

## Analysis of Demographics – Patients versus Population June 2016 versus October 2017

The following tables compare available demographic information relating to patients currently open to the Trust (DHCFT) with the same information relating to the populations of Derby and Derbyshire combined.

### 1. Ethnicity

Ethnicity	June 2016			October 2017		
	DHCFT Patients	Derbyshire Population	Variance	DHCFT Patients	Derbyshire Population	Variance
Asian or Asian British	2.68%	3.43%	-0.75%	2.58%	3.43%	-0.85%
Black or Black British	1.17%	0.95%	0.22%	1.15%	0.95%	0.20%
Mixed	1.45%	0.88%	0.57%	1.50%	0.88%	0.62%
Other ethnic group	0.62%	0.41%	0.21%	0.73%	0.41%	0.32%
White	94.07%	94.33%	-0.26%	94.03%	94.33%	-0.30%

### Conclusion

- The ethnic breakdown of the patients accessing our services in October 2017 closely matches the ethnic breakdown of the population. This indicates that the person-centred approach taken within our services is effective in eliminating barriers to accessing services for any particular racial groups.

### 2. Gender

Gender	June 2016			October 2017		
	DHCFT Patients	Derbyshire Population	Variance	DHCFT Patients	Derbyshire Population	Variance
Female	54.4%	51.1%	3.3%	55.5%	51.1%	4.40%
Male	45.6%	48.9%	-3.3%	44.5%	48.9%	-4.40%

### Conclusion

- The fact that the proportion of female patients is greater than males may be explained by national research which found that women are more likely to receive treatment for mental illness than men (Office of National Statistics (2003) *Better or Worse: a longitudinal study of the mental health of adults living in private households in Great Britain*, London, TSO).

### 3. Marital status

	June 2016			October 2017		
	DHCFT Patients	Derbyshire Population (Census 2011)	Variance	DHCFT Patients	Derbyshire Population (Census 2011)	Variance
Divorced/Partnership Dissolved	7.53%	9.7%	2.17%	7.2%	9.7%	-2.50%
Married/Civil Partner	32.87%	49.3%	16.43%	32.0%	49.3%	-17.30%
Separated	2.59%	2.5%	-0.09%	2.8%	2.5%	0.30%
Single	45.53%	31.0%	-14.53%	48.6%	31.0%	17.60%
Widowed/Surviving Civil Partner	11.48%	7.6%	-3.88%	9.4%	7.6%	1.80%

#### Conclusion

- The proportion of patients who are married or in civil partnership continues to be much lower than the proportion in the Derbyshire population. The proportion of patients who are single also continues to be much higher than the proportion in the Derbyshire population.
- Research has suggested that longer relationship duration is significantly associated with lower rates of depression, suicidal behaviour and substance abuse/dependence. Compared with unmarried individuals, married individuals have lower rates of depression, anxiety and substance use, and have higher levels of well-being and life satisfaction. *The British Journal of Psychiatry* (2011) 198: 24-30 doi: 10.1192/bjp.bp.110.083550. (<http://bjp.rcpsych.org/content/198/1/24.full> )

### 4. Religion

	June 2016			October 2017		
	DHCFT Patients	Derbyshire Population (Census 2011)	Variance	DHCFT Patients	Derbyshire Population (Census 2011)	Variance
Buddhist	0.29%	0.25%	-0.04%	0.32%	0.25%	0.07%
Christian	66.67%	65.53%	-1.14%	58.41%	65.53%	-7.12%
Hindu	0.29%	0.38%	0.09%	0.25%	0.38%	-0.13%
Jewish	0.07%	0.05%	-0.02%	0.07%	0.05%	0.02%
Muslim	1.98%	2.24%	0.26%	2.00%	2.24%	-0.24%
No religion	28.44%	29.96%	1.52%	36.52%	29.96%	6.56%
Other religion	1.33%	0.41%	-0.92%	1.51%	0.41%	1.10%
Sikh	0.93%	1.18%	0.25%	0.92%	1.18%	-0.26%

#### Conclusion

- The breakdown of religion in the patient population largely continues to match the breakdown of religion in the population of Derbyshire as a whole. This indicates that the person-centred approach taken within our services is effective in eliminating barriers to accessing services on grounds of religious belief.

## 5. Disability

	June 2016			October 2017		
	DHCFT Patients	Derbyshire Population (Census 2011)	Variance	DHCFT Patients	Derbyshire Population (Census 2011)	Variance
Long term health problem or disability	30.3%	19.98%	-10.32%	23.43%	19.98%	3.45%

### Conclusion

- The percentage of patients declaring themselves as having a long-term health problem or disability is slightly higher than in the population of Derbyshire. We would expect this as mental health conditions are classed as a disability under the Equality Act 2010. This indicates that there are no barriers to people with a disability accessing services.

## 6. Sexual identity

	June 2016			October 2017		
	DHCFT Patients	East Midlands	Variance	DHCFT Patients	East Midlands	Variance
Bisexual	1.1%	0.3%	-0.8%	1.4%	0.3%	1.1%
Gay or lesbian	2.0%	0.8%	-1.2%	2.2%	0.8%	1.4%
Heterosexual	90.1%	93.8%	3.7%	84.3%	93.8%	-9.5%
Not stated	5.8%	1.2%	-4.6%	11.0%	1.2%	9.8%
Person asked but does not know	1.1%	3.7%	2.6%	1.1%	3.7%	-2.6%
Other	-	0.2%	0.2%	-	0.2%	-0.2%

- Population sexual identity data is only available at East Midlands level
- The sexual identity breakdown in the East Midlands population largely matches that of the patients, which would indicate that the person-centred approach taken within our services is effective in eliminating barriers to accessing services for reasons of sexual identity. The number of patients choosing not to state their sexual orientation has increased since last year.

### Overall Conclusion

Analysis of the available data would indicate that there are no barriers to accessing services of Derbyshire Healthcare NHS Foundation Trust. This would seem to affirm that our individualised, person-centred approach to care planning and care provision continues to be person-centred and inclusive.

National data sources:

- <http://www.poppi.org.uk/>
- <http://www.pansi.org.uk/>
- <http://www.ons.gov.uk/>

Internal data sources:

- Paris
- IAPTUS