

**Can Psychological Therapies in the NHS Really Increase GDW**

Peter Fonagy  
University College London &  
The Anna Freud Centre

P.Fonagy@UCL.AC.UK

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**In the news....**

- David Cameron said it is 'high time' to recognise that GDP was an incomplete way of measuring the country's progress.
- The government has asked the Office for National Statistics to devise ways of measuring well-being.
- The government wants to help British people attain 'the good life'.



*"From April next year we will start measuring our progress as a country not just by how our economy is growing, but by how our lives are improving; not just by our standard of living, but by our quality of life."*

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**THE FIELD OF MEANINGS FOR WELL-BEING**



Office for National Statistics Measuring National Well-Being: Consultation Document p. 3

Box1: Themes that appear in well-being work

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## Measuring Subjective Well-Being in the UK. Waldron, 2010

- How is subjective well-being currently measured in the UK?
  - Evaluation of **global life satisfaction** or happiness
  - Evaluation of various **domains** of one's life (e.g. work, health, relationships)
  - Evaluation of experiences of positive or negative **affect**

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### Measuring Subjective Well-Being in the UK. Waldron, 2010 p. 17

Figure 2: Percentage of people reporting overall life satisfaction ratings (0-10) by socio-economic class



Data Source: Defra Public Attitudes and Behaviours Towards the Environment Survey 2009  
 Image Source: Sustainable Development Indicators in Your Pocket 2009  
 Note: National Statistics Socio-Economic Class is a classification system based on occupation that was developed for the 2001 Census

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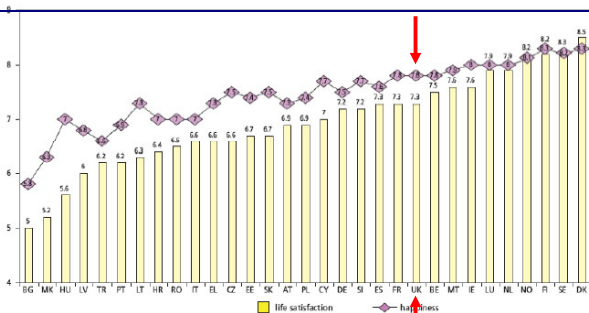
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### Measuring Subjective Well-Being in the UK. Waldron, 2010 p. 18

Figure 3: Life satisfaction and happiness index by country



Data Source: EQLS 2007  
 Image Source: Second European Quality of Life Survey Overview

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**Outcomes for mental health in the 'twenty-teens'**

- The purpose of any health system is to **maximise** the **health** of the population
- Mental disorders are **chronic** conditions
- When the challenge is managing long-term conditions, ***maintaining health rather than delivering health care per se*** should be the goal
- Maintaining health is NOT same as improving the **well being of the privileged**

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**Outcomes for mental health in the 'twenty-teens'**

- The overriding imperative in the NHS is to deliver **maximum** health **benefit** per pound spent
  - Quality
  - Effectiveness
  - Efficiency
- These outcomes for psychotherapy (as the outcomes of many categories of disease) is less likely to be determined by **technology** (the type of therapy or the type of medication) but by the better **organisation** of care
- A therapy may appear to be more effective than another because
  - It addresses with greater precision the **pathogenic processes** that contribute to the disorder **OR**
  - It generates a **superior organisation** of care

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**The concept of value in UK healthcare**

- Useful health **outputs/resources** required to achieve them (Porter & Teisberg, 2007 JAMA, 297(10), 1103-1111)
- NHS entering a sustained period of **flat or declining funding**
- **Demand** for services **increasing**
  - Technological progress
  - Aging population
  - Increasing expectations
  - Population growth
- Striving for **value** is an *'ethical imperative'* (Chantler & Ashton, JAMA, 302(18), 232-2033)

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**What are useful health outcomes?**

- Quality of care relevant to patients
  - Define the **goals**
  - Judge **quality** in terms of attainment
- Measuring and reporting on quality is accepted by all medical specialties (GMC, 2009, *Tomorrow's Doctors*)
  - We need to **measure** to know how well we are doing
  - We need to **report** to drive up quality
- What do we need to **measure to drive** maximum **improvement** in quality?

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**Focusing on 'outcomes that matter' rather than process and proxies**

- **Inputs easier** to measure (4 hour waiting times, number of appointments offered, etc)
- *Unfavorable outcomes can follow a **faultless process***
  - **Supervision** of the therapy reveals outstanding adherence to the model but the patient is not getting better
- **Proxy measures** need validation
  - Aggressive intervention to achieve normal HbA<sub>1c</sub> levels can be associated with higher mortality
  - "Depression Reduced With Brussels Sprouts." Kazdin (2006)

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**Focusing on the pathway and not on snapshots**

- Current measures of outcome are **episodic**
  - Isolated activity within a **fragmented health care** system
  - The object of measurement must not be the service being offered but the **patient's life**
- If health and not healthcare is the aim what is needed is a radically different **longitudinal whole-system approach**
- IAPT is only a small part of the pathway of care but **assume** that as long as what they offer is of 'good quality' (the patient's **symptoms were reduced**) than we can assume that the outcome was **favourable**

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How a Therapy-Based Quality Improvement Intervention for Depression Affected Life Events and Psychological Well-Being Over Time: A 9-Year Longitudinal Analysis (Sherbourne et al, 2008, *Medical Care*, 46, p.78-84)

- **How** does a short term quality improvement (QI) **interventions** for depression **improve long-term** mental health?
  - towards medication management
  - towards the use of CBT.
- Measure negative life events at 5 year follow up and to model the relationship between program implementation, life events and mental health over 9 years.
  - Stressful life events measured using 1 overall 13 item scale
  - Psychological well-being: Mental health composite score (12-item short form measure SF-12)
- 46 primary care clinics in 6 managed care organisations, 1300 enrolled patients with current depressive symptoms

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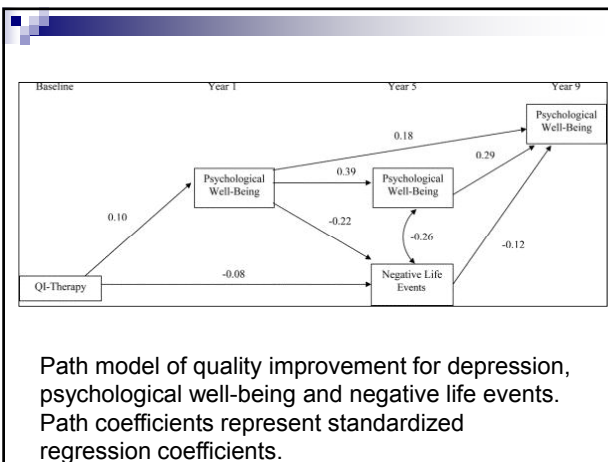
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Changing focusing with focus on the **pathway** and not on snapshots

- High value mental health care system does not simply offer effective acute care but
  - Reduces the likelihood of **recurrence** of episodes of illness
  - Increases the patients **capacity to cope** with the symptoms when these occur (control/agency)
  - Empowers the patient's **network** of support
  - Achieves **life goals** important for the patient
  - Improves patient's **environmental** conditions
  - Work, love and **play**

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**Focusing on the submerged part rather than the tip of the iceberg**

- Health of the Nation Outcomes are most relevant to severe and enduring mental illnesses
  - Excessively high suicide rates
  - Serious untoward incidents
- Not relevant to the work of most mental health professionals → **will not drive** improvement across all care
- Finding quality measures that matter most to patients → Comparing performance to relevant peers → Striving to improve results over time
- Measuring **below the 'water-line'**
  - The impact of therapy on the **patient's family**
  - Measuring its **economic** impact on the community

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Solution-Focused Group Therapy for Patients on Long-Term Sick Leave: A Comparative Outcome Study  
 Wallgren Thorslund, 2007, *Journal of Family Psychotherapy* 18 (3), 11-24 (figure p. 21)

FIGURE 1. Mean Percent Days Worked by Group Over Time

Group	Baseline	Post-test	Follow-up
Treatment Group (N=15)	13	33	47
Control Group (N=15)	11	6	10

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Mean estimated annual costs to NHS during pretreatment, treatment (18 months) and follow-up (18 months) for MBT and control patients

Phase	MBT	TAU
Pre-treatment	~28,000	~30,000
During treatment (18 months)	~16,000	~18,000
Follow-up (18 months)	~2,000	~8,000

*Am J Psychiatry*, 160(1), 169-171.

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**Impact of Psychotherapeutic Support for Patients with Gastrointestinal Cancer Undergoing Surgery: 10 Year Survival Results of a Randomised Trial**  
*(Kuchler, et al, 2007, J Clin Oncol, 25, p.2702-2708)*

- RCT with 271 patients with primary cancer diagnosis.
- Randomly assigned to control group that received standard care or to a group that received psychotherapeutic support in addition to routine care.

Cumulative proportions of patients surviving in the experimental group (EG; n = 136) and the control group (CG; n = 135).

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**The 'twenty-teens' approach to mental health outcomes**

- Mental disorder is a **long term condition**
- Value** of mental health care is:
  - $\Sigma$ (clinical outcomes, patient reported outcomes, patient experience)

The cost of care over (say) a 12 month period
- Focuses the service on **maintaining the patient's health** and maximising functional status

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**How to develop a whole-pathway approach**

- Gather together
  - Patients
  - Families
  - Health professionals
- Create an **end-to-end view** of pathway of common mental disorders
- Define a relevant frame (e.g. a 12 months) and **identify points** of measurements within
- Use **combined expertise** to define elements of the pathway and the small set of outcome measures that best describe success along that pathway

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Focusing on the pathway and not on snapshots

- Whole-pathway quality measurement approach will
  - Present a **'truer' picture** of the value of each service on the pathway
  - Promote **collaboration** between services
  - Promote (more) rational **commissioning** strategies
  - Will be **aligned with health** not health-care

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