

# Mental health, resilience and inequalities

A commentary by the Mental Health Foundation

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**This document is a short summary of the findings published in the Mental health, resilience and inequalities report which is available in full from the Mental Health Foundation website at [www.mentalhealth.org.uk/publications](http://www.mentalhealth.org.uk/publications). The report looks at the impact of mental health on a wide range of health, social and economic factors.**

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We all have mental health. Even if we do not consciously think about it all the time, our state of mental health underpins everything we do on a daily basis. It affects how we think, how we feel and how we behave. However we are not generally aware of our mental health in the same way as our physical health. It is less talked about both in daily conversation and in public health debates. It has historically been considered something of a 'niche market', on the periphery of health care. It has generally been accorded a lower priority than physical health problems in terms of, for example, health service development (even if it does currently take up the single largest slice of the NHS cake in terms of expenditure, greater than either cancer or heart disease), health and safety at work, and within the current media debate around whether we are creating a generation of unhealthy children.

This needs to change. We are surrounded by stories about the ever-increasing stresses and strains of modern life, and their impact on our emotional well-being. Are we all, as individuals, becoming more selfish, and putting our pursuit of material wealth and pleasure above that of our neighbours and even our families? What impact is the breakdown in the traditional family unit having on both individuals and society? Are we creating a generation of unloved and uncared-for children at risk of significant ill-health as a result of poor diet and lack of exercise? Do we place them under too much stress at school? Do we allow working people to achieve a satisfying work / life balance? How will an increasingly ageing older population cope on limited incomes? In a time of economic downturn, is anyone's job secure?

At the same time as recognising how these issues can create a climate of fear and anxiety that is harmful to our mental health, we also need to remember that many people do actually thrive in our communities, resilient to everything that life throws at

them. What is it that fortifies them against adverse life events, and how can we learn from that?

### **Why Mental health, resilience and inequalities is important**

The report looks at how mental health impacts on a wide range of health, social and economic outcomes. Drawing together the international research, it shows beyond doubt that we need to treat our mental health as seriously as our physical health. If we do not create and implement policies that promote mental health and build resilience in individuals and communities, then we will never achieve the flourishing society that we should be aiming for in the twenty-first century.

To quote the World Health Organization, "there is no health without mental health". The time has come for a radical change in our thinking about our mental health, and to develop a deeper understanding of why we need to put mental health at the very core of political thinking and policy-making in the UK.

### **The key findings**

The report lays out the evidence to show that poor mental health is both a cause and a consequence of social, economic and environmental inequalities. Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with unemployment, less education and low income or material standard of living, in addition to poor physical health.

- Mental health plays a significant role in determining life outcomes for individuals and for communities that cannot be wholly accounted for by material and other factors

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- Deprivation causes mental and physical health problems. The chronic low level stress of coping with daily deprivation and disadvantage 'gets under the skin', affecting the way the body reacts and therefore impacting on people's physical health through cholesterol levels, blood pressure and heart disease
- Inequalities in the distribution of economic and social resources explain health and other outcomes in the vast majority of studies. There is overwhelming evidence that inequality is a key cause of stress and also exacerbates the stress of coping with material deprivation
- The adverse impact of stress is greater in societies where greater inequalities exist, and where some people feel worse off than others. For example people at the same level of income will have lower mortality if they are in a more, rather than less, equal position to rest of their community
- A preliminary analysis suggests that higher national levels of income inequality are linked to a higher prevalence of mental illness and, in contrast with studies of physical morbidity and mortality, as countries get richer rates of mental illness increase
- For this reason, levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to inequalities involving relative deprivation across society. Mental health problems result from the society people live in; they therefore require social, as well as individual, solutions
- Good built environments and healthy local economies contribute to resilient, mentally healthy communities
- There are clear pathways through which inequalities from birth, early childhood and through adolescence contribute to poor health in adulthood
- Emotional well-being is central to children's life chances. A child's self esteem, self efficacy, readiness to learn and a positive social identity are protective assets, influencing a very wide range of health and social outcomes. It is crucial that children enjoy good mental health as this forms the basis of an emotionally and physically healthy adult life
- Good, positive, mental health and emotional well-being (which is not just an absence of mental illness) has a protective and beneficial role and leads to: healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher educational attainment; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life
- Positive mental health confers considerable protection and advantage, but it does so predominantly in relation to those with equal levels of resources. For example, among poor children, those with higher levels of emotional well-being have better educational outcomes. However, richer children generally do better still, regardless of emotional or cognitive capability
- All policy-makers, from those in Government through to those in local communities, need to consider and take into account the mental health implications of all policies. There is an urgent need to create policies that underline precisely those characteristics that individuals and communities need to survive adversity: respect, dignity, self esteem, positive identity and social connectedness.

## What needs to happen now

Five years ago, in his introduction to the Office of the Deputy Prime Minister's report on Mental Health and Social Exclusion (2004), the then Prime Minister, Tony Blair, pointed out that social exclusion:

*"...has a huge impact on the individuals concerned and on our wider society. It frequently leads to a downward spiral of unemployment, poverty, family breakdown and deteriorating health. The costs to individuals, their families and the country are huge, not just now but also in the future. Disadvantage, too, often passes from one generation to the next. Nowhere is this more likely than in our most deprived neighbourhoods where mental health conditions are more common and their potential impact greatest.... None of this is something any Government committed to building a fairer and more inclusive society can ignore.... That is why the Government asked the Social Exclusion Unit to examine how we could better attack the cycle of deprivation linked to mental health."*

Despite a number of welcome initiatives, few would argue that in the last five years we have moved significantly nearer to breaking the cycle of deprivation referred to, or creating the fairer and more inclusive society we want. Indeed, it would seem that inequalities are widening rather than narrowing – and therefore the problem is becoming worse rather than better.

The report sets out a number of "priorities for action", which we endorse. They tackle inequalities, they build resilience and they should lead to better mental health in individuals and communities and consequently better health, social and economic outcomes.

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## Priorities for action

### 1. Social, cultural and economic conditions that support family life by:

- systematically working to reduce child poverty
- supporting parents and the development of children in early years through parenting skills training and high quality pre-school education
- strengthening inter-agency partnerships to reduce violence and sexual abuse
- increasing access to safe places for children to play, especially outdoors
- making the business case for good work/life balance and provide adequate maternity and paternity leave.

### 2. Education that equips children to flourish both economically and emotionally by:

- increasing uptake of the health promoting schools approach, involving teachers, pupils, parents and the wider community
- supporting parents to improve the home learning environment (HLE)
- valuing social, sports and creative achievements, as well as academic performance.

### 3. Employment opportunities, pay and conditions that promote and protect mental health by:

- supporting efforts to improve pay, working conditions and job security, notably for the most vulnerable workers
- making the business case for improving job control, social support and effort/reward imbalance
- providing early referral to workplace based support for employees experiencing psychiatric symptoms or personal crises to avert employment breakdown.

### 4. Partnerships between health and other sectors to address social and economic problems that are a catalyst for psychological distress. These will:

- improve access to non medical sources of support through social prescribing/community referral or co production models e.g. timebanking to address basic skills, housing/transport problems, debt, isolation, limitations in daily living, opportunities for arts, leisure and physical activity etc.

### 5. Reducing policy and environmental barriers to social contact by:

- developing policy responses to personal misfortune e.g. poverty, unemployment and other adversity should not stigmatise or blame the victims

- developing community transport schemes
- promoting volunteering and developing 'social outcome' indicators
- working with planners to introduce/re-introduce 'stop and chat' public spaces
- ensuring that public spaces such as shopping malls do not exclude specific groups, for example teenagers.

Alongside these specific interventions, it is crucial that policy makers across all sectors think in terms of the mental health impact of all their policies.

## The policy lessons

As the report puts it,

*"It is also becoming increasingly clear, notably in campaigns on the environment and sustainable development, that communities across Europe place a high value on wellbeing. The limitations of consumerism are being more widely reflected upon, especially in relation to children and family life and the basis of civic society. We will have to face up to the fact that individual and collective mental health and well-being will depend on reducing the gap between rich and poor."*

There are multiple and complex connections between health, social and economic inequalities and outcomes for individuals and communities. However this must not put policy-makers off considering these connections in every piece of work they do, and the underlying emphasis in all policies needs to be on reducing inequalities across society.

Only through implementing policies that help to reduce inequalities within our society and build the resilience of individuals and communities will we engender the social, economic and health benefits that are the hallmarks of a healthy society.

The report comes at the right time. There is already an increased understanding of the need for Government and local policies to be more "joined up" in addressing people's needs, and of the potentially huge cost involved in failing to address mental health issues (*Paying The Price: the cost of mental health care in England to 2026, King's Fund, 2008*). Recently we have seen the publication of the final report of the Foresight Mental Capital and Wellbeing Project (*Mental capital and wellbeing: making the most of ourselves in the 21st century, Government Office for Science, 2008*), which concluded that:

*"If we are to prosper and thrive in our changing society and in an increasingly interconnected and competitive world, both our mental and material resources will be vital."*

# Mental health, resilience and inequalities

Sir Michael Marmot is currently conducting a major review of health inequalities, and we are promised that the mental health and emotional wellbeing of the whole population will form a major part of the government's public health agenda.

In addition, with a general election looming in 2009 or 2010, there is the opportunity for all political parties to acknowledge the importance of policies that tackle inequalities and mental health issues in their election manifestos.

## Conclusion

One in four of us will at some time experience significant mental illness in our lives. At any one time, one in six people of working age have a mental health problem, most often anxiety or depression, and some 10% of children have a mental health problem. About a third of all GP consultations involve a major element of mental health. The stigma and

discrimination that is associated with mental illness means mental health issues are not openly discussed and are often subject to poorly informed debate.

The burden of all this on individuals and communities is huge. But we now know what needs to be done. However this requires a radical change in how we think about mental health and a renewed impetus on tackling health, social and economic inequalities. We must treat mental health as every bit as important as physical health, and learn from not only the causes of poor mental health in individuals and communities, but also what helps build resilience and good, positive mental health.

Only if we do this, and move mental health from the periphery of political thinking and policy-making to the very core, will we create a truly healthy society.

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**To download a copy of the full report please visit: [www.mentalhealth.org.uk/publications](http://www.mentalhealth.org.uk/publications)**

**Mental health, resilience and inequalities was written for the WHO Regional Office for Europe by Dr Lynne Friedli in conjunction with the Mental Health Foundation. The report is supported by the National Institute for Mental Health in England (NIMHE), the Child Poverty Action Group and the Faculty of Public Health.**

