

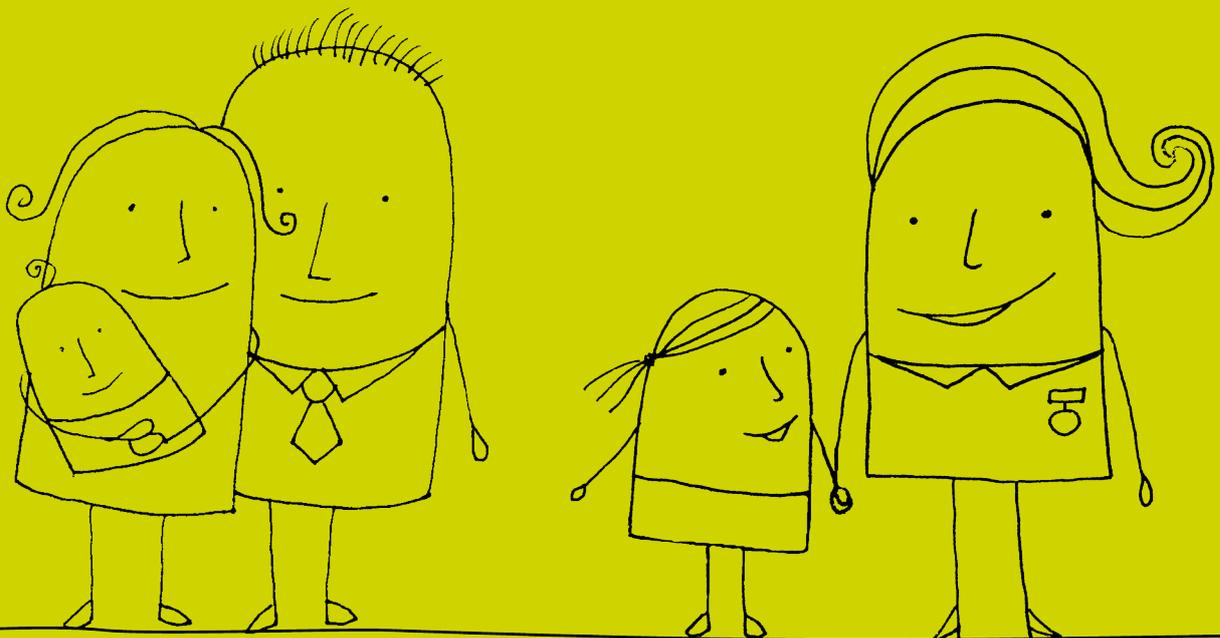
Patient and Client Council

Your voice in health and social care

# Talking Therapies

The experience of people accessing emotional/psychological support through their GP

September 2019





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# 1.0 Introduction

## 1.1 Mental health context in Northern Ireland

Mental health issues<sup>1</sup> such as anxiety or depression can affect anyone at any stage in life and can often arise from ill-health, bereavement, relationship or financial changes or changes in social interaction<sup>1</sup>.

Northern Ireland has a greater prevalence of mental health issues in comparison to the rest of the UK<sup>2</sup>. According to the report 'Making Life Better' Northern Ireland has a 25% higher overall prevalence of mental illness than England, with one in five adults having a mental health condition at any given time<sup>3</sup>. In Northern Ireland's Health Survey in 2016/17, 30% of respondents quoted having concerns about their own mental health that year, with 17% having a high GHQ12 score indicating a possible mental illness present<sup>4</sup>. The General Health Questionnaire (GHQ) is a self-administered screening questionnaire designed to detect possible psychiatric disorder in primary care settings.<sup>5</sup> The most recent household survey in England found that one in six adults report having a common mental health problem<sup>6</sup>. Despite Northern Ireland having a higher prevalence of mental health issues, England spends more than double the per capita expenditure on the provision of support for individuals with mental health difficulties<sup>7</sup>.

## 1.2 Role of prescription medications

Northern Ireland also has a higher use of prescription medication to treat anxiety and depression than elsewhere in the UK<sup>8</sup>, based on prescription rates and on higher costs per head than other parts of the UK<sup>9</sup>. Specifically, during 2012, prescribing costs per head of population in Northern Ireland was £1.71 compared to £0.41 in Scotland and £0.26 in Wales<sup>9</sup>. The Northern Ireland Research and Statistics Agency (NISRA) produced statistics on anxiety and anti-depressant medication (See **Tables 1 & 2** below)<sup>10,11</sup>.

**Table 1:** Prescriptions for Anti-Depressant Drugs in Northern Ireland 2017

Drug Items Dispensed per Head of Registered Population	Cost of Drugs per Head of Registered Population (£)
1.53	1.53

**Table 2:** Northern Ireland Standardised Mood and Anxiety Prescription Rate 2016

Standardised Prescription Rate: Male	Standardised Prescription Rate: Female	Standardised Prescription Rate: All
161.13	261.18	213.10

<sup>1</sup>In this report when we talk about mental health issues we are referring to mild to moderate mental health issues.

## 1.3 Role for psychological therapies

Whilst medication can treat these conditions, it ultimately does not necessarily address the root cause of the mental health issue. In order to combat and lower the usage of these prescription drugs, GP's have been encouraged to refer those with mild mental health issues to psychological therapies as a form of treatment.

Psychological therapies are often recommended to individuals with mild mental health issues in order to help them improve their mental well-being. Psychological therapies can be defined as an interpersonal process designed to bring about change in an individual's feelings, emotions, attitudes and behaviours<sup>12</sup>. Psychological therapies can encompass a range of approaches that may target mental health disorders but all stem from the model of therapy associated with altering emotions and behaviours to help with psychological well-being and reduce overall stress. Some of the most commonly used therapies are cognitive behavioural therapy, counselling, family/group therapy and facilitated self-help<sup>12</sup>.

## 1.4 Talking therapy

Talking therapy is a component of psychological therapies that gives individuals an opportunity to talk to a trained professional about problems or issues that are causing them concern<sup>13</sup>. It allows for self-exploration of feelings and thoughts and how those can impact on moods and behaviours<sup>14</sup>. They are designed to change an individual's way of thinking to help transform negative thought processes into positive ones that can perhaps evoke change in a person's life. Outward expression of thoughts and feelings can help in the identification of negative behavioural or thought patterns, which can then be used to enact change. Therefore, there are two main uses of talking therapy; the first is to help tackle difficulties a person may be having such as bereavement, anxiety or depression. Second, it can be used for personal growth and development<sup>13</sup>. Talking therapies have been found to be largely beneficial in individuals suffering from mental health disorders, as they can help to identify and address the core problem.

There are several types of talking therapy, all of which are formed under the model of overall behavioural change but each with a different focus. For example, areas of focus could involve talking about a person's past, overcoming a difficult issue or learning more about themselves<sup>15</sup>. These different areas of focus may result in the therapist using a variety of techniques depending on the most prevalent issue presented by the individual. There are different therapies available, for example: arts or creative, behavioural, cognitive, dialectical, humanistic, mindfulness-based, and person-centred therapy.

## 1.5 Talking Therapy/Emotional Wellbeing Hubs

The main goal of the Talking Therapy/Emotional Wellbeing Hubs (also referred to as Hubs throughout this report) is to focus the patient on community based treatment and recovery. The service is available in all five Health and Social Care Trusts across Northern Ireland and can be accessed via GP practices.

Each Trust has a Hub Co-ordinator, who receives referrals from GP practices within their Trust area. After receiving a referral, the Co-ordinator invites the patient to call the Hub and arrange a telephone

appointment with them. The Hub Co-ordinator then screens calls and triages patients. Where an individual does not require any Hub services, they are re-directed to the most appropriate service<sup>12</sup>. Otherwise, the Co-ordinator assesses their current mental health needs and, through discussion with the patient, agrees a holistic plan of care for them to access any required therapy or support in their local community either from community/voluntary services or other organisations as required<sup>12</sup>.

The patient is monitored throughout their therapy. Should their needs change, their treatment can be altered accordingly to ensure the right therapy is given at the right time and with the best possible care<sup>16</sup>. All Hubs operate according to similar principles but specific models of delivery vary across Trusts.

## 1.6 Talking Therapy in Northern Ireland

Talking Therapy/Emotional Wellbeing Hubs were initially piloted within the Belfast Trust in 2015, but since then have been rolled out across other Trusts within Northern Ireland.

The Regional Mental Health Care Pathway outlines the care pathway a patient can expect to be on when being referred for mental health services. In particular, they discuss talking therapies as an initial primary care treatment for mental health issues as part of a referral by their GP. They outline four talking therapies:

- ▶ Interpersonal Therapy, discusses the relationship between life aspects that cause distress and helps the individual regain control over their thoughts and feelings whilst developing a new way of coping with those emotions<sup>18</sup>.
- ▶ Counselling, allows the individual to talk freely about their feelings and concerns to help develop a better understanding of their thought process. This allows for self-discovery and promotion of finding personal solutions to problems<sup>18</sup>.
- ▶ Cognitive Behavioural Therapy, promoting mindfulness to help determine how beliefs and thoughts are linked to attitudes and behaviours. This helps develop a new way of thinking to manage thoughts, feelings and actions<sup>18</sup>.
- ▶ Psychotherapy, this is used when a deeper look into areas of a person's life is needed in order to analyse the complex relationships of thoughts, feelings, and behaviours with personal and social circumstances<sup>18</sup>.

When conducting background research in this particular area, there appeared to be limited publicly available information on talking therapy in Northern Ireland, and the only avenue to gain further information was through the GP. Details of the services and those who access and use them are not well documented. There is also very little data to be found on whether people benefit from the service or have begun to experience recovery as a result. Going forward, it would seem appropriate to undertake a review of the experiences of people who have been referred to therapies or have accessed them through the Talking Therapy/Emotional Wellbeing Hubs. This will enable an understanding of their opinions on the process and whether the service has led to recovery and improved health and wellbeing.

## 2.0 What we did

The Patient and Client Council (PCC) 2018/19 Business Plan includes the following objective:

*The Patient and Client Council will, through the work of the Bamford Monitoring Group, hear from people who have used psychological services e.g. talking therapies.*

### 2.1 Rationale

As part of the 2017/18 business plan, an objective was included to explore a 'members choice' project, i.e. that we would focus on an issue of concern to our membership. This was polled at Coffee Connection meetings in Oct/Nov 2016 where members highlighted 'mental health' services as an aspect of health and social care that should be investigated. A second poll was undertaken at the members' event in March 2017 with 'Psychological Therapies' being identified as the most voted for option.

### 2.2 Approach

Given that Psychological Therapies is a broad area, a member of PCC staff met with leads for mental health services within four Health and Social Care (HSC) Trusts and the Health and Social Care Board (HSCB) to discuss where they felt the patient voice could add most value. During these meetings it was indicated that it would be particularly useful for service providers to hear from people who had used talking therapies at a primary care level and to find out about their experiences of the services. In further conversations with the Bamford Monitoring Group about this approach, members felt it was necessary to hear not only from people who had accessed services but also the wider population of people who had tried to access services at a primary care level.

In response, a feedback form was designed which sought people's views on their experiences of attending a GP with a mental health issue. Questions focused on what prompted them to attend the GP, how they felt the GP dealt with them, the support or treatment offered by the GP and their concerns and issues around medication for mental health issues.

There was also a specific section dealing with the experiences of people who had been referred by their GP to the Talking Therapy/Emotional Wellbeing Hubs. Respondents were also asked about their perceived impact of the treatment and care they received on their mental health and their overall satisfaction with the services they had been offered.

Once a draft set of questions was developed, PCC staff met with the managers of the Talking Therapy/Emotional Wellbeing Hubs in each Trust area to discuss the approach. Each of the managers agreed

to distribute the feedback forms through their client lists. The managers of the Hubs and members of Bamford Monitoring Group had an opportunity to comment on the draft questions, as did the PCC Research Committee.

1500 printed feedback forms were distributed to the Talking Therapy/Emotional Wellbeing Hubs, 300 per Trust area, asking that these be circulated to clients on their referral lists. To encourage feedback from the wider population, a link to an online version of the form was also promoted through the PCC membership newsletter and social media channels.

It was also proposed to undertake ten semi structured interviews, two per Trust area, with individuals who had been referred to the Talking Therapy/Emotional Wellbeing Hubs and who had received and completed therapy. As with the feedback forms, the Managers of the Talking Therapy/ Emotional Wellbeing Hub in each of the Trusts were the main link in identifying clients who would be willing to participate in an interview. Due to patient confidentiality and data protection, the managers felt it was best for them to make first contact with the patients.

## 2.3 Limitations

Whilst the above approach was the proposed methodology for undertaking this work, in order to gain the responses needed we were reliant on the Managers from the Talking Therapy/Emotional Wellbeing Hubs in each of the HSC Trusts. The number of in-depth interviews achieved was significantly lower than anticipated despite the best efforts of the aforementioned managers to secure participant involvement. In the end, the managers offered a total of four potential contacts for interview. However, two of these individuals later decided not to proceed, which resulted in only two remaining for interview. These individuals were interviewed and their permission was sought to write up their interviews as case studies for inclusion in the report. The Hub managers indicated that they found it challenging to identify individuals who would be willing to participate in interviews and as such could not identify any further patients.

With regards to the response rate, we were reliant on the support of the Hub managers and whilst a total of 300 feedback forms were issued to each Trust, the returns yielded a 10% response rate. Time was a significant impediment and as a result reminder letters were not issued as part of the process. On reflection, if reminder letters had been sent out it may have increased the response rate. This is something which should be considered in future projects.

## 3.0 What people told us

The results below are from the analysis of 146 completed feedback forms. There were 147 forms returned but one was excluded as the individual had not completed the form. The source of responses is outlined in **Table 3**.

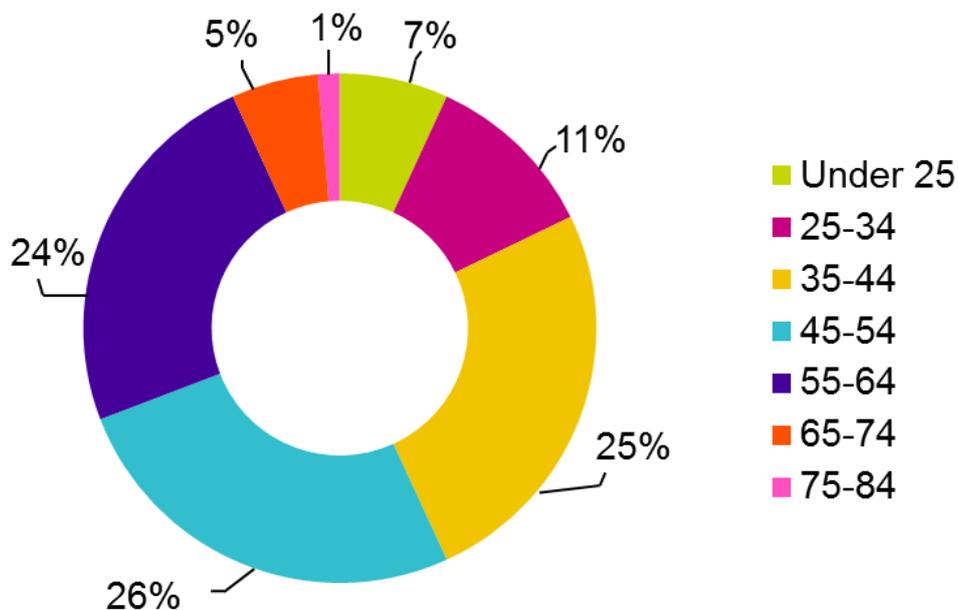
**Table 3:** Source of responses

Source of responses	N
Belfast HSCT	41
South Eastern HSCT	37
Northern HSCT	27
Southern HSCT	24
Western HSCT	6
PCC membership	11
<b>Total</b>	<b>146</b>

## 3.1 Participant demographics

Two thirds (67.8%) of those who completed the feedback form were female and one third (32.2%) male. There was a varied distribution of age ranges across the individuals who participated as illustrated in **Figure 1**.

**Figure 1:** Participant age<sup>ii</sup>



<sup>ii</sup> Bases N=146/146

## 3.2 Reasons for attending a GP regarding a mental health issue

Participants were asked about the emotional issues or concerns they were experiencing that prompted them to seek an appointment with their GP. The most common reason for people attending the GP was 'feeling sad or down' (N=114/146). All responses are shown in **Table 4**.

**Table 4:** Reason for attending a GP regarding mental health

	N <sup>iii</sup>	%
Feeling sad or down	114	78.1%
Significant tiredness, low energy or problems sleeping	97	66.4%
Inability to cope with daily problems or stress	95	65.1%
Confused thinking or reduced ability to concentrate	77	52.7%
Extreme mood changes of highs and lows	60	41.1%
Suicidal thinking	37	25.3%
Major changes in eating habits	26	17.8%
Excessive anger, hostility or violence	15	10.3%
Alcohol or drug abuse	8	5.5%

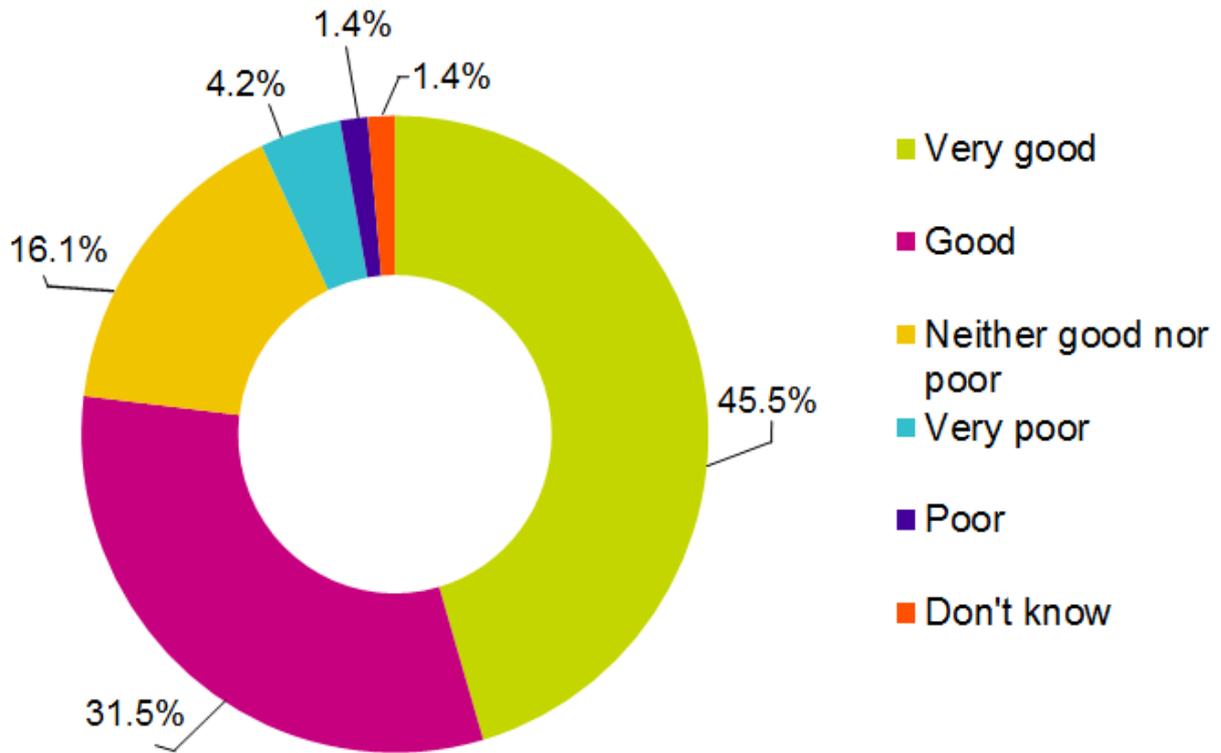
Participants were given the option of elaborating on the reasons for attending their GP in relation to their mental health. Other reasons included: anxiety, feelings of worthlessness, self-harm, reliving past trauma, panic attacks, postnatal mental health, and mental health problems due to poor physical health. One person also stated that they had attended their GP as they believed they had previously been misdiagnosed and, as a result, felt that they were denied proper treatment for their mental health issue.

## 3.3 Feedback on GP

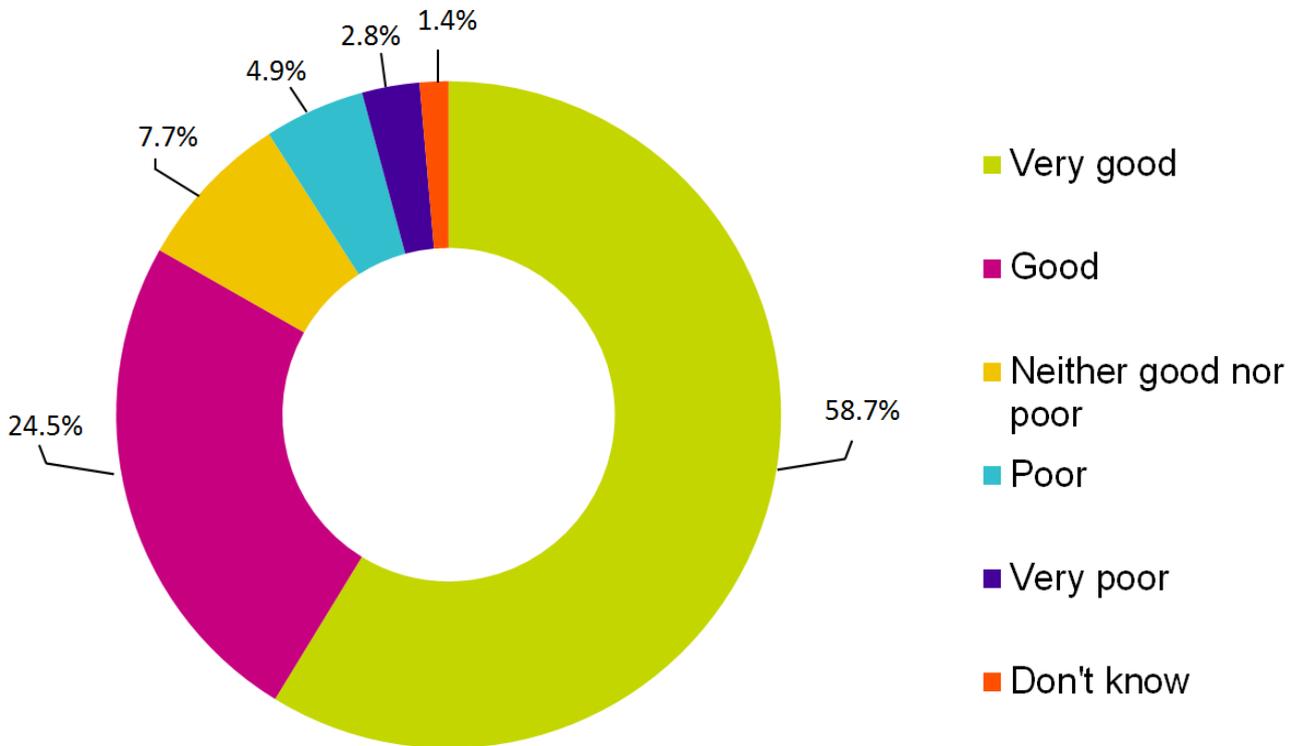
Participants were asked to provide feedback on how good they felt their GP was at giving them enough time, listening to them and treating them with care and concern in relation to the mental health issue. Participants were also asked whether they had trust and confidence in the GP in discussing their mental health issues. Participant responses are shown in **Figures 2-5**. Roughly 75-85% (N=143/146) of respondents felt their GP was 'good' or 'very good' at giving them enough time (76.9%), listening to them (83.2%) and treating them with care and concern (81.8%). Just over 90% (90.9%, N=130/143) of participants said they had trust and confidence in their GP in relation to their mental health issues.

<sup>iii</sup> N=146. This was a multiple response question therefore the numbers and percentages do not add to the base value or 100%.

**Figure 2: How good was the GP at giving you enough time?**

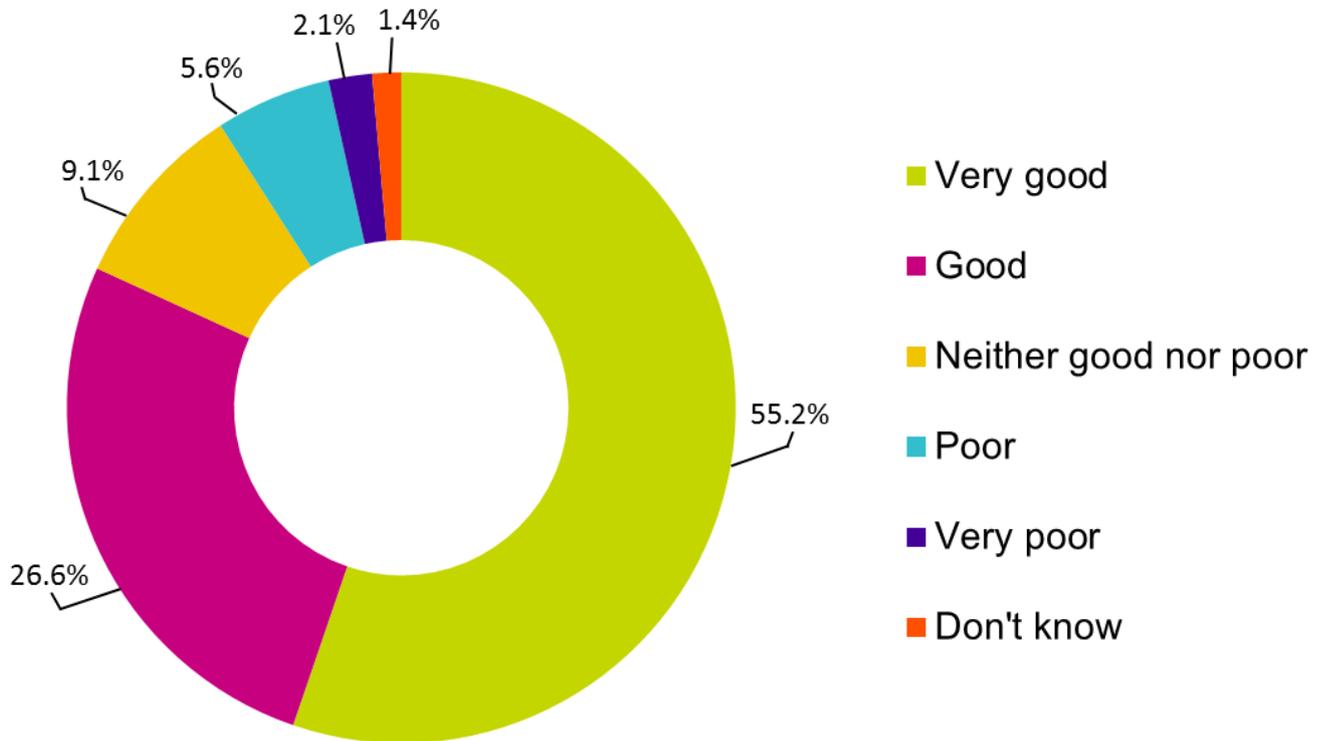


**Figure 3: How good was the GP at listening to you?<sup>iv</sup>**

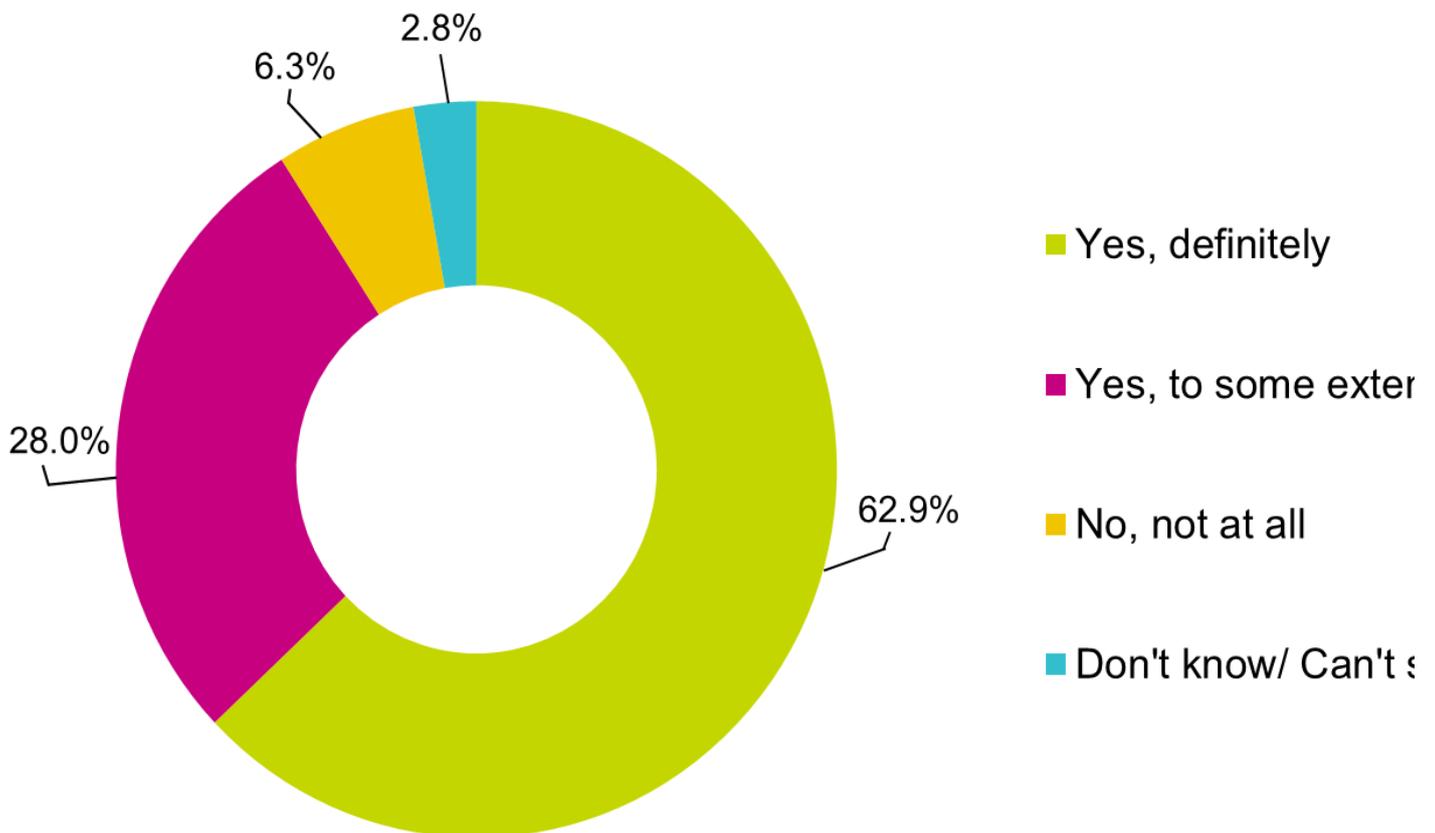


<sup>iv</sup> Base N = 143/146 for Figures 2-5

**Figure 4:** How good was the GP at treating you with care and concern?



**Figure 5:** Did you have confidence and trust in the GP you saw?



### 3.4 Support offered by GP

Participants were asked what treatment or support they were offered by their GP in relation to their mental health issue or concern. Responses are shown in **Table 5**.

**Table 5: Support offered by GP in relation to mental health issue or concern**

Type of treatment or support	N <sup>v</sup>	%
Prescription medication	100	68.5%
Counselling	83	56.8%
Referral to the Talking Therapy/Emotional Wellbeing Hubs	78	53.4%
Advice and information	75	51.4%
Further assessment	30	20.5%
Referral to another service	22	15.1%
Psychological therapies	17	11.6%
Physical activity	13	8.9%
Signposting to another service	7	4.8%
Befriending	4	2.7%
Another form of support	3	2.1%

Two participants stated that they were offered no support from their GP. Of the 146 respondents, 139 indicated they had been offered some form of support other than advice and information or medication.

Again participants were asked to elaborate on the type of treatment or support they were offered. On the whole, where people provided detail, this was generally positive with regard to the input from the GP. However, a number of respondents explained how they were told services were not available due to funding cuts or felt their concerns were not listened to. Others reflected that the therapy or support they received was limited.

<sup>v</sup>N=146. This was a multiple response question therefore the numbers and percentages do not add to the base value or 100%.

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***"Having talked with me and established the nature of my problem, my GP decided that I needed some talking therapy, rather than increasing my medication."***

***"I have had ongoing mental health issues for past three to four years starting with postnatal depression. I have felt extremely supported by my GP. Maternity mental health however was poor; felt GP only support and constant."***

***"I was offered and accepted a place on a waiting list with a counselling service through the Wellbeing Hub. My GP also offered to reassess my medication after seeing the counsellor if needed."***

***"Medication was offered but I didn't want to go down that route. Referral to counsellor for CBT made as we decided this was best option. But could go back for meds if I felt I needed them."***

***"First went to GP two years ago - referred to Hub - telephone triage but was never followed up by service. Second time at GP years later referred to psychiatrist - counselling."***

***"I was put on Propranolol and Sertraline for anxiety and stress. I was also referred to the Wellbeing Hub. The Wellbeing Hub said for me to self-refer to Cruse Bereavement Counselling"***

***"The GP I saw decided to wean me off the medication I was taking even though it was a very stressful time somewhat worse than what I'd been dealing with during my visits to the GP. She referred me to CBT counselling who weren't able to offer any help."***

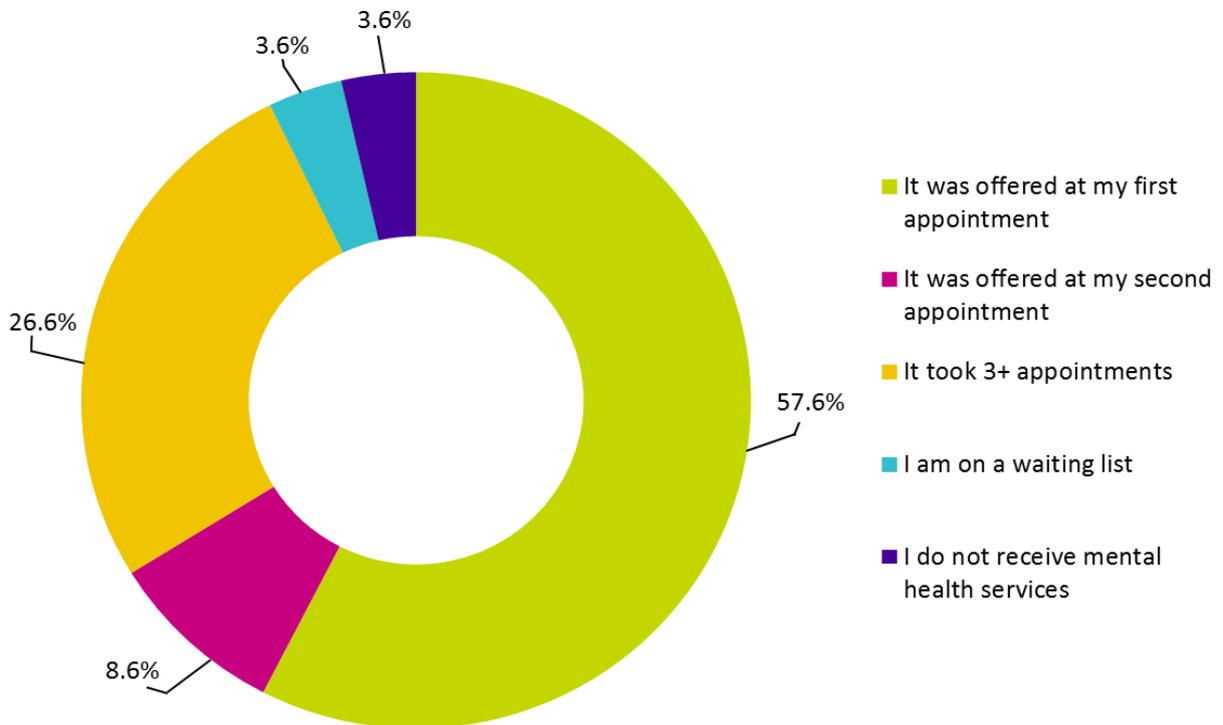
***"I was given increased doses of antidepressants, then different types to try, which didn't work ... Eventually referred for counselling - long wait. Meantime I felt desperate to try anything, so GP referred me to gym under Health Wise Scheme [only took a few weeks to be called]."***

***"I had to ask for counselling, as it was not advised to me to attend, only ever prescription medication and not listening to my concerns about my health, as I feel they were not concerned and it was a matter of 'next please!'"***

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In terms of the amount of time that it took for the GP to offer support (other than medication), 57.6% (N=80/139) of participants said they were offered support at their first appointment with the GP. However, 26.6%, (N=37/139) of the respondents said it took three or more appointments to be offered support as illustrated in **Figure 6**.

**Figure 6: How many appointments did you have with the GP before being offered support<sup>vi</sup>**



<sup>vi</sup>Base N = 139/146

### 3.5 Medication

Participants were asked whether they had taken any medication in the last 12 months for their mental health issues. 81.3% of respondents (N=117/144) confirmed that they had done so. Conversely, 18.8% of respondents (N=27/144) confirmed that they had not taken medication in the last 12 months.

Of those who had taken medication in the last 12 months, 81.0% (N=94/116) felt they had had a say in the decision about the medication prescribed to them (**Table 6**).

**Table 6: Involvement of participants in decision making in relation to medication**

	N	%
Yes, definitely	59	50.9%
Yes, to some extent	35	30.2%
No, not at all	18	15.5%
Don't know/Can't say	4	3.4%
<b>Total</b>	<b>116</b>	<b>100.0%</b>

Nearly 90% of respondents (88.6%, N=101/114) felt the purposes of the medications had been explained to them (**Table 7**).

**Table 7: Were the purposes of the medications explained to you?**

	N	%
Yes, definitely	70	61.4%
Yes, to some extent	31	27.2%
No, not at all	8	7.0%
Don't know/Can't say	5	4.4%
<b>Total</b>	<b>114</b>	<b>100.0%</b>

However, approximately 60% of respondents (63.2%, N=74/117) felt they had been told about the possible side effects of the medication (**Table 8**).

**Table 8: Were you told about possible side effects of the medication?**

	N	%
Yes, definitely	44	37.6%
Yes, to some extent	30	25.6%
No, not at all	37	31.6%
Don't know/Can't say	6	5.1%
<b>Total</b>	<b>117</b>	<b>100.0%</b>

## 3.6 Talking Therapy/Emotional Wellbeing Hubs

A section of the feedback form was dedicated to gathering views from people who had been referred by their GP to the Talking Therapy/Emotional Wellbeing Hubs.

As a general guide, the following definitions will give the reader an indication of the frequency of occurrence in the feedback forms:

When we say:	We mean:
- 'few'	= 10% of the people or less;
- 'some'	= 11% to 25% of the people;
- 'many'	= 26% to 50% of the people;
- 'the majority'	= 51% to 75% of the people; and,
- 'most'	= 76%+ of the people.

77.1% (N=111/144) of respondents said they had been referred to the Hubs, whilst 22.9% (N=33/144) said they had not been referred there. However, we know that 135 of the respondents came from the client lists of the Hubs so this finding highlights that a proportion (17.8%, N=24/135) of people did not realise they had been referred to a Talking Therapy/Emotional Wellbeing Hub.

Of those who indicated that they had been referred to the Hubs (N= 111/144), 96.4% (N=107/111) felt they had been involved in the GP's decision to refer them (**Table 9**).

**Table 9: Did you feel involved in the GP's decision to refer you to the Talking Therapy/Emotional Wellbeing Hub?**

	N	%
Yes, definitely	76	68.5%
Yes, to some extent	31	27.9%
No, not at all	2	1.8%
Don't know/Can't say	2	1.8%
<b>Total</b>	<b>111</b>	<b>100.0%</b>

Most of individuals who knew they had been referred to the Hub stated that they decided to take up their referral, 90.1% (N=100/111), with 9.1% deciding not to do so.

The reasons people gave for not taking up their referral included being unable to get childcare to allow them to go to their appointments or being unable to get time off work. One participant also explained that their mental health issue had been resolved by the time they were contacted by the Hub co-ordinator, so they didn't follow up on their referral.

Nearly 90% of participants (N=94/105) stated that they felt involved in decision making during the telephone conversation with the co-ordinator from the Hub (**Table 10**).

**Table 10: Did you feel you were involved in decision making with the Hub co-ordinator?**

	<b>N</b>	<b>%</b>
Yes, definitely	69	65.7%
Yes, to some extent	25	23.8%
No, not at all	3	2.9%
Don't know/Can't say	8	7.6%
<b>Total</b>	<b>105</b>	<b>100.0%</b>

When asked if the outcome of the telephone conversation with the co-ordinator met their needs and expectations of the Talking Therapy/Emotional Wellbeing Hub, just over 80% of respondents (N=85/105) said that it had (**Table 11**).

**Table 11: Did the outcome of the conversation meet your needs/expectations?**

	<b>N</b>	<b>%</b>
Yes, definitely	67	63.8%
Yes, to some extent	18	17.1%
No, not at all	11	10.5%
Don't know/Can't say	9	8.6%
<b>Total</b>	<b>105</b>	<b>100.0%</b>

93.6% (N=102/109) of participants felt that the co-ordinator of the Hub had listened to them regarding their mental health issue and the support they required (**Table 12**).

**Table 12: Do you feel the co-ordinator from the Hub listened to you?**

	<b>N</b>	<b>%</b>
Yes, definitely	82	75.2%
Yes, to some extent	20	18.3%
No, not at all	2	1.8%
Don't know/Can't say	5	4.6%
<b>Total</b>	<b>109</b>	<b>100.0%</b>

Similarly, 91% of individuals (N=98/108) felt the Hub co-ordinator made it clear what was to happen after the telephone consultation (**Table 13**).

**Table 13:** Did the co-ordinator from the Hub make it clear what was to happen next, at the end of the telephone conversation?

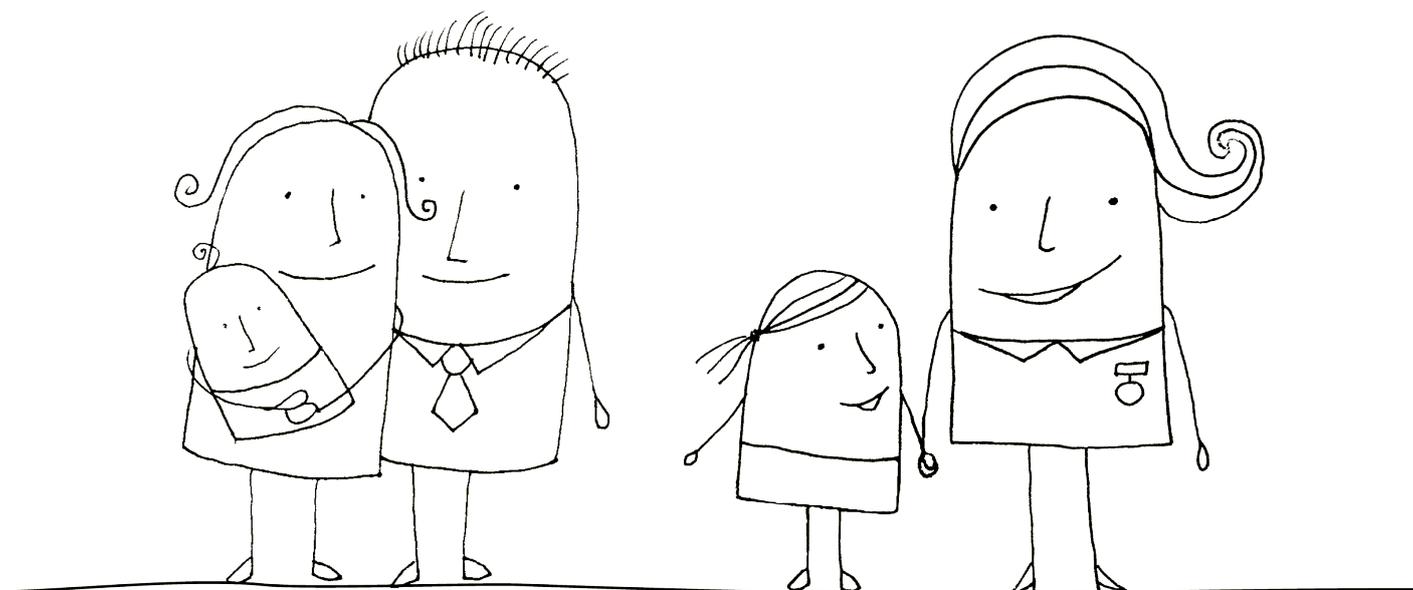
	N	%
Yes, definitely	84	77.8%
Yes, to some extent	14	13.0%
No, not at all	4	3.7%
Don't know/ Can't say	6	5.6%
<b>Total</b>	<b>108</b>	<b>100.0%</b>

A high proportion of respondents 80.7% (N=88/109) felt the waiting time from seeing their GP to having the follow-up with the Hub co-ordinator was acceptable (**Table 14**).

**Table 14:** Do you feel the waiting time between seeing the GP and being followed up with the co-ordinator from the Hub was acceptable?

	N	%
Yes, definitely	50	45.9%
Yes, to some extent	38	34.9%
No, not at all	16	14.7%
Don't know/ Can't say	5	4.6%
<b>Total</b>	<b>109</b>	<b>100.0%</b>

Of those participants who were referred by the Hub co-ordinator for treatment or support, 57 individuals provided detail on the organisation that they had been referred to. Findings are shown in **Table 15**.



**Table 15: Organisation participants were referred to through the Talking Therapy/Emotional Wellbeing Hubs**

Organisation	N
Praxis	8
Mindwise	7
Relate	5
New Life Counselling	5
Wave Trauma Centre	4
Colin Community Counselling	3
Referral to Trust Services	3
Consultant Clinical Psychologist	2
Healthy Minds	2
Koram Centre	2
The Heart Project - Counselling	2
The Lighthouse	2
Cruse	2
Antrim Youth Information and Counselling Centre	1
Bridge of Hope	1
East Antrim Counselling	1
Healthy Living Centre, Lisburn	1
Hope Centre	1
Inspire Counselling Service	1
Solas	1
Turning Point NI	1
Vineyard, Coleraine	1
Breakthrough	1
<b>Total</b>	<b>57</b>

Most people provided positive feedback with regard to the therapist they were referred to, with 74.0% (N=77/104) saying that they had confidence in the skills and techniques employed by their respective therapists.

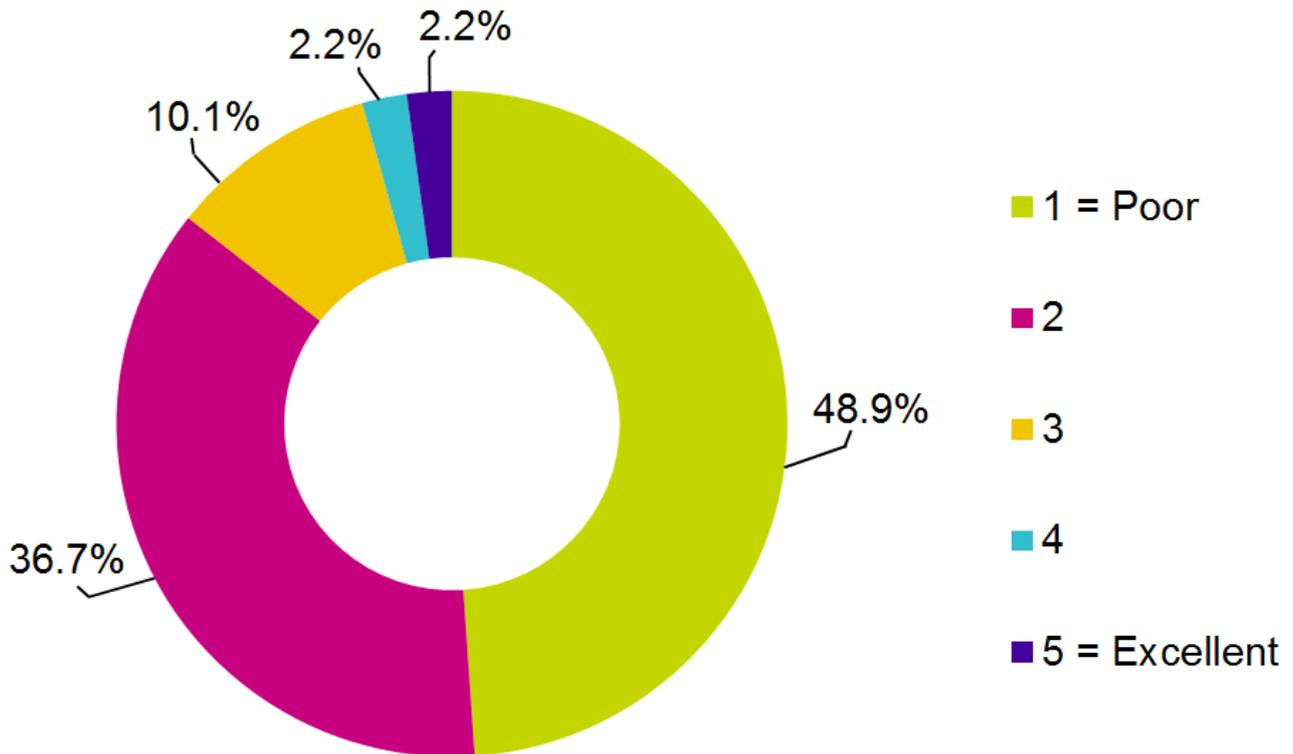
**Table 16: If you received treatment or support from a therapist did you have confidence in their skills and techniques?**

	N	%
At all times	53	51.0%
Most of the time	24	23.1%
Don't know/ Can't say	14	13.5%
Sometimes	8	7.7%
Never	5	4.8%
<b>Total</b>	<b>104</b>	<b>100.0%</b>

### 3.7 Impact of treatment and care on participants mental health

The number of participants reporting poor mental health fell from 48.9% (N=68/139) before receiving treatment or support (**Figure 7**) to 9.8% (N=13/132) after receiving treatment or support (**Figure 8**). While 9.1% (N=12/132) rated themselves as having 'excellent' mental health after receiving treatment or support, over a third (35.6%, 47/132) rated themselves as four out of five<sup>vii</sup> (**Figure 8**).

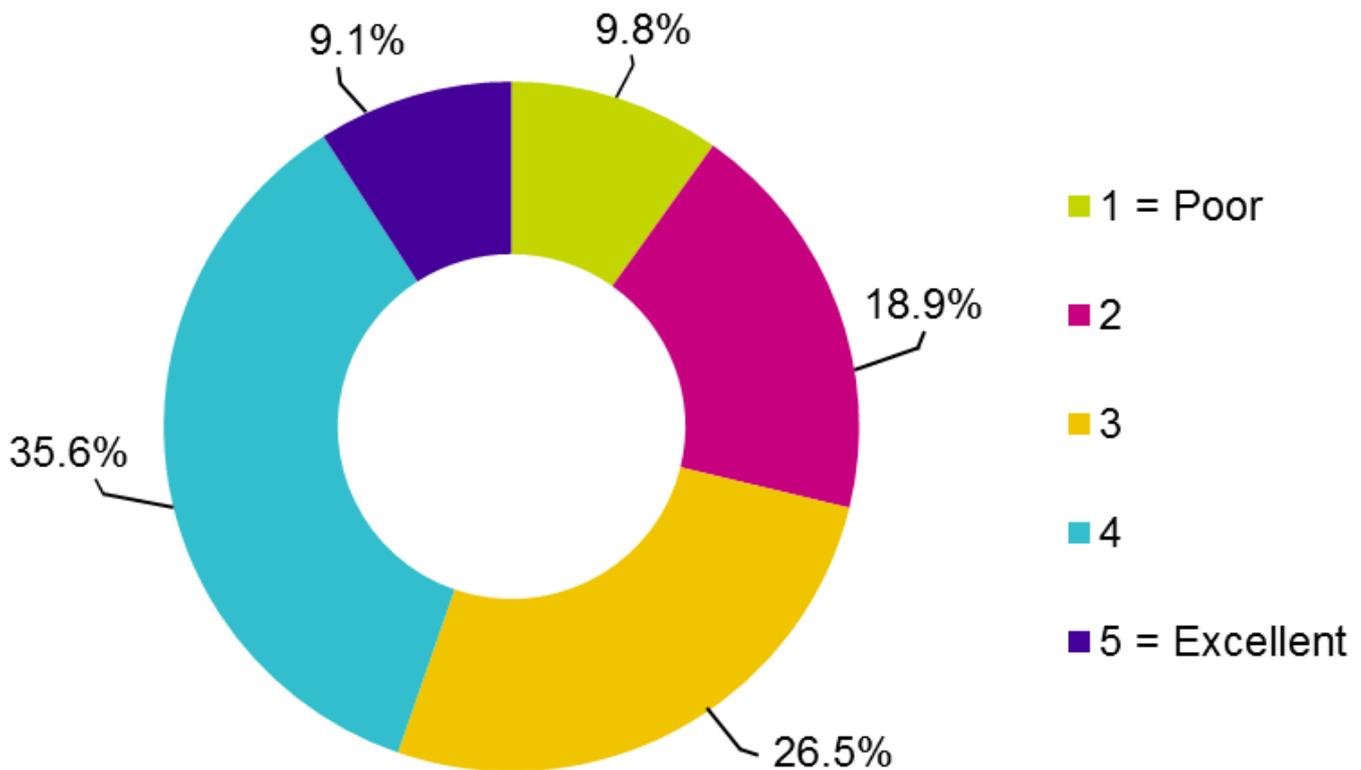
**Figure 7:** How would you rate your mental health BEFORE receiving treatment or support<sup>viii</sup>



<sup>vii</sup> Participants were asked to rate their mental health before and after receiving treatment or support, on a scale of one to give with one being poor and five being excellent.

<sup>viii</sup> Base: N=139/146

**Figure 8:** How would you rate your mental health SINCE receiving treatment or support<sup>ix</sup>



We also looked at results for the 100 people who had taken up their referral to the Talking Therapy/ Emotional Wellbeing Hubs. 49.0% (N=49/100) of those who had done so rated themselves as having poor mental health before receiving treatment or support compared to 7.5% (N=7/93) after receiving treatment or support. Less than 10% (8.6%, N=8/93) rated themselves as having 'excellent' (a score of 5 in the feedback form) mental health after receiving treatment or support, but over a third (37.6%, N=35/93) rated themselves four out of five.<sup>x</sup>

When asked whether they felt the treatment or support provided to them had helped them to better understand and address their difficulties, most (77.2%, N=105/136) of the participants stated that they felt that it had (**Table 17**).

<sup>ix</sup> Base: N=132/146

<sup>x</sup> Participants were asked to rate their mental health before and after receiving treatment or support, on a scale of one to five with one being poor and five being excellent.

**Table 17:** Do you feel that the treatment or support provided to you has helped you to better understand and address your difficulties?

	N	%
Yes, definitely	36	26.5%
Yes, to some extent	69	50.7%
No, not at all	19	14.0%
Don't know/Can't say	12	8.8%
<b>Total</b>	<b>136</b>	<b>100.0%</b>

Again there were similar findings for the subset of participants who had taken up their referral to the Talking Therapy/Emotional Wellbeing Hubs. A total of 85% stated that the treatment or support provided to them had helped them to better understand and address their difficulties (85.4%, N=82/96).



### 3.8 Overall satisfaction with services

A total of 71.5% (N=98/137) of participants felt that most of the time they had been involved in making decisions about their treatment or support. With just over 25.5% of respondents (N=35/137) saying they were involved sometimes, rarely or never in decisions (**Table 18**).

**Table 18: Did you feel involved in making choices about your treatment or support?**

	N	%
At all times	53	38.7%
Most of the time	45	32.8%
Sometimes	24	17.5%
Rarely	4	2.9%
Never	7	5.1%
Don't know/Can't say	4	2.9%
<b>Total</b>	<b>137</b>	<b>100.0%</b>

Findings were more positive for the subset of participants who had taken up their referral to the Talking Therapy/Emotional Wellbeing Hubs. 78.4% (N=76/97) stating that they felt they had been involved in making decisions about their treatment or support at least most of the time.

When individuals were asked to reflect on whether they got the treatment or support that mattered to them, 64.2% (N=88/137) said they had. Whilst 27.7% (N=38/137) said that they had received the treatment or support that mattered to them sometimes, rarely or never (**Table 19**).

**Table 19: On reflection, did you get the treatment or support that mattered to you?**

	N	%
At all times	53	38.7%
Most of the time	35	25.5%
Sometimes	20	14.6%
Rarely	8	5.8%
Never	10	7.3%
Don't know/Can't say	11	8.0%
<b>Total</b>	<b>137</b>	<b>100.0%</b>

Findings were very similar for the subset of participants who had taken up their referral to the Talking Therapy/Emotional Wellbeing Hubs. Just over two thirds (69.1%, N=67/97) of individuals stated that they got the treatment or support that mattered to them. While 23.7% (N=23/97) said they had received the treatment or support that mattered to them sometimes, rarely or never.

Finally, when asked whether overall they were satisfied with the treatment or support they received, 82.2% (N=111/135) indicated they were; however, just over 10% said they were not satisfied at all (11.1%, N=15/135) (**Table 20**).

**Table 20:** Overall are you satisfied with the treatment or support you received?

	<b>N</b>	<b>%</b>
Yes, definitely	56	41.5%
Yes, to some extent	55	40.7%
No, not at all	15	11.1%
Don't know/Can't say	8	5.9%
I do not require mental health services	1	0.7%
<b>Total</b>	<b>135</b>	<b>100.0%</b>

A slightly higher percent (85.4%, N=82/96) of people who had taken up their referral to the Talking Therapy/Emotional Wellbeing Hubs indicated that they were satisfied with the treatment and support they received. Less than 10% (8.3%, N=8/96) stated that they were not satisfied at all.

Participants were asked to elaborate on the reasons they felt satisfied, or not, with the treatment and support that they had received. For those who were satisfied, the comments included:

*"Overall, I am very happy with the medical and emotional support offered by my GP, MindWise and the Wellbeing Hub. My mental health issues were respected, acknowledged and treated with the utmost confidentiality and seriousness, which allowed me to work with my counsellor towards a healthier mind."*

*"Initially I had hoped to be referred to CBT as I'd had this therapy before and it helped. However, after being triaged by phone, I was referred for counselling to a nearby centre which I wasn't at all comfortable with but when [therapist] spoke to me, he was encouraging and I accepted what was being offered. In the event, I made the correct decision and found this counsellor's work with me extremely worthwhile."*

*"I'm at the end of my sessions in Waves, my therapist was really excellent. I felt so comfortable with her and she really listened to me and helped me think about things differently. Most importantly she made me feel that it was ok to feel these feelings of despair and I was not a freak!"*

*"The treatment helped me to realise these panic attacks may not just go away but it gave me techniques and helped to change my attitude towards them thus being able to cope better when they occur. They still do and I get frustrated with myself but not to the extent I used to."*

*"This was an excellent service and the therapist was friendly, approachable, explained everything, understood and most of all gave me time. During treatment it was like a 'light' going on, I understood for the first time and now I have strategies to employ when I need them."*

*"I felt listened to for once I was able to get things off my chest that I couldn't in any other environment. I was given information and methods to cope with my anxiety and all round lifestyle, I felt free, I feel stronger since receiving the treatment."*

*"I felt I was seen pretty promptly and referred in a reasonable time. There are multiple stages which each took a few weeks. GP - Referral Hub - Wave counselling CBT. But given the pressure on services I think it was good. I was mostly relieved to know help was coming and I had finally decided to take my problems in hand. Since then many friends I know have sought much needed help. I'm really glad the process exists."*

*"I found my eight weeks of therapy very helpful and worthwhile. I engaged with [my therapist] from the get-go and found their approach to my problems and their techniques encouraging to say the least. Despite several years of drug therapy, psychology, counselling, CBT and self-help groups, this counsellor was solely instrumental in getting to the kernel of a particular issue with me which had laid dormant all of my adult life."*

*"[Therapist] was open, professional and always relayed their take on my issues in a tactful manner. I wasn't patronised and honestly it was good to just talk, rather than feeling you burdened others with your problems. I honestly think they should offer CBT in schools, I know I developed poor coping methods in childhood at school. Identifying these at an early stage would probably have prevented my need for therapy now."*

Negative comments mainly focused on the waiting times before getting access to therapy and the limited nature of the interventions. Respondents felt they would have been helped by being seen sooner and for longer. Others commented that due to the pressure on GPs, they felt consultations were too limited or that you didn't have consistency in who you saw. This meant that because GPs were unable to have time to discuss your issues, some participants felt that medication was the only option of treatment or support available to them.

*"The waiting lists are simply so long that people are left to it for long periods. Meanwhile life remains difficult ... I'll never know if early appropriate support would have made a difference."*

*"I attended counselling for eight weeks. The issues in my head were not really dealt with. I spent every week talking about present day issues ... The issues in my past were not addressed at any time - only as a passing reference."*

*"My sessions were for six weeks only and despite good progress I quickly went downhill after the sessions ended. There was some mention of other services e.g. befriending and self-confidence workshop, I was not contacted again. I don't feel able to contact them again so soon on my own."*

*"I felt I was getting to understand my thoughts and feelings but was disappointed when it finished as I was beginning to feel a little better and thought that I would have needed some more time."*

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*"My only criticism of my eight weeks counselling is just that - eight weeks!! I know that resources are limited and funding's at a standstill due to our political situation, at a time when demand is high in the mental health area. However, I don't believe that the time allocated to patients is adequate. Although my experience was a positive one, as I very quickly bonded with my counsellor, there must be others who, for whatever reason, would need this time-frame to ease into their therapy."*

*"The period of time was not sufficient, however, I had built up the confidence in coping techniques and gathering tools to continue on my own but quickly lost this on ending the sessions. Ironically, my mental health issues make it very difficult for me to contemplate contacting the organisation again to get further help. If the mental health sector was not so under-funded and so stretched for resources I might be more comfortable accessing the services again."*

*"...waiting times are inadequate. Treatment needs to begin within two weeks of GP visit. Months down the line not acceptable. I was very fortunate my GP was so excellent and I was able to access counselling through my GP ... I understand patients with suicidal thoughts etc. are first priority, but it doesn't mean that those of us who aren't/weren't suicidal don't need immediate support too."*

*"I found that my GP was excellent, referring different support teams, but GPs are very limited to time in appointments because of overload of patients. I understand these problems, but I feel that I have only a certain time to explain how I feel, my issues and although GPs are doing excellent work, my opinion is that they too are finding it very difficult to be able to help patients in a limited timeframe."*

*"I don't have a particular doctor. In fact, I haven't been able to see the doctor I am registered with in several years. I end up going to see whoever is available as it can be very difficult to get an appointment, especially if you have issues using the phone. Then I have to explain what I am going through to each doctor all over again. There are also times that I have felt the doctor was just trying to usher me out the door due to time constraints. I understand that it can be difficult for those who have not suffered from mental health issues to understand but it is essential we are listened to and taken seriously. This does not always happen."*

*"GP was under pressure, appointment was rushed and did not even talk to me in any detail before writing a prescription [which I did not want], said I would be referred to counselling; which I attended. No follow up with GP. I left the GP surgery feeling even worse than when I went in. When I saw the GP the second time, it was better, but felt his concentration was not on me, but on other things, he was disinterested and looked very stressed."*

*"I feel my GP was not concerned about my mental health, and just wanted to give me medication. I had to ask about counselling and am still on the waiting list. I feel that I am not listened to and have to keep going back to GP to ask to be referred to a counsellor; the medication that I am on only makes me more addicted to higher dosage, and that is not what I want, I feel no-one has the time to listen."*

*"Medication seems to be the only option. You're on your own unless you're suicidal. Services way too stretched to offer support to anyone that's not high risk."*

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## 3.9 Case studies

At the outset of the project, the intention was to undertake 10 semi structured interviews to explore the experience of individuals (two per Trust area) who had been referred to the Talking Therapy/Emotional Wellbeing Hubs and who had received and completed therapy. The managers of the Talking Therapy/Emotional Wellbeing Hubs in each Trust area had agreed with PCC staff to explore with clients whether they would be willing to participate in a one to one interview. However, the feedback from managers was that they found it very difficult to identify interested individuals and as a result only two interviews were completed.

### Case Study 1 – Male

My issues started after I quit smoking and things just steadily got on top of me. Before in my life nothing ever seemed to faze me but I was starting to close in myself. I began withdrawing from a lot of the organisations that I enjoyed being part of. Often I would take myself off down to my room to read a book instead of spending time with the wife and kids. I was isolating myself from family.

I felt like I couldn't cope with anything and everything was getting on top of me. After a while I didn't recognise myself. I am an old school sort of bloke. I think that I can deal with things, I am alright, and that I can cope. I have never talked about my feelings very much before.

The biggest wake up call for me was when my wife gave me an ultimatum; you either get help or something else is going to break. I remember going to bed that night, sleeping very little. I always wanted to be the one that looked after my family rather than needing somebody to look after me. It was the next day at work that I realised that I did need help.

The first call was the doctor's surgery. It took nearly a fortnight to get an appointment but when I did the GP actually talked to me about the issues I was dealing with. She asked me what I wanted to do. She gave me the option of anti-depressants but I didn't want to go down that road. The tablets that I took to stop smoking were anti-depressants and you don't really have any highs or lows, they just keep you on a level.

She also offered me one to one counselling which I thought would suit me better. That is when she referred me to the wellbeing hub. The hub co-ordinator contacted me within a week. They asked me did I want one on one counselling or group counselling. I chose one on one and they said that someone would be in touch as soon as a place opened up.

There was a period of time in between the doctor's appointment and the counselling starting but it gave me time to think. Opening up to people helped and I started talking to my wife. I still needed help but I was willing to help myself rather than waiting for a miracle cure. For me, admitting to the fact that I had a problem was the first step. Once I did that it was a start on the road to some sort of recovery.

I got a phone call to tell me that they had a spot and that was it, I was booked in for the next eight weeks. I went into it with very little knowledge of counselling but they gave me advice and told me what was happening. I felt more than comfortable.

Counselling put everything in perspective and helped me create the balance that I used to have in my life. My wife commented that she had noticed a big difference in me. It had been complete stress for the last four years and although the stress hasn't lifted, my coping mechanisms for the stress have.

My experience was 100 percent satisfactory and has helped me immensely. My mental health and my wellbeing has been 90% better. Don't get me wrong, I have good days and I have bad days but the bad days are just that. They are only maybe one to two days tops.

I think that a lot of the doctors now are more aware of mental health compared to way back twenty years ago but the quicker that people could get counselling the better. I would just like to see it be more accessible to people rather than having to wait too long.

## Case Study 2 – Male

In the past I have had a few issues that I have needed to go to counselling for. More recently I started to lose control of myself. I had anger problems and was being bullied. Surprisingly this time started with a character I was playing for a play. I got really invested but the character was a psychopath who becomes suicidal throughout the play. It came to a point where there wasn't a clear divide between me and playing a character. I was just the character the whole time.

There was an increasing worry as I started to show self-destructive signs. I wasn't taking care of myself. I was lashing out at others. That was one of the main reasons why I wanted counselling. I also had a lot of family issues around that time. So it was like an amalgamation of everything.

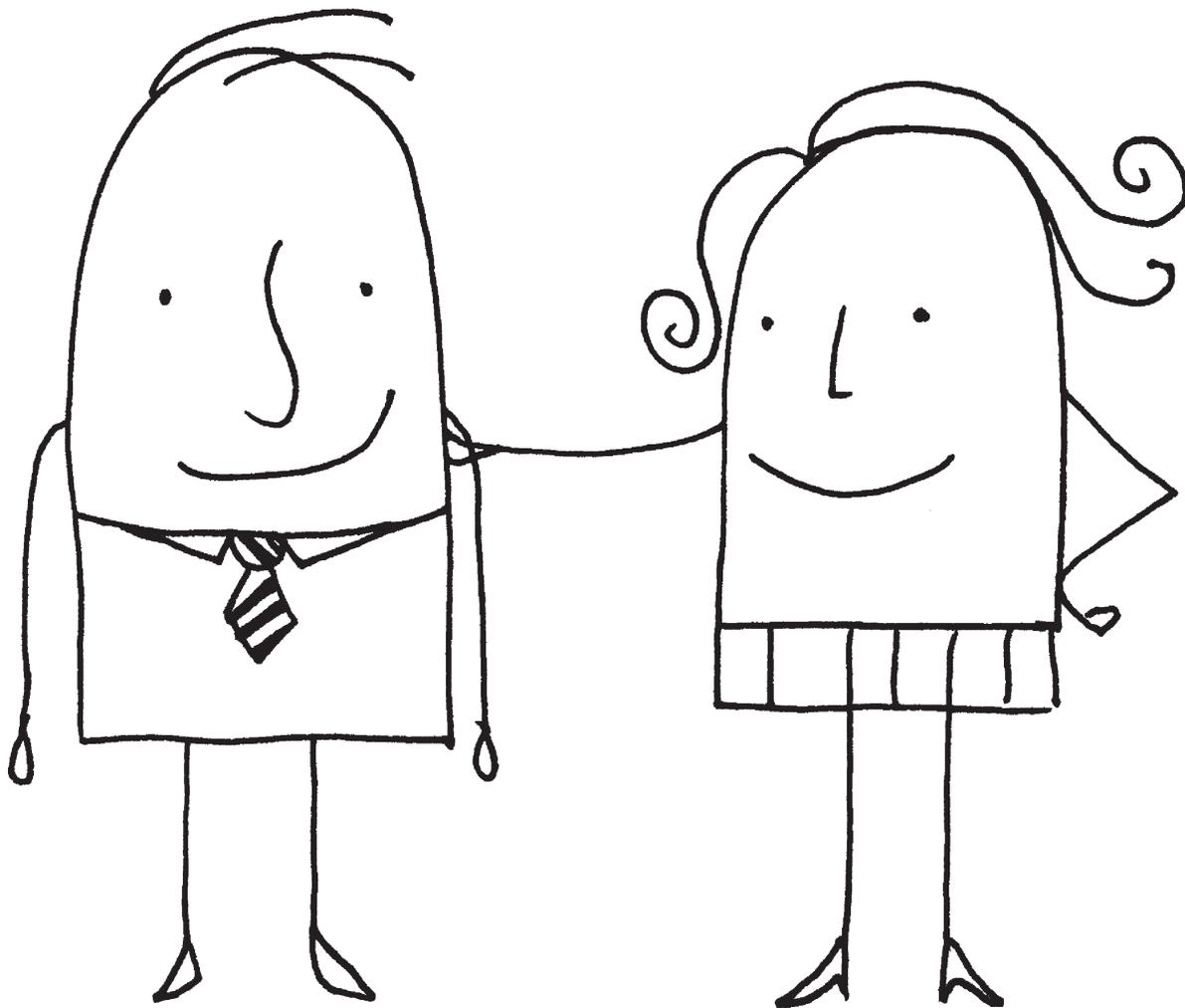
I had a fairly lengthy conversation with my GP. I went into as much detail as I could about how I was feeling and what was wrong. They asked what help I was hoping to get. I said that I would like to go to counselling. I had counselling before to help me deal with bereavement.

The GP referred me to the mental health hub. They told me that they would be in touch with me and it could be anything from a week to a month. It ended up that after only five days I got a phone call about setting up weekly counselling sessions. I was happy that the co-ordinator was direct. They said *"we are going to set this up for you, just give us a couple of details about what you need this for. You don't have to go into detail that is for counselling itself."* The following week I started my six/eight sessions.

I don't know that much about what counselling I had or the agency itself but I had heard a couple of things about them from friends that had been. They always said good things about it. I found counselling helpful. It helped me to figure out ways to cope and helped break me away from what I was doing to myself. Although it did feel very much like the counselling I had before. It has always been temporary. I come away feeling fantastic. For a month or two, I would feel absolutely perfect. There would be no problems but then I would start to dip again. In fact it was around a month afterwards that I started to become quite a horrible person to be around.

I found out recently that I actually have High Function Anxiety Disorder and that I might also have depression. I am still going through trial phases of it all and am on medication. I feel like if I had been able to find that out earlier in the year then I might have been able to make sense of some of the problems that led me to need counselling.

Before, because it wasn't a full mental illness, counselling helped massively. This time because of what I know about the anxiety disorder it probably wasn't as effective. I think that as I had something that was more serious than just dealing with loss or bullying or family problems, they needed to get to the source of the problem. I feel like you should still get counselling but that they should also go down a route of seeing if there is a diagnosis that needs to be made.



## 4.0 Conclusions and key messages

The individuals who responded to our feedback form represented a diverse group in terms of gender, age range and geographical areas of Northern Ireland. From these participants we learned that those attending a GP with a mental health issue can be presenting with symptoms ranging from feeling sad or down, confused thinking or reduced ability to concentrate to more serious symptoms such as suicidal thinking. The majority of these individuals stated that their GPs provided them with enough time to discuss their issues, ensured they felt listened to and treated them with care and concern. This appears to have instilled a high level of trust and confidence in their GP.

All but two participants in this review had been offered some form of treatment or support by their GP for their mental health issue. 90% of individuals stated they had been offered support other than advice and information or medication. The information provided by participants reflected the literature review with regards to high use of prescription medication for mental illness in Northern Ireland. The data highlighted that the most common form of treatment and support offered to participants for their mental health issues was medication and in most cases medication was prescribed by the GP alongside the offer of another form of support. This raises the question as to whether GPs question the success of other forms of treatment on impacting mental health issues or whether the offer to commence individuals on medication is made because GPs are aware of the issues with access and waiting times for therapy. Or the other possible explanation is that medication is the best treatment in most cases.

A number of participants in this review voiced a strong desire to avoid prescription medication for the management of their mental health issues. However, of those who had taken medication for their mental illness, a high proportion (80.3%) reported that they had been included in the decisions about the medication prescribed to them and felt the purposes of the medications had been explained. Although not captured in this study, it would be helpful to understand what information is provided to patients with mental health issues about alternative methods of treatment or support before being prescribed medication and whether this would influence their decision making processes.

A key focus of this work was to explore the experience of people who had been referred to the Talking Therapy/Emotional Wellbeing Hubs. The majority of respondents to our feedback form came from the referral lists of these Hubs. However, the results identified that there were a proportion of these individuals (17.8%) who were not aware that they had been referred. This supports informal feedback from the Hub co-ordinators, some of whom suggested that it is clear when contacting clients that some are unaware that the GP has referred them to the Hub. This would suggest that there is progress to be made in ensuring that GPs are truly engaged in shared decision making with their patients when deciding on the best approach to treatment or support for their mental health issues.

Of the participants in this review who knew they had been referred to the Hub, the vast majority stated that they had decided to take up their referral, but ten individuals declined. In future, it would be worth exploring in greater detail the rate of referral to the Talking Therapy/Emotional Wellbeing Hubs, the uptake of referrals, and the reasons for lack of uptake. This could provide useful information on how to optimise the referral process.

Overall, the Talking Therapy/Emotional Wellbeing Hubs were identified as being a successful service. 80-90% of respondents who had engaged with the Hubs reported that they: were involved in decision making during the telephone conversation with the co-ordinator from the Hub; felt the outcome of the

telephone conversation with the co-ordinator met their needs and expectations; felt the co-ordinator of the Hub had listened to them regarding their mental health issues; felt the Hub co-ordinator made it clear what was to happen after the telephone consultation; and, felt the waiting time from seeing their GP to having the follow-up with the Hub co-ordinator was acceptable. The majority of individuals also valued the support that they had accessed through the Hubs, stating that they had confidence in the skills and techniques of the therapists they attended. These were predominantly through MindWise, Praxis or Relate.

In summary, the majority of participants in this review identified an improvement in their mental health status after receiving support which they had accessed through their GP. They felt the treatment or support provided to them had helped them to better understand and address their difficulties. However, fewer participants felt they had been fully involved in making decisions about their treatment or support or were able to access the treatment or support that really mattered to them. Results were slightly more positive for the subset of participants who had been referred to the Talking Therapy/Emotional Wellbeing Hubs.

As well as having a greater say in the decisions about the treatment and support they receive, participants highlighted several issues that needed to be dealt with to improve the experience of services in primary care. These included, long waiting times, the time limited nature of therapeutic interventions, the pressure on GPs and the focus on prescription medication.

As the response rate to the feedback form and the interviews was significantly lower than had originally been hoped for, it is difficult to draw recommendations from these findings. However, there are some key learning points which are outlined below:

- ▶ Overall the majority of participants in this review were positive about the input from their GP in relation to their mental health issue or concern. In addition, the majority of participants who had been referred by their GP to the Talking Therapy/Emotional Wellbeing Hubs and had engaged with the service reported positively on their experience. A big improvement was noted with regards to self-reported mental health, with the number of participants reporting poor mental health falling from 48.9% before receiving treatment or support to 9.8% after receiving treatment or support.
- ▶ Our findings support other reports that have identified the high level of prescribing in primary care for mental health issues, particularly within Northern Ireland. The information provided by participants raises an issue for consideration with regard to exploring the prescribing practices of GPs.
- ▶ Research should be undertaken to determine the reasons why GPs are offering medication before or alongside a referral to talking therapy. It would also be essential to know what information is being provided to patients about alternative forms of treatment and support to inform their decision making process around accepting prescriptions and taking medication.
- ▶ Approximately a third of participants felt they had not been fully involved in making decisions about their treatment or support and were not able to access the treatment or support that really mattered to them.
- ▶ It is essential that information is provided in the primary care/community setting regarding the range of treatment and support available to address mental health issues and the referral processes to access these services. The Patient and Client Council should support and encourage the development of these resources.
- ▶ Participants indicated there are issues linked to limited resources such as long waiting times, the time

limited nature of therapy interventions and the pressure on GPs; and suggested that these factors negatively impacted on their experience.

- ▶ Given the disparity between the prevalence of mental health issues in Northern Ireland and the level of funding, compared to elsewhere in the UK, these issues need to be addressed as a priority.

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