

An investigation of access, efficacy and experience for Lesbian, Gay and Bisexual identifying people in Southwark Psychological Therapies Service

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Background

- Southwark has one of the highest proportions of LGB identifying people in London and UK (around 10% of the population, compared to approximately 3-5% nationally).
- LGB people are more likely to experience mental health difficulties. There are increased rates of:
 - Depression
 - Psychosis
 - Substance misuse
- Reasons for this are still unclear, possibly related to stigma
- Evidence also suggests that LGB people have difficulties accessing healthcare services but no research which specifically looks at accessing mental health services in the UK.

Background to Audit

SLaM Objective: “There is no significant variation in experience between different equality groups, and a consistently high service is provided to all” (South London and Maudsley NHS Foundation Trust, 2010)

This is the first comparison of the outcomes of LGB and heterosexual service-users in a primary care psychological therapies service.

Audit Aims

Audit aims:

- Are LGB people gaining equal access to IAPT services in Southwark compared to heterosexual individuals?
- Are LGB people gaining an equivalent service:
 - Do LGB people achieve the same improvements after treatment?
 - Do LGB people have a similarly positive experience of treatment?
 - Are LGB people as likely to complete a course of treatment?
- What are the issues around routinely collecting information about sexual orientation in this service?

Data collected from Southwark Psychological Therapies Service (SPTS)

- Questionnaires assessing
 - **Depressive** symptoms (PHQ-9)
 - **Anxiety** symptoms (GAD-7)
 - How much their difficulties **impair their daily life** (work, home, relationships etc; WSAS)
- End Assessment Patient Experience Questionnaire (EAPEQ) & Mid-End Treatment Patient Experience Questionnaire (MEPEQ)
- Reason for ending IAPT care pathway
- Other demographic details.

Sexual Orientation Information

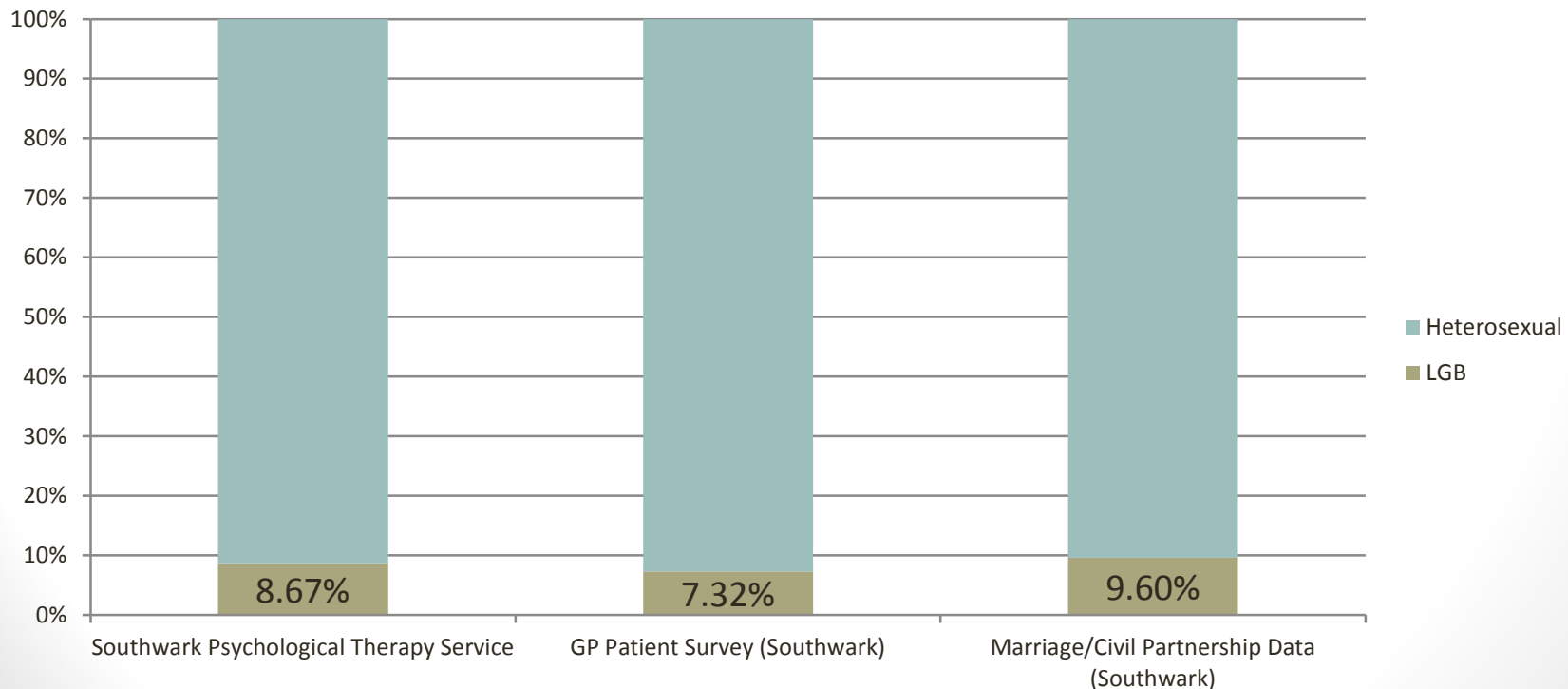
- Of 4714 individuals, 3853 (82%) had sexual orientation data
 - N=3169 (82.2%) Heterosexual
 - N= 231 (6.0%) Homosexual
 - N= 70 (1.8%) Bisexual.
 - N= 228 (5.8%) “Person asked & does not know or is not sure”,
 - N= 155 (4.0%) “Person asked but declined to provide a response”
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- Only included people who identified themselves as “Homosexual”, “Bisexual” or “Heterosexual” in subsequent analysis due to uncertainty around reporting in other categories.
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- Due to the small numbers, Homosexual and Bisexual people were combined into a single category LGB.

Demographic Information

- Of the people who accessed Southwark IAPT who self-reported being LGB, there were significantly:
 - More males than females
 - Less black or minority ethnic people More agnostic or atheist people and less Christian or Muslim people.
 - But no difference in the likelihood of being member of a religion other than Christianity or Islam
- Additionally people self-identified as LGB were on average younger than Heterosexual people

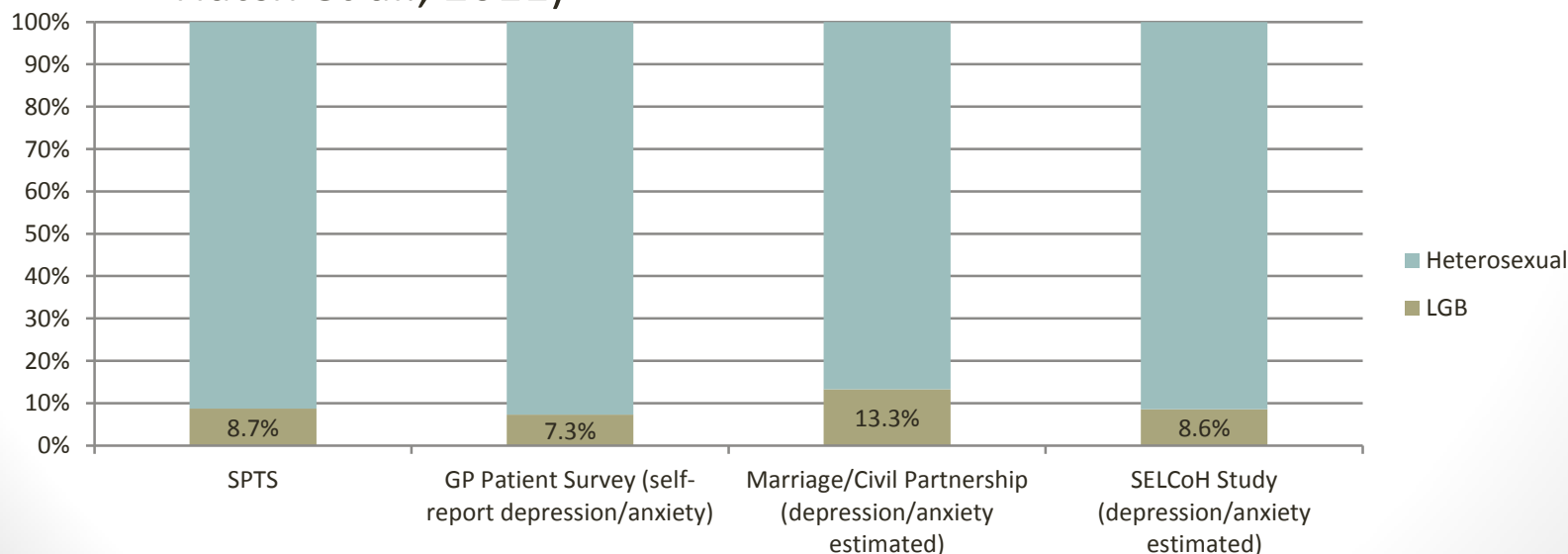
Proportion of LGB service-users in SPTS compared to population estimates

- Significantly greater proportion of LGB identifying people at SPTS compared to GP-Patient Survey and SELCoH (6.1%; South East London Community Healthcare study, Hatch et al., 2011; not shown below)
- No difference between SPTS and Marriage : Civil Partnership data



Proportion of LGB in SPTS compared to proportion estimated to have psychological problems

- However when you adjust for proportion likely to experience distress compared against the proportion at SPTS there were:
 - Significantly more LGB people in the marriage/civil partnership data than in SPTS
 - No significant difference from the GP-Patient Survey or the SELCoH Study (South East London Community Healthcare study, Hatch et al., 2011)



Do people answer the question about sexual orientation?

- Comparable response rates to sexual orientation question to other questions on the same page of questionnaire:
 - 18.6% - no information about sexual orientation
 - 10.9% - no information about national identity
 - 46.3% - no information about religion (but free-text question)
 - 15.3% - no information about use of psychotropic medication
- Does not appear that missing data for sexual orientation is wholly due to not wanting to respond to that specific question:
 - For 30.8% of the missing data for sexual orientation, all other information was missing from that page.

Missing Data

by demographic characteristics

- Which groups (if any) were less likely to respond to the sexual orientation question
 - to allow us to think of other possible ways of asking the question that might be more inclusive.
- No sig. difference between **genders or ethnicities** (White or BME)
- Data more likely to be missing for **older** people
 - 30.4% of people over the age of 65 did not give a response compared to 18.3% of those aged 18-64
- Differed across **religions** (next slide)

How did missing data differ by religion?

- Chi-square tests comparing each individual group against the rest of the sample:
 - Of those who reported a religious affiliation:
 - People who described themselves Islamic or Christian were less likely to answer the question.
 - Those who described themselves of a member of any *other* religion were more likely to answer the question

Table 15 Proportions of missing sexual orientation data for different religious groups

Note. Data is displayed in the format N(Percentage within column)

<u>Sexual Orientation</u>	<u>Christian</u>	<u>Muslim</u>	<u>Other Religion</u>	<u>Agnostic</u>	<u>Atheist</u>
Present	1023 (87.1%)	119 (83.8%)	129 (95.6%)	194 (87.4%)	788 (90.8%)
Missing	152 (11.5%)	23 (16.2%)	6 (4.4%)	28 (11.2%)	80 (8.4%)

Change in depression, anxiety and impairment in daily activities after treatment

- **No significant difference between LGB and Heterosexual people** in change over the course of treatment on **depression (PHQ-9), anxiety (GAD-7) or impairment in daily activities** caused by current problems (WSAS).
 - Suggests that there is no difference in response to treatment between LGB and Heterosexual people.
- **But LGB Identifying people reported having more impairment in daily activities (as a result of their difficulties) both before and after treatment**

Patient Experience Questionnaires

- **No significant differences in any measures** including
 - Staff listening and taking your concerns seriously
 - Feeling that service helped you to better understand and address your difficulties
 - Feeling involved in making choices about your treatment
 - Getting the help that mattered to you
- But numbers too small to interpret with confidence so more data collection needed

Reasons for end of IAPT care-pathway

- There was **no significant difference** between the two groups in their reason for the IAPT care pathway

Reason for End of Pathway	Heterosexual		LGB	
Completed treatment	908	(45.84%)	78	(40.41%)
Dropped out of treatment	677	(34.17%)	69	(35.75%)
Not suitable for service	39	(1.97%)	9	(4.66%)
Referral to another service	357	(18.02%)	37	(19.17%)
Total	1981		193	

Summary

- No evidence that sexual orientation data were missing at higher rates than for ethnicity or religion.
- **Proportion of LGB service-users in SPTS was broadly equivalent to proportion in Southwark estimated to be experiencing common mental health problems.**
- **LGB individuals report higher impairment to their daily living activities than heterosexual service-users.**
- **Equivalent improvements in outcome** measures for LGB and heterosexual service-users
- Results are consistent with SLaM Objective: “There is no significant variation in experience between different equality groups, and a consistently high service is provided to all”

Recommendations

- **Continue to monitor equality of access, satisfaction and care pathway data** between LGB and Heterosexual identifying people.
- Include a question in the patient registration pack about **sexual attractions rather than sexual identity only**.
- Include LGB-specific content on the SPTS **website**, with mention of the self-referral route.
- **Research required into the greater impairment in work and social activities** reported by LGB-identifying compared to heterosexual service-users