

SAMH'S VIEW:

PSYCHOLOGICAL THERAPIES

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ABOUT THE SAMH'S VIEW SERIES

SAMH's View statements set out SAMH's position on a particular policy topic. They are produced by the Public Affairs team.

Context

Psychological therapies are talking therapies: treatments for mental health problems that are based around talking to a specially trained therapist. They are usually provided on a one to one basis but can also be conducted over the phone, as part of a group or online. In Scotland, the Government has set a target that everyone referred for a psychological therapy should begin treatment within eighteen weeks. This target was due for delivery by December 2014, but just two of the fourteen Health Boards achieve this.¹ This compares with provision in England, where 61% of people are seen within 28 days.²

Key points

- SAMH's [Talking it Out](#) report summarises the experiences of over 350 people who had been referred for psychological therapies.
- Most health boards do not monitor the types of therapies they provide or whether patients feel the therapy has helped them.³
- In England there is a target for 25% of people with common mental health problems to access therapies, with 50% of people achieving recovery.⁴
- Most health boards do not monitor equalities data about which groups are receiving therapies: this means they can't meet their [duty](#) to eliminate discrimination.⁵
- Official guidance says people with depression should be offered therapy as well as or (depending on the condition's severity) instead of antidepressants.⁶
- People who receive therapy faster and who feel that their treatment lasts long enough are more likely to feel that it has helped.⁷
- The Scottish Government was the first in the world to set waiting time targets for psychological therapies, but these have not been met and we risk falling behind.
- The level of performance and provision varies substantially between different health boards. NHS Greater Glasgow and Clyde and NHS Ayrshire and Arran have many more referrals per head of population than the other health boards.⁸

SAMH calls for:

- The Scottish Government to commission an independent inquiry into the failure of Health Boards to meet the current 18 week waiting time targets.
- NHS Scotland to be supported towards an interim twelve week target, giving mental health treatment parity with treatments for other illnesses.
- The Scottish Government and NHS Scotland to develop a minimum data set on outcomes of psychological therapies, to allow measurement of their effectiveness.
- Where psychological therapies are time-limited, this should be based on evidence of effectiveness and not resource rationing.
- NHS Scotland to set a target to increase the number of people receiving psychological therapies year on year.
- Health Boards to collect and evaluate equalities data on who is receiving therapies.
- Health Boards to ensure that patients receive clear information about the type of therapy they are receiving and the reasons for this choice.

Further detail:

OFFICIAL GUIDANCE

- [SIGN guideline](#) on non-pharmacological management of depression (2010)
- NHS Education Scotland's [Matrix](#) guidance on evidence for psychological therapies (2011)

SAMH RESEARCH

- [Talking it Out](#) (2015)
- [Survey of GPs](#) (2014)

OTHER INFORMATION

- [We Need to Talk coalition](#) (England, 2014)
- [Gofal survey](#) (Wales, 2012)

Notes

- 1 ISD, [Psychological Therapies Waiting Times](#), March 2017
- 2 HSCIC, [Psychological Therapies: Annual Report England](#), 2013/14
- 3 SAMH, [Talking it Out](#), 2015
- 4 NHS England, [Implementing the Five Year Forward View for Mental Health](#), 2016
- 5 SAMH, [Talking it Out](#), 2015
- 6 NICE, [Depression in Adults: the treatment and management of depression in adults](#), 2009
- 7 SAMH, [Talking it Out](#), 2015
- 8 ISD [Psychological Therapies Waiting times data](#) June 2016