Written evidence submitted by The British Association for Counselling and Psychotherapy (BACP) (MHS0006)

Introduction

The British Association for Counselling and Psychotherapy (BACP) is pleased to provide a submission to the Health and Social Care Committee's Expert Panel to help inform their evaluation of the progress that the Government has made against its mental health commitments for England. Our submission focuses on the questions relation to our core expertise around the mental health workforce and Children and Young People's Mental Health.

BACP is the leading and largest professional body for counselling and psychotherapy in the UK, with over 60,000 members. Our members are drawn from the various professional disciplines in the field of counselling and psychotherapy, working in a broad range of settings including education, private practice, healthcare, workplace support and within the third sector, as well as working with clients across all age-groups.

1. WORKFORCE

Government commitment under evaluation:

- *We are committed to growing the mental health workforce.*

1) Does the commitment have a clear and fixed deadline for implementation?

The workforce expansion commitments outlined within the NHS Long Term Plan and the NHS People Plan set a clear ambition for expanding the mental health workforce, however there is lack of clarity and detail about the timescale for expansion.

There needs to be greater transparency from Government about the timeline for delivering workforce expansion as well as frequent progress reports published so stakeholders can hold government to account for delivery against planned targets.

2) Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

We have heard from Government that one of the biggest perceived barriers to expanding the mental health workforce is the time it takes to recruit new trainees and for them to move through a training pathway. We understand challenge recruiting and training new staff to work in mental health represents and that following this approach means there will be a delay in moving from policy ambition to reality.

However, there has been a long-term failure by successive Governments to consider how the existing trained mental health workforce in the UK can be utilised more effectively within the NHS – particularly the mental health workforce which is currently working outside of the NHS.

We have 59,000 members, with over 47,000 fully qualified counsellors and psychotherapists, and around a further 12,000 who are undertaking their core-training and will be soon ready to enter the

workforce. Our qualified members work with service users of all ages and across a wide range of sectors, including education, health, employee health and wellbeing and private practice.

Our members have invested thousands of pounds into their own training and development, and their skills and experience are chronically overlooked and undervalued by NHS service commissioners. In addition surveys of our members have consistently demonstrated a vast amount of untapped capacity to take on further work.

We would urge the Government to urgently look at the vast numbers of counsellors and psychotherapists who are already qualified but currently don't work in the NHS – they represent an opportunity to rapidly increase capacity within the mental health workforce with a small amount of relatively quick and cheap NHS orientation training.

3) To what extent has the NHS's Covid-19 response affected progress on targets?

Without greater transparency from the Government regarding the planned timescale for workforce expansion and the progress that has been made towards these targets it's not possible for stakeholders to accurately assess the impact of Covid-19.

4) How has this commitment been interpreted in practice at trust/local government/patient level?

We have no comment on this question

5) Does data show achievement against the target (if applicable)?

We have no comment on this questio**n**

6) Has the commitment contributed to any measurable improvement in the wellbeing of the mental health workforce?

Committing to expand the workforce is unlikely to deliver measurable improvements in the wellbeing of the mental health workforce, achieving the required level of expansion may have an impact – however we would once again urge transparency from the Government around both their timeline for delivering expansion and progress towards achieving the expansion.

2. CHILDREN AND YOUNG PEOPLE'S (CYP) MENTAL HEALTH

Government commitment under evaluation:

- *At least 70,000 additional children and young people each year will receive evidence-based treatment…*
- *Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases.*

- *Ensure there is a CYP crisis response that meets the needs of under 18-year olds.*

1) Does the commitment have a clear and fixed deadline for implementation?

The NHS Long Term Plan sets out a clear timeline for when different policy ambitions are due to be achieved, however there is insufficient transparency and reporting from Government on progress towards achieving these ambitions.

2) Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?

Within the NHS Long Term Plan, the workforce expansion commitments set out to facilitate the expansion of services for children and young people's mental health are typically 'over-loaded' towards the final 3 years of the Long-Term Plan period. Whilst there will be reasons for some elements of choosing a year-on-year increase in workforce expansion, unfortunately this does mean that those commitments are more susceptible to changing political priorities, economic uncertainty and global pandemics. This is a choice that has been made by the Government and is a factor in any 'slippage' from achieving the expansion targets.

Whilst there is a clear commitment to provide evidence-based interventions for children and young people, access to psychological therapies, including counselling, remains patchy. Universal access to school and/or community-based hubs (where counselling is offered as part of a wider package) currently operate on a postcode lottery basis.

Availability and provision of school counselling services, integrated as part of the whole school approach, form part of the many options children and young people choose to access and sits alongside other interventions available in schools. In fact, it often bridges the gap between lower-level mental health interventions provided by schools (or in some areas, the flagship Mental Health Support Teams) and appropriate referrals to CAMHs.

Where a counsellor is integrated into the school setting, both staff and students benefit from a mental health specialist who has had at least four years training to work therapeutically with children and young people, using integrative approaches, working systemically and through a trauma informed approach. A trained workforce is therefore already available to schools if additional funding was secured. Psychological wellbeing practitioners still require training to work in 65% of schools, there already exists a trained and competent children and young people's counselling workforce that could backfill a number of roles within the NHS, including supporting transition to specialist services where eating disorders have been disclosed.

Eating disorders, when not treated quickly and effectively, can have serious psychological, physical and social consequences. The Royal College of Paediatrics and Child Health[i] reported significant increases in cases as a result of the pandemic, including in-patient referrals. NHS plans to scale up early intervention programmes to reduce waiting lists and outcomes for children and young people are still not being met, leaving children living with an eating disorder potentially without additional psychological support.

There has been a marked increase of children and young people receiving both urgent and routine treatment since monitoring began in 2016. January to March figures for this year found that just 71%

of urgent cases received treatment within one week with 73% of routine cases beginning treatment within four weeks, demonstrating the target of 95% has not been met[ii].

Access to counselling support offers a psychological lifeline for many children and young people as they transition both to and from eating disorder services and can help young people explore any over-arching anxieties. There exists a child and young people trained counselling workforce that can support this age group and contribute to the 'team around the child' approach, offering the choice of longer-term psychological support if suitably funded. This would offer consistency and in-depth emotional support, complimenting the more medical based physical health interventions offered on a shorter-term basis from eating disorder services.

[i] RCPCH (2020) https://www.rcpch.ac.uk/news-events/news/paediatricians-warn-parents-be-alert-signs-eating-disorders-over-holidays

[ii] Nuffield Trust (2021) https://www.nuffieldtrust.org.uk/resource/children-and-young-people-with-an-eating-disorder-waiting-times#background

3) To what extent has the NHS's Covid-19 response affected progress on targets?

With insufficient transparency and reporting from Government on the progress towards achieving these ambitions it's not possible for stakeholders to accurately assess either achievements to date or the impact of the pandemic on progress towards achieving these ambitions.

4) How has this commitment been interpreted in practice at trust/local government/patient level?

We have no comment on this question

5) Does data show achievement against the target (if applicable)?

We have no comment on this question

6) Has the commitment contributed to any measurable improvement in the wellbeing of the mental health workforce?

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