

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
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[Committee](#) consultation on [mental health inequalities](#)

MHI 74

Ymateb gan: | Response from: Cyngor Iechyd Cymuned Aneurin Bevan |
Aneurin Bevan Community Health Council





RESPONSE FORM

Mental Health Inequalities

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Responding on behalf of: An organisation

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

We identified a number of groups of people who we believe are disproportionately affected by poor mental health across Wales. They include:

Low income groups

People in this group struggle to find enough money each month to cover their bills and find it hard to get out of the cycle of living for payday each month. An increase in the cost of living is likely to contribute to anxiety and depression.

Those people in debt

Debt can trigger anxiety, depression and stress or make those conditions worse.

Factors that may contribute to the poor mental health of those people in debt may include lack of support, unemployment, addiction to gambling/alcohol, etc.

Unemployed persons / groups

The relationship between mental health and unemployment can go in both directions. Good mental health is a key influence on employability, finding a job and remaining in that job.

Unemployment causes stress, which ultimately has long-term physiological health effects and can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem.

Crime, drug, alcohol and related issues persons

For some people, alcohol or substance misuse can lead to long-term mental health problems, such as depression or schizophrenia. Excess alcohol intake or regular substance misuse can have a negative impact on people's day-to-day life. For example, it could lead to problems with:

- money
- education and employment
- relationships
- housing
- low self-esteem
- finding it hard to maintain commitments, including appointments related to drug use or mental health
- crime – either in possessing an illegal substance or to finance a habit, leading to a criminal record
- imprisonment

Some people may already have a mental health diagnosis, and this can lead to a risk of alcohol or substance misuse as a coping mechanism.

Alcohol and poor mental health and wellbeing are closely linked.

Families with a person living with poor mental health

It can be very difficult to see someone who you care about becoming unwell. Caring for someone with poor mental health can be lonely. It can cause feelings of anxiety, isolation and stress.

Families / individuals finding Covid times extremely difficult (social, financial)

The new realities of working from home, temporary unemployment, furlough, home-schooling of children, and lack of social contact with other family members, friends and colleagues can take their toll on someone.

Adapting to lifestyle changes such as these, and managing the fear of contracting the virus and worrying about people close to us who are particularly vulnerable, are challenges for all of us.

They can be particularly difficult for people with mental health conditions.

Rural / isolated communities

For those living in rural and remote communities in Wales can sometimes leave people feeling marginalised or unseen/unheard.

People living within these communities can often feel socially isolated and this can contribute to stress, anxiety and depression, which can have a detrimental effect on people's mental health and wellbeing.

Traveller communities

People living in traveller communities may have poorer mental health, and are less likely to ask for support or access mental health services.

Young people

There are many things that might cause mental health and wellbeing problems for young people, like:

- problems at home, school or in relationships
- big changes in their life
- being discriminated against because of their sexuality or beliefs
- pressure from themselves or others to achieve
- feeling lonely or like no-one understands them
- being bullied
- being abused
- feeling low in confidence
- losing someone close to them
- stressful things that have happened to them
- worrying about what's happening in the world, like things they hear about in the news.

Those affected by social isolation caused by other health issues, culture, language and/or older age

Social isolation can be both a cause and a symptom of mental health issues. People are inherently social beings, and regular social connection, through community, friendship and support networks, is vital for our mental wellbeing.

Social isolation is associated with an increased risk of mental health problems like anxiety and depression – and mental health issues can also increase people’s risk of feeling lonely.

Those experiencing poor housing conditions

Housing and mental health can be closely linked. People with mental health conditions may sometimes be at risk of experiencing poorer housing conditions.

Good quality, affordable and safe housing is a vital part of good mental health. Homes should feel like safe, supportive places to live.

Poorer housing conditions – with damp and mould problems, antisocial neighbours, uncertain tenancies or overcrowded conditions, for example – can exacerbate people’s mental health issues.

Older people in care homes

Especially during recent times, people in care homes have been extremely isolated from their loved ones and have had restricted movements.

This has restricted their independence and interaction with others. Life satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, social interaction and a sense of belonging and support, impact those people in care homes.

Maternal mental health

Women may experience depression while they are pregnant or after giving birth (antenatal, postnatal and perinatal depression).

If there is a lack of easy access to antenatal mental health services and treatment in Wales, these issues may develop into more serious postnatal mental health issues. Quick action from midwives and health visitors to recognise mental health issues is key for new mothers who may be struggling.

- 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?

Low income groups

Barriers can include fears of stigma, lack of awareness of mental health services, lack of financial support to access privately paid services, and lack of geographical accessibility to use mental health services.

Low income families may not be able to afford to pay for public transport to access mental health services regularly. Also, during COVID times, many services have changed to offer a virtual service, those from low income families may not have the technology/internet to access treatment or services, so this new approach could exclude the digitally vulnerable.

Those people in debt

Barriers to accessing mental health services for people living with debt could be the distraction of the complexities of solving their debt problem, the debt issue may outweigh a person's recognition of any mental health difficulties.

Unemployed persons / groups

Barriers for this group may include stigma and discrimination. Often people believe that getting a job will solve their problems including their mental health issues (e.g. depression).

For those unemployed, low skilled or with a limited education may not be aware of how to access services.

Crime, drug, alcohol and related issues persons

Barriers may include fear, severe symptoms, substance abuse and addiction and other distractions. Some people may not feel or recognise that they need support or treatment.

The waiting times to access help to mental health services may also be a barrier. Once the person recognises they may need help, they may be expected to wait months before accessing the treatment or the support that they need, this may cause a relapse or exacerbation of one's mental health difficulties.

Families with a person who has a mental health issues

Barriers for those who care for other with mental health issues may include not wanting to admit that their loved has mental health problems or the individual themselves may not wish for their family network to intervene.

Families / individuals finding Covid times extremely difficult (social, financial)

The ever-changing COVID restrictions have consistently caused barriers for those finding covid times extremely difficult.

For those experiencing financial difficulties the cost of living crisis has created a further issue/barrier for those already suffering.

Rural / isolated communities

For those living in rural and remote communities, some may have limited access to mental health support due to lack of facilities and other factors such as little or no regular public transport.

This can mean that people living in rural and remote areas face longer distances to travel to mental health services.

Traveller communities

Discrimination may contribute as factors towards poor mental health.

Low rates of help-seeking and negative perceptions of (mental) health services (i.e. as insufficient, inappropriate, culturally insensitive).

Some people may not be registered with a local GP service to access support routes.

Young people

Young people may not recognise mental health difficulties or poor wellbeing symptoms.

They may fear a negative outcome or the stigma of a mental health illness.

They may think it will be difficult to access help. They may know that there is a long wait to access children and mental health services (CAMHS) and worry that they will cause further delays for others.

Those affected by social isolation caused by other health issues, culture, language and/or older age

These groups may not know who to turn to for help, they may have a preference of self-reliance. There may be an anticipation that help will be difficult to access.

Those experiencing poor housing conditions

Financial problems or physical health problems can be caused by poor housing conditions. People in poor housing could come from low income families with low car ownership and therefore the impact of having to use and pay for public transport to access mental health services regularly may be a barrier. During COVID times, as many services have changed to offer a virtual service, those from low income families may not have the technology to access mental health services.

Older people in care homes

Relying on care home staff to access services and to diagnose mental health issues.

COVID restrictions could mean that those in care homes have not been able to spend as much time with their loved ones. This has meant that some people have felt isolated and unable to share how they are feeling on a regular basis. They may feel less confident asking for help due to the pandemic. People may feel that they have been segregated from society and it is very difficult to access any health services now.

Maternal mental health

Barriers for people who are pregnant or expectant families could be; reduced antenatal and postnatal support mechanisms such as face-to-face peer groups, reduced antenatal classes, reduced feeding support groups as a result of Covid restrictions.

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

No comment on policy at this time

- 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?

Improved education of mental health within the curriculum in Wales to change the culture of the future generations and to remove the stigma of mental health.

Easy access to low level mental health support would help to reduce a number of barriers facing so many of the groups affected by mental health inequalities in Wales.

Housing, education, employment, culture are also factors here.

Schools and employers should be encouraged further to recognise and support student populations and workforce wellbeing needs.

The Mental Health transformation work being carried out in Aneurin Bevan University Health Board has recognised the need to improve the support and reliance of foundation and level 1 mental health services. These two tiers can play a pivotal "preventative" role in creating easy to access support, via professionals such as Psychological Wellbeing Practitioners who listen, can signpost and even support someone with basic coping mechanisms.

The foundation and level one tier of mental health services could be better integrated into the wider health, care, education, community and workplace environments for children, young people, adults and older adults. Early and easy access to well-resourced lower level services can prevent mental health difficulties from progressing to more complex, challenging and longer lasting difficulties for many people.

Wellbeing and Mental Health support services should become less medicalised, which could reduce stigma around a perception that people with mental health difficulties require “treatment” for something that is feared as “not normal”, when in fact many people, at some point or another, will suffer difficulties with their wellbeing or mental health for short or long periods of time.