

‘We need more evidence-based research. We need to show that counselling in the workplace is not isolated from the organisation but inter-connected’

what it doesn't), how it can make a positive contribution to life at work (and home) and why. It's well recognised that a counselling service needs 'top management commitment' for it to be successful, yet it seems we need to communicate better with management.

In conclusion, 'wellbeing' is recognised as important in organisations and there are several interventions and initiatives that can feed into the mix. Counselling in the workplace remains high on the agenda. But with the potential threats attached to regulation, practice-based commissioning and benefit taxation issues, there seems to be even more of a need for us in the counselling community to show that what we do actually works. We need more evidence-based research. We need to show that counselling in the workplace is not isolated from the organisation but inter-connected. We're part of the solution rather than mired in the problem. And that rather than being just a 'cosy chat' or a 'place to moan', counselling is about change and empowerment, a private, safe place to explore real options and a chance to contribute significantly to positive personal wellbeing. ■

Many thanks to those who hosted the BACP exhibition stand – Debbie Delves, BACP membership development officer, Tracy Marson, BACP secretary, CEO secretariat, and Pam Ludlow, BACP HR advisor.

Improving ac

Megan Brown reflects on how Rochdale Mind suppo

The change in the Government healthcare strategy through the Layard report¹ and the Improving Access to Psychological Therapies (IAPT) policy had implications and raised opportunities for workplace counselling. The focus of the reform on early intervention and prevention is reflected in the language of mental health practice with the move from crisis management to looking more holistically at wellbeing, and at mental health rather than mental illness. Aside from semantics this change is reflected in society as people are increasingly looking for alternatives to medication, even if they are not wholly clear what these alternatives are.

Levels of information

Increased access to self-help information through the internet means the public have the ability to self-diagnose. However, as the internet is largely unchecked, leaflets through venues such as libraries and doctors' surgeries remain a crucial way of ensuring useful self-help information is available to the general public. While self-help information is a good starting point it does not replace the need for assisted information. As services and provision in the world of mental health change rapidly, a central point for up-to-date information and queries is invaluable and many local information lines can fulfil this signposting function. Many take this one step further: they may offer emotional support but also advice, defined in part by Adviceuk² as:

- listening to clients and asking appropriate questions designed to establish the relevant facts of the situation
- diagnosing, ie correctly identifying the problem(s) and assessing whether there is anything that can be done about it/them – ie does the client have a legal right to be upheld?
- explaining the options a client has and the implications, and giving information that will allow the service user to make an informed choice about what should be done next
- describing further action that the client might take
- contacting third parties to seek information or clarify issues
- signposting or referring clients where appropriate to another advisor or solicitor who has greater knowledge or experience of the particular area of law in which the client requires advice.

The guidance in the following paragraphs incorporates definitions in an Adviceuk London region briefing, 'What is advice?'

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What part can helplines play?

The National Service Framework for Mental Health (NSF) saw one point of access to services through NHS Direct. The theory being that a caller with an emotional problem could be connected to a telephone counsellor specialising in 'one of a number of problem areas (depression, anxiety, relationship problems, parenting problems, substance abuse and employment/housing/finance/law). The counsellor would assess the client's needs and refer the client to good-quality self-help literature or computer-based 'treatment programmes'³. However, NHS Direct cannot solely provide these functions, particularly in the arena of mental health where stigma and fears of a mental health diagnosis and the impact this can have practically are factors that can prevent individuals from taking any positive action.

Yet there are a wide range of specialist helplines available that do offer emotional and crisis support as well as signposting. Some of these helplines fall under the banner of The Mental Health Helplines Partnership⁴, a national consortium of telephone helpline organisations founded in March 2001, supported by NHS Direct and the Care Services Improvement Partnership (CSIP) funded by the Department of Health, with the aim of improving infrastructure to third sector mental health helplines across England, to help them deliver greater access to mental health information and support to everyone calling helplines. The partnership was originally formed in response to a proposal in September 2000 from the Department of Health for helpline organisations to come together in partnership to help meet standards two and three of the NSF to improve access to support for everyone affected by mental health problems. Many of these helplines have confidentiality policies in place that encourage anonymity to enable people to sound out their emotional fears without fear of the consequences. The anonymity means people may be encouraged to seek help at an earlier stage than they would have done if it had to be through formal healthcare routes.

Responding to community needs

Some of these helplines operate locally and some nationally; the mental health charity Mind

operates on both levels. The Mind information line⁵ is a national helpline while many of the 200 local Mind associations (LMAs) in England and Wales run their own local telephone and email services whose remit may differ from information to emotional support to a crisis line. Each local Mind association is an independently constituted charity run by local people for local people, affiliated to national Mind by a membership agreement. Each is responsible for its own funding and the services it provides. This means there is no such thing as a typical Mind as each is a response to and reflection of the communities' needs.

It is because of this unique structure that Mind can continue as a campaigning organisation working strategically on a national level and on service delivery on a local level to identify unmet need in the area of mental health. Through steering groups on key topic areas, of which advice and information is one, key priorities across local associations can be identified. What is clear is that the gaps locally are often the same issues that have been reflected nationally. For example as a frontline worker at an LMA myself, one of the recurring issues is the availability of anger management courses as employees are asked to attend courses by their managers in order to resolve workplace issues. Where organisations, perhaps small or medium sized enterprises in particular, lack resources or internal support they are looking to refer to secondary services in order to meet their obligatory needs. However, these courses are few and far between. The pattern is the same nationally. Anger management is one of the areas that needs more investment, as the Mental Health Foundation's recent campaign, 'Boiling point'⁶, sought to redress.

Complementing NHS provision

The ethos of the LMA I work at is the person-centred therapeutic approach based on the principle of non-directivity. Interventions are led by the client, in the belief that they have the resources within themselves to find their own solutions. General referrals can come through a healthcare professional but the responsibility to attend sessions remains with the individual and after an initial gatekeeper appointment it is the

Megan Brown runs a mental health information line for Rochdale Mind. She can be contacted by email: meganbrown@rochdalemind.org.uk or 01706 644891

individual's responsibility to select from a range of low-intensity psychological therapies. For those who believe it is easier to make progress in a group rather than in isolation, interpersonal therapies through specialist support and self-help groups are on offer. A workshop programme is also run which includes stress and anger management classes and a course 'Step towards enhancing and promoting self-confidence' which focuses on self-esteem, confidence building and assertiveness skills.

Counselling referrals will only be accepted from

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the individual themselves, not from a third party. The counselling service, which is staffed entirely by volunteers, complements NHS provision. Individuals who need access to services as soon as possible may find they are assessed and begin therapy at Mind while waiting to be assessed by the local primary care trust. Unlike some other providers, counselling sessions are not in time-limited blocks so can continue beyond the customary 10 weeks ending when either the service user or the counsellor feels it would be beneficial to do so.

Commissioning

Although the Mind approach is person centred, in line with the IAPT programme to increase the availability of CBT it has been commissioned by the local primary care trust to run computerised cognitive behavioural therapy (CCBT) through the 'Beating the blues'⁷ programme. Companies who have employee assistance programmes (EAPs) may seek to extend their services and look to commissioning opportunities within the NHS. When people make choices they want to make sure that they are making the right choices, as there is a strong evidence base to show the effectiveness of CBT among the often overwhelming array of psychological interventions: it is not surprising that one which appears proven in its effectiveness is becoming an increasingly popular option.

Methods of delivery

The take-up has seen self-referrals not just from the public but internally among staff. CCBT is a form of talking treatment but one that encourages anonymity, talking to a computer rather than an individual. The market is diversifying and innovative methods of reaching groups are now being used – text messaging, online forums and platforms on social networking sites are all methods being invested in. Essentially with 'Beating the blues' confidentiality can be maintained in the workplace because registered service users can log on from any PC and work at their own pace through the eight sessions. The facilitator is informed through a progress



STOCK ILLUSTRATION/GETTY

report that charts anxiety and depression levels and 'disappointments' that occurred during the week. In a guided environment the facilitator is on hand to offer support otherwise this can be done after the session. This low-intensity early intervention, for mild to moderate depression, offers a way to identify the effect your thoughts have on you. At best it can 'empower individuals to change their thinking and thus their life'. An advantage of the outcome measurement of this programme is if it is not benefiting the individual this should be highlighted and another intervention offered.

A holistic approach: joined-up thinking

Situational depression is where external factors are impacting on emotional health. The direct link between emotional distress and environmental factors means the 'credit crunch' is now impacting on the employee population. National Mind has been campaigning in the area of debt through the 'In the red' campaign since May 2008 in order to highlight issues and improve regulation in the area. The relationship is twofold – being in debt can cause mental health problems and mental health problems can cause debt. One in 11 people in the UK reports being in debt or arrears; for people with mental health problems this rises to one in four⁸. For somebody in debt they may need to tackle the root causes through therapy, and their thought patterns through CBT, but they also need real help with the practicalities of the situation. Agencies like the Consumer Credit Counselling Service can make all the difference to whether somebody takes steps to manage their debt, and this is where interagency working is essential.

Self-management

Self-management and self-help lie at the heart of the IAPT programme both in early intervention prevention but also in preventing relapse. The expert patient programme⁹, a national initiative (for anyone living with a long-term health condition, or a carer whose health is affected by their caring situation) works towards this aim. The focus on enabling the client to help themselves encourages people to form a relationship with their condition as they are the experts in knowing how it works for them. It offers the chance for individuals to take control of their lives and thereby their diagnosis by learning new skills, such as diaphragmatic breathing, to self-management on a daily basis. Initiatives like this and the wellness recovery action programme (WRAP)¹⁰ place the individual at the heart of their condition. It gives power to the individual to make clear the care

they would like to receive when they are in a position to make these decisions.

Service-user led

Within the field of mental health there is a belief that individuals who have experienced mental ill health can bring value to an organisation. Many mental health organisations are committed to service-user development and some are entirely service-user led. Leeds Survivor-Led Crisis Centre¹¹ (one of three such examples in the country) is a good example of an organisation that recognises that the wellbeing of staff is central to the effective functioning of the organisation. Besides regular supervision, debriefing and a reflective practice group, staff are also given an individual support budget to contribute to their emotional support. This is undirected and can be spent on counselling or external supervision, complementary therapies or gym membership depending on what works for the individual.

Pluralism

As Richard Layard typifies in *Happiness: lessons from a new science*¹², individual preferences are not necessarily fixed but increasingly mutable, shifting constantly according to the latest trends and cultural norms. Talking therapies are increasingly accepted as part of the cultural norm but within this arena itself are a plethora of psychological therapies to wade through. Choice is a good thing but people need to know firstly what their choices are, and then how to navigate through them and be clear on the fact that if one intervention does not work for them then there may be another one that will. A pluralistic approach needs to be maintained rather than one 'proven' intervention dominating the therapeutic landscape and therefore mitigating choice. ■

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