

Care Services Improvement Partnership **CSIP**

National Institute for
Mental Health in England



The
British
Psychological
Society

New Ways of Working for Applied Psychologists

EXECUTIVE SUMMARY:

**Good Practice Guide on the Contribution of
Applied Psychologists to Improving Access for
Psychological Therapies**

*Guidance for psychologists, managers and
commissioners produced by the IAPT Group of the
New Ways of Working for Applied Psychologists Project*



This **Executive Summary** describes a full report produced as a result of the New Ways of Working for Applied Psychology project undertaken under the auspices of the Care Services Improvement Partnership and the British Psychological Society. The full report including case studies of positive practice is available from the following websites:

www.bps.org.uk

www.newwaysworking.org.uk

www.mhchoices.csip.org.uk

In addition, the overarching report for the New Ways of Working for Applied Psychology project, together with other reports, are also available from the first two web addresses. Further, information about the Improving Access to Psychological Therapies programme is available from the MHChoices website, including a *A Practical Approach to Workforce Planning* and a workforce capacity tool.

“Oxford Fields” cover artwork by NIMHE NWP.

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Introduction

Ensuring adequate access to psychological therapies for people consulting their GPs in primary care is a key government priority as demonstrated by the *Improving Access to Psychological Therapies Programme* (MHChoice, 2007). Service users will obtain choice about the kinds of interventions (e.g. medication vs psychological therapy) that they require, and the provision of effective interventions to treat anxiety and depression has the potential for economic savings both in the form of reduced incapacity benefits, and offsetting costs associated with prescribing, diagnostic assessment of unexplained symptoms, briefer inpatient stays, etc.

Better access to psychological therapies is associated with redesigning primary care mental health services to follow a stepped care model whereby patients access least intrusive interventions, in a timely fashion but are stepped up to more intensive interventions or down depending on progress and need.

The purpose of this report is to outline some of the processes and examples of positive practice involved in designing and implementing IAPT services. In particular, it focuses on the contributions that applied psychologists, working with other staff and through provider organisations, can make to the success of the IAPT Programme. The report was co-ordinated by the NWW IAPT sub-group, and consists of a series of chapters commissioned from experts within the area of psychological therapies. In addition, a series of positive practice exemplars are included to illustrate how applied psychologists have contributed to service innovation and improvement.

Contents of the report

Introduction to the policy context and the development of the IAPT Programme. This provides the policy background to the development of the IAPT programme and outlines crucial information for those services contemplating service redesign. Perspectives from all four nations within the UK are covered.

Graham Turpin and Roslyn Hope

The general contributions that applied psychologists can make to the challenge of service innovation and redesign in expanding access to psychological therapies. Many trusts are appointing psychologists to Directors of Psychological Therapies: these appointments are usually at Board level. This contribution provides examples and illustrations that applied psychologists that can make to progressing a multi-professional approach to improving the governance and training of psychological therapies and awareness throughout the entire organisation.

Kay MacDonald and Keith Miller

Care pathways and the service users journey: providing integrated services and commissioning? A method describing care pathways for users of mental health services is reviewed. The integrated care pathways approach provides a focus for determining which psychological interventions are required, together with the different contributions and roles of mental health staff. It could also assist in the costing and resourcing of services.

Roger Paxton, Rolland Self, Mike Lucock

Innovation in supporting community and primary care mental health. This discusses innovative practice that can support improving access within primary care. A particular focus is how psychologists can enhance the skills of GPs and other primary care staff. Interventions including staff training, guided self-help, computerised CBT, brief protocolised therapies are reviewed.

John Cape

Innovation and the provision of psychological therapies.

Many users presenting with common health problems may require more intensive therapies and may need to be stepped up from primary care to secondary care services. This chapter reviews the provision of these more intensive psychological interventions, typically employed in the research trials upon which much of NICE guidance is based.

John Cape

Clinical governance, risk and the management of psychological therapy services: *how can applied psychologists contribute?* Psychological therapy services comprise more than just the provision of therapy. This contribution deals with issues of governance, training, supervision, performance management and outcomes, audit, etc. and how psychologists, together with other senior members of the therapies team can maintain and enhance service quality.

Robina Barry

Contribution of psychologists both to evidence-based practice and practice-based evidence. Ensuring services are well-evaluated and enable the collation of practice-based evidence to inform the development of future clinical guidelines. A review of different research and evaluation approaches to psychological therapies is provided.

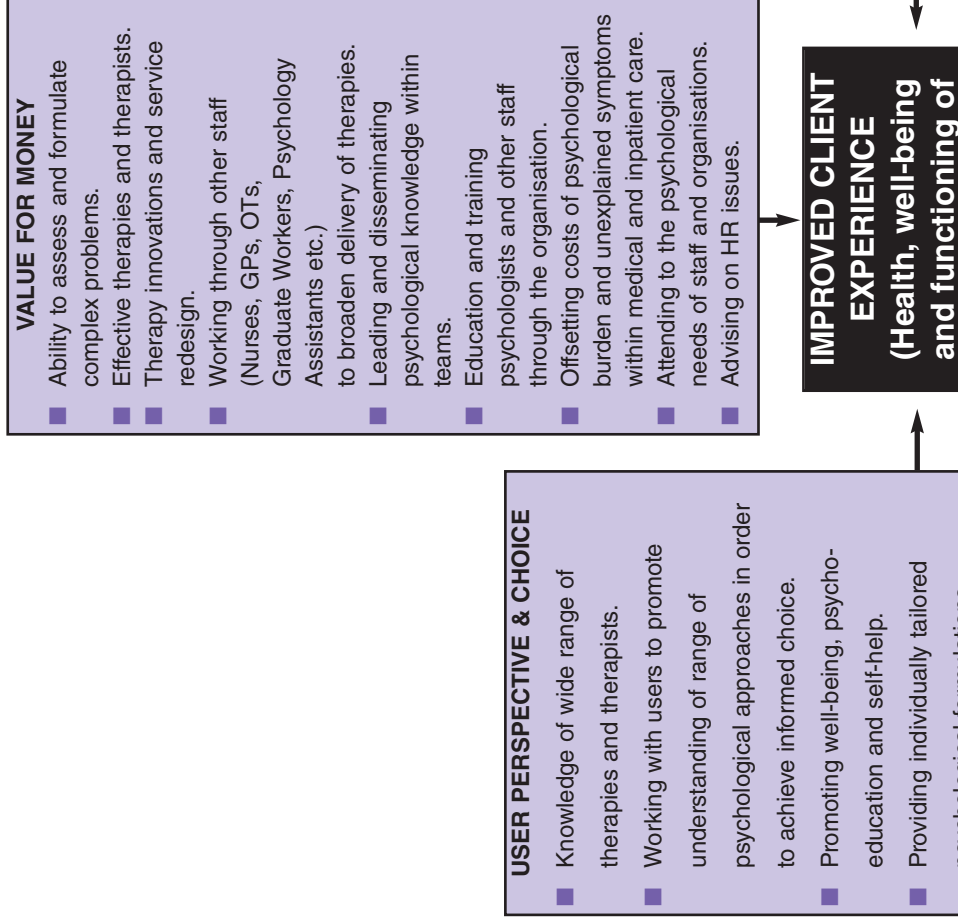
Michael Barkham

Implications for the psychology workforce: new roles, education and training, career pathways and the roles of consultant psychologists. Service redesign will require consideration of new roles (e.g. low intensity practitioners), plus the need to upskill existing staff in order to deliver the IAPT programme. The consequences of these training needs for both education providers and commissioners is dealt with.
Graham Turpin and Roslyn Hope

Ensuring added value: commissioning advice for those securing applied psychology services. What does psychology add to IAPT services and what should commissioners expect of consultant psychologists? Although applied psychologists are usually positioned with service providers, they may also act as a useful source of advice to those responsible for commissioning services involving psychological therapies.
Tim Cate and Claire Maguire

Overview of the impact of IAPT on the profession of applied psychology: opportunities and challenges. This final section assess the impact of the IAPT programme on the future of the applied psychology profession. Although the programme may create unprecedented opportunities for psychologists to engage with widening access to psychological therapies, there are also important impacts, especially for psychologists working outwith therapy provision. It will be important for commissioners to recognise the range and diverse contributions that psychologists make to users, carers and families spanning a broad range of care groups from mental through to physical health, and across the age span. A summary of the potential contribution of applied psychologists to the NHS reform agenda is summarised .

POTENTIAL CONTRIBUTION OF APPLIED PSYCHOLOGISTS TO IMPLEMENTING NHS REFORM



- psychological formulations.
- Helping organisations to understand users' needs and their social context.
- Championing a psychosocial understanding of both physical and mental health.
- Supporting user agendas and promoting social inclusion.

individuals, families and communities)



STANDARDS

- Knowledge of wide range of interventions and competencies.
- Knowledge of professional accreditation.
- Expertise around clinical governance and risk.
- Audit and service evaluation.
- Promoting ethical practice.
- Expertise around supervision and training supervisors.
- Providing specialist supervision to other staff (e.g. psychiatrists, nurse specialists, counsellors, etc.).
- Critical thinkers and problem solvers.
- Flexibility in roles and working across care groups and health problems.
- Ability to think organisationally and to support other staff.
- Supporting Trust Boards in delivering business plans.
- Ensuring that standards and knowledge are regularly updated through R&D.

- health needs.
- Providing a bio-psychosocial approach.
- Helping to understand health issues and impacts within families.
- Helping to understand health issues from a community perspective.
- Addressing user perspectives, recovery and social inclusion.

Conclusions and areas for further consideration

Recommendations for Psychologists:

1. IAPT presents an opportunity to enhance the quality of psychological therapies to service users within the NHS through expanding capacity and ensuring access to effective and appropriate therapies, as recommended within NICE guidelines.
2. For this to be successful, however, psychologists will have to embrace strong partnership working with other professions in promoting service innovation and redesign.
3. Psychologists need to lead 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.
4. 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 bottle necks within the system.
5. Psychologists have a responsibility to work with local communities to ensure that psychological therapy services provide a range of interventions that are culturally appropriate and accessible by all members of the community.

Recommendations for Commissioners and Providers:

6. 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.
7. 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.
8. 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.
9. For people with more complex or more intractable problems, there should be easy routes of access between primary and secondary care to ensure that these individuals receive more specialist psychological therapies, and with greater continuity.
10. 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.

11. 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.
12. In addition to outcome measurement, it will be important to ensure that the IAPT programme remains up to date, and reflects developments in clinical guidelines, and contributes to the future evidence base supporting a potentially wide range of psychological therapies. It will be important that psychologists have the opportunity to employ their research skills and are actively involved in the evaluation of both national and local initiatives.
13. 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.
14. Psychologists also bring with them alternative perspectives to healthcare problems which transcend the traditional biomedical model and help to promote more community and socially inclusive policies, which incorporate a greater holistic view of service users and carers, including for example family and parenting issues, employment, housing and community integration, and social cohesion.

15. 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.
16. 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.

Recommendations for SHAs and Education and Training Commissioners:

17. However, if capacity and access is to be truly enhanced, significant additional resources will be required both in establishing additional services and the training of new staff.

Recommendations for the British Psychological Society and Employers:

18. The BPS through New Ways of Working for Applied Psychologists should consider supporting the establishment of new roles (i.e. such as formally trained psychology assistants) in order to enhance the contribution that psychologists (i.e. qualified and assistants) can make to enhancing capacity and access. It will be important to ensure that any new workers practise safely and this will require clarity around organisational structures, supervision and appropriate regulation.

19. It will also be essential that any new role is sustainable, integrates with career structures for both psychologists and other work roles within psychological therapy services, and allows for transferable recognition of training and experience for those wishing to go on and enter doctoral training as a psychologist.

20. The BPS through its post-qualification registers should assist psychologists in specifying the range and level of expertise in psychological therapies that they possess. Similarly, pre-registration training should result in clear and assessed competences (e.g. within CBT) which support the IAPT programme and other roles that psychologists adopt.

21. Finally, that the BPS promotes the IAPT programme by supporting and informing its members of this development, helping to promote new standards of training and upholding standards of regulation.

22. In addition, the BPS should seek to advise and inform the public of the benefits of psychological therapies and the contributions that psychologists can make to all aspects of health care.

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