

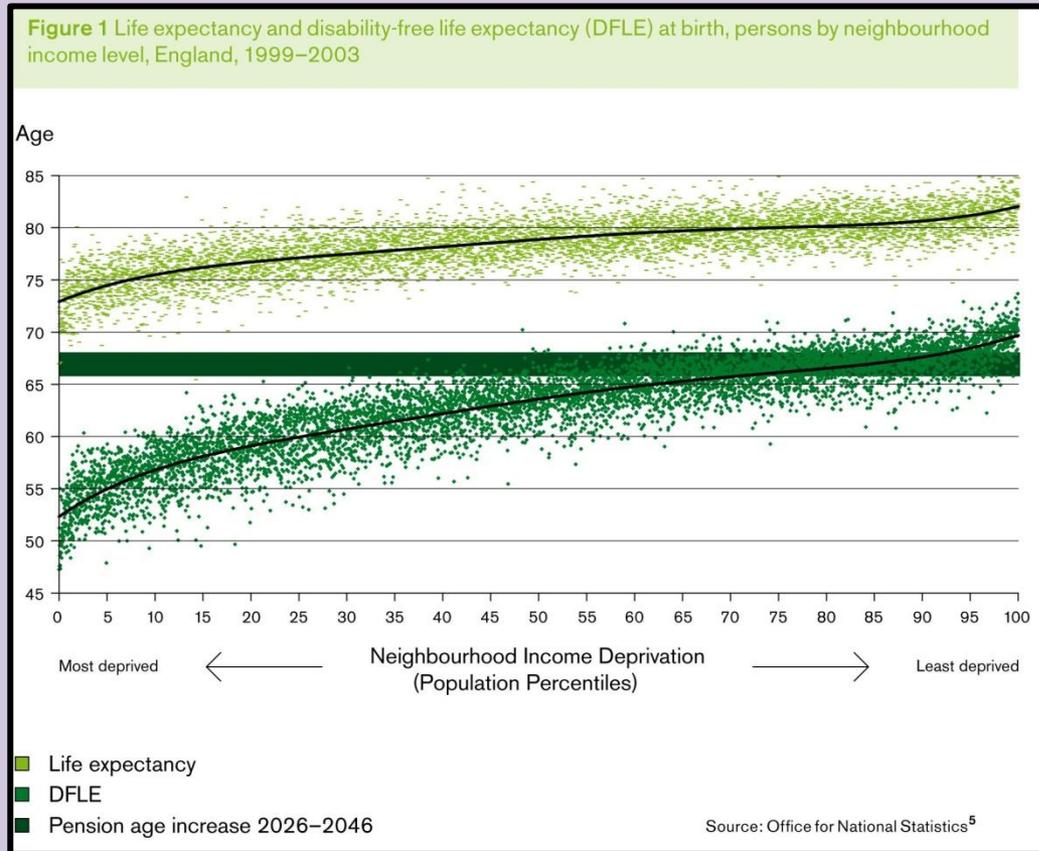
"Unequal Society: Ethnicity and Mental Health"

13th June 2011.

Contents of presentation

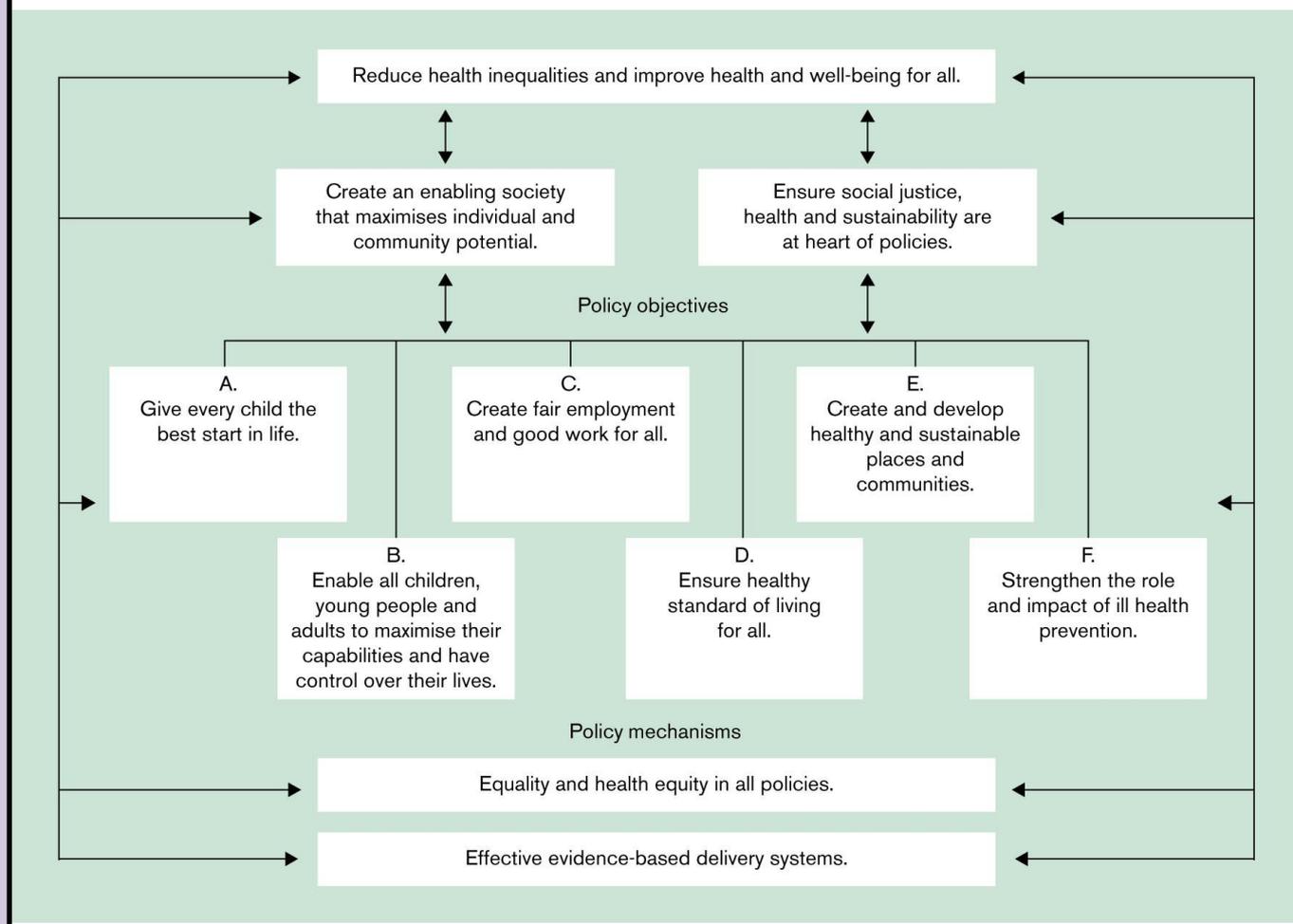
- The Marmot Review
- Mental Health and Ethnic Minorities
- Some possible determinants of mental illness amongst ethnic minorities:
 - Unemployment
 - Housing
 - Income and Benefits
 - Education
- Solutions?

The Marmot Review



Nearly a quarter of all the years of life lost due to ill-health, disability or early death are the result of mental disorder. (WHO)

Figure 4 The Conceptual framework



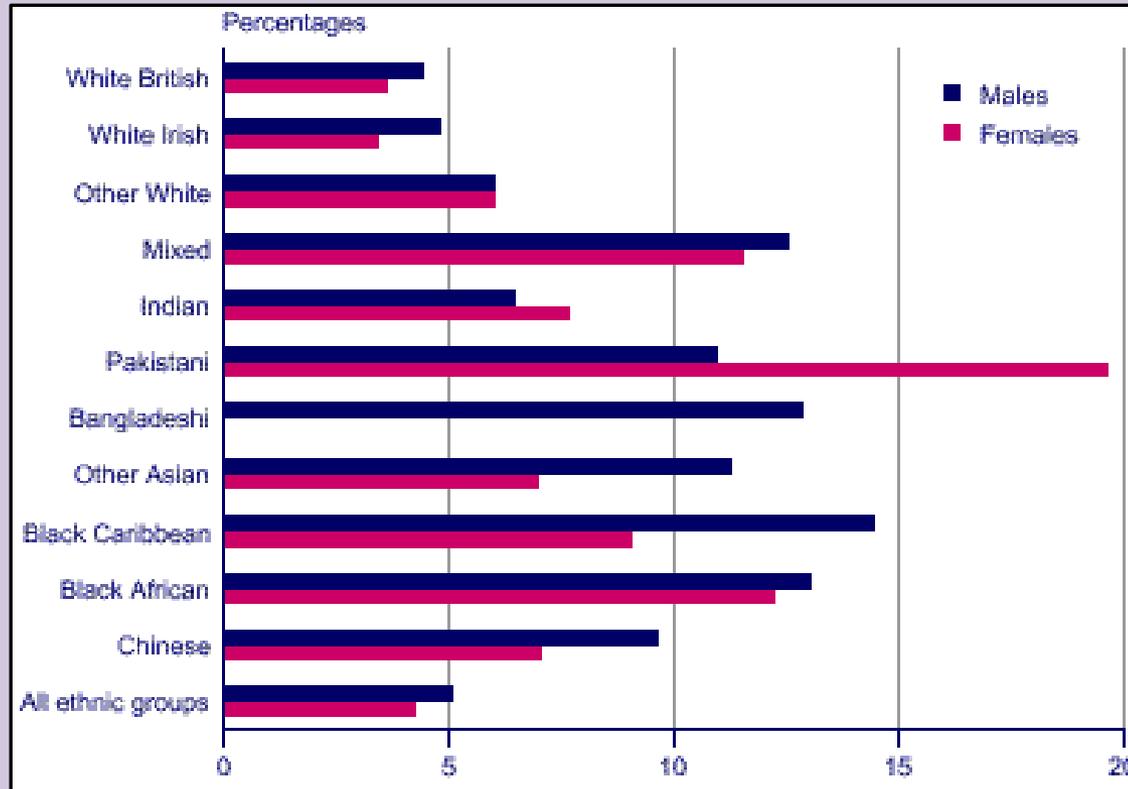
Mental Health and Ethnicity

- Black and minority ethnic groups have a three-fold risk of psychosis, black African-Caribbean population has a seven fold increased risk, and a two to three fold increased suicide risk. (CSJ)
- Rates of mental illness in ethnic minorities are often measured in terms of treatment rates. It is possible that reported inequalities reflect differences in how ethnic minorities are treated e.g. In one study admission rates for psychosis were 18 times higher amongst young, British born, black Caribbean men than the white population.

- There is clear evidence that morbidity and mortality within all ethnic groups – regardless of the condition – are strongly patterned by socioeconomic position. Suggests we must look at inequalities and social determinants rather than biological factors.
- “levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing” (Friedli WHO)
- Possible social determinants of mental health within ethnic minority groups:
 - Unemployment
 - Housing
 - Income and Benefits

Unemployment and Ethnicity

Rates of unemployment are highest amongst those from certain ethnic minority groups



Unemployment: by ethnic group and sex, 2004, GB

Source: ONS 'focus on ethnicity and identity'

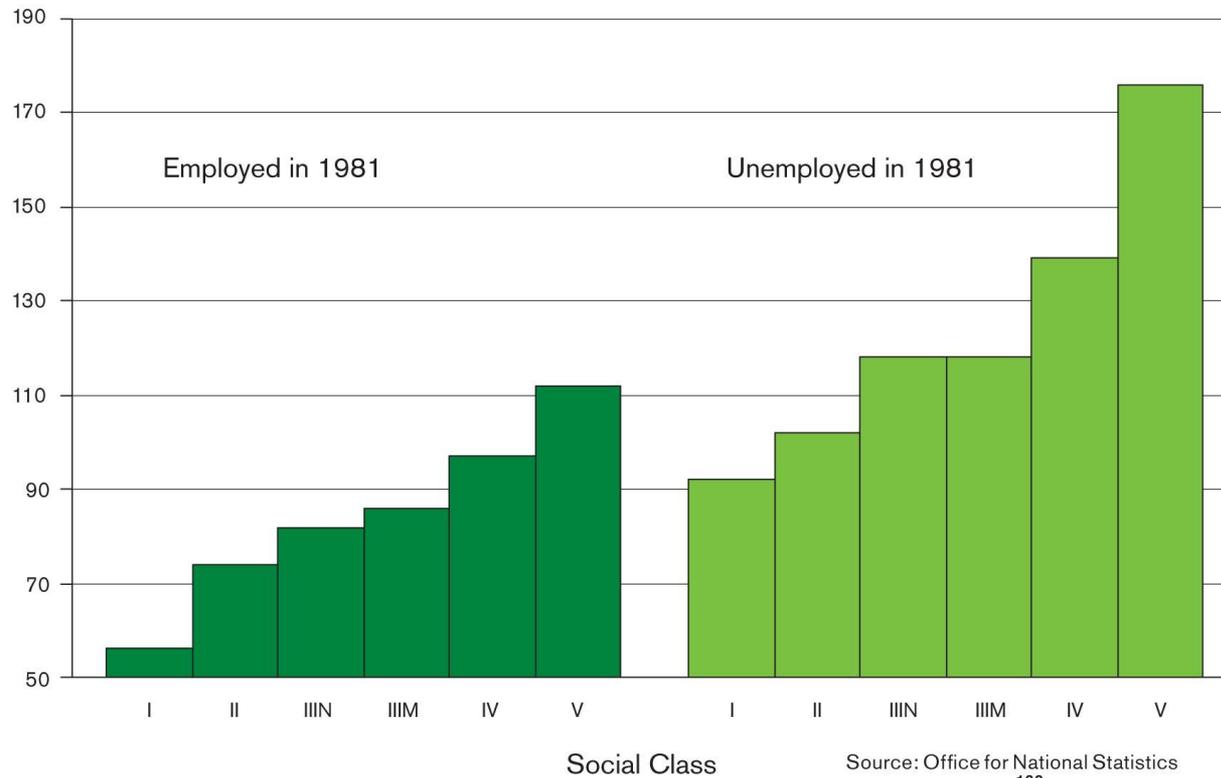
Unemployment and Mental Health

- Unemployed people have increased rates of limiting long term illness, and mental illness. Associated with increase in suicide.
- Triggers distress, anxiety and depression.
- The OPCS Psychiatric Morbidity found that those who were unemployed were the most likely to experience high levels of all mental health problems.
- Parental unemployment has a two to three fold increased rate of onsite of emotional/conduct disorder in childhood. (CSJ)

The Impact of Unemployment on Mortality

Figure 2.29 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census

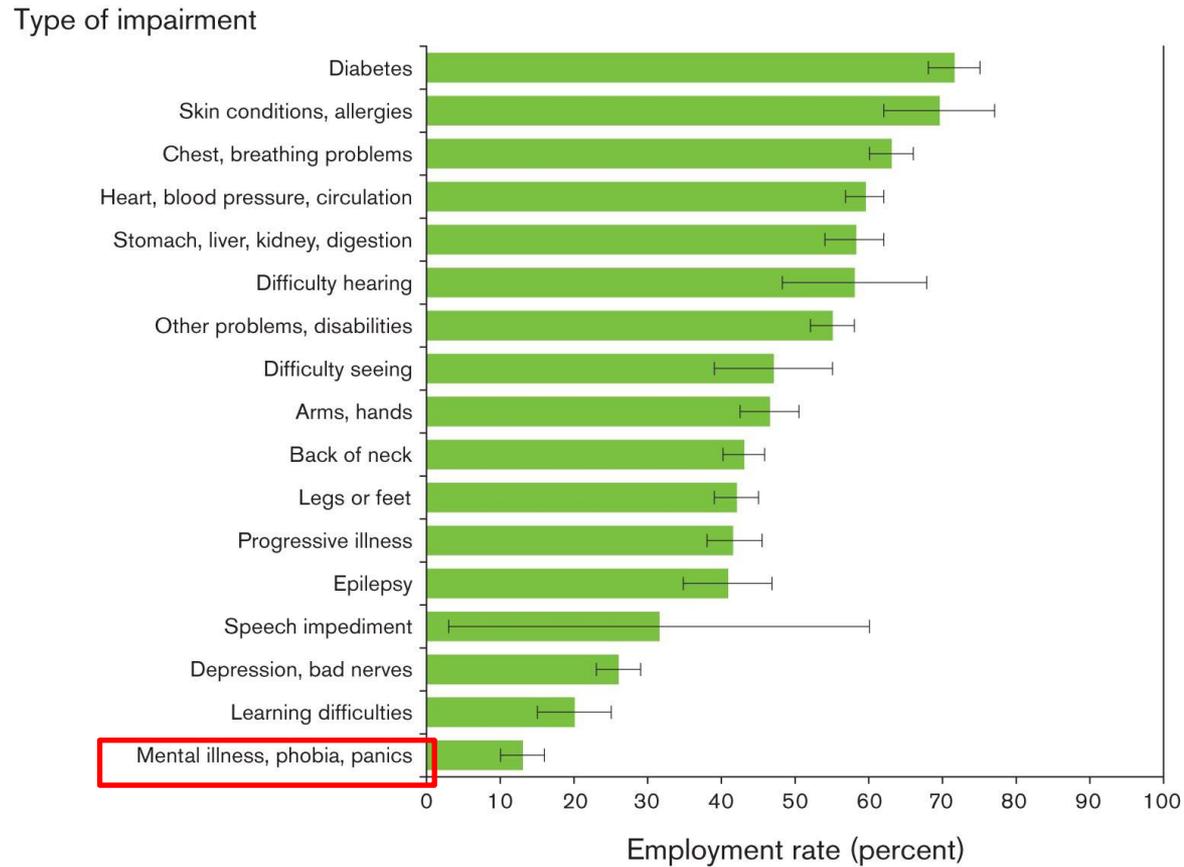
Standardised
Mortality Rate



Source: Office for National Statistics
Longitudinal Study¹²⁹

those with mental illness are less likely to be employed...

Figure 2.30 Employment rates among working age adults by type of disability, 2008

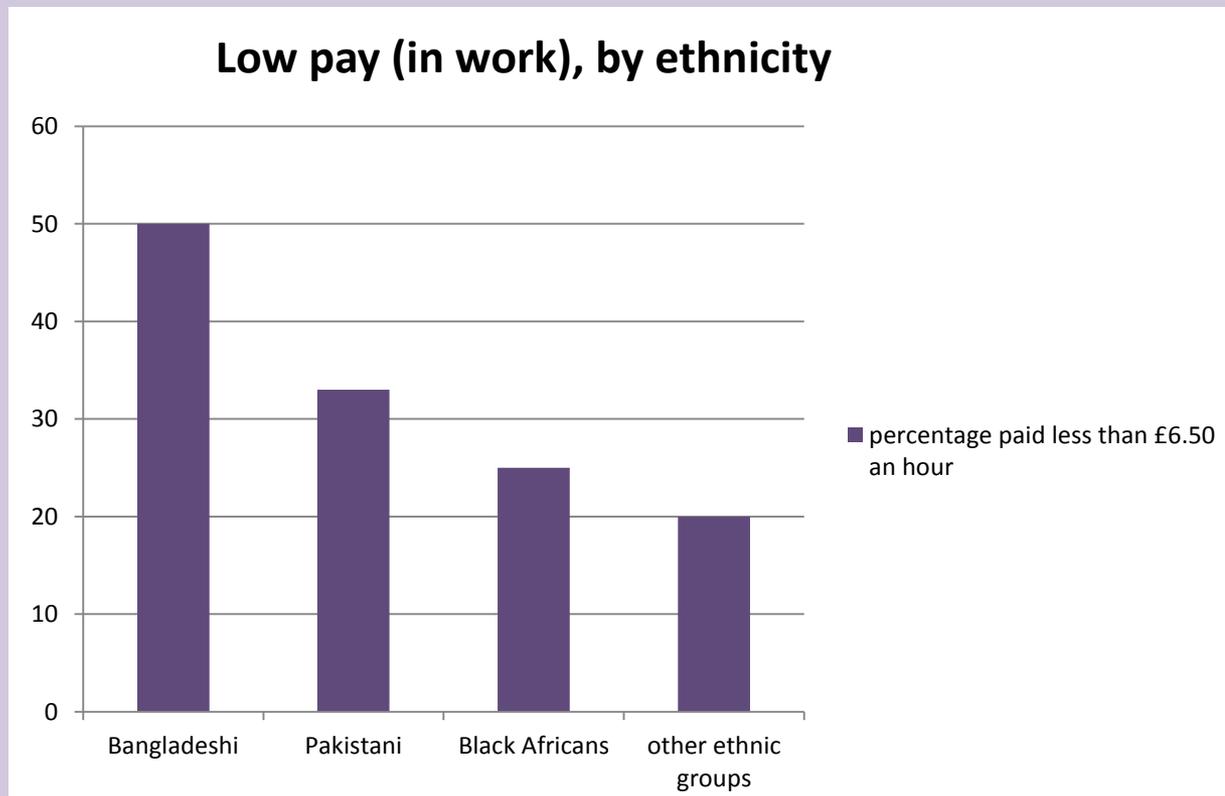


Note: For each disability, the percentage employed are indicated by the solid horizontal bar. Horizontal lines (—) indicate the width of the 95 per cent confidence interval.

Source: Office of Disability Issues, based on Labour Force Survey¹³²

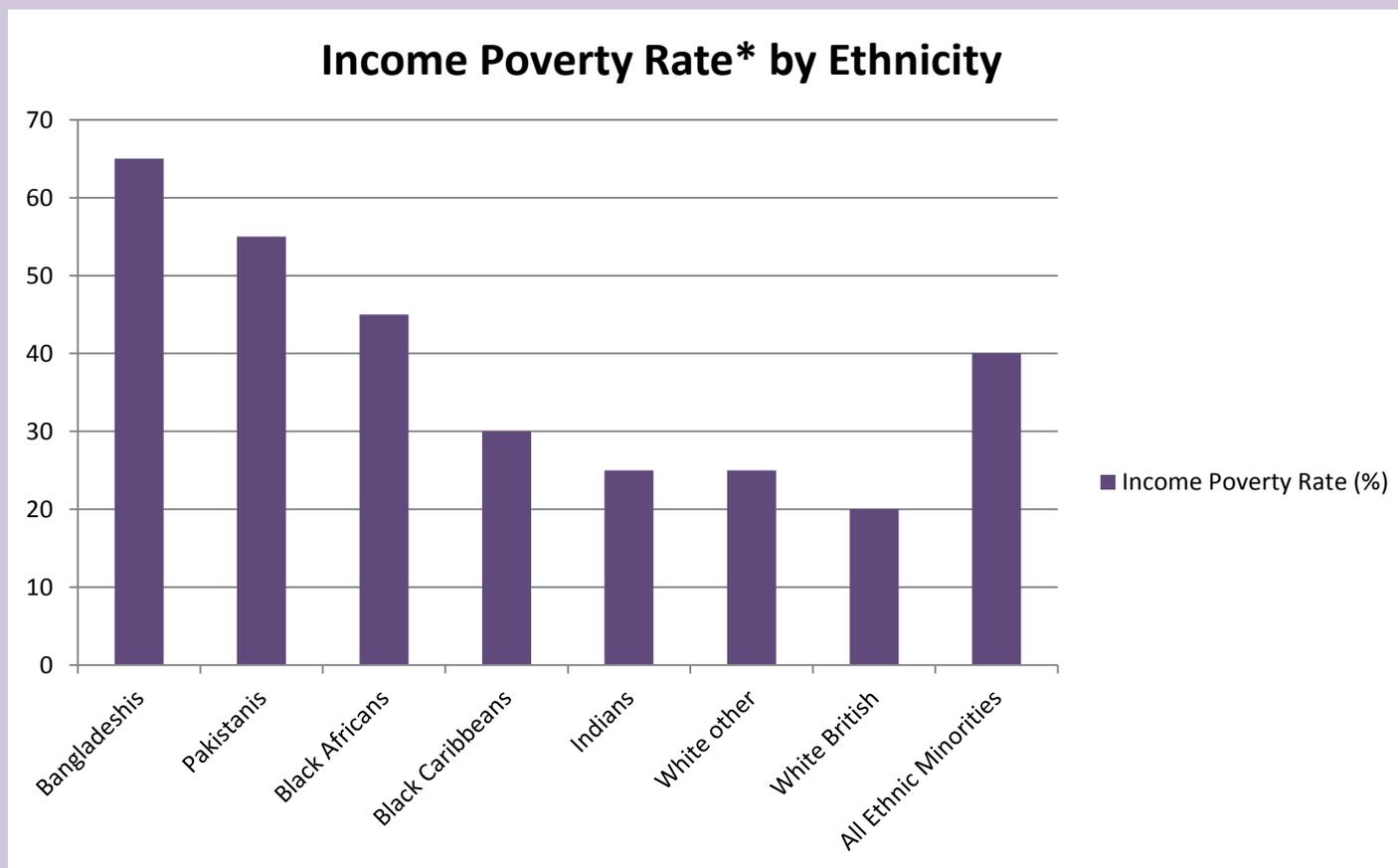
Low pay

- There are much higher rates of in-work poverty among Bangladeshi, Pakistani and black African groups.



Figures are approximate. Data from Joseph Rowntree Foundation - 2007

Income, benefits and ethnicity

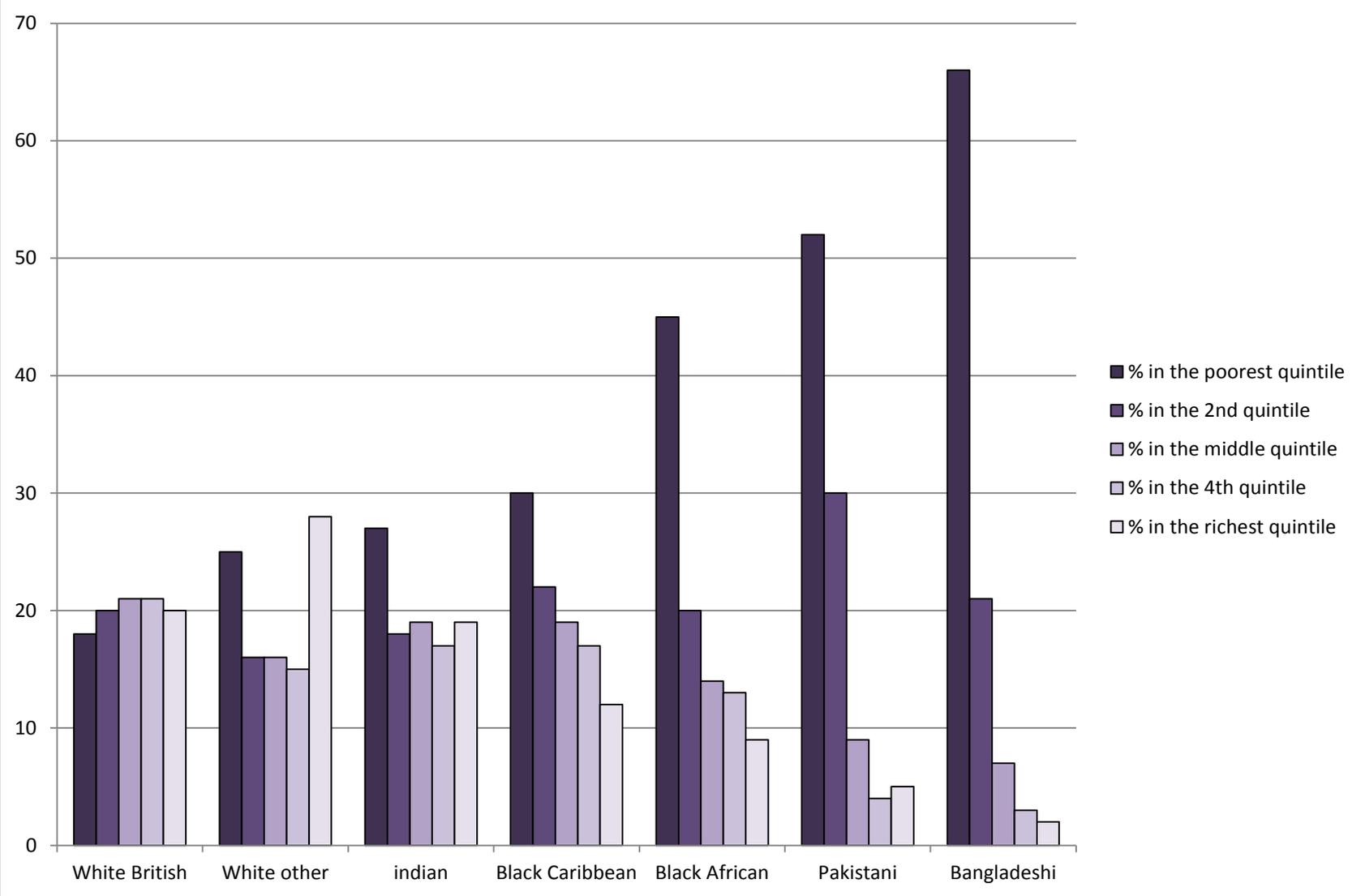


The rate is higher for children - Almost half of all children from ethnic minorities are in poverty.

*Where Household income is less than 60% of GB median

Data taken from the Joseph Rowntree Foundation, 2007

The Gradients in Income Distribution



Data taken from the Joseph Rowntree Foundation 2007

Benefits

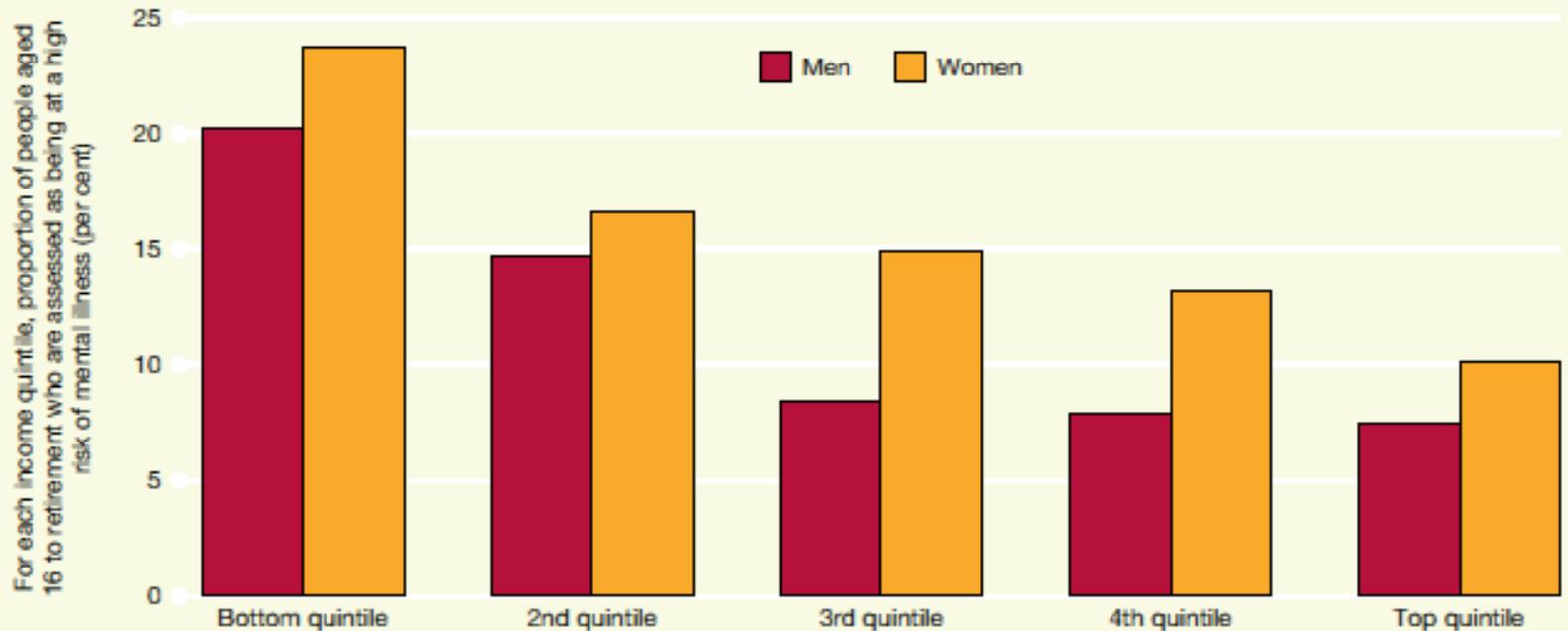
- Bangladeshis have particularly low levels of benefit receipt alongside the highest levels of poverty.
- also low take up among gypsies and Irish travellers.
- Many minority ethnic groups tend only to be eligible for means tested benefits because their shorter working histories in this country mean they have made fewer national insurance contributions.
- Two-fifths of Pakistani and Bangladeshi working couples with children are on means' tested benefits, compared with just 8 per cent of white families.

Income, benefits, and health

- Graded relationship between health and income – not just the bottom of the gradient
- Children and adults from the lowest 20% of household incomes are three times more likely to have common mental health problems than those in the richest 20%, (CSJ) and nine times as likely to have psychotic disorders. (MR)
- Evidence that income has a direct impact on parenting and on children's health and well-being. Gregg et al : "income is strongly associated with types of maternal psychological functioning that promote self esteem, positive behaviour and better physical health in children"

Mental Health and Poverty

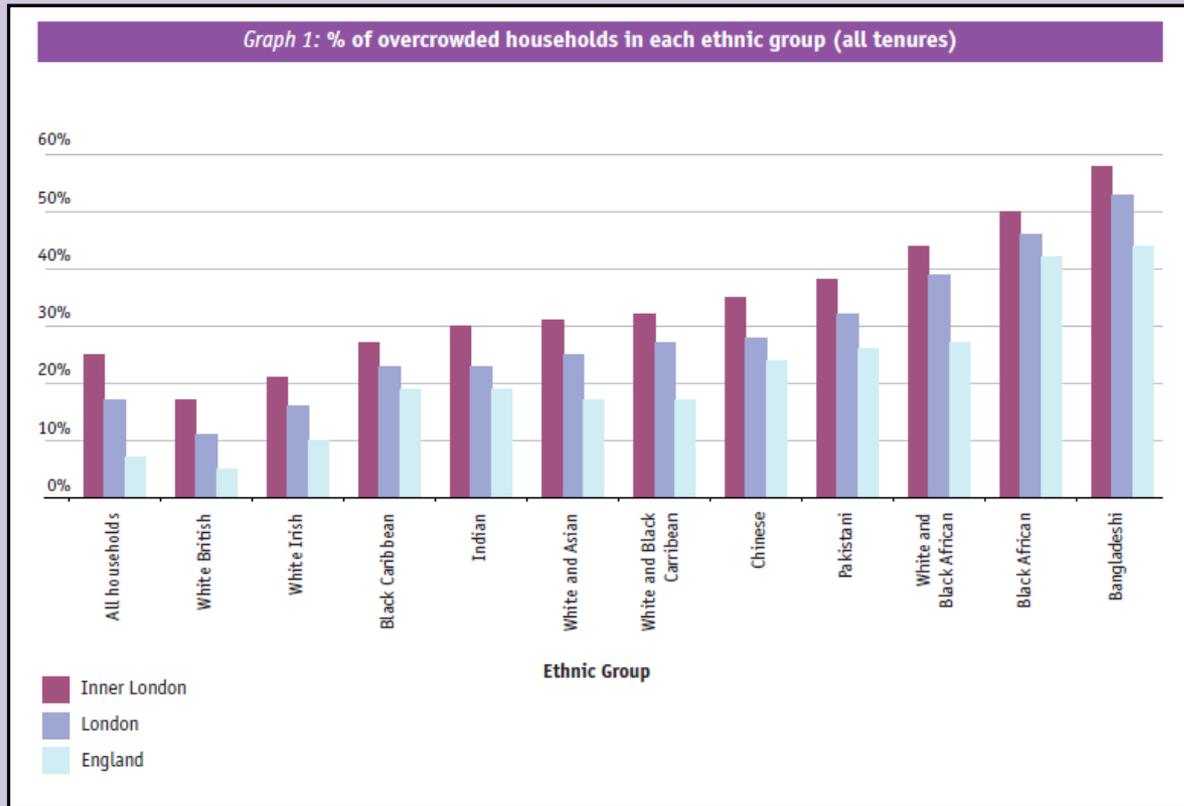
35B: Adults in the poorest fifth are much more likely to be at risk of developing a mental illness than those on average incomes.



Source: DH Health Survey for England (from www.poverty.org.uk); the data is the average for 2006 and 2008 for England

Source – JRF ‘monitoring poverty and social exclusion’ – 13th annual report – 2010.

Housing and ethnicity

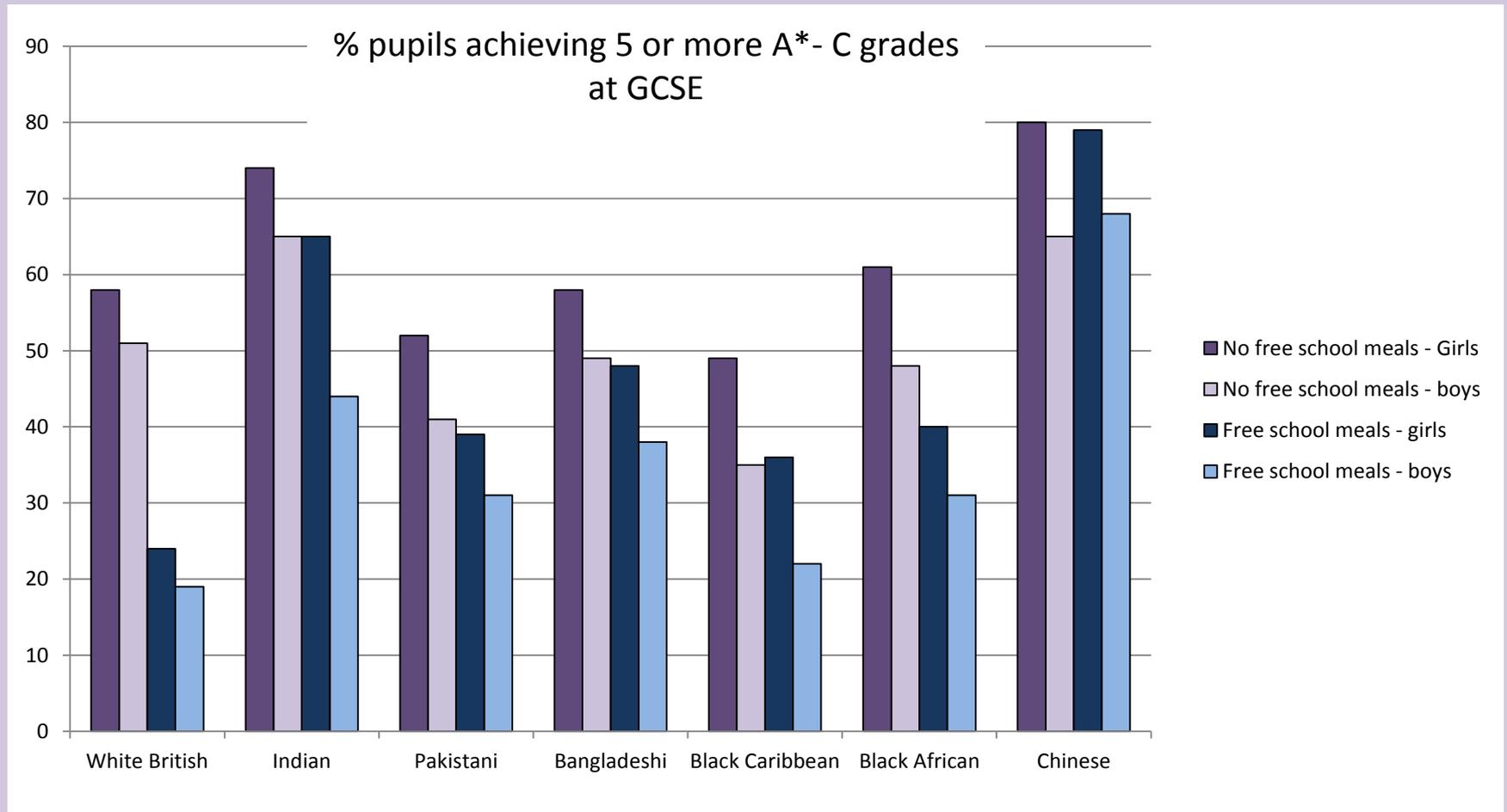


Overcrowding is most severe amongst London's Bangladeshi and African households. 53% of Bangladeshi households, 46% of black African households and 39% of mixed white and black African households in London are living in overcrowded housing of all tenures.

Housing and health

- Overcrowding is detrimental to health, in particular to mental health. In a study of overcrowded houses by Shelter, 86% of those surveyed said that the cramped conditions in their home resulted in stress, anxiety and depression. Three quarters strongly agreed that their children's health was being negatively affected.
- Research shows that educational attainment is lower for children brought up in housing that is overcrowded or in poor condition. (ealing)

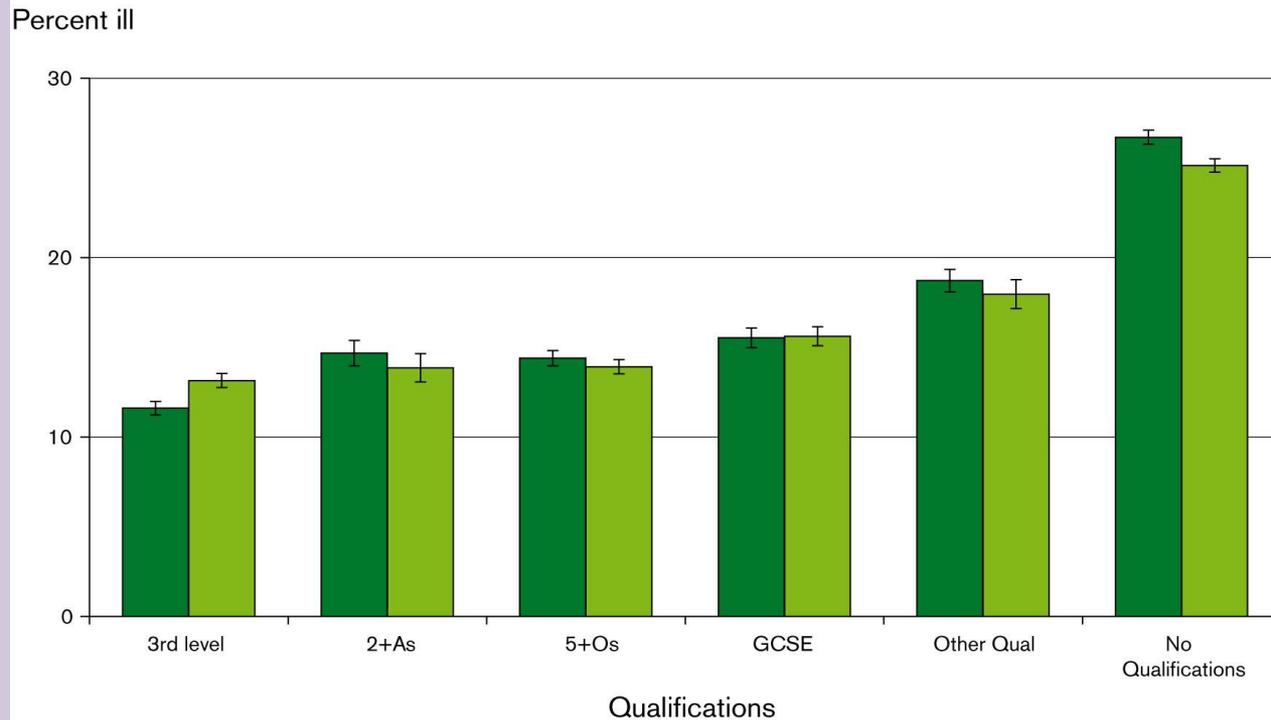
Education and Ethnicity



Graph adapted from the Marmot Review, original data from DCSF

Education and Health

Figure 7 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001



■ Males
■ Females

Note: Vertical bars (I) represent confidence intervals
Source: Office for National Statistics Longitudinal Study¹⁸

Education and Mental Health

- Study found that the onset of suicidal thoughts was associated with lower educational attainment (amongst other things).
- It also found that, for women, higher educational attainment was associated with a greater likelihood of recovery from common mental disorders.
- People with qualifications at 'A' level or below had about twice the likelihood of onset compared to those with higher qualifications.

All taken from 'Better or Worse: a longitudinal study of the mental health of adults living in private households in Great Britain' National Statistics, 2003.

Cause and consequence.

- “poor mental health is both a cause and a consequence of the experience of social, economic and environmental inequalities.”
- 3 key issues in understanding the mental health impact of inequalities:
 - **Social divisions** – mental health problems reflect and contribute to deprivation
 - **Social drift** – the impact of adversity, and the cycle of invisible barriers that prevent or inhibit people from benefiting from opportunities
 - **Social injuries** – mental distress as an outcome of demoralisation and despair
- Resilience

Solutions?

- Tackle the Social Determinants of Health
 - Housing
 - Poverty
 - Unemployment and low pay

There are others:

- Early years development
- Schooling
- On-going Education and Training