



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ceannasaí Náisiúnta Oibríochtaí Meabhairshláinte
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17th August 2020,

Deputy David Cullinane,
Dail Eireann,
Dublin 2.

PQ Number: 19976/20

To ask the Minister for Health the estimated cost of providing free counselling services upon general practitioner referral; and the estimated cost of extending available sessions to 20.

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Response to Part A

To ask the Minister for Health the estimated cost of providing free counselling services upon general practitioner referral;

The Counselling in Primary Care (CIPC) service was established in July 2013 to provide counselling for patients experiencing mild to moderate psychological difficulties who present in the primary care setting. All adults in receipt of a medical card are eligible for the service. Access to this service is by referral from the client's GP or a member of the Primary Care Team. All clients referred to CIPC are requested to opt into the service before they are allocated to a counsellor and an appointment is then offered.

CIPC is available in each CHO area to GMS card holders and provides time-limited face-to-face counselling for adults experiencing CMHDs. It offers a structured programme of up to eight counselling sessions with a professionally qualified counsellor/therapist. 10 posts were allocated to CIPC in 2013 to coordinate delivery of the service which is provided by employed counsellor/therapists and counsellors contracted through an agency. The CIPC model of service encompasses: provision in primary care settings; standardised referral and assessment; client opt-in; GP feedback; clinical outcome evaluation. CIPC counsellors utilise a range of counselling interventions depending on presenting issues and assessed needs. Depression and anxiety constitute the main reasons for referral.

The Sláintecare report (2017) and recently published Sharing the Vision, A Mental Health Policy for Everyone (DOH 2020) both recommend access to counselling in primary care on a needs basis. Currently CIPC receives an average of 19,000 referrals per annum. The HSE CIPC service has expanded in response to specific needs that have arisen to date including provision of counselling to those affected by the Cervical Check Crisis and the RCOG review, those who require counselling as a result of the psychological impact of Sodium Valproate. In addition, plans are currently being drawn up to develop counselling provision for former residents of mother and baby homes. More recently CIPC has expanded in response to needs arising in light of the COVID-19



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pandemic with local service developments including provision of bereavement counselling, and counselling to those impacted directly as a result of COVID-19. CIPC has responded to these needs as they have arisen however the service is experiencing significant strain in terms of operational infrastructure which has not developed in tandem with increased demand for the service.

The national budget for the CIPC service is currently €7.4 million. This is used to provide counselling in primary care of up to 8 sessions to those with a medical card. Those with medical cards make up approximately one third of the population. Therefore it could be expected that expanding this service to the entire population would involve a threefold increase in budget (**a further 14.8 million in budget**). Moving to a model of universal service provision will require significant investment in the CIPC service to enable it to respond to expected demand.

Some work has begun in relation to scoping out what would be required to create a universally accessible counselling service. "The Development of HSE Adult Counselling Services: Future Planning" (HSE NCS, 2015) report commissioned by the HSE National Director of MH recommended that the CIPC model be developed to offer counselling to all adults in the population. This report outlines a model for service development and highlights the requirements that need to be in place to provide a universally accessed service.

These include:

Additional Infrastructure:

- Additional counselling accommodation particularly in light of social distancing requirements due to COVID-19 which has reduced current accommodation capacity within CIPC.

Business support and administration:

- Administration support to ensure a responsive service to the public
- IT infrastructure and support to enable the service to operate efficiently when expanded

Enhanced clinical capacity:

- Additional Counsellor/therapists in each service are required to ensure timely provision.
- To create the necessary clinical governance infrastructure required to ensure services can respond to additional service demands a Senior Counsellor/Therapist Grade is required for each service. A Senior Counsellor/Therapist will provide case management supervision, clinical oversight, coordinate service delivery and ensure service quality.

Response to Part B

The estimated cost of extending available sessions to 20

Decisions about the number of counselling sessions to be offered to a client should be evidence based and made following clinical assessment of identified client need, the client's capacity to utilise counselling and to complete a course of treatment. In general clients who want help with more severe problems [i.e. more significant symptoms, of longer duration] will need more treatment sessions to achieve recovery. Research in



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counselling and psychotherapy indicates a general consensus that to achieve recovery, up to 20 sessions will be needed for 50% of clients (Lambert 2013). Those with more complex issues may require more sessions. Expansion of the CIPC service up to 20 sessions is an option which is appropriate to consider for some client referrals and would be a welcome development of the service. It would not necessarily be required for all clients and there are also a small percentage of clients who may require more than 20 sessions. While in general receiving more sessions improves outcomes (Saxon et al 2016), the quality of the counselling provided also impacts on outcomes and is an important factor in ensuring effectiveness and value for money invested in counselling. Quality control through clinical supervision by senior counsellors is a key requirement to ensure provision of positive outcomes. This also needs to be factored into the costing of additional counselling session provision.

Estimated Costs

- Additional estimated cost of 14.8 million for current provision of up to 8 sessions-based on a projected three-fold increase in referrals if service was expanded to the general adult population [current annual average of 19,000 referrals for GMS clients only]
- Expansion of service to provide 20 counselling sessions: Estimated number who may require 20 sessions: 50%
- Estimated cost of 20 counselling session package based on a counselling session rate of 78.15: €1563 per person. Additional costs would be incurred for supervision, accommodation and infrastructure if this level of service expansion were to be implemented.

I trust this information is of assistance to you, but should you have any further queries please contact me.

Yours Sincerely

Dr Sinead Reynolds
General Manager Mental Health Services