

A Review of Psychological Therapies provided by Super Catchment Areas in 2010

Introduction

In 2010, the Inspectorate began collating data on the availability of psychological therapies within the mental health services. *A Vision for Change* recommended that community mental health teams should have a comprehensive range of medical, psychological, and social therapies relevant to the needs of service users and their families (*A Vision for Change*, 2006, p. 9). In addition, service users had been vocal in their criticism of the over-reliance of services on medical interventions in mental health. In response to these concerns, the Inspectorate had begun the process of gathering information about the range of psychological therapies available in the super catchment areas.

During 2010, the Inspectorate issued self-assessment questionnaires and met with all thirteen super catchment area services. Included in the self-assessment survey were questions directed at finding out about the provision of psychological therapies within each super catchment area. Service providers were requested to furnish information under seven headings as follows:

- What types of psychological therapies were available?
- How were psychological therapies services accessed by service users?
- What was the average waiting time?
- Which professions provided psychological therapies?
- What training standard was required and was there a policy on this?
- What supervision arrangements were in place for staff providing therapies and was there a policy on this?
- How many patients/service users accessed psychological therapies since the beginning of 2010?

All thirteen super catchment area services returned questionnaires and their responses are listed below.

The data returned revealed that a variety of psychological services were available throughout the country. The data returned showed, however, that the basis on which data was collected differed from one service to another and that services interpreted the questions in different ways. Thus, some services returned data on attendances rather

than number of patients provided for. Some services interpreted the request as applying only to those services delivered by psychologists, while other services gave data on therapies provided by members of the wider multidisciplinary team who had developed expertise in particular areas. Although there was a need for caution in how this information was interpreted, it allowed the Inspectorate to develop an initial overview of the range of therapies on offer and the super catchment areas' approach to policy, standards and supervision. The information obtained is set out below.

1. What types of psychological therapies are provided by the super catchment service?

This table lists the psychological therapies identified by services and the percentage of services that provided each specific therapy.

Cognitive Behavioural Therapy	92%	Bereavement Counselling	31%
Supportive Counselling	62%	Integrative & Humanistic Psychotherapy	23%
Behaviour Therapy	46%	Brief Psychodynamic Psychotherapy	23%
Family/Systemic Therapy	46%	Psycho-education	15%
Anxiety Management	46%	Solutions for Wellness	15%
Psychodynamic Psychotherapy	38%	Wellness Recovery Action Plan	15%
Interpersonal Psychotherapy	38%	Stress Management	15%
Cognitive Analytical Therapy	38%	Psychoanalytical Psychotherapy	15%
Dialectical Behaviour Therapy	38%	Gestalt Therapy	8%
Brief Intervention Therapy	31%	Experiential Therapy	8%
Addiction Counselling	31%	Anger Management	8%
Mindfulness Approaches	31%	Assertiveness Training	8%
Counselling	31%	Art Therapy	8%
Eye Movement Desensitisation and Reprocessing	31%	Hearing Voices	8%
Motivational Interviewing	31%	Social Skills Training	8%

Brief Solutions Focused Therapy	31%	Clinical Hypnosis	8%
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The data returned revealed that more than nine in ten services provided cognitive behavioural therapy. Approximately one in three services provided other evidence-based therapies such as dialectical behaviour therapy. This was encouraging. Looking at the thirteen super catchment areas as a whole, a wide variety of psychological therapies was potentially available to service users.

Most of these therapies required specialist post-graduate training. The provision of psychological therapies within the thirteen super catchment areas had a patchwork-quilt appearance. This raised a legitimate question as to whether the provision of therapies was driven by the needs of service users or by the available expertise of existing service providers. This also raised the question whether money had been spent on training service providers to develop particular therapeutic expertise without any real consideration of how best to deploy that expertise on the ground. It might also be queried whether optimal use was being made of the existing expertise of service providers such as trained addiction counsellors, behaviour therapists and those trained in recovery-oriented therapies such as “solutions for wellness” and “wellness recovery action plan”. It also raised the question of whether there was a need for more coherent planning and review in relation to the provision of therapies in the super catchment areas.

2. How are these services accessed?

This question sought information on modes of referral to therapies. All services indicated that referral by the multidisciplinary team was the norm.

3. What professions are involved in providing psychological therapies?

In all super-catchment areas, clinical psychologists provided the core psychological therapies and interventions. Twelve of the thirteen services had indicated that clinical staff other than clinical psychologists also provided therapies which possess a psychological component. The clinical staff involved included nurses, clinical nurse specialists in behaviour therapy, family therapy and addiction counselling, social workers, family therapists, occupational therapists, counsellors and to a lesser extent medical staff. This would suggest an increasing specialisation in training and intervention.

4. What is the average waiting time?

The average time it took a service user to access a programme of psychological therapies to which he or she had been referred ranged from six-months to two years. All

services prioritised urgent referrals. Priority referrals took between two days and two weeks to access psychological intervention.

5. What training standard is required for staff to provide psychological therapies? Is there a policy about this?

The thirteen super catchment areas had uniformly left it to professional bodies to define the standards of competence in respect of training and continuing professional development. None of the super catchment areas had produced policies in this area.

6. What supervision arrangements are in place for staff providing psychological therapies? Is there a policy about this?

This question was designed to find out what procedures, if any, were in place for the supervision of staff providing psychological therapies. One particular answer to this question captured the essence of the practice operating throughout the super catchment services: “a range of internal and external supervision arrangements were in place, however, currently there was no formal policy in place”. The responses to this question revealed a measure of confusion among the catchment areas as to what supervision meant and required in this context. The responses referred in a catch-all manner to a variety of modes of supervision, including peer supervision, management supervision and professional supervision. Most services relied on the individual managers or heads of discipline to develop a policy. No service indicated that they had a distinct policy dealing with supervision. One service stated that supervision was not provided owing to budgetary constraints.

7. How many service users/patients have accessed psychological therapies since the beginning of 2010?

Seven of the super catchment areas did not have a data base to provide this information. Two of the super-catchment areas provided detailed information, including a) North Lee, North Cork and b) Limerick, Clare & North Tipperary. Four catchment areas provided some information, namely, a) Wexford, Waterford, b) Donegal, Sligo, Leitrim and West Cavan, c) Waterford, Wexford and d) the West Cork service.

This response pointed to the need for a uniform data-gathering system or approach throughout services.

Conclusion

The data gathered by the Inspectorate indicated that a range of psychological therapies were provided by services but that there was no consistency in amount or types of therapies provided. Some services provided information relating specifically to psychotherapy only while others provided information on a broader range of psychosocial therapies. There was no consistency in the information reported to the Inspectorate about the numbers of service users accessing psychological therapies and most services did not provide this data.

Recommendations

1. Services should develop a statement regarding psychosocial therapies that state what therapies are provided to service users.
2. Services should develop a coherent policy in relation to the provision of psychological therapies. This policy should address itself to key matters including: how psychological therapies are accessed, how waiting times are managed, funding, training requirements, supervision of staff delivering psychological therapies and continuing professional-development requirements.