Blissed-out Britain is Back in Business

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NOTE: this paper is one of two submitted by the Midlands Psychology Group, in response to an invitation to comment on a summary of initial findings from the Doncaster trial of the Improving Access to Psychological Therapy demonstration. For the other paper, see:
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You can fool some of the people all the time, and those are the ones you want to concentrate on.

George W Bush

In 2006, Sir Tony Blair's New Labour government put happiness at the heart of government policy by launching an experiment to lift our nation from misery. Inspired by the brilliant economist, Lord Layard, the Blair government was the first to recognize that GDH - Gross Domestic Happiness - is just as important as Gross Domestic Product. Now, twenty years after those initial pilot studies in Doncaster and Newham, the lives of individuals and their families have been thoroughly transformed.

Looking back, it seems strange that the benefits of this transformation were not always initially recognized. But this was before Kinderegg's (2012) discovery of the biological basis of cynicism, at a time when healthcare was still 'nationalized' rather than driven by the choices of individuals. Indeed, when the National Health Service (NHS – the forerunner of Be Well – Stay Well!) and its partners in the business and voluntary sectors first set about the task of Increasing Access to Psychological Therapies (IAPT), there were even some who suggested the entire project was politically motivated.

To these observers, IAPT was a mere fig leaf arising from the political zeitgeist created by the Blair government. New Labour's millennial recognition that 19th century socialist principles of equality, justice and compassion could only hinder the development of a successful market-led society in the 21st century had yet to achieve total acceptance –

even within the party itself. Indeed, in 2006 some New Labour politicians still promoted the 'Wilkinsonian Fallacy'[1] that levels of income, and in particular the allegedly growing gap between 'rich' and 'poor', were important determinants of happiness and health.

Luckily, not all politicians were this misguided. Lord Cameron (leader, from 2005 to 2010, of the Old Conservative Party) exemplified those whose empathy for the lives of ordinary working people led them to enthusiastically welcome IAPT. So, with the backing of Cameron and New Labour, the IAPT pioneers set out to transform the country by identifying and removing individual miseries, one by one. In the process, they helped change how we think about happiness, government, work – and, most of all, about ourselves.

In 2006, the task was daunting: nearly one in five people had Common Mental Health Disorders (CMHD), with anxiety and depression constituting 97% of the total prevalence. However, few with these diseases received the psychological therapies which could return them to both happiness and work. But this overwhelming tide of individual misery was not the only problem facing the IAPT pioneers: they also had to take on the short-sighted members of their own profession who couldn't see just how much individual therapy might achieve.

Today, only a handful of mavericks claim there are significant links between social and material conditions and distress, and that the Interventions ™ of therapists matter

[1] Richard Wilkinson was an epidemiologist, whose now-discredited ideas became briefly fashionable amongst former Communist Party members around the turn of the millennium.

relatively little compared to other influences in people's lives. But in 2006 the situation was very different. For example, many thought depression was so complex it was not possible to agree upon its definition, let alone upon an appropriate treatment. Even the National Institute for Clinical Excellence (NICE – then still in its first decade) acknowledged: '[There are] significant limitations to the current evidence base… These include very limited data on both long-term outcomes for most, if not all, interventions… In part, these limitations arise from the problems associated with the randomized control trial methodology for all interventions… However, the most significant limitation is with the concept of depression itself .. it is too broad and heterogeneous a category, and has limited validity as a basis for effective treatment plans' (p.10, NICE 2007).

Faced with these seemingly insurmountable problems, NICE showed an early flash of the strategic brilliance for which it is now renowned and, with almost no meaningful scientific justification, recommended treating depression with Cognitive Behavioural Therapy (CBT) using a 'stepped care' service model. And with NICE's backing the Doncaster IAPT pioneers, although also aware of such problems, forged bravely ahead. What's more, initial results from the pilot sites, (which by 2010 had grown to 24) were promising: 89% of people receiving low-intensity treatment were back in work following just six sessions of CBT. The cost was just £180 per person: less than a quarter of that predicted by Lord Layard himself! For those receiving high-intensity CBT, 71% returned to work following treatment and the cost of therapy was in line with Layard's predictions.

Surprisingly, these encouraging results were not universally welcomed. From the start, some dissident psychologists claimed the Doncaster pilot was not offering anything particularly new. They suggested it simply mirrored existing practices, whereby most people received low-intensity psychological help in primary care (from counselors and graduate mental health workers), whilst those needing further treatment got referred for higher intensity treatment in secondary care.

According to these misinformed cynics, the primary difference between existing practices and the pilot was that the pilot allowed individuals to be tracked and evaluated by partner organizations who, previously, were not directly linked to mental health services. Coupled with an impressive set of demand characteristics bearing down upon both therapists and patients, and in the context of relevant policy initiatives (for example the September 2007 change to Legal Aid, which excluded assistance with challenges to benefit claim decisions), these dissidents argued that IAPT was simply a more effective way of coercing people back into work.

Then in 2010 the service user movement responded to IAPT with the ‘Get Real Quick’ campaign. Their slogan ‘You Don’t Have To Be Mad to Work in a Low-Paid, Insecure Job But It Helps’ recruited many alienated and disaffected elements from the fringes of society. The campaign culminated in the Job Centre riots of April 2011, which for the first time brought IAPT into the headlines. Fortunately, the ringleaders (mostly anarchists who had infiltrated the movement) were quickly identified using CCTV footage and detained under anti-terrorist legislation. Although outright opposition to IAPT then

declined, as the initiative was rolled out nationwide lesser problems persisted. In particular, there were reports of people being offered CBT but instead requesting other Interventions™.

In the original Doncaster pilot the IAPT pioneers argued that: ‘Although CBT is not the only recommended psychological treatment, the skill set and clinical materials required are much more available in both clinical and educational providers than other alternatives (for example Interpersonal Therapy for depression). CBT was, therefore, selected as the principle psychological therapy for use in Doncaster’ (Richards, 2007). But despite this very clear guidance, as IAPT gathered momentum other Interventions™ became increasingly available, albeit through a myriad of external, unregulated agencies.

The consequent postcode lottery of poor outcomes and frustrated choice led, in 2019, to new protests. Service users from the (now moderate) movement occupied Job Centres, claiming that low quality Interventions™ were preventing them successfully returning to employment. Simultaneously, a more reasoned attack came from within the mental health professions, and in particular from clinical psychologists whose livelihoods were threatened by the emergence of younger, cheaper, less qualified (or even unqualified) people, who were happy to satisfy Britain’s now seemingly insatiable appetite for therapy.

Ultimately, it was the protests waged by these two disparate groups that paved the way for IAPT’s present success. Faced with both psychology’s professional self interest and a

growing tide of consumer pressure, the Government instructed NICE to elaborate the stepped-care model in ways consistent with the Choice White Paper of 2018. In practice, this meant people were at last empowered to choose how, where, when and by whom they could receive psychological therapies. Consequently, almost everyone who previously burdened family and friends with their problems can now access psychological therapies: amazingly, before the 2006 Doncaster pilot most of these people weren't even being referred!

Moreover, the Choice Agenda means that clients of Be Well - Stay Well! can now choose from a wide range of Interventions™. For example, between 2020 and 2024 prescriptions of Ecotherapy alone increased by 57%, with similar increases for Cognitive Re-appraisal Analytic Psychotherapy, Exercise Therapy, Fishing Therapy and Zen Psyonics. Following IAPT best practice guidelines, these prescriptions were linked to Job Centre information systems, and attendance at sessions used to authorise benefits claims.

And so IAPT has played an important part in creating today's enviable situation of full, flexible employment in a low wage, free-market economy. It has also helped boost Britain's GDH to its current record high of 72.3 (higher than the USA's 67.5, and approaching South Korea's score of 76.8!) Indeed, it is no exaggeration to say that IAPT has helped make possible the current Government proposal to save billions of pounds of taxpayer's money by phasing out both Incapacity Benefit and Jobseeker's Allowance. These savings will pay for new anti-terrorist measures, including RFID readers on lamp-posts to enable passers-by to have their identity cards recognized. In no small part thanks

to the IAPT pioneers, then, we will soon be safer and happier than we have ever been before.

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