

Written evidence submitted by The National Counselling Society (NCS) (MHS0003)

The National Counselling Society (NCS) is pleased to provide this submission to the Health and Social Care Committee's Expert Panel. The NCS is one of the leading professional bodies for counselling and psychotherapy in the UK. Our practitioner members support vulnerable people in a range of settings across the whole of the UK.

Policy Area: Workforce

Government Commitment: 1. We are committed to growing the mental health workforce.

The NHS Long Term Plan has set out an ambitious plan to increase the workforce in the psychological professions and thereby provide quicker access to those in need of support. Part of this plan is to train more Wellbeing Practitioners (PWP, CWP, EMHP, MHWP). As of March 2020 there were 17,130 (whole time equivalent) Psychological Professionals working within NHS IAPT services. Of this number, only approximately 970 were counsellors. Whilst we welcome the key objective to increase access to psychological services the Government has not fully engaged with the counselling professional bodies. There are approximately 70,000 highly skilled counsellors currently on the Professional Standards Authority's Accredited Register programme. We ask the Health and Social Care Committee to investigate how this trained and skilled workforce of counsellors can be better utilised to achieve the goals of the NHS Long Term Plan and the overall commitment to improving access to mental health support across the country.

Policy Area: Children and Young People's (CYP) Mental Health

Government Commitment: 2. At least 70,000 additional children and young people each year will receive evidence-based treatment

As a host of reports has shown we are currently at a crisis point for CYP mental health. The highest ever number of children were referred for urgent mental health treatment in June 2021 (NHS Mental Health Services Data Set) and an estimated 1 in 6 children and young people now having a mental health concern. The government is currently investing in Mental Health Support Teams but these teams will only work with a fifth to a quarter of schools and colleges in England by 2023. The government is also training Child Wellbeing Practitioners for low intensity work.

Whilst we welcome the development of Mental Health Support Teams and Child Wellbeing Practitioners there is still no recognition of the current workforce of professional counsellors either currently working in schools / colleges or that are ready to do so. There is already a trained, professional counselling and psychotherapy workforce available to support our children and young people and to assist the government in achieving its goal.

The National Counselling Society has consistently called for school-based counselling to be available in all educational settings in England and to bring the provision of school counselling in line with the statutory provision in the other nations of the United Kingdom.

The recent [Ethos Study](#) has shown how this is an effective intervention and as cost-effective as other interventions. The counselling and psychotherapy professionals are already qualified and available and do not need to be trained like the planned future stream of CWPs.

Government Commitment: 4. ensure there is a CYP crisis response that meets the needs of under 18-year olds

The underfunding and long waiting times for a child or young person to obtain a CAMHS referral are well documented, with waiting times of up to 18 months in some areas. CAMHS also has a very high threshold for accepting referrals. In the period 2019-20, there were 538,564 referrals to CAMHS with only 391,940 children receiving treatment. CWPs are only trained for low intensity work and children in this middle ground, between CWPs and CAMHS, are currently supported by counsellors. These are either school / college based counselors or those working in a voluntary organization.

From consultation with our members, I know of a young person in my area who has sadly made three attempts to take their own life which led to hospital treatment being required on two occasions. Since the last attempt the child has now reached the CAMHS threshold. However, this does not mean that they are receiving support from CAMHS, rather that they are now on the waiting list. The CWP in the school does not have the training to support this child but luckily the school counsellor does and the child is having vital support whilst they are on the CAMHS waiting list. Unfortunately, I have to report that our members tell us of similar cases occurring on a regular basis with an increase in suicidal ideation and attempts.

The current plan to train more CWPs and to provide more funding to CAMHS does not address this middle ground. The 2016 [Counselling in Schools: a blue print for the future](#) set out how counselling could be set up in all educational settings. Since 2016 all government responses on mental health provision have looked at training more Psychological Wellbeing Practitioners with very little mention of counselling.

As stated previously, there is already a trained workforce of counsellors and psychotherapists who could, and should, be utilised to support more of our young people. We believe in an approach where children have access to Child Wellbeing Practitioners, Counsellors or CAMHS depending on their level of need.

Policy Area: Adult Common Mental Illness

Government Commitment: All areas commission IAPT-Long term condition services

The development of the IAPT-Long term condition service is welcome as the presence of LTCs or MUS markedly increase the risk of a comorbid mental health problems and vice versa. The current target for IAPT is to see 75% of referrals within 6 weeks and 95% within 18 weeks. [With approximately 30% of primary care consultations being for MUS, the NCS believe that the counselling profession can play a key role in supporting these patients and in reducing the waiting time for support.](#)

In 2018 NHS England published [Guidance on co-locating mental health therapists in primary care](#) and in the [General Practice Forward View](#) (2016) committed to investing in an extra 3000 mental health therapists in primary care by 2020. However, this investment was to be in the expansion of IAPT services and for the use of one of the IAPT specific modalities. Whilst the expansion is welcome, we are finding that experienced counsellors are losing their jobs within the NHS setting because they do not practice certain IAPT modalities. Thus, the expansion appears to be at the expense of well-trained, qualified counsellors and psychotherapists who have a vital role to play in the community.

Indeed, [current NICE guidelines](#) recommend that clinicians should consider counselling for people with persistent subthreshold depressive symptoms or mild to moderate depression, and state that for all people with persistent subthreshold depressive symptoms or mild to moderate depression

who are having counselling, the duration of treatment should typically be in the range of six to ten sessions over 8 to 12 weeks.

The General Practice Forward View had a stated goal to have an average of [one full time mental health therapist](#) for every 2 – 3 typical sized GP Practices. Putting aside the definition of a Mental Health Therapist and the benefits of person-centred counselling, this stated goal still fails to provide the funding for a growing mental health pandemic that the NHS has identified. [The Guidance on co-locating mental health therapists in primary care](#) states, “the number of patients needing help with mental health problems is increasing. A survey of more than 1,000 GPs by charity Mind (June 2018) found two in five appointments involved mental health, while two in three GPs said the proportion of patients needing help with their mental health had increased in the previous 12 months. Research also shows that every week one in six adults experiences symptoms of a common mental health problem, such as anxiety or depression, and one in five has considered taking their own life at some point.”

Our members, and those on other [Accredited Registers for Counselling & Psychotherapy](#), are already expert at providing the kind of support recommended in the NHS’ current advice. There are tens of thousands of highly experienced practitioners able to fulfil that need immediately.

The Accredited Registers programme provides assurance that those on the Register are qualified, supervised, insured, and that the Register holders themselves have evidenced that they meet the rigorous standards needed to hold such a Register. This is an initiative set up for the Department for Health and run by the Professional Standards Authority who also have oversight for Statutory Regulators; it is a legitimate programme that is already recognised within the NHS. Talking Therapies on Accredited Registers represent a valuable national resource, many with years of experience. We would like to see their skills being fully utilised to help those struggling with their mental health, and in turn protect our health service now and, in the years, to come.

KEY RECOMMENDATION:

The Health and Social Care Committee and the Government should consult directly with the professional membership bodies for counselling and psychotherapy who hold an Accredited Register with the Professional Standards Authority. There is an existing and highly trained workforce of counsellors and psychotherapist ready to offer further support to those in need and to help reduce waiting times.

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