



# A Service Evaluation of Aberdeenshire Primary Care Psychological Therapies Service Treatment Outcomes

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## INTRODUCTION

The Scottish Government mandates that clinical outcome measures for any psychological interventions are routinely monitored to ensure that services are offering appropriate and cost-effective therapies. Furthermore, the NHS aims to ensure equal access to mental health services. Data on therapy efficacy and service accessibility play a key role in meeting these targets.

The primary aim of this audit was to analyse the demographic factors of the population utilising the Aberdeenshire Primary Care Psychological Therapies Service to highlight underrepresented communities of patients. The secondary aim was to evaluate the efficacy of psychological therapies in treating common mental health disorders.

## METHODS

Electronic clinical records from 100 patients who had completed their treatment for common mental health disorders within a 12-month period was analysed. Clinical outcome was compared at pre- and post-treatment with the PHQ-9, the GAD-7, and the WSAS to assess the effectiveness of psychological therapies in this service. Demographic data collected included gender and age.

## RESULTS

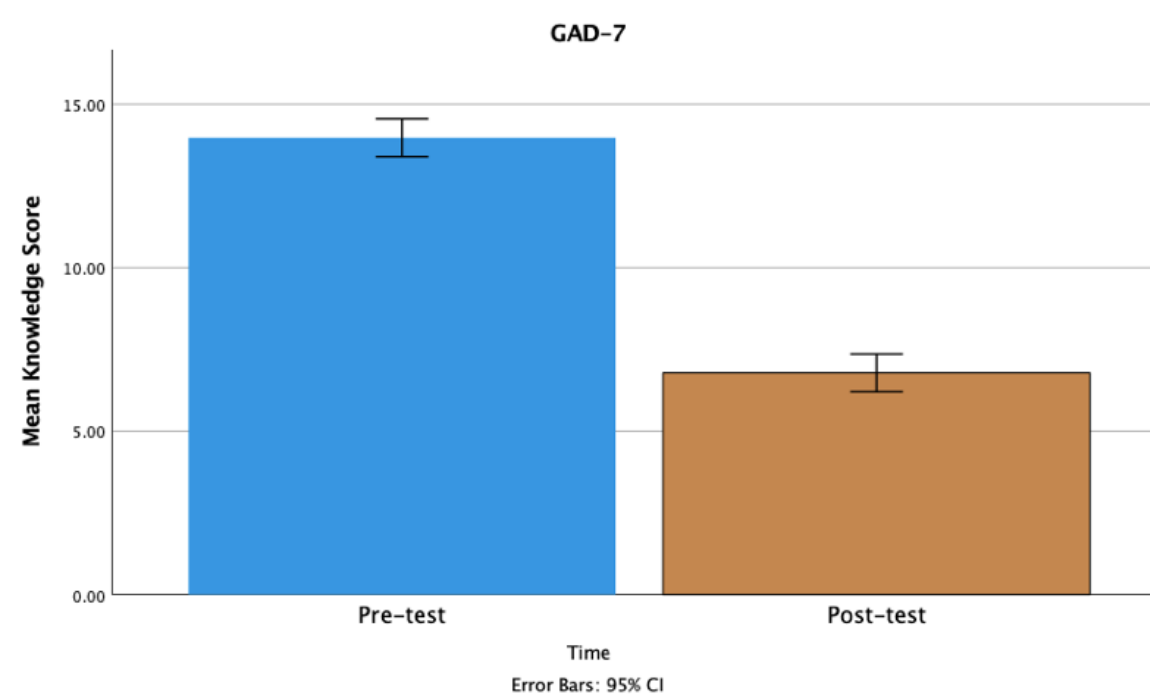
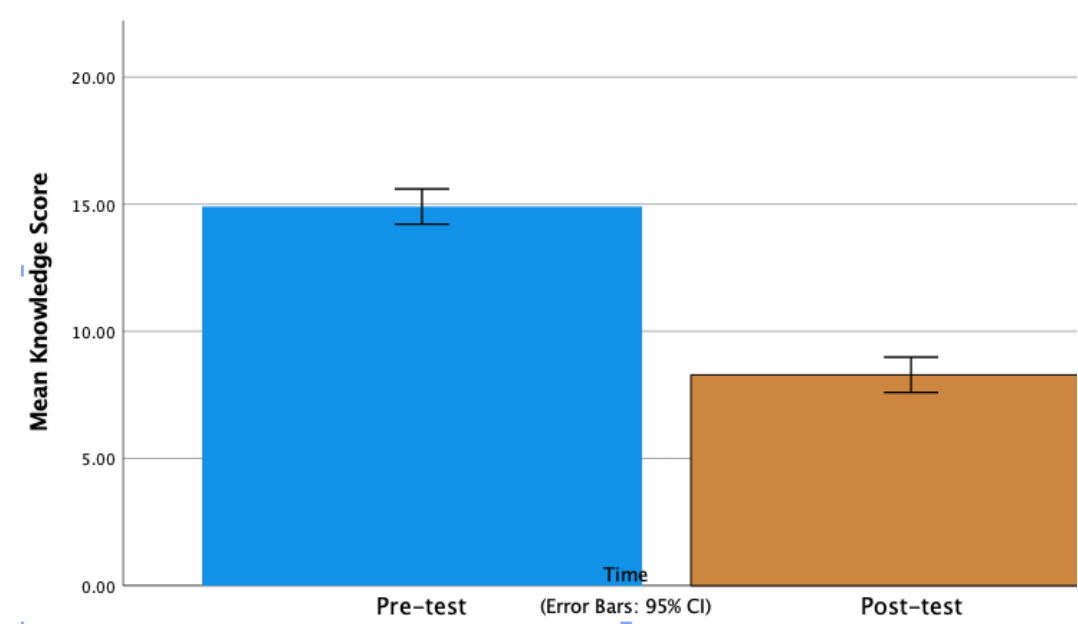
Nearly **69% of patients recovered from anxiety**, **66% from depressive symptoms**, and **56% improved their abilities** to carry out activities in several life areas by the end of treatment. In terms of demographics, women accessed the service more (69%) compared to men (31%), whilst older adults (>65 years old) utilised the service less than the average adult population (25-65 years old). All patients were referred through local General Practitioner (GP) surgeries based in central, south, and north Aberdeenshire.

### Paired sample t-test before and after therapy

The results showed that the difference between the pre- and post-treatment measures, using a 2-tailed paired sample t-test, was highly significant ( $p < 0.001$ ) with a large effect size (Cohen's  $d \geq 0.8$ )

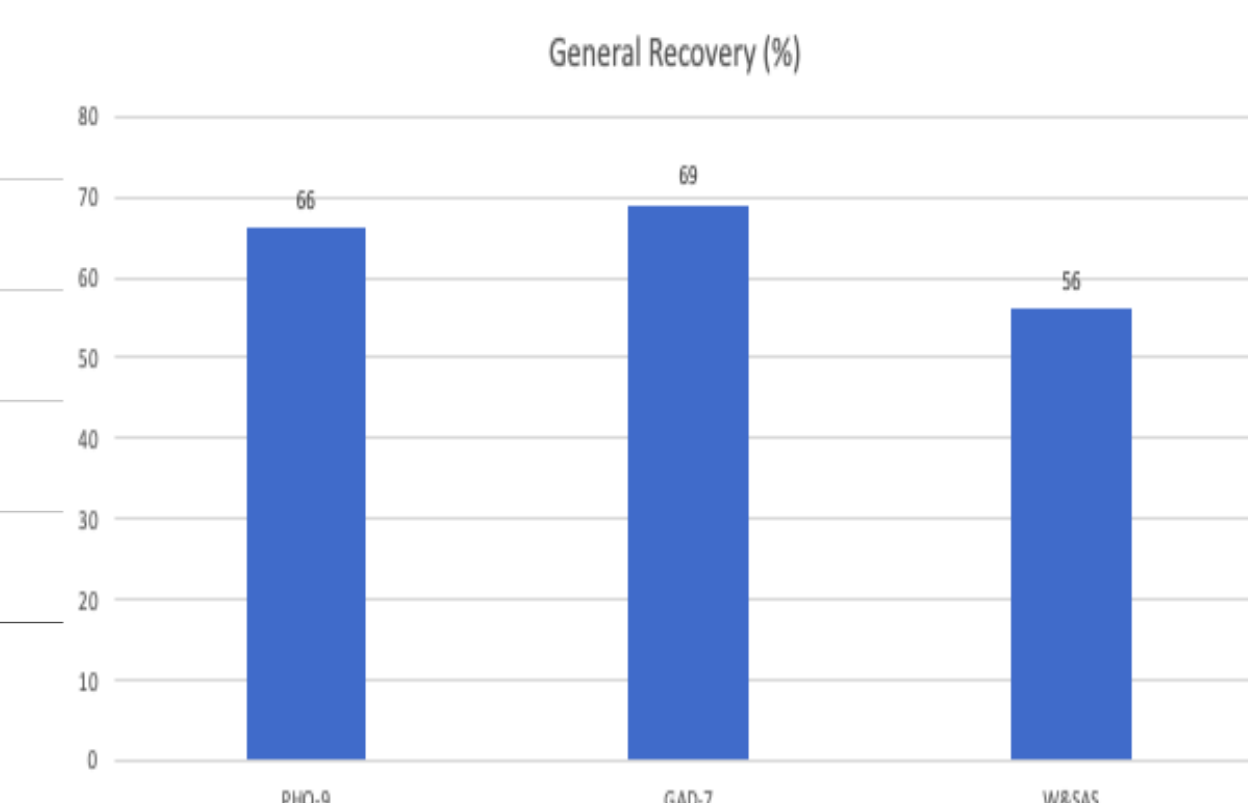
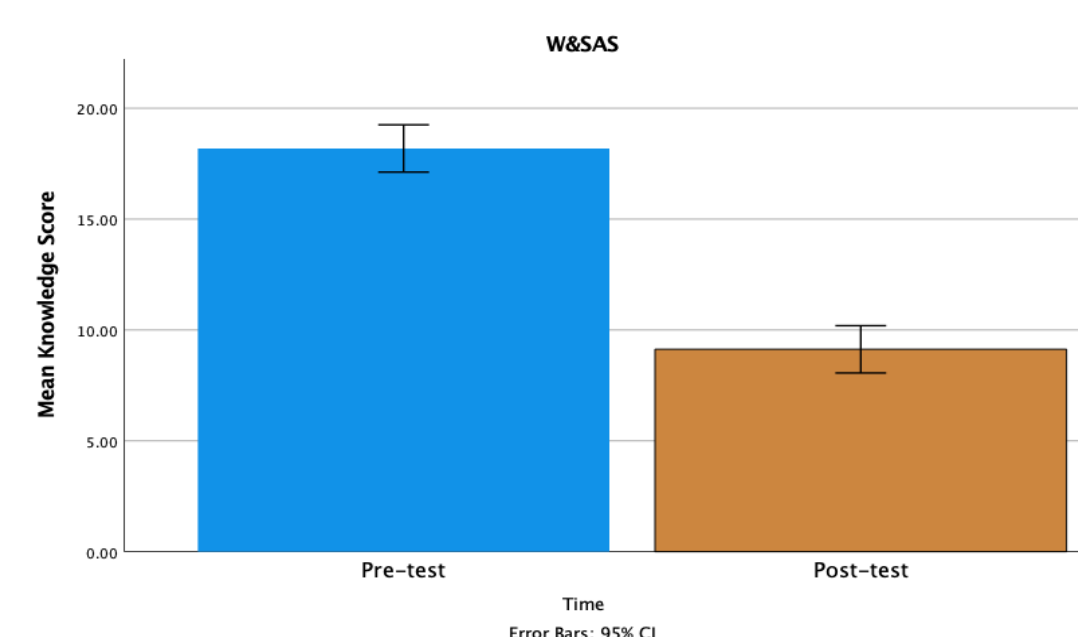
**PHQ-9:**  
 $t(67)=8.007, p<0.001, d=1.153$

**GAD-7:**  
 $t(67)=12.399, p<0.001, d=1.504$

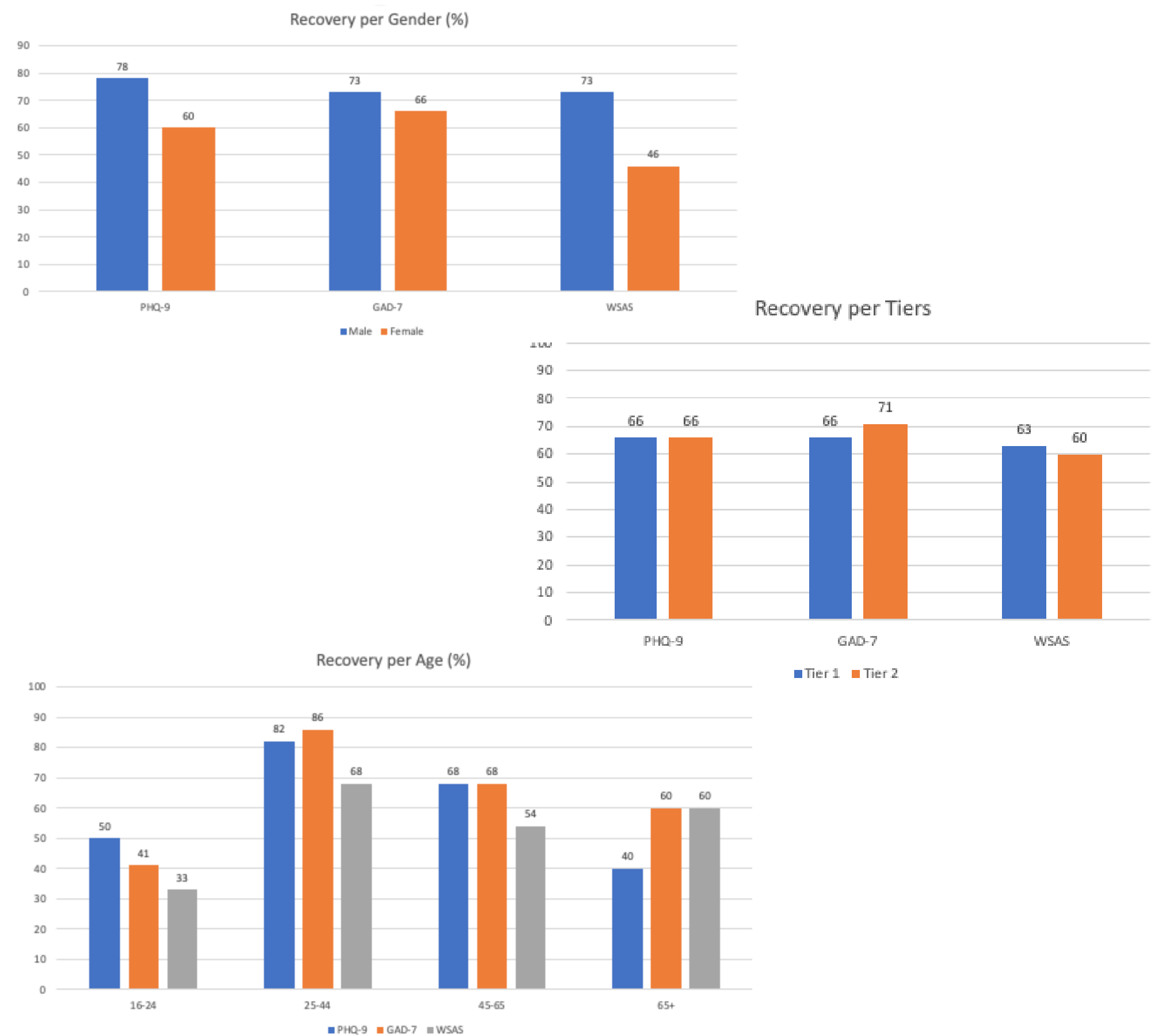


**WSAS**  
 $t(67)=8.486, p<0.001, d=1.029$

**Proportion of patients reaching recovery at post-treatment**



## Proportions of patient recovery at post treatment



## DISCUSSION

### Access

- Gender and age inequalities are in line with previous audits, which might reflect a systemic issue in accessing services.
- Meaningful demographic data should be recorded and monitored better (e.g., ethnicity, SES) to understand equal access better.

### Recovery

- Brief psychological therapies are effective
- Better recovery for adult average population (22-44y)
- Better recovery for men
- Better recovery for tier 2 (anxiety)

### Limitations

- Small sample size for recovery ( $n = 68$ )
- Based on standardised questionnaires only
- No consideration of patients' diagnosis
- Poor recording of meaningful demographic profile

## RECOMMENDATIONS

### Improving Equal access:

- Introducing self referral pathway
- Outreach/psychoeducation in GP services
- Change clusters to meaningful factors (e.g., clusters)
- Future studies exploring minority groups underutilising services

### Improving Recovery:

- Sharing these results with clinicians
- Future research should be replicated with a larger sample
- Recording, reporting, and matching the diagnosis with their appropriate outcome measures
- Considering additional variables to understand recovery meaningfully
- Using questionnaires session by session to improve data completeness

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