

Socio-demographic differences in access to psychological treatment services: Evidence from a national cohort study

Klaudia Rzepnicka, Dorothee Schneider

Katie Finning, Emma Sharland, Piotr Pawelek, Vahé Nafilyan
and Rob Saunders

Mental Health Analysis Team

29 June 2023



Outline

- Background
- Aim
- Methodology
- Statistical methods
- Findings
- Conclusion



NHS

TALKING

THERAPIES



What is Improving Access to Psychological Therapies (IAPT)?

- Improving Access to Psychological Therapies (IAPT) (now called NHS Talking Therapies) are a primary mental health service in England, offering talking therapies for depression and anxiety disorders.
- began 2008 as the most ambitious treatment programme for adults with anxiety disorders or depression¹
- increased access to treatment for people with common mental disorders (CMD)
- NHS plans to expand the programme to reach 1.9 million people by 2023/24²

1 <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/>

2 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Aim

- examine socio-demographic characteristics of individuals treated nationally in IAPT
- whether participants were representative of the population with Common Mental Disorders (CMDs) in England

Methodology - overview

- Cohort study using IAPT data linked to 2011 Census records and Understanding Society survey data
- Indirect method to estimate access to IAPT amongst people with CMD
 - Calculate rates of IAPT treatment in financial year 2017/18 of total England population, by socio-demographic characteristics
 - Use Understanding Society to estimate rate of population with CMD in financial year 2017/18, by socio-demographic characteristics
 - Use the two components to estimate proportion of people with CMD that are in IAPT treatment

Data – IAPT 2017/18 and Census 2011

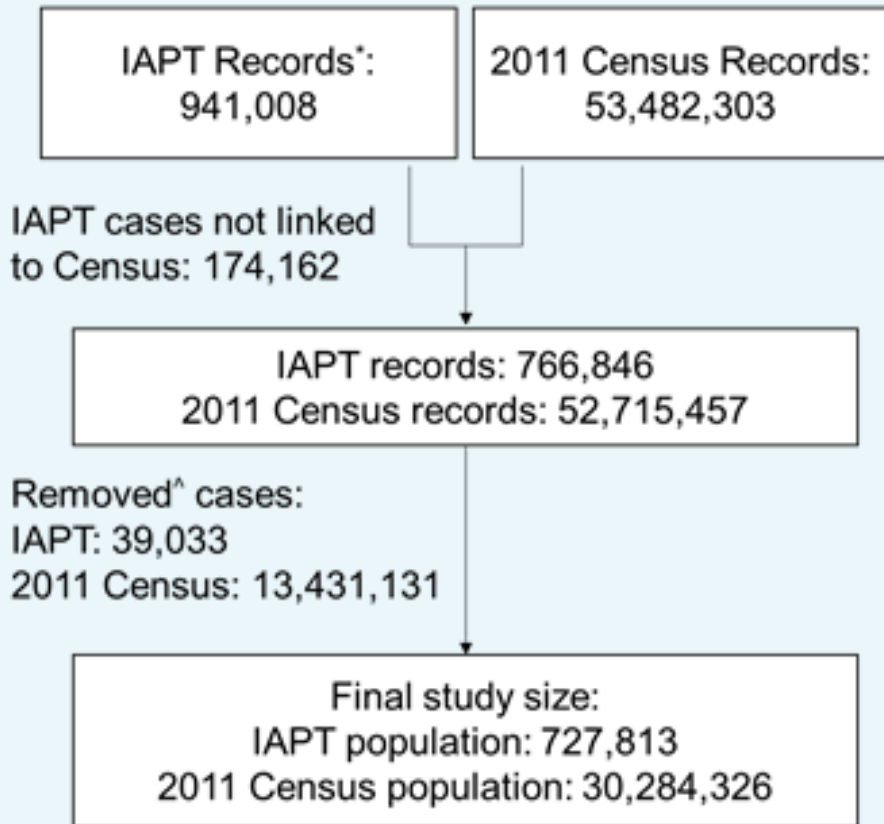
- IAPT data
 - Contains all people who were referred or self-referred to IAPT
 - Financial year 2017/18
- Deterministic data linkage using NHS numbers
 - Census – 2011-2013 NHS Patient Register (94.6% linkage rate)
 - Use death records to derive population in 2017/18
 - Census also used for socio-demographic characteristics
- Study population: people aged 18 to 100 living in England and enumerated in 2011 Census
- Outcome measure: received at least one treatment session in IAPT

Data – Understanding Society (UKHLS)

- Replicate study population used to estimate IAPT treatment rates
 - Population aged 18 to 100 living in England in 2017/18 and living in UK in 2011
 - Interviews with sample months between April 2017 and March 2018 (waves 8 to 10)
 - Socio-demographic characteristics derived from interview closest to census (March 2011), ± 26 months from census date
- probable common mental disorder in 2017/18 financial year
 - Proxied by a score of 4+ in General Health Questionnaire (GHQ-12)
- Weighting
 - survey weights scaled to fit financial year following UKHLS guidance
 - inverse probability weighting to adjust for selection bias due to item missingness

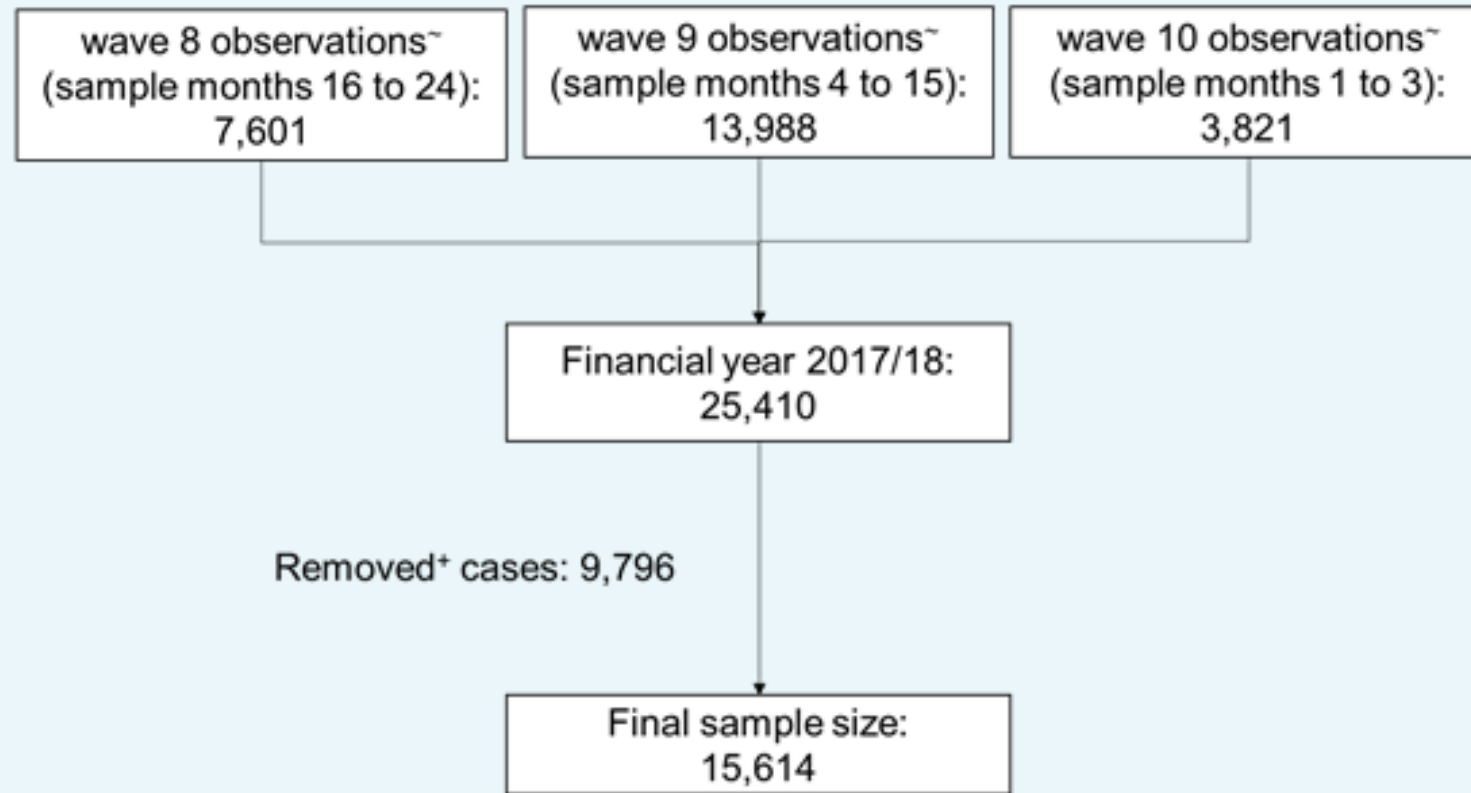
Sample sizes

IAPT



*This only includes IAPT patients had at least one treatment in IAPT, cases within the reporting period and one row per person
^Removed due to: patients outside of age range, those who have died during the reporting period and those with missingness on the 2011 Census for disability and/or ethnicity, and those living outside of England at the time of the 2011 Census

UKHLS



~Observations with non-0 weights (mostly temporary sample members).
+Removed due to: participants outside of age range, do not live in England, are not either UK-born or foreign-born but moved to the UK in 2010 or earlier, those with missing covariate information, those with missing outcome (GHQ-12)

Statistical methods

1. Logistic regression model

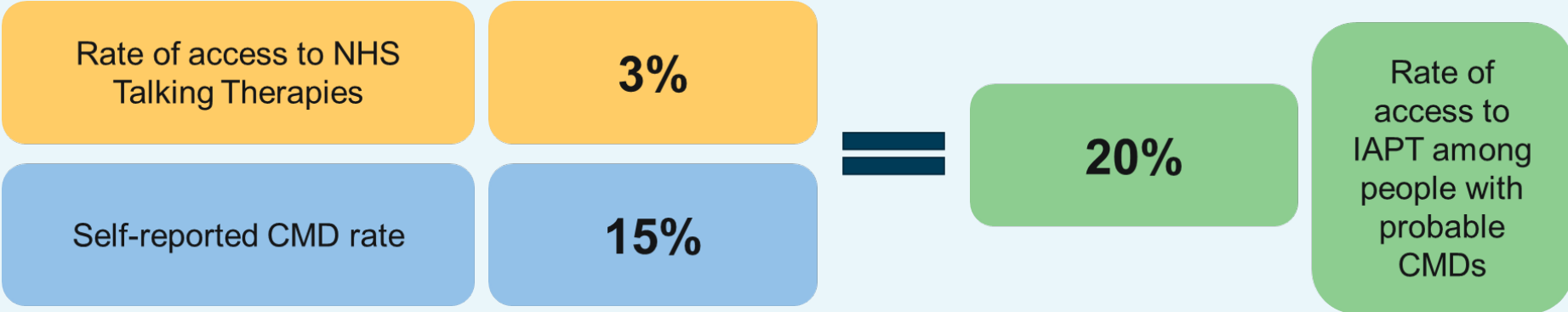
- a) Probability of receiving treatment in IAPT
- b) Probability of having a CMD (Understanding Society)

Unadjusted and fully adjusted models for a & b

2. Estimated marginal probabilities to derive adjusted rates for the two outcome measures for each socio-demographic characteristic

3. Estimated access to IAPT amongst those with a probable CMD

- a) Divided the rates of people receiving treatment through IAPT by self-reported CMD rates
- b) Monte Carlo simulation for 95% confidence intervals

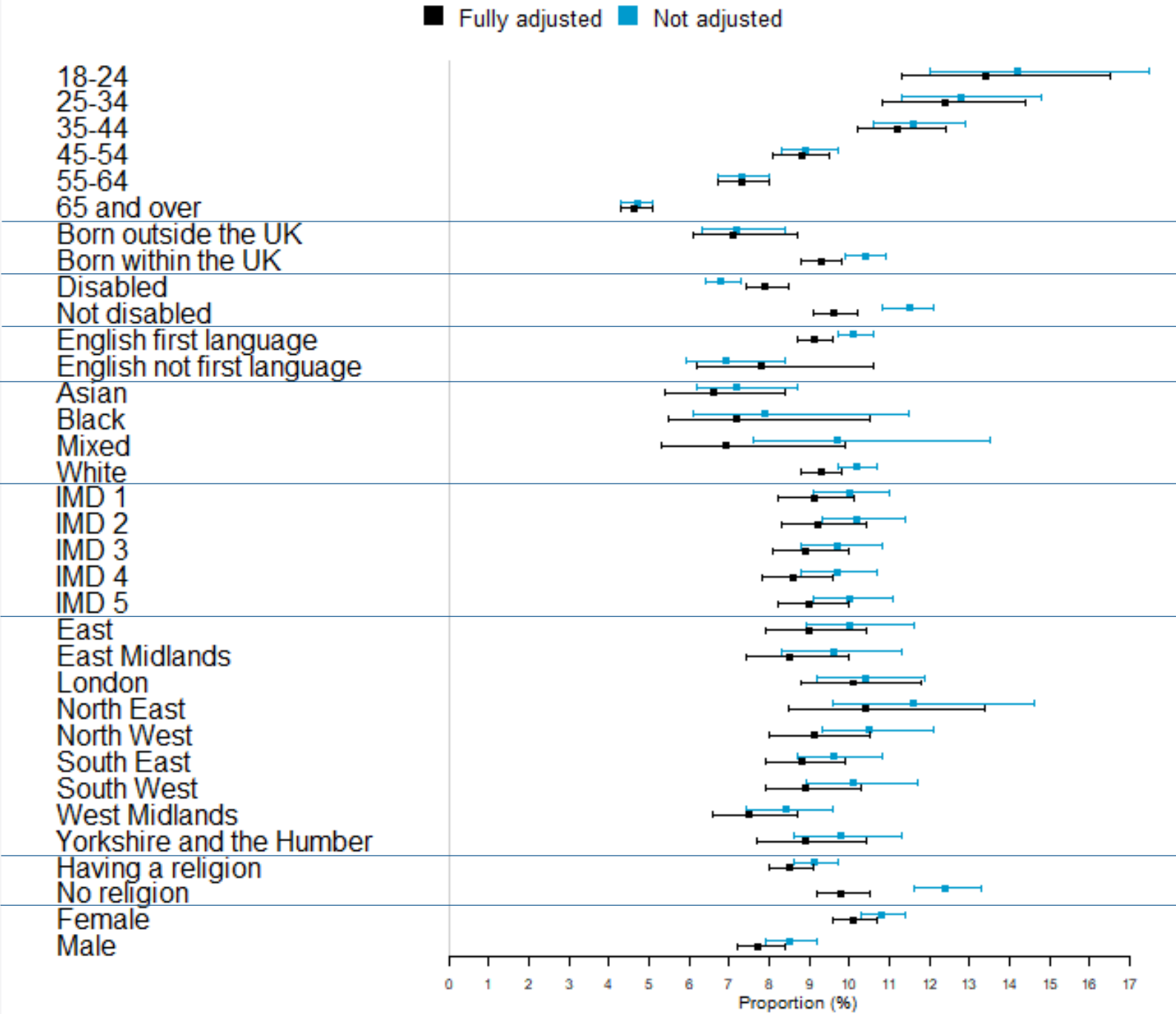


Socio-demographic characteristics

- Age
- Sex
- Country of birth (UK / not UK)
- Disability status
- English as first language
- Ethnicity
- Index of Multiple Deprivation (IMD) quintiles
- Region of residence in England
- Religious affiliation
- For ages 25+ only:
 - Highest educational qualification
 - National Statistics Socio-economic Classification (NS-SEC)

Findings

Figure 2: Estimated proportion of individuals with a probable Common Mental Disorder (CMD) that receive IAPT treatment in 2017/18, by socio-demographic characteristics



Age and sex

Among those with probable CMDs

- **14.2%** of 18-to 24-year-olds accessed IAPT
- **4.7%** of adults aged 65-and-over accessed IAPT
- **8.5%** of males accessed IAPT
- **10.8%** of females accessed IAPT

Differences were statistically significant even when adjusting for other factors.

Ethnicity, Country of Birth & English as a First Language

Among those with probable CMDs

- Asian ethnic group (**7.2%**) was underrepresented in IAPT when compared to the White ethnic group (**10.2%**)
- **7.2%** of those born outside of the UK accessed IAPT compared to **10.4%** of UK-born patients
- Those with English not as the first language were underrepresented (**6.9%**) compared to **10.1%** with English as first language

Disability status and religion

Among those with probable CMDs

- Only **6.8%** of disabled people with a probable CMD are being treated in IAPT compared with **11.5%** of non-disabled people
- People with a religion and probable CMD were underrepresented in IAPT, **9.1%** compared to **12.4%** of people without religious affiliation

Local area deprivation & region

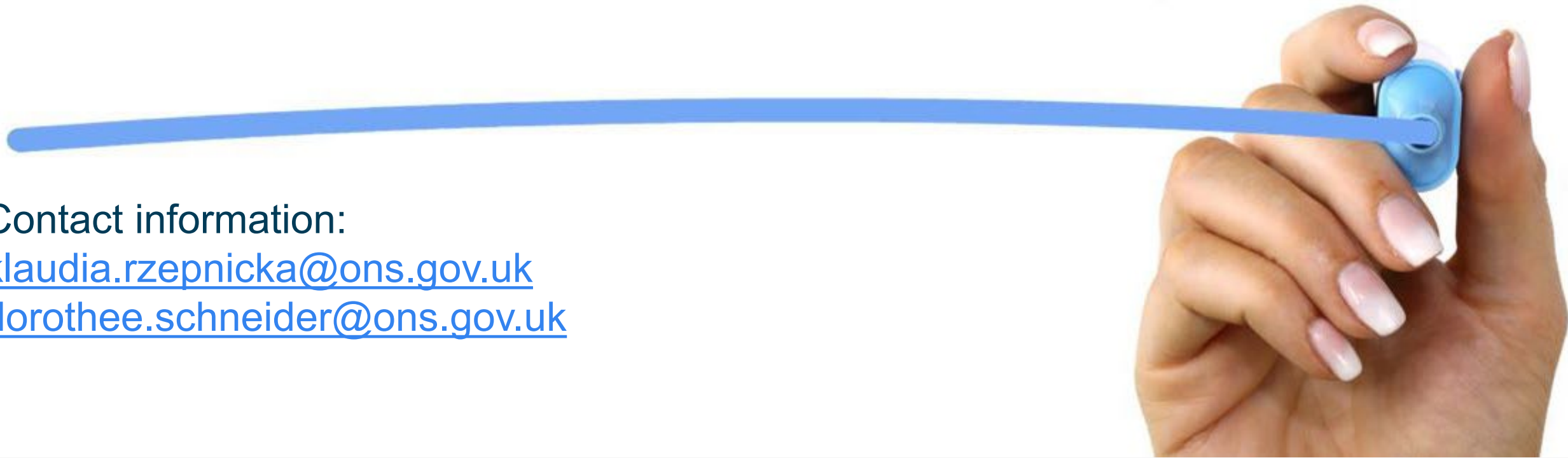
Among those with probable CMDs

- The biggest difference between regions was between the West Midlands (**8.4%**) and the North East (**11.6%**).
- There was little difference in IAPT treatment rates among those with a probable CMD by IMD (**range 9.7% to 10.2%**)

Conclusion

- Access to IAPT for those experiencing CMDs in England varies by socio-demographics
 - *Older adults, males, people born outside of the UK, people with religious beliefs, from Asian ethnic background, with disability and those with English not first language are less likely to access IAPT*
 - *Groups underrepresented in IAPT could receive other forms of treatment*
- Findings could be used too guide what groups to engage with to ensure equitable access to NHS Talking Therapies treatment
- Plans to replicate analysis for 2021/22 with Census 2021 information to investigate impact of COVID-19 pandemic

QUESTIONS



Contact information:

klaudia.rzepnicka@ons.gov.uk

dorothee.schneider@ons.gov.uk