

# Increasing access to psychological therapies – looking beyond the workforce question

by **June Brown, Eva-Maria Bonin and Jennifer Beecham**

*While improving access to psychological therapies requires a greater number of trained professionals able to provide evidence-based treatments, it also requires services to respond more flexibly to the needs of people likely to benefit from the treatments they offer. CBT workshops are an example of innovative, evidence-based treatments that – in addition to providing clinical benefits – provide easy access through self-referral and convenient weekend sessions, while reducing costs to the NHS.*

The **Increasing Access to Psychological Therapies programme** was set up to make psychological therapies for common mental health problems like depression and anxiety more accessible. However, a **recent report published by the LSE** highlighted that only a quarter of those with mental illness currently receive treatment – often because not enough trained psychologists and other mental health professionals are available locally. But the reasons why people with mental health needs are not receiving support are complex, and the supply side is only one component. Services need to respond flexibly to the needs of people likely to benefit from the support they offer, and be easily available to them.

One way of increasing the number of people receiving treatment has been tested in several London boroughs by a research team based at the Institute of Psychiatry (IoP) and the evidence is encouraging. CBT is being delivered in a workshop format to up to 30 people at a time by a team of two therapists and an assistant. The day-long workshops are run at the weekend in community locations like leisure centres and libraries. The workshops cost around £160 per person and produce better results after 3 months than some other primary care interventions or self-help can achieve (**Horrell et al. 2013**).

## What makes these workshops so successful?

### ***The workshop format***

Cognitive behaviour therapy (CBT) works as well as medication for people with depression, but it is expensive to provide one-to-one. It has already been shown that group CBT for depression is just as effective (**McDermut et al. 2001**). Group delivery is not only cheaper than individual therapy because a larger number of people can participate but the group dynamics are part of what helps make people better. Our research has shown that this can be scaled even more: workshops with up to 30 participants only cost around £160 per person, just slightly more than a one-hour session with a psychologist (**£136, Curtis 2012**), but work better than most previously tested primary care interventions for depression (**Horrell et al. 2013**). In fact, there is a high chance that this intervention is cost-effective if a depression-free day is valued at only £14.

### ***The self-referral option***

Self-referral to the workshops – an option first widely introduced in the UK with the IAPT programme – without having to go through a GP removes barriers for people who may be reluctant to talk to their GP about a (possible) mental health problem, be it because they feel their problems are not significant enough to warrant a consultation, or because they are worried about the stigma still attached to mental health problem (**Brown et al. 2010**). Encouragingly, participants who identified as Black and Minority Ethnic (BME) (a group often underrepresented in mental health services) accounted for almost 1/3 of participants in our workshops.

## ***The non-diagnostic label***

People often think about depressive symptoms as “problems of living” and not as mental illness. Because of this, the intervention is billed as a “self-confidence” workshop rather than a workshop for depression – more in line with how people rather than clinicians think about depression. In our trial, almost 2/3 of people who attended the workshops had clinically relevant depression, which showed that this non-diagnostic label did attract the people who are likely to benefit from the treatment.

## ***The weekend sessions***

Often, mental health services are not able to offer appointments outside of usual working hours. This is understandable because staff need to have reasonable working hours themselves. But it can make it more difficult for people who have to balance fixed working hours and their mental health needs. Designing services to meet those needs is difficult; it requires more flexibility from staff and service planners. To provide the self-confidence workshops at the weekend, psychologists were employed on a sessional basis specifically to provide these workshops.

## **Implications for IAPT**

Improving access to psychological therapies requires a greater number of trained professionals who can provide evidence-based treatments. But it also requires services to respond more flexibly to the needs of people likely to benefit from the treatments they offer. The one-day CBT workshops appear to successfully address a variety of needs: Easy access through self-referral, convenient weekend sessions, avoiding stigma by using a non-diagnostic label and reducing costs to the NHS by providing effective treatments to a greater number of people.

For more information about the workshops, please refer to our recent paper (Horrell *et al.* 2013) or contact Dr June Brown ([mailto: june.brown@kcl.ac.uk](mailto:june.brown@kcl.ac.uk)).

## **References**

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