

Too long to wait

Specialist psychological therapies in Wales



Contents

<u>Foreword</u>	3
<u>Introduction</u>	4
<u>Background</u>	5
<u>Research</u>	7
<u>Section 1: Waiting times</u>	8
<u>Section 2: Referrals and assessments</u>	11
<u>Section 3: Welsh language</u>	12
<u>Next steps</u>	13
<u>Recommendations</u>	14
<u>Participant demographics</u>	15

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Foreword

Improving access to psychological therapies is a key commitment of the Welsh Government's ten year Together for Mental Health Strategy. It is a goal that has been restated in each of the strategies' subsequent delivery plans, with targeted actions aimed at realising its ambition.

However, nine years on from the strategies' publication, our research paints a challenging picture. Whilst there has no doubt been progress over the course of the strategy, it is clear that people still struggle to access this support, still face a lack of choice and still wait too long. A renewed focus and approach is urgently needed to deliver the ambition of the strategy.

There has rarely been a more crucial time to prioritise mental health. As with other services, the outbreak of coronavirus has exacerbated existing service challenges and sharpened inequalities. Fewer people have accessed support whilst more people face longer waits. We know that the coronavirus (Covid-19) pandemic will have a lasting impact on the mental health of people across Wales, increasing demand for support in the months and years ahead.

The following report outlines significant challenges that will require leadership, focus, innovation and targeted investment to overcome. We are confident that, with renewed urgency, realising the ambition of improved access to psychological therapies is not only possible but can create a step-change in the support provided to those of us with mental health problems.

Acknowledgements

We would like to thank everyone who took the time to complete our survey and share their experiences and insights. We recognise that some findings in this report may be upsetting as it deals with both positive and negative personal experiences. If you need help and support for your mental health you can access a range of information and advice on the Mind website: mind.org.uk



Introduction

Psychological therapies can provide a safe space to talk openly and without judgement, they can help us make sense of things, better understand ourselves or help us resolve complicated feelings. To understand better people's experiences of accessing this support, we carried out research on the challenges people are facing, the support they would like to receive and we analysed waiting times data across Wales.

People often tell us how much they value psychological therapy and the positive impact it has had on their mental health. Our survey, which provides a snapshot of some people's experiences, reinforces this view. We heard that whilst many truly valued the benefit of psychological therapy, issues around access, waiting times, limited choice and number of sessions have negatively affected their experiences and left many still searching for support.

"The therapy I eventually received was excellent, in a hard way. It was the first time I felt truly heard after years in the mental health services."

- Survey participant

"The waiting time to access therapy was long and difficult. Therapy has helped me but I am at the point where my sessions will end soon and I don't feel well enough to manage my mental health on my own but I have no choice. I am scared of having no support and what that will do to my mental health."

- Survey participant

"My CPN fought to get me on the therapy course, which I've only done 5 weeks of so far, but has really helped."

- Survey participant

Specialist Psychological therapy

Psychological therapy is a term used to describe a range of support and is often used interchangeably with talking therapies. The Welsh Government's Matrics Cymru provides definitions for psychological therapies and sets out the range of interventions that could be used and the different levels or tiers of service that they are likely to be appropriate for.

This report focuses on high intensity or specialist psychological therapies as defined in the Matrics Cymru. Throughout this report, 'psychological therapy' is used to refer to these high-intensity or specialist psychological therapies.

These services are usually delivered in secondary mental health services and are designed for people with severe and enduring mental health problems. Referrals for an assessment for these services would usually come directly from your GP or following a mental health assessment in primary care.



Background

Over the past ten years, multiple reports have looked at and raised concerns about access to psychological therapy in Wales. In 2011, the Wales Audit Office published a follow-up report on adult mental health services, which found:

“Specialist psychologist and psychotherapist staffing levels have also increased in most parts of Wales since 2005, although long waiting times persist in many areas, and can be well in excess of 12 months.”¹

The following year, the Welsh Government published its ten-year strategy, Together for Mental Health, which included improved access to psychological therapies as a key commitment. As part of this commitment, the Welsh Government commissioned a review on improving access to psychological therapies, which stated:

“there are differences in the availability and relative quality of, and access to, service and treatment delivery. This is evident both at a regional level, service level and practitioner level.”²

In response to this and other issues, the then Welsh Government announced additional funding for mental health services in June 2015, with almost £2million earmarked for improving access to psychological therapies. The Together for Mental Health 2016-19 Delivery plan included a specific action for Health Boards to improve access to psychological therapy for adults for completion by March 2017. That year

also saw the publication of Matrics Cymru, guidance for delivering evidence-based psychological therapy in Wales.

Matrics Cymru is a “structured guide to assist planning and delivering evidence-based psychological therapies within local authorities and health boards in Wales”, and “provides guidance to support greater quality and consistency in the delivery of psychological therapy across Wales.”³ The guidance was followed by a Matrics Cymru National Action Plan⁴, designed to support Health Boards and their partners to improve support, including increasing the range of psychological therapies available, meeting waiting times targets, ensuring outcomes and feedback are used to improve services and support consistent and equitable delivery of services.

The Matrics Cymru National Action Plan provides a clear framework for improving access to psychological therapies, however, despite this, a thematic review of community mental health teams conducted by Health Inspectorate and Care Inspectorate Wales in 2017-18, found that

“access to psychology or therapeutic services within secondary, primary and third sector is very limited and there are long waiting times in Wales; up to 24 months in some areas. This requires urgent action to address the shortfall in service provision. This involves not only increased recruitment in these disciplines, but looking at more innovative ways of meeting this need.”⁵

1 audit.wales/sites/default/files/Adult_Mental_Health_Services_-_Follow_up_Report_English_2011_14.pdf

2 Review of the provision of, and access to, psychological therapy services in Wales, Welsh Government 2013

3 1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Matrics%20Cymru%20%28CM%20design%20-%20DRAFT%2015%29.pdf

4 1000livesplus.wales.nhs.uk/sitesplus/documents/1011/2018-05-16%20National%20Plan%20for%20Delivery%20of%20Matrics%20Cymru.pdf

5 hiw.org.uk/sites/default/files/2019-06/190207joint-thematic-review-community-mental-health-en.pdf

As part of a wide-ranging set of recommendations, the report stated:

“Much more work is needed to increase the availability and timely access to psychological therapies across Wales. Health boards need to improve resources in this area and look at different ways of making sure sufficient psychological services were being provided.”

Similarly, the Senedd’s Health Committee’s Report on suicide prevention, published in December 2018, included concerns about access. It recommended that the Welsh Government introduce waiting times for psychological therapy to ensure those in need receive support within a suitable timescale.⁶ The Welsh Government accepted this recommendation, stating:

“We are continuing to implement our commitment to improve access to psychological therapies and are providing an additional £5.5M a year of recurrent funding to support this.”

“We have already committed to introducing a target for specialist psychological therapies and we will commence formal reporting of this in April 2019. Health boards will be expected to have started treatment of 80% of patients within the 26-week target. It is our intention to reduce this target once the new investment we are making from this year enables us to do so.”⁷

More recently, the final Together for Mental Health Delivery Plan, which covers 2019–2022, includes “Improving the access, quality and range of psychological for therapies children, working age and older adults” as one of six key priorities for the period.⁸ The Delivery Plan includes a commitment to publishing waiting times for access to psychological therapies within its first year; however, at the time of writing (February 2021), this information has not been published.



⁶ senedd.wales/laid%20documents/cr-ld11947/cr-ld11947-e.pdf

⁷ senedd.wales/laid%20documents/gen-ld12089/gen-ld12089-e.pdf

⁸ gov.wales/sites/default/files/publications/2020-10/review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19-0.pdf

Research

In October 2020, we sent a freedom of information request to each of the seven Local Health Boards in Wales for information on psychological therapies delivered by the Health Board for each month from April 2019 to September 2020. We asked that their responses only include information for people waiting to start high intensity or specialist psychological therapies (as defined in Matrics Cymru) and not those waiting for lower intensity support, which would usually be delivered by Local Primary Mental Health Support Services.

Specifically, we asked to know the number of patients who were waiting to start a psychological therapy at the end of each month, categorised as follows:

- Patients waiting up to and including 84 days
- Patients waiting 85 days and over and up to and including 126 days
- Patients waiting 127 days and over and up to and including 182 days
- Patients waiting 183 days and over and up to and including 252 days
- Patients waiting 253 days and over and up to and including 364 days
- Patients waiting 365 days and over

The wording of the request, including timescales and use of 'patients' was used to reflect how this data is collected and recorded by the Welsh Government.

We also carried out a survey from January 2020 to August 2020, which heard from 88 people who had received, requested or been on a waiting list for psychological therapies on the NHS in Wales in the last three years. Their voices provide a snapshot of people's experiences and have been analysed alongside waiting times data to produce this report.

Key findings

- ① In each month from April 2019 – August 2020, thousands of people across Wales were waiting longer than the 26 week target to access psychological therapy, with hundreds of people waiting more than a year
- ② The target for 80% of people to be seen within the 26 week target was not met in any of the 17 months to August 2020
- ③ There is significant variation across Health Boards on the numbers of people waiting for psychological therapies per head, this suggests differences in service capacity and thresholds for support that requires further exploration
- ④ Coronavirus has had a significant impact on access to psychological therapy and has exacerbated pre-existing issues, with less people accepted onto waiting lists and more people waiting longer for support



Section 1:

Waiting times

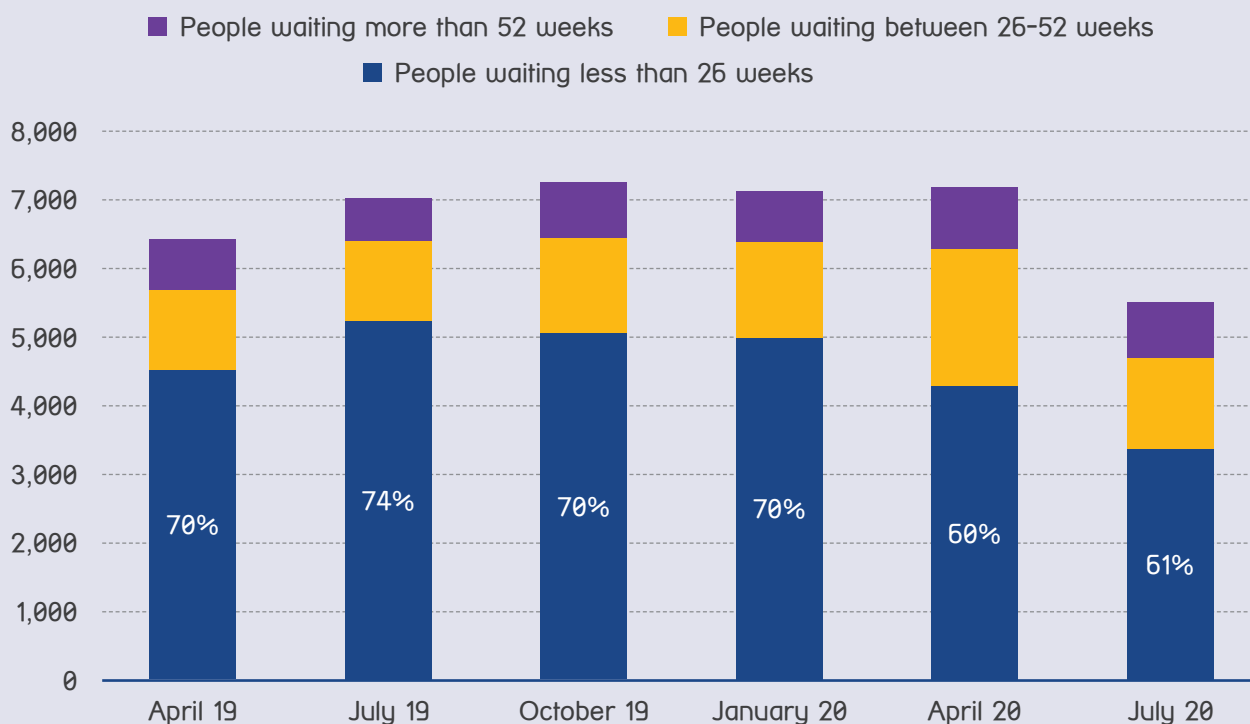
The Welsh Government target for people waiting to start psychological therapy is 26 weeks, with the expectation that 80% of people be seen within the target. Our view is that 26 weeks is too long to wait and raises questions of parity between physical and mental health services. Waiting times within primary care mental health services, for people with less severe mental health problems, are far more ambitious, with a target that 80% of people receive treatment, if appropriate, within 55 days of a referral.

Our research confirms what so many people have told us. It shows a service with long waiting times struggling to cope with demand, which has been made worse by the outbreak of coronavirus.

We found:

- In each month from April 2019 – August 2020, thousands of people across Wales were waiting longer than 26 weeks to access psychological therapy. Hundreds were waiting longer than a year.
- The target for 80% of people to be seen within 26 weeks was not met in any of the 17 months to August 2020.
- Before coronavirus, in the 11 months from April 2019 – February 2020, there was an average of 2054 people waiting longer than 26 weeks to start psychological therapy.
- Over the same period, on average there were 747 people waiting longer than a year.

Waiting times for psychological therapies



Source: Mind Cymru analysis of freedom of information requests on waiting times for psychological therapies, April 2019 – July 2020. Percentages show the number of people waiting less than 26 week target.

The coronavirus pandemic has had a significant impact on access to psychological therapy and has exacerbated pre-existing issues, with less people accepted onto the waiting list yet more people waiting longer for support.

When comparing the most recent figures, for August 2020, to the same period in 2019, we found:

- The number of people waiting to start psychological therapies fell by 28%, from 7,198 to 5,208
- Despite this reduction in the number of people waiting to start psychological therapy, the number of people waiting longer than 26 weeks increased by 4%, from 2,146 to 2,228
- The number of people waiting longer than a year increased by 17%, from 729 to 852
- The percentage of people waiting less than 26 weeks to start therapy fell from 70% to 57%

“The support I received from my GP when I initially spoke about my mental health was positive and the referral and initial assessment was fine. However the wait for therapy was several months, which to me felt like years away.”

– Survey participant

“I’m still waiting for psychotherapy after four and a half years. There is nothing out there to support you while you wait except your GP or A&E.”

– Survey participant

“I only ever saw a nurse in the hospital who gave me some questionnaires. Never got to see a therapist as the waiting list was so long.”

– Survey participant



Geographical variation

We also analysed the data using population estimates for each Health Board.⁹ This enabled us to look at the numbers of people waiting in each area per head of population. We found significant variation between health boards in the numbers of people waiting per head. More research is required to understand the reasons behind this variation and whether this is partly due to differences in service capacity and thresholds for access to support.

Some Local Health Boards in Wales have undertaken and published audits of psychological therapy provision in their area with a view to improving support. It is vital that all Health Boards undertake and publish such audits so that learning can be shared and existing support mapped to identify gaps in provision.

Response to coronavirus

Between April – May 2020, the number of people waiting to start psychological therapy across Wales fell by just over 20%. Such a significant decrease is anomalous and not seen in any other month. We asked a number of Health Boards to clarify the reasons behind this, asking specifically whether people were discharged from the waiting list in response to coronavirus, without having received psychological therapies.

The responses we received suggested that some people were discharged from the waiting list in response to coronavirus. Whilst many seem to have received alternative support, one Health Board confirmed that a number of people declined an offer of remote support and, as such, were removed from the waiting list and could re-refer to the service later.

This highlights the importance of providing alternatives to digital and remote-based support and provides important lessons for maintaining mental health support as we continue to tackle coronavirus. It is clear that increasing digitalisation has improved access to support for many. However we know that some people struggle to use, or may not have access to, digital devices and it is vital that any moves toward greater digital support do not result in exclusion. Mind Cymru research on people's experiences of accessing support during the initial lockdown in 2020 found that people not feeling comfortable using phone/video call technology was one of the main barriers to accessing support.¹⁰



⁹ stats.wales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Health-Boards/populationestimates-by-lhb-age

¹⁰ mind.org.uk/media-a/6176/the-mental-health-emergency-wales-summary-report-english-1.pdf

Section 2:

Referrals and assessments

The following section focus on the results of our survey, which heard from 88 people who had received, requested or been on a waiting list for psychological therapies on the NHS in Wales in the last three years. Whilst the number of respondents is limited, their experiences reflect the findings both of waiting times data and of previous reports on access to psychological therapy.

These experiences suggest a service that can be difficult to access, where people have limited choice in treatment and where feedback is not routinely used to improve support. It is well recognised that a gold-standard mental health service must offer choice to people in the treatment they receive. We know that different types of treatment can have different levels of effectiveness for different people and so it is vital that people are able to make informed decisions about the support they receive with clear processes to provide feedback to improve delivery.

- More than half of people told us that they received a referral for psychological therapy via their GP. A fifth were referred by a psychiatrist.
- Just over half told us they were offered a referral for psychological therapies with the remainder having to request a referral.
- Half of people told us they were offered both medication and a referral for psychological therapy. A fifth told us that they received a referral after requesting psychological therapy as an alternative to medication.
- Of those who went to their GP to discuss their mental health, only half of people told us they were offered a further assessment of their needs by Local Primary Mental Health Support Services.
- Less than a third of people told us they were offered a choice in the type of psychological therapy they could receive.
- More than half of people told us they received no explanation of the different types of therapy they could receive. Around a third of people told us they did receive an explanation.

“It was not offered as an alternative to medication, been on antidepressants for nearly 17 years now.”

- Survey participant

“Nid oedd gan y meddyg teulu fynediad uniongyrchol at therapïau seicolegol - ond fe roddwyd gwybodaeth ar sut i wneud trefniadau fy hun.”

- Survey participant

Translation: “The GP did not have direct access to psychological therapies – but was given information on how to make my own arrangements.”

“I had such a battle to be referred to the community mental health team, and then a wait before I saw the Psychiatrist. The psychiatrist recommended medication and long-term psychological therapy. It was then SEVENTEEN MONTHS until I had an assessment with the psychological team, and a few months after that until I started sessions.”

- Survey participant

“I cannot telephone for appointments or have phone appointments because of anxiety and I cannot speak. I know I am too complicated. I prefer communicating through text but there is no option to do that.”

- Survey participant

Section 3:

Welsh Language

More research is required to understand access to psychological therapy through the medium of Welsh. It is widely recognised that accessing this support in the Welsh language can prove difficult and respondents to our survey confirmed this. Very few people told us they were actively offered support through the Welsh language, and whilst there were examples of people accessing this support in Welsh, these were rare. It is unclear what impact being unable to access psychological therapies in Welsh may have on outcomes and experiences. Greater research in this area would be most valuable.

“Roedd cael mynediad at unrhyw therapïau seicolegol yn her pan oeddwn mewn gwendid - roedd trefnu therapi drwy gyfrwng yn Gymraeg yn amhosib.”

- Survey participant

Translation: “Accessing any psychological therapies was a challenge when I was unwell – arranging therapy through the medium of Welsh was impossible.”



Next steps

It is clear that access to psychological therapy in Wales still requires significant improvements. Over the past ten years, these issues have been consistently raised and despite commitments, investment and some progress, there is still a long way to go. A new approach is urgently needed.

Our research confirms what many have long reported. Thousands of people across Wales are waiting too long for psychological therapy. These issues pre-date coronavirus but, as with other services, the pandemic has had a significant impact, with less people accessing support and more people waiting longer. The full mental health impact of coronavirus remains to be seen and policy-makers must now prepare for an increase in demand for support in the months and years ahead.

The introduction of waiting times targets for psychological therapies is to be welcomed. These figures must now be published so that waiting times can be properly monitored, to strengthen service planning and ensure people are able to access the support they need. Better data is also required to understand people's experiences of psychological therapy and the outcomes they achieved.

Alongside this, more research is needed to understand people's experiences of accessing psychological therapies across diverse groups. Including Black, Asian and minority ethnic communities, children and young people and access in the Welsh language.

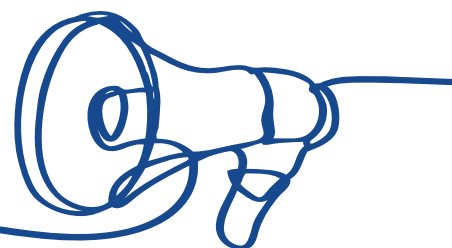
We will continue to use these findings to guide our work, sharing them with decision makers and politicians to ensure people have greater choice and timely access to the support they need.



Recommendations

We recommend the Welsh Government and NHS Wales:

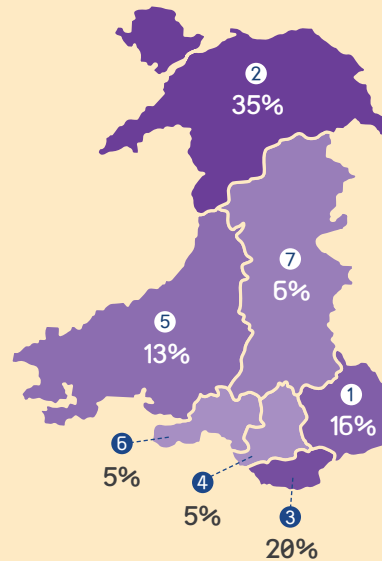
- Reduce the 26-week waiting time target for psychological therapies over the course of the next Senedd term with a clear and detailed timeline that sets out how this reduction will take place.
- Local and national annual reports for the remainder of the Together for Mental Health strategy should report directly on implementing the Matrics Cymru National Action Plan, including how additional funding has been used to support this.
- In partnership with Health Education and Improvement Wales, develop a training and recruitment program to increase NHS Wales' capacity to deliver psychological therapies, setting out what actions will be taken in the short, medium and long term with clear milestones for delivery.
- Review Part 1 Schemes under the Mental Health Measure and ensure greater provision of lower-intensity talking therapies within primary care, to intervene earlier and reduce demand on specialist support.
- Publish data on waiting times for psychological therapies at the earliest opportunity.
- Commission research to understand better the experiences and outcomes of people accessing psychological therapies across diverse groups.
- Publish clear information on what services are available and how people can access them.
- Ensure people accessing psychological therapies are able to make an informed choice on the range of psychological therapies available and receive clear information on how long they will be expected to wait and crucially, what support they will receive in the interim.
- Ensure that moves towards greater levels of digital support do not act to exclude people from accessing services by providing a range of options including face-to-face support.
- Undertake and publish audits of current services, workforce and skills to identify gaps, share learning and identify areas for improvement.
- Ensure patient experiences are regularly reviewed and used to plan and improve services.



Survey participant demographics

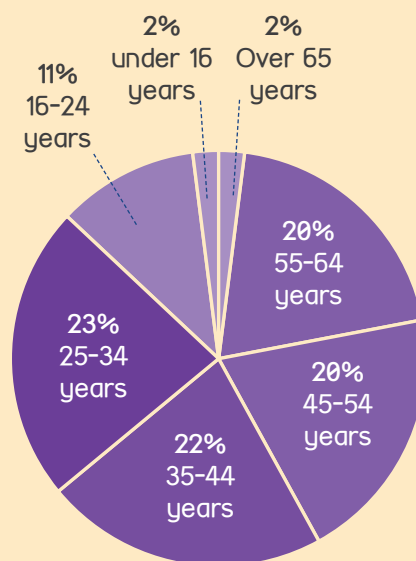
Participant location

1. Aneurin Bevan	16%
2. Betsi Cadwaladr	35%
3. Cardiff and Vale	20%
4. Cwm Taf Morgannwg	5%
5. Hywel Dda University	13%
6. Powys	5%
7. Swansea Bay	6%



Participant age

- 2% were under 16 years
- 11% were between 16-24 years
- 23% were between 25-34 years
- 22% were between 35-44 years
- 20% were between 45-54 years
- 20% were between 55-64 years
- 2% were over 65 years



- 72% of participants identify as women, just under a quarter (23%) identify as men, 3% identify as non-binary and 5% identify as transgender.
- 95% of respondents identified as White, 2% identified as BAME and 3% preferred not to say. BAME groups are underrepresented throughout our sample.
- 71% describe themselves as heterosexual/straight, 10% as Bi, 12% as gay or lesbian and 7% preferred not to say.
- Just over half of respondents told us they have long-standing illness other than their mental health.

Too long to wait

Specialist psychological therapies in Wales

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