

Can Socio-Economical Deprivation Change the Outcome Of Treatment Offered By The NHS

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An abstract graphic on the left side of the slide. It features a white silhouette of a person with their arms raised in a celebratory or expressive pose. This figure is set against a background of vibrant, overlapping orange and red shapes that resemble stylized leaves or petals. The overall effect is one of energy and inspiration.

I'm Inspired

- I'm from a Precariat background.
- Both Mother and Step-Father are heavily 'treated' for a number of mental health issues.
- Two years experience in Substance Misuse Project, managing a crisis centre and supporting drug and alcohol dependent clients.

My Biases

- » Both my mother and step-father are heavily treated for their mental health issues with medication and have never been offered a counsellor.
- » Having had experience of working in a Harm Reduction Drug and Alcohol project, and supporting people who are classed as Precariat within the crisis center.
- » Is medication really enough or the answer? Therapy of different modalities should be available to widen the treatment options for patients.
- » That the outcomes and success rates are higher within different classes.

Some Numbers

Key Points

Part 1: Local Primary Mental Health Support Services (LPMHSS)

- 5,634 referrals were received for an LPMHSS assessment in December 2018.
- In December 2018 78.1% of LPMHSS assessments were undertaken within 28 days from the date the referral was received.
- 84.1% of therapeutic interventions were started within 28 days following an LPMHSS assessment in December 2018.

Part 2: Care and Treatment Plans (CTP)

- There were 22,520 patients in receipt of secondary Mental Health services at the end of December 2018. Of these, 20,035 (89.0%) had a valid Care and Treatment Plan (CTP).

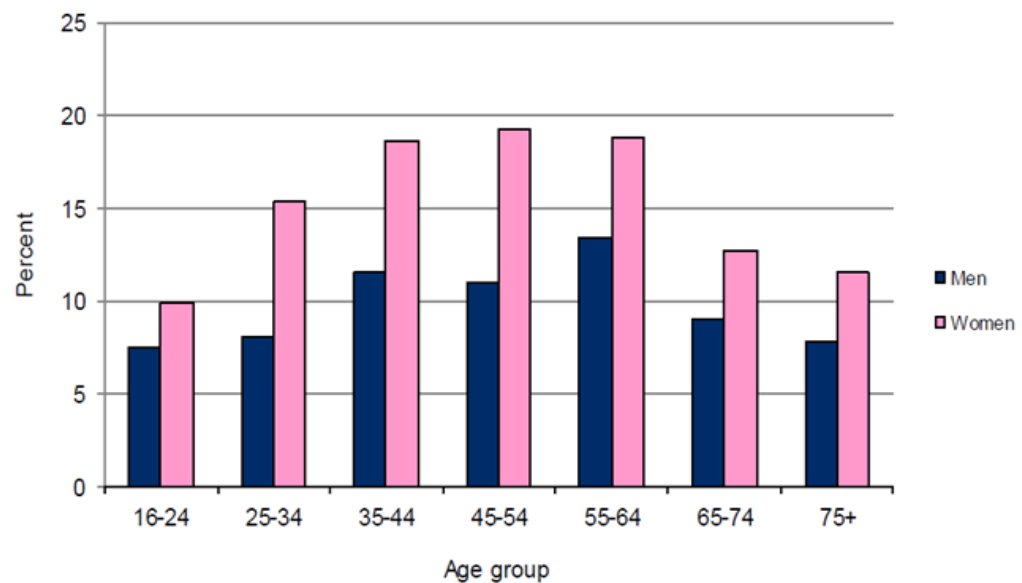
(Gov.wales 2019)

Generalised anxiety disorder	5.9 in 100 people
Depression	3.3 in 100 people
Phobias	2.4 in 100 people
OCD	1.3 in 100 people
Panic disorder	0.6 in 100 people
Post traumatic stress disorder (PTSD)	4.4 in 100 people
Mixed anxiety and depression	7.8 in 100 people
Psychotic disorder	0.7 in 100 people*
Bipolar disorder	2.0 in 100 people
Antisocial personality disorder	3.3 in 100 people
Borderline personality disorder	2.4 in 100 people
Suicidal thoughts	20.6 in 100 people
Suicide attempts	6.7 in 100 people
Self-harm	7.3 in 100 people

(Mind.org.uk 2017)

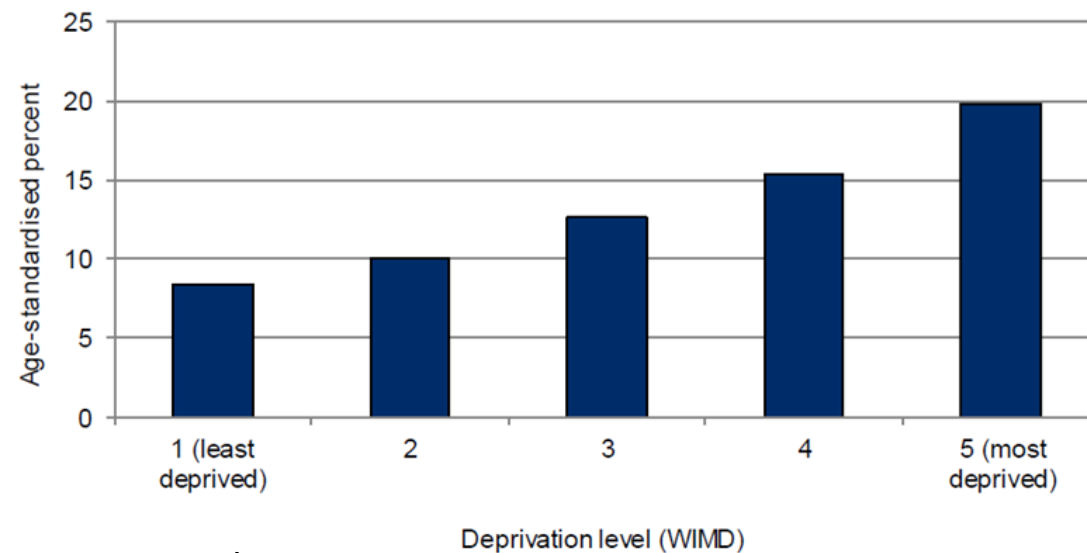
Numbers Continued

Figure 10: Percentage who reported being treated for any mental illness, by age and sex



(Gov.wales)

Figure 11: Percentage of adults who reported being treated for any mental illness, by deprivation quintile



(Gov.wales)

Literature Review

Gap in NHS information on GOV.net.

"The literature points to a middle class bias in both therapist and client.

Counselling and psychotherapy have historically neglected the importance of class, despite its relevance to the counselling process" (SAGE, 2017, p. 43).

"Those on lower income are less likely to be offered talking therapies and more likely to be prescribed medication when presenting with mental health issues" (Rogers and Pilgrim, 2003, cited in SAGE, 2017, p. 46).

Some have the view that classification is dwindling. (Ballinger and Wright, 2007, p. 157)

"Class consciousness remains a feature of modern Britain" (Milner, 1999, cited in Ballinger and Wright, 2007, p. 157).

"Alongside occupation, we use subjective factors such as the way people speak; where they live; their friends; the school they attended; their spending patterns; the way they dress; the car they own" (Reid, 1989, cited in Ballinger and Wright, 2007, p. 157).

"Social class is a neglected aspect of diversity in the counselling field" (Ballinger and Wright, 2007, p. 162)

The Gap

Are the treatments offered by the NHS for depression and anxiety different depending on the social status of the patients?



The Participants

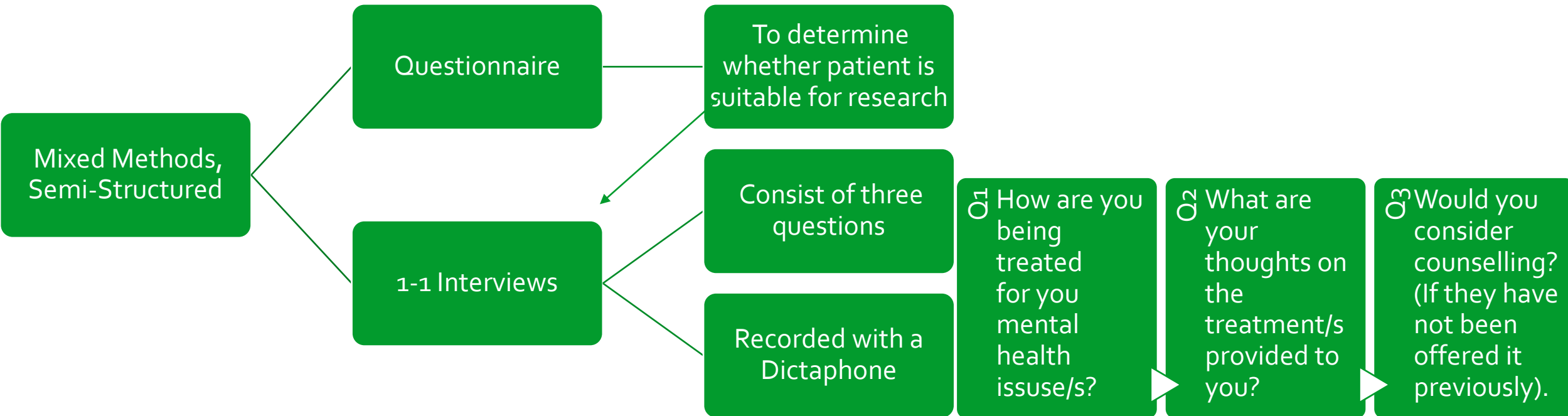
Male
25 - 34

- Precariat

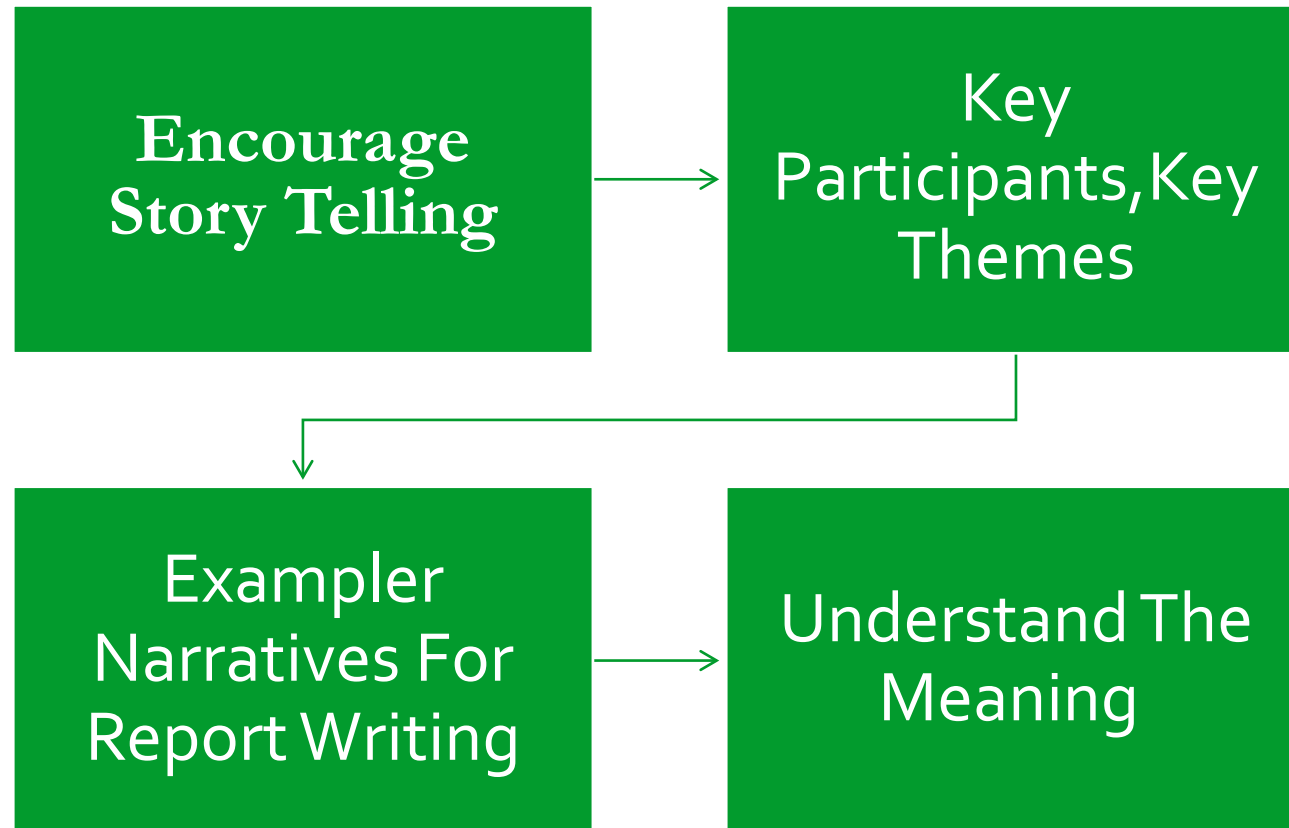
Male
25 - 34

- Emergent
Service
Worker

The Process

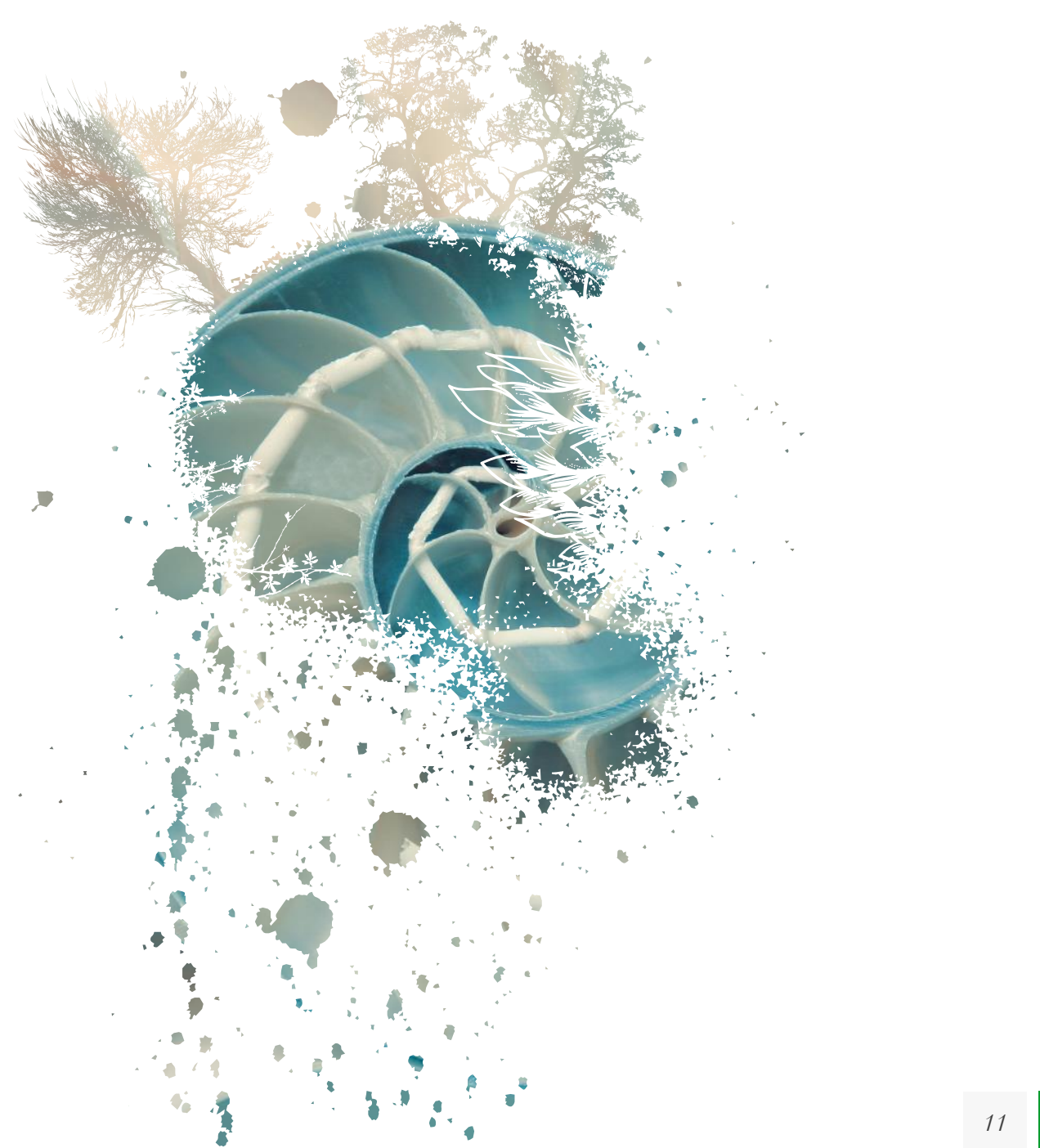


Analysing The Data - Narrative Analysis



Ethical Implications

- » Consent
- » Informed Consent/Safe Guarding
- » GDPR
- » Confidentiality
- » Autonomy
- » Biases



Advantages and Disadvantages

Advantages

- ❖ Help us understand what these particular client groups feel and think about the way they are treated by the NHS.
- ❖ Help gain understanding on what the thoughts of particular socio-economic groups have on counselling.
- ❖ Give us insight into any gaps in service to further support these client groups.
- ❖ Potentially aiding the notion that counselling of different modalities is needed within the NHS.
- ❖ Meet interesting people.

Disadvantages

- ❖ Differences in quality of life could have differences in how successful treatments are.
- ❖ Depression and anxiety is difficult to measure from one participant to the next.
- ❖ It may look like a NHS blaming exercise, and efforts need to be made to ensure that this does not happen throughout the research.



The Purpose

- » Funding for the NHS for more counselling, in CBT and more modalities.
- » Funding for more than 6 sessions.
- » Regulation around the profession of counselling.
- » Greater successful outcomes.
- » Saving money on prescription medications.
- » Best practice on how to approach the participant groups and their issues.



Summary

- Biases and life experience.
- Mixed Methods.
- Two different socio- economic groups of men.
- Variables in treatments offered by the NHS.
- Gap in research.
- Narrative Analysis to create a report.
- Aim to get funding.
- Open minded to the results.
- Aid the counselling field.

Thank You



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