# Mental Health Foundation Consultation Response

## Commission for Equality in Mental Health

## 27th June 2019

**The Mental Health Foundation**

Our vision is for a world with good mental health for all.

Our mission is to help people understand, protect and sustain their mental health.

The Mental Health Foundation is a UK charity that relies on public donations and grant funding to deliver and campaign for good mental health for all.

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## Introduction

The Mental Health Foundation has been working to improve mental health for seventy years. With a focus on prevention, our work entails a particular interest in inequalities, and taking a proportionate universal approach to addressing these inequalities. This includes taking action so that those most at risk of developing a mental health problem are provided with the skills and environments to achieve their best possible mental health.

The Foundation has written extensively about the approaches that can be taken to address mental health inequalities and to prevent mental health problems from occurring or recurring.[1] The evidence we have gathered from a range of stakeholders, including those with lived experience, academics, policy makers and businesses, is focused on how to help to mitigate risk factors for mental-ill health and shape prevention strategies. This work has fed into government strategies across the UK.

A list of relevant resources prepared by MHF is contained in Appendix I and links to relevant MHF resources are provided throughout this document.

## The extent and nature of mental health inequalities

Inequalities are important in the mental health field because the benefits of good mental health and the impact of poor mental health fall unevenly upon different groups within the population. Certain population groups are at higher risk of mental health problems because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. Social responses to personal characteristics such as gender, sexual orientation and impairment also increase the risk of having a mental health problem.[2]

Addressing inequalities will be essential to improving the mental health of the population and to ensure that everyone with experience of a mental health problem can realise recovery.

In general, populations living in poor socio-economic circumstances are at increased risk of poor mental health, depression and reduced wellbeing,[3] and there is a substantial body of evidence supporting a link between poverty and mental health

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[1] For examples of Mental Health Foundation literature on this topic, see Elliot, I. (2016) Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy; Public Health England/Mental Health Foundation (2016) Better Mental Health for All: A public health approach to mental health improvement; Mental Health Foundation (2017) While Your Back was Turned: How mental health policymakers stopped paying attention to the specific needs of women and girls: policy briefing; Mental Health Foundation (2017) London Health Inequalities Strategy Consultation: Mental Health Foundation Response; Davie E., et al. (2018) Londoners said: An analysis of the Thrive LDN community conversations; Kousoulis A.A. and Goldie I (2017) Mapping mental health priorities in London with real-world data (The Lancet Psychiatry. 2017;4(10):e24); and Mental Health Foundation (2018) Health Inequalities Manifesto.

[2] Mental Health Foundation, Health Inequalities Manifesto 2018, p.3.

[3] MHF Mental Health Inequalities Manifesto, p.3.

problems.[4] This risk starts early, with children from the lowest 20 per cent household income in Great Britain at three-fold higher risk of developing a mental health problem.[5]

More recent evidence points to a link between income inequality and mental health problems.[6,7,8] Supported explanations for this relationship include the social status hypothesis and the social capital hypothesis. While the social status thesis proposes that difficulties arise due to social comparison between people of lower and higher rank in the context of income inequality, the social capital thesis argues that inadequate bonds of trust and less frequent interaction between unequal groups gives rise to poorer outcomes.[9] Both theories would seem to suggest that programmes that increase social solidarity and communication between different socio-economic groups could help to reduce the impact of income inequality.

Debt and financial difficulties can lead to mental health problems, with evidence showing that the more debt people have, the more likely they are to have mental health problems overall.[10]

Beyond economic position, employment statuses such as job insecurity and experiencing restructuring have been shown to have negative impacts on employee wellbeing over time, and unemployment is well-evidenced as a determinant of poor mental health.[11,12]

Beyond financial circumstances and economic position, a variety of other social circumstances are known to be associated with poor mental health:[13]

- Experience of abuse
- Experience of prejudice and discrimination on the basis of sexual orientation, gender or being from a black or other minority ethnic population
- Immigration status, particularly being a refugee or asylum-seeker
- Adverse childhood experience, including trauma, bereavement and abuse

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[4] Elliott, I. (2016) op. cit.
[5] Green H, McGinnity A, Meltzer H, et al (2005). Mental health of children and young people in Great Britain, 2004. London: Office of National Statistics.
[6] Beshai, S., Mishra, S., Meadows, Tyler, J.S., Parmar, P. & Huang, V. (2017) 'Minding the Gap: Subjective relative deprivation and depressive symptoms', Sociel Science & Medicine 173:18-25.
[7] Pickett, K.E. & Wilkinson, R.G. (2010) 'Inequality: an underacknowledged source of mental illness and distress', British Journal of Psychiatry 197:426-428.
[8] Patel, V., et al. (2018) 'Income inequality and depression: a systematic review and meta-analysis of the association and a scoping review of mechanisms', World Psychiatry 17:76-89.
[9] Layte, R. (2012) 'The Association Between Income Inequality and Mental Health: Testing Status Anxiety, Social Capital, and Neo-Materialist Explanations', European Sociological Review 28:4:498-511.
[10] Wahlbeck K, and McDaid D (2012). Actions to alleviate the mental health impact of the economic crisis. World Psychiatry 11:139-145
[11] See Mental Health Foundation (2016) Fundamental Facts About Mental Health 2016. Mental Health Foundation: London.
[12] Campion, J. (2019) Public mental health: Evidence, practice and commissioning. Royal Society of Public Health, pp.38-39.
[13] Mental Health Foundation 'Inequalities and mental health: briefing paper' *(working title, forthcoming).*

- Being a victim of hate crime
- Having a long-term physical health condition
- Having a physical, sensory or intellectual impairment
- Substance misuse
- Urban environment
- Homelessness
- Insecure or fragmented neighbourhoods
- Poor quality or unsafe built environment
- Experience of a natural disaster.

The relationship between mental health and inequalities is bi-directional: having a mental health problem can lead to social and economic disadvantage, while experience of disadvantage can be a determinant in developing mental health problems.

People with experience of a mental health problem are at risk of experiencing inequalities including prejudice/discrimination, unemployment,[14] lower educational attainment[15],[16] and homelessness."[17] As many as nine out of ten people with mental health problems have experienced stigma or discrimination at one time in their life (either at work, in education, from professionals or at home).[18] Historically, mental health services have paid less attention to reducing the impact of inequalities than to reducing the symptoms of mental health problems. However, the evidence suggests that mental health services would achieve better recovery outcomes by supporting greater social inclusion of their clients. For example, studies have shown that employment can reduce utilisation of outpatient mental health services[19] and improve people with severe mental illness' 'functioning'[20] and quality of life[21], while

[14] Centre for Mental Health (2013) Briefing 47: Barriers to Employment, London: Centre for Mental Health.
[15] Johnston, D., Propper, C., Pudney, S. & Shields, M. (2014) 'Child Mental Health and Educational Attainment: multiple observers and the measurement error problem', Journal of Applied Econometrics 29:880-900.
[16] Khanam, R. & Nghiem, S. (2018) 'Behavioural and Emotional Problems in Children and Educational Outcomes: A dynamic panel data analysis', Administration and Policy in Mental Health and Mental Health Services Research, 45:3:472-483.
[17] Bradshaw, I. (2016) Briefing 49: A basic need, London: Centre for Mental Health.
[18] See me. Stigma and Discrimination. Retrieved from https://www.seemescotland.org/stigma-discrimination/ [Accessed 27.07.15]
[19] Luciano, A., Bond, G.R. & Drake, R.E. (2014) 'Does Employment Alter the Course and Outcome of Schizophrenia and other Severe Mental Illnesses: A system review of longitudinal research, Schizophrenia Research 159:2-3:312-321.
[20] Üçok, A., Gorwood, P. & Karadayi, G. (2012) 'Employment and its Relationship with Functionality and Quality of Life in Patients with Schizophrenia: EGOFORS study', European Psychiatry 27:6:422-425.
[21] Mueser, K.T., Drake, R.E. & Bond, G.R. (2016) 'Recent advances in supported employment for people with serious mental illness', Current Opinion in Psychiatry 29:3:196-201.

other evidence points to housing having positive effects on people with severe mental illness including lower hospitalisation[22] and improved cognitive functioning.[23]

## Addressing social, economic and political determinants

Preventing mental health problems means addressing the risk factors, particularly the inequalities, that influence them. Such inequalities are amenable to policy intervention that could provide effective means of improving the mental health of the population.

Given the strong evidence for a range of socio-economic drivers of poor mental health, reducing the prevalence of mental health problems requires action to address these factors. For example, Wahlbeck, et al. (2015) argue that action to reduce poverty and disadvantage, among other actions, may help to reduce the prevalence of depression.[24]

We support 'universally proportionate' approaches to interventions and measures, as recommended by Marmot.[25] Such approaches balance universal and targeted approaches, grading the application of resources according to levels of risk for particular social groups, aiming to obtain the greatest gains for the resources available. In simple terms, this would mean applying the greatest resources to those at highest risk wherever this can bring about greatest gains for mental health.

A valuable cross-cutting approach is to map the social determinants of mental health in an area as a basis for prioritising action and planning and resourcing interventions. The Mental Health Foundation's rapid review of social determinants of mental health in the boroughs of London provides a good example of this approach. This research involved gathering available data on a range of social determinants and risk factors by local authority and City of London areas within London. Through analysis of this data 'heat maps' of high-risk areas for mental health problems were produced. The analysis was structured by five lines of inquiry: children and young people, employment and mental health, community strength, crisis care and people who have complex needs, and suicide reduction. The resulting analysis identified higher risk areas and informed the development of programmes under Thrive LDN.[26,27]

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[22] Rosenfield, S. (1991) 'Homelessness and rehospitalization: The importance of housing for the chronic mentally ill', Journal of Community Psychology 19:1:60–69.
[23] Seidman, L. J., Schutt, R. K., Caplan, B., Tolomiczenko, G. S., Turner, W. M., & Goldfinger, S. M. (2003) 'The Effect of Housing Interventions on Neuropsychological Functioning Among Homeless Persons With Mental Illness', Psychiatric Services 54:6:905–908.
[24] Wahlbeck, Cuipers and Holte (2015) Prevention of depression and promotion of resilience in Europe: An Expert Paper for the EU Group of Governmental Experts on Mental Health and Wellbeing, prepared under the EC Compass Tender.
[25] Marmot M. Fair Society, Healthy Lives: The Marmot Review. London: Strategic Review of Health Inequalities in England post-2010; 2010.
[26] Kousoulis, A.A. (2016) Mapping mental health in London: A report into the prevalence of determinants and mental health inequalities in the city." London: Mental Health Foundation.
[27] Kousoulis, A.A. & Goldie, I. (2017) 'Mapping mental health priorities in London with real-world data, Lancet Psychiatry 4:e24.

The Foundation also strongly supports co-production in the development of inequalities interventions. Our programme of conversations with London residents under the Thrive initiative is a good example of how co-production can be carried out on a large-scale basis to inform programme development. We did this through 17 'community conversations' in half of London's boroughs, where we held face-to-face contact with over 1,000 Londoners including those who commission, provide and use services. A key message from participants was that rather than top-down approaches, they want the knowledge, skills and support to look after themselves and their neighbours. [28] Feedback from participants included:

> *"The local community and voluntary sector is vibrant and gives a feeling there is a sense of community connectedness. The next step is to make sure that decisions are owned by the community and that they are for the community."*
>
> *"We need community health champions – volunteer residents who talk to other residents to reduce isolation and promote good health. Volunteering builds confidence and giving something back improves [the] wellbeing of the volunteer and those they support."*
>
> *"Give young people the power to lead and have their own conversations. It is important to have more conversations about race and class. Young people are regularly undermined in the community, there is not enough time invested in them."*

Prevention measures need to be particularly focused on addressing poverty and income inequality. Action should be undertaken at three levels: structural measures, strengthening community assets, and addressing individual and group resilience. Specific recommended approaches are detailed in the Foundation's reports listed in Appendix I.

The Mental Health Foundation has developed a number of interesting and, in some cases, scalable interventions that address mental health inequalities:

- Our Young Mums Together project worked in partnership with local Children's Centres and other community groups to develop sustainable hubs of peer and professional support for young mothers (under 25 years) in three London boroughs. The qualitative analysis from interviews with mothers demonstrated that participants felt that the groups helped to: develop parental confidence by reinforcing a sense of purpose; increase resilience through discussion among peers; improve mental health awareness through psychoeducation around risk factors; and encourage mothers' hopes for the future through practical advice and information-sharing.

- The **Mums and Babies in Mind project**, hosted by MHF on behalf of the Maternal Mental Health Alliance, was a three-year initiative for commissioners and providers in four sites in the UK to "improve care and quality of life for mums with mental health problems during pregnancy and the first year of life,

[28] See Davie E., et al. (2018) Londoners said: An analysis of the Thrive LDN community conversations available at https://www.mentalhealth.org.uk/publications/londoners-said

and their babies."[29] The evaluation found that participants valued the bespoke support, masterclasses and pathway assessment tool provided through MABIM. While it was difficult to determine the project's impact on service delivery, the evaluators reported that "[t]he case study illustrates how MABIM helped service providers look at the care pathway as a whole, which resulted in a more cohesive pathway and facilitated the inclusion of multiple agencies, such as third sector organisations."[30] The findings could inform support pathways linked to specialist parent-infant relationship teams, as described by the Parent Infant Partnership UK's recent report highlighting the need for roll-out of such teams. Their research found that "most babies in the UK live in an area where there is no specialised parent-infant relationship team. And there is very little mental health provision at all for children aged 2 and under.[31]

- In Scotland, our **Refugee Health Policy and Strategy Action Group** is a project focused on increasing awareness and subsequent engagement of refugees with the wider health and social care policy landscape. Through a programme of training we are engaging volunteers from refugee backgrounds to enable them to consider their own lived experience and place it in a wider policy context where their personal experience can be harnessed to advocate for informed policies reflecting the lived experience of refugees. Evolving from this are opportunities for volunteers to engage with national health and social policy forums as well as refugee-specific groups within statutory agencies. The volunteer team are now delivering local projects in Glasgow, North Lanarkshire and North Ayrshire.

- Through the **Parc Prison Peer-led Self-management Project,** MHF (in partnership with G4S) ran self-management courses on mental health for inmates of the UK prison environment for the first time, at Parc men's Prison, Bridgend in South Wales. The project successfully proved the effectiveness of training in self-management for people who have had severe and enduring mental health problems. Participants experienced a significant increase in wellbeing, measured at the start of the course and again four weeks after the four-week course was completed.[32]

- MHF's **Peer Education Project** in schools is a scalable intervention made up of five mental health and wellbeing lessons, delivered to all Year 7 students by their older, Year 12, peers. The lessons aim to introduce the ideas of mental health and mental illness to young people and also give students the skills to keep well, improve their wellbeing and support their friends.

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[29] See 'mums and babies in mind: support for local leaders to improve perinatal mental health services: Evaluation Report: October 2018', prepared by Ayers, S., et al. and available at http://maternalmentalhealthalliance.org/resource-hub/
[30] Ibid.
[31] Hogg, S. (2019) Rare Jewels: Specialised parent-infant relationship teams in the UK, available at https://pipuk.org.uk/sites/default/files/PIPUK%20Rare%20Jewels%20FINAL.pdf [downloaded 20/6/19]
[32] MHF Parc Prison Peer-Led Self-Management Project: Snapshot – Impact Report 2013-2016, available at https://www.mentalhealth.org.uk/publications/parc-prison-impact-report

The evaluation of this project found a statistically significant reduction in emotional difficulties across the Year 7 population.[33] Importantly, in terms of the programme's acceptability, over half (57%) of Y7 students found it helpful to learn about mental health from a peer educator rather than from their usual teacher, while 35% said it did not make a difference.

- The **Standing Together Project** was a 3-year Big Lottery-funded initiative to address loneliness, social isolation and poor mental health in residents living in later life housing. Over the course of delivery, 19 peer support groups (with a combined total of over 300 participants) were set up in retirement and extra-care housing schemes around London. These groups were facilitated for six months by project staff, and 10 of the 19 groups sustained themselves beyond this period. Results of the project evaluation indicated that Standing Together groups were successful in fostering a greater sense of social connectedness among participants. Building on the success of this model, the Mental Health Foundation has created a toolkit for housing providers to run similar groups in their later life housing schemes.

- The When I Grow Up (WIGU) project was a four-year programme run by MHF and funded by the Big Lottery Fund, which aimed to increase work expectations, aspirations and opportunities for students with learning disabilities at three schools and colleges in West Berkshire, Kent and the London Borough of Redbridge. Just 5.8% of people with learning disabilities have a paid job.[34] An independent evaluation of the programme found that it had an impact in a number of areas. Students were more confident during work experience placements and about employment as a real option after leaving school and college, and they felt better able to fit in. The WIGU programme helped schools and colleges create more employment opportunities. Embedding the WIGU workshops and materials in the school curriculum helped to prepare students for life in work experience. The evaluation showed that the programme informed, enthused, inspired and reassured families about the future, leading to an increase in family support for the student having a job as the next step. A follow-on project has developed an Employers Guide to employing people with a learning disability.

- MHF has also led ground-breaking action to address hate crime against people with a learning disability. Among 67 people with a learning disability interviewed for research in 2012, 93% had experienced being abused or

[33] Edbrooke-Childs, J., Zamperoni, V., Eisenstein, C., Deighton, J., Humphrey, N. and Wolpert, M. (2017) Peer Education Project (PEP) Evaluation: Final report, London: Anna Freud National Centre for Children and Families.
[34] Foundation for People with Learning Disabilities (2017) When I Grow Up: Raising the aspirations and employment prospects of young people with learning disabilities, London: Foundation for People with Learning Disabilities.

attacked in this way.[35] The report A Life without Fear set out recommendations for preventing this type of hate crime. A key follow-up action has been the establishment of the National Forum for Learning Disability and Autism Hate Crime, established to monitor actions on this issue.

- Established in 2016, Future Pathways supports people who experienced childhood abuse or neglect while living in care in Scotland. The programme aims to do this by "coordinating access to and delivery of resources, integrated care and support so survivors can achieve their own goals.[36] Though there is not yet a published evaluation of the programme, quarterly reports are published showing progress against outcome indicators.

## Ensuring equal access to support for mental health problems

MHF also wishes to highlight ways that services can be improved for people at risk of or experiencing a mental health problem. In considering equal access to support, consideration needs to be given to how support is provided, so that it takes account of the experiences of those who are seeking it. We particularly recommend trauma-informed approaches to service delivery: development of a trauma- and psychologically-informed workforce, parenting programmes that embed this approach, and trauma- and psychologically-informed environments in schools, prisons, workplaces, the statutory sector, and the welfare system, in order to build trust in and the acceptability of services, and reduce harm and the chances of re-traumatisation.[37]

MHF's and the Centre for Mental Health's joint report **Engaging with Complexity: providing trauma-informed care for women** presents the evidence of the nature and effects of trauma along with recommendations for developing trauma-informed services. The report recommends a process-, rather than a procedure-, oriented approach to developing trauma-informed services, which should be underpinned by four principles: listening, understanding, responding and checking.[38]

We would also like to highlight the higher prevalence of mental health problems among children, young people and adults with learning disabilities, a stark and largely neglected inequality, and the barriers they face when seeking mental health support. MHF's Feeling Down research report (2014) showed that people with learning disabilities face numerous barriers in trying to access support for their mental health. People with learning disabilities, their parents and staff all reported not being believed by other health professionals when trying to get help. On foot of this report, MHF produced the Feeling Down Guide which helps explain how people

[35] Foundation for People with Learning Disabilities/Lemos & Crane (2012) Loneliness and Cruelty: People with learning disabilities and their experience of harassment, abuse and related crime in the community, London: Foundation for People with Learning Disabilities/Lemos & Crane.
[36] See https://future-pathways.co.uk/links-resources/
[37] Wilton, J. & Williams, A. (2019) Engaging with Complexity: Providing trauma informed care for women, London: Mental Health Foundation/Centre for Mental Health.
[38] Ibid.

with learning disabilities can look after their mental health and communicate their needs.

More recently, the report Overshadowed: the Mental Health Needs of Children and Young People with Learning Disabilities found that children and young people with learning disabilities are more than four times more likely to develop a mental health problem than those without. The report also found that only 27.9 per cent of children and young people with a learning disability and a mental health problem have had any contact with mental health services. Furthermore, among family member participants in the research, nearly one in four said they had to wait more than six months for access to mental health services.[39] The report contains ten recommendations for improving the mental health and wellbeing of children and young people with learning disabilities.

## Conclusion

Drawing on our experience and expertise, the Foundation is available to support and contribute to any initiatives that further the vision of good mental health for all.
The approaches recommended in this submission are based on evidence of what works to improve mental health and wellbeing in the context of inequalities.
The examples of interventions are drawn in many instances from evaluated implementation projects that have shown real benefits for participants. We believe that taken together, the recommended approaches and interventions can help to reduce mental health inequalities.

[39] Lavis, P., Burke, C. & Hastings R. (2019) Overshadowed: the mental health needs of children and young people with learning disabilities, Children and Young People's Mental Health Coalition, available at http://cypmhc.org.uk/sites/default/files/CYPMHC_Overshadowed_FinalPDF_0.pdf.

Appendix 1:

Mental Health Foundation publications on mental health and inequalities

- Mental Health and Prevention: Taking local action for better mental health addresses preventing mental ill health through delivery in local areas across the UK addressing needs across the whole of population.
- Better Mental Health for All: A public approach to mental health improvement shows what can be done both individually and collectively to advance mental health using a public health approach; it includes recommendations for professionals.
- Poverty and Mental Health presents a conceptual framework for understanding the relationship between poverty and mental health and offers recommendations to improve outcomes across the life course.
- Mental Health and Housing makes a number of recommendations in relation to the quality of supported accommodation and the need for co-production and design. It focuses on five approaches to provide supported accommodation: care support plus, homelessness, complex needs, low-level step down and later life.
- Fundamental Facts 2016 offers comprehensive evidence and data on mental health and the variation in risk and incidence across different groups.
- Loneliness: the public health challenge of our time is a briefing paper that highlights the extent of loneliness among older people in Scotland and the link with mental health problems. The briefing paper includes policy recommendations to address this issue.
- Mapping mental health in London, produced in partnership with Thrive London, reports on the results of research to apply the Mental Health Foundation's mental health inequalities framework to London Boroughs, as a basis for prioritising actions to address mental health inequalities.
- Engaging with complexity: Providing effective trauma-informed care for women, reports on a literature review and focus groups to develop recommendations on implementing trauma-informed care for women.
- While Your Back was Turned is a briefing paper that identifies pressure points and social determinants of mental health and wellbeing in young women and girls, to support the development of tailored mental health guidance aimed at preventing mental health problems for those at highest risk.
- Loneliness and Cruelty: People with learning disabilities and their experience of harassment, abuse and related crime in the community reported in 2012 on the extent of hate crime experience among 67 people with learning disabilities. The follow-up report A Life without Fear set out recommendations for addressing this issue.
- Feeling Down reports on qualitative research into the mental health experience of people with learning disabilities and the barriers to their accessing mental health support.