

**Dave Richards** leads a multi-centre research team funded by the Medical Research Council and the Department of Health that is examining new models of delivering treatment, including stepped care, guided self-help and collaborative care. He is one of the most vocal advocates of low-intensity treatments delivered by non-traditional workers operating in the community and primary care. Here he talks about the clinical and educational methods he has pioneered in the Doncaster 'Layard' centre for psychological therapies

# Reforming psychological therapies – a recipe for happiness?

Blink. Imagine this scenario. You live in a country where at least once every six weeks almost everyone gets one hour of counselling for their emotional and social difficulties. You receive this from a person of your choice, who is both a good listener and highly empathic. Even better, while being counselled you receive a holistic physical care package that makes your self-esteem soar at the end of your appointment.

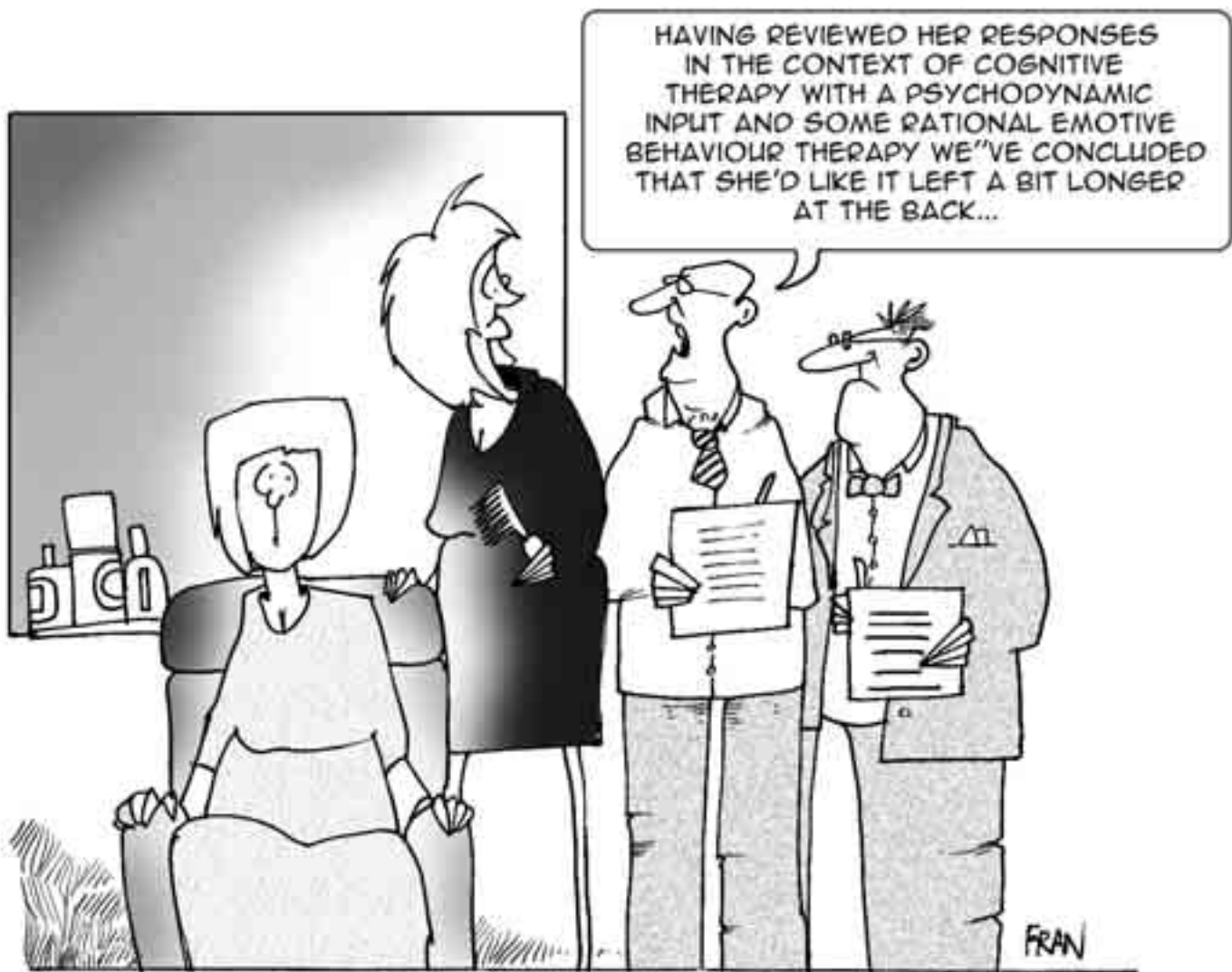
Shangri-La? Blink again. This is the UK now. The counsellors? They are already out there in their thousands. Who are they? They are called hairdressers. The evidence? Twenty years ago, one study showed that a very short listening skills training programme for hairdressers improved their already highly impressive counselling skills, leading to greater levels of client satisfaction.<sup>1</sup> Hairdressers make us happy.

Unfortunately, despite this plethora of psychological support, if we are to believe the current 'happiness' hypothesis advanced by Lord Richard Layard,<sup>2</sup> we are just not happy enough. According to Oliver James, the unprecedented

material wealth of our society has, if anything, resulted in a decrease in our happiness (see page 21).<sup>3</sup> Mental health not poverty is now the leading cause of personal and societal economic burden for the UK.

So what is the solution to this sorry state of affairs? Richard Layard has advocated in the pages of *Openmind* (OM142) and elsewhere that we need a massive expansion in the numbers of therapists trained to deliver happiness via cognitive behavioural therapy (CBT). Elite professionals will be paid to deliver CBT out of resources plundered from those currently spent by the Department of Work and Pensions on maintaining people on incapacity benefit.

In the 19th century we used to have the concept of the 'deserving' and 'undeserving' poor. In an astonishing reversal of culture and fortune, the workless have become the 21st century's 'deserving' poor. At the creation of the NHS there was an implicit understanding that the working person always went to the head of the health queue. In a



post-Layard world it is the workless person who is prioritised, since that is where the funding will come from.

These are really critical issues for the user movement to engage with. Is happiness to be found in a vastly expanded psychotherapy elite proposed by Richard Layard? Should we prioritise the workless over the worker, the homemaker, the student or the retiree? And a further question: should the route to happiness be via personal or societal renewal?

Not one of us has perfect mental health and wellbeing. On this most commentators agree. Even the richest of us cannot guarantee our happiness. However, most of us operate on the understanding that we ourselves are the best managers of our own mental health. We accept the ups and downs. It is only when the downs become critical and long lasting that we confess to ourselves and others the need for help. And yet even here we do not often identify that help as 'therapy'. What most of us lack are two things: information and support.

We have known for nearly ten years that the provision of high-quality health information and social support by

people who use patient-centred and flexible approaches to mental health care is the most desirable route to recovering our poise.<sup>4</sup> Therapy can do this, but therapy is by no means the exclusive or even the most desirable route to recovery.

As Neal Lawson has said,<sup>5</sup> we have lost control of our society – a direct consequence of the inexorable rise of mass culture first predicted by Richard Hoggart 50 years ago.<sup>6</sup> This is critical. We know that a sense of control over our lives is the biggest protection against mental ill health. Without control we quickly lose our sense of meaning. Without meaning we spiral into stress and despair. Political activists like Lawson want us to regain political and economic control over a rampant market culture that he maintains is stripping away our ability to cooperate with others and control our lives. In contrast, Richard Layard would have us employ more therapists to treat the distress caused by the epidemic of what Oliver James and others term 'affluenza'.

Indeed, the Department of Health has adopted Richard Layard's proposed solution by funding two demonstration sites to test the notion that more therapy delivers a happier society. In the London centre, an adapted traditional, specialist

care therapy model has been implemented. Contrast this with Doncaster, where in a highly radical and unusual approach the delivery of therapy lies not with an elite cadre of professionals but in the hands of the community itself.

New workers have been recruited from the same culture, the same class and the same community as the people they serve. Some are experienced in their own mental health self-care; others have come from ordinary jobs such as secretarial work; while yet more have experience in the voluntary sector. None were selected on the basis of past experience in delivering psychological therapy. The critical selection criteria included the ability to interact with others, speak within the culture of the community and empathise with the experience of distress. They were specifically and quickly trained from scratch to a high standard of competence in low-intensity, functional and recovery-orientated therapy.

And how do they operate? When the Doncaster system was designed, careful note was taken of what is known about the desires of people with common mental health problems.

- People say 'We want help at the moment we pluck up the courage to admit our needs.' So everyone in Doncaster is telephoned the same day their referral is received. They receive a service within 24 hours.
- People say they want explicit acknowledgement of their own strengths and coping resources. So a clinical delivery method was designed that empowers people, assists them in the self-management of their distress and focuses on their recovery.
- People say they want a service that is convenient and accessible. So 75 per cent of the work in Doncaster is conducted on the telephone.
- And finally, people say they want a culturally competent service, hence the recruitment of new workers from the same culture, class and community – case managers.

And how acceptable is this to people in Doncaster?

Answer: they are delighted. Essentially, people with common mental health problems have no difficulty with psychological treatment delivered via the telephone (it's existing professionals who won't buy it). People greatly appreciate the low-intensity nature of case management-assisted recovery.

Traditional therapy is an intense business. Some people need this, but certainly not the majority of people. Case managers are able to help the vast proportion of people with anxiety and depression using a theoretically sound, CBT-based guided self-management recovery programme. Where more intensive therapy is required, therapists, counsellors and other workers, including those in the voluntary sector, can provide this.

This initiative mirrors those in other areas of public service – for example, the police service and traffic management – where people have demanded greater safety, quality and visibility. Here, the Labour administration has adopted a reformist, modernising approach whereby new resources are only released if they are accompanied by radical innovations in service delivery. In many areas, new workers now carry out duties previously thought to be the core preserve of traditional professional groups. In the beginning there was outright hostility from these professional elites. Over time, many professionals have become vociferous advocates. Support workers are extremely popular and an unquestionable public policy success. In Doncaster, case managers are the 'community support officers' of psychological therapy.

The last question concerned the proper route to happiness: via personal or societal renewal. Perhaps these are not exclusive roads. Taking charge, regaining control: these are psychological, economic and social aims. The early results from Doncaster show how the belief that psychological therapy is only safe in the hands of established professional elites is sheer nonsense. Community case managers operating in the community, with the community and for the community are achieving identical results to those obtained by professionals of many years standing. Integrating community renewal with mental health information and support embedded within the community might just be part of the way out of Lawson's social recession.

Blink for a final time. Is it so fanciful that alongside the glossy magazines in the salon are evidence-based, mental health recovery programme materials? In the future, your hairdresser could not only gather information but give it too. He or she can help you come to a shared decision about managing your mental health. If you do not turn up for your regular appointment, your hairdresser will call you up, give you support, offer encouragement, rearrange your appointment. Now that would be improving access to psychological therapy!

---

Cartoon by Fran Orford

1. Milne, Derek and Mullin, Mary (1987) 'Is a problem shared a problem saved? An evaluation of hairdressers and social support', *British Journal of Clinical Psychology* 26: 69–70.
2. Layard, Richard (2005) *Happiness: Lessons from a new science*, Allen Lane.
3. James, Oliver (2007) *Affluenza*, Vermillion.
4. Rogers, Anne *et al.* (1999) 'Improving access needs a whole systems approach', *British Medical Journal* 319: 866–7.
5. Lawson, Neal (2007) 'New Labour has presided over a social recession', *The Guardian*, Thursday 22 February, p.32.
6. Hoggart, Richard (1957) *The uses of literacy: Aspects of working class life*, Chatto & Windus.