



# Research Briefing **Psychological Therapies in Wales**

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**National Assembly for Wales**  
Research Service

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## Research Briefing

# Psychological Therapies in Wales

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Access to psychological therapies is seen as a problematic issue in Wales. Despite the Welsh Government's interventions, leading mental health charities are still claiming that more needs to be done to improve access. This quick guide provides a brief introduction to the topic of psychological therapies and covers some of the recent developments in the area.

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# 1. What are psychological therapies?

The terms 'psychological therapy', 'psychological treatments', 'talking therapies' and 'talking treatments' are often used interchangeably. While they are generic names, there are two main traditions of psychological therapy; **psychotherapy** and **counselling**. Although the distinctions are blurred and there are often many overlaps between them. The **Royal College of Psychiatrists** say there is good evidence that psychotherapies (including talking therapies) can help anxiety, depression, the effects of trauma and psychotic symptoms.

Psychological therapies are provided by a range of different professionals. These include clinical psychologists and psychiatrists, trained mental health nurses, occupational therapists, art and drama therapists, counsellors and psychotherapists. These can be employed by the NHS, businesses (through Employee Assistance Programmes), universities (through student support programmes) and **third sector organisations**, amongst others. Alternatively they may act as **private practitioners**.

## What are the different types of psychological therapies?

A brief description of some of the psychological **therapies available through NHS Wales can be found online**. These therapies include:

- Cognitive behaviour therapy (CBT);
- Psychotherapy;
- Group therapy;
- Relationship therapy;
- Mindfulness-based therapy; and
- Counselling.

It is important to note that psychological therapies are not only used in mental health settings: for instance, they may be used in relationship counselling or support with substance misuse problems. In Cardiff and the Vale University Health Board, for example, psychological therapies play a role in a **wide range of services** (PDF 29KB), including **Primary Care counselling Services** and **Maternal mental health**. Psychological therapies may be provided to individuals, couples, families or groups.

# 2. Legislative and policy background

In 2010 the Welsh Government passed the **Mental Health Wales Measure 2010**. The Measure comprises six parts, covering both primary and secondary mental health services in Wales. Part 1 of the Measure aims to improve access to primary care and support for people with mental health needs, including psychological therapies. It does this through placing a duty on local authorities and health boards to provide more services, such as counselling, stress and anxiety management, at GP practices or other local venues. These are known as Local Primary Mental Health Support Services (LPMHSS). Part 2 of the Measure promotes psychological therapies in secondary care by strengthening the care planning process for patients.

The Measure also contained a 'Duty to Review' the operation and impact of its provisions. The Review was **published by the then Welsh Government in 2015**. It noted that demand for basic level mental health assessments and services remains significant. It also recommended that data in relation to the

local primary mental health services waiting times for psychological interventions are routinely captured.

To support the implementation of the Measure, the then Welsh Government released **guidance for bodies responsible for improving access to psychological therapies** in 2012. The guidance identifies a specific risk 'concerning the recruitment and retention of psychological therapy staff and counsellors' in Wales. The guidance states that this risk stems from 'competition for staff from other UK administrations'.

The guidance contains four implementation steps. These should be taken by the relevant authorities, in order to develop psychological therapies. The first of these steps was that each Health Board establish a Psychological Therapy Management Committee (PTMC), which would have responsibility for ensuring the guidance is implemented.

The previous Welsh Government published a new ten year mental health strategy, **Together for Mental Health**, in 2012 which superseded all previous strategies and plans. This was the first Welsh Government mental health plan that encompassed people of all ages. A key outcome of the strategy was that the '**access to, and the quality of preventative measures, early intervention and treatment services are improved and more people recover as a result**'.

The strategy is delivered **through three delivery plans**. The delivery plan contains the measures against which progress towards the strategic objectives are met. The first plan ends in 2016. The **consultation on the content of the second delivery plan** closed in April 2016. The content of the second plan was discussed in a **plenary session on 5 July 2016**.

### 3. Calls for improvement

Despite the focus on accessibility in the Measure and the Together for Mental Health strategy, there have been calls to further increase the availability of psychological therapies. **A review of talking treatments in Wales**, published by the then Welsh Government in 2013, found that there were:

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*(...) 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.*

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In 2015 the **Wales Mental Health in Primary Care** (WaMH in PC) network released a report, **Experiences of delivering primary mental health care**. The report surveyed those involved in primary mental health care and found that:

- GPs and primary care staff have experienced an increase in the proportion of time spent on mental health related work;
- The majority of respondents (59.3%) said that workload pressures, increased complexity and other practice-related issues have had a detrimental impact on their wellbeing;
- 72.7% said that mental health is 'difficult' or 'very difficult' to manage at primary care level;
- **Respondents thought that the top barriers to successful delivery of primary mental health services were timely access to psychological therapies (85%), timely access to secondary care services (63.9%) and service capacity (62.4%); and**

- 88.5% felt that there should be greater investment in time and resource in mental health care in Wales.

Following this in **2016, Mind Cymru released a report on the issues of access to psychological therapies in Wales**, based on survey responses from over 400 service users. It highlighted that:

- 70% of people said they weren't offered any choice in the type of therapy they received;
- 66% of people said that no one had explained different types of therapies to them at any point;
- 48% had to request psychological therapies, rather than being offered them;
- 39% were satisfied overall with the therapy they received; and
- 19% of people felt like they received enough sessions to stay well.

Improving access to psychological therapies, was also a key priority in **Hafal's (PDF 248KB), Mind Cymru's** and **Gofal and the Mental Health Foundation's** 2016 Welsh Assembly election manifestoes.

## Government Action

To tackle these and other issues, in June 2015 the then **Welsh Government announced an extra £8 million a year for the NHS adult mental health services**. Almost £2 million of this was earmarked to improve access to psychological therapies for adults.

At the same time the Public Health Wales' National Psychological Therapies Management Committee (NPTMC) produced a 'Wales Psychological Therapies Plan for Adult Mental Health'. The Plan

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*(...) proposes a strategic vision which includes targeting the reduction in waiting times, setting standards and investing in new approaches, resources and training...it proffers a 3 year investment and development programme which will create a firm foundation to enhance quality and increase access to Psychological Therapies across Wales.*

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A part of the plan involves making better use of existing staff, who are already trained in psychological therapies, through the 'development of prudent and more effective pathways of care'.

The **draft Together for Mental Health Delivery Plan 2016-19** has a key action for Health Boards to improve access to evidence based psychological therapies for adults in line with the NPTMC Action Plan by March 2017. It also requires Health Boards to:

- report on a 26 week referral to treatment target in specialist mental health services;
- ensure that at least 80% of those waiting for Local Primary Mental Health Support Services are seen within 28 days;
- measure the waiting times for psychological interventions in LPMHSS; and
- Local partnership boards are to evidence progress annually against the NPTMC action plan.

## 4. Child and adolescent access to psychological therapies

Concerns have also been raised about the provision of child and adolescent mental health services (CAMHS) in Wales. These were highlighted in a **report by the Fourth Assembly Children, Young People and Education (CYPE) Committee**. In general the report concluded that:

- the level of CAMHS provision is not sufficient to meet the needs of young people who need it in Wales;
- that difficulties exist for children and young people eligible for CAMHS treatment, including waiting times, clinic-based services [para 130-135] and the use of prescription medication; and
- the *Mental Health Measure (Wales) 2010*, due to its all ages focus, meant that the new system did not cater specifically for young people, whose needs and lifestyles are different from adults [para 69-72].

In February 2015 the then Welsh Government launched a 'root and branch review' of CAMHS provision. This has been taken forward through the **Together for Children and Young People (T4CYP) programme**.

This three year programme is described as a 'multi-agency service improvement programme. It is aimed at improving the emotional and mental health services provided for children and young people in Wales'.

In May 2015, to support T4CYP and other policy goals, **the then Minister for Health and Social Services, announced** that an extra £7.6m was to be allocated to the CAMHS budget going forward. The first round of this funding **included £1.1m to expand access to psychological therapies**, including increasing talking therapies as an alternative to medication. The then Minister expanded on how this money would be spent **in an update to the Fourth Assembly's CYPE Committee**, (PDF 93KB) in February 2016. He noted:

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*Psychological therapies are and always have been integral to provision of CAMHS with all practitioners, not just psychologists, drawing on psychological skills and understanding to manage children. Improving access to talking therapies as an alternative to medication is a key component of the additional CAMHS investment. Following approval of health board proposals £1.042m annual funding has been agreed, creating 18.8 working time equivalent specialist posts.*

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## 5. Key Sources

- Mind Cymru, **Briefing on talking therapies** (2016)
- Wales Mental Health in Primary Care network, **Experiences of delivering primary mental health care** (2015)
- Welsh Government, **The duty to review final report - Post-legislative assessment of the Mental Health (Wales) Measure 2010** (2015)
- 4<sup>th</sup> Assembly Children, Young People and Education Committee, **Inquiry into Child and Adolescent Mental Health Services (CAMHS)** (2014)
- Welsh Government, **A review of talking treatments in Wales** (2013)
- Welsh Government, **Guidance for bodies responsible for improving access to psychological therapies** (2012)