WE NEED TO TALK WALES

MAE ANGEN I NI SIARAD CYMRU

# WE NEED TO TALK WALES

## IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES

## WE NEED TO TALK (WALES)

The **WE NEED TO TALK (WALES)** coalition was established in 2016 to campaign for improved access to psychological therapies for people with mental health problems in Wales. It comprises of third sector mental health charities and professional organisations including:

- British Association for Counselling & Psychotherapy www.bacp.co.uk
- British Psychoanalytic Council www.bpc.org.uk
- British Psychological Society www.bps.org.uk
- CAIS www.cais.co.uk
- National Counselling Society www.nationalcounsellingsociety.org
- OCD Action www.ocdaction.org.uk
- UK Council for Psychotherapy www.ukcp.org.uk
- Wales Alliance for Mental Health
  - Bipolar UK www.bipolaruk.org
  - Diverse Cymru www.diversecymru.org.uk
  - Gofal www.gofal.org.uk
  - Hafal www.hafal.org
  - Mental Health Foundation www.mentalhealth.org.uk/wales
  - Mental Health Matters Wales www.mhmbcb.com
  - Mind Cymru www.mind.org.uk
  - Samaritans Cymru www.samaritans.org

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# INTRODUCTION

**We Need to Talk (Wales) is a recently formed coalition of mental health charities, professional organisations and service providers. We have come together to campaign for better access to psychological therapies (often referred to as talking therapies) for people with mental health problems. The overall ethos of the Coalition is based on three principles: investing in the future; lasting impact; and achieving positive change for Wales' mental health and wellbeing. This report highlights clinical evidence and the economic benefits of providing evidence-based talking therapies for everyone who needs them, when they need them.**

Achieving parity of treatment between mental and physical healthcare has been recognised by politicians, health and social care professionals and the public as critical. The Coalition welcomes the investment already made by the Welsh Government with the aim of improving access to psychological therapies. However, there is still some way to go, with many people still waiting too long to get the treatment they need.

The National Prescribing Indicators 2014-2015 (The Annual Primary Care Prescribing Report) report an average increase of 8.11% of anti-depressant prescriptions over the years 2013/14 to 2014/15, with all health boards showing an increase. Mental health charities and professionals, while valuing the role that medication can play in mental health treatment, have raised concerns about the increased use of antidepressants, with many citing a lack of talking therapies as a contributing factor.

The We Need to Talk coalition in England placed access to psychological therapies firmly on the political agenda. The Improving Access to Psychological Therapies (IAPT) programme in England has provided well over a million people with access to psychological therapies on the NHS (IAPT three-year report: the first million patients, 2012), with benefits to individuals and the public purse. Research has found that there have been reductions to individual healthcare usage and use of long-term repeat prescriptions (IAPT three-year report: the first million patients, 2012).

The IAPT programme has not been perfect and we are not calling for IAPT to be replicated in Wales. However, it demonstrates what can be achieved when a Government invests and focuses on psychological therapies. We believe that the people of Wales deserve a similar focus that is capable of delivering real change by improving access to psychological therapies.

The main aim of the Coalition, through this report is to promote four key priorities; considering timely access; choice; outcomes through the lens of the service user; and measuring lasting impact. All four of these priorities require improvements in the collection and availability of meaningful data. We believe this is crucial to inform the provision of psychological therapies and improve access for people with mental health problems in Wales.

# THE COALITION'S PRIORITY AREAS

We Need to Talk (Wales) believes that everyone with a mental health problem should have timely access to their choice of evidence based psychological therapy. This will promote positive outcomes and have a lasting impact on the health and wellbeing of the individual.

Our four priority areas and recommendations for the Welsh Government are:

## TIMELY ACCESS

Timely access to psychological therapies is critical for people who need them. We are calling for people of all ages to have access to psychological therapies within 28 days in both primary and secondary care, including inpatient care and returning service users.

## CHOICE

Client choice over therapy has been shown to improve people's experiences and clinical outcomes. We are calling for people to have an informed choice of a full range of evidence based psychological therapies and to be able to access these at a location and time suited to them.

## OUTCOME MEASURES THROUGH THE LENS OF THE SERVICE USER

The views of service users should be at the heart of any system to assess impact. We are calling for these views to be valued and respected, recorded consistently across Wales and used to drive forward improvements.

## MEASURING LASTING IMPACT

Measuring lasting impact should be at the heart of decisions about service provision. We are calling on the Welsh Government to measure the long term impact of psychological therapies on people's lives.

# WELSH POLICY CONTEXT

## REVIEW OF PSYCHOLOGICAL THERAPIES IN WALES

A Welsh Government commissioned review of the provision of, and access to, psychological therapy services in Wales stated that:

> ...there are differences in the availability and relative quality of, and access to, service and treatment delivery. This is evident both at a regional level, service level and practitioner level.
>
> **Review of the provision of, and access to, psychological therapy services in Wales, 2013**

## WELSH GOVERNMENT RESPONSE

Matrics Cymru - adapted from the Scottish Matrix - is a professional guidance document setting universal standards and evidence tables for the delivery of psychological therapies in Wales. Commissioned by the Welsh Government, the Wales Psychological Therapies Plan for Adult Mental Health is a costed proposal to increase access and quality in a prudent NHS. The Welsh Government has also announced additional investment to improve access to psychological therapies. The Together for Mental Health draft delivery plan for 2016-19 reiterates the 28 day target for interventions in primary care and also requires health boards to report on 26 week referral to treatment target in specialist secondary mental health services for all patients including those in inpatient services. However, the We Need to Talk (Wales) coalition believes that people in need of primary and secondary mental health services should be able to access psychological therapies within 28 days of referral request, as early intervention is key to improved outcomes.

## NATIONAL ASSEMBLY POST-LEGISLATIVE SCRUTINY

Despite these proposals, there is still concern about the capacity to deliver psychological therapies to those who need it in Wales. In 2015, the National Assembly Health and Social Care Committee undertook post-legislative scrutiny of the Mental Health (Wales) Measure and welcomed the additional funding for psychological therapies and staff training but called for details about time scales, resourcing and evaluation.

## MENTAL HEALTH (WALES) MEASURE – DUTY TO REVIEW

Section 48 of the Mental Health (Wales) Measure 2010 placed a duty on the Welsh Ministers to review specific sections of the legislation. During this work, concerns were expressed about the length of waiting times for one-to-one psychological interventions. Additionally, some respondents argued that valuable staff resources (such as paediatric nurses and counsellors) are not being fully utilised because they cannot conduct Local Primary Mental Health Support Service (LPMHSS) assessments. The final Duty to Review report in December 2015 made recommendations that health boards should routinely capture waiting time data for psychological interventions and report outcome measures for people who have received a therapeutic intervention through LPMHSS. The report also recommended that the list of health professionals registered with a regulated professional body able to undertake a LPMHSS assessment should be expanded. The Duty to Review recommendations have been accepted by the Welsh Government and work is being undertaken to implement them. We believe that implementation is crucial in order to have transparent data about waiting times and outcomes, as well as ensuring that all appropriate staff resources are utilised.

# THE ECONOMIC CASE

The World Health Organisation has predicted that by 2030, depression is projected to be the number one cause of disability, ahead of cardiovascular disease, traffic accidents, chronic pulmonary disease and HIV/AIDS. In this context, improving access to mental health services is increasingly important.

## COSTS OF POOR MENTAL HEALTH IN WALES

The cost of mental health problems in Wales is estimated at £7.2bn per year. This includes the cost of health and social care provided for people with mental health problems, the cost to the Welsh economy as a result of people being unable to work due to their distress and a monetary estimate of the human cost of mental health problems (Promoting mental health and preventing mental illness: the economic case for investment in Wales, 2009). The cost associated with poor mental health in the workplace amounts to nearly to £1.2 billion a year alone, equivalent to £860 for every employee in the Welsh workforce.

**ESTIMATED COST OF MENTAL HEALTH PROBLEMS IN WALES:**

**£7.2BN PER YEAR**

## COSTS ASSOCIATED WITH COMORBID CONDITIONS

People with mental health problems are more likely to face a number of inequalities, including poorer physical health. Research shows that compared with the general population, people with a serious mental illness have twice the risk of diabetes (Royal College of Psychiatrists, 2013), three times the risk of dying of heart disease (Osborn et al, 2007) and a life expectancy of up to 20 years shorter (Chesney et al, 2014). This is, in part, due to the side effects of some medication. Improved access to psychological therapies could improve both mental and physical health, tackling the unacceptable human cost of these physical health inequalities and also delivering savings to health and social care services.

**PEOPLE WITH A SERIOUS MENTAL ILLNESS HAVE A LIFE EXPECTANCY OF UP TO**

**20 YEARS SHORTER**

Mental health problems are also common in people with a long term physical health conditions. Compared with the general population, people with diabetes, hypertension and coronary artery disease are twice as likely to suffer from mental health problems, and those with chronic obstructing pulmonary disease, cerebrovascular disease and other chronic conditions are three times more likely (Talking Therapies: A four year plan of action, 2011). The report goes on to state that untreated depression leads to worse health outcomes and increased healthcare spending among those with long term conditions:

- Comorbid depression is associated with a 50–75% increase in health spending among diabetes patients.
- Research has shown that people with heart disease are more likely to suffer from depression, and when they do are at greater risk of more heart disease events.
- There is also evidence that a range of psychological interventions can make a considerable difference to the long-term health and wellbeing of someone living with HIV, including how well they manage their condition and adhere to treatment.

**Talking therapies: A four-year plan of action, 2011, Department of Health**

## MEDICALLY UNEXPLAINED SYMPTOMS

The Department of Health (England) document 'Talking therapies: A four-year plan of action', refers to 'unexplained symptoms' but then goes on to define them as 'physical symptoms caused by psychological distress', which is normally related to anxiety and the human stress response. This is a common occurrence which is often unrecognised and under-addressed within the NHS.

Analysis of 2008/09 NHS figures shows that medically unexplained symptoms account for as many as one in five new consultations in primary care, 7% of all prescriptions, 25% of outpatient care, 8% of inpatient bed days and 5% of A&E attendances. It is estimated that this work costs the NHS £3 billion per year based on 2008/09 prices (Talking therapies: A four-year plan of action, 2011).

In line with the Welsh Government's recent focus on Prudent Healthcare, the improved provision of psychological therapies could lead to a reduction of medically unexplained symptoms and therefore a reduction in the costs associated with prescriptions, inpatient and outpatient care, A&E attendance, GP appointments and secondary care consultations.

**7% OF ALL PRESCRIPTIONS**

**25% OF OUTPATIENT CARE**

**8% OF INPATIENT BED DAYS**

**5% OF A&E ATTENDANCES.**

## SAVINGS DELIVERED BY EARLY ACCESS TO PSYCHOLOGICAL THERAPY

In 2011, the UK Government estimated that £400m investment in psychological therapies would result in over £700 million of savings to the public sector in healthcare, tax gains and welfare (Impact assessment of the expansion of talking therapies, 2011), with benefits felt throughout the NHS:

- reduction in long-term repeat prescriptions for antidepressants due to the greater enduring effect of talking therapies compared with medication
- reduction in GP appointments
- reduction in outpatient appointments and procedures
- reduction in inpatient bed days.

**IAPT three-year report: The first million patients, 2012**

Talking therapies: A four-year plan of action (Department of Health, 2011) also referenced NICE guidelines, which cite possible net savings of £1,000 per person with schizophrenia treated with CBT, based on the first 18 months after initial treatment. This analysis only includes direct service costs and not any further savings to health and social care, to welfare through increased productivity and to criminal justice through reduced offending.

The NHS Confederation briefing (Early intervention in psychosis services, 2011) states that comprehensive implementation of EIP in England could save up to £40 million a year. This figure was derived from a study of Early Intervention Services (McCrone et al., 2010, Economic Evaluation of Early Intervention (EI) Services: Phase IV Report) which identified savings to the public purse through reduced unemployment, homicide, suicide and re-admission rates.

# TIMELY ACCESS

**TIMELY ACCESS TO PSYCHOLOGICAL THERAPIES IS CRITICAL FOR PEOPLE WHO NEED THEM. WE ARE CALLING FOR PEOPLE OF ALL AGES TO HAVE ACCESS TO PSYCHOLOGICAL THERAPIES WITHIN 28 DAYS IN BOTH PRIMARY AND SECONDARY CARE, INCLUDING INPATIENT CARE AND RETURNING SERVICE USERS.**

People's mental health is likely to worsen when faced with lengthy delays for psychological therapies. It makes recovery more difficult and can have a substantial impact on their lives, including their relationships, employment and accommodation. We believe that people with mental health problems in Wales should be able to access psychological therapies within 28 days of referral in order to support their recovery and prevent unnecessary deterioration in their health.

In February 2016 Mind surveyed over 400 people in Wales who had requested or accessed psychological therapies in Wales in the last three years. The survey results showed that 57% of people faced a wait of more than three months just to get an assessment with the service and 21% faced a wait of more than a year to be assessed. After being offered therapy following an assessment, 50% of people had to wait more than three months to receive their first session, with 24% waiting for over a year.

**50% OF PEOPLE HAD TO WAIT MORE THAN THREE MONTHS AFTER ASSESSMENT TO RECEIVE THEIR FIRST THERAPY SESSION**

Primary mental healthcare professionals in Wales have identified timely access to psychological therapies as the biggest barrier to delivering effective primary mental health care (WaMH in PC, 2014, Experiences of delivering primary mental healthcare). Gofal's annual surveys of people's experiences of primary mental health services in Wales also show that timely access to psychological therapies is a major issue for many respondents. Data from this survey shows that people's outcomes get worse the longer they have to wait to access treatment and support (Gofal, 2015, People's Experiences of Primary Mental Health Services in Wales).

## WELSH GOVERNMENT TARGETS

Part One of the Mental Health (Wales) Measure 2010 introduced statutory primary mental health services and aimed to improve timely access to a range of services, including psychological therapies. The Welsh Government introduced a 56 day waiting time target for primary care interventions, which has since been reduced to 28 days. However, there was no requirement for health boards to collect specific waiting time data for psychological therapies. The Welsh Government's Duty to Review's recommendation that health boards should routinely capture waiting time data for psychological interventions accessed through local primary mental health support services is yet to be implemented.

The Together for Mental Health draft delivery plan for 2016-19 requires health boards to report on 26 week referral to treatment target in specialist secondary mental health services for all patients including those in inpatient services.

**We believe that people should have parity of access, regardless of whether they are in primary or secondary care. We are therefore calling for all people to be able to access psychological therapies within 28 days.**

# CHOICE

**CHOICE OVER THE TYPE OF THERAPY IS SHOWN TO IMPROVE PEOPLE'S EXPERIENCES AND THEIR OUTCOMES. WE ARE CALLING FOR PEOPLE TO BE ABLE TO DECIDE WHAT TYPE OF PSYCHOLOGICAL THERAPY THEY WANT, WHERE THEY WANT IT AND WHEN THEY WANT IT.**

Promoting autonomy, dignity and trust must be at the forefront of any treatment plan. Not only does it help to promote self-esteem, it has been shown to improve experiences and outcomes. Therefore, the coalition is calling for service users to be given the ability to choose what type of psychological therapy they want, where they want it and when they want it.

- People should be actively offered the choice to access the psychological therapy in English or Welsh (in line with the Welsh Language Standards), as well as other community languages and BSL.
- People should be able to choose the type of therapy they would like and clear information and advice that helps them to make an informed decision.
- People should be able to choose where and when the therapy is accessed.

Mind's survey of over 400 people in Wales who had requested or accessed psychological therapies in Wales in the last three years found that 70% weren't offered any choice in the type of therapy they received and 66% said that no one had explained different types of therapies to them at any point. One of the criticisms of the IAPT programme in England was that the provision of psychological therapies has been restricted to predominantly CBT. In Wales, we recommend that a range of evidence-based psychological therapies are made available through the Welsh NHS so that people can have a choice about the most appropriate intervention for them.

## EVIDENCE FOR CHOICE

In 2014, researchers from the USA (Lindhiem, Bennett, Trentacosta, McLear) published their analysis of 32 clinical trials from across the world, focusing on the impact of client preferences on treatment satisfaction, completion and clinical outcomes.

Specifically, clients who were involved in shared decision making, chose a treatment condition, or otherwise received their preferred treatment evidenced higher treatment satisfaction, increased completion rates, and superior clinical outcome, compared to clients who were not involved in shared decision making.

**Client Preferences Affect Treatment Satisfaction, Completion, and Clinical Outcome, 2014**

In 2010, We Need to Talk coalition in England published the results of a survey that found:

- Having a full choice of therapy was associated with people being three times more likely to be happy with their treatment than those who wanted a choice but did not get it (91% compared to 28%).
- Being able to choose a location of treatment that was right for them was associated with people being much more likely to be happy with their treatment (73% compared to 41%).
- Being able to choose a time of appointment that was right for them was associated with people being almost twice as likely to be happy with their treatment (64% compared to 36%).

**We Need to Talk: Getting the right therapy at the right time, 2010**

# OUTCOMES THROUGH THE LENS OF THE SERVICE USER

**THE VIEWS OF SERVICE USERS SHOULD BE AT THE HEART OF ANY SYSTEM TO ASSESS IMPACT. WE ARE CALLING FOR THESE VIEWS TO BE VALUED AND RESPECTED, RECORDED CONSISTENTLY ACROSS WALES AND USED TO DRIVE FORWARD IMPROVEMENTS.**

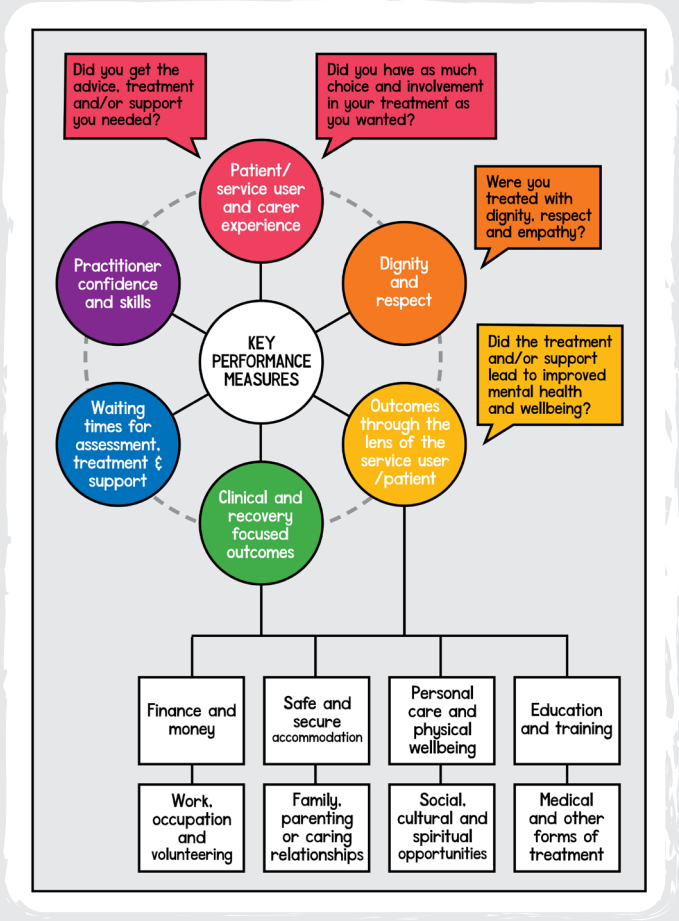
The Welsh Government's strategy Together for Mental Health (2012) commits to measuring services from the perspective of the individual. This is something that the WNTT coalition wants to see embedded in the provision of psychological therapies in Wales.

## WAMH KEY PERFORMANCE MEASURES

The Wales Alliance for Mental Health has called for consistent outcome measures across all mental health services and proposed a model (opposite) that places people's experiences at the heart of performance measures, alongside clinical outcomes, waiting times and practitioner confidence and skills (to identify skill gaps and support workforce development).

The model also links outcomes to the eight areas of life defined in Welsh policy and legislation, advocating a holistic, whole person approach to recovery.

We know that many people face barriers and discrimination due to their race, disability or socio-economic group and it is essential that any system for measuring outcomes takes this into account. The WAMH model requires data to be collected for protected characteristics in order to identify and reduce inequalities in experiences and outcomes.




## GOAL-ORIENTED CARE AND TREATMENT PLANNING

Care and treatment planning should give secondary mental health service users the opportunity to set goals in the eight areas of life set out in the Mental Health (Wales) Measure 2010. When implemented properly, the service user should be a full partner in the development of their plan and in setting their goals and aspirations. This could provide a platform for collecting outcome data through the lens of secondary care service users in a format that is already established – and laid down in law. As assessment of outcomes for people who have used psychological therapies should form part of the evaluation of the impact of this form of treatment.

# MEASURING LASTING IMPACT

**MEASURING LASTING IMPACT SHOULD BE AT THE HEART OF DECISIONS ABOUT SERVICE PROVISION. WE ARE CALLING ON THE WELSH GOVERNMENT TO MEASURE THE LONG TERM IMPACT OF PSYCHOLOGICAL THERAPIES ON PEOPLE'S LIVES.**

The Welsh Government's commitment to psychological therapies is an investment for the future. At a time when there are increasing demands and huge pressures on the NHS it is essential that the long term impact of interventions are measured and used to improve services.

## TRACKING INTERACTIONS WITH HEALTH SERVICES

The Welsh Government recently published research about the impact of the Supporting People (SP) programme in Wales on people's use of health services. It indicated that people benefiting from a SP funded service used health services in a more planned way, with a reduction in the number of visits to GPs and A&E departments, as well as emergency hospital admissions.

The project was undertaken using the SAIL (Secure Anonymised Information Linking) databank, a Wales-wide research resource focused on improving health, well-being and services. A range of anonymised, person-based datasets are held in SAIL, and, subject to safeguards and approvals, these can be anonymously linked together for research, development and evaluation. SAIL is committed to robust governance arrangements and public engagement to ensure that our work complies with the relevant legislative and regulatory frameworks and is in the public interest..

The WNTT coalition believes that the SAIL databank provides an opportunity for the Welsh Government and Health Boards to assess the effectiveness of psychological therapies in the medium to long term. This is vital if we are to understand the cost benefit of investing in psychological therapies. Whilst not the only indicator, the SAIL databank could highlight changes to people's interaction with health services following access to psychological therapy.

## REDUCTIONS IN PRESCRIBING

Prescribing rates are published by the Welsh Government on an annual basis. Mental health charities and professionals, while valuing the role that medication can play in mental health treatment, have raised concerns about the increased use of antidepressants, with many citing the lack of availability of talking therapies as a contributing factor. A reduction in antidepressant prescribing could be used as an indicator of the lasting impact of improved access to psychological therapies.

## WIDER SOCIETAL IMPACTS

Together for Mental Health (Welsh Government, 2012) takes a cross-government approach to mental health and wellbeing, recognising that all aspects of life can impact on people's mental health. Improving access to psychological therapies should also lead to improved education, employment, housing and financial outcomes for both individuals and Wales as whole. These life areas are placed at the heart of recovery and should therefore be considered as indicators of lasting impact.

# CASE STUDY: FRANK

I know what it is like first-hand to become mentally unwell and not be able to find the right help and support. I am sure my early life, growing up in Wales with a family heavily involved in farming, playing rugby, and my career in the police service, encouraged an attitude of the 'stiff upper lip' and concealment of any emotions that could possibly be associated with vulnerability.

My time in the police force certainly reinforced that attitude, not least when I had to deal with traumatic and often volatile incidents. This became a habitual way of not dealing with my emotions and eventually spilt over into my family life. I learnt to conceal my feelings for so long, up to the point where I found myself reacting to unpleasant incidents with anger and rage. I also found myself with a constant negative mental outlook on life; my working life, my home life, my social life, just about every aspect of my life became difficult.

Unfortunately the policing environment in which I worked was not attuned or supportive of mental health issues and over a three year period my mental health deteriorated into anxiety, depression, and suicidal thoughts.

**"OVER A THREE YEAR PERIOD MY MENTAL HEALTH DETERIORATED INTO ANXIETY, DEPRESSION, AND SUICIDAL THOUGHTS."**

Initially I was advised by my GP to take a good holiday as he wanted to help me by limiting any damage that might be caused to my career if anti-depressant medication appeared on my medical records. Unfortunately, I, like many other people, was not given NICE recommended treatment for anxiety and depression but instead left to cope on my own.

After this approach I ended up making numerous visits to my GP with unexplained physical symptoms, such as a debilitating back ache, stomach disturbances, headaches and rapidly increasing blood pressure and eventually a complete breakdown. That resulted in a prolonged period of sickness requiring long term convalesce with high levels of intervention. Part of my treatment was arranged by a GP who had himself just returned following a prolonged period of depression (which was recognised and treated with help from his professional body). It was his understanding nature and advice which started me on a course of medication in combination with psychological therapies.

Initially, I received 10 sessions with a counsellor/psychotherapist but these were just sufficient to kick start my longer term recovery journey.

**"I BELIEVE IT SAVED MY LIFE. TALKING THERAPY ALLOWED ME TO ACHIEVE GREATER EMOTIONAL HONESTY WITHOUT THE FEAR OF BEING PERCEIVED AS VULNERABLE OR WEAK."**

I had been unwell for a number of years, untreated and undiagnosed, and this meant that a small number of sessions were never going to be sufficient. I subsequently had another 20 sessions of psychological therapy and this, alongside the medication, slowly supported a greater resilience and increased confidence which allowed me to return to work, find new ways of dealing with what life has to throw at me. I believed it saved my life.

'Talking therapy' allowed me to achieve greater emotional honesty - without the fear of being perceived as vulnerable or weak. It taught me how to manage the things in life that can be stressful and it helped me to understand mine and others behaviour. I now understand why I had become unwell and how to better manage my emotions going forward.

# CASE STUDY: GENERAL PRACTITIONER

I am the senior partner General Practitioner (GP) at a busy primary health care practice in Wales which holds a contract to provide General Medical Services on behalf of a local health board. Clearly, when running a busy practice, we encounter patients experiencing mental illness and we work in close partnership with Community Mental Health Teams. We also refer patients experiencing mental health problems to psychological therapies, delivered from our premises.

I have been asked to provide details of a case involving a patient who was experiencing considerable distress as a consequence of a prolonged episode of anxiety and depression. The condition involved suicidal ideation and was causing considerable personal and family problems. As a precursor to the presentation of this episode of mental illness, this patient had attended the surgery on several occasions over a period of time complaining of physical health problems. She was prescribed appropriate medications for these physical symptoms and a book prescription for her depression. Unfortunately, her mental health deteriorated and she continued to present at the surgery with physically unexplained symptoms alongside her worsening mental health. It later became evident that the physical symptoms were related to her underlying depression.

An initial delivery of psychological therapy was provided via an arrangement with her employer but as that arrangement came to an end (after only 6 sessions,) it was necessary for a further series of sessions to be delivered via the surgery. The surgery worked closely with the Community Mental Health Team, including the resident psychiatrist to provide psychological therapy. It has been nine years since the patient received psychological therapy and both her mental and physical health are now fully recovered. Since that period she has only attended our surgery for routine appointments for general health monitoring purposes. She is no longer prescribed medications for any of her conditions apart from her medication for raised blood pressure which has been reduced by 50% following her recovery from depression.

"IT HAS BEEN NINE YEARS SINCE THE PATIENT RECEIVED PSYCHOLOGICAL THERAPY AND BOTH HER MENTAL AND PHYSICAL HEALTH ARE NOW FULLY RECOVERED."

The benefits of swift access to psychological therapies in treating patients cannot be underestimated. Medications, in combination with psychological therapies, are the National Institute for Health and Care Excellence (NICE) recommended treatment for many mental health conditions, (such as anxiety and depression). GPs must be able to provide their patients with sufficient quantities of both.

However, there are a number of issues that can inhibit access to psychological therapies via the GP. For example, a GP can be subjected to additional scrutiny (or even penalised) by the commissioning bodies if they refer more people for Psychological Therapies than the national average. This can inhibit the referral process especially when the existing referral figures are based on historically low rate of access to talking therapies. In fact, it would be better if psychological referral rates were linked to pharmacological prescriptions for mental health conditions, in line with NICE recommendations.

# CASE STUDY: TALKING THERAPIES PROFESSIONAL

I am a registered 'Talking Therapies' professional, and I currently live and work in Wales. As a trained mental health professional I see people with a variety of mental health conditions - from mild through to moderate and severe. The types of problems that people typically seek help with are usually linked to their mental and emotional health and wellbeing. I have been asked to provide a brief description of talking therapies (TT), and to discuss the current situation, as I see it on a daily basis, in terms of access to TT for people living in Wales. Psychological therapy or 'talking therapy' (as it is more commonly referred to), is an umbrella term for a broad range of psychological treatments, including, but not limited to, psychotherapy, counselling, and other problem solving treatments. What they have in common is that they all attempt to bring about improvements in a person's mental health (Rowland & Goss, 2000). It involves a person/client/patient talking about their problem(s) with an appropriately qualified and registered professional (registered with the appropriate professional body). A trained therapist will work with the person to try to work out what may be causing their problem(s) or difficulties, and the best ways to overcome them. Finding the right TT will depend on a number of different things e.g. on your problem, the type of therapy that is available in your area and your own personal preferences. All the main talking therapies involve establishing a therapeutic relationship between the counsellor/psychotherapist and the person/client/patient, e.g. building trust, empathetic understanding and unconditional positive regard so that the person feels safe, supported and understood in a confidential, unbiased and non-judgemental atmosphere.

I often see people who have not been able to access counselling from their GP or secondary mental health provider. Typically, they are either told erroneously by their GP or healthcare provider that TT is not available on the NHS or they are placed on long waiting lists for months or even in some cases years. I was told recently by someone who had tried to take their own life that the hospital treating them had a six month waiting list for TT, but they couldn't go on the list as it was currently closed.

"TYPICALLY, THEY ARE EITHER TOLD... ...THAT TT IS NOT AVAILABLE ON THE NHS OR THEY ARE PLACED ON LONG WAITING LISTS FOR MONTHS OR EVEN IN SOME CASES YEARS."

There appears to be two main reasons why people are unable to access TT on the NHS in Wales. Firstly, people tell me that referral to TT is very much dependent on their GP's level of understanding about mental illness (which can vary considerably from one GP to another), and secondly, because too small a number of Talking Therapists are employed by the NHS to provide Psychological Therapies. In other words, although hard data about this is currently unavailable, anecdotal evidence suggests that there are too few Talking Therapists employed by the NHS and often GP's and other health professionals do not or are unable to conform to NICE guidelines. At the same time, it often goes unrecognised that there are a large number of trained counsellors and psychotherapists living in Wales who are forced into the private healthcare sector. Generally, this means that those who can afford to pay to access healthcare receive TT more quickly than those who are dependent on the NHS. I would suggest that we urgently need to find new ways to deliver TT in Wales. Ways that fit with the prudent healthcare agenda and, at the same time, increase the availability of TT for people seeking treatment via the NHS. We can achieve this if we increase workforce capacity by finding ways to open up access to counsellors/psychotherapists currently only available outside of the NHS.

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