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Mental health inequalities

RCP Cymru Wales response

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The Royal College of Physicians (RCP) endorses the joint response of the Royal College Mental Health Expert Advisory Group, chaired by the Royal College of Psychiatrists in Wales to the Senedd [Health and Social Care Committee](#) inquiry into mental health inequalities.


Health inequalities cost the Welsh NHS £322 million every year. ([Public Health Wales](#))

Physical health problems significantly increase the risk of poor mental health, and vice versa. Around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety. Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. Medically unexplained physical symptoms often have a basis in poor mental health and are estimated to cost the NHS £3 billion each year. People with severe mental illnesses also have significantly higher rates of physical illness – with a dramatic effect on life-expectancy. ([Kings Fund](#))

The COVID-19 pandemic has highlighted the widening gap in inequalities and has sharply demonstrated the link between poverty and poor health outcomes. This is not new. It is [well known and acknowledged in Wales](#), especially in the [context of COVID-19](#). However, the NHS alone simply doesn't have the levers to make the changes needed, and meaningful progress will require coherent efforts across all sectors to close the gap.

The Welsh government should take cross-government action to tackle mental health inequalities by pulling together a delivery plan that outlines the action being taken across all government departments, how success will be measured and evaluated, and how individual organisations should collaborate across Wales to reduce health inequalities and tackle the cost-of-living crisis.

Over the coming months, the cost-of-living crisis is also set to worsen. This happens when the everyday costs of living rise too fast for wages to keep up, and often leads to a drop in living standards for many people. The rising cost of groceries and energy combined with staff



shortages in some sectors (hospitality, transport) and supply chain disruptions have driven up inflation. This is likely to exacerbate mental health inequalities in the coming years.

What might a cross-government strategy look like?

- An agreed definition of health equality: what does success look like?
- Clear, measurable targets and outcomes with a defined timescale
- Regular milestones along the way
- Brings together existing work on inequalities from across government departments
- A [named lead for health inequalities](#) for every public sector organisation
- Guidance on how individual organisations should collaborate regionally, working within established structures
- Underpinned by the necessary funding
- Annual reporting on progress, drawing on action taken by all departments and partners
- Shared performance measures across government departments
- Transparent data collection that allows for meaningful and independent scrutiny
- Owned by the whole cabinet, and led by the first minister
- Developed in genuine partnership with people and organisations in Wales.

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


The [Future Generations Commissioner and Public Health Wales](#) have found that those who were already living in poor health, poverty or in marginalised communities in Wales have been the hardest hit by the pandemic.

Deprived areas have on average nine times less access to [green space](#), higher concentrations of [fast food outlets](#) and more limited availability of affordable healthy food. (Kings Fund)

Health inequalities have been defined as [avoidable, unfair and systematic differences](#) in health between different groups of people. Wider social determinants of health include:

- income and financial security (health and wealth)
- education and skills
- access to healthy food and drink
- discrimination, especially on the grounds of a [protected characteristic](#)
- access to the arts and cultural activities
- the availability of good, fulfilling and fair work
- the quality and security of housing and the open space around us (space and place).

The [Health Foundation recently argued](#) that governments in the UK must address the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities. The pandemic has had an impact across unmet health needs and mental health problems to education gaps, lost employment and financial insecurity. Some



groups – young people, disabled people, ethnic minority communities and care home residents – have been more affected than others. The legacy of the financial crisis has had a direct bearing on our experience of the pandemic. Deep-rooted issues – poor health, increased financial insecurity and strained public services – have left the UK more vulnerable to COVID-19's health and economic impacts. The Health Foundation argues that ensuring the recovery improves health – as well as the economy – requires cross-government action to level up health.

[Income determines people's ability to buy health-improving goods](#), from food to gym memberships. Managing on a low income is a source of stress, and emerging neurological evidence suggests that [being on a low income affects the way people make choices concerning health-affecting behaviours](#). Children from households in the bottom fifth of income distribution are over [four times more likely](#) to experience severe mental health problems than those in the highest fifth.

[Access to good-quality green space](#) is linked to improvements in physical and mental health, and lower levels of obesity. Levels of access are [likely to be worse for people in deprived areas](#), and for areas with higher proportions of minority ethnic groups.


[Unemployment is associated with lower life expectancy and poorer physical and mental health](#), both for individuals who are unemployed and for their households. The quality of work, including exposure to hazards, job security and whether it promotes a sense of belonging, affects the impact it has on both physical and mental health.

The contribution of factors related to socioeconomic deprivation – such as social stress and poverty – is [well documented as both the cause and consequence of serious mental illness](#) (SMI). People with SMI are at a [greater risk of poor physical health](#), have a higher premature mortality and die up to 20 years earlier than the general population. It is estimated that for people with SMI, [two in three deaths are from physical illnesses that can be prevented](#). Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes and hypertension. [Suicide rates are two to three times higher in the most deprived neighbourhoods compared to the most affluent](#).

Joint [research between the Royal College of Psychiatrists Wales and Citizens Advice Cymru](#) found that 90% of psychiatrists in Wales say their patients regularly raise practical problems such as debt and housing as issues affecting their mental health.

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

<p>The Welsh government should develop a cross-government delivery plan to tackle health inequalities, including the '<u>triple barrier</u>' of mental health inequality.</p>
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[Evidence shows](#) that a comprehensive approach to tackling [health inequalities] can make a difference. Concerted, systematic action is needed across multiple fronts to address the causes of health inequalities. [\(Kings Fund\)](#)

Usually when a government talks about what it has achieved, it talks about the investment it has made into a particular programme or area of work. More rarely does it demonstrate through the evaluation of outcome measures that things have improved.

Delivery bodies in Wales can still find it difficult to work together on the things that determine our chances of living well – and part of this is driven by competing performance measures and targets. A genuinely cross-government approach should ensure that outcomes measures apply across all sectors. Any framework should not be used as a tool to measure health board performance alone, but to drive a focus on reducing inequalities across all public bodies.

In the immediate short-term, the Welsh government should work with public bodies, independent delivery partners and the voluntary sector to review and map out existing outcomes frameworks / targets / indicators into one piece of work. This would show where existing measures contribute to shared action on health inequalities and could be the precursor to an effective cross-government strategy. There is a lot of work being done already: for example, the [Public Health Wales Observatory has published a Public Health Outcomes Framework](#) and the [Welsh Health Equity Solutions Platform](#) is being developed as a way of accessing data and evidence on reducing health inequalities.

About the RCP

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. Our 40,000 members worldwide (including 1,450 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching. Our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with NHS bodies, we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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