

# Live Well

## Adult Mental Health and Suicide

### Introduction

Good mental wellbeing is characterised by happiness, high self-esteem, life satisfaction and social inclusion<sup>1</sup>. Poor mental wellbeing can have negative impacts on every aspect of life, from social inclusion, employment and education to economic hardship and physical ill-health. Mental health problems can manifest as diagnosed mental health conditions – from common mental health disorders like depression and anxiety, to serious mental illness like schizophrenia or bipolar disorder. In 2014, 1 in 6 UK adults had a common mental disorder<sup>2</sup>

Adults with long term physical conditions are two to three times more likely to experience mental health issues than the general population<sup>3</sup>. A recent survey found that 43% of unemployed adults had poor mental health compared with 27% of the employed population<sup>4</sup>. There are a number of other risk factors for poor mental health including deprivation, therefore mental health patterns in the borough are likely to be patterned along similar lines as deprivation.

This chapter gives a brief overview of the picture around general life satisfaction and wellbeing, common mental health disorders, serious mental illness, suicide and the impacts of COVID-19 on mental health. It does not consider the detailed links between mental health and other topics such as physical health or substance misuse.

### General wellbeing

The Merton Story 2021 considered the trends in mental wellbeing, including an increase in the average anxiety score reported early on in the pandemic by Merton residents. The latest data (2020/21) in Figure 1 confirms that over the past year, there has been an increase in the proportion of people reporting a high anxiety score (from 22.2% to 27.8%)<sup>5</sup>.

There is a growing acknowledgement of the relationship between both loneliness, social isolation, and individual wellbeing, including both physical and mental health<sup>6</sup>. The Merton Story 2021 referenced the links between shielding, lockdown and loneliness – with particular groups most affected including new mothers, people with long term physical illness and disability, unemployed adults, carers and retired people. In a 2021 international meta-analysis, during the pandemic the overall prevalence of depression, anxiety, distress, and insomnia were 31.4%, 31.9%, 41.1% and 37.9% respectively, which was higher than pre-pandemic<sup>7</sup>.

Around a quarter (24.9%) of Merton residents aged 16+ feel lonely often/always or some of the time, based on the Active Lives Adult Survey 2019–20 findings. This is similar to the estimate for London (23.7%) and England (22.3%)<sup>8</sup>. Whereas 11.7%, or 18,135 Merton adults reported feeling lonely often or always.

Figure 1: Proportion (%) of people reporting a high anxiety score in Merton, London, and England 2011/12 to 2020/21. Source: ONS<sup>5</sup>. Please note, Merton estimates are associated with greater uncertainty than London or England estimates. Based on ONS guidance, Merton estimates are acceptable or reasonably precise<sup>5</sup>.

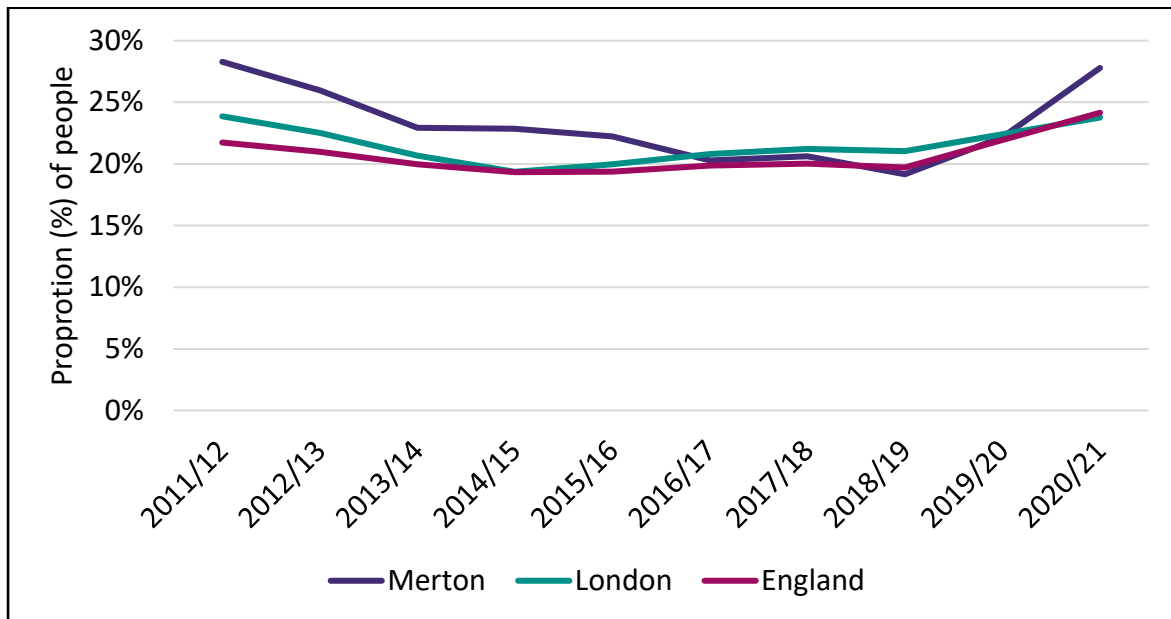
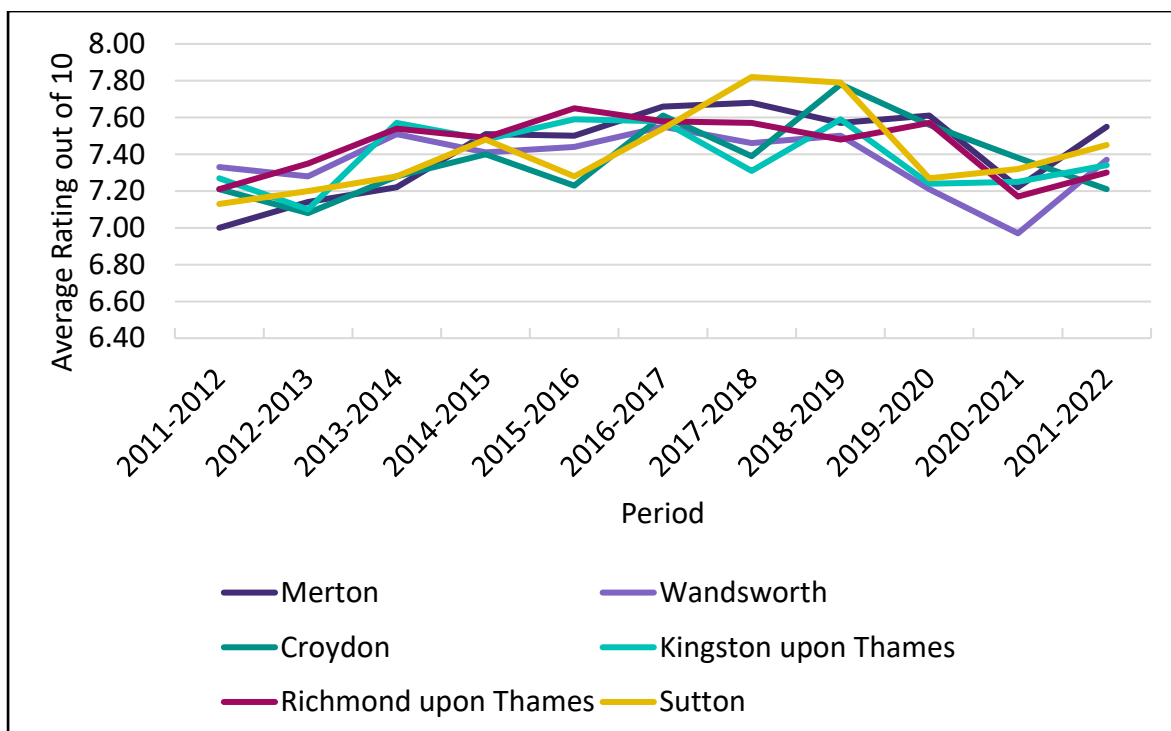


Figure 2: Average ratings of personal happiness (out of 10) in adults aged 16+ in Merton between years ending March 2012 to March 2022, including comparisons with South West London Boroughs. Source: ONS<sup>9</sup>.



The ONS Annual Personal Well-being Estimates measures the average rating of personal happiness of individuals out of a total score of 10; the highest achievable value meaning 'very happy'. Figure 2 shows in 2021/22, Merton had the highest average rating of happiness amongst South West London boroughs at 7.55, this is categorised as 'high happiness'. This value is also an increase from the drop recorded during the pandemic period (2020/21) of 7.22.

## COVID-19

The COVID-19 pandemic brought unprecedented challenges to population mental wellbeing. This included social isolation, bereavement, and economic uncertainties due to the economic impact of the pandemic. National data has shown that psychological distress increased during COVID-19 waves, with the worst effects experienced by groups such as women, young adults, adults with health conditions, those who lost their jobs, adults living in deprived neighbourhoods and people from some ethnic minority groups<sup>10</sup>.

The Centre for Mental Health has estimated that nearly 20% of the UK population will require additional intervention due to the impact of the pandemic<sup>11</sup>. The ONS has found that 1 in 5 adults had a form of depression in January 2021, which is more than double the figure from before the pandemic (1 in 10)<sup>12</sup>. This analysis also showed that the worst burden was experienced by those who are disabled, clinically extremely vulnerable, renting their own homes, young adults and women along with deprived groups.

## Common mental disorders

The most common mental health diagnosis in the UK are anxiety, depression, or a diagnosis of both. 15.5%, or around 25,258 Merton residents aged 16+ had a common mental disorder in 2017, significantly lower than London (19.3%)<sup>13</sup>. In terms of those aged 65+, 9.3% of Merton residents had a common mental disorder in 2017<sup>14</sup>. This is lower than London (11.3%), but similar to England (10.2%).

## Serious Mental Illness

Severe mental illness (SMI) is used to describe conditions "that are often chronic and so debilitating that their ability to engage in functional and occupational activities is severely impaired"<sup>15</sup>. People with severe mental illness (SMI) also often experience poor physical health. People with SMI are at greater risk of developing chronic conditions such as obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease.

The prevalence of SMI (defined here as individuals with a recorded diagnosis of schizophrenia, bipolar affective disorder and other psychoses on practice disease registers) is 0.96% in Merton in 2020/2021, which is significantly lower than the recorded prevalence in London (1.11%) and similar to England (0.95%)<sup>16</sup>. People with SMI tend to die around 15-20 years younger than the general population, with around 2 out of 3 of these deaths being due to preventable physical health conditions<sup>17</sup>.

Among Merton residents with SMI, an estimated 74.7 people per 100,000 died under the age of 75 years in the 3 year period 2018–20. This is significantly lower than the premature mortality rate estimated for London and England<sup>18</sup>.

### Suicide and self-harm

There were a total of 37 suicides in Merton during 2019–21 (9 in 2019, 18 in 2020, and 10 in 2021)<sup>19</sup>. This is equivalent to an age-standardised rate of 6.5 deaths per 100,000 people during 2019–21 in Merton and is similar to London (7.2 deaths per 100,000) and significantly lower than England (10.4 deaths per 100,000). This rate has decreased slightly in Merton since 2016–2018. This data will need careful monitoring to assess the trend over the coming year.

Nationally, men, divorced people and those living in more deprived areas are at greater risk of suicide<sup>20</sup>. Data on marital status and suicides suggests that significant divorce is a risk factor in suicide. Additionally, people from deprived areas, or who work as carers, in the arts or are low skilled workers are more at risk.

2018–2020 estimates of suicide had shown rates to be higher among men (10.0 per 100,000 people) compared to women (4.0 per 100,000 people) in Merton, in line with the rest of the country<sup>21</sup>.

There is a significant and persistent risk of future suicide following hospitalisation for self-harm<sup>22</sup>. Emergency admissions for intentional self-harm was 91.0 per 100,000 in Merton in 2020–21 and is similar to London (82.7 per 100,000) and significantly lower than England (181.2 per 100,000).

### Recommendations

We recommend that a full health needs assessment around mental health should be undertaken, taking into account more detail including the geographic pattern of mental health conditions in the borough, as well as monitoring of suicide rates as data for 2021 becomes available.

### Further Information:

- Substance misuse and alcohol
- CYP Mental Health

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