

EFFECTIVENESS

Matters

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Counselling in primary care

- A significant proportion of consultations with GPs are related to mental health problems. Approximately half of the 9000 practices in England employ a counsellor.
- Current evidence suggests that counselling can be useful in the treatment of mild to moderate mental health problems in the short-term (up to 6 months).
- In the longer-term (8-12 months), there are no differences in outcomes between counselling and usual GP care.
- There is limited evidence to suggest that the total costs incurred when patients are treated by counsellors are similar to patients receiving usual GP care.

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Background

Counselling in primary care is provided by a wide range of health professionals, including general practitioners (GPs), health visitors, and community psychiatric nurses. This issue of *Effectiveness Matters* focuses on counselling provided by counsellors as a distinct professional group.

What is counselling ?

Counselling has been defined as 'a systematic process which gives individuals an opportunity to explore, discover and clarify ways of living more resourcefully, with a greater sense of well-being. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others.'¹

Training

Professional organisations such as the British Association for Counselling and Psychotherapy (BACP) recommend a minimum of a diploma course (450 hours training including skills and theory) and considerable supervised practice.²⁻⁴

Approximately half of the 9000 practices in England employ a counsellor.⁵ The NHS has not set specific standards for their training, although three quarters of counsellors report being qualified to the level recommended by the British Association for Counselling and Psychotherapy (see Box). Nearly all counsellors receive regular supervision (i.e. meeting with an experienced colleague to discuss clinical issues), in line with BACP requirements.³

Although the exact nature of counselling varies widely, the key characteristics of counselling in primary care are that it is brief (normally 6-12 sessions) and focussed on dealing with the patient's specific goal.⁶

Patient referral

GPs mainly refer patients with stress and anxiety, depression, relationship and or/self-esteem problems; patients are often referred for bereavement counselling.⁷⁻¹¹ Although frequently described as the 'worried well', severity of illness (and associated disability) can be significant in this group of patients.^{12,13} A recent large-scale survey found that 76% of patients referred to counsellors in primary care had problems severe enough to place them in a 'clinical' population i.e. their problems were as severe as patients in psychological therapy in a variety of settings in the UK (e.g. NHS psychotherapy services).¹¹

The Department of Health recently published clinical practice guidelines concerning psychological therapies.¹ These guidelines

suggest that mild stress-related problems, adjustment to life events, illnesses, disabilities or losses are appropriate for treatment in primary care. The guidelines specifically state that 'generic counselling is not recommended as the main intervention for severe and complex mental health problems or personality disorders'. Referral out of primary care (to a community mental health team or psychotherapy service) is appropriate for patients with a history of severe trauma, previous unsuccessful treatment in primary care, and patients with complex social problems, severe depression, anxiety or co-morbidity.

Is counselling effective?

The use of randomised controlled trials (RCTs) to evaluate counselling and other psychological therapy treatments is contentious.¹⁴⁻¹⁹ However, a number of RCTs of counselling in primary care have been conducted.

A systematic review of counselling in primary care has been published.²⁰ The latest update of the review includes seven RCTs of counsellors trained to the standard recommended by the BACP.²¹⁻³¹ The review focussed on counsellors meeting these standards as they are increasingly recognised as a useful benchmark in primary care. The counsellors in these trials treated patients with mild to moderate mental health problems (such as anxiety and depression) referred by GPs. In six of the trials, the comparison group was 'usual GP care' including support from the GP within normal consultations, medication and referral to mental health services. One RCT used a comparison group of 'GP antidepressant treatment' and was considered separately.

The results of six RCTs (with 772 patients) indicated that counselled patients demonstrated a significantly greater reduction in psychological symptoms such as anxiety and depression than patients receiving usual GP care when followed up in the short-term (up to 6 months). Psychological symptoms were measured using validated questionnaires such as the Beck Depression Inventory and General Health Questionnaire. These psychological benefits were modest: the average counselled patient was better off than approximately 60% of patients in usual GP care (if counselling and usual care were equally effective, the proportion would be 50%).¹⁸ There were no significant differences between counselling and usual care in the four RCTs (with 475 patients) reporting long-term outcomes (8 to 12 months).

Generally, the RCTs reported high levels of patient satisfaction with counselling,^{21,23,29} and that patients were more satisfied with counselling than with usual GP care.^{24,28} However, this comparison of GPs and counsellors is difficult to interpret due to the

differences in time each has available to spend with patients.³²

Two RCTs have compared counselling with other mental health treatments routinely provided in primary care.^{26-28,30,31} The first compared counselling with cognitive-behaviour therapy provided by qualified psychologists.²⁶⁻²⁸ There were no differences between the two therapies in their overall effectiveness at short- or long-term follow-up. Both therapies were superior to usual GP care in the short-term, but provided no significant advantage in the long-term.

The second RCT^{30,31} compared counselling with antidepressant treatment provided by GPs who were given specific guidelines on antidepressant use. However, the study was designed to reflect antidepressant prescribing as routinely provided by GPs, and the prescription of medication was not standardised. There were no differences in outcomes between patients receiving counselling and medication at eight weeks or 12 months follow-up.

Is counselling cost-effective?

Four RCTs have reported economic analyses,^{22,25,27,29} which aim to determine the relationship between clinical benefits and costs. For example, if counselling a patient is more expensive than usual GP care, is the additional cost worthwhile in terms of the benefits to the patient?

Two studies showed that the provision of counselling has been associated with increases in some costs in the short-term.^{25,29} However, in the longer-term, the overall costs to the NHS and society associated with counselling appeared to be broadly similar to those incurred when patients received usual GP care.^{22,25,27,29} It may be that patients under the care of counsellors reduce their use of other NHS resources (such as consultations with the GP, anti-depressant medication and specialist mental health services). However, the relatively small numbers of patients in these trials means this conclusion should be treated with caution.³³

What are the limitations of the research evidence?

The results of this updated review are only applicable to similar patients and counsellors.²⁰ This means that the evidence is restricted to counsellors meeting the BACP criteria (or similar) and undergoing adequate supervision. Some of the trials have utilised rating scales that have restricted the inclusion of patients to those with a certain level of disorder.²⁶⁻²⁹ Such severity criteria are not routinely used in primary care.

Recommendations

- Counselling can be useful in the treatment of mild to moderate mental health problems, in the short-term (up to 6 months). In the longer-term (8-12 months), there are no differences in outcomes between counselling and usual GP care.
- There is some evidence that the total costs incurred when patients are treated by counsellors are similar to patients receiving usual GP care. Counselling may be as effective as alternatives such as cognitive-behaviour therapy and medication for the types of patients who are managed in primary care.
- The current evidence suggests that provision of counselling may make a useful addition to primary care provision alongside other mental health treatments. Commissioners of services can use the information contained in this issue of *Effectiveness Matters* to decide whether current provision should be maintained, increased or reduced, in the light of existing service provision and local priorities.
- Those responsible for commissioning and providing counselling services should ensure that therapists meet the training and supervision standards set out by the relevant professional organisations. Audit should be encouraged in order to ensure continuing high quality provision of care.

Factors predicting which patients benefit most from counselling in primary care are not well understood at present.³⁴ The Department of Health guidelines suggest that age, sex, social class and ethnicity should not determine access to psychological therapies such as counselling.¹

References

- 1 Department of Health. *Treatment choice in psychological therapies and counselling: evidence based clinical practice guideline*. London. Department of Health, 2001.
- 2 British Association for Counselling. *Counsellor accreditation*. Rugby. British Association for Counselling, 1998.
- 3 British Association for Counselling. *Code of ethics and practice for counsellors*. Rugby. British Association for Counselling, 1992.
- 4 British Association for Counselling. *Guidelines for the employment of counsellors in general practice*. Rugby. British Association for Counselling, 1995.
- 5 Mellor-Clark J, Simms-Ellis R, Burton M. *National survey of counsellors in primary care: evidence for growing professionalisation*. London. Royal College of General Practitioners, 2001.
- 6 Rain L. *Counselling in primary care: a guide to good practice*. Leeds. Leeds MIND, 1996.
- 7 Sibbald B, Addington-Hall J, Brennehan D, et al. *The role of counsellors in general practice*. London. Royal College of General Practitioners, 1996.
- 8 Speirs R, Jewell J. One counsellor, two practices: report of a pilot scheme in Cambridgeshire. *British Journal of General Practice* 1995;45:31-33.
- 9 Clark A, Hook J, Stein K. Counsellors in primary care in Southampton: a questionnaire survey of their qualifications, working arrangements and casemix. *British Journal of General Practice* 1997;47:613-617.
- 10 Hemmings A. Counselling in primary care: a review of the practice evidence. *British Journal of Guidance and Counselling* 2000;28:233-252.
- 11 Mellor-Clark J, Connel J, Barkham M. Counselling outcomes in primary health care: A CORE system profile. *European Journal of Psychotherapy, Counselling and Health* 2001;4 :1-22.
- 12 King M, Broster G, Lloyd M, et al. Controlled trials in the evaluation of counselling in general practice. *British Journal of General Practice* 1994;44:229-232.
- 13 The Counselling versus Antidepressants in primary care study group. How disabling is depression? Evidence from a primary care sample. *British Journal of General Practice* 1999;49:95-98.
- 14 Hazzard A. Measuring outcome in counselling: a brief exploration of the issues. *British Journal of General Practice* 1995; 45:118-119.
- 15 Bower P, King M. Randomised controlled trials and the evaluation of counselling therapy. In: N Rowland, S Goss, eds. *Evidence-based counselling and psychological therapies*. London: Routledge, 2000;79-110.
- 16 Chambless D, Hollon S. Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology* 1998;66:7-18.
- 17 Jacobson N, Christensen A. Studying the effectiveness of psychotherapy: how well can clinical trials do the job? *American Psychologist* 1996;51:1031-1039.
- 18 Roth A, Fonagy P. *What works for whom? A critical review of psychotherapy research*. London: Guildford, 1996.
- 19 Seligman M. The effectiveness of psychotherapy: the consumer reports study. *American Psychologist* 1995;50:965-974.
- 20 Rowland N, Bower P, Mellor-Clark J, et al. Counselling for depression in primary care (Cochrane Review). The Cochrane Library, Issue 2, 2001 Oxford: Update Software.
- 21 Boot D, Gillies P, Fenelon J, Reubin R, Wilkins M, Gray P. Evaluation of the short-term impact of counseling in general practice. *Patient Education and Counselling* 1994;24:79-89.
- 22 Harvey I, Nelson S, Lyons R, et al. Randomized controlled trial and economic evaluation of counselling in primary care. *British Journal of General Practice* 1998;48:1043-1048.
- 23 Hemmings A. Counselling in primary care: a randomised controlled trial. *Patient Education and Counselling* 1997;32:219-230.
- 24 Friedli K, King M, Lloyd M, et al. Randomised controlled assessment of non-directive psychotherapy versus routine general-practitioner care. *Lancet* 1997;350:1662-1665.
- 25 Friedli K, King M, Lloyd M. The economics of employing a counsellor in general practice: analysis of data from a randomised controlled trial. *British Journal of General Practice* 2000;50:276-283.
- 26 Ward E, King M, Lloyd M, et al. Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy and usual GP care for patients with depression. I: Clinical effectiveness. *British Medical Journal* 2000;321:1383-1388.
- 27 Bower P, Byford S, Sibbald B, et al. Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy and usual GP care for patients with depression. II: Cost effectiveness. *British Medical Journal* 2000;321:1389-1392.
- 28 M, Sibbald B, Ward E, King M. Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy and usual general practitioner care in the management of depression as well as mixed anxiety and depression in primary care. *Health Technology Assessment* 2000;4 (19).
- 29 Simpson S, Corney R, Fitzgerald P, et al. A randomised controlled trial to evaluate the effectiveness and cost-effectiveness of counselling patients with chronic depression. *Health Technology Assessment* 2000;4 (36).
- 30 Bedi N, Chilvers C, Churchill R, et al. Assessing effectiveness of treatment of depression in primary care: partially randomised preference trial. *British Journal of Psychiatry* 2000;177:312-318.
- 31 Chilvers C, Dewey M, Fielding K, et al. Antidepressant drugs and generic counselling for treatment of major depression in primary care: randomised trial with patient preference arms. *British Medical Journal* 2001;322:775
- 32 Lai P, Hubbling D, Persaud R. Non-directive counselling versus routine general practitioner care [letter]. *Lancet* 1998;351:750
- 33 Briggs A. Economic evaluation and clinical trials: size matters. *British Medical Journal* 2000;321:1362-1363.
- 34 Bower P. Factors that predict patient outcome in primary care psychological therapies: current evidence and methodological issues. *Primary Care Psychiatry* 2000;6:15-21.

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