



Mental Health Foundation

Submission of evidence to the Health and Social Care Committee Inquiry into Mental Health Inequalities in Wales

Who we are

The vision of the Mental Health Foundation is good mental health for all. We work to prevent mental health problems, to drive change towards a mentally healthy society for all, and to support communities, families and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

About our response

Thank you for the opportunity to provide written evidence to the Health and Social Care Committee Inquiry into Mental Health Inequalities – we look forward to providing oral evidence to your inquiry on the 24th March 2022.

The Mental Health Foundation (MHF) defines prevention as: taking action to increase the protective factors for good mental health and reduce the risk of experiencing poor mental health.¹ We focus on those at highest risk of mental health problems because of their greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. Our submission includes evidence from our *Coronavirus: Mental Health in the Pandemic* Study, a UK-wide study that we carried out with the Universities of Swansea, Cambridge, De Montfort, Strathclyde and Queen's, Belfast, where we undertook regular repeated surveys of large representative adult samples across the UK, backed up by parallel in-depth qualitative research. Our evidence also draws on from our 2020 report on mental health inequalities² and evidence reviewed for our Manifesto for the Senedd Elections 2021,³ which included Wales-only data.

1. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

Poverty: Wales has the highest poverty rate amongst the four nations, with almost 1 in 4 (23%) people living in poverty.⁴ Wales has lower pay for people in every sector than in the rest of the UK.⁵ Debt and financial difficulties can lead to mental health problems, and the more debt people have, the more likely they are to have mental health problems overall.⁶ Poverty can also create other disparities in education, employment and housing. Poverty and debt are often closely tied to

¹ Mental Health Foundation (2020) The Mental Health Foundation Strategy 2020-2025

² Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

³ Mental Health Foundation (2021) Making Prevention Happen: Manifesto for the Welsh Government Elections 2021

⁴ Joseph Rowntree Foundation (2022) [UK Poverty 2022: The essential guide to understanding poverty in the UK | JRF](#)

⁵ Joseph Rowntree Foundation (2020) [Poverty in Wales 2020 | JRF](#)

⁶ Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

educational attainment⁷ and employment opportunities in later life. Having lower educational attainment has been associated with mental health problems in adulthood.⁸ Lack of access to employment, or good quality employment, can decrease quality of life, social status and self-esteem, which in turn has been associated with mental health problems.⁹

Living in poverty also influences the quality of people's housing and lack of adequate housing is a risk factor for mental health problems. In contrast, transitioning from homelessness to housing, or experiencing housing improvements, has been shown to improve mental health.¹⁰

We welcome the announcement of the recent Basic Income Pilot for care leavers in Wales and see this as an important step towards a Universal Basic Income that would benefit other groups experiencing poverty. We look forward to working with Welsh Government as the pilot develops.

Adverse Childhood Experiences: Traumatic experiences include interpersonal trauma such as bullying, abuse and domestic violence and childhood traumas such as abuse, neglect, abandonment and family separation. Trauma can also include community trauma such as bullying, gang culture and war¹¹ and less understood social traumas such as marginalisation, racism and the legacy of violence against entire groups, such as genocide.¹² Whilst we do not know yet how many people are affected by trauma as a result of the pandemic, we know that large numbers of the population have been , exposed to traumatic experiences and put at risk. For example, there is evidence of increases in domestic violence during the pandemic¹³ and increases in calls to the NSPCC Child Protection Helpline.¹⁴

There is a rapidly growing awareness of Adverse Childhood Experiences (or ACEs) and longitudinal studies and a body of wide body of literature seeking to understand the impacts of ACEs^{15,16}. We welcome the increased emphasis on ACEs and trauma informed approaches in Wales, including: the focus on ACEs by the Future Generations Commissioner, the establishment of ACE Aware Wales, the emphasis on using trauma-informed approaches in the new statutory guidance for schools on a 'whole school approach' and the new mental health support package for all health and care workers. **We would like Trauma Informed Services to be expanded across all public services in Wales - such**

⁷ Joseph Rowntree Foundation [Experiences of poverty and educational disadvantage \(summary\) \(jrf.org.uk\)](https://www.jrf.org.uk)

⁸ Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

⁹ Ibid

¹⁰ Ibid

¹¹ Van der Kolk, B.A. (2005) Developmental trauma disorder: towards a rational diagnosis for chronically traumatized children, *Psychiatric Annals*, Vol. 35 No. 5, pp. 401-8 In Sweeney, A., Clement, S., Filson, B., Kennedy, A., (2016) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?" *Mental Health Review Journal*, Vol. 21 Issue: 3, pp.174-192

¹² Blanch, A., Filson, B., Penney, D. and Cave, C. (2012), *Engaging Women in Trauma-informed Peer Support: A Guidebook*, National Center for Trauma-Informed Care, Rockville, MD in Sweeney, A., Clement, S., Filson, B., Kennedy, A., (2016) "Trauma-informed mental healthcare in the UK: what is it and how can we further its development?" *Mental Health Review Journal*, Vol. 21 Issue: 3, pp.174-192

¹³ Refuge (23 March 2021) A Year of Lockdown: refugee releases new figures showing dramatic increase in activity

¹⁴ NSPCC (4th April 2021) [Calls to the NSPCC helpline surge during the pandemic | NSPCC](https://www.nspcc.org.uk)

¹⁵ Bellis MA, Hughes K, Leckenby N, Harcastle KA, Perkins C, Lowey H (2015) Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. *J Public Health (Oxf)*.2015;37:445–54.

¹⁶ Hughes K, Bellis MA, Harcastle KA, Sethi D, Butchart A, Mikton C, Jones L, Dunne MP (2017) The impact of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017;2:e356NP–66

a model has been developed in Scotland.¹⁷ Listening, empathetic services that place the person at their centre should become the norm for all public services, education settings, workplaces, health and social care services, emergency services and criminal justice. This requires appropriate training about trauma and its impact for the professionals working in these services.

Rurality: Around 1 in 3 people in Wales live in an area classed as rural (compared to 1 in 5 in England).¹⁸ There are fewer employment opportunities and mental health support for people living in rural areas. Those requiring specialist services (for example, mothers requiring specialist perinatal mental health support¹⁹ and the deaf community in Wales²⁰) often have to travel great distances for support - thus taking them away from their families and their communities. Rural communities also experience the outward migration of young people who often seek education and employment opportunities in more urban areas; this, in turn, impacts on the availability of mental health support and opportunities for young people locally. Additionally, the population of rural Wales tends to be older on average, meaning that rural health and social care services are dealing with comparatively higher levels of chronic diseases and age-related disability²¹ which can also increase the risk of developing mental health problems.²²

In our report, in partnership with Public Health Wales, 'Supporting Farming Communities in Times of Uncertainty', we worked with stakeholders (including farmers) and considered key challenges for farming communities in Wales, including the uncertainty and viability of farming post-Brexit. Solutions focused on the need for: better awareness of the support available; improving digital literacy amongst farming communities, working across organisations to recognise stress and anxiety, and for farmer-led, peer-to-peer solutions.²³ Similar solutions apply to fishing communities in Wales, as signalled in our report 'Building resilience in the fishing sector in Wales.'²⁴

We agree with the recommendations put forward by the Parliamentary Review of Health and Social Care in Wales in 2018 that Welsh Government needs to develop an overall strategy for enhancing care for rural communities. Welsh Government should prioritise rural mental health and assess, identify and increase the availability of mental health and well-being support across Wales. This should include the mobilisation of local resources, improved digital literacy and digital support, and peer-to-peer solutions²⁵. Solutions can be framed on a public health model of: (i) Preventing uncertainty and the challenges from adversity; (ii) Protecting against the potential impact of those challenges on mental health and well-being; (iii) Promoting mental health and well-being amongst rural communities to support resilience.

Older people: Wales has a large and growing older people's population: by 2030, it is projected that there will be just over 1 million older people in Wales, which is 33% (nearly one third) of the total population.²⁶ Older people in Wales are a group experiencing significant inequalities including:

¹⁷ [NHS Education for Scotland](#)

¹⁸ Wales Centre for Health (2007) A Profile of Rural Health in Wales

¹⁹ Maternal Mental Health Alliance (2020) [Map of Specialist Community Mental Health Teams](#)

²⁰ Swansea University (June 2021) Deaf People Wales: hidden inequality

²¹ Wales Centre for Health (2007) A Profile of Rural Health in Wales

²² Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

²³ Mental Health Foundation and Public Health Wales (2019) Supporting Farming Communities in Times of Uncertainty

²⁴ Mental Health Foundation (2020) Building Resilience in the Fishing Sector in Wales

²⁵ Mental Health Foundation (2021) Making Prevention Happen: Manifesto for the Welsh Government Elections 2021

²⁶ Office for National Statistics (2019), [Population projections for local authorities: Table 2, 9 April 2019](#).

disability and long-term conditions, digital literacy and exclusion, ageism, access, age-related poverty, loneliness and isolation, experiences of bereavement, and other types of loss and grief.²⁷ The evaluation of our Standing Together Cymru programme found that access to peer support reduced isolation and loneliness and improved the wellbeing of older people in extra housing schemes in Wales.²⁸

Welsh Government's last Delivery Plan for the strategy *Together for Mental Health* is 'all age,' however it does not identify or address older people's specific mental health and well-being needs. Rather, it addresses older people's needs 'universally' and we are concerned that without any support directed at older people, which considering their particular needs, their mental health and well-being will be marginalised. **We are asking for the next Mental Health Strategy in Wales (due in 2022) to include a more 'proportionate' and specific understanding of how older people's mental health and well-being needs will be met through a life-course inequalities plan.**

Ethnic minority communities: There are an estimated 169,400 people from ethnic minority communities living in Wales.²⁹ These groups are more likely to have higher rates of in-work poverty and child poverty. Research conducted by Cardiff University found that Covid-19 has exacerbated mental health difficulties in ethnic minority communities in Wales. During the pandemic and associated lockdowns, individuals from ethnic minority backgrounds in Wales reported on average more than 4.1 problems associated with mental distress, while White British people reported 2.7, a difference of 55% in relative terms.³⁰ Being a victim of racism has also been associated with mental health problems.³¹ The emotional and psychological effects of racism have been described as consistent with traumatic stress, and the negative effects are cumulative.³²

Refugees and asylum seekers are more likely to experience mental health problems than the general population. Their increased vulnerability to mental health problems is linked to pre-migration experiences, such as war trauma, and post-migration conditions, such as separation from family, difficulties with asylum procedures, poor housing, homelessness, poverty³³ and discrimination³⁴. Our 'Perthyn' (Belonging) project in Wales initially brought women who were seeking sanctuary together to address issues that impacted on their emotional well-being following their transition to Wales from their home country. Now the project has partnered with City of Sanctuary whose aim is to make cities a welcome place for all and seeks to empower men and women - **Wales has also been made a Nation of Sanctuary.** It is yet unclear what the impact of the conflict in Ukraine will be in terms of a new influx of refugees in Europe, but Wales has been a leader in offering support, and the potential economic implications of this conflict need to be taken into account.

We are members of Welsh Government's Task and Finish groups working towards a cross sector and interdisciplinary approach to addressing the inequalities experienced by ethnic minority communities and refugees and asylum seekers in Wales – it's crucial that the findings and learning

²⁷ Mental Health Foundation and Independent Age. The Mental Health Experiences of Older People During the Pandemic. (2021); Older People's Commissioner for Wales. Taking Action Against Ageism: information and advice for older people. (2019); Seifert, A., Cotten, S. R. & Xie, B. A Double Burden of Exclusion? Digital and Social Exclusion of Older Adults in Times of COVID-19. *J. Gerontol. B. Psychol. Sci. Soc. Sci.* 76, e99–e103 (2021)

²⁸ Mental Health Foundation (2022) Standing Together Cymru

²⁹ Diverse Cymru (2020) [Race – the facts](#)

³⁰ Cardiff University Briefing Paper (July 2021) [Covid 19 in Wales: the mental health and well-being impact](#)

³¹ Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

³² Ibid

³³ Ibid

³⁴ The Migration Observatory (Jan2020) [Migrants and Discrimination in the UK](#)

from these groups feed into the next Mental Health Strategy in Wales. It's important that the strategy takes a proportionate approach, respecting the – sometimes substantial – cultural and discriminatory experiences of specific ethnic minority sub-populations.

Young adults: Young adults are at especially high risk of experiencing a mental health problem, and three-quarters of mental health problems arise before the age of 24.³⁵ Care leavers are particularly at risk³⁶. Research conducted by the Foundation as part of our : *Mental Health in the Pandemic* study has consistently found that young adults (18-24) were more likely to report stress arising from the pandemic than the population as a whole.³⁷ Cardiff University used Wales-only data and also found that young adults (aged 16-24) in Wales experienced the largest deterioration in their mental health as a result of COVID-19.³⁸ Young people have experienced loss of opportunities in education and career development and financial hardship as well as isolation and loneliness as a result of the pandemic.³⁹

Women: Women are more likely to experience common mental health problems than men. They are more likely to be responsible for child and elder care, they make up the majority of frontline health and care staff and are overrepresented in low paid and insecure work. Women are much more likely to be affected by domestic violence and abuse and all of these risks have been increased by the pandemic during lockdowns.^{40 41}

Our manifesto for the Senedd Elections called for a new national, cross-government Prevention Strategy that tackles inequalities in Wales when the current mental health strategy finishes in 2022. Young people, especially those transitioning to adulthood, and the inequalities experienced by women, must be fully considered as part of the new strategy.

2. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

As a prevention charity, we believe that the inequalities we've identified and seek to address cannot be resolved within mental health services alone – action must be taken to address the social determinants of mental health, in the spaces where people are born, raised, live and work (e.g. in families, communities, schools and workplaces).⁴² This should include supporting those at greatest risk such as those living in emergency accommodation, in women's refuges and transitional accommodation or services for those seeking sanctuary.

In our Inequalities report,⁴³ we recommended that in order to reduce the prevalence of mental health problems, action is required that directly addresses these factors across three different levels:

³⁵ Mental Health Foundation (July 2020) [Coronavirus: The divergence of mental health experiences during the pandemic | Mental Health Foundation](#)

³⁶ Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

³⁷ Mental Health Foundation (July 2020) [Coronavirus: The divergence of mental health experiences during the pandemic | Mental Health Foundation](#)

³⁸ Cardiff University Briefing Paper (July 2021) [Covid 19 in Wales: the mental health and well-being impact](#)

³⁹ Mental Health Foundation (July 2020) [Coronavirus: The divergence of mental health experiences during the pandemic | Mental Health Foundation](#)

⁴⁰ Ibid

⁴¹ Chwarae Teg (2020) [Women and Covid 19](#)

⁴² Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems

⁴³ Ibid

- i. **Structural measures** - actions to change the social and economic influences that can lead to mental health problems. For example, reducing income inequality, poverty, unemployment, domestic violence, discrimination and homelessness.
- ii. **Measures to strengthen community assets** – including activities to increase social connectedness, improve community environments, foster participation in community decision-making, and increase awareness of both risk factors and community resources to support mental health and wellbeing.
- iii. **Measures at the individual level** – this includes educating people about how to look after their own mental health, peer support, and showing people how they can contribute to the mental health of their communities and families.

To maximise impact and address the interrelationship between these factors, concurrent action should be taken across each of these three levels.

With regard to mental health services, action is required **primarily at a local, community level** as well as a national and individual level and we recommend the following to address inequalities:

- I. **Culturally appropriate mental health services for ethnic minority communities and those seeing sanctuary:** Research outlines the barriers to accessing services for ethnic minority communities, including discrimination,⁴⁴ higher rates of detention under the Mental Health Act,⁴⁵ racialised stereotyping of mental distress, cultural and language barriers, lower levels of access to talking therapies and lower satisfaction with care and support.⁴⁶ **We recommend continued investment and support for Diverse Cymru’s Cultural Competency Toolkit,⁴⁷ and their more recent certification scheme, to support mental health services in Wales to become culturally competent.**
- II. **Improving access to specialist services via public transport in Wales:** Service planning is undertaken according to population sizes, meaning that people living in rural areas in Wales often have to travel long distances to access services – this is even more so for specialist services such as deaf services, specialist perinatal services and eating disorder clinics, when people often have no option but to leave their families and communities to receive the care they need. Whilst it isn’t possible to keep everyone in their local area or community due to the specialist nature of some services, **investing in improvements to public transport and working with national organisations such as the Community Transport Association (CTA) is imperative for people to be able to connect to services in rural areas. Priority should be given to those in financial hardship, those with disability and access issues and those unable to access private transport.**
- III. **Digital literacy and digital exclusion:** Some populations (for example older people and those for whom English isn’t their first language) have reduced access to digital mental health support such as ‘Tier 0’ approaches like Silver Cloud or online/ telephone peer support groups. **Populations that aren’t able to access digital mental health support should be given training and support to use them or the option of alternatives such as face to face or phone support if this is their preference.**

⁴⁴ Mental Health Foundation (4 October 2021) [Stigma and discrimination | Mental Health Foundation](#)

⁴⁵ Confluence Partnerships (February 2014) Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change. London: Lankelly Chase Foundation, Mind and The Afiya Trust and Centre for Mental Health

⁴⁶ Diverse Cymru (2016) [Cultural Competency Toolkit](#)

⁴⁷ Ibid

IV. Support in the Welsh language: 29.1% of the Welsh population aged three and over were able to speak Welsh in 2021⁴⁸ and enabling access to mental health support, particularly talking therapies, in your mother tongue is vitally important to improved mental wellbeing. Whilst mental health services are legally obliged to offer services through the Welsh language, in reality, the current crises in the NHS have meant that there are recruitment and retention issues across all services, both English- and Welsh-speaking. **As part of the review of the mental health workforce, attention should be paid to the need to retain and recruit talking therapists who speak Welsh, especially for Welsh-speaking areas such as Ceredigion and North Wales.**

3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

Welsh Government policy has recognised the mental health needs of some of these groups to an extent, but it could go much further. Improvements include: 1. *Together for Children and Young People*, with its emphasis on prevention, early intervention and joint working between health, education and social care 2. The recent focus on the needs of ethnic minority groups and those seeking asylum through the Task and Finish groups – both of which are working towards a cross sector and interdisciplinary approach to addressing the inequalities experienced 3. Increased emphasis on ACEs and trauma-informed care in Wales and 4. The recent announcement of the Basic Income Pilot for carers.

Salient policy gaps include: 1. Rural mental health - both policy and information and support on rural mental health and the inward/outward migration of people in rural areas that impacts on mental health and well-being support in rural areas is out of date. 2. Women's mental health and well-being - consideration of the gendered impacts of mental health and well-being beyond domestic violence and women prisons is needed, to include caring responsibilities and low paid and insecure work 3. Older people's mental health and well-being support. The recently published Older People's Strategy, *Age Friendly Wales* must work in alignment with the new Mental Health Strategy which, in turn, should address older people's mental health according to the principles of 'proportionate universalism' (see below).

As a prevention organisation, we have called for a new cross-government Prevention Strategy that tackles all inequalities through 'proportionate universalism'. A proportionate universalism approach balances universal actions (for everyone) with targeted actions (for specific groups) and allocates resources according to levels of need. Under this approach, action should be taken for everyone, but the scale and intensity of interventions should be proportionate to the level of disadvantage experienced.⁴⁹

4. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

The Wellbeing of Future Generations Act (Wales) 2015 requires all public bodies to work towards well-being goals and think about the long-term implications of decisions through sustainable development principles and working together to prevent persistent problems such as poverty, inequalities and climate change. Public Services Boards (PSBs) oversee the work locally of producing wellbeing assessments, which looks at evidence covering the economic, social, environmental and cultural well-being of an area and produce a well-being plan to improve attainment of these goals. Every year, Ministers review milestones and the 46 national indicators to monitor progress.

⁴⁸ ONS (6 October 2020) [Welsh language data from the annual population survey July 2019-June 2020](#)

The inception of this important legislation came midway through the previous, 10-year cross-government mental health strategy. **We therefore see the new strategy as being an important opportunity to bring together the Future Generations legislation and the mental health strategy within government to address and reduce inequalities in Wales, and thereby improve population mental health.**

For further information please contact:

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