

Depression, ethnicity and talking therapies

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Abstract

Exploring the World Class Commissioning data pack highlighted variations in anti-depressant prescribing. This was found to be related to ethnicity, and surprisingly, completed unrelated to the availability of talking therapies. Given that access to psychological therapies (talking therapies) is one of the few tools available to commissioners the early signs are that it is not being used in a very systematic fashion.

Main report

There are so many of sources of information for commissioners that it is sometimes difficult to source reliable and timely data. However, colleagues may find the recently-published online World Class Commissioning data pack useful as it covers a wide spectrum.

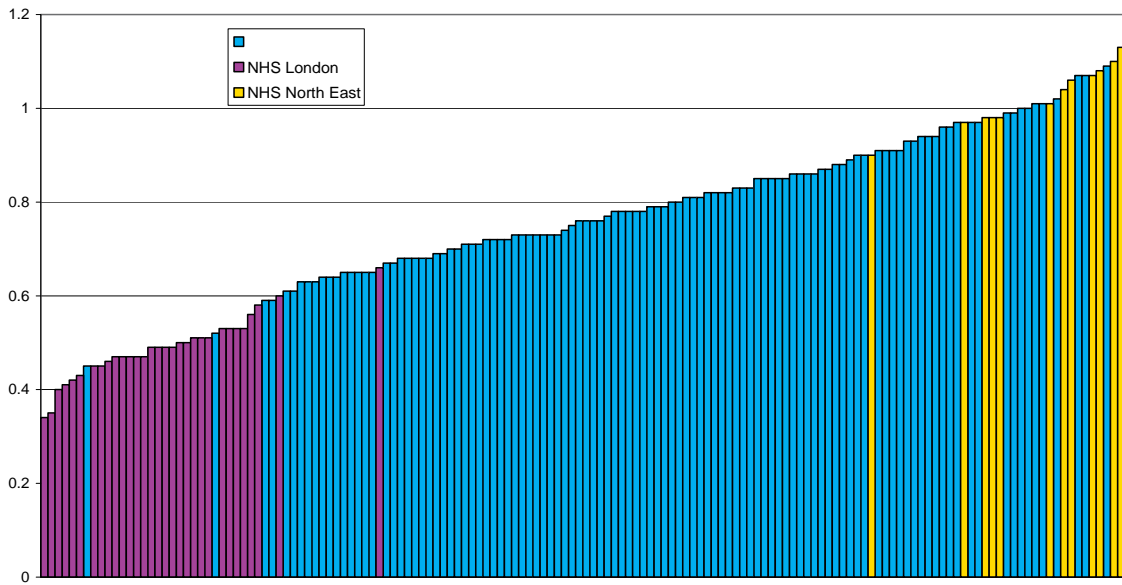
For instance, when CHKS researchers looked at the mental health data we found variations across PCTs. This sparked off a further, more detailed, analysis to look at what might be causing these variations.

One initial finding relates to the volume of anti-depressant medication prescribed. The measure used is ADQ (Average Daily Quantities), a measure of prescribing volume, which is made specific to the particular drug group,

based on prescribing behaviour in England. Graph 1 shows each PCT with its prescribed volume on this measure for Q3 2007/08. The range is very high going from just below 0.4 to above 1.1 – this equates to a threefold variation.

Studies have shown that London has a high incidence of mental health problems and this can also be seen in the data set. Yet when we looked at NHS London we found to be the lowest prescriber of anti-depressants. Conversely, the data showed NHS North East to be the highest prescribing SHA. In fact the average for the North East is over double that for London (1.02 vs. 0.49).

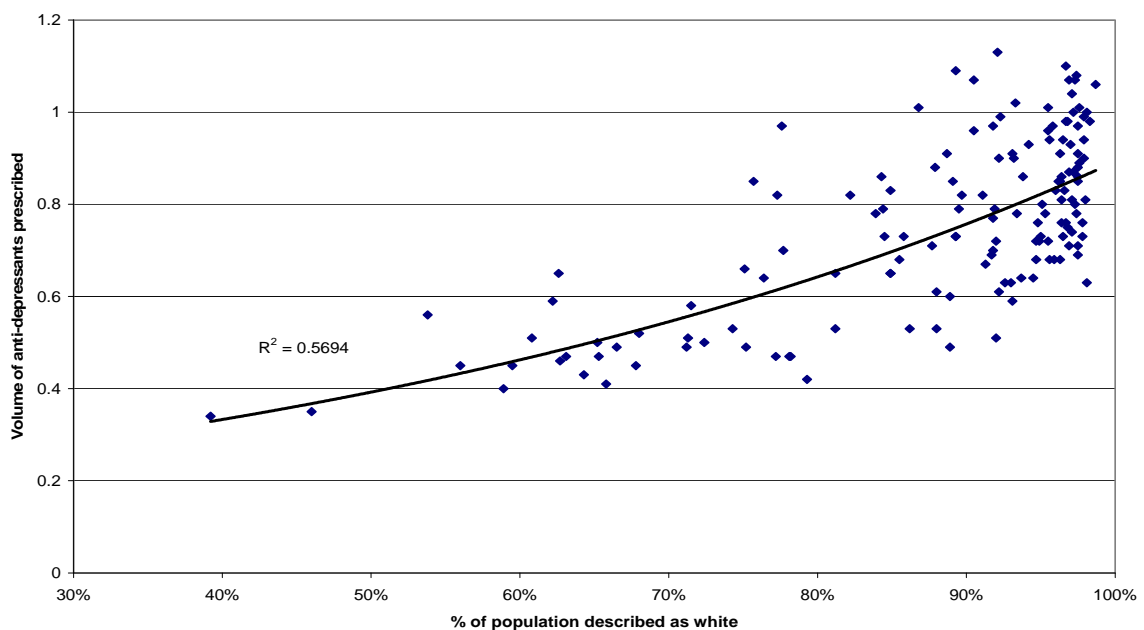
Volume of anti-depressant by PCT



One potential influencing factor (out of probably many) is ethnicity. Again studies have shown this to have a causal link particularly with regards to genetic disposition, cultural differences in recognition and preparedness to present to a general practitioner,

language barriers and so on. We plotted volume of anti-depressant prescribing against proportion of the population described as 'white' and looked for a correlation. A clear correlation is obvious from the plot below.

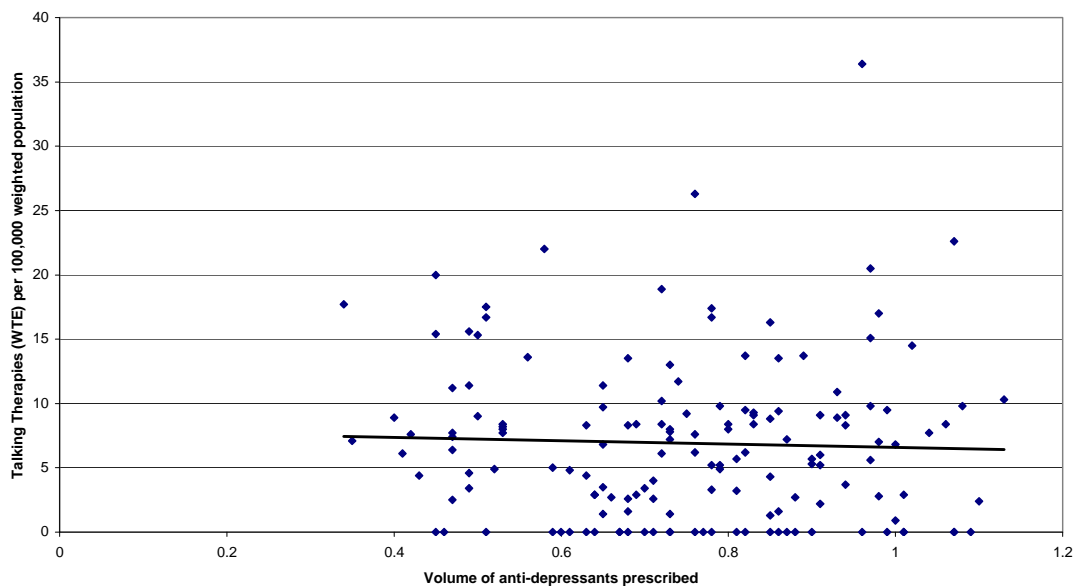
Correlation of ethnicity and anti-depressant volume at PCT level



Another potential factor for the variance could be the availability of psychological or “talking” therapies. This form of therapy is known to be effective for depression and recently had a major boost through the policy ‘Improving Access to Psychological Therapies’. The Improving Access to

Psychological Therapies (IAPT) programme seeks to deliver on the Government’s 2005 General Election manifesto commitment to provide improved access to psychological therapies for people who require the help of mental health services.

Scatterplot of Talking Therapy availability and volume of anti-depressant prescribing at PCT level



An indicator is available within the data pack giving the number of WTEs per weighted population delivering talking therapies (sourced from Service Mapping 2006/2007). This time though a scatter plot of talking therapy team availability to the population against prescribed volume of anti-depressant shows a remarkably random scatter with no correlation whatsoever.

health of their population. Clearly at the point the data was collected it was not being well used as a targeted tool.

To access the online tool go to www.institute.nhs.uk/wccdatapack.

Passwords have been issued to all primary care trusts in NHS England. If you need a password, please email: commissioning@institute.nhs.uk.

Access to psychological therapies is probably the most significant tool available to commissioners with which they can have an impact on the mental

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