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This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [mental health inequalities](#)

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Ymateb gan: | Response from: Specsavers



Specsavers

Submission to the Mental Health Inequalities inquiry

Health and Social Care Committee

Introduction

In addition to being the largest provider of NHS primary care optometry services in the UK, Specsavers is the largest provider of NHS community audiology services (primarily for people with age-related hearing loss (Presbycusis)) in England and are currently commissioned by over 100 CCGs and provide approximately 37% of the NHS' community audiology capacity. In 2019/20 (pre-pandemic) we assessed over 150,000 NHS patients for hearing loss and, where indicated fitted them with hearing aids and supported them through the rehabilitation process.

Hearing loss is a common disabling condition and if [undiagnosed and / or untreated](#) can impair education, employment and social engagement, leading to social isolation, physical, and mental ill-health. Presbycusis accounts for the majority of these cases and increases markedly with age

In common with other developed nations, Wales has a large and growing population of adults with hearing loss. Over 575,000 people in Wales have some form of hearing loss which is more than the combined population of Cardiff and Swansea. Over 95% of those with a hearing loss in Wales are over the age of 40 and hearing loss is the 5th leading cause of years lived with a disability in Wales, hearing loss is a major threat to health and wellbeing, particularly for vulnerable, older people. Specsavers believes that it can support the Department of Health and Social Services and Health Boards to meet the needs of adults with hearing loss by providing community audiology services alongside NHS provision.

There is considerable evidence that community audiology is highly cost effective and can be safely delivered by independent providers, as is supported by the service delivery model largely adopted by the NHS in England. We believe that the proposed changes will have the additional benefit of relieving demand on NHS hospital audiology services to allow them to meet the more specialised needs of other service users including children and people with hearing loss related to injury and disease.

Approximately, 94% of adults with hearing loss have uncomplicated, age-related hearing loss and can safely be treated in the community. Moreover, all independent providers on existing NHS contracts are also NHS Primary Care Optometry contractors with the necessary administrative and clinical governance arrangements to deal with patient self-referral – which is the norm in primary care.

This submission sets out the context that gives rise to the need to change the current arrangements to ensure people with hearing loss can live the highest quality of life possible and sets out how some of these changes could be implemented. It is also an invitation for the Department of Health and Social Services to engage with Specsavers to develop these

ideas further and realise the benefits to the taxpayer, the NHS and, most importantly, people with hearing loss in our communities.

1. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

Hearing loss often occurs together with impaired vision in older age groups, There are approximately over 390,000 people in the UK who are deafblind, with this figure set to increase to over 600,000 by 2035. Dual sensory impairment has a significant impact on communication and well-being and can cause social isolation. The National Institute for Health and Care Excellence (NICE) [guidance states](#) that 9 million people have hearing loss, with hearing loss one of the most common long term conditions in older people. Hearing loss can cause feelings of isolation and low self-esteem and can lead to a significant reduction in people's quality of life, and a lack of social acceptance which results in nonparticipation in hobbies or activities they previously enjoyed. For older people in care homes hearing and sight tests are essential to avoid isolation and poor mental health. Hearing aids can help offset these and other risks, but despite being very cost-effective most people still do not receive the support they need.

The Department of Health and NHS England [reported that](#) deafness or loss of hearing at any age isolates individuals, cutting them off from society, life and the things they need to thrive which can lead to issues including isolation, loneliness and depression. The Welsh Deaf Mental Health Research Network report 40% of deaf people experience mental health issues.

In older age, hearing loss becomes a major challenge and people are at greater risk of social isolation and reduced mental well-being. Social isolation has an effect on health and in older people there is a strong correlation between hearing loss and cognitive decline, mental illness and dementia.

The World Health Organisation [notes](#) that exclusion from communication can have a significant impact on everyday life, causing feelings of loneliness, isolation, and frustration, particularly among older people with hearing loss. In adulthood, disabling hearing impairment can lead to embarrassment, loneliness, and social isolation. This is supported by the National Academies which [found](#) that for people with hearing loss [the environment and support they receive] may mean the difference between participating and engaging with their community and feeling socially isolated.

Despite the critical importance of communication, many older adults have a hearing loss that interferes with their social interactions and enjoyment of life. Health Survey England [noted](#) that hearing loss can impede communication in social, educational and work settings, leading to a sense of isolation as well as the consequences of misunderstanding. These can lead to social withdrawal and to depression.

2. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

NHS Improvement (formerly Monitor) [notes](#) that prevention and early diagnosis of hearing loss can significantly reduce the impacts of hearing loss, including social isolation and mental ill health. This is further supported by recent evidence published by the World Health Organisation.

Two of the particular challenges of meeting the needs of adults with hearing loss are its insidious nature and the stigmatisation of aging and debility. Typically, people will not notice the initial onset of hearing loss and adopt a range of, often subconscious coping strategies, such as turning up the television, which they only become aware of when other family members complain. Some of these strategies, such as avoiding the use of the telephone or social gatherings, are frankly maladaptive and tend towards social isolation. This is particularly problematic when added to the trend for older people, who would previously have lived in extended families, to live alone.

3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

We believe that health service policymakers need to take into account the complex relationship between hearing loss and mental ill health. The report 'deaf people Wales: Hidden inequalities' identifies the need to do more for deaf people to ensure services are more accessible and acknowledges the link between hearing loss and mental health. In addition to being a source of inequality in accessing health services, there is robust evidence that uncorrected hearing loss significantly increases the incidence and severity of mental ill health and hastens cognitive decline in people with dementia. In addition to improving accessibility of mental health services to people with hearing loss, and other protected characteristics, NHS Wales should improve access to NHS hearing loss services to reduce the demand for mental health services whilst making it easier for those who still need help to secure it.

4. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

Improving access to services by commissioning existing providers of community audiology services in Wales to provide NHS services using a model based on existing primary care optometry/ Recognition of the link between hearing loss and mental health and public health engagement and education programmes to encourage people to address their hearing loss and thereby protect themselves against social isolation and reduce their risk of mental ill health and cognitive decline.

References:

<https://www.batod.org.uk/new-report-demands-action-to-address-mental-health-inequalities-faced-by-deaf-community/>

<https://cavuhb.nhs.wales/our-services/mental-health/a-z-of-mental-health-services/deaf-and-hard-of-hearing-mental-health-network/#:~:text=There%20are%20534%2C000%20people%20in,some%20form%20of%20hearing%20loss.>