Pilton Counselling Service

Needs Assessment Project Report

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Summary

Pilton Counselling Service (PCS) provides a free and open-ended counselling service to local people. PCS operates as part of Pilton Community Health Project (PCHP) based in Pilton, a deprived area of Edinburgh.

The PCS Needs Assessment Project was set up with funding from Lloyds TSB Foundation for Scotland. This project ran for 12 months to provide support for people who were being turned away from the counselling service because it was over-subscribed. A further aim of the project was to gather information to support service development and funding applications.

People who would otherwise be turned away from PCS were offered a one-off meeting where they could talk about why they were seeking counselling, with a view to helping them access help elsewhere.

In addition, data was collected from people attending the meeting as well as from clients of the service who were attending counselling.

A number of important conclusions were drawn from the project.

- The project supports the fact that PCS are fulfilling its remit to provide a free open-ended counselling service, and it supports the need for continuing such a service in the area.
- The project shows that PCS are unable to meet the demand for counselling in Pilton and its findings correspond with BACP guidelines in showing that there is a need for more counselling provision.
- The project shows that there is a need for PCS to have a dedicated project manager.

Further areas for service development have also been indicated:

- Relationships with local GPs should be developed to gain support for PCS service development.
- Discussions with Social Services may be useful to clarify why no referrals come from that source.
- Work should be done to make the service more inclusive to ethnic minority groups.

Introduction

Pilton Counselling Service (PCS) is one of the services provided by the Pilton Community Health Project (PCHP), which operates in the North Edinburgh Social Inclusion Partnership (NESIP).

PCS provides free and open-ended counselling for local people. It is staffed by independently-practicing sessional counsellors. Management and administrative support is provided under the "umbrella" of PCHP.

At PCS the demand for counselling is much greater than we can satisfy. For instance for the first 9 months of 2006, 71 enquiries were recorded when the waiting list was closed. That is equivalent to 1.8 people per week being turned away.

PCS offers 1200 sessions per year to the local community, but the level of demand means that PCS regularly has to close its waiting list. This is not surprising as the British Association for Counselling and Psychotherapy (BACP) has recommended figures for the levels of counselling provision, ranging from 2 hours per 1000 for areas of low deprivation to 4.5 per 1000 where deprivation is high [See Appendix B]. This differential figure is set in recognition of the increasing body of research that demonstrates the links between poverty, social exclusion and stress, e.g., unemployed men in areas of deprivation are twice as likely to commit suicide as men in more affluent areas. A calculation in 2005 by the North Edinburgh Health and Social Care Planning and Implementation Group took an overview of the level of counselling and therapeutic one-to-one provision provided by agencies in the North Edinburgh area and found there was a shortfall of 1,528 sessions each year from the BACP recommended levels.

PCS obtained funding from Lloyds TSB Foundation for Scotland for a one year "Needs Assessment Project" to help to start to address the issues outlined above.

The main aims of the project were to:

1. Provide a better service to those people who seek counselling when the PCS waiting list is closed by offering them a one-off interview where they could discuss their reasons for seeking counselling.
2. Signpost people to alternative services where possible.
3. Inform PCS service development.
4. Support funding applications for the expansion of the service

The outcome of the study could also indicate other questions to answer and further information that would be useful to collect.

Method

Preparation and Planning

Prior to starting interviews a certain amount of planning and preparation was required.

An initial list of organisations to which clients could be signposted was created. The most important resource here was the list of voluntary sector counselling services published by the Edinburgh Counselling Agencies Forum [3]. Other organisations included other voluntary and statutory mental health services, advice services and various other support services. It was intended that the initial list would be expanded to accommodate other needs of clients as they became evident. In fact the list needed minimal expansion.

A questionnaire was created in order to collect demographic information and what issues brought clients to seek counselling [See Appendix A]. The list of presenting issues was distilled from lists produced by other organisations, CORE [2] and discussion with the counselling team in order to create a list that was appropriate to PCS.

A Microsoft Access Database was constructed in order to store the list of organisations for signposting, to store the data from the questionnaires and to perform the analysis.

A process for referral was worked out in collaboration with the receptionist/administrator at PCHP who was the first point of contact for people seeking counselling. A process for arranging and conducting the interviews was also devised. An important factor here was to consider the client population.

Experience working with people in this area would indicate that a person seeking counselling:

1. May be in distress, confusion and vulnerable.
2. Is likely to be suffering poverty/deprivation and may be leading a chaotic life.
3. May feel very disempowered therefore may find it difficult to say no.
4. May be very suspicious/anxious and be very reluctant to take part.

It was important to create a process that respected this.

The other aspect of the project that could have been difficult was that it was addressing two issues that were in conflict. Firstly something more was being offered to people who were being turned away from PCS and secondly information was being collected from these people for the benefit of PCS. On the one hand it was a helping activity whilst on the other a research activity. The need to reconcile these two activities and their associated attitudes was required.

The most important part of the solution to these issues was that the people working on the project i.e. the PCHP administrator and the needs assessment worker were experienced professionals who were aware of the issues and could work sensitively with the clients. In addition good communication between the two workers was critical.

It was important to consider the ethical approach to the project and in particular the research aspects of data collection, storage, analysis and reporting [1].
All data collected was confidential and anonymous. Contact details of clients were stored separately from the database and there was no way that a client could be associated with a data record. Questionnaires were destroyed after transferring the

data into the database. Both database and the file storing client contact details were password protected. At the end of the project the file recording client contact details will be deleted.

Using CORE [2], to measure the level of distress of clients, was considered, but it was felt that this was too invasive, particularly when there would be no on-going counselling support.

Referral Process

When a client contacted PCS they were informed that counselling was not available because the waiting list was closed. They were then offered a one-off meeting where the client could talk about why they were seeking counselling so that other appropriate services might be identified, which the client could approach for help. If the client was interested then their contact details were taken and they were informed that the needs assessment worker would contact them shortly. Their details were then forwarded to the needs assessment worker by email.

If the client did not wish to attend the one-off meeting, the list of alternative counselling agencies [3] was sent to the client who was also informed when the PCS waiting list would reopen.

The needs assessment worker attempted to contact the client by phone. If no contact was made after 3 or 4 calls, or if a client did not have a phone, then an attempted was made to arrange an appointment by letter.

If it was not possible to arrange an appointment or if the client failed to turn up for their appointment then the list of alternative counselling agencies [3], the questionnaire and a stamped addressed envelope was sent to the client with a covering letter, which also informed them when the waiting list would reopen.

If contact was made with the client then an appointment was arranged which, if there was time, was followed up by a letter of confirmation.

The preference was to have a face to face meeting but where this was not possible then a phone call was offered.

Interview Process

Meetings were restricted to ¾ hour. In general they followed the format described below.

1. Introduction. Explain the nature of the meeting.
2. Why counselling. The client was then invited to say why they were seeking counselling
3. What was being sought. If necessary it was clarified what the client was expecting to get out of counselling.
4. Explanation of counselling. With reference to the foregoing an explanation of the nature of counselling was given and what it could provide.

5. Signposting. A discussion about what alternative services might be appropriate, their contact details and how to approach them. Inform the client when PCS waiting list will reopen.
6. Questionnaire. The client was then asked if they would be willing to fill out the questionnaire. The reasons for the questionnaire and its confidential nature were explained. The client was also asked if they would be happy to receive a follow up call in a couple of months to find out where they were with their search for counselling.
7. End.

Follow Up

Clients who were interviewed were contacted a couple of months later to check what had happened; whether they had managed to obtain counselling and where that was, and if not whether they still were wanting counselling and what was stopping them from obtaining it. At the same time they were reminded about the date that the waiting list was due to open. In general most clients who had attended and interview got a reminder leading up to the date the waiting list was opened.

Analysis

Data Collection

All contacts by people looking for counselling when the waiting list was closed were recorded in the database whether a questionnaire was filled out or not. Where a person did not fill out a questionnaire then the only information recorded was the fact that contact was made and the sex of the person.

In addition counsellors were asked to collect the same information from their clients. As clients are from the same group as those seeking counselling then information from this source was appropriate for the study.

Results

Needs assessment referrals were made between 5/2/07 and 31/8/07, which is 30 weeks.

During this time the waiting list was opened twice on 5/3/07 and 4/6/07. In both cases it filled up within two days and was then closed. It was also opened at the end of this period on 3/9/07.

Information was collected from 83 people in total; 53 of these were people who contacted the service when the waiting list was closed and 30 were clients.

64 people filled out the questionnaire though not every question was completed by every respondent.

Numbers Seeking Counselling

The referrals for counselling in this period included 53 people who contacted the service when the waiting list was closed and 19 people who only contacted the service when the waiting list was open giving a total of 71 referrals.

On average 2.4 people a week contact the service for counselling and of these 1.8 people per week are turned away. This is the same figure that was recorded during 2006.

Of the 53 people who were turned away 11 (21%) people subsequently contacted the service when the waiting list opened again.

From these figures it can be deduced that 75% of people seeking counselling in Pilton were unable to obtain it from their local counselling service in a timely manner and 59% were unable to obtain it at all.

Usage Of Needs Assessment Interview

53 people contacted PCS when the waiting list was closed and were offered a Needs Assessment Interview.

Of these 53 people, 45 (85%) were interested in having an interview and 29 (55%) actually attended an interview. Those who were interested but didn't have an interview were either not able to be contacted or failed to attend the appointment.

Of the 29 people who attended an interview 24 people were successfully contacted for follow up. The following table shows the outcome for these people.

Outcome	# Records	Percent
Counselling at Pilton	11	45.83%
Counselling elsewhere	5	20.83%
No longer wanting counselling	3	12.50%
Not able to access counseling	5	20.83%
Total	**24**	

None of the other people who contacted the service obtained counselling at Pilton.

Counselling was assessed to be an appropriate intervention for all those who were interviewed.

Sex

61 (73%) of those people seeking counselling were female.

Age Ranges

The breakdown by age range is as follows.

Age Range	Number of Records	Percent
Under 20	2	3.08%
20-30	11	16.92%
30-40	17	26.15%
40-50	20	30.77%
50-60	13	20.00%
Over 60	2	3.08%
Total:	**65**	

Disability

22 (34%) of those people who answered the questionnaire considered themselves to have a disability.

Employment

39 (61%) of those who answered the questionnaire were unemployed.

Parents

Data was collected on clients who were single parents and those people who were caring for children under 5.

15 (23%) of those who answered the questionnaire were single parents.

14 (22%) of those who answered the questionnaire were caring for children under 5.

4 (6%) of those who answered the questionnaire were single parents caring for children under 5.

The complete results for these two categories are as follows:

Is a Single Parent	Children Under 5	Number of Records	Percent
Yes	Yes	4	6.25%
Yes	No	11	17.19%
No	Yes	10	15.63%
No	No	39	60.94%
	Total	**64**	

Use of Mental Health Services

33 (52%) of people who answered the questionnaire had been in touch with mental health services (e.g. psychiatrist or CPN)

Ethnic Breakdown

The ethnic breakdown was as follows.

Ethnicity

Type	Number of Records	Percent
Black British	1	1.54%
White British	60	92.31%
White Other	4	6.15%
Total:	**65**	

Medication

33 (52%) of those who answered the questionnaire were on medication.

The type of medication used was as follows.

Medication	Number of Records	Percent	Percent of Clients
anti depressants	26	78.79%	40.6%
anxiety	2	6.06%	3.1%
sleeping tablets	4	12.12%	6.3%
weight control	1	3.03%	1.6%
Total	**33**		

How People Were Referred

The answer to the question “How did you hear about Pilton Counselling Service” breaks down as follows:

Referred By	Number of Records	Percent
GP	26	40.63%
Other professional	8	12.50%
Local knowledge	8	12.50%
Friend or relation	7	10.94%
Publicity	6	9.38%
Counsellor	5	7.81%
Agency	4	6.25%
Total:	**64**	

When referred by a *counsellor* this included people referred from short term counselling at a local GP practice and also clients returning to PCS. *Other professional* includes such people as CPN, health visitor, support worker etc.

Presenting Issues

The presenting issues of both existing clients and those people who attended for interview were recorded giving the following results.

Issues	# of Records	Percent	Percent Of Clients
Depression	42	12.69%	65.6%
Relationship	38	11.48%	59.4%
Confidence	30	9.06%	46.9%
Stress	27	8.16%	42.2%
Bereavement/Loss	26	7.85%	40.6%
Anxiety	22	6.65%	34.4%
Anger	21	6.34%	32.8%
Diagnosed Mental Health	18	5.44%	28.1%
Childhood Abuse Psychological	12	3.63%	18.8%
Physical	12	3.63%	18.8%
Childhood Abuse Sexual	11	3.32%	17.2%
Trauma	11	3.32%	17.2%
Addiction	11	3.32%	17.2%
Life Conditions	9	2.72%	14.1%
Adult Abuse Physical	8	2.42%	12.5%
Self Harm	7	2.11%	10.9%
Childhood Abuse Physical	7	2.11%	10.9%
Adult Abuse Psychological	7	2.11%	10.9%
Adult Abuse Sexual	5	1.51%	7.8%
Undiagnosed Mental Health	4	1.21%	6.3%
Eating Disorder	2	0.60%	3.1%
Gender And Sexuality	1	0.30%	1.6%
Total:	**331**		

Analysis was also done on the numbers of issues for each person as follows:

# of Issues	Number of Clients	Percent
1	5	7.69%
2	9	13.85%
3	14	21.54%
4	8	12.31%
5	6	9.23%
6	3	4.62%
7	5	7.69%
8	3	4.62%
9	3	4.62%
10	4	6.15%

11	3	4.62%
12	1	1.54%
15	1	1.54%
Total:	**65**	

From this table it can be seen that 78% of clients present with 3 or more issues. This reflects the complexity of psychological difficulties of the population in Pilton. This also confirms the assessment that for 96% of those interviewed, long term counselling was appropriate. Long term counselling means 20 or more 1 hour sessions as opposed to the short term counselling model of 6 sessions that is provided by many primary care counselling services.

Referring On

The organisations which those attending interviews were signposted on to were recorded. The table below shows to which organisation referrals were made.

Organisations	Number of Records	Percent
PF Counselling Service	25	24.51%
Wellspring	25	24.51%
NCS	14	13.73%
CRUSE Bereavement Care	5	4.90%
Parent Line	4	3.92%
SASSIE	3	2.94%
PROP Stress centre	3	2.94%
Pilton Community Health Project	3	2.94%
Health In Mind	3	2.94%
Edinburgh and Lothians Council on alcohol	2	1.96%
Health All Round	2	1.96%
Muirhouse Surgery	2	1.96%
Private Counselling	2	1.96%
Breathing Space	1	0.98%
Libra	1	0.98%
HYPE	1	0.98%
North Edinburgh Drug Advice Centre	1	0.98%
Simpson House	1	0.98%
EAP	1	0.98%
Stress watch Scotland	1	0.98%
Couple counselling Lothian	1	0.98%
Lothian centre For Integrated Living	1	0.98%
Total:	**102**	

PF counselling service, Wellspring and NCS are the only general counselling agencies in Edinburgh that cover the whole of the Edinburgh area. The table illustrates the fact that for most people a general counselling agency was most appropriate

In addition analysis was done on the numbers of referrals given to each person who was interviewed. The results are as follows.

# of referrals	Number of clients	Percent
1	3	10.34%
2	2	6.90%
3	10	34.48%
4	8	27.59%
5	3	10.34%
6	3	10.34%
Total:	**29**	

Discussion

Need for Counselling Services

With 75% of referrals not getting onto the waiting list when they contact the service it is clear that Pilton Counselling Service is unable to meet the need for counselling of the local population.

The waiting time for clients who get on the waiting list is an average of 10 weeks. The fact that 21% of those that were turned away subsequently contacted the service when the waiting list opened may indicate the long term nature of their problems and a high level of motivation. That is, they still needed counselling after up to 10 weeks wait and would be anticipating another 10 weeks wait to see a counsellor.

45% of those expressing interest in an interview either were not able to be contacted or failed to attend the interview. In spite of the fact that they were informed when the waiting list would reopen none of these people did contact the service when the waiting list reopened. Further work would need to be done to identify the reasons for this. However some observations are worth making. Knowledge of the population indicates that people are often living chaotic lives and therefore keeping appointments and being in contact can be difficult for some people. One may postulate that if it is so difficult to contact someone then perhaps they do not have the motivation or are not in a position to engage with psychotherapy in the first place. Or it may simply be that as they have been turned away, their generally negative experience of dealing with services tells them it would be a waste of time to make any effort.

This survey shows the high complexity of issues that people coming to counselling at Pilton present. 78% were dealing with 3 or more issues, 52% were on medication, which was usually anti depressants, 52% had been in contact with statutory mental health services and 28% had a diagnosed mental health difficulty. This data fits with the assessment that 96% of those interviewed were assessed to be in need of long term counselling (i.e. 20 or more one hour sessions).

It is clear from various of the results quoted above (52% on medication, 52% had been in contact with statutory mental health services and 28% had a diagnosed mental health difficulty) that PCS's role in supporting the Health Service is being fulfilled. The fact that 41% of referrals came through GPs and a further 12% came through other professionals, many of whom were attached to the health service, is further evidence of this.

Finally the fact that 61% of people seeking counselling are unemployed supports the provision of a free counselling service in this area of Edinburgh.

Service Development

- The fact that 41% of referrals came through GPs and that this was by far the largest referrer indicates that it would be worthwhile for PCS to engage in dialogue with local GP surgeries. This would allow PCS to illustrate the amount of benefit PCS provides to local surgeries and also to discuss ways that surgeries could support PCS in expanding and improving its service.

- None of the referrals came from Social Services. This is curious given that they are one of the providers of funding for the service. A dialogue with social services may be useful to clarify this and to determine if the level of need is in fact greater than indicated by this project.

- 98% of people contacting the service were white. According to the 2001 census 4.2% of the population of Muirhouse (the major part of PCS catchment area) was from ethnic minority groups. It is clear that more work needs to be done to help make the service inclusive to other ethnic groups who are living in the area.

Benefit to Participants

82% of people who had a needs assessment interview were signposted to 3 or more alternative agencies. All these people were given the names of one or more counselling agencies. Most people were signposted for general counselling and there are only 3 general counselling agencies that have an Edinburgh-wide catchment area. These are Wellspring, PF counselling agency and Crossreach (previously NCS). All these ask for some financial contribution. Only 21% of the people interviewed accessed counselling somewhere other than PCS. However 66% of people interviewed did end up accessing counselling. It cannot be shown from the statistics but it is possible that the project has helped some people to access counselling who otherwise would not have done.

The interviewer's subjective view is that the interview itself was of benefit to the participants. This is through unprompted positive comments made by participants. People were grateful to have a chance to talk, and were grateful that someone took their problem seriously and was interested in helping. People were also pleased that the interviewer followed up with participants. Again the sense was that they were grateful that someone was concerned and interested in their well being. This fulfils

one of the aims of the project, which was to provide a better service for people who were not able to get on the waiting list.

Benefit to PCS

One of the benefits of this project was that it provided a single person experienced in counselling who was identified as being involved with PCS in a role other than as a sessional counsellor. This resulted in the person being viewed by counsellors and others at PCHP as taking a leading role in the service that would normally be associated with that of manager or coordinator. In fact, some of the time on the project was spent in fulfilling a management role, for example in supporting administrative staff in the running of the service, taking various decisions about the running of the service such as the maximum size of the waiting list and providing input into policy development.

Support to the administrative staff helped the efficient running of the service. For instance it facilitated communication between PCS and sessional counsellors who are only on site a few hours per week and thus ensured the service ran smoothly both for counsellors and clients.

The questionnaire is now being used routinely with new clients and the data analysis tools from this project are also available.

Having someone to meet with potential clients has probably resulted in more people in need gaining access to counselling. It has certainly provided a better service for potential clients.

This experience supports the need for the service to have a dedicated manager.

Conclusion

This project has been of great benefit to PCS and to its service users. In particular it has provided valuable support for people seeking counselling when the PCS waiting list has been closed. These people have been helped and supported where before they would just have been turned away, and unfortunately at the end of this project will be turned away again.

A number of important conclusions can be drawn from the outcomes of the project.

- The project supports the fact that PCS are fulfilling its remit to provide a free open-ended counselling service and supports the need for continuing such a service in the area.
- The project shows that PCS are unable to meet the demand for counselling in Pilton and is in correspondence with BACP guidelines (Appendix B) in showing that there is a need for more counselling provision.
- The project shows that there is a need for PCS to have a dedicated project manager, and also that this role could be fulfilled in perhaps as little as 1 day per week.

Further areas for service development have also been indicated.

- Relationships with local GPs should be developed to gain support for PCS service development.
- Discussions with Social Services may be useful to clarify why no referrals come from that source.
- Work should be done to make the service more inclusive to ethnic minority groups.

References

1. Bond, T (2004) Ethical Guidelines for Researching Counselling and Psychotherapy. BACP.

2. Evans, C., Mellor-Clark, J. et al (2000) CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health*, 9, 247-255.

3. List of Voluntary Counselling Agencies in Edinburgh. Edinburgh Voluntary Counselling Agencies Forum.

Appendix A - Questionnaires

Pilton Counselling Service Needs Assessment

Ref No	
Date	

Sex	
Age	
Post Code	

What is your Ethnic Origin (Please circle)

White British	Black British
White Irish	Black Caribbean
White Other	Black African
	Black Other
Asian Indian	
Asian Pakistani	Chinese
Asian Bangladeshi	
Asian Other	Other

Do you consider yourself to have a disability? Yes/No

Do you consider yourself to be a lone Parent? Yes/No

Are you employed? Yes/No
If Yes are you off sick? Yes/No
For how long have you been off sick?

Are you caring for any children under 5? Yes/No

Have you ever been referred to mental health services e.g. Psychiatrist or CPN? Yes/No

Are you being prescribed medication? Yes/No

If Yes can you say what it is for?

How did you hear about Pilton Counselling Service?

Pilton Counselling Service

Presenting Problems Form

Tick as many as apply

1. Stress	
2. Trauma – PTSD	
3. Depression	
4. Anxiety – panic attacks	
5. Bereavement – loss, grief	
6. Confidence – self esteem, feeling disempowered	
7. Anger – violence	
8. Relationship difficulties – (with partner, family, others) includes assertiveness, control issues, feeling isolated	
9. Addictions – drugs, alcohol etc.	
10. Abuse adult	
a. Physical	
b. Psychological	
c. Sexual	
11. Abuse childhood	
a. Physical	
b. Psychological	
c. Sexual	
12. Eating disorders	
13. Self harm	
14. Gender and sexuality issues	
15. Life conditions - poverty, difficulty accessing services, work related, discrimination	
16. Physical problems – ill health, sexual difficulties, physical disability	
17. Diagnosed mental health difficulty – i.e. is or has been in touch with mental health services	
18. Undiagnosed mental health difficulty	

Appendix B – Counselling Provision Guidelines

British Association for Counsellors and Psychotherapy

Faculty of Healthcare Counsellors and Psychotherapists (FHCP)

PRACTICE INFORMATION 1

What is the ratio of counselling hours per General Medical Practice list size in Primary Care?

This question is frequently asked of the BACP Information Service and the Faculty of Healthcare Counsellors and Psychotherapists. The answer is not easily arrived at from the minimal evidence that is currently available.

The only known research paper on the subject is that by Dr. A Jewell, Senior Registrar, Department of Public Health Medicine, Cambridgeshire Health Authority in January 1992. Dr. Jewell produced a 'Report of an Evaluative Study of Counselling in Primary Care' via a pilot scheme undertaken for Cambridgeshire FHSA. The conclusion was that the ratio of hours should be 1 hour per week for every 1,000 patients.

Since that time there has been a plethora of research into the mental health needs of the population in the UK, and into the needs of those who attend the GP surgery. Mori (1992) reports that 25% of patients visiting their doctor will have mental health problems. In addition Mori also reports that 24% of patients over the age of 65 will suffer from dementia or depression and 20% of patients under the age of 16 will have emotional or psychological problems.

Research into working days lost through mental illness according to the Mental Health Foundation, (1993) indicate that:

- 45 million days (40%) are due to anxiety and stress
- 25 million (27%) are due to depressive disorders
- 15 million (16%) are due to psychotic illness
- 8 million (8%) are due to alcohol dependency

The first two groups above may well benefit from a counselling intervention within primary care. The Mental Health Team may well care for the third group and a specialist alcohol dependency unit often sees the last group. It has also been found that counselling can improve behaviour and alter the disease process in some major illnesses such as respiratory dysfunction, coronary heart disease, diabetes and chronic pain (Oldberg et al, 1985).

It is now generally accepted that ill health is associated with social deprivation and the Jarman Index Score now measures this. A Jarman Score identifies the degree of deprivation in an Electoral Ward and is based upon such variables as age, ethnic minorities` economic activities, unemployment figures and the number of children under five years old.

Given the ever-increasing body of experience of both counsellors and General Practitioners in Primary Care, plus the demand for counselling from patients the figure that is generally being applied has moved on from Jewel's ratio of 1:1,000. The common 'rule of thumb' that is being applied is now related to the Jarman Score for a General Practice population. Where

there is low deprivation the common practice is to offer 2 hours per 1,000 patients and where there is high deprivation 4.5 hours per 1,000 population.

Until further research is made available this is the recommendation of BACP/FHCP concerning counselling hours per week per general medical practice population.

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