

We Need to Talk

We need more psychological therapy

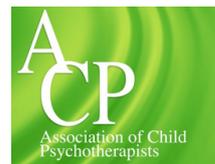


Mental Health Foundation



bacp

British Association for Counselling & Psychotherapy



relate
the relationship people



NATIONAL COUNSELLING NETWORK

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

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We Need to Talk

We Need More Psychological Therapies

We Need to Talk is a coalition of mental health charities, professional organisations, Royal Colleges and service users who campaign for better access to psychological therapies for children and adults with mental health problems.

Here are our calls for all the political parties to include in their manifestos:

- **Increased access and capacity**
- **Shorter waiting times**
- **Quality services**
- **Joined up services**

Access

People need more NHS services. The overwhelming majority of children and adults with mental health conditions are still unable to access psychological therapy. Capacity must be increased.

Around 8 million adults in the UK currently have a common mental health condition (McManus, Bebbington, Jenkins et al (eds.), 2016a). Until recently the NHS target was to provide psychological therapy for only 15% of those experiencing these conditions. This target is set to rise to 25% by 2020 (Murdoch, Kendall, 2016), but most people still won't be helped. Even in cases of severe mental illness, such as psychosis, around half of people do not receive psychological therapy (McManus, Bebbington, Jenkins et al (eds.), 2016b).

Furthermore, around one in ten children between the ages of 5 and 16 also have a mental health problem (Green, McGinnity, Meltzer et al, 2005), but according to some estimates, 70% have not had appropriate interventions at a sufficiently early age (Children's Society, 2008).

We urge a solid commitment to further increase access and capacity from all political parties across both child and adult services.

Waiting times

People need shorter waiting times. There is a clear relationship between the time people are left on waiting lists and their chances of recovery (Gofal, 2016).

We call for a maximum waiting time of 28 days from referral request to first treatment appointment for all children and adults in need of therapy on the NHS. Where existing targets for treatment are shorter than 28 days, such as for Early Intervention in Psychosis (NHS England, 2016), we ask for a renewed commitment that they will be met.

For adults with anxiety and depression, the current waiting time targets are for 75% of people to begin treatment within 6 weeks of referral, and 95% within 18 weeks (NHS England, 2015). These targets still leave people waiting too long.

Furthermore, for many other conditions, and in most children's services, no waiting time targets exist at all. For psychosis while 80% of people referred for treatment receive it within two weeks, significant regional variations exist, and too many people still wait over 6 and even 12 weeks to receive the care they need (NHS England, 2017).

Quality services

People need quality services. Quality means enough therapists to provide enough sessions to properly help children and adults with mental health problems improve and recover. Quality means people get a choice of therapies – not just one-size-fits-all. And quality means therapists trained to deal with the complexity of cases they face.

More sessions

On average, people get just six sessions of therapy on the NHS (based on data sent from NHS Digital to UKCP on request). This isn't always enough for clients to significantly improve or recover. Failure to get things right first time contributes to a 'revolving door', where people leave the system before they have recovered, then re-enter (UKCP, unpublished), costing the government more money and unnecessarily prolonging patient distress.

More choice

Choice matters. Unfortunately, the last We Need to Talk survey found that 56% of people weren't offered any choice of therapy (We Need to Talk 2014). A 2014 meta-analysis of 32 clinical trials found that clients who shared in decision-making or received a choice of treatment had lower drop-outs, greater treatment satisfaction and better treatment outcomes (Lindhiem, Bennett, Trentacosta et al, 2014).

Properly trained therapists

People often have complex issues – and require highly trained therapists to address them. The PROMPT trial shows that the cases coming in to services are far more complex than NHS planners anticipated (Hepgul, King, Amarasinghe et al, 2016). Without a highly skilled workforce, it will be difficult to improve recovery rates.

Joined up services

People need joined-up services. Current links between health services are too weak. People get lost between children and adult services (Singh, Tuomainen, 2015), and between mental and physical health services (Cross, Srivastava, Shotton et al, 2017). The Five Year Forward View implementation plan2 sets out attempts to ensure services are more joined up, but if any prospective government is serious about tackling mental health, it must go further.

We have consulted across the mental health sector, and professionals see a joined-up approach as the best way to provide high quality services. Specialists and professionals must be able to liaise with all levels of care, and share methods of best practice for the best approach to patient-centred care.

References

McManus S, Bebbington P, Jenkins R, et al (eds.) (2016a) *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital. APMS 2014: Chapter 2 - Common Mental Disorders - Tables. Available at <http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-ch-02-tabs.xls> (Table 2.3 – multiply the number of adults with common mental health conditions given in the table [approx. 17%] by the current adult population)

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NHS England (2017). *Early Intervention in Psychosis Waiting Times*. Leeds: NHS England. <https://www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/>

Based on data sent from NHS Digital to UKCP on request. Refers to NHS Improving Access to Psychological Therapies (IAPT) programme figures. Precise figure 6.4 sessions per client. However, this refers only to those who complete treatment. Taking into account non-completers the figure falls to an average of just 3.

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Signatory organisations

Association of Child
Psychotherapists
www.childpsychotherapy.org.uk

National Counselling Society
www.nationalcounsellingsociety.org

Beat
www.b-eat.co.uk

National Counselling Network
(NCN)

British Association for Behavioural
and Cognitive Psychotherapies
(BABCP)
www.babcp.com

OCD Action
www.ocdaction.org.uk

British Association for Counselling
and Psychotherapy (BACP)
www.bacp.org.uk

Rethink Mental Illness
www.rethink.org

British Psychoanalytic Council
www.bpcp.org.uk

Relate
www.relate.org.uk

British Psychological Society
www.bps.org.uk

Royal College of Psychiatrists
www.rcpsych.ac.uk

Centre for Mental Health
www.centreformentalhealth.org.uk

St Mungo's
www.mungos.org

ISPS UK
www.ispsuk.org

Tavistock Relationships
www.tavistockrelationships.org

Mental Health Foundation
www.mentalhealth.org.uk

UK Council for Psychotherapy
www.ukcp.org.uk

Mind
www.mind.org.uk

Young Minds
www.youngminds.org.uk