Patients with low socio-economic status (SES): what are their perceptions and experiences of mental health provision within primary care?

A critical review of the literature

Dr Katherine Stevenson GPST2 and Academic Clinical Fellow¹

Professor Richard Byng GP and Deputy Director NIHR ARC South West Peninsula (PenARC)¹

1.Community and Primary Care Research Group, Plymouth Institute of Health and Care Research, Room N14, ITTC Building, Davy Road, Plymouth Science Park, Derriford, Plymouth, PL6 8BX

Background Low socio-economic status can be defined as having lower income and reduced cultural capital in relation to others' social positioning¹. People from low SES backgrounds are three times more likely to be affected by mental illness². Community settings tend to be the first place for patients to access mental healthcare.

Aims To establish how patients from lower SES backgrounds understand mental illness and experience community mental health provision.

Results

Linking low SES to mental illness

- In two of the studies, participants displayed beliefs around the inevitability of mental illness due to past trauma, negative coping strategies and ongoing social and economic stressors^{3,4}.
- Some participants viewed mental illness as a product of their low SES which further meant they felt untreatable^{3,5}.

Isolation and stigma

- Across all the studies, participants felt isolated and stigmatised because of their mental illness and low SES, resulting in reduced willingness to seek mental health support.
- Some felt as if clinicians could not relate to their social situation, and that there was a lack of empathy and understanding towards them, resulting in negative experiences of mental health provision.

Poor quality of care

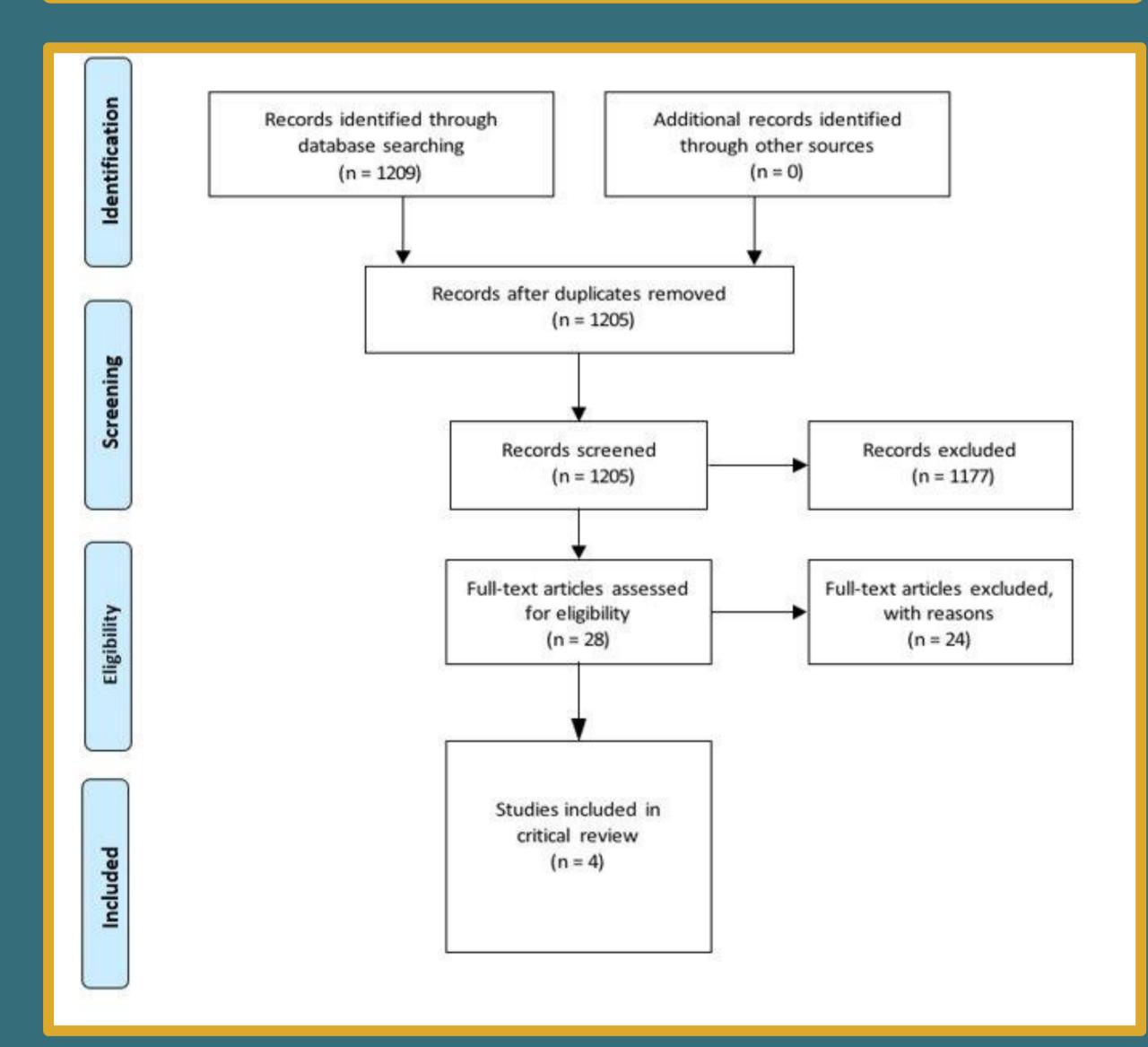
• Specifically, some participants felt as if medication was overprescribed, and that they received a worse quality of care because of their low SES.

Community understanding

• In one study, participants felt more able to talk to clinicians who were community-focused and had a good understanding of the community's needs³.

Methods A critical review of the literature was undertaken, eleven databases were searched, and four studies were deemed suitable for inclusion. Included studies originated from Canada, France, Ireland, and the USA. Two were mixed-methods, and two were qualitative.

Figure 1: PRISMA Flow Diagram



Conclusions

Patients from lower SES backgrounds with mental illness perceive and experience a discernible substandard quality of community mental health provision. However, more research is required from a UK-specific setting to enhance transferability to our own communities.

References

- 1. Oakes, J., Rossi, P. The measurement of SES in health research: current practice and steps toward a new approach. Social Science and Medicine. 2003. 56(4): 769-784.
- 2. Mental Health Taskforce Strategy. The Five Year Forward View for Mental Health. London: Mental Health Taskforce Strategy. Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf. (Accessed: 13th December 2022).
- 3. Wrenn, G., Kasiah, F., Belton, A., Dorvil, S., Roberts, K., McGregor, B., Holden, K. Patient and Practitioner Perspectives on Culturally Centered Integrated Care to Address Health Disparities in Primary Care. The Permanente Journal. 2017. 21: 16-18.
- 4. Rondet, C., Parizot, I., Cadwallader, J., Leba, J., Chauvin, P. Why underserved patients do not consult their general practitioner for depression: results of a qualitative and 4. quantitative survey at a free outpatient clinic in Paris, France. BMC Family Practice. 2015: 16(57): 1-13.
- 5. Schaffalitzky, E., Leahy, D., Armstrong, C., Gavin, B., Latham, L., McNicholas, F., Meagher, D., O'Connor, R., O'Toole, T., Smyth, B., Cullen, W. 'Nobody really gets it': a qualitative exploration of youth mental health in deprived urban areas. Early Intervention in Psychiatry. 2015. 9: 406-411.



