

Research papers

Psychological therapies for common mental illness: who's talking to whom?

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ABSTRACT

Objectives To quantify the provision of psychological support and structured therapies for common mental illness by all providers in primary care and the community, and to assess if the shortfall in psychological therapies provided by the NHS is being met through private, voluntary or faith communities.

Methods In an inner London borough of 148 503 people aged 18–74 years, we sent a questionnaire survey to 504 potential providers of psychological therapy and support. Using extrapolation from the National Psychiatric Morbidity survey we estimated the number of people with any common mental illness.

Results A maximum of 341 (51 whole-time equivalent (wte)) individuals or organisations provided psychological support to adults with common mental illness, equivalent to 4.26 wte per 10 000 population aged 18–74 years. Of all providers a minimum of 78 and estimated maximum

of 99 (29%) offered structured therapy. Between 654 and 837 adults received structured therapy per month (44–56 per 10 000 population per month). Of all provision of structured therapy, 43% was provided by the private sector, 33% by the NHS and 24% by the voluntary sector. Of the estimated 13 091 people aged 18–74 years with moderate to severe common mental illness, only 6.4% were receiving structured psychological therapy.

Conclusions The private and voluntary sectors provide two-thirds of all structured psychological therapy, but provision remains low in relation to need. The development of psychological therapy services for common mental illness should take into account the wide range of providers through which a more effective use could be made of existing resources.

Key words: population estimates, private sector, providers, psychological therapy, voluntary sector

Introduction

The most recent estimate of common mental illness in the UK found that at any one point in time, 13.5% of the male population and 19.4% of the female population in the age group 16 to 74 years is affected.¹ The main treatment options for common mental illness are medication, psychological therapies or self-help.² Psychological therapies are very acceptable to patients and many prefer them to medication.³ Psychological therapies that employ a time-limited structured approach have been shown to have

outcome effect sizes similar to the impact of hip replacements on quality of life, suggesting that highly effective treatment is available for common mental illness.^{4,5} Despite UK government policy that individuals with common mental health problems should be able to readily access services, there is evidence in London at least of very low levels of provision of psychological therapies by the NHS in relation to needs.^{6,7}

It could be that psychological therapies provided by voluntary organisations and by the private sector fill a sizeable amount of the gap in provision for these treatable mental health problems. However, to our knowledge, there is no UK population-based study to describe the full extent of psychological therapy available to a given population. We therefore conducted a questionnaire survey to establish how much psychological therapy was available to an inner city population, and who was providing the therapy.

Methods

A questionnaire survey was undertaken between January and March 2003, of all potential providers of psychological support to adults in the London Borough of Greenwich. The questionnaire was posted twice, with a follow-up phone call to those who did not reply to the second mailing.

Identification of potential providers

A list of all primary care staff (counsellors, general practitioners (GPs) and nurses) was obtained from the Primary Care Directorate of Greenwich Primary Care Trust (PCT). The primary care counselling service run by the local mental health trust was included in this list. Voluntary organisations, churches and other faith organisations in Greenwich were identified by searching the website of Greenwich Council, the *Yellow Pages*, and from a local directory of all mental health services. Private therapists were identified by searching the *Yellow Pages*, and the directories of a range of professional registration bodies (including the British Psychological Society, The British Association for Counselling and Psychotherapy, The UK Council for Psychotherapy, the National Council of Psychotherapists, British Confederation of Psychotherapists, and the British Association for Behavioural and Cognitive Therapies), and from advertisements in the local press. Private therapists were included if their registration address was within the London Borough of Greenwich or the adjacent Boroughs of Lewisham, Bexley or Bromley.

Definition of common mental illness

A questionnaire was devised to seek information on the number of practitioners or organisations offering psychological support to Greenwich residents aged 18–74 years with common mental illness. Common

mental illness was defined in the questionnaire as the following conditions: depression, anxiety, mixed anxiety and depression, phobias, obsessive compulsive disorder and panic disorder in line with the approach taken in the National Psychiatric Morbidity Study.¹ Alcohol and drug disorders were excluded.

Estimates of psychological support

Psychological support was defined broadly (similarly to the approach others have taken⁸) as ‘any type of talking therapy be it support, advice, counselling, problem solving, behavioural therapy, cognitive behaviour therapy, psychodynamic therapy, guided self-help, life skills coaching or mentoring’. Practitioners were asked to estimate the number of hours spent each week offering such psychological support. This was converted into ‘whole-time equivalents’ (wte) by dividing the total number of hours by 35 (assuming a 35-hour working week). Minimum values were based on the sum of those who returned their questionnaires. An estimate was made of the maximum number of therapy hours provided and maximum number of wte by extrapolating the survey findings to those who did not reply to the questionnaire.

Number of clients receiving structured therapy

The questionnaire also identified whether practitioners offered structured therapy. Individual client therapy was defined as ‘structured sessions devoted to psychological therapy on a one-to-one basis with a client’. Those offering therapy to groups were also identified as providing structured therapy. Those who provided ‘structured therapy’ were asked to estimate the number of people receiving treatment. By extrapolating this number to those who did not reply to the questionnaire survey, an estimate was made of the maximum number of clients who might be receiving treatment.

Estimate of number of adults with common mental illness and number needing treatment

The number of Greenwich residents in each five-year age band between the ages of 18 and 74 years was derived from 2001 census information. The psychiatric morbidity survey prevalence rates were applied to the numbers in each age band then adjusted for London prevalence.¹ The Psychiatric

Morbidity Survey estimates that half of those with common mental illness have a level of symptoms likely to require treatment.¹

Results

A total of 504 questionnaires were sent and 329 returned, a response rate of 65%. The response was highest among primary care counsellors (100%) and lowest among other primary care staff (59%) (see Table 1).

Psychological support

A minimum of 217, and estimated maximum of 341, practitioners or organisations offer 'any psychological support' (including both structured and unstructured psychological support) to adults in Greenwich (see Table 1). The number of hours of psychological support provided was a minimum of 1566 and estimated maximum of 2210 hours per week. This is equivalent to a minimum of 44.7 and estimated maximum of 63.2 wtes, (3.01–4.26 wte per 10 000 population aged 18–74 years).

Of the total number of hours of psychological support provided, 10% was provided by the primary care counselling service, 40% by primary care staff (GPs, nurses and health visitors), 33% by voluntary and faith organisations and 18% by private therapists (see Table 1).

Structured psychological therapy

A minimum of 78 and estimated maximum of 99 practitioners or organisations provide structured psychological therapy in Greenwich to a minimum of 654 and estimated maximum of 837 adults each month (44–56/10 000 population per month). Of those who receive structured therapy 26% are treated by the primary care counselling service, 7% by other primary care staff (GPs, nurses and health visitors), 24% by the voluntary sector or faith organisations and 43% by private therapists (see Table 1).

Estimate of number of people with common mental illness

There was an estimated total of 27 802 adults in Greenwich with common mental illness.⁹ Of these an estimated 13 901 were severe enough to warrant

Table 1 Provision of any psychological support and 'structured therapy' by provider

Provider group (number sent questionnaire)	Percentage who replied to questionnaire	Percentage of respondents offering any psychological support (including 'structured therapy')	Number of hours offering any psychological support per week (% of total)	Percentage of respondents offering 'structured therapy' (%)	Number of clients who received 'structured therapy' in the past month (% of total)
Primary care counsellors (<i>n</i> = 10)	10 (100)	10 (100)	156 (10)	10 (100)	171 (26)
Other primary care staff (<i>n</i> = 330)	195 (59)	148 (76)	622 (40)	24 (16)	49 (7)
Private therapists (<i>n</i> = 82)	56 (82)	31* (55)	279 (18)	31 (55)	280 (43)
Voluntary sector and faith organisations (<i>n</i> = 82)	68 (83)	28 (34)	509 (33)	13 (16)	154 (24)
Total (<i>n</i> = 504)	329 (65)	217	1566 (100)	78	654 (100)

*The remaining 25 private therapists indicated that they did not have any clients who were residents of Greenwich

treatment.⁴ The estimated minimum of 654 and maximum of 837 adults receiving structured psychological therapy over a one-month period, is equivalent to between 4.7 and 6.4% of estimated need.

Discussion

This study provides an estimate for the amount of psychological support and structured therapy provided to a given inner city population in primary care and the community from a comprehensive population-based survey. It shows that the NHS provides half of the unstructured psychological support, but only provides a third of the structured psychological therapy. It also shows that taking all providers into account, only a small proportion of people warranting treatment receive it. Our estimate of the proportion of people in need who receive treatment (a maximum of 6.4%) is similar to the recent national survey of psychiatric morbidity that estimated 9% were receiving any form of therapy.¹

To our knowledge this is the first comprehensive study to identify who is providing psychological therapy to a given population.

It could be that we have over-estimated the maximum number of providers and clients since we have assumed the same provision rate in the non-responders to the questionnaire as in the responders. However, it is possible that we have underestimated the maximum number of providers and clients by missing some in the voluntary or private sectors. The latter is unlikely since a local directory of voluntary sector providers has recently been completed, and the protocol for the study was discussed with representatives from the voluntary sector. Private sector providers were identified from multiple sources. We did not include occupational health services, since it would be difficult to estimate the amount of provision for residents as opposed to non-residents. Since the focus of this study was on provision within primary care and community services, we did not include any provision of psychological care for common mental illness within secondary services. A recent survey of the caseload of the community teams in secondary care showed that over 90% had two or more diagnoses, suggesting that we did not miss many cases of common mental illness without co-morbidity.¹⁰ Our range of 4.7–6.4% of people with common mental illness receiving psychological therapy is lower than the national proportion (9%), however our setting is an inner city area with higher needs and traditionally lower levels of service provision.¹

These figures are likely to be replicated in other UK inner city populations and to represent a minimum amount of provision in UK boroughs. More affluent boroughs would expect higher levels of provision by the private sector and possibly by the voluntary sector.

We were surprised at the number of different providers. In total there were an estimated 217–341 individuals providing any type of psychological support. However this equated to only 44.7–63.2 wte, indicating that for the majority of providers, psychological support was only a small part of their work or they were working part-time.

Of all psychological support provided, only half the total number of hours was provided by practitioners directly employed by the NHS, and only one-third of clients receiving structured psychological therapy were being treated by NHS providers. This study shows the importance of the voluntary and private sectors in providing treatment for common mental illness. Even in an inner city population, 43% of all clients receiving structured psychological therapy paid privately. There is currently no single body that takes an overview of the standards of psychological therapy provided to a given population. More needs to be known about the quality, equity and effectiveness of therapy offered by all sectors.

Given the current volume of provision in the voluntary and private sectors, the challenge now for the NHS is to work collaboratively with partners who we have not traditionally engaged with, in order to deliver effective care for people with an eminently treatable condition. The response rate from the private and voluntary sectors was very good in this study; it shows a degree of trust and potentially indicates an interest in joint working around services for people with common mental health problems.

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CONFLICTS OF INTEREST

None.

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