Improving Equality of Access to Talking Therapies

AN INTRODUCTORY OVERVIEW OF PREVALENCE OF SYMPTOMS AND BARRIERS TO ACCESSING SUPPORT FOR COMMON MENTAL HEALTH CONDITIONS IN OUR COMMUNITY

ITALK OUTREACH TEAM 2021

Introduction

In February 2021 italk introduced an Outreach Team to help improve equality of access to italk.

The team was set up to engage with local communities to understand how to improve equity of access to italk, and then work to make those improvements.

To focus our initial work, we started with some research into:

- The makeup of our local community in Hampshire.
- How the prevalence of common mental health conditions varies across the community.
- What is already known about common barriers to access.

We know that a lot of other local organisations are working towards similar goals, so we are sharing our key findings, methods and sources in the hope that others might find them helpful.

Best wishes,

The italk outreach team:
Mai Brillet, Lachlan Marais-Gilchrist, Abigail De Castella, Sara Langston.
With thanks to Caroline Tiza.

Petersfield Heath Pond

CONTENTS

What is mental health?

As an introduction to our research, we thought it would be helpful to define what we mean when we refer to mental health, and particularly 'Common Mental Health Conditions'.

At italk, we specialise in treating common conditions such as depression, anxiety, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and specific phobias.

1 in 4 people will experience symptoms of these conditions each year.

We all have mental health, just like we all have physical health.

"If you're in good mental health you can:

- *Make the most of your potential*
- *Cope with life*
- *Play a full part in your family, workplace, community and among friends"*

- Mental Health Foundation

And just like our physical health, there are steps we can take to look after our wellbeing.

At italk, we offer a wide range of treatments, but one thing they all have in common is to empower people to make lasting improvements to their mental health and wellbeing.

Common Barriers

Many of the barriers we explore in this report aren't unique to IAPT, but are common across many public services. These are illustrated in the grid above.

Some of the common barriers to accessing mental health support appear to be:

How we interpret our experience
The way we understand and relate to our mental health is a uniquely personal experience.

Things like our upbringing, social circle, culture, faith and life experiences can all shape the way we view our mental health, the point at which we would recognise a problem, and the potential solutions we might seek.

Awareness of services
IAPT services like ours are a relatively new option. Before 2008, the therapies we offer were mainly available in the NHS for people with the most severe and complex symptoms.

To put this in perspective, IAPT is a more recent innovation than Twitter and Netflix! People who haven't heard of the IAPT programme may not seek support if they believe their symptoms are not severe enough.

Trust in services
Once aware of IAPT support, people may still have fears about the level of choice and control they are likely to receive in their treatment.

AGE

Children & Young People

As italk is an IAPT service for ages 16+, our research has focussed on adults.

However, we also recognise that some barriers to accessing our service may stem from earlier experiences in childhood.

Research into Adverse Childhood Experiences (ACE) has identified a range of situations or events that contribute to poorer physical and mental health outcomes later in life when they are experienced whilst children are still developing their understanding of the world and ways of coping, .

It has been estimated that almost half of adults in England have experienced at least one ACE, and 9% have experienced 4 or more.

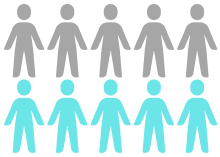
The importance of trauma-informed care in reducing barriers to accessing pulic services is becoming increasingly well-recognised.

14 

According to the World Health Organisation, globally half of all people with mental health conditions experience symptoms before their 14th birthday.

10 

According to the Centre for Mental Health, in the UK there is an average delay of 10 years between young people first experiencing symptoms, and getting help.



It has been estimated that almost half of adults in England have experienced at least one Adverse Childhood Experience.

9% of adults in England had 4 or more ACEs, which is linked to around a fourfold increase in depression, anxiety and low life satisfaction in adulthood.

Older Adults

According to the 2014 Adult Psychiatric Morbidity Survey (APMS), people aged 65 and over experience the lowest rates of depression and anxiety than any other age group.

But referrals among this age group to IAPT services are disproportionately low, even accounting for this lower prevalence.

A study by Age UK identified a number of barriers to accessing support including:

- A reluctance to talk about mental health, generally.
- A common belief that low mood is part of growing older.
- Prioritising physical health over mental health.

But we know that when people in this age group access our support, the service works well for them.

IAPT services across England also find that people aged 65 and over are more likely to engage well with their treatment, and more likely to make a good recovery.

Common Factors affecting mental wellbeing in later life

Retirement

Such a significant life change can affect us in many ways, from losing the sense of purpose or identity we associate with our profession, to the change in structure or routine in our days. .

Bereavement

Over 65's tend to experience loss more often than younger groups, and according to Independent Age this age group is twice as likely to experience complex grief.

Caring Responsibilities

Older adults are more likely to provide care for a loved one. Age UK research during the Covid-19 pandemic finds that 1 in 3 people aged 65 and over were carers.

Long-term health conditions

The Mental Health Foundation finds long-term conditions such as diabetes, arthritis and heart disease are around 4 times more common in over 65s as under 40s, and are linked to higher rates of depression and anxiety.

LGBT+

Mental health and wellbeing is a serious concern in LGBT+ communities.

According to Stonewall (2018), more than half of LGBT people have experienced depression or anxiety in the last year, but many people avoid seeking support for fear of discrimination from healthcare staff.

A particular barrier for accessing mental health treatment may be concerns around being encouraged to access so-called 'conversion therapy'.

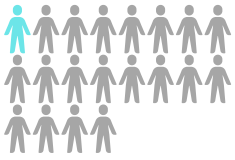
Stonewall's report found many instances of people who were told by health professionals that their symptoms were caused by their gender identity or sexual orientation.

Stonewall recommends that mental health services should:

- Train all staff on the mental health needs of LGBT people
- Record patients sexual orientation and gender identity, to identify inequalities.
- Make information and resources LGBT-inclusive
- Join Stonewall's Diversity Champions programme.

48% of trans people have experienced inappropriate curiosity from healthcare staff about their gender identity.

1 in 4 trans people have been outed without their consent by healthcare staff in front of other staff or patients.



5% of LGBT people have been pressured to access services to question or change their sexual orientation when accessing healthcare services.

19% of LGBT people don't disclose their sexual orientation or gender identity when seeking medical care

SEX

According to the 2014 APMS, women are significantly more likely to experience symptoms of a common mental disorder than men.

Women are twice as likely to experience anxiety as men, and more likely to experience OCD and phobias.

However, women are also more likely to seek support. IAPT services find that despite a lower prevalence, men are disproportionately underrepresented in referrals.

Factors contributing to higher prevalence in women may include:

- Caring responsibilities, particularly for 'sandwich carers', who support both young children and older generations in the family.
- Experiences of sexual abuse, or domestic violence.

Barriers to accessing support for men may include:

- Societal pressure to appear self-reliant and in control.
- Difficulty taking time off work for treatment, due to stigma in the workplace or financial pressures.

75% of people who die by suicide each year are men.

Men make up only 36% of referrals to NHS IAPT services nationally.

1 in 5 women (20.7%) experiences symptoms of a common mental health condition in any given week. The rate is 1 in 8 for men (13.2%).

12.6% of women aged 16 - 24 screened positive for PTSD in the latest APMS, compared with an average prevalence of around 4%

ETHNICITY

When looking at prevalence of Common Mental Health Conditions, women from Black, Asian and minority ethnic groups are more likely to experience a common mental health condition than white women, but prevalence for men is more consistent.

The Mental Health Foundation recognises racism, systemic inequalities and mental health stigma as factors affecting higher prevalence across ethnic groups.

These issues also account for the finding in the APMS research that White British people are significantly more likely to access treatment than any other ethnic group, even when controlling for prevalence and all other factors.

The IAPT Positive Practice Guide for BAME communities recognises some common barriers as:

- Concerns about confidentiality
- Cultural competence of staff, and how well treatment is personalised or adapted to the patient's individual, cultural or spiritual needs.
- Access to appropriate interpreting services
- Level of familiarity with mental health, the treatments available, or how to access services.
- Whether service policies and procedures facilitate equality of access.

29% of Black/Black British women are experiencing a common mental health condition this week, compared with 21% of women on average.

White British adults are around twice as likely to be accessing the treatment they need than other ethnic groups

The APMS (2014) did not find a significant difference across ethnic groups in rates of bipolar disorder, personality disorders or PTSD.

In the year to March 2020, Black people were more than 4 times as likely as White people to be detained under the mental health act (APMS).

RELIGION

We were not able to find reliable data on the prevalence of Common Mental Health Conditions by faith or religion. However, we did find research exploring the part that religion, faith or spirituality may play in people's experiences of mental health and accessing support.

A literature review by the Mental Health Foundation identifies a number of ways that religious or spiritual practices may contribute to positive mental health.

People may find that a sense of hope, comfort or purpose found through faith helps them to manage or prevent symptoms of depression or anxiety.

Many religious teachings and practices share elements with therapeutic techniques, such mindfulness, gratitude, compassion, and generosity.

In addition to the social benefits of being part of a faith community, religious organisations may also offer formal wellbeing services such as support groups, counselling or dedicated helplines.

The research also suggested that for some people, their experience of religion or faith may contribute to their mental health symptoms, or barriers to accessing support.

For example, some people may feel anxiety, guilt or shame around their mental health, and avoid seeking support if they believe their experiences or symptoms are a punishment for sin, or caused by a lack of faith.

The Mental Health Foundation advises healthcare services to acknowledge patients' spirituality and make space for it within treatments.

This could help patients to explore any challenges they are experiencing, and to harness the benefits of religion, faith or spirituality in their recovery.

MARITAL STATUS

The Equality Act (2010) includes marital status as a protected characteristic, making it unlawful to discriminate against someone because they are married or in a civil partnership. We were not able to find reliable data on prevalence of mental health conditions by marital status.

Wider relationship status, for example whether someone is single, cohabiting, engaged or divorced, is not a protected characteristic.

However, the closest data we identified was the APMS analysis of prevalence by household type, and of access to treatment by relationship status.

The APMS did not find relationship status a significant predictor of access to treatment, comparing married, cohabiting, single, widowed, divorced or separated adults.

However, prevalence did appear to vary by household type, with working-aged adults living alone nearly twice as likely to be experiencing a common mental health condition than adults in other household types.

29% of working-age adults living alone are experiencing a common mental health condition this week, compared with 17% of adults on average.

35% of working-age women living alone are experiencing a common mental health condition this week, compared with 21% of women on average.

25% of working-age men living alone are experiencing a common mental health condition this week, compared with 13% of men on average.

DISABILITY

Mental Health

IAPT services specialise in treating common mental health conditions such as depression, anxiety, OCD, PTSD and phobias.

Whilst some patients would not consider themselves to have a disability, for many their condition meets the definition of disability under the Equality Act 2010, in having a substantial and long-term effect on their day to day life.

And symptoms of common mental health conditions in themselves can create barriers to accessing support.

For example, at the very first point of contact, anxiety can cause us to doubt ourselves and worry about what happens next. Will we be able to cope with the vulnerability of asking for help? What if we are turned away?

In order to access any support service, we need to believe change is possible, but depression can make it hard to have hope that we can be helped, or that we're worth helping.

Physical Health

According to the King's Fund, 30% of UK adults live with one or more long-term physical health condition, and they are 2 to 3 times more likely to also experience mental health problems than those without.

Barriers to accessing support include physical health being prioritised, or mental health symptoms being misinterpreted as part of an existing physical health problem.

italk and other IAPT services are now providing support tailored to patients with long-term physical health conditions, to enable patients to look after their mental and physical health together.

Sensory Impairments

According to RNIB more than 3% of the UK live with some level of sight loss, but only 17% are offered emotional support to cope with their loss of vision.

RNID estimate 1 in 5 UK adults have hearing loss, rising to 2 in 5 for people over 50. They say people with hearing loss are twice as likely to experience depression, and cite stigma and social isolation as factors.

DISABILITY

Learning Disabilities

It is estimated that 2% of people in the UK have a learning disability, and they are twice as likely to experience a common mental health condition than the general population.

Mencap point to a range of factors affecting this higher prevalence, including that people with a learning disability are more likely to experience poverty, abuse, discrimination and social isolation.

The Foundation for People with Learning Disabilities has published a Positive Practice Guide for IAPT services. It describes a number of adjustments that could be helpful for any service:

- Making the referral or initial contact process accessible
- Facilitating support by family or paid carers
- Offering adjustments to the length or number of sessions

Neurodevelopmental Disorders

The National Institute for Health and Care Excellence (NICE) recognises that the prevalence of neurodevelopmental disorders in UK adults is likely to be underestimated. They point to figures of 3 to 4% for ADHD and 1.1% for autism spectrum disorder.

Both groups are recognised to be more likely to experience common mental health problems than the general population, although we did not find a reliable estimate of prevalence, or analysis of barriers.

The Social Care Institute for Excellence (SCIE) describe a number of general barriers to accessing services for autistic adults including:

- A lack of awareness and understanding of autism
- The nature of autism as a spectrum condition and a hidden disability, meaning people's difficulties may not be recognised, or be may misinterpreted or underestimated.

PREGNANCY & MATERNITY

Whilst many are aware of postnatal depression, there is less awareness of mental illness during pregnancy, and of other conditions such as perinatal anxiety and OCD.

Parents may experience symptoms for the first time during the perinatal period, or may have existing mental health conditions.

Mind recognises that the pressure to appear happy and excited in the perinatal period can be a barrier to talking about symptoms.

People may be hesitant to access support in case they are judged to be an unfit parent.

This can be a particular fear if their symptoms include thoughts about harming themselves or their baby.

It is important to raise awareness of perinatal mental health to enable expectant and new parents to recognise their symptoms and to feel comfortable accessing support.

10 - 20% of mums experience perinatal mental illness during pregnancy or up to 1 year after birth.

According to NCT, around 3 - 4% of mums develop PTSD after childbirth, with an estimated 5% of partners experiencing PTSD after witnessing a birth.

70% of mums will hide or underplay their illness.

Suicide is one of the leading causes of death for women during the perinatal period.

FACTORS & BARRIERS RESEARCH SOURCES

Age

- Age UK. www.ageuk.org.uk
- Independent Age. www.independentage.org
- The British Psychological Society. (2019). Adverse Childhood Experiences (ACEs) Evidence Briefing. www.bps.org.uk
- World Health Organisation. www.who.int
- Centre for Mental Health. www.centreformentalhealth.org.uk

LGBT+

- Stonewall (2018). LGBT in Britain: Health Report.

Sex

- NHS Digital. Psychological Therapies: Reports on the use of IAPT Services, England. www.digital.nhs.uk

Ethnicity

- Mental Health Foundation www.mentalhealth.org.uk
- British Association for Behavioural and Cognitive Psychotherapies (BABCP) https://babcp.com/Therapists/BAME-Positive-Practice-Guide

Pregnancy & Maternity

- Maternal Mental Health Alliance www.maternalmentalhealthalliance.org
- Mind. www.mind.org.uk
- National Childbirth Trust (NCT). www.nct.org.uk

Disability

- Gov.uk (2021). UK Disability Survey
- Mencap. www.mencap.org.uk
- The King's Fund. (2012). Long-Term Conditions and Mental Health: the cost of co-morbidities.
- Social Care Institute for Excellence (SCIE).. www.scie.org.uk
- Royal National Institute for Blind People (RNIB). www.rnib.org.uk
- Royal National Institute for Deaf People (RNID). www.rnid.org.uk
- Foundation for People With Learning Disabilities. www.learningdisabilities.org.uk
- National Institute for Health and Care Excellence (NICE). www.nice.org.uk

Religion

- Rethink Mental Illness. www.rethink.org
- Mental Health Foundation. (2006). The Impact of Spirituality on Mental Health

Mental Health Prevalence

Adult Psychiatric Morbidity Survey (APMS), 2014
https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey

OUR COMMUNITY

italk is commissioned to support patients registered with GPs in most of Hampshire.

Our report refers to these areas of Hampshire, and does not cover North East Hampshire, or the cities of Portsmouth or Southampton.

POPULATION RESEARCH

It is well researched that inequalities contribute to higher prevalence of common mental health conditions, and create barriers to accessing health and care services.

Therefore, our initial research into the makeup of our local community focussed on the 9 protected characteristics described in the Equality Act 2010:

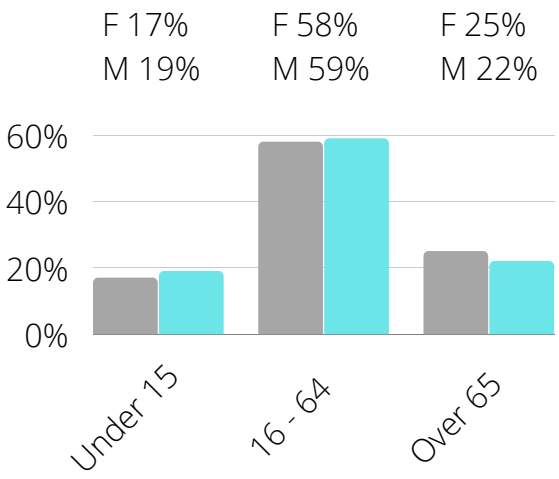
Age, ethnicity, religion, sex, gender identity, sexuality, disability, marital status, and pregnancy/maternity.

As Hampshire is a large and diverse county, we divided our population research into the 4 areas that we are commissioned to serve by Hampshire, Southampton and Isle of Wight CCG.

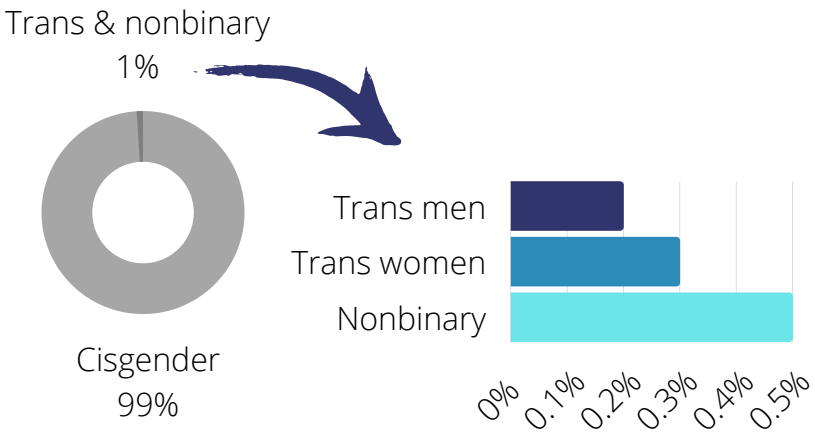
West Hampshire: the New Forest, Test Valley, Winchester, Eastleigh
North Hampshire: Basingstoke, Alton and surrounding areas.
South Eastern Hampshire: Bordon, Petersfield, Waterlooville, Havant & Hayling Island
Fareham & Gosport

WEST HAMPSHIRE

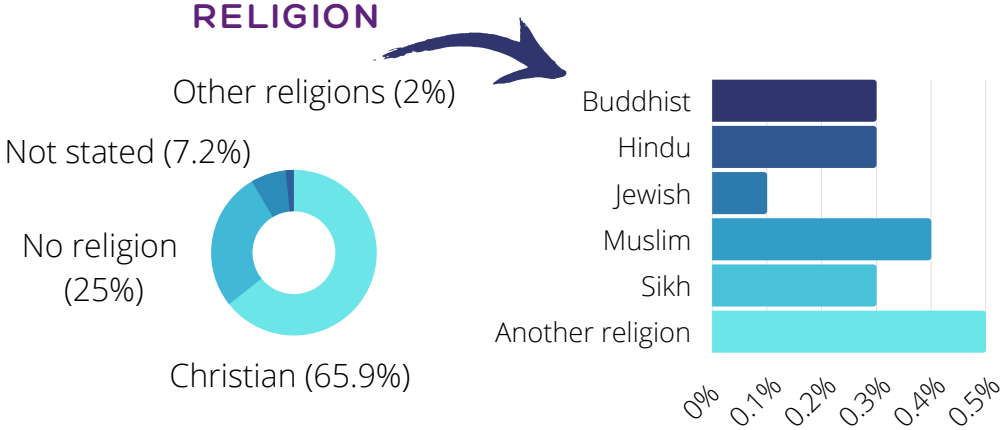
AGE & SEX



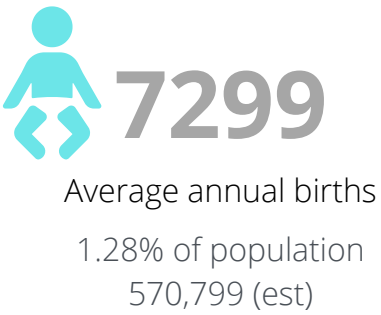
GENDER IDENTITY



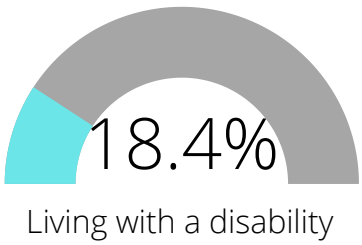
RELIGION



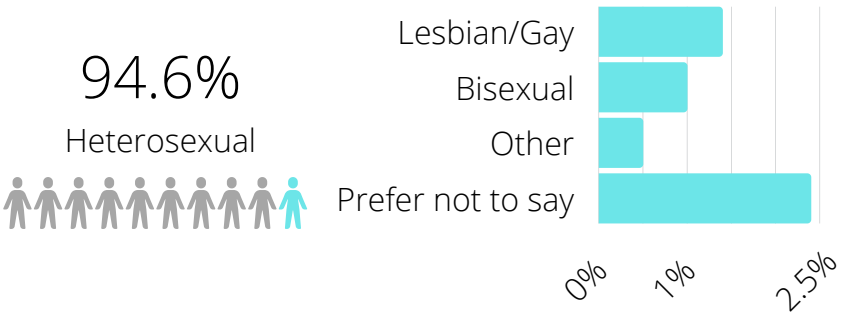
PREGNANCY



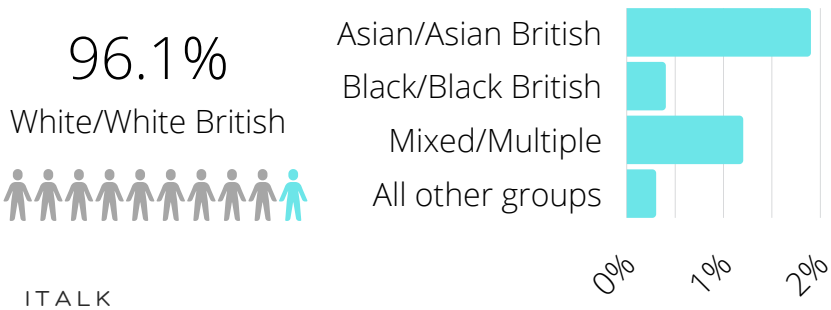
DISABILITY



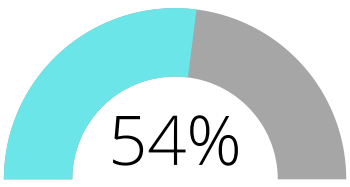
SEXUALITY



ETHNICITY



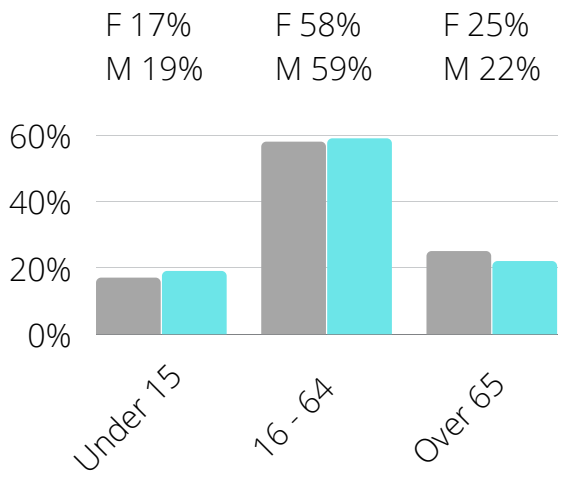
MARITAL STATUS



ITALK

SOUTH EASTERN HAMPSHIRE

AGE & SEX



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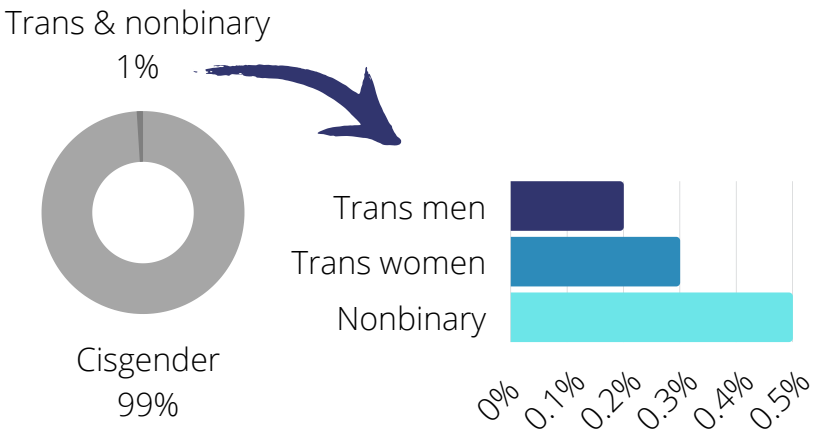
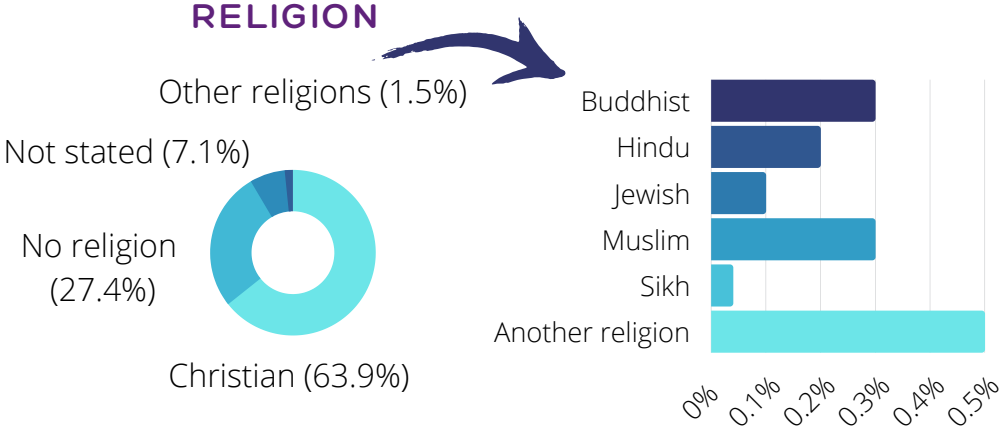


RELIGION

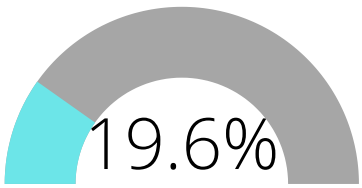


PREGNANCY

Average annual births

1.30% of population
217,701 (est)

DISABILITY

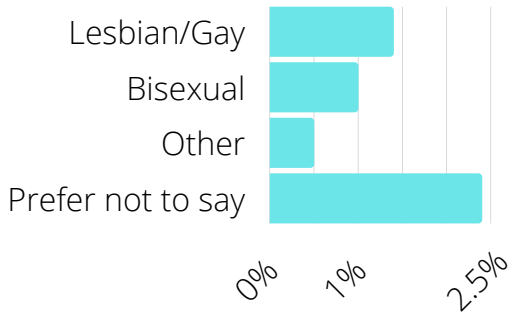


Living with a disability

SEXUALITY

94.6%

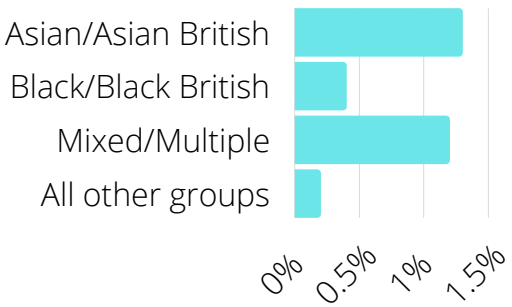
Heterosexual



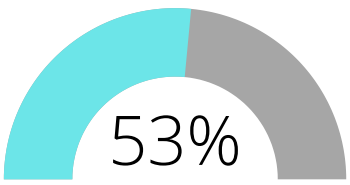
ETHNICITY

96.9%

White/White British



MARITAL STATUS

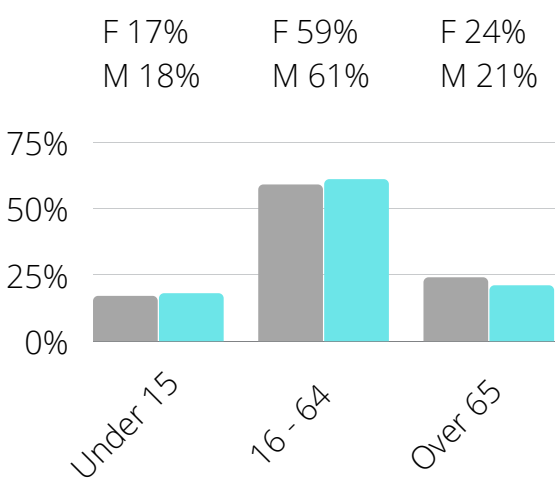


Married or in a civil partnership

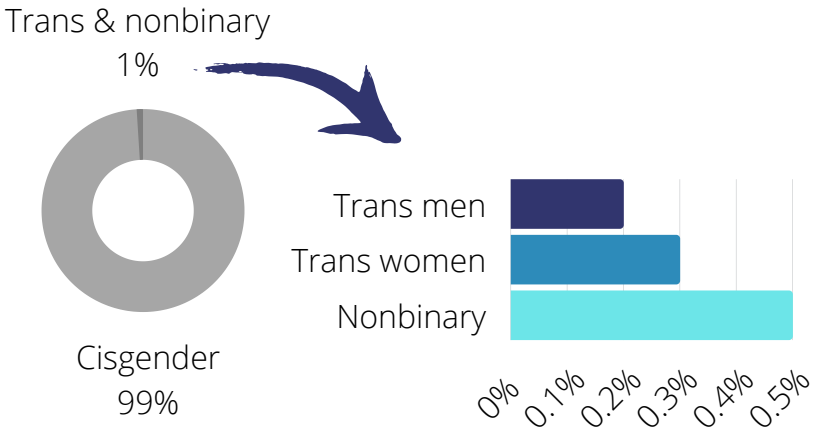
ITALK

FAREHAM & GOSPORT

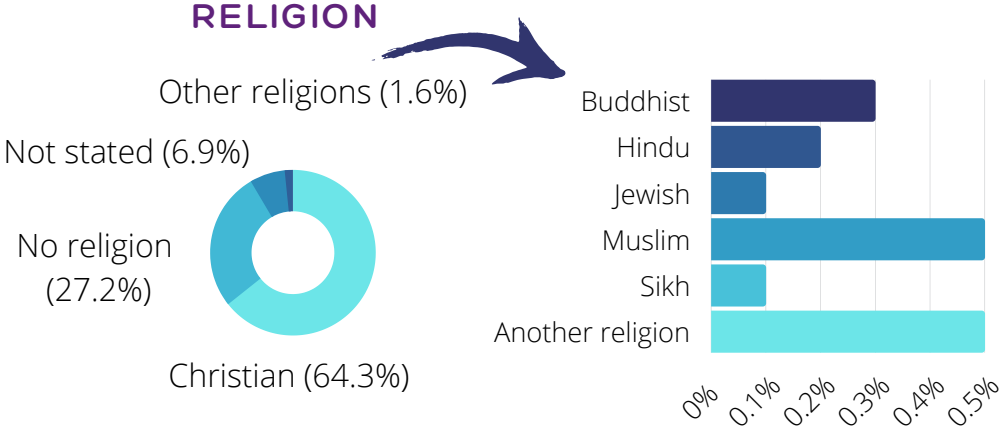
AGE & SEX



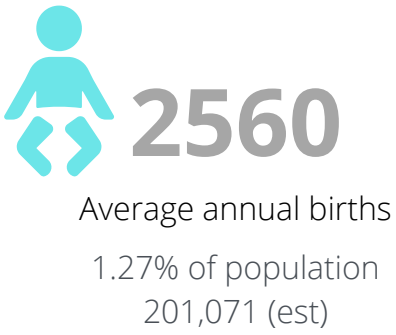
GENDER IDENTITY



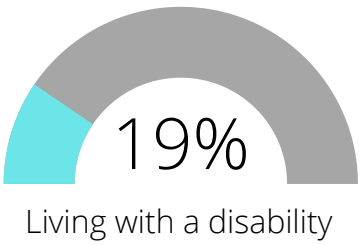
RELIGION



PREGNANCY



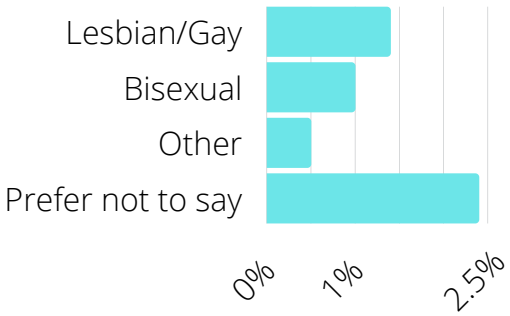
DISABILITY



SEXUALITY

94.6%

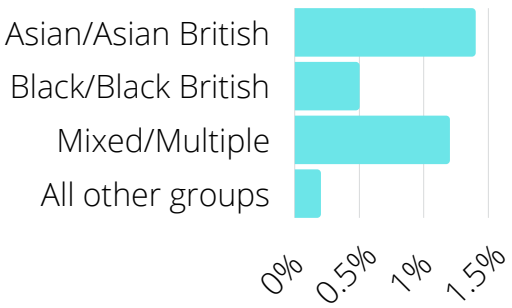
Heterosexual



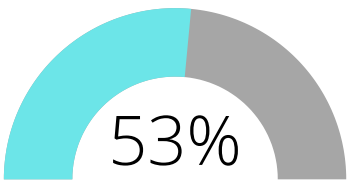
ETHNICITY

96.6%

White/White British



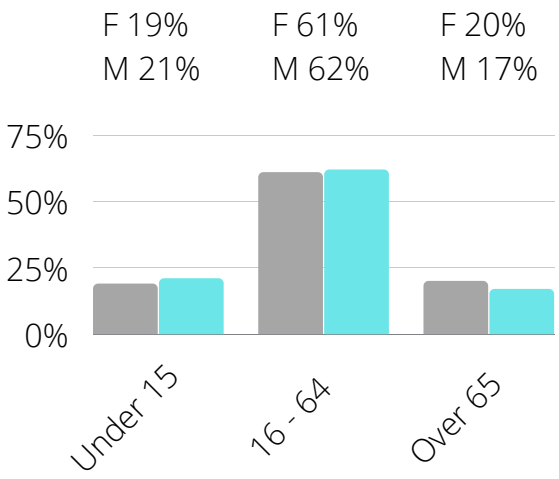
MARITAL STATUS



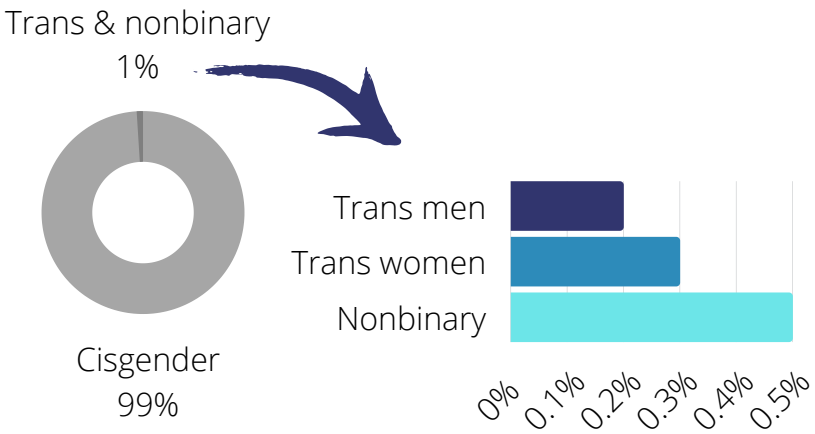
ITALK

NORTH HAMPSHIRE

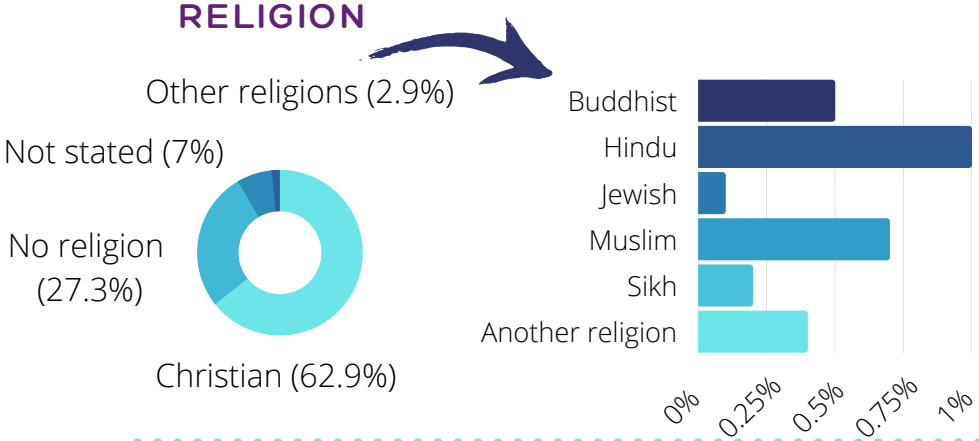
AGE & SEX



GENDER IDENTITY



RELIGION

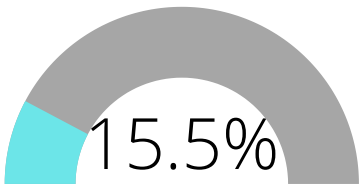


PREGNANCY

Average annual births

1.49% of population
225,387 (est)

DISABILITY

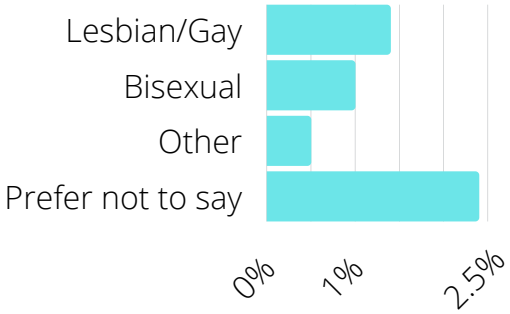


Living with a disability

SEXUALITY

94.6%

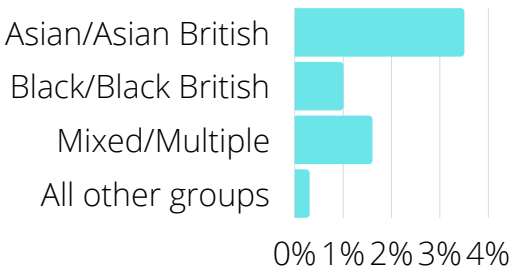
Heterosexual



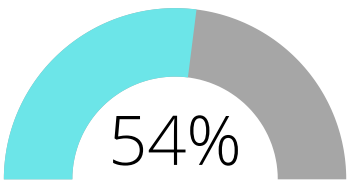
ETHNICITY

93.6%

White/White British



MARITAL STATUS



Married or in a civil partnership

POPULATION DATA SOURCES

To enable us to research the specific areas we work in, we primarily used Census and ONS data, which is available by LSOA.

Sources are given to the right.

Why not use more recent datasets? We chose these sources as the best balance of reliability, comparability to our referral data, and recency.

Links

Other data sources we have found helpful include:

Fingertips
Information about the health of local areas and regions
fingertips.phe.org.uk

SHAPE Atlas
Mapping of health services and local needs.
shapeatlas.net

NomisWeb
Retrieve ONS data for your specific query.
www.nomisweb.co.uk

Infographic Sources

Age & Gender
Mid 2019 ONS Population Estimates

Disability
2011 Census - LC3302EW

Gender Identity
We did not find suitable data available by local area, so figures given are national, from The national LGBT Survey 2018 (UK Equalities Office) and The Truth About Trans (Stonewall). Sources differ in their population estimates of trans men and trans women, with some suggesting figures are likely to be more equal than suggested here.

Marital Status
2011 Census - LC1107EW

Pregnancy
Mid-2019 ONS Population estimates

Ethnicity
2011 Census - LC2101EW

Religion
2011 Census - LC2107EW

Sexuality
We did not find suitable data available by local area, so figures given are national from ONS Sexual Orientation Estimates 2016-2018

NEXT STEPS

Understanding our service priorities

Understanding the way that prevalence varies across different demographic groups helped us to identify the groups that were being underserved by our service.

By taking prevalence into account when we compare our referrals to the local population, we can understand how fairly we are reaching the people who need our support.

This analysis showed us which groups are most underrepresented in our referrals, to help us to prioritise our work.

The first groups we will focus on are:

- Black/Black British and Asian/Asian British ethnic groups
- Disabled people
- Over 65s
- Trans and nonbinary people

It is important to us to improve access to the service for all of our patients equally, and these priorities will enable us to focus our actions in the fairest way, by reaching those who most need our support first.

Outreach

This initial research gave us a broad overview of who may need our support and the barriers they may face in accessing our service.

Our next step is for our Outreach Team to engage with the local community to understand how we can improve equity of access, and work together to make those improvements.

One of the most important insights from this research, for us, has been in recognising the importance of trust and understanding in where people choose to turn for support.

The only way for us to reach further into our community is to be part of it, and work together to enable people to access the support they need.

If you can see an opportunity for us to work together, please get in touch with our Outreach Team at:

italkoutreachcoordinator
@solentmind.org.uk

You can stay in touch with us through our Outreach Newsletter, or find more information about our work on the italk website at www.italk.org.uk

About us

italk is the Improving Access to Psychological Therapies (IAPT) service for Hampshire, delivered in partnership by Solent Mind and Southern Health NHS Foundation Trust.

www.italk.org.uk
023 8038 3920

mind Solent

NHS
Southern Health
NHS Foundation Trust