

Health Inequalities - Access to Services

SAMH

SAMH's Know Where to Go campaign is a nationwide campaign to help more people get help for their mental health when they need it. Launched in 2012, the campaign has worked proactively with key target groups in society who face additional barriers to accessing information and support for their mental health, including people living in remote and rural areas, people from Black and Minority Ethnic (BME) communities and people living in deprived areas.

As part of this campaign, SAMH has conducted research into barriers to accessing mental health information and support, looking specifically at BME communities, people living in deprived areas, and remote and rural communities. This paper highlights some key issues for these constituencies in accessing mental health care.

- Lack of understanding about services available, how to access those services, and which healthcare professionals can help.

A YouGov poll commissioned by SAMH in 2012 found that 20% of people in Scotland did not know where to go for help if they were experiencing a mental health problem. This rose to over a quarter- 26% - in the C2DE grade.¹

- GP stress and resource constraints, and lack of appropriately resourced mental health services across Scotland.

In SAMH's YouGov poll, 77% of those who did state a source of support said their GP would be their first port of call.² However, a forthcoming SAMH research report, surveying GPs across Scotland, found that GPs who had not recently referred patients to services (e.g. psychological therapies, social prescribing) gave the following reasons for not referring: the waiting times were too long, referral criteria were unclear, or they had no access to such a service in their area.³

GP consultations in very deprived areas are characterised by multiple health and social problems, reduced expectations, lower health literacy and practitioner stress. Suicide rates in Scotland generally increase with increasing deprivation, with rates in the most deprived areas double the Scottish average.⁴ However, SAMH's forthcoming GP research finds that 49% of GPs said it had been more than a year since they had last undertaken any form of accredited training in mental health.⁵

- The prioritisation of day to day survival- such as food, fuel, bills and rent- can mean health care and concerns are given secondary consideration.

¹ YouGov poll commissioned by SAMH, 2012

² Ibid.

³ Know Where to Go: A SAMH Survey of General Practitioners in Scotland, SAMH 2014

⁴ Suicide Statistics Scotland, Choose Life, 2013

⁵ Know Where to Go: A SAMH survey of General Practitioners in Scotland, SAMH 2014

A SAMH survey of our service users in 2013 found that 79% of our service users were facing a reduced income as a result of the welfare reforms, and 98% said they were experiencing increased stress and anxiety as a result of this.⁶ However, in focus groups with service users and others with experience of poverty and deprivation, worries about unemployment, fuel bills, food bills, paying rent were the main issues raised, with health issues seen as secondary impacts of these primary concerns.⁷

- Poor health literacy

Accessing support can depend not only on a person's knowledge of mental health, but also on cultural factors within their community that affect how mental illness is perceived and accepted. This is often seen in more deprived communities. There is also evidence to suggest that the isolation of remote and rural communities may produce a culture of self-reliance and stoicism towards health problems, meaning people in these areas will only come into contact with services late⁸. This can also be seen in other groups- for example people from BME communities tend to come into contact with mental health services very late, often at crisis point or through criminal justice routes.⁹ The later individuals engage with health services, the more complex their treatment and recovery is likely to be.

This also interacts with the earlier point that people do not know about which healthcare services exist and that they are entitled to access. SAMH research in 2012 found that 25% of people with experience of mental health problems waited more than a year before asking for help after first developing concerns about their mental health.¹⁰

- Low income and geography can be a barrier to travelling to healthcare appointments, participating in activities which can have therapeutic value, or engaging in the community.

In our survey of SAMH services, when asked what impact loss of income through welfare reform was having on them, 48% said they were less able to pursue leisure activities, including those which may have therapeutic value such as social groups, educational opportunities, exercise groups etc, while 16% said that they were unable to afford to travel to services and appointments.¹¹ Focus group participants highlighted feelings of isolation and lack of connection to the wider community, and many shared the perception that there were few services, such as community centres, social groups or support groups out there for them to engage with. Unequal distribution of services and inequality of access is the underlying issue.

⁶ Worried Sick: Experience of Poverty and Mental Health across Scotland, SAMH 2014

⁷ Ibid.

⁸ Know Where to Go: Remote and Rural Mental Health, SAMH 2012

⁹ Mental Health Foundation, Black and Minority Ethnic Mental Health, 2014

¹⁰ YouGov poll commissioned by SAMH, 2012

¹¹ Worried Sick: Experience of Poverty and Mental Health across Scotland, SAMH 2014

Anecdotal evidence from SAMH's engagement with BME community leaders and organisations shows that for many people from BME communities, it is difficult to build up trust with statutory agencies or contact points outside of their community, preferring to keep problems within the community and engage with community leaders or faith leaders rather than external bodies. Similarly, for people in remote and rural communities, while the sense of community can be a source of support, there may be additional feelings of stigma or shame when there is perhaps more visibility in a small community. Travel to appointments may entail extensive travel, making them prohibitively expensive or impractical to attend, leading to high disengagement or low uptake.¹²

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¹² Know Where to Go: Remote and Rural Mental Health, SAMH 2012