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Impact of socioeconomic position and geography on the use of mental health services - for patients with common mental disorders

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Background: Anxiety and depression are the most common mental disorders in Europe and seem to be increasing. 1/3 of early retirements were due to affective disorders in Denmark in 2013.

The social inequalities in incidence and prevalence of the common mental disorders are well documented. Lack of treatment is still a problem. Repeating population studies have identified up to 50% of individuals in need of mental health care are without health care contact.

Specialist health services are increasingly centralized and rural areas often underserved. In The Region of Zealand it has been documented, that citizens from the most deprived municipalities receive least specialized mental health services. We wonder why?

The study objectives are to determine the impact of 1) distance and 2) socioeconomic position - on the use of health care services, in patients who have initiated antidepressant treatment.

Method: This register based cohort study includes all citizens between 18 and 64 years of age residing in Denmark in 2013 who initiated treatment with antidepressants the same year, and was not treated with antidepressants in 2012. We have followed the type of treatments they received the following 12 months, and have related this to their socioeconomic position (SEP) and the distance to nearest: GP, psychologist, psychiatrist and outpatient mental health care services.

Results: (by spring 2016)

64,308 individuals are included. We will present how distance to mental health care services affects the use, when controlled for extrinsic factors. Likewise how SEP affects the use of these services.

Finally by multiple logistic regressions we will analyze the impact of distance and SEP on mental health care use, when controlled for a variety of extrinsic factors including car ownership.

Conclusions: We will demonstrate if distance to mental health care services has an adverse effect on socially equal access to care.