



***The availability of couple therapy for depression
in Improving Access to Psychological Therapies
(IAPT) services***

New Savoy Partnership Conference workshop

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- *“IAPT isn’t just about CBT, it’s about implementing NICE guidance. If NICE recommends several therapies for a condition, then patient choice should operate, because people are more likely to get better from something they’ve chosen”* – David Clark, National Clinical Adviser for IAPT, interviewed in May 2013
- *Percentage of sessions delivered in IAPT which are of couple therapy for depression = 1 in every 161 (0.62%) at Step 3* – findings from a freedom of information request to all commissioners and providers of IAPT services carried out in October 2013

What is couple therapy for depression?

- The therapy derived from the NICE guidelines' evidence base for the treatment of mild to moderate depression where there is a distressed couple relationship that appears to be a factor in instigating, maintaining or re-precipitating the depressive symptoms in one partner ([Hewison, 2011](#))
- The intervention of choice where a close relationship might be a necessary support for treatment adherence ([NICE, 2009](#)).

Why are we concerned?

Provision of couple therapy for depression seems extremely low. We believe this on account of:

- information gathered from our own networks (as the accrediting body for the training of practitioners in couple therapy for depression we have a broad overview of the intervention's availability across the country);
- data published by the We Need To Talk Coalition in 2010 (i.e. that only 8% of the 527 respondents to their survey were offered a choice of psychological therapy) ([We need to talk, 2010](#));
- data published in response to parliamentary questions in 2012 & 2013 which reveal the paucity of expenditure on IAPT training fees for couple therapy for depression and the low numbers of practitioners training in couple therapy for depression compared to other modalities;
- the high proportion of couples who present to TCCR's couple counselling and psychotherapy services who would be considered to fall within a clinical range (59%) (as measured by CORE), many of whom will be suffering from depression or anxiety.

What is the level of need?

No absolute figures for this, however:

- study of 900 initially non-depressed married individuals found '20% to 30% of new occurrences of major depressive episodes could be prevented if marital dissatisfaction could be eliminated' ([Whisman and Bruce, 1999](#))
- 2001 meta-analysis found marital dissatisfaction to be 'associated with both depressive symptoms and diagnostic depression' and a mean correlation between marital distress and major depression of .66 (that is, 66% of the variation in major depression is explained by the variation in marital distress – a strong correlation in statistical terms) (Whisman, 2001)
- a study of 5,000 adults has shown that the quality of a person's relationships with their partner predicts the likelihood of major depression disorder in the future, that one in seven adults with the lowest-quality relationships are likely to develop depression as opposed to one in 15 with the highest quality relationships, and that people with unsupportive partners are significantly more likely to develop depression, whereas those without a partner were at no increased risk. (Teo, 2013).

Freedom of information request

- 211 clinical commissioning groups approached, of which 26% responded with data, 40% responded saying that they did not hold the data and 34% did not respond at all.
- 53 mental health trusts approached, of which 66% responded with data, 8% responded saying that they did not hold the data and 26% did not respond at all.
- Given the response rate from clinical commissioning groups plus from mental health trusts, overall response likely to be in the region of 80-90%.

What did we ask?

- Regarding the delivery of high-intensity (Step 3) level interventions through IAPT, please could you provide the following data:
- In the first quarter of 2013-14 (i.e. 1st April to 30th June 2013) how many sessions of high intensity (step 3) level interventions did the IAPT service which your clinical commissioning group/mental health trust commissions/provides deliver in total?
- Of these, how many were sessions of Behavioural Couples Therapy (also known as Couple Therapy for Depression)?
- What is the waiting time for someone who is referred for Behavioural Couples Therapy (also known as Couple Therapy for Depression)?
- What is the waiting time for someone who is referred for Cognitive Behavioural Therapy (as a high intensity/step 3 level intervention)?

What were the results?

Total no. of step 3 sessions delivered by IAPT	285,157
Total no. of sessions of couple therapy for depression delivered by IAPT	1,789
Couple therapy for depression sessions delivered as proportion of total	0.62%
Average waiting time for couple therapy for depression (in days)	39
Average waiting time for cognitive behavioural therapy (in days)	59

Mystery shopping exercise

- TCCR contracted a 'mystery shopper' agency to make calls to make 20 telephone enquiries to randomly selected IAPT services (spread across the country) accepting self-referrals. The scenario which the caller described is detailed in the box below:
- You are very worried about your sister/brother/father/mother. He/she was made redundant about a year ago, is feeling depressed and is having difficulties/rows with their partner. He/she has seen their GP and was diagnosed as being depressed; at which point you believe they had a conversation about exploring talking therapies but you don't think that your sister/brother/father/mother has made any further enquiries.
- You know that your sister/brother/father/mother had CBT counselling a few years ago and that they really didn't get on with that approach. You are wondering whether this is partly what is holding them back from making an enquiry about some psychological help/counselling now.
- Can the IAPT service please tell you what else might be available for your relative, particularly in light of the difficulties she is having with her relationship, which you feel is compounding her depression?

Results from the mystery shopping exercise

- *Poor level of knowledge among IAPT advisors about range of NICE-recommended treatments*
 - ‘The advisor didn't mention the couple therapy for depression, even when I prompted her several times about my sister and her partner having difficulties and constantly rowing’.
 - ‘Yes, the advisor said that the counselling service do offer Couple Therapy for Depression and it is not necessarily relationship-based.’
- *Inappropriate referral to other agencies*
 - ‘The advisor clearly said that they did not offer couple therapy and I would need to speak to Relate.’
 - ‘No, she said the words that it wasn't available there and that I would have to go for Relate for this as they only dealt with CBT on a one to one basis.’

Grounds for optimism?

Responses to FOI request:

- “We offered no Behavioural couples therapy (BCT) sessions during this period – we trained our first therapist in this mode of treatment at the end of April 2013. Since June 2013 we have provided 9 sessions of BCT”.
- “The Trust only delivered 4 sessions of couples therapy during this period as this was a new area of work for us which commenced as part of a new contract in April 2013”.
- “There is a training course being held in November 2013 for Couples Therapy for Depression for further staff to be trained”.
- “Offering Behavioural Couples Therapy is part of our service development plan, we are recruiting staff with diverse skill sets to offer this intervention”.

What needs to happen?

Recommendations for the Department of Health

- to ensure that those therapies which are recommended by NICE are actually available to patients;
- The revised NHS Mandate to include a new target such that the IAPT programme is required to provide choice of a person's preferred NICE-recommended therapy.

Recommendations for CCGs/commissioners of IAPT services

- increased, and better informed, commissioning of couple therapy for depression by clinical commissioning groups;
- CCGs commissioning couple therapy for depression should do so on the basis that the fee paid to providers is sufficient to cover the number of sessions (15-20) necessary for CTfD to be delivered in accordance NICE guidelines on depression.

What needs to happen (cont.)?

Recommendations for providers of IAPT services

- IAPT service providers should ensure that staff dealing with the public have a general level of knowledge about the range of services which NICE recommends for the treatment which the service they work for is set up to treat.

Recommendations for Health Education England

- to use their leadership role to bring about increased, and better informed, commissioning of training for potential practitioners of couple therapy for depression by local education and training boards.

- For further information about TCCR's report on the availability of couple therapy for depression, contact Richard Meier (rmeier@tccr.org.uk)