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This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

MHI 61

Ymateb gan: | Response from: **Diverse Cymru**



Submission to Health and Social Care Committee inquiry into mental health inequalities

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Organisation Background

Diverse Cymru promotes equality for all. We believe that we can work together to challenge discrimination in all its forms and create an equitable future for the people of Wales.

Diverse Cymru aims to make a real difference to people's lives through delivering services that reduce inequality and increase independence; supporting people to speak for themselves and to connect with decision makers; creating opportunities for participation and development; raising awareness of equality issues; and inspiring people to take action against inequality.

Our current services include direct payment, self directed and independent living support for both adults and children, including managed banking and software framework development and payroll services; a Black, Asian and minoritised ethnic people's mental health befriending and community support service in Cardiff and the Vale of Glamorgan; and welfare benefit, income maximisation, tribunal, and advocacy for disabled people in the Vale of Glamorgan.

We produce information resources on a wide-range of equality issues. This includes information for people affected by inequality across all protected characteristic groups, and for organisations and service providers. We deliver advocacy, support, and a certification scheme relating to Black, Asian and minoritised ethnic adults and young people with mental ill health. We provide a conduit for voices of people who experience discrimination or disadvantage in Wales to decision-makers through our engagement work; run citizen involvement

projects for people who experience discrimination and / or disadvantage and carers; deliver equality-related research; and co-ordinate volunteer placements both with Diverse Cymru and supporting external organisations to recruit, involve and support volunteers from under-represented groups.

We provide consultancy services on integrating equality in organisations and equality impact assessments and deliver a range of equality-related training courses. We facilitate forums and groups that work on various issues, from improving access for disabled people to equality impact assessments.

This response focuses specifically impacts on people from protected characteristic (equality) groups. We would welcome any opportunity to assist with the development of specific work programmes and actions, and with engaging people who experience discrimination and / or disadvantage in future. We are happy for our submission to this inquiry to be published. We would also be happy to present oral evidence or further information.

Inquiry submission

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

Our engagement with people from a wide-range of communities from across the protected characteristic groups and others who experience discrimination and disadvantage in Wales indicates that all these communities are disproportionately affected by poor mental health. These include a wide-range of Black, Asian and minoritised ethnic communities; Gypsies, Roma, and Travellers; Asylum seekers and refugees; LGBTQIA+ people; disabled people (physical, sensory, cognitive, and learning impairments); older people; children and young people; people from lower socio-economic groups; young men; carers; and care experienced young people.

One common factor across all these communities is the impact of discrimination and disadvantage on their day to day lives. These range from low level comments, being treated differently, and microaggressions, to a lack of understanding, systemic discrimination, and direct discrimination. These experiences of discrimination relating to any characteristic and disadvantage combine with societal stigma around mental health to exacerbate the impacts of mental health stigma. There are also many people who have to explain their experiences or background to be able to get appropriate services, which puts more strain on them

and can worsen their emotional distress. The key factor in this regard is the lack of understanding, awareness, and tailoring in all services and Welsh society to the different requirements and experiences of different people and communities. There is also a lack of inclusion in both mental health and wider services, which creates inappropriate services and barriers to accessing services.

Additionally concerns about money and debt, poverty, and loneliness and isolation contribute to these experiences of mental ill health. These experiences have been exacerbated by experiences during Covid-19 but pre-exist the current health crisis. Increasing public transport costs, fuel costs, decreasing social security payments, and other increased costs and employment insecurity are also leading to increased experiences of poverty, use of foodbanks, and concerns about affording basic household expenses. These factors will worsen over the next few months and years. Transport costs and lack of accessibility are an additional barrier to accessing services, as if people cannot afford to get to the services or cannot access transport then effectively the service is completely inaccessible to them. Transport should be considered in relation to different communities and all mental health and other services. Digital exclusion has also exacerbated isolation for some communities and individuals. As we re-open the economy it is vital that services ensure there are face-to-face services available and offline information, so that each individual has the choice of digital or in-person access to services and support. Different services should work together to identify and address these underlying causes of mental ill health for each individual.

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?

A key barrier to accessing mental health services for all these communities is the 'one size fits all' approach to designing and delivering services, with limited recognition of different communities and differentiation of services to different experiences and requirements. A fundamental shift to meaningful coproduction, involving the voices of different people and communities with appropriate training, information, and support leading policy and practice development, from ideas, through development, implementation and to review and evaluation, is vital to ensuring that services can be developed that meet everyone's individual requirements and experiences. The principle of 'nothing about us without us' from the disabled people's movement should be applied to all communities who experience discrimination and / or disadvantage, including sub-groups. There is

also a need for strong leadership in all organisations to promote equality for all and celebrate diversity, including intersectional considerations.

Additionally mental health services must be better tailored to meet the requirements and experiences of people from different communities and with different experiences. All services need to be improved to ensure they are accessible and inclusive for everyone in Welsh society. All services should be truly person-centred in terms of fully designing services around each individual, rather than fitting people into a limited range of expected services. All services must also be more flexible and less rigid, enabling true flexibility to meet the needs, wishes and outcomes of each individual. Specialist services are required, that fully recognise and address barriers to appropriate service provision.

Comprehensive equality and diversity training is needed to enable appropriate tailored and specialist services to be identified and delivered and to ensure all services are aware of different communities. This should include in-depth training in the barriers, requirements, and issues for each protected characteristic group and sub-groups, including unconscious bias, anti-racism, and cultural competency training and integrate intersectional issues and experiences. These actions should also be linked to improving the diversity of the workforce at all levels and tackling structural racism, homophobia, biphobia, transphobia, ageism, disability, and other inequalities in addition to improving services and creating a culture of inclusion.

Other barriers to accessing mental health services include a lack of trust in services and expecting services not to be aware of their individual experiences and of diverse communities, due to either perceptions, other people's experiences, or past personal experiences. Working with communities to build trust, as well as addressing the lack of diversity awareness and tailoring, is vital to addressing these barriers. Community led projects and services are the most effective way of reaching into diverse communities. There is also a need to ensure that there is clear information available and shared with communities on tailored and specific services and on how to know if a service is culturally, LGBTQIA+, disability competent and aware and in relation to other groups and communities.

Some other key barriers are a lack of awareness of services and what is available, a lack of understanding of mental health and services, internalised mental health stigma, different attitudes, perceptions and understanding to mental health in some communities, and language barriers. Working directly in and with communities to raise awareness of services and mental health, in ways and with messages that are tailored to each community and their experiences and barriers, and ensuring public information is in plain language, accessible formats, and

community languages can assist in addressing these barriers. National campaigns to address mental health stigma and change attitudes must include messages tailored to the different experiences of people from different communities.

There is evidence that people who experience discrimination and / or disadvantage often present to services later and in crisis. Alongside improved and tailored community awareness of how to access services and what services are available, a greater focus on prevention and early intervention and communicating messages around support available and how to access it is important.

Another experience people often share is having to tell their story to multiple professionals or multiple times in response to inquiries or consultations. This results in retraumatising people and worsening their mental health. It is vital that services communicate with each other and communicate the individual's story, so they only have to tell it once. This also applies to consultations and inquiries, where stories and experiences should be shared between multiple departments and organisations and used to improve a wide-range of services without having to tell the same story in response to different consultations. There should also be an improved focus on qualitative evidence and on using people's stories and journeys to improve services, rather than purely focusing on quantitative evidence that overlooks the experiences of many people.

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

Whilst 'Together for mental health' and the associated delivery plans mention mental health inequalities and links to the Public Sector Equality Duty (PSED), these are generally overarching and not specific. There is also a focus on racially diverse communities, but a lack of focus on the other communities who experience discrimination and / or disadvantage in Wales.

Similarly, the Welsh Government equality objectives and action plan, those of Local Health Boards, and Integrated Medium Term Plans (IMTPs) mention the need for all services to be more person-centred, culturally competent, and meet the different requirements and experiences of people from a wide-range of communities, these too are often broad and not specific.

The Wellbeing of Future Generations Act goals include improving health and wellbeing and improving equality, diversity and inclusion. Those goals and the 5 ways of working could be used as a framework to identify and address the requirements, wishes, and outcomes for all different communities in Wales and

target actions on maximising positive contributions to improving mental health and wellbeing.

Another key issue is the need to link together the various different action plans and policies in relation to different protected characteristic groups and communities who experience discrimination and disadvantage and highlight and specifically address links to and the need to address mental ill health.

Equality Impact Assessments are also a key tool to ensure that improvements can be identified and implemented for each community specifically, if they are used effectively and focus on maximising positive impacts, rather than merely reducing negative impacts. It is also important to ensure that the specific duties for Wales under the Equality Act 2010 are properly enforced in relation to all services, including mental health services.

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?

One key aspect of improving mental health outcomes for people who experience discrimination and / or disadvantage in Wales is linking together different services and addressing underlying causes of inequality and poor mental health, such as poor housing, lack of access to transport, lack of support, poor or no access to community services, low income and lack of access to financial support, poor physical health, lack of access to appropriate social care, and inappropriate mental health services. A comprehensive and multi-sectoral approach to mental health promotion, prevention, treatment, care, and recovery is vital to addressing underlying causes and inequalities. This approach must be culturally sensitive and competent, and be based on fully integrating the social model of disability into policy and practice rather than a medicalised approach and language. It must take full account of all the diversity and equality factors each individual experiences.

Investment in advocacy, including specialist advocacy services, is needed to ensure that barriers to accessing services and receiving equal outcomes are addressed.

Another key improvement needed is accessible and inclusive information. All service information and health messages must be written in Plain English and Cymraeg Clir, in accessible fonts and sizes, and available in a wide range of community languages and accessible formats. It must also be checked to ensure that the language and messages are inclusive of all communities and not accidentally biased. This should include ensuring that the terminology used is

culturally appropriate and understood by communities, and removing gender and other biases from messages.

Further investment is needed into mental health services, from community level to specialist care, to provide a wider range of treatments and support and enable specialist and tailored services to be developed. Mental health should be seen as equivalent to physical health in terms of funding and support, rather than as a single condition group. Longer term funding of services, including services commissioned from third sector and community groups and organisations, is vital to ensuring that services can focus on meeting the needs of different groups and communities and developing specialist services, rather than winding up and down every 3 years.

Equality and diversity, including consideration of all different communities and intersectionality, should be a core organising principle of all mental health services.