Quality Psychotherapy Services in the NHS

Summary findings from the UK Council for Psychotherapy and British Psychoanalytic Council members' survey

Introduction

Improving public access to therapy is one of the key aims of both the UK Council for Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC). On this basis we have welcomed the increased access to psychotherapy services in the NHS resulting from the Improving Access to Psychological Therapies (IAPT) service. However, in more recent years anecdotal evidence from our members has suggested that alongside increased access there has been a reduction in choice for patients; that a highly trained and experienced workforce is being replaced by a less trained and experienced one; and that the NHS is replacing an imperfect but nevertheless multi-mode service with one based on a narrower CBT model. For these reasons we surveyed the members of both our organisations to get a more systematic account of what was happening to established NHS psychotherapy and psychotherapeutic counselling services.

The Survey

Members of the both UKCP and BPC were invited to complete an online survey about changes to the provision of psychotherapy in the services they worked most for, that they had observed over the last year. Responses were received over a five week period at the end of 2012. In total, 841 members participated in the survey although not everyone answered every question. This represents approximately 32% of the total number of members who work in the NHS across the two organisations.

Key facts about the survey participants

- **Workplace contexts** – the majority of respondents (67%) worked in dedicated community mental health services (32%), GP Surgeries/other primary care (19%) and mental health hospitals (16%). The large majority (87%) of these settings were direct NHS services that did not receive IAPT funding (60%).

- **Geographical location** – just over 60% of the participants worked in locations in the South of England with more than half of working in London (35%). This matches the general geographical profile of UKCP and BPC members.

- **Therapy inputs used** – the most common therapy inputs used by participating therapists were psychodynamic/psychoanalytic therapy (34%), systemic/family therapy (13%) and integrative therapy (13%). A number of therapists used additional therapy inputs in their work (43%).

Changes to psychotherapy services in the last year

Therapists were asked about changes to several important features of psychotherapy services and asked to indicate increases, decreases or where they had been no change. Significant findings include:

- *Psychotherapy posts and services*
  The majority of therapists (63%) reported decreases in the number of psychotherapy posts with only 9% noting increases. Likewise, 48% of therapists saw decreases in the number of psychotherapy services commissioned (48%) with only 5% noting increases.

- *Length, intensity and type of therapy provided*
  Over half of therapists (56%) noted decreases in the length of treatment provided to clients with only 3% noting increases. Over a third of therapists (38%) reported decreases in the range of therapies offered (21% noted increases) and 36% indicated that there had been decreases in the frequency of sessions provided (2% noted increases).

- *No of clients receiving psychotherapy and waiting times*
  More therapists (43%) reported decreases in the numbers clients receiving psychotherapy while 27% saw increases. Likewise the majority of therapists saw increases in the waiting times to see therapists (46%) with 20% seeing a reduction in waiting time.

- *Clinical experience and qualifications of those providing psychotherapy*
  The majority of therapists (47%) noted decreases in the clinical experience of those providing psychotherapy with only 8% noting increases. Over a third of therapists (39%) reported a decrease in the qualifications of those offering psychotherapy with only 10% reporting an increase.

- *Complexity of cases seen*
  The majority of therapists (68%) noted increases in the complexity of cases seen by therapists with only 4% seeing decreases in such cases.

Effects of changes in psychotherapy services on clients

Therapists were asked to describe how changes in the delivery of psychotherapy services had affected clients. Overall 77% of therapists mentioned effects on clients that were rated as negative. Three main themes emerged here:

- *Clients had less access to psychotherapy*

44% of therapists said that changes to services had meant that clients had less access to psychotherapy. Reduced access was linked to a range of factors such as longer waiting lists for both treatment and assessment; cuts in psychotherapy posts/services; changed threshold criteria/new gate keeping rules; and greater distances to travel for services.

'Our psychotherapy department was effectively closed for several months and will return with a much reduced capacity.'

'We have had to cap the length of long term therapy with no exceptions which makes working with some patients eg schizoid and narcissistic problems difficult.'

'Feel clients are being diverted to such things as parent training before serious consideration of difficulties.'

'Less specialist long term provisions for very complex cases.'

'Fewer patients being seen in secondary care. Very complex patients referred for brief therapy in primary care due to new PBR and clustering arrangements.'

- *Poorer client – service experience*

25% of therapists mentioned that clients were having a less positive/satisfactory engagement with psychotherapy services as a result of changes. They observed increasing levels of client stress/anxiety/frustration and that clients were negatively affected by staff and organisational stress. Therapists were concerned that clients needs were not being met and that they experienced a less caring service with increased focus on form filling and bureaucracy.

'Severely cutting down the psychotherapy services has resulted in patients feeling very anxious, uncertain about the future service and confused. Cutting down the therapy time from 2yrs to 5yrs, down to 1yr will not provide a quality service for the kind of patients I mostly see as they need longer/ongoing help.'

'It is my sense the effect on some clients has been that they have felt left or that they have only received short/brief term therapy which has only 'scratched the surface' for a great many of them.'

'We have also been under pressure to introduce IAPT style sessional data collection which for many patients is at best an irritating waste of their time and at worst alienating, reductive and counter therapeutic. Outcomes are then measured in the most objectifying, symptom based manner with little reference to the complexity of the whole person and their perceived wellbeing within the terms of their individual frame of reference or their environment.'

- *Poorer clinical service*

50% of therapists mentioned specific concerns about the treatment and or treatment process undergone by clients. Most important here was that as a result of changes to services, clients were receiving less therapy than they needed. Exposure to less trained staff, less choice about the type of therapy received, a revolving door experience for some clients, increases in clinical symptoms and inadequate assessment were other issues mentioned by therapists.

'Some are very angry that appropriate treatment (duration and intensity) is not available on the NHS for them. Many patients just accept what they are offered and then if they are persistent enough and are not feeling 'helped' they rotate through many episodes of brief treatment, sometimes not even with the same clinician.'

'On the whole, patients with complex disorders who have already received a range of other brief therapies are referred to our specialist tertiary service and then receive an inadequate amount of time to work with them in a meaningful way.'

'Longer waiting times, narrower range of treatments available so some patients not being able to offer services.'

'Clients significantly destabilised by having services cut, by uncertainty about future of their therapy - increase in self harming and suicidality, clients dropping out of therapy as they fear it will be taken away. More chaotic presentation in light of changes - increased feelings of despair about availability of highly skilled therapists to help with highly complex problems that have not been impacted on at all by short term IAPT interventions.'

'Reduction in time allocated to clinical assessment of complex cases referred to psychotherapy, increase invulnerable patients referred to groups run by inadequately trained staff. Increased use of psychologists and assistant psychologists with little group experience and minimum training in working with complex needs patients using very manualised therapies.'

'Impatience and increased acute intervention.'

- Service changes have led to improvements for clients

A small proportion of therapists (7%) thought that changes to services had led to improvements for clients such as increased access to services and therapy models. For example:

'We can see more patients and offer a wider range of therapeutic approaches as our service has grown from 2 to 4 therapists.'

'New DBT Programmes have been created.'

Changes to professional status of psychotherapists

Therapists were also asked to comment on changes to the professional status of psychotherapists.

- Shorter term interventions

57% of respondents said that they felt either pressured or were expected to work either within IAPT or care cluster framework, provide statistical justifications or work towards outcome measures and provide only short-term or evidence-based (or NICE approved) therapies or that sessions were time limited. 17% of respondents said that there was a heavy bias to use only CBT or CBT-informed interventions.

'It is very difficult to speak out if you work for an NHS service, as I do. You feel that you have to toe the party line, "I love CBT and renounce every other approach, so help me God."'

'Everyone is now required to complete IAPT documentation which does not properly reflect the integrity of a psychodynamic approach to practice and outcomes. However, there is no choice offered within the NHS at present.'

'There is a definite pressure, particularly in child work to rely on short term therapies such as CBT and a downgrading of child psychotherapy services.'

- Careers and working environment

Nearly all respondents (97%) reported negative changes to the professional context of psychotherapy posts. These changes included: that psychotherapy posts were being, or about to be downgraded (43%), 34% of therapists observed pay band decreases and 11% mentioned posts being frozen or cut altogether. Nearly 10% said that they felt that the new intake of staff were insufficiently qualified or experienced to deal with complex casework. Half of respondents reported that they felt de-motivated and or that there was a lack of support or that experience was disregarded by management. And 13% of respondents said that they felt there were either no or reduced career opportunities (little or no progression).

'If Psychological services were properly resourced the IAPT services could be helpful as a starting point for some patients with the possibility of then going on to longer term therapy if appropriate. However, it seems that well qualified and experienced psychotherapists are being lost and replaced by less qualified and experienced therapists. This is impacting on the quality of care of patients and the future of the provision of psychotherapy in the NHS.'

'Clinical management posts all removed and staff down banded, consequent lack of clinical leadership and no representation at senior management meetings.'

'As soon as someone leaves a post the post 'disappears' and there is no career progression at all for those of us that are left.'

'The psychotherapy service that I work for, has responded to threats to its survival by increasing the range of therapies that it offers, using less qualified and less experienced staff to work with more manualised and shorter term treatments. This has been undermining to the status of psychotherapy as an important resource in working with very complex cases.'

Notes

1. The United Kingdom Council for Psychotherapy (UKCP) and the British Psychoanalytic Council (BPC) are recognised as leading professional bodies for the education, training and accreditation of psychotherapists and psychotherapeutic counsellors. Together they represent the country's leading training organisations and almost 10,000 psychotherapists working in the NHS, the voluntary sector, and privately.

2. The Government recently confirmed that 14% of new IAPT services have either displaced alternative therapy services or led to existing services and therapists becoming IAPT accredited. This comes despite the fact that 'IAPT services were initially expected to be additional to psychological therapies services that existed already.' See IAPT three-year report: http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf

3. The Government recently admitted that the mental health budget in the NHS has fallen in real terms. It also admitted that psychological therapy services outside of the IAPT scheme have had their budgets cut by over 5%.

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