

Referral to talking therapies may cut use of health services and sick leave

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Referring patients with mental health problems to talking therapies seems to cut their use of healthcare services and the amount of sick leave they take, suggests research published online in the Journal of Epidemiology and Community Health.

The researchers assessed routinely collected healthcare data for more than 152,000 patients registered with [family doctors](#) in East London and in Yorkshire, in a bid to quantify the impact of common [mental health problems](#), such as depression and anxiety, on health service use and sick leave.

They looked particularly at antidepressant prescriptions, use of emergency care and outpatient clinics, number and length of [hospital admissions](#), and number of sick notes issued by family doctors.

They compared use of healthcare resources among patients with and without common [mental health](#) problems at the same practices between 2007 and 2009, and six months before and after referral to talking therapies under the UK government's Improving Access to Psychological Therapies (IAPT) scheme.

Around one in five patients had been diagnosed with depression or anxiety, one in 10 of whom was diagnosed during the study period. People with common mental [health problems](#) used significantly more health resources overall than those without.

They had five times as many prescriptions for antidepressants and admissions to hospital. They stayed in hospital longer, had more outpatient appointments, used more emergency care services and were issued with 10 times as many sick notes.

Only just over 6% of patients with a common mental health problem were referred to IAPT during the study period. Virtually all of them were aged 20 to 54; nearly two thirds were women. They tended to be white and come from more socially deprived areas.

Those referred to IAPT used fewer hospital services and were issued fewer sick notes. But they were prescribed more antidepressants, which may indicate that they stuck to their treatment plans better, or that they were referred soon after their condition had developed, suggest the authors.

"There were marked differences between those with [common mental health problems] and people referred to IAPT and the rest of the registered population," say the authors. "At a time when there is pressure to control increasing health costs, this study suggests that IAPT may contribute to reducing health service usage."

Provided by British Medical Journal

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