EMOTIONAL HEALTH AND WELLBEING

What's the issue?

Poor mental health can have a detrimental effect on all aspects of life undermining self-esteem, confidence and enthusiasm for life. “A general low mood can include sadness, anxiety, worry, tiredness, low self-esteem, frustration and anger” [90]. People with poor mental health sometimes can deal with this by smoking more, eating excessively and unhealthy diets and not exercising. “Depression can involve continuous low mood, feelings of hopelessness and helplessness, low self-esteem, feeling tearful, feeling irritable and intolerant of others, having no motivation of interest in things, finding it difficult to make decisions, not getting any enjoyment out of life, having suicidal thoughts or thoughts of self-harming, and feeling anxious or worried” [90]. As a consequence, poor mental health influences all aspects of life, a person’s physical health, their family, their workplace and employment, and their involvement in their community. Globally, depressive disorders has the eighth highest disability adjusted life years (DALY – see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#c82) and thus has a substantial impact on the quality of people’s lives [81]. Also see the severe mental ill health section of the JSNA (www.hullpublichealth.org/jsna2017.html#c75).

What’s our situation?

From local surveys [63, 66, 91], mental health is worse for women, younger age groups and those living in the more deprived areas of Hull. The local adult Black and Minority Ethnic Health and Lifestyle Survey 2007 [92] indicated worse mental health for failed asylum seekers, almost one-third of whom stated that they were ‘so unhappy that life is not worthwhile’ compared to 13% of those whose asylum had been granted and less than 4% for all other groups. For 2015/16 from the GP disease registers [93], the percentage of patients aged 18+ years “with a record of unresolved depression since April 2006 in their medical notes” was 7.7% (18,001 on register) [94]. Numbers had increased by 39% (by almost 5,000 patients) since 2013/14 which was higher than England’s increase (30%) or that of comparator areas (26%), although some increase was expected as the register represents a cumulative count since April 2006. Despite this increase, the latest prevalence estimate in Hull is considerably lower than England (8.3%) and six of seven comparator areas. The prevalence was slightly higher among practices serving the most deprived patients in Hull [94].

For 2015/16, more people in Hull compared to England had a poor score (0-4 on a scale of 0-10) in relation to satisfaction with their life (6.7% versus 4.6%), feeling that the things they do in their life were worthwhile (6.3% versus 3.6%) and feeling happy yesterday (12.4% versus 8.8%), and had a high score (6-10 on a scale of 0-10) in relation to feeling anxious yesterday (22.9% versus 19.4%) [26, 95], although these percentages were even higher in the local adult Prevalence Survey 2014 [66] at 11.2%, 9.2%, 14.0% and 27.3% respectively.

From the local Young People Health and Lifestyle Survey 2016 [86], 80% of boys and 68% of girls reported being happy either all of the time or most of the time. Whilst there were differences between the school years, overall over half (61%) of girls felt sad at least some of the time (including 17% feeling sad all or most of the time), which was considerably higher than the boys with 37% feeling sad at least some of the time (including 10% feeling sad all or most of the time). Furthermore, girls were more likely to feel lonely or isolated from others with 35% feeling this at least some of the time (including 15% feeling lonely or isolated from others all or most of the time) compared to boys with 21% feeling lonely or isolated at least some of the time (including 9% feeling this all or most of the time). Just under one in four pupils (37%) had been bullied previously with 11% bullied within the last month. One in eight pupils (12.1%) had previously bullied someone else with 3.8% bullied someone else in the last month. The top five concerns of 1,377 children and young people participating in the Young People Health and Emotional Wellbeing Survey [96] were bullying including cyber bullying (49%), exam stress (38%), body image (37%), drugs and alcohol
Young people were asked what support, if any, they needed, and the two responses with the highest responses were one-to-one support (533; 39%) and classroom sessions (298; 22%). Young people would like to find out about emotional health through websites (34%), school assembly (29%), videos or YouTube (29%), newspapers or magazines (25%) and/or mobile phone apps (25%).

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disabilities report.

What are the strategic needs?

People with general mental health issues need to be identified early and encouraged to seek help early so that the consequences in terms of the effects on family and employment are minimised. This will reduce the number of issues which escalate and so reduce the levels of need for crisis and/or medical interventions. It should be recognised that specific groups of people may be more likely to have mental health issues due to their circumstances, such as poverty, asylum seekers, social isolation particularly among the elderly, etc. There is a need to improve and expand early help and targeted interventions to improve young people’s emotional health and wellbeing and build resilience to enable them to cope with challenging life events. Following extensive consultation with young people, parents and services a comprehensive delivery plan is being developed to deliver early help and targeted interventions to build resilience. In order to improve mental health, other non-medical approaches might be necessary such as talking therapies, helping solve practical problems that are causing stress and anxiety such as housing problems and debt, and improving social networks and support through community involvement, for example, befriending.

One of the six priorities within the local Humber, Coast and Vale “Start Well, Live Well and Age Well” Sustainability and Transformation Plans [3] is to support people with mental health problems, as well as helping people stay well (for more information see the JSNA glossary, www.hullpublichealth.org/jsna2017.html#c82).

References