

# 'Talking treatments' for chronically ill linked to reduced hospital visits

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People with illnesses such as diabetes are less likely to need hospital

treatment if they have access to "talking therapies" on the NHS.

This is the main conclusion of a new paper from Imperial College Business School, published in *Social Science and Medicine*.

Many people with [chronic illnesses](#) also have [mental health conditions](#) such as depression and anxiety and the authors looked at the impact of extending [psychological therapies](#) to such patients. They wanted to explore whether this could help people better manage some of the effects of their illness and reduce the need for expensive hospital visits.

Healthcare costs are estimated to be around 50% higher for people with co-occurring [mental health issues](#), compared to those with physical health issues alone. These [higher costs](#) are predominantly incurred for physical health services, including increased hospitalization and a higher use of primary and secondary care consultations. The researchers conclude that some hospital stays could be avoided if patients are given talking therapies to manage the mental health impact of their illness.

Professor Dame Carol Propper, Professor of Economics at Imperial College Business School, one of the authors of the study said: "Our research shows that talking [therapy](#) treatment for people suffering from chronic health conditions can significantly reduce the number of times they have to visit A&E and have inpatient stays in hospital. Such visits are costly and often avoidable. Our research suggests that talking therapies are one way the significant burden of treating these diseases can be addressed."

The study looked at data on the NHS Improving Access to Psychological Therapies (IAPT) program, which treats around half a million people who have generalized anxiety and depression each year in England. They focused on people in England who have both common mental disorders and severe diabetes, chronic obstructive pulmonary disease and/or

cardiovascular disease.

The researchers found that people with these conditions who had access to IAPT talking therapies were around 20% less likely to visit A&E or have an inpatient visit and around 10% less likely to have an outpatient hospital visit within 12 months of finishing their talking treatment, compared to people who had no access to the IAPT program.

The findings suggest that offering psychological treatments for common mental health conditions to individuals who also suffer from long-term chronic health issues may improve patient wellbeing and reduce costs to the NHS.

This is the first national study to explore the relationship between talking therapy for individuals suffering from common chronic illness and its impact on hospital admissions. The findings suggest a link between the number of people receiving psychological treatment and related hospital admissions.

**More information:** Jonathan Gruber et al, The impact of mental health support for the chronically ill on hospital utilisation: Evidence from the UK, *Social Science & Medicine* (2021). [DOI: 10.1016/j.socscimed.2021.114675](https://doi.org/10.1016/j.socscimed.2021.114675)

Provided by Imperial College London

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