



# Celebrating 25 years of 'transforming lives' in Southwark

The continuing success of the Southwark Primary Care Counselling and Psychotherapy Service is due to the counsellors themselves, and the ability to demonstrate their worth to commissioners and GPs, says **Peter Thomas**

**A**t a time when many were full of the doom and gloom about the introduction of the Improving Access to Psychological Therapies (IAPT) programme, the counsellors in Southwark decided to embark on a celebratory event to demonstrate their worth to commissioners and GPs. I am often asked why the Southwark Primary Care Counselling and Psychotherapy Service (PCCPS) is so effective and I am happy to tell people it is because of the counsellors themselves, who bring such a breadth and depth to the service, as well as a vast array of professional qualifications, life experience and learning through their own personal therapy and supervision. Compared to other psychological therapists, we are also extremely cost-effective.

A small working party combining the clinical counselling and psychotherapy lead and two of the counsellors got together with an empty piece of paper to think about ways that this celebration could be achieved. One of the greatest strengths of most counselling teams is their diversity and our group consisted of a rising comedian and a former actress. After much deliberation, the obvious solution emerged: hire a theatre, put on a comedy show and sell enough tickets so as not to make a loss, and while we had a captive audience, let the clinical lead loose to tell everyone how brilliant

our service is. So that is what we did and on a Sunday night in September 2010, we sold out the Southwark Playhouse theatre and celebrated our work over the previous 25 years.

Our event coincided with the publication of an independent review of the psychological therapies in the borough<sup>1</sup> to assess the psychological therapies and counselling services they currently commission in primary care with a specific focus on the extent to which the services are:

- accessible to people living in Southwark
- acceptable to and meet the needs of the diverse local population in an equitable manner
- National Institute for Health and Clinical Excellence (NICE) compliant (where possible)
- able to offer personalised care
- able to offer service user choice and demonstrate value for money.

The report had this to say:

*'The GPs we communicated with were strongly in favour of retaining the GP practice-based counsellors via the primary care counselling and psychotherapy services. Their experience of working with counsellors based within their practice was very positive. GPs like the primary care counselling and psychotherapy services and wanted us to be aware that in their opinion*

*it is working well and should continue on unchanged.*

*'In contrast, some of the GPs we interviewed were less positive about IAPT, citing problems around waiting times to access high intensity therapists. We do not support any cuts being made to the primary care counselling and psychotherapy services as we cannot see any evidence of service duplication which would not impact on the numbers of local people being able to access and being referred to this service. In addition, the support from local GPs for the primary care counselling and GPs who employ counsellors/therapists were described by many stakeholders as valuing and liking the service.'*

One GP stated: 'I very much wanted to say, as a practising GP, that the review should consider the strengths of the GP-based counselling model. I am concerned at the idea of centralising all services in one large referral centre... I would be grateful if you could feed back to the review my opinion that talking therapies should, by preference, be based in local general practices. This is by far the most patient-centred option.'

A second GP commented: 'We have always found counselling to be extremely useful and effective and we refer patients with a wide range of



conditions, ranging from stress, anxiety, bereavement, relationship problems, to patients with mild to moderate depression. We find that patients are happy with the service and that their symptoms improve and are even resolved in some cases with counselling. Many times, this is the only psychological support they will require. The attendance rate is good, the DNA rate low, and patients attend their sessions regularly. This will not be the case if the service is not based in the practice.'

Another stakeholder commented: 'I am an advocate of practice-based counselling as it removes the stigma that many patients associate with going to a mental health professional elsewhere. The counsellors have first-hand access to GP records and the patient's own GP, something that does not happen when located elsewhere.'

Many stakeholders said that the GP practice-based counsellors are linking up with other practice staff, such as care of the elderly coordinators and practice nurses, regarding referrals of older people for counselling. In terms of the extent to which the needs of younger people are being met, we found evidence of counsellors working within the primary care counselling and psychotherapy service practising flexibly with young people. In order to increase the attendance rates, young people are being offered drop-in appointments in recognition that some young people may, for a range of reasons, be unable to stick to a rigid appointment time.

One GP practice runs an art therapy group. This group has been a great help in identifying those who are depressed, vulnerable, lonely, or carers in need of support. One of its representatives stated: 'We very strongly wish that this invaluable service (practice-based counselling) be maintained long term.'

With regard to tendering out the current service, the report stated: 'It is unlikely that a new provider arrangement could match what is in existence. Whilst they may be able to offer a minimum cost service, the likelihood is that service outcomes could be badly affected. A considerable degree of risk is attached to this in as far as the degree of experience, skills and knowledge within the existing service providers in Southwark is very high.'

## History

In 1998, a small group of counsellors approached the chief executive of South Southwark Primary Care Group (PCG) to offer to help them develop the counselling services across the PCG. They received a warm welcome and this started a relationship which still exists 13 years later. This work consisted of producing a stocktake of counselling services, an options paper to be presented to the Board and costings to support the developments. The upshot was an extra £39,000 invested in GP counselling services and the counsellors coming together to form a counselling development group (CDG) which met monthly to develop ideas about how to move the service forward.

The CDG believed very strongly that its work should reflect the work that counsellors do in a congruent way and has always fought against a management structure being put in place. Instead they tried to encourage counsellors to work together and develop, and own, their work. This reflects the way we work with clients in encouraging them to own their journeys rather than tell them what journeys to take. Of course this makes for a more complex structure and relies on all the counsellors working together, a task that sometimes feels like trying to herd cats!

Developments so far include:

- a comprehensive mapping of counselling services
- a mapping of counsellors' qualifications and experience
- the development of a service specification
- writing a comprehensive counselling pack
- developing links with local universities, resulting in the placing of counselling students into practices, and the production of written guidelines for students, mentors, supervisors, the practices themselves and the university tutor lead
- yearly away days
- working with practices in the appointment and interviewing of counsellors
- supporting counsellors working in surgeries undergoing difficulties
- implementation of the CORE-OM audit and evaluation system

- liaising with third sector counselling providers
- working with counsellors to develop clinical governance best practice across all the surgeries
- introduction of continuing professional development (CPD)
- exploring best practices across the UK and how they can inform our own service
- producing a yearly statistical report of the counselling activity in the borough (see later)
- developing a counselling site on the Primary Care Trust (PCT) website
- creating a model of senior, junior, student and honorary counsellors within practices.

In 2003, when both north and south PCGs merged, the CDG was asked to work across the whole of the borough in the newly formed PCT. The team consisted of a clinical counselling lead and four counselling representatives who each liaised with one of the four localities.

The development group always took an interest in trying to demonstrate their effectiveness and worked with John Mellor-Clark to pilot CORE in the borough. The results of the CORE evaluation enabled the clinical lead to bid for extra money to develop the counselling service in new practices where counselling did not exist. The work was completed this year, with an extra £56,000 being invested, and Southwark now has a counselling service in all but two practices in the borough.

As clinical lead, I was asked to join the Southwark Psychological Therapies Committee to forge links with the secondary care mental health services, including psychology and psychotherapy. I am also a member of the PCT's Primary Care Subgroup, which reports to the Mental Health Partnership Board. The subgroup is tasked with developing primary care mental health and, more recently, IAPT. I meet regularly with primary care managers, mental health commissioners and the medical director of the PCT to advise on psychological therapies across the PCT. This has very much put counselling at the forefront of developing psychological therapies in Southwark rather than being a peripheral service. I am currently working closely with the IAPT service to

make sure that our service and theirs complement each other and that the counsellors and IAPT workers remain in close dialogue so that patients get to see the person who can best meet their needs. I also work with secondary services to make sure that the NICE guidelines are implemented across the borough, and maintain links with the third sector services in the borough.

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When most counselling services were changed into managed services and became part of mental health services, the CDG argued strongly to keep Southwark counsellors within primary care budgets and directly employed or self-employed by the practices themselves. This reflects a belief that the link with the GPs is paramount and reflects a concept that a primary care counsellor has an important role to play within a surgery rather than someone who just comes in to see patients and then goes home. The GPs take more ownership of the service and it can be adapted to the specific needs of their surgery rather than having a 'one fits all' model.

Over the years, more than 40 counsellors have served on the development group and given their time and energy to develop the service. Each person brings his or her unique contribution. As clinical lead, I also facilitate a free yearly awayday for all the counsellors which has proved very popular and helped the counsellors to feel less isolated. This year will be the 12th such day.

The clinical lead and representatives remain as self-employed consultants rather than as employees of the PCT, which enables them to keep the threefold focus of supporting the counsellors, working directly with practices, and working with the PCT to develop services. The role of the representatives is to liaise with the counsellors and pass information in a two-way process. At present we have 46 counsellors, plus honorary counsellors and students.

This integrated way of working has enabled counselling to be seen as an essential part of the services delivered to the patients of Southwark and also given a voice to a group of workers that sometimes feel excluded and undervalued. All this has been achieved through a bottom-up approach rather than a top-down approach, and the development group remains focused on developing the best service possible for the residents of one of the most deprived boroughs in the country. Frequently, students apply for junior posts after qualifying and over time can move on to more senior positions; some offer their skills as locality representatives on the counselling development group.

### Current role of the clinical lead for counselling

As clinical lead, my duties at present are as follows:

- to act as the professional counselling advisor within the PCT and advise the PCT on counselling policy and protocols, in conjunction with local, BACP and government initiatives such as NICE, clinical governance, National Mental Health Service Development (NMHSD) and national guidelines
- to assist the practices with the recruitment and employment of counsellors
- to link with third sector counselling services, GPs, mental health commissioners, South London and Maudsley NHS Foundation Trust (SLaM), and other health and social care professionals as necessary
- to facilitate yearly counsellor professional development days
- to maintain the professional profile of counselling with the PCT
- to produce the yearly statistical report and evaluation results



- to represent counselling on the Primary Care Mental Health Subgroup and the IAPT Steering Group
- to monitor and evaluate counselling resources
- to share with the individual practices to explore the differences in performance compared to the status quo
- to work closely with the director of IAPT in Southwark so that the two services do not duplicate services. An example of this collaboration was the director offering free training in both cognitive behavioural therapy (CBT) and mindfulness to primary care counsellors.

Below, I have included this year's front page of the report which gives the GPs and commissioners direct comparisons between the national IAPT service and our service<sup>2</sup>.

#### Executive summary

This report analyses the statistical returns completed by counsellors in 41 GP surgeries in Southwark for the year 2009/10. There were 44 part-time paid counsellors working for the service.

For the fourth time, CORE evaluation statistics are presented. Although coverage is not complete, initial findings show the service to be effective, with an average reduction in distress levels of 42 per cent when comparing outcomes to initial assessments.

We have data on 15,274 sessions offered over the year – although some practices have supplied returns for a full year. The cost per counselling hour is about £37. Eighty per cent of counselling hours are spent in direct patient care compared to 50 per cent of paid IAPT hours.

We have statistics on 3,334 people referred for counselling during the year, an increase of 15 per cent on 2008/09 figures (2,901 people). This increase is surprising, considering the introduction of the IAPT service.

Both anxiety and depression referrals fell by 24 per cent and 27 per cent respectively, demonstrating that the PCCPS\* service is NICE compliant and that the referrers are using the service effectively since the introduction of IAPT. It also shows that many patients in the borough seek psychological help for areas outside the remit of the IAPT

service which only sees people with a diagnosis of anxiety and/or depression.

The average number of days between referral and first offered appointment was 35 days, a small increase on 2008/9 (31 days). All except one practice have average waiting times within the NHS target of 90 days.

Seventy-six per cent of those referred are seen for at least an assessment. This is three per cent higher than last year and compares favourably with the 48 per cent reported by IAPT. This would suggest that people are much more likely to take up appointments offered in their practice surgery than those further afield. This demonstrates that 28 per cent more patients attend their primary care service assessments than IAPT assessments, which could be said to demonstrate that patients feel the primary care service is more likely to meet their needs than the IAPT CBT service.

Of those who had actual contact with a counsellor, 34 per cent had only one contact while 66 per cent went on to have two or more sessions. This presents a very different picture to the figures recently reported by IAPT for their users<sup>3</sup>. Here 70 per cent (of the 48 per cent who actually attended) had only one contact, with only 30 per cent going onto have two or more. It would be useful to know how many of the 64 per cent of patients referred to the IAPT service who do not engage with CBT finish up being seen by the primary care counselling service.

Patients seen by the service attended on average 4.2 sessions compared with an average of 1.5 sessions per patient reported by IAPT nationally. This demonstrates that patients are not only 28 per cent more likely to engage with the counselling service compared to IAPT, but once engaged are nearly three times more likely to continue with their treatment.

Twenty-six per cent of those discharged were referred on: this represents a four per cent increase on 2008/09.

The percentage of the total number of clients whose ages have been reported remains static although the actual total quantity measured has increased. There has been a further rise in the under-19 age group referred (1.69 per cent). The ethnicity of those seen for

counselling broadly continues to reflect the composition of the borough.

The statistics presented in this 2009/10 report present a very substantial body of work with an estimated 4,142 people being referred for counselling to in-house services, representing a 10 per cent increase on the previous year. About 80 per cent of those are seen at least once and of those, about 66 per cent go on to be seen for more sessions. The CORE-OM evaluation data suggest this work is very effective at reducing overall levels of distress, although there is considerable variance in the effectiveness evidenced between practices.

\* *Southwark Primary Care Counselling Service changed its name to include Psychotherapy on 1 April 2010.*

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### The future

When the IAPT programme was introduced, its costs were initially ring-fenced. However, as of the 2011 tax year, IAPT has needed to be funded through mainstream budgets. From April 1 2011, in Southwark, the GP consortia have been responsible for the allocation of resources. However, at present, the consortia have to purchase IAPT, but have no obligation whatsoever to purchase primary care psychotherapy and counselling. For this reason, in many parts of the UK, primary care psychotherapy and counselling services have now been subsumed into IAPT. In this context, special attention will inevitably be given to those remaining independent primary care services that not only

survived the reorganisation, but also managed to generate new programmes for the future through the development of creative working relations with GPs and GP consortia.

At the moment in Southwark, there are 1,000 patients who are currently being seen by the community mental health teams that are being transferred back to primary care. Local hospital trusts are disinvesting in psychological therapies by making counsellors and psychotherapists redundant. This is likely to lead to a rise in presentations to GPs. In Southwark, we currently invest £2,800,000 in IAPT and £600,000 in primary care counselling.

So let us return to where we started. Martin Stanton, who was at the 25th celebratory event, comments: 'The celebratory evening chose to highlight the creative ways in which the service has continuously engaged and worked with GPs and the local community to de-stigmatise mental health issues. In this vein, the theatre event told us in various ways that everyday "madness" was much more than an illness that confined people, but it should also be celebrated as oneiric and uplifting, no more so than through humour – a main focus of the celebration. Liz Bentley, well-known poet and comedian, as well as a senior therapist in the Southwark Service, showed us how mental health diagnoses can entrap and depress people, as well as inspire them to explore and enjoy their madness to the full. Crucial here is the central dialogue between GPs and counsellors/therapists around patients' presenting and transforming "symptoms", and their ongoing negotiation together of the management and care of such symptoms, including the outcome of medication and therapeutic treatment programmes. In Southwark, this dialogue has been both experimental and innovative, and supported by inter-professional groupwork, which has led to major mutual creative developments in GP-psychological therapy collaboration. In the brave new era of promised combined and collaborative treatment programmes in the NHS, this outstanding example from Southwark may well inspire new prototypes for mental healthcare in the quarter century to come.'

How many counsellors does it take to change a light bulb? Only one but it really has to want to change! I shall leave the last word with the GP consortia mental health lead, who recently stated: 'The primary care counselling and psychotherapy services are bomb-proof.' ■

*Peter Thomas MSc has been the clinical counselling lead at Southwark Primary Care Counselling and Psychotherapy Service for 13 years. Prior to this, he worked in the Gardens Practice in Southwark as senior counsellor for 23 years. Together with Liz and Ellie, he produced the 25-year event at the Southwark Playhouse. Peter also works for SLaM NHS Foundation Trust (a mental health trust) as a professional development facilitator, facilitating reflective practice and supervision groups for mental health teams, the arts therapy team and the chaplaincy. He maintains a supervisory and consultancy private practice.*

#### Acknowledgements

*Liz Bentley is touring her Arts Council-funded show Crash Bash Trash – Cognitive Behavioural Therapy – Can Box Tick/Can't Box Tick. Dates and venues can be found on her website [www.lizbentley.co.uk](http://www.lizbentley.co.uk)*

*Ellie Tremain is a counsellor at Villa St Practice in Southwark. She is also a part-time actress and has recently become a mother.*

*Martin Stanton is a freelance psychoanalyst and supervisor.*

#### References

- 1 Mental Health Strategies on behalf of NHS Southwark. Strategic review and redesign of psychological and counselling therapies; October 2010.
- 2 Thomas P, Brown L. Clinical Governance Report April 2009-March 2010. Southwark Primary Care Counselling Service; 2010.
- 3 Glover G, Webb M, Evison F. Improving Access to Psychological Therapies: a review of the progress made by sites in the first rollout year. IAPT; North East Public Health Observatory; 2010.

### Reader response

*HCPJ welcomes feedback on this article.*

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