

Reports on psychotherapy commissioned by the National Health Service Executive

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Over the past two years, three reports concerned with psychotherapy in Britain and commissioned by the National Health Service (NHS) Executive have been published. These reports represent substantial progress in establishing both a baseline of information and recommendations for good practice, regarding the provision of services for patients and the training of workers at the different levels of mental health specialism. The psychotherapy reports are an indication of the increasing awareness within the NHS Executive that psychotherapy services are now regarded by the public as a key part of mental health provision. The need for integrated mental health services, bringing together all psychiatric services and covering the generational spectrum, is now recognised by the Department of Health. The NHS Executive's psychotherapy reviews were commissioned to promote and to provide an evidence base for such integration.

EFFICACY

The first review (Roth & Fonagy, 1996; first circulated February 1995) concerns the efficacy and effectiveness of psychotherapy. In their executive summary the authors state:

"This report is concerned with the identification of psychotherapeutic interventions which are of demonstrated benefit to patients with mental health disorders."

The report is fair-minded and its publication is the first formal recognition by the NHS Executive that psychotherapy works. There are, however, some significant omissions. For example, the survey does not cover the literature in languages other than English, and neglects consideration of costs and benefits within a wider social context. Nevertheless, the report is probably the single most comprehensive and effective survey of the literature on efficacy of psychotherapy to date, and provides a baseline against which other work will be

compared. The main benefit of the report is the recognition of the need for further outcome studies, particularly in psychoanalytic psychotherapy. It is to be hoped that future funding allocations will take this into account.

STRATEGIC POLICY

The second report, *NHS Psychotherapy Services in England – Review of Strategic Policy* (Parry & Richardson, 1996a; summary: Parry & Richardson, 1996b) is part of the Department of Health's 'good practice' series and is intended to:

"offer practical guidance to purchasers, providers, employers and trainers about how to drive forward the agenda of evidence-based practice and how to improve the quality of existing services."

Alan Langlands, the NHS Chief Executive, writes in the foreword to the report (1996a):

"Demand for counselling and psychotherapy is rising in primary and secondary care alike as a consequence of the high levels of distress caused by mental illness. Yet few understand what such treatments involve, what works for whom, and how best to provide good quality, comprehensive services."

The report constructs three models of psychotherapy delivery: (a) psychological treatment as an integral component of mental health care; (b) eclectic psychological therapy and counselling; and (c) formal psychotherapy. These models do not describe levels of skill alone, but relate also to the patient's needs and the setting. In the first model, treatment will be a component of all mental health work and, as such, every mental health professional should be able to offer this. (At present, this is often not the case.) The second model might involve a short course of structured therapy with a limited range, and this is commonly practised within the NHS. The quality of supervision and training will have a major

impact on the outcome of this type of work. Third, there is specialist psychotherapy, such as is practised by child psychotherapists, adult medical psychotherapists, etc.

The report concludes by strongly endorsing the role of psychotherapy and psychological therapies in the treatment of mental health problems.

The intention of the NHS Executive is that this report should inform mental health provision and planning. The extent to which this will be achieved depends largely upon the effectiveness of the 'regional days' that have been planned to drive distribution and discussion of this report. Implementation of the report may prove central to the role of consultant psychiatrists nationally, regarding both contracting of services and training.

TRAINING AND MULTIDISCIPLINARY FUNDING

The third report¹ was commissioned by the NHS Executive from an independent organisational consultant, and addressed two key issues. The first is how the policy of purchasing training via consortia can be used or adapted for the purchase of psychotherapy training. Of particular concern in this context is how purchasing managers could better be informed about mental health training in general, and psychotherapy training in particular. The second issue is the vexed question of funding multidisciplinary training. The evidence is mounting that this is a crucial issue within all psychiatric team work. To date, NHS Executive policy on this matter has been problematic. On the one hand, there is strong support for multi-disciplinary cooperation in the mental health field; on the other, there is refusal to fund multi-disciplinary training.

This report has now been sent out for limited consultation, and it remains to be seen whether the responses will help to shift the log jams concerning multi-disciplinary training.

1. Damon, S. (January 1997) 'The Commissioning and Funding of Training in Psychotherapies for the NHS in England. An Independent Preliminary Report' (unpublished). Further details available from Dr Obholzer upon request.

REGIONAL STRUCTURE FOR EDUCATION

It is likely that implementation of the NHS Executive's reviews of psychotherapy services (Parry & Richardson, 1996a,b) and training¹ will depend largely on the extent to which mental health professionals in each region persuade health authorities and provider trusts to plan and fund appropriate services. Appropriate training is key to the provision of services; indeed, Damon¹ outlines the need for a group of leading mental health professionals in each region to promote the local planning and provision of training. In order to do this a clear understanding of the regional educational structures is needed (see Fig. 1).

Each of the eight NHS regions has an Executive Regional Office, the chief executive of which has a seat on the National Executive, based in Leeds. Each regional

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office has a Mental Health Lead Officer, who is responsible for ensuring that the purchasing health authorities set the right targets for mental health services. Also, the North Thames and North West regions have overall Directors of Education for medical and non-medical training.

Each of the regional offices has an Educational Development Group, which advises and guides on NHS education provision and organises the local Educational Consortia. Medical education, which is not dealt with by the Educational Consortia, is under the purview of the Regional Postgraduate Dean.

The Regional Educational Consortia are groups of provider trusts that come together to purchase education from training providers under the Non-Medical Education and Training Levy (Working Paper 10). Presently, the bulk of educational contracts for the consortia (82%) are for nursing and midwifery education. At present within the psychotherapy field, only child psychotherapy is included as a recognised profession under Working Paper 10. All other psychotherapy is classified as postgraduate medical training and comes under the banner of continuing professional development (CPD). In the North Thames region there are eight consortia, one of which (North London) has the lead for child psychotherapy and clinical psychology.

Contact will need to be made with the regional Educational Development Group and the Director of Education in each region to enable a training consortium in the region to take responsibility for psychotherapy. It is likely that the Mental Health Lead Officer of each region will be important in facilitating this process.

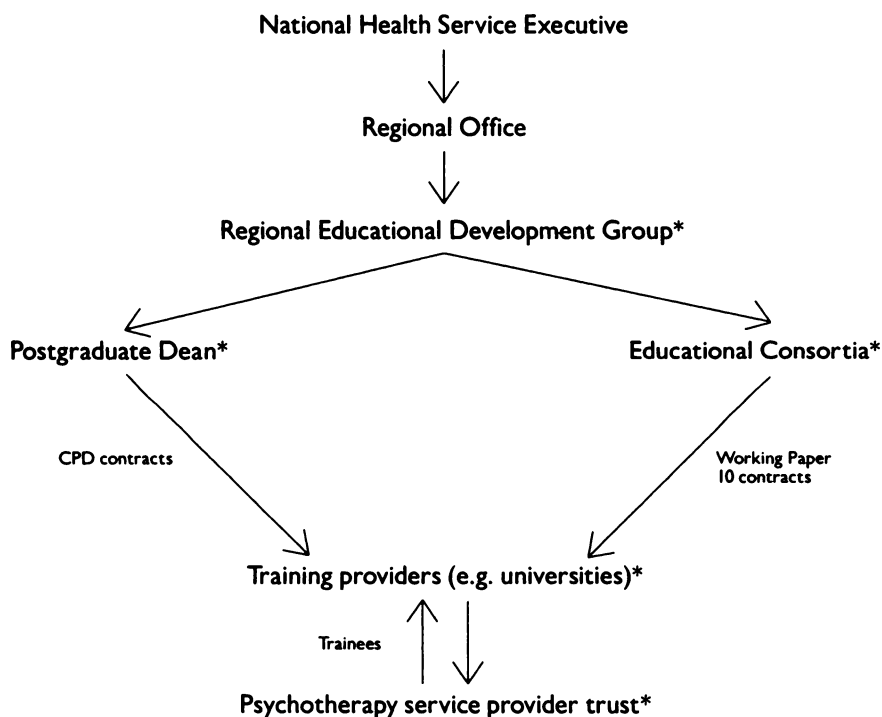


Fig. 1 Some of the relationships regarding education within the NHS Executive regional structure, illustrating the points (*) at which professional bodies may have an advisory role in influencing policy and training.

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