



Hartlepool Adults Mental Health and Wellbeing Needs Assessment

2024-2029

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Introduction

Good mental health and wellbeing is a vital contribution to the promotion of the health and wellbeing of the wider population.

The World Health Organisation (WHO) defines mental health as ‘a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community’.¹

Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions.²

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety.³ Around 30% of people with any long-term physical health condition also have a mental health problem.⁴ Poor mental health, in turn, exacerbates some long-term conditions, such as chronic pain⁵

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness (SMI) such as schizophrenia or bipolar disorder.

Problems are often hidden, stigma is still widespread, and many people are not receiving support to access services.

Together with substance misuse, mental illness accounts for 21.3% of the total burden of disease in England. Poor mental health is estimated to carry an economic and social cost of £105 billion a year in England.

National and local strategy

National

The NHS Long Term Plan⁶ makes a renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years. Nine out of ten adults with mental health problems are supported in primary care. The Improving Access to Psychological Therapies (IAPT) programme to treat common mental health conditions is world-leading. Mental illness is a leading cause of disability in the UK. Stress, anxiety and depression were the leading cause of lost work days in 2017/2018. The cost of poor mental health to the economy as a whole is estimated to be far in excess of what the country gives the NHS to spend on mental health. So reducing the impact of common mental illness can also increase our national income and productivity.

Community Transformation of mental health services aims are

¹ World Health Organization. Strengthening mental health promotion. Geneva: WHO; 2001.

² Bell R. 2017. Psychosocial pathways and health outcomes. London: UCL/PHE

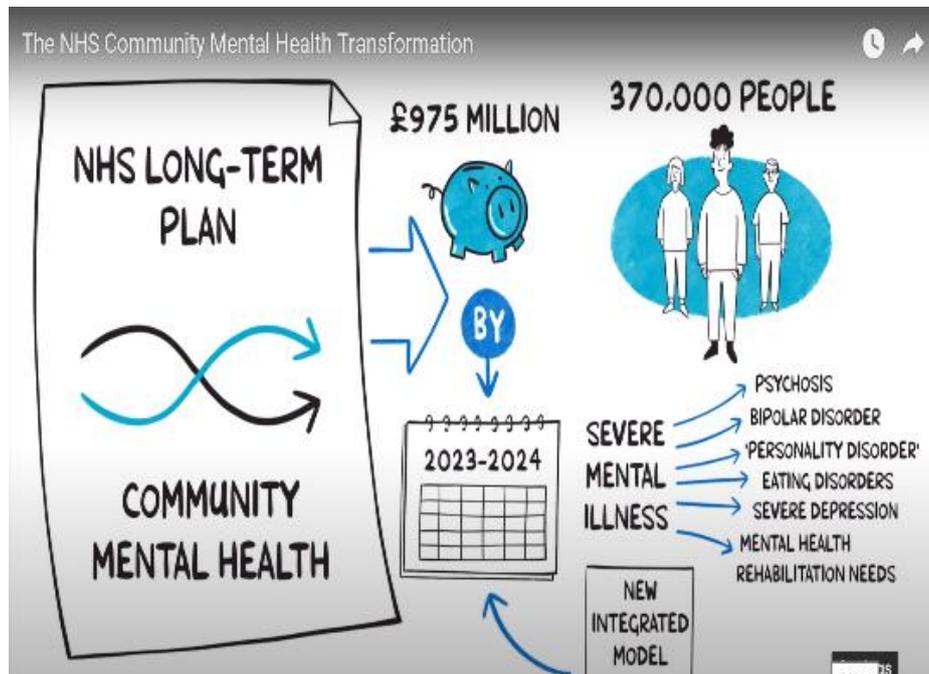
³ Naylor C, Parsonage M, McDaid D and others. (2012) Long term conditions and mental health – the cost of co-morbidities. (PDF, 240KB) Accessed 20 July 2018.

⁴ Health profiles for England 2018 Ref: Naylor C, Parsonage M, McDaid D and others. (2012) Long term conditions and mental health – the cost of co-morbidities

⁵ Health profiles for England 2018 Ref: Arnow BA, Hunkeler EM, Blasey CM and others. (2016) Comorbid depression, chronic pain, and disability in primary care. *Pschosom Med* 68(2): 262 to 268

⁶ <https://www.longtermplan.nhs.uk/>

- To deliver a new mental health community-based offer which allows for collaborative pathways across the system it operates within.
- Create a core mental health service which is aligned with primary care networks and voluntary sector organisations
- Ensure services are accessible to the community it serves and inclusive of population need.
- Allow the individual seeking advice and support the right care, at the right time in the right place and in doing so ensure timely access to care



National Suicide Prevention Strategy⁷

The conservative government published the 'Suicide Prevention in England: 5-Year Cross sector strategy', a long side 'Suicide Prevention Strategy: Action plan' in September 2023. The main aims of the strategy are:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner
- improve support for people who have self-harmed
- improve support for people bereaved by suicide

To achieve these aims, the following priority areas have been identified:

- improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
- provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes; children and young people, middle-aged men, people who have self-harmed, people in contact with mental health services, people in contact with the justice system, autistic people and pregnant women and new mothers.

⁷ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>

- Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. Common risk factors include physical illness, financial difficulty and economic adversity, gambling, alcohol and drug misuse, social isolation and loneliness and domestic abuse
- promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
- provide effective crisis support across sectors for those who reach crisis point
- reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides
- provide effective bereavement support to those affected by suicide
- make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides

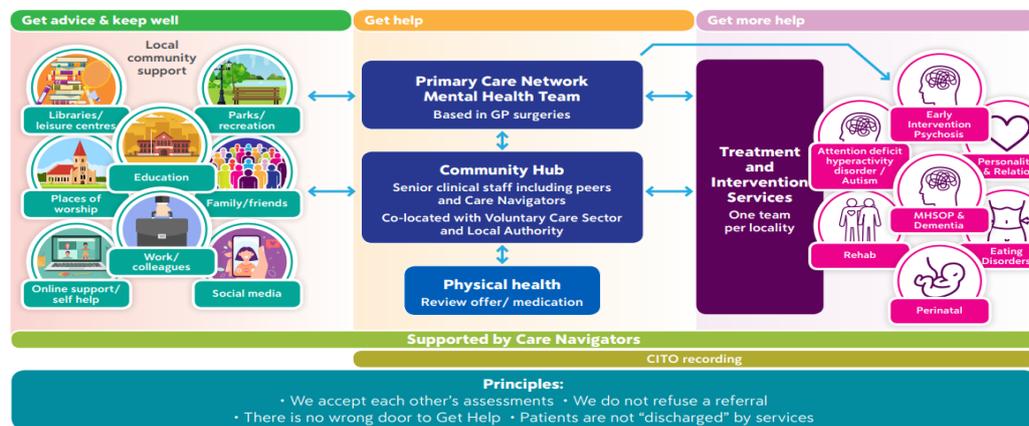
This strategy sets out over 100 actions led by government departments, the NHS, the voluntary sector and other national partners to make progress against these areas, particularly over the next 2 years.

Local

The Tees Valley vision for community transformation is set out below.

Community Transformation Our vision:

- Integrated services delivering collaborative pathways which meet the needs of the local population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health (informed by social, cultural and ethnic needs)



The current **Health and Wellbeing Strategy for Hartlepool**⁸ which has committed to deliver across the life course strands of; best start, live well, work well and age well.

The **Director of Public Health report for 2023**⁹ focused on the impact of ‘good work’ on the health and wellbeing of people living in Hartlepool. People who work spend a large proportion of their time in work, and jobs and workplaces can have a big impact on our health and wellbeing so it is important

⁸ [Finalised Hartlepool Joint Health and Wellbeing Strategy 2018_2025 \(6\).pdf](#)

⁹ [Hartlepool Director of Public Health Annual Report 2023_FINAL.pdf](#)

that workplaces support people. This report will give examples of ways we are working with businesses in Hartlepool to create healthy workplaces.

Having access to good work is important and in Hartlepool we know that the gap in employment rate between those with a physical or mental long term health condition (aged 16 to 64) was significantly worse than England. Therefore, work and health are important public health issues, that impact both directly and indirectly on the individual, their families and communities.

A recent **Children and Young People's Health and Wellbeing Needs Assessment**¹⁰ was produced which sets out recommendations.

Public Health across Tees have developed the **Tees Suicide Prevention Strategic Plan (2024-2029)**¹¹ following the publication of the National Suicide Prevention 5 year strategy and action plan. The key areas for action are:

- Supporting practice through local data collection, research, and intelligence
- Provide tailored, targeted support to key priority groups
- Identifying and addressing common risk factors linked to suicide
- Promoting online safety and responsible media content
- Identifying and supporting crisis pathways across sectors
- Reducing access to the means and methods of suicide
- Providing effective bereavement support to those affected by suicide
- Making suicide everybody's business

National and Local Context

The National Picture¹²

One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives. Mental health problems represent the largest single cause of disability in the UK.

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness (SMI) such as schizophrenia or bipolar disorder.

Problems are often hidden, stigma is still widespread, and many people are not receiving support to access services.

Together with substance misuse, mental illness accounts for 21.3% of the total burden of disease in England. Poor mental health is estimated to carry an economic and social cost of £105 billion a year in England.

The Local Picture

Hartlepool's suicide rate is at its highest level for more than 20 years with prevalence of depression increasing. In regard to secondary mental health services, we can see that the number of people from Hartlepool open with Tees, Esk & Wear Valley NHS Foundation Trust is above pre-covid levels.

¹⁰ [Hartlepool CandYP Emotional MH and Wellbeing Needs Assessment Plan Final.pdf](#)

¹¹ **AWAITING TO BE PUBLISHED**

¹² <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>

Nonetheless, emergency hospital admissions for self-harm are decreasing in Hartlepool and the prevalence of common mental health disorder in Hartlepool is predicted to fall over the next 15 years.

Purpose/Aim of the needs assessment

This needs assessment collates existing data to better understand the social, economic and environmental factors that influence the mental health and wellbeing of adults; to identify gaps in service provision across Hartlepool and make recommendations which will directly feed into the Mental Health Forum.

Methodology of Needs Assessment and Data Sources

Multiple national and local data sources have been used for this needs assessment. Local data sources include:

- Health data
- Social care data
- Fingertips data
- Census data
- Police and criminal justice data
- Local service providers data

The impact of COVID-19 on Adult Mental Health and Wellbeing¹³

Population mental health has been monitored throughout the pandemic using a range of surveys close to real-time data. This shows that self-reported mental health and wellbeing at a population level (including in anxiety, stress and depression) has worsened during the pandemic and remains worse than pre-pandemic levels.

The following groups have been found to be most at risk from poor mental health:

- children and young people with particular characteristics
- young adults aged 18 to 34
- women (especially lone mothers)
- women experiencing domestic violence
- adults living alone
- adults with pre-existing mental health conditions
- adults with caring responsibilities
- adults with low income
- adults who have experienced loss of income since the onset of the pandemic
- adults working in small businesses or are self-employed
- front line health and social care professionals
- adults with long-term physical health conditions
- older adults recommended to shield or with multi-morbidities
- children and men from certain minority ethnic backgrounds

¹³ <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>

- adults with COVID-19 symptoms

Analysis of data from the UK Household Longitudinal Study (UKHLS) has tracked changes in levels of psychological distress during the pandemic. It suggests the proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021¹⁴.

The overall trends summarised above mask variation within the population. Evidence shows that the mental health and wellbeing impact of the COVID-19 pandemic has been different for different groups of people. Other factors include:

Age and Gender

Young adults and women have been more likely to report larger fluctuations in self-reported mental health and wellbeing than older adults and men. This was especially true between March and May 2020.

Two studies sought to understand the differences in mental distress between men and women. They show evidence that family and caring responsibilities play a role, as do social factors. Women were more likely to have made larger adjustments to manage housework and childcare during the first lockdown than men. These adjustments were associated with increased distress (references 18 to 19). Women also reported having more close friends and a larger subsequent increase in loneliness than men during the first national lockdown.

Ethnicity

Data from the UKHLS has highlighted that those of non-white ethnicity (when grouped together) were at higher risk of reporting deteriorations in mental health that were sustained or worsened between March and September 2020.

Adults with pre-existing mental health problems

Adults with pre-existing mental health conditions have reported higher levels of anxiety, depression and loneliness than adults without pre-existing mental health conditions. One large study found no evidence that this gap changed between April and August 2020¹⁵.

Employment and income

Unemployed adults and adults with lower household incomes have consistently reported higher levels of psychological distress, anxiety, depression and loneliness, and lower levels of happiness and life satisfaction during the pandemic than adults with higher incomes

Long term health conditions and disabilities

One study found that during the pandemic, adults with long term physical health conditions reported worse levels of depressive symptoms than adults without long term physical health conditions¹⁶.

¹⁴ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

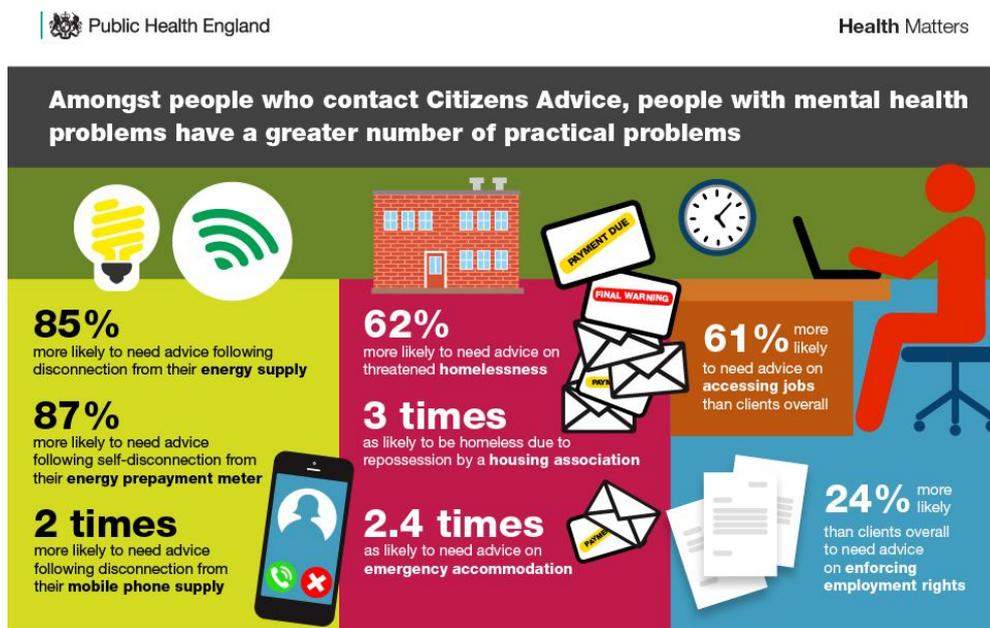
¹⁵ <https://pubmed.ncbi.nlm.nih.gov/33308420/>

¹⁶ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772163>

Risk Factors

Social risk factors include poverty, migration, extreme stress and exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, trauma, and low social support, increase risk for poor mental health.

Inequalities in health are also linked to poor health and wellbeing and are largely due to inequalities in society, meaning the conditions in which people are born, grow, live, work and age. It is the unequal distribution of the social determinants of health, such as education, housing and employment, which drives inequalities in physical and mental health.



Physical and behavioural health risk factors¹⁷

Also compared to the general population, people with mental illness experience a greater burden of physical health conditions. It is estimated that for people with serious mental illness (SMI), 2 in 3 deaths are due to physical illnesses such as cardiovascular disease (CVD) and can be prevented.

Smoking remains the largest single cause of preventable death in England. Whilst smoking prevalence in the general population is at an all-time low at 14.9%, amongst people with SMI registered with a GP, it is almost 3 times that at 40.5%.

Alcohol and drug misuse are also very common among people with mental illness, and vice versa. Research shows that mental health problems are experienced by the majority of drug (75%) and alcohol (85%) users in community substance misuse services.

Factors that promote good Mental Health

Five ways to wellbeing¹⁸ sets out evidence of 5 steps people can take to improve their mental health and wellbeing which are: Connect; Be active; Take notice; Keep learning and Give. These 5 ways to wellbeing offer simple steps which people can do each day to improve their mental health and wellbeing.

Data

Hartlepool Demographics

Hartlepool has a working aged population of 58% of the total population.

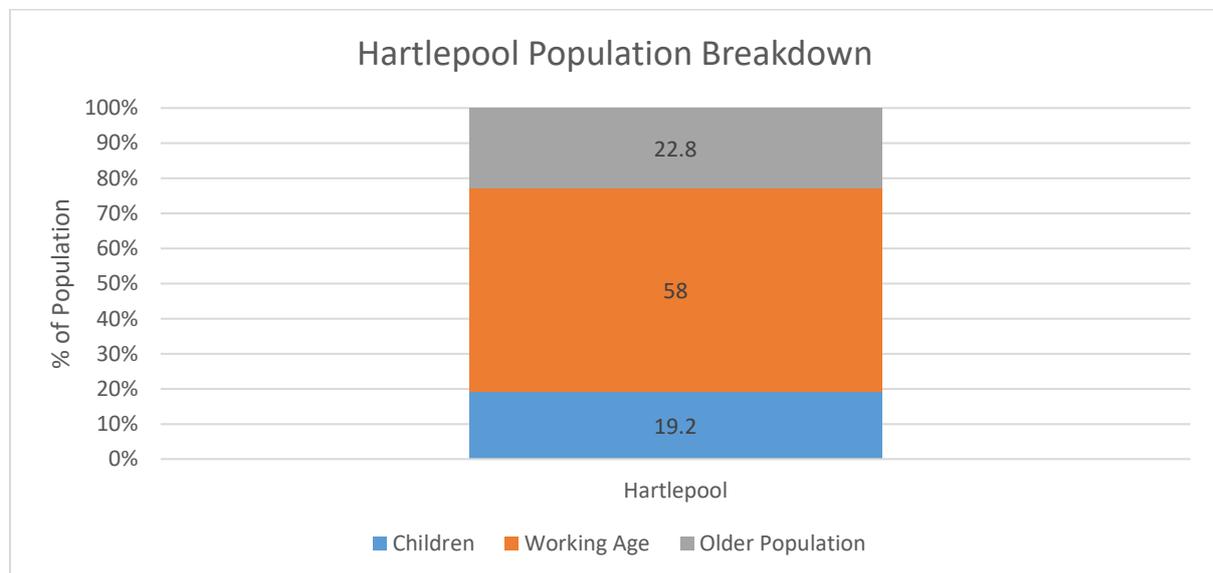


Figure 1: Hartlepool population breakdown
Source: ONS 2022 – 2020 Estimate

The remaining population is split with a slightly larger older population, 22.8% to 19.2% for children.

¹⁷ <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness/health-matters-reducing-health-inequalities-in-mental-illness>

¹⁸ <https://health-in-mind.org.uk/resources/5-ways-to-wellbeing/>

Within the individual wards in Hartlepool, Victoria has the largest proportion of working aged population, 63%, and Fens & Greatham the smallest, 51.1%.

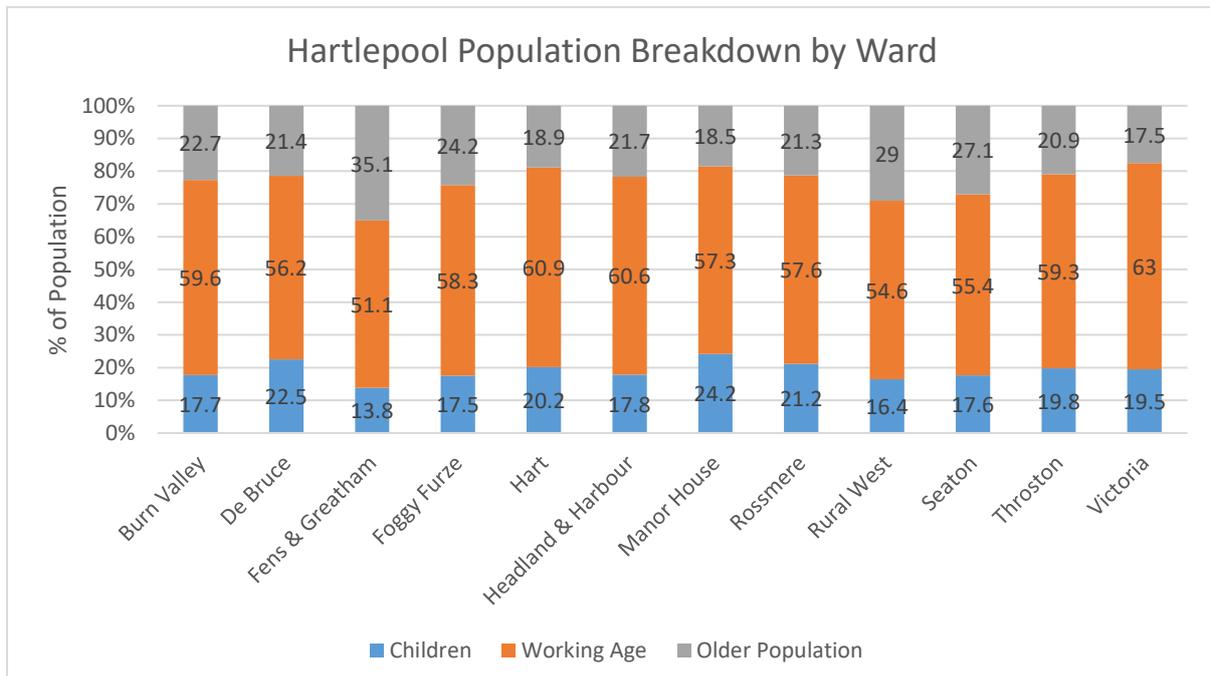


Figure 2: Hartlepool Population Breakdown by Ward
Source: ONS 2022 – 2020 Estimate

For the older population these two wards are reversed, with Fens & Greatham having the largest proportion, 35.1%, and Victoria the smallest, 17.5%.

Hartlepool’s population is 51% female and 49% male in the latest population estimate.

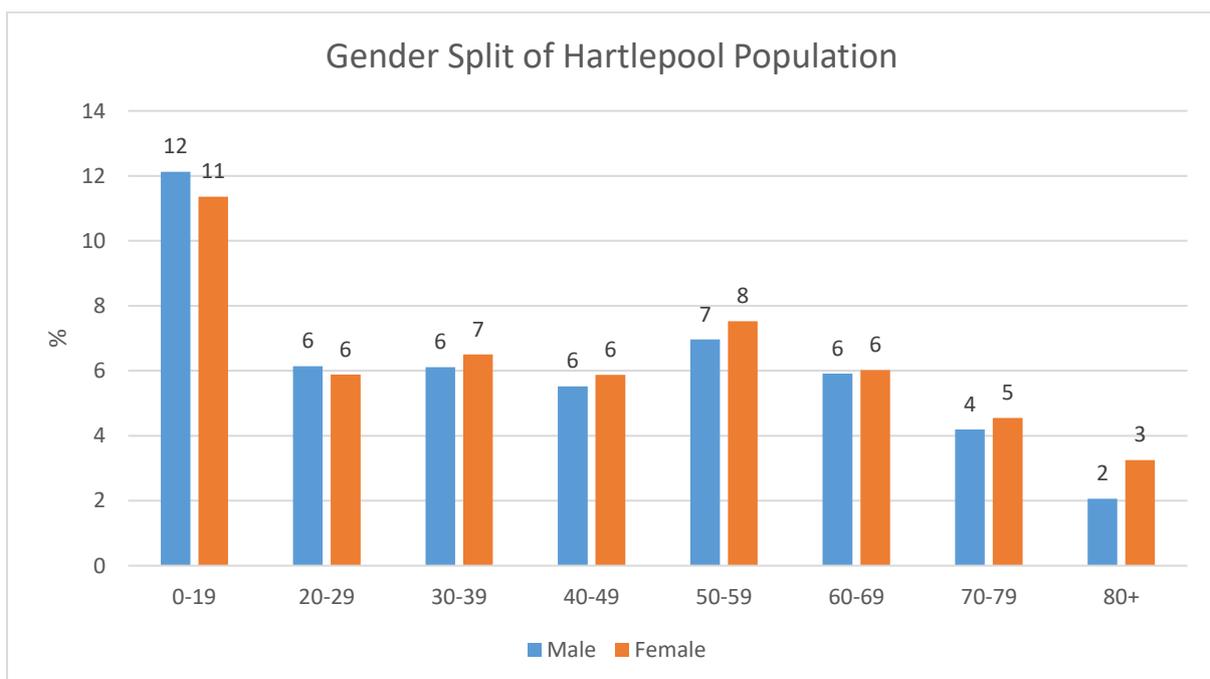
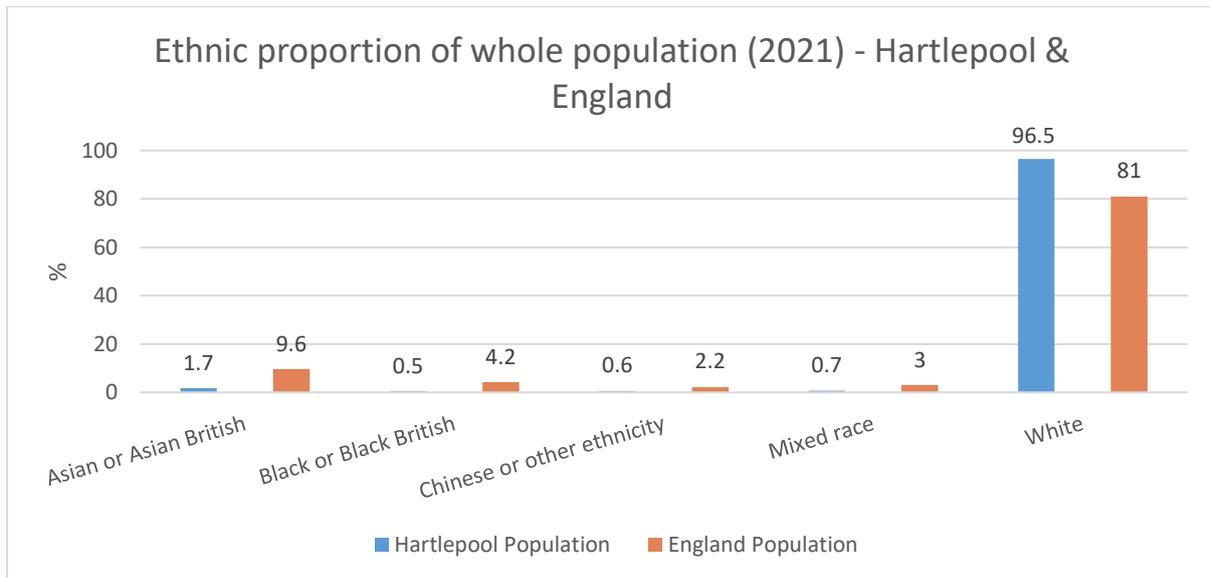


Figure 3: Gender Split of Hartlepool Population
Source: ONS 2022 – 2020 Estimate

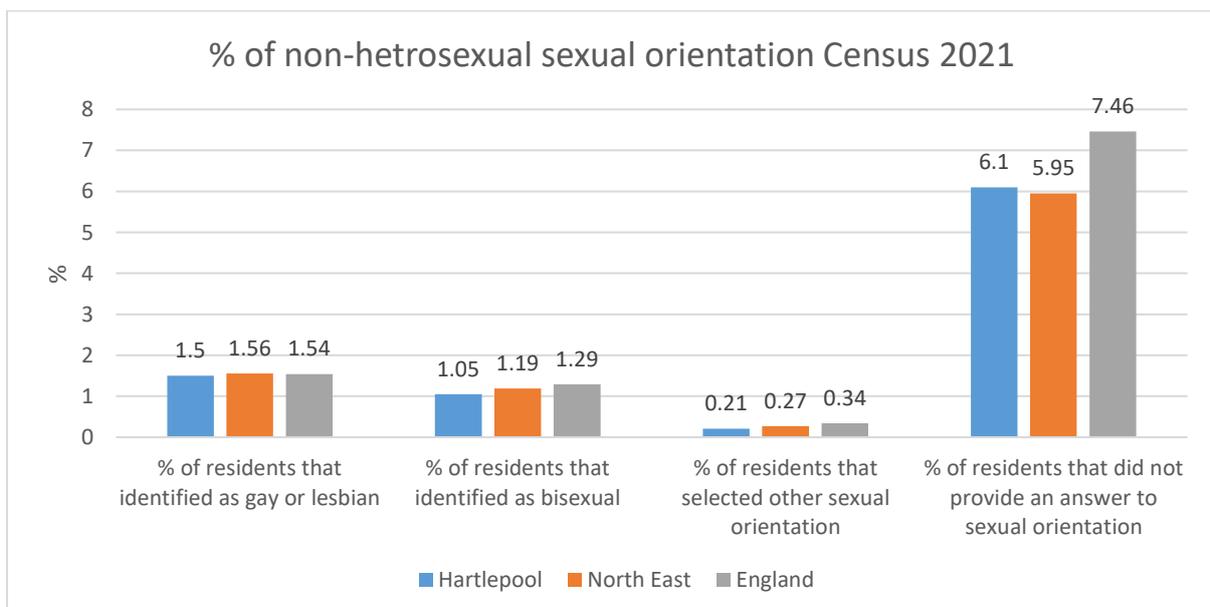
The proportion for each gender is with 1% of each other for every age group.



Source: Census 2021

Hartlepool’s population identifies as white to a very large majority. Of the 3.5% of Hartlepool’s population who don’t identify as white, almost half identify as Asian or Asian British, with no other ethnicity accounting for even 1% of the Hartlepool population. This is in contrast to the England population as a whole, where each of the non-white ethnic categories, Asian and Asian British, Black or Black British, Chinese or other ethnicity, and mixed race, account for at least 2.2%, and up to 9.6% for Asian and Asian British.

Hartlepool’s LGBT+ community, as captured in the 2021 Census, is of a comparable size to that of England and the North East.



Source: Census, 2021

Hartlepool's LGBT+ population is relatively small, combined it equals 2.76%. The gay and lesbian population is roughly 50% larger than the bisexual population, which a larger difference than for England or the North East, England's gay and lesbian population is 17% larger than its bisexual population and in the North East it is 24% larger. Hartlepool has a comparative rate of failure to disclose sexuality to the North East, though both Hartlepool and the North East are lower than the England rate.

Hartlepool's rate of adults who live alone has remained largely consistent at around 33%, across both the 2011 and 2021 Census'. Hartlepool's rate is higher than the 30% for England, and is more consistent than the North East rate, which increased by 5.6% from 31.9% in 2011 to 33.68% in 2021

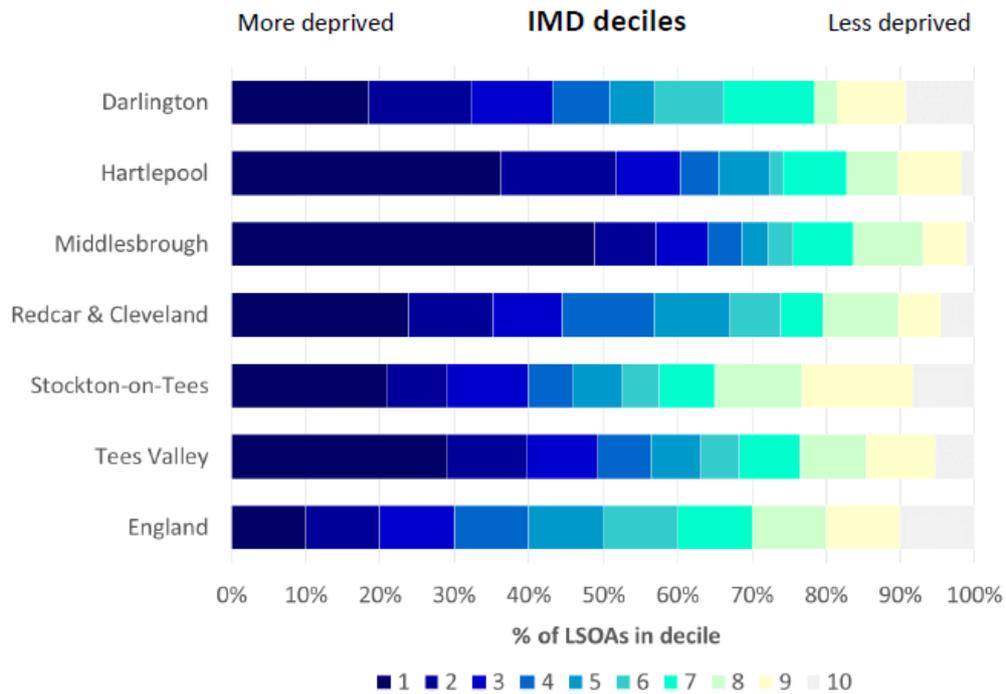
Deprivation

In the Index of Multiple Deprivation (IMD) 2019, Hartlepool has the 10th highest proportion of LSOAs in the most deprived 10% in England. This is the 2nd highest position in both the North East and the Tees Valley. Hartlepool is 10th nationally, for both the rank of average score and the rank of local concentration. Both of these are again the 2nd highest in North East and 2nd highest in Tees Valley. For the rank of extent Hartlepool is 14th nationally, which is again the 2nd highest in both the North East and the Tees Valley.

Ranks Percentage of LSOAs within most deprived 10% (out of 317 LAs)			
	2010	2015	2019
Darlington	45	58	47
Hartlepool	10	10	10
Middlesbrough	1	1	1
Redcar and Cleveland	36	33	29
Stockton-on-Tees	57	47	39

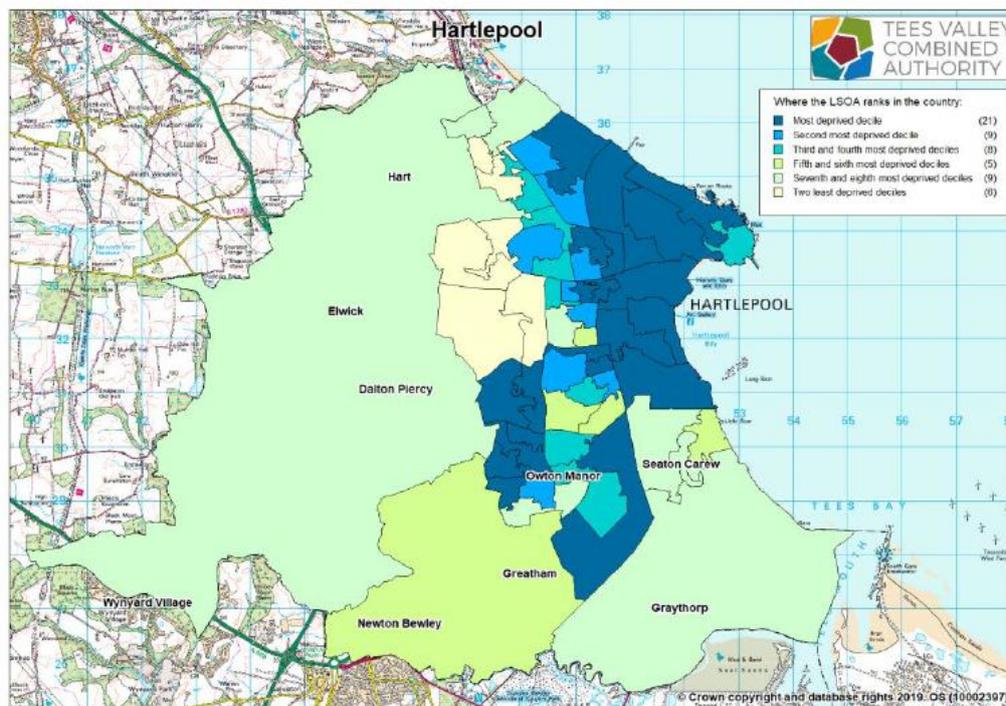
(Source: TVCA)

Distribution across the deprivation deciles in the Tees Valley shows alongside Middlesbrough, Hartlepool has a higher proportion of those in the most deprived deciles than the other areas of the Tees Valley.



(Source: TVCA)

The map below show the geographical distribution of the deprivation deciles in Hartlepool.



(Source: TVCA)

Analysis of the data at LSOA level shows that inequality is increasing within Hartlepool. In 2015 the most deprived and least deprived areas in Hartlepool were ranked 208th and 29,627th respectively.

This gives Hartlepool a range of 29,419 places from its most deprived to its least deprived. In 2019 the most deprived and least deprived were ranked, 111th and 30,400th, a range of 30,289 places.

	Index of Multiple Deprivation (IMD)	Income	Employment	Education, Skills and Training	Health Deprivation and Disability	Crime	Barriers to Housing and Services	Living Environment
% of LSOAs improving	21	22	48	60	53	5	24	67
% of LSOAs declining	79	78	52	40	47	95	76	33
% of LSOAs in most deprived 10%	36	38	43	21	36	33	0	0

Hartlepool has increased the percentage of LSOAs in the most deprived 10% nationally, from 33% in 2015 to 36% in 2019. Of Hartlepool's 58 LSOAs, 46 of them are relatively more deprived in 2019 than in 2015. An increase in relative deprivation of more than 1,000 places has occurred for 21 LSOAs, with the largest increase moving of 5,784 places. Conversely, of the 12 LSOAs that have improved their relative deprivation, four areas have improved by more than 1,000 places, with the largest improvement producing an uplift of 2,581 places. The domain which has produced the largest negative impact on relative deprivation is crime, where 55 of the 58 LSOAs have increased their relative deprivation. Here 51 of the 58 LSOAs have increased their relative deprivation by more than 1,000 places, with seven areas increasing their relative deprivation by at least 10,000 places. The largest increase produced a movement of more than 13,000 places.

Across the domains only education, health and living environment saw more LSOAs improving their national standing than declining. Employment is the domain where Hartlepool has the largest proportion of areas in the most deprived 10% nationally. Barriers to housing and living environment both have 0 areas in the most deprived 10% nationally, though while living environment saw more LSOAs improve than decline, barriers to housing had three quarters of the LSOAs declining in their national rank.

Within the individual domains, employment and health have the largest proportion of Hartlepool wards in the 10% most deprived nationally, 64%, with income and crime at 55% and 45% respectively.

% of wards in the 10% most deprived nationally	
IMD Overall	45
Income	55
Employment	64
Education	18
Health	64
Crime	45
Barriers to Housing	0
Living Environment	0

Overall almost half of Hartlepool's wards are in the 10% most deprived nationally. This again illustrates that high levels of deprivation are widespread across the town and not contained within a specific area.

Below are the changes in national rank from IMD 2015, and the IMD 2019 ranks for each education and employment

	IMD 2019: Employment – national rank	Change in national rank for Employment 2019
Manor House	29	3
Headland and Harbour	51	-16
Jesmond	122	-1
De Bruce	125	-28
Victoria	266	-34
Burn Valley	554	-14
Foggy Furze	568	50
Fens and Rossmere	1,214	-208
Seaton	2,023	303
Rural West	4,506	178
Hart	4,586	56
	IMD 2019: Education – National Rank	Change in national rank for Education 2019
Manor House	289	8
Headland and Harbour	915	-110
Jesmond	1,603	258
De Bruce	1,609	172
Foggy Furze	3,323	172
Victoria	3,737	-774
Burn Valley	4,551	442
Fens and Rossmere	7,283	418
Seaton	8,245	224
Rural West	12,197	-26
Hart	12,495	196

Adult Mental Health and Wellbeing

The level of loneliness in Hartlepool, as captured in the Sport England Active Lives survey in 2019/20, which shows Hartlepool as the lowest level of anywhere in the North East.

Loneliness: Percentage of adults who feel lonely often or always or some of the time 2019/20

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	22.26	22.02	22.50
North East region	-	-	22.68	21.51	23.90
Hartlepool	-	-	17.31	13.41	21.98
North Tyneside	-	-	18.82	14.74	23.64
County Durham	-	-	19.43	15.36	24.22
Gateshead	-	-	21.84	17.67	26.63
Redcar and Cleveland	-	-	22.43	18.38	27.13
Northumberland	-	-	23.12	18.88	28.02
Stockton-on-Tees	-	-	23.24	18.88	28.28
Middlesbrough	-	-	24.71	20.23	29.80
Newcastle upon Tyne	-	-	25.33	23.03	27.78
South Tyneside	-	-	25.38	20.84	30.50
Sunderland	-	-	26.21	21.91	31.13
Darlington	-	-	27.51	23.09	32.52

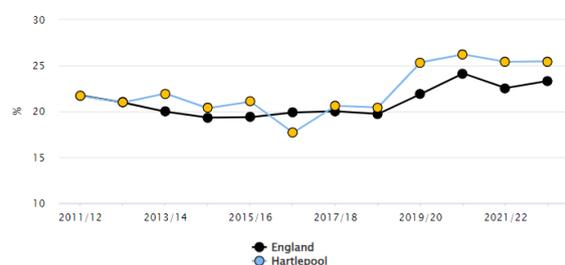
Source: Active Lives Adult Survey, Sport England

Hartlepool's rate of 17.31% is the 14th lowest level in England, and statistically significantly lower than the England average of 22.26%. However, as the annual population survey shows, Hartlepool's low level of loneliness does not shield it from levels of anxiety, satisfaction and other wellbeing indicators.

In 2022/23 the results of the annual population survey showed that Hartlepool had similar levels to England for high anxiety, low worthwhile, low satisfaction and low happiness.

Self reported wellbeing: people with a high anxiety score

Proportion - %



Recent trend: Could not be calculated

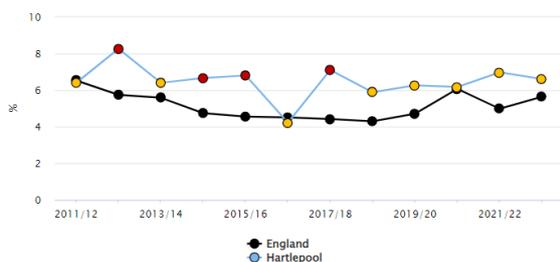
Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2011/12	-	21.7%	19.0%	24.4%	23.4%	21.7%
2012/13	-	21.0%	18.3%	23.6%	22.4%	21.0%
2013/14	-	21.9%	19.3%	24.6%	21.4%	20.0%
2014/15	-	20.4%	17.9%	22.8%	22.1%	19.3%
2015/16	-	21.1%	18.4%	23.7%	21.4%	19.4%
2016/17	-	17.7%	15.0%	20.4%	19.8%	19.9%
2017/18	-	20.6%	17.8%	23.5%	20.1%	20.0%
2018/19	-	20.4%	17.5%	23.4%	20.2%	19.7%
2019/20	-	25.3%	21.9%	28.8%	23.7%	21.9%
2020/21	-	26.2%	22.0%	30.4%	25.1%	24.1%
2021/22	-	25.4%	20.4%	30.4%	22.2%	22.6%
2022/23	-	25.5%	18.8%	32.2%	23.0%	23.3%

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

For high anxiety, while the Hartlepool rate has been similar to England throughout the 12 year reporting period, and largely stable for the last three years, the 2022/23 rate of 25.5% means that 1 in 4 adults in Hartlepool are reporting high levels of anxiety.

Self reported wellbeing: people with a low satisfaction score

Proportion - %



Recent trend: Could not be calculated

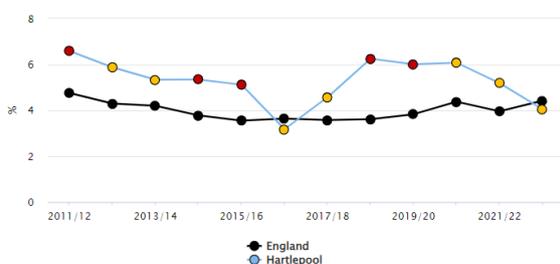
Period	Count	Value	Hartlepool		England
			95% Lower CI	95% Upper CI	
2011/12	-	6.4%	4.7%	8.1%	6.5%
2012/13	-	8.3%	6.4%	10.1%	5.7%
2013/14	-	6.4%	4.9%	8.0%	5.6%
2014/15	-	6.7%	5.1%	8.2%	4.7%
2015/16	-	6.8%	5.2%	8.4%	4.6%
2016/17	-	4.2%	2.9%	5.5%	4.5%
2017/18	-	7.1%	5.3%	8.9%	4.4%
2018/19	-	5.9%	4.2%	7.5%	4.3%
2019/20	-	6.3%	4.5%	8.0%	4.7%
2020/21	-	6.2%	3.9%	8.5%	6.1%
2021/22	-	7.0%	3.2%	10.8%	5.6%
2022/23	-	6.6%	4.1%	9.2%	5.6%

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

People reporting a low satisfaction score has remained largely stable for the last four years, and has been statistically similar to England for the last five years. However before this, Hartlepool was significantly higher than the England average in four of the previous seven years.

Self reported wellbeing: people with a low worthwhile score

Proportion - %



Recent trend: Could not be calculated

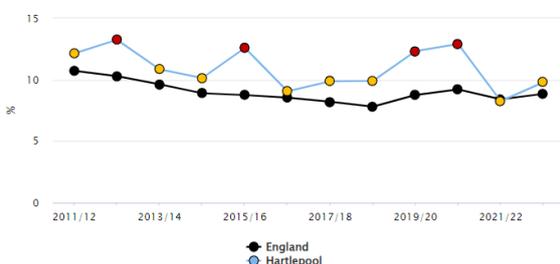
Period	Count	Value	Hartlepool		England
			95% Lower CI	95% Upper CI	
2011/12	-	6.6%	4.8%	8.4%	4.8%
2012/13	-	5.9%	4.2%	7.5%	4.3%
2013/14	-	5.3%	3.9%	6.8%	4.2%
2014/15	-	5.4%	4.0%	6.8%	3.8%
2015/16	-	5.1%	3.7%	6.5%	3.6%
2016/17	-	3.2%	2.0%	4.4%	3.6%
2017/18	-	4.6%	2.9%	6.2%	3.6%
2018/19	-	6.3%	4.2%	8.3%	3.6%
2019/20	-	6.0%	4.0%	8.1%	3.8%
2020/21	-	6.1%	3.3%	8.8%	4.4%
2021/22	-	5.2%	2.6%	7.8%	4.0%
2022/23	-	4.1%	2.1%	6.0%	4.4%

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

The proportion of people reporting a low worthwhile score has declined in the last two years, and has been similar to the England rate for the last three years. Hartlepool's 2022/23 rate is the lowest since 2016/17.

Self reported wellbeing: people with a low happiness score

Proportion - %



Recent trend: Could not be calculated

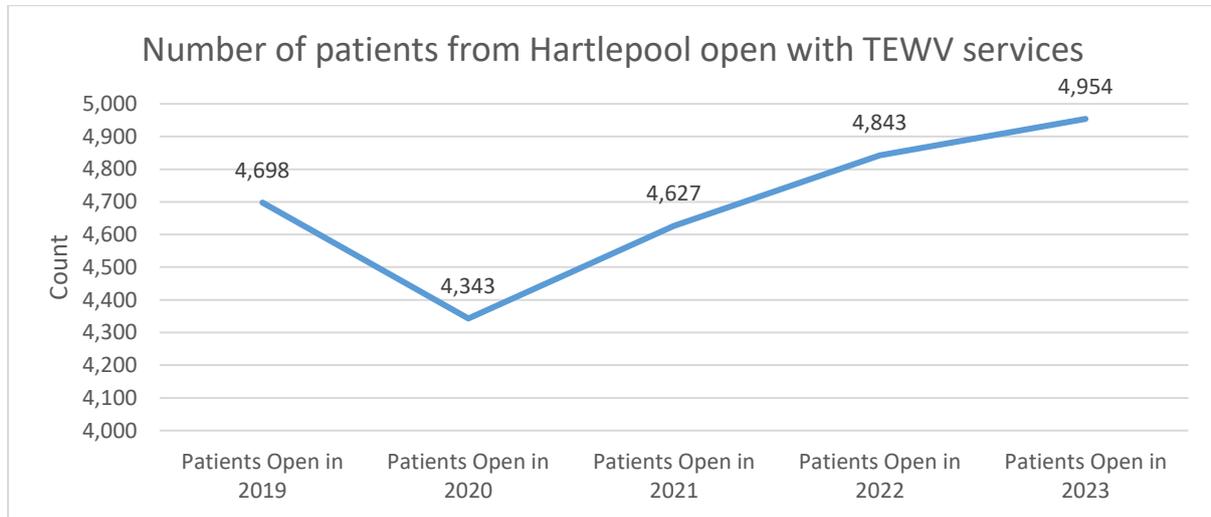
Period	Count	Value	Hartlepool		England
			95% Lower CI	95% Upper CI	
2011/12	-	12.1%	10.1%	14.2%	10.7%
2012/13	-	13.3%	11.0%	15.5%	10.3%
2013/14	-	10.8%	8.8%	12.9%	9.6%
2014/15	-	10.1%	8.3%	12.0%	8.9%
2015/16	-	12.6%	10.4%	14.8%	8.8%
2016/17	-	9.1%	7.1%	11.1%	8.5%
2017/18	-	9.9%	7.7%	12.1%	8.2%
2018/19	-	9.9%	7.7%	12.1%	7.8%
2019/20	-	12.3%	9.6%	15.0%	8.8%
2020/21	-	12.9%	9.6%	16.2%	9.2%
2021/22	-	8.3%	5.3%	11.3%	8.4%
2022/23	-	9.8%	6.7%	12.9%	8.9%

Source: Annual Population Survey (APS), Office for National Statistics (ONS)

In 2022/23 almost 1 in 10 adults in Hartlepool reported a low level of happiness, this was similar to England. Hartlepool's level of low happiness had been as high as 12.9% in 2020/21, this means there has been a fall of 24% in the two years from the peak of 2020/21 to the current 2022/23 level.

Prevalence & Trends in Mental Health

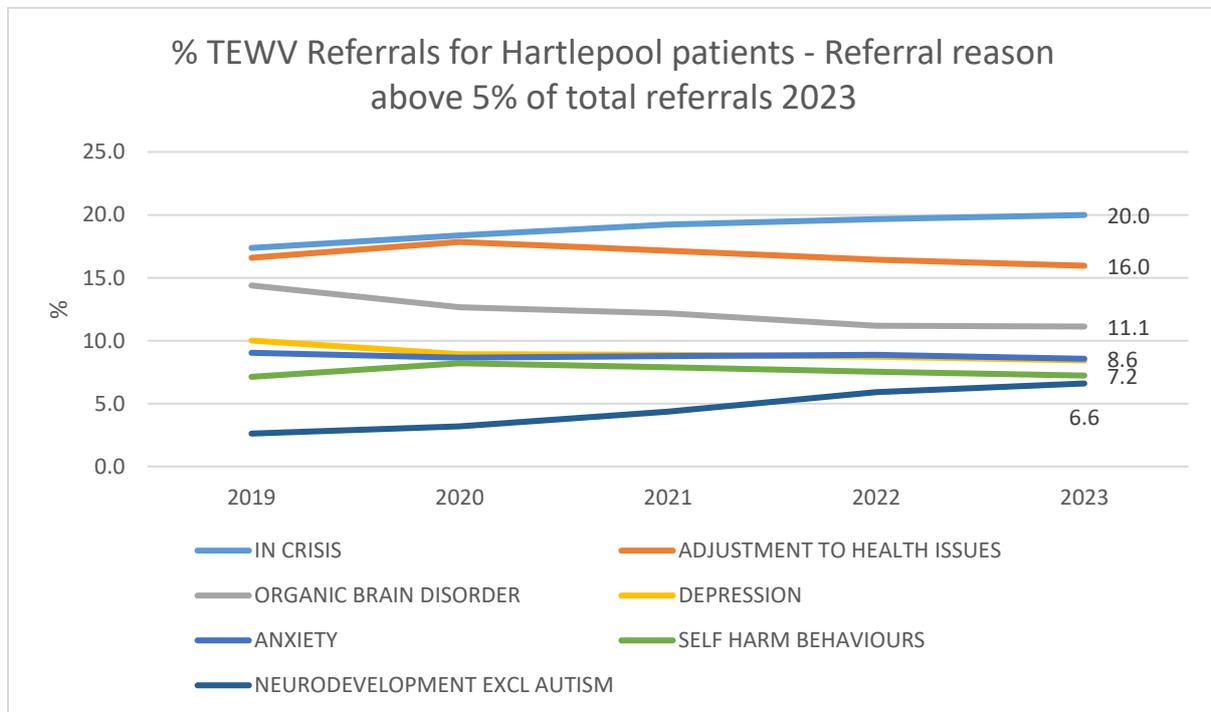
Tees, Esk & Wear Valley NHS Foundation Trust (TEWV) are Hartlepool’s clinical mental health service provider. The numbers of patients seen by TEWV from Hartlepool, dipped in 2020, most likely due to the Covid 19 lockdowns, but has since exceeded its pre-Covid 19 numbers.



Source: TEWV, 2024

TEWV’s 2023 figures for patients from Hartlepool are 5% higher than those in 2019.

The main referral reason for patients from Hartlepool into TEWV, across the whole reporting period, was mental health crisis, which accounts for at least 17.4% of referrals every year, and is up to 20% in 2023.



Source: TEWV, 2024

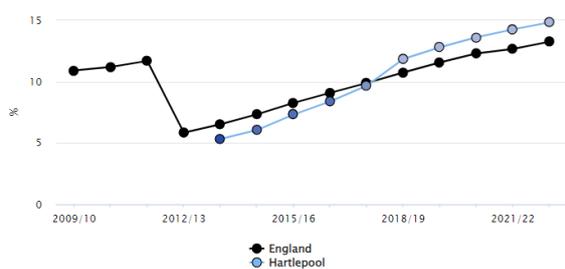
Of the 30 referral reasons, In crisis, Adjustment to health issues, and Organic brain disorders have remained the three largest referral reasons across the five year reporting period. In crisis has increased year on year, however adjustment to health issues and organic brain disorder both peaked in 2020,

and have fallen year on year since. Neurodevelopment excluding autism in 2023 is more than 2.5 times the size of the proportion of referrals in 2019, 6.6% in 2023 and 2.6% in 2019. This is the largest proportion change of any of the referral reasons.

The prevalence of depression in Hartlepool, that is the proportion of GP patients who have depression recorded on the practice disease register and reported via the Quality and Outcomes Framework (QOF), shows that a much greater proportion of the GP patients have depression recorded in 2022/23 than did in 2013/14.

Depression: QOF prevalence (18+ yrs)

Proportion - %



Recent trend: ↑ Increasing

Period	Hartlepool				England
	Count	Value	95% Lower CI	95% Upper CI	
2009/10	-	-	-	-	10.9%
2010/11	-	-	-	-	11.2%
2011/12	-	-	-	-	11.7%
2012/13	-	-	-	-	5.8%
2013/14	4,017	5.3%	5.2%	5.5%	6.5%
2014/15	4,580	6.1%	5.9%	6.2%	7.3%
2015/16	5,551	7.3%	7.1%	7.5%	8.3%
2016/17	6,367	8.4%	8.2%	8.6%	9.1%
2017/18	7,366	9.7%	9.5%	9.9%	9.9%
2018/19	9,068	11.8%	11.6%	12.1%	10.7%*
2019/20	9,810	12.8%	12.6%	13.0%	11.6%
2020/21	10,458	13.6%	13.4%	13.9%	12.3%
2021/22	11,011	14.3%	14.0%	14.5%	12.7%
2022/23	11,533	14.8%	14.6%	15.1%	13.2%

Source: Quality and Outcomes Framework (QOF), NHS England

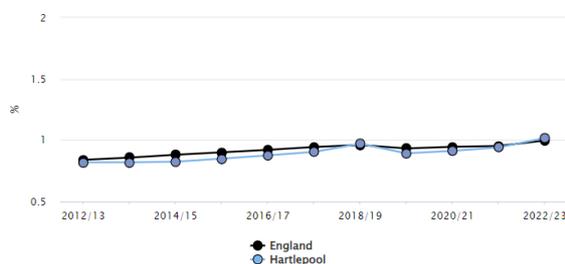
Source: QOF, 2023

Hartlepool's QOF depression prevalence 179% from 2013/14 to 14.8% in 2022/23. In doing so, Hartlepool moved from the best quintile, the 20% of authorities with the lowest prevalence, to the 2nd highest quintile. Hartlepool's increase in this period is greater than the England average, which increased by 103%. Hartlepool has seen year on year increases in every year in the reporting period.

Another mental health indicator from the QOF looks at the prevalence of psychoses, such as schizophrenia and bipolar affected disorder.

Mental Health: QOF prevalence (all ages)

Proportion - %



Recent trend: → No significant change

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2012/13	782	0.82%	0.76%	0.88%	0.85%*	0.84%
2013/14	782	0.82%	0.76%	0.88%	0.85%*	0.86%
2014/15	789	0.82%	0.77%	0.88%	0.90%*	0.88%
2015/16	814	0.85%	0.79%	0.91%	0.92%*	0.90%
2016/17	842	0.88%*	0.82%	0.94%	0.94%*	0.92%*
2017/18	871	0.90%	0.85%	0.97%	0.97%	0.94%
2018/19	940	0.97%	0.91%	1.04%	0.99%	0.96%*
2019/20	864	0.89%	0.84%	0.95%	0.95%	0.93%
2020/21	883	0.91%	0.85%	0.97%	0.96%*	0.95%
2021/22	915	0.94%	0.88%	1.00%	0.97%*	0.95%
2022/23	996	1.02%	0.96%	1.08%	1.02%*	1.00%

Source: Quality and Outcomes Framework (QOF), NHS England

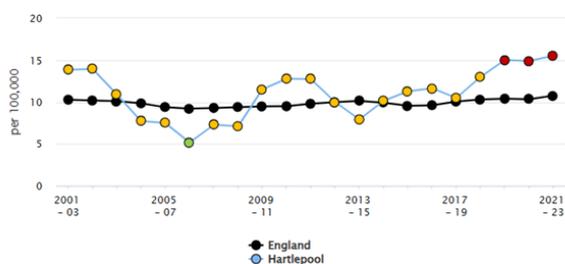
Source: QOF, 2023

Hartlepool has remained in the middle performing quintile in England throughout the reporting period, though the rate has increased by 24%, compared with a 19% increase for England. Hartlepool's 2022/23 rate is the 5th lowest rate in the North East.

Hartlepool's overall suicide rate in the latest 2 year figure is at its highest level throughout the 21 year reporting period.

[Suicide rate \(Persons, 10+ yrs\)](#)

Directly standardised rate - per 100,000



Recent trend: Could not be calculated

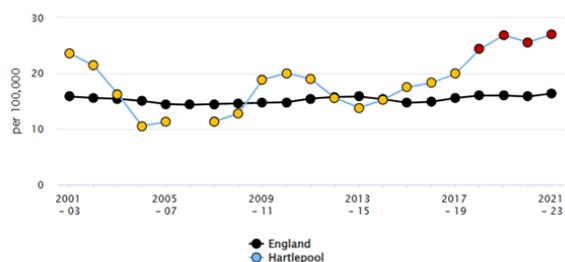
Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	32	13.9	9.4	19.6	11.3	10.3
2002 - 04	32	14.0	9.5	19.7	12.0	10.2
2003 - 05	25	10.9	7.0	16.1	12.0	10.1
2004 - 06	18	7.7	4.6	12.2	11.3	9.8
2005 - 07	18	7.5	4.4	11.9	10.1	9.4
2006 - 08	12	5.1	2.6	9.0	9.9	9.2
2007 - 09	17	7.3	4.2	11.7	10.0	9.3
2008 - 10	17	7.1	4.1	11.4	10.2	9.4
2009 - 11	28	11.5	7.6	16.6	10.9	9.5
2010 - 12	31	12.8	8.7	18.2	11.0	9.5
2011 - 13	31	12.7	8.6	18.1	11.9	9.8
2012 - 14	24	10.0	6.4	14.9	12.3	10.0
2013 - 15	19	7.9	4.7	12.4	12.4	10.1
2014 - 16	25	10.1	6.5	15.0	11.6	9.9
2015 - 17	28	11.3	7.5	16.3	10.8	9.5
2016 - 18	29	11.6	7.8	16.7	11.4	9.6
2017 - 19	26	10.5	6.8	15.4	11.7	10.0
2018 - 20	31	13.0	8.8	18.5	12.6	10.3
2019 - 21	36	15.0	10.5	20.8	13.1	10.4
2020 - 22	35	14.9	10.3	20.7	13.5	10.3
2021 - 23	37	15.5	10.9	21.4	13.8	10.7

Source: Office for National Statistics

Hartlepool had spent 18 consecutive years with a suicide rate that was at least statistically similar to the England rate, however since 2019/21, Hartlepool's rate has been statistically worse than the England rate. Hartlepool's rate in 2021/23 is almost 50% larger than the England rate, and more than three times the size of Hartlepool's lowest rate in the reporting period in 2006/08. Hartlepool's suicide rate is largely driven by male suicide, with the female suicide rate at a level too low to be published throughout the reporting period.

[Suicide rate \(Male, 10+ yrs\)](#)

Directly standardised rate - per 100,000



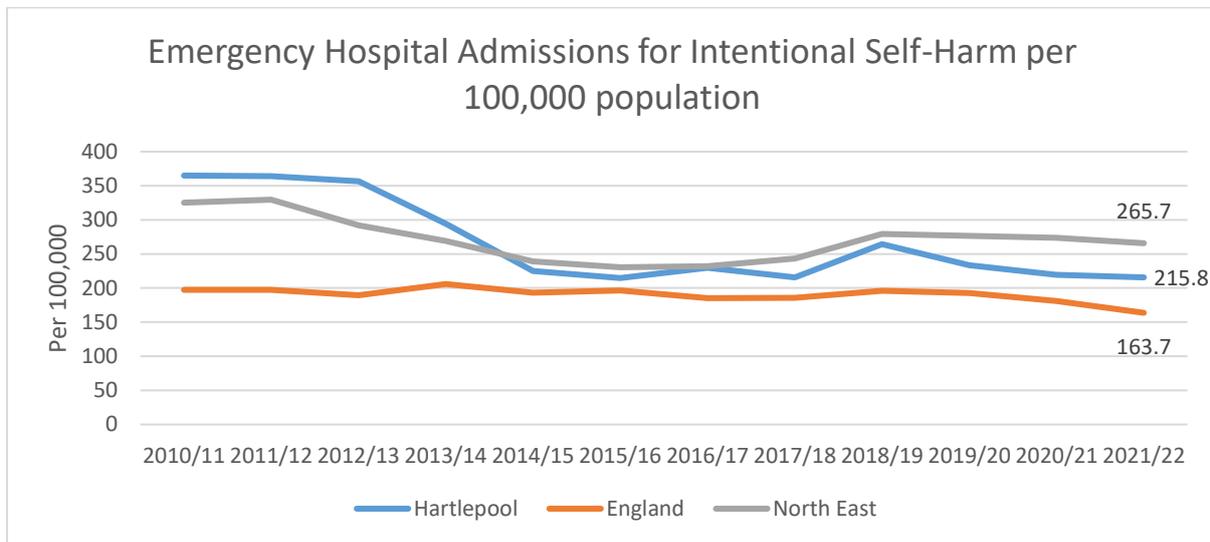
Recent trend: Could not be calculated

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	25	23.6	14.9	35.4	18.8	15.9
2002 - 04	23	21.4	13.2	32.6	19.4	15.6
2003 - 05	18	16.3	9.6	25.7	19.0	15.4
2004 - 06	12	10.6	5.4	18.4	17.6	15.1
2005 - 07	13	11.2	6.0	19.2	16.0	14.5
2006 - 08	9	*	-	-	16.1	14.4
2007 - 09	13	11.4	6.0	19.5	16.5	14.5
2008 - 10	15	12.7	7.1	21.1	16.5	14.6
2009 - 11	22	18.9	11.8	28.7	17.6	14.7
2010 - 12	23	20.0	12.6	30.1	17.6	14.8
2011 - 13	22	19.0	11.9	28.9	19.4	15.5
2012 - 14	18	15.6	9.2	24.7	20.0	15.8
2013 - 15	16	13.8	7.9	22.5	19.7	15.8
2014 - 16	18	15.3	9.0	24.2	18.1	15.4
2015 - 17	21	17.5	10.8	26.9	16.9	14.7
2016 - 18	22	18.3	11.4	27.8	18.1	14.9
2017 - 19	24	19.9	12.7	29.7	19.3	15.6
2018 - 20	28	24.3	16.1	35.3	20.5	16.0
2019 - 21	31	26.9	18.2	38.2	21.2	16.0
2020 - 22	28	25.6	16.9	37.2	21.4	15.8
2021 - 23	30	27.0	18.1	38.7	22.2	16.4

Source: Office for National Statistics

Male suicides in Hartlepool have been statistically above the England rate for an additional year. For the 2021/23 suicide rates, Hartlepool was the 13th highest in England for the overall rate, but was 6th highest for male suicides.

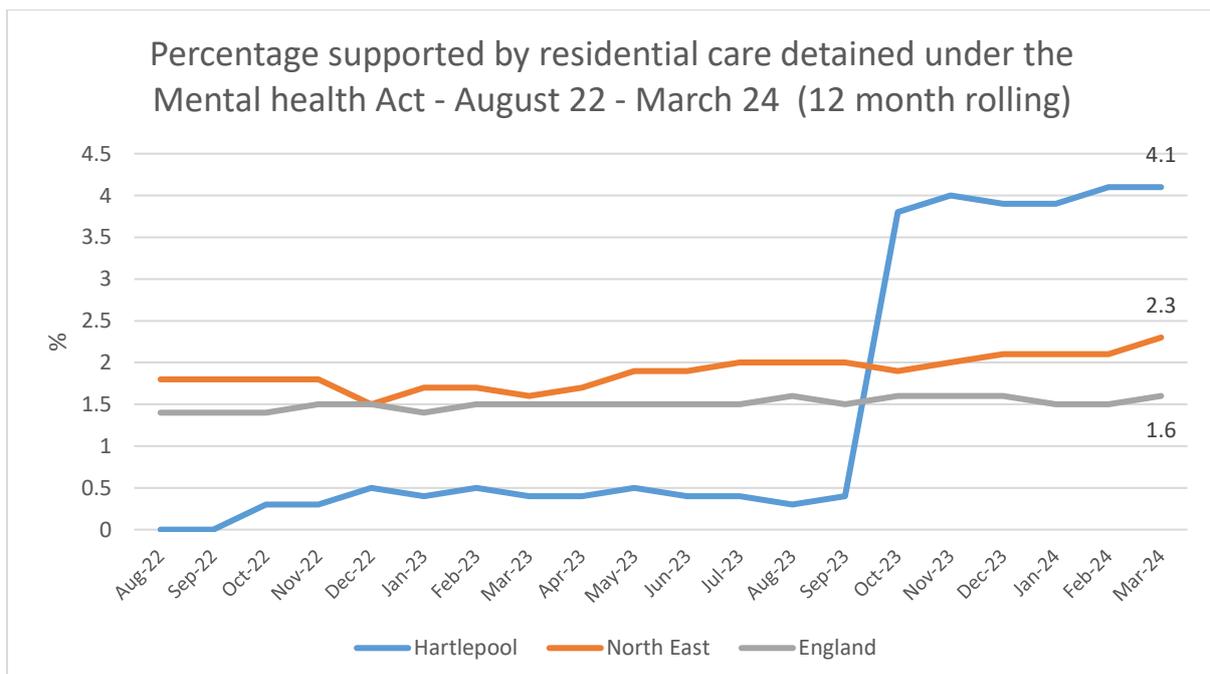
Across the 12 year reporting period from 2010/11 to 2021/22, Hartlepool's self-harm rate has fallen by 40.9% from 365 per 100,000 to 215.8 per 100,000.

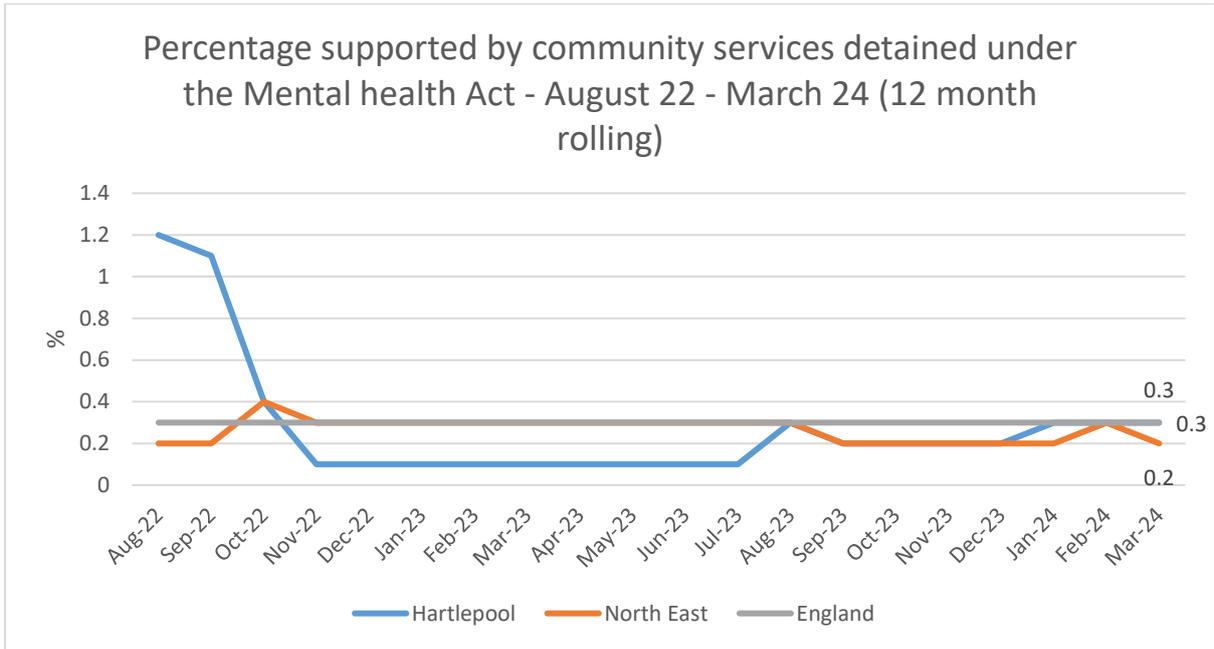


Source: OHID, 2024

Across this period Hartlepool's rate has fallen below the North East average, though has remained above the England rate throughout. Hartlepool's rate has fallen for the last three years, and is at its lowest point since 2017/18. However the Hartlepool is still almost a third higher than the England rate in 2021/22.

The proportion of people supported by either residential care or community support in Hartlepool who were detained under the Mental Health Act from August 2022 to March 2024 followed oppositional patterns, with those with residential care support starting the period at a relatively low level and ending considerably higher, and those with community support starting relatively higher and ending lower.

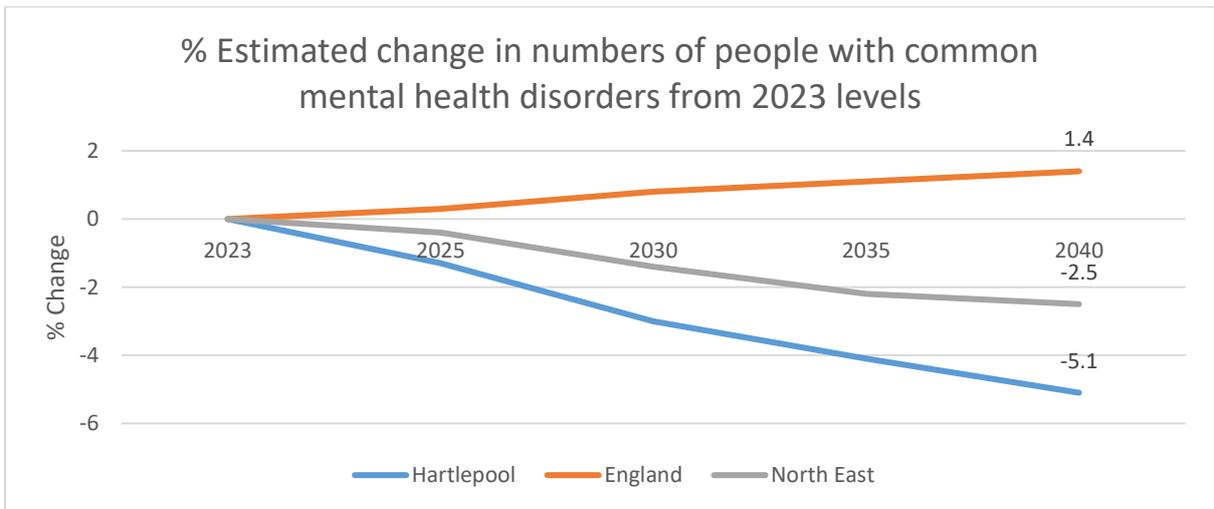




Source: CQC, 2024

By March 2024, Hartlepool’s proportion of people supported by community services detained under the Mental Health Act was comparable with both the North East and England rates, 0.3% for Hartlepool and England, and 0.2% for the North East. For Hartlepool this is down from a rate of 1.2% in August 2022. For those supported by residential care detained under the Mental Health Act, Hartlepool’s rate in March 2024 was 4.1%, almost twice the regional average, and more than twice the size of the England rate. Hartlepool’s rate up to September 2023 was below 1%, but the October 2023 rate jumped by 950% from 0.4% to 3.8%, and Hartlepool has remained around 4% since that point. This jump is not mirrored in either the North East nor the England rates.

Predicted estimates in prevalence of common mental health disorders by the PANSI, show that Hartlepool is predicted to see a decrease in its numbers of common mental health disorders, going against the national trend, which are predicts an increase.



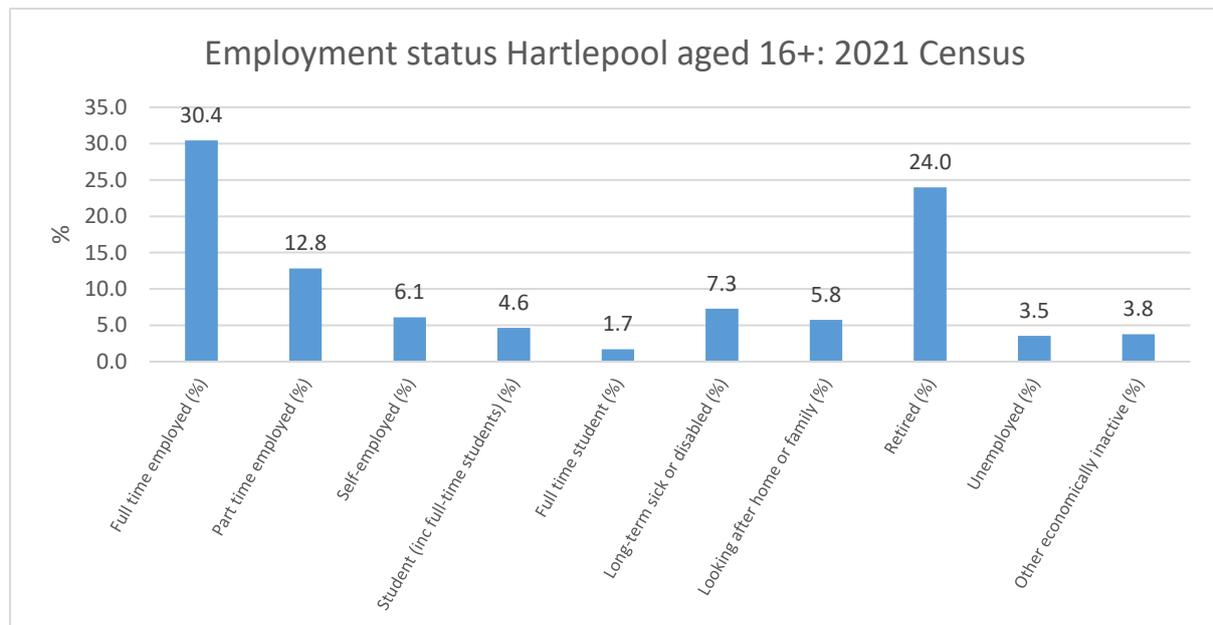
Source: Projecting Adult Needs and Service Information System (PANSI), 2024

It is predicted that Hartlepool’s numbers of people with common mental disorders will fall by 5.1% by 2040, from the 2023 level of 10,355 to 9,832. Over the same period the North East is predicted to decline by 2.5%, but England as a whole to increase by 1.4%.

Wider Determinants of Mental Health

Education/Employment/Finances

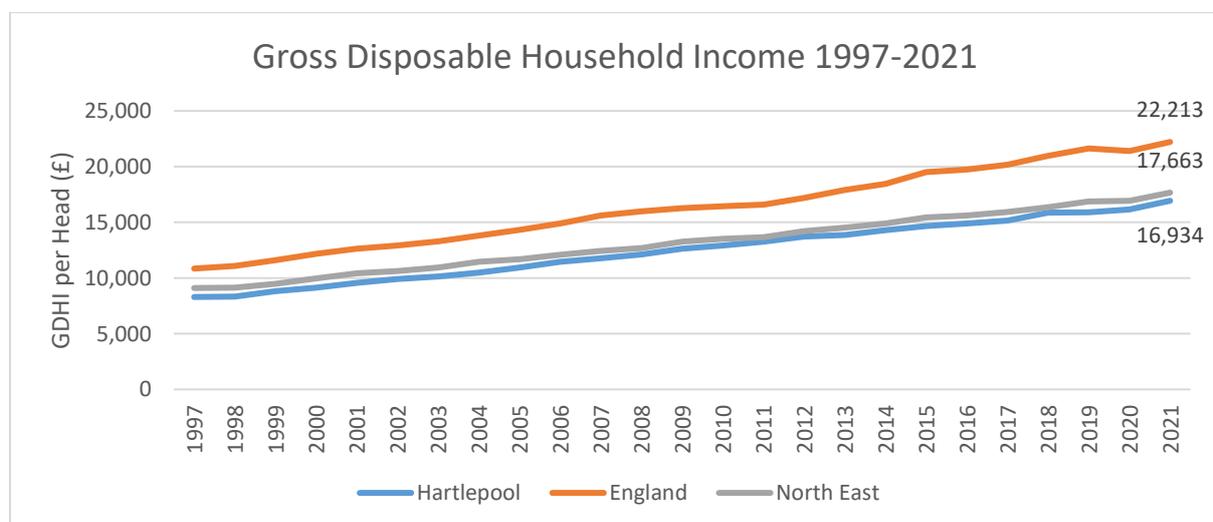
Hartlepool has almost 50% (49.3%) of its population employed in some form, full time, part time or self-employed.



Source: Census 2021

Almost a quarter of the population (24%) are retired, and almost 1 in 13 people (7.3) are long term sick or disabled. Unemployment and economic inactivity accounts for 7.2% of the population, which is again roughly 1 in 13 people.

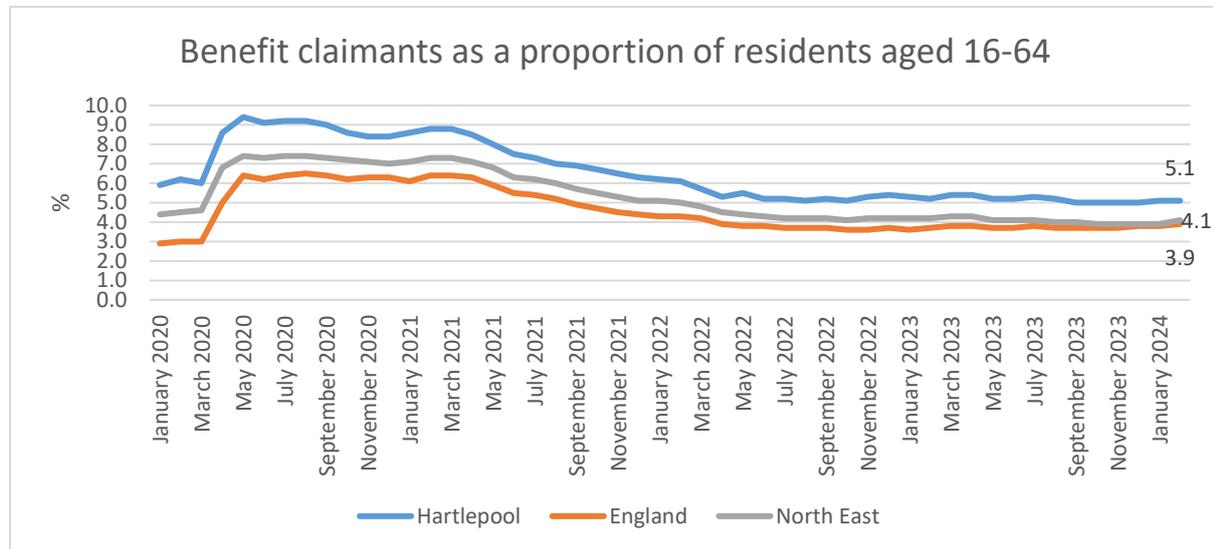
Hartlepool’s Gross Disposable Household Income (GDHI) has followed a similar pattern to both England and the North East over the period from 1997-2021, though has continued to lag behind across this period.



Source: ONS, 2023

Hartlepool's GDHI has increased by 104% from £8,297 in 1997 to £16,934 in 2021. Across the same period the North East rate increased by 205% and England by 194%. In 1997 Hartlepool's GDHI was 24% below the England average, by 2021 this has not changed and remains at 24% below the England average.

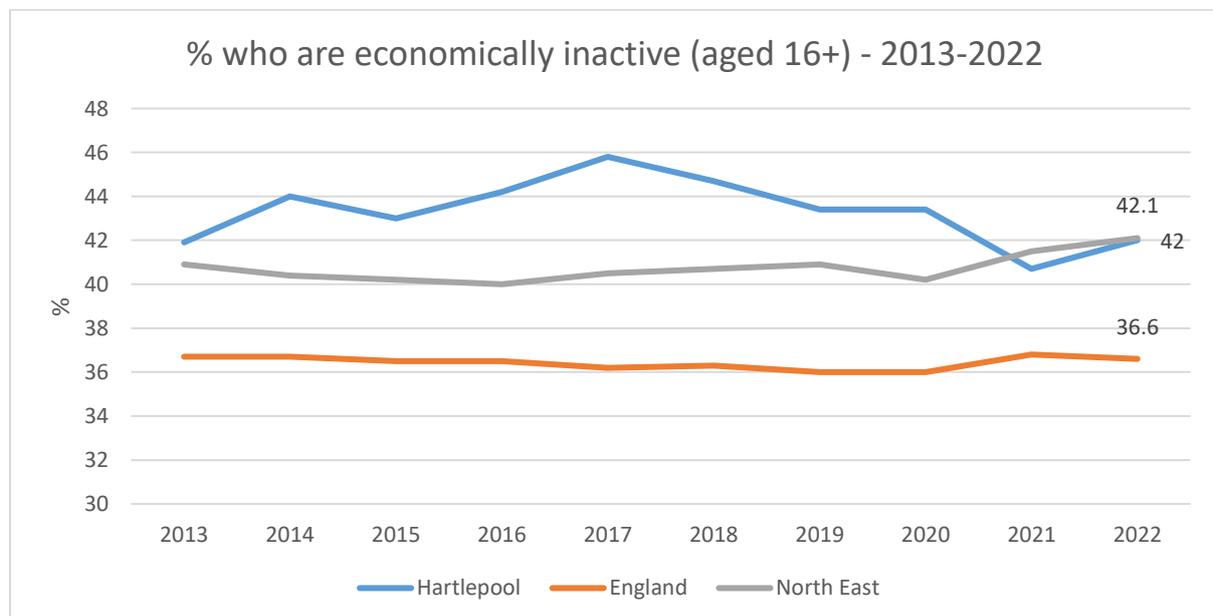
The proportion of adults claiming benefits in Hartlepool has followed a similar pattern to both England and the North East from January 2020 to February 2024.



Source: ONS, 2024

Hartlepool's benefit claimant rate has remained larger than England and the North East throughout the reporting period. Hartlepool's rate peaked at 9.4% in May 2020, but has fallen by 46% to 5.1% in February 2024. This compares with falls of 31% and 45% for England and the North East respectively. All three rates have remained largely stable since around September 2023. Hartlepool's February 2024 rate of 5.1% is 30% higher than the England average of 3.9%, however at its peak in May 2020, the Hartlepool rate was almost 50% larger than England's.

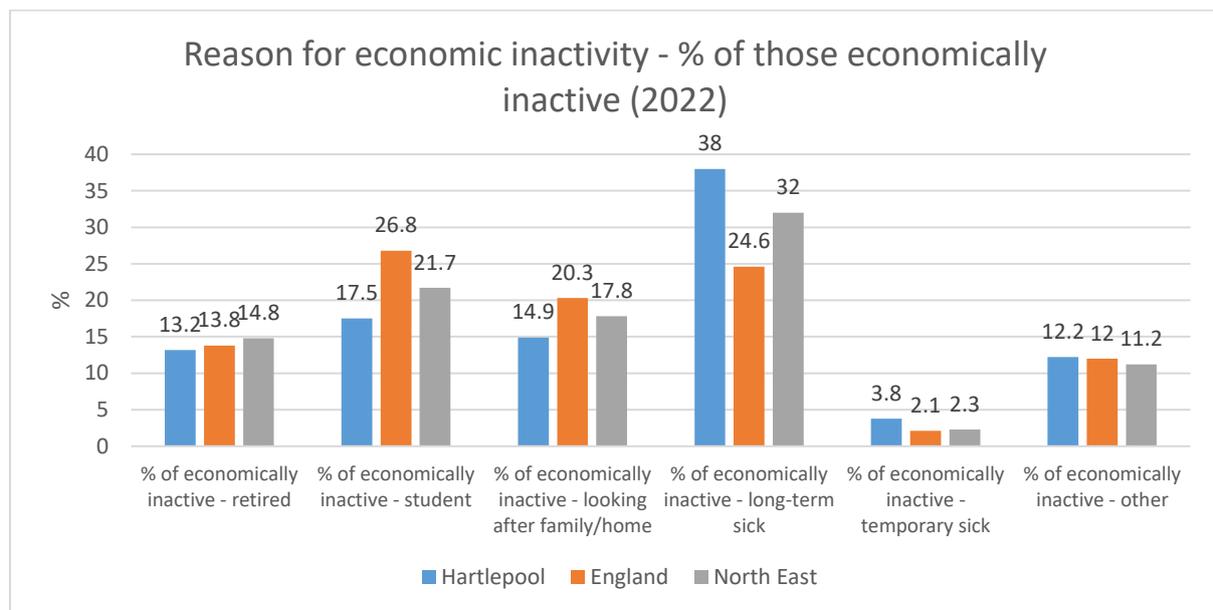
In Hartlepool, the rate of economic inactivity for adults 16+ in 2022 was 42%, similar to the North East rate of 42.1%.



Source: NOMIS, 2023

Hartlepool's 2022 rate is 14.8% above the England rate of 36.6%, however this is down from 2017, where the Hartlepool rate peaked at 45.8%, and the gap between Hartlepool and England was 26.5%. From 2017 to 2021, Hartlepool's rate declined by 11.2%, down to 40.7%, however the 2022 figure was a year on year increase.

Within those who are economically inactive in 2022, the largest proportion for Hartlepool was long term sick. However, for England the largest group is students

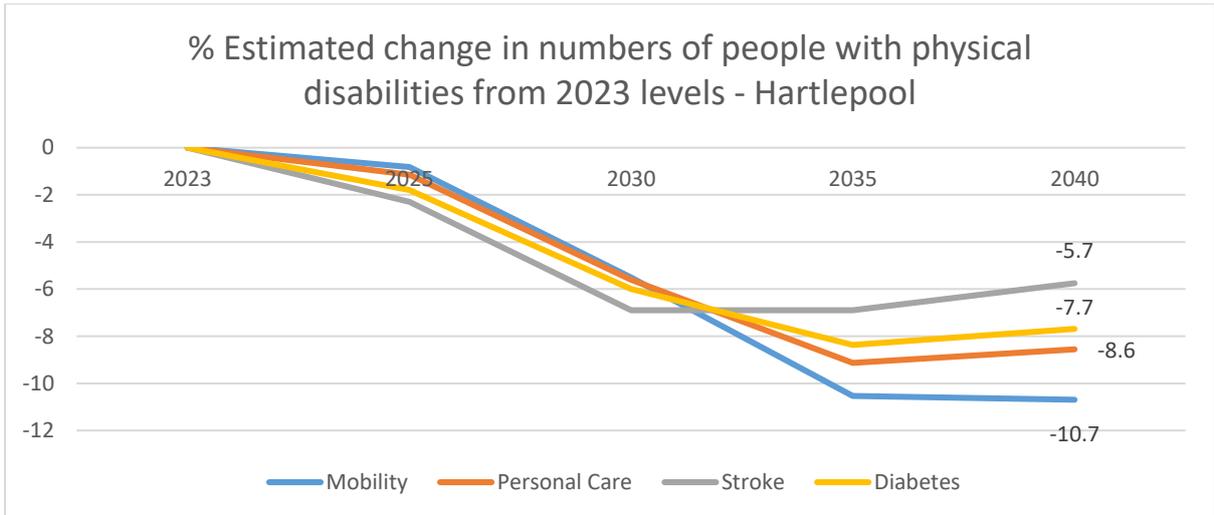


Source: NOMIS, 2023

Disabilities/Carers

For Hartlepool the long term sick group of economically inactive adults is more than twice the size of any other reason for inactivity, and is more than 50% larger than the England average. If temporary sickness is included, then in 2022, more than 1 in 4 people who were economically inactive in Hartlepool were so due to illness or disability. Conversely, Hartlepool had only 2/3 of the economical inactivity rate for students as the England average.

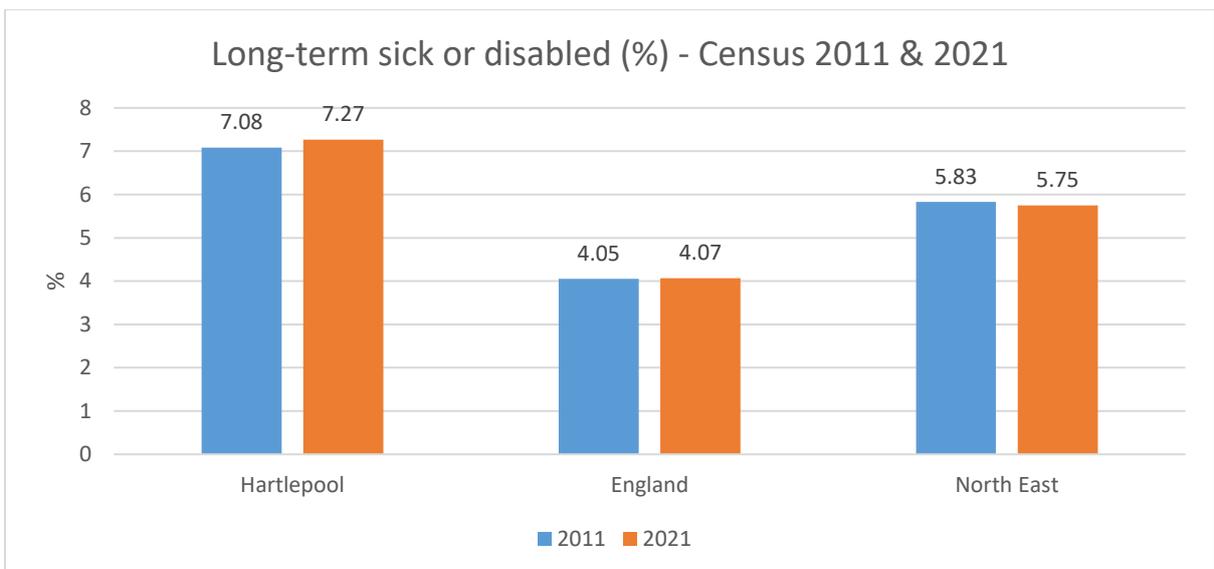
Estimates in prevalence of physical disabilities in Hartlepool from 2023 to 2040 by the Projecting Adult Needs and Service Information System (PANSI) shows that levels are expected to decrease.



Source: Projecting Adult Needs and Service Information System (PANSI), 2024

Mobility issues are estimated to decrease by the largest proportion, 10.1% decrease by 2040. This compares with a 5.7% decrease for stroke related physical disabilities, 7.7% for diabetes related disabilities, and 8.6% for personal care disabilities.

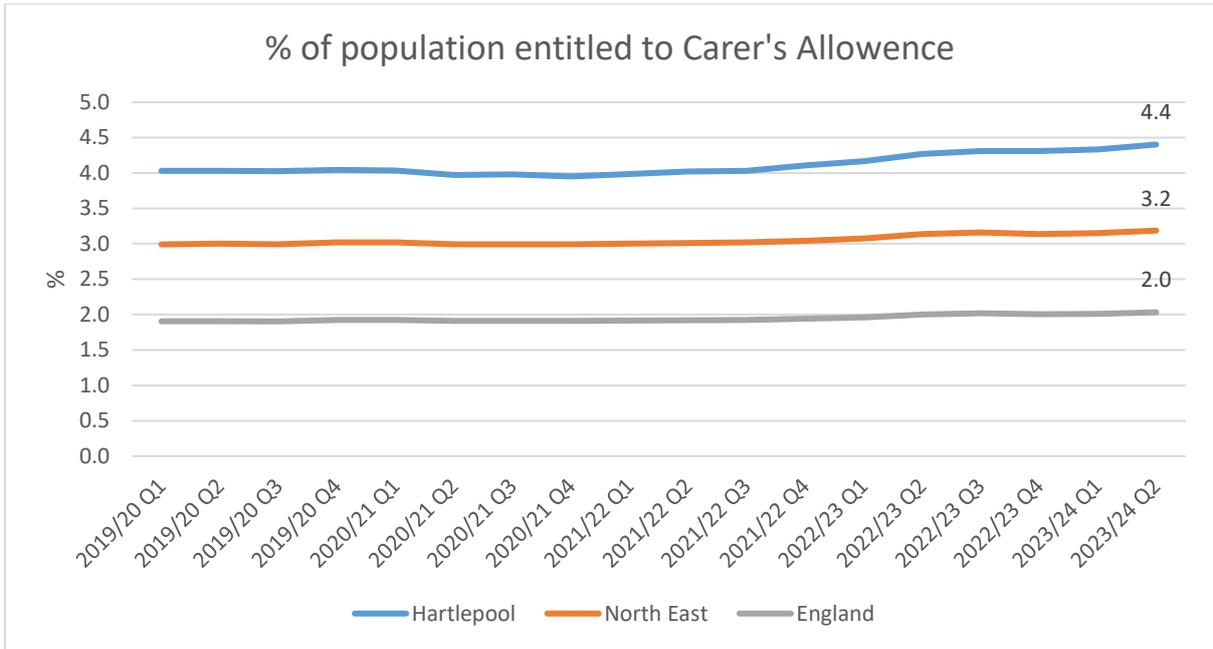
Data from the last two census, show that in both 2011 and 2021 Hartlepool’s level of long term sick or disability within its population was more than 50% larger than the England average.



Source: Census, 2021

Hartlepool’s rate in the 2021 Census was 78.6% larger than the England rate. Hartlepool’s rate increase by 2.7% from the 2011 Census to the 2021 Census. In the same period the England rate increased by less than 1%, and the North East rate decreased from 2011 to 2021.

The proportion of Hartlepool’s population who are entitled to carer’s allowance is more than twice the England average.



Source: DWP 2024

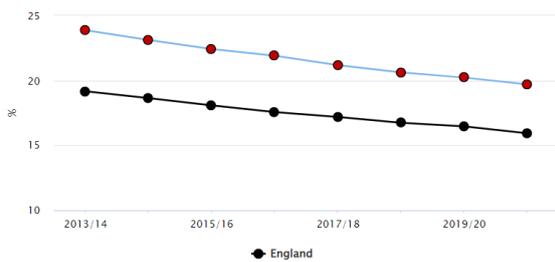
Across the entire reporting period, from 2019/20 Q1 to 2023/24 Q2, Hartlepool’s rate of carer’s allowance entitlement has remained more than twice the England average. All three rates, Hartlepool, England and the North East have remained largely stable throughout the reporting period, though Hartlepool has increased by 0.1 percentage points in each of the last four quarters. A pattern not followed by the other two rates.

Smoking

Data from the Quality Outcomes Framework (QOF) shows that smoking rates within the population in Hartlepool have decreased year on year for the last seven years, and has done so at a similar rate to the England average.

Smoking prevalence in adults (15+) - current smokers (QOF)

Proportion - %



Recent trend: ↓ Decreasing & getting better

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2013/14	18,844	23.9%	23.6%	24.2%	20.9%	19.2%
2014/15	18,272	23.1%	22.8%	23.4%	20.1%	18.6%
2015/16	17,766	22.4%	22.1%	22.7%	19.4%	18.1%
2016/17	17,352	21.9%	21.6%	22.2%	18.7%	17.6%
2017/18	16,816	21.2%	20.9%	21.5%	18.1%	17.2%
2018/19	16,451	20.6%	20.3%	20.9%	17.5%	16.7%*
2019/20	16,171	20.2%	19.9%	20.5%	17.1%	16.5%
2020/21	15,810	19.7%	19.4%	20.0%	16.6%	15.9%

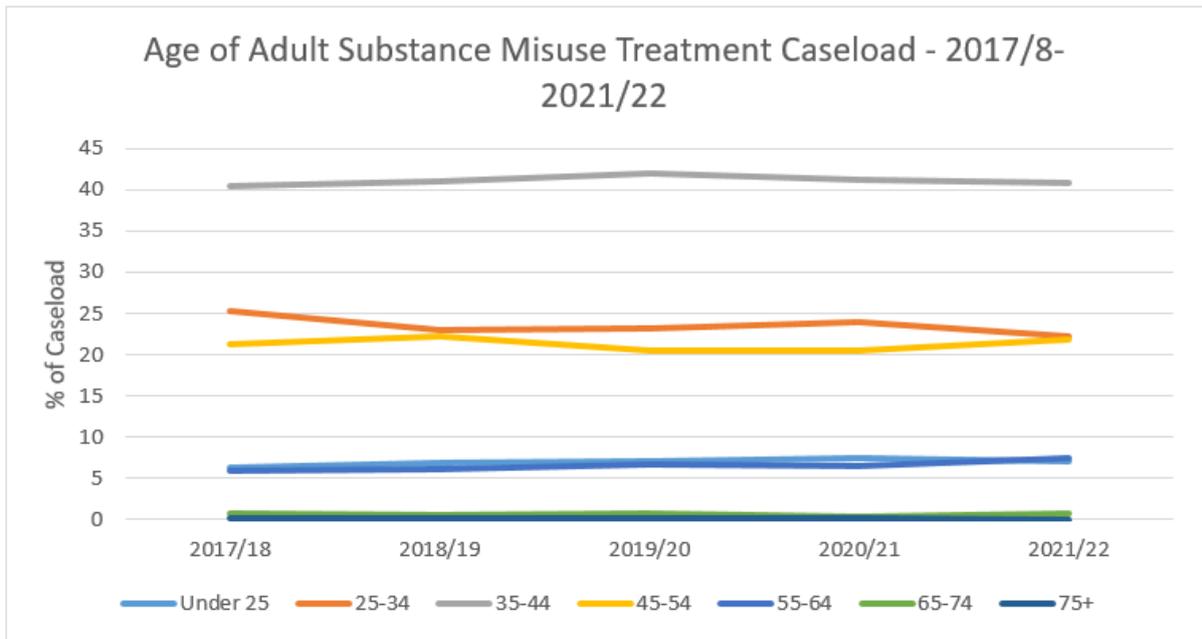
Source: Quality and Outcomes Framework (QOF), NHS Digital

Source: QOF 2022

Hartlepool’s prevalence of smoking for those aged 15 and above has fallen from 23.9% in 2013/14 to 19.7% in 2020/21. Throughout this period Hartlepool has remained significantly worse than the England average, but has followed a similar pattern in its decreasing rate. In 2020/21 Hartlepool had the 8th highest smoking rate for those aged 15 and above in England, and the highest in the North East.

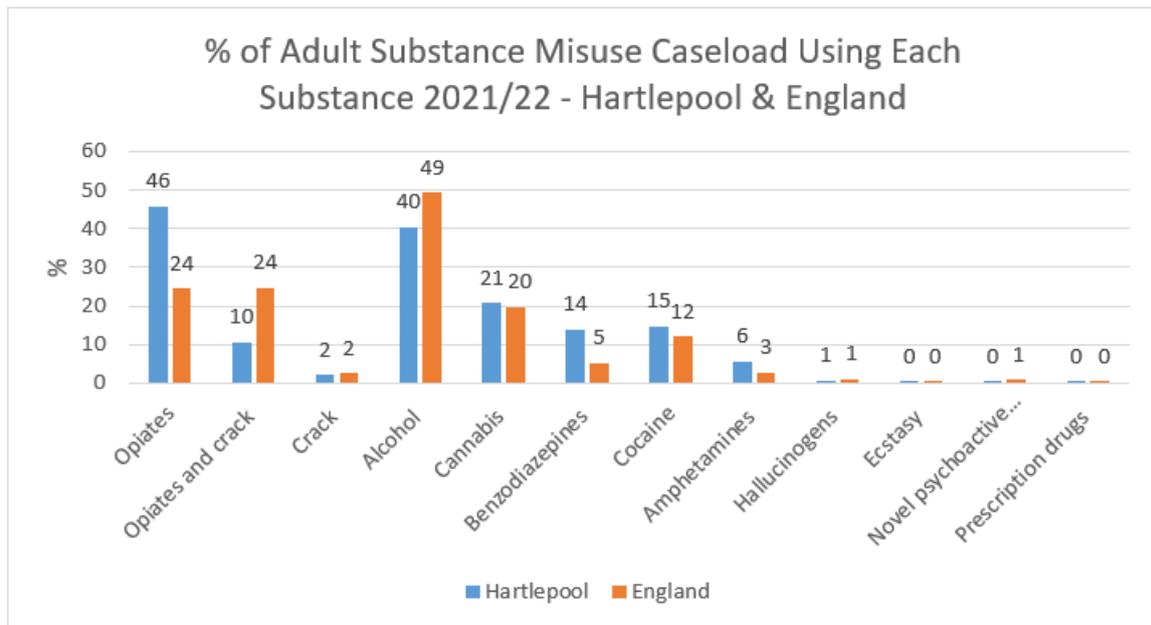
Substance Use

The age rates of the Hartlepool adult substance misuse caseload have stayed fairly static over the last five years.



Age of Adult Substance Misuse Treatment Caseload - 2017/8-2021/22
 Source: NDTMS 2022

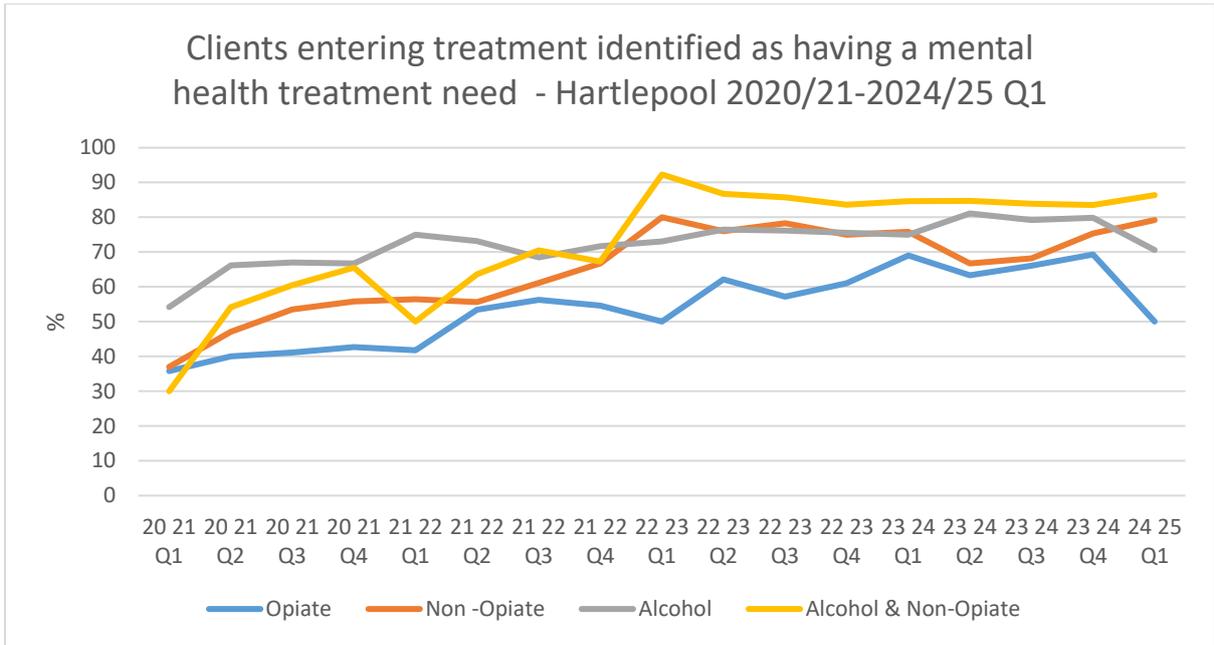
When compared to the England averages, the proportions of the adult caseload using each substance is very different for opiate and alcohol use.



Percentage of Adult Substance Misuse Caseload Using Each Substance 2021/22 - Hartlepool & England
 Source: NDTMS 2022

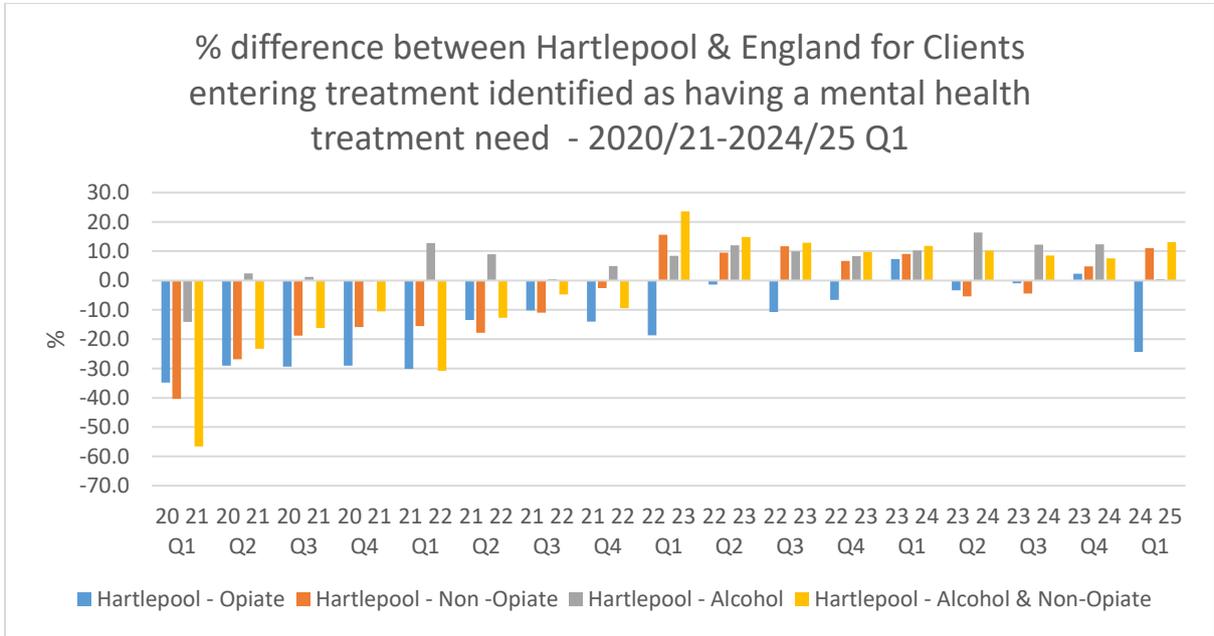
Hartlepool’s adult treatment caseload has a proportion of opiate users almost twice the size of the England average, though less than half of the size for opiate and crack usage in conjunction. While Hartlepool’s benzodiazepine use has declined amongst the adult caseload, it is still almost three times the size of the England average.

Co-occurring substance misuse and mental health issues in Hartlepool have increased in visibility in the substance misuse service caseload, with new clients presenting with mental health issues generally increasing in prevalence since 2020/21.



Source: NDTMS, 2024

Across all four substance groups, the prevalence of co-occurring mental health issues has increased since 2020/21, though the latest data for opiate users fell from almost 70% to 50%. All four substance groups have increased by at least 30% from the 2020/21 Q1 figure to the 2024/25 Q1 figure, with the non-opiate and the alcohol & non-opiate groups more than doubling its proportion across this period. When compared to the England, Hartlepool’s proportion has generally exceeded that of England since 2022/23, with the exception of opiate users, who have only exceeded the England figure twice in this period.



Source: NDTMS, 2024

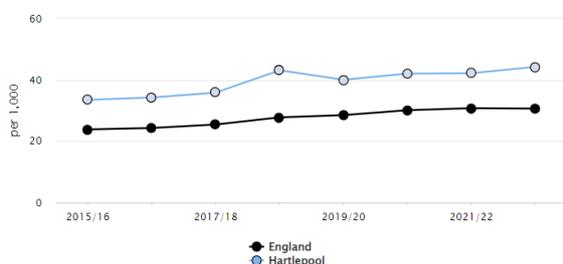
Both alcohol and alcohol & non-opiate groups have exceeded the England figure every quarter since 2022/23 Q1, with the non-opiate data exceeding England in seven of the nine quarters. Alcohol & non-opiates had the largest change in its position in relation to the England rate, moving from 56.6% below the England rate in 2020/21 Q1 to 13.1% above England in 2024/25 Q1.

Domestic Abuse

Domestic abuse related crimes and incidents for Hartlepool are recorded with the wider Cleveland Police figure, so will include data from outside of the Hartlepool geography.

Domestic abuse related incidents and crimes

Crude rate - per 1,000



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		England
			95% Lower CI	95% Upper CI	
2015/16	-	33.5*	-	-	23.8
2016/17	-	34.2*	-	-	24.3
2017/18	-	35.9*	-	-	25.4
2018/19	-	43.1*	-	-	27.7
2019/20	-	40.0*	-	-	28.5
2020/21	-	42.0*	-	-	30.1
2021/22	-	42.2*	-	-	30.7
2022/23	-	44.2*	-	-	30.6*

Source: Office for National Statistics (ONS)

Source: Police, 2023

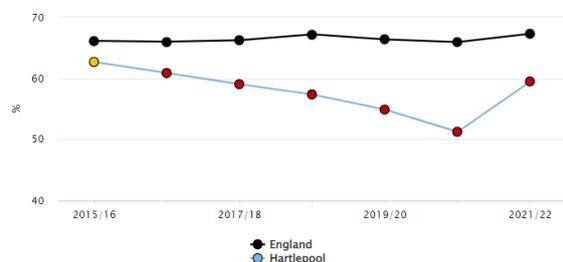
Cleveland Police's domestic abuse incidence rate places it within the highest quintile in England, that is the 20% with the highest rates. The Cleveland police rate has increased by 31% over the eight year reporting period, comparable with the 29% increase for England. Cleveland Police's domestic abuse rate is the 2nd highest in England.

Physical Activity

Adult physical activity in Hartlepool has consistently been at a level significantly lower than the England average since 2016/17.

Percentage of physically active adults

Proportion - %



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2015/16	-	62.7%	58.3%	67.0%	64.0%	66.1%
2016/17	-	60.9%	56.5%	65.2%	64.0%	66.0%
2017/18	-	59.1%	54.6%	63.6%	62.7%	66.3%
2018/19	-	57.4%	53.0%	61.8%	64.9%	67.2%
2019/20	-	54.9%	50.5%	59.3%	64.7%	66.4%
2020/21	-	51.3%	46.9%	55.7%	63.5%	65.9%
2021/22	-	59.5%	55.1%	63.8%	65.4%	67.3%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Hartlepool had seen five consecutive years of decline in its proportion of physically active adults, from 62.7% in 2015/16 to 51.3% in 2020/21, a fall of 18.2%. This decline was not mirrored in the overall England rate, which remained largely stable during this period. However, Hartlepool's most recent figure, 59.5% in 2021/22 is an increase of 16% on the previous year. Though even with this increase, Hartlepool remains significantly below the England average. Active travel to work by adults in Hartlepool has shown a decline from the 2011 Census to the 2021 Census.

Conclusion and Recommendations

Hartlepool experiences increased levels of deprivation, which in turn results in increased levels of poor mental and physical health. This needs assessment highlights risk factors contributing to poor mental health such as the use of substances, domestic violence, lack of physical activity and unemployment. Further work is needed to understand how poor mental health impacts the people of Hartlepool and how communities and services can support one another.

Recommendations:

- Use the '[Make every contact count](#)' resource, and take every opportunity to have brief conversations with people about making positive changes.
- Incorporate psychological aspects of care within all care pathways, not just mental health services but those working with employment support, food banks and health care
- Continue to identify risk factors and symptoms of mental health problems. Support the community transformation programme within Hartlepool to ensure individuals within our communities have access to a network of support which is timely, effective and person centred.
- Continue to identify risk factors and indicators for potential self-harm and suicide and support individuals who may present with suicidal thoughts and refer appropriately.
- Guide individuals with existing mental health problems through health promotion advice - and support them to access services to improve their physical health and wellbeing (screening, health checks).
- Ensure robust pathways between mental health, domestic abuse, and substance misuse services, with mental health, domestic abuse and substance misuse services being accountable to ensure pathways run smoothly. This includes both statutory and voluntary organisations.
- Ensure all actions support both the national and local suicide prevention strategy and action plan.
- Utilise the community transformation model to encourage collaborative working amongst community partners to combat loneliness and isolation within Hartlepool.
- Make sure individuals, and carers of individuals with disabilities and/or co-occurring mental health conditions receive support that meets their individual needs.
- Continue to monitor how factors such as deprivation, housing and other societal influences contribute to poor mental health
- Further work to understand the needs of those with neurodiversity and how this impacts health and wellbeing.

Appendices

Appendix A

Mental Health Services

Every Mind Matters – Every Mind Matters can help with expert advice, practical tips and personalised actions to help improve mental health and wellbeing

<https://www.nhs.uk/every-mind-matters/>

Primary Care Mental Health Practitioners – Primary Care Mental Health Practitioners are trained mental health doctors, nurses and wellbeing coaches which sit down with people who may be struggling and help to find a solution to their issues through signposting to a local service

<https://www.england.nhs.uk/mental-health/working-in-mental-health/mental-health-practitioners/>

Social Prescribers – Social prescribers connect individuals with activities, groups, and services within the community to enable autonomy of physical and emotional health. Social prescribing is available via GP Practices in Hartlepool.

<https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Crisis Support – if an individual is in a mental health crisis, NHS 111 option 2 is available

<https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

Tees Esk and Wear Valley NHS Foundation Trust (TEWV) - Mental Health & Learning Disability NHS Trust for County Durham and Darlington, Teesside, North Yorkshire, York and Selby

<https://www.tewv.nhs.uk/>

Impact on Teesside – NHS Talking Therapies and person centred support, to help people struggling with depression, stress, anxiety, and other emotional issues linked to distress.

<https://www.impactonteesside.com/>

LET's Connect – Support for people experiencing emotional distress and mental health difficulties through one to one and mutual support (activity groups).

<https://letsconnect-eng.co.uk/index.php/let-s-connect-hartlepool>

SHOUT – Free 24/7 text messaging mental health support service for anyone who is struggling to cope (Text SHOUT to 85258)

<https://giveusashout.org/>

Start – Substance use treatment services for children and adults offering a range of support including therapeutic and clinical interventions

<https://starthartlepool.co.uk/>

Togetherall – Safe Anonymous 24/7 online community to support individuals to improve their mental health and wellbeing. Togetherall is monitored by trained clinicians 24/7

<https://togetherall.com/en-gb/>

Easting Distress North East – Counselling and awareness training for people affected by eating disorders, including carers

<https://www.edne.org.uk/>

NHS Northern Gambling Clinic – Provides specialist addiction therapy and recovery to people affected by Gambling

<https://www.cntw.nhs.uk/services/northumberland-recovery-partnership/nhs-northern-gambling-service/>

Starfish Health and Wellbeing – Free one to one coaching for adults up to 29 years with a personal adviser, supporting individuals to plan their future.

<https://www.starfishhealthandwellbeing.co.uk/teesside.html> befriending-service/

Community Bereavement Service (Alice House Hospice) – one to one, in person bereavement counselling for adults, children and young people who are struggling with losing a loved one. Group programmes also available.

<https://alicehousehospice.co.uk/leaflet/community-bereavement-service/>

Hartlepool Holistic Wellbeing (Alice House Hospice) – Provide a wide range of holistic therapeutic treatments, therapies and services including reiki, acupuncture, aromatherapy massages, individual group mindfulness based guided meditations.

<https://alicehousehospice.co.uk/wellbeing-services/hartlepool-holistic-wellbeing-centre-2/>

Cruse Bereavement Support – Bereavement support to Hartlepool residents who have been bereaved by a death relating to suicide and/or drugs or alcohol

<https://www.cruse.org.uk/>

Hartlepool Befriending Service (Cleveland Fire Brigade) – Supporting through friendship, people who have become isolated or don't have regular contact from family and friends

<https://www.clevelandfire.gov.uk/community/befriending-service/>

Hartlepool Carers – Support many varieties provided to carers and their families, including help with emotional and practical challenges, respite care, advocacy and social opportunities

<https://www.hartlepoolcarers.org.uk/>

Age UK Teesside – Information, advice and helpline services for older people, their families and carers

<https://www.ageuk.org.uk/teesside/>

The Bridge – Information and support to enable people to live well with dementia, as well as support carers, families and friends through practical and emotional support

<https://hog.in-linea.com/the-bridge>

LilyAnes Wellbeing Cafe – Local coffee shop offering confidential support to people experiencing loneliness, homelessness and emotional distress.

<https://www.lilyannes.co.uk/>

Community hub central and south (Hartlepool Borough Council) – A safe welcoming place where everyone is able to come in for a chat, a cuppa, join a group activity, use the library, access the internet and computers, get support for skills, employment and volunteering

https://www.hartlepool.gov.uk/info/20012/libraries/1084/community_hubs_and_libraries

Hartlepool Support Hub (Hartlepool Borough Council) – Signposting service to Hartlepool services and resources for independent living. The hub is also the first point of contact for Adult Social Care.

https://www.hartlepool.gov.uk/news/article/2457/hartlepool_support_hub_%E2%80%93_a_gateway_to_information_advice_and_care

Something Positive CIC – For individuals and their families facing challenging life events affecting their mental health and overall wellbeing. Support available includes one to one talking therapies, peer support and relaxation therapies including arts and crafts.

<https://www.somethingpositive.co.uk/>

New Perspectives North East Wellness Walking group – Organises inclusive wellness walks led by trained walk leaders every day of the week – for any level of fitness is welcome

<https://www.hartlepoolnow.co.uk/organisations/33545-new-perspectives-north-east-wellness-walking-group>

Womens health hub – Town centre location for any emotional & Practical support needed by women, from pregnancy and postpartum to menarche and menopause.

<https://postpartummatters.podia.com/womenshealthhub>

Hartlepool Baby Bank – Support for Women from 28 weeks pregnant to Children up to 5 years including baby supplies, clothes and toys, a long side parenting and breast feeding support.

<https://hartlepoolbabybank.co.uk/>

Changing Futures North East - Support for families to improve the qualities of family relationships; help for children and young people to make new, healthy relationships with adults and other people of similar age

<https://www.changingfuturesne.co.uk/>

Halo Project – Support for black and minoritised women and girls experiencing or at risk of domestic and sexual abuse and violence

<https://www.haloproject.org.uk/>

HealthWatch Hartlepool – A health related, independent body with statutory functions dedicated to improving standards of health and care. Ensures your views and opinions are clearly heard by decision makers in health and care service.

<https://www.healthwatchhartlepool.co.uk/>

Hartlepool Vision Support – Support services for sight loss and vision impairment such as rehabilitation, counselling, mobility, training, sensory needs assessment, home visits, and advice on IT and assertive technology and social groups.

<https://hartlepoolvisionsupport.org.uk/>

North Regional Association for Sensory Support – Free advocacy advice and information service for deaf, hard of hearing and deafblind individuals

<https://nrassorg.wordpress.com/>

Signhealth – Sign language anxiety and depression therapies for deaf/hard of hearing people

<https://signhealth.org.uk/>

Fibro-Connect TS – Peer support group run for and by people with Fibromyalgia

<https://fibroconnect.co.uk/>

The Artrium – An Arts based support organisation that helps people in many different ways, practically and emotionally, centred around arts and crafts.

<https://www.theatrium.org/>

Daisy Chain – Supporting and empowering autistic and neurodivergent people through holistic person-centered services

<https://daisychainproject.co.uk/news/hartlepool-links/>

NHS Northern Gambling Clinic – Provides specialist addiction therapy and recovery to people affected by Gambling

<https://www.cntw.nhs.uk/services/northumberland-recovery-partnership/nhs-northern-gambling-service/>

NECA – Support service for those experiencing gambling harms.

<https://neca.co.uk/neca-gambling/>

Citizens Advice Hartlepool – Advice on benefits, debt, money, housing and more

<https://www.citizensadvicehartlepool.org.uk/>

Advice@Hart – Advice on benefits, debt, money, housing and more

<https://www.advice-at-hart.co.uk/>

West View Advice and Resource Centre – Advice on benefits, debt, money, housing and more

<https://www.wvarc30.org.uk/>

ManHealth – Offers free male peer support groups to find friendship and support for coping with any aspect of physical and mental health

<https://www.manhealth.org.uk/peer-support-groups/sessions/hartlepool/>

For contact information for these services please see:

<https://www.hartlepoolcommunitytrust.org.uk/mentalhealthservices>