

Which non-pharmaceutical primary care interventions reduce inequalities in common mental health disorders? A mixed methods systematic review

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Background

Common mental health disorders (CMDs) disproportionately affect people experiencing socioeconomic disadvantage.(1) Non-pharmaceutical interventions, such as social prescribing and new models of care, are becoming increasingly prevalent in primary care.(2) However, little is known about how these interventions work and their impact on socioeconomic inequalities in mental health. This review was developed in direct response to priorities identified by our local health system – including through preliminary interviews with the North East and North Cumbria Clinical Commissioning Group (CCG) Medical Directors, co-design activity with primary care staff working in our region’s ‘Deep End’ GP practices, and a rapid review of CCG health inequalities strategy documents. These all pointed to the need for better knowledge of evidence-based strategies to address mental health inequalities in the primary care.

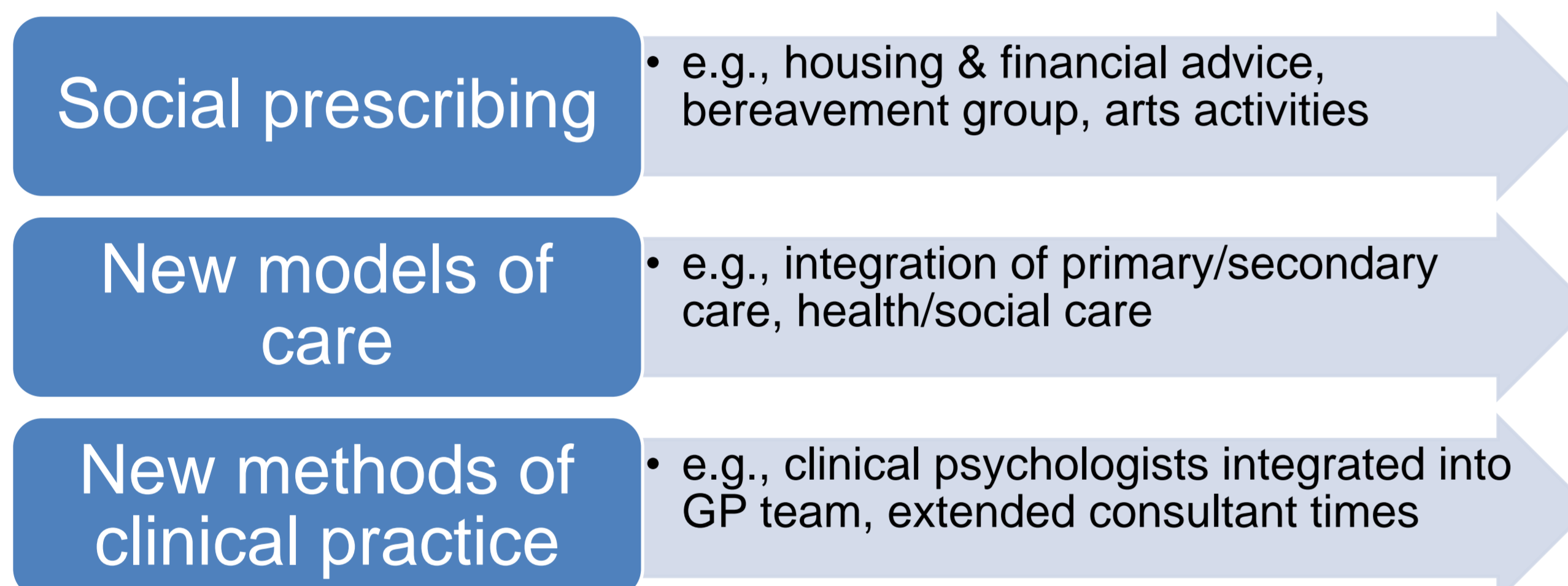


Figure 1: Three types of 'non pharmaceutical interventions' included in the review

Aims

We aimed to:

- 1) synthesise evidence for the effects of non-pharmaceutical primary care interventions on CMDs and associated socioeconomic inequalities.
- 2) explore the mechanisms by which non-pharmaceutical primary care interventions impact on CMD-related health outcomes and inequalities
- 3) identify barriers and facilitators to their implementation in primary care in context of people experiencing socioeconomic disadvantage.

Methods

A systematic review was undertaken. In June 2021, six bibliographic databases were searched (Medline, ASSIA, CINAHL, Embase, PsycInfo and Scopus) and additional grey literature sources were screened. Quantitative data were extracted onto a standardised proforma, quality assessed using the Effective Public Healthcare Panacea Project tool (3) and graphically synthesised using effect direction plots. Qualitative data were quality appraised (modified CASP tool) (4) and thematically analysed.



Figure 2: Social prescribing graphic; GOV.UK (5)

Results

Twenty-two **qualitative** studies were included, and three themes identified:

- Agency
- Social connections
- Socioeconomic environment

Interventions were experienced as positive for mental health when people felt a sense of agency and social connection. Barriers to effectiveness and engagement included socioeconomic deprivation and underfunding of community sector organisations. Relationships with healthcare professionals, and the nature of professional roles (professional environment – see Figure 2) also influenced people’s sense of agency and connection.

Thirteen **quantitative** studies were included.

- Positive results (based on direction of effect) were reported for the impact of the interventions on wellbeing in socioeconomically deprived groups.
- Inconsistent (but mainly positive) results were reported for anxiety and depression.
- One study reported that people from the least compared to the most deprived group benefitted most from these interventions.
- Overall, quality of included studies was weak.

Conclusions

Quantitative evidence suggested that **targeting non-pharmaceutical primary care interventions at socioeconomically deprived areas may help to reduce inequalities in mental health outcomes.** However, given study design was weak and literature sparse, only tentative conclusions can be drawn and more robust research reporting on equity dimensions is required.

Qualitative evidence suggested that **if non-pharmaceutical primary care interventions for CMDs are to avoid widening health inequalities, key socioeconomic barriers to their accessibility and implementation must be addressed.** Findings will guide the commissioning of more equitable mental health services in our region.

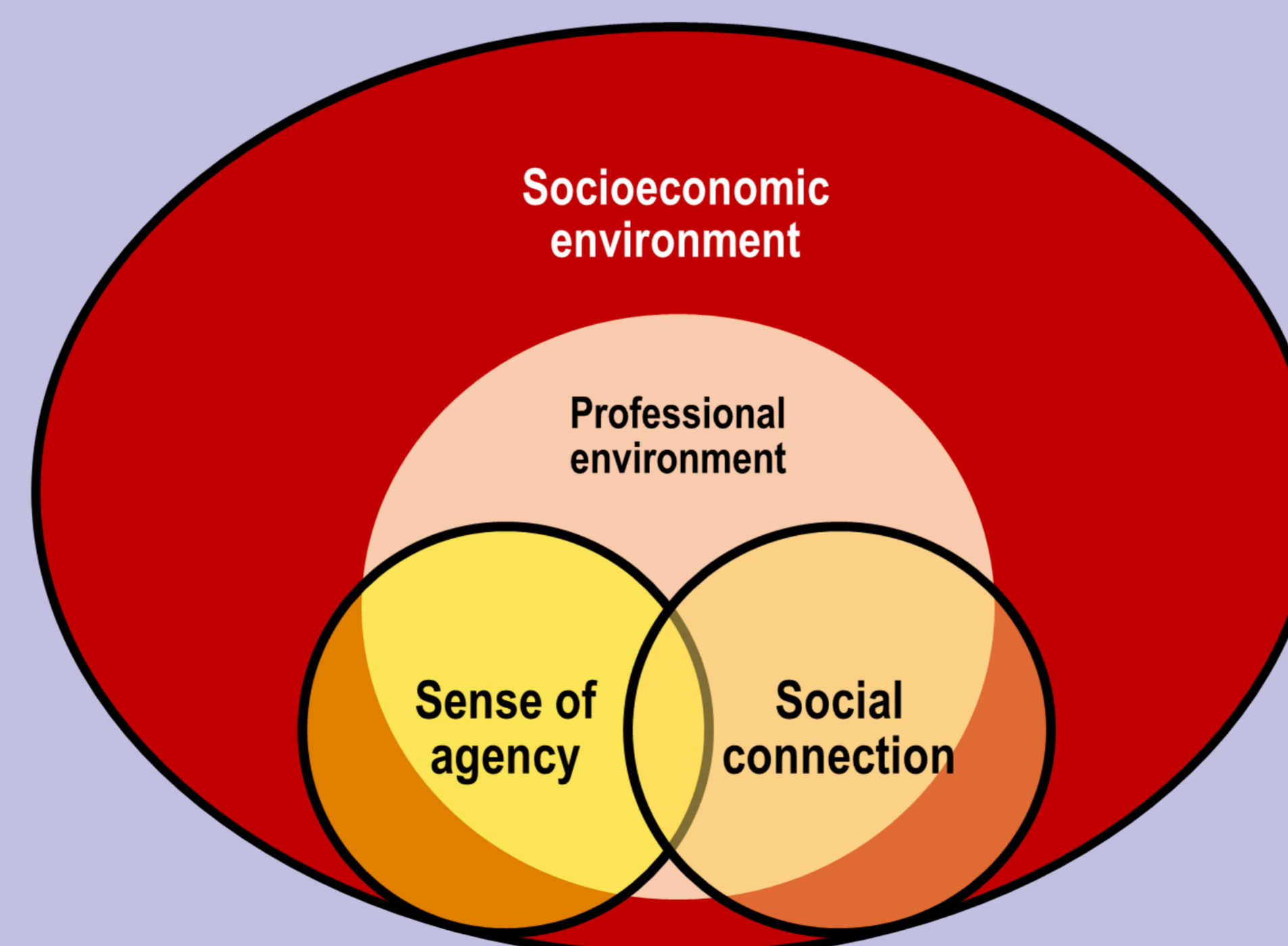
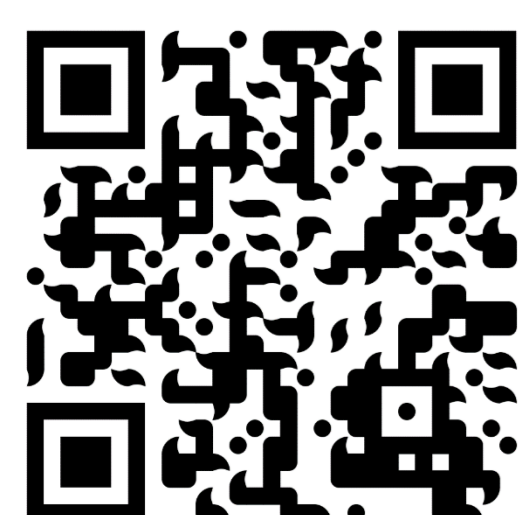


Figure 3: Interactions between qualitative themes



A care system support organisation

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References (QR right); Study protocol (QR left)

