

REPORT REVIEW:

Counselling in Primary Health Care in the Context of the NHS Quality Agenda: The Facts

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Counselling can improve your mental health! Clients continue to express high levels of satisfaction. In Britain, the number of counsellors working in medical practices more than doubled over a period of six years. New, reliable outcome measures that can assess the effectiveness of counselling are being developed. British report finds supportive evidence for counselling in primary care.

John Mellor-Clark has summarised research evidence evaluating the potential benefit of counselling and psychological therapy in the context of the British mental health policy and quality agenda. His conclusion notes that counselling in primary care is in a “dynamic state of evolution”. There has been a huge increase in the numbers of counsellors working in primary health care over the last ten years. In fact, in the six years between 1992 and 1998, the proportion of general practices in England and Wales that provided on-site counselling grew from 31 to 51%. Half of all general practices in England now offer some form of counselling service. Mental health services recognise in principle the potential benefits of counselling.

Does this trend predict a similar move in Aotearoa New Zealand? The information in this timely report will be extremely interesting to those working in similar settings in this country – to employers and practitioners, to those involved in policy making, as well as to counsellors. It will also be particularly useful for those involved in recent moves that call for more recognition of counselling in mental health contexts in Aotearoa New Zealand. Although some groundbreaking work is being done by the NZ Guidelines Group, established by the National Health Committee, it would appear that in this area we lag behind our colleagues abroad. This clearly presented report is well worth reading for all those who strive to find a voice amongst other professionals involved in the process of healing.

Despite increasing recognition in Britain of the potential benefit of counselling and

psychological therapy in primary care, and despite increasing professionalism and concern with accountability, questions are still raised about its effectiveness. The aim of this report is to uncover the facts. In so doing, John Mellor-Clark helps to make an increasingly positive case for counselling within a mental health system – a system that requires research evidence to balance high levels of need and associated risk.

Recent research evidence is found to be highly supportive of the contribution that counselling and psychotherapy make. An on-going need for further research complemented by monitoring and evaluation is recognised. The emphasis on audit and evaluation and the need for outcome measures to be benchmarked leads to a discussion of the Clinical Outcomes in Routine Evaluation (CORE) information management system, which is nationally recognised in Britain.

Some of Mellor-Clark's key findings are:

- Research evidence has become the bedrock of developing practice. Much early research is out of step with current benchmarking. Co-operative ventures are underway to provide more quality driven, standardised, outcome measures in line with clinical practice guidelines.
- Counselling in primary care has increased. Early surveys had limitations. They questioned counsellors' training and qualifications to practise in this area, while loosely defining "counsellor". A more recent survey, to be published by the Royal College of General Practitioners, suggests that counsellors are well qualified, experienced and supervised.
- Early research reviews, based on a similar loose definition of "counsellor", found no evidence for the efficacy of counselling. A recent Cochrane registered systematic review focused on practitioners trained to accreditation level for the British Association for Counselling, and found statistically significant improvements in symptom level following counselling.
- Research evidence needs supplementing with practice evidence. Outcomes in primary care need to be supported by complementary evidence from everyday therapy practice. A recent comprehensive research review jointly commissioned by Counselling in Primary Care Trust and Counsellors and Psychotherapists in Primary Care included, for the first time, the results of audit and evaluation reports. It found almost entirely positive and consistent results from both patients and GPs.
- The future: further research on counselling in primary care is in progress. Questions still needing to be answered relate to type of patients' presenting problems, their appropriateness for primary care, length of interventions and whether counselling really works in practice. Interest continues in the employment of counsellors in this area.

- The national implementation of the CORE system, developed by a multi-disciplinary group including counsellors, has helped to standardise routine collection of audit, evaluation and outcome data. The report concludes with information about the CORE system and a list of organisations supporting the development of counselling in primary care in Britain.

Our British colleagues appear to be further down the track in developing supportive organisations and in reconciling providers' needs with professional accountability in this exciting new area for development – an area in which demand still outstrips supply. They also publish an impressive series of similar reports. In line with the rest in this series, Mellor-Clark's findings are comprehensive, clearly presented, and user friendly. He has done very valuable work in solidifying the ground on which counselling stands in relation to mental health. This is an extremely useful resource for all those working or employing in mental health and other primary care contexts.

Copies of the report can be obtained from:

Book orders department,
British Association for Counselling and Psychotherapy,
1 Regent Place,
Rugby,
Warwickshire, CV21 2PJ

More information about the CORE system can be found on the web site: <http://www.core-systems>

Supervision of counsellors in primary care is addressed and how supervision might fit into a managed counselling service. The requirements of clinical governance are discussed, as is the necessity of appropriate audit and evaluation data to inform service and individual development. Major elements of the Coalition's domestic agenda, such as the reforms to schooling and the NHS, have concerned only England. However, with its devolution dispensation being rather more limited than that of both Scotland and Northern Ireland, Wales has experienced the Coalition in a rather more "full-on" manner than have the UK's other two minority nations. In advance of the publication of the NHS long-term plan, this briefing highlights the scale of workforce challenges now facing the health service and the threat this poses to the delivery and quality of care over the next 10 years. It sets out the reasons why the long-term plan and supporting workforce strategy must address the urgent and mounting challenges facing the health care workforce. The workforce challenges in the NHS in England now present a greater threat to health services than the funding challenges. Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, we project that the gap between staff needed and the number available could reach almost 250,000 by 2030. Source: Department of Health, Dec 2005. The importance of Primary Care in creating a successful and efficient health care system was recognised by the World Health Organisation in its Alma Ata Declaration, made in 1978. The first chair of Primary Health Care in the UK was established at the University of Edinburgh in the 1963. Now every Medical School in the UK has at least one professor of Primary Care. University Departments of Primary Health Care produce a large volume of research, published in high impact journals, eg. BMJ, Lancet & British Journal of General Practice (BJGP).