



North Tyneside LINK Report



Counselling Event: 28 October 2009

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1. Background

In January and February 2009 LINK held four events across North Tyneside to ask local people what their top priorities and concerns regarding health and social care services were. Several issues came out as priorities; one of these was access to counselling and psychological therapies.

LINK commissioned a piece of research to look at what services are currently available to people living in North Tyneside (those provided by the local health trusts and the voluntary sector). The Community Health Care Forum completed this report in June, which included a directory of voluntary sector counselling services. At the request of the LINK Board this directory has been sent to GP surgeries across North Tyneside.

Since this report was produced a new service has been developed and rolled out across the country in order to address access to therapies and to help people to come off benefits and get back into work by supporting them to cope with work related depression and anxiety. The service, Improving Access to Psychological Therapies (IAPT), offers both high intensity and low intensity therapists.

In order to inform LINK members and the public about this new service, LINK organised an event on the 28th October at the YMCA in North Shields. Members and the public were invited to come along and here about the IAPT service from Paul Cusack, Service Manager from North Tyneside and Newcastle Community Health, and were given the opportunity to ask Paul and Denise Pickersgill, Head of Mental Health Commissioning for NHS North of Tyne, questions about this and other mental health services.

2. Summary of Feedback

15 people attended this event including practising and student counsellors and staff from voluntary sector counselling services. Attendees were asked to discuss in small groups their thoughts on the IAPT service including suggestions and concerns. Below are the main points and questions raised from the discussions that were had.

2.1 Fair and equal access

- How will this service support people with additional needs such as those with learning of physical disabilities or drug and alcohol problems?
- It was felt that most PCT counsellors do not have the skills to support people with learning disabilities and often approach the voluntary sector for help.
- There is concern for clients that may not be able to afford to travel to access services, what support will be offered to them?

- IAPT staff will be training and working with clients at same time, therefore clients at the start of the project will not receive an equal service to those who access the service once the staff are fully trained.
- There is concern that patients that are supported by a care team would be afraid to comment/complain about any aspect of their treatment as they would be afraid of getting a black mark by their name in case this would impact on the rest of their care. This means that services won't get honest patient feedback. It is important that IAPT gathers patient feedback.
- There is a concern that people who do not want to approach their GP for support will slip through the net as this is not a self referral service.

2.2 Choice

- There is concern that IAPT may restrict choice. How will commissioners be able to protect choice for individuals and how will this evidence be gathered and shared?
- How do commissioners scope need as opposed to demand? E.g. the Carers Centre waiting list for counselling is 52 weeks, will this new service have an impact here and address this need?
- There are concerns about the limits of the service. Will clients only have access to six to eight sessions? What if longer is needed?
- People in services don't know themselves what the clinical pathways are, they may be sent back to GP's after a referral, which deflates the client and demotivates them. If you don't understand the system, how can you exercise choice?
- This is a two year project and there are concerns that such a short term service cannot make a significant difference.

2.3 Voluntary sector contribution

- The community and voluntary sector can sometimes take self referral clients who have difficulties getting a service through their GP. GPs need to know about these services and refer patients appropriately.
- Attendees said that people need to have access to extent range of counselling services, not just CBT.
- How will IAPT link into other services and voluntary sector services?

2.4 Knowledge and understanding of services

- How does IAPT fit in with other strategies? I.e. The Department of Health's alcohol strategy or local strategies?
- It was felt by attendees that GPs don't always have a good understanding of mental health illnesses and what support might be most appropriate for the patient. GP referrals to psychological therapies can be variable – is this monitored by PCT?
- Information on IAPT and how it fits into existing counselling and psychological therapy services needs to be made more readily available for staff working with people with mental health needs, and for medical professionals.
- Issues of confidentiality needs to be addressed

- There is concern that the government is pumping money into system, but that appropriate services are not reaching people on ground level.

2.5 Past experiences

- Comments were made about long waiting list for a variety of clients.
- Staff offering voluntary sector counselling services that were at the event told LINK that many people have to go to voluntary sector services because health services aren't providing the support that they need.
- One individual was asked to make a judgement on the extent of a family members need so that the health professional could decide on the course of action. It was felt that this was very inappropriate and the individual was not happy to be out in that situation. This demonstrates that people are not getting the services that they require when they need them.

3. Next Steps

As a follow up to this work, LINK has commissioned North Tyneside Carers Centre to undertake research into low level preventative mental health services in North Tyneside. This research will involve investigating the concerns of LINK members about the availability of low level support and preventative services for those with mental health difficulties and provide a comprehensive written report detailing these concerns for North Tyneside LINK members. The report will conclude with recommendations of how these areas of concern could be improved. Areas that the report will address will include:

- ▶ What services are available
- ▶ How many people use them
- ▶ If there is any evidence of waiting lists to show unmet need/demand
- ▶ If there is any evidence to suggest that different services are needed or that existing services should be delivered in a different way
- ▶ If there is any evidence to suggest which services are most successful
- ▶ What the experiences are of service users and their supporters
- ▶ What recommendations there are to improve the situation

This event report and the report from the Carers Centre will be sent to Paul and Denise to help inform the services that they commission and deliver. The information will also be more widely spread amongst the LINK membership and interested voluntary and community sector organisations.

LINK would like to thank all those who attended this event, and in particular Paul Cusack and Denise Pickersgill for sharing information about their services.