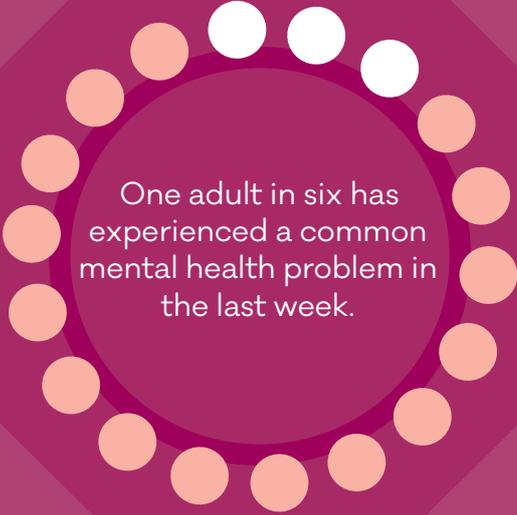




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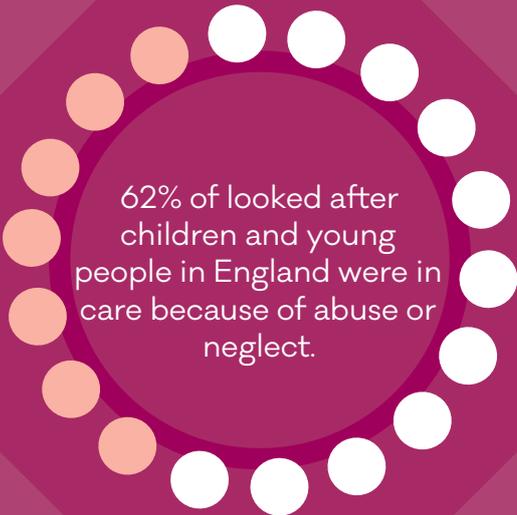
# HEALTH INEQUALITIES MANIFESTO 2018



One adult in six has experienced a common mental health problem in the last week.



Childhood adversity has been shown to account for around a third of future mental health problems.



62% of looked after children and young people in England were in care because of abuse or neglect.



50% of mental health problems are established by the age of 14 and 75% are established by the age of 21.



## **Our Organisation**

The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems.

We must make the same progress for the health of our minds that we have achieved for the health of our bodies. And when we do, we will look back and think that this was our time's greatest contribution to human flourishing.

# Why do Health Inequalities Matter?



People living in the least deprived areas of England live around **20 years longer** in good health than people in the most deprived areas.

Tackling and reducing health inequalities means giving everyone the same opportunities to lead a mentally and physically healthy life, no matter where they live and who they are.

Certain population subgroups are at higher risk of mental health problems because of greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. These intersect with factors such as gender, ethnicity and disability, in many cases with devastating consequences for individuals and their families.



## POVERTY AND MENTAL HEALTH

A social gradient exists in relation to poverty and/or economic inequality and poorer mental health and wellbeing. Populations living in poor socio-economic circumstances are at increased risk of poor mental health, depression and lower wellbeing. Concerningly, 2017 saw a further increase in poverty across England, increasing the sense of urgency that action is required to address this.

### Factors that can lead to mental health inequalities include:

- material inequality - poverty, poor housing, lack of employment opportunities;
- social inequality and injury - stigma and discrimination or experiences related to: living in care, immigration status, ethnicity, sexual orientation, disability, experience of violence or abuse;
- health inequality - including having long-term physical health conditions.

# Our Manifesto



Our manifesto presents the individual and local actions that can be applied to address mental health inequalities in England. We advocate particular approaches and interventions to reduce the risk factors underpinning inequalities and applying these proportionately across the social gradient.

We have gathered and reviewed the latest evidence from the UK about what works to reduce risk of mental health inequalities, presenting examples of best practice and learning that is relevant to

all communities across England. We are sharing these priorities for action more widely, with the ambition of helping you to shape local strategies to address mental health inequalities in your area. This work is informed by our long history of working directly with people living with or at risk of developing mental health problems.

**We would like to see the following five priorities championed locally in all parts of England:**



If you would like to learn more about these priorities, more details can be accessed [here \(PDF\)](#).

# Priority 1 - Healthy Children



Promote emotional wellbeing and build resilience from birth through universal and targeted programmes..

Socio-economic disadvantages place people at greater risk of developing mental health problems. Children and young people living in these circumstances are two to three times more likely to develop mental health problems. This sets the scene for a spiral of disadvantage that all too often accumulates across life. When mental health problems are established, these can lead to a series of detrimental effects on people's life chances. Even when not

born into disadvantage, children and young people who experience mental health problems early in life are more likely to be workless, to live on benefits and to experience debt, all of which can accumulate to produce a poorer quality of life that can worsen across the life course.

Work in this area should be informed by '[Future in Mind](#)' and '[The Five Year Forward View for Mental Health](#)'.

## KEY STATS



We now know that childhood adversity has been shown to account for around a third of future mental health problems.



50% of mental health problems are established by the age of 14 and 75% by the age of 24.





**We want to see every opportunity to build mental health literacy and improve resilience among children and young people taken and encourage universal mental health literacy programmes from an early age.**

**To achieve this, the following actions are required by Local Authorities:**

- Ensure that those families at greater risk of experiencing inequalities are able to access evidence-based support;
- An extension of the One Good Adult Approach;
- Appropriate training and support provided to those in contact with children and young people.
- A full list of our recommendations:

**[Priority 1 - Healthy Children \(PDF\)](#)**



### **PEER EDUCATION PROJECT**

A school-based programme that gives young people the skills and knowledge they need to safeguard their mental health, and that of their peers.

### **WHEN I GROW UP**

This programme embeds the idea that young people with learning disabilities have the right to a working life, the desire to do so and the ability to succeed early on.

## **WHAT WE DO AT THE MENTAL HEALTH FOUNDATION**

### **YOUNG MUMS TOGETHER**

Provides peer support groups for young parents and their children, designed to enhance young mothers' life chances and promote maternal mental health and wellbeing.

### **GOOD PRACTICE GUIDELINES**

Aimed at professionals, particularly health visitors and school nurses.

### **PARENT TIPS**

# Priority 2 - Healthy Minds



Introduce a comprehensive and multi-sectoral approach to address mental health promotion, prevention, treatment, discrimination, exclusion, care and recovery.

A greater understanding of, and clear plans to address, inequality are required to ensure a mentally healthier society for everyone; economic, social and racial differentials translate across to mental health outcomes.

People living in poverty are significantly more likely to experience mental health problems. They are at higher risk of experiencing adverse social, cultural, economic, and environmental factors affecting mental health, such as living standards, working conditions, social protection and community social support.

Black, Asian and Minority Ethnic (BAME) communities, for example, experience disproportionate levels of poor mental

health. Black men, in particular, are more likely to experience racialised stereotyping of their mental distress and cultural insensitivity within services.

People with learning disabilities experience significantly higher rates of poor mental health and find problems of accessing mental health services that are appropriate to their needs. For people who experience discrimination, often in multiple forms, effective prevention of anxiety and depression can often be most effectively achieved through addressing their immediate causes, such as hate crime or stigma.

Prevention measures therefore need to be particularly focused on addressing these differentials, strengthening community assets as well as addressing individual and group resilience.

Work in this area should be informed by recommendations made in Public Health England's **Prevention Concordat for Better Mental Health Programme** which aims to facilitate local and national action around preventing mental health problems and promoting good mental health.

## KEY STAT

Between 25 and 40% of people with learning disabilities also experience mental health problems.



**We want to see strategic, system-wide activity to take advantage of the opportunities to improve mental health at all stages of life.**

**To achieve this, the following actions are required by Local Authorities:**

- Reaching out and tailoring support for marginalised or excluded groups;
- Developing a social prescribing programme within primary care services in disadvantaged communities;
- Integrating anti-stigma interventions around mental health and poverty using social contact approaches within current anti-stigma campaigns and initiatives.
- A full list of our recommendations:

[Priority 2 - Healthy Minds \(PDF\)](#)



### WHAT WORKS

A booklet outlining how you can help and/or support those with mental health problems and suggests where to go for further advice.

### SEE ME

A programme tackling mental health stigma and discrimination.

## WHAT WE DO AT THE MENTAL HEALTH FOUNDATION

### MUMS AND BABIES IN MIND

Supporting local leaders to improve care and quality of life for mums with mental health problems.

### AMAAN and MUSAWA

Raising awareness of the mental health needs of asylum-seeking and refugee women.

### CREATING CONNECTIONS

Bringing together over 200 single parents for self-management courses.

## Priority 3 - Healthy Places



Apply a socio-ecological approach that takes account of the impact of the social and physical environment, within homes and in settings such as schools and communities.

There is an established relationship between built and natural environment and health, including mental health. The populations of deprived areas are characterised by concentrations of people living with disabilities, including people with mental health problems, and studies have found that the prevalence of mental ill health maps closely to areas of deprivation. Poor people are concentrated within communities that have a poor-quality built environment, housing that is substandard and insecure, and poor access to open spaces and green environments.

The compassionate and inclusive way in which policies are interpreted and

implemented at a local level can set the tone within communities and can have a significant impact on how empowered people feel in undertaking stewardship of their neighbourhoods. Evidence tells us that creating pro-social places can do much to enhance community cohesion and wellbeing.

Work in this area should be informed by recommendations from the **Marmot Review** of health inequalities and the **Sustainable Development Commission** which outline how people with mental health problems experience area inequalities.

Neighbourhood community development initiatives have been successfully adopted in a number of disadvantaged communities with transformative outcomes in health and mental wellbeing.

The steps required are:

**locating energy for change, creating vision, listening to communities, forming partnerships, sustaining momentum, taking action and continuing the trajectory of improvement.**



**We want to see a compassionate and inclusive approach taken, where policies interpreted and implemented at a local level can set the tone within communities and have a significant impact on how empowered people feel in undertaking stewardship of their neighbourhoods.**

**To achieve this, the following actions are required by Local Authorities:**

- The adoption of co-production with residents, representative groups and other expert advisers in the design and development of buildings and services;
- A stepped-care approach, which can be valuable in targeting support to disadvantaged groups. These schemes provide universal services in disadvantaged communities to avoid stigma, and create a platform to identify individuals with greater needs;
- Senior managers to develop a culture of openness towards mental health, welcoming disclosure – including of their own experiences; and line managers trained in mental health;
- Addressing mental health as a health and safety issue by prioritising psychosocial safety at work
- A full list of our recommendations:

**Priority 3 - Healthy Places (PDF)**



## LEAVING NO-ONE BEHIND

A report on how exposure to inequality impacts on people's risk of experiencing mental health problems and the evidence-based solutions to prevent them.

## THRIVING COMMUNITIES

Borough-wide consultation workshops with London residents on how can communities come together to improve the wellbeing and resilience of their citizens.

## WHAT WE DO AT THE MENTAL HEALTH FOUNDATION

## WORKPLACE MENTAL HEALTH TRAINING

Training for managers in companies and organisations to support mentally healthy management and positive mental health informed workplaces

## STANDING TOGETHER

Improving the emotional health and community connections of older people living in supported housing.

# Priority 4 - Healthy Communities



Introduce a place-based approach to protect and support good mental health and wellbeing in the community.

Within the community, social determinants of mental health include the economic status of the community, levels of neighbourliness, degrees of personal safety, levels of loneliness, the quality of housing and open spaces. Increasing mental health literacy may result in mental health improvement, particularly in communities that experience higher levels of stigma and for groups at heightened risk of developing mental health problems.

People with mental health problems are more likely to be socially isolated, with more than 50% having poor social contact compared to 6% of the general population, and they are four times more

likely than the general population to be living alone.

A place-based approach for either community level prevention or prevention within settings where people learn, work and live is an efficient and effective way of reaching significant numbers of people within particular areas and being able to work with them over a period of time through multiple and varied interventions.

Work in this area should be informed by those working alongside communities who are most at risk of poor health outcomes. This approach has been recognised by the **World Health Organization** (2010).

## **Social cohesion\* has been shown to counteract the adverse effects of deprivation.**

A longitudinal study published in 2014 found that people in neighbourhoods with higher levels of social cohesion experienced lower rates of mental health problems than those in neighbourhoods with lower social cohesion, independently of socioeconomic factors.

\*a measure of how closely-knit communities are



**We want to see Local Authorities provide clear leadership to support diverse communities to become healthy and thriving.**

**To achieve this, the following actions are required:**

- Taking a whole-community approach;
- Upskilling physical healthcare, social care and wider public-sector staff;
- Providing clear health leadership;
- Supporting good access to safe and reliable self-management tools online;
- A full list of our recommendations:

**[Priority 4 - Healthy Communities \(PDF\)](#)**



## **THRIVE LDN**

A city-wide movement to improve the mental health of all Londoners. We identify and support boroughs with the highest risk of mental health problems.

## **PEER-FOCUSED SELF-MANAGEMENT PROGRAMMES IN COMMUNITY SETTINGS**

## **WHAT WE DO AT THE MENTAL HEALTH FOUNDATION**

## **'WHOLE COMMUNITY MENTAL HEALTH' PILOT PROJECTS**

# Priority 5 - Healthy Habits



Give people the knowledge, tools and resources to protect and improve their own and their families' and friends' mental health.

Mental health improvement messages and actions need to be experienced in many places and at many times during the life course. This sustained reinforcement is vital for achieving the level of cultural change required. It is important to identify the ways in which mental health literacy can be improved within the settings where people spend much of their time and ensure that no-one is left behind in doing so.

Universal preventive measures can be helpful in starting the discussion on mental health and removing barriers to early help-seeking. However, if only universal approaches are adopted they risk increasing the mental health

inequality gap, as people who have more personal resources will more readily access these, leaving those with the greatest challenges and risks further behind.

Applying these principles can have a transformative impact on preventing mental ill health and therefore tackling mental health inequalities.

Work in this area should be informed by recommendations from Public Health England's **Million Minds Campaign and Programme**, as a good example of how self-care can be promoted and supported.

We advocate for five actions to be taken by Local Authorities to help improve personal wellbeing:

- 1. CONNECT**
- 2. BE ACTIVE**
- 3. TAKE NOTICE**
- 4. KEEP LEARNING**
- 5. GIVE**

These actions are well evidenced, simple and memorable, and are thus suitable for communication to all populations to encourage adoption of mentally healthy habits.



**To provide individuals with the tools to support good wellbeing, the following actions are required by Local Authorities:**

- Train staff and embed core mental health guidance in public service and voluntary sector contact opportunities to support all members of communities to live healthy lives;
- Support all frontline staff to act as ambassadors, drawing learning from the NHS 'making every contact count' programme ;
- Harness the power of technology and social media to support prevention and early intervention;
- A full list of our recommendations:

[Priority 5 - Healthy Habits \(PDF\)](#)



## **TAKING LOCAL ACTION**

This report sets out ways to tackle the rapidly growing level of mental ill health and should support effective work to drive down the incidence of mental ill health over the years to come.

## **BETTER MENTAL HEALTH FOR ALL**

This report examines what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach.

## **WHAT WE DO AT THE MENTAL HEALTH FOUNDATION**

### **HOW TO LOOK AFTER YOUR MENTAL HEALTH**

We publish a range of publications that provide practical tips to support and promote good mental health.

These include: Talk about your Feelings; Keep Active; Eat Well; Drink Sensibly; Keep in Touch; Ask for Help; Take a Break; Do Something you are Good at; Accept Who You Are; Care for Others.



## Mental Health Foundation Reports

The Mental Health Foundation has published a range of policy and research reports that capture the complex and interrelated factors that affect mental health and wellbeing:

- **Mental Health and Prevention: Taking Local Action** 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** 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 the evidence across public policies, provides 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** offers comprehensive evidence and data on mental health and the variation in risk and incidence across different groups.

- **The Lonely Society?** explores evidence on loneliness in society, its impact on mental health and ways to address it.
- 'Leaving No-One Behind' will be published in April 2018 and explores why some communities and people face much greater risks of mental health problems and what we can do to improve mental health for all.
- 'How can Londoners thrive?' will be published in June 2018 and reports on direct consultations with 1,000 residents of various boroughs on how we can improve the mental health of communities.

For a full list of Mental Health Foundation publications, please visit our website [here](#).

## Mental Health Foundation Programmes

We have developed an evidence-based approach to peer support and self-management that can be implemented in local communities to support improved wellbeing and sustained recovery for people at risk. Please contact us for more information.

- **PEP**: A mental health literacy curriculum in schools delivered by older students to their younger peers.
- Peer-focused self-management: Enabling peer support and self-management work in community settings
- Workplace training: Training managers for mentally healthy management and workplaces



- **Standing Together:** Activity-based group work for lonely older people in care homes
- **What Works:** Aiming to prevent occurrence and impact of hate crime against people with learning disabilities
- **See Me?** - National anti-stigma campaign in Scotland

## The Foundation for People with Learning Disabilities (FPLD)

FPLD is part of the Mental Health Foundation. We believe that people with learning disabilities should have the same rights and choices as everyone else in society and our work is focused on ensuring that people with learning disabilities continue to get better lives. Our is focused on:

- the social determinants that impact on the wellbeing of people with learning disabilities;
- improving the lives of people with learning disabilities by tackling inequalities in the population overall.

For more information about the work of FPLD, please click [here](#).

## Coalitions and Alliances

The Mental Health Foundation is a member of the following coalitions and alliances:

1. **Children's Rights Alliance for England (CRAE)**
2. **Children and Young People's Mental Health Coalition (CYPMHC)**
3. **Dementia Action Alliance (DAA)**
4. **Health and Wellbeing Alliance**
5. **Human Rights Alliance (HRA)**
6. **Mental Health Alliance (MHA)**
7. **Mental Health Challenge (MHC)**
8. National Voices
9. We Need to Talk Coalition (WNTT)

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London Office:  
Mental Health Foundation  
Colechurch House  
1 London Bridge Walk  
London SE1 2SX

Glasgow Office:  
Mental Health Foundation  
Merchants House  
30 George Square  
Glasgow G2 1EG

Cardiff Office:  
Mental Health Foundation  
Castle Court  
6 Cathedral Road  
Cardiff, CF11 9LJ