• Mental Health and Inequality

Aims

- Look at the prevalence of mental health difficulties in relation to inequality.
- Explore the relationship between inequality and mental health.
- Consider the barriers preventing access to support.
- Share strategies to challenge inequality in service delivery.

Mental health and inequality is complex

- Unequal life chances and expectancy
- Unequal access to support
- Income and locality
- Inequality and discrimination
- Inequality between mental health and physical health "Parity of Esteem"

Breakout

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Let's consider health inequality first:

How might life expectancy vary depending on where you live?

Life expectancy Marmot Review 2010-18

• Increases in life expectancy have slowed since 2010 with the slowdown greatest in more deprived areas of the country.

• The UK has seen low rates of life expectancy increases compared with most European and other high-income countries.

• Inequalities in life expectancy have increased since 2010, especially for women.

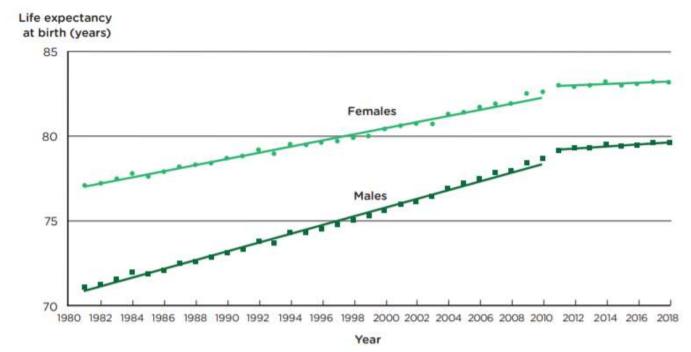
• Female life expectancy declined in the most deprived 10 percent of neighbourhoods between 2010-12 and 2016-18 and there were only negligible increases in male life expectancy in these areas.

• There are growing regional inequalities in life expectancy. Life expectancy is lower in the North and higher in the South. It is now lowest in the North East and highest in London.

Life expectancy Marmot Review 2010-20

- deprived 10 percent of neighbourhoods decreased life expectancy for men in the most in the North East, Yorkshire and the Humber and the East of England.
- Life expectancy for women in the most deprived 10 percent of neighbourhoods decreased in every region except London, the West Midlands and the North West.
- For both men and women, the largest decreases were seen in in the most deprived 10 percent of neighbourhoods in the North East and the largest increases in the least deprived 10 percent of neighbourhoods in London.
- In every region men and women in the least deprived 10 percent of neighbourhoods have seen increases in life expectancy and differences between regions for these neighbourhoods are much smaller than for more deprived neighbourhoods.

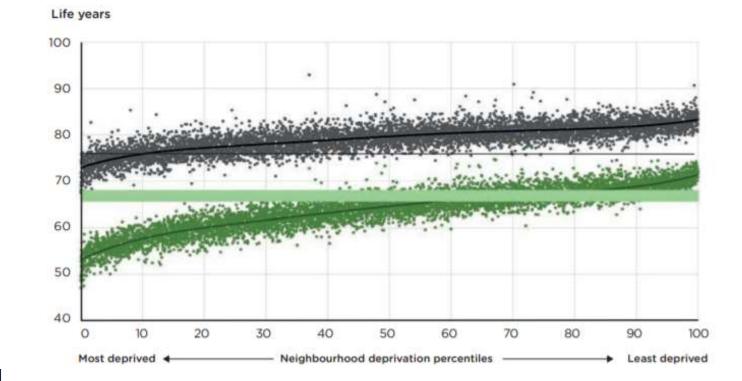
Life expectancy 1980-2018



Source: ONS, 2019 (20)

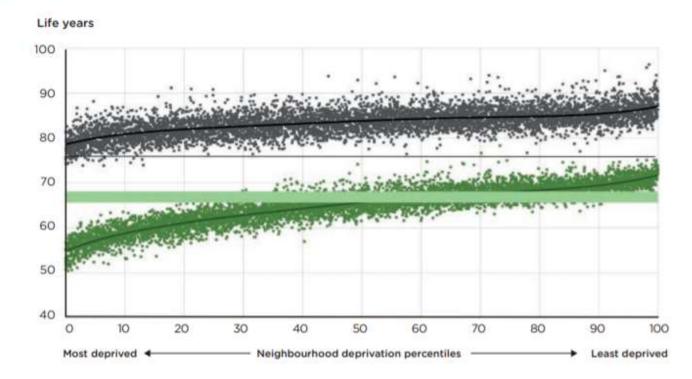
Life expectancy 2009-13

a) Males



Life expectancy 2009-13

b) Females



Children in poverty 2017

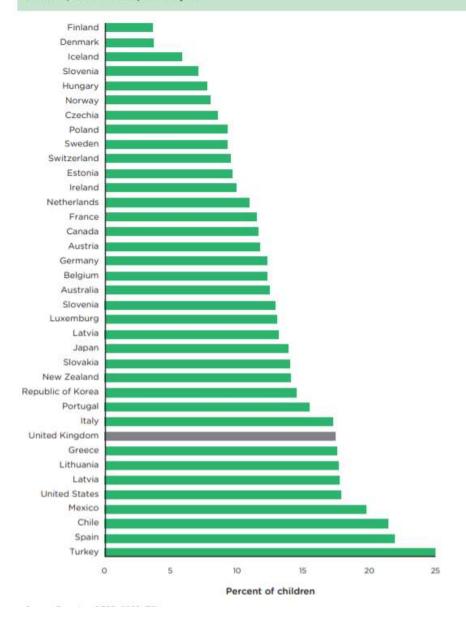
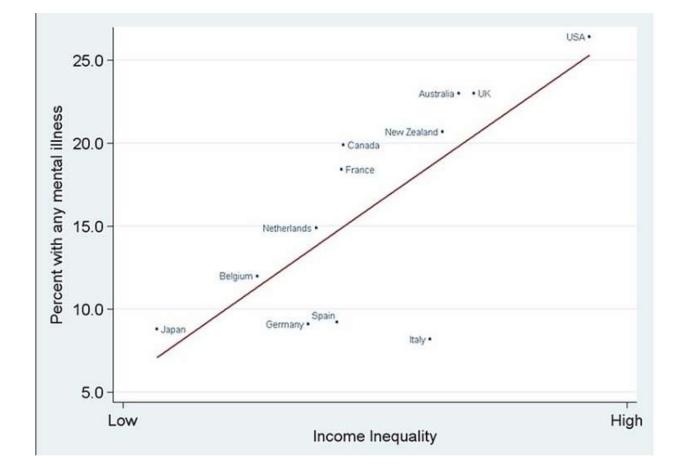


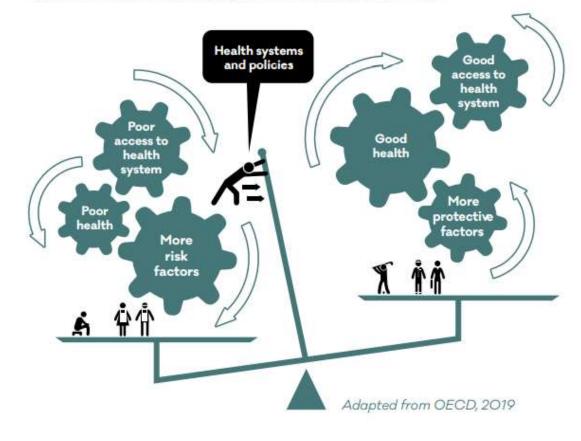
Figure 3.6. Percentage of children aged 0 to 17 living in households in relative income poverty, OECD countries, 2017 or latest previous year

Mental Illness higher in Rich unequal countries



Income inequality and health

Health, risk factors and access to the health system: The odds are stacked in favour of the better-off



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What sort of inequality might affect your mental health?

Lack of research

both historically and to this day, there has been an under representation of women and minority communities in research.

The reasons for this are structural and complex, but they include, among others, cultural and gender biases, institutional racism, lack of diversity in the funding bodies, and underinvestment at a government level

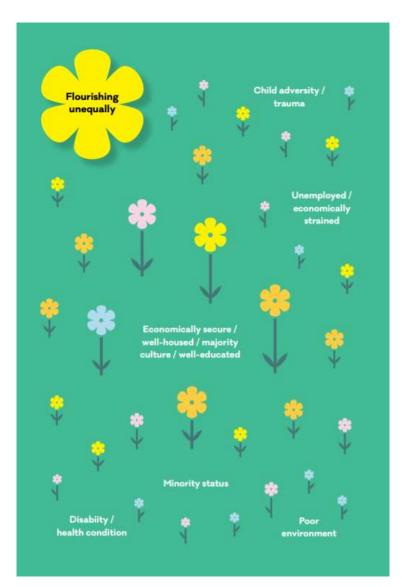
Statistics

- Between 25 and 40% of people with learning disabilities also experience mental health problems
- The Health Survey for England has consistently found that people in the lowest socioeconomic class have the highest risk of a mental health problem .
- Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems
- Employment is one of the most strongly evidenced influences on mental health.

Statistics

- Black people are four times more likely to be detained under the Mental Health Act than White people
- Evidence suggests that African Caribbean people are three to five times more likely to be diagnosed and admitted to hospital for schizophrenia, more than any other group.
- Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, post-traumatic stress disorder (PTSD) and other anxiety disorders
- Having lower educational achievement has been associated with mental health problems in adulthood.
- Women with low levels of literacy are at five times more risk of depression than those with average or good literacy skills

FLOURISHING UNEQUALLY



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Summarise what factors can lead to mental health inequalities

Factors that can lead to mental health inequalities

• material inequality - poverty, poor housing, lack of employment opportunities;

• **social inequality** and injury - stigma and discrimination or experiences related to: living in care, immigration status, ethnicity, sexual orientation, disability, experience of violence or abuse;

• health inequality - including having long-term physical health conditions

POVERTY AND MENTAL HEALTH

- relationship operates in two directions:
- being poor can bring about mental health problems (most commonly anxiety and depression)
- mental health problems can also lead people into poverty due to discrimination in employment and reduced ability to work.

Sexual orientation and gender identity

- Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes, especially through their link to suicide attempts, substance use and difficulties attending school.
- For transgender people, the available studies generally suggest high rates of negative mental health outcomes.

ACES

- ACEs and health-harming behaviours are also associated with deprivation:
- in England, people in the most deprived socioeconomic quintile were almost three times more likely to have experienced four or more ACEs compared to those in the most affluent quintile

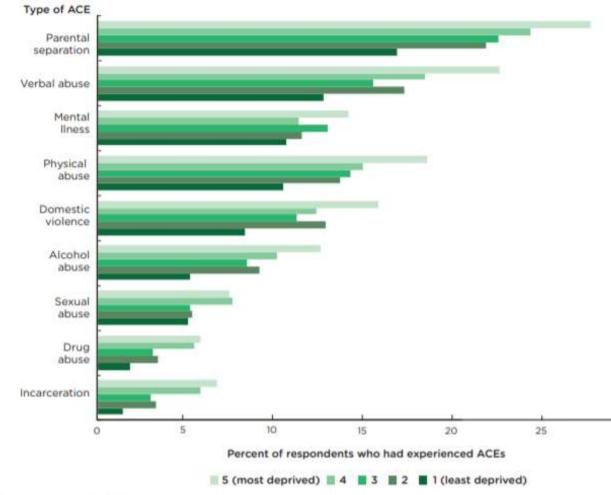


Figure 3.7. Percentage of survey respondents, aged 18-69 years, who experienced a range of ACEs, by deprivation quintile, England, 2013

ACEs and deprivation

Racism and mental health

- Being a victim of racism has been associated with mental health problems .
- The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative.
- Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from BAME communities in mental health services, with evidence showing a persistent greater use of compulsory detention and coercion involving the police and criminal justice system among BAME communities

Racism and mental health

- Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from BAME communities in mental health services, with evidence showing a persistent greater use of compulsory detention and coercion involving the police and criminal justice system among BAME communities
- suicide rates are higher among young men of Black African and Black Caribbean origin, and among middle-aged Black African, Black Caribbean and South Asian women, than among their White British counterparts.

Racism and mental health

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD.

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What might be the barriers stopping Black and minority ethnic people with mental health problems accessing a service?

Barriers

- not recognising they have a mental illness because mental health was stigmatised or never talked about in their community
- not knowing that help is available, or where to go to get it
- language barriers
- turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services
- financial barriers, such as paying for private counselling
- not feeling listened to or understood by healthcare professionals
- White professionals not understanding their experiences of racism or discrimination.

Disability

- While not inevitable, having a physical disability can increase the risk of experiencing mental health problems and low wellbeing.
- Estimates suggest a 40% prevalence rate of mental health problems in deaf children, compared to a 25% prevalence rate in children without hearing loss
- For older adults who are visually impaired, the prevalence of major depressive disorder (5.4%) and anxiety disorders (7.5%) is significantly higher compared to their fully sighted peers.

Disability

- The prevalence of diagnosed mental health conditions is estimated to be 36% among children with learning disabilities compared to 8% among children without.
- Increased prevalence is particularly marked for Autism Spectrum Disorder, Attention Deficit Disorder and conduct disorders.

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What might be the barriers stopping Disabled people with mental health problems accessing a service?

Barriers Disability

- Social isolation
- Communication challenges
- Conflated diagnosis/Physical health
- Stigma
- Accessibility
- Fear of losing independence

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With reference to your own service discuss strategies that you use to challenge inequality particularly in relation to mental health.

What to do

STRATEGIES UPSTREAM - National structures Reduce economic inequalities Create mentally healthy Non-means-tested income supports Prevent ACEs. environments domestic/sexual violence & • Map the socio-economic Anti-discrimination law discrimination influences on mental health Alcohol minimum unit pricing MIDSTREAM - Communities Asset-based approaches Preventative interventions Affordable housing Assessing community-level risk • Trauma-informed Public spaces approaches • Measures to reduce inequalities Community participation DOWNSTREAM - Individual / group resillience ••••••••• • Empowerment programmes Peer support groups Psychological therapies for children Resilience training Screening programmes exposed to trauma • Emotional literacy training

WATERFALL - Clinical and public service settings

- Clinical specialist care Suicide prevention for high risk people

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Anti-domestic/sexual violence law
Regulation on marketing for

 Reduced class sizes harmful industries • Design-in green and blue space

> Improve school engagement & emotional literacy - Trauma-informed public services

• Empowerment programmes for disadvantaged groups

Medical care

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 Debt advice • Peer support groups Supports for parents with a mental health problem

• Suicide crisis support

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What do you understand by the term "Parity of Esteem"

Parity of esteem

- The principle by which mental health must be given equal priority to physical health.
- It was enshrined in law by the Health and Social Care Act 2012.

Why is this a problem?

- Apart from the obvious point that any illness should be alleviated where possible, mental illness reduces life expectancy - it has a similar effect on life-expectancy to smoking, and a greater effect than obesity.
- Mental ill health is also associated with increased chances of physical illness, increasing the risks of the person having conditions such as coronary heart disease, type 2 diabetes or respiratory disease.
- Poor physical health increases the risk of mental illness.
- The risk of depression is doubled for people with diabetes, hypertension, coronary artery disease and heart failure, and tripled in those with stroke, end-stage renal failure and chronic obstructive pulmonary disease.
- Children experiencing a serious or chronic illness are also twice as likely to develop emotional disorders.