

Commission for Equality

INEQUALITIES IN MENTAL HEALTH: THE FACTS

Determinants

There are many determinants in our lives which influence our mental health: from positive parenting and a safe place to live, to experiencing abuse, 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.

Men and women from African-Caribbean communities in the UK have higher rates of post-traumatic stress disorder and suicide risk and are more likely to be diagnosed with schizophrenia (Khan et al, 2017)



Children from the **poorest 20%**of households are **four times**as likely to have **serious mental health difficulties** by the age of 11
as those from the wealthiest 20%
(Morrison Gutman et al, 2015)



People who identify as LGBT+ have higher rates of common mental health problems and lower wellbeing than heterosexual people, and the gap is greater for older adults (over 55 years) and those under 35 than during middle age (Semlyen et al, 2016)





Children and young people with a learning disability are three times more likely than average to have a mental health problem (Lavis et al, 2019)





Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives: of those who have, 36% have attempted suicide, 22% have self-harmed and 21% have been homeless (Scott and McManus, 2016)





70% of children with autism (Simonoff et al, 2008) and 80% of adults with autism (Lever and Geurts, 2016) have at least one mental health condition (Autistica evidence to the Commission)

Deaf people are twice as likely to experience mental health difficulties (All Wales Deaf Mental Health and Well-Being evidence to the Commission)





Access

Only one in three people who experience mental health problems are able to access the support they need (NHS Digital, 2016).

As with the 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 services.



85% of older people with **depression** receive **no NHS support** (Burns, 2015).

Black adults are the least likely ethnic group to report being in receipt of medication for mental health, or counselling, or therapy (Cabinet Office, 2018).

The National LGBT Survey (2018) found that 24% of respondents had accessed mental health services in the last year, but a further 8% had tried to get help and failed. The majority of those who sought help found it difficult, with long waiting lists and unsupportive responses from GPs cited as reasons for this.



Only just over a quarter (27.9%) of children and young people who experience both a learning disability and a mental health problem have had any contact with mental health services.

Experience and outcomes

People with the poorest mental health too often find the help they are offered is the least effective, the least relevant and, for some, the most coercive.

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.



LGBT+ people who have experienced multiple disadvantage (for example abuse, homelessness and 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. (LGBT Foundation, 2020)

Black people in the UK:

- Are less likely to have the involvement of GPs leading up to a first episode of psychosis than white patients (Singh et al., 2013).
- Are far more likely to experience police involvement in their first contact with mental health services (Bignall et al., 2019).
- Are eight times more likely than White British people to be given a community treatment order after being treated in hospital under the Mental Health Act (NHS Digital, 2019).

