

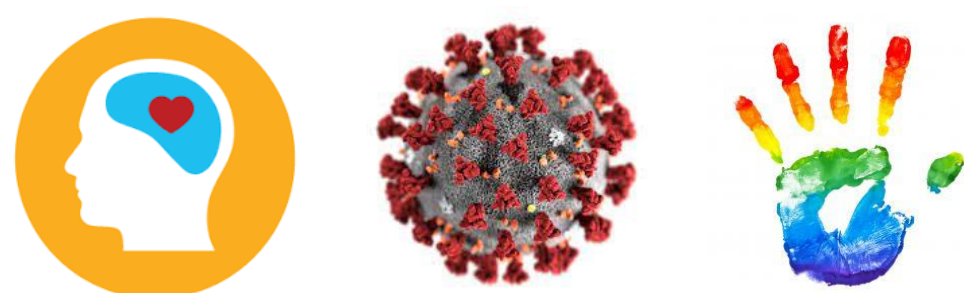
# Access to NHS mental health services for sexual minority groups in Lancashire and South Cumbria: an exploratory study using routinely collected data

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## Research problem

- Only 1 in 3 adults can access mental health support (1)
- COVID-19 caused and exacerbated mental ill health and increased demand on mental health services (2)
- Underserved groups experience difficulties accessing mental healthcare and may present later in crisis (3)
- Inequalities in healthcare access are complex to define and measure – particularly for underserved groups
- Lack of research on sexual minority groups' access to mental health services and under-representation in services (e.g., non-disclosure, discrimination)
- Routinely collected data, which captures service user pathways through services, alongside socio-demographics, can offer some promise in understanding access for sexual minority groups



## Methods

Table 1. Size of LSCft dataset between January 2018 and September 2022

Data type	Observations	Service users
Referrals (excl. IAPT)	354,562	112,285
Contacts (excl. IAPT)	2,143,556	97,027
IAPT referrals	168,800	113,438
IAPT contacts	555,567	93,465

**Data access** – data extracted from databases in Microsoft SQL Server using a secure NHS laptop; analysed using RStudio (v2021.9.0.351).



**Data cleaning** – duplicate records removed; variables transformed for analysis (collapsing categorical variables where required for ease of analysis).



**Variables** – service related (e.g., referral and contact dates, service, locality, referral source, consultation type, attendance status); service user related (e.g., age, gender, sexual orientation, ethnicity, deprivation).



**Exploratory descriptive analyses** – summarised counts and proportions to understand demographics of service users accessing LSCft mental health services over time.



**Patterns of missingness** – summarised counts and proportions of missingness; logistic regression to explore predictors of missing sexual orientation data (e.g., service, referral type, contact type, age, gender, ethnicity).



**Linking referral and contact data** – used pseudonymised NHS numbers to link referral and contact data to understand time between referral and first contact.



**Non-attendance** – summarised counts and proportions of non-attendance by sexual orientation; logistic regression to explore predictors of non-attendance (e.g., age, gender, sexual orientation, ethnicity, deprivation).

## Research question and objectives

How has access to adult mental health services changed during the COVID-19 pandemic in Lancashire and South Cumbria for sexual minority groups (e.g., lesbian, gay, bisexual)?

- To describe the socio-demographics of LSCft service users
- To analyse variations in access between groups during COVID-19
- To understand patterns of missingness across LSCft dataset
- To describe patient journeys through LSCft services

## Study setting, design, and data

Lancashire and South Cumbria NHS Foundation Trust (LSCft)

- Provides secure, inpatient, and community mental health services
- Meet the mental health needs of children, young people, adults and older adults in the geographical area – population approx. 1.8 million
- Routinely collects data on patient socio-demographics, referrals and contacts
- Considerable health inequalities in Lancashire and South Cumbria (4) – high prevalence of mental health conditions, high social deprivation, disparities in life expectancy

Retrospective analysis of de-identified routinely collected data

- Ethical approval from Health Research Authority (Ref: 22/HRA/2369)
- Referral and contact data from mental health services provided by LSCft between January 2018 and September 2022 – service users aged 18+
- Data from secondary mental health (e.g., community mental health teams, crisis resolution and home treatment, early intervention in psychosis, eating disorder) and improving access to psychological therapies (IAPT) services



Figure 1. Geographical area that LSCft mental health services are delivered in

## Preliminary findings

Table 2. Representation of sexual orientation data across the LSCft dataset

Data type	% with recorded sexual orientation					% with missing sexual orientation
	Heterosexual	Lesbian	Gay	Bisexual	Other	
Referrals (excl. IAPT)	95.8%	1.4%	1.8%	1.1%	0.0%	70.7%
Contacts (excl. IAPT)	95.6%	1.6%	1.6%	1.2%	0.0%	61.3%
IAPT referrals	87.5%	1.8%	1.3%	4.5%	4.8%	27.2%
IAPT contacts	89.5%	1.6%	1.1%	4.1%	3.6%	24.5%

Figure 3. Attendance status for LSCft contacts by sexual orientation

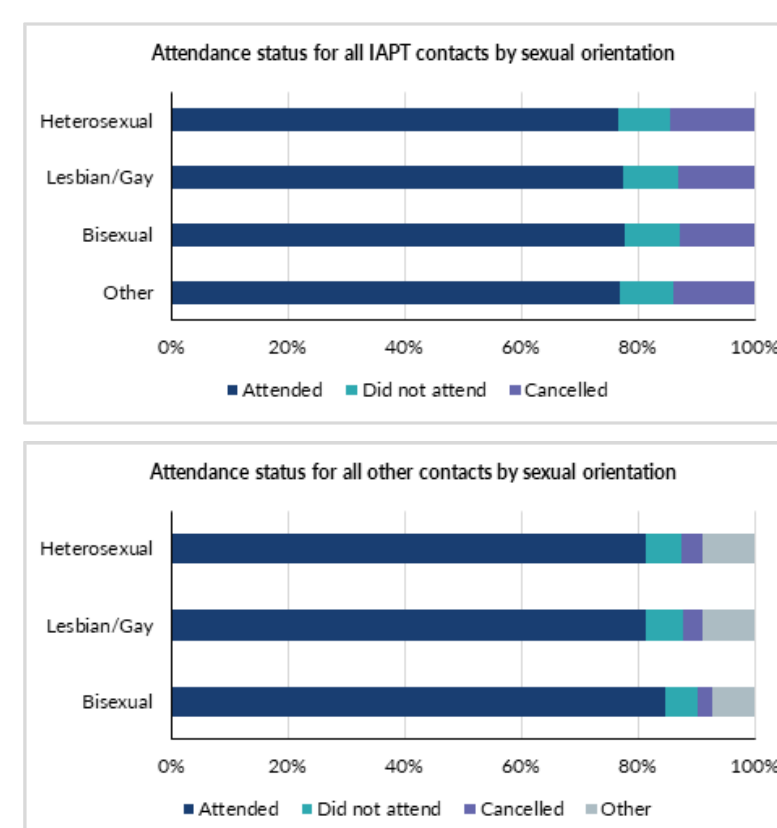
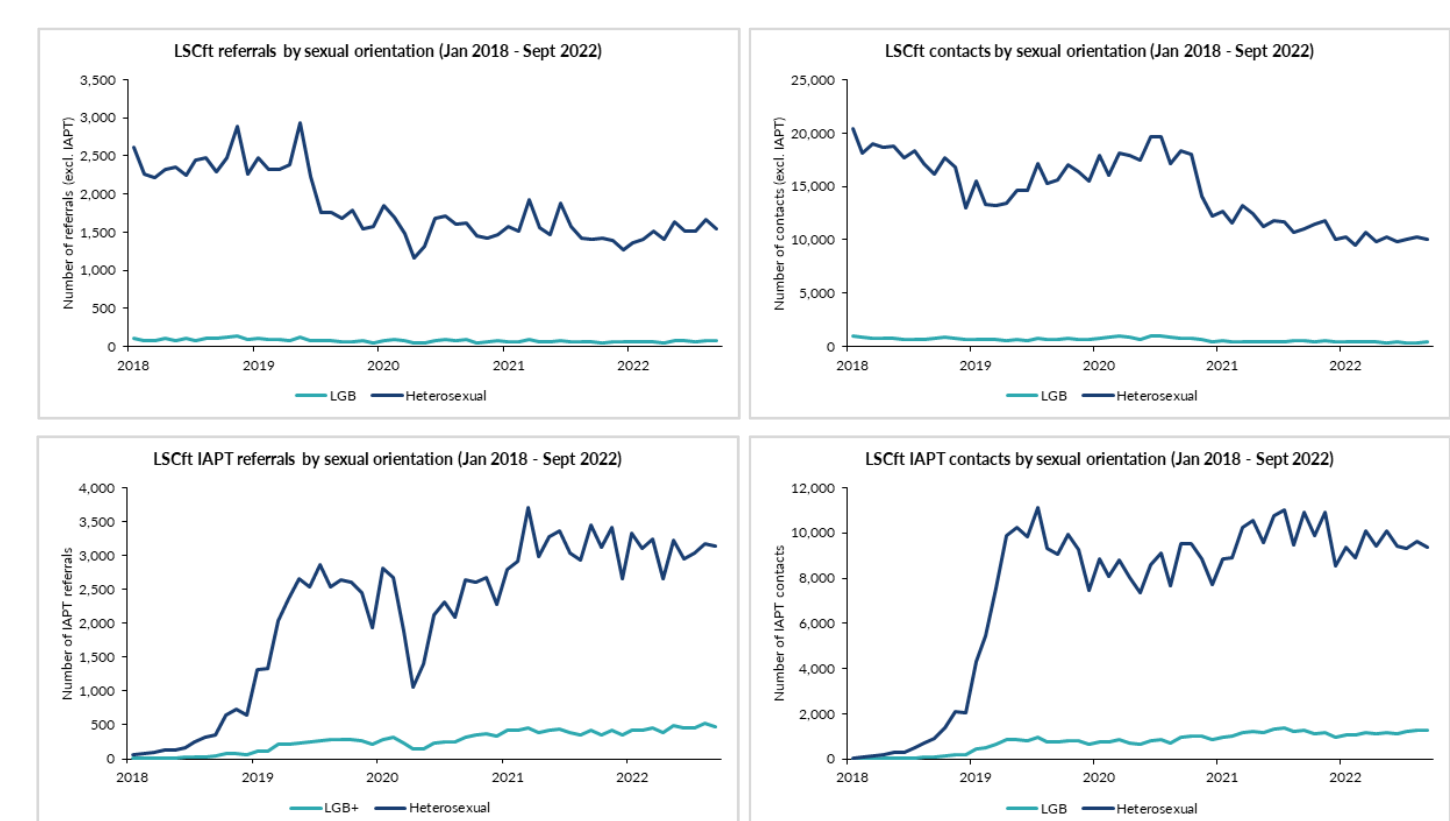


Figure 2. Changes in access to LSCft services over time by sexual orientation



### Highlights

- Representation of sexual minority groups in mental health services is similar to Census 2021 data – however, bisexual and other sexual minority groups are over-represented in IAPT services
- Patterns in changes to referrals to and contacts with mental health services during COVID-19 differed by sexual orientation
- Attendance to contacts with mental health service does not appear to differ by sexual orientation

## Implications and next steps

- Although sparse, sexual orientation data in mental health services still warrants attention
- LSCft are actively engaging with these research findings to develop strategic improvements to equity in service accessibility and delivery
- Further data analyses are underway, alongside a semi-structured interview study exploring LGBTQ+ experiences of accessing services during COVID-19

## References

- (1) McManus S, et al. Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital; 2016. [https://files.digital.nhs.uk/pdf/q/3/mental\\_health\\_and\\_wellbeing\\_in\\_england\\_full\\_report.pdf](https://files.digital.nhs.uk/pdf/q/3/mental_health_and_wellbeing_in_england_full_report.pdf)
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