



The role of counselling and psychotherapy in improving the public's health and wellbeing

bacp

British Association for
Counselling & Psychotherapy

The role of counselling and psychotherapy in improving the public's health and wellbeing

Executive summary

Challenge and opportunity

As a nation we face increasing healthcare costs, due in part to the increased prevalence of preventable illnesses. Given the current and anticipated ongoing constraints on health spending, it is vital to invest now in effective prevention.

There is growing recognition that mental wellbeing underpins physical health and wellbeing at all ages; that the foundations for physical and mental wellbeing are laid down in early infancy and built on throughout the life course. If these foundations are good, it leads to strong personal, family and community relationships, which are essential to enabling individuals to flourish, communities to be strong and supportive, and the nation to prosper¹.

Even where there is long-term illness and disability, it is evident that interventions that promote mental wellbeing can help in the management of symptoms and improve quality of life. There are, therefore, significant opportunities to improve the nation's health through investment in public health interventions directed at mental health and wellbeing, leading to future savings in public spending.

Background

The revised Health and Social Care Act (2012) has led to significant changes in how public health is governed and delivered in England. Public Health England (PHE) is the new national leadership body and Health and Wellbeing Boards (HWBs) have taken on local leadership in partnership with Clinical Commissioning Groups (CCGs).

The Government has also expressly committed itself to establishing parity of esteem between physical and mental health services. The Mental Health Strategy '*No Health Without Mental Health*' presents a new vision for improving the mental health and wellbeing of the population, including the explicit recognition that physical and mental health are inextricably linked.

In this context, the British Association for Counselling and Psychotherapy (BACP) commissioned an independent study titled '*Counselling and psychotherapy – is there an economic case for psychological interventions?*' (Ardino & Knapp, 2013)². The study explores the economic argument for investment in counselling and psychotherapy as a key contributor to improving health and wellbeing, thus reducing health and social care costs to the national economy. The authors have drawn economic evidence from published research studies across both mental and physical health domains, and more widely, to make their recommendations.

The role of counselling and psychotherapy in improving public health

This briefing paper builds on the findings of '*Counselling and psychotherapy – is there an economic case for psychological interventions?*' to encourage debate and make a case for further investment in research. The paper provides an overview of:

- The current challenges to public health and wellbeing
- The promotion of good health and prevention of ill health
- The contribution of counselling and psychotherapy to outcomes, including treatment and prevention
- Current cost-effectiveness evidence.

Throughout this paper the terms 'counselling', 'psychotherapy' and 'psychological therapies' are used interchangeably.

¹ Foresight Mental Capital and Wellbeing Project (2008)

² Ardino, A. and Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological interventions?*

Conclusions and recommendations

- Much disease, disability and ill health can be prevented and failure to do so is a major drain on public resources
- UK governments recognise there is '*no health without mental health*' and improving wellbeing is key to improving health
- Psychological therapies promote good health and wellbeing, thus contributing to ill health prevention
- Psychological therapies can play a key role in improving outcomes from treatment of both mental and physical illnesses
- There is evidence of cost-effectiveness for some psychological therapies, and much more research is needed

- There is a shared responsibility to evaluate the impact of psychological therapies on prevention in order to improve good practice in service design and delivery
- There needs to be greater understanding and recognition of the contribution of psychological therapies to improving public mental health and wellbeing.

Based on the above conclusions this paper sets out a number of recommendations for:

- UK governments and departments
- Public Health England and NHS England
- Research organisations
- HWBs, CCGs and Local Authorities
- Service providers and practitioners.



The role of counselling and psychotherapy in improving the public's health and wellbeing

1. Current challenges to public health

Ensuring good mental health and wellbeing is an essential ingredient to improving public health. This paper suggests that there are three key public health challenges on which mental health and wellbeing have a significant impact, these are: chronic illness, co-morbidity and medically unexplained symptoms (MUS).

Chronic physical and mental illnesses

Average life expectancy in the UK is now 80 years, compared with a global average of 70³. However, the increase in years of life has not been accompanied by an increase in years lived in good health: people can expect to live longer, but many will live with chronic ill health and disability.

Chronic disease currently causes 85% of all deaths in the UK: cardiovascular disease causes 38% of these deaths and cancer causes 25%. The World Health Organisation (WHO) estimates that from 2005 to 2015, premature deaths from heart disease, stroke and diabetes alone will cost the UK economy £21 billion. According to WHO, 80% of premature heart disease, stroke and type 2 diabetes, and 40% of cancer could be prevented through healthy diet, regular physical activity and not smoking⁴.

Mental illness is the leading cause of years lived with disability worldwide⁵ with significant impact on individuals, families, communities, and national and global economies. For example, the socio-economic impact of depression on the UK has been estimated annually at £5.8 billion in lost employment and £1.7 billion in total service costs⁶.

Co-morbidity

Long-term physical ill health is often accompanied by mental health problems, compounding treatment costs and delaying recovery. For example, it is estimated that co-morbid depression in patients with diabetes is associated with a 50–75% increase in healthcare costs⁷. Furthermore, people who suffer from severe and complex co-morbid disorders are likely to be unable to work, and may be heavily reliant on support from health and social care services and the benefits system.

There is a growing body of evidence to suggest that people with physical conditions recover more quickly and are better able to manage their disabilities and/or symptoms if they have good mental health and wellbeing. There is also evidence that mental wellbeing confers protection from infection and disease⁸.

Medically unexplained symptoms (MUS)

Chronic pain and other physical symptoms of ill health can sometimes present with no clear underlying medical cause, often described as medically unexplained symptoms (MUS). The costs associated with investigating and treating MUS can be substantial, and some could be avoided through effective intervention. MUS often result from psychological distress and/or undiagnosed mental health problems. If the underlying distress is identified and resolved or managed, this can prevent or improve the physical symptoms, as illustrated in the following case study.

³ World Health Organisation (2011) *United Kingdom: health profile* <http://www.who.int/gho/countries/gbr.pdf>

⁴ World Health Organisation (2005) *Facing the facts: The impact of chronic disease in the United Kingdom* http://www.who.int/chp/chronic_disease_report/media/uk.pdf

⁵ *Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study* (2010). <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961611-6/fulltext?elsca1=ETOC-LANCET&elsca2=email&elsca3=E24A35F>

⁶ McCrone, M.K. et al. (2008) cited in Ardino, A. and Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological interventions?*

⁷ DH (2010) *Talking therapies a four-year action plan*. Page 19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213765/dh_123985.pdf

⁸ Faculty of Public Health http://www.fph.org.uk/mental_wellbeing_enhances_resilience_and_protects_against_disease.

Case study – medically unexplained symptoms (MUS)

Cited in: ‘*Counselling and psychotherapy – is there an economic case for psychological interventions?*’ (Ardino & Knapp, 2013)

(Abridged and reproduced with the authors’ permission)

Clinical scenario

Anouk is a 36-year-old woman with a seven-year history of chronic back pain. She grew up with her mother who had bouts of psychotic illness, and found it hard to express her emotions. Anouk is referred for physiotherapy and supportive counselling. She arrives for her counselling assessment interview accompanied by a friend because she has difficulty walking due to the pain. The assessment reveals:

- one previous episode of depressive disorder at the age of 24
- ongoing pain disorder
- paranoid and obsessive-compulsive personality disorder.

Anouk engages in counselling, exploring her emotions and strategies for improving her physical fitness. She resists some ideas to start with but does engage eventually; at the end of the counselling Anouk enrolls for Nordic Walking classes and reports fewer symptoms and improved sleep.

The economic case

MUS can generate significant economic impacts for society: potential misdiagnoses can result in high healthcare utilisation, increasing costs for the NHS. Furthermore, productivity losses because of disrupted work patterns can add further costs if MUS remain undetected.

Anouk had not previously been offered a clear pathway and ended up frequently being referred to secondary care services for tests and appointments. She presented many times to the GP and consumed a disproportionate amount of resources in consultation time, including costs for an outpatient treatment for depression, with little evident benefit for her.

The undetected origins of Anouk’s problems led to a very poor quality of life for her, with great economic impact. Anouk represents

5% of UK individuals with clinical somatisation disorders; this figure should be added to another 22% of individuals with sub-threshold levels of somatisation disorders, together these patients account for:

- 8% of all prescriptions
- 25% of outpatient care
- 8% of inpatient bed occupancy
- 5% of A&E attendances.

In 2008/09, the NHS cost of MUS in England amounted to £3.1 billion, with a further £5.2 billion attributable to lost productivity and £9.3 billion to reduced quality of life (Birmingham et al 2010).

If more individuals with a history similar to Anouk’s were offered counselling or psychotherapy, significant cost savings could be made. For example, to offer cognitive behaviour therapy (CBT), the cost could amount to £70m, but over a five-year period would generate approximately £180m in NHS savings and around £60m savings from improved workforce productivity. In addition, there are potentially around 3,000 QALYs gained from providing CBT for the 75,000 or so people with MUS.

References

Birmingham, S., Cohen, A., Hague, J., and Parsonage, M. (2010) The cost of somatisation among the working-age population in England for the year 2008/09. *Mental Health in Family Medicine*, 7(2), pp71–84.

De Waal, M.W., Arnold, I.A., Eekhof, J.A., van Hemert, A.M. (2004) Somatoform disorders in general practice. *British Journal of Psychiatry*, 184, pp478–76.

Morriss, R., Gask, L. (2009) Assessment and immediate management of patients with medically unexplained symptoms in primary care. *Psychiatry*, 8(5), pp179–183.

2. Promoting good health

Mental health is a central strand in the role of Public Health England and is included in associated national policy, such as *'Healthy Lives, Healthy People'*⁹. The public health agenda is also reflected in the national mental health strategy *'No health without mental health'*¹⁰.

These documents make explicit the need for collaboration across government departments in developing strategies that promote good health by addressing the multiple factors that influence health and wellbeing. To ensure effective implementation of such strategies, local collaboration is also needed.

Collaborative working

It is known that health status and wellbeing are influenced by bio-psycho-social factors. Achieving meaningful and sustainable improvements in health and wellbeing, therefore, requires partnership working across the swathe of public agencies, not just health and social care but employment, housing, education, welfare, criminal justice, planning and more.

For some individuals, families and communities the challenges to health and wellbeing are entrenched and inter-generational. Indeed the task is beyond the capacity of the public sector – the third sector, employers, faith groups and the private sector are also part of the solution to improving wellbeing, thus transforming lives and communities.

Health promotion strategies

The Marmot Review (2010) identified the significant impact of health inequalities on health and social care costs and recommended the following six policy objectives for reducing inequalities and promoting good health:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention¹¹.

These priorities are being taken forward by Clinical Commissioning Groups (CCGs), Local Government and Health and Wellbeing Boards (HWBs). HWBs are specifically responsible for preparing the local Joint Health and Wellbeing Strategy, which helps to provide a framework for collaborative working that promotes good public health and reduces health inequalities.

As these local partners take on shared responsibility for public health, the Mental Health Strategic Partnership has issued a report, titled *'Building resilient communities'*¹², that presents the importance of including resilience in public health strategies. The report draws on evidence and recommends how to promote resilience through:

- Activities that promote wellbeing
- Building social capital
- Developing psychological coping strategies.

Counselling and psychotherapy have a significant contribution to make to these 21st century public health agendas.

⁹ *'Healthy Lives, Healthy People': Our strategy for public health in England* (PHE Priorities Document 2013–14)

¹⁰ *No health without mental health: implementation framework* (2012)

¹¹ *The Marmot Review (2010) Fair society, healthy lives, the Marmot Review, Executive Summary*. Page 9

¹² *Mind MHF (August 2013) Building resilient communities – making every contact count for public health*

3. The contribution of counselling and psychotherapy in the NHS and public health delivery

Counselling and psychotherapy contribute to public health through service delivery in a wide range of settings outside the formal health and social care arenas, such as education establishments, employers, faith groups, the third sector and the private sector. However, the NHS and local authorities deliver and commission the vast majority of health and social care interventions and services in the UK. The NHS in particular is a key player in the delivery of psychological therapies; in a 2010 survey 88% of respondents agreed that “counselling and psychotherapy should be available to all on the NHS¹³”.

Treatment

Over the last decade, successive English governments have committed to improving NHS-funded psychological therapy. The main focus of this expansion of provision has been the treatment of depression and anxiety in primary care through the implementation of the Improving Access to Psychological Therapies (IAPT) programme.

IAPT was a response to *The Depression Report* (Layard et al., 2006)¹⁴ which presented an economic case for investing in psychological therapies, including the opportunity for cost savings in Incapacity Benefit and improved productivity. The report suggested that working age adults with common mental health problems, who were currently claiming Incapacity Benefit, could be facilitated back into work if their mental illness was effectively treated. The resulting IAPT programme initially prioritised providing evidence-based therapies for depression and anxiety in working age adults. IAPT is now evolving to work with a wider range of patients, including: children and young people, older people, people with long-term conditions, those with severe and enduring mental illness and people with MUS.

IAPT has led to an increased proportion of the workforce being trained in counselling and psychotherapy modalities aligned to NICE guidelines¹⁵ (these are Cognitive Behavioural Therapy, Counselling for Depression, Couples

Counselling for Depression, Dynamic Interpersonal Therapy and Interpersonal Psychotherapy). IAPT also introduced the wide-spread use of standardised and routine outcome measurements, thus improving the practice-based evidence for the effectiveness of psychological therapies. Evaluations of IAPT demonstrate:

- CBT showing strongest effectiveness for anxiety
- equivalence of outcomes between CBT and counselling in the treatment of depression¹⁶.

IAPT services are primarily designed to treat depression and anxiety, but some people who are referred because of symptoms of depression and/or anxiety are also assessed to have complex presentations and histories. Counsellors working in IAPT, or other primary care counselling services, are therefore likely to work with people who have:

- been assessed as unsuitable for other treatments or therapies
- been offered counselling following different treatment or therapy that did not improve their symptoms
- identified unresolved issues – historic or developmental – that are impacting on their current coping methods and personal development
- relationship difficulties
- problems with adjustment (e.g. to parenthood, retirement, diagnosis of illness)
- low focus and low motivation towards implementing changes
- a prolonged or complex grief reaction or other high level of emotional distress
- a high requirement for risk management
- a complex history, with significant risk and/or high impairment of functioning
- a number of previous interventions with unhelpful outcomes¹⁷.

¹³ Carol Goldstone Associates (June 2010) *Attitudes to Counselling and Psychotherapy Report for BACP (contact BACP)*

¹⁴ Layard, R., Bell, S.B., and Clarke, D. (2006) *The depression report. A new deal for depression and anxiety disorders*. London School of Economics.

¹⁵ NICE (2009) *Depression: the treatment and management of depression in adults (update)*

¹⁶ Glover, G., Webb, M. and Evison, F. (2010) *Improving access to psychological therapies: a review of the progress made by sites in the first roll-out year. [pdf]* North East Public Health Observatory.

¹⁷ Clark, D.M., Layard, R. and Smithies, R. (2008) *Improving Access to Psychological Therapy: Initial Evaluation of the Two Demonstration Sites*. Centre for Economic Performance Discussion Paper No 897. Pages 15–16.

Prevention

Psychological therapies enable reflection, helping us to understand and develop resilience around what we cannot change, while identifying positive changes and choices we are able to make; both strategies can result in reduced stress and improved general health and wellbeing.

Psychological therapies also help us to focus on our relationships (with ourselves and others) and how these relationships impact on our values, beliefs and behaviours. This in turn can affect our motivation and influence health behaviours, such as what we eat, if and how we exercise, our engagement in meaningful activities such as work, and our alcohol and/or drug consumption. This suggests that there is potential for counselling and psychotherapy to help:

- prevent chronic physical and mental illness
- reduce the impact of co-morbid health problems
- relieve medically unexplained symptoms
- reduce distress.

Therapy can also have profound effects on our relationships with others, including parenting relationships. It can enable people to build, or rebuild, relationships with partners and families. It can give people confidence to engage with their local communities, build or re-establish friendships and social networks and achieve life goals and potential. These wider impacts of psychological therapies on relationships, families and communities have the potential to help improve individual and community resilience and thereby reduce health inequalities.

Commissioning considerations

CCGs have inherited existing commissioning arrangements for IAPT and other types of counselling services that sit alongside IAPT. Some CCGs are choosing to commission through the new Any Qualified Provider (AQP) procurement system. The national *Primary Care Psychological Therapies (Adult), AQP implementation pack*¹⁸ suggests an 'IAPT-plus' model is needed to meet whole population needs and offer patient choice.

In this context, commissioners need to consider how psychological therapies can be delivered in primary care and how they fit within the local NHS system. Psychological therapies can also be offered to patients in secondary, tertiary or palliative care settings. For example, psychological therapy is delivered in secondary care specialist services, such as eating disorder clinics, neurology departments, to patients following a traumatic event such as amputation, in diabetes and cardiac clinics and in palliative care for patients with terminal illness, such as cancer.

A common component of practice for all psychological therapists working in services provided or commissioned by the NHS is working with the medical model. This entails a focus on the symptoms of the disorder and (in most cases) the effectiveness of the intervention can therefore be measured through changes in those symptoms. However, the therapeutic process can also have wider reaching effects on health and wellbeing, which can be more difficult to measure.

It is notable that '*Counselling and psychotherapy: is there an economic case*' cites numerous studies where counselling and psychotherapy are a significant contributor alongside medical interventions (ie. medication) to improved outcomes across a range of disorders. This suggests that recovery is not just about a person's state of health; it is also about their state of mind.

The recent *Building resilient communities* report also refers to the role of psychological interventions, recommending that CCGs: 'provide access to interventions that build psychological coping skills, particularly for those at increased risk of poor wellbeing.'¹⁹

BACP supports this recommendation and suggests that CCGs and psychological therapy services must also work together to embed robust methods of measuring the impact of psychological therapies on public health in order to provide the evidence that will help inform best practice in commissioning for prevention.

¹⁸ NHS (March 2013) *Primary Care Psychological Therapies (Adult), AQP implementation pack* <http://www.supply2health.nhs.uk/AQPResourceCentre/>

¹⁹ Mind MHF (August 2013) *Building resilient communities – making every contact count for public health*. Page 6. <http://www.mentalhealth.org.uk/publications/building-resilient-communities/>

4. Evidence

Research is vital in providing evidence for the general and specific effectiveness of counselling and psychotherapy. Without research evidence, it is difficult for practitioners and service providers to justify to commissioners and clients the benefits of what they offer compared with the available alternatives. Research is not only important for the justification of services, but also as a means of identifying and evaluating areas of service improvement and development.

Evidence-based psychological therapies have an important role in the delivery of healthcare within the new commissioning environment. There is good evidence of efficacy and cost-effectiveness for psychological therapies, as reflected in guidance produced by the National Institute for Health and Care Excellence (NICE). There is also a large body of routine monitoring outcome data supporting the effectiveness of counselling and psychotherapy. These routine audits can enhance the clinical utility of NICE guidelines by informing commissioners about treatment effectiveness in practice²⁰.

²⁰ BACP (2013) *Summary of research into the evidence of counselling & psychotherapy*. <http://www.bacp.co.uk/commissioning>

5. Conclusion

In *'Counselling and psychotherapy – is there an economic case for psychological interventions?'*, Ardino and Knapp conclude it is essential that *'evaluations of counselling and psychotherapeutic interventions include an economic dimension, and that individual therapists are in a position to explain how a particular approach can not only improve the wellbeing of the patient but also have economic benefits'*²².

Ardino and Knapp also identify the need for a multidisciplinary effort in order to ensure evaluations are robust, asserting the urgent need for research which will enable counselling and psychotherapy to be funded at levels that allow them *'to achieve their potential in making meaningful contributions to improved health and quality of life'*²³.

This paper acknowledges the strength of the argument for more research and offers the following summary points in support:

²² Ardino, A. and Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological interventions?* Page 39.

²³ Ardino, A. and Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological interventions?* Page 39.

Current evidence of cost-effectiveness

'With growing pressures on NHS and other budgets, decision-makers at all levels within health and other systems are increasingly wanting to know whether there is an economic case for particular courses of action, especially when new interventions or arrangements are being proposed' (Ardino and Knapp, 2013)²¹.

Given limited resources for health and social care interventions, BACP commissioned researchers at the London School of Economics to review the cost-effectiveness evidence for psychological therapies in treating a range of presenting problems across the life course.

²¹ Ardino, A. and Knapp, M. (2013) *Counselling and psychotherapy: is there an economic case for psychological interventions?*

- Much disease, disability and ill health can be prevented and failure to do so is a major drain on public resources
- UK governments recognise there is 'no health without mental health' and improving wellbeing is key to improving health
- Psychological therapies promote good health and wellbeing, thus contributing to ill health prevention
- Psychological therapies can play a key role in improving outcomes from treatment of both mental and physical illnesses
- There is evidence of cost-effectiveness for some psychological therapies, and much more research is needed
- There is a shared responsibility to evaluate the impact of psychological therapies on prevention in order to improve good practice in service design and delivery
- There needs to be greater understanding and recognition of the contribution of psychological therapies to improving public mental health and wellbeing.

Counselling and psychotherapy: is there an economic case for psychological interventions?

(Ardino & Knapp, 2013)

Abridged 'key findings', reproduced with the authors' permission

Children and adolescents

There is a wealth of evidence on the economic consequences of mental ill-health in children and adolescents; therefore, prevention and promotion interventions during childhood and adolescence have the potential to be highly cost-effective. Presenting problems for which there is evidence that psychological therapies can be cost-effective include: conduct disorder, attention deficit/hyperactivity disorder (ADHD), eating disorders, and psychosis/schizophrenia.

Working age adults

In treating adults with depression, completed studies demonstrate that there is an economic case for some forms of psychological therapy.

Preventive counselling (psychological interventions based on either cognitive behavioural or person-centred principles) delivered by specifically trained health visitors is more cost-effective than usual care for women at risk of post-natal depression.

Although anxiety disorders are the most common mental health problems in adulthood, available economic evidence on psychological interventions is scarce.

Therapeutic interventions for schizophrenia can reduce costs by decreasing relapses and thereby reducing the need for in-patient admission, and by maximising function and thereby improving work-related productivity. There is evidence of cost-effectiveness for a range of interventions, including family interventions, arts therapies, CBT and cognitive remediation.

Brief psychological interventions are more cost-effective than self-help groups for people with drug misuse problems.

For the general population, client-centred, psychologically-informed interventions can be effective and cost-effective approaches to smoking cessation. Proactive telephone counselling was found by NICE to be the most cost-effective option.

Older people

There are cost-effectiveness studies for the use of cognitive stimulation to treat mild to moderate dementia.

Cost-effectiveness studies suggest that group interventions to address loneliness can decrease hospitalisation, improve quality of life and improve survival rates at relatively low cost.

Chronic physical health problems

Psychosocial interventions may be cost-effective in: reducing symptoms of depression for people with a long-term condition and comorbid depression, and alleviating symptoms of anxiety and depression among cancer survivors.

Psychosocial interventions are also cost-effective compared to standard care for women with metastatic breast cancer.

There is evidence to suggest psychological therapies are cost-effective for: people with medically unexplained symptoms, people undergoing implantation of a cardiac defibrillator and people with coronary artery disease.

6. Recommendations

BACP recognises that it will take considerable and coordinated effort to develop a robust evidence-base for the contribution of psychological therapies to public health.

The recommendations that follow set out the initial steps that can be achieved by the end of 2015.

UK governments and departments

- Continue to embed preventative approaches for tackling chronic health problems and health inequalities in policy and outcomes frameworks
- Embed the preventative approach in department-led programmes for improving access to psychological therapies
- Encourage more research on the contribution of psychological therapies to public health.

Public Health England and NHS England

- Support the implementation of evidence-based and cost effective interventions on promotion, prevention, care and treatment
- Provide evidence reviews, intelligence and information that support local action
- Assess progress towards achieving key outcomes for individuals, families and communities
- Support local HWBs and CCGs with information and intelligence that helps local needs assessment, strategic planning and delivery.

Research organisations

- Work with NICE, SIGN and other relevant bodies to identify robust and appropriate methodologies for measuring the impact of psychological therapies on public health

- Engage in research on the contribution of psychological therapies to public health
- Develop systems for collating and reporting practice-based evidence of the impact of psychological therapies on public health.

HWBs, CCGs and Local Authorities

- Involve service providers in the Joint Strategic Needs Assessment (JSNA), capturing their practice-based evidence about local public health
- Continue to commission psychological therapy services that are informed by an evidence-base
- Work with service providers to identify means of measuring wider service impact on local public health, using methodologies that are consistent with national good practice.

Service providers and practitioners

- Engage with local JSNA processes by informing commissioners and public health leads in HWBs, CCGs and Local Authorities of any practice-based evidence of counselling/psychotherapy's contribution to public health
- Work with commissioners to develop models for measuring counselling/psychotherapy service impact on local public health, using methodologies that are consistent with national good practice
- Implement systems for measuring and reporting the contribution of psychological therapies to public health in order to identify areas for development and improvement.

7. Commitments from BACP

BACP is committed to:

- Seeking feedback on this paper and its recommendations from stakeholders in England
- Developing briefing papers for Northern Ireland, Scotland and Wales and seeking stakeholder feedback in those countries
- Disseminating information to BACP members to encourage their constructive engagement with public health and prevention in their locality
- Supporting BACP practitioners with information to help them understand and implement service evaluations that include economic analysis
- Continuing to commission research into counselling and psychotherapy through the BACP Research Foundation.



The role of counselling and psychotherapy in improving the public's health and wellbeing

© BACP 2013

bacp

British Association for
Counselling & Psychotherapy

BACP House
15 St John's Business Park
Lutterworth LE17 4HB
t: 01455 883300
f: 01455 550243
e: bacp@bacp.co.uk
w: www.bacp.co.uk



Company limited by guarantee 2175320
Registered in England & Wales.
Registered Charity 298361