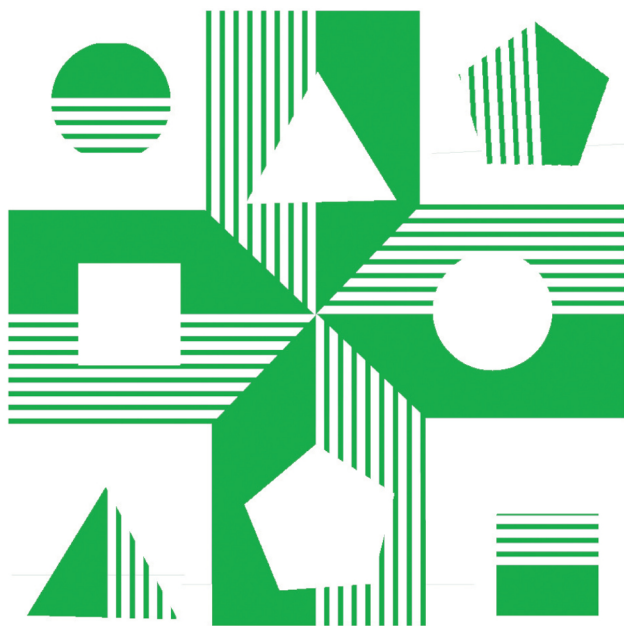


PSYCHOLOGICAL THERAPIES IN PRIMARY CARE

Setting Up a Managed Service



Joan Foster and Antonia Murphy



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About the authors

Joan Foster is Chair of the National Association of Counsellors and Psychotherapists in Primary Care (CPC). She has worked as a Primary Care Counsellor since 1992. She has also worked as a trainer in time-limited counselling and supervision, runs a number of training courses for CPC, and has been a provider of a primary care counselling service.

Joan acts as consultant to a number of PCTs in the establishment and running of primary care counselling services and is involved in interview panels and in evaluation of services.

As Chair of CPC, Joan was a member of the Department of Health Workforce Action Team, Primary Care Sub-Group, addressing workforce planning, education and training issues for adult Mental Health Services.

Her paper on 'Counselling in primary care and the new NHS' was published in 2000 in the *British Journal of Guidance and Counselling*, 28(2), and she is joint author of *Quality in Counselling in Primary Care. A Guide for Effective Commissioning and Clinical Governance*.

Antonia Murphy is a graduate in Psychodynamic Counselling from the WPF. Following a move to Nottingham in 1993, she worked as a counsellor in primary care and

About the Authors

subsequently as Co-ordinator of the Southern Derbyshire Health Authority managed counselling service from 1995–2002. This latter role was invaluable in extending her experience and awareness of the complexities of the role of the therapist in the setting of general practice.

Over the past few years Antonia has become involved in the national delivery of counselling and psychotherapy in primary care through both the Network of Service Providers and the National Forum for Training Standards. She is Vice Chair of the Association of Counsellors and Psychotherapists in Primary Care (CPC).

Antonia is the author of several papers on aspects of psychotherapeutic practice in primary care and the NHS. She is the former editor of the *Journal for the Foundation of Psychotherapy and Counselling* and currently an editorial board member of the *Journal of Psychodynamic Practice* and Editor of *CPC Review*.

She currently works in private practice as a counsellor, supervisor and trainer, and continues her work with CPC.

Foreword

I am delighted to write the foreword to this book. I have watched the rapid development of primary care counselling since the introduction of primary care commissioning in 1999 and the NHS Alliance has recognized its importance, not only clinically but also structurally.

We know the case for the effectiveness of primary care counselling is now well made, and its inclusion as a treatment of choice in the NICE Guidelines for Treatment of Depression is a recognition of that fact. However, good quality counselling needs more than good practitioners. In today's NHS it needs co-ordination and management, linking in with other services and to be accountable. This book tells the reader how to achieve just that.

Written in an easy, accessible style, it addresses the nuts and bolts as well as the strategic issues that need to be dealt with by every primary care counselling service manager in the country. It also acts as a bridge between two worlds – the medical model and the holistic counselling model. Indeed, counselling also builds a bridge to the psychiatric approach to working with patients with mental health problems.

The process of change in the NHS, and particularly in primary care, has been extremely rapid over the past few years, and the NHS Alliance has worked to assist primary

Foreword

care colleagues through what has sometimes seemed a morass. This pace of change continues, and this book will greatly assist all those involved in delivering psychological therapies services in primary care, now and in the future. It is essential and timely reading for managers, commissioners, and practitioners.

Joan Foster and Antonia Murphy are national leads in this area and have brought their wide experience together to produce this book.

Dr Michael Dixon
Chair NHS Alliance

Introduction

About this book

Since you have picked up this book something about the title must be of interest to you. Perhaps you are a new counselling service manager working in the National Health Service (NHS) or maybe a commissioning manager seeking to consolidate the provision of psychological therapies in primary care? Or maybe you're an experienced counsellor who has been around the block a few times, come up against problems, and could do with a new view on things? Whatever your interest or inclination we hope that you'll find much of what follows to be informative, essential, and accessible in the context of providing fully professional, effective, and efficient counselling and psychological therapy services for today's NHS.

We have written the book with the following readership in mind and trust that it will be a useful guide to:

- Commissioners and providers of NHS counselling and psychological therapy services;
- PCT chief executives and directors;
- PCT mental health leads;

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- Mental Health Trust directors and managers;
- Individual counselling and psychotherapy clinicians;
- Other providers of counselling services such as private providers, voluntary sector organisations and related professionals.

The content of the book relates to the effective organization and management of counselling services – a clinical service. The context for the book is the NHS, and in particular ‘primary care’. This means work taking place in GP surgeries. However, many of the issues and problems we tackle in the following chapters will be typical of other organizational settings. Thus, we would expect the book to have a wider readership than just those working within the NHS.

Using this book

We intend this to be a ‘How To’ book. It is written, we hope, in small, easy to access sections with lots of practical guidance, descriptive examples, and tips gained from our own and others’ experience. The first chapter sets out to describe and elaborate on the case for a managed service. Chapters Two, Three, Four and Five cover all aspects of the design and components of a managed service – the meat in the sandwich. Particular reference is given to the clinical implications for counselling practitioners in Chapters Five and Six. Training issues are covered in Chapter Six for manager, counsellor, and supervisor. The final chapter considers the impact and influence of counselling and psychological therapy in the NHS.

We hope that our combined knowledge and experience of the intricacies and complexities of the field will help you manage the challenges of providing the best possible counselling provision to patients in today's NHS.

At present, the validity of a systematic approach to the management and provision of counselling is still hotly debated within the profession. Meanwhile, the validity of having any sort of counselling provision, managed or otherwise, is still debated within the NHS. There are differences around the definitions of psychological therapy and where counselling 'fits' in NHS approaches to the treatment of mental illness.

The authors have worked in the field of NHS counselling for over fifteen years apiece, both as counsellors, supervisors, trainers, and managers. We have written this book from real practice and experience, both clinical and managerial. We also draw extensively from our work over recent years as chair and vice chair of the Association of Counsellors and Psychotherapists in Primary Care (CPC).

We recognize the inherent difficulty of working as counselling clinicians within an organizational context, when the internal therapeutic alliance needs to be preserved. We also recognize and acknowledge the real funding and operational constraints of the NHS. But with a professional and personal knowledge of effectiveness of therapeutic work we feel it is better for good psychological therapy to be available in the mainstream of health provision than isolated and weakened on the outside. We would not argue that establishing a managed service means all will be well, but rather it is a frame within which due care can be taken of patients. That there is a now a real need for this book is an indication of the scale of high-quality counselling services already established in

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today's NHS. However, we are also aware of the size of the task ahead in order that the expansion of effective, managed provision is the norm rather than the exception. It is to be hoped that the growth of primary care psychological therapies will be a welcome addition to the resources of the NHS and that the place of the primary care counsellor will be firmly established and valued in the NHS through the secure framework of the managed service, good terms and conditions of employment for counsellors, and safe effective practice for patients.

Using the book

To help you navigate your way around we have used a combination of information, direct experience, and case material to emphasize the content. In the more practical chapters you will find authors' tips, which are drawn from actual examples in the field. We have also created some characters to represent the different roles within particular areas of the NHS. These characters appear in role at various junctures in the text to help establish different ideas at different times. We intend that this should help the reader to understand the varying points of view that can often cause difficulty. It is also our aim to make the book an easy and enjoyable read.

Terminology

The term psychological therapy is used to describe therapeutic treatments where a professional therapist – counsellor, psychotherapist, or counselling psychologist –

provides a series of sessions to a patient in order to discuss their problems, develop solutions, or work through an understanding of their pain and illness. This may well be a rather specialist understanding compared with more general descriptions of psychological therapy services, which may also include self-help interventions, guided reading, advice, support, etc. For the most part we have used the terms counsellor, psychotherapist, and psychological therapist interchangeably.



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CHAPTER ONE

WHY A MANAGED COUNSELLING SERVICE?

Outline and aims

This chapter explains the background to the development of counselling in primary care and the managed counselling service. It outlines the main structural changes in the National Health Service (NHS) in recent years and their impact on the evolution of counselling provision. It also explores the nature of counselling services in relation to current and future mental health strategy and policy, and to integrated psychological therapy services.

* * * * *

Looking around

Counselling has emerged during the last decade as a distinct profession in the health service. As a clinical service in the NHS it has undergone rapid growth in the last few years. While there is still continued debate among providers, purchasers, and planners as to the place and credibility of counselling within the NHS, there is now considerable support, investment, and commitment to its provision both in primary care and in the wider NHS. In

fact, the increased level of debate as to its validity, its place, its function is a measure of the seriousness with which counselling in primary care is now taken. A growing research evidence base now supports the clinical and cost effectiveness of counselling.

While some arguments are still heard concerning the inclusion of counselling and the psychological therapies within the province of national health care, these tend to be arguments as to the appropriateness of the setting for such treatment approaches rather than arguments about their clinical validity.

There is, in fact, now widespread agreement and well-established evidence for the place of psychological therapies in NHS mental health care. Service users rate access to psychological therapy as crucial. Not only that, but the recent Department of Health (DoH) report *Organising and Delivering Psychological Therapies* (DoH, 2004) states quite unequivocally that

Psychological therapies should no longer be regarded as optional. Nor should access to effective psychological therapies be constrained by the vagaries of local geography and history . . . psychological therapies are fundamental to basic mental health care and can make a highly significant contribution to outcome and user satisfaction.

This is now the official line and the backdrop against which local services can be managed and delivered. The key words here are that services should not be constrained by local history/geography – in other words by previous poor practice, lack of trained clinical staff, personalities, prejudices, and lack of knowledge. There are many different ways of delivering effective psychological therapies and a great number of different professionals are involved:

counsellors, psychotherapists, psychologists, and mental health workers. This lack of a one-way approach offers genuine flexibility and the opportunity for patients to receive good psychological care that fits their needs. But it is also sometimes a recipe for muddle, confusion, paralysis, and professional rivalry.

Evolution – making the fit

So, rather than examine the case for counselling within the NHS, this book starts from the premise that counselling services have a serious and necessary place in the spectrum of psychological therapy provision. Consequently, it is necessary to be serious and professional about how such services should best be delivered. It is also necessary to be informed about the nature of the different psychological therapies in order that service users (patients) can achieve better choice and better engagement with treatment in the NHS. However, in many areas access to counselling and/or other psychological therapies is confusing and patchy. In order to improve this and to provide the most effective treatment, it is essential that clear leadership and management of counselling within the overall framework of psychological therapy services is provided and adequately resourced.

Over recent years there has been a flurry, rather than an avalanche, of debate around the notion of the management of counselling and psychological therapy services in the NHS within the profession itself. For many front-line counsellors it is hard enough to be effective clinicians in the face of major structural changes in the NHS without worrying about who is managing what and why. For

others, management is not an attractive option – many counsellors entered the profession to work as clinicians after previous long-running careers in management. But the issue of management becomes important once services are up and running and resources are limited and competed for. It also becomes necessary when clear relationships within the overall structure of a mental health or primary care trust (PCT) are required to avoid inter-professional rivalries interfering with access to appropriate treatment. Once a management structure is in place, the service has a voice and becomes accountable. Clinical governance requirements of good practice can be demonstrated, outcomes can be evaluated, and the service can be measured as to whether it delivers value for money.

Individually, as a counsellor, you may prefer to stay out of the tussle for power and resources between various interested and competing parties. You may want to remain unaffected by such matters – you may be frightened of entering the fray. But if you enter the jungle you need to learn to live and survive with the other animals! In a new environment, where resources are limited, adaptation is necessary for survival and evolution. But you also need to be able to preserve your species identity because you have something different and unique to offer. One of the most interesting and delicate tensions around working as a counselling therapist in the NHS is that between fitting in, being useful, and being different.

Primary care rules, OK?

Recent changes in the NHS might lead us to believe that we now have an NHS that is led much more by clinical

staff and their priorities for patients. This rhetoric is particularly strong in relation to the changes in the organization of primary care. However, in his address to the Fourth Annual Healthcare Conference in November 2003, Dr Michael Dixon of the NHS Alliance (CPC Review, 2004) warned that

The NHS is controlled by a chain of management from the chief exec in Whitehall, to the SHA chief execs and down to the chief exec of each PCT. We have created a managerialised NHS that effectively excludes the voices of front-line clinicians and lay people.

If Michael Dixon is right – and recent experience over mental health policy certainly bears out his opinion – this is the time for front-line staff in primary care to build on the strength of their relationships with each other and with their patients so that work in primary care becomes the new authority in the NHS. Counselling services are an important part of this barefoot approach and are already proving influential in improving the lives of patients. The basis of this book is that the patchwork of counselling provision that emerged over the past twenty years is ripe for consolidation through organization in order that therapeutic work with individual patients will be strengthened rather than eroded. We are not in any sense advocating a crude management model for purposes of control, target setting, and bean counting, but rather a service-orientated approach to the provision of specialist psychological therapy managed by clinicians who really know the nature of the therapeutic endeavour and who can build good working relationships with others.

Counselling is not an approach to health that takes place quickly or simply – it is hard, complex work and

very often doesn't fix things in an obvious or even ostensibly positive way. Counselling helps people face their pain and tolerate frustration. Good counselling service management needs to be designed with the same aims in mind.

Background

Historically, counsellors first started working in primary general practice in the late 1960s. By 1992, 31% of English and Welsh practices reported having a counsellor on site (Mellor-Clark, Simms-Ellis, & Burton, 2001; Sibbald, Addington-Hall, Brenneman, & Freeling, 1993). The first reference to 'practice counsellors' was made in 1975 (Marsh & Barr, 1975), describing marriage guidance counselling in a group practice. The emergence of practice counsellors at this time reflected a developing awareness of psychosocial factors in individual well-being and a new way of thinking about patients in the medical context. It is important here to acknowledge the work of Michael and Enid Balint in the 1960s. They focused on the patient and on exploring an emotional understanding of their work as general practitioners (GPs) in the NHS. The resulting 'Balint Groups' became a forum for GPs to explore their own anxieties and difficulties in their work. Many GPs who participated began to incorporate a more holistic approach to their work and were able to challenge the defences used by many practitioners to protect themselves from the pain they dealt with day by day. This provided fertile ground for the introduction of psychotherapeutic thinking and interventions within primary care.

Service development

Initially, in the 1970s and 1980s, we saw a somewhat haphazard introduction of counselling provision into the NHS. Most of the counsellors employed had taken up counselling as a second career, having come from professions as wide and as varied as teaching, accountancy, building, social work, and marriage. Many of these counsellors were pioneers, the first counsellor in their surgery, having worked in either the voluntary or the private sector. They were self-employed, and often isolated within the primary health care team. They were often recruited by enlightened GPs to some extent familiar with the paradigm of counselling or psychotherapy.

Traditionally the growth of primary care counselling has been on an individual basis. It is estimated that in 1999, 60% of counsellors were self-employed, 30% were employed and 10% were volunteers or students. Many of those holding self-employed contracts were in fund-holding GP surgeries, which were encouraged to 'go it alone' – they held their own budgets and could, to a certain extent, decide how to allocate their funds for various services. The self-employed counsellor found a place in those practices that were more 'psychologically minded' and could see the need for a primary care counsellor as part of the team. In addition there were other motivations – many GPs employed practice counsellors as an attempt to avoid the long waiting lists for clinical psychology, psychiatry, and psychotherapy at the secondary level and to lower costs. However, this revealed some confusion as to the differences between the various psychological therapies and misunderstanding as to the process and outcome of therapeutic work. Much of this original confusion still

permeates thinking today and causes problems for the design of effective mental health services both in primary and secondary care.

The vast majority of these newly recruited counsellors were trained to offer 'open-ended' counselling and many struggled to adapt to limitations later imposed upon them, such as that of time-limited work. Other aspects of work within the primary care frame also caused difficulty; for example, the interface between confidentiality and collaboration. Counsellors had to learn how to discuss their work in this new context while maintaining the safety of the counselling frame. Many aspects of a hitherto one-to-one alliance between counsellor and patient were now deeply affected by the context. Decisions were made by non-clinicians driven by issues of funding and also, possibly, of control.

From these early beginnings it became clear that working in the NHS was a whole new ball-game for counsellors. They needed to work as part of a team in a large organization – to collaborate, to provide feedback, to refer on, to take part in clinical discussions, to develop protocols, to manage and plan service development, etc. They were now accountable not just to their patients but to their funders, and needed to be able to provide counselling that complemented existing services within the NHS. The professional primary care counsellor had arrived.

The profession has legs!

Not surprisingly, with the emerging professionalism of the individual counsellor in the NHS came organization to

accompany and hasten the development. In the late 1980s Dr Graham Curtis-Jenkins formed the charitable foundation, The Counselling in Primary Care Trust and led, in the early 1990s, the clarion cry for professionalism, specialist training, standards and resources, etc., for counsellors working in primary care. From these early origins sprang the National Network of Providers of NHS Primary Care Counselling, active today as a forty-strong forum for discussion and lobbying solely comprising counselling service managers.

Notably, the Counselling in Primary Care Trust also spawned the formation of the first professional body to set standards for membership and to represent professional counsellors and psychotherapists in the NHS: the Association of Counsellors and Psychotherapists in Primary Care (CPC). CPC was created in 1998 and has been growing in membership and in authority ever since. At the same time the Faculty for Health Care Practitioners (formerly Counsellors in Medical Settings), a division of the British Association of Counselling and Psychotherapy (BACP), has been influential for over twenty years in providing guidance and advice in the arena of counselling in medical settings. The United Kingdom Council for Psychotherapy has also recently introduced a new section for Psychotherapeutic Counsellors, which could include counsellors trained to the CPC's designated standard for primary care counsellors. Finally, we have seen cooperation between these various bodies under the auspices of the Counselling and Psychotherapy Training Forum for Primary Care in terms of standard setting, training, and selection, in readiness for future regulation. If the proliferation of organizations is anything to go by, the counselling profession in the NHS has definitely got legs – it is virtually a centipede!