

# Reducing mental health inequalities

Inequality should be seen as a continuous variable; all sectors of society would experience tangible benefits from reductions in inequality.

Inequality has a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health amongst others. Inequality has an impact on society as a whole, and not just on discrete disadvantaged groups.

Dr Julian Tudor-Hart, a South Wales GP, argued in 1971 that funding for social and health care varied inversely with the needs of the population being served.

Broadly speaking, the inverse care law is made up of three components: the 'need' for health care in the population (for example, the prevalence of long-term conditions); the 'availability' or supply of health care (for example, numbers of GPs); and how 'good' that care is – in other words, its quality. These components interact, and inequalities between social groups can be found in all three areas

The Inverse Care Law still applies and tackling inequality means that funding will have to be reallocated to disadvantaged areas from those that are currently relatively advantaged.

## Need for healthcare in the population

There are many determinants in our lives which influence our mental health: from positive parenting and a safe place to live, to experiencing domestic abuse and neglect, oppression, discrimination, or growing up in poverty.

Determinants of mental health interact with inequalities in society, putting some people at a far higher risk of poor mental health than others.



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Over a third of children in Wales are now classed as living in poverty, more than anywhere else in the UK



x3

In Wales's most deprived neighbourhoods, suicide rates are between two and three times higher compared to the most affluent.



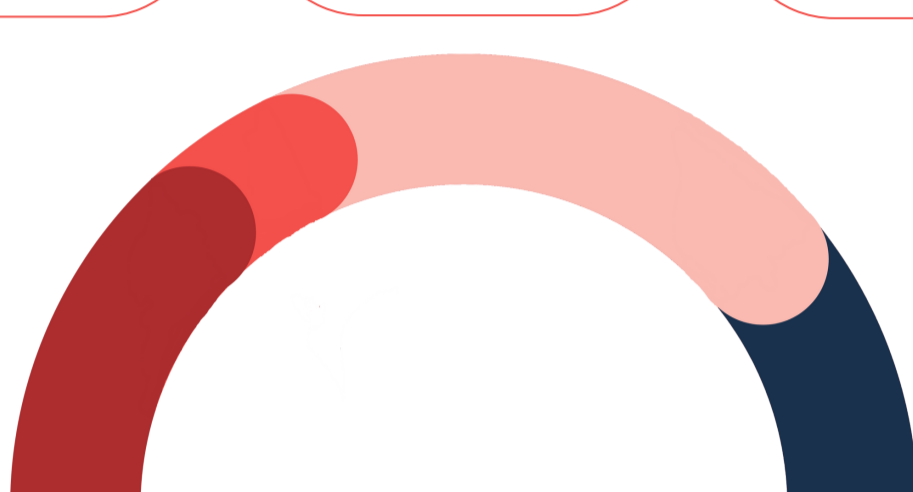
61%

61% of adults in Wales have found the current financial situation is affecting their mental health

Approx 30% of all people with a long-term physical health condition also have a mental health problem, most commonly depression and/or anxiety.

Approx 20% of people aged 60 or over have a mental health problem, most commonly depression and dementia.

Approx 80% of adults with mental health disorders have impairment in language and over 60% have impairment in communication and discourse.



## Availability of healthcare

As with determinants of mental health, access to mental health support is not equally distributed across the population. Groups facing particularly high levels of poor mental health also, paradoxically, often experience the greatest difficulty in accessing support services, whilst persisting stigma around mental health problems continues to act as a barrier to people seeking support.



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Only one in three people who experience mental health problems are able to access the support that they need.

## Quality of healthcare

People with the poorest mental health too often find the help they are offered is the least effective and the least relevant.

This is most dramatically evident for people from Black communities in the UK and is evident on a number of other dimensions that often intersect with each other – including income and wealth, gender, specific ethnicity (for instance, Gypsy, Roma and Traveller communities), age, sexual and gender identity.

- LGBTQ+ people who have experienced multiple disadvantages (for example abuse, homelessness, poverty) reported that mental health professionals often failed to understand their experiences, and as a result, were unsupportive or less likely to meet their needs.
- People from ethnic minority groups (including People of Black Caribbean and Black African heritage, South Asian and East Asian people, and migrants from all backgrounds) are at a significantly increased risk of involuntary psychiatric detention compared to those from White ethnic groups.
- People with a Severe Mental Illness (SMI) such as schizophrenia or bipolar disorder are at a greater risk of poor physical health and die on average 15 to 20 years earlier than the general population. It is estimated that 2 in 3 of these deaths are from preventable illnesses.

## Cost of living

Cost-of-living pressures are having a significant impact on the nation's mental health. This comes when already, mental health services are struggling to meet the demand for mental health support caused by the COVID-19 pandemic, in the context of squeezed budgets and workforce shortages. Further increase in demand for mental health services is putting extra pressure on the health and social care system that it can ill afford this winter. The full impact of this will not be felt equitably, and the worst effects will be felt by people in receipt of means-tested benefits or on low incomes, people with existing mental health issues and people with disabilities.



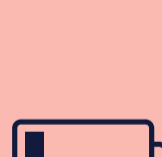
75%

Nearly three quarters of mothers with new-born babies report that the cost of living is impacting their mental health and wellbeing. This is concerning given the already high incidence of perinatal mental health problems which can impact on both the mother and the child, and the risk of suicide in this group.



22%

22% of older people are already stopping or reducing spending on medications or specialist foods, with 15% expected to be skipping meals in the coming months.



55%

Over half (55%) of adults with disabilities reported difficulties affording their energy bills, compared to 40% of non-disabled adults.

"Increased prices and the mounting cost-of-living crisis are having a significant impact on the mental health of people living in the UK, and people with existing mental health problems are being hit hardest. Over half (54%) of people surveyed this autumn, with and without mental health problems, said that rising prices had a negative impact on their mental health. Even more concerning is that nearly half said they felt anxious, nearly a quarter have been depressed and over a fifth said they were unable to cope. People with existing mental health problems were even more likely to experience these feelings, with about a third saying they were unable to cope."

NHS Confederation

## What can be done

We reinforce the recommendations from the Welsh NHS Confederation Health and Wellbeing Alliance briefing "Mind the gap: what's stopping change?"

"The Welsh government should produce a cross-government plan for reducing poverty and inequalities. This should outline the action being taken across all government departments, setting out how success will be measured and evaluated through shared performance measures and outcomes for all public bodies in Wales, accompanied by guidance on how individual organisations should collaborate to reduce inequalities and tackle the cost-of-living crisis."

## Recommendations

- There should be coherent cross-sector and cross-government action to tackle mental health inequalities, including addressing the social determinants of mental health.
- Welsh Governments should continue to work with UK Government on the reforms to the Mental Health Act to ensure a joined-up approach across public services.
- To improve services in order to reduce these inequalities it is important that services are co-designed with the people the services are intended to support.
- Services should be both universal across all aspects of life, and targeted, so that they are shaped and placed according to the needs of local population groups.
- Performance measures should be developed focused on reducing inequalities.
- Prevention programmes and services should be prioritised to support people in primary and community care to prevent escalation of needs.