‘Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health’
THE EQUALITY ACT 2010

The Government Equalities Office states that the Equality Act 2010 is intended to provide a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act 2010:

- bans discrimination against adults in the provision of services and exercise of public functions
- creates a public sector duty to have due regard to the need to eliminate discrimination and to advance equality of opportunity and foster good relations between people who share a protected characteristic and people who do not share it.

The duty applies to eight protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

By law, the public sector must ensure it provides an equitable level of service to all users, giving specific regard to the particular needs of these groups.

This factfile outlines some relevant facts and figures relating to inequality in mental health.
RACE

Severe mental illness

Rates of psychosis are up to nine times higher for people from African Caribbean communities living in the UK than for the White British population, six times higher for people from African communities and also higher, but to a smaller degree, for other Black and minority ethnic (BME) groups in England. Rates in the Caribbean and Africa are comparable to the overall rate in England.\(^1\)

Immigrants to the UK are typically at two to eight times greater risk of psychoses than native-born groups. This higher risk extends into the second generations.\(^2\)

Factors that explain raised rates in immigrants and their descendants include: stressful life events, discrimination, urban living and socio-economic deprivation.\(^2\)

Rates of psychiatric hospital admission are around three times higher than average for Black ethnic groups in England. These rates are disproportionate to the population of the country, but may not be disproportionate to the numbers of people experiencing severe mental illness.\(^3\)

Indian and Chinese groups have admission rates consistently below average.\(^3\)

Psychiatric inpatients from Black groups are more likely to enter the mental health system via the criminal justice system or social services, rather than primary care or specialist community teams. They are also more likely to be detained under the Mental Health Act.\(^3\)

There is no consistent evidence that people from BME communities are subject to greater use of seclusion or physical restraint, although people from the Other Black ethnic group are more likely to be subject to seclusion.\(^4\)

BME inpatients are no more likely than White patients to report feeling coerced during their treatment, but patients in the hospitals with higher number of patients from BME communities do generally report feeling more coerced.\(^4\)

Asian groups report less favourably than White groups in satisfaction scores.\(^5\)

BME groups are more likely than White patients to be prescribed more than one drug, but are not more likely to receive higher doses of drugs.\(^4\)

Early indications are that the proportions of patients from BME communities subject to supervised community treatment in the community match the proportions detained in hospital.\(^6\)

Common mental disorders

Rates of common mental disorders are comparable between White, Black and South Asian men.

Among women, rates of all common mental disorders (except phobias) are higher in the South Asian group.\(^7\)

Higher rates of suicide, self-harm and eating disorders are found among Asian adolescent girls.\(^8\)

Women refugees and asylum seekers have higher rates of post-traumatic stress disorder and other mental illness.\(^8\)
AGE

Incidence of mental health problems is higher in older people in the UK:

- 40% of older people who attend their GP
- 50% of older adult inpatients in general hospitals
- 60% of residents in care homes have some form of mental health problem.\(^9\)

For every 10,000 people aged 65 or over, there are:

- 2500 people with a diagnosable mental illness
- 1350 people with depression (1135 receiving no treatment)
- 500 people with dementia (333 not diagnosed)
- 650 people with other mental illness.\(^8\)

Over a quarter of admissions to mental health inpatient services are people over the age of 65.\(^9\)

Mental health problems in older people often accompany long-term illness – depression and dementia are common and have a worse outcome in the 60% of older people who suffer from a long-term illness.\(^9\)

Approximately 700,000 people in the UK have dementia, and this is predicted to rise to over one million people by 2025.\(^9\)

The financial cost of dementia to the UK each year is currently over £17 billion.\(^9\)

Over the next 15 years, more than one in 15 of the population will be an older person experiencing a mental health problem.\(^10\)

One in four older people living in the community have symptoms of depression that are severe enough to warrant help, but only half of these are diagnosed and treated.\(^10\)

There is evidence of ageism in relation to:

- exclusion of older people from mental health services that are available to younger adults
- very low levels of referrals from GPs to specialist units for older mental health sufferers, and
- a general lack of age appropriate service provision.\(^11\)

Older people do not have the same access as working age adults to assertive outreach, crisis home treatment and early intervention services, or to rehabilitation, psychotherapy and general hospital liaison services.\(^12\)
WOMEN

Recorded rates of anxiety and depression are between 1.5 and two times higher in women than in men.\(^5\)

Rates of self-harm (including cutting, burning and overdose) are two to three times higher in women than in men.\(^8\)

At least one new mother in ten will experience post-natal depression.\(^13\)

Two thirds of women in prison have mental health problems and over half have been diagnosed with a personality disorder.\(^14\)

Nine out of ten of the 1.15 million people in the UK who have an eating disorder are female.\(^15\)

Women also more vulnerable than men to risk factors linked with poor mental health:

- poverty – nearly twice as many women (30%) than men (16%) of working age are economically inactive, and nearly twice as many men than women are in full-time paid employment
- social isolation
- violence and abuse
- child sexual abuse – an estimated 7%–30% of girls and 3%–13% of boys have experienced sexual abuse in childhood
- domestic violence – between 18% and 30% of women experience domestic violence during their lifetime
- sexual violence and rape – around one in 10 women have experienced some form of sexual victimisation, including rape.\(^8\)

Older women in particular are more vulnerable to social isolation, poverty and other factors linked with mental ill health. Women’s greater life expectancy means they are:

- more likely to experience bereavement in old age
- more likely to experience institutional care, with its accompanying loss of independence and role
- more likely than men to suffer from physical ill health and long-term disability, resulting in restriction in mobility and inability to care for themselves.\(^8\)

Women offenders have much higher rates of mental distress than male offenders. They are:

- twice as likely as men to have received help for a mental health-related or emotional problem in the 12 months before entering prison (40% v 20%)
- more likely to have severe mental illness
- twice as likely as men to have symptoms associated with post-traumatic stress disorder
- more likely than men to have a history of self-harm, particularly if they have a mental disorder.\(^8\)
**MEN**

One in eight men (12.5%) has a common mental health problem.\(^{16}\)

Three quarters of suicides are male.\(^{16}\)

5.4% of men have a personality disorder diagnosis.\(^{16}\)

Men are three times more likely than women to be alcohol dependent.\(^{16}\)

Men are twice as likely as women to use class A drugs.\(^{16}\)

72% of male prisoners have two or more mental health problems.\(^{16}\)

More than twice as many male psychiatric inpatients are compulsorily detained.\(^{16}\)

Men are twice as likely as women to be victims of violent crime.\(^{16}\)

Poor educational attainment is linked with poor mental health in adulthood. In recent decades boys have tended to do less well at school than girls:

- There are now fewer young men than young women in further education
- Boys are also significantly more likely to be identified as having either a special educational need or a behavioural, emotional or social difficulty
- Boys are performing less well than girls at all levels of education. For example in 2008 only 60.9 per cent of boys achieved 5 or more grade A*-C GCSEs compared to 69.9 per cent of girls
- 80% of pupils permanently excluded from school and 75% of those on fixed term exclusions are male.

Men have measurably lower access to the social support of friends, relatives and community.\(^{16}\)

Men are less likely than women to seek help for emotional health problems, and more likely to express emotional distress in behavioural and conduct disorders.\(^{16}\)

Nine in ten rough sleepers are men.\(^{16}\) 76% of rough sleepers have mental health problems.\(^{17}\)
LESBIAN, GAY, BISEXUAL AND TRANSGENDER MENTAL HEALTH

Gay men and lesbians report more psychological distress than heterosexuals, despite similar levels of social support and physical health as heterosexual men and women. An anxiety, depression, self-harm and suicidal feelings are more common among lesbian, gay and bisexual people than among heterosexual people. Rates of drug and alcohol misuse are also higher among lesbian, gay and bisexual people. In all studies, bisexual men and women are usually found to have the highest levels of mental distress.

Lesbian, gay and bisexual people are at significantly higher risk than heterosexual people of suicidal feelings, self-harm, drug or alcohol misuse and having a mental health problem.

Lesbian and bisexual women are at particular risk of suicidal feelings and drug or alcohol dependence.

Gay and bisexual men are over four times more likely than heterosexual men to attempt suicide.

More than a quarter of gay men and almost a third of lesbians have self-harmed themselves deliberately, compared with one in seven heterosexual peoples. Of those who self-harm, 65% of gay men and 48% of lesbians attribute this wholly or partially to difficulties associated with their sexual orientation.

There is a strong association between homophobic bullying and mental ill health, including low self-esteem, fear, stress and self-harm.

Young people who identify themselves as lesbian, gay or bisexual face a higher risk of being bullied at school. Half of all lesbian, gay and bisexual adults who have been bullied at school have contemplated suicide or self-harm.

Transgender people

An estimated one in 10,000–12,000 biological men have gender identity disorder and one in 40,000–50,000 women. Transsexual women and men experience stigma and discrimination that may contribute to poorer mental health.
LEARNING DISABILITIES AND MENTAL HEALTH

An estimated 25-40% of people with learning disabilities also have mental health problems.23

Approximately a quarter of people with learning disabilities who live in the community, and four in ten of those in hospitals have some form of mental health problem.24

People with learning disabilities are more vulnerable to more of the risk factors associated with mental ill health, such as adverse life events and lack of social support, and are much less likely than the general population to be able easily to access psychiatric services.25

Mental health problems such as depression tend to be under-diagnosed in people with learning disabilities. Many symptoms of mental illness are wrongly regarded as challenging behaviour and so do not receive appropriate treatment.26

Every working day at least one person on average appears in court charged with a crime against a disabled person, nearly half of which involve violence. There is evidence that many more incidents of targeted violence or hostility go unreported or are not dealt with effectively.27

PHYSICAL HEALTH INEQUALITIES

Serious mental illness and physical health

People with schizophrenia and bipolar disorder die an average 25 years earlier than the general population, largely due to physical health problems.28

People with serious mental illness have much higher mortality rates from all causes, respiratory disease, cardiovascular disease and infectious disease.28

People with schizophrenia have higher rates of obesity (1.5–2 times), diabetes (2 times), dyslipidaemia (5 times), and smoking (2–3 times).30

Physical illness and mental health

Physical illness increases the risks of poor mental health:

- there is a higher risk of depressive disorder for a wide range of physical illnesses including hypertension, asthma, arthritis and rheumatism, back pain, diabetes, heart disease and chronic bronchitis31
- physical illness and two or more recent adverse life events increases risk of mental illness six-fold compared with those without physical illness32
- there is a 20% rate of new onset of depression or anxiety within one year of diagnosis of cancer or first hospitalisation with a heart attack33,34
Children and young people

Children and young people with conduct disorder are 17 times more likely to be excluded from school; six times more likely to smoke regularly; four times more likely to be two or more years behind in intellectual development, and four times more likely to report that they regularly drink alcohol.\textsuperscript{35,36}

Children and young people with emotional disorders are almost five times more likely to report self-harm or suicide attempts; four and half times more likely to rate themselves or be rated by their parents as having ‘fair/bad health’, and over four times more likely to have long periods of time off school.\textsuperscript{35,36}

Comorbidity of disorders is common – children and young people frequently have both emotional and conduct disorders and mental illness and physical health problems.\textsuperscript{35,36}
References

26. Equality and Human Rights Commission
The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

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