of in-treatment pathway waits over 90 days	25.0%	29.4%	30.3%	28.8 %

Wolverhampton data

During 2019-2022, 62% of attendees for talking therapies were aged between 25-44, and 8% of attendees were aged over 60. People who describe themselves as having White British ethnicity had higher access rates than people from other ethnic backgrounds. At the time of this needs assessment, no data was available for gender.

Where recorded, the main presenting reasons for accessing talking therapies in descending order were: Depressive episodes, generalised anxiety disorder, recurrent depressive disorder and post-traumatic stress disorder. Non-clinical presenting reasons were not recorded.

Wolverhampton talking therapies attendees data 2019-2022:

	2019/20	2020/21	2021/22
Total attendees	**7126**	**5565**	**7013**
New attendees	4191	3253	2312
Previously known to service	2935	4469	2544

At the time of producing this needs assessment, performance data specific to Wolverhampton area was only available for the time period April 2022 to December 2022. Wolverhampton exceeded the national targets within the reported time period of 75% of people referred to IAPT services starting treatment within 6 weeks and 95% within 18 weeks. Wolverhampton also exceeded the national target of 50% of people entering IAPT treatments achieving clinical recovery. Wolverhampton data will continue to be collected and analysed after the needs assessment, which will provide further context for the way in which services are provided.

Wolverhampton talking therapies indicators (April 2022 – Dec 2022)	
Access to IAPT services: people entering IAPT (in month) as % of those estimated to have anxiety/depression - Dec 2022	**67%**
IAPT DNAs: % of IAPT appointments (Dec 22)	**12%**
Waiting < 6 weeks to enter IAPT treatment (supporting measure): % of referrals (Dec 22) waiting <6 weeks for first treatment	**90%**
Waiting < 18 weeks to enter IAPT treatment (supporting measure): % of referrals (Dec 22) waiting <18 weeks for first treatment	**100%**
Waiting < 6 weeks for IAPT treatment (standard measure): % of referrals that have finished course of treatment waiting <6 weeks for first treatment	**84%**
Waiting < 18 weeks for IAPT treatment (standard measure): % of referrals that have finished course of treatment waiting <18 weeks for first treatment	**99%**
Average wait to enter IAPT treatment: mean wait for first treatment (days)	**12 days**
IAPT recovery: % of people who have completed IAPT treatment who are "moving to recovery" (18+ yrs)	**52%**
IAPT reliable improvement: % of people who have completed IAPT treatment who achieved "reliable improvement" (18+ yrs)	**70%**

Severe mental illness

Severe Mental illness (also called Serious Mental Illness or SMI) refers to people with psychological problems that are so debilitating that their ability to engage in functional and occupational activities is severely impaired. Severe mental illness includes schizophrenia, bipolar disorder and other psychoses.

In England, people with SMI die on average 15 to 20 years earlier than the general population[2].

People with SMI in England are almost 5 times more likely to die prematurely than those without SMI, with SMI contributing to around 1 in 3 premature deaths.

People living with SMI are particularly vulnerable to experiencing social inequalities driven by complex factors and face a greater burden of physical health conditions, often driven by the inequalities that they face.

According to GP Practice records during 2020-2022, an average of 1.00% of adults aged 18 and over were included on a mental health register for patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses. This is similar to the national average.

Mental Health: QOF prevalence (all ages) **New data** 2021/22 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	587,025	0.95	0.95	0.96
West Midlands region	→	58,980	0.92*	0.91	0.93
Birmingham	→	16,541	1.22	1.21	1.24
Walsall	→	3,053	1.03	0.99	1.06
Wolverhampton	→	2,945	1.00	0.96	1.03
Sandwell	→	3,389	0.96	0.92	0.99
Coventry	→	4,091	0.95	0.92	0.98
Stoke-on-Trent	→	2,744	0.94	0.90	0.97
Telford and Wrekin	→	1,775	0.89	0.85	0.94
Solihull	→	2,004	0.86	0.82	0.89
Dudley	→	2,803	0.85	0.82	0.88
Herefordshire	→	1,551	0.80	0.77	0.85
Shropshire	→	2,538	0.78	0.75	0.81
Warwickshire	→	4,725	0.76	0.74	0.78
Staffordshire	→	6,314	0.73	0.71	0.75
Worcestershire	↓	4,507	0.72	0.70	0.75

Source: Fingertips

Antipsychotics prescribing

Antipsychotic drugs are used for a number of mental health disorders, mainly schizophrenia and bipolar disorder, but may also be used in severe or difficult to treat anxiety or depression, and occasionally for short-term management of dementia. People with a severe mental illness may also be prescribed other medication for their mental health, such as lithium, valproate or antidepressants.

The Black Country ICB is one of the highest areas for prescribing antipsychotic medication. In 2021-22, an average of 27904 antipsychotic items were prescribed each month in the Black Country ICB, of which, an average of 6610 items (23.69%) were prescribed in Wolverhampton.

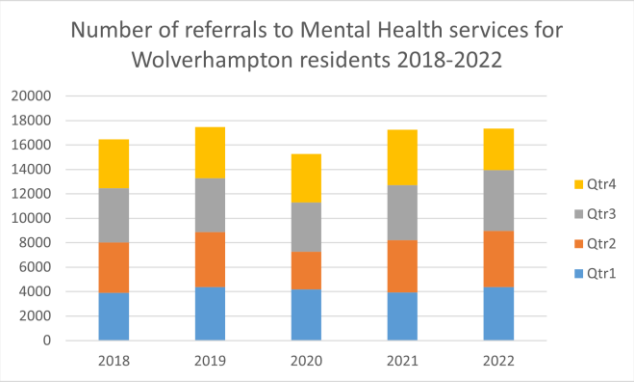
Primary Care Mental Health Practitioners

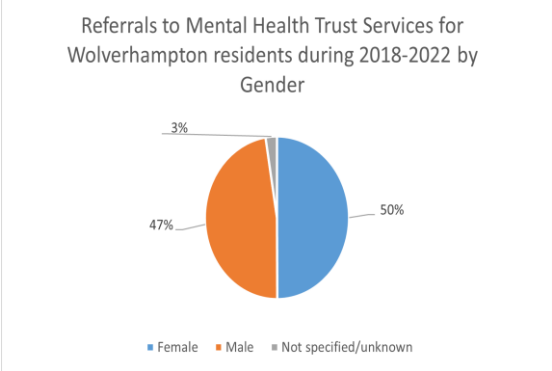
As part of the Additional Roles Reimbursement Scheme (also called “ARRS”), there is support from a mental health practitioner in each of the 7 Primary Care Networks (also called “PCNs”).

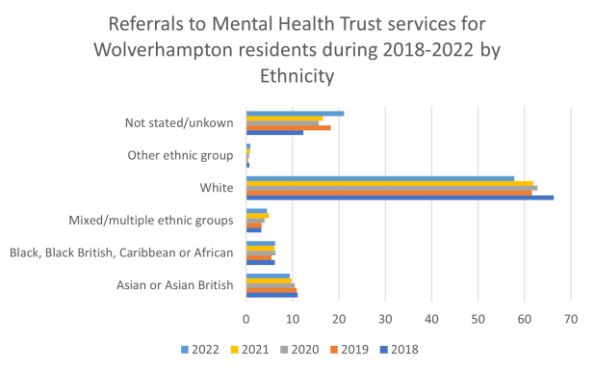
The role of mental health practitioners is to:

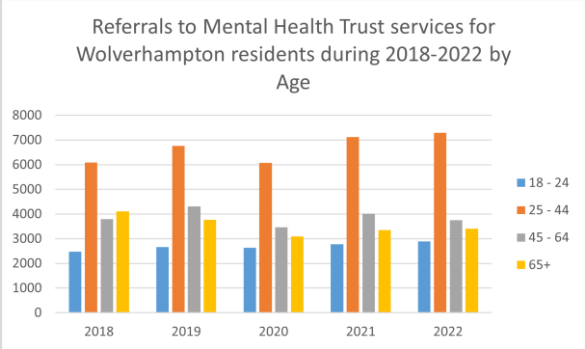
- provide a combined consultation, advice, triage and liaison function, supported by the local community mental health provider.
- work with patients to:
    - support shared decision-making about self-management.
    - facilitate onward access to treatment services.
    - provide brief psychological interventions, where qualified to do so and where appropriate.
- work closely with other healthcare professionals in Primary Care to help address the range of needs of patients with mental health problems. This might include working with clinical pharmacists for medication reviews, and social prescribing link workers for access to community-based support.

Referrals to Secondary Care Mental Health Trust Services









Emergency Department attendances related to mental health

Identification of Mental health, self-harm or suicidal-related A&E attendances are based on a combination of diagnosis codes. Caution, therefore, needs to be applied in the interpretation of the following.

Data collected during 2018-2022 tells us that the most frequent groups attending A&E for their mental health were from more deprived areas and aged 26-44.

Severe Mental Illness annual physical health checks

	Wolverhampton percentage of people with SMI receiving check 2022/23	Black Country percentage of people with SMI receiving check 2022/23
1. Measurement of weight (BMI or BMI + Waist circumference)	80.4%	82.9%
2. blood pressure and pulse check (diastolic and systolic blood pressure recording or diastolic and systolic blood pressure + pulse rate)	82.2%	83.2%
3. blood lipid including cholesterol test (cholesterol measurement or QRISK measurement)	71.9%	80.2%
4. blood glucose test (blood glucose or HbA1c measurement)	71.9%	76.8%
5. assessment of alcohol consumption	74.6%	81.6%
6. assessment of the smoking status	82.1%	86.3%
All six physical health checks - note this cannot be greater than the minimum figure reported in 1 to 6 above.	**57.84%**	**66.45%**

As of the end of Q4 for 2022/2023, Wolverhampton has completed 57.84% of all six annual physical health checks, and the Black Country has completed 66.45% of all six annual health checks. The national target for completed health checks is at least 60%. Due to how data is collected over a 12-month rolling period in Wolverhampton, which is a different method to other areas, joined-up approaches are currently being explored by a range of strategic partners to enable access to more consistent data.

Cancer screening

People with SMI may experience additional complexities and barriers in accessing screening interventions across national programmes for breast, bowel and cervical cancers[73]. Whilst local data has not been included in this needs assessment, due to concerns about accuracy, cancer screening data will be subject to further investigation to better understand the data for people with SMI and how to improve the uptake of screening in Wolverhampton.

Reducing premature mortality

In England, people with a severe mental illness die on average 15 to 20 years earlier than the general population[2]. People living with a severe mental illness (SMI) are particularly vulnerable to experiencing social inequalities driven by complex factors and face a greater burden of physical health conditions, often driven by the inequalities that they face[2].

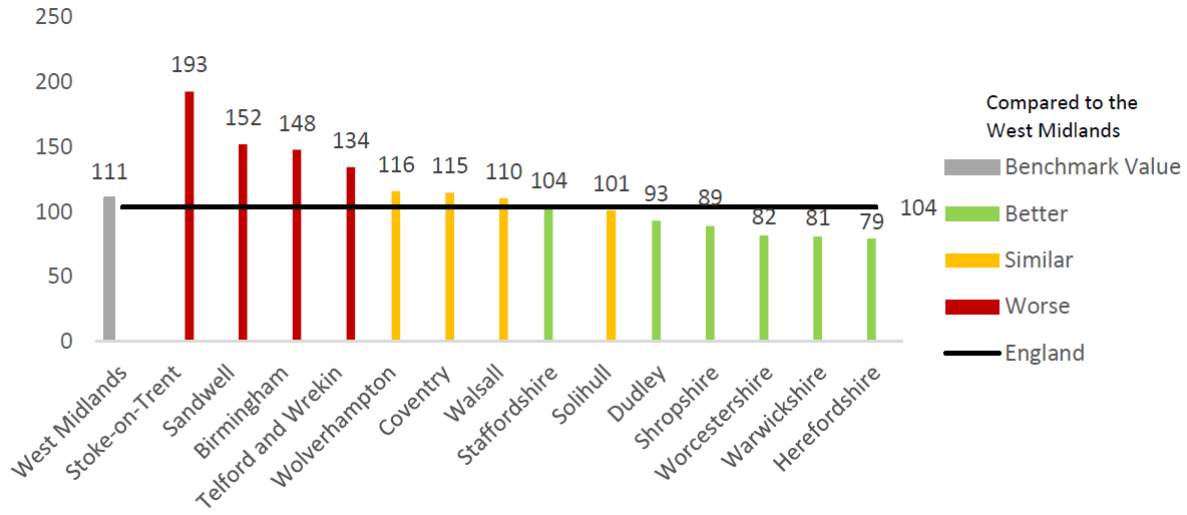
To address the 15–20-year gap in life expectancy between people with SMI and the general population, in 2017 the Government committed to ensuring that by 2020/21, 280,000 adults with SMI would receive an annual physical health check (The Government's response to the Five Year Forward View for Mental Health).

Wolverhampton is worse than England overall for premature mortality in adults with SMI. However, the rate in Wolverhampton is significantly better than England overall for excess

mortality. Excess mortality in adults with SMI measures the difference in mortality in this population compared to adults who do not have SMI.

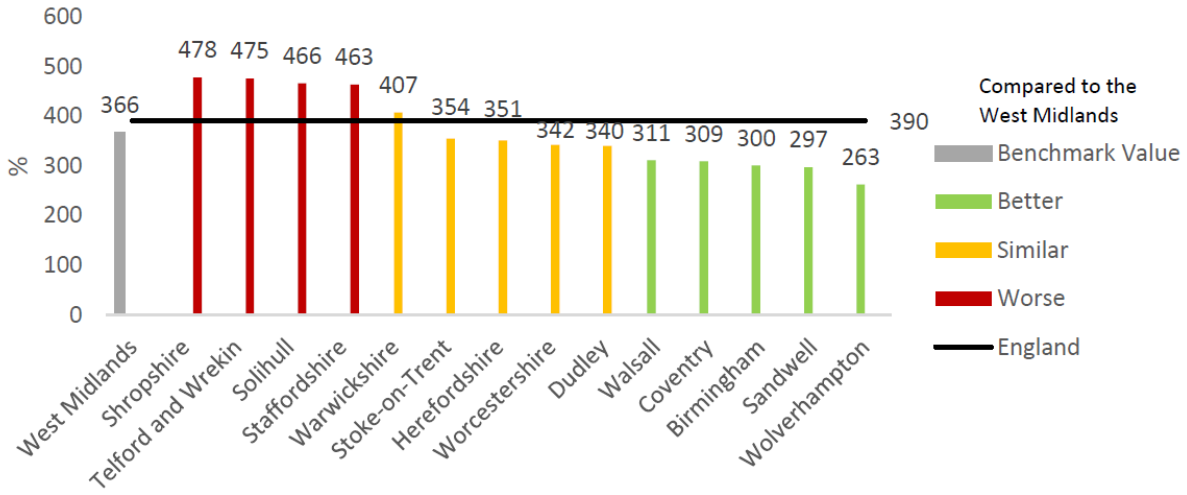
It should however be noted that Wolverhampton has a high overall premature mortality for people who do not have SMI. As such, there is a need to be cautious in drawing conclusions when comparing premature mortality and excess mortality.

Premature mortality in adults aged 18-74 with SMI in the West Midlands and local authorities 2018-20 Directly standardised rate – per 100,000.



Source: Office for Health Improvement and Disparities

Excess under 75 mortality rate in adults with SMI in the West Midlands and local authorities, 2018-2020, Excess risk - %.



Source: Office for Health Improvement and Disparities

The following table outlines premature and excess mortality for people with severe mental illness in Wolverhampton:

Indicator	Period	Wolves			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	–	565	115.7	110.7	103.6	212.4		52.2
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 20	–	-	262.5%	365.9%	389.9%	615.1%		
Premature mortality due to cardiovascular diseases in adults with severe mental illness (SMI)	2018 - 20	–	115	23.9	19.8	18.9	46.9		8.7
Premature mortality due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	95	19.5	22.6	20.2	53.0		10.0
Premature mortality due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	45	9.1	8.1	7.6	21.0		3.0
Premature mortality due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	70	14.7	12.6	12.2	30.6		4.7
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI)	2018 - 20	–	-	181.7%	264.4%	306.6%	548.6%		8.3%
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI)	2018 - 20	–	-	68.8%	133.0%	125.8%	302.8%		19.7%
Excess under 75 mortality rate due to liver disease in adults with severe mental illness (SMI)	2018 - 20	–	-	272.8%	462.6%	550.2%	1,323.3%		197.6%
Excess under 75 mortality rate due to respiratory disease in adults with severe mental illness (SMI)	2018 - 20	–	-	409.9%	502.8%	559.5%	998.2%		1%

Source: Fingertips

Mental health: Healthy Ageing

Introduction

Social perceptions of ageing are gradually changing. People increasingly expect to lead independent and active lives, with good health and wellbeing in their older years. For many people, this includes remaining part of the workforce. Productive healthy ageing includes an active retirement.

Healthy Ageing is about maximising the opportunities for someone's social, physical, and mental health and wellbeing, so that they can enjoy a good quality of life as they grow older. Older age adults are generally considered to be 65 years and above. Although mental health conditions are common in later life, they are not an inevitable part of ageing[74].

Mental health problems in older people are often more apparent in hospital and care home settings. For example, in a 500-bed general hospital on an average day, estimates suggest that 330 beds will be occupied by older people, of whom 220 will have a mental disorder, 100 will have dementia and depression, and 66 will have delirium. Depression affects 4 in 10 people living in care homes, and in nursing homes around 1 in 10 residents have psychotic symptoms such as delusions and hallucinations. A third of people using specialist mental health services are older people, yet they currently only make up 18% of the general population.

By 2035, almost a quarter of the population in England will be over the age of 65 and the number of people aged 85 and over will be almost two-and-a-half-times larger than in 2010[74]. Wolverhampton has an ageing population, which is expected to rise faster than younger cohorts.

The NHS Long Term Plan outlines measures for the NHS to improve the provision of mental health support for older people with a range of needs and diagnoses, including common mental disorders and severe mental illness, across all mental and physical health services and settings[1].

Prevention

Older people who have experienced any of the following are at a greater risk of a decline in their independence and wellbeing[74]:

- their partner died in the past 2 years.
- they are a carer.
- they live alone and have little opportunity to socialise.
- recently separated or divorced.
- recently retired (particularly if involuntarily)
- unemployed in later life
- on low income
- have recently experienced or developed a health problem.
- have had to give up driving.
- have an age-related disability.
- are aged 80 or older.
- if they are subject to different levels of discrimination.
- have dementia – approximately 3100 people in Wolverhampton.
- have delirium.
- they have been subject to abuse.

- they have experienced alcohol and substance misuse.
- if they are taking multiple prescribed medications (polypharmacy).

Some priority areas to focus on in the prevention of mental health problems in older people include loneliness and social isolation, frailty and falls, and carers[74].

Loneliness and social isolation

Loneliness is the distressing feeling of being alone or separated. Social isolation is the lack of social contact and having few people to interact with regularly. Someone can live alone and not feel lonely or socially isolated, and someone can feel lonely while being with other people[14].

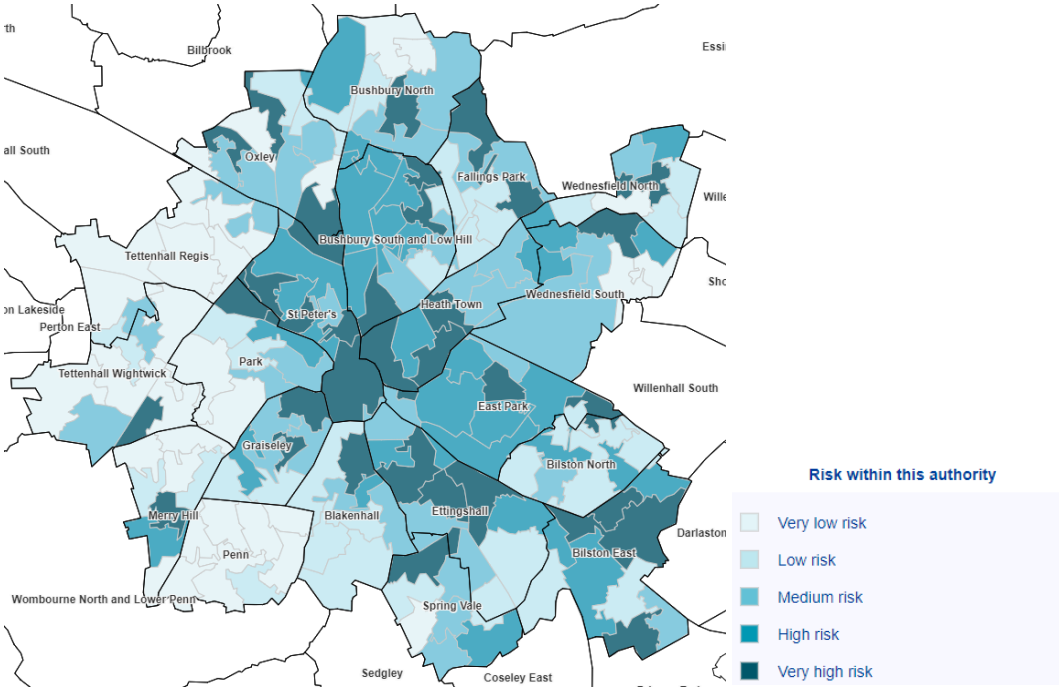
While loneliness and social isolation can affect all ages, older people are especially vulnerable[74]. Over one million older people regularly feel lonely and nearly half of all people over the age of 75 live alone[75]. Loneliness and social isolation can have a significant impact on wellbeing.

Important challenges in addressing loneliness in older people include:

- reaching lonely individuals
- understanding their needs
- supporting lonely individuals in accessing services[76]

A cold home can contribute to social isolation, which may be a particular issue for older people[76].

The darker colours on the city map highlight areas of the city where people aged 65 and over are likely to be at a higher risk of loneliness. These areas are in line with more deprived areas of the city.



Source: Age UK

Examples of interventions to support healthy ageing include[76]:

- community asset-based approaches
- volunteering, which can give people a sense of purpose and self-esteem and assist in meaningful interaction with others.
- age positive approaches which focus on understanding ageing and leading an active lifestyle as well as ending the stigma around old age

In Wolverhampton, there is a Community Support Team which offers weekly wellbeing calls for vulnerable residents to help them feel less isolated. There is also a Compassionate Communities telephone befriending service.

Frailty and falls

Frailty or 'being frail' refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury[77]. Frailty isn't the same as living with multiple long-term health conditions. There is often overlap, but equally so, someone living with frailty may have no other diagnosed health conditions. Frailty is generally characterised by issues like reduced muscle strength and fatigue. Around 10% of people aged over 65 live with frailty[78]. This figure rises to between 25% and a % for those aged over 85[78,79].

People with frailty often present with delirium (acute confusion), falls, incontinence, or worsening of chronic health conditions. Frailty is closely linked with depression, and each condition may be a risk factor for the development of the other[80].

Falls are a common concern in older people, affecting around 1 in 3 people and can negatively affect mental health[81]. Falls can become recurrent and a history of falling significantly increases the risk of future falls[82].

The consequences of falls can be serious, including head injury, fragility fracture, and fear of falling, resulting in reduced mobility and social isolation[82].

In Wolverhampton, the rates of emergency hospital admissions due to falls are higher than in England. Similarly, the rates of hip fractures are also higher in Wolverhampton than in England.

Indicator	Period	Wolves			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs) New data	2021/22	–	1,085	2,371	1,986	2,100	3,272		1,394
Emergency hospital admissions due to falls in people aged 65 to 79 (Persons, 65-79 yrs) New data	2021/22	–	400	1,303	953	993	1,674		687
Emergency hospital admissions due to falls in people aged 80 plus (Persons, 80+ yrs) New data	2021/22	–	685	5,470	4,983	5,311	8,251		3,354
Hip fractures in people aged 65 and over (Persons, 65+ yrs) New data	2021/22	–	295	634	571	551	741		
Hip fractures in people aged 65 to 79 (Persons, 65-79 yrs) New data	2021/22	–	80	268	240	236	371		22
Hip fractures in people aged 80 and over (Persons, 80+ yrs) New data	2021/22	–	210	1,694	1,531	1,466	1,897		
Percentage of people aged 65 and over offered reablement services following discharge from hospital. (Persons, 65+ yrs) New data	2021/22	↓	394	5.7%	4.0%	2.8%	0.0%		
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services (Persons, 65+ yrs) New data	2021/22	→	296	75.1%	81.2%	81.8%	31.9%		100.0%

Source: Fingertips

Carers

Approximately 10% of Wolverhampton residents are estimated to be carers, which is an estimated 27,136 people.

The mental health of older carers is an important aspect to consider in depression of older people[74]. Older carers are at increased risk of their mental health needs being missed or not given the right attention which can have negative effects on their health and wellbeing[74].

NHS England has developed a Carers toolkit to support health and social care organisations to work together to support carers and their families[83]. In Wolverhampton, **Our Commitment to All Age Carers** sets out the Council's priorities and support for carers[84].

Identification

Around two-thirds of older adults in acute hospital wards have a mental health problem and this is often unrecognised and untreated[85]. Mental health problems in later life are under-identified by health professionals and by older people themselves[74]. This can be when the effects of poor mental health and adversity throughout life become evident.[86]

Older people with depression often present with physical complaints causing fruitless physical investigations, which can result in mental health needs not being addressed. At the same time, many older adults will suffer from physical ill health, and this can lead to mental health problems.[74]

Depression in older people is commonly associated with a caring role or physical illness and frailty. The presence of depression strongly predicts outcomes in physical conditions such as hip fracture, stroke, and myocardial infarction. There is also evidence that depression is a risk factor for heart attacks and strokes.[74]

People aged 65 and over predicted to have depression in Wolverhampton, by age, projected to 2040:

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have depression	990	1,090	1,273	1,318	1,263
People aged 70-74 predicted to have depression	884	884	969	1,128	1,175
People aged 75-79 predicted to have depression	722	789	789	866	1,031
People aged 80-84 predicted to have depression	622	641	707	707	801
People aged 85 and over predicted to have depression	583	609	658	728	787
Total population aged 65 and over predicted to have depression	**3,801**	**4,012**	**4,395**	**4,746**	**5,056**

Source: POPPI

People aged 65 and over predicted to have severe depression, by age, projected to 2040:

	2020	2025	2030	2035	2040
People aged 65-69 predicted to have severe depression	295	323	375	390	373
People aged 70-74 predicted to have severe depression	171	170	187	218	227
People aged 75-79 predicted to have severe depression	298	322	326	357	420
People aged 80-84 predicted to have severe depression	198	201	225	225	252
People aged 85 and over predicted to have severe depression	257	273	296	332	359
Total population aged 65 and over predicted to have severe depression	**1,219**	**1,288**	**1,409**	**1,521**	**1,631**

Source: POPPI

Some priority areas to focus on in the identification of mental health problems in ageing adults include care homes and safeguarding.

Care homes

It is estimated that 14.8% of people aged 85 and over live in care homes[87]. Depression affects an estimated 40% of older people in care homes[88]. Approximately 1800 people live in a residential care home in Wolverhampton.

Consultation and engagement

Key headlines from engagement activities on improving mental health and wellbeing

The following includes input from consultation via the #WolvesWellbeingAndMe survey, co-creation activities with targeted groups and engagement with Wolverhampton Mental Health Stakeholder Forum:

Awareness and Inclusion	Mental health needs to be talked about more openly A more inclusive & understanding society Better understanding of how people stay mentally well Better access to wellbeing information online Better understanding of the diversity of cultural interpretations of mental health
Community	More opportunities to volunteer Someone to talk to Opportunities to get out and do more things Support groups to meet and socialise with others More personal time More physical and creative activities, play facilities which are inclusive for all
Environment	Importance of green spaces and inequalities in access Wanting to feel safer in the city Better quality housing, less overcrowding Better quality work More money Cheaper public transport Advice about finances
Targeted prevention	Earlier prevention support Easier access to mental health support in the community Informal support groups with flexible thresholds Accessible counselling support
Specialist services	Culturally appropriate services Improved understanding of the mental health of ethnic minorities Challenges facing someone with both mental health and substance misuse issues Better awareness of services and availability Shorter waiting times More face-to-face appointments Front-line staff having experience (experts by experience) Help to understand diagnosis and support available for management and recovery

All feedback has been used to produce the final version of this needs assessment. Once approved by Wolverhampton Health and Wellbeing Together, the needs assessment will be published online.

#WolvesWellbeingAndMe: Summary of discussions from co-creation activities

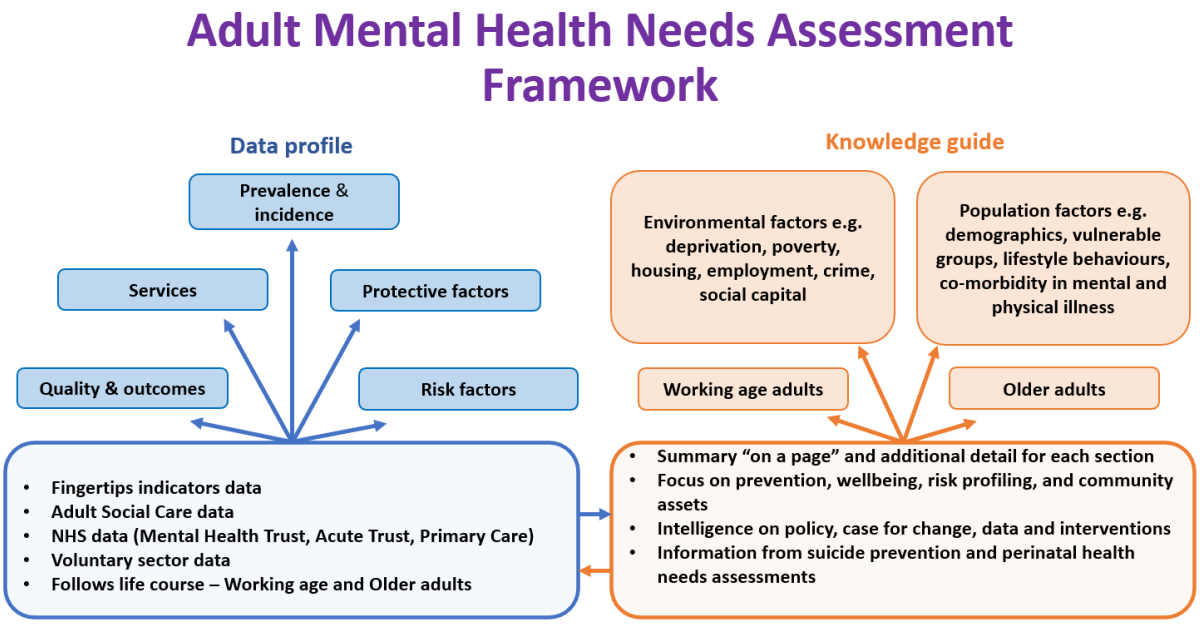
Group	Protective Factors	Challenges Faced	Want/need more
Youth Council *(children and young people)*	• Friends • Technology • Art • Mental health days organised by schools	• Lack of proper connection with friends • Online learning at home less productive	• Accessible counselling • Wellbeing sessions in schools • Physical/art activities • Cheaper public transport
Voice4Parents *(SEND families)*	• Informal support from neighbours, employers and groups such as Voice4Parents (i.e., providing activity packs and laptops) • Personal strength	• School closures & loss of specialist support led to lack of routine for children and no respite for parents • Felt abandoned by services	• Activities & inclusive play spaces for SEND children & families • Earlier prevention/ access to services • An inclusive & understanding society • Support for parents of SEN children
Access2Business *(young unemployed & unemployed with pre-existing mental health conditions)*	• Investing time in interests/hobbies • Technology to stay in touch with family • Pets provided a focus beyond the self	• Withdrawal of 'lifeline' activities • Loss of identity & purpose from unemployment • Decline in access to public services	• Mental health needs to be talked about more openly • Easier access to mental health support/shorter waiting times to avoid problems getting worse

Group	Protective Factors	Challenges Faced	Want/need more
Refugee & Migrant Centre *(refugee & migrants)*	• Friends & neighbours • Faith & churches	• Poor housing quality • No access to legal employment • Lack of awareness of service options & language barriers	• Better awareness of service availability and what they can expect • Better quality housing
Aspiring Futures *(ethnic minorities & women)*	• New hobbies (i.e., baking) • Volunteering to help others • Spending more time with family & children	• Technology & digital exclusion • Limited access to garden/outdoors • Fear of getting COVID • Closing of ESOL	• Outdoor activities for children • IT classes for women to be able to support children
Women of Wolverhampton *(ethnic minorities & women)*	• Continuity of informal support groups such as WoW • Conversations with peers	• Thresholds to mental health support • Holding multiple roles including caring so unable to work • Trauma of loss	• Informal support groups without thresholds to attend or limited number of sessions

Group	Protective Factors	Challenges Faced	Want/need more
Wolves Foundation Head 4 Health *(women)*	• Time to spend with family & children • Technology • Hobbies • Time for self-care	• Loss of support networks & familiar activities • Lack of privacy at home in lockdown	• Support groups to meet and socialise with others
The Crafty Gardener *(older adults with learning disabilities)*	• Friends • Technology to keep in touch with people • Occupy time with activities i.e., Baking/gardening	• Concerns about safety in the city • Unreliability of public transport • Mask wearing made communication harder	• Inclusive spaces & activities for those with learning disabilities • Awareness raising with the general population of LD
TLC College *(older unemployed adults & ethnic minorities)*	• Informal support • Family connection	• Lockdowns and pressure of home-schooling – isolation, loneliness Problems accessing services e.g., GPs & housing	• Clarity of PH messaging • Support for language translation • Frontline staff with lived experience

Appendix 1: Adult Mental Health JSNA framework

The guiding framework for the needs assessment was based on the OHID Mental health and wellbeing: JSNA toolkit. The toolkit links mental health data, policy and knowledge to help planners understand needs within the local population and assess local services.



Appendix 2: Wolverhampton Mental Health Directory and #WolvesWellbeingAndMe reports

Press Ctrl + click to access the following links:

Wolverhampton Mental Health Services Directory 2019-2024

#WolvesWellbeingAndMe evidence review

#WolvesWellbeingAndMe final report

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