Wellbeing amongst clinically extremely vulnerable people in Suffolk

This report has been produced based on findings from the Public Mental Health and Emotional Needs project, in collaboration with Suffolk County Council.

October 2023

mind Suffolk | Suffolk County Council

Just over 3 in 10 respondents who are clinically extremely vulnerable in Suffolk are scoring above a 1 on average in the Modified ENA (scale -3 to 3)

Sleep is the worst met Need on average

Community is the least met emotional Need on average

Those who are **over 75** are the most well demographic group on average

Respondents' **physical and mental health** is the biggest barrier to wellbeing

Those who are **unable to work** are the demographic group meeting Needs the least well on average

59% gave a score **below 1** for their Need for **Security**

Contents

The Emotional Needs

Sleep helps calm emotions and repairs our body. We can tell our Need for Sleep is met when we feel rested after waking up

Food & Drink is about feeling you get energy, nutrition and pleasure from your diet – however that looks for you

Control is feeling we are free to make choices for ourselves, and part of meeting this Need is recognising that there are things we can't control

Meaning & Purpose is feeling motivated and that there is a point to getting out of bed in the morning. This can be met through meeting our Need for Achievement, through helping other people, or by being part of something bigger than ourselves

Achievement is met by feeling stretched and challenged by the things we do

Emotional Connection is about feeling connected in smaller, more intimate groups. **Close Relationships** is about feeling we can be completely ourselves around at least one other person (or a pet!)

Movement isn't just about going to the gym or out for a run. Getting our heart rate above resting level just three to four times a week – whether that's a brisk walk, dancing or hoovering – is enough to trigger an endorphin release equivalent in its effect to anti-depressant medication

Security is to do with our need to feel safe and secure in our surroundings. Some examples of where we meet our Need for Security is in our housing situation, financially or in relationships

Privacy is about being able to get time away from distractions and have time to process our thoughts and emotions

Status is met by feeling appreciated and respected as a person. **Value** is about feeling appreciated for our actions and contributions

Giving and Receiving Attention is about exchanging positive attention with those around us. It is a finite resource, but can replenished by better meeting the Need for Privacy

Community is met when we feel we're part of a group

Key Findings

Just 31.80% of respondents in Suffolk who are clinically extremely vulnerable* are scoring above a 1 on average in the Modified ENA (scale -3 to 3). The average score is 0.20 and respondents have an average of more than 1 for 3 out of the 15 Needs, on average.

Alongside the three physical Needs, there are three emotional Needs that are particularly less well met amongst clinically extremely vulnerable respondents on average, and that could therefore benefit from targeted interventions to better support residents to meet these Needs.

These are:

1. **Community**

   63% of respondents have a score less than 1 (on a -3 to 3 scale)

   The biggest barrier to this Need being met?

   Respondents' physical or mental health

   The biggest supporting factor?

   People's hobbies or interests

2. **Security**

   59% of respondents have a score less than 1

   The biggest barrier to this Need being met?

   Respondents' physical or mental health

   The biggest supporting factor?

   People's home environments

3. **Control**

   58% of respondents have a score less than 1

   The biggest barrier to this Need being met?

   Respondents' physical or mental health

   The biggest supporting factor?

   People's home environments

4. **Physical Needs**

   77% of respondents have a score less than 1 for **Sleep**

   66% have a score less than 1 for **Movement**

   62% have a score less than 1 for **Food & Drink**

   The biggest barrier to these Needs being met?

   Respondents' physical or mental health

   The biggest supporting factors?

   People's home and day-to-day environments and their access to nature or the outdoors

Some groups of people who are clinically extremely vulnerable are notably more or less well than the average. Those who are over 75 are the most well group on average. Those meeting their Needs least well on average are those who are unable to work, either temporarily or permanently.

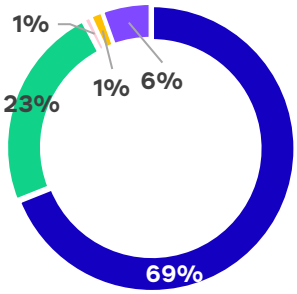
** Please refer to Appendix 1 to see the definitions for this group.*

For more information on our Emotional Needs & Resources approach, visit our website: www.suffolkmind.org.uk/emotional-needs-resources

Engagement from clinically extremely vulnerable people

We received 1,308 responses from clinically extremely vulnerable people from 13th June 2022 to 18th October 2023. We collect information on a number of demographic factors, alongside the Emotional Needs Audit (ENA) data, including gender, age, sexual orientation, ethnicity and nationality, economic status, and income. Of the demographic groups, this report focuses on age and economic status in particular – due to the biggest disparities in wellbeing existing amongst these groups.

Response rates by gender:



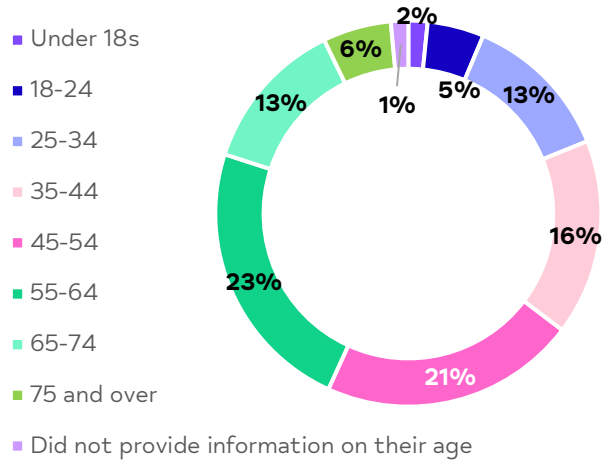
- 69% of respondents were women (including trans women)
- 23% were men (including trans men)
- 1% were non-binary or gender-fluid
- 1% chose to self-describe their gender
- 6% chose not to provide information

We often struggle to collect information on men's wellbeing compared with women, and this is worth keeping in mind as it can affect our results. For instance, clinically extremely vulnerable men's average wellbeing is higher than women's (average overall score of 0.40 for men, compared with 0.16 for women – on a scale of -3 to 3). However, we don't know the extent to which this is influenced by the fact that our sample size for women is around 3 times larger than is for men.

Could you help us connect with individuals who are less represented in our data? If so, please reach out to us on Research@suffolkmind.org.uk

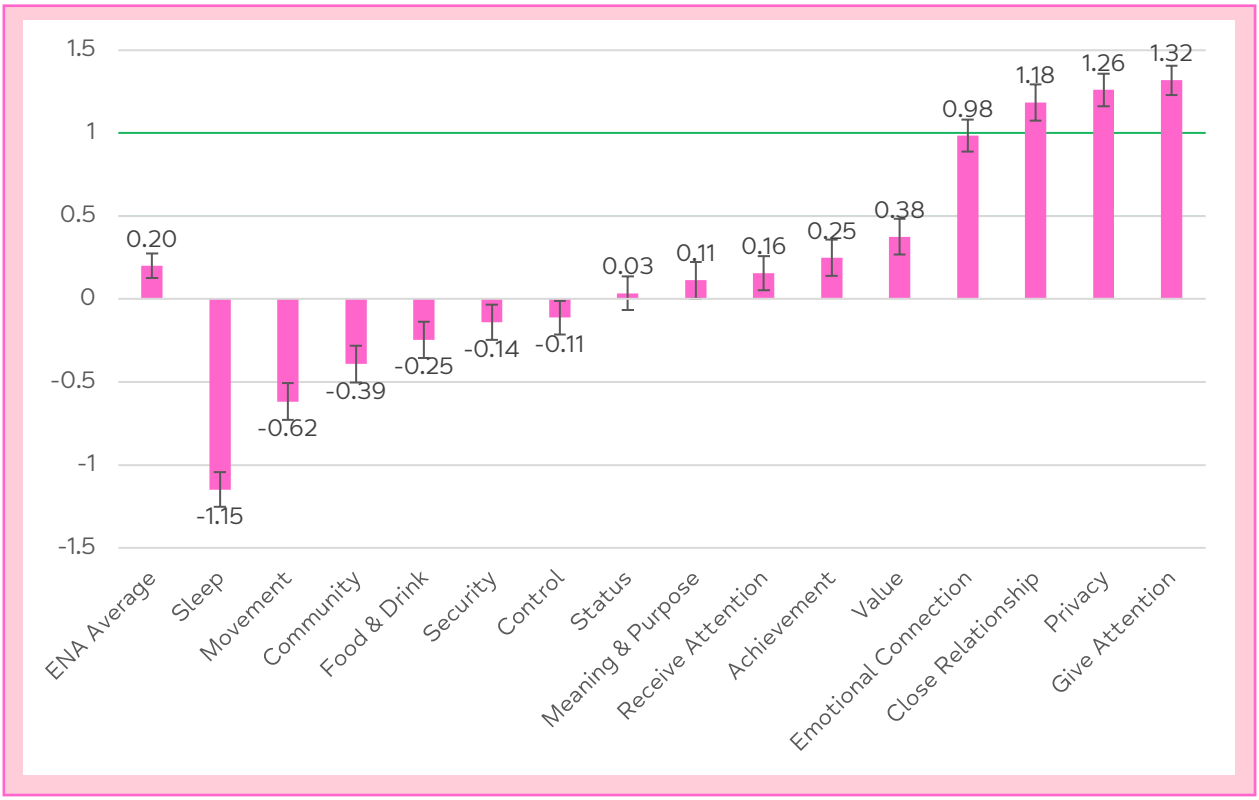
Response rates by age:

We heard the most from those aged between 35 and 64 years old. Around 6% of respondents were over 75 years old, which also happens to be our most well group on average. It's therefore worth bearing in mind that the fewer responses we have for a group, the less reliable the conclusions we're drawing are.



Where we receive fewer than 3 responses per reportable group, we do not report on the average wellbeing of this group – to ensure all responses remain anonymous.

Wellbeing for clinically extremely vulnerable people in Suffolk



Here we have the Emotional Needs Audit results for clinically extremely vulnerable people in Suffolk, gathered between 13th June 2022 and 18th October 2023. The Emotional Needs are along the bottom on the x axis, arranged from least to best met on average from left to right, with the average of all Needs combined on the far left. How well the Needs are met is shown on the y axis. Within the audit, each Need can be scored from -3 to 3, however, from this graph, we can see that the averages land between -1.5 and 1.5 (a view of the results on the full scale can be found in Appendix 2).

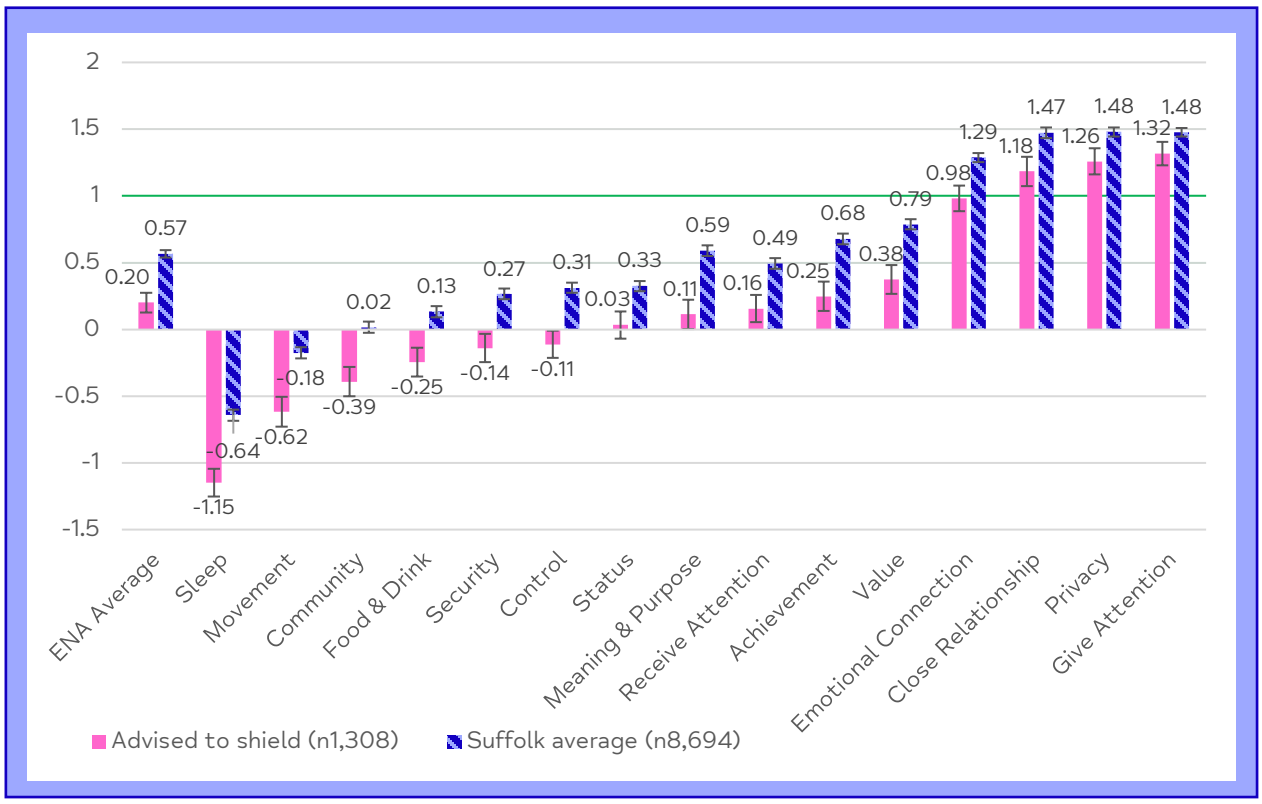
The error bars indicate the values we would expect our averages to fall within if we repeated this research. We used a 95% confidence interval; therefore, we can be 95% certain that the averages would fall within these ranges, if we were to collect data on the wellbeing of clinically extremely vulnerable people again in future.

The green line shows our operational definition of a 'well met Need' – one with a score of 1 or more on an individual level, and these are averaged to produce population scores. At a glance, we can see that, based on this, Needs are not well met by clinically extremely vulnerable people on average, with an overall average score of 0.20. Similarly, only 3 of the 15 Needs have an average score of 1 or more.

On an individual level, we operationally define someone to be meeting their Needs well overall if they have an average score of 1 or more across all their Needs. Based on this, 31.80% of clinically extremely vulnerable respondents (416 out of 1308 respondents) are meeting their Needs well overall and are therefore likely to be in wellbeing on the mental health continuum. This is statistically significantly worse than Suffolk's average wellbeing, based on fixed dates of 13 June 2022 to 8 March 2023 for the Suffolk-wide comparison point throughout this research, for which 41.12% of respondents have an average of 1 or more. For this project we chose to focus on groups which we knew to be less well, and therefore anticipated lower wellbeing amongst clinically extremely vulnerable respondents on average. As we will see on the following page, the difference between average wellbeing for clinically extremely vulnerable people and Suffolk as a whole is statistically significant, and our findings allow us to prioritise Needs and interventions with the aim of further improving wellbeing for clinically extremely vulnerable people living in Suffolk.

Any questions about our findings? Please contact us on Research@suffolkmind.org.uk

How does this compare to Suffolk's average?



To view this graph on the full scale (-3 to 3), see Appendix 2.

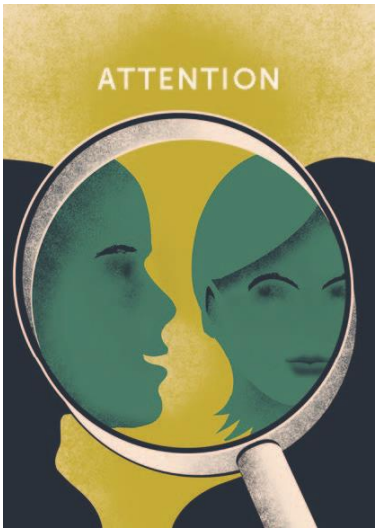
We can make a comparison between the data we have collected on clinically extremely vulnerable people with the Suffolk-wide data gathered as part of this research. These results are compared with the Suffolk average, based on data gathered between 13th June 2022 and 8th March 2023. There were 8,694 responses within that time period for Suffolk as a whole, which we can compare with the 1,308 responses from those who are clinically extremely vulnerable.

Here, we can see that the confidence intervals do not overlap between the overall clinically extremely vulnerable average and the Suffolk-wide overall average. Therefore, we can deduce that the difference between how well Needs are met overall amongst clinically extremely vulnerable respondents and the Suffolk-wide average is statistically significant. In fact, Suffolk as a whole is meeting every Need statistically significantly better than clinically extremely vulnerable respondents, on average.

If we look at the average scores, there is a difference of 0.37 between clinically extremely vulnerable average and the Suffolk average. We can see a similar trend across both data sets in terms of how well each Need is met – with Sleep being the worst met Need on average, and the same 4 of the 15 Needs being best met on average.

When gathering information on respondents who were clinically extremely vulnerable, we asked participants if they shielded during the COVID-19 pandemic, and then if they did, we asked why they shielded. This report mostly focuses on those who shielded because they were advised to by a medical professional or letter from the Government. Page 21 compares the wellbeing of this group with people who shielded for other reasons, either to protect a vulnerable household or family member, or because they felt like it was the right thing to do.

To analyse the results of those who were advised to shield further, we can separate the Needs into four groups based on similarities in theme.

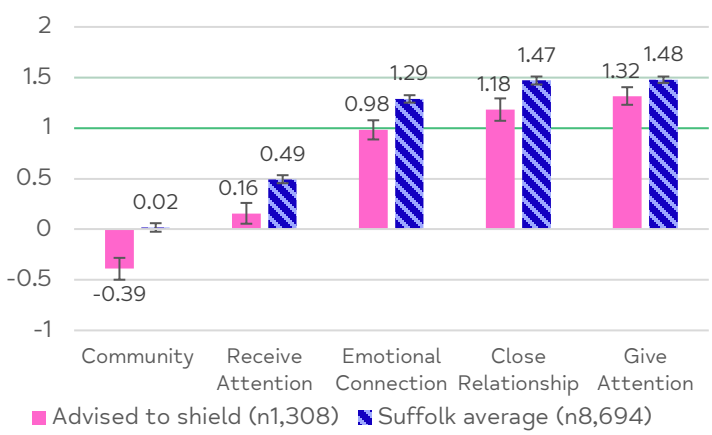


Interpersonal Relationship Needs

We can see that the Need for a **Close Relationship** is well met on average, with a score of 1.18 (on a scale of -3 to 3), showing that people are feeling accepted for who they are by at least one person in their lives. **Emotional Connection** is also high on average, with a score of 0.98, suggesting that respondents are feeling connected in small, intimate groups.

It's helpful to compare these two Needs to **Community**, as this reflects the difference between feeling connected in smaller groups compared with bigger groups. Community is the least well met emotional Need on average for clinically extremely vulnerable respondents, with an average score of -0.39. This suggests that people aren't feeling well connected in larger, less intimate settings. The Need for Community has taken a considerable hit in recent years, with Suffolk's average score for Community reaching an all time low during Summer 2022 compared to previous years.

The best met Need for clinically extremely vulnerable respondents, on average, is **Giving Attention,** with a score of 1.32. For both clinically extremely vulnerable people and Suffolk as a whole, Giving Attention scores much more highly than **Receiving Attention**, on average, which is a less well met Need on average with a score of 0.16. This shows that people feel they give others more attention than they receive back. The largest barrier reported by respondents not meeting their Need to Receive Attention was their physical or mental health. This comes through in comments with some respondents reporting that they aren't able to take part in services or activities that they would like to, which can mean they feel forgotten or neglected.



Community is the **lowest** met emotional Need

All of these Needs are statistically significantly worse met by the clinically extremely vulnerable group, compared with Suffolk as a whole. Looking at the Need for Community, we can see that physical or mental health is the most significant barrier to meeting this Need for this group, with over two thirds of those not meeting this Need selecting it as a barrier.

Accessibility seems to be a factor behind this, with respondents reporting that they sometimes aren't able to attend groups they would like to due to them not always running outside of usual working hours, or due to the physical accessibility of the space. Some respondents also seemed to feel that group or peer support would give them an opportunity to meet their Need for Community whilst still accessing the support they need.

Comments from respondents also show us that some people feel that community activities and local facilities available are too costly. A few respondents also told us that they are now less able to access services they used to attend, or would like to attend, due to rising costs – both of the services themselves, and due to transport costs.

We also can see throughout that some clinically vulnerable respondents found it difficult to reintegrate into their community after shielding for almost 2 years, and would appreciate some support connecting with their community again.

Barriers

Respondents who weren't meeting their Need for Community (scoring below 0) were asked to identify barriers that prevent them from doing so. Of the respondents who chose to identify barriers:

- 69% (n192) believed that their physical or mental health presented an obstacle
- 30% (n82) reported that the cost of living was a barrier
- 25% (n70) viewed their financial situation as getting in the way

Supporting factors

Respondents who were meeting their Need for Community very well (scoring 2 or more) were asked to identify factors that support them to do so. Of those who provided information on supporting factors:

- 54% (n44) identified their hobbies or interests as supporting factors
- 49% (n40) selected their relationships as a contributing aid
- 48% (n39) viewed their community involvement as enabling them to meet this Need well

What helps people's wellbeing?

"Having regular contact with my care coordinator helps maintain good mental health"

"Getting out with family and being in nature helps"

"Having someone that encourages me or listens helps"

What are specific barriers to wellbeing?

"Unstable paving outside my home and need to make journeys in my wheelchair"

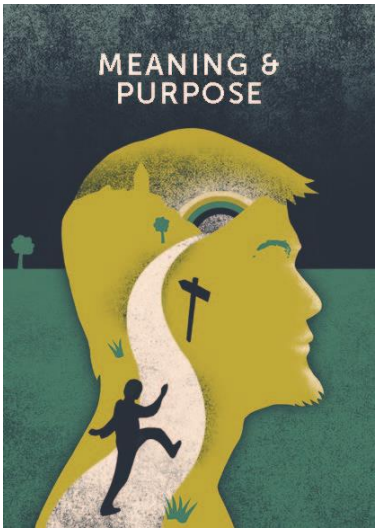
"Being a single mum with no family around me living in a rural area, I struggle with loneliness and lack of support"

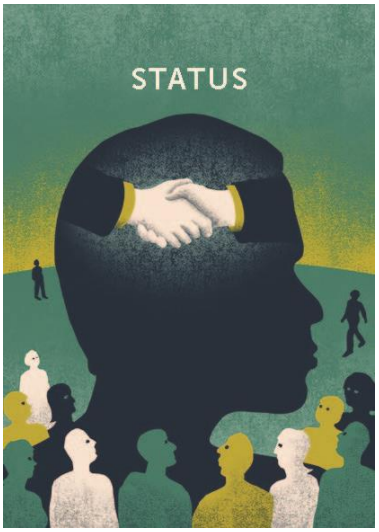
What could be done to improve wellbeing?

"I wish there were more ways to just meet other people to talk and get to know each other"

"There needs to be more support for families in rural areas. Having to travel 5+ miles to nearest support groups for new and existing parents is isolating"

"More access to mental health groups"



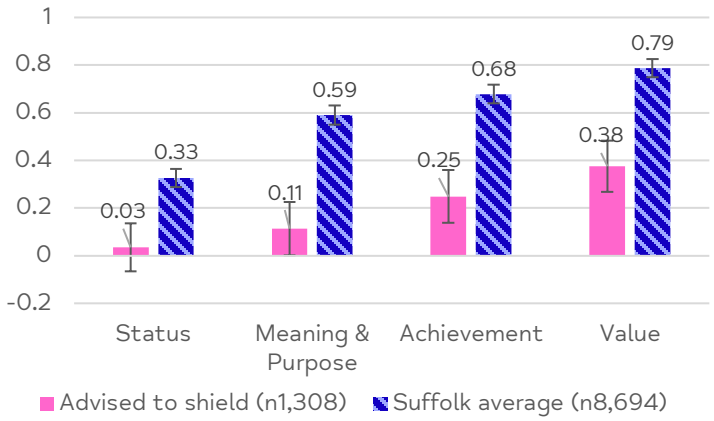


Achievement and Value Needs

We can see that people are feeling some internal achievement about their actions but may not be feeling stretched, as **Achievement** is a less well met Need on average, scoring 0.25 (on a scale of -3 to 3). People's work situations can affect their ability to meet this Need well, with this being the most commonly reported barrier to meeting this Need. Looking at results by economic status, we can see that Achievement is least well met by those who are unable to work (-1.02) and unemployed (-0.73) on average. Under half of clinically extremely vulnerable respondents are in either full-time work, part-time work, or are self-employed, compared with nearly two thirds of the Suffolk average. This could be contributing to fewer respondents feeling they are achieving and stretched in their lives. It's therefore important to consider how to support people to meet this Need outside of work.

Meaning & Purpose is strongly positively correlated to Achievement within the clinically extremely vulnerable data, meaning that on average we'd expect to see that if Achievement is high, then so is Meaning & Purpose (and vice versa). It's therefore unsurprising that Meaning & Purpose is also less well met for clinically extremely vulnerable people on average, with a score of 0.11, showing that respondents may not always be feeling purposeful about their actions.

As with the other Needs in this group, **Value** is also not among the best met Needs on average, with a score of 0.38. Value indicates how much people feel others appreciate them for their actions and contributions. Therefore, since respondents who are clinically extremely vulnerable aren't meeting this Need well on average, this suggests that individuals may not be feeling as valued for their actions and contributions as they would like. **Status**, on the other hand, tells us how much people feel others appreciate and respect them as a person. Status is significantly less well met than Value, with an average score of 0.03. This shows that the appreciation and value people may at times feel for their actions doesn't always translate to them feeling valued as a person.



Status is one of the **lowest** met Needs

As we know, all of these Needs are statistically significantly worse met by the clinically extremely vulnerable group compared with the Suffolk-wide average.

Two thirds of respondents who aren't meeting their Need for Status report their physical or mental health as a barrier. A theme coming through the comments relating to this Need is around clinically extremely vulnerable respondents shielding during the pandemic and then feeling forgotten when restrictions ended. Some case study respondents mentioned that they are still feeling nervous about social activities and face to face services and feel there hasn't been enough support for them to reintegrate into social activities. There are also mentions of a lack of consistent support from healthcare providers, including feeling passed around between different services without having care taken for them while moving between them. A sense of being forgotten seems to be negatively impacting respondents' sense of status and self-worth.

Barriers

Of the respondents who chose to identify barriers to meeting their Need for Status:

- 67% (n153) stated that their physical or mental health prevented them from meeting this Need
- 31% (n71) attributed not meeting this Need well to the cost of living
- 27% (n63) identified either their work situation, their relationships or their day-to-day environment as an obstacle

Supporting factors

Of the respondents who chose to identify supporting factors to meeting their Need for Status:

- 65% (n61) felt supported to meet this Need due to the relationships in their lives
- 39% (n37) saw their work situation as a supporting factor
- 369% (n37) believed that their home environments enabled them to meet this Need well

What helps people's wellbeing?

"Volunteering has not only given me a purpose but I have also been able to make friends"

"Having multiple hobbies and being part of a choir"

"I find that doing arts and crafts, especially pottery, are really good for my mental health and wellbeing"

What are specific barriers to wellbeing?

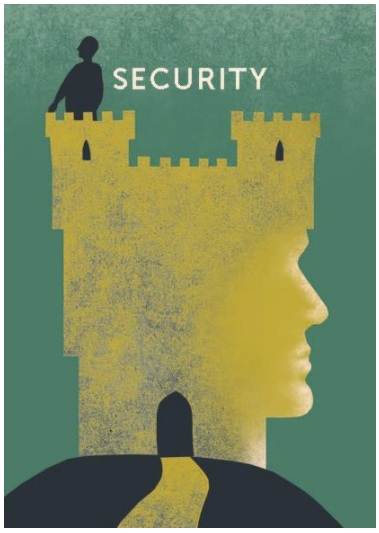
"The services I have tried to use have been cut, mostly funding issues"

"Transport presents a barrier and not being able to get/park close to venues"

What would people like to see done to improve wellbeing?

"I think more groups like art therapy where you can meet, talk and make stuff"

"Youth need more activities"

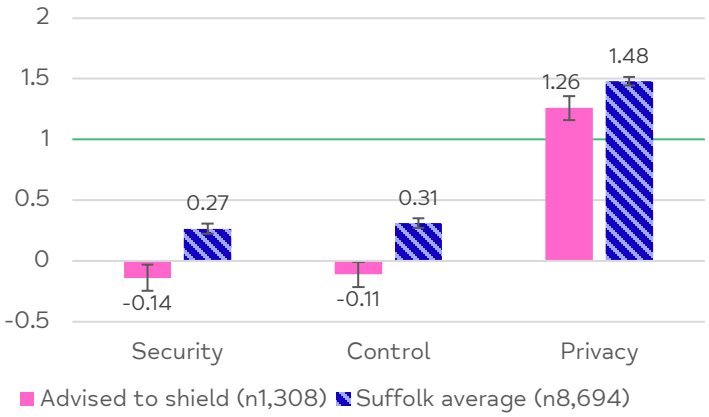


Security and Control Needs

Security is the second least met emotional Need on average for clinically extremely vulnerable people, with a score of -0.14 (on a scale of -3 to 3). This shows that individuals may not always be feeling as safe and secure in their lives as they would like to. The biggest barrier to clinically extremely vulnerable people meeting their Need for Security is individuals' physical or mental health, with 69% of those not meeting this Need reporting this as a barrier. Across the comments, various factors were mentioned, including services being inaccessible for vulnerable people, and health anxiety due to difficulties getting doctors or dentists appointments on the NHS. Also mentioned was the fact that private support such as counselling is unaffordable for some people, especially at the moment. This ties in with the second largest barrier to meeting this Need, which is the cost-of-living crisis. Respondents mention feeling worried about the future with their finances and not knowing where to go for support.

Control is another less well met Need on average, with an average score of -0.11. This suggests that these respondents do not feel like they have enough control over their lives or their surroundings. Financial concerns and current economic uncertainty, as well as concerns around health are also presenting real obstacles to individuals meeting their Need for Control – with 78% reporting that they weren't meeting this Need due to their physical or mental health, and the cost of living and people's finances being the next most commonly mentioned barriers. Security and Control are strongly positively correlated to one another in this data set, so it is unsurprising to see they have similar scores on average, and similar barriers being reported.

On the other hand, **Privacy** is a well met Need with a score of 1.26 on average. This is positive, since it reflects the fact that respondents generally feel able to take time to themselves when they need it – with the top supporting factor for clinically extremely vulnerable respondents meeting this Need well being people's home environments. However, as we know, this Need is still statistically significantly worse met for clinically extremely vulnerable respondents compared with the Suffolk average.



Security is the **second least** met emotional Need

All three of these Needs are statistically significantly worse met by clinically extremely vulnerable respondents compared with the Suffolk-wide data.

Across both the clinically extremely vulnerable and Suffolk-wide data, those on the lowest household incomes are meeting their Needs for Control and Security the least well on average, compared with those from higher income households. For clinically extremely vulnerable respondents with a household income less than £25,000 per year, 75% who weren't meeting their Need for Security mentioned the cost of living as a barrier, and 79% of those not meeting their Need for Control mentioned it. Our data on clinically extremely vulnerable people has statistically significantly more respondents who have a household income under £25,000 per year, compared with the Suffolk-wide data. Therefore, we can hypothesise that this group may feel the effects of the cost-of-living increase more than some other groups in Suffolk. We see this through the comments as well, with many respondents reporting that an increase in costs has had a significant negative impact on their wellbeing, and even some who are currently out of work due to illness mentioning that they will soon be forced to go back to work to make ends meet.

Barriers

Of the respondents who chose to identify barriers to meeting their Need for Security:

- 69% (n187) identified their physical or mental health as an obstacle
- 51% (n137) viewed the cost of living as a barrier
- 41% (n110) believed their financial situation prevents them from meeting this Need well

Supporting factors

Of the respondents who chose to identify supporting factors to meeting their Need for Security:

- 64% (n68) felt their home environments enable them to feel safe and secure
- 58% (n61) believed their relationships support them to meet this Need
- 44% (n47) viewed their day-to-day environment as a supporting factor

What helps people's wellbeing?

"I am lucky that my work provides mental health support as part of an occupational health package... many people are not so fortunate"

"The work that I do supports me and helps take care of my family back home"

What are specific barriers to wellbeing?

"Lack of adequate education and social care support for families of people with additional needs"

"Under resourcing and poor organisation of mental health services from the NHS"

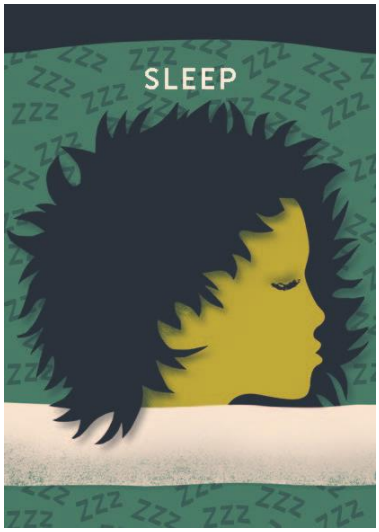
"Barriers are financial as we do worry most months, sometimes day to day, how we are going to get through some months as cost of living is crazy"

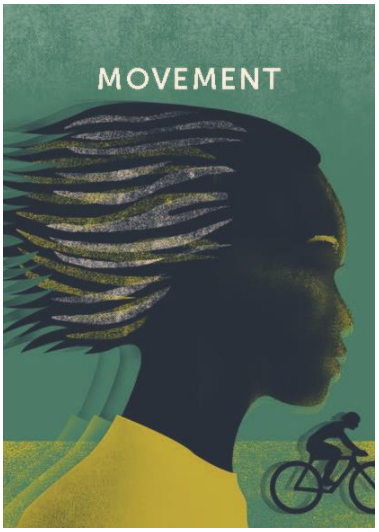
What would people like to see done to improve wellbeing?

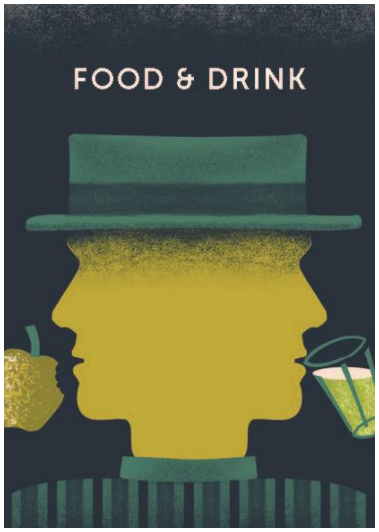
"Healthcare: the access should be made easier. Similar to private sector"

"If you can't work because of an illness there should be more help available"

"More pay for care workers and the NHS"





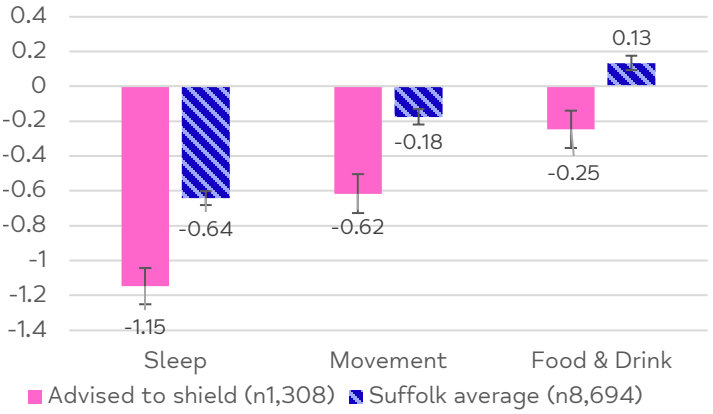


Physical Needs

As for the physical Needs, it can seem like these aren't as connected to wellbeing as some of our emotional Needs. However, there are many connections between our emotional Needs and physical Needs, and what happens during the waking day can have a significant impact on our physical Needs, even **Sleep**.

We can see that none of the three physical Needs are well met on average among clinically extremely vulnerable respondents, with Sleep being the worst met Need on average. The average score for Sleep is -1.15, and whilst there doesn't always feel like there is a huge amount we can do to improve our sleep, our data on clinically extremely vulnerable people shows that there is a strong positive correlation between Sleep and the Need for Control. Therefore, if someone is worrying about the control they have over their finances, for example, this may impact upon the quality of their sleep. Hence, if we make changes to better meet people's Need for Control, we may see that their Need for Sleep also becomes better met. Sleep can also be a good indicator of when people are starting to move down the mental health continuum, so it is important to keep an eye on.

Movement and **Food & Drink** are also not well met on average, having average scores of -0.62 and -0.25, respectively. These two Needs are also strongly positively correlated with each other in this data on clinically extremely vulnerable people, implying that it's possible that respondents who aren't getting a balance of energy, nutrition and pleasure from their diets also don't feel they're able to do enough physical activity, and vice versa. This also means that it's possible that supporting people to meet one of these Needs will also help them meet the other one too.



All three **Physical Needs** are **unmet**

All three physical Needs are statistically significantly worse met amongst clinically extremely vulnerable respondents compared with Suffolk-wide respondents on average. Based on comments we've received from respondents, it's clear that some are struggling to access activities such as exercise classes due to their finances, while others expressed a difficulty around accessibility due to poor public transport links or lack of adjustments for physical disabilities. Respondents' physical or mental health is by far the largest barrier reported for clinically extremely vulnerable respondents across all three physical Needs. Over half of clinically extremely vulnerable respondents reported having an activity limiting disability, which is statistically significantly more than the 27% who reported this across the Suffolk data as a whole. Disabled respondents across Suffolk are meeting their physical Needs significantly worse than non-disabled respondents on average, so the fact that there are more disabled respondents in our clinically extremely vulnerable group could explain partly why clinically extremely vulnerable respondents are not meeting these Needs.

Barriers

Of the respondents who chose to identify barriers:

- 72% (n324) viewed their physical or mental health as a barrier to Sleep, while 77% (n277) identified this as barrier to Movement and 61% (n166) for Food & Drink
- 44% (n119) of people voiced that the cost-of-living crisis was preventing them from meeting their Need for Food & Drink, while 25% (n111) identified this as a barrier to Sleep and 21% (n75) for Movement

Supporting factors

Of the respondents who chose to identify supporting factors:

- 54% (n27) viewed their home environment as a supporting factor for Sleep
- 45% (n45) attributed meeting their Need for Food & Drink well to their home environments
- 41% (n31) of respondents saw either their access to nature, or their day-to-day environment as supporting factors for Movement

What helps people's wellbeing?

"Plenty of space to walk when I need some air and exercise and me time"

"Music helps. Workshops. Water/walking by the river"

"I am very fortunate to have a sports centre close and accessible. Plus river walks and countryside within 10 mins walk of my home."

What are specific barriers to wellbeing?

"I love my fishing but money issues is preventing me from going"

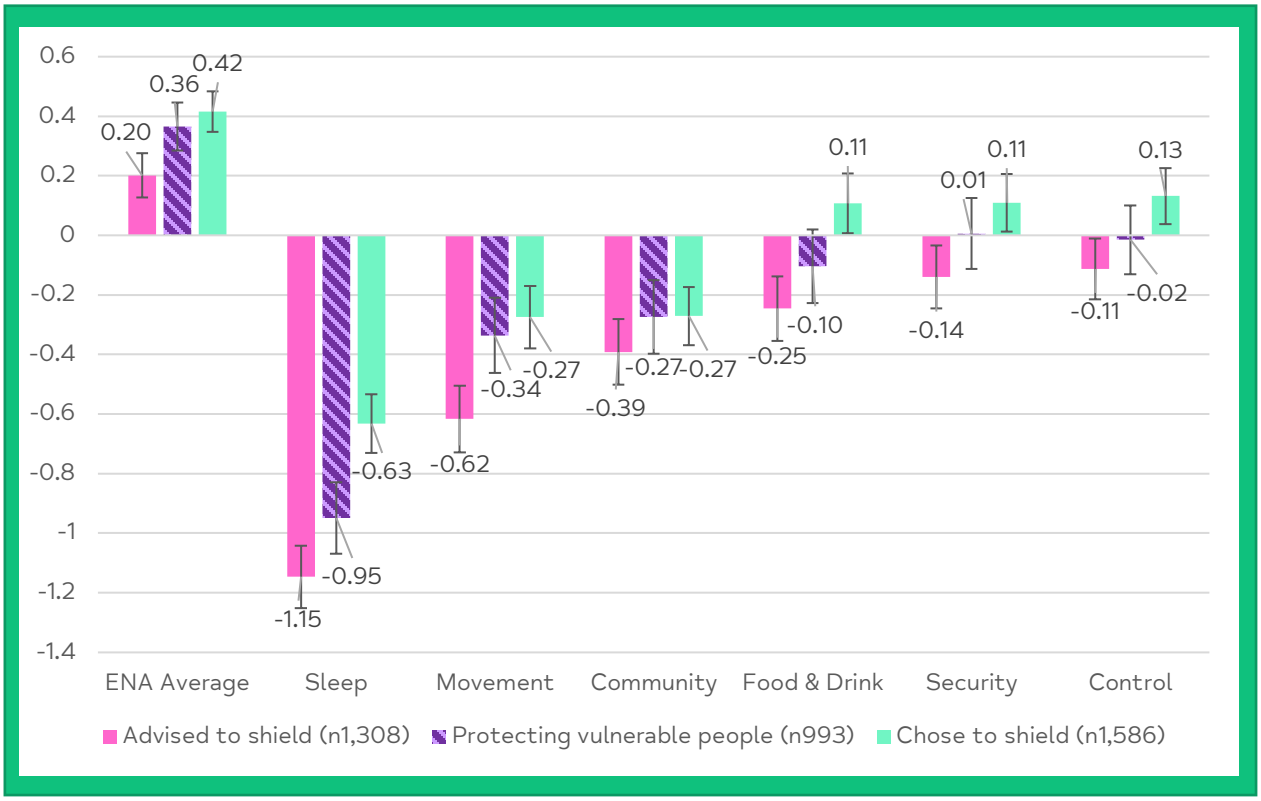
"Not being able to access the beaches and other places such as woods so that I can watch the birds and other wildlife from my wheelchair"

What would people like to see done to improve wellbeing?

"I think it would be really useful to people like myself to have access to free exercise classes or even a discounted gym pass"

"Local craft groups. Suffolk Wildlife Trust."

What about other people who shielded?



The graph above focuses on the least well met Needs comparing averages for people who shielded for different reasons. To view the full graph, with each Need shown, see Appendix 3.

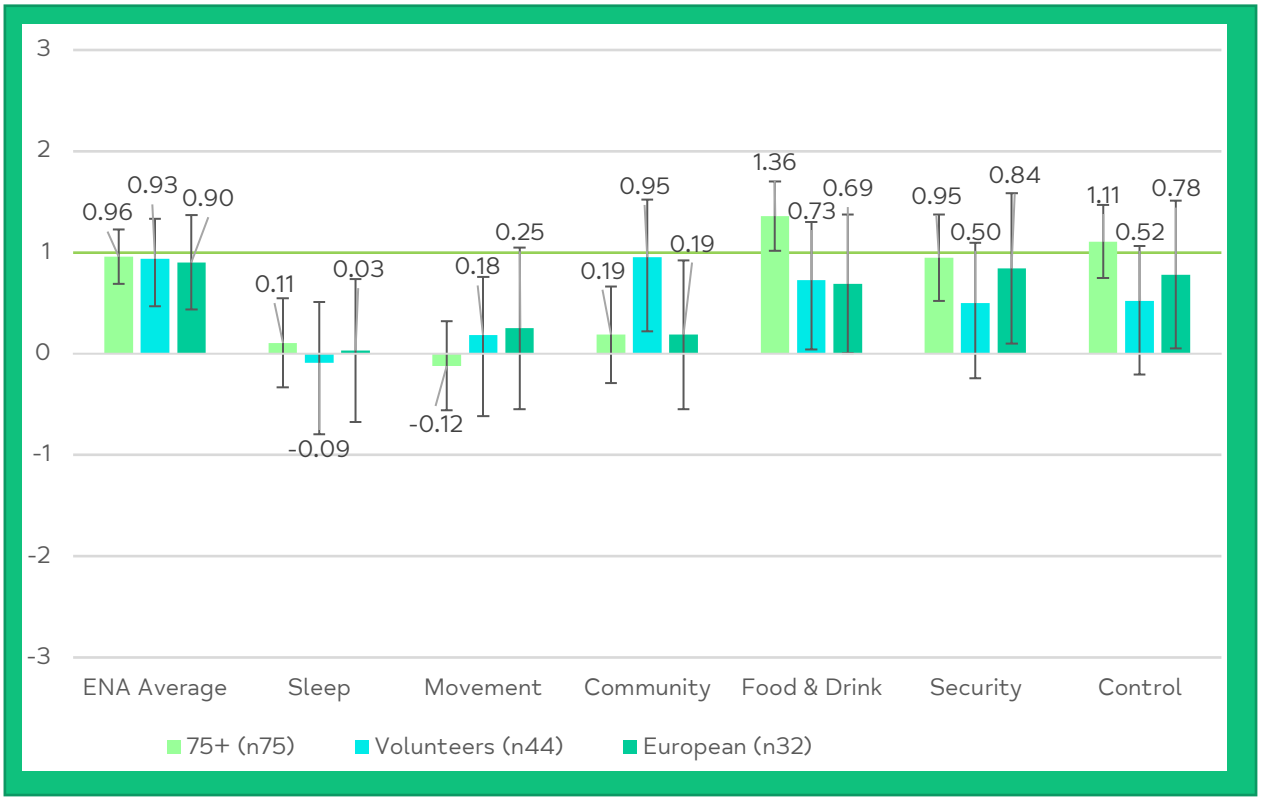
When gathering information on respondents who were clinically extremely vulnerable, we asked participants if they shielded during the COVID-19 pandemic, and then if they did, we asked why they shielded. Up until now, this report has focused on those who shielded because they were advised to by a medical professional or letter from the Government. Here we can compare the wellbeing of this group with people who shielded for other reasons, either to protect a vulnerable household or family member, or who chose to because they felt like it was the right thing to do.

We can see that, on average, those who were advised to shield are meeting their Needs statistically significantly worse than the other two groups, and all three groups are meeting their Needs statistically significantly worse than Suffolk as a whole, on average.

Perhaps unsurprisingly, a very large percentage of those who shielded to protect a vulnerable household or family member are also carers, with almost 70% being carers of some type, and almost half being a carer for a friend or family member. This group are also meeting their Need to Give Attention statistically significantly better than either those who were advised to shield or who chose to, which is in line with other data on carers. People mention feeling they enjoy supporting their family but can sometimes feel they spend their attention looking after others and don't have attention left to look after themselves.

All three of these groups are meeting 8 Needs statistically significantly worse than Suffolk as a whole, on average, and two out of the three groups are meeting another 6 Needs statistically significantly worse than Suffolk as a whole, on average. A few case study respondents specifically mentioned feeling there wasn't enough support offered for those who shielded during the pandemic, or if it was offered then it wasn't advertised well enough. There was also mention of loneliness, isolation and a lack of support for people shielding by themselves, as well as too little support managing fear of COVID when reintegrating after shielding.

Who are the most well groups on average?



The graph above focuses on the least well met Needs amongst clinically extremely vulnerable respondents on average. To view the full graph, with each Need shown, see Appendix 3.

Drawing on the demographic information we collect alongside the ENA, we can identify which demographic groups are particularly more or less well than the average. Here, we have the demographic groups with the highest average scores among clinically extremely vulnerable respondents.* We can see that those who are over 75 have the highest overall average score, both an average of 0.96 (on a scale of -3 to 3). This is followed by respondents who are volunteers, and then those who are European, who have averages of 0.93 and 0.90 respectively.

Those who are over 75 have an average over 1 for 7 of the 15 Needs well on average, compared with the clinically extremely vulnerable average of 3 of 15. However, as the above graph demonstrates, even the most well groups aren't meeting most of the average least met Needs very well.

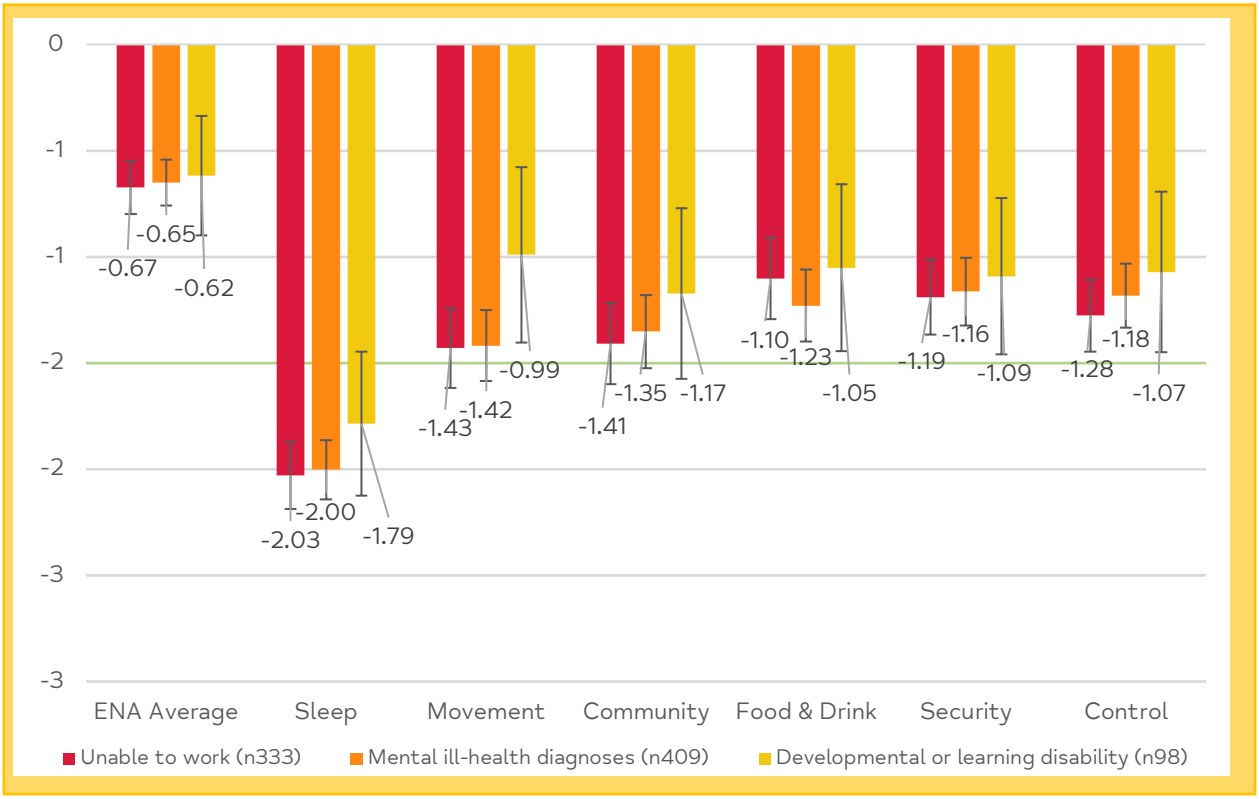
Volunteers are meeting their Need for Meaning & Purpose statistically significantly better than the clinically extremely vulnerable group as a whole. This is something we often see with those who volunteer, and is matched in the comments with respondents reporting that they feel a sense of purpose and giving back to their community through volunteering, as well as it being a way to meet new people.

However, there is also mention that volunteering opportunities in certain areas are limited, as well as public transport and people feeling unsafe out after dark also limiting accessibility to volunteering, so it's worth considering how volunteering opportunities can be made more accessible.

Respondents who are over 75 are meeting their Need for Food & Drink particularly well, with the biggest supporting factors for this being their home environment. Since the majority of this group is retired, it's possible they have more time and emotional energy to spend on preparing meals that give them energy, nutrition and pleasure.

**It is worth noting that we have focused on demographic groups with a minimum of 26 respondents per group, to ensure the sample size is as representative as possible. Therefore, there may be some groups that are more or less well on average but that have been excluded from this report's analysis due to having a very small sample size.*

Who are the groups meeting Needs least well on average?



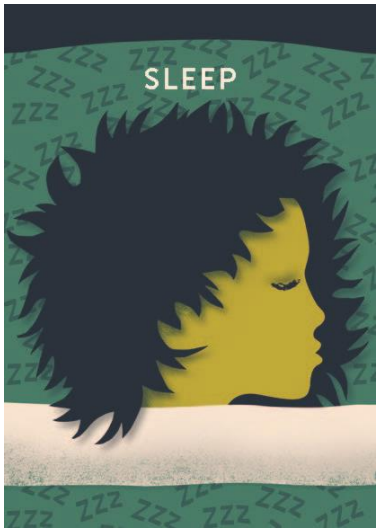
The graph above focuses on the least well met Needs amongst clinically extremely vulnerable respondents on average. To view the full graph, with each Need shown, see Appendix 3.

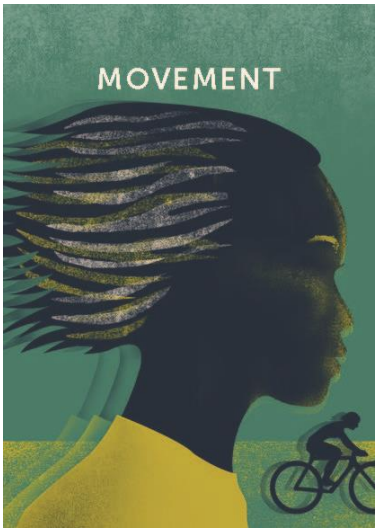
If we look at the groups meeting Needs least well on average among clinically extremely vulnerable respondents, we can see that people who are unable to work (either temporarily or permanently) have the lowest scores on average, with an overall score of -0.67 (on a scale of -3 to 3). This is followed by individuals with mental health diagnoses and those with developmental or learning disabilities, with average scores of -0.65 and -0.62, respectively.

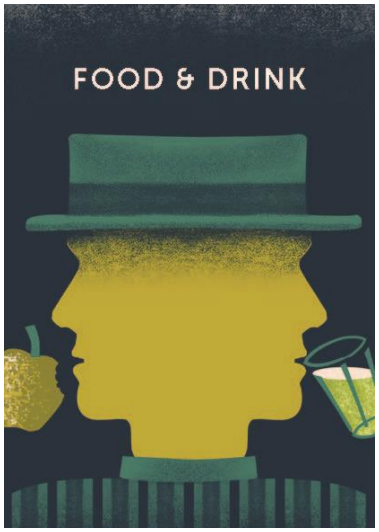
Looking at those who are unable to work, there are two key factors seeming to have an impact on wellbeing. One of these is financial security. With over half of those unable to work also having a household income less than £17,000 per year (compared to just 37% of clinically extremely vulnerable respondents overall), it makes sense that we are also seeing the cost of living coming up among the top barriers to many Needs for this group. Comments mention the cost and accessibility of public transport being a barrier, as well as limited access to affordable services.

The other prevailing factor preventing people meet their Needs, which is also a factor for the other two least well groups, is their physical or mental health. This is the biggest barrier to meeting Needs for almost every Need for all three of these groups, only excluding the Need for Achievement.

In the comments, respondents reported feeling disappointed in health services in Suffolk due to factors like having too little time given to them by professionals, being passed around the system and lengthy referral processes and wait times for support. There are also mentions of a lack of support for those who are neurodivergent. These will all be significant barriers to respondents being able to meet their Needs.







What conclusions can we draw from these results?

Our research has revealed that the Needs for Community, Security and Control, alongside the three physical Needs, are the least well met Needs for clinically extremely vulnerable respondents in Suffolk on average. Therefore, targeting interventions to better meet these Needs could help to improve wellbeing for them.

When asked about things that could be improved to support their wellbeing, case study respondents had a number of suggestions, including:

- Extending services to occur in the evening
- Organised groups or classes for exercising with instructors
- Befriending services locally
- Improved communication around support available
- Improved coordination between different agencies when people are discharged or referred to other services
- More bus and other public transport services
- Peer support groups
- Quicker access to services
- Support with changes to make to day-to-day life to improve wellbeing
- Wellbeing walks for less able people
- Mandatory mental health support and policies in the workplace
- Online support group for those who shielded or are still shielding

Our data and feedback collected on clinically extremely vulnerable people in Suffolk is being fed back to key individuals within Suffolk County Council and wider support networks. Based on our findings, proposals will be put forward regarding the types of interventions that could be implemented to improve wellbeing for clinically extremely vulnerable people in Suffolk.

Appendix 1

Purpose of Report

Suffolk Mind and Suffolk County Council have embarked on an ambitious project to gain more insight into the mental health of Suffolk's population. The insight gained will be used to guide decision-making by Suffolk County Council on the inventions needed to improve public mental health. This research was conducted using our validated mental health measure, the Emotional Needs Audit (ENA), which has been distributed widely online, on foot by trained data collectors, and by mail drop to Suffolk residents' homes.

As well as analysing Suffolk-wide wellbeing, this research has paid particular attention to groups and locations in Suffolk that have worse mental health outcomes, according to pre-existing data gathered by Suffolk County Council and Suffolk Mind. This report focuses on the average wellbeing of those who indicated they were clinically extremely vulnerable, throughout this report defined by those who said they shielded during the COVID-19 pandemic because they were advised to by a medical professional or a letter from the Government. This report is based on data gathered from 13th June 2022 to 18th October 2023. This data is compared with the Suffolk-wide average, which includes all responses from those who identified that they live in the county of Suffolk and completed the ENA between 13th June 2022 and 8th March 2023.

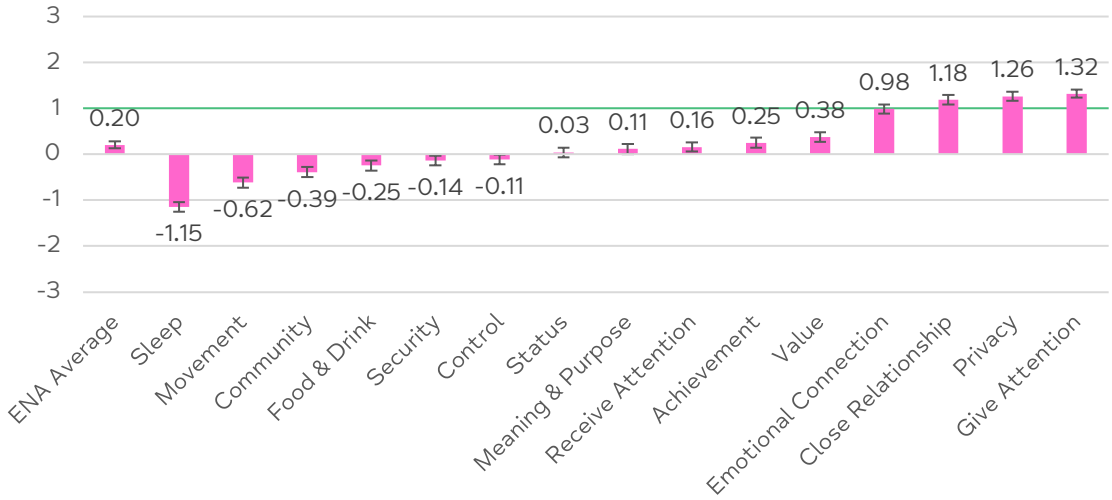
Methodology

This research is based on the Emotional Needs and Resources approach, which outlines the 12 innate Emotional Needs that we must meet, in balance, in order to be mentally well. This approach can be used to provide a useful direction to help improve mental wellbeing, allowing us to identify when a specific Need is not met and enabling us to make changes to meet that Need and improve wellbeing. This idea applies to individuals, but also to groups of people, including samples of the population. Looking at which Needs are generally unmet in a sample population can help identify areas to work on to make Suffolk a healthier and happier place to live. If you'd like more explanation on each of the Emotional Needs, see the Suffolk Mind website.

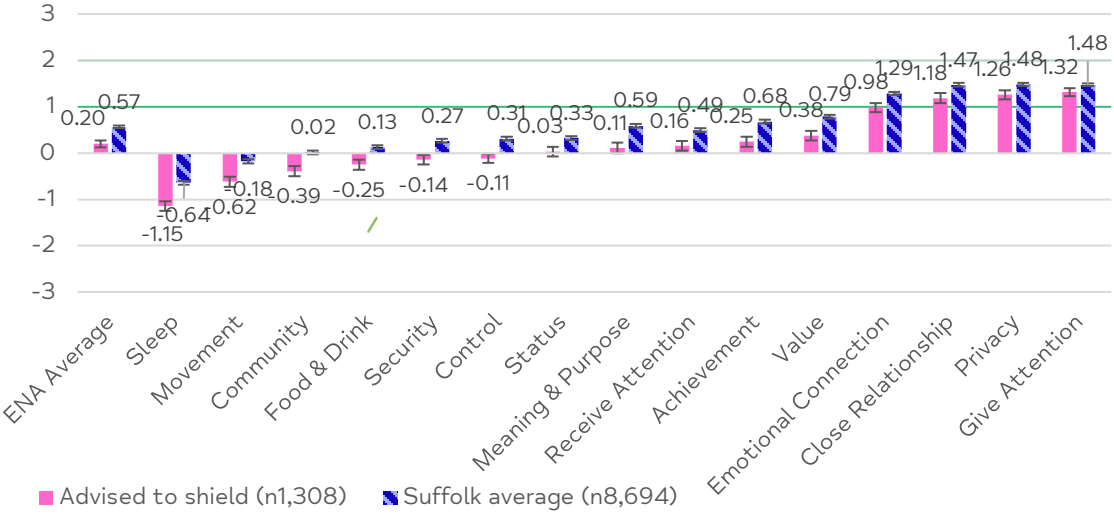
In the ENA, we ask 15 questions that encompass all elements of the 12 Needs, containing both emotional and physical aspects. These are scored on a scale from -3 (not at all met) to +3 (very well met). We also ask respondents to identify any environmental barriers that may prevent them from meeting their Needs, as well as any factors that support them to meet Needs well. We also collected data on demographic factors, such as age and gender identity, to determine how these factors affect wellbeing. Respondents were given the opportunity to participate in case studies to support this research and allow us to gain a deeper understanding of factors that may prevent or enable individuals to meet their Needs.

Appendix 2 – Overall Wellbeing Graphs

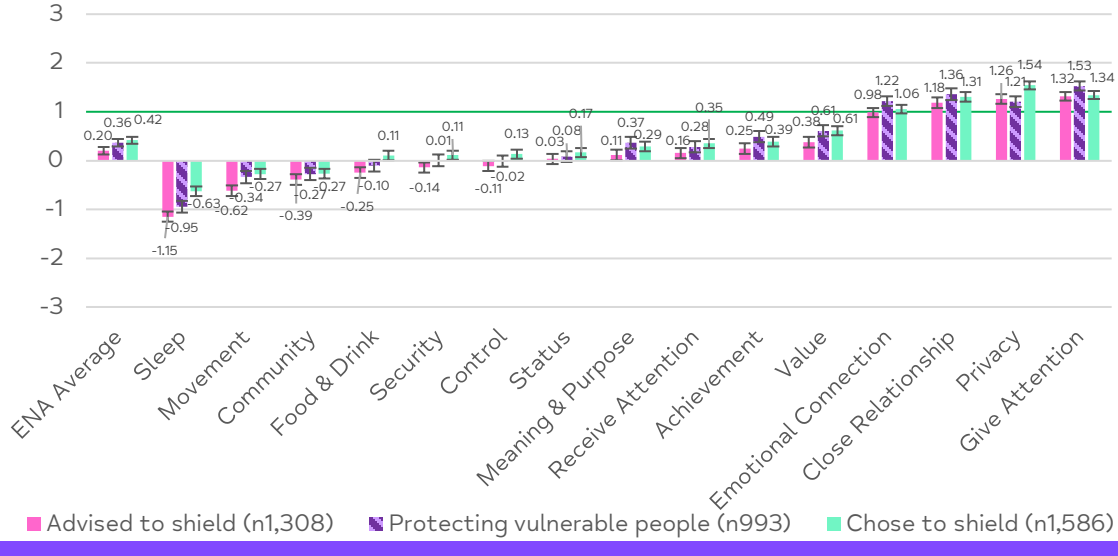
Average wellbeing amongst those in Brandon & Mildenhall:



Average wellbeing compared with the Suffolk average:

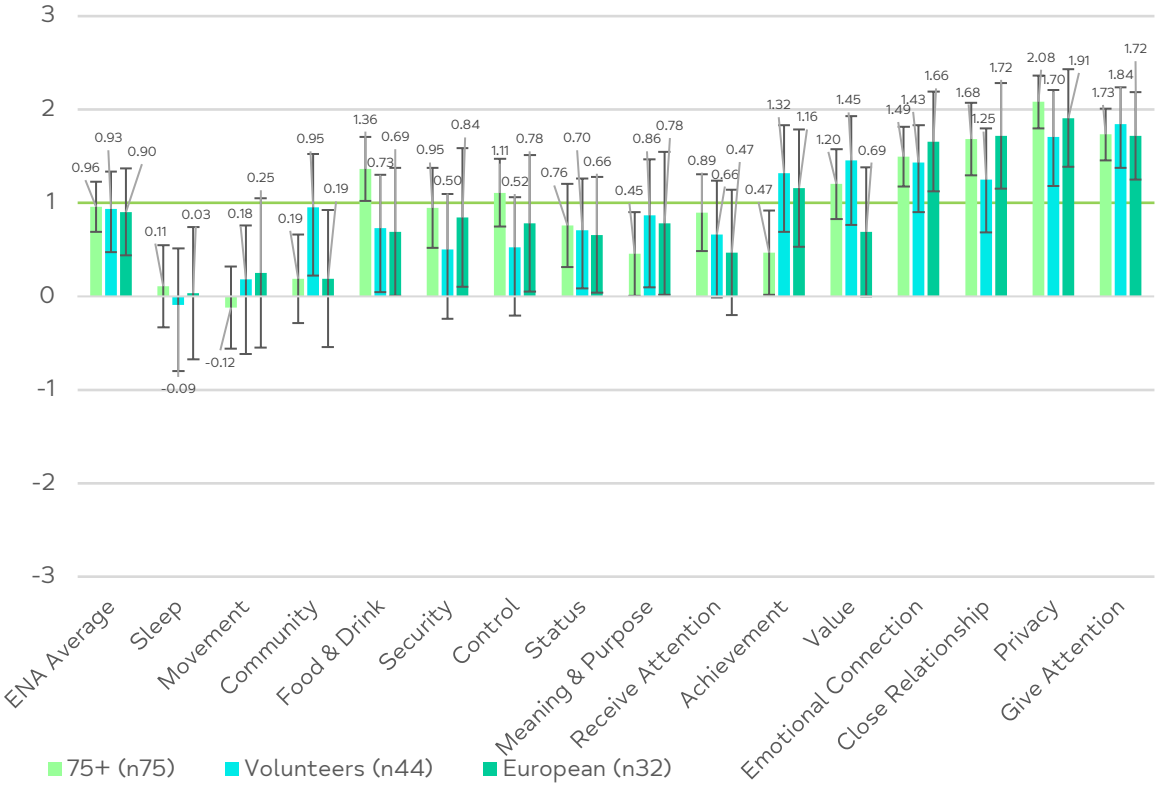


Average wellbeing comparing different reasons for shielding:

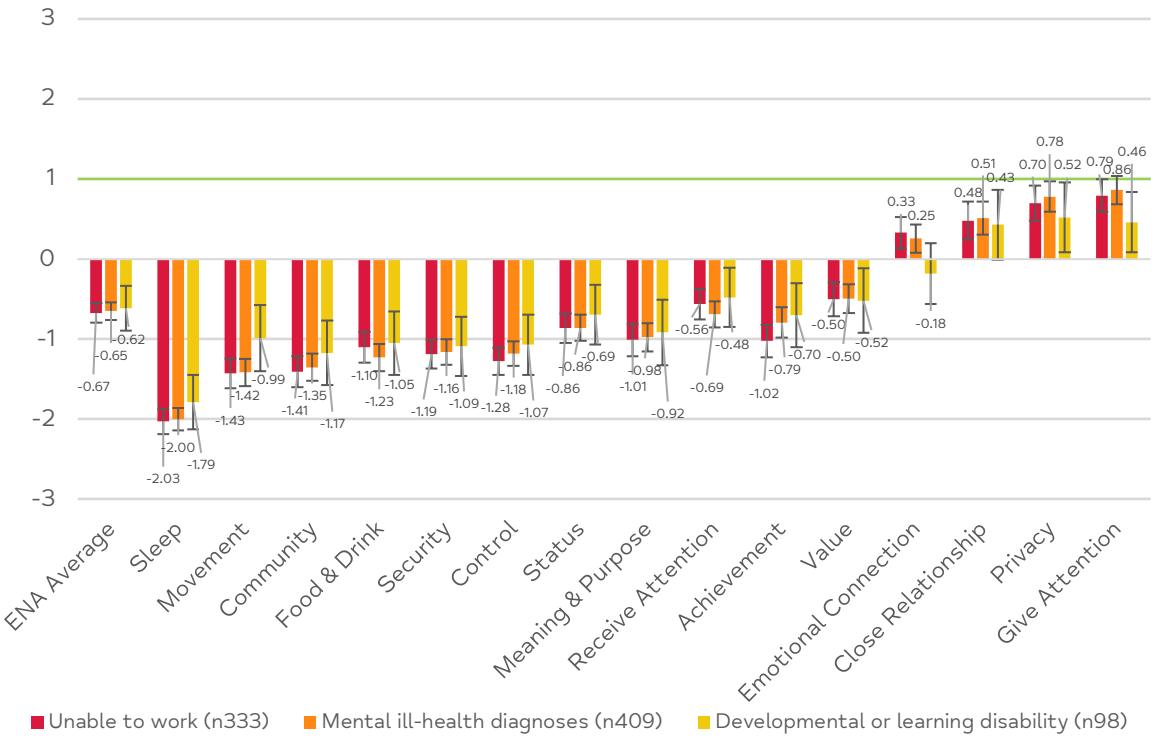


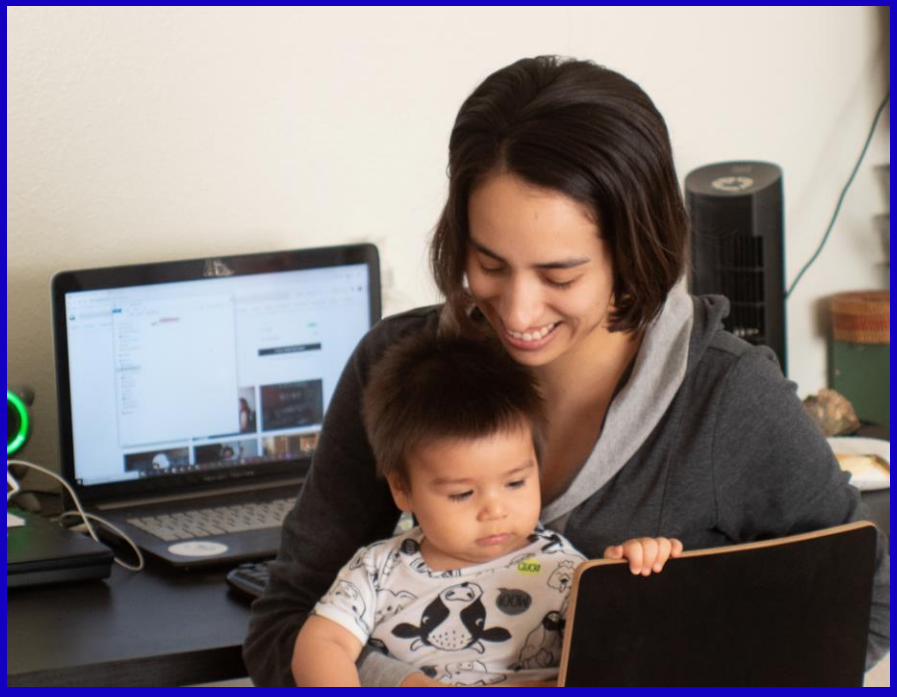
Appendix 3 – Most & Least Well Graphs

The groups meeting Needs the most well on average:



The groups meeting Needs least well on average:





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