

Deaf and Disabled people and mental health

The Health Committee is planning to use its January meeting to look at Deaf and disabled people and mental health. The meeting forms part of a series of Health Committee sessions looking at mental health inequalities for marginalised groups. This paper sets out a proposed scope for this part of the investigation.

Purpose

The purpose of this meeting is to determine:

- What are the key mental health challenges facing Deaf and disabled people; and
- How the Mayor and the GLA can support better mental health for Deaf and disabled people in London.

Background

Around 14 per cent of adult Londoners have a disability – equating to around 1.1 million people. Types of impairment range from physical and mobility impairments, sensory impairments, learning disabilities, cognitive impairment and long term mental ill health resulting in disability. Many disabled people have more than one impairment.

Eight out of 10 people with a physical impairment weren't born with it. The vast majority become impaired through an injury, accident, heart attack, stroke or conditions like MS and motor neurone disease. There is also growing recognition of the impact of long-term conditions such as heart disease and diabetes, which can lead to physical impairment including loss of mobility. Similarly, the majority of people with a sensory impairment develop this over their life course.

Studies have shown that Deaf and disabled people are more likely to experience common mental health problems, especially anxiety and depression. For example, Deaf people are twice as likely to suffer from depression as hearing people, and around one in three people with chronic physical impairment experience a mental health problem, compared to one in four in the wider population. The links between disability and mental health are extremely complex, but are increasingly recognised to be inherently linked to how wider society, including the health and care sector, treats disabled people.

Deaf and disabled people have shared experiences of exclusion and discrimination because of their impairment. But the specific ways in which they are excluded or discriminated against - barriers each group of disabled people face - can be different according to the access needs different impairments create.

Deaf and disabled people have reported a number of barriers to accessing mental health support. These include:

Attitudinal barriers: these are cultural and social attitudes and assumptions about people with impairments that explain, justify or perpetuate prejudice, discrimination and exclusion from society. In a clinical context, these can include assumptions that a mental health issue is the direct result of an impairment, that disabled people are unable to live independently or make decisions/choices about their health and care, that disabled people need 'protecting', or that people with impairments want to be 'cured'.

Health Committee meeting

Deaf and Disabled people and mental health

Information and communication barriers: This can include lack of British Sign Language interpreters for Deaf people, lack of provision of hearing induction loops, lack of information in different accessible formats such as 'Easy Read', Plain English and large font or failure to provide people with more time to take in and absorb information. This also includes lack of provision of inclusive and accessible messaging around how to maintain positive mental health and wellbeing.

Environmental barriers: In a mental health context this can range from physical inability to access buildings (or transport to get to them), to lack of access to the wider determinants of mental wellbeing, such as adequate and appropriate housing, suitable employment, and poverty.

More broadly, organisations highlight a basic lack of joined-up thinking between mental health services and physical health services, with mental health services being ill-equipped to deal with people with physical or sensory disabilities, and physical disability services lacking awareness of mental health needs and support options. However, there is comparatively little data available, especially at a London level, on how Deaf and disabled people view the services available to them or what improvements they would like to see.

The role of the Mayor and the GLA

The Mayor has a statutory duty to produce a strategy to promote the reduction of health inequalities among Londoners, including mental health inequalities.

Mental health is one of the key priority areas for the London Health Board, chaired by the Mayor. The Board has recently agreed to develop a 'mental health roadmap' for London. The roadmap is intended to shine a spotlight on public mental health and galvanise the system to improve support for people experiencing mental illness to play an active role in life in London, including supporting the most vulnerable.

The Mayor's manifesto includes a number of pledges to improve life chances for people with disabilities including tackling disability hate crime and supporting the development of, and protection of, schemes which expand opportunities for people with disabilities to work and gain skills.

Aims of the review

This investigation will seek to determine the specific challenges faced by Deaf and disabled people in accessing appropriate mental health support in London. The findings will seek to influence the development of the Mayor and London Health Board's mental health roadmap, to ensure that the roadmap reflects the needs of all Londoners and helps to tackle mental health inequalities. It will seek to encourage greater partnership working amongst pan-London and local stakeholders to improve the mental health offer for Deaf and disabled Londoners.

Impact category	Evidence of impact
Challenging	Challenging misconceptions, adding to research evidence base for future studies.
Engaging	Working with stakeholders from under-represented groups
Influencing	Recommendations/findings form part of the mental health roadmap and future mayoral work in this area, including the Health Inequalities Strategy refresh.

Health Committee meeting

Deaf and Disabled people and mental health

Suggested approach

The Committee will hold one meeting with invited guests to discuss this topic. Potential guests include:

- Roger Hewitt, British Society for Mental Health and Deafness;
- Inclusion London;
- RNIB;
- Disability Rights UK;
- SignHealth; and
- Academic institution e.g. Disability research Centre Goldsmiths University or Centre for Disability Research, Lancaster University.

Key questions

The Committee will examine the following key questions:

- What are the specific mental health challenges faced by Deaf and disabled people in London?
- What are the main barriers for Deaf and disabled people when trying to access mental health support?
- What specialist mental health support is available for Deaf and disabled people. What more is needed?
- How can mental health services make themselves more inclusive and accessible to Deaf and Disabled people?
- What examples of good practice are there, in London and further afield?
- What can be done to promote positive mental wellbeing and build mental health resilience for Deaf and disabled people?
- How can wider policy initiatives (housing, transport, policing) help improve mental health for Deaf and disabled Londoners?
- What can the Mayor do to support better mental health for Deaf and disabled Londoners?

Output

A letter or short report to the Mayor summarising the findings to inform the development of the Mayor's mental health roadmap.
