

An evaluation of the prevalence of mental health conditions in patients seen in the Tinnitus Clinic and access to Psychology services

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Introduction:

Co-morbidity of Tinnitus and anxiety and/or depression is well documented¹ and NICE guidance² advocates Psychological therapies for tinnitus related distress remaining after tinnitus support has been given. This should be tinnitus focussed CBT, delivered by Psychologists and group therapy or digitally delivered based on a stepped care model. The service needs of Psychology support for the Tinnitus Clinic were evaluated.

Objectives:

To evaluate the prevalence of significant mental health concerns in the population to understand what Psychological Therapies our patients are currently able to access.

Methods:

All adult patients who were seen in the Tinnitus Clinic between December 2020 and November 2021 were identified and a review of clinical notes was performed. Hospital Anxiety and Depression (HADs) questionnaire scores and whether their Individual Management Plan (IMP) included support relating to Mental Health was recorded. Where patient's IMP included suggestion for accessing Psychological Therapies, a questionnaire asking what services were accessed was sent alongside the Tinnitus Handicap Inventory. Subsequent clinical notes were also examined for documentation of whether services had been accessed.

Results:

Prevalence of Mental Health Concerns:

26% of patients seen in the Tinnitus service scored significantly for anxiety and/or depression on HADs questionnaires. This is in line with previously published data¹, however may be a slight underestimate as HADs was not issued in all tinnitus appointments.

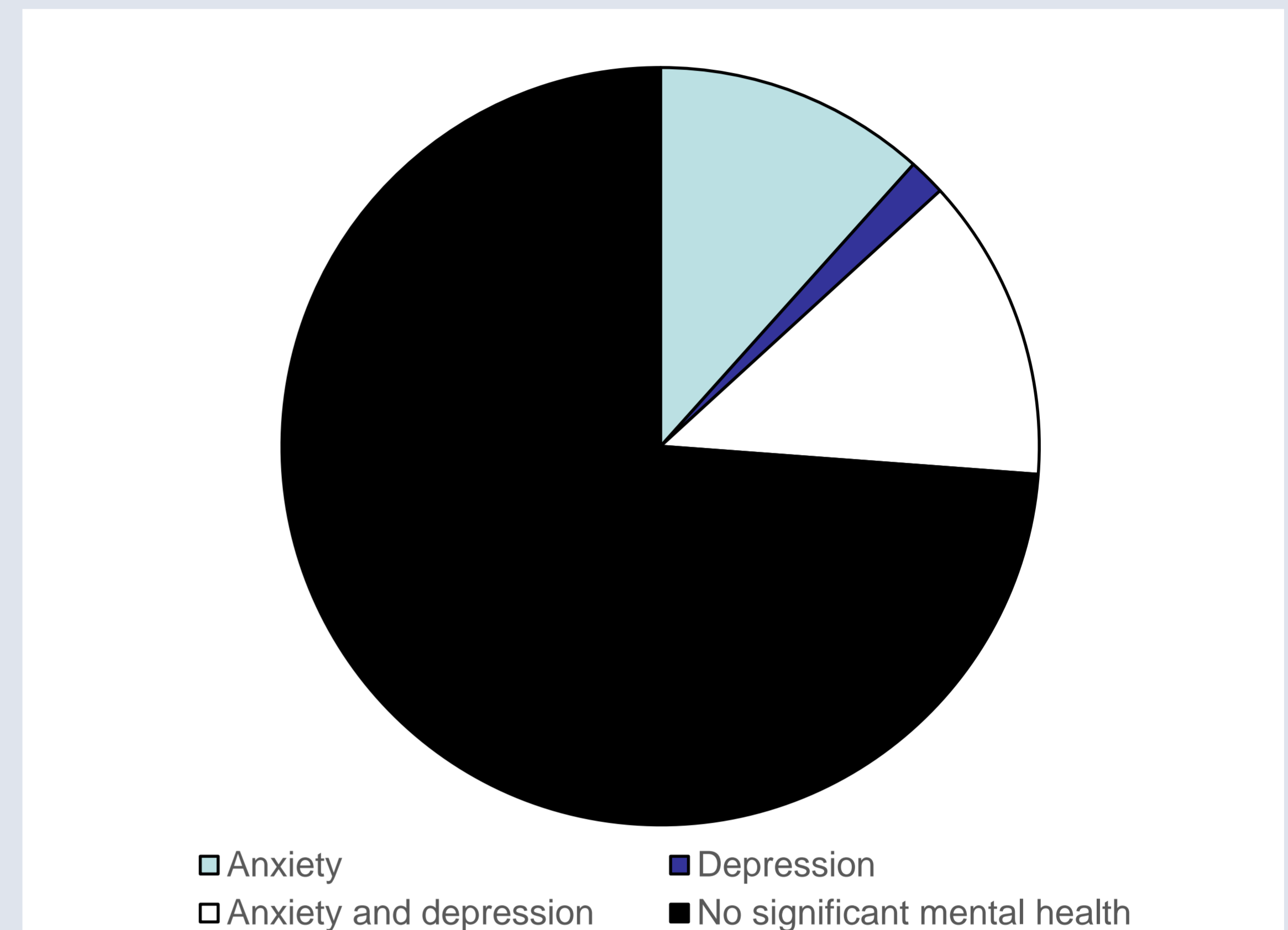
Treatment Route:

Actions to address mental health were recommended in 80% of IMPs where patient had significant HADs scores. Where indicated this included referral to Psychological therapies, primarily through local IAPT services. 31% were able to access support and in most cases, this was in the form of individually delivered CBT. 48% did not pursue self-referral to local IAPT services.

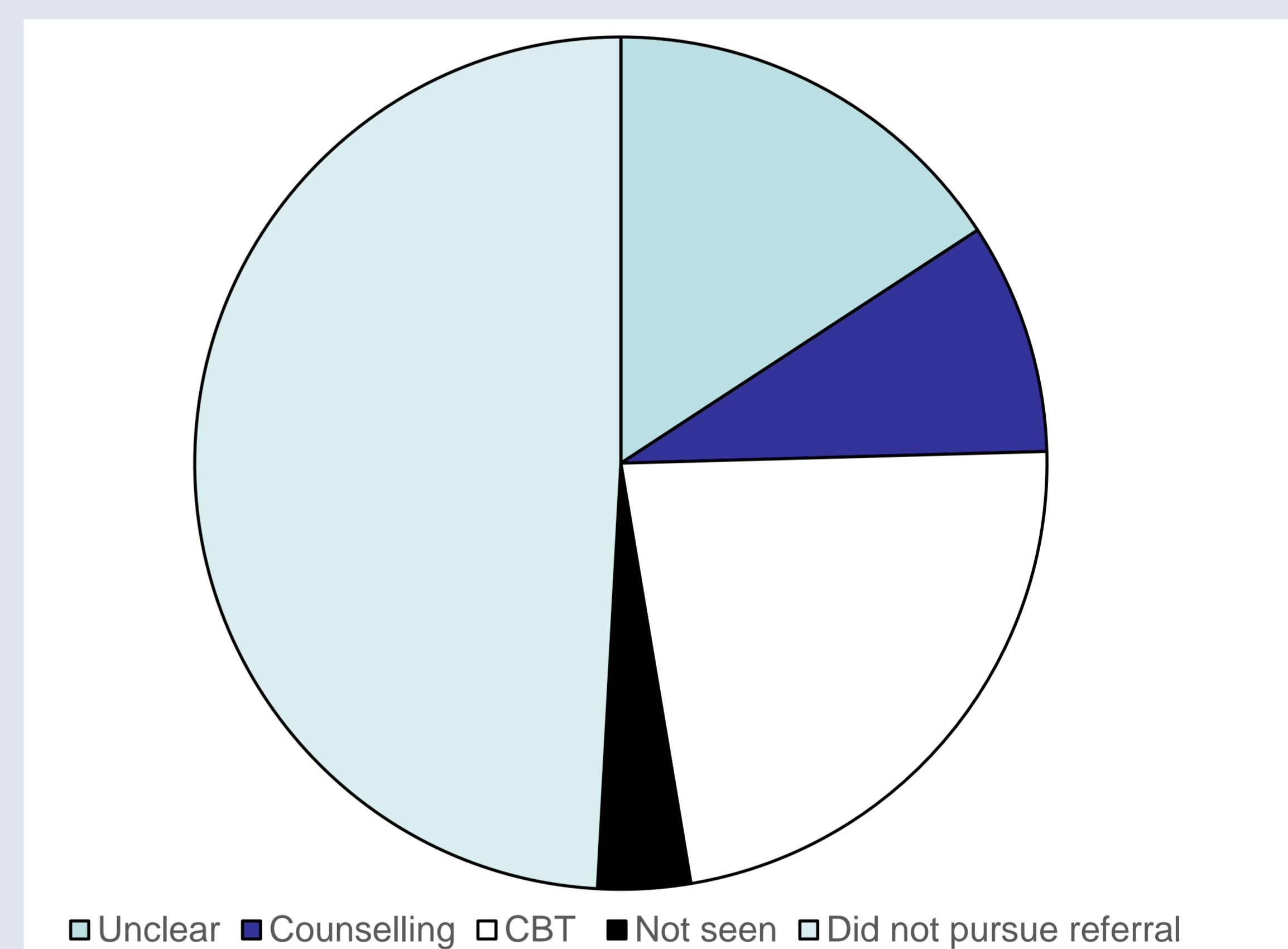
Discussion:

There are barriers to access of Psychological therapies, notably that 48% of patients did not pursue self-referral into services. Barriers may include patient education, societal stigma, technology, and service availability. It is unclear if uptake may be higher if such therapies were delivered within the tinnitus service. A further barrier is that recommendations to address mental health were not made for all patients with significant HADs scores. In some cases, clinical notes indicated discussion with patients expressing that they did not want to pursue Psychological therapies, so it was not recorded in the IMP. In others it was not discussed with the patient as they reported no anxiety or low mood in direct questioning and Audiologists may not have felt comfortable discussing given that their training does not encompass assessment and management of mental health.

It was not possible to determine the impact of Psychological therapies that were accessed on Tinnitus distress due to the low numbers of service users accessing such services, but it was clear these were not tinnitus focussed or delivered in a stepped care approach. This may be in part due to the limited number of Psychologists with specialism



Prevalence of mental health conditions in Tinnitus patients



Treatment route of patients referred to Psychological Therapies

in Tinnitus. This then poses the question of whether more Psychologists can be trained in Tinnitus, or whether Audiologists can be trained to deliver CBT in the tinnitus service. If the latter were preferable, agreed and accredited training routes would need to be developed.

Access to and delivery of Psychological therapies for our service users is not consistent with NICE recommendations and further work is required to determine if this is department specific, or a difficulty for Tinnitus services nationally.

Conclusion:

There is a clear service need for Psychological therapies for Tinnitus Service users but at present, only around 1/3 of those who may benefit are accessing support. A national evaluation of access to these recommended therapies for Tinnitus patients is required to understand if services are meeting NICE recommendations.

References:

- ¹Bhatt, J., Bhattacharyya, N. and Lin, H. (2016) Relationships between tinnitus and the prevalence of anxiety and depression. *The Laryngoscope* Vol 127: 466–469
- ²NICE, 2020. Assessment and management of tinnitus. www.nice.org.uk/guidance/ng155