What might we do about inequalities in mental health?

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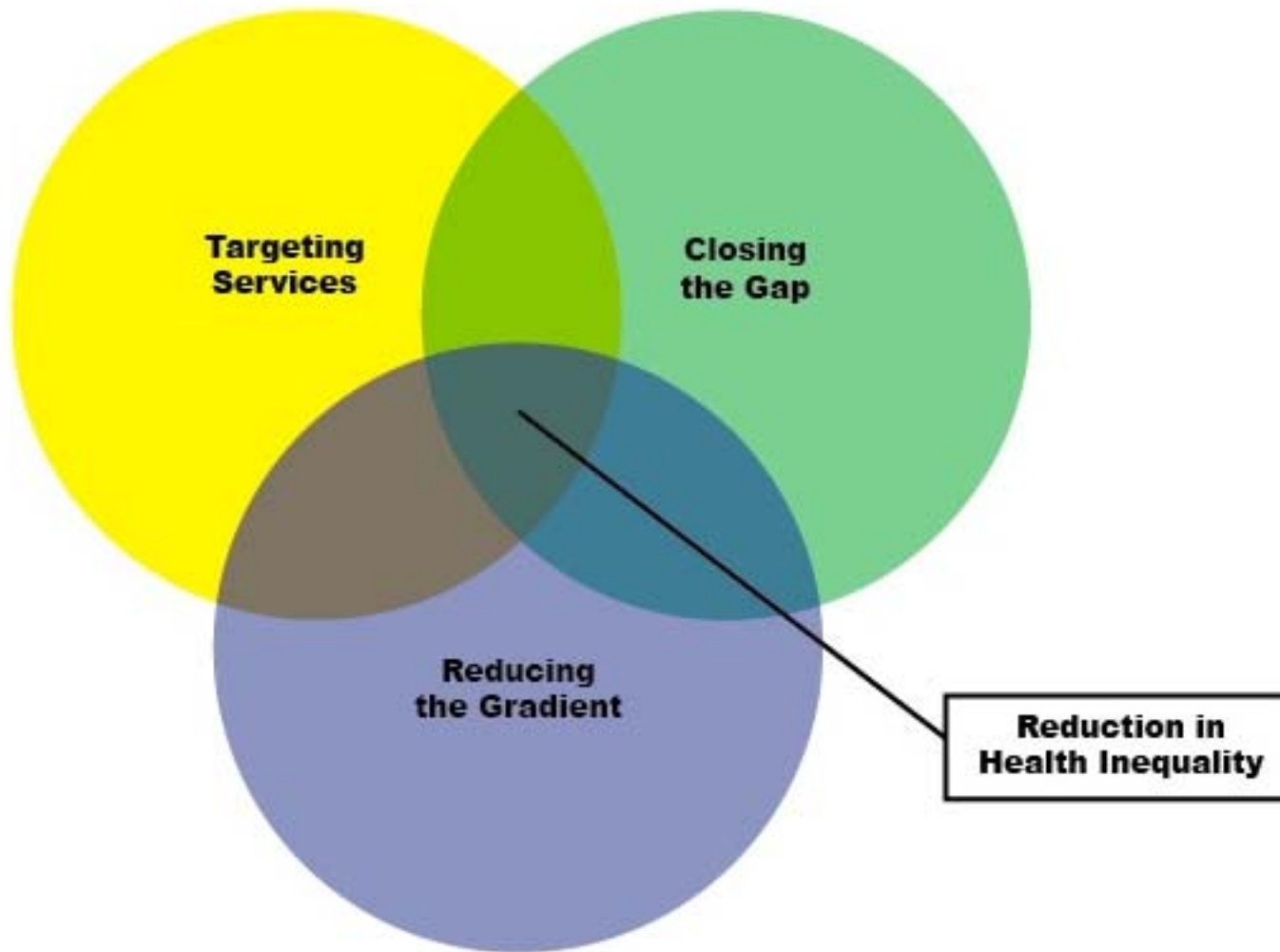Glasgow Centre for Population Health

Not a rhetorical question!

- Inequalities in mental health is a societal issue, but for this event lets take the perspective of **service provision** for people with mental health problems

- Evidence is strengthening of link between mental health problems and disadvantage with its attendant issues of reduced opportunities and discrimination

- Policy principles for action on health impact of social inequities drawn from 40 years inequalities research (WHO, Levelling Up, 2006)

- Presentation will draw on these principles as a stimulus for thinking about practice

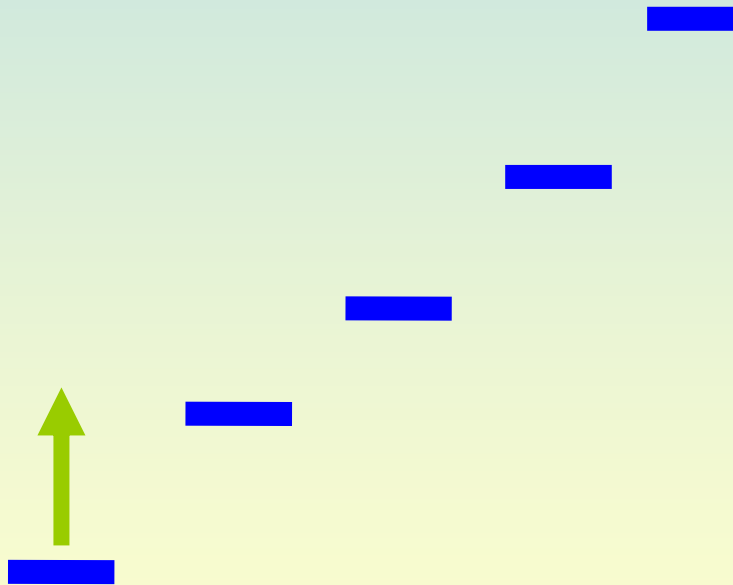**Glasgow Centre for Population Health**

First, the aim

- Aiming for population mental health improvement? (promotion, prevention, service delivery)

- Or, aiming for reducing inequalities? If so, inequalities between which groups?

- Research suggests that population programmes relying on buy-in might increase inequalities

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Inequalities: which approach?

- Targeting the worst off (by which measurement?)

- Closing the gap (between who and who?)

- Reducing the gradient (input proportionate to need?)

- These are interlinked but can have different interventions, policy streams, research questions and outcomes

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Targeting Services

Closing the Gap

Reducing the Gradient

Reduction in Health Inequality
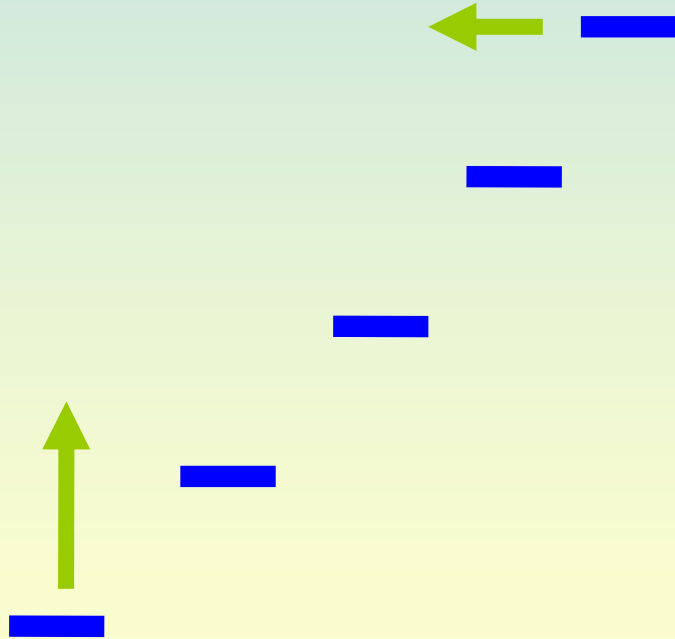
P Craig adapted from H Graham 2010

Focus on the worst off

Examples of actions to improve mental health: *Keep Well* focus on anxiety, stress and depression in deprived communities (Commitment 18 in TAMFS)

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Reduce the gap

Examples of actions to improve mental health: moving resources within mainstream services to favour targeted group eg *Equally Well* aim for service redesign to reduce inequalities

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Reducing the gradient
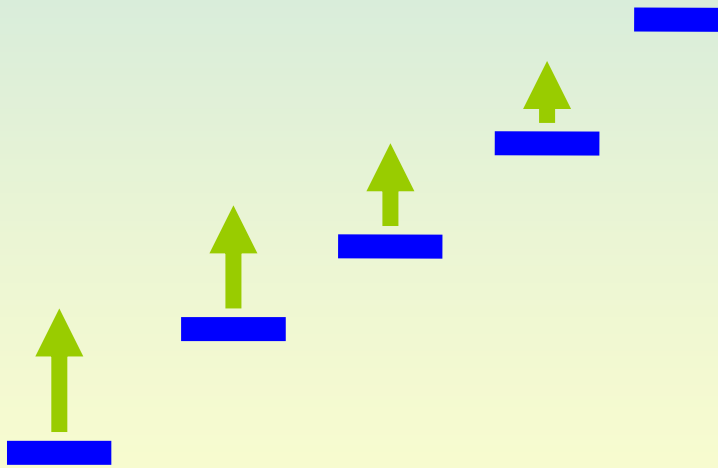
Examples of actions to improve mental health:

Reducing systematic inequalities ensuring services are responsive to needs relating to different population groups eg service access and ethnicity, mental health services for people with learning difficulties

What intervention?

- Issue of evidence base: few off the shelf interventions

- Two ways of thinking about developing practice

1. How can one-to-one consultations reduce inequalities in mental health? (sensitivity, intensity etc), eg Keep Well, STEPS, East Glasgow

2. What specific actions can services take (usually in partnership) to reduce inequalities? Eg on social determinants such as access to high quality services and facilities, poverty, financial inclusion, employability

How do we know we've reduced inequalities?

- Applying the evidence – causes and effects

- Asking the right question – population vs inequalities

- Accurate measurement – eg targeting or closing the gap?

- User data and satisfaction – access, needs being met

- Building principles into planning

Addressing inequalities in mental health
Aim to reduce inequalities in outcomes between population groups. Knowledge of SIMD and age/sex/ethnicity etc of a population; understanding of levels of risk and the impact of social circumstances on mental health of the people in the area; evaluations of interventions; decisions made so that those at high risk have greater input that those at low risk. Planning through services for individuals and action on social circumstances.

Target high risk group
Eg deprivation, domestic violence, homeless etc

Agree targeted high risk and low risk groups
Eg women experiencing violence vs general population, deprived area vs CH/CP

Reduce inequalities across the population
Eg equality legislation, person-centredness

Planning action in partnership with agencies and targeted group

Planning action in partnership with agencies and communities

Planning action in partnership with agencies and communities

Identify indicators
progress in targeted group eg increased use of services by named group

Identify indicators
absolute or relative differences between groups

Identify indicators
- sensitivity to inequalities, eg EQIA; research: different responses to different groups

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