There is clear evidence for the link between relationships and both mental health and wellbeing; people in troubled relationships are three times as likely to experience depression as those who aren’t.

There is a lot to celebrate in the Independent Mental Health Taskforce report, A Five Year Forward View for Mental Health, from increased investment in talking therapies to improved crisis care and integration of physical and mental health services. Relate welcomes the report and NHS England’s response to it.

However, while the report recognises the potential of healthy relationships both for preventing mental health problems and as an integral part of treatment for many people, clear recommendations to deliver this vision are lacking.

In our submission to the Taskforce we called for:

- recognition of the link between relationships and mental health
- training for mental health professionals so that identification of relationship distress and provision of support is a basic element of effective mental health care
- a clear policy ambition outlining the level of choice that should be available through the IAPT programme, including Couple Therapy for Depression.

Couple Therapy for Depression is the only NICE approved treatment for depression which focuses on relationships - its recovery rate is higher than that for the most common talking therapy, CBT (Cognitive Behavioural Therapy). Despite this, it makes up just 0.3% of IAPT sessions and in half of areas is not available at all.

We believe that everyone should have access to the mental health treatment that is right for them.

We would like the Government to commit that Couple Therapy for Depression should be available in every IAPT service, and to explain how they plan to deliver the ambition set out in the Taskforce report that prevention of mental health problems “involves …supportive communities and the opportunity to forge satisfying relationships.”
**Relationships and Wellbeing**

There are many definitions of wellbeing, but it is generally understood to mean both how satisfied we are with our lives, and the extent to which we feel they are meaningful.

- When asked by the Office for National Statistics (ONS) what matters most to our wellbeing, relationships with friends and family and health jointly topped the list (89%)\(^{ii}\).
- In their national wellbeing measures, the ONS identified relationships as a key factor which impacts subjective wellbeing\(^{v}\), including satisfaction with family life, social life, and the extent to which people have a spouse, family member, or friend to rely on.\(^{iv}\)
- The Stiglitz Commission included social connections and relationships among its eight recommended core components for measuring national wellbeing.\(^{v}\)
- The Legatum Commission on Wellbeing and Policy headed by Sir Gus O’Donnell similarly recognised the role of relationships in wellbeing, noting that across the world, the quality of home life – which is ultimately based on family relationships – is a universal ingredient of life satisfaction, and that the relationships we hold within our communities are another key factor of wellbeing.\(^{vi}\)

**Relationships and mental health**

The evidence is also clear that relationship quality and mental health are closely linked, with relationship distress linked to depression\(^{vii}\) and anxiety.\(^{viii}\)

- People who live in distressed and troubled relationships are three times as likely to suffer from mood disorders (e.g. depression), and two and a half times as likely to suffer from anxiety disorders, as people who do not experience such relationship distress.\(^{ix}\)
- Poor quality relationships are a risk factor for depression,\(^{v}\) and while evidence supports the conclusions both that poor relationship quality leads to depression and that, in its turn, depression leads to poor relationship quality, there is stronger support for the former.\(^{x}\) Longitudinal studies show that marital dissatisfaction predicts increased depressive symptoms over time,\(^{xi}\) and adults in the lowest-quality relationships are twice as likely to develop depression as those in the highest quality relationships.\(^{xii}\)
- Some studies have found that over 60% of those with depression consider relationship problems to be the main cause of their illness.\(^{xiii}\)
- Studies indicate that treatment of relationship distress may have the potential to alleviate up to 30% of cases of major depression.\(^{xiv}\)

Although there is growing recognition of the impact that relationships can have on mental health and wellbeing, not enough is being done to harness the potential of relationships to improve health.

**Couple Therapy for Depression**

- Couple Therapy for Depression is the only NICE-recommended talking therapy which focuses on the couple relationship\(^{xv}\).
- It is, in principle, available on the NHS through the Improving Access to Psychological Therapies (IAPT) programme. 11 Relate centres are currently delivering IAPT services, making Relate the biggest provider of Couple Therapy for Depression.
Recovery rates

- The most recent IAPT statistics show that Couple Therapy for Depression achieves a recovery rate of 52%, higher than the target recovery rate of 50%\(^{\text{xiii}}\). In fact, the national recovery rate for patients of all IAPT services is currently 44.8%\(^{\text{xiii}}\), showing that Couple Therapy is not only outperforming its target but can offer a higher recovery rate than most other available talking therapies. Cognitive Behavioural Therapy (CBT), which is the most common talking therapy referred to through the IAPT programme, has a recovery rate of 44.1%\(^{\text{xix}}\).

Access

- Despite the evidence for its effectiveness, Couple Therapy for Depression accounts for just 0.3% of sessions delivered in IAPT\(^{\text{xx}}\).
- Evidence suggests that this low up-take isn’t a reflection of people’s choices. The We Need to Talk coalition found that 56% of people who received therapy through IAPT were not offered a choice of the type of therapy they received\(^{\text{xxi}}\), and 50% of IAPT services do not offer this therapy at all.\(^{\text{xxi}}\)
- The Tavistock Centre for Couple Relationships also conducted a mystery shopping exercise of IAPT services which indicated very low levels of knowledge among IAPT staff of the full range of NICE recommended treatments and inappropriate signposting, with 80% making no mention of Couple Therapy for Depression at all\(^{\text{xxiii}}\).

Recommendations

We are pleased that NHS England has accepted the Five Year Forward View’s recommendation to extend access to psychological therapies to an additional 600,000 people; however we would like a guarantee that this will be a choice of therapy, including Couple Therapy for Depression in every area.

There are a range of mechanisms which need to be explored to achieve this aim:

- Clearer **guidance and training for commissioners** to ensure that they understand the benefits of the full range of NICE-recommended IAPT therapies and the importance of meaningful choice.
- Similarly, **guidance and training for those signposting into IAPT services** (e.g. GPs) to ensure that patients are offered an informed choice of therapy from the full range of NICE-recommended psychological therapies.
- Improved **information and brokerage support** directly to people accessing IAPT services to ensure that all patients can make choices about the psychological therapies that are best for them.
- Indicators on choice among IAPT users included in **commissioning frameworks**, such as the CCG Assurance Framework.

Prevention

The Five Year Forward view helpfully states that:

“Prevention matters…Helping people lead fulfilled, productive lives is not the remit of the NHS alone.”
It involves good parenting and school support during the early years, decent housing, good work, supportive communities and the opportunity to forge satisfying relationships. These span across national and local government”.

We agree with this assessment; however it is disappointing that the recommendations for national and local government then fail to set out a clear plan to deliver this vision. In particular, there are no recommendations setting out how local or national government can promote ‘supportive communities’ or help people to ‘forge satisfying relationships’.

**Recommendations**

We would like the Government to set out how they plan to deliver the ambition in the Taskforce report that prevention of mental health problems “involves …supportive communities and the opportunity to forge satisfying relationships.”

In Relate’s report *All Together Now*xxiv, we set out how we believe this vision could be achieved. For example, we call on national government to:

- Develop a cross-departmental national relationships strategy, feeding into the forthcoming ‘life chances’ strategy, to deliver joined-up national leadership
- Expand the What Works Network to include a What Works centre for relationship support
- Identify how indicators of relationship quality and stability could be inserted into national outcomes frameworks
- Expand the pilot of the ‘Local Family Offer’, undertaking capacity building work to support local authorities in developing local strategies for supporting good quality relationships
- Commission a public education campaign to catalyse a social movement for good quality, stable relationships as the basis of wellbeing
- Ensure all children and young people have access to good quality Relationships and Sex Education along with PSHE, as a compulsory part of the National Curriculum
- Pilot the coordination of existing community-based family support into Family and Relationship Centres or ‘Family Hubs’

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ii ONS (2011), Findings from the national well-being debate.


12 ibid
13 ibid
14 ibid
15 The We Need to Talk Coalition (2014), We Still Need to Talk
16 FOI request to CCGs, submitted by Action for Choice in Therapy, 2015
17 Tavistock Centre for Couple Relationships (2013), A drop in the ocean: couple therapy for depression in IAPT