

Guest editorial: Understanding and addressing mental health inequalities in the UK and US – Part 2: proposing some solutions

Lee Knifton, Victoria Stanhope and Neil Quinn

We are pleased to share the second part of our special edition on mental health inequalities. In the first edition, we shared seven articles that framed the nature of inequalities and the problems that we need to address. In this edition, we have seven papers from the UK and US that highlight potential solutions. They highlight programmes and approaches that can make an impact upon inequalities for and with those groups that are most affected.

Our first article by Tostatti and Khomash is a case study that demonstrates the potential of a compassion-based resilience training course to support frontline staff. Working with 28 care providers across New York, they show the potential to support their wellbeing and manage traumatic and stressful situations, whilst nurturing their ability to offer compassionate support to those most disadvantaged.

Our second paper by Irvine-Fitzpatrick and Maciver provides a case study of how a city-level approach can enable partnerships between organisations and citizens to reduce mental health inequalities. Based in Edinburgh, Scotland, it shows how sharing power can then lead to the development of new funded public health equity initiatives.

Our next paper by Stanhope and colleagues brings together academics from across the US to identify how to address deep seated mental health inequalities experienced according to race and ethnicity in the US. The funding for organisations best placed to support is often inadequate and restricted to programmatic costs. Utilising implementation science, this paper demonstrates the importance of investing in organisational factors to address mental health inequalities.

Our next article by Cameron offers insights and learning by applying a task-sharing model in Scotland, to address gaps in provision for young people with mental health problems and neurodiversity. This was developed from learning in Thrive New York, and itself drew inspiration from the reverse innovation from low-income countries. Early funding and lessons on implementation are explored.

Our fifth article by Morgan and Cogan explores the rapidly evolving area of artificial intelligence and its potential to address mental health inequalities. Adopting a community-based participatory research approach, they highlight the importance of involvement of people with mental health conditions in the shaping of AI technologies for health.

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Broadway-Horner focuses upon critical appraisal of sexual minorities' mental health and support. In considering individual and structural barriers to support, he advocates for a distinct model of care.

Finally, we have an article by four PhD students, from Scotland and New York, who use autoethnographic processes to explore identities and positionalities as they navigate research on mental health inequalities and social justice. This draws upon a session they led as part of a transatlantic workshop that developed this special issue, and the learning has been enriched by the group working as a transatlantic learning set of the last three years.

Taken together these articles offer positive and promising ways in which public health and public policy actors can directly address mental health inequalities. A number of cross-cutting themes emerge including building the capacity of community agencies, ensuring the wellbeing of frontline workers, co-production with communities, sharing policy and practice transfer between nations and navigating the evolution of new technologies.