Nottingham and Nottinghamshire adult mental health JSNA Profile 2024: mental health inequalities

This section provides an overview of mental health inequalities, in particular in relation to common mental health disorders and low mental wellbeing. This is an overview of this complex topic; for full exploration of the topic, please explore the national guidance and reports referenced in this section. Additional information relating to women's mental health is available in a further supplementary document linked to this JSNA Profile.

Overview

The overall prevalence of mental health problems masks inequalities, where some people and groups are more likely to develop mental health problems and are likely to need additional support to recover[1].

The interplay between the determinants (or causal factors) of mental health problems and inequalities is complex. Factors influencing mental health and inequalities can be bidirectional, meaning many factors involved can be both a cause for mental health problems and be a result of experiencing mental health problems. The experience of inequalities and risk factors can have a cumulative effect, where experiencing multiple factors can increase the impact on mental health.

> *"Determinants of mental health interact with inequalities in society, putting some people at a far higher risk of poor mental health than others"[2].*

This document includes sections on:

- Inequalities in the prevalence of mental health problems,
- Inequalities in accessing mental health support, experience, and outcomes,
- Intersectionality,
- Inequalities experienced by people with mental health problems,
- Recommendations.

Inequalities in the prevalence of mental health problems

Mental health problems are more prevalent in certain groups or populations, including:

- Black and Black British people[3] [4] and people from other ethnic minority groups[5]
- Women, who have a higher rate of depression[6]

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[1] The Kings Fund, 2024. Mental Health 360: Prevalence. Available at Mental Health 360 | Prevalence | The King's Fund (kingsfund.org.uk)

[2] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[3] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[4] 23% of Black or Black British people experience a common mental health problem in any given week, compared to 17% of White British people. Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind

[5] Bansal et al. Understanding ethnic inequalities in mental health in the UK: A eta-ethnography. 2022. Published by PLOS Medicine. Available at: Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography | PLOS Medicine

[6] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

- Younger people, who have a higher rate of depression[7]
- Young women, where self-reporting of common mental health problems has been increasing[8]
- People living in more deprived communities[9], who have a higher rate of depression[10]
- People in lower socio-economic groups[11] [12] [13]or experiencing debt[14] [15]
- People in Gypsy Roma and Traveller communities[16]
- People who are living alone[17]
- People who are unemployed[18] [19]
- People with poor physical health[20]

[7] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[8] 26% of young women (aged 16-24) report having a common mental health problem in any given week compared to 17% of adults. The proportion of young women reporting common mental health problems has been increasing. Mind, 2020. Mental Health Facts and Statistics. Poverty can be a chronic source of stress, eventually effecting physiological health. Available at Mental health facts and statistics - Mind

[9] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[10] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[11] There is a positive correlation between poverty and common mental health disorders. Some forms of mental health disorders are positively associated with levels of debt. Allen, J. and Sesti, F. Health inequalities and women – addressing unmet needs. British Medical Association, 2018. Available at bma-womens-health-inequalities-report-aug-2018.pdf

[12] People experiencing financial hardship are at increased risk of mental health problems including anxiety, stress and depression. Evidence suggests that financial problems cause mental health problems, rather than being a result of mental health problems. The Health Foundation. What drives health inequalities? Money and resources. Accessible from Money and resources | The Health Foundation

[13] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[14] Money and Mental Health Policy Institute, 2024. The Facts: What you need to know. Accessible at Money and mental health facts and statistics

[15] There also appears to be association between cost-of-living indicators and depression, although this may not be causal. House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[16] Gypsies and Travellers are three times more likely than the wider population to experience anxiety, more than twice as likely to experience depression. Roma people also have high levels of anxiety and depression. Roma Support Group, Friends, Families and Travellers, VCSE Health and Wellbeing Alliance, 2024. Tacking mental health inequalities for Gypsy, Roma and Traveller people. Available at Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People (romasupportgroup.org.uk)

[17] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[18] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[19] Unemployment negatively impacts on mental health. Job insecurity is also linked to reduced wellbeing and a range of physiological problems. The Health Foundation. What drives health inequalities? Work. Accessible from Work | The Health Foundation

[20] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

- Disabled people, who have a higher rate of depression[21] [22] [23]
- Autistic people[24]
- People with communication impairments [25]
- People who identify as LGBTQIA+[26] [27] [28]
- People experiencing severe multiple disadvantage, including homelessness[29] [30], substance use[31], and contact with the criminal justice system[32] [33]
- People who are unpaid carers [34]
- Deaf people [35]

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[21] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[22] Deaf people are twice as likely to experience mental health problems. Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[23] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[24] 80% of autistic adults have at least one mental health condition. Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[25] Royal College of Speech and Language Therapists, 2024. Mental health (adults) – guidance. Available at https://www.rcslt.org/members/clinical-guidance/mental-health-adults/mental-health-adults-guidance/

[26] In England, LGBTQIA+ people are 2-3 times more likely to report having a mental health problem than heterosexual people. Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind

[27] LGBT+ people have higher incidence of common mental health disorders and lower wellbeing than heterosexual people and this gap is greater for people aged over 55 and people aged under 35. Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[28] NHS and LGBT Foundation, 2024. NHS Talking Therapies for anxiety and depression: LGBTQ+ bite-sized positive practice guide. Accessible from Bite-sized-LGBTQ-Positive-Practice-Guide.pdf

[29] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[30] Homelessness can negatively impact mental health. Having low housing stability and security can also impact on wellbeing. The Health Foundation. What drives health inequalities? Housing. Accessible from Housing | The Health Foundation

[31] 'Between 70 and 80 per cent of clients in drug and alcohol services have common mental health problems, largely anxiety, depression and trauma'. National Treatment Agency for Substance Misuse and Drug Scope, 2012. Accessible from Positive Practice Guide for working with users of drugs and alcohol (uea.ac.uk)

[32] In any year, around 40% of people in England who experience Severe Multiple Disadvantage (homelessness, substance use and contact with the criminal justice system) also have a mental health problem. Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind

[33] People in the criminal justice system are more likely to experience mental health problems than the general population and this can be compounded by coexisting issues such as substance use, homelessness, unemployment and financial adversity. Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

[34] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)

[35] Joint Commissioning Panel for Mental Health, 2017. Guidance for commissioners of primary care mental health services for deaf people. Available at https://signhealth.org.uk/wp-content/uploads/2024/08/2017-Guidance-for-commissioners-of-primary-care-mental-health-services-for-deaf-people-Joint-Commissioning-Panel-for-Mental-Health.pdf

Inequalities in mental health often reflect social disadvantage[36] [37]: practical problems and wider social factors can impact on mental health[38]. The causes of mental health are complex, and higher prevalence of mental health problems among the groups above can be linked to several factors, including:

- Social inequality and disadvantage[39]
- Discrimination and social exclusion or isolation[40] [41] [42]
- Traumatic experiences[43]

Inequalities in accessing mental health support, experience and outcomes.

"Access to mental health support is not distributed equally across the population."[44]

Some groups are over or underrepresented in treatment relative to the level of need[45] [46]. Those groups that experience higher prevalence of mental health problems can often have poorer access to mental health support[47] and have worse experiences[48], satisfaction[49] and outcomes when they do

[36] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)
[37] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)
[38] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
[39] Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind
[40] Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind
[41] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
[42] People who feel lonely often and six times more likely to experience poor mental health, including depression, and people in lower income households are more likely to experience loneliness than those in higher income households. People who don't feel a sense of belonging in their neighbourhoods and four times more likely to experience poor mental health. Having cohesive communities can to some extent mitigate the negative impact of deprivation on mental health. The Health Foundation. What drives health inequalities? Family, friends and community. Accessible from Family, friends and community | The Health Foundation
[43] Mind, 2020. Mental Health Facts and Statistics. Available at Mental health facts and statistics - Mind
[44] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)
[45] National Health Service, 2020. Advancing mental health equalities strategy. Available at Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk)
[46] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)
[47] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)
[48] NHS England. Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services. Available at NHS England » Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services
[49] Patient satisfaction varies by group. Younger people and those with more challenging and sever non-psychotic disorders were less likely to be satisfied with their care. The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

access mental health support [50]. This has been referred to as the 'triple barrier' of mental health inequality[51] [52].

People from minority ethnic groups in the UK have poorer mental health, worse access to mental health support and treatment[53], and more negative experiences of and outcomes from services when compared to people in White British groups[54] [55] [56]. People from minority ethnic groups also wait longer for Talking Therapies assessment and are less likely to receive Talking Therapies treatment following assessment[57]. There has been some progress in improving recovery rates following Talking Therapies support for some minority ethnic groups, but more needs to be done to reduce inequalities for all minority ethnic groups[58].

Lower recovery rates following access to Talking Therapies have also been identified for disabled people, lesbian, gay or bisexual people, and people living in deprived areas[59]. Experiencing financial difficulty also reduces recovery rates for common mental health conditions with people with problem debt being 4.2 times more likely to still have depression at 18 months than people without financial difficulty[60].

[50] National Health Service, 2020. Advancing mental health equalities strategy. Available at Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk)
[51] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)
[52] Allen, J. and Sesti, F. Health inequalities and women – addressing unmet needs. British Medical Association, 2018. Available at bma-womens-health-inequalities-report-aug-2018.pdf
[53] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)
[54] Bansal et al. Understanding ethnic inequalities in mental health in the UK: A eta-ethnography. 2022. Published by PLOS Medicine. Available at: Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography | PLOS Medicine
[55] Lord Darzi, 2024. Independent Investigation of the National Health Service in England. Available at Independent Investigation of the National Health Service in England (publishing.service.gov.uk)
[56] National Health Service, 2020. Advancing mental health equalities strategy. Available at Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk)
[57] Lord Darzi, 2024. Independent Investigation of the National Health Service in England. Available at Independent Investigation of the National Health Service in England (publishing.service.gov.uk)
[58] NHS England. Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services. Available at NHS England » Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services
[59] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)
[60] Money and Mental Health Policy Institute, 2024. The Facts: What you need to know. Accessible at Money and mental health facts and statistics

Older people [61] [62] [63] [64]and disabled people[65] are underrepresented in access to Talking Therapies, relative to the level of need in those groups. Older people with common mental health disorders are six times more likely to be on medications and a fifth less likely to be accessing Talking Therapies compared to younger age groups[66]. Language can also be a barrier to engaging in Talking Therapies for non-English speaking people[67].

People with communication impairments experience barriers to accessing and benefiting from mental health support. As people with communication impairments are more likely to experience deprivation and disadvantage, some of these barriers are similar to those experienced by other marginalised groups. People with communication impairments also experience additional barriers specifically related to their communication needs. For example, the mental health needs of people with communication impairments may be missed or misidentified as an aspect of a communication difficulty, and therapeutic intervention itself, which typically relies on a service user's communication and language skills, may be inaccessible or less effective for people with communication difficulties. This problem is compounded for people whose communication needs have not been identified accurately or at all, as adaptations and support to enable access and engagement with mental health interventions cannot be put in place [68]

Deaf people experience barriers to accessing culturally and linguistically appropriate mental health services, including lack of high quality interpretation services and lack of cultural-linguistic service adaptations for Deaf people, a distinct cultural and community group[69].

People in Gypsy Roma and Traveller communities experience barriers to accessing and engaging with mental health support. This includes:

- 'Administrative barriers': long waiting lists and lack of dedicated or culturally aware services,
- 'Cultural barriers': using practitioners or interpreters of a different gender to the person, stigma, fear and perceptions of social services involvement, a lack of vocabulary around mental health leading to low mental health awareness and understanding,

[61] Older people make up 5.6% of referrals to Talking Therapies (2021/22) compared to an estimated 22% of men and 28% of women aged 65+ experiencing depression. BABCP and Age UK, 2024. NHS Talking Therapies Positive Practice Guide: Older People. Accessible from NHS Talking Therapies Older People Positive Practice Guide 2024.pdf (babcp.com)

[62] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[63] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[64] NHS England. Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services. Available at NHS England » Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services

[65] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[66] National Health Service, 2020. Advancing mental health equalities strategy. Available at Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk)

[67] NHS England. Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services. Available at NHS England » Advancing mental health equalities in NHS Talking Therapies for anxiety and depression services

[68] [68] Royal College of Speech and Language Therapists, 2024. Mental health (adults) – guidance. Available at https://www.rcslt.org/members/clinical-guidance/mental-health-adults/mental-health-adults-guidance/

[69] Joint Commissioning Panel for Mental Health, 2017. Guidance for commissioners of primary care mental health services for deaf people. Available at https://signhealth.org.uk/wp-content/uploads/2024/08/2017-Guidance-for-commissioners-of-primary-care-mental-health-services-for-deaf-people-Joint-Commissioning-Panel-for-Mental-Health.pdf

- And 'social context barriers': having no fixed address, low or no literacy, language barriers, digital exclusion, immigration status[70].

In some cases, lower rates of access in mental health support may be due to population groups perceptions and expectations about the support they are likely to receive. For example, LGBTQ+ individuals may be sceptical of mental health services and concerned that practitioners will not be aware and understanding of LGBTQ+ considerations[71]. Previous experiences of stigma, discrimination based on identities as an ethnic minority, or a sexual minority and previous or anticipated experiences of racism or homophobia can also be a barrier to engaging in services[72]. Approaches to assessment and treatment of mental health problems can be perceived to 'exclude the everyday realities of people's lives including racism, migration stress, complex trauma and spirituality' and are experienced as a barrier to support for those in ethnic minority groups[73]. People in UK Muslim communities reported that perceived social stigma and feared negative judgement acts as a barrier to engaging in mental health support and that mainstream counselling provision did not meet needs relating to faith[74]. Barriers to accessing mental health support across a number of communities include difficulties associated with recognising mental health problems[75].

As some groups are less likely to access services at an early stage, they are more likely to access treatment when very unwell or in crisis[76] [77]. For example, people from some ethnic minority groups are underrepresented in primary care mental health services and overrepresented in crisis and detention[78]. Some autistic people with mental health problems may reach crisis point avoidably, due

[70] Roma Support Group, Friends, Families and Travellers, VCSE Health and Wellbeing Alliance, 2024. Tacking mental health inequalities for Gypsy, Roma and Traveller people. Available at Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People (romasupportgroup.org.uk)

[71] NHS and LGBT Foundation, 2024. NHS Talking Therapies for anxiety and depression: LGBTQ+ bite-sized positive practice guide. Accessible from Bite-sized-LGBTQ-Positive-Practice-Guide.pdf

[72] Lowther-Payne, H.J., Ushakova, A., Beckwith, A. *et al.* Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. *BMC Health Serv Res* **23**, 1042 (2023). Available at Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review | BMC Health Services Research | Full Text (biomedcentral.com)

[73] Bansal et al. Understanding ethnic inequalities in mental health in the UK: A eta-ethnography. 2022. Published by PLOS Medicine. Available at: Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography | PLOS Medicine

[74] Muslim Mental Health Matters and Steps to Recovery, 2021. UK Muslim communities and mental health services: understanding barriers and gaps in support provision. Accessible from LANTERN_REPORT_+MUSLIM+MENTAL+HEALTH+MATTERS+2021v9.pdf (squarespace.com)

[75] Lowther-Payne, H.J., Ushakova, A., Beckwith, A. *et al.* Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. *BMC Health Serv Res* **23**, 1042 (2023). Available at Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review | BMC Health Services Research | Full Text (biomedcentral.com)

[76] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

[77] Lowther-Payne, H.J., Ushakova, A., Beckwith, A. *et al.* Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. *BMC Health Serv Res* **23**, 1042 (2023). Available at Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review | BMC Health Services Research | Full Text (biomedcentral.com)

[78] Bansal et al. Understanding ethnic inequalities in mental health in the UK: A eta-ethnography. 2022. Published by PLOS Medicine. Available at: Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography | PLOS Medicine

to a 'lack of community mental health services that are adjusted and adapted to support autistic people's needs'[79].

Intersectionality

No social identity category exists in isolation and our identities and experiences are complex. Intersectionality is used to describe how different social categorisations or identities, such as ethnicity, gender, age, sexuality, socioeconomic status, can create overlapping and intersecting experiences of discrimination and disadvantage. Intersectionality can help understand how different forms of inequality can operate together and exacerbate each other.

Inequalities in prevalence of mental health problems between and within ethnic groups are at least partly related to income, and employment and education[80].

Inequalities in women's health and mental health are related to socio-economic status, ethnicity, geography[81], childcare and other caring responsibilities[82]. Women are also ten times more likely than men to have experienced physical and sexual abuse which can impact negatively on mental health[83]. Certain groups of women are more likely than other women to experience mental health problems, including mothers and carers, older women, women from Black and minority ethnic groups, and lesbian and bisexual women[84]

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[85].

Differential access to Talking Therapies services among males has been identified when taking into consideration other factors such as ethnicity and sexual orientation, which highlights the 'importance of intersectionality in the context of inequalities'[86].

Inequalities experienced by people with mental health problems.

As well as inequalities in prevalence of mental health problems and in access to, experience of and outcomes from mental health treatment and support, people who have mental health problems often experience inequalities as a result of their mental health problem.

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[79] National Autistic Society and Mind, 2021. Good practice guide for professionals delivering Talking Therapies for autistic adults and children. Accessible from NAS-Good-Practice-Guide-A4.pdf (thirdlight.com).

[80] Mangalore, R, Knapp M. Income-related inequalities in common mental disorders among ethnic minorities in England. 2011. Available from Income-related inequalities in common mental disorders among ethnic minorities in England - PubMed (nih.gov)

[81] Health inequalities and women – addressing unmet needs. British Medical Association, 2018. Available at bma-womens-health-inequalities-report-aug-2018.pdf

[82] British Medical Association, 2018. Addressing unmet needs in women's mental health. Accessible at bma-womens-mental-health-report-aug-2018.pdf

[83] Centre for Mental Health, 2020. Inequalities in Mental Health: the Facts. Available at CentreforMH_Inequalities_Factsheet.pdf (centreformentalhealth.org.uk)

[84] Department of Health, 2002. Women's mental health: Into the mainstream Strategic development of mental healthcare for women. Available at WomenMentalHlth-.pdf (nimhe.org.uk)

[85] NHS and LGBT Foundation, 2024. NHS Talking Therapies for anxiety and depression: LGBTQ+ bite-sized positive practice guide. Accessible from Bite-sized-LGBTQ-Positive-Practice-Guide.pdf

[86] Lowther-Payne, H.J., Ushakova, A., Beckwith, A. *et al.* Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. *BMC Health Serv Res* **23**, 1042 (2023). Available at Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review | BMC Health Services Research | Full Text (biomedcentral.com)

People with mental health problems are more likely to experience higher rates of:

- Financial vulnerability,
- Homelessness,
- Contact with the Criminal Justice System and prison,
- Social isolation,
- Unemployment[87].

People with mental health problems have a lower median salary than those without mental health problems, higher levels of unemployment, are more likely to be in receipt of benefits, and find it harder to make financial decisions[88]. Much of a recent rise in in long-term sickness among working age people is being driven by mental health problems, in particular among people aged 16-34 and 50-64[89]. Since 2008, the NHS Practitioner Health Programme[90] has treated 30,000 staff, equivalent to 20% of the medical workforce, the most common presenting need is depression[91].

There is a strong link between mental health and physical health. 37.6% of people with common mental health disorders report at least one physical health condition (high blood pressure, asthma, cancer or epilepsy), compared to 25.3% of those with no (or few) symptoms of common mental health disorders[92]. Having poor physical health increases the risk of mental health problems, and having mental health problems increases the risk of preventable physical health conditions[93]. People with mental health problems may be more likely to engage in unhealthy behaviours that may put them at increased risk of poor physical health. For example, smoking prevalence among adults in England with a long-term mental health condition (25.1%, 2022/23) and adults with anxiety and depression (25.8%, 2016/17) is higher than the smoking prevalence among the general adult population (11.6%, 2023)[94].

Recommendations

The following recommendations have been identified from the national guidance and reports reviewed.

1. **Workforce:**

[87] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)
[88] Money and Mental Health Policy Institute, 2024. The Facts: What you need to know. Accessible at Money and mental health facts and statistics
[89] Lord Darzi, 2024. Independent Investigation of the National Health Service in England. Available at Independent Investigation of the National Health Service in England (publishing.service.gov.uk)
[90] NHS Practitioner Health was founded in 2008 to treat health and social care professionals with mental health and addiction problems.
[91] Lord Darzi, 2024. Independent Investigation of the National Health Service in England. Available at Independent Investigation of the National Health Service in England (publishing.service.gov.uk)
[92] House of Commons Library, 2024. Mental health statistics: prevalence, services and funding in England. Available at SN06988.pdf (parliament.uk)
[93] The increased risk of preventable physical health conditions among people with mental health problems can be due to a variety of factors: genetics, low motivation, difficulty with concentration and planning, lack of support to change unhealthy behaviour, being less likely to receive medical help. Mental Health Foundation, 2022. Physical health and mental health. Accessible from Physical health and mental health | Mental Health Foundation
[94] Department of Health & Social Care, Fingertips Public Health Profiles, Smoking Profile. Accessible from Smoking Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

- Ensure the workforce is appropriately trained in cultural understanding and competency[95] to have the skills and capabilities to increase equality and equity in mental health services[96].
- Identify staff leads for equality and diversity within services[97] [98]
- Ensure Talking Therapies staff are trained in drug and alcohol use[99] and autism awareness[100].
- Ensure a diverse and representative workforce across the system [101] [102], including a review of training, recruitment, and retention policies to support people from across local communities into the mental health workforce[103].
- Use supervision to identify and share experiences and learning of working with different community groups, and to support identification of staff members own biases and assumptions[104].
- Provide choice of practitioner (e.g. gender) and ensure consistency of client's worker/practitioner wherever possible[105] [106] [107] [108].

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[95] Roma Support Group, Friends, Families and Travellers, VCSE Health and Wellbeing Alliance, 2024. Tacking mental health inequalities for Gypsy, Roma and Traveller people. Available at Tackling Mental Health Inequalities for Gypsy, Roma and Traveller People (romasupportgroup.org.uk)

[96] National Health Service, 2020. Advancing mental health equalities strategy. Available at Microsoft Word - C0709 Advancing Mental Health Equalities Strategy - Text version for publication V6.docx (england.nhs.uk)

[97] The Kings Fund, 2024. Mental Health 360: Inequalities. Available at Mental Health 360 | Inequalities | The King's Fund (kingsfund.org.uk)

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2. **Data and insight**[109] [110]**:**
    - Understand the local population[111].
    - Collect and use data on demographics and inclusion health groups to inform planning/decision making[112] [113] and to inform individual patient care[114].
    - Set service performance metrics relating to equity and monitor and review performance[115].
    - Ask for and use patient feedback[116].
    - Audit and self-assess services[117] [118] [119].
3. 'Give a voice to communities'[120] through **co-production and collaboration**. Design services and pathways in collaboration with people experiencing inequalities and consult people and groups about their preferences[121] [122] [123].

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[123] Lowther-Payne, H.J., Ushakova, A., Beckwith, A. *et al.* Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review. *BMC Health Serv Res* **23**, 1042 (2023). Available at Understanding inequalities in access to adult mental health services in the UK: a systematic mapping review | BMC Health Services Research | Full Text (biomedcentral.com)

4. **Mental health awareness and education:**
    - Provide mental health awareness campaigns that are targeted and tailored to different community groups, particularly targeting groups who may have difficulties in recognising mental health needs and in trusting mental health professionals[124] [125].
    - Make use of community specific media and provide information and awareness campaigns in places that are appropriate to different community groups[126].
    - Use mental health awareness campaigns to reduce stigma at a community level [127].
    - Educate communities about mental health, raise awareness of preventative approaches and mental health support services, and challenge misconceptions[128] [129] [130].
5. Use **Community centred approaches** (community asset building, increasing social connectedness) as a way to engage with groups experiencing inequalities [131], increase social networks and community cohesion and **reduce social isolation and loneliness**[132].
6. Work collaboratively with and invest in **community and voluntary sector** organisations, services and community groups[133] [134] [135] [136].

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[136] British Medical Association, 2018. Addressing unmet needs in women's mental health. Accessible at bma-womens-mental-health-report-aug-2018.pdf

7. Provide **person-centred care** that understands and responds to lived experiences of people and is culturally sensitive and appropriate[137]. For people in ethnic minority groups this includes understanding and responding to experiences of racism and migration[138] and for LGBT+ people understanding and responding to their specific social influences and homophobia. Person-centred care should consider intersectionality and respond to the whole person[139] [140] [141].
8. Ensure availability of **trauma-informed care**[142] [143] [144] [145] [146].
9. Ensure resources, communications and support are available in appropriate **languages** and have trained interpreters and advocates. Ensure information is available in accessible formats for people with low or no literacy and information about services is also autism friendly, clear concise and specific[147] [148] [149].
10. Ensure provision of 'good quality **green space**'[150].

[137] NHS and BABCP, 2019. Short guide to Improving Access to Psychological Therapies. Black, Asian and minority ethnic positive practice guide. Available at IAPT-BAME-PPG-Short-Version-2019.pdf
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[150] Public Health England, 2018. Health matters: Reducing inequalities in mental illness. Available at Health matters: reducing health inequalities in mental illness - GOV.UK (www.gov.uk)

11. Consider the **physical environment** ensuring a confidential and safe space to talk, familiar locations, less overwhelming environments (including waiting rooms) and women only spaces [151] [152] [153] [154] [155]. Ensure environments are visibly inclusive (e.g. lanyards, posters)[156].
12. Provide **different ways to engage** including home visits, digital and phone support, outreach (e.g. into care homes, community outreach)[157] and provide clients with choice. Provide flexibility in how people can engage in services and be able to change ways to engage as people's needs change. Consider digital exclusion and ensure no provision is 'digital by default'[158] [159] [160] [161] [162].
13. Provide **routine screening/enquiry in mental health services** for, financial difficulties[163], drug and alcohol use[164] domestic and sexual violence and abuse, reproductive health and body image [165]. Provide very brief advice and referral to services for financial difficulties and drug and alcohol use.
14. Adopt an open door and make every contact count approach for people with **co-occurring mental health problems and drug and alcohol use**[166].

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15. Provide screening for mental health problems in **physical health services** and have effective referral pathways, multidisciplinary care plans, and integrated services in place[167]. Meet the physical health needs of people with mental health problems[168].
16. **Adapt Talking Therapies provision for:**
    - People with learning disabilities, including materials in easy-to-understand formats, longer appointments, carer or other professional involvement[169].
    - Older people, including information and support is available in appropriate formats and places and ensure easy access non-digital self-referral. Use non-clinical language. Address sensory and mobility needs including for people with mild cognitive impairment and ensure staff are trained in dementia awareness[170].
    - Autistic people, providing clear examples, use unambiguous language, slow pace of sessions down and use a more concrete and structured approach[171].
    - Women, ensuring services are gender-informed and women friendly [172](see also the supplementary women's mental health document).
17. Support people into employment and improve the conditions in which people work. Improve employment opportunities and retention of people with mental health problems[173] [174].
18. People of no fixed abode or people who are nomadic should not be refused registration in primary care[175].

[167] NHS, 2008. Improving Access to Psychological Therapies Long-Term Conditions positive practice guide. Available at 93de0e4d-9d7c-e5a2-f62a-9e774ca68e22
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