



*Implementing Stepping forward to 2020/21: The
mental health workforce plan for England*

Delivering the Expansion in the Psychological Professions



The Psychological Professions Network

A collaboration of regional networks sponsored by Health Education England to give voice to all psychological professions in workforce planning and to promote excellence in practice

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The Psychological Professions Network Mission to Inform, Enable and Influence

The Psychological Professions Network exists to maximise the benefits of all psychological professions in NHS funded healthcare. It consists of workforce networks from both the North and South of England. It includes the full range of psychological professions such as clinical psychology, cognitive behavioural therapy, psychological wellbeing practice, child psychotherapy and counselling, amongst others. The Psychological Professions Network gives a voice to the psychological professions by developing connections between psychological professionals and policy-makers, workforce planners and commissioners. This report represents the contribution of the Psychological Professions Network to workforce planning for psychological professions to support the ambitions of Stepping Forward to 2020/21.

Executive Summary

When I was most unwell I would meet service users who would tell me how much talking therapy had helped them but I couldn't access it. Knowing that there was something that might help me when all other available treatments didn't work, but I couldn't get access to it, was absolute torture. I lost so much of my life waiting for that help. When I finally got it, it changed everything. It helped me so much: I stopped being hopeless and became hopeful again. Now better access to psychological therapies means many people don't have to become so unwell and don't have to wait so long but it's vitally important that it continues to be available to as many people as possible, as soon as possible.

Helen Leigh-Phippard, Service User Consultant, Psychological Professions Network: Kent, Surrey and Sussex.

The publication of Stepping Forward to 2020/21: The Mental Health Workforce Plan for England sets a clear expectation that the mental health workforce will be required to grow by 21,000 new practitioners by 2021 in order to meet the objectives of the Five Year Forward View for Mental Health.

In order to achieve this ambitious target the psychological professions will need to expand significantly and rapidly, in tandem with the wider mental health workforce. This expansion must recognise the value of all psychological professions. A significant expansion of clinical psychologists, psychological therapists and psychological wellbeing practitioners will be required. Other groups such as counselling and forensic psychologists, child psychotherapists, counsellors and systemic psychotherapists will also play important roles. This important family of professional groups already plays a significant role in mental healthcare, driven by both evidence of what works, and what service users say they want.

This paper outlines the key factors that need to be built into regional workforce planning discussions and makes recommendations for delivering the expansion of the psychological professions. It describes what the psychological professions are and the roles they play in health and social care. It builds on the national workforce plan by modelling the specific requirements for expansion of each of the main psychological professions in order to provide the range of competences required to deliver the interventions, therapies, supervision, clinical governance and leadership of the expanding services. Our modelling takes account of the flow of staff expected from one psychological profession to another as the expansion unfolds. This will require extra training places to replace existing psychological professionals who will undertake further training to progress into new roles. Growing existing psychological professions alongside the newer ones will be important to maintain supervision, training, research and clinical governance to support the expansion. There are additional opportunities for service transformation through deploying psychological professions where there is a shortage of supply of other occupational groups, to take up new, more flexible roles with the right training and supervision.

Overall, our analysis suggests that 6,425 new posts will need to be created for psychological professionals as the Five Year Forward View moves through its delivery phase. For the reasons of flow and attrition, this will require a total of 11,646 training places for psychological professionals to be provided (and filled) during the period from April 2018 to March 2021. This will mean commissioning of 7.76 psychological professions training places per year per 100,000 of the England population.

Delivery is challenging because of current changes in responsibility for training commissioning and funding mechanisms for training fees and salaries.

We make five recommendations:

1. The following total training places should be provided per year (across England) during the period 2018-2021:
 - a. Clinical Psychology: 808
 - b. IAPT High Intensity: 1,322
 - c. IAPT Psychological Wellbeing Practitioner: 1,564
 - d. Other Psychotherapy: 181
 - e. Children and Young People Psychological Wellbeing Practitioners: 333
2. NHS England and Health Education England should set a national delivery plan based on the modelling presented here for targeted workforce expansion of the psychological professions and commissioning the required additional training places for the psychological professions, and a mechanism for tracking progress and holding evolving local systems to account.
3. Health Education England via local offices should make provision to support transitional arrangements if funding for psychological professions training changes, to enable clinical commissioning groups, sustainability and transformation partnerships (STPs) and accountable care systems to plan for and commission the required training if this role falls to them.
4. Sustainability and transformation partnership (STP) mental health workforce leads should work with commissioners and HEE mental health workforce planners to publish local workforce expansion plans that include expansion of the psychological professions based on the numbers modelled here. These leads should also consider if shortage of supply in other occupational groups might be offset by the wider use of existing or new psychological professions.
5. The potential career pathways through the different psychological professions should be described and mapped, and the trainings adapted to enable the most efficient development of competences required as individuals move along their career path.

Psychological Professions Network

working across North West, North East, and Kent, Surrey and Sussex.

The Psychological Professions Network acts as a resource to bring together Health Education England (HEE), service leaders, clinicians, learners and employers to ensure we can maximise the contribution to the workforce of the future. The psychological professions are a broad and varied workforce working with some of the most vulnerable users of health and social care; HEE can use the expertise of the network to support workforce development and transformation.

**Neil McLauchlan, Joint Local Director Health Education England
North West**

1. Introduction

Mental health policy, advances in evidence-based care and treatment, combined with a stronger than ever call for services by individuals and families affected by mental health difficulties mean this is a time of unprecedented attention to mental health. There is greater pressure than ever on the mental health care system, with growing demand, greater recognition of the importance of early intervention across the life span and of the impact of mental health on the management of physical health conditions. These factors together create an imperative to support innovation to provide high quality, effective services that people need and want, but in novel ways that are cost effective. Providing a choice of evidence-based treatment options that includes psychological interventions and treatments has been shown to improve clinical outcomes and patient satisfaction.¹

The Five Year Forward View for Mental Health

The Five Year Forward View for Mental Health (FYFVMH)² sets out an ambitious strategy for a more proactive and preventative approach to mental health, with additional, targeted investment into specific growth areas.

This strategy, and its associated implementation plan³, sets the direction for mental health care in England to 2021.

The implementation plan sets out key work streams for transformation, expansion and targeted investment:

1. Children and young peoples' mental health
2. Perinatal mental health
3. Adult mental health: common mental health problems
4. Adult mental health: community, acute and crisis care
5. Adult mental health: secure care pathway
6. Health and justice
7. Suicide prevention

This report focuses specifically on the implications of the Five Year Forward View for Mental Health for psychological professions workforce. There are also additional policy drivers which will drive significant further workforce expansion requirements. Transforming Care aims to enable more people with a learning disability, autism or both to live in the community, with the right support. The December 2017 Green Paper "Transforming Children and Young Peoples' Mental Health" sets out an ambition to create new mental health support teams linked to every school. The workforce requirements to deliver these policies will be in addition to the requirements set out here.

Evidence-based care

Since the 1960s there has been a revolution in the effectiveness of mental health care, which has included significant breakthroughs in effective treatments using psychological therapies and related approaches. As a result of extensive programmes of research, for most mental health conditions psychological therapies are now recommended as first-line treatments of choice by the National Institute for Health and Care Excellence (NICE), either alongside, or instead of drug treatment. Service models have also been transformed in this period, with the closure of Victorian asylums, transformation of services through multi-disciplinary community-based care and more recently the move towards approaches that optimise self-management and build resilience.

The view of individuals and families affected by mental health difficulties

People affected directly by mental health difficulties and their families describe wanting safe, effective services that provide a choice of treatment and support. People suffering from depression or anxiety disorders express a preference for psychological treatment over medication in a ratio of 3:1⁴. In 2013 the We need to talk coalition, a group of mental health charities found that many more people wanted access to talking therapies and psychological help than could access it. Their report "We still need to talk" described 1 in 10 people waiting for a talking therapy had been waiting for over a year, and that 4 in 10 had had to ask for psychological therapy rather than being offered it. This was despite the significant advances in the expansion of psychological therapy services⁵.

The mental health workforce plan for England

'Stepping Forward to 2020/21: The mental health workforce plan for England', published in July 2017⁶, sets out the system wide requirements for workforce to deliver the FYFVMH. The plan includes analysis of trends in arrival and departure of staff, as well as the FYFVMH expansion requirements for specific work streams. This modelling predicts that 20,000 new specialist mental health posts will be required across all occupational groups to deliver the plans for Mental Health by 2020/21. Many of these posts will be for staff requiring specialist training, including approximately 6,425 additional new psychological professionals.

Sustainability and transformation partnerships (STPs), supported by HEE and NHSE, are required to develop a comprehensive local plan for the expansion of their mental health workforce, (including the psychological professions) by March 2018.

2. The psychological professions and what do they do

What are the psychological professions?

The psychological professions are a family of professional groups whose work is informed by the disciplines of psychology and psychological therapy. These groups include four professions who have traditionally been commissioned via salaried training programmes as core NHS staff:

Clinical psychologists

- The largest psychological profession, developed and expanded since the early years of the NHS;
- A three year doctorate training, through which practitioners apply psychological theory and evidence to healthcare (in both mental and physical health settings);
- Work with people across the life span (children and young people, working age and older adults) and with a range of abilities and needs, including people with learning disabilities, and the full range of settings (inpatient, outpatient, and community);
- Can work with individual patients to understand unique and complex problems using psychological knowledge and theory and formulate and deliver complex, tailored interventions to address these;
- Can deliver two or more evidence-based psychological therapies (one of which will be cognitive behavioural therapy);
- Can enable other staff and the healthcare system to be more effective through the application of clinical psychological knowledge through supervision, training, clinical governance, research and the development of novel intervention strategies.
- Make a significant contribution to IAPT services, often as clinical leaders, where they have completed a BABCP Level 2 Accredited clinical psychology programme or subsequent IAPT training.

Psychological therapists

- Have undertaken accredited training in the delivery of a specific modality of evidence based psychological therapy;
- Often hold a core mental health professional qualification (e.g. mental health nursing; social work, or clinical psychology);
- When employed in IAPT services are also called “high intensity therapists” (HITs) as they deliver NICE recommended high intensity therapy within a stepped care model. Psychological therapists employed in IAPT services include:
 - *Cognitive behavioural therapists*
A rapidly expanding psychological profession, making up the majority of psychological therapists within Improving Access to Psychological Therapy (IAPT) services; deliver cognitive behavioural therapy (CBT) for anxiety disorders and depression. This approach examines thoughts, beliefs and patterns of behaviour learnt through experience which form self reinforcing vicious cycles of emotional distress.
 - *Couples therapists for depression*
Couples therapists who have additional training in Couple Therapy for Depression (CTfD). This approach treats depression through couple therapy where there is relationship distress.
 - *Interpersonal psychotherapists*
Deliver interpersonal therapy (IPT). This approach examines and addresses the social and interpersonal context of depression.
 - *Dynamic interpersonal psychotherapists*
Deliver dynamic interpersonal therapy (DIT) which combines a focus on internal and external relationships as they relate to the problem(s) in the patient's current life, and give rise to symptoms of depression.
 - *Mindfulness based cognitive therapy (MBCT) Teachers*
Deliver MBCT as a relapse-prevention intervention for recurrent depression. This approach teaches mindfulness through a group-based eight week mindfulness meditation course, within a psychological framework.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4176894/>

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

³ <https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4156137/>

⁵ https://www.mind.org.uk/media/494424/we-still-need-to-talk_report.pdf

⁶ <https://hee.nhs.uk/our-work/person-centred-care/mental-health/mental-health-workforce-plan>

Psychological wellbeing practitioners

- A rapidly expanding psychological profession, providing “low intensity” psychological interventions within stepped care IAPT services;
- Deliver brief evidence-based interventions based on CBT principles;
- Often deliver interventions over the telephone or to groups;
- Support digital and computerised delivery of interventions.

Child and adolescent psychotherapists

- A psychological profession that aims to look ‘beneath the surface’ to understand the emotional lives of children and treat a range of behavioural and emotional problems;
- Provide brief or longer term psychoanalytic treatment for children, young people, parents and families.
- A graduate entry training including teaching, supervision, personal psychoanalysis and a four-year full-time salaried trainee child and adolescent psychotherapy post in a Child and Adolescent Mental Health Service.

There are several other psychological professions which play important roles in health and social care, including:

Counsellors

Practitioners who have completed a professional training within a recognised counselling framework (e.g. person-centred counselling). Counsellors work therapeutically with people to help them to explore and resolve confidential or painful issues. In IAPT services counsellors are specially trained in Counselling for Depression (CfD) and may also have training in additional NICE approved psychological therapies.

Counselling psychologists

Practitioner psychologists with Doctorate training, specialising in talking therapies.

Forensic psychologists

Practitioner psychologists with doctoral level training, specialising in applying psychological knowledge in forensic settings such as courts, prisons and forensic healthcare as well as in the community.

Health psychologists

Practitioner psychologists with Doctorate-level training, specialising in applying psychological knowledge to physical healthcare.

Systemic family therapists

Systemic psychotherapists have undertaken four years of training to deliver therapy for families, couples and other relationships.

Adult psychologists

Psychotherapists have undertaken an accredited training course to deliver specific therapies to individuals or groups within a specific therapeutic model (e.g. psychodynamic psychotherapy, cognitive analytic therapy, group analysis).

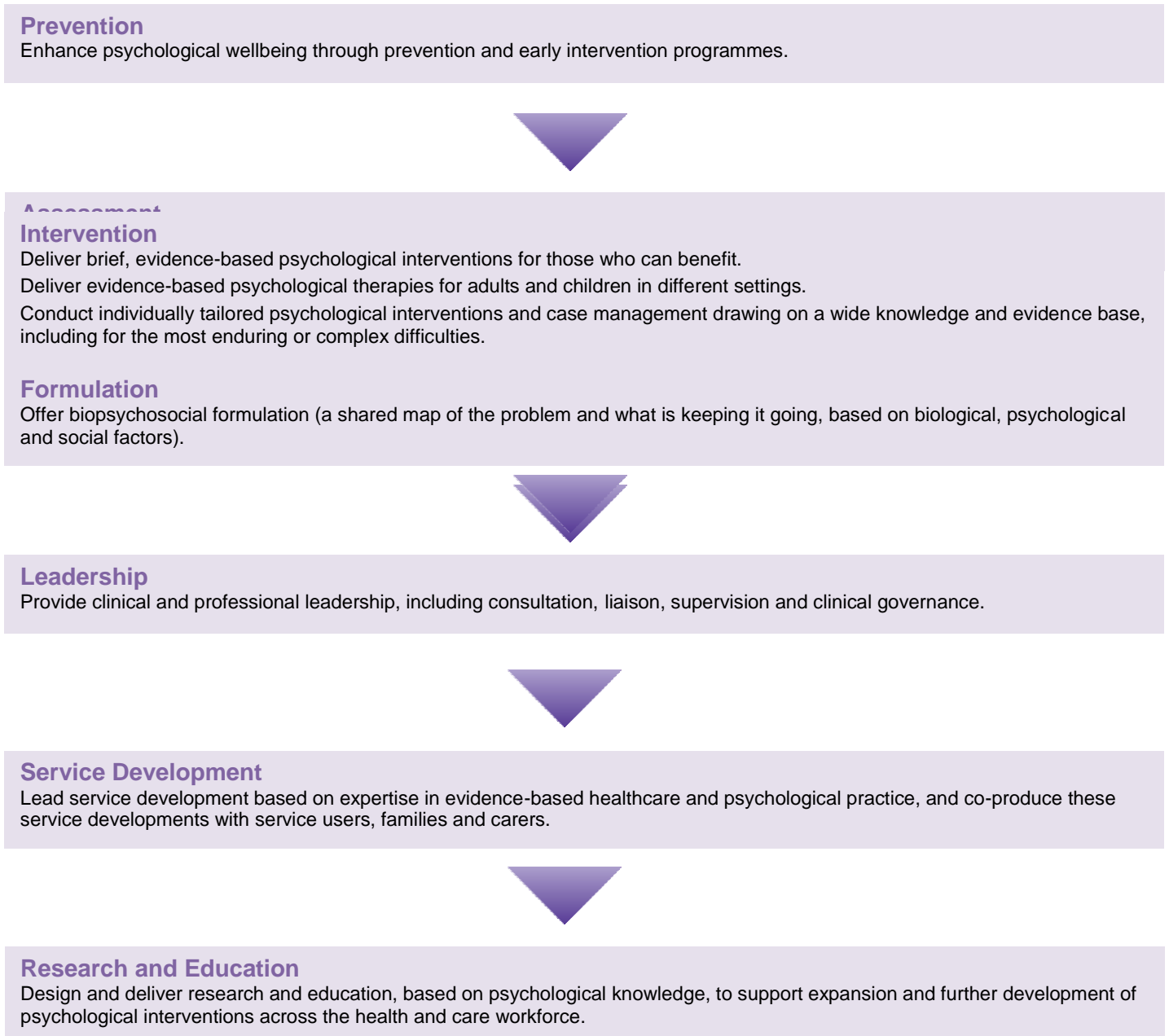
The psychological professions have diversified and been deployed in increasing numbers since the early years of the NHS. Registered psychological professionals now make up 12% of the registered specialist mental health workforce. In addition arts therapists, whilst described as *allied health professionals*, make an important contribution based on psychological therapeutic practice.

What do the psychological professions do?

The psychological professions deploy a wide range of psychological competences in health and social care which make a difference both to individual patients and families and to the effective operation of the whole system of care and treatment. Each of the different psychological professions bring different strengths but taken together, allow the delivery of the elements of care and treatment shown in Figure 1.

The psychological professions have traditionally been core and valued members of teams in specialist mental health and learning disability services. Currently the integration of care for physical and mental health is leading to psychological professionals being employed more widely in services with a primary focus on physical healthcare.

Figure 1: Elements of Care and Treatment Delivered by the Psychological Professions



What is the current psychological professions workforce?

There are approximately 20,000 psychological professionals working for NHS funded services in England⁸. Psychological professionals constitute the majority of staff in settings such as primary care mental health / Improving Access to Psychological Therapies services; in other services (e.g. children and young peoples' mental health services) they represent a high proportion. This headcount may be an underestimate as a result of poor data quality and the fact that a proportion provide NHS funded services whilst being employed by non-NHS organisations.

Psychological professions provide approximately 12% of the registered clinical staff of specialist NHS mental health Trusts⁹, 10% of total NHS mental health Trust staffing and 1.7% of the NHS workforce. Psychological professions may represent closer to 25% of the registered clinical workforce in Trusts that only provide mental health services (many mental health Trusts also deliver community physical health services).

The Improving Access to Psychological Therapies (IAPT) programme has led to a dramatic expansion in the psychological professions workforce, with approximately 7,500 new posts created since 2008, approximately two thirds of these for high intensity psychological therapists (HITs) – mainly cognitive behavioural therapists, and one third for psychological wellbeing practitioners¹⁰. IAPT also emphasises the need for choice of therapy and recommends that teams employ HITs trained to deliver the full range of NICE approved therapies for depression: CTfD, IPT, DIT and CfD and for relapse prevention in depression (MBCT).

The psychological professions typically work in multi-disciplinary mental health teams alongside approximately 10,000 medical staff, 60,000 nurses and 20,000 other 'scientific, technical and therapeutic' staff, including occupational therapists and other allied health professionals.

3. The required expansion of psychological professions

The psychological professions will be vital to deliver both the broad ambition of the FYFVMH as well as some of the specific competences required in each of the seven expansion areas set out in the implementation plan for the FYFVMH. Three of these expansion areas (Children and Young Peoples' Mental Health, Adult Common Mental Health Problems and Adult Community, Acute and Crisis Care) require significant investment in an expansion of the psychological professions workforce. Additional psychological professionals are also required as part of the multi-disciplinary teams working across the other expansion areas. The objectives for each expansion area are set out below:

1. Children and young peoples' mental health

The objective of this work stream is for 70,000 additional children and young people each year to receive evidence-based mental health treatment, including psychological formulation and intervention. A significant expansion in the psychological professions is required to enable this, including an additional 1,700 new psychological professionals by 2020/21. In addition, delivery of the Children and Young Peoples' IAPT programme requires 3,400 existing staff to receive additional training to build psychological therapies and psychological practice competences.

2. Perinatal mental health

The objective of this work stream is for at least 30,000 additional women to access evidence-based specialist perinatal mental health treatment each year from new community teams and mother and baby units. The implementation plan indicates that this requires a multi-disciplinary approach that includes psychological formulation and intervention, and specifies that psychologists should be members of new perinatal community teams and mother and baby unit teams.

⁸ Based on combination of NHS Digital Data from July 2017, and IAPT Workforce Census Data from April 2015.

⁹ Based on a combination of NHS Digital Data from July 2017 (psychological professions workforce) and data contained in the NHS Workforce Plan for England, 2017 (mental health Trust workforce)

https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf

¹⁰ <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/09/adult-iapt-workforce-census-report-15.pdf>

3. Adult mental health: common mental health problems

The objective of this work stream is to increase access to evidence-based psychological therapies for adults with anxiety disorders and depression, so that 25% of those affected receive a psychological therapy each year. This will require 4,500 additional psychological professionals to deliver the expanded services, made up of approximately 3,000 additional 'High Intensity' therapists (mainly Cognitive Behavioural Therapists and also CTfD, DIT, IPT and CfD therapists so that a choice of evidence-based therapies is offered in every service) and another 1,500 Psychological Wellbeing Practitioners. It is expected that about 10% of the new therapists will be clinical psychologists and health psychologists with CBT competences demonstrated through BABCP accreditation.

4. Adult mental health: community, acute and crisis care

The objectives of this work stream include offering a package of NICE-recommended care to people with first episode psychosis within two weeks, increasing access to psychological therapies for psychosis, bipolar disorder and personality disorders, reducing premature mortality and doubling employment support for people with severe mental health challenges. The implementation plan specifies that more staff will need to be able to deliver cognitive behavioural therapy and family intervention for psychosis in early intervention teams, and that more staff will need to be able to deliver NICE-recommended psychological interventions for psychosis, bipolar disorder and personality disorders.

5. Adult mental health: secure care pathway

This work stream sets out to increase access to high quality care that prevents avoidable admission and supports recovery for those with severe mental health problems who experience significant risk or who present safety issues, offering this in the least restrictive setting, as close to home as possible. This work will require effective multi-disciplinary working that includes psychological professionals such as clinical and forensic psychologists.

6. Health and justice

The aim of this work stream is to improve mental health pathways of care across secure and detained settings, making liaison and diversion services available to all. This will require a diverse new workforce for these services and strategic leadership. Psychological professionals may be involved in leadership roles in some of these services.

7. Suicide prevention

The aim of this work stream is to reduce the number of people taking their own lives by 10% through the delivery of multi-agency suicide prevention plans. Psychological professionals may contribute specific psychological knowledge and skills in shaping these plans.

The requirements for and roles of the psychological professions in each of these work streams is set out in Table 1.

Table 1: Psychological Professions Requirements of each of the FYFVMH Expansion Work Streams

| Work stream | Roles and requirements for Psychological Professions |
|---|--|
| Children and young people's mental health | <ul style="list-style-type: none"> • 1,700 new psychological professionals to deliver psychological formulation and intervention; • 3,400 existing staff to receive evidence-based psychological therapies training. |
| Perinatal mental health | <ul style="list-style-type: none"> • Additional psychologists and other psychological professionals required as members of / leaders of new perinatal mental health teams to deliver care and treatment in both community settings and acute care. |
| Adult mental health: common mental health problems | <ul style="list-style-type: none"> • 3,000 new psychological therapists to deliver evidence-based therapies; • 1,500 new psychological wellbeing practitioners to deliver evidence-based low intensity psychological interventions. |
| Adult mental health: community, acute and crisis care | <ul style="list-style-type: none"> • Increased numbers of staff trained to deliver CBT for psychosis (CBT-p) and family interventions (FI) for people with first episode psychosis; • Increased numbers of staff trained to deliver NICE-recommended psychological interventions in core adult mental health services: for psychosis (CBT-p, family interventions and art therapy), bipolar disorder (specialist CBT) and personality disorders (e.g. formulation-based multi-element psychological intervention, specialist CBT, Cognitive Analytic Therapy and Dialectical Behaviour Therapy). |
| Adult mental health: secure care pathway | <ul style="list-style-type: none"> • Psychological professions as core members of multi-disciplinary teams; and providing leadership, research and supervision of psychological practice. |
| Health and justice | <ul style="list-style-type: none"> • Psychological professions as core members of multi-disciplinary teams, and providing leadership, research and supervision of psychological practice. |
| Suicide prevention | <ul style="list-style-type: none"> • Psychological professions providing leadership, research and education to support suicide prevention plans. |

4. Challenges and opportunities associated with expansion

Challenges

Significant expansion requirements

We estimate that 6,425 new full time posts for psychological professions are required to deliver the requirements of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The Mental Health Workforce Plan for England, 2017. The FYFVMH sets challenging objectives for expanding the psychological professions, especially in adult IAPT services (4,500 additional posts) and children and young peoples' mental health services (1,700 additional posts). Expansion is also needed to meet the specific requirements of the other strategic transformation areas, and to provide the leadership, training, supervision and on-going research to underpin the expansion as a whole.

Workforce flow between psychological professions

To produce the qualified psychological professions workforce required to fulfil 6,425 new posts, it is necessary to train more than this number of new staff. This is because there is significant flow between psychological professions for career progression. For example, currently about 75% of entrants to IAPT High Intensity CBT training are qualified psychological wellbeing practitioners (PWPs). This means that these PWP staff also need to be replaced with new PWP trainees to fulfil the expansion requirements of services overall. Similarly some high intensity therapists go on to become clinical psychologists. Understanding this flow is important to commissioning and planning training. Data is currently limited to allow us to understand this flow accurately.

Funding of training

The way that training for health professions is funded has changed significantly with the removal of bursaries for student nurses and allied health professionals from August 2017. The psychological professions were not included in this change but remain subject to significant uncertainty about future funding arrangements. There is a risk that the traditional model of central commissioning of course fees and salaries for clinical psychology, child psychotherapy, and IAPT trainings may not be sustained. This uncertainty creates significant difficulties for services in planning the future supply of their psychological workforce to deliver the Forward View and for Universities who provide high quality accredited training to create sustainable courses.

If national funding support is wholly or partly withdrawn, clinical commissioners and service providers will need to factor in the required training costs to sustain their local services. A self-funding model of training for the psychological professions through postgraduate loans is unlikely to be successful because of the significant debt many will be carrying from their undergraduate degrees, the high level of cost involved in these trainings and the availability of other better rewarded career options. The contrast with other postgraduate career routes which remain fully funded and salaried (e.g. medicine) make unfunded postgraduate training anomalous and unattractive.

Workforce data limitations

Psychological professions workforce data is challenging to compile. There are several reasons for this. The psychological professions comprise many different smaller professional groups, and this can lead to inconsistencies in how these are allocated to occupational codes on the NHS electronic staff record (ESR).

Less common posts that do not have their own code on ESR (e.g. counselling psychologist, family therapist) may be pooled into an occupational code of "Multi-therapies" (and at times the Clinical Psychology code), which cannot be disaggregated at a national level. Similarly all forms of psychological therapy post may be combined into the category "Psychotherapist". Another difficulty is that many IAPT services are provided by a combination of NHS and non-NHS service providers, meaning that IAPT workforce data is only partially captured on ESR. The IAPT Workforce Census (which achieved a 90% return rate from services in 2015) needs to be used as an adjunct to ESR, but census data is not yet available post-2015. NHS Digital are currently working to amend the coding to better capture the psychological workforce.

Opportunities

High level of supply into training

The psychological professions continue to enjoy a very healthy supply of applicants to the various professional trainings. Psychology is a popular undergraduate discipline, with 12,000 graduating in the UK with psychology degrees each year. Many of these graduates want to work in health and social care. The psychological professions also represent attractive career development options for some with existing health professional qualifications in nursing or allied health professions because of the potential career and salary progression this can offer. It is therefore typical for non-registered roles such as assistant psychologist posts to attract 200 applicants per vacancy, and clinical psychology training can only offer one in six applicants a training place.

High NHS retention rate for the psychological professions

Psychological professions enjoy a high level of retention in the NHS workforce. Over 95% of those graduating from clinical psychology courses in 2016 took up employment as a clinical psychologist within 12 months, and over 96% of these were working in the NHS or the public sector. A longitudinal survey of graduates from a clinical psychology training course (from 1980 to the present day) indicates that 78% continue to work in the NHS, having spent 82% of their available working time delivering NHS services¹¹. Even for psychological wellbeing practitioners which has the highest turnover of the psychological professions, this appears to be largely accounted for by career progression within the psychological professions, rather than loss to IAPT or the NHS as a whole¹².

Flexible practice: psychological professions taking up roles traditionally held by psychiatrists

Psychological professions are well placed to take up roles that may traditionally have been held by psychiatrists. This could help offset the shortage in supply in the psychiatry workforce. Two important examples include generic clinical leadership roles (delivering clinical governance and leadership across a whole clinical service, e.g. memory assessment, inpatient mental health), and responsible clinician roles (taking responsibility for the whole of a person's care where they may be detained under the Mental Health Act). Since 2008 practitioner psychologists (and nurses, occupational therapists and social workers) have been able to seek approval to take up the responsible clinician role and a growing number are doing so.

New psychological practitioner roles

The ready supply of graduate applicants for the psychological professions also offers opportunities to develop new roles for these applicants to make best use of their talents and enthusiasm. Such new roles can contribute to service transformation by rapidly deploying additional capacity for psychological interventions into services, whilst offsetting the shortage supply of other traditional roles such as mental health nurses. A range of new graduate roles have been developed on a national and regional scale including children's psychological wellbeing practitioners and graduate mental health practitioners for adult mental health services. The National Workforce Plan proposes the development of a similar role for early intervention in psychosis services. The training, supervision and clinical governance of the activities of these new workers will be crucial to their success and safety.

Workforce wellbeing

In many areas psychological professionals have designed, developed, delivered and evaluated programmes that contribute to wider workforce wellbeing, such as stress-management courses and mindfulness interventions, as well as advising organisations on the best way to support psychological wellbeing in high demand environments. Expanding the psychological professions workforce can also increase capacity for these interventions and support.

¹¹ https://www.researchgate.net/publication/308614720_Lavender_T_Chatfield_S_Training_and_staff_retention_National_issues_and_findings_from_the_Canterbury_Christ_Church_University_Salomons_Centre_for_Applied_Psychology_clinical_psychology_training_progra

¹² http://www.iaptpm.com/uploads/3/9/8/5/39859781/debate_pwp_article_may2015_results.pdf

5. Workforce planning, training and recommendations for delivery

The mental health workforce plan for England sets out a requirement for 21,000 new posts to deliver the strategic expansion areas of the Five Year Forward View for Mental Health, requiring a total of 19,000 new staff to join mental health services by 2020/21. The required numbers of specific roles are set out for adult and children and young peoples' IAPT expansion, but not for expansion of other important areas of the psychological professions workforce.

We have therefore conducted a modelling exercise to estimate the required numbers of new staff across psychological professions. This exercise combined the following data:

- The projected expansion requirements set out in *Stepping Forward to 2020/21* for IAPT and CYP;
- The projected expansion requirements for other "Allied Health Professions, Scientific, Therapeutic and Technical Staff" in *Stepping Forward*, disaggregated into specific professions using the current ratio of roles in this grouping as reported by NHS Digital;
- Estimated conversion rates of one psychological profession into another as staff progress through their careers by undertaking further training. These estimates are based on data collected by university courses;
- Known achievements in expanding IAPT roles since 2016 as part of the FYFVMH expansion.

We estimate that 6,425 new posts for psychological professions will be required by 2021 to deliver the plan. Because of the flow between different psychological professions this will require a total of 11,646 training places to be provided (3,882 per year from 2018-2021). We have assumed that the named professions in the workforce plan for England will be expanded as specified there, and that where not specified, will be expanded according to the current ratio of different psychological professions. The parallel growth of the existing psychological professions will be important to provide much of the supervision, further training and research and clinical governance to support the expansion, because a majority of the new posts in the expansion plans in FYFVMH are for staff with targeted skills for providing specific interventions rather than broader leadership, service development or clinical governance roles.

Table 2 sets out our estimates of current workforce numbers, and Table 3 the requirements for expansion posts and the consequent training places required to fulfil the *Stepping Forward* plan. We have estimated these training figures at three levels: for the whole of England, for an average STP area (recognising that these vary significantly in population served), and per 100,000 population. This should allow leaders, commissioners and planners at all of these levels to build workforce and training requirements into their plans effectively.

Specifically we recommend that:

1. The following **total** training places are provided per year (across England) during the period 2018-2021:
 - a. Clinical Psychology: 808
 - b. IAPT High Intensity: 1,322
 - c. IAPT Psychological Wellbeing Practitioner: 1,564
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 - e. Children and Young People Psychological Wellbeing Practitioners: 333
2. NHS England and Health Education England should set a national delivery plan informed by the modelling presented here for commissioning the required additional training for the psychological professions, and a mechanism for tracking progress and holding evolving local systems to account.
3. Health Education England local offices should support any transitional arrangements if funding for psychological professions training changes, to enable clinical commissioning groups, sustainability and transformation partnerships (STPs) or accountable care systems to plan for and commission the required training if this role falls to them.

4. Sustainability and transformation partnership (STP) mental health workforce leads should include the full range of psychological professions in their workforce expansion trajectories and publish local plans including provision for maintaining payment of training fees and salaries, based on the numbers modelled here. These leads should also consider if shortage of supply in other occupational groups might be offset by the wider use of existing or new psychological professions.
5. The potential career pathways through the different psychological professions should be described and mapped, and the trainings adapted to enable the most efficient development of competences required as individuals move along their career path.

How the Psychological Professions Network can help

The Psychological Professions Network is a collaboration of psychological professional networks led by regional workforce leads that have been established with the support of Health Education England in three parts of England (The North West, reaching across the North; The North East and Cumbria; and in Kent, Surrey and Sussex). These networks provide professional leadership and give a regional voice to all of the psychological professions, especially in the areas of workforce planning, education, transformation and promotion of excellence in practice.

The PPNA brings the psychological professions together to champion the role the psychological professions across the whole of health and social care for the benefit of the whole country. We welcome the opportunity to work closely with Health Education England and other national, regional and local partners to deliver the vision of the FYFVMH. The reach of the membership and associated expertise provides a unique opportunity to engage effectively across all psychological professions in a joined up way to deliver the required expansion of the psychological workforce.

Table 2: The Current Psychological Professions Workforce

| | Clinical Psychology ¹³ | Psychotherapy (excluding Adult IAPT) ¹⁴ | IAPT High Intensity Therapists ¹⁵ | IAPT Psychological Wellbeing Practitioners ¹⁶ | Total |
|--|-----------------------------------|--|--|--|--------|
| Consultant | 505 | 40 | - | - | 545 |
| Other qualified | 6,453 | 1,036 ¹⁷ | 4,276 | 2,482 | 14,247 |
| Salaried Trainee | 1,574 | 129 ¹⁸ | 367 | 579 | 2,649 |
| Assistant | 2,142 | - | - | - | 2,142 |
| Total Staff (Full Time Equivalent) | 10,674 | 1,205 | 4,643 | 3,061 | 19,583 |
| % of mental health Scientific, Technical and Therapeutic staff | 29 | 3 | 13 | Not included in this group | 45 |
| % of psychological professions | 54 | 6 | 24 | 16 | 100 |

Note: These figures may represent an underestimate as some psychological professions are likely to be coded on ESR into other, incorrect categories.

¹³ 2017 clinical psychology Clearing House Data for trainees and July 2017 ESR data via NHS Digital for all others.

¹⁴ Including ESR occupations recorded as qualified "multi-therapies" but excluding the number of High Intensity IAPT therapists identified in the 2015 IAPT Workforce Census.

¹⁵ 2015 IAPT workforce census data.

¹⁶ 2015 IAPT workforce census data.

¹⁷ Includes over 200 Child and Adolescent Psychotherapists.

¹⁸ Approximate number of child psychotherapy trainees based on HEE commissioning data 2017.

Table 3: The Expansion in Psychological Professions Workforce required by the FYFVMH – Indicative Numbers

| | | Clinical Psychology | Psychotherapy (excluding Adult IAPT) | IAPT High Intensity Therapists ¹⁹ | IAPT Psychological Wellbeing Practitioners | CYP Psychological Wellbeing Practitioners ²⁰ | TOTAL |
|--|---|---------------------|---|--|--|---|---------------------|
| FYFVMH Expansion Area requirement for psychological professions expansion | Children and Young People | 367 | 300 | - | - | 1,000 | 1,667 |
| | Adult IAPT | - | - | 2,900 | 1,600 | - | 4,500 |
| | Perinatal | 60 | 13 | - | - | - | 73 |
| | Crisis | 60 | 13 | - | - | - | 73 |
| | Early Intervention for Psychosis | 60 | 13 | - | - | - | 73 |
| | Total | 547 | 339 | 2,900 | 1,600 | 1,000 | 6,386 ²⁵ |
| Expansion in staff and training required | % increase in qualified staff required between 2016 and 2021 | 12.5% | 53% | 68% | 64% | - | |
| | Existing demand-driven training places to replace leavers from NHS / year | 526 | 43 Child Psychotherapists. Others typically self-funded | 579 | 367 | - | 1,515 |
| | Average additional training places needed per year 2018-2021 | 279 ²¹ | 138 ²² | 743²³ | 1,197²⁴ | 333 | 2,690 |
| Training places required per year 2018-2021 | England | 808 | 181 | 1,322 | 1,564 | 333 | 4,208 |
| | Average STP Area | 18 | 4 | 30 | 36 | 8 | 96 |
| | Per 100,000 population served | 1.49 | 0.33 | 2.44 | 2.88 | 0.61 | 7.75 |

Note: These are indicative figures that are subject to change based on detailed workforce modelling, and local testing and refinement. There may also be opportunities to deploy new or existing psychological professions to offset shortage supply of other occupational groups.

¹⁹ More detailed modelling of IAPT workforce and training trajectories is currently underway at NHSE/HEE which will be communicated to CCGs. The figures in italics should be considered indicative only. There may be significant regional variations which require local analysis to ensure the right level of commissioning of PWP and HIT training

²⁰ This role is being piloted and would require significant development work to scale up to this degree, but is presented here as an indicative solution to the planned 1,000 unregistered expansion posts for CYP MH.

²¹ Based on commissions having been static (no expansion) from 2016-2018.

²² Assumes 10% of HI IAPT entry are NHS psychotherapists from other modalities.

²³ Assumes that expansion trajectories for 2016-2018 will be met by April 2018. Assumes 10% of clinical psychology entrants are HI IAPT therapists.

²⁴ Assumes that expansion trajectories for 2016-2018 will be met by April 2018. Assumes 75% of HI IAPT entrants are PWPs. (as has been shown in a survey of four PWP programmes in 2017).

²⁵ In addition, expansion of arts therapies would be expected to contribute an additional 39 posts if scaled up at current proportion of workforce as recorded by NHS Digital. This means a total of 6,425 new posts for psychological professionals will be required when arts therapists are included.

Note

