

## Mental Health – Disabled and Deaf people

April 2017

### Key findings

- Disabled and Deaf people are more likely to experience poor mental health than the wider population.
- As life expectancy rises, we can expect to see more people living with impairments in the future.
- Disabled and Deaf people face additional barriers to accessing appropriate support at every stage of the mental health pathway, from prevention to crisis.
- Mental health services are not always good at dealing with the physical needs of service users, while disability services often overlook psychological needs. This is not good news for those who have both.
- Supporting independent living is a critical component of enabling good mental wellbeing for disabled and Deaf people.
- Joined up policy is needed to tackle issues such as housing, transport, employment and crime. These contribute to a disabling society that damages mental health.
- Only by including the voices of disabled and Deaf people will we be able to create services that meet their needs.
- The Mayor has significant opportunities to improve mental wellbeing for these groups through his policies and programmes.

The London Health Board, chaired by the Mayor, is developing a mental health roadmap. This aims to shine a spotlight on mental health and galvanise action to improve mental health support for all Londoners.



*Members of the Health Committee meet staff and service users at Springfield Hospital's mental health services for deaf people*

**The London Assembly Health Committee** held an investigation into mental health support for disabled and Deaf Londoners. We spoke to a range of service users and providers to gather views on how the Mayor could support better mental health for these groups. This report sets out our key findings and makes recommendations to the Mayor and the London Health Board on potential areas for action.

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### Recognising the scale of the issue

More than one in ten adult Londoners are classified as having some form of impairment.<sup>1</sup> Types of impairment include physical and mobility impairments, sensory impairments (sight and hearing loss), learning disabilities, cognitive impairment, and long-term mental ill health. Many disabled people have more than one impairment.

There are no definitive figures for how many people in London have a degree of sight or hearing loss, as registration with local services is voluntary. The latest available data estimates that in London there are:

- over a million people with hearing loss, including over 80,000 profoundly or severely Deaf people, in London<sup>2</sup>
- 175,000 people living with sight loss in London<sup>3</sup>

Additionally, there are estimated to be around 469,000 Londoners with a degree of mobility impairment.<sup>4</sup>

The lack of clear data makes it difficult for local authorities to accurately identify need within their local population. However, we heard that some disabled people are reluctant to register with their local authorities due to fear of discrimination. For example, although there are over two million people with sight loss in the UK, only 360,000 are registered with their local authority.<sup>5</sup>

There is little incentive for local authorities to actively seek out and identify disabled and Deaf residents who may be eligible for additional statutory assistance from the council. As a result, disabled and Deaf people may not be accessing the support they need. However, this may be storing up mental health issues for the future. **We urge the Mayor to work with local authorities and disability organisations to explore how to more accurately capture data on physical and sensory impairment across London, at a borough level.**

The committee supports the **social model of disability**. This model says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people so they can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability, and viewed it as a 'problem' to be 'fixed'.

Many Deaf people who use British Sign Language (BSL) reject the idea that they are disabled or impaired. But they share, with disabled people, many challenges in accessing mental health services which support their specific needs.

An impairment is defined as long-term limitation of a person's physical, mental or sensory function.

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### **Disabled and Deaf people are more likely to experience poor mental health than the wider population**

Studies have shown that disabled and Deaf people are more likely to experience common mental health problems, especially anxiety and depression. Around one in three people with chronic physical impairment experience a mental health problem, compared to one in four in the wider population.<sup>6</sup> Deaf people are twice as likely to suffer from depression as hearing people,<sup>7</sup> and around 40 per cent of people who lose their sight develop depression.<sup>8</sup> But there is little data available at a regional level to determine how prevalent mental ill health is among disabled and Deaf people in London.

The links between physical and sensory impairment and mental health are complex. But depression and anxiety are not the inevitable consequences of being, or becoming, a disabled person. Disability rights campaigners have raised concerns that many, including some health professionals, believe that depression and physical/sensory impairment go together unavoidably, especially when the impairment is acquired later in life. This has led to a lack of focus on the mental health needs of disabled and Deaf people and on the prevention of avoidable mental health problems.

An association between depression and disability in late life is intuitively understood by many people: “Of course she’s depressed; she’s old; she’s alone; she’s disabled.”

Eight out of 10 people with a physical impairment were not born with it.<sup>9</sup> The vast majority become impaired through injury, accident, or illnesses such as stroke. The prevalence of disability therefore rises with age. This means that mental health services need to know how to support people who become disabled later in life, as well as those who are born with impairments.

There is likely to be an increase in the number of people living with impairment in the future. Rises in the rate of long-term conditions that can lead to disability, such as diabetes, coupled with rises in life expectancy, mean that people will be living for longer with disability. For example, diabetes-related sight loss is the leading cause of vision impairment in working age adults in the UK. And the number of people with diabetes has risen by 60 per cent in the UK in the last decade.<sup>10</sup> The incidence of mental ill health in disabled and Deaf Londoners is likely to increase unless more is done to support good mental health in this population group.

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### **Disabled and Deaf people face additional barriers to accessing appropriate support at every stage of the mental health pathway**

#### **Prevention and health promotion**

Having information about how to manage your own mental health is an important part of prevention. But information on how to protect and promote positive mental wellbeing is not always accessible to disabled and Deaf people. We heard that, other than some mental health services offering information in large print, there is little more offered to accommodate the needs of blind and partially sighted people. Services are often advertised in inaccessible formats, such as posters and leaflets in clinics. Similarly, blind and partially sighted people often experience problems receiving information in their preferred format, such as in audio or braille.

Deaf users of British Sign Language (BSL) also report that even basic information is not routinely available to them in a format that they can understand. For example, Action on Hearing Loss told us that the NHS website contains over 900 health videos, but only 1 per cent of these are in BSL.<sup>11</sup> And the increasing reliance on online and digital health promotion resources means that the one in four disabled adults in the UK who have never used the internet are at risk of missing out on key information around mental health support.<sup>12</sup>

The issue can be further compounded by the lack of a shared mental health vocabulary between health professionals and disabled or Deaf service users. Contributors to our investigation told us that it can be difficult for some disabled and Deaf people to recognise the symptoms of depression or anxiety and to articulate them to people who could offer support. So it is vital that information on how to recognise mental ill health is made more widely available.

Prevention and resilience should be at the heart of the Mayor's mental health strategies. It is therefore critical that resources and information are delivered in accessible ways to enable disabled and Deaf people to benefit. **We would welcome confirmation from the London Health Board that plain English, BSL and audio formats of the Mayor's mental health programmes will be made available free of charge to disabled and Deaf people.**

Much of the emphasis in mental health promotion is around staying physically active and maintaining supportive social networks. **Ensuring that activities and programmes which are disability and Deaf inclusive are more widely promoted by the Mayor would be a welcome step forward for disabled and Deaf Londoners.**

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### Diagnosis

GPs are the gateway to most mental health services. It is thought that 90 per cent of people with mental health problems are seen just within primary care.<sup>13</sup> We have previously investigated the difficulties faced by Londoners in accessing GP services, which are increasingly over-stretched. Specific additional challenges disabled people face include booking appointments and physical access to GP premises (including accessible transport links). Communication barriers between service users and GPs can make it harder to diagnose mental illness, or can lead to misdiagnosis. For example, Deaf people told us that their frustration at communication barriers is sometimes mistaken for aggression by healthcare professionals.

They said this patient doesn't need an interpreter, they're a good lip reader – so I just shout at them

Disabled and Deaf people told us that access issues often begin before they even reach the GP's office. We heard examples of appointments being refused because people couldn't confirm them by phone, lengthy delays in getting appointments due to a lack of interpreting services, and a lack of disability and Deaf awareness in frontline staff. We also heard that the physical layout of some services could increase anxiety and act as a barrier.

“the practical side of accessing a mental health service such as having to find a touch pad to gain access to the building, then having to navigate around a new building and find the right person to speak to can cause a lot of stress and anxiety”

### Looking at the whole person

A major barrier to the effective diagnosis of mental ill health identified by disabled people is that some healthcare professionals cannot see past their impairment and that “curiosity and fear” can get in the way of normal professional practice. The mental health charity MIND has stressed the importance of recognising that physical impairment and disability may not be the only or the most important aspect of someone's experience that influences their mental health support needs, or how they are treated by mental health support services.<sup>14</sup>

Race, gender and sexuality, social and economic circumstances, and childhood experiences are likely to be part of the whole experience of mental health and it may be difficult for both professionals and individual disabled people to separate out such factors. **We encourage the Mayor and the London Health Board to reflect this intersectional nature of mental health experience in developing their work in this area.**

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### Treatment

Once a diagnosis has been made, there remain additional challenges for disabled people in accessing treatment. London's mental health services are stretched, with long waiting lists for many services such as talking therapies. Private therapy is available, but is not affordable for many disabled people. And there are particular challenges for people who require communication support.

People are being left  
floundering for weeks and  
weeks without support

Research shows that recovery rates for Deaf people who have access to a therapist who can sign fluently are significantly higher than for those that use an interpreter. SignHealth's BSL Healthy Minds programme, which provides signing therapists for Deaf people,

used to be block funded to provide this service, but changes to commissioning structures mean that Deaf people now need to make an individual funding request to their CCG. This is also the case for accessing psychological therapies through the National NHS Deaf Service. This can add a significant burden of anxiety and uncertainty at a time when people's mental health is already suffering.

Reviewing needs and service availability at a London-wide level would highlight opportunities for local authorities to work together with the

community and voluntary sector to provide a more cohesive system of communication support across London and help to achieve economies of scale. It could also help to reduce variation in access to support across the capital. **This is an area in which the Mayor should use his convening powers and influence to develop pan-London commissioning arrangements for communication support.**

### Crisis

Service users report that mental health inpatient care is not always accessible to disabled and Deaf people. For example, facilities may not incorporate adaptations to support people with mobility impairments, or have staff available to assist with activities such as washing or getting dressed. Medication required for physical conditions is sometimes withdrawn on admission to mental health inpatient services, which can increase pain and distress. Medication for mental health can also exacerbate some physical impairments, but service users have reported that this is not always explained to them fully. And crisis support is often telephone based, making it inaccessible to Deaf people. Simple adaptations such as providing a mobile number to text could help open up these services. **The Mayor and London Health Board should encourage London's mental health trusts to work with local organisations such as Healthwatch to audit how well their services meet the needs of disabled people.**

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### **Mainstream mental health services don't always support people with physical or sensory impairment effectively...**

A common theme identified throughout our investigation was the need for a more joined up approach between mental and physical health services. We heard that the historical separation of these services meant that mental health professionals had comparatively little experience of working with and supporting disabled people. The resulting lack of awareness means that disabled and Deaf people may be more likely to receive poorer quality of care.

Some days she did not eat her food, because it was just left there. The staff assumed it was part of her mental health condition...but she was not aware of the food being left

Community and voluntary organisations play a vital role in filling the gaps in statutory mental health provision. But there are few with experience of supporting disabled and Deaf people with their mental health needs, although more are now recognising the need to do so.

**The Mayor and London Health Board should consider how the development of the mental health roadmap could support third sector organisations to link up and share best practice in this field.**

### **...so the loss of specialist services and support is felt particularly keenly**

Funding pressures across health and social care have led to the loss of specialist support for disabled people within community settings. This in turn leads to a lack of in-depth knowledge and experience of how to support the additional needs of disabled people. The loss of specialist support is compounded by cuts to training budgets which would enable mainstream services to support disabled people more effectively. This presents a real and unacceptable risk that in future services will not be able to handle service users with complex needs and they will simply fall through the net.

**The Mayor and London Health Board should acknowledge and champion the importance of disability and Deaf equality training for health professionals, to improve awareness and ensure that services can meet complex needs. They should also strongly urge commissioners to ensure that funding for this training is protected.** Reducing funding for this type of training risks not only worse mental health outcomes for disabled people, but increased costs to the health service down the line.

If you don't have specialist provision in place and cut training that enables mainstream services to support diversity, people will not access early intervention and will only access hospital care- and that is more expensive

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### **‘Physical health’ services often overlook emotional and psychological need**

The prevalence of disability rises with age. It is important to recognise that everyone will respond differently to becoming impaired and won't necessarily develop mental ill health as a result. But there are a number of potential issues around becoming disabled which can contribute to raised anxiety and mental health problems. These include:

- concerns about loss of independent living
- grief/trauma reactions to change in circumstances
- anxiety over retaining employment or managing childcare
- stress due to increased cost of living – on average, disabled people spend £550 extra a month on living costs<sup>15</sup>

The pan-disability charity Disability Rights UK highlights a lack of capacity in physical services to provide support to build and maintain emotional resilience.<sup>16</sup> So people who become disabled may also develop a mental health problem within the first few months after diagnosis. There are a number of voluntary sector organisations that aim to fill this gap, but these are struggling to meet demand. In addition, they rely on people being aware of the available services and able to navigate the system.

Campaigners are calling for more emotional and peer support to be made available to help people who become disabled adapt to their new circumstances. For example, the Thomas Pocklington Trust reports that 92 per cent of people surveyed had received no emotional support at the time of diagnosis.<sup>17</sup>

Physical health services need to be more aware of potential psychological impacts of losing mobility, sight and/or hearing. Including discussions around mental health during physiotherapy and at eye and hearing screenings could help identify people at risk and help signpost people to appropriate early support before mental health problems develop. Mental health service providers could liaise with local physical rehabilitation services, sight loss centres, hearing clinics, and charities across London to raise awareness and begin to deliver mental health services to their users and in their venues. **The London Health Board should look at ways it can work with health and care partners to help ‘physical’ and ‘mental’ health services link up which each other more effectively at local levels.**

Peer support and advocacy are recognised as successful interventions, providing a network with shared experience and practical advice which can reduce social isolation and help people adjust to their changed circumstances. **The Mayor should consider how his community cohesion and volunteering work streams could help support further opportunities to expand the network of disabled and Deaf peer support available across London.**

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### **Overcoming stigma and tackling discrimination against disabled people will help support better mental health**

Stigma and discrimination towards disabled people is a double burden – it contributes to poor mental health and prevents people from accessing support early. As mental illness is itself stigmatised, disabled and deaf people with mental health problems may experience additional prejudice. The Mayor should lead pan-London efforts to tackle discrimination against disabled and Deaf people in London.

Being a victim of discrimination is damaging to mental health. Research by the disability charity Scope in 2014 found that two thirds (67 per cent) of the British public say they feel uncomfortable talking to disabled people. And over four fifths (85 per cent) of the British public believe that disabled people face prejudice.<sup>18</sup> They also found that 56 per cent of disabled people said they had experienced hostility, aggression or violence from a stranger because of their condition or impairment.<sup>19</sup>

These factors contribute to social isolation for disabled and Deaf people. Feeling lonely can have a negative impact on mental health. Research by disability charity Sense found that 23 per cent of disabled people feel lonely most days, rising to 38 per cent for young disabled people. Some 29 per cent reported only being able to meet up with friends once a month or less, while 6 per cent said they had no friends at all.<sup>20</sup>

Improving self-esteem and reducing incidences of discrimination are key to improving mental wellbeing. Like everyone else, disabled and Deaf people experience better mental health when they are respected and valued by wider society.

So improving the visibility and inclusion of disabled and Deaf people should be a key priority for the Mayor.

Increasing opportunities for frontline workers to interact with disabled people can help to overcome negative attitudes. We are encouraged to hear that Transport for London has been working with Inclusion London to roll out disability equality training delivered by disabled people themselves. This training gives staff the chance to interact with disabled people and understand their needs, but also helps to highlight how people unconsciously discriminate through use of language or because of misunderstandings about disability.

**We urge the Mayor to promote this approach to local authorities and health and care providers to enable greater awareness and understanding of how to best support disabled and Deaf people.**

I went to my local alcohol team but they told me they don't work with Deaf people

Giving people the space to ask the questions they are uncomfortable to ask...so they feel confident and comfortable engaging

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### Supporting independent living is a critical component of enabling good mental wellbeing for disabled and Deaf people

The ability to live independently and to exercise choice and control is a fundamental component of mental wellbeing. Pressures on social care are increasingly seen by disabled people to be having a negative impact on their mental health.

#### Social care

Pressure on social care services has resulted in uneven quality of support. Recent research by the disability charity Scope found that over half of disabled people surveyed couldn't get the support they needed to live independently.<sup>21</sup> And disabled people report that the processes involved in accessing support can significantly increase anxiety and stress.

People with physical impairments, while experiencing general social pressures to deny the extent of physical dependency, find that in order to obtain assistance to go about their daily life they have to stress weakness, lack of ability and failure to cope

In particular, the closure of the Independent Living Fund and the transfer of this funding to local authorities has been viewed by campaigners as a retrograde step. They argue that financial pressures on

councils mean that eligibility criteria for accessing support have been redrawn, resulting in reduction or loss of support for many severely impaired people. As services come under increasing strain, there are fewer resources available to support each individual. We heard evidence of people essentially trapped in their homes and unable to perform tasks such as washing, feeding themselves or going to the toilet.

The focus is to support people to be self-reliant, and I think there is a risk of some people with disabilities falling through the net

This lack of support also contributes to increased social isolation. And it is not just disabled service users who are struggling to cope. Families and carers can also feel the strain. The Association of Directors of Adult Social Services reports that staff within social care settings are also being placed under increasing levels of stress, to the potential detriment of their own mental health.<sup>22</sup>

We welcome recent Government announcements to boost short term funding in social care. We share concerns that wider reforms are needed. But the prospect of yet more changes to the system may result in further and continuing uncertainty for disabled people, with knock-on effects for their mental health and wellbeing. **As health and care in London moves towards closer integration, the Mayor should assure himself that the social care needs of disabled and Deaf Londoners are being fully considered in planning for the future.**

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### We need a joined up approach to tackling the wider determinants of mental ill health

The Mayor can do much more to support mental health in London than urging health and care partners towards best practice. There are a number of policy areas under his control where focused action to support disabled and Deaf Londoners could bring significant benefits.

#### Employment

The positive role of meaningful employment in supporting and protecting people's mental health is well established. However, less than 50 per cent of disabled people are in employment, compared to almost 80 per cent of non-disabled people.<sup>23</sup> Disabled and Deaf people also report frustration at being turned down for jobs because of assumptions about their ability to take on roles, which can damage self-esteem and increase anxiety.<sup>24</sup> People who become disabled often find it difficult to stay in employment: one in six people do not retain their job for a year after becoming disabled and one in three do not retain it for two years.<sup>25</sup>

Changes to the benefits and welfare system aimed at closing the disability employment gap have also been linked with an increase in mental health problems for disabled people. In particular, work capability assessments and the use of sanctions has been found by

researchers to increase hardship and have profoundly negative and severely detrimental impacts on mental health.

Reassessment is proving very stressful for disabled people...because of the lack of ongoing emotional support, because there is not a system that supports people through that process, many people's mental health and wellbeing worsens considerably

The Mayor is due to take responsibility for a devolved London Work and Health programme in 2017. **It is imperative that he consults widely and repeatedly with disabled and Deaf people in the development and delivery of this programme.** In response to this report, the Mayor should set out how he plans to do this.

Negative perceptions from employers can act as a barrier to disabled people finding work. Recent research by Scope shows that 85 per cent of disabled people feel employer attitudes haven't improved over the last four years.<sup>26</sup>

**The Mayor should set out how he plans to engage with London's employers to encourage more businesses to employ disabled and Deaf people, and how he will work with employers to ensure greater support to help disabled and Deaf people who are in work to retain their employment.**

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### Housing

There is a shortage of housing that is specifically designed to meet disabled people's physical needs. Being able to live independently is a key factor in mental health, so this lack of specialist housing can have a profound impact on the wellbeing of disabled and Deaf people.

According to a report by Leonard Cheshire Disability, 54 per cent of those with mobility impairments who have looked for accessible homes said they were difficult to find, only 4 per cent said they were easy to find. Disabled people also told us that some local authorities appeared reluctant to fund adaptations that would allow them to live independently.

Supported housing improves individuals' ability to stay in the community and has wide reaching mental health benefits by improving the quality of life and enabling independent living. Providing supported housing where disabled and Deaf people have access to peer support can reduce social isolation. Housing services need to be more aware of the specific challenges faced by disabled and Deaf people when assessing housing provision.

The Mayor supports the development of specialist housing for disabled people through his targeted Care and Support Specialised Housing Fund (MCSSHF), as well as through mainstream affordable homes programmes. A report by the London Assembly Housing Committee found that this money was not always being targeted effectively and

that developers and providers needed greater incentives to provide and maintain specialist and supported housing. Developers and supported housing providers are putting plans to develop new supported housing on hold until there is agreement on how these places will be funded by housing benefit going forward, further affecting supply.

"I wanted to live with other Deaf people but they said I had to be in a home with hearing people. I get really lonely and I can't even ask the staff for help."

High unemployment rates, and unsecure housing tenure, mean that Disabled and Deaf people may also be at increased risk of becoming homeless. Government figures indicate that from 2010 to 2016 the overall number of households accepted as being homeless by local authorities in England went up from 42,390 to almost 60,000. The increase was

disproportionately high for homeless households classed as vulnerable through mental illness, where homelessness went up 53 per cent, and for those classed as vulnerable through physical disability, by 49 per cent.<sup>27</sup>

**The Mayor is responsible for a range of services for homeless people and has recently announced an additional £50million funding in this area. We would urge him to work with disability and homeless organisations to assess how vulnerable disabled and Deaf Londoners are to homelessness, and what could be done to improve support.**

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### Crime

Being a victim of crime, including hate crime, is damaging to mental health. Disabled people are significantly more likely to be victims of crime than non-disabled people.<sup>28</sup> A new London-wide reporting scheme saw the number of disability hate crimes recorded by police increase by 500 per cent within weeks of its launch.<sup>29</sup> However, disability hate crime recording has been historically low. Campaigners have suggested that this may be due to a lack of support in reporting, and a continued view that disability hate crime is low priority for the police. Deaf people have highlighted specific difficulties in contacting the police and reporting crime.

**Domestic abuse** is a significant issue for disabled and Deaf people. Deaf women are twice as likely to be victims of domestic abuse than hearing women.<sup>30</sup> Some disabled people may be more physically vulnerable than able-bodied people and may be less able to escape or protect themselves from violent attacks. Some disabled people may also be more socially isolated as a result of their physical dependence on their partner, or less able to leave an abusive partner if they are concerned about whether they will be able to live independently.

**We urge the Mayor to work with London's DeafHope service and with organisations such as Refuge to ensure his Violence Against Women and Girls strategy, and the wider Police and Crime Plan, better acknowledge and support disabled and Deaf people in London.**

### Transport

Inaccessible transport continues to have a detrimental impact on the mental wellbeing of disabled and Deaf Londoners. The experience of travelling alone can be extremely stressful, frustrating or frightening for some disabled people unsure if they will be left stranded on their journey. The cumulative effect of these negative experiences can in time lead some disabled people to avoid independent travel altogether and increase the risk of social isolation.

Changes to the configuration of health and care services across London could make it harder for disabled and deaf people to get access to the services they need. **The Mayor and Transport for London should work proactively with local authorities and providers to assess the impact of any changes to the distribution of healthcare services across the capital and ensure that transport is considered as early as possible in these plans.**

Disabled people told us that they had particular concerns about changes to the public realm that made it harder for them to navigate their local areas. **The Mayor should ensure that his Healthy Streets Programme specifically addresses the concerns of disabled and Deaf people.**

If a disabled person has travel delays, they may not be able to make their appointment, and have to wait long periods to get another one.

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### Disabled and Deaf people need to be involved in shaping services that meet their needs

#### “Nothing about us, without us”

Our investigation has highlighted that more can and should be done to ensure that disabled and Deaf people have a voice in shaping services that meet their needs. The Mayor has acknowledged the important role of service users in sharing their experiences with service providers to deliver improvements.

Real improvements only come from listening to and respecting those suffering from mental health problems and from the experts – those who have been in crisis and experienced the service

Disabled people and Deaf people told us they would value more visible engagement with, and access to, the Mayor to facilitate this. Previous Mayors have appointed specific disability advisors to champion these issues with policy makers. **The Mayor and the London Health Board should consider how to increase opportunities for disabled and Deaf people to contribute their views to help inform their policy work on mental health and on the wider determinants of mental health such as housing, transport and employment.** They should also take steps to develop and share best practice with health and care partners to enable

them to adopt a more proactive approach to seeking the views of disabled and Deaf service users.

In doing so, the Mayor and partners should recognise that traditional forms of public consultation and engagement are not always fully accessible to disabled people. Our discussions with Healthwatch organisations have highlighted some of these challenges, including access to suitable premises for face-to-face engagement, disseminating accessible information to people who do not use the internet, and securing interpretation services for BSL users. **We urge the Mayor to work with London’s pan-disability charities, and with smaller, user-led organisations, to ensure the diverse experiences of disabled and Deaf people are captured.**

#### Learning disabilities

Our investigation has focused primarily on the needs of people with physical and sensory impairments. However, we are aware that people with learning disabilities experience many similar issues accessing appropriate mental health support. This includes increased risk of misdiagnosis, barriers to communication and a lack of awareness from health care professionals. They are also vulnerable to the same elements of a disabling society – unemployment, poverty, discrimination and social isolation – as other disabled and Deaf people. We hope to look further into the specific health challenges and inequalities faced by people with learning disabilities in London at a later stage.

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### **The Mayor is uniquely placed to provide leadership on this issue**

We hope that the Mayor's mental health roadmap will be a positive step forward. But it is important that action for better mental health is delivered, not just considered. And it is important that the roadmap marks the beginning of the process and not the end.

The continued inequality faced by disabled and Deaf Londoners is a considerable risk to the mental health of these groups. It is vital that their voices are heard directly by policy makers and by health service providers. If the Mayor is serious about improving mental health for all Londoners, he will need to find ways of delivering targeted responses to people who are currently excluded from existing support. We are therefore calling on the Mayor to set out how he will ensure more regular engagement with deaf and disabled Londoners.

The Mayor can do a great deal to raise the profile of mental health issues in London, tackle stigma and discrimination and increase awareness. Many of the interventions that would improve mental health also have wider community dividends, with increased employment, better transport for all, reduced crime, and more community cohesion. So it is timely for the Mayor to adopt a 'mental health in all policies' approach to his work.

To demonstrate his commitment to mental health, **we are calling on the Mayor to hold an annual summit with service users, providers and the third sector to measure the progress of this mental health roadmap and to examine further opportunities for action.**

The Mayor and the London Health Board have taken an encouraging approach to developing a pan-London strategic response to mental health and wellbeing. At a time of significant financial and operational challenge for health services across the city, we urge him to use his influence to ensure that the needs of disabled and Deaf Londoners are not overlooked.

### **Next steps**

**We would like to thank everyone who took part in this investigation. In the coming months the committee will:**

- scrutinise the development of the mental health roadmap
- press the Mayor for greater inclusion of disabled and Deaf people in the development of his policies
- review the Mayor's health Inequalities Strategy to ensure the experiences of disabled and Deaf Londoners are reflected

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### Recommendations

#### 1. In *developing* the mental health roadmap, the Mayor and the London Health Board should:

- set out how they will work with local authorities and disability organisations to explore how to more accurately capture data on physical and sensory impairment across London at a borough level
- ensure that the intersectional nature of mental health experience is recognised
- encourage London's mental health trusts to work with local organisations such as Healthwatch to audit how well their services meet the needs of disabled people.
- set out how the development of the mental health roadmap could support third sector organisations to link up and share best practice in this field.

#### 2. In *delivering* the mental health roadmap, the Mayor and the London Health Board should:

- ensure that plain English, BSL and audio formats of the Mayor's mental health programmes are made available free of charge to disabled people
- set out how they will promote activities and programmes which are disability and Deaf inclusive and promote mental wellbeing
- acknowledge and champion the importance of disability and Deaf equality training for mental health professionals to improve awareness
- use their convening powers and influence to develop pan-London commissioning arrangements for communications support for Deaf Londoners and those with learning disabilities.
- set out how they will work with health and care partners to help 'physical' and 'mental' health services link up which each other more effectively at local levels.

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### 3. The Mayor and London Health Board should align existing GLA group programmes with the mental health roadmap by:

- setting out how they will work with employers to encourage more businesses to employ disabled and Deaf people, and how they will work with employers to ensure greater support to help disabled and Deaf people who are in work to retain employment
- setting out how the Mayor's community cohesion and volunteering work streams could help support further opportunities to expand the network of peer support available across London
- setting out how they will work with disability and homeless organisations to assess the risk of homelessness for disabled and Deaf Londoners and take steps to address this through the Mayor's housing strategy
- ensuring that MOPAC works with London's DeafHope service to ensure his Violence Against Women and Girls strategy and Police and Crime Plan support disabled and Deaf people in London
- ensuring that TfL works proactively with local authorities and providers to assess the impact of any changes to the distribution

of healthcare services across the capital, to ensure that transport is considered as early as possible in these plans

- proactively engaging disabled and Deaf Londoners on the Healthy Streets Programme to ensure changes to the public realm do not have an adverse impact and increase social isolation

### 4. To ensure that the mental health roadmap reflects the needs of disabled and Deaf people across London, the Mayor and London Health Board should:

- set out how they will increase opportunities for disabled and Deaf people to contribute their views to help inform their policy work on mental health and on the wider determinants of mental health such as housing, transport and employment
- set out how they will identify and share best practice on engagement with health and care partners to enable a more proactive approach to seeking the views of disabled and Deaf service users
- host an annual mental health summit to report on progress in the development of the mental health roadmap, with specific inclusion of disabled and Deaf Londoners

## Mental Health – Disabled and Deaf people

April 2017

### Endnotes

<sup>1</sup> <http://www.papworthtrust.org.uk/sites/default/files/Disability%20Facts%20and%20Figures%202016.pdf>

<sup>2</sup> [https://www.london.gov.uk/sites/default/files/london\\_assembly\\_health\\_committee\\_-\\_access\\_to\\_health\\_services\\_for\\_deaf\\_people\\_-\\_june\\_2015\\_-\\_updated.pdf](https://www.london.gov.uk/sites/default/files/london_assembly_health_committee_-_access_to_health_services_for_deaf_people_-_june_2015_-_updated.pdf)

<sup>3</sup> [https://www.london.gov.uk/sites/default/files/leading\\_the\\_way\\_march\\_2016.pdf](https://www.london.gov.uk/sites/default/files/leading_the_way_march_2016.pdf)

<sup>4</sup> <https://data.london.gov.uk/dataset/disability-and-mobility-london>

<sup>5</sup> <http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

<sup>6</sup> <https://www.mentalhealth.org.uk/sites/default/files/fundamental-facts-15.pdf>

<sup>7</sup> <https://www.signhealth.org.uk> › About Deafness

<sup>8</sup> Thomas Pocklington Trust submission

<sup>9</sup> <https://www.leonardcheshire.org/about-us/disability-facts-and-figures>

<sup>10</sup> [https://www.diabetes.org.uk/About\\_us/News/diabetes-up-60-per-cent-in-last-decade/](https://www.diabetes.org.uk/About_us/News/diabetes-up-60-per-cent-in-last-decade/)

<sup>11</sup> Action on Hearing Loss submission

<sup>12</sup> <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2016>

<sup>13</sup> [http://www.mind.org.uk/news-campaigns/news/gps-and-practice-nurses-arent-getting-enough-mental-health-training/#.WNElnG\\_vjcs](http://www.mind.org.uk/news-campaigns/news/gps-and-practice-nurses-arent-getting-enough-mental-health-training/#.WNElnG_vjcs)

<sup>14</sup> MIND submission

<sup>15</sup> <https://www.scope.org.uk/campaigns/extra-costs>

<sup>16</sup> Disability Rights UK submission

<sup>17</sup> Thomas Pocklington Trust submission

<sup>18</sup> <http://www.scope.org.uk/Scope/media/Images/Publication%20Directory/Current-attitudes-towards-disabled-people.pdf>

<sup>19</sup> <https://www.scope.org.uk/About-Us/Media/Press-releases/May-2011/Deteriorating-attitudes-towards-disabled-people>

<sup>20</sup> <https://www.sense.org.uk/content/disabled-people-face-being-cut-society-warns-national-charity>

<sup>21</sup> <https://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/Disabled-people-s-experiences-of-social-care.pdf?ext=.pdf>

<sup>22</sup> ADASS at London Assembly Health Committee meeting 12 January 2017

<sup>23</sup> <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives/work-health-and-disability-green-paper-improving-lives>

<sup>24</sup> British Society for Mental health and Deafness submission

<sup>25</sup> <http://www.papworthtrust.org.uk/sites/default/files/Disability%20Facts%20and%20Figures%202016.pdf>

<sup>26</sup> <https://www.scope.org.uk/press-releases/more-disabled-people-in-work>

<sup>27</sup> <https://www.theguardian.com/society/2016/dec/23/families-and-disabled-people-hit-worse-by-rising-homelessness>

<sup>28</sup> <http://www.papworthtrust.org.uk/sites/default/files/Disability%20Facts%20and%20Figures%202016.pdf>

<sup>29</sup> <http://www.disabilitynewsservice.com/hate-crime-initiative-sees-police-reports-leap-by-500-per-cent/>

<sup>30</sup> SignHealth submission