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Advancing mental health equalities strategy

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Foreword

Addressing health inequalities has been a priority in mental health for years, as highlighted in the Five Year Forward View for Mental Health and the NHS Long Term Plan. In light of the COVID-19 pandemic, it has become more important than ever. The virus and its social and economic impacts are disproportionately impacting specific groups, including black, Asian and minority ethnic (BAME) communities. While government investigates the causes of this, NHS England and NHS Improvement are committed to supporting local health systems to better address inequalities in access, experience and outcomes of mental healthcare.

Furthermore, the Black Lives Matter movement has brought racial inequality to the forefront of everyone's minds, globally, and its momentum gives us the opportunity to challenge past and ongoing injustices and drive forward with greater pace and conviction. There is no doubt that as a sector we need to do more to better protect and support our staff and patients from BAME backgrounds, and we fully believe that the NHS should be a leader in the fight against inequalities. We need to do all in our power to make sure we continue to advance equalities within mental health service delivery.

Tackling inequalities, especially racism, is vital, emotive and challenging. It requires leaders, organisations and individuals to understand their own biases, beliefs and behaviours. It requires every component of the systems we operate within to acknowledge the stark reality of inequality. We will only tackle inequalities by understanding people's experience of them and acting to change.

The NHS is determined to be part of the solution. We launched the NHS Race and Health Observatory in June 2020, a new independent centre to stimulate understanding and action. In the mental health sector, our work to develop, test and roll out the Patient and Carer Race Equality Framework (PCREF) to improve access, experience and outcomes for BAME communities is gathering momentum.

This advancing mental health equalities strategy summarises the core actions that NHS England and NHS Improvement will take to bridge the gaps for communities fairing worse than others in mental health services.

We know there is still so much more to do, and we all have a role in challenging racism and health inequality in all its forms. We will continue to work closely with patients, carers, health system leaders and other key stakeholders to ensure we collectively deliver the real and sustainable change our patients and staff deserve.



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Introduction

The NHS defines health inequalities as:

“...preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.”¹

Reducing inequalities is a defining feature of the NHS Long Term Plan, which acknowledges “...while we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do.”² The NHS Mental Health Implementation Plan 2019/20–2023/24³ gives the detail underpinning the NHS Long Term Plan ambitions for mental health and sets the expectation that all systems need to reduce mental health inequalities by 2023/24.

It is important to recognise different groups have different likelihoods of developing a mental health problem as this is influenced by multiple personal, social and environmental factors. As an example, people who have adverse childhood experiences are more likely than others to develop mental health problems.

While the NHS cannot always solve the causal factors which increase the likelihood of developing a mental health problem, it has a duty⁴ to advance equalities in NHS services. This means accounting for the particular needs of groups at risk of, or already experiencing, inequalities and ensuring our services meet their needs. Further, it means working with those groups to identify ways in which inequalities in access, experience and outcomes can be reduced.

- Different groups access services differently, with underrepresentation in some services and overrepresentation in others. This is an **inequality in**

¹ NHS England. Reducing health inequalities resources <https://www.england.nhs.uk/about/equality/equality-hub/resources/>

² NHS Long Term Plan <https://www.longtermplan.nhs.uk/>

³ NHS Mental Health Implementation Plan 2019/20–2023/24. <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

⁴ See Health and Social Care Act (2012) and Equality Act (2010).

access. Examples include older people being underrepresented in talking therapies⁵ and black-British men being overrepresented in mental health secure care.⁶

- Different groups report having different levels of satisfaction with the healthcare they receive. This is an **inequality in experience**. An example is lesbian, gay and bisexual (LGB) and black, Asian and minority ethnic (BAME) individuals reporting poor levels of satisfaction with community mental health services compared to heterosexual and white-British counterparts.
- Different groups receiving the same treatment also have different recovery outcomes. This is an **inequality in outcomes**. As an example, BAME groups generally have poorer recovery rates in talking therapy services (IAPT) than white-British groups.⁷

Annex 1 summarises some of the most pervasive and apparent mental health inequalities in England; this list is not exhaustive. As noted in the independent review of the Mental Health Act⁸ and elsewhere, evidence on mental health inequalities – especially how to overcome them – is sparse.

This strategy summarises the core enabling actions NHS England and NHS Improvement will take with the support of the Advancing Mental Health Equalities Taskforce – an alliance of sector experts, including patients and carers, who are committed to creating more equitable access, experience and outcomes in mental health services in England. It sits alongside the NHS Mental Health Implementation Plan 2019/20–2023/24 and as such is similarly focused in scope. This strategy is also an important element of the overall NHS plans to accelerate action to address health inequalities in the next stage of responding to COVID-19. In August, we asked all systems to take [eight urgent actions to address health inequalities](#), focusing on the inclusive restoration of services. Systems have been asked to pay particular attention to advancing equalities in access, experience and outcomes for groups facing inequalities in mental health, and to rapidly improve monitoring. The

⁵ NHS England. *Older people's mental health* <https://www.england.nhs.uk/mental-health/adults/older-people/>

⁶ NHS England. Mental Health Taskforce <https://www.england.nhs.uk/mental-health/taskforce/>

⁷ British Association for Behavioural and Cognitive Psychotherapies. *IAPT BAME service user positive practice guide* <https://portal.babcp.com/Therapists/BAME-Positive-Practice-Guide-PDF>

⁸ UK government. *Modernising the Mental Health Act – final report from the independent review* <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

short-term goals set out in this strategy provide the detailed guidance on the implementation of that action.

We recognise the role of national, regional and local leadership in delivering our ambition to tackle inequalities. Our role is to:

- prioritise tackling inequality through policy development and the creation of levers and incentives
- co-produce better policies and guidance with experts by experience and leading national experts
- ensure our assurance and delivery models create a transparent picture of our collective progress in tackling inequality
- support development of regional and local capacity and leadership around addressing inequalities
- support local systems to deliver this ambition.

Fundamentally, this strategy aims to ensure access to the timely high-quality mental healthcare described in the NHS Long Term Plan is equitable, by equipping systems with the tools and enablers they need to bridge the gaps between communities faring worse than others in mental health services.

Workstream 1: Supporting local health systems

Local health systems play a crucial role in addressing mental health inequalities for two important reasons:

1. As mental health inequalities are varied and contextual, local health systems are ideally positioned to co-produce local solutions with communities experiencing mental health inequalities.
2. Most mental health services (especially those that are the first point of contact) are commissioned locally, and this is expected to increase with the roll-out of NHS-led provider collaboratives commissioning specialised services.

The development of integrated care systems and roll-out of NHS-led provider collaboratives present new opportunities for local health systems to take population health approaches to reducing inequalities, while also streamlining and localising care that treats the ‘whole’ person, so the most vulnerable patients do not fall through gaps in commissioning and service provision.

Children and young people’s local transformation plans⁹ and joint strategic needs assessments¹⁰ provide a strong foundation from which to identify need, and the partnership arrangements necessary to address inequalities in the round.

Systems can use the NHS-commissioned tools to support advancements in mental health equalities, such as:

- [The Advancing Mental Health Equality resource](#), developed by the National Collaborating Centre for Mental Health (NCCMH). This provides detailed guidance and methods to identify and reduce inequalities related to mental health support, care and treatment.

⁹ NHS England. Local transformation plans. <https://www.england.nhs.uk/mental-health/cyp/transformation/>

¹⁰ UK government. *Joint Strategic Needs Assessments and joint health and wellbeing strategies explained* <https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained>

- [Working Well Together: evidence and tools to enable co-production in commissioning](#), also developed by NCCMH, aims to improve local strategic decisions about current and future mental health services by working with communities, including those facing inequalities.
- The IAPT positive practice guides for [BAME service users](#) and [older people](#) provide guidance on how to provide care in a way that is more culturally-sensitive and accessible for people over the age of 65.

We will take the actions in Table 1 to assist local systems.

Table 1: NHS England and NHS Improvement actions to support local health systems

Aim	Recent accomplishments and/or work underway	Short-term goals (<1 year)	Longer-term goals (>1 year)
<p>Patient and Carers Race Equality Framework (PCREF) developed and used to support mental health services to improve BAME experiences of care, as recommended in the independent review of the Mental Health Act¹¹</p>	<ul style="list-style-type: none"> Panel of experts by experience recruited, early learning sites engaged, and academic experts identified to form the PCREF steering group Collate examples of positive practice when they emerge to support rapid improvements in BAME experience wherever possible Desktop research started Data and research subgroup established to support PCREF and the Advancing Mental Health Equalities Taskforce Comprehensive patient, carer and staff engagement programme currently being developed 	<ul style="list-style-type: none"> Early examples of positive practice in improving BAME experience in mental health settings identified and shared wherever possible Roll out engagement programme and share learning Drawing on expertise of the steering group and the engagement findings, draft a framework for testing in different sites and settings 	<ul style="list-style-type: none"> Test the framework and its effectiveness in different sites and settings, monitoring and evaluating impact and learning – and sharing positive practice as it emerges Finalise the framework for uptake by mental health providers and roll out engagement and communications plan to support awareness and uptake
<p>Directly support and fund schemes that can address inequalities</p>	<ul style="list-style-type: none"> All 2019–2021 transformation funding sites have a credible plan for addressing inequalities in 	<ul style="list-style-type: none"> Gather emerging positive practice and lessons learned on advancing equalities from transformation funding sites, and 	<ul style="list-style-type: none"> Continue to gather and share emerging positive practice and lessons learned from transformation funding sites, and

¹¹ UK Government, 'Modernising the Mental Health Act – final report from the independent review', <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

Aim	Recent accomplishments and/or work underway	Short-term goals (<1 year)	Longer-term goals (>1 year)
	access, experience and outcomes in place	share these with the system as they become available	embed better ways of working across the system
Positive practice in advancing equalities in access, experience and outcomes documented and shared to support collective improvements	<ul style="list-style-type: none"> Repository of positive practice and support tools for advancing mental health equalities created Currently seeking emerging examples of positive practice via professionals, academics, the voluntary, communality and social enterprise (VCSE) sector and patient networks to populate the repository 	<ul style="list-style-type: none"> Populate and promote a library of emerging positive practice within the sector Collect and share learning from systems piloting or rolling out new models of care using transformation funding Identify gaps in evidence and support the National Institute for Health and Research and government to address them 	<ul style="list-style-type: none"> Have a well-populated and robust library of positive practice guides and case studies to support advances in mental health equalities, which continues to expand and evolve as evidence and learning does, and is frequently accessed and consulted by providers and commissioners
Learning from specialist community forensic team and women’s pilots in secure care settings shared	<ul style="list-style-type: none"> Specialist community forensic team pilots are delivering against tackling inequalities plans, with dedicated funding to support improvements 	<ul style="list-style-type: none"> Site-specific inequalities plans and co-produced local and national plans, accompanied by a support offer, in place 	<ul style="list-style-type: none"> Piloting ends in 2020/21. Next steps will be determined in the context of provider collaboratives, which will become the vehicle for delivering secure care
Provider collaborative impact framework in place, with equalities at its heart	<ul style="list-style-type: none"> The impact framework working group has co-produced a draft impact framework (currently being finalised) with an inequalities lens 	<ul style="list-style-type: none"> Impact framework in place for all provider collaboratives and specific support given to them to share positive practice 	<ul style="list-style-type: none"> Review of outcomes collected through provider collaboratives to update the provider collaborative impact framework and measure improvements in outcomes with inequalities lens

Workstream 2: Data and information

Collecting and using data to inform intelligent insights and decision-making is critical in advancing mental health equalities.

While there have been developments, improving the quality and flow of data to the national Mental Health Service Data Set (MHSDS) and the IAPT Data Set is an ongoing challenge, especially for data on protected characteristics and health inclusion groups. More accurate, comprehensive and transparent data at a national level will allow more systematic analysis and learning, and can be used to increase accountability and incentivise schemes and initiatives which support better patient outcomes.

Systems can now take advantage of recent improvements in the quality and content of the IAPT Data Set by using the [Public Health England's \(PHE\) fingertips profiling tool](#) and NHS Digital's [2019/20 annual report on the use of IAPT services](#) to review variations in access and outcomes for groups with protected characteristics, including age, ethnicity and sexual orientation. Data on activity for specific demographics is also available from NHS Digital's monthly and annual publications from the MHSDS and included in NHS England and NHS Improvement publications such as the [NHS mental health dashboard](#). Improvements in the quality and flow of data to both the MHSDS and IAPT Data Set will unlock more opportunities for analysis and insight in other mental health services, so delivering against data quality improvement plans alongside increased reporting of equality relevant metrics is essential.

Consecutively, the NHS Long Term Plan included the commitment that all major programmes, including the mental health programme, would identify headline measures for reducing inequalities. Data quality is a significant limiting factor, but as it improves we will continue to work closely with PHE, experts by experience and other professionals to define these and ensure what is measured can facilitate meaningful change.

We will take the actions in Table 2 to improve the quality and availability of the data which shines a light on inequalities, and how this data will be used as a catalyst for positive change.

Table 2: NHS England and NHS Improvement actions to improve the quality, flow and use of data on mental health inequalities

Aim	Recent accomplishments and/or work underway	Short-term goals (<1 year)	Longer-term goals (>1 year)
<p>Improve the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics attributable to inclusion health groups</p>	<ul style="list-style-type: none"> Recently refreshed the cross-agency Data Quality Improvement Plan (which includes a focus on equalities data) Data quality embedded in regular performance monitoring and assurance processes at a national and regional level 	<ul style="list-style-type: none"> Continue to deliver, develop and track national progress against the Data Quality Improvement Plan, with academic input Agree a workplan to capture and flow patient experience data in a more systematic fashion 	<ul style="list-style-type: none"> Achieve high levels of completeness and quality within national NHS mental health datasets, which can be used to provide analytical insights at national and local levels
<p>Use headline measures of mental health equality to monitor change over time, at both national and local levels, and where improvements need to be made</p>	<ul style="list-style-type: none"> Work with PHE to improve content and functionality of equalities indicators in fingertips profiles which systems can readily access Reporting on shadow inequalities metrics using experimental data to the Advancing Mental Health Equalities Taskforce, the National Programme Board and the Independent Advisory and Oversight Group is now in place Data and research subgroup established to support PCREF and the Advancing Mental Health Equalities Taskforce 	<ul style="list-style-type: none"> As data quality and research improves, formalise headline indicators of inequality for systematic reporting Work with NHS Digital and PHE to improve reporting on equality data, and increase the range of published equality metrics in fingertips profiles and other publications which systems can readily access 	<ul style="list-style-type: none"> Agree and publish national headline indicators of mental health equality, and for these to be tracked at a national level (including differential outcomes) Use national headline measures to inform support offers for health systems where inequalities persist Where possible and appropriate, use financial levers to incentivise advancing mental health equalities

Workstream 3: Workforce

A diverse and representative workforce at all levels of the system, and one which is equipped with the skills and capabilities it needs to advance mental health equalities, is fundamental to achieving long-term change.

The [NHS People Plan for 2020/21](#) set a strong vision for a more inclusive NHS where diversity is celebrated and staff are supported to thrive.

Our Mental Health Programme will continue to work closely with partners across different agencies to support advances in line with this agenda, including by working with Health Education England (HEE).

HEE is driving a range of initiatives across this important agenda through its Equalities subgroup (chaired by Jacqui Dyer and with a number of national experts). This includes the delivery of key workstreams to increase fairness of access to and inclusion in mental health training programmes, from application to employment.

Its work is underpinned by research to support outcomes and improvements, and a systematic and agile approach across professions and regions, including:

- reviewing career pathways and opportunities to widen access through specific entry routes and diversifying the training pipeline
- developing an inclusive communications, marketing and engagement strategy incorporating educators and networks from diverse backgrounds
- working with us on the retention of a diverse workforce and widening participation
- embedding equalities thinking in curriculum development and policy.

Targeted work is already being delivered in key professional areas such as clinical psychology, including the development of an evidence-based training commissioning framework in partnership with BAME aspiring psychologists.

This is in addition to supporting delivery of the [Workforce Race Equality Standard \(WRES\)](#) which aims to achieve measurable improvements in BAME staff representation in the NHS workforce – especially at senior leadership levels; and in

addition to supporting the delivery of the [Workforce Disability Equality Standard \(WDES\)](#), which has been introduced to advance disability workforce equality.

Table 3: NHS England and NHS Improvement actions to support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities

Aim	Recent accomplishments and/or work underway	Short-term goals (<1 year)	Longer-term goals (>1 year)
<p>Support the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities</p>	<ul style="list-style-type: none"> Identified opportunities to increase the representation of the mental health workforce in planning and delivery messaging to the system Supported the work of the HEE Mental Health Workforce Delivery Equalities subgroup Supported HEE in developing new roles which support more holistic and responsive care, such as peer support workers 	<ul style="list-style-type: none"> In line with the WRES and WDES programmes, circulate emerging evidence of positive practice Work with HEE to support systems to review routes into training to increase diversity (ie apprenticeship schemes for IAPT trainees), work with higher education institutions on making selection processes more equitable, and consider targeted outreach to fill places 	<ul style="list-style-type: none"> Work with HEE, WRES and WDES programmes to embed an ‘end-to-end’ approach for developing a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities Identify opportunities to embed equalities thinking in curriculum development for new staff Encourage and support the uptake of other positive practice models which support thriving and diverse workplaces, such as the Stonewall Workplace Equality Index¹²

¹² Stonewall. UK Workforce Equality Index <https://www.stonewall.org.uk/creating-inclusive-workplaces/workplace-equality-indices/uk-workplace-equality-index>

Tracking and assuring delivery of the advancing mental health equality strategy

Implementation of this strategy will be overseen by the Advancing Mental Health Equalities Taskforce.

Improvements in the quality and availability of data will underpin headline indicators of mental health inequalities and provide a richer understanding of how the NHS can best advance mental health equalities at all levels within the system. These indicators will be made publicly available once developed to enable appropriate challenge and action by the end of 2020/21, and will be used in regional and local assurance discussions to agree areas for improvements.

As this work unfolds, system leaders and partners in adjacent sectors are encouraged to take full advantage of the available tools and products to address the known inequalities in mental health. We have published a suite of [reducing health inequalities resources](#), including resources to advance mental health equalities.

Consecutively, we will work closely with the Advancing Mental Health Equalities Taskforce and the wider sector to develop support tools that ensure what is measured can be improved, so by 2023/24 we will have made demonstrable progress towards reducing mental health inequalities.

Annex 1: A summary of some of the most pervasive and apparent mental health inequalities in England

This annex lists some of the most pervasive and apparent mental health inequalities in England highlighted in the available literature and best available evidence. Evidence and research into mental health inequalities is still developing; however, genuine co-production with communities is considered a key factor in understanding differential access, experience and outcomes.

Taking these inequalities into consideration when undertaking population-level service planning and provision has its benefits, though system leaders must also recognise smaller population groups can face significant inequalities in the round – including Gypsy, Roma and Traveller communities and rough sleepers – but are often ‘swallowed up’ at a population-level, or not recognised in the first place. Special consideration must be paid to the populations that fall through the gaps, and the limitations of existing data.

Additionally, while many of these inequalities are attributable to populations sharing one characteristic (eg an age grouping), they do not account for the other intersectional characteristics which make-up a patients’ lived experience. For example, the experience of black Caribbean and African men in mental health services differs from that of black Caribbean and African women, and from white British men. Engaging with staff, patients and carers, and exploring the data as it develops in quality, is key to understanding the barriers and opportunities to advance mental health equalities.

Table 4: Summary of differential access, experience and outcomes in mental health services highlighted in the available literature and the best available evidence

This summary does not capture inequalities in prevalence or risk factors surrounding different population groups, and focuses solely on access, experiences and outcomes in mental health services in England.

Characteristic	Access	Experience	Outcomes
Age	<ul style="list-style-type: none"> Older people are a fifth as likely as younger age groups to have access to talking therapies but six times as likely to be on medication¹ Children and young people from BAME communities are less likely to be able to access services which could intervene early to prevent mental health problems escalating² 	<ul style="list-style-type: none"> Older people with common mental health problems are more likely to be on drug therapies and less likely to be in receipt of talking therapies³ 	<ul style="list-style-type: none"> Young people in prison are more likely to take their own lives than others of the same age⁴ Older people have better recovery outcomes in IAPT than working-age adults, but access is a challenge⁵
Ethnicity	<ul style="list-style-type: none"> Many black-African and Caribbean people, particularly men, do not have access to psychological treatment at an early stage of their mental health problem⁶ People from black-African and Caribbean communities are 40% more likely than white-British people to come into contact with mental health services through the criminal justice system⁶ Gypsy, Roma and Traveller communities can have similar 	<ul style="list-style-type: none"> BAME patients are less likely to rate their overall experience as 8 or above on a 10-point scale (44% vs 49% for white-British)⁸ Some people from BAME groups mistrust mental health services based on negative experiences⁷ Black adults are more likely than adults in other ethnic groups to have been detained under a section of the Mental Health Act⁶ 	<ul style="list-style-type: none"> Though there have been gradual improvements, the IAPT recovery rate for BAME service users is below that of their white-British counterparts⁹

	difficulties similar to those who are homeless, in that their living status makes it more difficult to access healthcare in the round ⁷		
Gender	<ul style="list-style-type: none"> Men are less likely to be referred to IAPT services, and to enter IAPT treatment, than women¹⁰ 	<ul style="list-style-type: none"> Services that fail to account for the specific needs of women can perpetuate poor experiences in the round¹¹ Transgender people frequently experience prejudice and lack of understanding when accessing services¹² Women are more likely to be restrained than men and girls are more likely to be restrained in a face-down position than boys¹³ 	<ul style="list-style-type: none"> Women, on average, have longer lengths of stay in mental health secure care and many struggle with aftercare arrangements not meeting their needs¹¹
Sexual orientation	<ul style="list-style-type: none"> Lesbian, gay and bisexual (LGB) people still experience discrimination in healthcare settings in the round, and many avoid seeking healthcare for fear of discrimination from staff^{14 13} 	<ul style="list-style-type: none"> In the 2018 Community Mental Health Survey LGB patients were less likely to rate their overall experience as 7 or above (48% vs 64% for heterosexuals)^{8 14} LGB patients are far less likely to feel they had been treated with dignity and respect by NHS mental 	<ul style="list-style-type: none"> LGB people experience poorer recovery outcomes in IAPT services than their heterosexual counterparts^{9 15} The rates of suicide are higher in the LGB population compared to their heterosexual counterparts^{7 16}

¹³ Stonewall. LGBT in Britain: Health report <https://www.stonewall.org.uk/lgbt-britain-health>

¹⁴ Community Mental Health Survey (2018) CMH (Experience of people receiving community mental health services)

¹⁵ Community Mental Health Survey (2018) CMH (Experience of people receiving community mental health services)

¹⁶ Public Health England. Fingertips profiling tool - common mental health disorders <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>

		health services (55% vs 73% for heterosexuals) ⁸	
Disability	<ul style="list-style-type: none"> • People with disabilities face unique barriers to accessing care with transportation and cost cited as significant barriers¹⁵ 	<ul style="list-style-type: none"> • A Mental Health Foundation survey found that those with a learning disability and their families were not as satisfied with the care provided by mental health services¹⁶ 	<ul style="list-style-type: none"> • People with disabilities experience poorer recovery outcomes in IAPT services than those without a disability¹⁰
Deprivation	<ul style="list-style-type: none"> • People in lower income households are more likely to have unmet mental health treatment requests compared with the highest⁷ 	<ul style="list-style-type: none"> • Evidence on differential patient and carer experiences of mental health in deprived localities is still emerging 	<ul style="list-style-type: none"> • IAPT recovery rates are generally poorer in the most deprived localities compared to the least deprived¹⁰
Other	<ul style="list-style-type: none"> • Many health inclusion groups face barriers to accessing healthcare services in the round, including those sleeping rough,¹⁷ sex workers¹⁸ and migrants¹⁹ • People with mental health problems and co-occurring substance misuse problems can face barriers to accessing mental health support²⁰ 	<ul style="list-style-type: none"> • Evidence on differential patient and carer experiences in mental health services is still emerging 	<ul style="list-style-type: none"> • People of the Muslim faith experience poorer recovery rates in IAPT services than any other faith group¹⁰

¹ NHS England. Better access to mental health care for older people <https://www.england.nhs.uk/blog/mh-better-access/>

² Race Equality Foundation. *The importance of promoting mental health in children and young people from black and minority ethnic communities* https://www.basw.co.uk/system/files/resources/basw_114111-5_0.pdf

³ NHS England and NHS Improvement. *Mental health in older people: a practice primer* <https://www.england.nhs.uk/wp-content/uploads/2017/09/practice-primer.pdf>

⁴ Public Health England. *The mental health of children and young people in England*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

⁵ Department of Health. *How to make IAPT more accessible for older people: A compendium* <https://www.uea.ac.uk/documents/246046/11919343/older-peoples-compendium.pdf/c4b23dad-a332-47d5-b7af-6be290222737>

⁶ UK government. *Modernising the Mental Health Act – final report from the independent review* <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

⁷ National Collaborating Centre for Mental Health (2019). *Advancing mental health equality* <https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality>

⁸ Community Mental Health Survey (2018). CMH (Experience of people receiving community mental health services)

⁹ Public Health England. Fingertips profiling tool - common mental health disorders <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>

¹⁰ NHS Digital. *Psychological therapies, annual report on the use of IAPT services 2019-20* <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20>

¹¹ Women's Mental Health Taskforce. *The Women's Mental Health Taskforce report* <https://www.gov.uk/government/publications/the-womens-mental-health-taskforce-report>

¹² Ellis, Sonja et al. *Trans people's experiences of mental health and gender identity services: a UK study*. Sheffield Hallam University http://shura.shu.ac.uk/8957/1/Ellis_Trans_people%27s_experiences_of_mental_health.pdf

¹³ Agenda. *Face-down restraint use widespread among women and girls* <https://weareagenda.org/face-down-restraint-use-widespread-against-women-and-girls/>

¹⁴ Stonewall. *LGBT in Britain: health report* <https://www.stonewall.org/lgbt-britain-health>

¹⁵ Sakellariou and Rotarou (2017). Access to healthcare for men and women with disabilities in the UK: secondary analysis of cross sectional data. *BMJ Open* <https://bmjopen.bmj.com/content/bmjopen/7/8/e016614.full.pdf>

¹⁶ Mental Health Foundation (2014) *Feeling down: improving the mental health of people with learning disabilities* <https://www.mentalhealth.org.uk/sites/default/files/feeling-down-report-2014.pdf>

¹⁷ Ministry of Housing, Communities and Local Government. *The rough sleeping strategy* <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

¹⁸ Mellor R and Lovell A (2012) The lived experience of UK street-based sex workers and the health consequences: an exploratory study. *Health Promotion International* 27(3): 311-322 <https://academic.oup.com/heapro/article/27/3/311/750002>

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¹⁹ Equality and Human Rights Commission. *England's most disadvantaged groups: migrants, refugees and asylum seekers* <https://www.equalityhumanrights.com/sites/default/files/is-england-fairer-2016-most-disadvantaged-groups-migrants-refugees-asylum-seekers.pdf>

²⁰ Centre for Mental Health. *Commission for Equality in Mental Health: briefing 2* <https://www.centreformentalhealth.org.uk/commission-equality-mental-health-briefing-2>

