ARCBITE

Brokering Innovation Through Evidence

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Mapping existing evidence to understand inequalities in access to adult mental health services in the UK

Background

In England, 1 in 6 adults report experiencing a mental health condition (e.g. depression, anxiety, psychosis) (1). In the aftermath of the COVID-19 pandemic, an estimated 8 million people with mental health needs were not in contact with mental health services (2). People face high thresholds for being eligible for mental healthcare and long waiting times.

Those who are exposed to social and economic disadvantage are more likely to experience poorer mental health and poorer access to mental healthcare. It is important to have a comprehensive understanding of inequalities to improve access to and the provision of mental health services for different population groups.

What was the aim of this research?

The aim of this systematic mapping review was to find studies that had looked at inequalities in access to adult mental health services in the UK. We wanted to understand how studies had measured access, what research methods had been used, and what were the key findings.

How did we involve people?

The aims of this research were reviewed by a service user group and a public adviser with lived experience of accessing mental health services. Three co-authors, involved in undertaking the review, have experience and expertise in delivering adult mental health services. Feedback on the review findings was also received from those with lived experience.

What did we do?

We searched seven electronic databases to find relevant studies, and identified 152 papers that met our criteria. We collected key information from each paper (e.g. study setting, participants, research methods, key findings). We used a framework (3) to organise the information from the papers and to develop an overview of the existing evidence on inequalities in access to adult mental health services in the UK.

What did we find out?

Measuring healthcare utilisation (e.g. whether an individual used a mental health service) was the most common approach studies used to understand access to mental health services. This often involved the analysis of routinely collected patient data, such as electronic health records from mental health services.

Most of the studies we identified had considered inequalities associated with age, gender, and ethnicity. Very few studies had considered inequalities associated with social capital (e.g. sense of belonging), religion, and sexual orientation. Inequalities were studied by

examining differences in levels of access (e.g. number of referrals/appointments), differences in pathways to services (e.g. referral source and destination), or identifying barriers to access that disproportionately affect certain population groups (e.g. stigma and discrimination).

Differences in levels of access

- Higher levels of access observed for females, unemployed people, and prisoners
- Lower levels of access observed for homeless people and ethnic minorities
- Inconsistent pattern for other groups (e.g. age, deprivation, sexual orientation)
- Risk of disengagement higher for younger adults, people with disabilities, unemployed people, homeless people, and males
- Unmet mental health needs reported for people with disabilities, people living with HIV, males, ethnic minorities, and prisoners

Differences in pathways to access

- GP-referred patients more likely to be younger, male, unemployed, and White
- Black people and males higher rates of criminal justice system involvement in their referral
- Refugees and asylum seekers less likely to be referred to mental health services
- Compulsory mental health treatment more likely for unemployed people, those living alone, ethnic minorities, and people residing in more deprived areas
- Treatment waiting times lower for people residing in less deprived areas, ethnic minorities, and older people

Key barriers to access

- Stigma and discrimination
- Appropriateness of services
- Availability of services
- Difficulty in recognising mental health need
- Trusting mental health professionals

What have we learnt and what next?

This review summarised a large body of research highlighting that considerable inequalities in access to adult mental health services continue to exist, but the picture is complex. Most studies rely on solely quantifying mental health utilisation. Attempts to understand inequalities in access to mental health services require a more sophisticated approach to measuring access (e.g. considering mental health need, help-seeking behaviour). Policy to address inequalities has been somewhat unsuccessful so far and could be better informed by research that considers the complexities of access.

This review will be used to inform the design of further studies to explore inequalities in access to mental health services during the COVID-19 pandemic, focusing specifically on LGBTQ+ population groups.

Who was involved?

- Hayley Lowther-Payne (ARC NWC Doctoral Fellow, Lancaster University)
- Dr Anastasia Ushakova (Lancaster University)
- Dr Rhiannon Edge (Lancaster University)
- Adelaide Beckwith (Lancashire and South Cumbria NHS Foundation Trust)
- Catherine Liberty (Lancaster University)
- Professor Fiona Lobban (Lancaster University)
- Keith Holt (ARC NWC Public Adviser)
- Service User Research Group (Lancashire and South Cumbria NHS Foundation Trust)
- Faculty Librarians (Lancaster University)

Further reading

1. Commission for Equality in Mental Health. Access to mental health support. 2020. https://www.centreformentalhealth.org.uk/publications/commission-equality-mental-health-briefing-2.
2. National Audit Office. Progress in improving mental health services in England. 2023. https://www.nao.org.uk/wp-content/uploads/2023/02/Progress-in-improving-mental-health-services-CS.pdf.
3. Levesque et al. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. International Journal for Equity in Health. 2013;12(1):18. doi:10.1186/1475-9276-12-18

What is NIHR ARC North West Coast?

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