



This briefing provides an update on the 123GP campaign for timely and accessible access to counselling in primary care.

Please refer to [this briefing paper](#) for more detailed information.

### **Fewer GP practices now provide in-house counselling**

Access to counselling through GP practices continues to operate as a post-code lottery, with access almost totally dependent on where you live.

Information obtained by PPR under Freedom of Information shows that from 2020/21 to 2021/22 there has been an overall decrease in the number of GP practices offering in-house counselling.

In the Belfast Trust the percentage of GP practices fell from 70% in 2020/21 to 59% in 2021/22, equating to 16 less fewer GP practices across Belfast, offering counselling in 2021/22.

In the Western Trust the percentage of GP practices rose from 63% to 83% across the two years, equating to 12 new GP practices offering counselling.

### **The Mental Health Strategy failed to address this issue**

The Mental Health Strategy Summary of Consultation Responses published in May 2021 stated that *'one of the most consistently raised points regarding community mental health provision was the availability of counselling in GP practices... many responses highlighted the inconsistency in provision across NI, the long waiting lists, the benefit of easier and quick access to such therapy'*.

The Mental Health Strategy, published in June 2021, set out plans to expand the Primary Care Talking Therapy Hubs to cover all geographic areas and to resource them sustainably. While this was broadly welcomed by 123GP campaigners, the lack of accompanying detail regarding funding plans meant that campaigners were not able to assess the adequacy of the funding proposed.

The Strategy was silent however on the provision of GP practice-based counselling, despite it being one of the most frequently raised issues in the consultation and despite £2.3 million being allocated by the Health and Social Care Board for this service in 2020/21. No explanation was provided for this.

When asked via Assembly Questions and at the Health Committee, the Health Minister has conflated the provision of in-house counsellors in GP practices with the introduction of MDT Mental Health practitioners, roles which are distinct and separate.

123GP Campaign's full statement in response to the publication of the Mental Health Strategy can be read [here](#).

### **Lack of data collection and monitoring**

Serious issues exist regarding the lack of data gathered and/or published on provision of counselling. In the absence of such data, it is impossible for MLAs to properly scrutinise and hold to account the Department of Health.

The HSCB does not gather data on waiting times for GP practice in-house counselling, the number of sessions, outcomes of treatment or demographic or geographical breakdown.

The Trusts gather, but do not publish, data on numbers of referrals, waiting times and number of sessions. There is no consistency in how data is gathered across Trusts. All data accessed by the 123GP campaign had to be obtained under Freedom of Information.

By contrast, [NHS England publishes detailed data on talking therapies](#), including number of referrals, outcomes of treatment, average number of sessions, waiting times, demographic and geographic breakdown and trend data for key activity and outcomes.

In September 2021 the [UK Office for Statistics Regulation](#), the regulatory arm of the UK Statistics Authority, published [a highly critical review](#) of mental health data in NI. Criticisms included the scarcity of robust mental health data, data collected in silos across the 5 Trusts, inconsistent data definitions and difficulties with data comparability.

### **Cross-Party Support on Need to Improve Counselling Provision is Being Ignored**

Cross-party support exists on the need to improve the provision of counselling in primary care. [All political parties, apart from the UUP, have formally endorsed this campaign](#) , as have a wide cross section of community and voluntary organisations.

This is an issue that has secured [widespread media coverage](#). People from every single Assembly constituency acted, used the interactive map to send 650 emails to their MLAs. In response, MLAs tabled [24 separate Assembly questions](#) to the Minister for Health on the issue, including MLAs from the DUP, the SDLP, Sinn Féin, Alliance, the Green Party and People Before Profit .[The Assembly's All-Party Group on Mental Health wrote a letter of support for the campaign to the Minister for Health, Robin Swann MLA](#). The All-Party Group on Suicide Prevention also committed its support. The campaign was also raised with the Minister for Health at the Assembly's Health Committee.

Despite all of the evidence showing the post-code lottery nature of counselling provision, the cross-party and civic support that exists, the Department of Health has failed to address this serious deficit in mental health provision.

In the current context of the Covid-19 pandemic, where there has been a significant increase in numbers of people experiencing anxiety and emotional distress, this is a situation that cannot be allowed to continue.

### **Suggested Questions for MLAs to ask the Department of Health**

We have compiled the following questions which MLAs might wish to consider raising with the Department of Health prior to the ending of this mandate, as follows:

1. Why did the Mental Health Strategy fail to address the provision of (NILES) counselling in GP practices, despite an allocation of approximately £2.3million per annum from the HSCB for this service?
2. Can the Department of Health provide an update on access to counselling as of February 2022, across the 5 Trusts, which includes access via the Trusts' Talking Therapy Hubs and in-house counselling in GP Practices and also includes demographic and geographic breakdowns?
3. Will the Department of Health commit to publishing, on a regular basis, using NHS England as the model, data on access to counselling in GP practices and through the Talking Therapy Hubs?
4. Does the Department accept that access to a mental health practitioner in a GP practice via the Multi-Disciplinary Teams is not the same as access to a counsellor, that these staff have different roles and that both are needed?

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