

Inequalities in Mental Health Checklist

This checklist provides a quick framework to help people consider health inequalities in mental health when planning, delivering or commissioning a service

Health inequalities in mental health

Health inequalities refer to unjust and preventable differences in health outcomes and the social determinants of health across population groups, often driven by demographic, socioeconomic, and geographic disparities. These inequalities are a major contributor to poor mental health. Social determinants such as poverty, discrimination, and limited access to essential resources are strongly associated with increased levels of psychological distress, including anxiety, depression, and chronic stress. Consequently, individuals affected by these disparities frequently experience diminished quality of life, adverse physical and mental health outcomes, and elevated mortality risk. Notably, people living with severe mental illness (SMI) face some of the most profound inequities, including a life expectancy up to two decades shorter than the general population.

How to use this checklist

- 1. Review Data:** Look at your [EDI Power BI report](#) to identify key issues in your service.
- 2. Set Up a Focus Group:** Arrange a 1.5-hour session with 6 - 8 participants
- 3. Share Key Information:** Show the EDI data and highlight which population group(s) you want to focus on, e.g. older adults
- 4. Discuss Impacts:** Use section one of the checklist to ask how service access or delivery affects different people e.g. older people from ethnic minorities, older men, older adults with long-term conditions etc.
- 5. Positive and Negative:** Remember to prompt people for both positive and negative impacts.
- 6. Explore the Role of Wider Determinants of Health:** Consider how the factors like money, housing or employment affect these groups (section 2).
- 7. Consider the Protective Factors for Mental Health:** How does the service support or challenge these factors? (section 2).
- 8. Record Key Points:** Note both positive negative impacts in the action planning grid (section 3).
- 9. Test Your Findings:** With people from the population groups you're focusing on and other key stakeholders.
- 10. Co-produce actions:** Use the action planning grid to set priorities and co-create solutions to reduce negative impacts and build on positives.
- 11. Monitor progress:** After 6 months Identify which actions were completed, review your dashboard, are there any changes and can they be linked to the actions you have taken?

Inequalities checklist

SECTION ONE

People with particular population characteristics are more vulnerable to poor mental health. How will the way services are accessed and provided impact on different groups?

Age	✓
<p>Early Years: Foundations for good mental health lie in pregnancy, infancy and early childhood. Parenting style and attachment are the key factors. The quality of the 'home learning environment', quality of pre-school and the amount of time in pre-school are all associated with greater 'self regulation', an attribute strongly linked to improved educational outcomes.</p>	
<p>Adolescence: Protective factors include: attachment to school, family and community; positive peer influence; opportunities to succeed and problem solving skills. 'Social capital' indicators (e.g. friends, support networks, valued social roles and positive views on neighbourhood) are closely related to risk and severity of emotional and behavioural disorders.</p>	
<p>Later Life: The key areas that influence mental health in later life are age discrimination, participation, relationships, physical health and poverty. Fear of crime and lack of transport are also consistent themes, with 'daily hassles' contributing more significantly to psychological distress than major life events.</p>	
Sex	
<p>Sex has a significant impact on risk and protective factors for mental health and the way in which the experience of mental distress is expressed. Depression, anxiety, attempted suicide and self harm are more prevalent in women, while death by suicide, drug and alcohol abuse, crime and violence are much more prevalent among men. Women are much more vulnerable to poverty and unemployment, and are more likely to suffer domestic violence, rape and child abuse.</p>	
Race and ethnicity	
<p>Race and ethnic differences in the levels of mental well-being and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias and cultural and ethnic differences and are reflected in how mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors. However a major qualitative study found that expressions of distress bore great similarity across ethnic groups, although some specific symptoms were different.</p>	

Socio-economic position and class	✓
<p>Socioeconomic position (SEP) refers to the position of individuals and families, relative to others, measured by differences in educational qualifications, income, occupation, housing tenure or wealth. Socioeconomic position is generally analysed by quintile, for example comparing health or other outcomes of those in the poorest fifth of the population with those in the richest fifth. Socioeconomic position shapes access to material resources, to every aspect of experience in the home, neighbourhood, and workplace and is a major determinant of health inequalities. Different dimensions of SEP (education, income, occupation, prestige) may influence health through different pathways; SEP involves exposure to psychological as well as material risks and buffers, and structures our experience of dominance, hierarchy, isolation, support and inclusion. Social position also influences areas like identity and social status, which impact on well-being, for example through the effects of low self esteem, shame, and disrespect.</p>	
Physical health	
<p>Poor physical health is a significant risk factor for poor mental health; conversely, mental well-being protects physical health and improves health outcomes and recovery rates, notably for coronary heart disease, stroke and diabetes. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse, unwanted pregnancy and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. For heart disease, psychosocial factors are on a par with smoking, high blood pressure, obesity, and cholesterol problems.</p>	
Disability	
<p>Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.</p>	
LGBTQIA+	
<p>Some studies suggest that gay, lesbian, bisexual, gender fluid and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. being bullied, discrimination and verbal assault.</p>	
Other population groups	
<p>Looked after children People with long term conditions People in residential settings Carers People experiencing violence or abuse Ex-offenders Others?</p>	

SECTION TWO

How will the service impact on the wider determinants and protective factors for mental health?

Wider Determinants	+ve	-ve	n/a	Protective Factors	+ve	-ve	n/a
Access to quality housing e.g. appropriate, secure, affordable, safe				A sense of control e.g. ability to shape own circumstances, express views, influence decisions, live independently			
Physical environment e.g. access to green space, safe play space, quality of built environment				Emotional wellbeing e.g. self-esteem. Confidence, hope, optimism			
Economic security e.g. secure employment, adequate income, meaningful work and volunteering opportunities				Healthy lifestyles e.g. physical activity, healthy food			
Leisure opportunities e.g. participate in arts, creativity, sport, culture				Trust and safety e.g. belief in the reliability of others and services, feeling safe			
Transport access and options e.g. providing choice, affordability and accessibility				Social networks, relationships and a sense of belonging e.g. contact with other through work, family, friendships, groups, neighbours, connectedness to community			
Access to education and training e.g. schooling, higher and adult education				Feeling involved, having a valued role e.g. opportunities to participate in community life, volunteering			
Access to quality public services e.g. Housing, health, social care				Sense of cultured identity e.g. opportunities to connect with others, to explore and celebrate culture			
Discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith				Other:			
Other:							

