



Wellbeing 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.

September 2023



Only around 4 in 10 Suffolk respondents are scoring above a 1 on average in the Modified ENA (scale -3 to 3)

Two thirds of Suffolk respondents are scoring **below 1 for their Need for Sleep**, making this the worst met Need on average

54% of respondents have a score **below 1 for their Need for Community**

Those who **work in the VCSE sector** are the most well demographic group on average

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

Those who are **unable to work** could be most susceptible to stress and mental ill-health, being the demographic group meeting their Needs the least well on average

Half of respondents in Suffolk gave a score **below 1 for their Need for Security**



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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 be replenished by better meeting the Need for Privacy

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

Key Findings

Just 42% (n4754) of Suffolk respondents are scoring above a 1 on average in the Modified ENA (scale -3 to 3). The average score is 0.60 (on a scale of -3 to 3), and Suffolk respondents have an average of more than 1 for four out of the fifteen Needs on average.

Alongside the three physical Needs, there are three emotional Needs that are particularly less well met amongst those who live in Suffolk on average, and that could therefore benefit from targeted interventions to better support residents to meet these Needs.

These are:

1. Community

54% (n6024) of Suffolk 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

49% (n5466) 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 relationships and home environments

3. Control

47% (n5237) 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 and day-to-day environments

4. Physical Needs

66% (n7451) of Suffolk respondents have a score less than 1 for **Sleep**

56% (n6323) have a score less than 1 for **Movement**

52% (n5785) 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 environments, their day-to-day environments, their hobbies or interests, and their access to the outdoors

Some groups of people within Suffolk are notably more or less well than the average. Those who work in the **Voluntary, Community and Social Enterprise sector are the most well group** on average and are meeting their Needs statistically significantly better than the Suffolk average. Those **meeting their Needs least well on average are those who are unable to work**. This group is meeting their Needs statistically significantly worse than the Suffolk average.

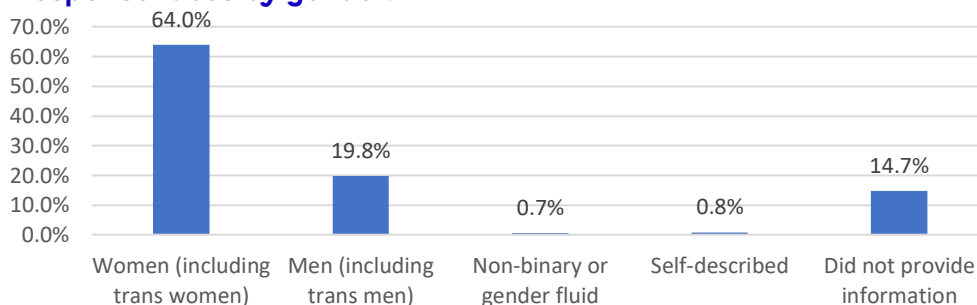
Considering geographic area, three postcode areas in Suffolk are meeting their Needs statistically significantly better than the Suffolk average – these being the IP18 area (containing Southwold), the IP16 area (containing Leiston, Thorpeness and Sizewell), and the IP13 area (containing Framlingham, Grundisburgh and Wickham Market). Conversely, the CB9 area (containing Haverhill), is meeting its Needs statistically significantly worse than the Suffolk average.

For more information on our Emotional Needs & Resources approach and the relationship between Needs, please see the methodology in Appendix 1, or visit our website: www.suffolkmind.org.uk/emotional-needs-resources

Engagement from residents

In just over a one-year period (13th June 2022 to 19th June 2023), we have received 11,211 responses from individuals living in Suffolk. We collect information on several demographic factors, alongside the Emotional Needs Audit (ENA) data, including gender, age, sexual orientation, ethnicity and nationality, economic status, and income.

Response rates by gender:

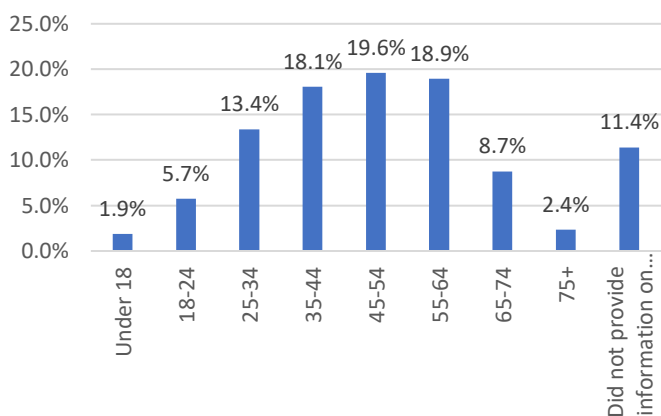


With having more responses from women than men, it can make the conclusions we draw about men slightly less reliable. However, from looking further into our data we have found little statistically significant difference in average wellbeing when we used a demographically representative sample. For more information on this, please see page 7 and page 12.

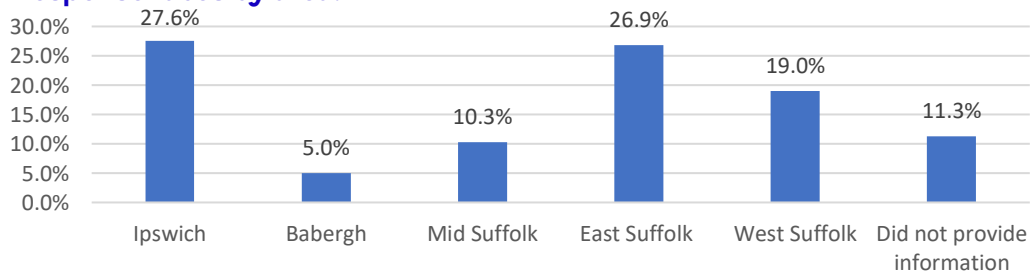
Could you help us connect with individuals who are less represented in our data? If so, please reach out to us on Research@suffolkmind.org.uk

Response rates by age:

We heard the most from those aged between 35 and 64 years old. Just 2% of respondents were aged 75 and over, which is among our most well demographic groups 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.



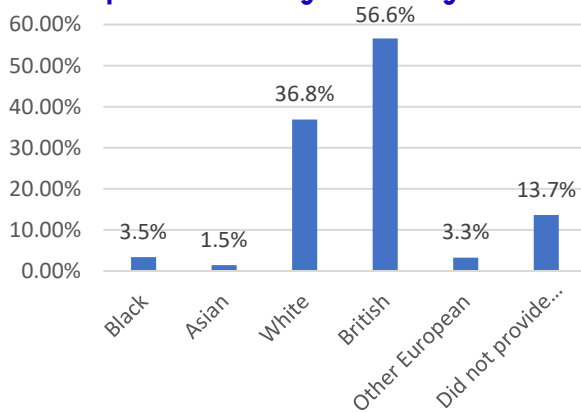
Response rates by area:



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.

Engagement from residents

Response rates by ethnicity and nationality:

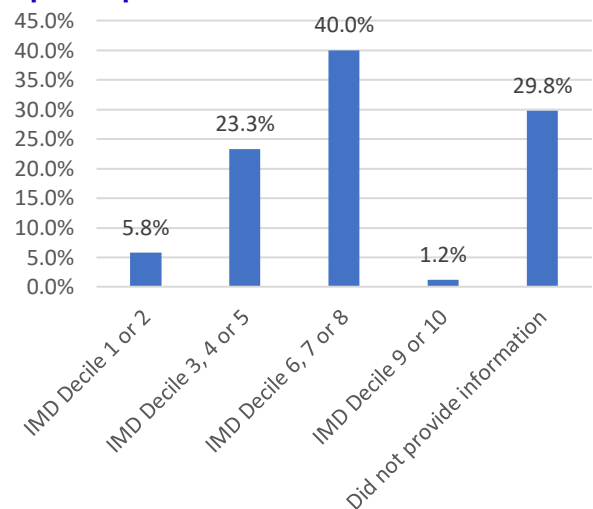


In this question, respondents can choose as many options as they feel apply to them. Here, some options are grouped for reporting purposes (for example, the 'Asian' category includes those who selected Bangladeshi, Chinese, Indian, Pakistani, or Asian). The majority of responses are from those who define themselves either as White or British,

which is reflective of Suffolk's demographic makeup. We heard from an approximately proportional percentage of Black respondents, though fewer Asian respondents than is proportional to the Suffolk population.

Response rates by Index of Multiple Deprivation:

For those who provided postcode information, we can then map this postcode to the Index of Multiple Deprivation as of 2019. Those who are in decile 1 or 2 are the most deprived 20% in the county, and those in decile 9 or 10 are the least deprived 20% in the county. In terms of representation, we are close to proportional representation for the middle deciles – 3 to 8 – and have proportionally fewer than Suffolk for the top and bottom deciles.

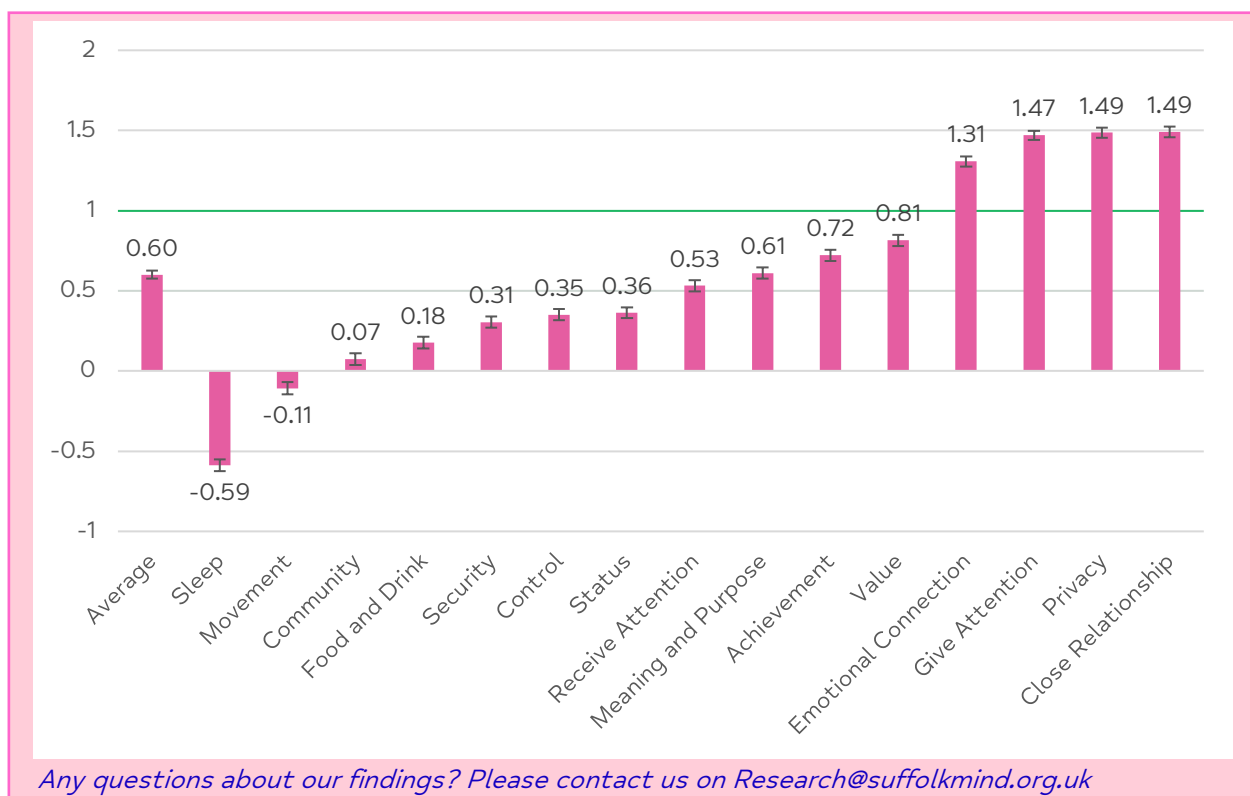


Since our overall data set is not completely demographically representative, we considered using a sample of 2,335 respondents that is representative of the age, gender, ethnicity and nationality and deprivation levels of the total Suffolk population. However, on average, these two data sets are not statistically different. Therefore, throughout most of this report we focus on the whole data set to give a full picture of the data gathered over the year. Whilst we have made the decision to use the whole dataset with a lot of consideration, it is still worth bearing in mind that this could be impacting the reliability of conclusions we are drawing when analysing demographic subsections of the overall group.

For more information and analysis of the sample, see page 12 and the methodology in Appendix 1.

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 in Suffolk



Here we have Suffolk’s average results from the Emotional Needs Audit, gathered between 13th June 2022 and 19th June 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 and 2.

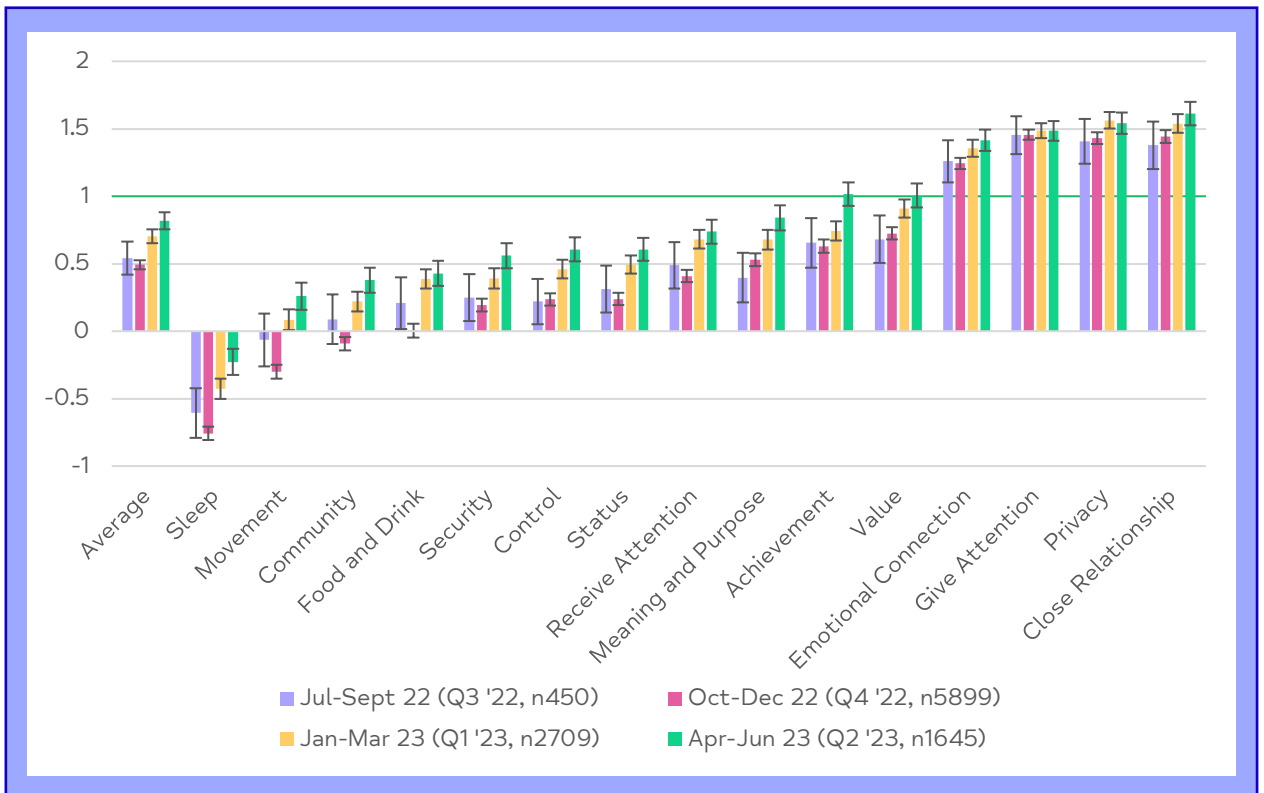
The error bars indicate the values we would expect our averages to fall within if we repeated this research. We used a 95% confidence interval; therefore, we can be 95% certain that the averages would fall within these ranges, if we were to collect data on the wellbeing of those living in Suffolk again 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 in Suffolk on average, with a population mean of 0.60**. Similarly, only four of the fifteen Needs have an average score of 1 or more. 62.9% of respondents fall within one standard deviation of the mean, 97.4% of respondents fall within two standard deviations of the mean, and 100% of respondents fall within three standard deviations of the mean. For distribution maps, please see Appendix 2.

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. For more information on this operational definition, please see the Methodology in Appendix 1. Based on this, 42% of Suffolk respondents (or 4,754 out of 11,211 respondents) are meeting their Needs well overall and are likely to be in wellbeing on the mental health continuum. This has changed slightly throughout the last year, going down to 38% having an average of more than 1 in October to December 2022, and up to 51% in April to June 2023. The average in each of these quarters is statistically significantly different to the overall average.

On the following page we can make a comparison with the data we have collected in Suffolk over the last year, separated by quarter. This is based on the full quarter average, except Apr-Jun 23 contains data up to and including 19th June. We can see that the average over the year is statistically significantly different in some areas, which helps us use our findings to allow us to prioritise Needs and interventions with the aim of further improving wellbeing in Suffolk.

How does this change over time?



From the confidence intervals overlapping, we can see that the overall average for Q3 '22 (0.54 – on a scale from -3 to 3) is not statistically significantly different to the average for either Q4 '22 (0.49) or Q1 '23 (0.70). Similarly, Q1 and Q2 '23 (0.70 and 0.82 respectively) are not statistically significantly different to one another. However, **wellbeing on average in Q4 '22 is statistically significantly lower than average wellbeing in Q1 and Q2 '23.** Across all the Needs there is a general pattern of Q4 '22 having the lowest average scores and Q2 '23 having the highest, though this difference isn't always statistically significant.

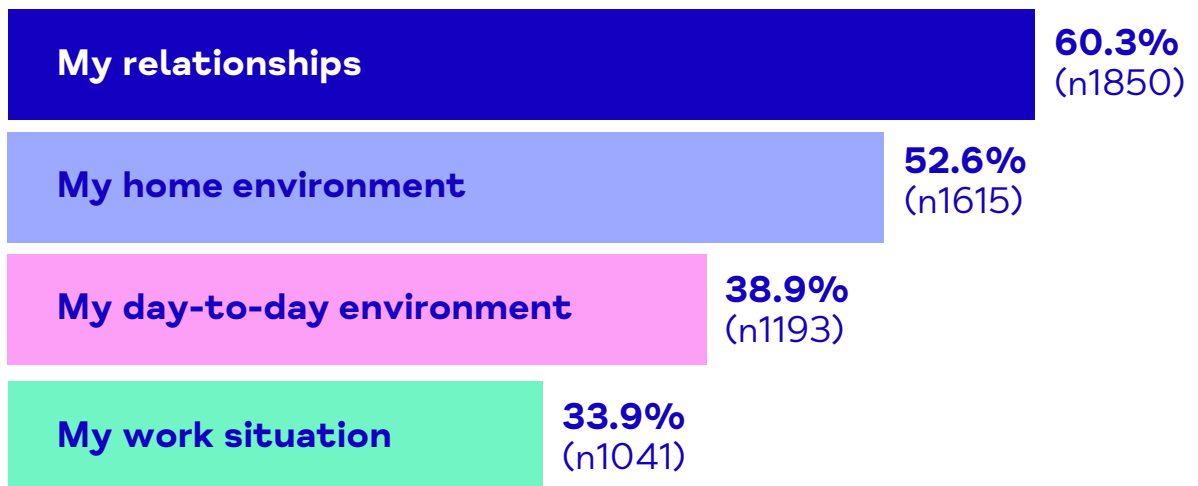
This generally is to be expected, since we often see Needs less well met over the winter, with wellbeing tending to improve as we move into spring and summer. This could be due to a few things, including fluctuations we may expect to see every year, as well as changes that are specific to the last year. For example, **respondents report their physical or mental health being less of a barrier to meeting their Needs in warmer months than in winter**, with this being reported as a barrier 59% (n10104) and 57% (n1570) of the time in Q4 '22 and Q1 '23 respectively, but only 48% (n836) of the time in Q2 '23 – a statistically significant difference. This is the most significant barrier reported to respondents meeting their **Need for Sleep, which is statistically significantly better in each quarter from Q4 '22 to Q2 '23.** There were comments around people experiencing health anxiety (both physical and mental health) and this causing them to have trouble sleeping. The Need for Sleep is also strongly positively correlated with the Need for Security, and due to the increase in pressure on the NHS over the winter, it is perhaps unsurprising that there could be a change in people's sense of security around their health.

This links to the **Need for Movement, which is also statistically significantly less well met in Q4 '22 than in 2023.** From comments, we can see that, compared with Q2 '23, Q4 '22 has far more respondents expressing that it can be difficult to do as much movement and exercise as they'd like due to the prices and accessibility of gyms and classes. People also express that the poor weather can restrict them more in the winter, which might increase the need for access to indoor exercise facilities. This also aligns with 53% (n456) of respondents overall reporting that their access to nature helps them meet this Need – with the cold weather and shorter days naturally making movement harder for some in winter.

This also touches on how things changing over the last year has made a difference, for example 32% (n627) of barriers reported were respondents' financial situations in Q3 '22 as inflation rates increased significantly, whereas this has come down to just 19% (n333) in Q2 '23 as rates started to decrease again – a statistically significant difference. Despite these changes over the year, the cost of living has remained a significant barrier through all four quarters, as inflation rates have continued to be substantially higher than inflation targets.

There are also a few Needs where the change over the year has been minimal. Most notable is Giving Attention, which has had no statistically significant change between any quarters and has stayed among the best met Needs, with almost exactly the same average, throughout the year. Part of this could be down to the biggest supporting factor reported by people meeting this Need being their relationships, which are perhaps less likely to change throughout the year than some other factors.

Supporting factors analysis



When a respondent is meeting a need particularly well (score of 2 or 3 on a scale from -3 to 3) we ask them what is supporting them to meet this Need. This shows the top 4 supporting factors for those with an ENA average between -1 and 1.

When looking at preventative care for wellbeing and improving mental health, we thought it was important to consider the types of people generally accessing these services. Looking at overall average ENA scores, those who score between -3 and -1 (on a scale from -3 to 3) are generally people who could benefit from, or may already be accessing, more clinical care – preventative care, therefore, might not feel as accessible or applicable to them. Those with an average ENA score between 1 and 3 are often in wellbeing and may not require such services at this point in their lives. Therefore, after consultation with our mental health experts, we decided to focus on those with average scores between -1 and 1, who would benefit from community, preventative care to prevent them moving further down the mental health continuum.

It's worth noting here that this analysis is around the number of respondents listing a supporting factor or barrier. If one respondent lists their work situation, for example, as a supporting factor to 3 different Needs, that will only be counted once within this analysis.

All four of these supporting factors are statistically significantly different to one another, based on a 95% confidence interval.

The top three supporting factors here clearly revolve around home and relationships. These are generally very associated with the interpersonal Needs, and we know that being able to be in a comfortable environment and spend more time with supportive people can improve our wellbeing. Unsurprisingly, **relationships and home environment are also significantly reported by those who are cohabiting or in a relationship** (77%, n192, and 75%, n357, reporting their relationships as supporting factors respectively, 58%, n144, and 52%, n248, respectively reporting their home environment). This shows the extent to which having supportive relationships and environments can have a significant impact on wellbeing. For people who don't have supportive or safe relationships and environments to rely on, it's important to think about how we can help them towards this – for example by encouraging or helping create positive friendships.

The 4th biggest supporting factor is respondents' work situations. The group reporting this the most is those in the human health and social work sector (56%, n218, reporting this as a supporting factor). As we'll see on the next page, they are also among the groups reporting their work situation as a barrier the most, so we can see how some things can both help and hinder us to meet our Needs.

Barriers analysis

The top barrier reported for people meeting Needs less well was their physical or mental health. This barrier was reported statistically significantly more than the other three barriers we look at here. The two **demographic groups reporting this the most** out of those with ENA averages between -1 and 1 are **those who are unable to work and people living with disability** with 92% (n478) and 86% (n1109) selecting this as a barrier, respectively. Whilst there are comments around health provision in Suffolk being less effective than respondents would like it to be, including wanting more support for more specific diagnoses like autism, and comments around waiting times, there are also some other themes. Caring for children is a factor, with parents wanting improved provision in schools for their children living with a disability. Also, wanting improved accessibility for those who are physically disabled, e.g., at shops/town centres, in green spaces, etc. Another big factor is increased accessibility to information – even if services can't take people on, they would like more information about how they can help themselves.

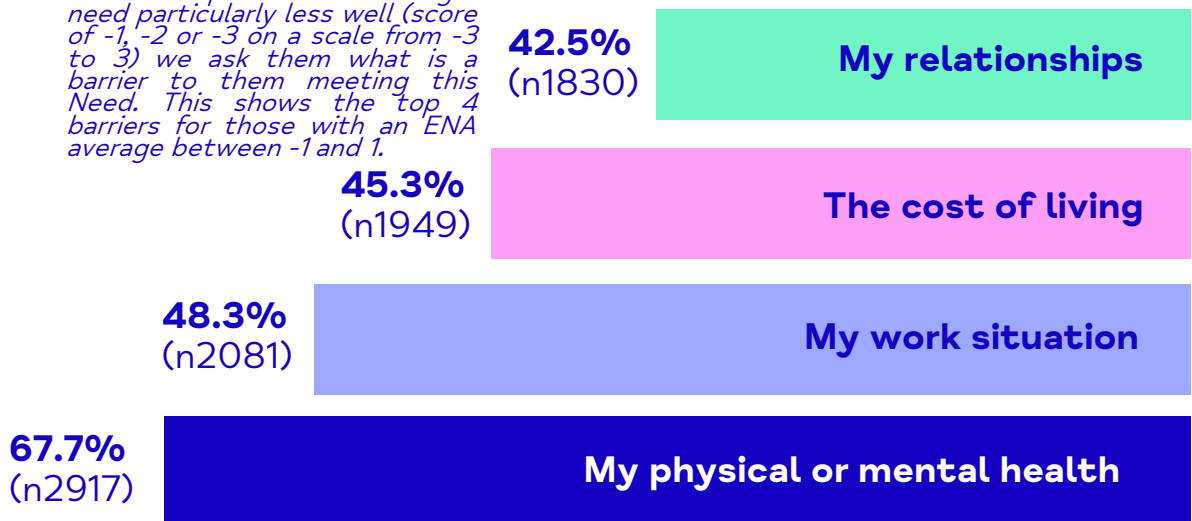
The second largest barrier reported for those with ENA averages between -1 and 1 was their work situation. This is reported statistically significantly more than respondents' relationships, but the difference with the cost-of-living barrier is not statistically significant. **This most affected people who worked in IT** (76%, n52 reporting this), **human health and social work** (68%, n385), and those **who worked full time** (69%, n1104). It's possibly unsurprising that those who work in human health and social work are finding that their job is hindering them meeting Needs since there are some pressures in that sector at the moment. This comes through in comments too, with respondents reporting feeling overworked and under-appreciated. A theme that comes across from respondents in this sector is, due to often having inconsistent shift and working patterns, they are unable to access some services like counselling, since they aren't available at a consistent time each week. Providing flexible access to services would help with this. This is also a theme for those who work full-time, who find that **services they wish to access sometimes aren't available** in evenings or weekends.

The third biggest barrier is the cost of living. This is not statistically significantly different than respondents' relationships. Reporting this barrier the most are those working zero-hour contracts (67%, n46), those in the accommodation and food services sector (63%, n78), and those with a household income under £17,000 per year (62%, n533). Improving a sense of financial and job security for these groups would seem to address some of the issues coming from the comments.

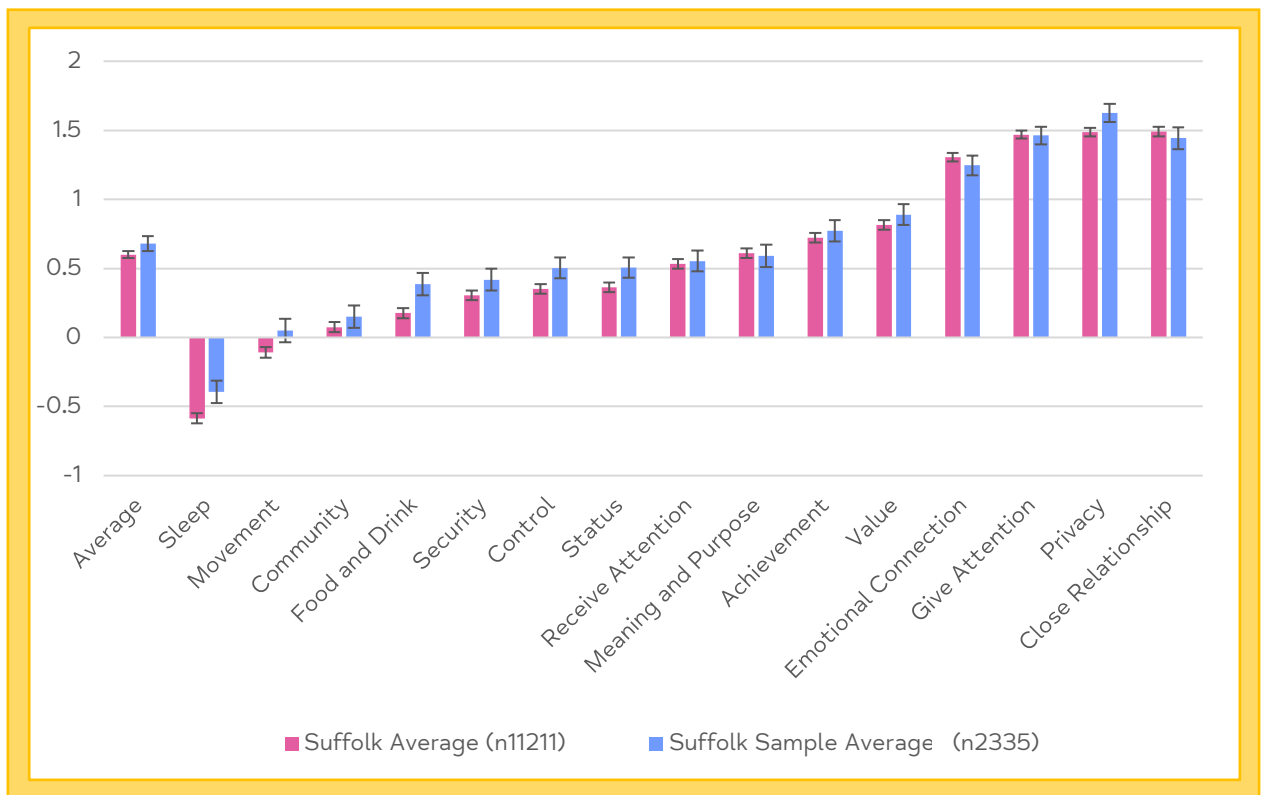
It's worth noting that we ask respondents about both the cost of living and their financial situations separately. These are different since financial situation being a barrier to meeting Needs is a more absolute situation, whereas the cost of living being a barrier is more relative since it is high at the moment. 39.5% (n1703) of respondents in this group reported their financial situation as a barrier and 28.5% (n1229) reported both the cost of living and their financial situations as barriers.

43% of respondents reported their relationships as a barrier, and the demographic group most affected by this were those who are separated from their long-term partner (53%, n125 reporting this). There are reports of losing a sense of community that came from their partner, so more support in creating a sense of community for such people could be beneficial. This also aligns with comments from respondents about more support when it comes to childcare for single parents, as this causes a barrier to accessing services.

When a respondent is meeting a need particularly less well (score of -1, -2 or -3 on a scale from -3 to 3) we ask them what is a barrier to them meeting this Need. This shows the top 4 barriers for those with an ENA average between -1 and 1.



How does this differ to our Sample data?



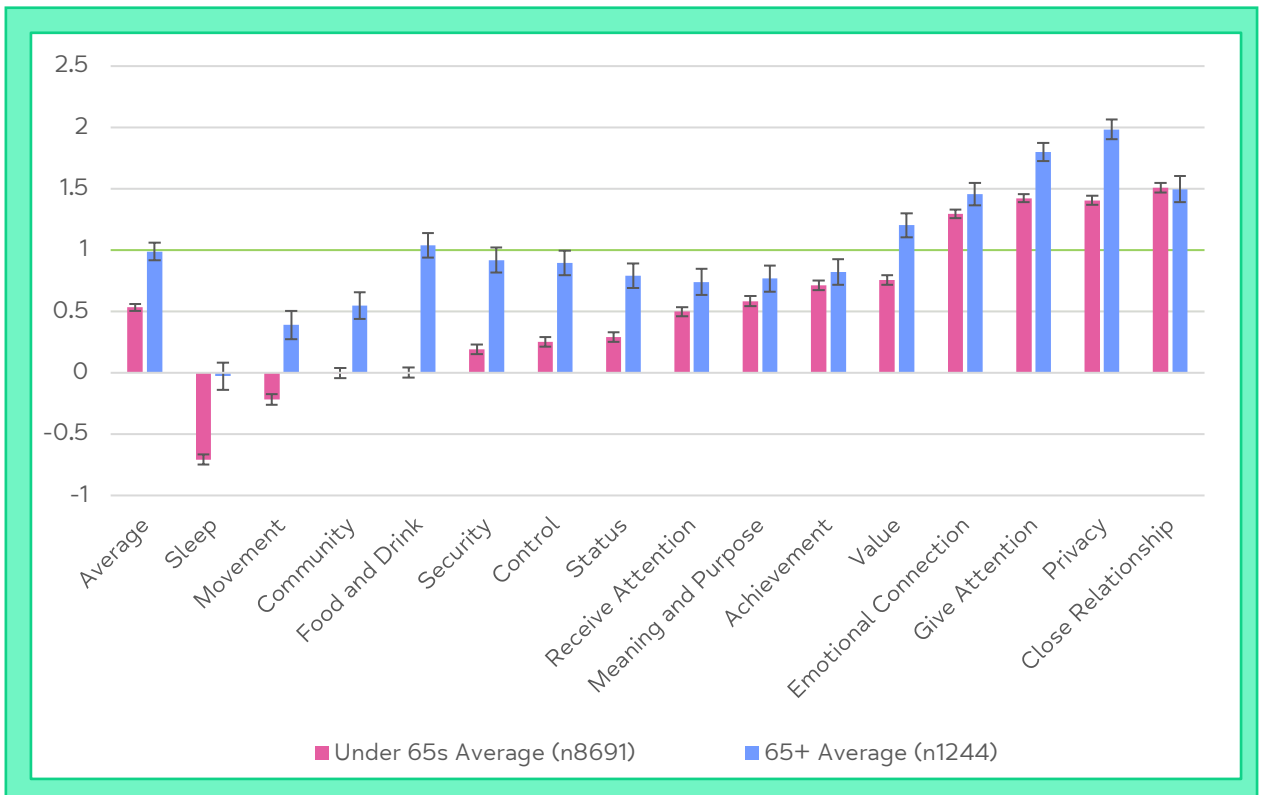
Since our overall data for Suffolk is not demographically representative, we compared our findings to that of a demographically representative sample of this data. The sample is made up of 2,335 responses from those living in Suffolk between 8th October 2022 to 15th May 2023. Our sample aims to be as reflective of age, gender, ethnicity and nationality and deprivation levels of the Suffolk population – as indicated by the 2021 census – as possible.

Interestingly, despite the different demographic makeup of the two datasets, since the confidence intervals overlap for the averages, we can say with 95% confidence that **there is not a statistically significant difference overall.**

There are a few Needs, however, where the confidence intervals do not overlap, suggesting a statistically significant difference. This includes the Needs for Privacy, Control and Status, as well as the physical Needs. One reason for this may be due to the Sample Average data being made up of a more representative sample of data from men (including trans men). As we know that women (including trans women) are meeting these Needs less well than men on average – with Food & Drink being particularly less well met by women across our Suffolk average dataset (scoring 0.02 on average) than it is by men (averaging 0.50).

We also know that those aged 65 and over are meeting their Need for Control much better than younger age groups are, on average. Yet, we tend to hear the least from those aged 65+ (as well as those under 25 years old). Therefore, since our Sample data is representative and reflects the fact that over 65s make up around one quarter of Suffolk’s population, this increase in data from over 65s is likely to be bringing up the average score for Control.

Wellbeing among those of Working age and Non-working age



If we compare average wellbeing amongst those of working age (i.e., under 65 years old) to the non-working age population (65 years and over), we can see that **those of non-working age are meeting their Needs much better on average.**

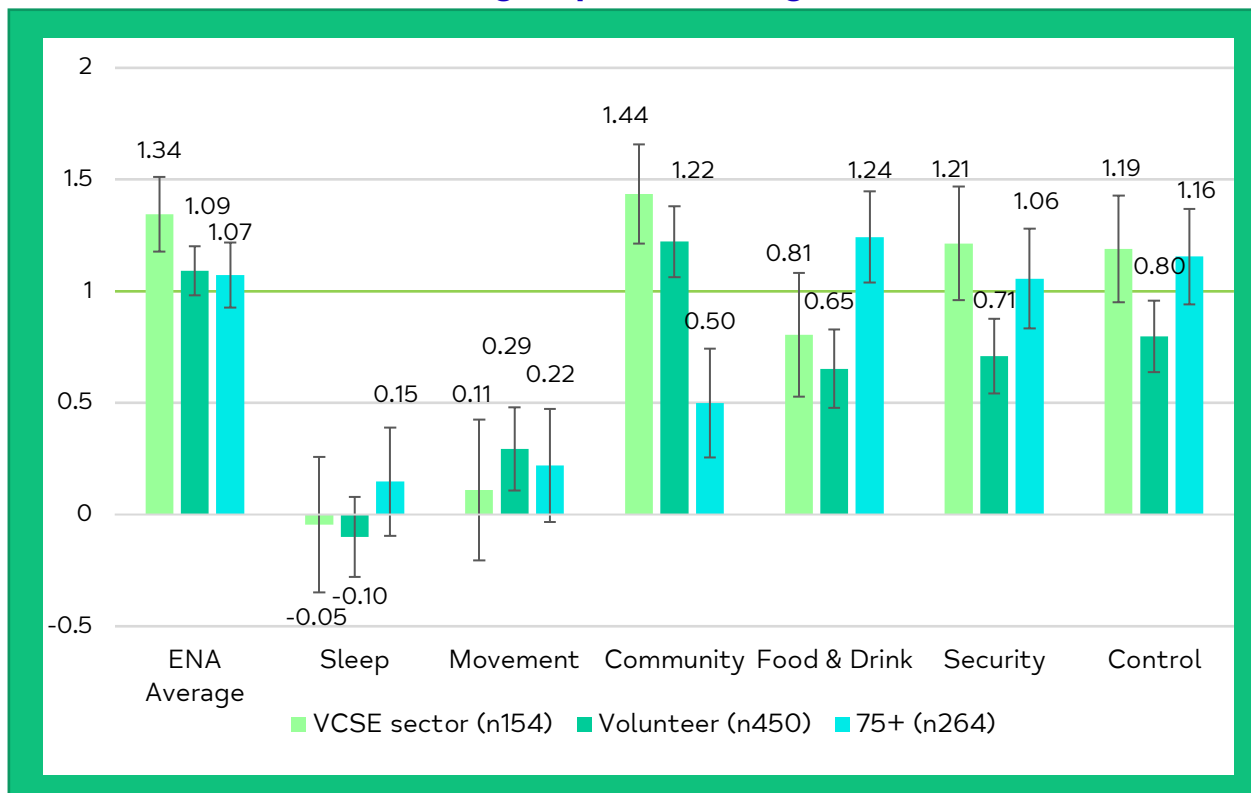
We can also say with 95% confidence that **this overall difference is statistically significant**, since the confidence intervals do not overlap. In fact, on average, those aged 65+ are meeting 13 of the 15 Needs statistically significantly more well than the working age average. However, we must caveat this analysis with the fact that our sample size for those over 75 is relatively low compared to the Suffolk population. Whilst we strived to make our data collection methods as accessible as possible, it's also possible that we may not have captured older, isolated people, especially in rural areas or those who are digitally excluded. We also have not actively tried to include care home residents, for example, in our data set. For more information on our data collection methods, see the Methodology in Appendix 1.

The only two Needs that are not met significantly differently by both groups are Close Relationships and Achievement. This is despite the top supporting factors for Achievement, for example, being entirely different between these groups – with people's work situations (67%, n723) being the top supporting factor for under 65s, and people's hobbies or interests (56%, n97) being the top supporting factor for over 65s.

The Needs with the biggest differences in how well they are met by both groups are Food & Drink and Security. While Food & Drink is well met among the non-working age population, on average, it is a less well met Need among those of working age. Despite the biggest supporting factor for both groups to meet this Need being individuals' home environments (60%, n124 for over 65s, and 54%, n336 for under 65s), the **rising cost of living appears to be having a greater impact on those of working age when it comes to eating and drinking well.** 36% (n670) of those of working age who aren't meeting this Need well, and identified barriers, stated that the cost of living was an obstacle, compared with 27% (n43) of those over 65, though this difference is not statistically significant.

The same can be said for Security, with 47% (n853) of under 65s who aren't feeling safe and secure saying the cost of living is a barrier to doing so. Yet, again at 9 percentage points less, just 38% (n76) of over 65s not meeting their Need for Security viewed the cost of living as a barrier, though, again, this difference is not statistically significant.

Who are the most well groups on average?



The graph above focuses on the least well met Needs amongst Suffolk 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 Suffolk respondents.* We can see that those who work in the Voluntary, Community and Social Enterprise (VCSE) sector have the highest overall average score, at 1.34 (on a scale of -3 to 3). This is followed by respondents who volunteer, scoring an average of 1.09, and those who are over 75, who have an average of 1.07. **All three of these groups are statistically significantly more well than the Suffolk average.**

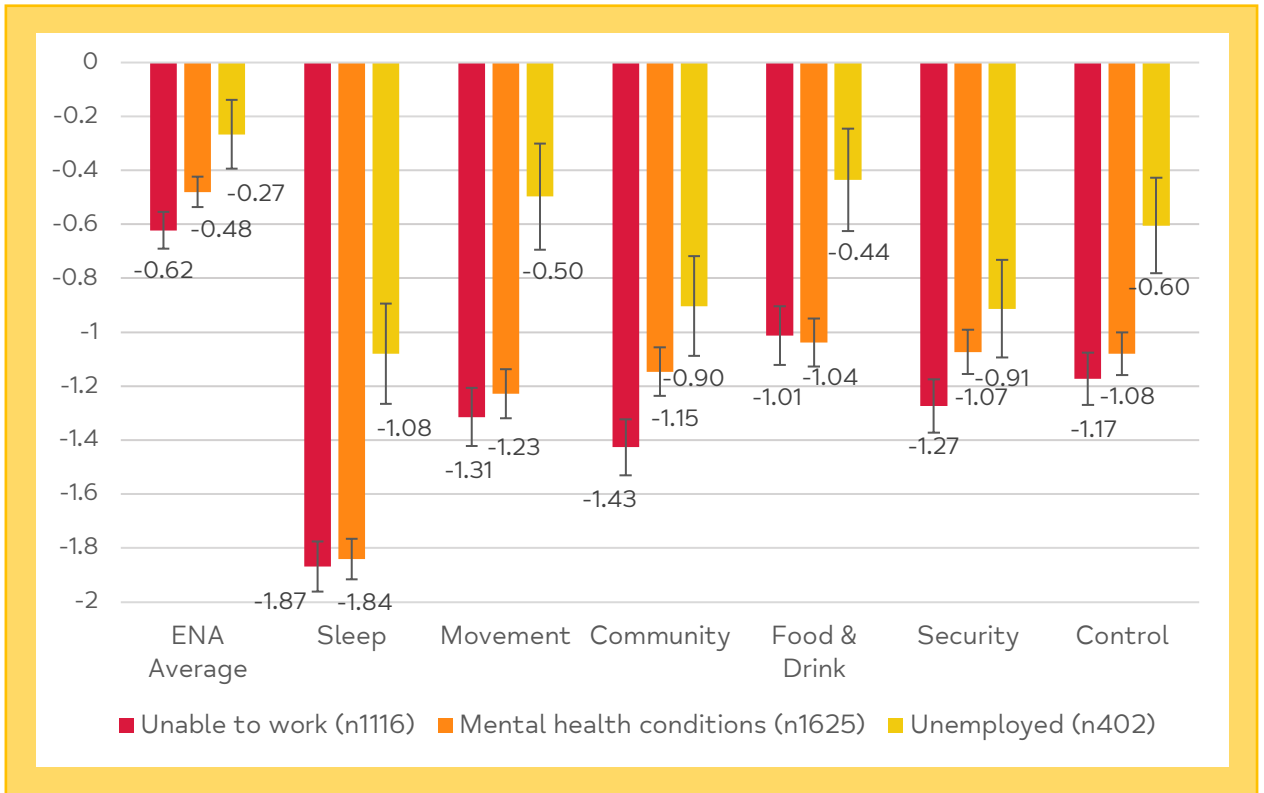
Those who work in the VCSE sector have an average of more than 1 (on a scale from -3 to 3) for 12 of the 15 Needs, compared with the Suffolk average of 4 of 15. However, as the above graph demonstrates, even the most well groups aren't meeting some of the average least met Needs very well. Sleep and Movement are both less well met by all three groups. However, these groups are meeting most Needs statistically significantly better than the Suffolk average. In fact, each of these groups is meeting the Needs for Sleep, Community, Food & Drink, Security, Control, Status, Receive Attention, Value, Give Attention and Privacy statistically significantly better than the Suffolk average.

If we look at supporting factors for those who work in the **VCSE sector, their work situation is clearly a significant factor helping people meet their Needs.** Starting with Security and Control, we can see that 82% (n28) and 72% (n21) report their work situation as helping them meet these two Needs, respectively, compared to just 62% (n367) and 59% (n332) for those in employment in general. This difference is statistically significant for Security, but not for Control. Comments show having their employer promote wellbeing and mental health support helps with this. Those in the VCSE sector and volunteers are also meeting their need for Meaning & Purpose statistically significantly better than the Suffolk average. Respondents reported that the fact that their job gave them both personal and professional satisfaction significantly helped with their wellbeing, and that their volunteering gives them a great sense of purpose.

Contrary to those aged 18-64, the main factor supporting those who are over 75 to meet the Need for Community is their hobbies or interests. Since 95% of this group are exclusively retired or retired and volunteering (250 out of 264 respondents), they are likely to have more time to focus on their interests and therefore can build up a sense of community this way, rather than relying on community from work, which is the main supporting factor for those aged 18-64. This is confirmed in comments with respondents mentioning hobbies, clubs and organisations that help them feel well, and especially appreciating that there are such things available specifically for the elderly.

**We have focused on demographic groups with a minimum of 100 responses 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 smaller sample size.*

Who are the groups meeting Needs least well on average?



The graph above focuses on the least well met Needs amongst Suffolk 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 Suffolk 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 -0.62 (on a scale of -3 to 3). This is followed by individuals with mental health conditions and those who are unemployed, with average scores of -0.48 and -0.27, respectively. **All three of these groups have an average score statistically significantly lower than the Suffolk average**, and in fact are meeting every Need statistically significantly worse than the Suffolk average.

For both those who are unable to work and unemployed, their **financial situation is a key barrier to meeting Needs**, with either the cost of living or financial situation being in the top three barriers for 12 of the 15 Needs for these groups together, compared to just 4 for Suffolk as a whole. One area this impacts significantly is the Need for Community. Without having a work situation to contribute to a sense of community, which is what supports 42% of respondents to meet this Need, those who are unemployed and unable to work have to find other routes – for example, 60% (n24) of respondents in these groups who are meeting the Need for Community report their hobbies or interests support them to meet the Need. However, with rising cost of living, respondents are reporting that they can no longer always afford to take part in activities they used to do – whether that’s due to the cost of the activity itself rising, or with rising transport costs to get there. This could mean that those who are unemployed and unable to work are no longer able to access the main ways they used to meet their Need for Community.

For those whose mental health is an activity limiting disability, their physical or mental health is the biggest barrier reported to every Need. Most comments report some level of either desire for more support, or feelings of restriction due to their current mental health needs. It’s important to consider, when setting up support services, how to ensure it is accessible for all those who might want to access it – for example, setting up expectations prior to attending a group setting to help those with social anxiety, providing a sense of meaning and purpose behind attending something (like a level of achievement, helping other people, or a bigger picture), or providing services for people with traits as well as diagnoses of mental ill-health.



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 in Suffolk on average, and that respondents' physical or mental health, work situations, relationships and the cost of living are the biggest barriers to them meeting their Needs. Therefore, targeting local interventions to better meet these Needs and prevent these barriers could help to improve wellbeing in Suffolk.

When asked what they would change about Suffolk, if they could change just one thing, case study respondents had several suggestions. These are anonymously laid out in Appendix 4, and include the themes:

- Improved emotional support
- Infrastructural changes
- More/improved support from official bodies
- Financial factors
- Availability and accessibility of green spaces
- More of a sense of community
- Improved transport
- Improved upkeep of an area

Our data and feedback collected on Suffolk has been fed back to key individuals within Suffolk County Council and the local area. Based on our findings, discussions have now begun regarding the types of interventions that could be implemented to improve wellbeing 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 interventions 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 in Suffolk based on data gathered from 13th June 2022 to 19th June 2023. If you wish to see any of the graphs throughout this report in the full scale (-3 to 3) please contact Research@suffolkmind.org.uk.

Methodology (continued on following page)

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 page 4, or the [Suffolk Mind website](https://www.suffolkmind.org.uk).

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. The 15 question Modified ENA was validated as a mental health measure in August 2022 by Professor Colin Martin at the University of Suffolk. For more information on the statistical relationship between Needs, please see his paper on the validation. Please note that while the Modified ENA has been validated as a reliable and valid mental health measure, the operational definition of what 'meeting needs' looks like in the context of the measure has not been validated. It's a score distinction we have chosen to draw, as advised by our mental health experts.

When designing this survey, including the questions which surround and are additional to the ENA, we thought about the purpose of it, the audience needs and what would get us the best quality data. The purpose of the survey questions were to enable us to action the ENA data in a more meaningful, concrete way. To do this, it is helpful for us to understand what in respondents' environments are enabling or preventing them from meeting their emotional needs. With regard to the audience needs and data quality, we knew that participant engagement, survey fatigue and efficiency were of the highest importance. For this reason, we decided not to add more survey questions than we knew we would need. This had the added benefit of producing less data, meaning that analysis was more efficient, and we could meet the tight turn-around times for reporting. Having collected ENA data, along with the additional environmental questions for over 6 years, in various iterations, we knew what data was useful for us to collect. This was asking respondents who answer particularly highly (a 2 or a 3, on a scale of -3 to 3) what in their environments supports them to meet the given emotional or physical need, as well as asking respondents who answer anything negative (a -3, -2 or a -1) what in their environment prevents them from meeting the need. It is worth noting that these questions are not part of the validated Modified ENA, and are additional questions added by Suffolk Mind to support us with actioning the information.

Sample data

Out of 11,211 respondents, 7,959 had responded to all 4 demographic questions that we chose to make demographically representative of the Suffolk population – these being age, gender identity, ethnicity and nationality, and deprivation level (via postcode). For each of these groups, we calculated the limiting factor demographic, and based the total maximum possible sample size on the limiting factor (e.g. for gender, we had 1800 responses from men and 5902 responses from women, and to be demographically representative, we needed to have 49% of the sample be men, and therefore the maximum sample size based on gender could be 3,673 people). We did this for each of the 4 demographic areas, and then took the smallest of these numbers. This was the maximum size of a demographically representative sample that we could create with the data set, and this was 2,335 people. We then randomly selected enough people from each of the demographic groups to fit the percentage of the Suffolk population and added these random responses to the sample data set.

Methodology - continued

Data gathering

Demographically, the data is not a perfect match for percentages of different demographics across Suffolk in general. The following groups are less represented: those aged 75+, men, straight people, retired people, Christians, Muslims, married people, people separated from long term partner/spouse, surviving partners/spouses, people who are cohabiting, black people, Asian people, people who are not disabled. The following groups are over-represented: 35-44, 45-54, 55-64, women, gay people/lesbians, asexual people, bisexual/pansexual people, those who are unable to work, people with no religion, single people, people in civil partnerships, people who are disabled.

Data was collected through a variety of methods, mainly using convenience and self-selection sampling. This included approaching organisations to send the survey out to their staff and/or service users, online advertisement through social media and news outlets, physical advertisement with leaflets and magazines through people's doors, and leaflets and posters left in public spaces. These methods included some targeting, such as using Facebook adverts to target specific towns in Suffolk that were focus areas for the project and approaching specific organisations that worked with under-represented groups to improve our demographic representation.

We also had 3 trained data collectors out on the street asking people to do the survey and attending events, alongside other members of Suffolk Mind staff. The data collectors were trained to approach and speak to anyone who engaged with them to do the survey. They were also trained to signpost and support people who might become distressed while completing the survey. We aimed for our data collection methods to be as varied as possible to avoid exclusion of any particular groups (e.g. people who aren't online), however it is likely that people in rural locations with little online access will be less represented across the data set.

The survey was only in English, so didn't capture non-English speakers, who make up around 0.1% of the Suffolk population, according to the 2021 Census.

Limitations

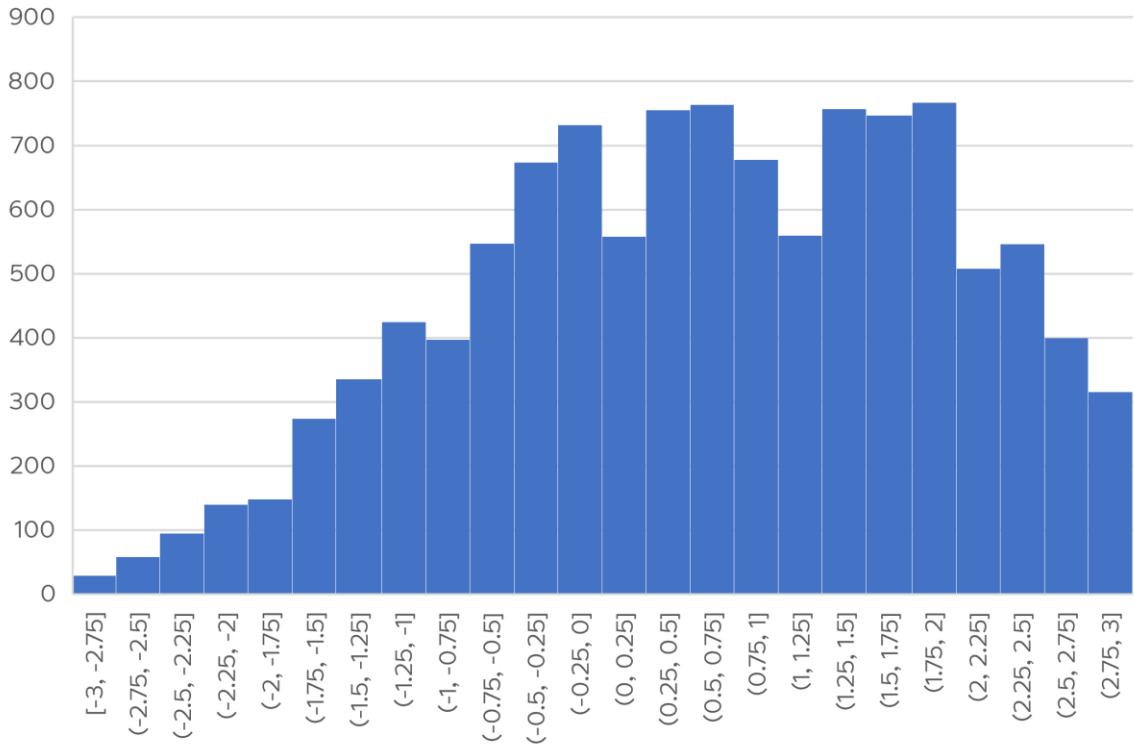
Population surveys, using opportunity sampling, are valuable tools for collecting information from a sample of individuals to make inferences about a larger population. However, there are several limitations and challenges associated with population surveys:

- **Sampling Bias:** If the sample is not representative of the entire population, the survey results may not accurately reflect the characteristics or opinions of the broader population. Sampling bias can occur if certain groups are underrepresented or excluded from the survey.
- **Self-Selection Bias:** In cases where participation in the survey is voluntary, individuals who choose to participate might have different characteristics or opinions than those who opt not to participate, leading to self-selection bias.
- **Sampling Error:** Even with a perfectly representative sample, there will always be some degree of sampling error, which is the natural variability in survey results that occurs due to chance.
- **Limited Generalisability:** While surveys aim to provide insights about a larger population, the generalisability of the findings is limited to the specific time, place, and context in which the survey was conducted.
- **Sensitive Topics:** Some topics, such as personal finances or sensitive health information, may lead to respondents providing inaccurate or incomplete information due to privacy concerns.
- **Social Desirability Bias:** Respondents may provide answers that they believe are socially acceptable or desirable, rather than their true opinions or behaviours.
- **Cultural and Language Barriers:** Surveys conducted in diverse populations may face challenges in accurately translating questions or accounting for cultural differences in interpretation.
- **Convenience:** The primary advantage of opportunity sampling is its convenience, but this convenience can compromise the study's validity if proper precautions are not taken to address potential biases.
- **Research Context:** The context in which the sampling occurs can influence the results. For example, if participants are recruited from a specific location, the findings might not apply to individuals from other areas.

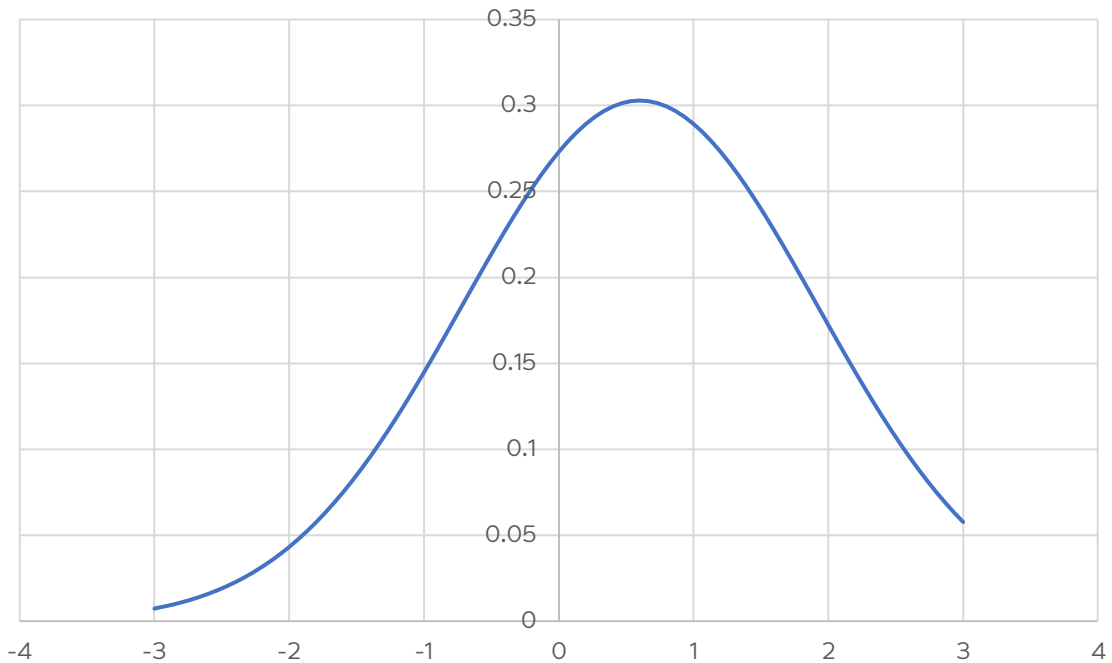
Despite these limitations, population surveys remain a valuable tool for collecting information and gaining insights into various aspects of a population's characteristics, behaviours, opinions, and needs. Our careful survey design, appropriate sampling techniques, and robust data analysis will help mitigate some of these limitations and enhance the reliability and validity of our survey results.

Appendix 2 – ENA average distribution graphs

ENA Average frequency distribution

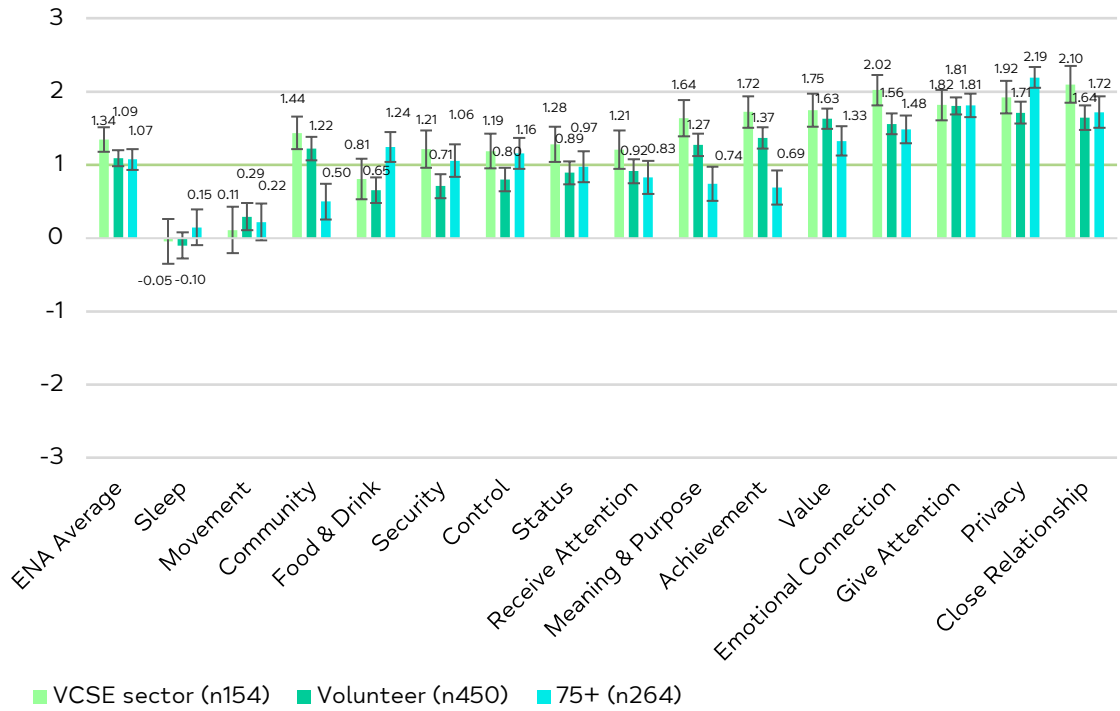


ENA Average Normal Distribution

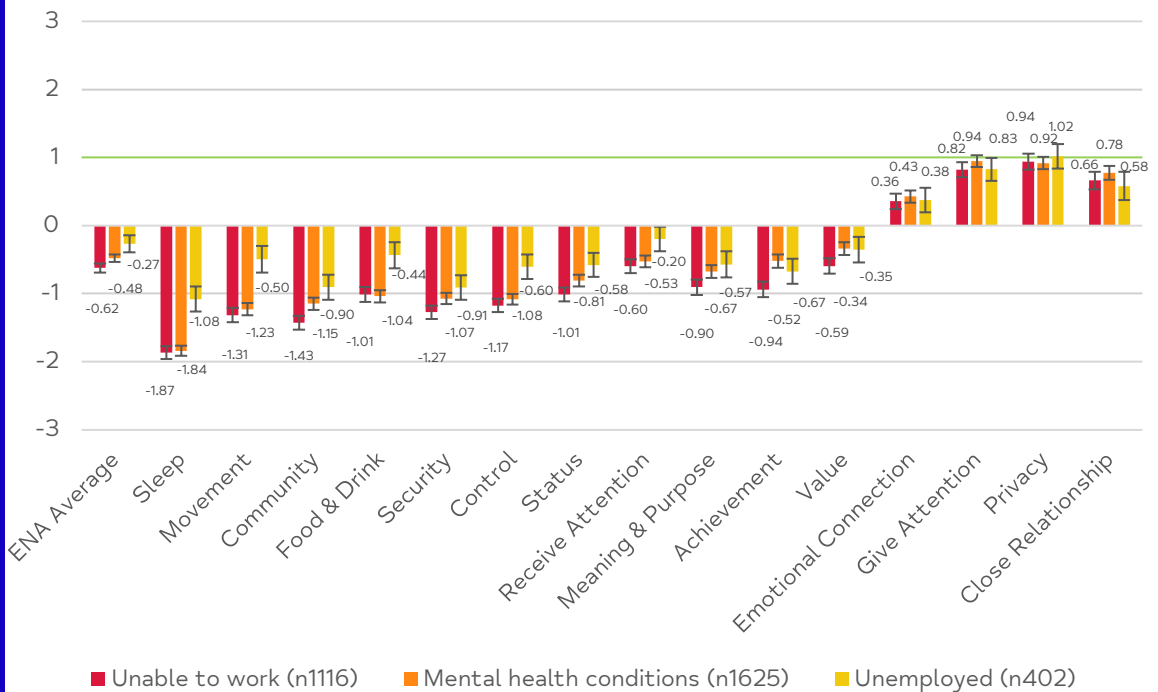


Appendix 3 – Most & Least Well Graphs

The groups meeting Needs the most well on average:



The groups meeting Needs least well on average:



Appendix 4 – Suggestions from case study respondents

Improved emotional support (25% (19/75) of suggestions), including:

- More support for young people
- More support groups
- Drop-in centre to chat about mental health/life situation either with peers or trained people
- More support for working mums and working people in general
- Outside activities for working adults
- Cancer support groups
- Improved access to counselling (availability and affordability)
- Groups for loved ones of people suffering
- More access to clubs, support groups/services, wellbeing walks etc
- Hub with life coaches to provide preventative support to people with low self-esteem and confidence

Infrastructural changes (15% (11/75) of suggestions), including:

- Bypass to preserve high streets
- More parking easily available in towns and villages
- Local swimming pools
- Cinemas/other entertainment available that doesn't revolve around drinking
- More trees, fewer buildings
- Larger hospital
- Better, closer shopping facilities
- Updated leisure centres and improved access to leisure centres
- Consider amenities in an area before building new houses (e.g. enough doctors, dentists, schools etc)

More/improved support from official bodies (13% (10/75) of suggestions), including:

- Shorter waiting lists and more availability – prevent two-tier system where only those who can afford private care get treatment
- See someone face to face rather than on the phone
- More NHS dentists
- Access to a walk-in/health centre
- Improvement of crisis team – especially around waiting times, lack of feedback and service users feeling left to their own devices

Financial factors (9% (7/75) of suggestions), including:

- Subsidised car parking
- Subsidised gym facilities
- Remove restrictions on what carers can spend on
- Help for pensioners who are just above limit to receive benefits
- Adequate benefits

Availability and accessibility of green spaces (9% (7/75) of suggestions), including:

- Improved accessibility of seascides and forests
- More input as to how rural environment is managed and protected
- Parks in town centres
- No more destruction of wildlife
- More benches around local parks
- More green spaces/park land

More of a sense of community (8% (6/75) of suggestions), including:

- Stopping anti-social behaviour
- Local running/social group – non-competitive, focus on getting out, exercising and meeting people
- Improved social scene (especially around arts and drama)
- More spaces where neurodivergent people can fit within social settings
- Free opportunities to socialise with people ones own age and/or have similar interests
- More activities available

Transport (7% (5/75) of suggestions), including:

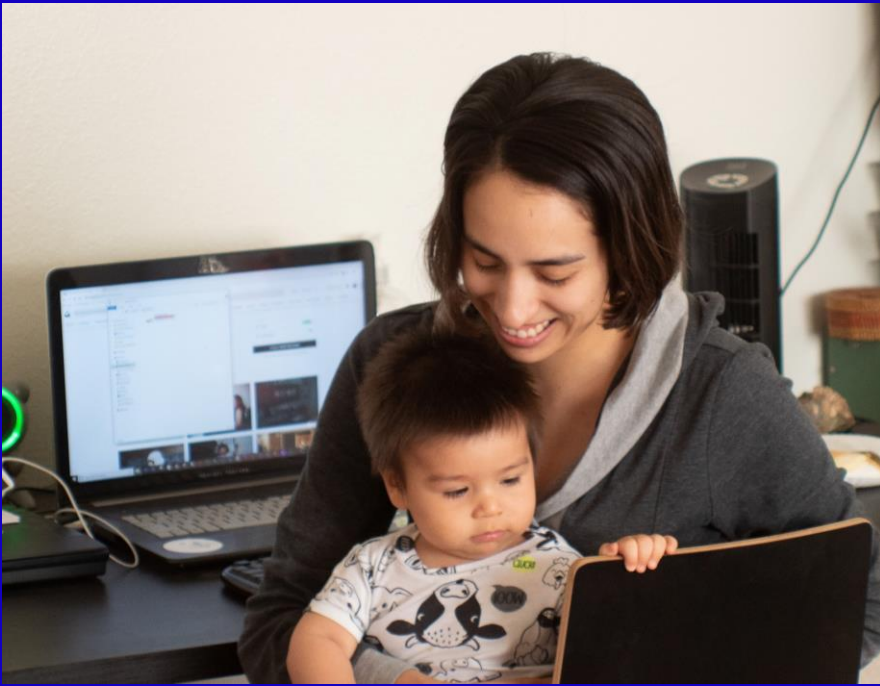
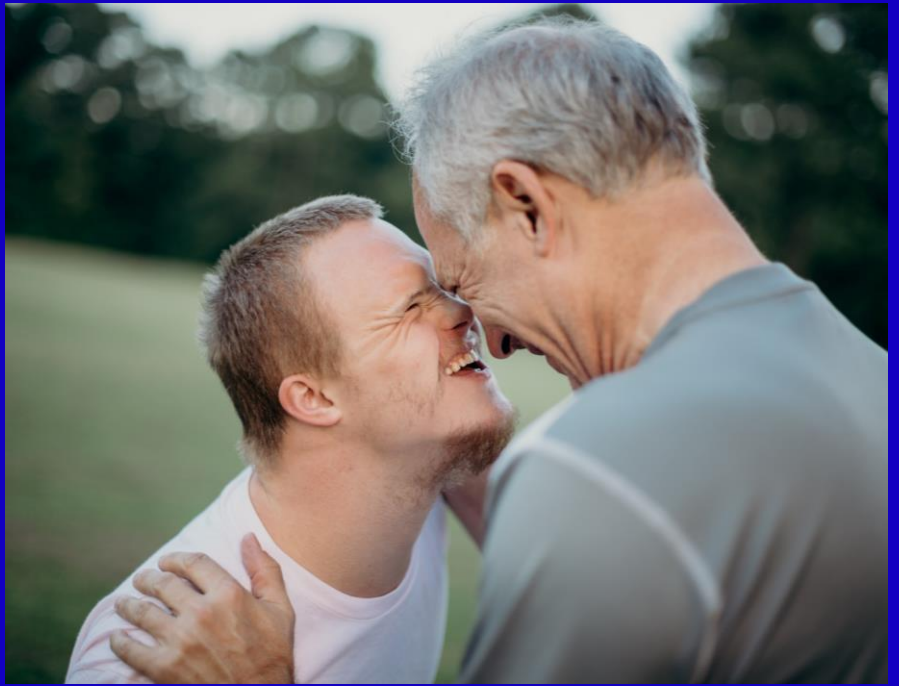
- More available different means of transport (e.g. buses, cycle lanes etc)
- Work to bridge gaps between different towns & villages
- Better bus services and later last trains
- A train station for towns that need it (e.g. Haverhill)

Improved upkeep of an area (7% (5/75) of suggestions), including:

- Cleaner, brighter, tidy looking streets
- Fix pavements and potholes to prevent accessibility issues
- Having a pleasant town centre that's enjoyable to spend time in

Other suggestions

- Improved access to information – there's a reliance on things people online which is hard for aging population and those who can't afford access to internet/tech
- Reduced traffic noise/quieter streets
- More reliable police presence
- More inclusiveness



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County Council