



Tackling mental health disparities

Ten evidence-based actions that government could take in the forthcoming white paper

Summary

The Covid-19 pandemic is being accompanied by a sharp rise in demand for mental health services – referrals to children’s mental health services rose 134% from 2019/20 to 2020/21, and emergency crisis care presentations are up 80% (Royal College of Psychiatrists, 2021).

Even before the pandemic, mental ill health was one of the most prevalent forms of illness (ONS, 2017) with one in six people experiencing diagnosable symptoms at any time, at a cost of over £119 billion in England alone (Centre for Mental Health, 2020).

Mental health inequalities mean that while it is true that anyone can experience mental ill health, the risks are much higher for certain groups who experience structural discrimination and disadvantage. And people living with mental health difficulties face a much higher risk of poor physical health, too:

- People in the 10% most deprived communities are more than three times as likely to be detained under the Mental Health Act and twice as likely to die by suicide as the least deprived 10% (NHS Digital, 2020)
- Four times as many Black people and twice as many Asian people are detained under the Mental Health Act as white people (Halvorsrud, 2017)
- Half of LGBT+ people (52%) said they had experienced depression in the last year (Bachmann and Gooch, 2018)

- Almost half of trans people (46%) and 31% of lesbian, gay and bisexual people had thought about taking their own life in the last year (Bachmann and Gooch, 2018)
- People with long-term physical illnesses are at least twice as likely to have a mental health difficulty as those without
- The lives of people diagnosed with a severe mental illness are, on average, 20 years shorter than those without such a diagnosis (PHE, 2019) and they have faced a three times greater risk of mortality from Covid-19.

These inequalities, inequities and disparities are the result of economic and social factors that put some people and communities at a dramatically higher risk of poor mental health. This means they are amenable to action.

The disparities white paper is a great opportunity for the Government to tackle the causes of inequalities and inequities that contribute to a large proportion of the annual £119 billion cost of mental ill health (O’Shea and Bell, 2020).

Below we set out ten actions the Government could take in the white paper that would help to reduce mental health disparities.

1. Reduce poverty and financial inequality

Poverty and income inequality are toxic to mental health, a truth acknowledged by NHS England's new CORE20PLUS5 initiative which links deprivation (the most deprived 20%) to severe mental illness, one of the five conditions it seeks to address. Taking steps to lift people out of poverty has been demonstrated to improve mental health – for example by reducing rates of depression and risk factors for suicide (Ridley *et al.*, 2020). Higher levels of income inequality are also associated with higher risks to mental health across the whole population (Patel *et al.*, 2018). This means that reducing health disparities must begin with reducing financial inequality, with especial attention to increasing the incomes of the poorest in society.

The Government can take effective action to reduce poverty and financial inequality through both the labour market and the social security system:

Pay the Real Living Wage – encourage all public sector organisations and their contractors to become Living Wage Foundation accredited. This would help to reduce in-work poverty and bring much needed income into deprived communities.

Boost social security – the value of some social security benefits has been falling for decades and is now at its lowest compared with living costs for 50 years. The benefits system is also increasingly punitive, through restrictions on eligibility for benefits, harsh assessment processes and the use of conditions and sanctions for those on out-of-work benefits: all changes which are associated with poorer mental health (Bell, 2020; Commission for Equality in Mental Health, 2020). Reversing these trends will boost public health. That means restoring the value of benefits (especially for people who are out of work) and removing restrictions and conditions that limit people's entitlements and remove the vital safety net. Another example would be scrapping the two-child limit for child benefit, an action which the Child Poverty Action Group (CPAG, 2022) estimates would immediately lift 250,000 children out of poverty.

Measure child poverty – set a target to reduce the number of children living in poverty, and measure it routinely in order to assess progress and address gaps (for example between regions or localities). Reducing child poverty is likely to bring about a lasting improvement in mental and physical health, significantly reducing health disparities in the short-term as well as giving more children a good start in life for the long-term.

2. Tackle racism

Racism and discrimination can have a profound and lasting impact on mental health. The daily wear and tear experiences of racism have been linked to a range of poor mental health outcomes, including anxiety and depression (Bignall *et al.*, 2019).

Racial discrimination and violence is also traumatic – which can be the result of direct or indirect, single or cumulative experiences of racism. The impact of this has been likened to post-traumatic stress disorder (PTSD) where an individual continues to relive their ordeal and have ongoing negative thoughts associated with it (Synergi, 2018; Abdinasir, 2020).

The effects of racism are felt not just by individuals subjected to acts of aggression. For a community, exposure to others' experiences and the fear of abuse can have a collective impact on mental health. Seeing people who are Black or Muslim, for example, repeatedly being treated unjustly, either in person or on television or social media, can have a profound cumulative impact (Commission for Equality in Mental Health, 2020).

Racism is suffused within our society: it is systemic and wide-reaching. Young people from racialised communities describe how everyday experiences of racism in school, in their neighbourhoods, from the police (including recently in the policing of lockdown laws – Abdinasir and Carty, 2021), in the media and on social media have a cumulative effect on their mental health (Khan *et al.*, 2017).

The Government should acknowledge that racial injustice at all levels and in all manifestations is a direct cause of harm to health and, as a consequence, take decisive action to prevent racism. This should include taking immediate steps to end all 'hostile environment' policies and practices, and to review policies and practices that apply disproportionately to people from racialised communities – for example, the use of school exclusion, youth custody, prison and inpatient mental health services. In the case of the Mental Health Act, this would mean committing to implement Sir Simon Wessely's independent review (2018) in full.

3. Ensure people have good homes to live in

Having a secure home that is warm and safe is a foundation for good mental health. Children living in insecure housing have higher levels of mental ill health. Homelessness and housing insecurity put mental health at risk at any age. Poor quality housing also harms mental as well as physical health.

The Levelling Up white paper makes some positive pledges (for example, to improve security of tenure for private renters) but the situation is stark, with housing charity Crisis estimating that by the end of 2021, 227,000

households across Britain were experiencing the worst forms of homelessness, a record number (Crisis, 2021).

A survey by Shelter found that 26% of those who said a housing problem had negatively impacted their mental health had gone to the GP with a housing issue. This equates to 5% overall, or 1 in 20 adults. Scaled to the English adult population, this would run into the millions, a clear added burden on an already strained public service such as the NHS (Shelter, 2017).

4. Boost early years mental health support

Early years services offer families essential support to give babies and young children a healthy start in life. Effective support with parenting has been shown to be especially valuable, yet access is a postcode lottery. And good quality maternal mental health support is crucial for babies as well as mothers, with midwives and Health Visitors playing an especially important part in helping women when they are struggling (Centre for Mental Health, 2022).

There is very little mental health provision in place for children aged three and under. In a survey of professionals working within children and young people's mental health services, the Parent-Infant Foundation found that just

over a third (36%) of respondents reported that there are mental health services that can work effectively with babies and toddlers aged zero to two in their local area (Parent-Infant Foundation, 2021).

It is crucial that effective, high quality services are provided for parents from the early years onwards. This must include high quality children's services, to prevent Adverse Childhood Experiences which create long-term risks to mental health. An analysis by children's charities found that local authority spending on early help services halved between 2010 and 2020 while government funding for children's services was cut by 24% (Action for Children, 2021).

5. Implement a 'whole school approach' to mental health

Education settings play a crucial role in supporting the mental health and wellbeing of children and their families. Children's experiences of school have a big impact on their mental health: for better or worse. A positive and safe environment with a broad curriculum (including learning about mental health) and time for play and physical activity can boost wellbeing (Abdinasir, 2019). By contrast, excessive academic pressures, bullying and discrimination can cause lasting harm.

Whole school and college approaches are crucial to promote and support the mental health and wellbeing of all pupils and students.

There is a strong and growing evidence base that whole school and college approaches to wellbeing, and social and emotional learning, can have a range of benefits including higher attendance and attainment, improved behaviour, and reduced anxiety, bullying and stigma (Banerjee *et al.*, 2016).

Implementing a 'whole school approach' to mental health must include an ongoing commitment to inclusive education, which has been demonstrated to lead to reductions in homophobic bullying and consequent mental health difficulties (Proulx *et al.*, 2019).

6. Fund the Hubs

There are around one million children in England with ‘lower-level’ and emerging mental health needs, who would benefit from some form of mental health support but do not require specialist care from NHS Children and Young People’s Mental Health Services (Children’s Commissioner, 2020). Services providing mental health support in the community play a crucial role in addressing needs at an early stage, preventing escalation and the potential for later, more costly referrals to specialist services. However, there is patchy provision of these services across the country

due to a lack of sustainable funding and confusing commissioning arrangements.

Early support hubs offer easy-to-access, drop-in support on a self-referral basis for young people up to age 25. They are often delivered by voluntary and community sector organisations. A mix of clinical staff, youth workers and volunteers provide a range of support on issues related to wellbeing as well as psychological therapies, employment advice, youth services and sexual health services (O’Shea, 2021).

7. Improve working conditions

Workplaces have an important influence on mental health: being in good, secure work is beneficial to both physical and mental health. But workplaces can also harm mental health: for example, bullying or unfair treatment and insecure, very low paid work can increase the risk of poor mental health (Harvey *et al.*, 2017).

The Government can take steps to ensure more people enjoy good and fair working conditions. This includes ensuring that public sector

organisations treat staff fairly, take action to prevent and tackle workplace bullying, pay the Real Living Wage and provide effective mental health support through work. Legislation to ensure good working conditions throughout the labour market can also improve mental health: research shows that policies which boost workplace rights are associated with improvements in mental health (Barlow *et al.*, 2019).

8. Tackle climate change and its impacts on communities

There is compelling evidence that air pollution, extreme weather events and other impacts from climate change significantly affect people’s mental health, and that the biggest effects are on those with the least resources. Taking action to improve the physical environments we live in and to build climate resilience is likely to improve mental health for all and reduce disparities. This could include:

- Boosting flood protection and insurance for those on the lowest incomes in areas of high risk from flooding
- Reducing air pollution in the most deprived areas
- Supporting people on low incomes to keep their homes warm and well-insulated
- Improving access to green spaces.

9. Close the health gap for people with a mental illness

People living with long-term mental health difficulties have a 15-20 year shorter life expectancy than average. This is predominantly due to poor physical health, which is often neglected by health services that focus solely on their mental health. People with severe mental illness are three times as likely to have diabetes, three times as likely to smoke tobacco and twice as likely to have heart disease. They have faced three times the risk of dying from Covid-19 and are more likely to die of cancer than the rest of the population.

The NHS Long Term Plan makes some important commitments to addressing the health gap. That includes improving access to an annual six-point health check for everyone on their GP's Severe Mental Illness register, and a

programme to extend smoking cessation support to inpatient mental health services (and later, community services). These are welcome, but they will need to be sustained and built on with further action across the health system to ensure fair and equal care is provided.

The Government could use the disparities white paper to make a commitment to reducing the life expectancy gap for people with a mental illness over the next decade. This should help to drive further investment and change in the health system to close the gap: for example, building on the success of the Covid vaccination programme to ensure more people with severe mental illness have routine access to flu and other vaccines.

10. Adopt Minimum Unit Pricing on alcohol

From a heightened risk of depression and suicide to a clear link to violence and sexual abuse, excessive drinking is a clear threat to mental health. Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages (Burton *et al.*, 2016).

Minimum Unit Pricing schemes in Scotland and Wales have helped reduce drinking by up to 8% with the largest effect on the most problematic drinking (Anderson *et al.*, 2021). The last Budget actually reduced the cost of alcohol in England; and from 2009 to 2019, the price of alcohol decreased by 5% relative to retail prices and became 13% more affordable than in 2008. Alcohol is 74% more affordable than it was in 1987.

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