

Mapping Multiple Disadvantage and Mental Health Outcomes in Greater Manchester

Alexandra Guy



Aim

Explore the relationship between socioeconomic factors and contacts with NHS services

Anecdotal evidence - **that socioeconomic triggers prompt mental-health related setbacks among vulnerable groups, leading to increased pressures on the NHS**

Consultation Feedback

Importance of taking services to communities - issues such as stigma mean people may be reluctant to approach services for support

Housing and homelessness a particularly challenging issue - movement of people around GM (and elsewhere) can be very disruptive for support

Services which are not directly delivered by the NHS can work more flexibly, removing barriers and encouraging engagement

Understanding of multiple disadvantage is too broad - need greater appreciation of highly individualised factors like intergenerational poverty

Key

Community-based welfare rights service

Drug and alcohol charity, part-funded by Public Health

NHS service

Mental health charity

Importance of relationships with individual decision-makers, e.g. Job Centres - highly subjective

Access to support in GM is generally good but can vary between boroughs

Understanding of barriers to access is also too broad - how can we overcome highly individualised barriers like waiting rooms being a trigger?

Highlighted the importance of factors such as individual's trust, experienced/perceived stigma and values within their specific communities

Emphasis on multi-disciplinary support - 'one front door' approach is easier to access

Perception that VCSE/contracted providers can't manage risk, however increasingly faced with more challenging cases

Social issues discounted when people are being assessed for social care - seen as a VCSE issue

Service allows young people to choose where and when to access support - 20% better recovery rate than NHS service

Significant time spent on managing individual's expectations in relation to socio-economic stresses

Service includes housing, employment and welfare rights officers, but it is accepted that scope is limited

Tries to avoid using phrases such as 'mental health' reduces engagement - significant as service relies on word-of-mouth for referrals

Higher-than-ever numbers of referrals, skewed towards areas with high levels of deprivation

Initial Findings

- Feedback suggests...
 1. Theory is partially correct – socioeconomic factors contribute to poorer mental health, but people are not accessing NHS services as a result of this deterioration
 2. Instead, these instances prompt a reliance on VCSE services due to a range of factors – trust, accessibility, etc.
 3. The most vulnerable populations (homeless, CJS experienced and people with substance dependencies) are facing challenges that are so insurmountable, socioeconomic issues can almost become insignificant
 4. Highlights disparities between two distinct groups affected by poverty and health inequalities – those **affected by multiple disadvantage** and **those who are not**.

Key Findings – Multiple Disadvantage

- Barriers to access go far beyond expected, and are highly individualised, linked to specific vulnerabilities
- Highlighted the effectiveness of health-related interventions in non-health settings
- Clear consensus that multiple deprivation needs to be addressed, but a lack of understanding on what to do about it

- **Feedback from mentor**
- **Consultation of local and GM-wide strategies**
- **Engagement of people working at local and system levels**

New Focus

- **Working title:**
“Beyond Access: Perspectives on Improving Mental Health Treatment Outcomes in Economically-Deprived Communities in Greater Manchester”
- **Summary:**
Working with a commissioned provider of IAPT services, I will map the outcomes from their service against Indices of Multiple Deprivation data, exploring the extent to which socio-economic factors influence people’s experiences of mental health support
- **Purpose:**
The research will advance existing discussions on mental health and multiple disadvantage in GM, which overwhelmingly focus on access to services
- **Outcomes:**
 - Recommendations for commissioning and local strategies
 - Insights from people with lived/learned experience, to contribute to existing work on multiple disadvantage

Research Partnership

Partnership with commissioned mental health service, to access data on mental health outcomes and socio-economic indicators



Exploration of potential solutions and effectiveness

Causal loop diagram of barriers to access, created by those with learned/lived experience

Recommendations for improved data collection

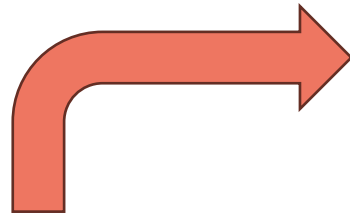
Recommendations for local strategies

Recommendations for wider system

Next Steps

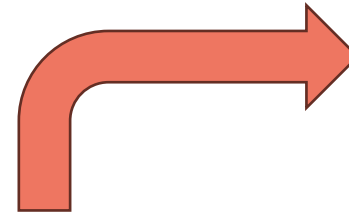
Data

- Analysis of IAPT outcomes compared with IMD data
- Data obtained from commissioned provider



Solution

- Read and summarise evaluation reports from both BLG and FC - explore and add to recommendations for improvements based on research outcomes
- Engage with NHS data team and experts to examine reasons for lack of data on multiple disadvantage



Lived experience

- Build on findings from conversations with VCSEs and individuals
- Explore potential LE/VCSE employee surveys
- Creation of word cloud/causal loop diagram or other visual tool to highlight experiences of health services to aid understanding