

# The RaRE Study Stakeholders' Survey

Maggie lay &  
Flavio Silva

2010



## INTRODUCTION

In 2010 the Big Lottery funded PACE (Project for Advocacy, Counselling and Education) to undertake a major new study in collaboration with academic partners at Aston, Brunel, Greenwich and Southbank Universities. The study entitled 'Risk and Resilience Explored: Understanding health inequalities in sexual minorities' began in 2010 and will produce its final report in 2015. For a description of the study please see the project's webpage <http://www.pacehealth.org.uk/PACE+Research>

This report summarises the RaRE study's stakeholders' survey that was undertaken in December 2010. Stakeholders in this instance were deemed to be providers of mental health services in England who were potential beneficiaries of the RaRE study.

The survey had the following aims:

- To raise awareness of the RaRE study and its aims;
- To ascertain what issues and concerns stakeholders would like the RaRE study to address regarding the health inequalities under study;
- To ensure research outputs, such as reports are directed to the most appropriate people in the stakeholder organisations;
- To enable tracking of changes in service user monitoring over time.

It is beyond the scope of this report to outline the legislation and government policy relating to equality and the recommendations for monitoring service users in the UK.

## METHODS

An electronic survey questionnaire hosted by *Survey Monkey* was distributed by Email to the sample of stakeholders at the beginning of December with a follow up Email a week later to those who had not responded or who had not opened the first Email. Some organisations were also followed up with a phone call (20% of Mind organisations and some other key organisations) and encouraged to complete the online survey. The Email explained the stakeholders' survey, gave a link to the project's Website where readers could obtain more information about the study and a link to the online questionnaire. The first and the follow-up Emails were headed '*Addressing health inequalities*' and were tracked using the *MailChimp* Email software package.

---

## SAMPLING

---

The survey questionnaire was sent to a total of 288 organisations:

- All the NHS mental health trusts in England (N=57- addressed to a named person responsible for leading on equality and diversity);
- All the lesbian, gay, bisexual and transgender specialist voluntary sector organisations in England with a Website who specialised in mental health that had a management infrastructure (N=34 – to a named person and a personal Email address);
- All Mind organisations across England (N=150);
- A selection of voluntary sector organisations in England that specialised in mental health that had a management infrastructure (N=39);
- To organisations providing a specialist service to those with body image disorder (n=8).

Of the 288 organisations 27 bounced and a number were undeliverable due to having a wrong Email address or no longer existing.

---

## RESPONSE RATES

---

Only around one third of the Emails sent were opened (n=103). Table 1 gives the numbers of those organisations that opened the Email and the number and percentage that went on to complete the stakeholders' survey (n=41); we believe this is a truer reflection of the response rate.

**Table 1: Response rates for each organisation type**

| Organisation Type               | Number opened | Questionnaires completed                        | Percentage of number opened |
|---------------------------------|---------------|---|-----------------------------|
| NHS mental health trusts        | 18            | 12  | 67%                         |
| Voluntary sector including Mind | 68            | 18 (includes 3 self-classified as 'other' type) | 26%                         |
| Voluntary sector LGBT           | 14            | 11  | 79%                         |
| Body dysmorphia specialists     | 3             | 0   | 0%                          |
| Totals                          | 103           | 41  | 40%                         |

*Percents have been rounded*

The response rates were higher for organisations that we had been able to send the Email to a named individual (largely NHS mental health trusts' Equality and Diversity Leads and a senior manager of each LGBT mental health voluntary organisation). Resources did not permit us to obtain the name and Email address of all target organisations. Those sent to an un-named addressee were addressed 'For the attention of a senior manager'.

The low number of addressees that opened the Email regarding the stakeholders' survey was reported by some organisations we telephoned to have been due to large numbers of Emails being received by them. They were too busy or too small an organisation to find time to undertake the survey. Another factor may have been the proximity of the survey to the Christmas holiday season (sent out on the 6<sup>th</sup> and 13<sup>th</sup> December). The survey was also open to responses for a relatively short time, closing on the 18<sup>th</sup> December.

## RESULTS

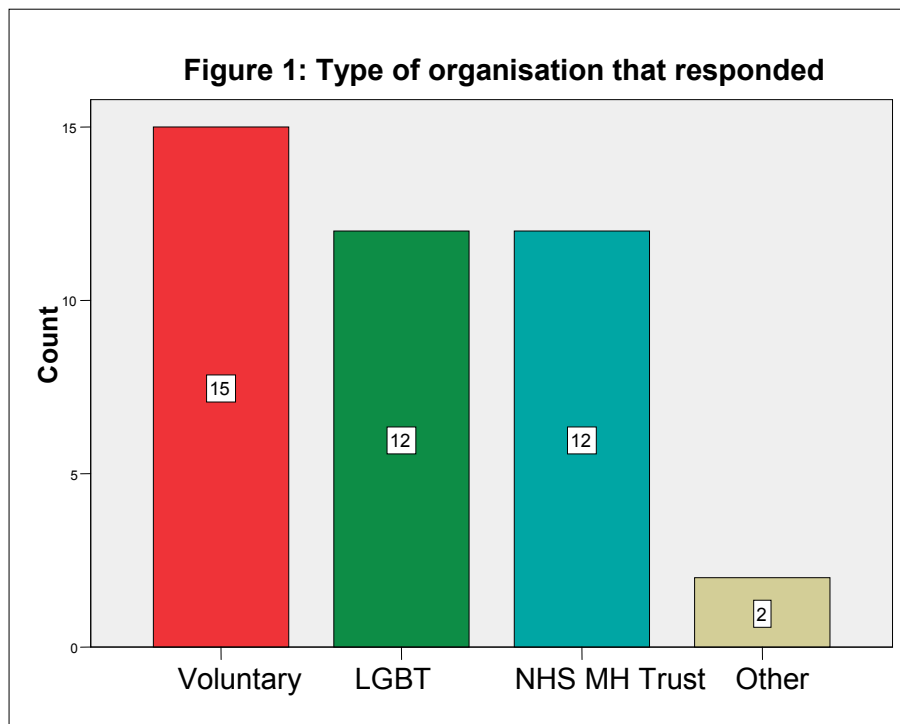
### QUANTITATIVE DATA

---

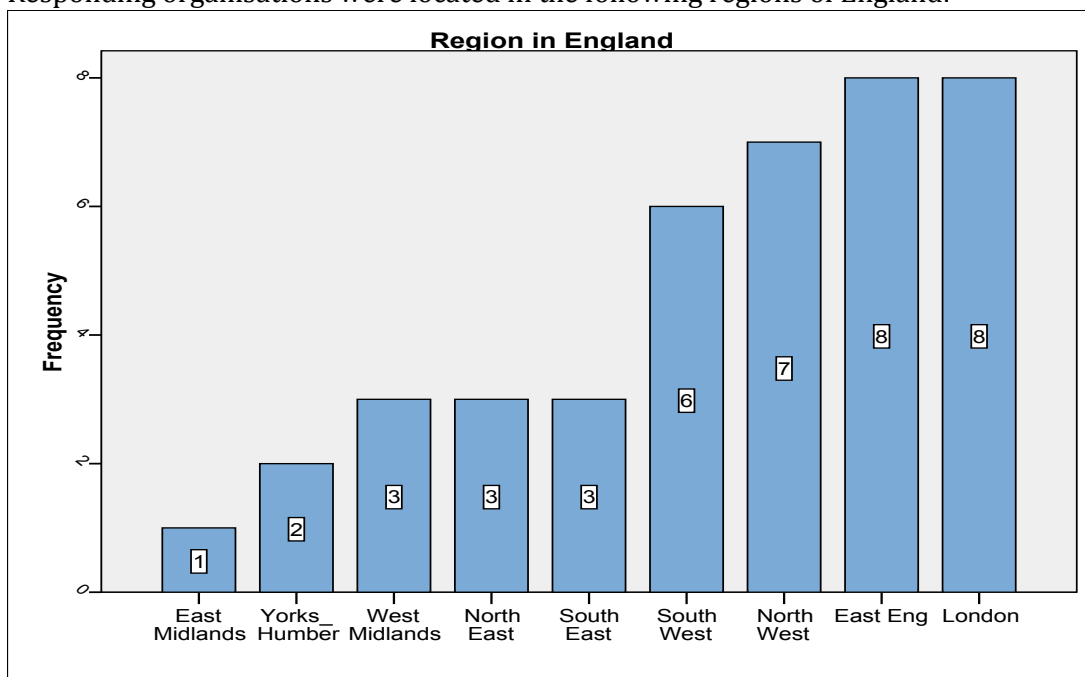
The questionnaire sought information regarding the organisation name, type, geographical region, and services provided; whether they employed someone who led on equality and diversity in relation to service users and their practices regarding service user monitoring; and the willingness of the respondent to act as a liaison person between their organisation and the project. There were also two open questions.

## THE CHARACTERISTICS OF THE RESPONDENTS' ORGANISATIONS

The majority of personnel who responded were equality and diversity leads for NHS trusts (as requested of NHS mental health trusts) and senior managers, such as chief executives as requested of other organisations. The LGBT respondents were voluntary sector organisations specialising in providing mental health services exclusively to LGBT service users.



Responding organisations were located in the following regions of England:



We wished to ascertain whether each organisation provided services related to our study's topics of interest: suicidality in LGBT youth, alcohol problems in lesbian and bisexual women and body image disorder in gay and bisexual men. This was to enable us to engage with the appropriate organisations at a later date should we wish to. For example we may wish to direct specific study outputs towards those who provide relevant services. Table 1 indicates the services provided that are of relevance to our study.

| <b>Table 1: Does your organisation currently provide any of the following specialist mental health services?</b> |                         |                       |
|--|-------------------------|-----------------------|
| <b>Answer Options</b>  | <b>Response Percent</b> | <b>Response Count</b> |
| General counselling services   | 63.4%                   | 26                    |
| Services specifically for youth aged under 26  | 58.5%                   | 24                    |
| Alcohol services   | 41.5%                   | 17                    |
| Eating disorder services   | 29.3%                   | 12                    |
| Body image disorder services   | 14.6%                   | 6                     |
| None of the above  | 17.1%                   | 7                     |
| <i>answered question</i>   |                         | <b>41</b>             |

---

**EQUALITY AND DIVERSITY LEADS AND MONITORING PRACTICES**

---

| <b>Table 2: Does your organisation employ someone responsible for leading on equality and diversity in relation to service users (as opposed to employees)?</b> |                         |                       |
|---|-------------------------|-----------------------|
| <b>Answer Options</b>   | <b>Response Percent</b> | <b>Response Count</b> |
| Yes   | 47.5%                   | 19                    |
| No  | 47.5%                   | 19                    |
| Not sure  | 5.0%                    | 2                     |
| <i>answered question</i>  |                         | <b>40</b>             |
| <i>skipped question</i>   |                         | <b>1</b>              |

| <b>Table 3: Does your organisation routinely collect monitoring data relating to your service users' sexual orientation (other than in sexual health clinics)?</b> |                         |                       |
|--|-------------------------|-----------------------|
| <b>Answer Options</b>  | <b>Response Percent</b> | <b>Response Count</b> |
| Yes  | 62.5%                   | 25                    |
| No   | 30.0%                   | 12                    |
| Not sure   | 7.5%                    | 3                     |
| <i>answered question</i>   |                         | <b>40</b>             |
| <i>skipped question</i>  |                         | <b>1</b>              |

| <b>Table 4: Does your organisation monitor gender in a way that enables transgender service users to identify themselves as such?</b> |  |  |
|---|--|--|
|---|--|--|

| Answer Options           | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Yes                      | 57.5%            | 23             |
| No                       | 32.5%            | 13             |
| Not sure                 | 10.0%            | 4              |
| <i>answered question</i> |                  | <b>40</b>      |
| <i>skipped question</i>  |                  | <b>1</b>       |

We will be able to measure changes in monitoring practices at different times as we have the names of the organisations that responded to our survey.

The Civil Partnership Act 2004 gave same sex couples the same rights and responsibilities as those forming a civil marriage. This new marital status should to be reflected in the data gathered by organisations, such as health services.

**Table 5: Does your organisation include 'civil partner' as a category under marital status when collecting demographic information from service users?**

| Answer Options           | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Yes                      | 46.2%            | 18             |
| No                       | 17.9%            | 7              |
| Not applicable           | 17.9%            | 7              |
| Not sure                 | 17.9%            | 7              |
| <i>answered question</i> |                  | <b>39</b>      |
| <i>skipped question</i>  |                  | <b>2</b>       |

We were encouraged by the high number of respondents who replied that they would be happy to act as a liaison person between their organisation and the study (table 6).

**Table 6: Would you be happy to be a liaison person through whom we can communicate with your organisation, for example to receive (occasional) alerts to study outputs being available?**

| Answer Options           | Response Percent | Response Count |
|--------------------------|------------------|----------------|
| Yes                      | 87.5%            | 35             |
| No                       | 12.5%            | 5              |
| <i>answered question</i> |                  | <b>40</b>      |
| <i>skipped question</i>  |                  | <b>1</b>       |

## VARIATION BETWEEN TYPES OF ORGANISATION

Due to the small sample size representing each type of organisation, differences between types of organisation are either not statistically significant or are unreliable and may simply be due to chance. However, if you would like to see the comparative figures or have other issues you would like to discuss about the study please contact the author (details below).

## QUALITATIVE DATA

---

We asked two open questions and the results of the responses to these are summarised below:

*Please note below any questions you would like us to include in the study that would help your organisation address the health inequalities under study: suicidality in LGBT youth, alcohol problems in lesbians and bisexual women, and body image disorder in gay or bisexual men.*

Twenty- seven respondents gave an answer to this question. The issues and concerns were categorised under the following themes (in order of frequency):

- Prevalence and aetiology of the problems under study– 16 comments/ questions. For example ‘Is there an age where young LGBT people are more susceptible to suicidal ideation?’
- Competence of professionals – 8 comments/ questions. For example, ‘How confident people are, especially in mental health services, to disclose their sexual orientation/ sexuality or talk about it with staff who are caring for them?’
- Service user preferences – 6 comments / questions. For example, ‘Are you more likely to seek help for alcohol issues with an LGBT service than you are a generic alcohol service?’
- Details of behaviours such as drinking alcohol – 4 comments/ questions
- Transcultural issues – 4 comments / questions
- Access to services – 4 comments / questions
- Issues for providers re lack of will to address health inequalities – 3 comments/ questions
- What interventions people with the problems under study would like/ need – 2 comments / questions.

The second open question asked respondents to give their comments about the RaRE study.

Twenty respondents made a comment, eight of which were general praise for the study, such as ‘Great that it’s happening!’ Others mentioned its usefulness in terms of providing evidence needed to support service developments and commissioning. One commented on wanting to ensure the study would lead to action.

---

## AUTHOR CONTACT DETAILS

Maggie Lay, Research Coordinator, Pace, 34 Hartham Road, London N7 9JL; 0207 715 0362, [maggie.lay@pacehealth.org.uk](mailto:maggie.lay@pacehealth.org.uk)