

# Shaping effective counselling services in health care

case studies of service delivery and outcomes



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## Foreword



This publication has been produced especially for commissioners of counselling services, service providers, managers, and those who want to learn more about how counselling services are provided in the NHS. It is also a briefing document in response to the Department of Health Report - *Organising and Delivering Psychological Therapies*<sup>1</sup>.

By presenting a range of case studies this document demonstrates the very real difference an NHS managed counselling service can make to patient care and health. It is essential that NHS managed counselling services match local needs and complement existing services, and so the case studies presented are not intended for direct replication elsewhere. What these case studies do offer is insight into the tangible benefits, both to the NHS and the public, of taking a managed approach to providing psychological therapies.

Our thanks go to all the contributors to this document, particularly the Bradford City, Greater Glasgow and North West Wales trusts.

**Alan Jamieson**  
Deputy Chief Executive  
British Association for Counselling  
and Psychotherapy

### Notes

Throughout this document the terms counselling and psychotherapy are used interchangeably to describe psychological therapy delivered by appropriately trained and accountable practitioners. The term patient is used to describe the person presenting for psychological help. In other contexts the term client would be used. Although this document uses the English designation for NHS trust management structures, with the exception of case study material, it is recognised that there are parallels in the other UK countries.

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This section features three case studies of counselling services – covering local context, service delivery models, patient experiences, audit and evaluation processes, and outcomes. The services featured are:

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## Counselling and psychotherapy in health care explained

**Counselling and psychotherapy in health care support the health and social care agenda by helping people manage diagnosed conditions, addictions, and/or difficult life situations such as bereavement. In this context counselling is ultimately used to help effect improvements in patients' health, wellbeing, and capacity to work.**

### Prevalence and cost of mental ill health

The following statistics provide an indication of the overall prevalence and financial cost of mental ill health.

- 1 in 4 people will experience some form of mental health problem in the course of a year
- 1 in 6 people will have depression at some point in their lives
- 1 in 10 people are likely to have a 'disabling anxiety disorder' at some stage in their life
- Around 142,000 hospital admissions each year in England and Wales are the result of deliberate self-harm
- The cost of mental health problems in England is estimated at £32 billion per year – a third of this cost is attributed to lost employment and productivity
- Over 91 million working days are lost to mental ill health – 50% of these are due to anxiety and stress conditions<sup>ii</sup>.



Counselling and psychotherapy are delivered using a range of techniques and approaches; some of the different strands offered in the NHS include interpersonal therapy (IPT), cognitive behavioural therapy (CBT), psychodynamic psychotherapy, and person-centred counselling.

Provision levels vary across primary care, and even more so in secondary and palliative care. The Department of Health in England is concerned that there are improvements in the organisation, delivery and equity of services<sup>iii</sup>.

### Primary care

Patients typically referred for counselling in primary care include those with stress-related problems, anxiety, and/or depression; or those who experience difficulty adjusting to life events such as bereavement; or problems with physical health or health behaviours requiring therapy, such as addiction<sup>iii</sup>. Most therapy sessions last 50 minutes and a course of counselling for patients presenting with mild to moderate problems is generally six to eight weeks, increasing to 20 weeks for patients presenting with severe problems.

### Counselling in primary care is usually provided through one of three main service delivery models. These models include referral to:

- counsellors based in GP practices and provided by a local agency or co-operative
- managed counselling services provided by the PCT or mental health trust, with counsellors based in GP practices or a central site
- voluntary agencies (in cases where PCTs have contracts to refer to externally managed services in the voluntary sector).

### Secondary care

Counselling also benefits patients in hospital settings such as gastroenterology, obstetrics and gynaecology, and those patients suffering diabetes, renal failure, disfigurement, bereavement, chronic conditions such as multiple sclerosis, head injuries, cancer and heart disease<sup>iv</sup>.

Counselling is usually offered through referral to a specific hospital department or ward-based counsellor. It is also important to recognise that many healthcare workers and hospital chaplains use counselling skills, which are generally regarded as supportive and therapeutic for patients. This does not replace the need for managed counselling services delivered by trained and professional therapists.



## Clinical guidance for psychological treatments

The National Institute for Health and Clinical Excellence (NICE) reviews the best available evidence on treatment delivery in relation to specific diagnosed conditions; where appropriate, NICE guidelines refer to psychological treatments.

### Management of depression in primary and secondary care

The NICE guideline *Management of depression in primary and secondary care* makes recommendations on prescribing medication, self-help, exercise and psychological therapy. It outlines how these treatments should be used and combined in the management of mild, moderate and severe depression. The guideline notes that patient choice and past experience are key considerations when referring patients for psychological treatment, and also recommends when specific approaches within the broad field of psychological therapy are most appropriate (such as psychodynamic psychotherapy and CBT)<sup>v</sup>.



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### Supportive and palliative care for patients with cancer

The NICE guideline *Supportive and palliative care for patients with cancer* recommends that: 'commissioners and providers of cancer services... should ensure that all patients undergo systematic psychological assessment at key points and have access to appropriate psychological support'<sup>vi</sup>. The full manual of recommendations for practice and service provision includes a chapter on psychological support services, which details a four-level model of professional support and intervention<sup>vii</sup>.

These examples of NICE guidelines broadly reflect that providing appropriate psychological treatments (including counselling and psychotherapy) supports the delivery of patient choice and improvements in patients' health and quality of life.

## Psychological treatments – facts, figures and trends

### Cochrane Review – short-term efficacy and cost effectiveness of counselling in primary care

A Cochrane Review by Bower et al in 2004<sup>viii</sup> assessed the efficacy and cost effectiveness of counselling in primary care. The study reviewed cost and outcome data in randomised controlled trials, controlled clinical trials and controlled patient preference trials. The main analyses showed:

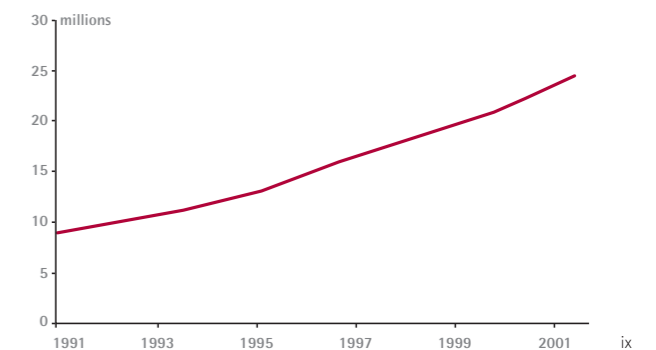
- significantly greater clinical effectiveness in the counselling group compared with 'usual care' in the short term
- no significant difference between the clinical effectiveness of counselling and 'usual care' over the long term
- four studies reported similar total costs associated with counselling and 'usual care' over the long term
- satisfaction with counselling was high.



### Trends in anti-depressant prescription

Anti-depressant prescription items have more than doubled in a ten-year period.

Number of Prescription Items for anti-depressant drugs dispensed in the community



### Patient preference

Patient preference for counselling and psychotherapy has grown significantly since the 1970's when these therapies first became available in the NHS.

In a recent public survey 81% agreed they would prefer to talk to someone about their problems than take medication<sup>ix</sup>.

### Practice-based evidence of the wider benefits of counselling in primary care

The three case studies that follow illustrate how offering counselling can help to:

- reduce prescribed medication
- reduce pressure on GP care
- provide patients with a highly valued treatment of choice
- reduce referral to more acute services.





## The City Therapeutic Resource team (CTRT) - Bradford City NHS tPCT

### Context and challenges

Bradford City tPCT is presently one of four PCTs in the Bradford area, and it includes two of the most deprived districts in England. The tPCT comprises 41 practices, over half of which have just one GP. Two thirds of the 150,000 population are from black or minority ethnic communities.

The challenges in Bradford are complex and prior to the inception of the City Therapeutic Resource Team (CTRT) in 2002 there was limited counselling and related support. Very few of the people referred have 'mild' mental health difficulties and the team is frequently seeing people with entrenched problems at the upper end of the 'moderate level of difficulty'.

### Service model

The CTRT accepts referrals from all primary healthcare professionals with responsibility for delivery of care to patients. The team also takes referrals from secondary care workers where an inappropriate referral was made or further work is needed during or following the secondary care.

All patients are offered an assessment interview; they may then be offered time-limited therapy if appropriate – this could be six to 12 sessions of counselling, art therapy, CBT or facilitated self-help. In some cases patients are referred to other voluntary or statutory agencies, or referred back to primary care, with support offered to the practice.

CTRT has recruited people from within the local community who speak South Asian languages and is supporting them through their studies and qualification in counselling. This recruitment from the community has enhanced the service, which is also pioneering therapeutic work with the assistance of trained interpreters.



Photodisc Red/Amy DeVoogd

### Patient experience

The CTRT aims to give choice to patients regarding mode of therapy, language, appointment time (offering an out-of-hours clinic), and counsellor gender. The CTRT is also committed to consulting with service users and has set up a user group. Comments from this group have led to adjustments in the service – for example, the provision of water in sessions and amendments to the team's literature.

A recent survey by the University of Bradford<sup>x</sup> indicated that patient satisfaction with the CTRT service is high:

- More than 50 per cent of patients rated the service "very good"
- More than 80 per cent were satisfied with the length of sessions
- 95 per cent said they had no difficulties with appointments and would not change anything about the way the team communicated with them.

### Audit and evaluation

The CTRT service is regularly audited and there are systems in place to allow ongoing evaluation, including the introduction of CORE (a tool measuring clinical outcomes)<sup>xi</sup> in October 2004. Methods of data collection have included:

- qualitative interviews
- user satisfaction surveys
- documentary analysis
- database analysis
- activity data analysis
- service user forums.

### Outcomes

GPs report the CTRT service has relieved some of the pressure on their time and positively impacted on their patient populations. Service evaluation also highlights that:

- Primary care professionals see the CTRT as a positive service
- GPs are pleased the service is available
- The Community Mental Health Team (CMHT) reported that CTRT enabled them to focus on their own area of service provision
- 85 per cent of patients report a positive experience.

### Ongoing and Future Development

CTRT is currently considering delivery of computer based psychological interventions and developing the following areas: work with asylum seekers, education and training, group-work, maternal wellbeing, and self-help.

#### Feedback

"The service provided by City Therapeutic Resource Team has helped to make mental health services even more accessible to all communities... The success of this service shows the real value of early intervention at primary care level"

**Lynnette Throp**, Chief Executive  
Bradford City Teaching Primary Care Trust (tPCT)

#### Feedback from service users describing their overall impression and personal experience of using the CTRT service:

'I was able to look forward to the future'  
'You were just what I needed to move on'  
'I was able to speak freely and openly about anything and everything'  
'CTRT has been an excellent experience for me personally'





# Sandyford Initiative - NHS Greater Glasgow

## Context and challenges

The Sandyford Initiative is an integrated sexual and reproductive health service located in central Glasgow, operating within a social model of health, where emotional and mental health are key components. Sandyford converged from previously separate services and the key challenge has been to integrate approaches. The Sandyford Initiative is part of NHS Greater Glasgow, and receives funding from Glasgow City Council and other sources.

## Service model

Since 2002, Sandyford counselling services (for women, lesbians and bisexual women, bisexual and gay men, and young people) have begun to integrate systems, share joint training, highlight unmet need and support new funding opportunities. A new service for male survivors of childhood sexual abuse was launched in January 2005 and linked to the service for bisexual and gay men and psychosexual counselling. Effective reporting structures for all services have been established, which capture the experiences of the many hundreds of clients who access the services each year.

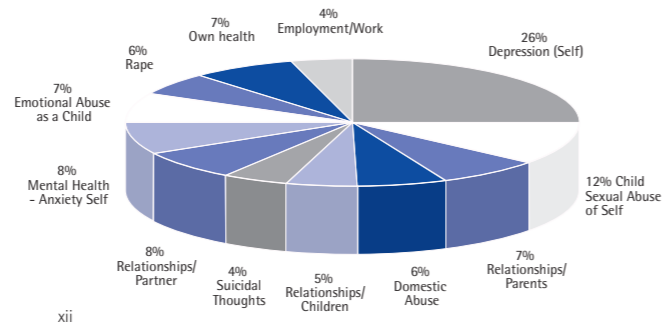
**"For Gloria, counselling was an opportunity to fill in some gaps, to accept her changed self and rebuild confidence."**

### CASE STUDY – Gloria, Sandyford Initiative

Gloria, 45, has a husband and child, and previously held a professional job. When referred to the Sandyford Initiative, Gloria had become heavily reliant on family members. Gloria had spent a year in hospital where she received ECT and medication, but no counselling. When Gloria first attended the Sandyford Initiative, she was reducing anti-psychotic

medication, but felt in a permanent haze, had poor concentration, and felt that she had lost her status and independence. For Gloria, counselling was an opportunity to fill in some gaps, to accept her changed self and rebuild confidence. Gloria gained sufficient confidence to seek paid work.

## Presenting issues for the Sandyford's Women's 'Listening Ear' Service (2003-2004)



## Patient experience

Patients and clients access the Sandyford Initiative through self-referral, referral from Sandyford's clinical services or via the NHS or other external agencies. All Sandyford services are working towards integrated access systems and shared publicity to ensure that all clients know about, and receive, high quality counselling. The case study below indicates one woman's experience of counselling at the Sandyford centre.



Sandyford Initiative Library

## Audit and evaluation

Outcome measures are being developed as part of a core data set, indicating effectiveness of counselling within the Sandyford Initiative, linked to developments across Glasgow. All counselling services at the Sandyford are introducing the use of CORE<sup>xi</sup>\* to measure clinical outcomes.

## Outcomes

For NHS Greater Glasgow the benefits of the Sandyford Initiative are substantial, and there has been an increasing awareness of the role of counselling, especially within primary care. Analysis of referral data and feedback indicates that:

- Many clients who initially access Sandyford's sexual and reproductive health services, go on to use the counselling services
- Referrals from GPs and other health professionals are increasing.

A counselling standards and governance framework was launched in June 2005 for implementation across Greater Glasgow's primary care services, drawing heavily on the knowledge and experience gained through the Sandyford Initiative.

## Feedback

'Greater Glasgow NHS Board has funded the Sandyford Initiative to take forward innovative ways of responding to health problems by addressing the interconnected factors that create poor health and developing more appropriate services. The extent and nature of the counselling provision within Sandyford is part of this innovative approach. Evaluation of the different types of counselling services has highlighted their effectiveness and the satisfaction of those who use them.'

**Sue Laughlin**, Women's Health Coordinator, Public Health Department, NHS Greater Glasgow

What impresses me about Sandyford's counselling service is their whole approach. They think about a person's overall wellbeing, so it's not just another 'therapy' or 'treatment' for someone who is 'ill'. Additionally, it's a very accessible service – despite having a 'sexual health' service label, when you walk in it's open, friendly and very non-stigmatising. Overall, it's an approach we'd like to replicate in more of our services!

**Colin McCormack**, Primary Care Mental Health Manager, NHS Greater Glasgow Primary Care Operating Division





# The North West Wales NHS Trust Managed Primary Care Counselling Service (PCCS)

## Context and challenges

Founded in 2002, the Primary Care Counselling Service (PCCS) in north-west Wales provides a managed counselling service to 38 GP surgeries, serving a population of 190,000 people aged 18 or over. An estimated 14,000 to 35,000 (7.3 – 18.2 per cent) people in north-west Wales might present to their GP with a mental health problem each year.

## Service model

The PCCS is for people who experience mild to moderate mental health difficulties, and who might benefit from short-term therapy. Access to the service is through GP referral and counselling is provided within GP surgeries. The following statistics provide an indication of the provision<sup>xiii</sup>:

- one full-time equivalent counsellor to 31,000 population
- average number of sessions per patient is six (max 11)
- average waiting time is 54 days
- the business plan intends to double the provision to two counselling hours per 1,000 patients per week in line with national guidelines<sup>xiv</sup>.

## Patient experience

Patients' perceptions of the service are monitored through anonymous surveys. The findings show that:

- Overall, patients thought it was appropriate their GP had referred them to the counsellor, and three-quarters indicated that the counsellor 'helped a great deal'
- 84 per cent thought their number of sessions with the counsellor was 'about right'
- 86 per cent would 'seek counselling again' if they were in difficulty
- 95 per cent would recommend counselling to someone else.



Photodisc Red/Amy DeVoogd

## Audit and evaluation

Audit data is reported to the Primary Care Counselling Steering Group on a three-monthly basis, providing comparable data on which the following can be assessed:

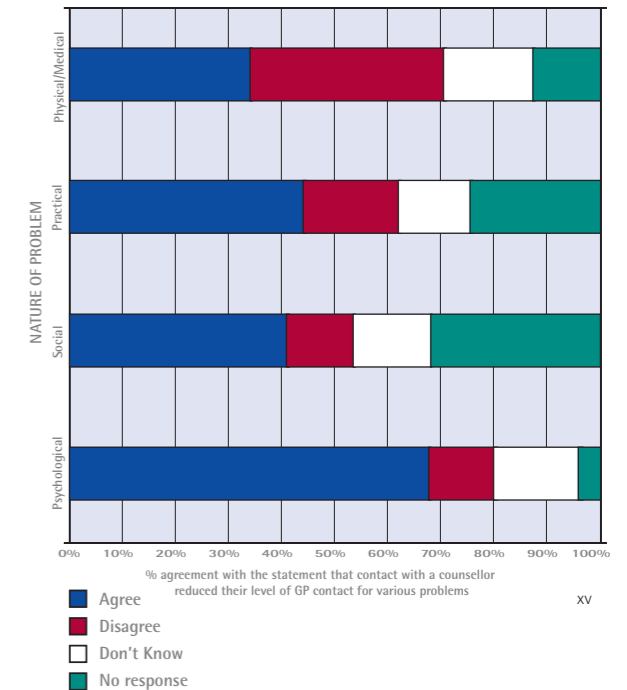
- service levels and waiting list management
- outcomes of treatment
- appropriateness of referrals/use of referral protocols
- frequency of presenting problem
- medications prescribed
- number of referrals on to other services/agencies
- referral patterns within different practices
- variations in local need.

## Outcomes

Evaluation of audit data shows good clinical outcomes, reduction of medication, and reduced contact with GPs:

- 73 per cent of clients achieve 'reliable clinical improvement'(CORE data)<sup>xv</sup>\*
- 50 per cent of patients were on medication at first assessment; by the end of therapy the majority discontinued medication and were happy with this outcome and 10 per cent had altered medication.

## Patient perceptions of the reduction of contact with their GP while in contact with a counsellor



**Comment**

'There is a growing interest and need for NHS managed primary care counselling services both locally and nationally, particularly in the light of recent NICE guidance on for example the management of depression and anxiety. Professional bodies like BACP have a significant and continued role to play in the future development of such services'

**Dr Michael Carter**, NHS Consultant Counsellor and PCCS Manager

xiii All figures from financial year 2002/03

xiv Eatock J. Ratio of counselling hours to list size in primary care. *Healthcare counselling and psychotherapy journal*, 2, 1, 28. 2002.  
 Jewell A. Report of an evaluative study of counselling in primary care. A pilot scheme undertaken by Cambridgeshire FHSA. 1992.



## Organising and delivering counselling and psychotherapy in health care

### Setting up a service

When planning a service the following considerations are important:

- type of service required and model of service provision
- number of counselling hours required
- cost of service
- employment and staff skill mix
- government initiatives, guidelines and their implications for counselling
- patient involvement in mental health care
- integrated services and collaborative approaches to mental health care.

### Managing a service

The recruitment and employment of counsellors brings further considerations, including:

- terms and conditions
- employment prerequisites
- pay scales and Agenda for Change
- professional responsibility and accountability
- referral systems
- confidentiality and record keeping
- supervision
- continued professional development.

### Planning continued professional development (CPD) for counsellors and psychotherapists

BACP guidance recommends that counsellors and psychotherapists employed by the NHS include the following areas of learning in their CPD plan:

- NHS structure and policy
- clinical governance
- NHS multidisciplinary working/collaborative care
- knowledge of mental health referral pathways and procedures
- time limited/brief therapy
- psychotropic medication
- chronic illness and its impact on mental health
- focused, evidence-based practice
- audit, evaluation and research.

The above checklists are extracted from *Guidance for best practice: the employment of counsellors and psychotherapists in the NHS*, which is published by the British Association for Counselling and Psychotherapy (2004)<sup>xvi</sup> – and is referred to in the DH report on *Organising and delivering psychological therapies*<sup>\*</sup>.



## The role of BACP in health care

The British Association for Counselling and Psychotherapy (BACP) is a registered charity that exists to progress best practice in counselling and psychotherapy. In the context of health care, BACP achieves its aims in partnership with its subsidiary organisation – the Faculty for Healthcare Counsellors and Psychotherapists (FHCP). BACP and FHCP work together to:

- provide consultancy on counselling service design and management
- provide CPD opportunities for healthcare counsellors through events, publications and bespoke training
- publish a healthcare journal, guidelines and information sheets
- commission and publish research
- consult on Agenda for Change
- contribute to relevant government consultations, including NICE guidelines.

BACP is also a membership organisation of around 25,000 members, with a voluntary regulation scheme. All BACP members undergo a vetting procedure, ensuring their qualifications and training meet BACP membership criteria. It is also a condition of BACP membership that all members adopt the Association's *Ethical framework for good practice in counselling and psychotherapy* and, for members who undertake research, the Association's *Ethical guidelines for researching counselling and psychotherapy*. BACP also offers an accreditation scheme, which includes a rigorous assessment of practice and is open to members who gain substantial training and experience.

Many employers of counsellors and psychotherapists, including the NHS, seek to recruit counsellors who hold, or who are working towards, accreditation.

### Information and BACP publications for commissioners, managers, practitioners, and patients.

Information is freely available from the BACP and FHCP websites at [www.bacp.co.uk](http://www.bacp.co.uk) and [www.fhcp.org.uk](http://www.fhcp.org.uk), including electronic versions of: the *Ethical framework for good practice in counselling and psychotherapy*, Agenda for Change counsellor profiles, and BACP accreditation criteria.

For information about BACP publications visit [www.bacp.co.uk/shop](http://www.bacp.co.uk/shop). Publications relevant to health care include *Guidance for best practice: the employment of counsellors and psychotherapists in the NHS* and *HCPJ* (Healthcare Counselling and Psychotherapy Journal).

If you have a general enquiry or would like more information about BACP services, publications and consultancy please email [healthcare@bacp.co.uk](mailto:healthcare@bacp.co.uk).

