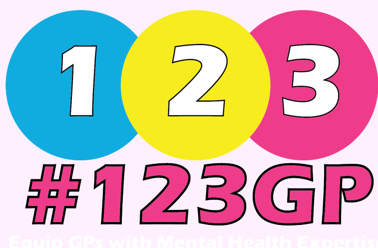
Counselling - A Vital Tool

Equipping GPs with Mental Health Expertise

January 2019



Case Study

I became afraid of being in the house on my own because of all the antidepressants in the cupboard - it was too tempting to take them. I made an appointment with the GP and gave him back the meds, saying they weren't helping anyway. He prescribed me even stronger antidepressants of the same type. Within a few weeks they caused me to develop a heart arrhythmia and to have to be seen by the Out of Hours to be taken off the meds. Again, I stated that the pills were not changing the problem with my mood. During all of this, I was never referred to community mental health services, even for screening. ... In the end, my sister phoned the Ulster Clinic and I was seen by a Psychiatrist there at the cost of quite a lot of money. The Psychiatrist gave me a full assessment, diagnosed me with two mental illnesses and suggested that I should also be assessed for ASD. He also identified that I was on the wrong kind of drug - I needed different type of antidepressant. He devised a treatment plan with me and he wrote a letter to my GP detailing all this. Thankfully, he cc'd me in to the letter because when I rang the surgery to ask for my new meds, the letter had gone missing. I photocopied my copy of the letter and brought it down straight away. The new drugs were issued ....

What a battle to access services! What a rigamarole to be prescribed pills that are saving my life!

It is very sad that there are so many GP practices which don't offer talking therapies, it is left at the discretion of the practice and not treated as a necessity. It is even more sad that in NI we don't have a specific mental health training course for GPs. This explains a lot for me and helps me understand why they didn't really know what to do for me."

Excerpted from "It's good to talk – I just wish it was much easier to access talking therapies" at https://www.pprproject.org/its-good-to-talk-i-just-wish-it-was-much-easier-to-access-talking-therapies

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"Counselling can help a lot more than tablets can"

#123GP Survey Participant

"First step of asking for help is often hardest – I am more comfortable with my GP surgery rather than having to go to a new place which can increase anxiety"

#123GP Survey participant

"There has never been a greater need for counselling. GPs are at the front line and adequate counselling resources embedded in General Practice is not just sensible – it is becoming essential. Current provision is woefully inadequate"

Dr. John Kyle GP East Belfast

"This is a very valuable service that helps GPs to provide better services locally. It not only reduces referrals to secondary care but also improves patient outcomes"

Dr. David Johnston FRCGP

"Mental health has too long been regarded as the poor cousin of the health service. #123GP is drawing attention to the importance of the GP service as the chief access point to mental health services and that it should have increased resources and awareness of mental health as a right"

Marie Quiery, Counsellor (BACP-Senior)

"The Local Enhanced Service for counselling is a fantastic service because it is located within GP surgeries but still provides anonymity for our clients. Lots of clients would never have thought about counselling as an option if it wasn't offered by their GP but also based within the GP practice. This is a vital service which should be expanded as a model of best practice"

Mr. Bobby Carlin, Counsellor and Counselling Services Manager

Foreword by #123GP Campaign

The #123GP campaign is made up of people experiencing mental health problems, carers and families who have lost loved ones to suicide. As the people who are bearing the terrible cost of the mental health crisis in our society, all of us know only too well what is not working in our mental health services. We also know what needs to be done to fix the barriers to good mental health care for everyone. This report addresses one of these barriers– accessing counselling in a timely manner through GP practices. It also proposes workable solutions.

We know that GPs are the first port of call for over 90% of people worried about their mental health. We know that counselling is a low cost and effective treatment option for many of these problems. It is an essential part of mental health treatment and management for GPs. People tell us that they want to be offered counselling as a first option, or in conjunction with medication, rather than the GP always having to reach for the prescription pad. GPs also want to have this option for their patients.

Yet at present only two thirds of GP practices provide access to in-house counselling. A post-code lottery is in operation, with access dependant on where you live. Waiting times are lengthy, with people telling us they wait up to 4 months or more. Waiting times for accessing counselling through the Primary Care and Talking Therapies Hubs are even longer, up to 7 months in some Trusts. No waiting time target exists. Something isn't working.

Many of us live in rural areas. We constantly tell people the importance of asking for help if they are struggling with their mental health. The first place people will go to ask for that help is to their GP practice. The help needs to be there. We know that research shows that the earlier you get help the better the outcome. Timely access to counselling through GP practices is vital. Yet GP practices, school based counsellors and community and voluntary sector providers all have long waiting lists. It is frustrating when we can see the difference that early intervention makes to people's lives, yet it doesn't receive adequate funding or respect.

This report sets out the evidence we have gathered and presents solutions to ensure that all GP practices can provide timely access to counselling. The Health and Social Care Board, along with the Department for Health, have the power to implement the changes we are calling for. We plan to use human rights tools, benchmarks and indicators, to monitor action by those responsible to introduce the necessary changes.

As ordinary people we will not allow those in power to abdicate responsibility for the mental health and well-being us as individuals, of our family members, neighbours, colleagues and of members of our communities who need appropriate and timely help and support. We know that when people come together in an organised way we can be a real force for positive change.

We need people in power to listen. We need people in power to change things. Counselling works – fund it.

Summary - Indicators, Benchmarks & Recommendations

#123GP Indicators and Benchmarks for monitoring change

The following indicators and benchmarks have been chosen by #123GP to monitor the concrete steps taken by government to improve availability and access to counselling through GP practices. #123GP plans to monitor the scale and pace of change over the next 12 months by the health authorities.

Indicator 1: Percentage of GP practices that take up Local Enhanced Service (LES) funding for the provision of practice based counselling

Baseline at November 2018: 67% of practices (averaged across the 5 Trusts)

Benchmark: 100% by January 2020

Indicator 2: Waiting time for counselling from referral by GP to date of first appointment

Baseline at November 2018: 27% of patients wait over 4 months for an initial appointment

Benchmark: By January 2020 the maximum waiting time from GP referral to first counselling appointment should be 28 days.

When somebody presents in a mental health crisis they should be seen immediately i.e. within 24-48 hours.

Recommendations

In order to assist the Department of Health, the Health and Social Care Board (HSCB), the five Health and Social Care Trusts, and other relevant agencies to achieve the benchmarks identified, #123GP makes the following recommendations.

1. The HSCB to conduct an immediate, time limited review into the reasons why one third of GP practices do not take up LES funding for the provision of practice based counselling and develop an action plan to address the findings of this review.

2. The HSCB to issue guidance to all GP practices requesting that they prioritise the provision of practice based counselling, in response to rising levels of mental ill health and rates of suicide and the vital role GPs have to play in addressing these.

3. The HSCB to pro-actively roll out an initiative to promote the uptake of LES funding for GP practice based counselling.

4. The HSCB to draw on existing models of good practice among GP practices to promote the benefits of the LES practice based counselling.

5. The HSCB to review the funding model for LES practice based counselling to ensure that funding is allocated based on need, in a transparent manner and on a recurrent basis.

6. For 2020/21 the Department for Health to negotiate a change to the General Medical Services core contract with representatives of the profession to include the mandatory provision of practice based counselling as part of the GP core contract

7. The DOH should introduce a waiting time target of 28 days from GP referral to first counselling appointment. Alongside this it should introduce a standard whereby people in a mental health crisis who are referred for counselling are seen within a few days.

8. The HSCB should ensure that following the initial referral patients are contacted by telephone to update them on waiting times.

9. The HSCB should initially double the funding resource allocated to LES practice based counselling to clear the current waiting lists.

10. The HSCB should commit to increasing the budget for LES practice based counselling to ensure that all GP practices meet the 28 day waiting time target.

11. The HSCB should collate data and regularly publish waiting times for LES practice based counselling, broken down by Trust. This information should be used for service improvement purposes.

12. The HSCB should seek feedback from both patients, in line with their duties under Personal and Public Involvement legislation, on their experience of accessing LES practice based counselling. This feedback should be made public and should be used for quality improvement purposes. The HSCB should also seek feedback from front line staff providing the service.

#123GP Campaign - Background and Campaign Aims

"We all have the same issues but if we are one big voice shouting it will get heard a lot quicker."

Karen McGuigan, STEPS, Draperstown

The #123GP campaign is a grassroots mental health campaign, made up of people from across NI. The campaign was launched in June 2016 with the publication of its report *Beyond a Spin of the Wheel: ensuring timely and appropriate mental health care from GPs*[1]. Focus groups and surveys conducted by the campaigners had identified a wide range of barriers people experienced in seeking mental health care from their GP, including long waiting lists for appointments, lack of confidentiality, over- prescription of medication and lack of mental health expertise among GPs.

All of the issues identified were firmly rooted in international human rights law to which Northern Ireland is bound, specifically Article 12 of the International Covenant on Economic, Social and Cultural Rights, the right to the highest attainable standard of health. While the list of issues was long there was agreement among campaigners that the following three areas were most important to make change on:

1. Lack of mental health expertise among GPs.

2. Barriers to accessing appointments for mental health care.

3. The over prescription of medication to deal with mental health issues.

In response campaigners developed #123GP, aimed at securing practical, rights based changes to the issues outlined above. A key element of this campaign has been to develop solutions to the issues while also selecting human rights indicators by which they will monitor whether their right to health is being progressed in line with international human rights obligations.

The overall aim of the campaign is to ensure that GPs are equipped with mental health expertise. The 3 specific changes the campaign is calling for are:

1) All GP practices to provide patients with timely access to a practice based counsellor

2) All trainee GPs must undertake community based mental health placements, and all practicing GPs must undergo mandatory professional mental health and suicide prevention training.

3) Mental Health professionals such as mental health workers or CPNs must be based in GP practices and should be part of the primary care team.

To date the main focus of the campaign has been on improving funding for and access to GP practice based counselling services. The Health and Social Care Board, along with the Department of Health have the power and responsibility to make these changes.

Campaign members have personal or family experience of mental health issues and of suicide/self-harm. These campaign calls are based on their personal experiences of accessing mental health care from their GP, framed within human rights standards and informed by research and policy analysis.

#123GP is part of a wider Mental Health Rights Campaign[2] that has been in existence since 2006 and which uses a human rights based approach to campaign for change. This work is framed by international human rights standards, and in particular Article 12 on the Right to Health of the UN Covenant on Economic, Social and Cultural Rights.

Mental Health as a Right

The International Covenant on Economic, Social and Cultural Rights recognises "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", including through medical services and attention. This is a progressive right, meaning that states are not expected to ensure that it be fully achieved with immediate effect. Each state however does have the immediate obligation, "to the maximum of its available resources", to take steps towards achieving the right to health fully over time; and each state has the immediate obligation to ensure that the exercise of the right to health is not subject to "discrimination of any kind". International Covenant on Economic, S and Cultural Rights, art. 2.1 - 2.2 and 12.1 - 12.2(d); signed by the UK 16 September 1968, ratified 20 May 1976.

Among the 'wins' the Mental Health Rights Campaign has secured have been the introduction of a Card Before You Leave[3] by Emergency Departments in hospitals for people presenting in mental health crisis, and the inclusion of mental health within the Public Health Agency/Health and Social Care Board's Choose Well public information initiative[4].

The campaign is supported by the Participation and the Practice of Rights (PPR). PPR is a human rights organisation located in Belfast. Established in 2006 by human rights activist and trade unionist Inez McCormack, PPR supports marginalised groups to use human rights tools to realise their social and economic rights. In 2012, PPR's unique human rights based approach was recognised by the UN High Commissioner for Human Rights as a good practice example of how communities can claim their rights[5].

Stop pretending things are ok - The mental health crisis in Northern Ireland

'Stop pretending things are ok – we need more funding, we need more resources"

Philip McTaggart, Suicide Awareness and Prevention Campaigner

Northern Ireland is in the midst of a worsening mental health crisis, with spiralling levels of mental ill health and rates of suicide. While the trajectory for deaths by suicide in other jurisdictions appears to be going in the right direction, the situation in NI continues to worsen.

Recent research published in *The Lancet* reported that Northern Ireland has the highest prevalence of mental illness in the UK[6]. Earlier in 2018 the Prince's Trust reported findings – based on a survey of 2,200 young people here – that one third reported always or often feeling hopeless and 44% said they had experienced a mental health problem[7].

A combination of factors, including the ongoing impact of austerity and welfare reform, the roll-out of Universal Credit, the largely unaddressed legacy of the conflict including inter-generational trauma, coupled with the lack of any political leadership or accountability, all serve to underscore the absolute urgency of ensuring that GPs are properly equipped to provide timely, accessible and adequate mental health care.

For decades, practitioners and policy makers have highlighted the particular mental health needs in Northern Ireland. The 2002-2007 Bamford Review of Mental Health and Learning Disability[8]set out key issues and needs and proposed reforms to the prevailing models of service provision. 2006 saw the development of Protect Life – A Strategy for Suicide Prevention[9]. The strategy and its action plan were updated a decade later, in 2016, but to date have not been signed off due to the absence of an Executive[10].

In January 2019 the Department of Health's Permanent Secretary Mr. Richard Pengelly, in his oral evidence to the NI Affairs Committee inquiry into health funding indicated that with the enhanced powers afforded to civil servants since November 2018 under the Executive Formation and Exercise of Functions legislation he has the authority to sign off on the Protect Life 2 strategy. However, he stated would not do so until there was clarity around budgets for implementation[11]. As such the strategy remains in draft form.

Rising number of deaths by suicide

As discussed in the *Beyond a Spin of the Wheel* report in 2016[12], suicide rates are a particularly stark indicator of NI's mental health crisis. Scotland had 13.9 suicide deaths per 100,000 people in 2017, England 9.2[13]. Wales had 12.7[14]. Northern Ireland's rate for 2017 – 16 per 100,000[15], a total of 305 deaths, was the highest across the four jurisdictions.

The legacy of the conflict

The legacy of the conflict continues to cast a long shadow in terms of mental ill health and suicide rates. The Protect Life 2 draft strategy, for instance, cites research findings linking Northern Ireland's experience of conflict to higher levels of specific mental health disorders such as post traumatic stress disorder, as well as to poorer overall mental health[16].

Similarly, research released by the Docklands Victims' Association in August 2018 – based on a survey of 2,000 people affected by Northern Ireland conflict related violence – indicated that one in three had attempted suicide, while others had taken their own lives, reflecting serious mental health conditions including post traumatic stress disorder[17].

Academic research published in November 2018 points to similar findings:

> *In 2008, 39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles. A 2015 analysis indicated that both childhood adversities and trauma relating to the Northern Ireland conflict have a major role in the development of Psychopathology[18].*

Impact of poverty and welfare reform

In Northern Ireland, the most deprived areas were frequently those most affected by conflict. These places remain deprived and under enormous pressures today

> *health inequalities are increasing, with areas most affected by the Troubles experiencing high deprivation, substance misuse, and suicide rates[19].*

This has serious knock-on impacts on multiple areas of people's day to day lives:

> *in comparison with other parts of the United Kingdom, it is evident that Northern Ireland continues to have a distinctive profile of mental health needs...the associated human capital costs of mental health problems, including the numbers of people claiming incapacity benefit, loss of employment through mental illness, and reduced quality of life have also been found to be significantly higher in Northern Ireland[20].*

An annual survey by Northern Ireland's Department of Health has consistently found that the mental health of respondents drawn from the most deprived 20 per cent of the population is worse than that of those from more well-off groups, and is below the Northern Ireland average[21]. Northern Ireland's multiple deprivation measures are calculated by geographic area, and the correlation between deprivation and mental ill health can be seen in the suicide statistics mentioned above. Suicide is more prevalent than average in the most deprived areas, and less prevalent than average in the least deprived areas; moreover, **there were more than three times as many suicides per 100,000 in the most deprived areas than in the most affluent areas.** Of the 305 people whose suicides were registered in the jurisdiction in 2017, 104 (34%) were from areas recognised as being among the most deprived quintile (20%), while only 31 (10%) were from the least deprived quintile[22].

People living in the most deprived communities are also the same people who are being hardest hit by welfare reform and the roll out of Universal Credit.[23] Professor Siobhan O'Neill has highlighted the likely added impact of welfare reform on levels of suicide in those communities already grappling with the effects of the legacy of the conflict and entrenched levels of poverty and deprivation.[24]

Over prescription of medication for mental health issues

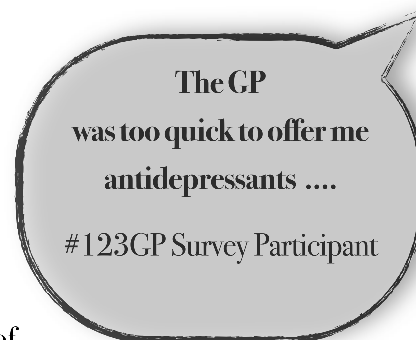
Northern Ireland has a serious problem with the over-prescription of medication to treat mental health issues. Research has found it to have one of the world's highest prescription rates for anti-depressants.[25] Among the factors that appear to be driving this trend is the lack of mental health expertise among GPs, but also structural and resource problems, such as 10-minute appointments being insufficient time within which to conduct a mental health assessment.[26] The particular circumstances of Northern Ireland, outlined above, also play a contributory role. Moreover, there is also significant evidence of inequalities in the prescription of medication for mental health problems in Northern Ireland. For example, the prescription rate for mood and anxiety disorders in 2013 was 66% higher among women than men, and twice as high in the most deprived areas than the least deprived areas.[27]

A UK-wide report from Mind[28] has noted that

> *the most common support GPs offer people with mental health problems is medication even though this may not be the most appropriate option.*

The British Medical Association (BMA) has shown that there was a 28% rise in overall prescriptions over a ten year period, with repeat prescribing rates increasing by 41%.[29] The UK has the seventh highest rate of anti-depressant medication prescriptions for all OECD countries. However, if Northern Ireland is taken as a separate jurisdiction within the UK it would take the highest spot[30].

Despite the dramatic increases in prescribing over the last few decades, studies have consistently shown that the increased number of prescriptions have not led to any clear improvements in population health. For example, national surveys from the United Kingdom show no decline in the overall prevalence of depression or anxiety despite dramatic increases in antidepressant use.[31]



#123GP campaigners have drawn attention to the rapidly escalating problem of vulnerable people with mental health problems abusing drugs prescribed to them by their GP, drugs which have replaced 'legal highs' within communities across Northern Ireland. A community based drugs counsellor recently highlighted the massive issue that exists in relation to the misuse of prescription drugs[32]

> *every day we see people who are taking drugs to deal with mental health issues and every day we are dealing with cases involving prescription drugs from Lyrica, blues and yellows, anti-depressants and people misusing medication.*

While medication clearly has a vital role to play in the treatment of mental health issues and illnesses, people interviewed for the #123GP survey highlighted the issue as being one of the routine prioritisation of medication over psychological therapies such as counselling. The trend is part of a wider global phenomenon. The UN Special Rapporteur on the Right to Health has observed how, despite evidence as to their effectiveness, psychosocial interventions such as talking therapies are viewed as extras rather than essentials in the treatment schedule.[33]

> *Despite the right to health obligation to provide psychosocial interventions and support, they are sadly viewed as luxuries, rather than essential treatments, and therefore lack sustainable investment in health systems. That is despite evidence demonstrating that they are effective.*

The cost of mental ill-health

The rhetoric from duty bearers suggests that they recognise the level of mental health need in Northern Ireland. Northern Ireland's public health strategic framework for 2013-23 states that

> *mental illness is one of the major causes of ill health and disability in Northern Ireland which has 25% higher overall prevalence compared to England. One in five adults in NI has a mental health condition at any one time.*

However, the official response falls significantly short of what is required in the face of what is an escalating crisis.

The impact on individuals, families and communities of mental ill-health, and death by suicide, is immeasurable. The death by suicide of 305 people in 2017 is estimated to have impacted on up to 41,000 people[34]. However, there is also a wider economic cost to the state to the failure of mental health services, including at primary care level, to respond adequately to people struggling with mental ill-health and to those at risk of suicide. The mental health charity MIND estimates that mental ill-health represents up to 23% of all ill-health in the UK and is the largest single cause of disability. In England it is believed to cost the economy £105 billion each year[35].

The displaced costs from the failure to provide effective treatment for mental health problems at the point when it is needed are to a large extent hidden. These costs are absorbed by other areas in the health service, but also in other systems such as housing and homelessness, welfare, policing and prisons. For example, in the year ending 31 March 2018, the NI Ambulance Service reported an estimated 13, 469 ambulance call-outs for people experiencing mental health problems across NI.[36]

Spending more, earlier on, could help to alleviate patients' pain and distress before it become acute and could help prevent tragic losses of lives to suicide.

Lack of parity between mental and physical health

Underpinning the mental health crisis is a fundamental failure by government to ensure parity between physical and mental health.

'I feel my GP surgery is very good most of the time but with mental health they struggle to understand and I think they aren't trained to deal with it'. **#123GP Survey Participant**

The right to the highest attainable standard of health set out in Article 12 of the UN Covenant on Economic, Social and Cultural Rights makes clear that this right incorporates both physical and mental health.[37] In reality however the prioritising of physical over mental health results in the routine denial of people's right to mental health.

In 2017 the UN Special Rapporteur on the Right to Health, Mr Dainius Puras, observed that

> *despite clear evidence that there can be no health without mental health, nowhere in the world does mental health enjoy parity with physical health in national policies and budgets or in medical education and practice'.*[38]

He noted that

> *the arbitrary division of physical and mental health....has contributed to an untenable situation of unmet needs and human rights violations, including the right to the highest attainable standard of mental health.*[39]

In Northern Ireland a number of serious obstacles exist to providing mental health care services in line with people's internationally-recognised rights. The #123GP survey results presented in this report demonstrate just how real these obstacles are, as well as the impact they are having on the health and well-being of individuals, their families, and carers and on wider communities.

Central to these obstacles is the lack of parity of esteem between physical and mental health, evidenced most starkly in the entirely inadequate percentage of the overall health budget allocated to mental health. This inequality was highlighted by Professor Gerry Lynch, Royal College of Psychiatrists NI, in his evidence to the NI Affairs Committee in December 2018:

> *the main issues are the lack of parity of esteem for mental health services, a relative underfunding of mental health services compared to acute services and the lack of a strategic direction for how we develop mental health services in future*[40].

My GP would appear to have little or no time available to address mental health issues - wants to concentrate on physical problems. Only addresses mental health issues when I force the issue.

#123GP Survey Participant

Despite the commitment given by the last Minister for Health, Ms. Michelle O'Neill MLA, that she was committed to '*achieving a parity of esteem between mental and physical health*'[41], the ongoing failure to fund mental health services in line with objective need has resulted in very little progress if any in achieving this goal.

Scratching the surface - funding for mental health services

"*If money was no problem we would get all the services we asked for but money seems to come first and it makes me angry*" **#123GP Survey Participant**

At a meeting of the Health and Social Care Board (hereafter HSCB) with #123GP in December 2018 the Board's Finance Director Mr. Paul Cummings announced that he regularly '*gives back*' significant funding for mental health that is unspent, and that staffing, rather than funding, is the main issue. This statement, viewed in the context of the information and analysis presented below, seems inexplicable, and points to the need for urgent scrutiny of how funding for mental health is being allocated and spent.

Despite the high relative need for mental health care in Northern Ireland described above, the per capita spend on mental health care is significantly lower than in the other three jurisdictions. An expert health and social care panel reported in 2016

> *mental health needs in Northern Ireland were estimated to be nearly 44% higher than in England, while actual per capita spending on these services was in fact 10-30% lower*[42]

Looking at the mental health spend as a proportion of the overall spend on health in NI confirms that finding. In 2016-17, Northern Ireland's Department of Health reported that Health and Social Care Trusts spent 5.2% of the overall Department of Health expenditure on the Mental Health Programme of Care[43].

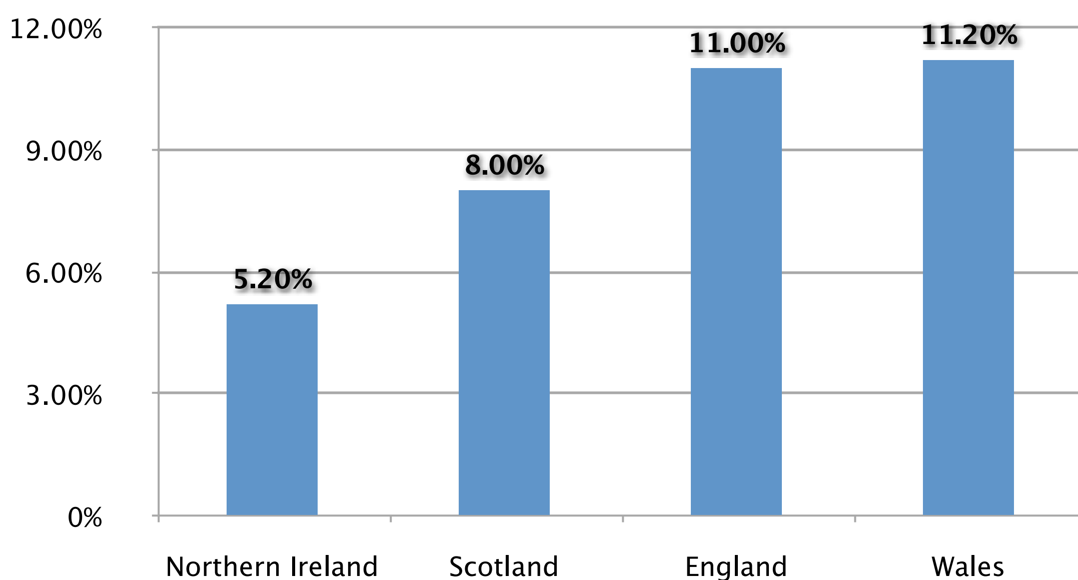
In response to a Freedom of Information request about mental health funding as a percentage of the overall health budget, the Department of Health provided the table below, which demonstrates that the year-on-year percentage spend has remained more or less static over the past ten years: [44]

Year	PoC 5 –Mental Health-Trust Expenditure £m	% of DoH Expenditure
2007/08	195.7	5.3%
2008/09	221.4	5.5%
2009/10	224.3	5.4%
2010/11	228.0	5.4%
2011/12	227.5	5.3%
2012/13	229.8	5.2%
2013/14	233.8	5.2%
2014/15	243.6	5.3%
2015/16	249.4	5.2%
2016/17	255.6	5.2%

Note: Excludes primary care and any investments made directly by PHA and HSCB.

In contrast, for 2016/17, the percentage of the overall health spend directed to mental health was 8% in Scotland[45], 11% in England[46] and 11.2% in Wales[47], making Northern Ireland the clear outlier.

Percentage of overall planned health expenditure directed for mental health



In 2016 the UN Committee on Economic, Social and Cultural Rights drew attention to the UK's failure to adequately resource mental health care[48]. Northern Ireland's proportionate mental health spend is significantly below the global average of around 7 per cent – itself, as the UN Special Rapporteur on the right to health has pointed out, an indication of the ongoing lack of parity worldwide between physical and mental health[49].

The £1 billion Supply and Confidence deal negotiated between the Democratic Unionist Party and the Conservative Party in 2016[50] included an allocation of £300 million for health, broken down into £200 million for the Transformation Programme, £50 million for immediate pressures and £50 million for mental health. This equates to £10m per year for mental health services in Northern Ireland, for a period of 5 years[51].

The Transformation Programme included £5 million for the roll-out of Multi-Disciplinary Teams (MDTs) operating in GP practices. The Department of Health has indicated that these teams will include practice-based mental health specialists, an announcement welcomed by #123GP, aligning as it does with one of its three campaign calls to equip every GP practice with a mental health worker. **However as yet there is no detailed information publicly available on the mental health services to be offered under this pathway**. #123GP has called for a public commitment to recurring funding for these projects, an inclusive role for the dedicated mental health worker, and safeguards to ensure that hiring for these posts happens alongside efforts to increase the pool of mental health professionals in Northern Ireland, rather than just weakening existing services by re-deploying staff.

While any injection of funding into mental health is welcomed, a real concern exists as to how much of this money will be allocated to expanding existing services or developing new services rather than simply plugging existing gaps and addressing pressure points such as hospital waiting lists.

Such concerns have been highlighted in the context of the NI Affairs Committee Inquiry into the Health Budget

that [£50 million Confidence and Supply money] is £10 million every year for five years and, from what we have seen so far, the vast majority of it is going to inescapable pressures. It is not going to anything new.[52]

In November 2018 the Department of Health's Permanent Secretary Mr. Richard Pengelly acknowledged that an under spend in the Transformation Fund existed and that there was potential for this under spend to increase.[53] The ongoing lack of any public scrutiny or accountability mechanisms makes it very difficult to ensure any real transparency around what is happening with mental health funding. What is clear however is that in the context of a spiralling mental health crisis, under spent or unspent money for mental health services should not exist. The Department of Health must ensure that any slippage or unspent funding is urgently reallocated, including to the provision of GP practice based counselling, as called for by #123GP.

Primary Care Pathways for Accessing Counselling

'I think every GP practice should have a counsellor based in the practice. I think it is more intimate if it is provided in this familiar setting, through your own GP. It also means that people who don't have their own transport or money to pay for transport can access it.' **#123GP Survey Participant**

It is recognised that the first port of call for most people suffering mental ill health is their GP. Across the UK, an estimated 40% of patient appointments with their GP are about mental health[54]. A recent Northern Ireland Department of Health survey found that

> *a quarter of respondents (26%) had concerns about their own mental health. Three-fifths of these (58%) sought help, with 82% of these seeking help from their GP*[55].

The counsellor provided me with the basic tools to start dealing with my Post Traumatic Stress Disorder. She provided a listening ear and helped understand what and why I felt the way I did. She helped to ease the pain I was experiencing daily.

#123GP Survey Participant

For many such patients, counselling can offer an effective, low cost form of treatment that can help address pain and distress before they become acute[56], thereby ensuring that fewer people end up needing crisis care services. People who participated in the #123GP survey reported that GP care is often perceived by people in need as more accessible and less stigmatising

> *the first step of asking for help is often the hardest – I'm more comfortable with the surgery; less stigma*. **#123GP Survey respondent**

GP care is also seen as more comprehensive and holistic than secondary care, as it manages both physical and mental health symptoms.

For patients suffering from depression or anxiety, the UK's National Institute for Health and Care Excellence (NICE) recommends a stepped-care model of psychological therapies as first choice interventions, with primary care being a key point of access and a setting for face-to-face therapies[57].

It should be acknowledged that while the focus of #123GP and this report is on access to counselling through GP practices, there are in fact many organisations in NI that provide access to counselling for a range of mental health issues, including crisis counselling and that many of these organisations provide their service free of charge.

Well if your GP can't help you first what chance have you of getting help? I know that if my GP didn't help me I wouldn't be here today!

#123GP Survey Participant

Case Study

I have sadly lost two family members to suicide in the past year. I went to my GP because I knew I was struggling with the impact of those bereavements, as well as the death of my brother. My GP offered to refer me to counselling, an offer I took up. It was provided by the Belfast Health and Social Care Trust in another part of Belfast to where I live. I was given an appointment within 2 weeks of being referred. There was no limit on the number of sessions provided – it was just as long as it took. Following that block of counselling I asked to be provided with support closer to where I live and I was referred to a support group for families by suicide.

I was very pleased with my treatment from my GP. Initially I found it difficult to open up to my GP about how I was really feeling. However, because of the good relationship I have with him, and because he has been our family doctor for a long time, I have a good relationship with him and trust him, which I think made it easier than it might have been otherwise.

He offered me medication on my initial visit but also referred me to counselling. I can get an appointment any time I need one. My GP practice does not impose a 'one ailment per appointment' rule. My GP is 'old school' – by that I mean that he listens, he doesn't rush me in and out, he doesn't just hand out tablets, he offers other things before medication. The GP practice is based in a Healthy Living Centre which I think is good because you can access other supports and services such as the gym.

I think every GP practice should have a counsellor based in the practice. I think it is more intimate if it is provided in this familiar setting, through your own GP. It also means that people who don't have their own transport or money to pay for transport can access it.
I also think that every GP practice should have a mental health worker based in the practice, that trainee GPs should have to do mental health and suicide prevention training as part of their training."

From PPR's "Every GP should have a counsellor based in their practice - one woman's positive experience
https://www.pprproject.org/every-gp-should-have-a-counsellor-based-in-their-practice-one-womans-positive-experience-of-getting

Local Enhanced Services practice based counselling

In addition to Essential Services they are contracted to provide, GPs can opt to provide Local Enhanced Services (hereafter LES) including '*practice-based counsellors for patients with mild to moderate depression*'[58], with funding provided by the HSCB. This service is for patients aged over 18 only. [59]

GPs and counsellors alike recognise the benefits of providing a counselling service that is located within the GP practice. Among the many benefits of this service identified by one GP practice based in Draperstown[60], Co. Derry were the following :

- ✤ Very confidential service
- ✤ Patient centred therapy
- ✤ Familiar staff and surroundings helps to put patients more at ease
- ✤ Reduces pressures on secondary care
- ✤ Convenient for patients
- ✤ More accessible for patients who can't travel long distances
- ✤ Referrals are easy for GPs to make
- ✤ Excellent follow up for patients
- ✤ Counsellors can speak to a patient's GP on site if an urgent issue arises
- ✤ Patient data doesn't leave the practice

These benefits have been echoed by other GPs, including Dr. David Johnston FRCGP, who underlined the fact that the provision of practice based counselling improves patient outcomes

> *This is a very valuable service that helps GPs to provide better services locally. It not only reduces referrals to secondary care but also improves patient outcomes*

Mr. Bobby Carlin, a counsellor and Manager of a GP practice based counselling service, reflecting what patients reported, explains how having the service based in a GP practice ensure meaningful access

> *the LES for counselling is a fantastic service because it is located within GP surgeries but still provides anonymity for our clients. Lots of clients would never had thought about counselling as an option if it wasn't offered by their GP but also based within the GP practice. This is a vital service which should be expanded as a model of best practice*[61].

Accessing LES Counselling - a post-code lottery

However, at present only two thirds of GP practices offer the LES funded counselling service to their patients and – even more worryingly – that proportion has dropped over the last year[62]. According to the Board

> *HSCB actively encourages non-contracting practices to sign up for this service. However, as independent providers, the decision to contract for a NILES is for each GP practice to decide*[63].

This table taken from the Board's 2016/17 General Medical Services contract review of this LES[64] provides data on levels of uptake and expenditure on the LES counselling service across Trusts.

Activity Expenditure for the year 2016/17 was as follows:

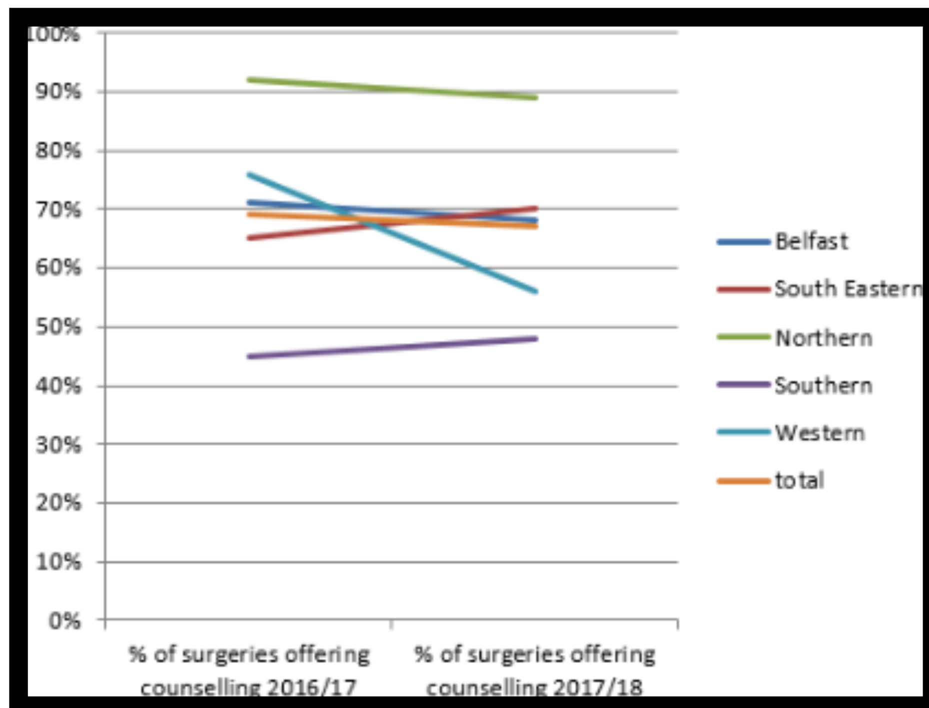
LCG Area	Belfast	South Eastern	Southern	Western	Northern	Total
Practices	84	54	75	55	76	**344**
Number contracted	57	39	32	32	66	**226**
Number of Sessions	3,770	3,017	1,935	2,522	7,240	**18,484**
Expenditure	**£320,471**	**£256,445**	**£164,496**	**£214,327**	**£615,400**	**£1,571,140**

Analysis by PPR of the data obtained from the HSCB through Freedom of Information confirmed the huge disparity in uptake across Trusts, as evidenced by the figures above, as well as a falling number of GP practices accessing LES funding between 2016/17 and 2017/18[65].

Percentage of GP practices accessing LES funding for practice based counsellors

Trust	2016/17	2017/18
Southern	45%	48%
Northern	92%	89%
South Eastern	65%	70%
Belfast	71%	68%
Western	76%	56%
Total average	69%	67%

The graph below illustrates the significant discrepancy between Trusts and also the decrease in uptake overall from 2016-17 to 2-17-18.



The highest uptake is in the Northern Trust, where 92% of surgeries offered counselling services in 2016/17 and 89% in 2017/18. The lowest rate of counselling service provision is in the Southern Trust, at 45% in 2016/17 and increasing slightly to 48% in 2017/18. **Overall, the percentage of Northern Ireland surgeries offering counselling dropped from 69% in 2016/17 to 67% in 2017/18.**

Section 75 of the Northern Ireland Act 1998 places a duty on bodies like Northern Ireland's Health and Social Care Board; spelt out in the HSCB's Equality Scheme (2011) and subsequent Action Plan (2015-2018) and in its Audit of Inequalities (2013-2018) – to address existing inequalities including on the grounds of disability, a category that includes mental ill health. However, the current provision constitutes a 'post-code lottery', whereby patients in some areas are denied access to much-needed services that are available to others.

In the proper circumstances everyone should be within 5-10 mile from their GP practice! I had to travel a 30 mile round trip for counselling sessions which by any means is not acceptable. In other areas that distance would be much greater

#123GP Survey Participant

There is no waiting time target for counselling[66], and survey evidence combined with data provided by the HSCB confirms that waiting times vary and can extend to a period of months. Similarly, there is no official cap on the number of sessions offered, but the number of sessions a practice can provide is dependent on funding.[67]

Funding for LES Counselling

Lack of funding is a major obstacle to the provision of an accessible, adequate and equitable service. The projected allocation to GP practices for the LES counselling services for 2017/2018 was £1.448m, and the funds have been overspent every year since 2015[68].

HSCB funding for counselling services through GP practices has only increased marginally in recent years despite the growing mental health crisis[69]:

2014/2015 Total Budget	2014/2015 Total Payment	2015/2016 Total Budget	2015/2016 Total Payment	2016/2017 Total Budget	2016/2017 Total Payment
£1,387,048.10	£1,221,034.25	£1,320,565.50	£1,349,950.18	£1,487,787.83	£1,603,754.72

The projected budget for 2017/2018 was £1.448m, unchanged from the previous year's projected figures. Based on that figure, #123GP has calculated that the funding provided to GP practices by the HSCB for counselling would average out at **£2.29 per patient**, if all those patients who could benefit from counselling were provided with access[70].

Waiting times for Counselling

A key indicator as to the whether the current level of service is meeting the needs of people requiring counselling is waiting list times. As will be seen in the Survey Results section, people report long waiting times, with all of the negative consequences for their mental health and well-being. Practitioners report that the lack of certainty in relation to budgets makes it extremely difficult to plan and manage the service. However, they also note that when they are provided with 'slippage' money in-year they are able to significantly reduce their waiting lists within a short period of time.

Counsellors delivering this service have also highlighted the entirely inadequate remuneration for counsellors, with the allocation by the HSCB per half day counselling session unchanged in the past ten years.

#123GP
Equip GPs with mental health expertise

Approx 40% of people who attend the GP do so for mental health problems.
Counselling can be a low-cost, effective treatment option for these patients.

In 2018/19 the Health and Social Care Board allocated £1.4m* to GPs to provide counselling - which works out per person at .... enough to buy an ice-cream cone!
£2.29

HSCB budget for counselling also decreased by £155,760 in 2017/18*

At the same time, NI prescribes proportionately more anti-depressants than 31 other countries examined in a major study **

#123GP calls on the HSCB to fund GPs to provide in-house counselling in line with need.

PPR
*FOI response from HSCB to PPR **The Detail Data The Script Report
https://onetwothreeGPcampaign.wordpress.com Twitter @123GP
sara@pprproject.org Tel 028 90 313315

Primary Care Talking Therapy Hubs

Another pathway to access counselling at primary care level is through the Primary Care Talking Therapy Hubs have been developed in all five Trusts by Local Commissioning Groups, which are committees of the HSCB[71]. The stated purpose of the Hubs is to ensure that emotional well-being and mental health care is co-ordinated by providing an all-inclusive approach from a variety of partners offering various services to patients, including counselling, cognitive behavioural therapy and group therapy. Other services offered through the Hubs include life coaching and signposting to other support services.

In response to concerns raised by #123GP that only two thirds of GP practices access LES funding for practice based counselling, the HSCB pointed to the availability of counselling through the Primary Care Talking Therapy Hubs. They noted that

> *Health and Social Care Trusts hold a range of contracts with accredited community and voluntary organisations to provide counselling for people with mild to moderate mental health conditions, and manage access to these through Primary Care Talking Therapy Hubs. This means that counselling is available to people whose practice does not provide it in-house*[72]

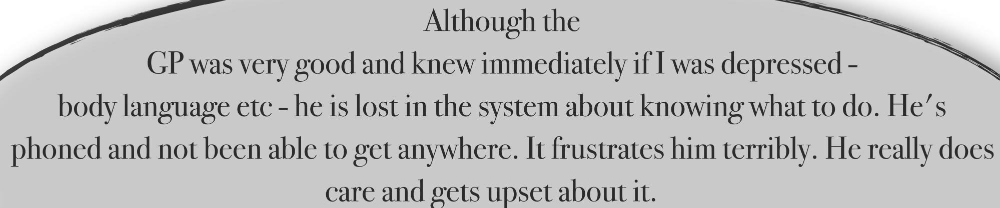
However, information obtained through Freedom of Information from the five Health and Social Care Trusts reveals that the Hubs are failing to provide timely and adequate access to counselling[73].

Access to counselling via the Primary Care Talking Therapy Hubs – Waiting times and number of counselling sessions 2017-18

Trust	Average waiting time from referral to first appointment	Average number of counselling sessions
Western Trust	The average waiting time at the Talking Therapies Hub currently is **6 months for those awaiting assessment.** Following assessment, **the waiting time is an average of 3 to 4 weeks.**	6
Southern Trust	There are no formally reported access targets for service delivery at Step 1 & Step 2 regionally as this level of service is majority self-help, bibliotherapy, Group education and advice, information and support which may include 1:1 supportive counselling. However, **the Trust ensures that access times are kept to a minimum and within 9 week**	5
Belfast Trust	40 days	5.1
South Eastern Trust	This information is not held by the Trust	8
Northern Trust	The Trust does not hold this information	The Trust does not hold this information

This data shows that in some areas people wait up to seven months for an appointment[74], with the shortest waiting times reported being 40 days. The maximum number of sessions offered, where reported, was between five and eight[75].

While the intention of the Hubs is to co-ordinate emotional well-being and mental health care, including the provision of timely access to counselling for patients referred by their GP, lengthy waiting lists coupled with a 'de facto' cap on the number of sessions people can avail of means that Hubs are not able to provide a meaningful and effective alternative to GP practice based counselling.



It is worth noting that regardless of the pathway to counselling, whether through the LES funded service or through the Primary Care Talking Therapy Hubs, there are key issues in service delivery highlighted by service users and experts alike. These include long waiting times for assessments and/or appointments, de facto 'caps' on the number of sessions available, and at times, lack of access to the most appropriate or effective type of support.

Monitoring People's Experiences of Accessing Counselling through their GP Practice

During 2018 #123GP gathered evidence of people's experiences in accessing mental health care from their GP practice. Campaigners were interested in obtaining first hand evidence of both positive and negative experiences and the impact of those experiences on their mental health and well-being. They designed and developed a questionnaire which they administered across a range of geographical locations, within all five Health and Social Care Trusts. The questionnaire captured both qualitative and quantitative data. Most of the questionnaires were completed individually, but campaigners also facilitated focus groups to gather additional evidence.

Profile of Survey Participants

A total of 34 people completed questionnaires. The majority of respondents, 70%, were female, with the remaining 30% identifying as male. Half of respondents were aged 50-64, and just under one third were aged 35-49. The remainder were younger. Just over a fifth were carers. 86% of people were answering on their own behalf; the remainder answered on behalf of a family member.

The evidence gathered focused primarily on people's experiences of accessing counselling but evidence also related to the issue of mental health expertise within the practice and suggestions for addressing issues identified. An overview of the survey findings is appended to this report.

Right to Health – Establishing the baseline

The UN Economic and Social Council's General Comment 14 sets out four elements integral to the right to health : Availability, Accessibility, Acceptability and Quality[76]. This framework has been utilised to analyse survey data as well as to inform the development of indicators and benchmarks.

The International Human Right to Health

The International Covenant on Economic, Social and Cultural Rights recognises "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (art. 12.1).

The UN Economic and Social Council's General Comment 14 (E/C.12/2000/4, para. 12) sets out four elements of the right to health:

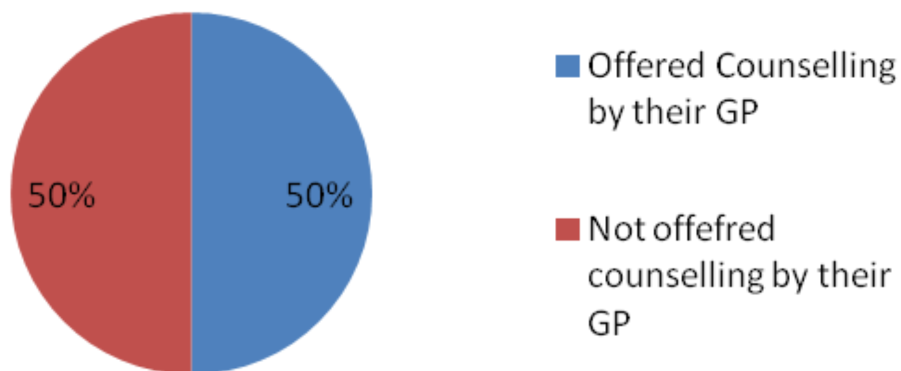
- **Availability**
- **Accessibility**
- **Acceptability**
- **Quality**

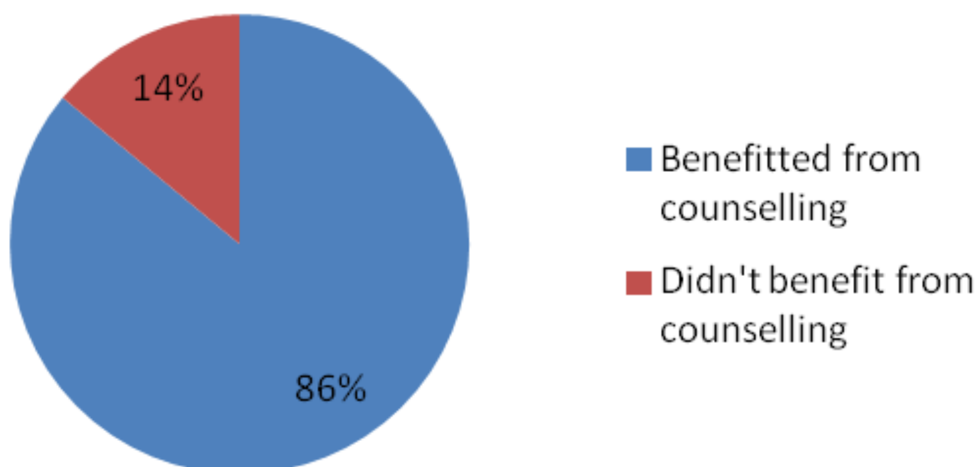
Service provision is monitored against these four components.

1. Availability of Counselling

Only 50% of participants were offered counselling when attending their GP practice for mental health issues. Of the 50% of people not offered counselling, over three quarters, 77%, indicated that they would have liked to have been offered it. The results highlighted both the desire among patients to being offered the option of counselling, as well as positive outcomes as a result of obtaining

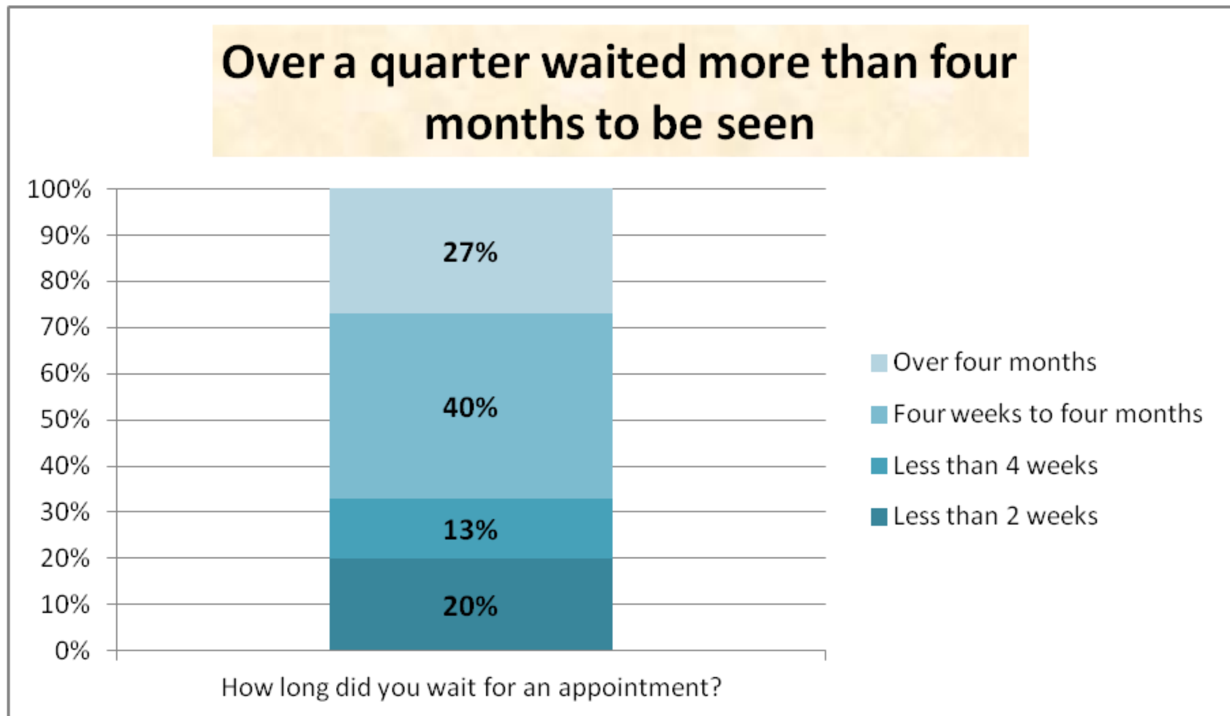
counselling. Out of the 50% offered counselling, nearly all, 94%, took up the offer. 86% of people who availed of counselling said that it helped them, with nearly one third seeking a further block of counselling. 80% of those people were offered a further block, and reported shorter waiting times.





2. **Accessibility of Counselling**

The survey found that over three quarters, 67% of people who were offered counselling waited four weeks or more to be seen. Over a quarter of survey respondents, 27 % who were offered counselling waited over 4 months to be seen.



As noted earlier, information provided to PPR under Freedom of Information legislation indicated that no waiting time target for accessing counselling currently exists.[77] The mental health charity MIND has recommended that the government in England urgently establish and deliver waiting time standards for evidence based psychological therapies available on the NHS. MIND has recommended that the maximum waiting time from referral to first treatment should be 28 days and when someone presents with a mental health emergency, the wait should be even shorter.[78]

The quality of
counselling is also very important e.g being seen on time,
confidentiality and no limit on number of sessions. It has to meet the person's
needs

#123GP Survey Participant

Monitoring Change: Human Rights Benchmarks and Indicators: Setting the Scale and Pace of Change

'You shouldn't have to campaign on someone else's terms' #**123GP**

Based on the survey results, #123GP chose two key indicators against which to set benchmarks or specific timelines for change. Indicators are used as tools for measuring progress and benchmarks are those values attached to the indicator to accelerate implementation of change.

Campaigners analysed survey findings, combined this data with official data obtained through government publications and through the use of Freedom of Information legislation, identified the relevant human rights standards as well as any domestic or legislative requirements and/or official implementation targets, before developing their own human rights indicators and benchmarks.

The process for developing and selecting indicators is deliberately participatory or 'bottom-up', to ensure that the indicators to measure change are developed by people directly affected themselves rather than the duty bearers, and are anchored in human rights standards. It also ensures that 'progressive realisation' does not become an abstract 'exit' clause for government; rather, the indicators and benchmarks can be used to set definite targets to measure the fulfilment of the government's duties under international human rights law. These duties include demonstrating evidence of '*deliberate, concrete and targeted steps*' towards fulfilment of all Covenant rights. [79]

A further duty imposed under international human rights law is to ensure the progressive realisation takes place without discrimination. Article 2.2.d of the International Covenant on Economic, Social and Cultural Rights mandates that rights ' *will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status*'. [80] As such, there is a clear duty on government to ensure that the current post-code lottery that exists in relation to accessing counselling is ended.

As noted earlier, this PPR approach described above has been commended by the UN Office of the High Commissioner for Human Rights as a model of good practice.

The following indicators and benchmarks have been chosen by #123GP to monitor the concrete steps taken by government to improve availability and access to counselling through GP practices.

Indicator 1: Percentage of GP practices that take up Local Enhanced Service (LES) funding for the provision of practice based counselling

Baseline at November 2018: 67% of practices (averaged across the 5 Trusts)

Benchmark: 100% by January 2020

Indicator 2: Waiting time for counselling from referral by GP to date of first appointment

Baseline at November 2018: 27% of patients wait over 4 months for an initial appointment

Benchmark: By January 2020 the maximum waiting time from GP referral to first counselling appointment should be 28 days. When somebody presents in a mental health crisis they should be seen immediately i.e. within 24-48 hours.

Over the coming year #123GP will be monitoring the progress made by the HSCB, the Department for Health and other relevant duty bearers to assess their progress in implementing the changes required.

Where We Are: Campaign Progress

As discussed in previous sections of this report, the main focus of the campaign to date has been on the first of its three campaign calls – ensuring that all GP practices are equipped with an in-house counsellor.

During 2018 # 123GP built considerable support for this campaign call, across a wide range of stakeholders. **Campaigners held a number of constructive meetings with key organisations and individuals**. These included

- **Royal College GPs NI**
- **GP Federation NI**
- **the British Association Counselling and Psychotherapy**
- **Director of Mental Health Northern Health and Social Care Trust**
- **Director of Mental Health Southern Health and Social Care Trust**
- **Director Action Mental Health**

#123GP also **met with individual GPs and Counsellors** during the year.

Campaigners identified the lack of awareness among people of their right to access counselling as a key issue. Many people surveyed were unaware as to whether counselling was offered through their own GP practice. In response they **developed a '*Counselling – Know Your Rights*' leaflet which they circulated widely**. The leaflet, which is framed around international human rights standards, outlines the rights and standards people are entitled to, including the right to ask to be referred to counselling by one's GP.

Campaigners also developed and launched a **#123GP online quiz** on World Mental Health Day to raise awareness of the campaign.

In May 2018 123GP **campaigners requested speaking rights at the Health and Social Care Board's monthly Board meeting**. This request was denied.

In June 2018 campaigners organised **a public demonstration outside the offices of the HSCB to hand over a petition of 2000 signatures**, and to call for an urgent meeting with the Board. Among the many reasons people gave for signing the petition were the following:

> *I suffer from mental health problems. It's essential that your GP can recognise the signs of deterioration and administer appropriate help*

> *Doctors need more expertise other than pills in the field of mental health issues. They also need more backup from government bodies i.e. Department for Finance*

> *This is long overdue. Our GPs and medical staff are unsung heroes so give them and patients what they need*

In response to this campaign action **HSCB invited campaigners to meet with senior staff in August 2018, an invitation campaigners took up**. In advance of the meeting #123GP published an **Open Letter to the HSCB, signed by over 40 influential organisations and individuals**. That letter, which **attracted significant media coverage**, called on the Board to ensure that funding for counselling is significantly increased in line with need and that access to counselling provision in all GP practices is made available.

Among the organisations and individuals to add their names to the open letter were Aware NI, Victim Support NI, Women's Aid NI, Nexus NI, British Association for Counselling and Psychotherapy, the NI Counselling Forum, PIPS charity, Lighthouse, East Belfast Community Counselling Centre, Mr. Bobby Carlin, Counselling Services Manager Ballymena, Dr. John Kyle GP, Dr. David Johnston GP, Dr. Brendan Gillan, Dr. Nuala Quiery Counsellor and Ms. Eílís McIntyre Counsellor. The text of the Open Letter and a list of the signatories are appended to this report.

Signatories express deep concern that HSCB figures indicated that only two thirds of GPs currently offer access to practice based counselling and that the budget allocated by the Board for the provision of counselling is nowhere near sufficient to meet the real level of need.

At the meeting in August campaigners again requested an opportunity to address the HSCB Board itself. Regrettably, campaigners felt that neither that the scale of the mental health crisis facing communities nor their own commitment to working towards change was recognised or reciprocated by HSCB staff. The sense was of 'business as usual' in the face of an unprecedented mental health crisis.

In follow up written correspondence the HSCB confirmed that only two thirds of GP practices provide counselling in-house, but defended this situation by pointing to the Primary Care and Talking Therapy hubs as an alternative route for GPs to refer patients to counselling. However, as highlighted earlier in this report, Trust figures demonstrate that waiting times range at best from 40 days in the Belfast Trust to 7 months in the Western Trust. The result continues to be that patients are being denied their right to access timely mental health care.

In November the HSCB finally invited campaigners to address the Board meeting. At that meeting on 13 December 2018, campaigners presented a number of questions as follows to the Board. Its Chairperson, Dr. Ian Clements agreed to provide a response by the end of January 2019. Questions included:

1. Why has the uptake of funding for in-house counselling provision by GP practices decreased in the past year and how does it intend to address this?
2. Why are there significant disparities across Trusts in the uptake of the funding for in-house counselling and how does the Board intend to address this?
3. How does the Board intend to address the unacceptable waiting times for accessing counselling via the Hubs?
4. Is there a target waiting time for accessing counselling through the Hubs and how is the Board monitoring Trusts' compliance with any such target?
5. Will the Board commit to at least doubling funding for in-house counselling as a first step to addressing gaps in provision?
6. How will the Board monitor and evaluate the use of this funding to ensure quality provision of counselling?

As of 23rd January 2019 no response to these questions had been received from the HSCB.

Conclusions and Recommendations

We are in the midst of a mental health crisis in Northern Ireland, with spiralling levels of mental ill health and rates of suicide. While other jurisdictions appear to be 'turning the curve' the situation in NI continues to worsen. A combination of factors, including the ongoing impact of austerity and welfare reform, the roll-out of Universal Credit, the largely unaddressed legacy of the conflict and inter-generational trauma, coupled with the lack of any political leadership or accountability, all serve to underscore the absolute urgency of ensuring that GPs are properly equipped to provide timely, accessible and adequate mental health care.

GPs are the first port of call for the vast majority of people concerned about their mental health. Counselling is a low cost, effective treatment option for many mental health issues. While there need to be a number of different access points for counselling, embedding counsellors within the primary care team is vitally important for a number of reasons, including accessibility and patient trust and confidence.

Regrettably only two thirds of GP practices currently take up funding for the LES practice based counselling service. This is for a number of reasons, including lack of incentivisation, lack of understanding of the benefits and lack of facilities.

People's experience of accessing GP practice based counselling is very mixed, with availability and access being the biggest issues. Only 50% of people who took part in the #123GP survey were offered counselling by their GP. Of those who were offered it, over 90% said it benefitted them. Over 25% of people referred to a practice based counsellor were waiting in excess of 4 months for an initial appointment.

The current model of funding for LES GP practice based counselling is not working. #123GP has calculated that if all of those people attending their GP with mental health issues were to be offered the option of counselling, the current budget of approximately £1.5 million would average out at £2.29 per patient. In addition, GPs and counsellors delivering this service have indicated that it is not on a firm enough financial footing. Sessional rates for counsellors are much too low and have not increased in the past ten years. Budget allocations are often not communicated to practices till mid-year or later.

GPs interviewed by #123GP have outlined some specific, concrete steps that should be taken to improve availability and access to practice based counselling.

> *It [counselling thru GP practices] is funded to a degree on a recurrent basis and also some slippage monies given during the year but we need a recurrent, known budget on an annual basis. Currently due to funding it is not accessible to all patients across the country. There needs to be some work done to ensure every patient in every practice can access it should they need to.*[81] David Johnston GP FRCGP

Among the recommendations put forward by Draperstown GP practice are enhancing the rate of pay for counsellors, cover the administration costs associated with running the service, provide a training allowance to counsellors to cover ongoing professional development courses and supervision, and finally, connect those practices providing the LES service with those who don't currently provide it to encourage and support them to begin providing it.[82]

It is extremely unfortunate that the HSCB appears to be complacent at best about the fact that a post-code lottery exists in relation to accessing practice based counselling. Its 'defence' of current provision through the LES service, that GPs have the option of referring people to counselling via the Primary Care and Talking Therapy hubs, does not stand up to scrutiny given the lengthy waiting lists for this service.

The level of need for counselling is such that there will never be 'competition' between the various counselling providers/services for clients. This underlines the need to provide a number of access/ referral points for clients, rather than for example, prioritising resources in the mental health hubs at the expense of practice based counselling.

If the additional funding is provided, the impact on waiting lists will be seen immediately. This has been evident from when additional 'end of year' funding has been provided – practice waiting lists can be halved within weeks as more counsellors can be employed to see clients. The admission by the HSCB's Finance Director that unspent mental health programme funding is 'regularly' handed back is extremely disturbing, especially in the face of huge levels of unmet need for mental health care and unacceptable waiting lists for counselling.

Recommendations

#123GP plans to monitor the scale and pace of change over the next 12 months by the health authorities, using the human rights indicators and benchmarks it has developed. In order to assist the Department for Health, the HSCB, the five Trusts, and other relevant agencies to achieve the benchmarks identified, #123GP makes the following recommendations.

1. The HSCB to conduct an immediate, time limited review into the reasons why one third of GP practices do not take up LES funding for the provision of practice based counselling and to develop an action plan to address the findings of this review.

2. The HSCB to issue guidance to all GP practices requesting that they prioritise the provision of practice based counselling, in response to rising levels of mental ill health and rates of suicide and the vital role GPs have to play in addressing these.

3. The HSCB to pro-actively roll out an initiative to promote the uptake of LES funding for GP practice based counselling.

4. The HSCB to draw on existing models of good practice among GP practices to promote the benefits of the LES practice based counselling.

5. The HSCB to review the funding model for LES practice based counselling to ensure that funding is allocated based on need, in a transparent manner and on a recurrent basis.

6. For 2020/21 the DOH negotiate a change to the GMS core contract with representatives of the profession to include the mandatory provision of practice based counselling as part of the GP core contract

7. The DOH should introduce a waiting time target of 28 days from GP referral to first counselling appointment. Alongside this it should introduce a standard whereby people in a mental health crisis who are referred for counselling are seen within a few days.

8. The HSCB should ensure that following the initial referral that patients are contacted by telephone to update them on waiting times.

9. The HSCB should initially double the funding resource allocated to LES practice based counselling to clear the current waiting lists.

10. The HSCB should commit to increasing the financial resource for LES practice based counselling to ensure that all GP practices meet the 28 day waiting time target.

11. The HSCB should collate data and regularly publish waiting times for LES practice based counselling, broken down by Trust.

12. The HSCB should seek feedback from both patients, in line with their duties under Personal and Public Involvement legislation, on their experience of accessing LES practice based counselling. This feedback should be made public and should be used for quality improvement purposes. The HSCB should also seek feedback from front line staff providing the service.

Next Steps

A way forward has been set out by #123GP. The two key changes that the HSCB and Department for Health are being called on to introduce in the short term are 1) to ensure that all GP practices take up the LES funding for practice based counselling and 2) to introduce a target waiting time of no longer than 28 days from referral for counselling to first appointment and to ensure that these targets are met.

These proposals command wide spread support, including from individuals, families and communities dealing with mental ill health and suicide, from GPs and counsellors, mental health charities and politicians.

Longer term the Department of Health must negotiate a change to the General Medical Service core contract with representatives of the profession to include mandatory provision of practice based counselling as part of the GP core contract. This is a necessary step to ensure that the vision of parity between mental and physical health as set out by the last Health Minister in response to the Bengoa report, moves closer to becoming a reality. Only in this way can people's right to health be realised.

People experiencing a mental health crisis do not have the luxury to wait on a cumbersome, bureaucratic system that is failing to respond to their urgent need for care and treatment. Based on the recorded figures for deaths by suicide for the period January to June 2018, the indication is that the total number of deaths for last year will be higher again than for 2017[83]. The recommendations in this report set out one measure that could help to address this. The time to act is now.

Appendices

Appendix A - #123GP SURVEY RESULTS

#123GP Survey findings 2018

Who took part in this survey?

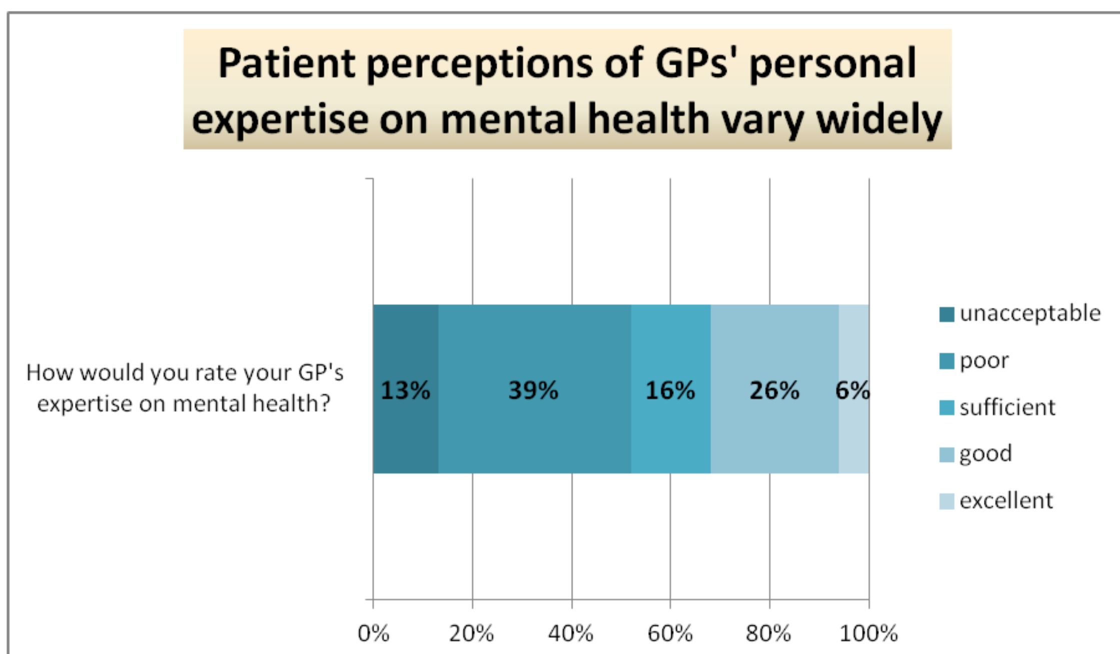
86% of people were answering on their own behalf, the remainder for someone else.

Just over 1/5 were carers.

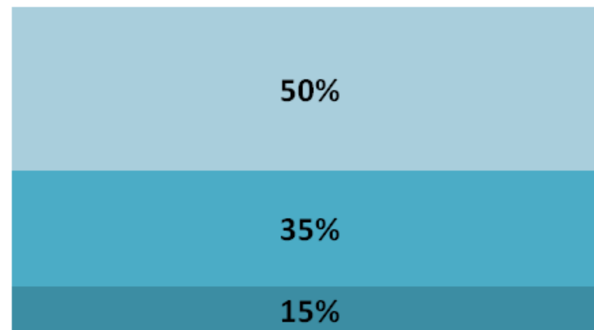
70% were female and 30% male.

Half were aged 50-64, and just under 1/3 were 35-49. The remainder were younger.

1. GP Mental Health expertise

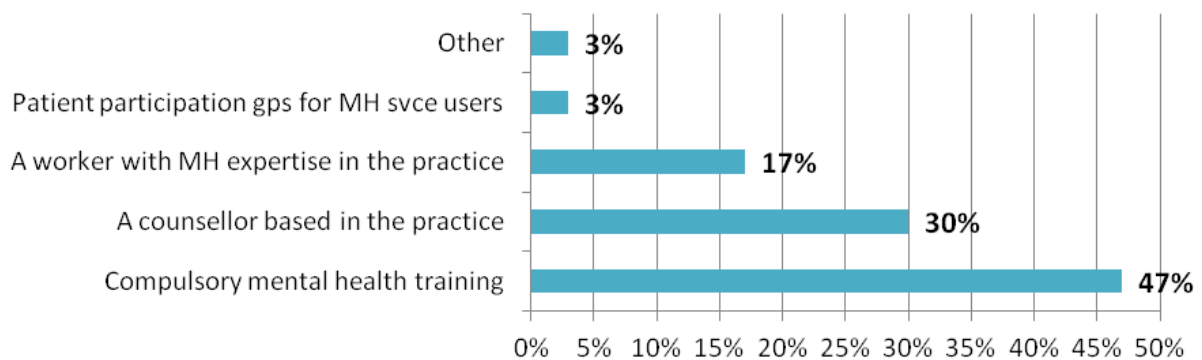


Half of patients don't know if GP practice staff have mental health expertise



Does your GP practice have anybody with mental health expertise working there?

The best way to improve MH expertise in a practice? Nearly half said training; an equal number said dedicated MH staff.



What would be the most important step in improving mental health expertise at your GP practice?

2. **Counselling**

HALF of respondents said that they had been offered counselling when attending their GP for mental health issues; HALF had not.

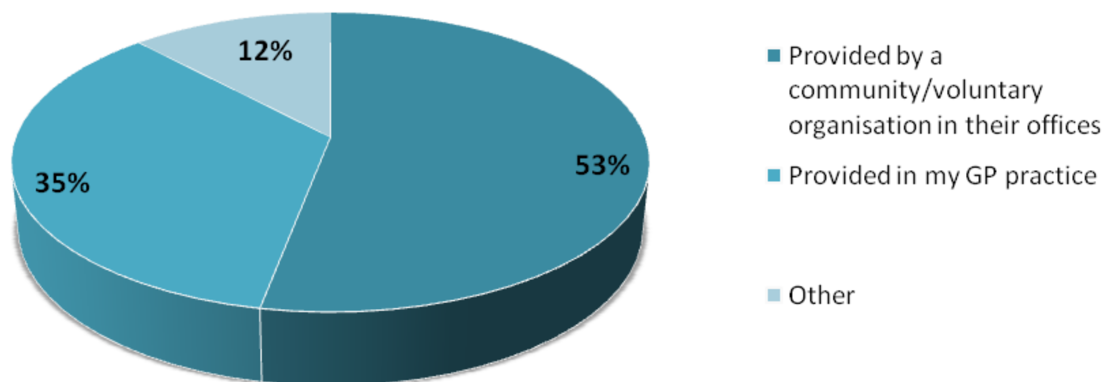
There is clearly unmet need for counselling services

Of those who WERE offered counselling, nearly all (94%) took up the offer.

Of those who WERE NOT offered counselling, over three quarters (77%) would have liked to have been offered it.

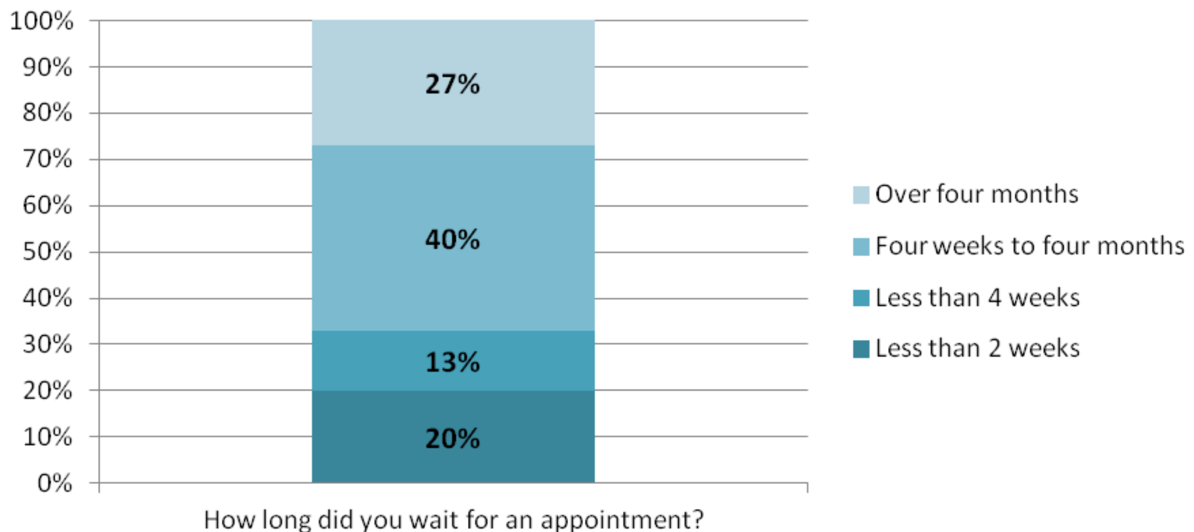
86% of people who had counselling said it helped them, and nearly 1/3 had sought further counselling since then. Most (80%) of those had received it, with shorter waiting times.

Most counselling was provided by community / voluntary organisations



Many of those fortunate enough to be offered counselling report it as little and late....

- Many of those provided counselling received a minimal amount,
- **Over HALF (56%) of** patients offered counselling reported being given **only 6 sessions or less**
- Of these, the majority felt that this was **not enough**



An overwhelming 97% said that they felt GP practices should provide counselling services to their patients

Appendix B

TEXT OF #123GP OPEN LETTER TO THE HEALTH AND SOCIAL CARE BOARD

To the members of the Health and Social Care Board

There is a mental health crisis in Northern Ireland.

As the agency responsible for commissioning and managing General Medical Services (GMS) we are asking the Health and Social Care Board to **take the necessary steps to ensure that all GMS patients can access counselling through their GP practice.**

The numbers of people in our society who are struggling with poor mental health is 25-44% higher than in England. The rate of deaths by suicide is also the highest across these islands. **Getting the right help at the right time is vitally important**, both in improving a person's recovery and in preventing someone's mental health from worsening, with all the ensuing costs to the individual, their family and to wider society.

Over 90% of people with mental health problems will be treated by their GP, with approximately one in three GP appointments being for mental health. As the first port of call therefore, GPs have a vital role to play in the prevention, detection and treatment of mental ill health, as well as in the prevention of deaths by suicide. **For many people who attend their GP with mental health problems, counselling offers an effective, low cost form of treatment.**

While recognising that people will access counselling via a number of different routes, including through community and voluntary organisations and the mental health hubs, **it is crucial that GP practices provide timely and equal access to counselling.** The funding of practice based counselling by the Health and Social Care Board demonstrates a recognition by the Board of the need for this service. However**, it is deeply concerning that the Board's figures indicate that only two thirds of GPs currently offer access to practice based counselling and that the budget allocated by the Board for the provision of counselling is nowhere near sufficient to meet the real level of need.**

GPs and patients alike recognise the seriousness of this situation. In a survey of 200 GPs carried out in England in 2013, two thirds said they were forced, due to long waiting lists, to prescribe medication to patients with depression when they felt that counselling would be more effective.

The Health and Social Care Board has a duty to ensure that the range and effectiveness of services meets the needs of the population it serves. Ensuring that all GP practices provide equal access to talking therapies is a crucial aspect of the overall provision of services for patients presenting with mental health problems.

We are asking the Health and Social Care Board to take the necessary steps to ensure that all GMS patients can access counselling through their GP practice.

LIST OF SIGNATORIES TO #123GP OPEN LETTER TO HEALTH AND SOCIAL CARE BOARD

#123GP campaign

Dr. Brendan Gillan, Psychotherapist

Dr. David J Johnston OBE FRCGP

Dr. John Kyle GP

Dr. Nuala Quiery Counsellor

Mr. Bobby Carlin, Counselling and Counselling Services Manager, Ballymena

Mr. Desy Jones Training Co-ordinator PIPS Charity

Mr. Gerard McCartan, Chairperson PPR

Mr. Hugh Scullion, mental health professional (retired), mental health rights activist

Mr. Lekan Ojo-Okiji Abasi

Mr. Patrick Doherty

Mr. Philip McTaggart, Mindskills Training and PIPS founder

Ms. Brenda Skillen Counsellor

Ms. Brid Keenan, Gestalt Psychotherapist (BACP accred) and NARM therapist

Ms. Claire Thompson Fundraiser and Events Co-ordinator PIPS Charity

Ms. Éilís McIntyre, Counsellor, Registered BACP (Accred)

Ms. Elizabeth Stott

Ms. Joan Corrigan

Ms. Karen Bester, mental health service user, trainer and writer

Ms. Karen Copeland, Copeland Counselling Services

Ms. Karen McGuigan

Ms. Kathy Gilliland Belfast Mental Health Rights Group

Ms. Kirston Scott Belfast Mental Health Rights Group

Ms. Lynda McEldowney

Ms. Marie Quiery, MBACP (Senior)

Aware NI

Ballinascreen Men's Shed

Belfast Cognitive Centre

British Association Counselling and Psychotherapy

East Belfast Community Counselling Centre

Embolden

Focus the Identity Trust

Jigsaw

Lighthouse

Men's Health Forum in Ireland

National Counselling Society

Nexus NI

NI Counselling Forum

PIPS Charity

SAM88

Square Cut Punt Crew

STEPS

Suicide Down to Zero

Turas na nDaoine

Victim Support NI

Women's Aid Federation NI

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