

Poorer areas need better access to mental healthcare

November 20 2015

People who live in poorer areas in England are more likely to need mental healthcare but are less likely to access support and to recover from their symptoms following treatment, according to researchers at the University of York.

The researchers, from the Mental Health and Addictions Research Group (MHARG) and the Centre for Health Economics (CHE), have called for greater levels of investment to help address the inequality.

Although deprived communities tend to have greater numbers of referrals from medical professionals, [people](#) from poor communities appear less likely to start therapy, the research revealed.

The team, which included Dr Jaime Delgadillo, a psychotherapist and MHARG research fellow and Professor Simon Gilbody, Director of MHARG, also found that if people did receive care, they were less likely to recover from their [mental health problems](#).

The research was based on analysis of data from the national IAPT (Improving Access to Psychological Therapies) programme, a Government-funded initiative to improve access to evidence-based psychological treatments for common [mental health](#) problems.

IAPT treatments are informed by clinical guidelines, and use patient-reported measures to determine if someone has recovered following treatment. There are currently around 147 IAPT services, offering

treatment across 212 clinical commissioning groups.

Professor Gilbody said: "The IAPT programme is an important initiative which has enabled more people to receive psychological therapy across the NHS, but we have long suspected that some [areas](#) have benefited more than others from this development."

Dr Delgadillo, who led the project added: "This is a very important finding. We have been able to analyse data from hundreds of thousands of people with disorders such as depression and anxiety.

"People living in poorer areas were less likely to access services and were less likely to show clinical improvement compared to those in more economically advantaged areas. This is a major health inequality that has not been demonstrated before."

Professor Gilbody added: "A case can be made for greater levels of investment where there is the greatest level of need to help address this inequality. Services working in more deprived areas should receive increased funding, commensurate with the increased rates of depression and anxiety, and the disadvantages of their local populations.

"This research shows the potential of analysing very large volumes of data collected routinely in the NHS. This is an area of research where the University of York leads the way."

More information: "On poverty, politics and psychology: the socioeconomic gradient of mental healthcare utilisation and outcomes." *The British Journal of Psychiatry* Nov 2015, [DOI: 10.1192/bjp.bp.115.171017](#)

Provided by University of York

Citation: Poorer areas need better access to mental healthcare (2015, November 20) retrieved 25 April 2024 from

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