

Written evidence submitted by British Psychological Society

This submission sets out the British Psychological Society's (BPS) submission to the Public Accounts Committee inquiry on *NHS Backlogs and Waiting Times*. The BPS is the representative body for psychology and psychologists in the UK, and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.

As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, training and knowledge, and disseminating our knowledge to increase public awareness.

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Introduction

1. The mental health challenge facing the UK has been undoubtedly exacerbated by the pandemic. Society as a whole has suffered the impact of lockdown, many have experienced trauma and loss, the already significant pressure on NHS and other

frontline staff has further increased, and the education of children and young people has faced substantial disruption. The increased importance of the role of psychologists and the psychological workforce, particularly in relation to Covid-19 and the recovery, is more apparent than ever.

2. Through the course of this submission we make the following key recommendations:
 - The £2.3 billion per annum funding for mental health services outlined in the NHS Long Term Plan is revised and increased due to a significant expansion in the need for services.
 - Resource is given to a new Workforce Strategy for the mental health workforce, including increased investment in training to support significant expansion in the future mental health workforce.
 - To reduce gaps in the workforce, all practitioner psychologist routes should have funded options available for postgraduate training.
 - Ensure that 95% targets for early intervention for mental health referrals are met (eg eating disorders: urgent cases with one week, routine cases within 4 weeks).

Impact of Covid-19 pandemic on mental health; greater need for mental health support

3. Mental health services have faced unprecedented challenges during the Covid-19 pandemic, and after a significant period of underfunding, mental health services were already stretched when Covid-19 hit in early 2020. Nearly 1.5 million people were in contact with mental health services in June 2021, the highest number since records began and 12.4% more than the same time last year. NHS England now estimates that a staggering 1.6 million people are waiting for treatment from mental health services, with the true figure is likely to be higher. New referrals for people of all ages are up 24%, at 392,703 in June 2021 compared to 316,974 in June 2020.
4. Anecdotally, BPS members working within the NHS have reported a surge in demand for their services. At the same time, the implementation of Covid-19 measures, staff shortages and missed appointments have created a further backlog. This has resulted in many patients waiting too long to be seen by mental health professionals.
5. The publication of the NHS Long Term Plan in 2019 demonstrated a clear commitment to mental health through increased spending and introducing access standards, going some way to creating the circumstances for greater parity between physical and mental health services. However, **the commitment to increase funding by £2.3bn per annum by 2023/24¹ must be revisited in light of the pandemic.** Given the clear and significant expansion in the need for services, this funding amount does not take in to account the difficulties facing both the workforce and the general population, including: reductions in capacity due to infection prevention control, the higher level of acuity in service users, rising referrals and exhausted staff.

¹ <https://www.longtermplan.nhs.uk/areas-of-work/mental-health/>

6. Mental health funding must reflect demand for services. Whilst the additional £500 million that was awarded by government in 2020 as a result of the pandemic was welcome, this was non-recurrent funding. In addition, although welcome, the government's announcement of an additional £15 billion of funding for NHS England over the next three years, gave no new commitments specified for mental health services. Improving outcomes requires effective planning of services and clear funding commitments rather than a reliance on ad hoc spending announcements. The drive towards parity of esteem with physical health cannot be allowed to stall at a time when the need for services have never been greater. Offering integrated physical and mental health care has been shown to improve outcomes, saving money. Dr Emma Tiffin, a Clinical Mental Health Lead based in Cambridgeshire reported that integration of psychological therapies into primary care and facilitates better communication and coordination of patient care, as well as GP education and upskilling of primary care staff. She said: *'For example, where patient consent is given, information on the cognitive behavioural techniques (CBT) used for the effective treatment of anxiety for individual patients can be shared more easily, as well as the management plan for that individual patient going forward.'*²
7. Early intervention is crucial to improving outcomes for people and wait times to access services will be catastrophic for some. For example, NHS Mental Health services data recently found that only 63 per cent of urgent cases of young people referred to eating disorder services were seen within one week (against the 95% target) and only 65 per cent of routine eating disorder cases of young people were referred within four weeks (against the 95% target).³
8. The backlog in appointments in other areas of care has further exacerbated the mental health crisis. One respondent to a Healthwatch survey said: "I had to access the crisis team as the effect on my mental health due to the severe pain caused me to be suicidal". Indeed, when surveyed 90% of respondents under the age of 35 agreed that treatment delays had an impact on their mental health. Lack of proper mental health support is driving patients into hospitals, increasing the pressure on overcrowded hospitals further.⁴
9. A British Red Cross Study recently found that frequent attendees of A&E are more likely to live in the most deprived areas and have physical symptoms that require admission to hospital but are often dealing with sudden life changes such as job loss, relationship breakdown, or grief combined with social and economic challenges. Housing insecurity, homelessness, loneliness, and mental health issues are other common factors. In order to bring down waiting times in hospitals, it is essential that alternative mental health crisis pathways are established. This includes better funding for the training of psychologists, schemes like bursaries for aspiring psychologists, as well as all practitioner psychologist routes should have funded options available for postgraduate training in order to reduce gaps in the workforce.

² <https://www.england.nhs.uk/blog/integrating-mental-and-physical-health-in-primary-care/>

³ <https://www.mind.org.uk/news-campaigns/news/mind-responds-to-latest-nhs-data-showing-increase-in-people-turning-to-mental-health-services-and-eating-disorder-treatment-targets-missed/>

⁴ Healthwatch England Elective Care Briefing November 2021, via <https://www.healthwatch.co.uk/news/2021-09-27/people-living-poorest-areas-waiting-longer-hospital-treatment>

10. Other aspects of the pandemic have increased mental health concerns for many. Students have reported anxiety due to missing school and social anxiety, resulting in a surge in demand for mental health services in the school sector. One psychologist told us that she was transferred onto a suicide prevention team for students, because the demand for this support had increased so much. This is having an impact on the mental health of psychologists, as well as their patients. When surveyed, 87 per cent of psychologists reported feeling emotionally exhausted at the end of the day, whilst 86.1 per cent said they felt that there is too much to do.

Importance of Workforce & Waiting Lists

11. Although demand for mental health services has increased, with more patients requiring access to psychologists, a shortage in the workforce is the biggest obstacle in addressing delayed mental health appointments.
12. Whilst the BPS welcomed the Chancellor's announcement of £5.9 million for the NHS in his autumn budget, there were concerns that there was no specific funding announced for mental health, and in particular, the workforce. We believe that it is crucial for the government to increase funding for the workforce in order to address the backlog.
13. An NHS Providers Survey found that 'Trust leaders highlighted staff availability leading to workforce shortages as one of the biggest risks to services over winter. Almost all (94%) trust leaders were extremely or moderately concerned about the current level of burnout across their workforce. Meanwhile, 84% of trust leaders were very worried or worried about their trust having the capacity to meet demand for services.⁵
14. A key element of meeting service demand is workforce investment, with psychologists and the other psychological professions playing a pivotal role in the provision of services both in the NHS and in the wider workforce. A properly funded and resourced workforce is integral, with resource given to a new Workforce Strategy for the mental health workforce, as well as increased investment in training to support significant expansion in the future mental health workforce.
15. It's also vital that we consider prevention measures as a means of reducing the need to access NHS waiting lists and to reduce the backlog. Less than 3% of NHS investment is in preventative or health-enhancing interventions. There is a strong economic case for addressing mental health: research by Deloitte prior to the pandemic found that poor mental health cost UK employers up to £45 billion per year, with 17.9 million days lost due to stress, depression or anxiety, an average of 21.6 days per person⁶. NHS Digital Data on the number of statements of fitness to work signed by GPs, published found that mental health problems now account

⁵ <https://nhsproviders.org/news-blogs/news/nhs-beyond-full-stretch-and-preparing-for-most-difficult-winter-ever>

⁶ <https://www.peoplemanagement.co.uk/news/articles/increase-in-mental-health-related-sickness-absence-during-lockdown#gref>

for 41 per cent of all sick notes signed by GPs during the period 23 March to 4 July 2020 in England. In order to properly and fully address the services available for mental health, it is essential that the Government addresses the source of the problem, which is so often a combination of issues such as poverty, poor housing, food insecurity or domestic violence.

16. Stress-related sickness absence is already at a higher-than-average level in the NHS when compared to all job sectors across the country. Stress, alongside anxiety and other psychiatric illnesses, is consistently the most reported reason for sickness absence in the NHS, accounting for over 511,000 full time equivalent days lost costing the NHS up to £400 million per annum.
17. For NHS staff and those working in other frontline services, psychological welfare needs to be a high priority, with the required funding in place to ensure that support can be given. A rise in the number of staff experiencing stress is understandable as the NHS has worked in emergency mode during the Covid-19 pandemic, but the further increase from 40.3 to 44 per cent of staff experiencing work-related stress is the continuation of a long-term trend. The likelihood of staff burnout will only increase as the effects of working through a pandemic become more apparent, and there is a particular risk of psychological difficulties for the 40.3 per cent who were experiencing stress before the pandemic.
18. To protect the future psychological wellbeing of frontline staff and access to services for those who need it most, psychologists should be involved at all levels. To ensure that mental health services are appropriately funded and resourced, there must be a central focus on training the right psychological workforce to deliver that vision. To meet the aims of the NHS Long Term Plan, and the increased services that we believe are essential, the number and diversity of psychologists working in the UK must increase.
19. Staffing services has, to date, proved challenging. Psychology is one of the most popular subjects to study at degree level: over 24,000 students were accepted onto UK undergraduate courses alone in 2019, accounting for one in 20 students. However, while demand for their skills is increasing, there have been difficulties in ensuring a sufficiently diverse and adequately supplied workforce. Postgraduate qualifications are required and are often self-funded, and therefore less accessible to those from a lower socioeconomic group. To reduce gaps in the workforce, all practitioner psychologist routes should have funded options available for postgraduate training.
20. A recent BPS survey of members found that 93.2% of psychologists reported that unfulfilled psychology vacancies have a negative impact on quality of service and waiting times. The Government should focus on the training and recruitment of psychologists to fill these crucial roles.

Conclusion

21. It is clear that the Covid-19 pandemic has exacerbated the mental health crisis, with demand far outstripping supply.

22. The workforce is undoubtedly stretched, and the government must take steps to ensure greater recruitment and retention. In the short term, there are some steps the government can take to ensure that unmet needs are not hidden within the system. The BPS recommends that the government focus on boosting the psychological workforce in order to address the crisis in mental health waiting times. This will be critical to tackle the increasing demand for mental health services.

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