

Psychological professions vision for England, 2021-2024

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1. Introduction

Psychological approaches to healthcare can transform lives and communities. They are effective in preventing, treating and alleviating mental health conditions, empowering people to make positive choices about their own health, supporting people living with physical health conditions, tackling public health challenges and addressing health disparities. Psychological professions play a central role in delivering psychological healthcare, as members of multidisciplinary teams.

This is a shared vision for the psychological professions in England. It was commissioned in response to a commitment in the Interim People Plan to develop a national psychological professions strategy to support delivery of the Long Term Plan. It builds on the themes set out in the People Plan 2020/21: action for us all, and aims to help those involved in delivering psychological healthcare, commissioning or designing services, as well as partner organisations, to maximise the collective impact of the psychological professions in improving the wellbeing of service users, carers, families and health and care staff.

Over 2,000 people and 40 organisations have contributed to its development, across psychological professionals, service users, carers and families, other health and care workers, managers, commissioners, universities, professional bodies and the wider public. The development of this Vision was led by the Psychological Professions Workforce Group at NHS England / Improvement and Health Education England, with input from eight professional bodies. The first draft was subject to public consultation from December 2019 to March 2020, and was also shaped by the thousands of contributions to an open online workshop, *Psychological Professions Into Action..*

This vision builds on the priorities of the NHS Long Term Plan and NHS People Plan, but also looks beyond those strategies, to imagine a health and care service in which

psychological healthcare is fully integrated. It provides a framework for all those involved in the commissioning, design and delivery of psychological healthcare to play their part in maximising the impact of the psychological professions for the public.

2. The psychological professions

The psychological professions are a diverse group of professions whose work is informed by the disciplines of psychology and psychological therapy. They work with people to prevent and alleviate psychological and emotional distress, manage mental health and wellbeing and empower individuals and communities to improve their lives.

This vision seeks to unite and connect across professional boundaries. It has relevance for all those who use psychological and psychotherapeutic approaches in their work, as well as for those who design, manage and commission services and all who use health and care services. The vision is particularly focused on the 12 psychological professions who have until recently had no central professional leadership structure within the NHS (identified in box A in Figure 1 below). As such, they have lacked a voice and their potential has not been fully realised. This vision seeks to address this by providing a collective vision for these professions.

The psychological professions work at individual, organisational and systems levels across a wide range of settings, including mental health services, hospitals, primary care services, rehabilitation centres, prisons, local authorities and educational settings. They work to improve wellbeing across the lifespan, with children and young people, adults and older adults, as well as with communities and by supporting the NHS workforce, a particularly important task as we turn to restore services and help support our people after their work leading the pandemic response. The work is varied and includes delivering psychological therapies, carrying out diagnostic assessments, supporting and empowering people living with long-term physical health conditions, mental health problems, autism, learning disabilities or in forensic healthcare settings, providing professional leadership and governance, supervision, training and research. In 2019 there were approximately 20,000 psychological professionals working for NHS commissioned services in England.

Figure 1: The psychological professions extended family


*Clinical, Counselling, Educational and Occupational Psychologists can undertake further training to become Neuropsychologists

**Art, drama and music therapists are part of the national Allied Health Professions professional grouping within the NHS in England

NB. There are many different specific types of psychological practice, therapy and intervention which are delivered as part of NHS commissioned services by practitioners across this extended family. Some practitioners or approaches may not fit neatly into a single category represented here, but their work and impact is no less important for this.

3. Our Vision

To transform lives and communities by extending and embedding psychological knowledge and practice across the whole of health and care

4. Our Commitments

All of our work is underpinned by these five commitments:

I. Put people first

We commit to putting the needs and voices of people at the heart of everything we do and to treating service users, carers, families and staff with kindness, empathy, openness, respect and dignity. We will:

- a. Work in genuine partnership with service users, carers and families to understand their needs and to design and deliver services that meet these needs
- b. Improve overall quality and experience of care and treatment across settings including inpatient, community and primary care
- c. Empower people to improve their psychological health and wellbeing by sharing and communicating psychological knowledge
- d. Encourage and support service users, carers and families to speak up and take an active lead in their care
- e. Ensure meaningful involvement of a diverse range of service users, carers and families in service design, development and delivery, and training for the psychological professions
- f. Support the psychological wellbeing of colleagues working in health and care services in good times and in bad

II. Help our communities to thrive

We commit to developing healthy, thriving communities, with a more psychologically informed public. We will:

- a. Use psychological knowledge widely to prevent avoidable distress and build resilient communities
- b. Work with communities to make services more transparent, accessible, and responsive
- c. Recognise and respond to wider social factors, such as poverty, discrimination, inequality and trauma, that can impact on emotional distress

- d. Address national and local disparities in access to and experiences of psychological healthcare, particularly for Ethnic Minority communities
- e. Work in partnership with professionals inside and outside the NHS to improve lives across the lifespan.

III. Make all health and care psychological

We commit to embedding psychological knowledge and practice across the health and care system so it is better able to meet all of a person's needs - psychological, physical and social. We will:

- a. Enable all health and care services to deliver psychologically informed care
- b. Extend psychological healthcare across physical healthcare services and integrate care for service users
- c. Expand access to the range of evidence-based¹ psychological therapies and interventions to those who can benefit
- d. Influence and lead improvements in psychological healthcare with courage, sincerity, warmth, care and knowledge

IV. Unite and increase diversity in the psychological professions

We commit to the psychological professions becoming a united force with a strong and diverse voice, working collaboratively with other professionals of all disciplines. We will:

- a. Work together, to make a bigger impact than we can alone
- b. Value and respect the contribution of each psychological profession and ensure all of their voices are heard
- c. Work with multi-disciplinary colleagues, service users, carers and families to make the biggest difference we can, together
- d. Make our psychological professions more representative of the communities we serve
- e. Increase fairness of entry to, and inclusion in the psychological professions for talented people of all backgrounds, particularly Ethnic Minority candidates
- f. Establish clear career paths and development opportunities for all psychological professionals
- g. Join up the professional leadership of the psychological professions to maximise our collective impact through a strong, influential voice
- h. Take care of our psychological professionals colleagues

V. Transform and innovate

¹ The term 'evidence-based' refers to the application of research knowledge in light of clinical expertise and service user choice

We commit to using our evidence and expertise boldly to innovate and improve what we do. We will:

- a. Be flexible, brave and open minded in adapting our methods to meet changing needs
- b. Continuously develop our knowledge and evidence-base through research and evaluation across therapy modalities, service models and psychological practice
- c. Report meaningful progress in service users' recovery and quality of life
- d. Tackle inequality of outcomes
- e. Ensure there are sufficient highly trained and experienced psychological professionals to lead and supervise the safe expansion of psychological healthcare
- f. Speak up, challenge, lead and support each other to deliver our vision

5. Key impact areas

Meeting the ambitions of the NHS Long Term Plan will require a significant expansion of the psychological professions, estimated at over 10,000 additional psychological professions roles² by 2023/24. This projected growth requirement represents a 65 per cent increase in the current workforce (whole time equivalent) and will mark the most significant expansion in the psychological professions to date.

The NHS Mental Health Implementation Plan and the learning disability and autism requirement in the Long Term Plan indicated a number of key areas where workforce expansion will be required by 2024, in order to increase access to psychological therapies and treatments, deliver services to populations that have traditionally had poorer access and improve psychologically informed care. These were:

- 5.1 Perinatal Mental Healthcare (LTP Section 3.16)
- 5.2 Children and Young People's Mental Health Services (including eating disorders, crisis and access for 0-25 years) (LTP Section 3.22–3.30)
- 5.3 Adult Common Mental Health Problems (LTP Section 3.90–3.92)

² NHS England (2019) *NHS Mental Health Implementation Plan 2019/20 – 2023/24*. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

- 5.4 Adult Severe Mental Illness (LTP Section 3.93–3.94)
- 5.5 Mental Health Crisis Care and Liaison (LTP Section 3.95–3.101)
- 5.6 Therapeutic Acute Mental Health Inpatient Care (LTP Section 3.102)
- 5.7 Suicide and Bereavement Support (LTP Section 3.103–3.106)
- 5.8 Problem Gambling Mental Health Support (LTP Section 2.36)
- 5.9 Rough Sleeping Mental Health Support (LTP Section 2.32)
- 5.10 Learning Disability and Autism (LTP Section 3.31–3.36).

There are also other areas of healthcare provision where there is currently less consistent or systematic psychological provision, but where there is significant potential for the psychological professions to make an impact. These include specific service areas, as well as cross-service impact areas. The psychological professions can use psychological knowledge to develop new approaches to care and to achieve the required cultural changes in these service areas.

Service areas:

- 5.11 *Dementia* - Delivering pre-diagnostic counselling, cognitive and neuropsychological assessments, evidence-based psychological therapies and education, counselling and psychological support to people living with dementia, their carers and families.
- 5.12 *Older People* – Contributing psychological expertise to support ageing well and living well in older age, including delivering neuropsychological assessments and developing Improving Access to Psychological Therapies (IAPT) and community and inpatient mental health services that meet the needs of older people and carers.
- 5.13 *Physical Health*– Extending psychologically informed care across physical health settings (acute, primary care and end of life care), particularly with service users with long-term conditions, persistent pain, multi-morbidity or with unexplained medical symptoms. Supporting psychological adjustment and ongoing psychologically-informed healthcare following a diagnosis of major health conditions such as cancer, cardiovascular disease, stroke, respiratory disease and diabetes or neurological conditions such as Parkinson's.

- 5.14 *Substance Misuse and Addiction* - Contributing psychological expertise to support drug, alcohol and other substance misuse and addiction services.
- 5.15 *Prevention and Health Inequalities* – Deploying psychological expertise to transform community and public health activities (such as smoking and diet, physical activity, attending health screening, uptake of vaccines etc.), delivering interventions that reduce demand on the NHS and improve people’s lives.
- 5.16 *NHS Staff* – Providing staff wellbeing interventions, psychological interventions and clinical supervision and training across disciplines, including new roles.
- 5.17 *Trauma informed care* - Extending trauma informed care across the health and care system and supporting all health and care professionals to become trauma informed, including increasing awareness of the relationship between trauma and gender.
- 5.18 *Digitally Enabled Care* – Extending the development and rigorous evaluation of digitally enabled models of psychological therapy and other technological developments to improve patient care where appropriate.
- 5.19 *Equity of Access* - Deploying psychological expertise around attachment, mistrust, help seeking behaviour, trauma and socio-economic and cultural barriers to ensure all communities (including BAME, asylum seekers, refugees, survivors of abuse, LGBTQ+, people living with disabilities, traveller communities and rough sleepers) are able to access the support they need.
- 5.20 *Best Use of Resources* – Realising the full potential of psychological healthcare to return whole system savings in health and social care and other public costs (including recording the indirect work the professions carry out), especially in the management of long term health conditions.
- 5.21 *Structural Change* – Using Sustainability and Transformation Partnerships (STPs), Integrated Care Systems (ICSs) and Primary Care Networks to embed psychological approaches across systems and ensure the different psychological professions are involved in shaping change at every level across health and social care systems.
- 5.22 *Leadership and governance* - Contributing to clinical and managerial leadership, supervision, commissioning, policy development and governance.

Delivering this transformation in psychological healthcare will require not only a major expansion of the psychological professions, but also developing the current workforce, diversifying routes into professions (such as through apprenticeships), developing new routes into NHS practice for established professions, and establishing new roles. It will require the right skill mix across services and strengthening the leadership and governance of the psychological professions, tackling current vacancy rates and retaining the staff we have by ensuring all staff feel supported and valued for the work they do. At a time of rapid workforce expansion and the establishment of a number of new roles, retaining sufficient posts for senior and experienced staff and supervisors will need to be a particular priority for the whole system.

6. Enabling Workforce Workstreams

To support the delivery of this co-created vision for the psychological professions, the National Psychological Professions Workforce Group will deliver the following enabling workforce-related workstreams:

GROW: Expanding the psychological professions workforce

- 6.1 Work across national, regional and local systems to ensure a sustainable expansion in the psychological professions to deliver the Long Term Plan priorities.
- 6.2 Work across NHSE/I and HEE to ensure the psychological professions are embedded within integrated workforce planning at national, regional and local levels.
- 6.3 Support Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to secure maximum impact from the psychological professions in delivering the Long Term Plan objectives.
- 6.4 Ensure that workforce planning for the psychological professions is fully integrated with workforce planning for the wider health and care workforce.

- 6.5 Establish a standard taxonomy of psychological professions occupations and align NHS Digital reporting and NHS Careers to this.
- 6.6 Work with service users, families and carers to improve public understanding of the different psychological professions, what makes them distinct and what they do.
- 6.7 Establish clear principles around adopting and implementing new roles.
- 6.8 Ensure all psychological professional roles are appropriately governed and accredited.
- 6.9 Review the mental health services data set to capture routine outcome measures and 'indirect' clinical activity for psychological professional activity.
- 6.10 Improve recruitment and retention through a programme to promote psychological professional careers.
- 6.11 Take bold action to increase fairness of access to, and inclusion in psychological professions training for Ethnic Minority candidates, and to increase equity and diversity across the psychological professions at all levels.
- 6.12 Work with service users, families and carers to evaluate digitally enabled models of psychological therapy and other technological developments and develop guidance for psychological professionals using digital platforms delivering psychological therapies.
- 6.13 Improve staff retention through a programme to improve working conditions and develop a psychologically healthier workforce.

DEVELOP: Optimising training and career paths

- 6.14 Ensure sustainable expansion in psychological professions training places to deliver the Long Term Plan priorities.
- 6.15 Promote the involvement of service users and carers in all psychological professions training.
- 6.16 Align the training of psychological professionals to the competences required to deliver the Long Term Plan priorities.
- 6.17 Ensure all psychological professional training includes competences around the impact of wider social factors, such as poverty, discrimination and

inequality, and trauma on emotional distress and how psychological professionals can address disparities in access to and experiences of psychological healthcare for communities that have traditionally had poorer access.

- 6.18 Establish a long term sustainable funding solution for salaries during postgraduate training for psychological professional roles.
- 6.19 Work with service users and carers to review and, if appropriate, redesign workforce and training models for Adult Common Mental Health Problems and Adult Severe Mental Health Problems to solve challenges in supply and retention.
- 6.20 Review how counsellors and psychotherapists can most effectively enter the NHS commissioned workforce to deliver on the NHS Long Term Plan and People Plan priorities.
- 6.21 Design and deliver a national implementation programme to develop and deploy extra new psychologically informed roles at graduate (or equivalent) entry level to support delivery of the Long Term Plan.
- 6.22 Make the implementation of new psychological roles as efficient as possible by ensuring meaningful alignment to existing roles, clear competences and governance.
- 6.23 Develop a more integrated and coherent psychological career path with clearer and more efficient routes of entry, progression and development across the professions.
- 6.24 Formalise training routes and expand development opportunities for clinical leadership positions across the professions.
- 6.25 Ensure there is sufficient quality supervision and continuing professional development training to support the expanding workforce, the development of new roles and the continued development of the existing workforce.
- 6.26 Scale up practitioner psychologist take up of non-medical approved clinician roles, alongside nursing, occupational therapy and social work.

LEAD: The right leadership of psychological professions

- 6.27 At all levels, enable psychological professionals to lead by acting on evidence including service users' views of what works.
- 6.28 Establish the psychological professions leadership required at all levels and for all professions to enable delivery of this vision across the whole system and ensure this is aligned to the NHS Leadership Compact.
- 6.29 At local level, review best practice for provider board-level professional leadership for the psychological professions and seek removal of any systemic and regulatory obstacles to this.
- 6.30 At system level, promote inclusion of psychological professional leadership within Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).
- 6.31 Develop joined up leadership through the development of Psychological Professions Networks to maximise the collective voice of the professions regionally and nationally.
- 6.32 Establish the right leadership infrastructure within the NHS Arm's Length Bodies to ensure a coherent and strong voice of the psychological professions into policy making and delivery.