

# Psychological Therapies in the NHS – a landmark conference

The Government has committed for the first time to state-funded psychological therapy services for all who need them. A conference last month debated how to put this grand plan into practice

Lord Richard Layard opened the Psychological Therapies in the NHS conference last month saying that mental illness is the single biggest cause of misery in the UK. Six million people suffer from mild to moderate depression and anxiety but only a quarter of them have access to the talking therapies they say they want. Recommendations by NICE are not being implemented because there aren't enough therapists to do the work in the NHS. The recent award of £170 million will make implementation possible for the first time. The evidence base, he said, is central to how we got the money and will continue to get it.

## The plan

Paying tribute to Health Secretary Alan Johnson for having the vision to see the importance of this work, Lord Layard outlined how the Increasing Access to Psychological Therapies (IAPT) initiative would be rolled out: a typical population of a quarter of a million people would need a team of 40 therapists, the majority of whom would deliver one-to-one stepped care. Sixty per cent of the work would be high-intensity step three type work and 40 per cent brief interventions or low-intensity work. Clients

would be referred by GPs, job centres or self-referred, and outcomes would be monitored by asking clients to complete forms at the beginning and end of each session. The range of therapies would be whatever is recommended by NICE, which may change over time. The workforce would be drawn from experienced practitioners who would get two days training in CBT for a year (for high-intensity workers) and one day a week for a year for low-intensity workers. It would take six years to roll these services out for the whole country.

## The evidence base

The question of evidence-based therapies was hotly debated. Professor Louis Appleby, National Director for Mental Health in England, said: 'This initiative is not exclusive of any type of therapy but we say "evidence-based" psychological therapies... £170 million does not come as a cheque upon which people can write their type of therapy. As long as they work in terms of patient benefit, there is a place for therapies other than CBT.'

People shouldn't feel concern about the limitation of patient choice, he said, because the CBT therapists who would be employed by these services would inevitably integrate other

forms of therapies as needed. This point was alluded to later by Peter Fonagy who said that CBT changes itself all the time, is innovative and borrows very often from other treatments – why, he asked, shouldn't other dynamic treatments borrow from CBT?

Concern was expressed that good existing counselling and psychotherapy services would

## NICE Guidelines

Much of the debate in the conference focused on the ways in which the NICE Guidelines on depression and anxiety are currently being implemented. Some people felt that the guidelines were being used by commissioners as a cost-cutting measure – cutting long-established services

**'I've never seen so much anxiety associated with receiving £170 million!' (Peter Fonagy)**

be lost with the new system and also that if experienced practitioners were not part of the new services, a two-tier system would develop: the NHS would be for people without money and others would pay privately to see experienced practitioners.

Users urged clinicians to listen to what they say they want from therapy rather than assuming they know. David Crepaz-Keay, Head of Patient and Public Involvement at the Mental Health Foundation, said that clinicians need to remember that users don't want to become normal like the clinician, they want to become normal like themselves.

and substituting such things as computerised CBT and telephone consultation. There was a consensus both from the floor and the platform that this was against the spirit of the guidelines and was damaging patient services.

There was also a current of feeling that too comprehensive implementation of the guidelines as they stand could mean that it would be difficult for services to adapt when the guidelines are revised to include other kinds of therapies. There was agreement that the research which would bring those other therapies within

the remit of the guidelines was urgently needed. This is partly because implementing the guidelines as they stand will lead to a reduction in patient choice which neither government or user groups would advocate. (There was sadly little idea of where the money was to come from to do the urgently needed research).

The NICE Guidelines, particularly on depression and anxiety were vigorously attacked and defended throughout the conference but there was a consensus that without the guidelines and without Lord Layard's report, the money which has been made available would not have been forthcoming and there was much applause for this as a remarkable achievement.

'I was struck that nobody on the platform made reference to the fact that the NICE Guidelines on both depression and anxiety emphasise the need for long-term follow-up studies for all forms of therapy,' said delegate Sara Perren, a counsellor and researcher from York. 'People were very interested in the type of research that needs to be done but seemed to forget that the question of when it is done is equally important.'

*Is it the therapeutic technique per se or the person of the therapist that is the more potent factor in helping clients to change?*

This was explored in a superb presentation shared by Professor David Clark and Professor Michael Barkham. Clark argued that CBT techniques were responsible for therapeutic change in the treatment of anxiety disorders and that no differences were found between different therapists delivering the intervention. On the other hand, drawing upon CORE data, Michael

Barkham argued that there was no difference in effects between different therapeutic approaches, but there were differences in the effectiveness of individual therapists regardless of approach. The answer to this question, which has far-reaching implications both for counselling research and the commissioning of therapies, was summarised by Professor Barkham: 'It depends who you ask!'

One delegate, Kate Brown of Associated Psychotherapeutic Services CIC, said: 'The presentations by Professors Clark and Barkham on cognitive science and the effective practitioner were a tour de force. These would have served as a wake-up call to any delegate reluctant to embrace the current demand for evidence-based practice underpinned by rigorous research.'

Professor Peter Fonagy, in the closing plenary, said it was hard to summarise such an excellent conference. He added: 'I've never seen so much anxiety associated with receiving £170 million!' He had identified four areas of anxiety: research, NICE, IAPT and CBT. He called for therapists to abandon their guilds 'that represent a conservative force and learn new ways of working – who could be against being conscientious and inquiring?'

What was needed was a new intellectual framework for psychotherapy. There was too much attachment to traditions – how many of the audience, he asked, would be concerned about the disappearance of a tradition they were not originally trained in? Science, he concluded, is very humbling and good for practice as it helps us to answer questions about what works best for the client which is, after all, our common aim.

# Savoy Declaration

The leaders of 20 health organisations last week united to declare their support for the Government's efforts to offer timely access to psychological therapies on the NHS for all who need them.

Joining together for the first national Psychological Therapies in the NHS conference at Savoy Place, London, the 20 groups agreed the **New Savoy Declaration**:

'Depression and anxiety affect millions of people in the UK, yet few receive the psychological therapies that could help with recovery. Many with the courage to seek help have to wait for many months for treatment or have to pay for it privately.

The Government has committed itself to turning this around\* and to implementing NICE Guidelines for depression and anxiety so that everyone can have timely access to state-of-the-art evidence-based therapies.

We congratulate the Government on this welcome initiative and call on the NHS to offer appropriate psychological therapies free at the point of delivery to all people who need them, within six years. We call for people to be given a choice of appropriate, evidence-based therapies available close to home when they need them. And we urge government to invest in the further development and evaluation of psychological therapies to make the UK a world leader in this field.

We commit to working together to support the NHS to build up its psychological therapy provision and to ensure that the new services are safe, effective and successful.'

## Signed:

Malcolm Allen, Chief Executive, British Psychoanalytic Council  
 Madeline Andersen-Warren, Chairperson, British Association of Dramatherapists  
 James Gray Antrican, Chair, United Kingdom Council for Psychotherapy  
 Nicola Barden, Chair, British Association for Counselling and Psychotherapy  
 Jeremy Clarke, Chair, Psychological Therapies in the NHS  
 Ronald Doctor, Chair, Association of Psychoanalytical Psychotherapy in the NHS  
 Prof Chris Evans, President, UK Society for Psychotherapy Research  
 Paul Farmer, Chief Executive, Mind  
 Angela Greatley, Chief Executive, Sainsbury Centre for Mental Health  
 Barbara Herts, Chief Executive, YoungMinds  
 Paul Jenkins, Chief Executive, Rethink severe mental illness  
 Dr Gillian Leng, Implementation Director, National Institute for Health and Clinical Excellence  
 Dr Chris Mace, Chair, Psychotherapy Faculty, Royal College of Psychiatrists  
 Prof Pam Maras, President, British Psychological Society  
 Andrew McCulloch, Chief Executive, Mental Health Foundation  
 Stephen Sandford, Chair, Association of Professional Music Therapists  
 Neil Springham, Chair, British Association of Art Therapists  
 Professor Peter Stratton, Association for Family Therapy and Systematic Practice in the UK  
 Nick Temple, Chief Executive, Tavistock and Portman NHS Trust  
 David Veale, President, British Association for Behavioural and Cognitive Psychotherapies  
 30 November 2007

■ The Department of Health has pledged increased funding for its *Improving Access to Psychological Therapies* programme, rising from £30 million in 2008/09 to £102 million in 2009/10 and £170 million in 2010/11.