

Care Services Improvement Partnership **CSIP**

National Institute for  
**Mental Health in England**



The  
British  
Psychological  
Society

# New Ways of Working for Applied Psychologists in Health and Social Care

*The End of the Beginning*

Summary Report

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# Contents

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<b>Foreword: Service Users and Carers</b> .....	2
<b>Foreword: Pam Maras, President of The British Psychological Society</b> .....	3
<b>Foreword: Louis Appleby, Department of Health</b> .....	4
<b>Executive Summary</b> .....	5
Purpose .....	5
Key Background Points .....	5
The Workforce Context.....	5
The Applied Psychologies .....	5
New Ways of Working for Applied Psychologists Project Groups .....	5
Conclusion.....	7
<b>1. Introduction</b> .....	8
<b>2. Contexts</b> .....	9
2.1 Psychological Context: Purpose Of Applied Psychology .....	9
2.2 The Policy And Evidence Based Context .....	9
2.3 Employment Context: Psychological Services .....	11
2.4 Public Demand: The Service User & Carer Context .....	11
2.5 The National Workforce Context.....	11
<b>3. The New Ways of Working for Applied Psychologists</b> .....	13
3.1 New Ways of Working Programme .....	13
3.2 New Ways of Working for Applied Psychologists .....	13
<b>4. The Applied Psychologies</b> .....	15
4.1 Introduction.....	15
4.2 Applied Psychologists: The Work .....	15
<b>5. An Overview of Project Groups' Work</b> .....	17
5.1 Introduction.....	17
5.2 Career Framework.....	18
5.2.1 New Roles .....	18
5.2.2 Training Models .....	18
5.2.3 Post Doctoral Qualified Career Roles.....	19
5.3 Improving Access to Psychological Therapies Services (IAPT) for Individuals and Families .....	19
5.4 Teamworking.....	20
5.5 Organising, Managing and Leading Psychological Services .....	21
<b>Conclusion</b> .....	23
<b>Bibliography</b> .....	24
<b>Appendix 1: A Strategic Model for Alleviating Workplace Psychological Distress (Mowbray, 2006)</b> .....	26
<b>Appendix 2: New Ways of Working for Applied Psychologists Core Group Members</b> .....	28

# Foreword: Service Users and Carers

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‘And from the inside, how does it feel? No physical pain has ever matched that morning’s up rush of killing fear ... Your voice is like a bird’s cry and your hands flutter like wings. Every fibre of your being is possessed by panic. Every moment endures for an age, there is no sense of time passing, therefore no prospect of deliverance.’ (from Hilary Mantell 2003 *Giving up the Ghost: A Memoir*).

As a person with long term severe mental illness (a diagnosis of schizophrenia), I have searched over several decades for understanding of my position and for effective help. The description above, through ascribed to difference causes, comes closest to representing my experience of sheer, unremitting, ‘suspension’ in a parallel world of terrifying, unendurable attack. These and similar experiences are replicated millions of times over amongst the vast number of people who have psychological disturbance of some kind.

To date, for many, there has been ‘no prospect of deliverance’. It took me 30 years to be referred to an NHS psychologist - an event that transformed my life, sense of peace and prospects in a way I could not have previously imagined. In my view, the absence of psychological input as an integral part of NHS treatment, led to years of damage and waste at the hands of the medical profession - drugs which stunted my intellectual capacity, inpatient admissions that distressed my family, ECT that destroyed some memories, negative stereotypes that undermined my job prospects. I think this happened both unwittingly, through good but misguided intentions and deliberately, through demeaning behaviour by people who could or would not see the person behind the diagnostic category. The psychologist I eventually saw, through great skill, commitment and humanity, undid a lot of the damage.

I therefore could not be more thankful for this report on new ways of working for applied psychologists. The report sets out very clearly why and how the workforce needs to change in order to improve the well-being of the millions in psychological need, with wider benefits for society and the economy but this is just the ‘end of the beginning’ because unless initiative is seized now and the ideas in this report taken forward, opportunities will be lost.

I hope that the report will lead to comment, debate and action.

## **Elizabeth Holford**

*Chair of Service User & Carer Liaison Committee of The British Psychological Society*

Assisted by **Bill Davidson**

*User Involvement Lead, NIMHE,*

*National Workforce Programme, New Ways of Working*

## Foreword: Pam Maras, President of The British Psychological Society

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This Report provides a summary of a great deal of work that has been conducted by the New Ways of Working for Applied Psychologists Group. A breadth of issues are tackled from those which will be considered carefully within the British Psychological Society to those which need to be taken forward by service commissioners and health and social care organisations delivering psychological services. The work also has implications for universities where the preparation of psychology graduates and applied psychologists takes place. The report does not replace any existing Society policy; however it and its associated documents do provide important guidance about the ways that chartered applied psychologists might develop their roles in teams and services that are changing quickly to respond to the justifiable demand from service users and carers for better access to psychological services.

The British Psychological Society is very pleased to have made such an active contribution to the work of the group. Its members have been involved from the beginning, constructively collaborating with the National Institute for Mental Health in England (NIMHE) and all the other professions to produce a significant body of work.

I welcome this report and look forward to playing my part, with others, in exploring the issues further in the future: a true 'beginning of the end'.

**Professor Pam Maras**

*President – The British Psychological Society*

## Foreword: Louis Appleby, Department of Health

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New Ways of Working in Mental Health started with a focus on psychiatrists and is still closely associated with that professional group in some quarters. This report on New Ways of Working for Applied Psychologists in Health and Social Care is therefore a welcome, key addition to the landscape of New Ways of Working.

The Department of Health supports the expansion of choice to service users and carers for a variety of psychological, social and medical interventions.

It has been impressive how committed the British Psychological Society and practitioners in the field have been in this two year programme of work. As with any new initiative New Ways of Working will have its advocates as well as others who are not convinced. Leadership is therefore vital from the profession of applied psychology itself to ensure the successful implementation of New Ways of Working.

The importance of messages that have emerged from this work are significant: the support for the development of new roles at assistant and practitioner level; more flexibility in education and training; clarity about what psychologists should expect to do as they progress in their careers; the importance of the team as a key unit for service delivery of mental health and the importance of the psychologist as an integral member of the team. Service commissioners and providers need leaders and skilled practitioners who can support service improvement and develop the evidence base for practice: applied psychologists are well placed to contribute across all levels of organisations.

New Ways of Working promotes flexible working with other professions, and there are potential benefits to job satisfaction and career development. In the end, though, it will be judged by how well it improves care for patients and their families. The skills of applied psychologists are highly valued by patients and this initiative is a welcome step for those who use services as well as those who deliver them.

### **Louis Appleby**

*National Clinical Director of Mental Health,  
Department of Health*

# Executive Summary

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This report summarises the work of the New Ways of Working for Applied Psychologists Group which was a joint initiative between The National Institute for Mental Health in England (NIMHE) and The British Psychological Society.

It is intended for those organisations involved in the commissioning, delivery and quality assurance of psychological services and the associated professional training both to provide information about the nature of applied psychologists' work and guidance about how this might incorporate new ways of working in the future. There are also important messages for the Department of Health and the Boards of The British Psychological Society about how applied psychologists can make a greater contribution to creating healthier organisations for staff and more innovative and effective services for users and carers.

## Purpose

The simple but clear purpose for applied psychologists is 'to improve the psychological wellbeing of the population through working with individuals, families, teams, organisations and communities'.

## Key Background Points

- There has been a rapid growth in the demand for psychological services from users and carers.
- There has been a parallel growth in Government policy, making it clear that services should increase and improve the level of psychological care in services and the availability of psychological interventions.
- The evidence base demonstrating the effectiveness of psychological therapies has grown significantly in the last 20 years and these interventions now feature strongly in NICE Guidance.
- There is clear evidence that psychological distress in the workplace is growing and that psychological interventions can help reduce this distress for individuals but also help organisations develop less distress provoking ways of working.

## The Workforce Context

- There is a need for the whole workforce in Health and Social Care to improve the level of psychological understanding and care.
- Psychological interventions should be provided by a whole range of professionals as well as applied psychologists.
- Applied psychologists can also make an important contribution to training, supervision, mentoring and to the development of psychological services.
- There will be a fall in the number of young people nationally joining the workforce and available for Health and Social Care.
- If the demand for psychological interventions continues to grow and staff are required for the delivery, the large psychology graduate population could go a long way to meeting the likely staffing shortfall.
- Workforce planning for the Health and Social Care context has proved problematic and psychologists need to contribute actively to the initiatives designed to improve this state of affairs.

## The Applied Psychologies

The report provides brief summaries of the work of each of the applied psychologies. These include clinical psychologists, counselling psychologists, educational psychologists, forensic psychologists, health psychologists, occupational psychologists, clinical neuropsychologists, and sport & exercise psychologists. All qualified psychologists have at least a three year undergraduate degree in psychology, together with three years postgraduate training in their chosen specialism (e.g. clinical psychology) at a doctoral level as specified by the QAA subject benchmarks. This is also consistent with the newly introduced European standard of qualification for psychologists of six years currently being piloted in six European countries, including the UK.

The only applied psychology group to receive fully funded training are clinical psychologists. This has proved highly cost effective as there is strong evidence that attrition from programmes is very low and long term retention in the NHS is very high (less than one per cent annual wastage).

## New Ways of Working for Applied Psychologists Project Groups

The work was carried out by seven project groups. The work of six of the groups is summarised in this report. The seventh group that looked at mental health legislation is yet to report because of delays in agreeing the final form of legislation. Key points for future discussion from each of the groups are:

### New Roles

- The possibility of the introduction of three levels of workers, Trainee Psychology Assistants, Psychology Assistants and Senior Psychology Assistants (Agenda for change Bands 4 to 6). These would be sub-Chartered workers and could be employed by services and thereby improve access to psychological services<sup>1</sup>.
- Recruitment could come from the large psychology undergraduate population.
- They would need to be employed within psychological services so clinical governance issues could be appropriately addressed.
- Training at post-graduate certificate, post-graduate diploma and Masters levels needs to be developed and commissioned to ensure these people have the required competencies.

### Training Model

- A review of all the applied psychology training models is reported on, and ways of introducing some common elements explored.
- The Boards within the BPS are asked to establish a number of working groups to look at, for example i) commonalities and differences between the applied psychologies to clarify roles from commissioners and employers, and ii) developing accreditation criteria for new roles programmes.
- Existing training programmes are recommended to develop training pathways for pre-doctoral assistants and associates which lead on and/or contribute to doctoral training.

### Post Doctoral/Registration Career Roles

- New role outlines using the NHS's knowledge and skills framework have been developed for posts from the recently qualified to consultant and senior management positions.
- New guidelines and procedures for the role and operation of National Assessors for Applied Psychologists have been agreed and are shortly to be launched.

### Improving Access to Psychological Therapies

- Guidelines have been agreed to help services develop in ways that both improve access to psychological therapies and take account of the important clinical governance issues.
- Services redesign using a stepped care approach offers the best way forward.
- Applied psychologists should play a major role in leading, developing, evaluating and commissioning psychological therapies services.
- Applied psychologists have a strong role to play, with other staff, in ensuring clinical governance arrangements are in place.

### Team Working

- A document has been produced which provides an analysis of team working and how it can be improved, drawing on the research literature, operational experience, and stakeholder aspirations.
- Psychologists should be actively involved in the design, operation and evaluation of teams making use of appropriate research evidence.

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<sup>1</sup> The terms adopted above have replaced *assistant, senior assistant and associate* as suggested by the New Roles group. This was specifically at the request of the Board of Trustees of the BPS who wished to ensure that a clear distinction was made between fully qualified Applied Psychologists, and the suggested new roles that might be developed below the current status of Chartered psychologists.

Terminology is important. *Assistants* is consistent with other health care professions but is usually restricted to workers who do not possess degree level qualifications. Accordingly it could be seen as unattractive to psychology graduates and might not encourage recruitment or retention. Associates, on the other hand, is ambiguous as to whether the individual is qualified? Similarly, we use the term Applied Psychologist to generally refer to the breadth psychological practice and not as any formal statutory title.

It will be important that current proposals around the Regulation of Psychologists provide clear guidance around these distinctions and that adequate regulatory frameworks are in place for both qualified/Chartered psychologists and those graduates working in a support role (assistants/associates/trainees/students) under supervision.

- Psychologists should seek to integrate their work within teams in a way that continues to promote their unique contribution to the care and treatment of service users.
- Psychologists should seek to develop their role in contributing to the improved effectiveness of services through process consultancy at systems level, peer consultation and supervision, leadership, and the promotion of effective roles for users and carers.
- Key ingredients for effective team working are identified.

### **Organising, Managing and Leading Psychological Services**

- The key guiding principles were developed for commissioners and organisations delivering psychological services. They include:
  - Board level representation is needed for the delivery of psychological services.
  - Services must be aligned with the vision of future service delivery.
  - Psychologists at all levels should develop the qualities and competencies that enable them to take up leadership positions.
  - Psychological therapies and approaches should be organised in multi professional/disciplinary contexts.
  - Registered psychologists should aggregate together.

### **Conclusion**

As the title of the report reads, this is the end of the beginning and there remains much to do. The accumulating evidence for psychological interventions/services and the increase in demand from users and carers means that the leaders and managers of commissioning and service providing organisations have a responsibility to ensure that such services thrive. Within these organisations, applied psychologists must contribute in constructive and innovative ways in these organisations if they are to have a significant impact on the psychological wellbeing of users and carers. The report should help all take matters forward.

# 1. Introduction

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This summary report of the New Ways of Working for Applied Psychologists<sup>2</sup> group attempts to outline the background and work that took place between July 2005 and July 2007. The New Ways of Working Programme, of which this group's work was a part, has been led by The National Institute for Mental Health in England (NIMHE). The roots of this project are clearly linked to the English NHS and related social care contexts. This has meant that those applied psychologists whose work is mostly involved with the Health and Social Care sectors (namely Clinical, Counselling, Health and Forensic) have been at the forefront of the work. This background means that the NHS context dominates much of the thinking and considerably more work is required to think through in depth, the implications for the applied psychologies working predominantly in other contexts (e.g. education, prison services, private sector). It is also worth noting that the origins of the project arose from concerns about mental health services and this has influenced the scope of the work. However, there have been active attempts to adopt an inclusive approach and involve all the applied psychologies including representatives from Scotland, Wales and Northern Ireland so that lessons could be shared and the wider implications considered.

The project has generated significant interest and has involved a very large number of people, including service users and carers, applied psychologists and all the other main NHS professional groups. These people include those who have been involved directly in the core group and project groups, in the stakeholder workshops, in the other conferences and workshops about the issues and making written submissions about the work. It has involved an enormous effort to consider seriously the challenges faced by applied psychologists in health and social care in developing new ways of working. The title of the report, *The End of the Beginning* is intended to indicate that whilst much has been achieved, there is still much to do in taking forward the matters raised.

The report is divided into four sections, the first describing the contexts for the work, the second giving the background to the New Ways of Working initiative, the third giving a brief outline of the roles of the different applied psychologies and the fourth providing an overview of the work of six of the seven project groups that were established in July 2005.

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<sup>2</sup> The term 'psychologist' has been reserved to describe qualified psychologists who have undergone at least three years undergraduate study of psychology and a recognised postgraduate training course in psychology, conferring eligibility for Chartered status and entry on the BPS Register of Chartered Psychologists.

## 2. Contexts

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### 2.1 Psychological Context: Purpose of Applied Psychology

The project group concerned with new roles attempted to develop a statement of purpose for applied psychology in the health and social care context. A simple but clear purpose emerged from these discussions, that is:

*‘To improve the psychological well being of the population through working with individuals, families, teams, organisations and communities’.*

Psychological well-being is an important concept which cannot simply be equated with ‘happiness’ but involves a sense of both ‘empowerment’ and an ability to contribute positively to the world. It also involves individuals developing an appreciation of the impact of their contexts, that is, their families, the organisations where they work and the communities in which they live, on psychological health. Contexts impact powerfully on individuals’ psychological well-being and the work of applied psychologists needs to embrace interventions directed at both the individual and those contexts.

The heart of a psychological approach is the formulation which brings together historical and current information about an individual, family, team, organisation or community’s functioning with psychological theory and evidence to produce a coherent understanding of why difficulties have emerged. The formulation can then be used to plan what can be done to alleviate those difficulties and prevent their reoccurrence in the future. Such formulations also include consideration of biological, societal and cultural factors. A formulation approach contrasts with the diagnostic approach which is characteristic of medical models which currently represents the pervasive discourse in most healthcare organisations.

A fundamental aspect of new ways of working for applied psychologists is to create a shift in the culture and language in health care contexts so that psychological ways of understanding peoples’ distress become more commonplace amongst all professionals. Applied psychologists clearly have a leading role to play in this endeavour.

### 2.2 The Policy and Evidence Based Context

In the last ten years the policy context has been changing rapidly and has put psychological well-being more firmly on the map. These policy changes have been influenced by the population demographics (in particular an increasing aging population), globalisation, higher public expectations, technological and scientific advances, the desire to reduce poverty and associated deprivations, the recognition of the importance of environmental sustainability, a concern to create safe environments in what appears to be a hostile world and the desire to create a more socially inclusive society. These policy drivers can at times produce conflicting policy but a concern with how these impact on individuals’ ‘happiness’ or perhaps more accurately ‘psychological well-being’ is moving centre stage (Layard, 2004).

The particular policies impacting on the health and social care context which have significant implications for psychological services include the recent national English policy documents included in Box 1:

#### **White/Green Papers**

- White Paper: Valuing People: A New Strategy for Learning Disability for the 21st Century (2001).
- Green Paper: Every Child Matters (2003) – Issued as Command Paper.
- White Paper: Building on the Best: Choice, Responsiveness & Equity in the NHS (2004).
- White Paper: Choosing Health: Making Health Choices Easier (2004).
- White Paper: Our Health, Our Care, Our Say: A new direction for community services (2006).

*continued over*

### **National Service Frameworks**

- National Service Framework: Paediatric Intensive Care Framework (1998).
- National Service Framework: Mental Health (1999), Five Years On (2005).
- National Service Framework: Cancer Framework & Guidance (2000).
- National Service Framework: Diabetes, Standards, Delivery Strategy and Supporting Information (2001).
- National Service Framework: Coronary Heart Disease (2001).
- National Service Framework: Long Term Conditions (Neurological, Spinal Injury, Epilepsy MS, Parkinson's Disease, etc.) (2001).
- National Service Framework: Older People (2001).
- National Service Framework: Renal Service, (Part 1 2001: Part 2 2005).
- National Service Framework for Children, Young People and Maternity Services (2004).
- National Service Framework for Long Term Conditions (2005).

Each of the policies has significant implications for improving the level of psychological care provided by services. There are also a plethora of English Department of Health and BPS policy documents relating to particular conditions including personality disorders, substance abuse, eating disorders, acute psychiatric in-patient care, etc. which similarly point to need to improve the volume and quality of psychological care.

Many of the policy developments have been influenced by the growing scientific evidence base demonstrating the effectiveness of psychological interventions. This evidence has been finding its way into the Guidelines that have been published by the National Institute of Health and Clinical Excellence (NICE). Those of most relevance to the applied psychologies in the health context are included in Box 2:

- Clinical Guideline. Schizophrenia (2002).
- Clinical Guideline. Head Injury (2003).
- Clinical Guideline. Chronic Heart Failure (2003).
- Clinical Guideline. Depression (2004).
- Clinical Guideline. Anxiety (2004).
- Clinical Guideline. Eating Disorders (2004).
- Cancer Service Guidance. Supportive and Palliative Care (2004).
- Clinical Guideline. Chronic Obstructive Pulmonary Disease (2004).
- Guideline on Implantable Cardioverter Defibrillators (2004).
- Clinical Guideline. Self Harm (2004).
- Clinical Guideline. Depression in Children & Young People (2005).
- Clinical Guideline. Obsessive-Compulsive Disorder (2005).
- Clinical Guideline. Post-Traumatic Stress Disorder (PTSD) (2005).
- Clinical Guideline. Violence (2005).
- Public Health Intervention Guidance. Smoking Cessation (2006).
- Public Health Intervention Guidance. Physical Activity (2006).
- Clinical Guideline. Bipolar Disorder (2006).
- Technology Appraisal. Conduct Disorder in Children – Parent-Training/Education Programmes (2006).
- Clinical Guideline: Dementia (2006).
- Clinical Guideline. Parkinson's Disease (2006).
- Technology Appraisal: Depression and Anxiety – Computerised Cognitive Behavioural Therapy (CCBT) (2006).
- Technology Appraisal: Arrhythmia – Implantable Cardioverter Defibrillators (ICDs) (2006).
- Public Health Intervention Guidance. Substance Misuse (2007).
- Clinical Guideline. Antenatal and Postnatal Mental Health (2007).

In addition to the NICE guidance, there have been a number of reviews of the evidence for the effectiveness of psychological interventions (Roth & Fonagy, 2005; Carr, 2000) demonstrating the power of a range of interventions in improving the psychological well-being of individuals and families.

This outpouring of policy and guidance, and the increasing evidence for the effectiveness of psychological interventions points to the need for services to shift in a way which allows the psychological perspective to become more prominent and services delivering psychological interventions, and services more prevalent. Applied psychologists will not be able to provide all that is required, indeed all other professions have a vital role to play, but applied psychologists need to show leadership in developing and delivering these services. In taking services forward, account will need to be taken of other key policy drivers impacting on services, including the adoption of a more business orientated approach to driving up standards through the Choice Agenda, responding to customer feedback and working with a diverse range of providers.

### **2.3 Employment Context: Psychological Services**

There has been a growing acceptance of the need to help people back into employment both for the economic benefits for those individuals (and indeed the State) but also as important to the individual's psychological well-being (Shepherd, 1991; Pilling, 1998). This connection is made in the New Ways of Working paper on *Guidance for Improving Access to Psychological Therapies*.

There is however a growing recognition that psychological distress can be generated by workplace practices and that this results in significant levels of absence. Sickness absence in the UK affects approximately 3.4 per cent per annum in the general working population and in the Health and Social Care sector 4.8 per cent. The national cost is placed at £13.4 billion per year (CBI, 2007). The Health and Safety Executive (2006) report that 12.2 million days per year are lost as a result of anxiety and depression. In 2005 the cost of absences per employee per year rose to £531 compared to the previous year of £495. The hidden cost is that if distressed people stay in work they perform less productively and cause managers to devote more time to coping with a stressed workforce and away from delivering their business or service (Mowbray, 2006).

Employers are increasingly recognising the need to address these distress inducing working practices as, in addition to the problems noted above, they can result in significant damage awards (Cartwright & Cooper, 2007). Health and Social Care organisations are clearly subject to similar issues and indeed there is some evidence that the public sector is more problematic than the private sector (Hoel & Cooper, 2000). Organisations, including the NHS, are in the process of developing strategies for tackling these issues that involve interventions at each of the levels identified in Appendix 1. It is likely that recognition of the importance of psychological factors in the workplace will create a demand for psychological services in many organisational settings in the future.

### **2.4 Public Demand: The Service User & Carer Context**

The public are becoming increasingly aware of what services should be available in health and social care and are demanding that they be offered those services and treated with dignity and respect (DH, 2006; NIMHE, 2007). This demand for higher quality care is likely to be a trend that will continue into the future. With regard to psychological services, the evidence is clear that service users and carers feel they do not have adequate access to psychological therapies and services. At present the Health Service in particular predominantly treat psychological distress with medication. Whilst this is changing and psychological interventions are becoming more available, it is not changing fast enough to meet the demands of service users. This point is emphasised in the *Good Practice Guide on the Contributions of Applied Psychologists to Improving Access to Psychological Therapy*. This demand for access is finding its way into policy and policy implementation as service users and carers are encouraged to have more of a voice, as captured in the White Paper, *Our Say* (DH, 2006).

Applied psychologists need to play a significant role in the process of empowering users and carers to play an influential role in developing services. This is likely to lead to increases in demand that will require many other professions to be involved in delivery, but again applied psychologists need to ensure that they take increasingly leading roles in the development of these psychological services. This point is emphasised in the New Ways of Working document *Organising, Leading and Managing Psychological Services*.

### **2.5 The National Workforce Context**

In the face of increasing demand for psychological services the question arises: Who will provide them? Studies of the workplace supply indicate that it will be impossible for sufficient applied psychologists to

be available to meet all the demand for psychological services (BPS, 2004; Sainsbury Centre, 2005) and this is probably not ideal in any event. There is a need to increase the supply of applied psychologists, a fact recognised in successive *Workforce Review Team Reports* (WRT, 2004; 2005; 2006). The utilisation and development of psychological competence in the existing multi-professional workforce and those being trained is clearly crucial. This is increasingly being recognised by other professions, for example in the *New Ways of Working for Psychiatrists* report (DH, 2005) and the Chief Nursing Officer's review of Mental Health Nursing (DH, 2006). Applied psychologists clearly have an important role to play in helping these developments through contributing to training, supervision, mentoring and in developing services where a psychological approach can thrive. Indeed many psychologists have taken up such roles very successfully. However, all health service professions and psychology will have to face changes in the population dynamics over the next ten years which will provide significant recruitment challenges (Smith *et al.*, 2005).

The population demographic predictions determine the workforce that will be available in the future. In general these predictions indicate that there will be a decline in the number of young people entering the workforce and the NHS and Social Care employers will have to compete more fiercely with other employers (Smith *et al.*, 2005). Thus there is a real possibility that relying solely on the other professional groups (who are likely to find recruitment in large numbers increasingly difficult) and the qualified applied psychology workforce (whose numbers can be increased but not significantly enough to meet demand) to deliver the services could prove inadequate. There is however a way that the demand could be met and that is by utilising the largely untapped psychology undergraduate workforce.

Psychology is one of the most popular university degree subjects and the numbers have been increasing year on year. In 2006 there were approximately 15,000 new graduates coming into the workforce of whom approximately 40 per cent are likely to have been interested in joining services concerned with improving psychological well-being (BPS, 2004). The recommendations contained in the work of the New Roles project group are for the skills of this group of people to be used to increase the delivery of psychological services. These people could go a long way to meeting the increasing demand for psychological services, including access to psychological therapies, and help to avoid some of the future workforce supply problems that the population demographics indicate will occur.

Workforce planning in the NHS has been severely criticised in a recent Health Select Committee report (2007) in that it was described as a 'disastrous failure'. Models and processes for workforce planning have been developed (DH, 2004) but they have not been extensively acted on. The Local Development Plans which were intended as an important component in the workforce planning process have proved rather inadequate for the purpose. The constant restructuring and change to the organisations responsible for commissioning training, (currently in the NHS with Strategic Health Authorities), has contributed to the difficulties. Although this 'disastrous failure' conclusion of the Select Committee has not been universally accepted and robustly defended by the Government, many of the recommendations are being taken forward.

It is clearly of utmost importance that applied psychologists become involved in workforce planning at a local and national level if the mistakes of the past are to be rectified. However, in terms of a strategy for the delivery of psychological services, the conclusions of the New Ways of Working for Applied Psychologists are that there should be an increase in the delivery of psychological therapies by other professions, an increase in the number of applied psychologists and better utilisation of the potential pool of psychology graduates. These conclusions are supported by the evidence of work both by the BPS (Lavender & Paxton, 2004) and the Sainsbury Centre (2005).

## 3. The New Ways of Working for Applied Psychologists

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### 3.1 New Ways of Working Programme

The New Ways of Working Programme has been led by The National Institute for Mental Health in England/Care Services Improvement Partnership (NIMHE/CSIP), and steered by a National Multi-Professional Steering Group. This work has therefore arisen in a particular context, the English NHS, and out of concerns about a part of NHS provision namely Mental Health Services. There is obviously considerable overlap with Social Care organisations who are closely involved in the delivery of mental health services. The first piece of work undertaken was with psychiatrists, which culminated in the publication in 2006 of the *New Ways of Working for Psychiatrists: The Final Report But Not the End of the Story*. Many of the recommendations from this report are now being implemented across the country, although progress has understandably been faster in some places than others.

Following the start of the New Ways of Working for Psychiatrists it became evident that it was necessary to look at the roles of other professionals involved in the delivery of mental health services. Change in planned programme of work, which engaged all key stakeholder groups, was established. These included:

- Allied Health Professionals (physiotherapists, dieticians, arts therapists).
- Non professionally qualified/affiliated staff.
- Nursing.
- Occupational Therapists.
- Pharmacy.
- Primary Care.
- Social Work.

The term New Ways of Working has entered common parlance so it is important to clarify what this means. As stated in the *New Ways of Working for Everyone* report (2007) it involved:

- i) Working with the current workforce:
  - To match the skills of the practitioner to the needs of the individual service user, (the more complex the needs, the more experienced and skilled the worker).
  - To think in terms of competence, not profession.
  - To share skills and competences across professional and practitioner boundaries.
  - To adopt a team rather than an individual practice focus.
- ii) Extending roles and scope of practice of existing professions; including:
  - Non medical, independent and supplementary prescribing.
  - Responsible clinician and approved mental health professional in the amended Mental Health Act.
  - Advanced and Consultant practitioner roles.
- iii) Bringing new assistant and practitioner roles into the workforce, including:
  - Support, Time and Recovery workers (STRs).
  - Graduate Primary Care Mental Health Workers (PCMHWs).
  - Case Managers (as in the Doncaster Increasing Access to Psychological Therapies (IAPT) Demonstration Site).
  - Associate Mental Health Practitioners (Southampton and the Avon and Wiltshire Partnership).
  - Community Development Workers (CDWs) in Black and Minority Ethnic (BME) Communities (non clinical role).

### 3.2 New Ways of Working for Applied Psychologists

The origins of the New Ways of Working Programme was centred on the NHS and in particular arose from work concerned with the development of mental health services. This meant that those applied psychologists most involved in those services (namely Clinical, Counselling, Health and Forensic) have been at the forefront in the work of New Ways of Working for Applied Psychologists. However, there have been considerable efforts made to adopt an inclusive approach and to involve all the Divisions of applied psychology in the work, particularly as some of the work arising had implications for those other Divisions.

Thus the New Ways of Working for Applied Psychologists group was established in July 2005 and has met bi-monthly until the final meeting in May 2007. The group is jointly chaired by Roslyn Hope (NIMHE/CSIP, NWP) and Professor Tony Lavender (BPS) and includes representatives of carers and users, from the Divisions of Applied Psychology and other professions, including psychiatry, nursing and allied health professionals (Appendix 2 – full membership list of the core group). The aims of the group have been to address the following seven objectives, and a project group with a project lead(s) was established to tackle each of these objectives:

- To review the prequalification roles of psychology graduates, including PCMHWs, and suggest how they could be developed to contribute to the sustainable delivery of psychological services.
- To review the current training models for applied psychologists, develop and assess alternative models and make suggestions for the future.
- To map the current workforce, identify emerging good practice in new ways of working and develop role descriptions for all levels across the career framework and produce guidance for National Assessors.
- To identify the best models for organising psychological services within Trusts and review the leadership development needs of applied psychologists.
- To identify the best ways that applied psychologists can contribute to the development and work of multi-disciplinary teams.
- To identify the way that applied psychologists can improve user access to psychological therapies.
- To clarify the role, training needs and registration requirements of applied psychologists in implementing the new Mental Health legislation.

As the work progressed attempts were made to keep the applied psychology community and others informed through the use of the BPS web site, publications in the Psychologist and other Divisional communication formats as well as members of the core group presenting at local conferences and workshops. In addition, two stakeholder conferences were held in Wolverhampton and Edinburgh.

Finally, it is important to point out that this work arose out of an English context but there has been a commitment to involve other countries in the UK. Scotland and Wales have been strongly represented throughout in order that developments and experiences from over the borders can be taken into account and the work of the applied psychology group taken back.

## 4. The Applied Psychologies

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### 4.1 Introduction

The applied psychologies include clinical, counselling, health, forensic, educational, occupational, sport and exercise psychology and clinical neuropsychology. In order to qualify for registration with the British Psychological Society psychologists must complete an undergraduate degree in psychology (or equivalent) which entitles them to the Graduate Basis for Registration (GBR). Following this first degree most psychology graduates gain some additional work experience before registering for a three year programme of work and academic experience leading to registration. Some of these three year programmes lead to Doctorate level qualification and most are in the process of moving to this level of academic award. All programmes require a mix of work and academic inputs and assessment to ensure applied psychologists develop the appropriate competencies. This Section provides a brief description of the work of each group and a description of the training is provided in the supporting document of the Training Models Project Report.

### 4.2 Applied Psychologists: The Work

- **Clinical psychologists** assess, formulate and treat clients with a wide range of conditions across the age and disability range. They work within both physical and mental health settings. In addition to direct clinical work with clients, they work through staff, and with staff teams and organisations. The major competencies include assessment, formulation, the delivery of psychological interventions, the evaluation of those interventions and research. Consultant clinical psychologists are frequently responsible for managing services, clinical governance and providing clinical leadership to teams. The vast majority of clinical psychologists work in the NHS.
- **Counselling Psychologists** work across mental health care provision within both the public and private sector. Their competencies include psychological assessment, case formulation and the delivery of evidence-based therapies, the design and evaluation of therapy, management, and research and development. They work in primary, secondary and tertiary care. They often work alongside other applied psychologists and have a complementary skill-mix. As with other applied psychologists, consultant counselling psychologists can be responsible for service development, managing services, clinical governance and providing clinical leadership and supervision across NHS professions.
- **Educational Psychologists** work with children and young people from birth to nineteen years, and their families, in a variety of settings including schools and homes, and increasingly as part of multi-agency teams. They have competencies in consultation, assessment, formulation, and intervention related to learning, developmental, behavioural, emotional and mental health issues. Intervention may take place at an organisational level, indirectly through parents and teachers, and directly with individuals, groups, and families. Educational Psychologists are also involved in evaluation of interventions, research and project work, management and leadership of teams, and offer training to other professional groups. Currently most Educational Psychologists are employed by Local Authorities.
- **Forensic Psychologists** work in a range of NHS settings. They work in high and medium security hospitals in the assessment and treatment of those detained under the Mental Health Act and their competencies are particularly pertinent to the provision of services for those meeting the criteria of dangerous and severe personality disorder (DSPD). They also work within the community and in child and family settings where issues of risk assessment and offence related work may be critically important. In addition to the NHS, a significant number of forensic psychologists work in the prison service, which also provides some funding for their training.
- **Health Psychologists** deliver services across primary, secondary and tertiary healthcare working with individuals, families and communities to manage psychological reactions to physical health, illness treatment and public health. They have competencies in self-management interventions, public health policy, research and consultancy, and the training of healthcare professionals. They also address NSF's including coronary heart disease, palliative care and long-term conditions by delivering evidence-based interventions to change unhealthy behaviours, promote healthier lifestyles (e.g. smoking cessation) and reduce morbidity for diseases. Consultant health psychologists are responsible for developing services, clinical leadership within multi-disciplinary teams and providing inter-professional supervision and training.

- **Occupational Psychologists** are concerned with the performance and welfare of people at work and in training, how organisations function and how individuals, groups and teams behave at work. The aim is to increase the effectiveness of the organisation, and to improve the well being for the individual. The British Psychological Society are of the view that this group has traditionally been under-represented within the NHS. However, they possess specialist skills and knowledge that can be applied in a health setting. For example, apart from their familiar role in human resource departments and organisational development, occupational psychologists work in the areas of vocational rehabilitation for people with complex needs, occupational health services and patient safety initiatives.
- **Clinical Neuropsychologists** are applied psychologists who have received specialist post-qualification training in neuropsychology and work with people of all ages with neurological problems, which might include traumatic brain injury, stroke, toxic and metabolic disorders, tumours and neurodegenerative disorders.
- **Sport and Exercise Psychologists** are concerned with understanding the behaviour, mental processes, and well-being of people who are involved in sport and exercise. Practitioners have competencies in the delivery and evaluation of psychological interventions with individuals, teams, and organisations in a wide range of contexts and with diverse client groups participating at recreational, amateur, and elite level. Sport psychologists work as private consultants, or hold full-time positions with professional sports teams or national governing bodies of sport, but most combine their consultancy work with teaching and research or also work in other areas such as the clinical and occupational domains. Similarly, exercise psychologists tend to combine consultancy with teaching and research careers.

## 5. An Overview of Project Groups' Work

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### 5.1 Introduction

The work of six of the project groups has been published separately and are available on the British Psychological Society and New Ways of Working web sites. There is so far no report from the project group concerned with the Mental Health Legislation because the exact nature of the changes in professional roles required under the legislation have yet to be agreed. This chapter will first, address the work of the three project groups that were concerned with the career pathways of applied psychologists; second, the work of applied psychologists in improving access to psychological services for individuals and families; third, the work of applied psychologists in teams, although much of the work will be of relevance to other professions; and fourth the organisational context, in particular the issue of leading and managing psychological services.

Before detailing the work of the project groups, it is important to highlight the work of Tina Ball and colleagues in the Career Pathways and Roles group who established a number of important pieces of information about the applied psychology workforce. This work involved a review of all the recent surveys of the applied psychology workforce and indicated the following:

- Retention rates for clinical psychologists are notably high both during training and subsequently in the NHS during their careers.
- The workforce is relatively female, young and white.
- Males are more likely to be working in the higher paid positions – this is in part because there are proportionately more men in the older workforce.
- Part-time working involves 19 per cent of the male and 38 per cent of the female workforce.
- In terms of ethnicity, approximately 92 per cent of the workforce is 'white' with more psychologists from Black and Minority Ethnic groups (BME) working in the lower banded jobs (6.8 per cent) than the high bands (4 per cent).
- The undergraduate psychology courses, which represent the large pool from which applied psychologists can be recruited, have many more female than male students but the proportion of students from Black and Minority Ethnic groups fits the national demographic profile.

The picture is of a young(ish) vibrant workforce whom invariably complete training and stay in the NHS workforce for a long time (British Psychological Society: Department of Health: Home office, 2005). There is evidence to support the claim that with regard to clinical psychologists (who uniquely receive full funding for training), the training represents very good value for the NHS money invested. This is clearly an important and hopeful sign.

Research by the Careers Project Group also established the key factors that motivate applied psychologists. These were:

- A job that is enjoyable and makes a difference.
- The opportunity of a good work-life balance.
- A clear career structure.
- Relatively good job security.
- Opportunities for further ongoing training and self-development.
- Challenging and complex work which uses psychological skills.
- Good support from management, supervisors and peers.

The work also identified that many psychologists had been at the leading edge in the development of innovative services often involving them in taking on new roles. This is not to say all in the garden is rosy and there will be examples where practice is less progressive and innovative. Professional arrogance, defensiveness and failure to deliver value for money services have no place in the future. The momentum however amongst the applied psychology workforce is strongly with those who wish to develop new ways of working in services. However, how organisations are led and managed and facilitate career development is also crucial in maintaining the motivation of the applied psychology workforce and indeed other professions.

## 5.2 Career Framework

This section covers the work of the project groups that focused on the career framework from the pre-qualification (New Roles) to the training (Training Models) to qualified stages. Consideration of this framework is strongly influenced by the NHS career structures that have been established under Agenda for Change. The work undertaken did not extrapolate to the frameworks existing within local education authorities, prisons or other private sector organisations. Thus this section covers the work of the following three project groups:

- New Roles – led by John Taylor and Tony Lavender.
- Training Models – led by Mike Wang and Jan Burns.
- Career Pathways and Roles – led by Tina Ball.

### 5.2.1 New Roles

The new roles group led by John Taylor and Tony Lavender carried out an analysis of the effectiveness of a number of new roles that had been developed in England and Scotland over the last five years. This included the Primary Care Mental Health Workers, the Clinical Associates in Scotland, Psychology Associates in England and the existing Assistant Psychologists. The clear message emerged that if these new roles are to be sustainable, safe and effective into the future they need to:

- Fit within a clear career structure;
- Be actively supervised and supported within an appropriate professional accountability framework;
- Be integral to the aims and design of the local service.

The group considered that it would make a significant difference to the delivery of psychological services if the prequalification workforce in the NHS were developed significantly. This should involve the creation of new roles with recruitment from the large pool of psychology undergraduates at Trainee Psychology Assistant, Psychology Assistant, and Senior Psychology Assistant.

A framework for training was developed and it was envisaged that these positions should be established to deliver psychological services to a wide range of client groups and service contexts. This would significantly broaden the base of applied psychology and is consistent with the development of assistant practitioner grades in other professions.

Finally, the careers of these people beyond this level could either be into the applied psychologies, or to other professional groups or to a proposed new career framework for staff who can improve access to psychological therapies.

Thus the working group recommends the following areas for consideration:

- A distinct career pathway for pre-qualification psychology graduates should be established that is linked to and articulates with the pathway for applied psychologists.
- A broader base of three levels of pre-qualification psychology graduate posts should be developed within this career framework: Trainee Psychology Assistant, Psychology Assistant, and Senior Psychology Assistant.
- These new roles should be regulated within the proposed regulatory framework under the auspices of the BPS and/or independent regulator.
- The new roles should be realistically and fairly remunerated in order to provide attractive, alternative career pathways that are stable and sustainable and encourage diversity and inclusion.
- A training framework incorporating awards at post-graduate certificate, post-graduate diploma and Masters levels should be provided to support the pre-qualification career framework.
- Existing applied psychology training courses should be encouraged to develop training programmes for psychology assistants and possibly senior psychology assistants, which are relevant to their roles, but which also represent a coherent training progression from undergraduate to doctoral level.
- A potentially new professional grouping of Psychological Therapist along with a career pathway should be developed that is located within established psychological services departments/directorates.

### 5.2.2 Training Models

The project group led by Mike Wang and Jan Burns drew much attention as it went about reviewing

existing training models and producing models which envisaged the integration of some of the training of the separate Divisions of applied psychology. A set of criteria were established for evaluating these models and the analysis of the models was very thorough as was the consultation process. The group was clear about how the new roles at prequalification level would fit well with either the existing training models or any of the proposed models. The clear need to develop training in a modularised framework was recognised to be a key way forward in allowing the accreditation of some of the prequalification prior learning.

The working group recommends the following ten areas for consideration:

- The established three-year doctoral training model in clinical psychology and, more latterly, in other areas of applied psychology, is robust, has a proven track record and remains the flagship of applied psychology training: any alternative developments should not be viewed as a substitute for doctoral training.
- Existing applied psychology training courses should be encouraged to explore shared, common modules and shared placement opportunities (where these are relevant) with other applied psychology training courses within their host institution.
- The BPS Membership and Professional Training Board (MPTB) should be asked to initiate a project to identify commonalities, complementary areas of practice and differences between the applied Divisions in their training curricula and learning outcomes.
- If significant differences emerge from such a project, these should be clearly articulated to the public and healthcare commissioners.
- Existing applied psychology training courses should be encouraged to develop training programmes for senior/psychology assistants which are relevant to their roles, but which also represent a coherent training progression from undergraduate to doctoral level.
- MPTB should develop accreditation criteria and processes for such pre-registration courses.
- A joint DH/BPS project should be initiated under the aegis of the joint Workforce Planning Group to explore the strategic development of pre-doctoral training posts in NHS Trusts, which is responsive to national workforce and training requirements as well as local need (see Section 4.2.2).
- It is imperative that robust pre-registration (up to and including Doctoral training posts) regulatory mechanisms are pursued jointly by the BPS and the DH, and implemented.
- A Membership and Professional Training Board/GTiCP/Division of Educational and Child Psychology and Training Committee working group should be set up to explore joint training possibilities between Child Clinical and Educational Psychology.
- The Psychology Education Board should be asked to initiate a working group with specific representation from all applied Divisions to review the objectives of GBR and the Qualifying Examination curriculum as a preparation for applied psychology training and practice.

### **5.2.3 Post Doctoral Qualified Career Roles**

The work of the Career Framework and New Roles group, led by Tina Ball, in addition to the work described in 4.2.1, reviewed the qualified career pathways from the Preceptorship level (Band 7), to the Highly Specialised Psychologists (Band 8a–8b) to the Consultant Psychologists (Band 8c, 8d and 9) using the NHS's Knowledge and Skills Framework. The report about this work contains an analysis of each of these levels using this Framework.

The role and place of National Assessors was also reviewed and in the near future new National Assessors' Guidance will be published as a joint BPS/NIMHE/CSIP document taking on board the work of the group. This guidance will parallel the guidance produced for the appointments of psychiatrists developed through the New Ways of Working programme. This output will be clearly important in the training, operation and use of National Assessors to provide support for service providers in the appointment of consultant level staff to ensure consistency across the country.

## **5.3 Improving Access to Psychological Therapies Services (IAPT) for Individuals and Families**

The work of the project group, led by Graham Turpin and Roslyn Hope, was closely linked with the national project concerned with Improving Access to Psychological Therapies. The project group has produced a Good Practice Guide on the Contribution of Applied Psychologists to Improving Access to

Psychological Therapies. This substantial piece of work provides an explanation of the policy context and specific examples of good practice at an organisational and service delivery level. The management of psychological services, including dealing with clinical governance and risk, as well as psychologists' contribution to evidence-based practice and practice-based evidence is addressed.

The group looked at the development of new roles and made recommendations for consideration that were consistent with those proposed by the New Roles project group, but also stressed the importance of applied psychologists' contribution significantly to the design, management and leadership of the psychological therapies/services.

The most significant recommendations the group make for consideration are:

- Service redesign is key to the successful implementation of the IAPT programme and psychologists have important contributions to offer in helping services innovate and change.
- Psychologists have a major role to play in implementing this programme and should be essential to its success. Accordingly, consideration should be given to the role of Consultant Psychologists in providing leadership at both the organisational level (i.e. Trust Boards) and within clinical teams.
- Psychologists need to provide leadership in the promotion of new service models (i.e. stepped care) and the specification and development of integrated care pathways, which meet the varied and complex needs of service users.
- Psychologists may need to re-evaluate their approach to assessments and triage to ensure that they meet the individual requirements of service users, are safe but also allow for sufficient access and do not contribute to bottlenecks within the system.
- A full range of interventions extending from guided self-help to the provision of formal therapy should be readily available within primary care and delivered by a range of practitioners (e.g. nurses, counsellors, graduate workers, voluntary sector employees). Psychologists have important roles in supporting such staff by the provision of expert consultancy, training, supervision, clinical governance and research/evaluation within psychological therapies.
- Psychologists have a particular role to play alongside other senior staff in ensuring good clinical governance, and the safe and competent practice of all workers involved in the delivery of psychological therapy services.
- The success of the IAPT programme will rest on its ability to demonstrate good clinical outcomes. Psychologists have an important role in advising local services as to routine clinical data collection, and how to guarantee and monitor good and appropriate clinical outcomes.
- Psychologists can make useful and important contributions to the commissioning process by advising commissioners on aspects of needs assessment within local populations, specifying service models and availability of effective therapies, defining clinical outcomes and their measurement, and ensuring safe practise through clinical governance.
- It is important to recognise the breadth of psychologists' contributions to social and health care, and that many psychologists work in settings away from primary care, with client groups not necessarily represented within the IAPT programme (e.g. psychoses, personality disorder, people with learning disabilities or brain injury) and make major contributions through consultancy, neuropsychological and functional assessments, staff and organisational interventions, which are beyond the traditional role of the psychological therapist.
- It will be important that recent attention given to primary mental healthcare does not detract from the contribution that psychologists may make in their other roles and interventions supporting services outwith primary care mental health. This also applies to the resources that support these services.

## 5.4 Teamworking

The project group on team working, led by Steve Onyett, produced a substantial document which is of relevance to all other professionals as well as applied psychologists. The document drawing on the theoretical literature, provides an analysis of how teams work and how their effectiveness can be maximised and is complimentary to the Creating Capable Teams Approach (DH, 2007). It has a bias towards mental health services but provides positive practice and guidance on effective teamworking for application in a variety of contexts. It aims to have relevance to any team member wanting to work using psychological principles.

The key messages from the work are:

- Psychologists have important roles to play in achieving improved outcomes from teamworking. These include helping to achieve optimal team design and operation, effective individual service planning, peer consultation processes, reflective practice, the effective involvement of users and carers, teaching, training, research, evaluation and development.
- Recent policy and practice developments concerning team working mean that psychologists are required to adopt new ways of working. These are determined by local contexts and include some new and specific challenges. It often requires that psychologists become further integrated into teams.
- The issue of psychologists' integration in teams is a hot one for psychologists and is often determined by local capacity for psychology input. Stakeholders showed an overwhelming preference for the integration of psychologists within teams but only if psychologists retained their unique identity and contribution.
- Psychologists have a wider role in providing consultancy to organisations on organisational and systems improvement (e.g. leadership and teamwork development) but their competence and confidence to assume these roles cannot be assumed.
- Definitions of teams need to be clear and widely understood and differentiated from other descriptions of group working such as networks and communities of interest.
- There is good evidence for positive outcomes from teamworking but benefits will not be achieved without premeditated design of teams based upon research on what promotes effective teamworking.
- Effective teamworking is associated with:
  - clear and achievable objectives;
  - differentiated, diverse and clear roles;
  - a need for members to work together to achieve shared objectives;
  - the necessary authority, autonomy and resources to achieve these objectives;
  - a capacity for effective dialogue. This means effective processes for decision making, being able to engage in constructive conflict and if complex decision making is involved the team needs to be relatively small;
  - expectations of excellence;
  - opportunities to review what the team is trying to achieve, how it is going about it and what needs to change;
  - clear and effective leadership.
- Dedicated effort is required to improve team working within local whole systems. Tried-and-tested service improvement approaches are available to support this and should be more widely applied.
- Teams exist within complex systems and an understanding of how change and development occurs within such systems is important when aiming to improve outcomes.
- At team level leadership is about creating the conditions that enable the team to do its job; building and maintaining the team as a performing unit; and coaching and supporting the team to success. Leadership capacity is dispersed within complex systems and leadership roles should be determined by context and the demands of the task at hand, not position. It is the quality of the relationship between leader and follower that has most influence on performance-relevant attitudes and behaviour. The Creating Capable Teams Approach (2007) provides a structured process for teams to review their function and skills and staffing, based on service user and carer need; this requires experienced facilitation; psychologists could be a valuable resource in this process.
- Teams are working with greater reliance on virtual methods of working. Research in this area suggests that the need to consciously design and support teams to be effective is amplified in these contexts with an even greater need to build trust and shared understanding of ways of working among team members.

## **5.5 Organising, Managing and Leading Psychological Services**

This project group led by Tim Cate, carried out literature reviews, assessed the views of psychology service managers and conducted an analysis of the future pattern of service commissioning and provision. This work fed into the final document which identified key guiding principles that need to be taken into account when developing psychological services. In addition, the type of leadership (qualities and competencies) required to develop and deliver these services was outlined along with the implications for training at all levels. As with the teamworking document, although written about applied psychology, it is applicable to the leadership issues for other professional groups.

The key guiding principles that were developed are of particular relevance to those commissioning mental health and psychological services as well as chief executives and senior managers in provider Trusts and other provider organisations. In rapidly changing organisational contexts leadership is key to the development of successful services. The key principles developed by the group are echoed in the work of all other groups and are vital for the development of effective safe and sustainable Psychological Services. They are:

- Board level representation is needed specifically for the delivery of Psychological Services.
- Services must be aligned with the vision of future service delivery and the key external drivers for organising Psychological Services.
- It is necessary to consider how psychological therapies and approaches are organised and delivered in multi-professional, multi-disciplinary context.
- Leaders or those with a leadership role in service delivery need to be business-minded, politically aware, demonstrate alignment to the organisation's strategic objectives and adopt a competency-based approach to informing commissioners.
- Qualified psychologists should facilitate external understanding of the profession and improve their attainment of collective aims by aggregating and working together.
- Psychologists at all levels should develop the qualities and competencies that will enable them to take up leadership positions.
- The overarching approach of applied psychologists is the application of psychology across the whole health and care system.
- Applied psychologists should be deployed and organised in accordance with Healthcare Commission standards relating to appropriate leadership and supervision (C5a), clinicians updating skills (C5b) and implementing NICE Guidance (C5c) so that Trust Boards can be assured that psychological services are safe and clinically and cost effective.

## Conclusion

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As the title of the report reads, this is the end of the beginning and there remains much to do. The accumulating evidence for psychological interventions/services and the increase in demand from users and carers means that the leaders and managers of commissioning and service providing organisations have a responsibility to ensure that such services thrive. Within these organisations, applied psychologists must contribute in constructive and innovative ways in these organisations if they are to have a significant impact on the psychological wellbeing of users and carers. The report should help all take matters forward.

# Bibliography

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- British Psychological Society (2004). *Widening Access within Undergraduate Psychology Education for Professional Psychology: Gender and Ethnic Diversity*. Leicester: Author.
- British Psychological Society (2005). *English Survey of Applied Psychologists in Health & Social Care and in the Probation & Prison Service*. Leicester: Author.
- Carr, A. (2000). *What works for children and adolescents?: A critical review of psychological interventions with children, adolescents and their families*. London: Routledge.
- Cartwright, S. & Cooper, C.L. (2007). Hazards to Health: The problem of workplace bullying. *The Psychologist*, 20(5), 284–286.
- Confederation of British Industry (2007). *Absence Minded Absence and Labour Turnover (2006)*. London: Confederation of British Industry/AXA Annual Survey.
- Department of Health (2004). *Mental Health Services Workforce Design and Development*. London: Author.
- Department of Health (2005). *New Ways of Working for Psychiatrists*. London: Author.
- Department of Health (2006). *Chief Nurse, Mental Health Nursing Review*. London: Author.
- Department of Health (2007). *New Ways of Working for Everyone*. London: Author.
- Department of Health (2007). *The Creating Capable Teams Approach*. London: Author.
- Health Select Committee (2007). *Workforce planning: Fourth report of session 2006–07. HC 171*. London: The Stationery Office.
- Hoel, H., Zapf, D. & Cooper, C.L. (2000). Workplace bullying and stress. In P.L. Perreuve & D.C. Ganster (Eds.) *Historical and current perspectives on stress*. Amsterdam: Elsevier.
- Mowbray, D. (2006). *Health, Work and Wellbeing: Caring for our future*. Cheltenham Management Advisory Service.
- Roth, T. & Fonagy, P. (2005). *What Works for Whom*. London: Guildford Press.
- Sainsbury Centre (2005). *Defining a Good Mental Health Service*. London: Sainsbury Centre for Mental Health.
- Smith, C., Tomassini, C., Smallwood, S. & Hawkins, M. (2005). The changing age structure of the UK population. In R. Chappell (Ed.) *Focus on People and Migration* (Chapter 4, pp.61–70). Basingstoke: Palgrave Macmillan.
- Workforce Review Team (2004, 2005, 2006). *Applied Psychology Proforma*. Southampton: Workforce Review Team.

## NSFs and White Papers

- Department of Health (1998). *National Service Framework: Paediatric Intensive Care: A Framework for the Future*. London: Author.
- Department of Health (1999). *National Service Framework for Mental Health: Modern Standards & Service Models*. London: Author.
- Department of Health (1999). *White Paper: Saving Lives: Our Healthier Nation*. London: Author.
- Department of Health (1999). *Reducing Health Inequalities: An action report*. London: Author.
- Department of Health (2000). *National Service Framework for Coronary Heart Disease: Modern Standards & Service Models*. London: Author.
- Department of Health (2001). *National Service Framework for Cancer Care: Modern Standards & Service Models*. London: Author.
- Department of Health (2001). *White Paper: Valuing People: A New Strategy for Learning Disability for the 21st Century*. London: The Stationery Office.
- Department of Health (2001). *National Service Framework for Older People: Modern Standards & Service Models*. London: Author.
- Department of Health (2001). *National Service Framework for Diabetes: Modern Standards & Service Models*. London: Author.
- Department of Health (2002). *National Service Framework for Diabetes: Delivery Strategy and Supporting Information*. London: Author.
- Department of Health (2002). *Chronic Disease Management and Self-Care: National Service Framework: A Practical Aid to Implementation in Primary Care*. London: Author.
- Department of Health (2003). *White Paper: Building on the Best: Choice, Responsiveness & Equity in the NHS*. London: The Stationery Office.
- Department of Health (2004). *National Service Framework for Children, Young People and Maternity Services*. London: Author.
- Department of Health (2004). *White Paper: Choosing Health: Making Health Choices Easier*. London: The Stationery Office.
- Department of Health (2004). *The National Service Framework for Mental Health – Five Years On*. London: Author.
- Department of Health (2004). *National Service Framework for Renal Services: Part One: Dialysis and transplantation*. London: The Stationery Office.
- Department of Health (2005). *National Service Framework for Renal Services: Part Two: Chronic Kidney Disease, Acute Renal Failure and End of Life Care*. London: The Stationery Office.
- Department of Health (2005). *National Service Framework: Long Term Conditions (Neurological, Spinal Injury, Epilepsy, MS, Parkinson's Disease, etc.)*. London: Author.
- Department of Health (2005). *The National Service Framework for Long Term Conditions*. London: Author.
- Department of Health (2005). *Models of Care for the Treatment of Drug Misusers*. London: The Stationery Office.
- National Treatment Agency for Substance Misuse (2005). *Models of Care for the Treatment of Drug Misusers*. London: National Treatment Agency.
- Department of Health (2006). *White Paper: Our health, our care, our say: A new direction for community services*. London: The Stationery Office.

## NICE Guidance

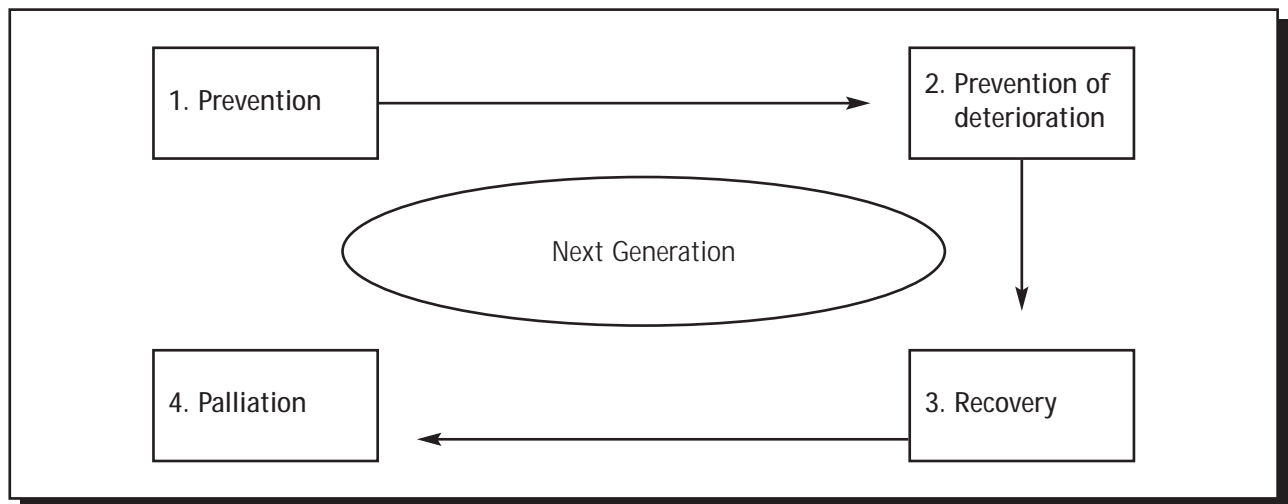
- NICE (2002). *Clinical Guideline. Schizophrenia: Core Interventions in the Treatment and Management of Schizophrenia in Primary and Secondary Care*. London: NICE.
- NICE (2003). *Clinical Guideline. Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults*. London: NICE.
- NICE (2003). *Clinical Guideline. Chronic Heart Failure: Management of Chronic Heart Failure in Adults in Primary and Secondary Care*. London: NICE.
- NICE (2004). *Clinical Guideline. Depression: Management of Depression in Primary & Secondary Care*. London: NICE.
- NICE (2004). *Clinical Guideline. Anxiety: Management of Anxiety (Panic Disorder, With or Without Agoraphobia, and Generalised Anxiety Disorder) in Adults in Primary, Secondary and Community Care*. London: NICE.
- NICE (2004). *Clinical Guideline. Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and Related Eating Disorders*. London: NICE.
- NICE (2004). *Cancer Service Guidance. Supportive and Palliative Care: Improving Supportive and Palliative Care for Adults with Cancer*. London: NICE.
- NICE (2004). *Clinical Guideline. Chronic Obstructive Pulmonary Disease: Management of Chronic Obstructive Pulmonary Disease in Adults in Primary and Secondary Care*. London: NICE.
- NICE (2004). *Guideline on Implantable Cardioverter Defibrillators*. London: NICE.
- NICE (2004). *Clinical Guideline. Self Harm: The Short term Physical and Psychological Management and Secondary Prevention of Self-Harm in Primary and Secondary Care*. London: NICE.
- NICE (2005). *Clinical Guideline. Depression in Children & Young People: Identification and Management in Primary, Community and Secondary Care*. London: NICE.
- NICE (2005). *Clinical Guideline. Obsessive-Compulsive Disorder: Core Interventions in the Treatment of Obsessive-Compulsive Disorder and Body Dysmorphic Disorder*. London: NICE.
- NICE (2005). *Clinical Guideline. Post-Traumatic Stress Disorder (PTSD): Management of Post-Traumatic Stress Disorder in Adults in Primary, Secondary and Community Care*. London: NICE.
- NICE (2005). *Clinical Guideline. Violence: The Short Term Management of Disturbed/Violent Behaviour in In-Patient Psychiatric Settings and Emergency Departments*. London: NICE.
- NICE (2006). *Public Health Intervention Guidance. Smoking Cessation: Brief Interventions and Referral for Smoking Cessation in Primary Care and Other Settings*. London: NICE.
- NICE (2006). *Public Health Intervention Guidance. Physical Activity: Four Commonly Used Methods to Increase Physical Activity: Brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling*. London: NICE.
- NICE (2006). *Clinical Guideline. Bipolar Disorder: The Management of Bipolar Disorder in Adults, Children and Adolescents, in Primary and Secondary Care*. London: NICE.
- NICE (2006). *Technology Appraisal. Conduct Disorder in Children – Parent-Training/Education Programmes*. London: NICE.
- NICE (2006). *Clinical Guideline. Dementia: Supporting people with dementia and their carers*. London: NICE.
- NICE (2006). *Clinical Guideline. Parkinson's Disease: Diagnosis and management in primary and secondary care*. London: NICE.
- NICE (2006). *Technology Appraisal. Depression and Anxiety – Computerised Cognitive Behavioural Therapy (CCBT)*. London: NICE.
- NICE (2006). *Technology Appraisal. Arrhythmia – Implantable Cardioverter Defibrillators (ICDs)*. London: NICE.
- NICE (2007). *Public Health Intervention Guidance. Substance Misuse: Interventions to Reduce Substance Misuse Among Vulnerable Young People*. London: NICE.
- NICE (2007). *Clinical Guideline. Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance*. London: NICE.

# Appendix 1: A Strategic Model for Alleviating Workplace Psychological Distress (Mowbray, 2006)

## A strategic model

The following model is adapted from strategic development work conducted over the past decade. There are five parts – prevention, preventing deterioration, restoration, palliation and ‘the next generation’ (see Figure 1). This figure shows intervention points that can guide the strategic purpose for psychological services. The purpose of prevention is to prevent people from developing psychological disturbances that require the long term use of services. Preventing deterioration is about ensuring that once a person requires service for their psychological difficulties, no further deterioration occurs. Recovery relates to interventions and processes designed to help the person at least re-gain their previous level of psychological functioning. Palliation is concerned with maintaining the highest level of psychological functioning and quality of life knowing that the person is deteriorating physically and/or psychologically. Interventions for the ‘next generation’ are designed to ensure that carers are sufficiently well supported not to require further services, or to themselves experience psychological difficulties.

Figure 1: Psychological Care Intervention Points (Mowbray, 2006).



In order to demonstrate the use of the model as a framework for action to prevent and reduce stress at work, a plan has been developed below:

<p><b>Prevention</b> A prevention strategy has the purpose of preventing stress at work. From research evidence this strategy needs to address:</p> <p>Organisational issues</p> <ul style="list-style-type: none"> <li>■ Purpose</li> <li>■ Culture</li> <li>■ Structure</li> <li>■ Decision making levels and communication</li> <li>■ Size of departments/services</li> <li>■ Teamworking</li> </ul> <p>Job issues</p> <ul style="list-style-type: none"> <li>■ Clarity of purpose and expectation</li> <li>■ Challenging</li> <li>■ Demand and time management</li> <li>■ Psychological contract/relationship to others</li> <li>■ Environment and facilities</li> </ul> <p>Personal issues</p> <ul style="list-style-type: none"> <li>■ Personality and personal control</li> <li>■ Skills, knowledge and experience</li> <li>■ Working and home lives</li> <li>■ Career opportunity and personal development</li> </ul> <p>Leadership, management style and competence</p> <ul style="list-style-type: none"> <li>■ Commitment and trust</li> <li>■ Encouragement</li> <li>■ Attentiveness and empathy</li> </ul>	<p><b>Prevent deterioration</b> Once someone begins to feel the effects of stress at work this strategy has the purpose of mobilising positive interventions to halt the development of stress symptoms. Measures to be taken are:</p> <p>Policies</p> <ul style="list-style-type: none"> <li>■ Harassment, bullying, stress, grievance</li> <li>■ Occupational Health policies</li> <li>■ Guidelines</li> <li>■ Legal Framework</li> </ul> <p>Audit</p> <ul style="list-style-type: none"> <li>■ Surveys</li> <li>■ Stress management systems</li> </ul> <p>Awareness</p> <ul style="list-style-type: none"> <li>■ Training programmes for all</li> <li>■ Personal coping strategies</li> </ul> <p>Support</p> <ul style="list-style-type: none"> <li>■ Occupational Health services</li> <li>■ Employee Assistance Programmes</li> <li>■ Organisation Health psychology</li> <li>■ Occupational psychology</li> <li>■ Counselling</li> </ul>
<p><b>Palliation</b> This strategy has the purpose of supporting those who cannot return to work in the short term but whose lives require occupation to ensure they remain in good health. This strategy needs to mobilise services over the longer term.</p> <p>Assessment</p> <ul style="list-style-type: none"> <li>■ Capacity to work</li> <li>■ Work Opportunities</li> </ul> <p>Training and support</p> <ul style="list-style-type: none"> <li>■ Training programmes</li> <li>■ Absence management schemes</li> <li>■ Medical Plans</li> <li>■ Occupational Health</li> <li>■ Occupational Therapy</li> <li>■ Organisation Health psychology</li> <li>■ Counselling</li> </ul> <p>Legal</p> <ul style="list-style-type: none"> <li>■ Legal services</li> </ul>	<p><b>Restoration</b> This strategy has the purpose of restoring people who have deteriorated back to where they were before the onset of stress at work. It requires services being mobilised which facilitate return to effective working.</p> <p>Assessment</p> <ul style="list-style-type: none"> <li>■ Capacity to work</li> <li>■ Career development</li> <li>■ Development centre</li> </ul> <p>Support</p> <ul style="list-style-type: none"> <li>■ Mentoring, coaching, counselling</li> <li>■ Management support</li> <li>■ Employee Assistance Programmes</li> <li>■ Medical Plans</li> </ul> <p>Absence</p> <ul style="list-style-type: none"> <li>■ Absence management schemes</li> <li>■ Occupational therapy</li> <li>■ Occupational health</li> </ul> <p>Training</p> <ul style="list-style-type: none"> <li>■ Development of skills, knowledge, experience</li> </ul> <p>Therapy</p> <ul style="list-style-type: none"> <li>■ CBT</li> <li>■ Clinical and counselling psychology</li> </ul>

### The 'next generation'

This strategy has the purpose of ensuring that the leaders of the future have role models of managers and organisations which successfully address the issues of stress at work. The strategy requires mobilisation of services to keep the next generation aware of good practice and successful interventions.

## Appendix 2: New Ways Of Working For Applied Psychologists Core Group Members

Roslyn Hope	Joint Chair NWW for Applied Psychologists, NIMHE/CSIP/National Workforce Programme
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Tina Ball	Director of Psychological Health – Sheffield
Peter Banister	Chair, MBTB
Neil Brimblecombe	Department of Health, Mental Health Nursing Director
Jan Burns	Chair, Group of Trainers in Clinical Psychology
Katherine Carpenter	Division of Clinical Neuropsychology
Angela Carter	Division of Occupational Psychology
Tim Cate	Chair, Division of Clinical Psychology
Catherine Clarke	Carer Representative
Bill Davidson	User Representative Representative, Lead NIMHE NWW Team
Lu Duhig	Carer Representative
Robert Good	BPS Service User Liaison Committee
Sharon Greensil	Physiotherapy
Val Huet	Chief Executive Officer, British association of Art Therapy
Suzi Iyadurai	Division of Education and Child Psychology
Pam James	Division of Counselling Psychology
Peter Kennedy	Royal College of Psychiatrists
Robert Kidd	Welsh Liaison Psychologists
Peter Kinderman	Chair, Standing Committee for Psychologists in Health & Social Care
Stephen Merson	Representing NWW for Psychiatrists
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Dave Shaw	Division of Sport & Exercise Psychology
Jane Shears	British Association of Social Workers, NWW for Social Work Lead
Ann Smyth	National Director of Psychology Services Training, Scotland
John Taylor	Psychology Associate Pilot Project Lead
Graham Turpin	Vice Chair, Division of Clinical Psychology
Antony Vassalos	Chair of Amicus Occupational Advisory Committee
Christine Vize	Associate Director, NIMHE/National Workforce Programme
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