The Scottish Government

CEL 10 (2011)

15 March 2011

Dear Colleague

APPLIED PSYCHOLOGISTS AND PSYCHOLOGY IN NHS SCOTLAND

This letter is to inform NHS Boards of the findings of the Expert Group set up to look at Applied Psychologists and Psychology in NHS Scotland (copy attached).

Background

The Scottish Government is committed to improving clinical psychology services in all of Scotland's Health Boards, and we have been working with NHS Boards and NHS Education Scotland to improve access to psychological therapies.

We have developed an access HEAT target for psychological therapies for inclusion in HEAT 2011-12, which will mean that by December 2014 no one will wait longer than 18 weeks from referral to treatment.

Improving access to psychological therapies will require a whole service approach that includes low intensity interventions as well as psychological therapies for those who are likely to benefit from them. Delivery of psychological therapies involves several different groups of staff, not just psychologists. However, in this context it was timely to review the current availability of psychological services in Scotland and look to the future in terms of demand, availability and training.

Action

NHS Boards are invited to consider the contents of the attached report as they develop their services, and to bring this letter to the attention of all those with an interest in their area.

Yours sincerely

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Director of Health & Social Care Integration

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APPLIED PSYCHOLOGISTS AND PSYCHOLOGY IN NHS SCOTLAND:

WORKING GROUP DISCUSSION PAPER

AUGUST 2010

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FOREWORD

Over many years now we have seen greater awareness of the benefits of Psychological Therapies from clinicians, managers and service users. This has been reinforced by the increasing evidence base demonstrating the effectiveness of psychological interventions. It seems timely therefore to review the current availability of psychological services in Scotland and look to the future in terms of demand, availability, training issues and importantly how the profession might best contribute to the health and well being of the people of Scotland.

I was very pleased to accept the request by colleagues in Scottish Government to chair this expert group and produce this report "Applied Psychologists and Psychology in NHS Scotland" which clearly lays out the future direction of travel for psychological service provision for the people of Scotland.

We are now well aware of the current and future economic challenges to the public sector including the NHS. This however is no reason why we cannot look at new and innovative services of this kind which, as the evidence base would suggest, can make a significant difference to patient outcomes and be cost effective.

I therefore commend this report to you and urge the Scottish Government, Health Boards and Services to give it due consideration.

I wish to put on record my sincere thanks to the group members and the support staff from the Scottish Government Health Department who made it possible to produce a report which has widespread support from the profession.

Professor Tony Wells
Chief Executive
June 2010

EXECUTIVE SUMMARY

"There is no health without psychological health"

1. BACKGROUND

Recent years have seen an unparalleled demand for increased access to Applied Psychologists and Psychological Therapies. A demand from both patients and professionals which has arisen due to the ever increasing evidence base for psychological interventions. Government objectives for health improvement require change in what people individually and collectively, think, feel and do about health and healthcare in Scotland. Psychology offers a scientific basis for understanding, and practical skills for influencing, how people think, feel and behave, with specific reference to physical health and mental well being. In spite of the broad relevance of the discipline to legislative policy developments, there is currently no strategic vision or action plan for the employment of psychologists to assist NHS Scotland to achieve its objectives. NHS Scotland needs to take a strategic perspective on how best the psychology profession might contribute to the development and delivery of the health improvement agenda. This is particularly important at a time of financial constraint when it is even more important to ensure effectiveness and efficiency of services provided.

2. CHARACTERISTICS OF THE WORKFORCE PROVIDING PSYCHOLOGICAL INTERVENTIONS

2.1. Applied Psychologists

Within the context of NHS Scotland the Mental Health Workforce includes a range of professionals. In September 2009 there were, in total, 614.2 whole time equivalent (wte) Applied Psychologists employed, representing 3.8% of the wider Mental Health Workforce. Of these, 573.7 wte were Clinical Psychologists, the remaining 40.5 wte being Counselling Psychologists, Forensic Psychologists, Health Psychologists, and Neuropsychologists. There are 11.9 wte Applied Psychologists per 100,000 of the population relative to indicative requirement of 19.0 wte per 100,000. Amongst Applied Psychologists, Clinical Psychologists have the greatest diversity of specialist areas in which they are required to provide a service. The small psychology workforce is thinly and inequitably spread across clinical service areas; by the age of the target population served and geographically across NHS Boards. The staffing ratio of Applied Psychologists for 0-19 years is 2.7 wte per 100,000 of the total population, that for adults 20–64 years is 7.6 wte per 100,000 of the total population, and that for older adults 65 years and above is 0.6 wte per 100,000 of the total population. In addition, variance exists between NHS Boards in specialist services, for example, with regard to Physical Health services, Neuropsychology services and Forensic services.

2.2 Skill Mix In The Organisation Of Psychology Services

Enhanced skill mix in Psychology Services has been embraced, In addition to the 614.2 wte Applied Psychologists employed as at September 2009 a further 220.1 staff were employed in Psychology Services. This latter group comprises 26% of Psychology Services workforce and is made up of the following groups: Assistant Psychologists, Cognitive Behaviour Therapists (CBTs), Counsellors and Clinical Associate in Applied Psychology (CAAP). Despite these enhancements to skill mix, inequities regarding level of service provision across NHS Board areas remain when the population per 1 wte of all clinical staff in Psychology Services is considered.

2.3 Current Workforce in Training

2.3.1 Clinical Psychology

Expansion of training capacity has occurred in recent years. At the time of the latest intake to Clinical Psychology training, (i.e. October 2009) there were 203 trainees. The Scottish Government agreed to fund an additional 10 doctoral training places for CAMHS starting in 2009. It is apparent, from the ratio of qualified Clinical Psychologists to Trainee Clinical Psychologists, that this places a heavy demand on qualified staff time for clinical supervision.

2.3.2 Clinical Psychology Specialist Training Arrangements

Full-time Clinical Psychology training takes place over a 3 year period. Specialist routes through Clinical Psychology training were introduced in 2003. Employers can elect to offer 4 or 5 year part-time training contracts, thereby securing an early increase in workforce capacity in their Psychology Services. In spite of this popularity, specialist training is under threat. Training numbers are beginning to fall reflecting the reduced funding available from NHS Boards.

2.3.4. Clinical Associates - Psychological Therapy in Primary Care (Adult)

Since 2005, 112 trainees have enrolled for this 1 year Masters Programme with 19 trainees starting in January 2010. At present, the training and competencies of these graduates are designed to meet the need of Adult Primary Care services. Potential exists for these clinical associate roles to develop to meet the needs of other specialties with unmet demand, e.g. Older Peoples Services.

2.3.5. MSc - Early Interventions for Children and Young People

The first cohort of 20 trainees completed training in January 2008. There have been two more cohorts in 2008 and 2009 with an additional 28 trainees completing training. 17 new trainees began in February 2010. The Scottish Government has funded psychology posts for CAMHS starting in 2009 and graduates are employed in a variety of relevant roles in the NHSScotland.

2.3.6. Health Psychology Trainees

A pilot scheme with partnership funding from NHS Education Scotland (NES) and NHS Boards to support professional training for 4 Health Psychologists was implemented in January 2008. Initially, 4 NHS Boards entered this partnership scheme, an additional 3 partnership posts became available in April 2009 and three posts will be created in 2010

2.3.7 Other Applied Psychologists

Currently neither NHSScotland nor NES has a mandate for supporting the pre-registration training of other groups of Applied Psychologists, e.g. Counselling Psychologists.

2.4. Clinical Services across the Age Span

2.4.1. Child and Adolescent Services

At present across Scotland, a total of 134.5 wte Clinical Psychologists plus 6.4 wte other Applied Psychologists work in Child and Adolescent services for those 0-19 years of age. The currently available 140.9 wte Applied Psychologists in Child and Adolescent services is equivalent to approximately 43% of the number of Clinical Psychologists estimated to be required for Scotland by the Royal College of Psychiatrists and is equivalent to approximately 70% of that recommended by the Scottish Government.

2.4.2. Working Age Adults Services

At present, across Scotland, including Applied Psychologists, Clinical Associates, Cognitive Behaviour Therapists (CBTs), Counsellors, Assistant Psychologists and other therapists a total of 570.8 wte are currently employed to work with the adult population within NHS Psychological Therapies Services. This represents 30% of the estimated necessary workforce for working age adults by the Sainsbury Centre.

2.4.3. Older People Services

The current available 32.2 wte Applied Psychologists in Older People Services is equivalent to less than 20% of the number of Clinical Psychologists estimated to be required. Addition of the 41.6 wte 'age non-specific' Applied Psychologists to those 32.2 wte in Older People Services results in a total of 73.8 wte, which remains at approximately 44% of the number of Clinical Psychologists recommended by the British Psychological Society.

2.5. Overall Service Demand

The estimation of national numbers of Applied Psychologists drawn up by adopting a population based approach is problematic as it can produce a range of different outcomes. Estimates of national numbers may also be divorced from peculiarities of local service demand and local service configuration. In addition, there is no nationally agreed single method of arriving at the appropriate skill mix of a local clinical team. The above figures produced for Child and Adolescent, Working Age Adults and Older People Services are therefore illustrative rather than definitive and have not been tested against local need.

A more pragmatic approach to determine level of service provision is to assess local level of need related to expected standard of service provision. For example, the Scottish Government has recently set referral to treatment targets for a number of services. No national targets have been set in relation to waiting times for access to Psychological Services. Establishment of such waiting times would enable needs assessment and gap analyses to be undertaken at local level with a view to establish level of service provision necessary to achieve Government performance targets.

2.6. Recommendations for Consideration

- Each NHS Board should undertake a review of Psychological Therapies Service provision to meet 18 week assessment to treatment waiting time target with particular attention to:

- Inequities in service provision and identified areas of unmet need

- Level of skill mix (i.e. Applied Psychologists, Clinical Associates, CBTs, Counsellors etc.)

- Each NHS Board should seek to identify the types and specialities of Applied Psychologists who require urgent expansion. For example:

  Clinical Psychologists working in Older Peoples Services
  Clinical Psychologists working in Physical Health Services
  Health Psychologists working in Public Health Services
  Forensic Psychologists working in low/medium secure facilities and in forensic mental health teams in the community.

3. CURRENT ROLES OF THE WORKFORCE PROVIDING PSYCHOLOGICAL INTERVENTIONS

A wide range of NHS professions are involved in the care of those with mental health problems. Most mental health professionals have received some training in psychological interventions and/or therapies. This may range from brief basic introductions in a particular technique to highly specialised and advanced training in several therapeutic modalities. The expansion of the skill mix in Psychological Services and the demand for greater access to psychological therapies has led to an increase in requests for Applied Psychologists to provide training and supervision. This role is crucial in ensuring the expansion and quality of service for users. However, Applied Psychologists are small in number. Working as they are, it is impossible for sufficient Applied Psychologists to be available to meet all the demands for Psychological Services and this is not seen as ideal in any event. The development and utilisation of psychological competence in the existing multi-professional workforce is therefore crucial. Although working across a wide range of specialties, there is a fundamental commonality to the work that most Applied Psychologists and Psychological Therapists undertake in the NHS. It appears that the majority of working time (70%) is devoted to activities associated with direct clinical care.

3.1. Recommendations for Consideration

- Applied Psychologists must maintain and develop extended roles aimed at increasing the availability of psychological interventions whilst retaining a role in ensuring the quality of interventions offered.

- Each NHS Board Area should determine the psychological skills required by the wider workforce and ensure that there are sufficient Applied Psychologists in post to support this work.

4. DRIVERS FOR CHANGE

4.1. Scottish Policy Context

A range of policy drivers in Scotland are supported by the provision of effective evidence based psychological interventions and therefore best use of staff in delivering psychological services within a mental health framework. The changing age profile of the population has a number of consequences including increasing demand for services from a population that is living longer but not necessarily living better quality lives. It is already the case that a high proportion of the costs to the NHS arise from individual and societal lifestyle choices. Obvious examples are smoking, drug and alcohol misuse, obesity, lack of exercise, poor diet, sexual behaviour, etc. Traditionally the NHS workforce has been geared towards the treatment of illness. Thus there has been an emphasis on medical models and interventions. If major causes of ill health are lifestyle choices and unhealthy behaviours, then this model will become both increasingly expensive and increasingly ineffective.

There is a need to invest more heavily in a workforce that is trained to deliver interventions that enable people to improve their health choices and behaviours and to cope with ill health more positively. This will apply over all aspects of health care from mental health through acute illness to long term conditions. Training and employment of highly qualified staff in any profession is expensive and it is important to ensure that their skills are fully utilised where they will have the greatest impact. It is therefore essential to consider how the highly expert resource of Applied Psychologists can best support the development of the required workforce and the attainment of the objective of improving access to psychological interventions and knowledge.

There is a genuine risk that as the psychological therapies agenda expands the necessary clinical governance is not in place to ensure quality and evidence based practice of those delivering psychological care. It is important to have an overall integrated strategy for Psychological Services that includes different levels of competence of the workforce. The best use of Applied Psychology knowledge and skills is likely to involve increasing the amount of time spent supporting interventions delivered by more numerous others. Applied Psychologists are uniquely qualified to help the NHS identify where psychology can make the greatest contribution to health policy and its implementation. Applied Psychologists have a key competence in relation to the training support of the wider workforce and the assurance of quality through psychological governance.

4.2. Recommendations for Consideration

In order to develop a Workforce Plan for Psychological Therapies, NHS Boards should consider each of the following via Commissioners and Head of Psychology Services:

- The role of Clinical and other Applied Psychologists and how best they might be deployed in areas other than direct service delivery.

- The role of Clinical Associates in the delivery of psychological therapies in relation to current areas of work and potential expansion into other specialties. (e.g. Older Peoples Service)

- The role of other mental health professionals, such as CBTs and Counsellors, in the delivery of evidence based psychological therapies.

- The role of workers at entry level (e.g. self-help coaches and support workers) and what additional training and needs they may have and what career progression is open to them.

- The interface between NHS Psychological Therapies Service providers and the Voluntary/ Community Sector.

5. PROPOSED NEW ROLES

The new roles of Applied Psychologists must be determined by how to make best use of resources to deliver on policy targets and achieve maximum impact on the entire healthcare system. The NHS in Scotland needs Applied Psychologists to deliver at a number of different levels. It needs clear strategic goal setting, innovation, and operational planning and governance; it needs high volume, evidence-based service delivery embracing both standardised and protocol driven treatments and the use of complex and innovative approaches; it needs low intensity service delivery such as guided self-help and enhanced community support; it needs heightened psychological awareness amongst all; and it needs greater success in the promotion of good health and prevention of illness. This requires a fundamental reappraisal of the way that the limited and valuable resource base of Applied Psychology is currently utilised in NHS Scotland. Clinical and other Applied Psychologists must recognise the importance of two distinct functions. Firstly, the planning, management and over-sight of services that are concerned with the delivery of psychological therapies by practitioners trained to a recognised level and working with a specified degree of autonomy. Secondly, the training and support of the wider work-force in psychological skills who, with these enhanced skills, can also improve access to psychological based treatments and interventions. That is, delivering psychological therapies to people versus developing enhanced psychological skills in others.

5.1 Recommendations for Consideration

- Each NHS Board should examine how the adoption of the proposed new roles could result in an increased likelihood of meeting current and likely future Government targets.

- Each NHS Board should specifically consider how the proposed new roles will result in psychological therapies being more widely available than they are currently.

- Each NHS Board should examine the funding implications of the proposed new roles. This must encompass an examination of whether the expansion of the availability of psychological therapies requires the redeployment of non-Applied Psychologists and, if so, where this workforce will come from.

- Each NHS Board should examine whether it is utilising its pre-existing psychological expertise at the appropriate strategic, policy and planning level. Consideration should be given to asking current Heads of Psychology Services to indicate where psychological expertise could be better used.

- Higher Education Institutions that have undergraduate psychology degree courses should consider if their curriculum provides the acquisition of theoretical knowledge and competencies that are relevant for graduates seeking employment in NHS services.

6. STRUCTURES TO SUPPORT NEW ROLES

6.1 National Organisation of NHS Psychological Services

Applied Psychologists are increasingly sought to provide advice at National level on a variety of health related matters. There is, however, no formal co-ordination of this Psychological input. At present there is no recognised lead for Applied Psychology at Mental Health Division of SHGD level. A lead Applied Psychologist would be in an ideal position to help, by engaging in an ongoing dialogue, to identify areas where psychology has the potential to make a significant contribution, and to access the wider knowledge base of the profession to maximise the impact of this contribution.

6.2 NHS Board Management of Psychological Services

There are a number of roles that should be considered when addressing structures to support the management and delivery of Applied Psychological Services. There should be a strategic and operational overview of delivery, which should ensure that well established, evidence-based interventions are used, recognised accredited training is pursued, standards are maintained and enhanced by regular supervision and systems and processes are designed to improve the psychological health of the workforce. In addition, there is succession planning and mentoring to facilitate leadership development. There are, however, further roles which structures need to address. There should be a clear point of contact for managers and referrers when seeking advice, guidance and information in relation to the provision of Psychological Services. In addition, for Senior Managers there should be clear accountability for the provision of Psychological Services which involves ready identifiability of service responsibility**.**

6.3. Recommendations for Consideration

- The creation of a Lead for Applied Psychology within Mental Health Division, SGHD is worthy of strong consideration

- NHS Boards should routinely assess the quality and range of functions provided by those offering Psychological Services.

- The Psychological Provision: Quality Checklist for Assessing Providers should be considered as an assessment tool.

- Organisational structures for NHS Board's management of Psychological Services should be developed in a manner which most facilitates the range of functions indicated.

- NHS Boards should identify an individual with the necessary breadth and depth of knowledge of Applied Psychology who has clear responsibility and accountability for the provision of Psychological Services.

- The identified Psychological Services Lead should be placed within the organisational structure at Senior Management Team level to provide, facilitate and advise as to psychological models of care in the widest range of clinical and non clinical services.

7. TRAINING REQUIREMENTS

The need for Applied Psychologists to support the wider workforce to deliver psychological care via training, supervision, consultancy and clinical leadership has been described as has the need for Applied Psychologists to concentrate their direct clinical work on those with the most complex presentations. The policy context for increasing the availability of psychological therapies and psycho-social interventions across the lifespan and physical and mental health and disability domains has also been outlined. This increase in availability of psychological therapies is to be achieved by up-skilling existing staff across a range of disciplines and by service redesign. This will require close collaborative working between NHS Boards, Higher Education Institutions, and NES.

7.2. Recommendations for Consideration

- Following the Applied Psychology workforce review to be undertaken by each NHS Board, it is recommended that a Scottish Applied Psychology workforce plan to inform future training commissioning be produced.

- As a major role for Applied Psychologists is in supporting the wider workforce to deliver psychological care, it is recommended that the workforce plan be closely linked to related workforce developments in Psychological Therapies and across healthcare disciplines.

- It is recommended that pre-registration training and continuing professional development initiatives for Clinical Psychology be developed to strengthen psychologists' preparation for future roles in consultancy, supervision, clinical leadership, complex clinical presentations and research and service evaluation.

- It is apparent that the supply of a suitably trained Applied Psychology workforce for Older People and Forensic services is problematic and an early review of associated training issues is recommended.

- It is recommended that an Integrated Psychology Training Pathway (IPTP) with milestones, deliverables and costings be developed by NES. This would bring together the uni-professional Applied Psychology training routes with the multi-professional Psychological Therapies training routes.

- It is recommended that NES take the lead in co-ordinating this work and developing the proposals. This is an ambitious change programme that will require input from NHS managers, Applied Psychologists, Psychological Therapists, Nursing, Psychiatry, Allied Health Professionals, local authorities, the third sector, Universities and NES.

- It is recommended that an early step in this process is a review of current uni-professional Applied Psychology training with a view to developing elements of this for multi – professional training at diploma and certificate level or for continuing professional development.

- A review of the psychological components of the pre-registration curricula and continuing professional developments opportunities available to the major healthcare disciplines is recommended.

- Each NHS Board is recommended to review their local training and supervisory infrastructure as this will be important to sustaining skill levels in the workforce.

- Clear projections of training numbers over several years will be required by Higher Education Institutions. It is recommended that a needs assessment for workforce training be undertaken.

- It is recommended that decisions about the type of evidence based therapy training to be invested in are guided by The Psychological Therapies Matrix.

- The training capacity of existing providers in Cognitive Behavioural Therapy should be reviewed.

- It is recommended that information about training for roles in guided self help and coaching is gathered and good practice identified and shared.

1. BACKGROUND

"There is no health without psychological health"

Within NHS Scotland, recent years have seen an unparalleled demand for increased access to Applied Psychologists and Psychological Therapies. A demand from both patients and professionals which has arisen due to the ever increasing evidence base for psychological interventions and an awareness of the limitations of more traditional approaches to healthcare. Healthcare policy has endorsed this shift towards a greater emphasis on psychologically based approaches e.g. Better Health, Better Care; Delivering for Mental Health; Towards a Mentally Flourishing Scotland; The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care.

A range of professionals are involved in delivering this agenda. These include Applied Psychologists [1] (e.g. usually but not exclusively Clinical Psychologists), Psychological Therapists (e.g. Cognitive Behavioural Therapists, Counsellors) and the wider staff group of Nursing and Medical Colleagues and Allied Health Professions. The purpose of this paper is to determine how Applied Psychologists and Psychology might best meet these demands.

Contemporary Healthcare Policy recognises the importance of Psychological and Psychosocial factors for physical and mental health and well being across the life span. Government objectives for health improvement require change in what people (i.e. the public, service users and service providers), individually and collectively, think, feel and do about health and healthcare in Scotland. Psychology offers a scientific basis for understanding, and practical skills for influencing, how people think, feel and behave, with specific reference to physical health and mental well being. There is a strong evidence base, recognised in Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Clinical Excellence (NICE) guidelines for the effectiveness of psychological interventions in delivering positive health change for a wide range of clinical conditions.

Based upon SIGN and NICE methodology the Scottish Government has recently published 'The Matrix', which presents the psychological therapies evidence base for a range of psychological disorders. The first edition of the Matrix has been produced to help NHS Boards deliver the range, volume and quality of psychological therapy required for the effective treatment of common mental health problems and the achievement of Integrated Care Pathway (ICP) standards for mental health as well as a limited number of physical health problems.

In spite of the broad relevance of the discipline to legislative policy developments, there is currently no strategic vision or action plan for the employment of psychologists to assist NHS Scotland to achieve its objectives. This document aims to propose means by which a strategic vision might be developed.

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[1] Applied Psychologists include clinical, counselling, forensic, neuropsychology, health, educational, occupational, sport and exercise psychology. The latter four groups tend to be employed outwith the NHS.

Although all NHS staff are involved at some level in the delivery of psychologically based care, Applied Psychologists are the only discipline with a thorough grounding in the science of Psychology. Psychology is an academic and applied discipline concerned with the scientific study of people, mental processes and behaviours. The starting point is an undergraduate degree in psychology, the quality of which is assured by Accreditation by the British Psychological Society (BPS). Perception, cognition, emotion, memory, personality, inter-personal relationships and group and societal behaviour are examined from the scientific basis of observing, measuring, testing and using appropriate qualitative and quantitative methods and statistics. After this fundamental academic training individuals are entitled to apply for graduate basis for registration with the BPS.

Following this first degree most psychology graduates gain additional work experience working alongside qualified Applied Psychologists, before embarking on postgraduate professional training which furthers academic knowledge whilst training the individual to apply this knowledge to the problems encountered by individuals, systems and society. These postgraduate programmes normally last between three and five years and lead to Doctorate level qualification or are in the process of moving to this level of academic award.

Applied Psychologists are thus the experts within the NHS in the development and application of psychological theory, knowledge and practice to all aspects of healthcare including prevention and intervention. By the point of qualification they are likely to have completed between seven and ten years of training. This includes training in a significant number of psychological therapies but not exclusively so; this is the primary differential between an Applied Psychologist and a Psychological Therapist.

Psychologists have always played a key role in transforming theory into practice. Many recognisable interventions in society today have their origins in psychological theory and these have often been developed and advanced by Clinical and Applied Psychologists. These include interventions and methodologies which already significantly impact on achieving key policy objectives; e.g. cognitive therapy, behaviour therapy, inter-personal therapy, dialectical behaviour therapy, eye movement de-sensitisation and re-processing, risk assessment and functional analysis and the management of challenging behaviour.

With regards to treatment interventions, Applied Psychologists have had a pivotal role in assessing efficacy, effectiveness, disseminating best practice and enhancing new models of service delivery (e.g. self-help approaches, group interventions, computerised cognitive behaviour therapy). Importantly, Psychologists have also found ways to make these approaches available to others.

Over the past thirty years, there have been a number of reports into psychological services. The process began with the Trethowan Report in 1977, continued with a Manpower Planning Advisory Group report in 1989 and in 1999, a report on Psychological Services in Scottish Healthcare made a series of recommendations which were successfully implemented. These included recommended increases in the number of Applied Psychologists. However the relatively small percentage growth in numbers failed to eradicate the supply – demand gap.

This gap has continued to grow because of the above outlined public expectation and growing evidence base. Over the course of 2007 The BPS and the Department of Health (DoH) have systematically reviewed psychology in the English Healthcare system and the profile of services is already changing accordingly. All of the above point to psychology as an ever-evolving discipline which both drives and embraces change in order to try and widen the impact of psychology and it's associated therapies.

Psychological knowledge and skills can contribute to the development and implementation of healthcare objectives for people across the life span in a variety of ways;

- Promotion of good physical and mental health and well-being;
- Prevention of avoidable ill-health;
- Engagement of people in managing their own healthcare;
- Assessment of psychological need and function;
- Treatment of ill-health and severe distress;
- Facilitation of recovery and rehabilitation;
- Promoting optimal function of people with long-term conditions;
- Development, organisation and management of healthcare systems, including conditions required to ensure patient safety, positive patient experience and a healthy working environment for staff;
- Facilitating active involvement for patients in their own care;
- Service evaluation and research.

Attention to the psychological and psychosocial dimension of health is crucial to achieving positive change in these areas and in assisting NHS Boards meet Government health priorities and objectives. Given changes in NHS policy and advances in the evidence base for applications of psychology, NHS Scotland is likely to require far more ready access to psychological expertise in the near future. Consequently, NHS Scotland needs to take a more radical look at how the psychology profession might best contribute to the health and well being of the people of Scotland in the context of available resources.

Key Background Points

- There has been a rapid growth in the demand for psychological services from other professions, 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 awareness and care in services and the availability of psychological interventions.
- The evidence base demonstrating the effectiveness for psychological therapies has grown significantly in the last 20 years and these interventions now feature strongly in SIGN and NICE Guidelines.
- This evidence base has recently been reviewed by the Scottish Government and 'The Matrix': A guide to delivering evidence-based psychological therapies in Scotland has been published to assist NHS Boards in achieving ICP standards for mental health.

- The Matrix also provides information and advice on strategic planning issues in the delivery of efficient and effective Psychological Therapies services.
- NHS Scotland needs to take a strategic perspective on how best the Psychology profession might contribute to the development and delivery of the health improvement agenda.

2. CHARACTERISTICS OF THE WORKFORCE PROVIDING PSYCHOLOGICAL INTERVENTIONS

Applied Psychologists

NHS Education for Scotland (NES) and Information Services Division (ISD) report, on an annual basis, data to describe the characteristics of the workforce engaged in the delivery of psychological services as at 30 September each year. Data is available from 2001. This valuable database offers the means of exploring the distribution of the psychology workforce by NHS Board, by service area and by target age of population served; personal and professional characteristics of the workforce; and their service roles and professional activity. A sub-sample of this database is presented below.

All healthcare professionals that are involved in patient care deal with mental health issues to a greater or lesser extent. A significant proportion of GP time is devoted to caring for patients with mental health problems. Many patients who present with physical health problems at hospital outpatient and inpatient services also have mental health difficulties or their mental health and well being is impacted upon as a result of their physical health. A sub sample of the NHS Workforce work specifically in mental health settings. Within the context of NHS Scotland the Mental Health Workforce includes a range of professionals. In September 2009 there were, in total, 614.2 whole time equivalent (wte) Applied Psychologists employed in NHS Scotland, representing 3.8% of the wider Mental Health Workforce (Table 2.1).

Table 2.1: The Wider Mental Health Workforce in NHS Scotland as at 30 September 2009 and 2008.

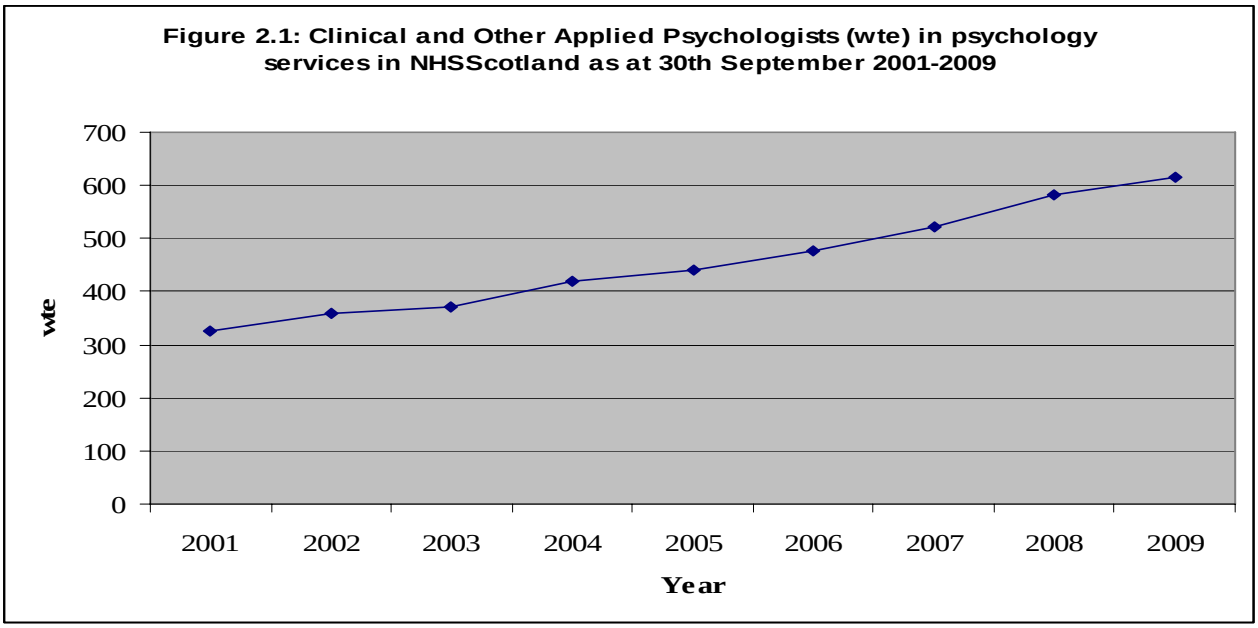
	Whole Time Equivalent (wte) as at 30 Sep 2009	Whole Time Equivalent (wte) as at 30 Sep 2008
Mental Health Nurses (hospital)	6085.1	5619.1
Community Mental Health Nurses	2059.1	1776.7
Combined Hospital and Community Mental Health Nurses	426.7	422.6
Clinical Nurse Specialists in Mental illness	41.0	21.3
Hospital, Community and Public Health Services Psychiatrists	1164.5	989.7
Consultant Psychiatric Specialties	525.7	484.8
Clinical and Applied Psychologists	614.2	581.9
GPs	4942*	4916 *
Health Visitors- Community	1026.6	1097.9
Health Visitors – Community and Hospital	32.2	52.0

* Source: ISD GP Contractor database. Please note: GP data 2008/ 2009 is available by headcount only.

Of these, 573.7 wte were Clinical Psychologists, the remaining 40.5 wte being Counselling Psychologists, Forensic Psychologists, Health Psychologists, and Neuropsychologists. The number of Applied Psychologists has risen steadily from 325.1 wte in 2001. Despite this increase the absolute numbers remain low. There is still only 11.9 wte per 100,000 of the population in Scotland relative to indicative requirement of 19 wte per 100,000 (i.e. 1025 wte, equates to 1 per 5,000 of the population: Scottish Executive National Workforce Planning Framework 2005) (Table 2. 2 & Figure 2.1).

Table 2.2: Clinical and Other Applied Psychologists (whole time equivalent, wte) employed in psychology services in NHS Scotland at 30th September 2001 - 2009.

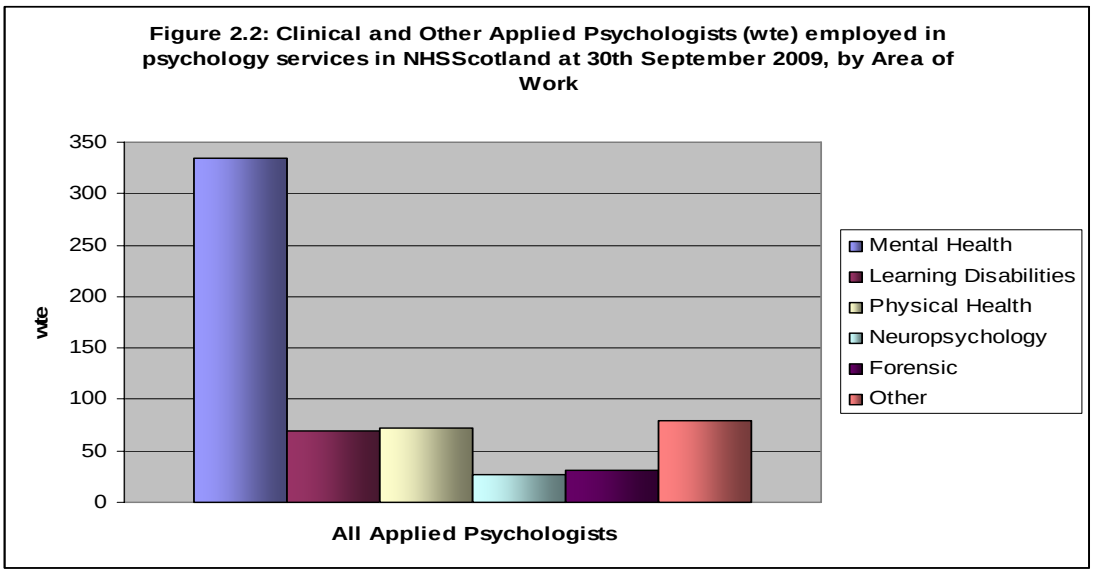
Year	Clinical Psychologists	Other Applied Psychologists	Total wte	Population of Scotland	Population per 1 wte Clinical Psychologists	Population per 1 wte of All Applied Psychologists
2001	311.0	14.1	325.1	5064200	16284	15 577
2002	338.6	20.7	359.3	5064200	14956	14 095
2003	343.3	27.7	371.0	5057800	14733	13 633
2004	389.1	29.5	418.6	5078400	13051	12132
2005	409.1	32.5	441.6	5078400	12413	11500
2006	435.3	41.6	477.0	5094800	11703	10682
2007	478.6	44.0	522.6	5116900	10692	9792
2008	542.6	39.3	581.9	5144200	9495	8853
2009	**573.7**	**40.5**	**614.2**	**5168500**	**9008**	**8414**



Amongst Applied Psychologists, Clinical Psychologists have the greatest diversity of specialist areas in which they are required to provide a service. (Table 2.3 & Figure 2.2).

Table 2.3: Clinical and Other Applied Psychologists (wte) employed in psychology services in NHS Scotland at 30th September 2009 by Area of Work.

Area of Work	Clinical Psychologists	Other Applied Psychologists	Total wte of All Applied Psychologists
Mental Health	317.6	17.2	334.8
Learning Disabilities	67.9	1.0	68.9
Physical Health	65.8	6.7	72.5
Neuropsychology	23.4	4.1	27.5
Other	26.7	3.9	30.6
Forensic	72.5	7.6	80.0
Total	**573.7**	**40.5**	**614.2**



The small psychology workforce is thinly and inequitably spread across clinical service areas; by the age of the target population served (Table 2.4) and geographically across NHS Boards in Scotland (Table 2.5 & Figure 2.3). The staffing ratio of Applied Psychologists for 0-19 years is 2.7 wte per 100,000 of the total population, that for adults 20–64 years is 7.6 wte per 100,000 of the total population, and that for older adults 65 years and above is 0.6 wte per 100,000 of the total population. 55% of all Applied Psychologists work in Mental Health services. The remainder are distributed across: services for people with Learning Disabilities; Physical Health; Neuropsychology; Forensic and other small specialist services, e.g. Alcohol and Substance misuse.

Table 2.4: Clinical and Other Applied Psychologists (wte) employed in psychology services in NHS Scotland at 30th September 2009, by Target Age of clients/patients served.

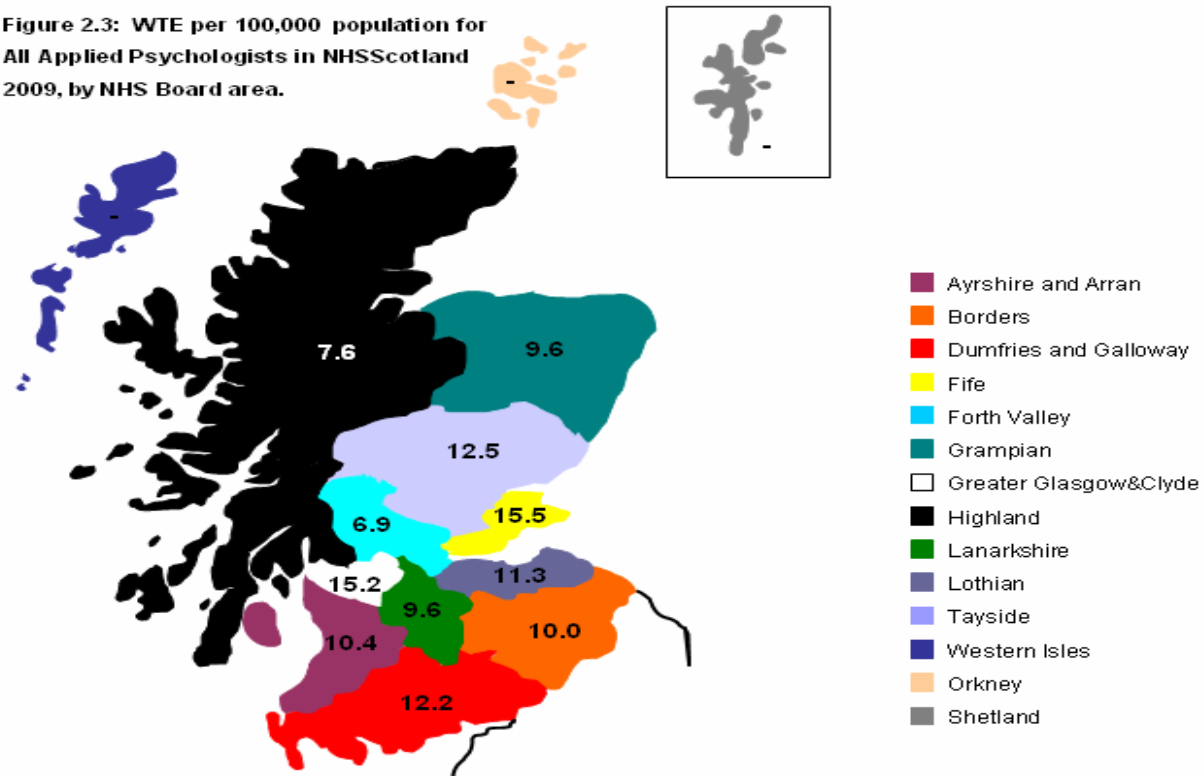
	Clinical Psychologists	Other Applied Psychologists	Total All Applied Psychologists	Population	Population per 1 wte of Clinical Psychologists	Population per 1 wte of All Applied Psychologists
Child 0-19 years	134.5	6.4	140.9	1,177,641	8758	8360
Adults 20-64 years	362.6	31.6	394.2	3,134,316	8643	7950
Older Adults 65+ years	32.2	-	32.2	856,543	26568	26568
Age Non specific#	39.1	2.5	41.6	-	-	-
Child & Adult	5.4	-	5.4	-	-	-
Total	**573.7**	**40.5**	**614.2**	**5,168,500**	**9008**	**8414**

Table 2.5: Ratio of per capita population to 1 wte of <u>All</u> Applied Psychologists in NHS Scotland at 30th September 2009, by NHS Board.

<9 000	9 000 – 9 999	10 000 – 11 000	>11 000
1. Fife (6 432)	6. Ayrshire & Arran (9 621)	7. Borders (10 038)	10. Highland (13 104)
2. Greater Glasgow & Clyde (6 588)		8. Grampian (10 368)	11. Forth Valley (14 416)
3. Tayside (8 019)		9. Lanarkshire (10 377)	
3. Dumfries & Galloway (8 186)			
5. Lothian (8 813)			

Please Note: There were no resident Psychology services on Orkney at 30th September 2009.
The NHS Shetland Clinical Psychology Service has begun to develop since March 2005 when a full-time Consultant was employed to provide a service for Children & Adolescents. As at 30th September, this post was being filled by a locum Clinical Psychologist 3 days per month.

Figure 2.3: WTE per 100,000 population for All Applied Psychologists in NHSScotland 2009, by NHS Board area.



Notwithstanding differences in population size between NHS Board areas there is variation between NHS Boards in the numbers of Applied Psychologists devoted to child and adolescent services, adult services and older people services (Table 2.6). In addition, variance exists between NHS Boards in specialist services, for example, with regard to Physical Health services, Neuropsychology services and Forensic services (Table 2.7).

Table 2.6: <u>All</u> Applied Psychologists (wte) in NHS Scotland at 30th September 2009, by target age and NHS Board

	Child 0-19 yrs	Adult 20-64 yrs	Older Adult 65+ yrs	Child & Adult	Age Non Specific#	Total wte of <u>All</u> Applied Psychologists
Ayrshire & Arran	12.0	23.2	2.0	-	1.0	38.2
Borders	4.3	6.9	-	-	-	11.2
Dumfries & Galloway	2.0	12.2	2.0	-	2.0	18.2
Fife	13.9	31.4	5.1	4.1	1.8	56.3
Forth Valley	6.6	13.0	0.5	-	-	20.1
Grampian	15.1	30.3	2.6	-	4.1	52.1
Greater Glasgow & Clyde	45.4	111.7	5.4	-	18.9	181.4
Highland	3.8	17.9	1.6	-	0.4	23.7
Lanarkshire	12.6	36.0	4.0	-	1.5	54.1
Lothian	17.6	64.2	5.8	1.3	3.9	92.8
State Hospital	-	8.9	-	-	-	8.9
Tayside	7.7	38.6	3.2	-	-	49.5
Scotland	**140.9**	**394.2**	**32.2**	**5.4**	**41.6**	**614.2**

psychologists providing services across a wider age range than the categories listed.
*Please note there are 0.8wte Clinical Psychologists employed by NHS Education for Scotland in 'age non-specific' category
Please Note: There were no resident Psychology services on Orkney at 30th September 2009. The NHS Shetland Clinical Psychology Service has begun to develop since March 2005 when a full-time Consultant was employed to provide a service for Children & Adolescents. As at 30th September, this post was being filled by a locum Clinical Psychologist 3 days per month.

Table 2.7: All Applied Psychologists (wte) in NHSScotland at 30th September 2009 by Area of Work and NHS Board

	Mental Health	Learning Disability	Physical Health	Neuro-Psychology	Other#	Forensic	Total wte of All Applied Psychologist
Ayrshire & Arran	19.5	5.7	7.0	2.0	4.0	-	38.2
Borders	7.9	1.7	0.9	-	0.5	0.2	11.2
Dumfries & Galloway	11.1	1.5	3.0	-	1.9	0.7	18.2
Fife	28.6	7.8	8.1	1.7	7.5	2.6	56.3
Forth Valley	13.3	3.2	2.0	-	1.0	0.6	20.1
Grampian	34.2	7.9	3.3	3.6	1.7	1.5	52.1
Greater Glasgow & Clyde	94.6	14.9	24.9	11.7	24.2	11.1	181.4
Highland	12.4	6.3	1.3	1.0	2.8	-	23.7
Lanarkshire	34.4	6.0	1.7	0.5	10.5	1.0	54.1
Lothian	47.6	8.9	17.9	4.8	10.5	3.0	92.8
State Hospital	0.1	-	-	0.3	0.3	8.3	8.9
Tayside	31.3	5.0	2.4	2.0	7.2	1.6	49.5
Scotland	**334.8**	**68.9**	**72.5**	**27.5**	**80.0**	**30.6**	**614.2**

includes trauma services and gender-based violence services.

*Please note this figure includes 0.8wte Clinical Psychologists employed by NHS Education for Scotland in the 'Other' area of work category.
Please Note: There were no resident Psychology services on Orkney at 30th September 2008. The NHS Shetland Clinical Psychology Service has begun to develop since March 2005 when a full-time Consultant was employed to provide a service for Children & Adolescents. As at 30th September, this post was being filled by a locum Clinical Psychologist 3 days per month.

Access to psychological services in acute medicine, physical rehabilitation and management of long term conditions is variable across Scotland. Service development in coronary heart disease, stroke, cancer or diabetes may not incorporate psychology unless there is local awareness of its potential, in spite of evidence of effectiveness of psychological interventions in SIGN and other practice guidelines. Isolated sessional inputs for single clinical groups, e.g. dental health, oncology, palliative care, miss the potential for greater efficiency and effectiveness through more integrated service planning. Very few Applied Psychologists are employed in public health or in occupational health. There is an increasing demand for clinical psychologists and forensic psychologists to carry out risk assessment and relevant intervention on behalf of the Criminal Justice System.

Of all Applied Psychologists, 64% work with adults of working age. The current ratio of 1 wte psychologist per 8,000 + of the population aged 0-19 is unlikely to prove sufficient to support policy implementation in integrating services for this age range spanning early years/early interventions; public health improvement, i.e. child weight management; specialist services including transitions to Adult Service; and Child and Adolescent Mental Health Services.

In an ageing population and with targets for improving services for patients with dementia the ratio of 1 wte psychologist per 26,000 + of population age 65 plus years is of concern. Up-skilling the existing psychology workforce to improve services for Older Adults is an increasing priority.

There are gross differences in the level of staffing provision across Scotland. Island Boards tend to have limited if any resident psychology service supplemented by input from sessional visitors from the mainland. On the mainland the population served by 1 wte psychologist in the areas with the highest staffing levels is less than half the population to be covered by 1 wte in less well-staffed areas. The differentials are not readily accounted for by social deprivation indices but may reflect local variation in the use of skill mix.

Skill Mix In The Organisation Of Psychology Services

Enhanced skill mix in Psychology Services has been embraced for a variety of reasons, for example to meet the range of demands placed upon services; to ensure the best use of financial resources; to reflect models of best practice such as Matched Care and where possible, albeit on a very limited basis, to provide patients with choice as to the most appropriate form of intervention to meet their needs.
In addition to the 614.2 wte Applied Psychologists employed as at September 2009 a further 220.1 staff were employed in Psychology Services. (Table 2.8). This latter group comprises 26% of Psychology Services workforce and is made up of the following groups:

Table 2.8: Categories of clinical staff (wte) employed in psychology services in NHS Scotland at 30th September 2001 - 2009, expressed as a percentage of total workforce in service.

Year	All Applied Psychologists	Graduates of MSc Psychological Therapy in Primary Care	Graduates of MSc Applied Psychology in Children& Young People	Assistant Psychologists	Cognitive Behavioural Therapists	Counsellors	Other Therapists*	Other Clinical Staff###	Total	Ratio of All Applied Psychologists : Other Staff (%)
2001	325.1 79.7%	- -	- -	50.2 12.3%	7.0 1.7%	14.4 3.5%	4.7 1.2%	6.6 1.6%	408.0 100%	80 : 20
2002	359.3 76.1%	- -	- -	73.3 15.5%	11 2.3%	15.9 3.4%	5 1.1%	7.6 1.6%	472.0 100%	76 : 24
2003	371.0 76.9%	- -	- -	65.5 13.6%	16.5 3.4%	18.3 3.8%	8.3 1.7%	2.8 0.6%	482.4 100%	77 : 23
2004	418.6 78.6%	- -	- -	67.1 12.6%	16.9 3.2%	21.3 4.0%	6.1 1.1%	2.8 0.5%	532.8 100%	79 : 21
2005	441.6 79.2%	- -	- -	64.9 11.6%	17.6 3.1%	21.2 3.8%	5.1 0.9%	6.9 1.2%	557.2 100%	79 : 21
2006	477.0 75.2%	24.2 3.8%	- -	68.7 10.8%	26.7 4.2%	20.6 3.2%	3.1 0.5%	14.2 2.2%	634.4 100%	75 : 25
2007	522.6 75.1%	33.1 4.8%	- -	64.0 9.2%	29.0 4.2%	22.1 3.2%	4.6 0.7%	20.1 2.9%	695.5 100%	75 : 25
2008	581.9	46.9	11.0	48.9	29.9	19.7	6.8	11.2	755.5	77 : 22
	76.9%	6.2%	1.5%	6.5%	4.0%	2.6%	0.9%	1.5%	100%	
2009	**614.2** **73.6%**	**56.3** **6.7%**	**15.0** **1.8%**	**72.2** **8.7%**	**30.7** **3.7%**	**18.4** **2.2%**	**8.1** **1.0%**	**19.3** **2.3%**	**834.3** **100.0%**	**74:25**

Includes nursery nurses, self-help workers, clinical scientists.
* Includes group analytical therapists, creative therapists.

Assistant Psychologists are numerically the second largest group (72.2 wte) although their proportion of the workforce has fallen steadily since 2002. Assistant Psychologists have undergraduate degrees in Psychology, are usually appointed on 1 year temporary contracts, and provide invaluable support to Applied Psychologists undertaking a variety of tasks such as conducting routine standardised/protocolised assessments, assisting in the running of group interventions, undertaking routine audits and facilitating routine treatment interventions. All this being undertaken within a supervised framework. Given that psychology graduates need to gain experience in a clinical setting before applying for further applied study, we are likely to be able to rely on a healthy supply of applicants for these posts.

Cognitive Behaviour Therapists (CBT's) and Counsellors are numerically small but have steadily increased in number since 2001. These colleagues often work in the part of Psychology Services that receive Primary Care referrals and deal with mild/moderate mental health problems thereby enabling Clinical Psychologists to concentrate on more complex clinical presentations. In so doing, these CBT's and Counsellors have made a valuable contribution to the skill mix of services and helped develop matched care models. The number of CBT's and Counsellors within Psychology Services is probably an under-representation of the actual numbers in the Mental Health Workforce.

An unknown number of Counsellors and CBT's provide mental health services outwith the framework of Psychology Services, for example in some NHS Boards, CBT's and/or Counsellors may be employed directly by GP practices or be part of a stand alone service. Notwithstanding the value of such services, in some areas this has contributed to fragmented service delivery, ambiguity regarding appropriateness or referrals, and concerns regarding Clinical Governance. The small number of 'other Therapists'/'other clinical staff' reflects the shift towards matched models of care and include, predominantly but not exclusively, Guided Self Help Workers aligned to Clinical Psychology Services.

Clinical Associate in Applied Psychology (CAAP) is a new role for Psychologists unique to Scotland. Following consultation with NHS employers, NES commissioned a new masters level training to equip graduate Psychologists with the competencies required to deliver circumscribed Psychological Services in areas of service need as identified by employers. Two such training programmes have been introduced: Psychological Therapies in Primary Care (for adults with mild/moderate mental health problems) and Early Interventions for Children and Young People (early years and early in the problem cycle). These programmes designed for Psychology graduates assume the common foundation of knowledge of psychological principles from recognised Honours Degree programmes and focus on the application of that knowledge and development of clinical and professional skills required to produce safe and effective practitioners in the defined area of service delivery.

- Psychological Therapy in Primary Care (adults): is designed to equip trainees to deliver evidence based Psychological Therapies to adults presenting with common mental health problems in Primary Care such as anxiety and depression. The emphasis is on a CBT based approach.

- Early Interventions for Children & Young People: offers training in the early interventions for children and young people i.e. for the early years: interventions to support parenting, to promote positive mental health and early interventions for common mild/moderate emotional and behavioural problems in this age group; early interventions for targeted groups of "at risk" young people to promote mental health and resilience.

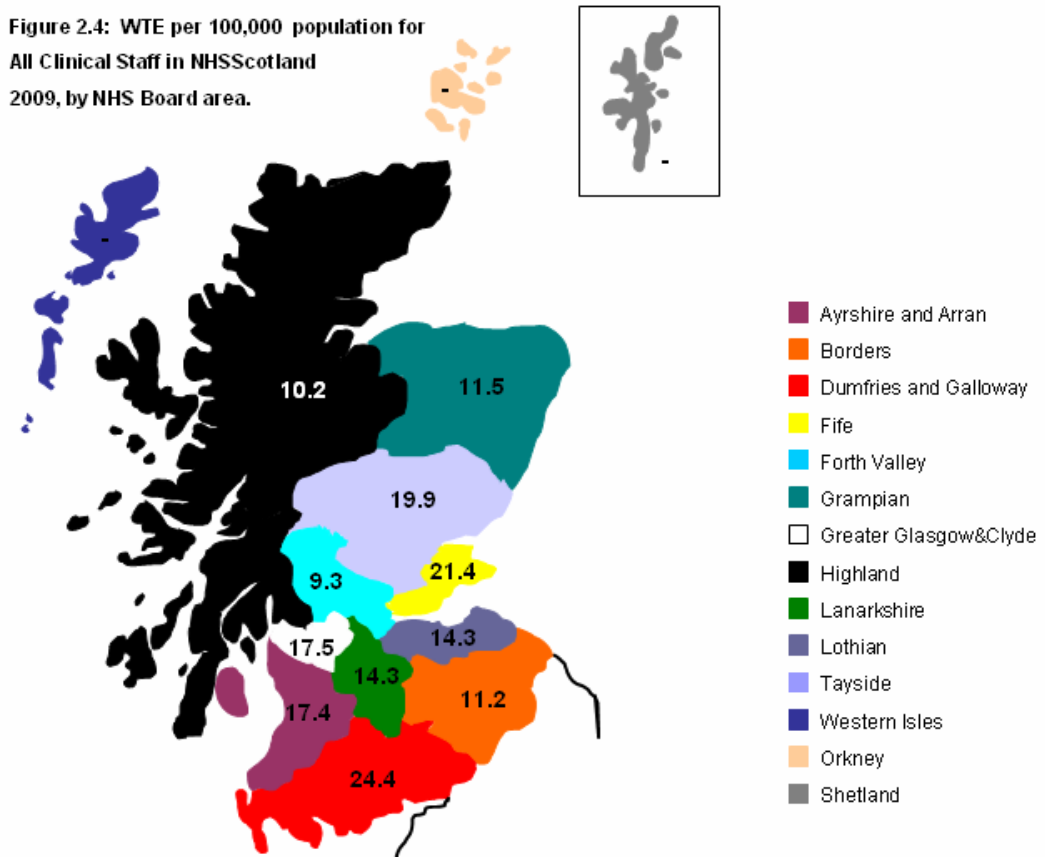
- Graduates from the Psychological Therapy in Primary Care course entered the workforce in 2006 with graduates of the Early Interventions for Children & Young People entering the workforce in 2008. Given the innovative nature of this new addition to the workforce, consideration needs to be given as to how these roles might develop, especially in relation to matched care models in Primary Care and the need to develop appropriate services for an ageing population.

Inequities regarding level of service provision across NHS Board areas remain when the population per 1 wte of all clinical staff in Psychology Services is considered (Table 2.9 & Fig 2.4).

Table 2.9 : Population per 1wte of all clinical staff in psychology services in NHS Scotland at 30th September 2009, by NHS Board. Population per 1 wte

<8 000	8 000 – 9 999	10 000 – 14 999	15 000 – 19 999
1. Dumfries & Galloway (4 101)	7. Lothian (6 972)	9. Grampian (8 683)	11. Forth Valley (10 695)
2. Fife (4 664)	8. Lanarkshire (7 009)	10. Highland (9 807)	
3. Tayside (4 990)			
4. Borders (5 662)			
5. Greater Glasgow and Clyde (5 704)			
6. Ayrshire & Arran (5 761)			

Please Note: There were no resident Psychology services on Orkney at 30th September 2008. The NHS Shetland Clinical Psychology Service has begun to develop since March 2005 when a full-time Consultant was employed to provide a service for Children & Adolescents. As at 30th September, this post was being filled by a locum Clinical Psychologist 3 days per month.



The gender composition of the above workforce (i.e. all clinical staff) is predominantly female (89.0%). In relation to the Applied Psychology workforce a similar picture prevails with 77% being female. It is estimated that approximately 20% of the Applied Psychology workforce will be eligible to retire within the next 10 years thereby placing a further strain on services to meet future developments.

Current Workforce In Training

Clinical Psychology

Expansion of training capacity has occurred in recent years. In 2002 there were 100 Clinical Psychology trainees in NHS Scotland. At the time of the latest intake to Clinical Psychology training, (i.e. October 2009) there were 203, i.e. training capacity almost doubled (Table 2.10). There were 573.7 wte qualified Clinical Psychologists in post as at September 2009. It is apparent, from the ratio of qualified Clinical Psychologists to Trainee Clinical Psychologists, that this places a heavy demand on qualified staff time for clinical supervision. Approximately 10 - 20% of applications to train in Clinical Psychology in Scotland are successful. There has been no evidence of a reduction in the calibre of trainees as training numbers have increased.

The return for NHS Scotland from investment in Clinical Psychology training is high:

- Attrition from Clinical Psychology training is very low (on average less than 5% per year).
- Retention is high: each year more than 85% of those trained in Scotland have taken up employment in Scotland on completion of training.
- 80% of those who completed training in Scotland in 2001/2002 remained in the NHS workforce at the 2007 census date, 5 + years later.

Table 2.10: Clinical Psychology training numbers in NHS Scotland 2002 – 2009

Year	Intake	Total Number in Training	Output of trained Clinical Psychologists	Number taking up employment in NHSScotland following course completion
2002	36	100	32	29 (91%)
2003	65	132	31	27 (87%)
2004	61	168	31	29 (94%)
2005	60	188	33	28 (84%)
2006	49	188	44	41 (93%)
2007	52	193	44	39 (88%)
2008	50	198	57	54 (95%)
2009	60	203	46	36 (78%) *

* At time of compilation, information on all graduates from year 2009 not yet submitted.

Clinical Psychology Flexible Training Arrangements

Full-time Clinical Psychology training takes place over a 3 year period. Flexible routes through Clinical Psychology training were introduced in 2003 (University of Edinburgh programme only), whereby after a minimum of 1 year full-time training trainees are employed in an area of local service need and released on a part-time basis to complete their remaining professional training requirements. Thus employers can elect to offer 4 or 5 year part-time training contracts, thereby securing an early increase in workforce capacity in their Psychology Services, tailored and developed to local requirements over that period. Of all Clinical Psychology trainees 46%, i.e. 93 trainees, have 4 or 5 year training contracts. They are employed in 9 NHS Boards, The State Hospital and in 3 clinical networks (for Forensic, Cancer and Addiction services).

In spite of this popularity, flexible training is under threat. Initial progress was achieved through partnership funding with NHS Boards. As training numbers have accrued NHS Boards need to invest in posts for trained staff and have expressed a preference for pre-registration training to divert to full central funding through NES. Training numbers are beginning to fall reflecting the reduced funding available. NHS Boards requested more training places for the 2008 intake than NES had funding to deliver. This raises the question of what future training numbers should be, who should decide and on what basis. The decisions, based on service need, should also be informed by awareness of the skill mix which can now be supplied through training developments.

Clinical Associates - Psychological Therapy in Primary Care (Adult)

Since 2005, 112 trainees have enrolled for this 1 year Masters Programme with a further 20 trainees starting in January 2009 (Table 2.11). Trainees on this course are also provided with clinical supervision from Clinical Psychologists. Eleven NHS Boards have employed trainees during their 1 year training period and 9 have employed Graduates on completion of the course. As one might expect there is some variability between Boards in the number of Graduates employed. Nevertheless, it appears that Graduates from this course have added considerably to the skill mix within services.

However, questions remain as to how their competencies are aligned with a stepped/matched model of care. At present, the training and competencies of these graduates are designed to meet the need of Adult Primary Care services, in particular, providing care for those presenting with anxiety or depression. Potential exists for these clinical associate roles to develop to meet the needs of other specialties with unmet demand, e.g. Older Peoples Services.

Table 2.11: MSc Psychological Therapy in Primary Care

Course start year	Intake	Number Qualified	Number in employment as at June 2010	Other relevant roles outside NHSScotland	Number on D Clin Psych course as at June 2010	Other as at June 2010
2005	26	25	18	1	4	2
2006	27	25	18	3	2	2
2007	18	18	16	1	0	1
2008	21	20	11	-	5	4
2009	20	20	10	-	-	10
TOTAL	**112**	**108**	**73 (38%i.e. 73/108)**	**5 (5%)**	**11 (10%)**	**19 (18%)**

MSc - Early Interventions for Children and Young People

This training programme for MSc level Applied Psychologists with the specific remit of working in CAMH related service areas was developed in direct response to the strategic outlook of the current framework for CAMHS developments[2]. The first cohort completed training in January 2008. (Table 2.12) A recent survey among graduates of this programme demonstrated that the majority of graduates who are employed within the NHS in Scotland inhabit novel clinical roles in early intervention and psychological therapy roles within CAMHS that were previously not occupied by clinical psychologists. However, initially graduates campaigned vigorously about the lack of available posts at Clinical Associate level to deploy their skills, in spite of the close alignment of their learning outcomes with Government commitment to children and their families in the early years. There was considerable variability between Boards in the number of graduates employed. This was not directly linked to population size of Board areas. Key issues in the retention of these graduates is the lack of availability of suitable CAMHS posts and relevant strategic service developments. For these Clinical Associates in particular the gulf between various Government policies, educational and training developments and NHS Board strategic planning, especially in relation to skill mix, is still apparent.

Table 2.12: MSc Early Interventions for Children and Young People

Course Start Year	Intake	Number Qualified	Number in Employment in NHSScotland as at June 2010	Other relevant roles outside NHS Scotland (voluntary sector)	* Further training (Clinical Psychology)	Other/ research posts/ PhD, etc.
2007	20	19	10	2	4	3
2008	17	17	12	2	2	1
2009	11	11	8	1	0	1

* including employment within mental health settings in the voluntary centre and employment within universities

[2] The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care. Scottish Executive, Edinburgh 2005.

Health Psychology Trainees

A pilot scheme with partnership funding from NES and NHS Boards to support professional training for 4 Health Psychologists was implemented in January 2008. Initially, 4 NHS Boards entered this partnership scheme and an additional 3 partnership posts were available in April 2009 and three posts will be created in 2010. To date Boards employ trainees for 2 years to work on locally identified Public Health Improvement Initiatives, thereby providing trainees with the opportunity to meet the requirements of their professional training. The projects all concern the use of psychological principles to design, implement and evaluate interventions to change health behaviour in targeted disadvantaged groups. Appropriate academic supervision is provided via University based Health Psychologists. Within the NHS, Health Psychologists in Training are aligned with Psychology Services and located in Public Health in 6 of the 7 posts to date, Notwithstanding the full evaluation of the pilot it would appear that Health Psychologists in Training have made a distinct and valuable contribution within Public Health.

Other Applied Psychologists

Currently neither NHS Scotland or NES has a mandate for supporting the pre-registration training of other groups of Applied Psychologists, e.g. Counselling Psychologists. Other Applied Psychologists therefore train at their own expense or have independently to seek support from their employers.

Service Level Comparator Evaluation

It is apparent that there is considerable variance across NHS Boards in the availability of Applied Psychologists to meet the aspirations of the Scottish Government. To date, there has been no published work undertaken to identify the level of staffing and spending required to deliver the Scottish Government policies on psychological health and well-being.

Child and Adolescent Services

In 2006, the Royal College of Psychiatrists published a report “Building and Sustaining Child and Adolescent Mental Health Services” in which evidence was sought to answer the question “what should specialist child and adolescent mental health services (CAMHS) be doing and how many people does it need to do it?” Due to lack of sufficient background information recommendations were not made for specialist CAMHS for the age range 16-17 years, young people with learning disabilities, substance misuse problems, forensic problems or infant mental health problems. The recommendations for staffing were therefore limited to specialist CAMHS services for 0-16 year olds at Tiers 2, 3 and 4. Based upon a population in Scotland of approximately 5 million, it is recommended that the following numbers of Child and Adolescent Clinical Psychologists (wte) would be required as illustrated in Table 2.13. In addition, it is recommended that at Tier 4 for a 10-12 bedded in-patient service; 1 wte Clinical Psychologist for adolescent units is required and 0.8 wte Clinical Psychologist for children’s units. For day unit provision 1.0 wte Clinical Psychologist is recommended.

Table 2.13: Estimated level of CAMHS Services Provision (wte) for 0 – 16 year olds for Population in Scotland

	wte
Tier 2	102.9
Tier 3	102.9
Disabilities	66.9
Paediatric Liaison	51.4
Total	**324.1**

In 2005 the Scottish Government published The Mental Health of Children and Young People – A Framework for Promotion, Prevention and Care, which set out a template for all children's services to work towards in terms of young people's mental health needs and established key roles for specialist CAMHS teams. Applied Psychologists are key members of these multi-disciplinary teams. To support the Framework and its implementation date of 2015 the Scottish Government then produced in 2006, the report "Getting the Right Workforce Getting the Workforce Right" (Scottish Government 2006). This paper reported the results of a strategic review of the Child and Adolescent Mental Health Workforce. It concluded that 200 wte Clinical Psychologists were required across Scotland to populate notional CAMHS. These figures were regarded as illustrative rather than definitive and did not include the number of Applied Psychology staff required to provide day patient and in patient services.

At present across Scotland, a total of 134.5 wte Clinical Psychologists plus 6.4 wte other Applied Psychologists work in Child and Adolescent Services for those 0-19 years of age. The currently available 140.9 wte Applied Psychologists in Child and Adolescent Services is equivalent to approximately 43% of the number of Clinical Psychologists estimated to be required for Scotland by the Royal College of Psychiatrists and is equivalent to approximately 70% of that recommended by the Scottish Government. However, both estimates of need do not match exactly to the current models of service provision in terms of age limits and specialist areas of CAMHS and therefore it is likely that the current workforce level is less than these percentages would suggest.

Working Age Adults Services

In early 2007, the Sainsbury Centre for Mental Health published an analysis of the services, staffing and spending needed to deliver the UK Government's policies, on adult mental health services in England, organised around the seven standards of care specified in the National Service Framework (NSF) for mental health (Boardman and Parsonage 2007). The analysis identified the services, with associated staffing and spending requirements that should be available in 2010/2011.

It is important to note that this report covered the working age adult population only (16-65 years) and that the method of analysis adopted was conservative, based upon sound epidemiological data, the available evidence base, UK Government policies for England and not on the author's own models of service provision.

Given these parameters it is possible to extrapolate as to the level of service provision required in Scotland based upon the Sainsbury Centre for Mental Health report. Table 2.14 illustrates the anticipated level of services required to meet the mental health care provision for the Scottish working age adult population (16 – 65 years) based upon a population of approximately 5 million.

Table 2.14: Estimated level of Mental Health Psychological Therapies Staffing Provision (wte) for Working Age Adult Population (16-65 years) in Scotland.

	Clinical Psychologists	Health Psychologists	CBT's	Primary Care Mental Health Workers	Assistant Psychologist
Mental Health Promotion	10.3	10.3	-	-	
Primary Care	554.2	-	576.8	100.00	
[1]Outpatient Services for People with Severe Mental Illness	154.1	-	-	-	113.2
[2]Inpatient Services for People with Severe Mental Illness	152.3	-	-	-	152.3
Community Forensic Teams	20.5	-	-	-	
Specialty Services					
[3]Liaison Psychiatry	20.5	20.5	-	-	
Perinatal Services	3.8	-	-	-	
Eating Disorder	10.0	-	-	-	
Personality Disorder	41.2	-	-	-	
TOTAL	**966.9**	**30.8**	**576.8**	**100.00**	**265.5**

1. Includes: CMHTs, Assertive Outreach Teams, Crisis Resolution Teams, Early Intervention in Psychosis Teams.
2. Includes: Medium Secure, PICU /Local Secure, Low Secure, Acute Hospital, Rehabilitation.
3. Report stipulated Clinical or Health psychologists.

In order to fulfil the Scottish Government's mental health agenda for the adult working age population it is estimated that 997.7 wte Applied Psychologists would be required. At present 394.2 wte Applied Psychologists work within adult services in Scotland.

In relation to the wider skill mix of a Psychological Therapies Service (as outlined by the Sainsbury Centre for England) including Clinical Psychologists, Health Psychologists, CBTs, Primary Care Mental Health workers and Assistant Psychologists it is estimated that 1,940 wte clinical staff are required for the working age population in Scotland. At present, across Scotland, including Applied Psychologists, Clinical Associates, CBTs, Counsellors, Assistant Psychologists and other therapists a total of 570.8 wte are currently employed to work with the adult population within NHS Psychological Therapies Services. This represents 30% of the workforce estimated for working age adults by the Sainsbury Centre. Indeed, the total number of clinical staff currently employed within Psychological Therapies Services for all age groups across Scotland is 834.3 wte which is well short of that estimated for working age adults alone.

Older People Services

In 2006, the British psychological Society, Division of Clinical Psychology produced a briefing paper "Commissioning Clinical Psychology Services for Older People their Families and other Carers". The paper was intended for use by service managers and commissioners of services and provided guidance regarding the structure of Clinical Psychology input in relation to older people. The briefing paper refers to psychological care for people over the age of 65 years, as well as their carers and others on whom they rely. Based upon a population in Scotland of approximately 5 million it is recommended that the following numbers of Clinical Psychologists and Assistant Psychologists (wte) would be required as illustrated in Table 2.15.

Table 2.15: Estimated level of Older Peoples Services Provision (wte) for people over the age of 65 years for Population in Scotland

	Clinical Psychologists	Assistant Psychologists
Secondary Mental Health Services	92.6	46.3
Primary Care	Not Specified	Not Specified
General Hospital Care	20.6	10.3
Young Onset Dementia Services	10.3	5.2
Stroke Services	20.6	10.3
Falls Services	10.3	5.2
Intermediate Care	10.3	5.2
Total	**164.7**	**82.5**

The current available 32.2 wte Applied Psychologists in Older People Services is equivalent to less than 20% of the number of Clinical Psychologists estimated to be required. Addition of the 41.6 wte 'age non-specific' Applied Psychologists to those 32.2 wte in Older People Services results in a total of 73.8 wte, which remains at approximately 44% of the number of Clinical Psychologists recommended by the British Psychological Society.

The total number of Assistant Psychologists for all services across Scotland including Child and Adolescent, Working Age Adults and Older Adults is 72.2 wte, which represents 87% of that recommended for Older Adult Services alone.

Overall Service Demand

The estimation of national numbers of Applied Psychologists drawn up by adopting a population based approach is problematic as it can produce a range of different outcomes. Estimates of national numbers may also be divorced from peculiarities of local service demand and local service configuration. In addition, there is no nationally agreed single method of arriving at the appropriate skill mix of a local clinical team. The above figures produced for Child and Adolescent, Working Age Adults and Older People Services are therefore illustrative rather than definitive and have not been tested against local need.

A more pragmatic approach to determine level of service provision is to assess local level of need related to expected standard of service provision. For example, the Scottish Government has recently set referral to treatment targets for a number of services. No national targets have been set in relation to waiting times for access to Psychological Services. Establishment of such waiting times would enable needs assessment and gap analyses to be undertaken at local level with a view to establish level of service provision necessary to achieve Government performance targets.

Recommendations for Consideration

- Each NHS Board should undertake a review of Psychological Therapies Service provision to meet 18 week assessment to treatment waiting time target with particular attention to:

- Inequities in service provision and identified areas of unmet need

- Level of skill mix (i.e. Applied Psychologists, Clinical Associates, CBTs, Counsellors etc.)

- Each NHS Board should seek to identify the types and specialities of Applied Psychologists who require urgent expansion. For example:

  Clinical Psychologists working in Older Peoples Services
  Clinical Psychologists working in Physical Health Services
  Health Psychologists working in Public Health Services
  Forensic Psychologists working in low/medium secure facilities and in forensic mental health teams in the community

3. CURRENT ROLES OF THE WORKFORCE PROVIDING PSYCHOLOGICAL INTERVENTIONS

As previously noted a wide range of NHS professions are involved in the care of those with mental health problems. These include general practitioners, health visitors, nurse practitioners, counsellors, cognitive behaviour therapists, applied psychologists and psychiatrists. The role of each of these professional groups depends upon which level of the Matched Care Model they operate within**.** Figure 3.1 illustrates the type of presenting problems and associated level of service provision required for fully comprehensive and integrated mental health services. Transition from level 1 through to level 5 is associated with an increase in severity and/or complexity and/or chronicity of presenting problems. Accordingly from level 1 through to level 5 there is an increase in the intensity of intervention/treatment and a move towards more highly specialised services. This progression requires a similar enhancement of staff training and staff competencies to meet patient need. Most mental health professionals have received some training in psychological interventions and/or therapies. This may range from brief basic introductions in a particular technique to highly specialised and advanced training in several therapeutic modalities.

Applied Psychologists receive highly specialised and advanced training in a variety of therapeutic approaches across the age range for the patient population. They also work in all levels of the Matched Care model, except level 1. The expansion of the skill mix in Psychological Services and the demand for greater access to psychological therapies has led to an increase in request for Applied Psychologists to provide training and supervision. This role is crucial in ensuring the expansion and quality of service for users. However, Applied Psychologists are small in number. Working as they are, it is impossible for sufficient Applied Psychologists to be available to meet all the demands for Psychological Services and this is not seen as ideal in any event. The development and utilisation of psychological competence in the existing multi-professional workforce is therefore crucial. This has already been recognized by the BPS and DoH in England and by other professional groups such as Psychiatrists and Mental Health Nurses in the series of ‘New Ways of Working’ documents (DoH 2005 and 2006 respectively).

Figure 3.1: Model of Matched Care

Applied Psychology

The BPS has succinctly stated that the simple but clear purpose for Applied Psychologists is “to improve the psychological well-being of the population through working with individuals, families, team organisations and communities”.
As outlined by the BPS in “New Ways of Working for Applied Psychologists in Health and Social Care: The End of the Beginning”(BPS 2007), listed below is a brief description of the work of each of the Applied Psychology groups:

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.

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.

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.

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 NSFs 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, **Educational Psychologists** and **Sport and Exercise Psychologists** have historically been employed outwith the NHS. However Occupational Psychologists have specialist skills that can be applied in health settings especially with regard to increasing the effectiveness of organisations.

Other Professional Groups

Cognitive Behavioural Therapists assess, formulate and treat clients with a range of conditions. They work predominantly in adult mental health settings such as primary care. In addition to direct clinical work with clients they may work through staff and in teams such as community mental health teams. Their main competencies are assessment, formulation and the delivery of psychological interventions usually for those presenting with mild/moderate mental health problems.

Counsellors work within the public and private sector. Within the NHS they may work independently in primary care or aligned to Clinical Psychology services. Their competencies include assessment and the establishment of a client therapist relationship that facilitates personal development for the client.

Clinical Associates in Applied Psychology assess, formulate and treat clients within a specified range of conditions and within a specified age range. The major competencies include assessment, formulation, the delivery and evaluation of psychological interventions to individuals, families or groups within an Applied Psychology framework.

What Do Psychologists Do?

The wide applicability of the discipline of psychology is reflected in the diversity of specialties and roles within the workforce as illustrated in Table 3.1.

Table 3.1: Applied Psychologists Employed in NHSScotland in 2009 (Across all Target Ages of Patients; Child & Adolescent, Adult and Older Adults)

Speciality		Total Number of All Applied Psychologists (WTE)
Mental Health N = 334.8 (includes 216.4 wte in Adult Mental Health)	Eating Disorders Early Intervention General Mental Health Mild to Moderate Severe & Enduring	8.4 20.8 237.1 (plus 54.5 CAAPs) 30.7 37.9
Learning Disabilities N = 68.9	General Offenders ADHD Mental Health Challenging Behaviour Autism	41.3 4.6 1.7 7.6 6.6 7.2
Physical Health N = 72.5	General Cancer/Palliative Care Pain Stroke Cardiac Disease/Rehab Cystic Fibrosis Sexual Health-HIV/AIDS Long Term Illness eg diabetes, renal Maternity and Neonatal Other	13.5 13.9 11.0 6.8 4.5 1.6 2.6 8.4 1.7 8.6
Neuropsychology N = 27.5	General	27.5
Forensic N = 30.6	General Offending Behaviour Mental Health Other	3.9 5.4 17.1 4.2
Other N = 80.0	Alcohol & substance misuse Academic Health Improvement Autism Spectrum Disorder Dentistry Gender Based Violence Services to Cultural Minorities Trauma Services Prevention Other	18.5 7.5 2.0 2.2 0.4 1.0 1.5 2.5 1.0 43.2

Although working across a wide range of specialties, there is a fundamental commonality to the work that most Applied Psychologists and Psychological Therapists undertake in the NHS. To accurately capture the working patterns of all staff and trainees in NHS Psychology Services in Scotland a national activity audit was undertaken in 2007. (Table 3.2) The response rate across Scotland was 65.4%. The data collected permitted a two-week 'snapshot' of the tasks that participating staff were involved in.

Table 3.2 illustrates the activity data for staff who worked at any point across either of the two weeks. The figures are based on the total percentage of time that was spent on each of the activities across both weeks.

It is apparent that the majority of working time is devoted to activities associated with direct clinical care (70%). This does not capture the variations that exist between, for example, newly qualified Applied Psychologists and more senior Consultant Psychologists who are likely to have more managerial responsibilities. However it presents a fair representation of most of the workforce.

Table 3.2: Percentage of time all clinical staff in psychology services in NHS Scotland (excluding trainees) spent on the listed activities during a 2-week time period.

Activity	Ayrshire & Arran	Borders	Dumfries & Galloway	Fife	Forth Valley	Grampian	Greater Glasgow & Clyde	Highland	Lanarkshire	Lothian	Tayside	Overall
Direct Clinical Care: Attended Individual. Attended Group. DNA, Direct Patient Contact, Indirect Patient Contact, Psychology Consultation with other staff, Patient Related Admin, Receiving Clinical Supervision, Giving Clinical Supervision, Business Travel	71.9%	78.0%	80.2%	71.7%	61.9%	66.6%	67.6%	64.5%	70.7%	67.8%	75.6%	**70.1%**
Supporting Activities Research CPD Providing teaching/lecturing / staff training NHS Meetings & Supporting Activities (non-clinical) Service Planning & Management.	17.6%	16.3%	13.6%	19.2%	26.4%*	20.1%	23.4%	28.9%*	18.3%	20.4%	15.9%	**20.1%**
Other Duties Personal Admin non-NHS meetings other	10.5%	5.7%	6.2%	9.0%	11.7%	13.3%	9.0%	6.6%	11.0%	11.8%	8.6%	**9.9%**
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Recommendations for Consideration

- Applied Psychologists must maintain and develop extended roles aimed at increasing the availability of psychological interventions whilst retaining a role in ensuring the quality of interventions offered.

- Each NHS Board Area should determine the psychological skills required by the wider workforce and ensure that there are sufficient Applied Psychologists in post to support this work.

4. DRIVERS FOR CHANGE

Wider Policy Context

In recent years the policy context has been changing rapidly and has put psychological well being more firmly on the map. The worldwide increase in interest in the provision of psychological interventions sits in a context wider than specific mental health policy drivers such as:

- Significant increase in the evidence base for psychological therapies for a range of conditions.
- Public demand for access to evidence based psychological interventions as an alternative to more traditional forms of pharmacological treatment.
- The need for Services to shift in a way which allows the psychological perspective to become more prominent and Services delivering psychological interventions to become more prevalent.
- The impact of mental distress and ill health in the work place.
- UK wide focus on getting people on long term incapacity and related benefits back to work.
- The direct and indirect cost to the economy of mental distress and mental ill health.

In England, these factors and others, prompted and were considered within the "New Ways of Working for Applied Psychologists" (BPS 2007). Various sections of the New Ways of Working for Applied Psychologists have been utilised in the current report. The New Ways of Working for Applied Psychologists Group was a joint initiative between the National Institute for Mental Health in England (NIMHE) and the British Psychological Society. Work was carried out by seven project groups, as follows:

- New roles
- Training model
- Post-doctoral registration career roles
- Improving access to psychological therapies
- Team working
- Organising, managing, and leading psychological services

The seventh group that looked at mental health legislation is yet to report because of delays in agreeing the final form of legislation. It is also important to note that in England a significant resource is being invested in development of an infrastructure to support the access to and use of a range of psychological interventions. £170M has been invested to develop access to psychological interventions such as Cognitive Behavioural Therapies.

Scottish Policy Context

A range of policy drivers in Scotland are supported by the provision of effective evidence based psychological interventions and therefore best use of staff in delivering psychological services within a mental health framework. In December 2006 Delivering For Mental Health was published. This new plan for the way in which mental health services are to be delivered built on what was done previously in the Framework for Mental Health Services in Scotland in 1997, The National Programme for Mental Health and Well-Being and the introduction of new mental health legislation, all of which put the individual at the centre of decision making.

Better Health Better Care (Scottish Government 2007) sets out the Governments ambition around the way in which we want to drive change across all of the health service and more widely. Key actions from Delivering for Mental Health have been adopted and helped to reaffirm mental health as a national priority. At the same time as developing these policy documents for the NHS, the new Scottish Government has agreed a new concordat with the convention for Scottish Local Authorities (COSLA) in relation to agreeing national and local outcomes and indicators for success. Through the Single Outcomes Agreement we have seen mental health being identified as a key area for partnership working.

One of the Scottish Governments main national outcomes, of which there are 15, is that "our public services are high quality, continually improving, efficient and responsive to local peoples needs". Appropriate deployment of psychologists is key to providing a service that meets people's needs in addition to being an efficient use of this resource.

Within the context of Mental Health in Scotland a vision that was set out in Delivering for Mental Health was about, not just those with severe and enduring mental illness, but about a wider range of disorders and illnesses including depression and anxiety. Whilst the focus is on treating and preventing illness, emphasis is also placed on continuing to promote mental health and well being.

A number of the original targets and underpinning commitments specified in Delivering for Mental Health have now been achieved or superseded, while others have been added. The current targets are listed below: They include a new HEAT target which emphasises the SGHD's commitment to Psychological Interventions, and to the development of an access target from 2011/12 onwards.

- During 2010/11 the Scottish Government will work with NHS Boards to develop an access target for psychological therapies for inclusion in HEAT 2011/12
- Reduce suicide rates between 2002 and 2013 by 20%, supported by 50% of key frontline staff in Mental Health and Substance Misuse Services, Primary Care, and Accident and Emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.
- Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.
- By March 2013 no-one will wait longer than 26weeks from referral to treatment for specialist CAMHS services

These targets reflect the need for a shift in the balance of care if they are to be achieved. Among the ongoing commitments in Delivering for Mental Health directly related to the agenda regarding increasing access to a range of services and interventions are:

- Commitment 3: work with GP's to ensure that new patients presenting with depression will receive a formal assessment using a standardised tool and a matched therapy appropriate to the level of need.

- Commitment 4: increasing the availability of evidence based psychological therapies for all ages groups in a range of settings through a range of providers.

  In addition:

- Commitment 6: NHS Quality Improvement Scotland (QIS) will develop the standards for ICPs for schizophrenia, bipolar disorder, depression, dementia and personality disorder by the end of 2007. NHS Board areas will develop and implement ICPs and these will be accredited from 2008 onwards.

A 'refresh' of Delivering for Mental Health is in preparation, and it is expected that this will confirm the overall direction of travel, and seek to build on the progress already made. It is likely that there will be increasing emphasis on availability of appropriate psychological interventions for people in priority service areas - Older People, Forensic, Trauma and Alcohol.

Psychological interventions are not restricted to mental health but also apply to physical well being and disease prevention. In 2007 the annual report of the Chief Medical Officer was published, titled Health in Scotland (Scottish Government: 2007). This report focussed on the biggest health challenges facing Scotland – cancer, coronary heart disease, stroke and liver disease. The report outlined the medical advances that have reduced the mortality rate of these diseases. The report also emphasised the need for attitudinal and behaviour change associated with the prevention of disease to enable individuals adopt healthier lifestyle choices. Interventions at population level, 'at-risk' group level, and at individual level need to be based on sound psychological theory and routinely evaluated and evidence based.

Psychological Services Matrix

NES has led work in developing an evidence based psychological therapies "Matrix". This is a tool for use by NHS Boards across Scotland to support access to effective evidence based psychological therapies through offering clear and accessible guidance on which interventions have an evidence base for specific psychological problems at various levels of severity and presenting to different levels of service. NHS Boards will then be able to assess the capacity of local services to deliver these therapies against their knowledge of local need and demand. The Matrix will be a key tool for strategic and workforce planning in mental health. It will be updated as new evidence becomes available.

Challenges for the NHS

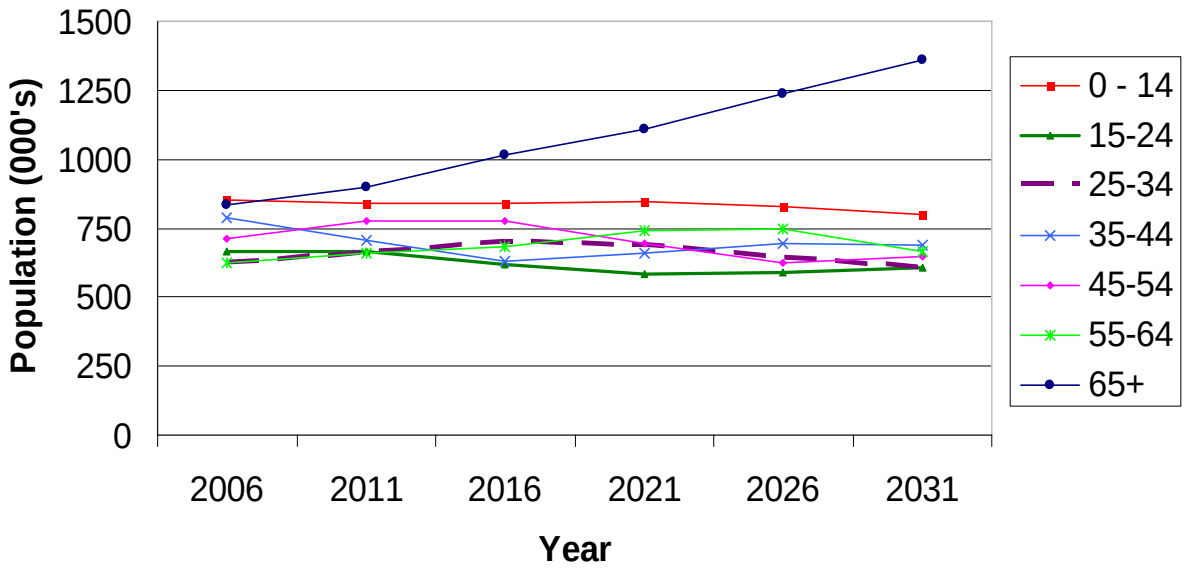
Demographic changes

The changing age profile of the population, as illustrated in Figure 4.1, has a number of consequences including increasing demand for services from a population that is living longer but not necessarily living better quality lives. Despite the increasing prevalence of physical morbidities in the older adult population, clinical health psychology provision for this age group is especially poor. Increased provision could result in demonstrable improvements in the patient's experience, outcomes and contribute to greater efficiencies including reduction of length of stay within hospital settings.

The increased prevalence of dementia following demographic changes will place increasing demands for specialist neuropsychological assessment to contribute to diagnosis.

Current concern about inappropriate or excessive provision of anti-psychotic medication to manage challenging behaviour in institutional care needs to be met by increasing the availability of psychological expertise in behaviour management. There is an important role for psychologists in training nursing and care home staff in non-pharmacological approaches.

Figure 4.1 **Population Projection of Scotland by age group (source: GROS, 2006 population based)**



Lifestyle Impact

It is already the case that a high proportion of the costs to the NHS arise from individual and societal lifestyle choices. Obvious examples are smoking, drug and alcohol misuse, obesity, lack of exercise, poor diet, sexual behaviour, etc. A developing commitment to health improvement through preventative health related behaviour change approaches now exists. In practice this may involve not only the use of more Clinical and Health Psychologists in service delivery, but also commitment of psychology resources to public health departments, as psychological models and expertise could contribute very significantly to the Scottish NHS Health Improvement Agenda.

Recovery and Well-Being

In response to the factors already outlined there is a changing focus in health care. This is reflected in the emphasis on recovery and well being. These recognise that good health is not simply the absence of illness but rather an ability to engage and cope with demands and opportunities of day to day life in a manner that promotes positive self esteem, positive attitudes to personal health and positive attitudes to personal and social effectiveness. The paper "Towards a Mentally Flourishing Scotland" (Scottish Government 2007) regarded mental well being as having 3 main dimensions – emotional, social and psychological well being. Three main themes have been identified to take forward this population based mental improvement. These are – promoting improved mental health, preventing mental health problems, and supporting improvement in quality of life etc. In so doing, this will link with other key public health and health improvement agendas for example especially alcohol, drugs, smoking, obesity, and sexual health. In addition linkages to delivering for mental health targets and commitments will arise.

Service User and Carer Involvement

Service users and carers have a right to be involved in decisions that affect their well-being. The Matched Care Model and enhanced skill mix provides opportunity for users to have services matched to their individual need. In so doing this provides a means of ensuring that care is 'person-centred'. However users and carers should also be involved in how services are shaped. Involvement of users and carers is not a 'one-off' option but is an integral part of health care provision that is ongoing and evolving. This is especially so in mental health.

Remote and Rural Areas

Areas at some distance from main population centres set particular challenges for the provision of Psychological Services. Face to face contact may require long travel times for either the patient, the clinician or both. If the clinician is travelling extensively there will be a corresponding reduction in time available for clinical intervention. Attendance at training and continued professional development events, contributions to national strategy groups or teaching/training schemes can take significantly more time away from clinical roles when staff are based in remote and rural areas.

Modern technology in the form of E-Learning schemes including E-Library facilities, video conferencing, tele-psychology offer partial solutions and should be considered carefully. Web based sites such as Moodjuice as pioneered in Forth Valley can play useful role providing relevant, accurate and local information for patients, non statutory organisations and professionals in both health and social care.

Review of Professional Roles

Changing Workforce Demands

Traditionally the NHS workforce has been geared towards the treatment of illness. Thus there has been an emphasis on medical models and interventions. If major causes of ill health are lifestyle choices and unhealthy behaviours, then this model will become both increasingly expensive and increasingly ineffective. There is a need to invest more heavily in a workforce that is trained to deliver interventions that enable people to improve their health choices and behaviours and to cope with ill health more positively. This will apply over all aspects of health care from mental health through acute illness to long term conditions. A step increase in a workforce able to deliver psychological intervention is now seen as an evidence based approach to achieving these outcomes.

Cost Effective Use of Workforce Resources

The costs of expertise are high. Training and employment of highly qualified staff in any profession is expensive and it is important to ensure that their skills are fully utilised where they will have the greatest impact. The New Ways of Working programme across a number of professions has emphasised the need to review traditional roles and to support a process of role change. Psychologists have always been a scarce resource in the NHS, despite increases in training numbers. Meeting the psychological workforce needs through psychologists alone would be costly and difficult to achieve. It is therefore essential to consider how the highly expert resource of Applied Psychologists can best support the development of the required workforce and the attainment of the objective of improving access to psychological interventions and knowledge.

Competencies and Governance

There is a genuine risk that as the psychological therapies agenda expands the necessary clinical governance is not in place to ensure quality and evidence based practice of those delivering psychological care. Recent developments in workforce planning have emphasised the need to base service delivery on clear models of essential competencies, supported by continuous personal and professional development and backed by strong governance. In the area of psychological services and interventions, it has been demonstrated that specific competencies can be acquired by a range of staff, often building on existing, relevant knowledge and skills. These can range from increased psychological awareness to expertise in specific, therapeutic applications such as CBT. However, training can vary considerably, application can be patchy, support is often ad hoc and minimal, and governance may be largely absent. As specific competencies are clearly important, they will only achieve their desired effect when harnessed within an overall strategic approach that ensures the right training, the right support and a system of governance that is well placed to take an overview of a range of models, knowledge and skills.

It is important to have an overall integrated strategy for Psychological Services that includes different levels of competence of the workforce. Within a Matched Care Model it is important that the specific competencies of Applied Psychologists, the CBT Profession and Clinical Associates are all acknowledged as an integral part of the Psychological Therapies workforce.

The Structure In Which Applied Psychologists And Psychology Services Operate

There is a tendency that Applied Psychologists are principally engaged in mental health services in one to one delivery of psychological therapies. Applied Psychologists do have an important contribution to make to achieving contemporary targets in mental health services but their role is wider and they are also employed in other service settings. For example, they already work with and through other staff in multi-disciplinary teams. Their own therapy skills are increasingly reserved for direct delivery of services for people with complex psychological problems. As Matched Care Models of service delivery become prevalent so this pattern of working raises questions about the levels of training required to deliver services to recognised standards at each level of the service model and about the clinical governance arrangements required to support such services. The best use of Applied Psychology knowledge and skills is likely to involve increasing the amount of time spent supporting interventions delivered by more numerous others. The Matched Care Model of psychological services delivery is based on the idea that high volume low intensity interventions are provided for individuals with less severe problems but that as complexity increases individuals receive more specialised and higher intensity treatment. (Figure 3.1)

Assessed local need will inform the level of care provided which in turn should inform the deployment of staff. Although not without its issues as a model it suggests:

- An increased level of service provision for sub-clinical problems from community agencies and counselling services
- An enhanced skill mix of less highly trained NHS staff such as guided self workers for very mild disorders. In addition, availability of counsellors for adjustment/transitional problems.
- Greater use of Clinical Associates and CBTs to provide formalised psychological therapy delivered to protocol for mild/moderate disorders.
- More highly trained Applied Psychologists providing more complex interventions, with training, supervision, service design, consultancy research governance and audit amongst other functions.

Applied Psychologists Acceptance of Need For Change

Applied Psychologists have been widely utilised as the main, frontline, deliverers of psychological interventions, although this has varied to a degree across the specialist areas. It is clear that the number of psychologists available is not able to meet the increase in demand in existing areas of practice, let alone the future demands arising from a change in focus of health care. Nor is it the case that it would be either possible, or economically appropriate, to meet the demand through increases in this workforce alone. It is therefore essential to consider how psychologists can best contribute to meeting the NHS objectives and improving access to and utilisation of psychological interventions and knowledge.

Applied Psychologists have a unique background of training that encompasses a broad based knowledge of human development, behaviour, cognitive processes and change. It is rooted in an understanding of both healthy processes and the role of psychological factors in physical and mental ill health. It encompasses the development, evaluation and delivery of a range of standardised, protocol driven interventions as well as the ability to adapt, merge and innovate where such interventions may be appropriate or ineffective.

As such, Applied Psychologists are uniquely qualified to help the NHS identify where psychology can make the greatest contribution to health policy and its implementation. This overview gives them a key competence in relation to the training support of the wider workforce and the assurance of quality through psychological governance.

Recommendations for Consideration

In order to develop a Workforce Plan for Psychological Therapies, NHS Boards should consider each of the following via Commissioners and Head of Psychology Services:

- The role of Clinical and other Applied Psychologists and how best they might be deployed in areas other than direct service delivery.

- The role of Clinical Associates in the delivery of psychological therapies in relation to current areas of work and potential expansion into other specialties. (e.g. Older Peoples Service)

- The role of other mental health professionals, such as CBTs and Counsellors, in the delivery of evidence based psychological therapies.

- The role of workers at entry level (e.g. self-help coaches and support workers) and what additional training and needs they may have and what career progression is open to them.

- The interface between NHS Psychological Therapies Service providers and the Voluntary/ Community Sector.

5. PROPOSED NEW ROLES

The new roles of Applied Psychologists must be determined by how to make best use of resources to deliver on policy targets and achieve maximum impact on the entire healthcare system. The NHS in Scotland needs Applied Psychologists to deliver at a number of different levels. It needs clear strategic goal setting, innovation, and operational planning and governance; it needs high volume, evidence-based service delivery embracing both standardised and protocol driven treatments and the use of complex and innovative approaches; it needs low intensity service delivery such as guided self-help and enhanced community support; it needs heightened psychological awareness amongst all; and it needs greater success in the promotion of good health and prevention of illness.

This requires a fundamental reappraisal of the way that the limited and valuable resource base of Applied Psychology is currently utilised in NHS Scotland. Applied Psychologists need to focus upon innovative means of service delivery, ensuring that the healthcare system is providing evidence based interactions, by appropriately trained practitioners who receive regular supervision and that the quality of services is regularly monitored. It should be noted that the proposed new roles represent a shift of balance in roles, with the Applied Psychology workforce already competent and capable of adopting these.

If current demands and targets are to be met, NHS Scotland requires Applied Psychologists to work in partnership with other professional groups to attend to the following tasks:

Applied Psychologists must recognise the importance of two distinct functions. Firstly, the planning, management and over-sight of services that are concerned with the delivery of psychological therapies by practitioners trained to a recognised level and working with a specified degree of autonomy. Secondly, the training and support of the wider work-force in psychological skills who, with these enhanced skills, can also improve access to psychological based treatments and interventions. That is, delivering psychological therapies to people versus developing enhanced psychological skills in others.

Applied Psychologists should have a key role in the design, delivery and evaluation of innovative new interventions and the innovative design of services and systems to maximise the roll out of existing evidence based treatments. Crucially, the focus of this work must be to design therapies and interventions and associated protocols, manuals and materials that allows a high volume of service delivery by groups other than Applied Psychologists. This will necessitate the identification, release and support of varying levels of psychological skills in other professional groups. This model of service delivery will greatly enhance the successful implementation of, for example, the New Ways of Working for Mental Health Nurses.

Applied Psychologists must lead in the delivery of training in psychological therapies and interventions. This should happen at both a local and national level and be targeted towards interventions which reflect local and national strategy objectives. This work needs to be properly co-ordinated, targeting those who require it most and be properly evaluated. Again, once developed and fully evidenced, the training function may be devolved to the non-Applied Psychologist group.

Applied Psychologists should spend an increased amount of time providing clinical supervision to a wide range of professional groups and agencies as well as retaining a key role in the development of trainees. The emphasis must be on how psychology can enhance that which is already in place, not as an alternative to it.

Applied Psychologists must accept a pivotal role in governance and support for the quality of psychological therapies offered by others. This is best achieved where Applied Psychologists are responsible for the training, supervision and governance of individuals delivering those therapies. Where the issue is one of staff having enhanced psychological skills rather than delivering therapies, there must be clear links to the management structure of that individual that would allow governance issues to be addressed.

Applied Psychologists should spend an increased amount of time in a consultancy role across the varied tiers of services. At early stages in the career this may take the form of providing expert advice on cases where treatment is being delivered by others. At more senior levels this may involve giving advice on strategic and organisational issues.

Applied Psychologists need to be prepared and supported to adopt higher-level "clinical lead" positions at NHS Senior Management or Board level for specialist services where the principle, evidence-based mechanism for change is psychological. Examples of this currently in existence, in certain parts of Scotland, include personality disorder, risk assessment, trauma and childhood sexual abuse and eating disorders.

Applied Psychologists, due to their extensive training, in a range of different treatment modalities across the age span, should work on an individual and/or group basis, with people with more complex problems, in line with agreed condition specific ICPs.

Applied Psychologists have considerable research expertise gained at undergraduate and postgraduate masters and doctoral level. At present this resource is under utilised.

Applied Psychologists should be conducting service based research and audit to properly contribute to those points above on development of new treatments, evaluation of current treatments, evaluation of services, ensuring quality of individual therapists and thereby contributing to the development of evidence based interventions and standards.

In order to meet the wider healthcare agenda and related targets, Applied Psychologists must begin to operate at a more strategic level within NHS Senior Management. This is especially true of more senior Applied Psychologists. Applied Psychologists should be providing high-level advice on the planning of psychological therapy provision, involved in joint planning with Local Authorities and in wider NHS strategy. They must be responsible for setting local targets in line with national policy and advising NHS Senior Management on how to achieve these.

It is at this level that NHS Senior Management need to be aware of the variety of Applied Psychologists that exist and what they might usefully contribute. For example, the use of Health Psychologists in Public Health Departments, the use of Forensic Psychologists to meet Multi Agency Public Protection Arrangements (MAPPA) obligations or the use of Occupational Psychologists to enhance the operations of teams within the organisation.

Applied Psychologists must become visible Leaders of the psychological therapies agenda at both a local, national and Governmental level. A significant proportion of current Governmental policy requires the co-ordinated actions of Applied Psychologists yet there is no clear structure to input into that policy. Where such expert advice is sought this is often conducted on an ad hoc basis.

The New Ways of Working for Applied Psychology Report has highlighted the impact that population demographic changes are likely to have on the workforce in the future. These predictions indicate that there will be a decline in the number of young people entering the workforce and the NHS will have to compete more fiercely with other employers. Consequently, there is a real possibility that relying solely on other NHS professional groups (we 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.

One way that this demand could be met is by utilising the largely untapped psychology workforce. Psychology is one of the most popular University Degree subjects with approximately 40% of new graduates indicating an interest in joining services concerned with improving psychological well-being. These graduates could go a long way to meeting the increasing demand for psychological services. However, uncertainty exists as to whether all undergraduate psychology degrees equip graduates with the basic knowledge and competencies to work in NHS settings.

Scotland has already taken a lead in developing the new Clinical Associates Masters courses. At present there is uncertainty as to how these courses will develop in terms of number of entrants, area of specialisation, and level of service delivery. Lessons learned from the expansion in numbers of Clinical Psychology trainees, introduction of Clinical Associate graduates, and the pilot of Health Psychologists in Training emphasised the need for Applied Psychologists to become involved in workforce planning at local and national level. The conclusions of the News 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.

Recommendations for Consideration

- Each NHS Board should examine how the adoption of the proposed new roles could result in an increased likelihood of meeting current and likely future Governmental targets.

- Each NHS Board should specifically consider how the proposed new roles will result in psychological therapies being more widely available than they are currently.

- Each NHS Board should examine the funding implications of the proposed new roles. This must encompass an examination of whether the expansion of the availability of psychological therapies requires the redeployment of non-Applied Psychologists and, if so, where this workforce will come from.

- Each NHS Board should examine whether it is utilising its pre-existing psychological expertise at the appropriate strategic, policy and planning level. Consideration should be given to asking current Heads of Psychology Services to indicate where psychological expertise could be better used.

- Higher Education Institutions that have undergraduate psychology degree courses should consider if their curriculum provides the acquisition of theoretical knowledge and competencies that are relevant for graduates seeking employment in NHS services.

6. STRUCTURES TO SUPPORT NEW ROLES

National Organisation of NHS Psychological Services

Current Position

The Psychological dimension of healthcare is both relevant and increasingly recognised across the work of the Scottish Government Health Department (SGHD). Applied Psychologists are increasingly sought to provide advice at National level on a variety of health related matters. There is, however, no formal co-ordination of this Psychological input, with requests for advice going to Psychologists who are known to individuals within the SGHD or who happen to be available when a request is made. Within Applied Psychology and with regard to service delivery in the NHS there are two key organisational groups.

- The BPS and the sub section of the Division of Clinical Psychology (DCP) comprise one group and are available for professional advice.

- Heads of Psychology Services, Scotland (HOPS) comprise the second group and consist of the leading (professional and/or managerial) Applied Psychologists responsible for managing and delivering Psychological Services within NHS Scotland. HOPS is not a sub-division of the BPS. This group is available for advice related to Psychological Service delivery.

- Both the BPS and HOPS are in receipt of requests from SGHD and collaborate to ensure that SGHD receives advice from the most appropriate psychologists.

Development Needs

- Current ad hoc arrangements for National advice and leadership in NHS Psychological Services, though undoubtedly valuable, are not structurally designed to facilitate the most informed or best advice available.

- Advice is often difficult to deliver directly at the time or in the location required as the psychologist approached will have ongoing responsibilities in their substantive post, often at some distance from the location of the meetings or individuals requiring the advice.

- The wide range of potential providers of psychological advice and the lack of an individual with the clear role and time allocation for co-ordination of professional structural links can lead to weak or conflicting advice being provided.

- Current arrangements are likely to limit the psychological input to direct clinical health care issues as there may be a lack of awareness of the potential range to which psychological models could apply.

- Currently, although there is broad national monitoring and assessment of NHS Psychological Services performance, there is no provision of more detailed assessment and advice with regard to directions of change and improvement.

- Overall, there is no central leadership position with the authority, responsibility, knowledge base and time allocation to provide advice, direction and monitoring of NHS Psychological Services in Scotland.

Professional Lead for Applied Psychology within Mental Health Division of SGHD

At present there is no recognised lead for Applied Psychology at the Mental Health Division of SHGD level. A small number of individuals sit on specific committees or provide advice on specific topics. Such expertise in particular fields in valued but fails to provide the Mental Health Division of SGHD with a broader more over-arching, collective, perspective. A lead Applied Psychologist would be in an ideal position to help, by engaging in an ongoing dialogue, to identify areas where psychology has the potential to make a significant contribution, and to access the wider knowledge base of the profession to maximise the impact of this contribution.

A lead Applied Psychologist would be able to provide prompt and impartial advice and consultancy to the Mental Health Division of SGHD. In addition, present and interpret policy developments to the field through professional networks and provide links for Applied Psychology between policy development, strategy, implementation and workforce planning.

A lead Applied Psychologist within the Mental Health Division of SGHD would provide NHS Scotland with an identified individual responsible for gathering and monitoring a network of Applied Psychologists with a range of expertise, including BPS, HOPS and academic partners for providing advice to other professional leads and Health department services, for providing an identified leadership role for psychological services in Scotland and for developing and extending awareness of psychological models of care to the widest range of NHS services.

NHS Board Management of Psychological Services

Organisational Structures

New Ways of Working for Applied Psychologists Organising, Managing and Leading Psychological Services, (BPS 2007) pointed to a number of roles that should be considered when addressing structures to support the management and delivery of

Applied Psychological Services, as follows:

There should be a strategic and operational overview of delivery, which should ensure that:

- Well established, evidence-based interventions are used;
- Recognised accredited training is pursued;
- Standards are maintained and enhanced by regular supervision;
- Systems and processes are designed to improve the psychological health of the workforce;
- There is succession planning and mentoring to facilitate leadership development.

There are, however, further roles which structures need to address:

- There should be a clear point of contact for managers and referrers when seeking advice, guidance and information in relation to the provision of Psychological Services;
- For Senior Managers there should be clear accountability for the provision of Psychological Services which involves ready identifiability of service responsibility e.g. for delivery on Commitment 4 – "we will increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers".

A structure should enable a level of strategic and operational overview which ensures:

- Equitable and rational distribution and development of services
- NHS Board wide consistent standards of service delivery
- Delivery of a matched care model with considered and rational skill mix
- Easy and effective transitions between highly specialised clinical services and between age related services
- Flexibility of use of clinical and financial resources to address fluctuating and changing demands on service
- Functional integration between professional disciplines within teams in order to provide a coherent and efficient clinical service.

The roles and drivers above should be considered when discussing the range of options available in the management of Applied Psychologists and others who offer psychological therapies/ interventions in their clinical roles (Groups 1 & 2).

Group 1 Applied Psychologists – within the NHS this currently includes Clinical, Forensic, Counselling, Health and Neuropsychology. In addition, Clinical Associates and Assistant Psychologists support the role of the Applied Psychologists.

Group 2 Those primarily offering psychological therapies/interventions – includes single model Psychotherapists such as Cognitive Behaviour Therapists and Counsellors.

Group 3 Other groups which utilise psychological knowledge to offer psychologically based interventions within a broader remit such as Psychiatrists, Community Psychiatric Nurses, Occupational Therapists and other Allied Health Professionals, General Practitioners, Speech therapists, Specialist Nurses including Health Visitors. Also includes Guided Self Help, Peer Support workers /advisors / coaches. With regard to management/organisational structures, these groups are not within the remit of this paper – although the training, supervision and ongoing support of the psychological interventions offered by these groups are considered to be central to the role of the Applied Psychologists.

Assessing Organisational Structures

The range of functions provided by Psychological Services within NHS Boards can be assessed. Whether a particular organisational structure is "doing well", "struggling" or "requires action" in facilitating such functions is important to determine.

Appendix 1 Psychological Provision: Quality Checklist for Assessing Providers offers five key areas of service delivery and indications of level of quality in each area.

- Organisation – Relates to leadership, the application of strategy and working links with health and other agencies

- Culture – Assesses the degree to which Psychological Services systematically operate to provide psychological awareness, training and reflective practice to other staff

- Practitioners – Role and Skill Mix – Focuses on degree of definition of clear roles within services and the degree to which skill mix awareness allows a tiered or stepped care model of service.

- Skill Maintenance and Acquisition – Addresses the maintenance of standards through assessment of clinical supervision arrangements. Enhancement of psychological skills available is covered by analysis of CPD arrangements and the degree to which the widest range of staff care able to receive psychological supervision and support.

- Interventions – This involves items of quality of service related to assessment, client involvement in care, adherence to evidence base and quality of service monitoring and audit.

Lead Psychologist within NHS Boards

- An identified and accountable leader of Psychological Services in each NHS Board area would clearly facilitate psychological services "doing well" in the key areas outlined above.

- In order to function effectively the Lead Psychologist would be required to advise and influence those responsible for "all age groups in a range of settings and through a range of providers".

- Representation of psychological advice at lower and middle management levels is necessary but not sufficient to ensure the widest range of applicability of psychological models of care. Representation at Senior Management Team level ensures the broadest strategic and operational application and awareness of psychological advice and is necessary to ensure the management and services to all levels are able to draw from the “organisational” and “cultural” benefits which enhanced psychological awareness can facilitate.

Recommendations for Consideration

- The creation of a Lead for Applied Psychology within Mental Health Division, SGHD is worthy of strong consideration

- NHS Boards should routinely assess the quality and range of functions provided by those offering Psychological Services.

- The Psychological Provision: Quality Checklist for Assessing Providers should be considered as an assessment tool.

- Organisational structures for NHS Board's management of Psychological Services should be developed in a manner which most facilitates the range of functions indicated.

- NHS Boards should identify an individual with the necessary breadth and depth of knowledge of Applied Psychology who has clear responsibility and accountability for the provision of Psychological Services.

- The identified Psychological Services Lead should be placed within the organisational structure at Senior Management Team level to provide, facilitate and advise as to psychological models of care in the widest range of clinical and non clinical services

7. TRAINING REQUIREMENTS

Introduction and Context

All healthcare professionals are involved in delivering psychological care to a greater or lesser extent. Doctors, nurses and allied health professionals and others require psychological skills in their clinical work and their pre- and post registration trainings need to reflect this. The training needs of this wider healthcare workforce are acknowledged but not considered in detail here.

The focus in this chapter is on training for the major groups of staff for whom psychology and psychological therapies and interventions are core responsibilities. These staff groups are considered in two main groupings: Applied Psychologists and other Psychological Therapists. The training for these two groups can also be thought of in two categories: Doctoral and Masters level training and Diploma and Certificate level training (see Table 7. 1).

The psychological competences at these differing educational levels equip staff for a range of roles in the workforce in matched care delivery systems.

- Earlier in this document the need for Applied Psychologists to support the wider workforce to deliver psychological care via training, supervision, consultancy and clinical leadership has been described as has the need for Applied Psychologists to concentrate their direct clinical work on those with the most complex presentations.
- The policy context for increasing the availability of psychological therapies and psycho-social interventions across the lifespan and physical and mental health and disability domains has also been outlined. This increase in availability of psychological therapies is to be achieved by up-skilling existing staff across a range of disciplines and by service redesign. This will require close collaborative working between NHS Boards, Higher Education Institutions and NES.

This chapter briefly describes current training arrangements for Applied Psychologists and other Psychological Therapists with some commentary about the extent to which these arrangements support the recommended new roles for Applied Psychologists and widening of access to psychological therapy. Work on competency frameworks is referred to and the chapter concludes with recommendations for consideration.

Table 7.1

Applied Psychology

Requires Honours degree in Psychology

Doctoral

- Clinical
- Health
- Forensic
- Counselling
- Occupational
- Clinical Neuropsychology

Masters

- Psychological Therapy for Primary Care
- Applied Psychology for Children and Young People

Examples of Other Psychological Therapies

Multiple routes from a wide range of Healthcare disciplines

Doctoral

- Child and Adolescent Psychotherapy

Masters

- Advanced Cognitive Behavioural Therapy
- Family Therapy and Systemic Practice

Diploma

- Cognitive Behavioural Therapy

Certificate

Foundation Level:

- Cognitive Therapy
- Family Therapy
- Psychotherapy

Applied Psychology Training

As noted in Chapter 3, there are several professional disciplines within Applied Psychology employed within NHSScotland with Clinical Psychologists being by far the largest group.

Chapter 2 gives figures for the current Scottish NHS psychology workforce in training. Applied Psychology training is provided at postgraduate Doctoral and Masters levels. All require an honours degree in psychology and the postgraduate training combines academic elements with supervised practice. Training programmes offered by Higher Education Institutions are accredited by the BPS. The BPS also offers accredited independent training routes. (The role of the BPS has changed with the Health Professions Council (HPC) taking responsibility for statutory regulatory functions as from 2009. The full implications of this remain unclear).

NES is responsible for commissioning and supporting the training of Clinical Psychologists. As mentioned earlier, two masters level training courses have also been developed in response to service needs: the MSc in Psychological Therapy for Primary Care and the MSc in Applied Psychology for Children and Young People. NES funds trainee salaries and fees as well as providing and funding elements of educational infrastructure for Clinical Psychology and the two masters level (Clinical Associate) training courses. Trainees are salaried NHS Board employees involved in service delivery through supervised practice placements. Trainee salaries are often offered on a matched funding basis with NHS Boards.

Competency Frameworks for Clinical and Applied Psychology

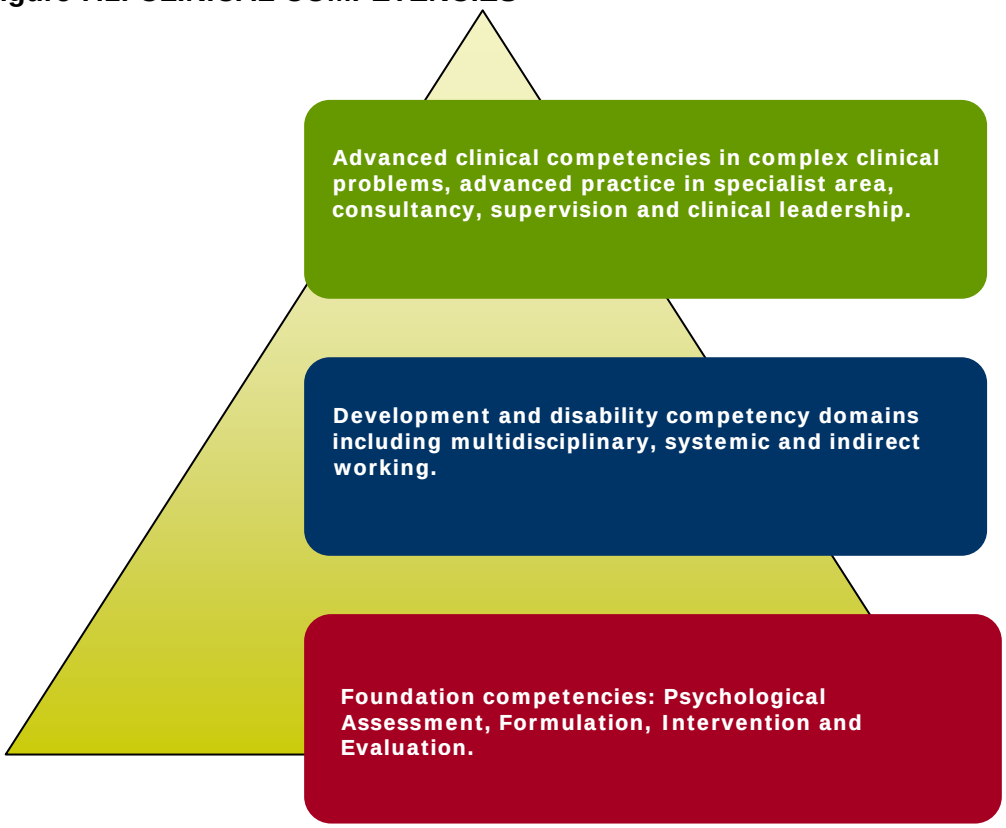
In 2006 the Quality Assurance Agency for Higher Education produced the "Scottish Subject Benchmark Statement for Clinical Psychology and Applied Psychology (Clinical Associate) Scotland." This document defines the threshold level of entry for clinical practice and articulates the attributes and capabilities that those possessing the qualifications should be able to demonstrate. National Occupational Standards will make these competences and their underpinning knowledge more explicit and transparent. These issues are summarised below in Table 7. 2**.**

Table 7.2

Educational Level	Training	Competences
Doctoral	• Clinical Psychology	Breadth and depth of psychological knowledge and skill. Multiple theoretical models across lifespan in mental and physical health, disability and systemic domains , consultancy, training supervision and independent research.
Masters	• Psychological Therapy in Primary Care (MSc PTPC) • Applied Psychology for Children and Young People (MSc APCYP)	Specific theoretical model(s) for specific client group with pre-defined range and severity of problems. Supervised research. MSc PTPC: Cognitive Behavioural approaches for moderate anxiety and depression in primary care. MSc APCYP: Early intervention approaches for children and young people and families with moderate emotional and behavioural concerns.

Another way of illustrating the competences required for Clinical Psychology at foundation, intermediate and advanced levels is shown below in figure 7.1.

Figure 7.1: CLINICAL COMPETENCIES



Other Applied Psychologists

The number of other Applied Psychologists employed in NHS Scotland is very low and NES is not mandated to commission or support the training of these groups. NES is currently piloting methods to support Health Psychologists in training in partnership with NHS boards via matched funding arrangements. The training routes for other Applied Psychologists, e.g. Counselling Psychology and Forensic Psychology, are a mixture of self funded and organisationally funded (e.g. Prison Service) arrangements with Higher Educational Institutions and/or BPS's individual training routes. Opportunities for NHSScotland to explore the potential benefit from the contribution of Applied Psychologists are being missed due to the low supply of trained staff and lack of NHS experience during training**.** Table 7.3 below summarises the current arrangements for Applied Psychology training with some brief commentary.

Table 7.3 – APPLIED PSYCHOLOGY TRAINING

	Level	Providers	Funding	Output 2009
Clinical	Doctoral	• University of Edinburgh • University of Glasgow	• NES and NHS Boards	• 46 Doctoral
	Well established training with low attrition, providing students with doctoral level competences in: complex clinical presentations across lifespan in mental and physical health, disability and systemic domains, consultancy, training supervision and independent research . Limited supply to older adult and forensic populations			
Health	**Level**	**Providers**	**Funding**	**Output 2009**
	Doctoral	• Independent Route via British Psychological Society • Queen Margaret University	• Self-funded • NES pilot support for salaries and fees	• 3 • 3 PhD
	Early indications from NES pilot suggest that Health Psychologists bring skills that are highly valued by Public Health colleagues and others			
Neuropsychology	**Level**	**Providers**	**Funding**	**Output 2009**
	Masters/ Diploma *(Entry Requirement: Clinical Psychology)*	• University of Glasgow • British Psychological Society	• NES and NHS Boards	• 0 Masters (4 in training to complete 2010) • 19 Diplomas
	Well established route to equip Clinical Psychologists with advanced competences in Neuropsychology.			
Counselling Psychology	**Level**	**Providers**	**Funding**	**Output 2009**
	Doctoral/BPS Qualification	• Glasgow Caledonian University • Independent Route via BPS	• Self-funded (new programme)	• 0 Doctoral (11 in training to complete 2010) • 2 BPS Qualification
	Considerable overlap with the competences of Clinical Psychology			
Forensic Psychology	**Level**	**Providers**	**Funding**	**Output 2009**
	Doctoral / Diploma	• Glasgow Caledonian University • Independent Route via BPS	• Self-funded • Support through Prison Services	• * • 1 Diploma
	A small number of Forensic Psychologists are working in the NHS with competences relevant to offenders. Most Psychologists working with forensic populations in the NHS are Clinical Psychologists.			

* At time of compilation, information on all graduates from year 2009 not available

Applied Psychology Training: Overview

Major strengths in the current arrangements for Applied Psychology training include the very low attrition from Clinical Psychology training and the high levels of recruitment and retention of Clinical Psychologists in the workforce of NHS Scotland. A considerable increase in training numbers has been achieved over recent years and a new strategic framework to underpin future commissioning of Clinical Psychology training is required.

The new master level training courses have also proved successful and popular with clinicians and managers in enhancing the Applied Psychology skill mix although the securing relevant posts has been problematic for some graduates. Again a new strategic framework is required to underpin the commissioning of future training at masters level.

Although NES is piloting methods for supporting Health Psychologists in training in partnership with NHS Boards, the training arrangements for the other Applied Psychologists (e.g. Forensic, Counselling, Occupational) who might contribute more to the NHS are un-coordinated and fragmented.

Opportunities for joint/cross discipline training have not been systematically explored and merit further consideration.

The supply of suitably trained Applied Psychologists for older adult and forensic populations and the public health service is inadequate and aligned training routes with Clinical Psychology programmes have been established to address this. Other initiatives are being considered.

Psychological Therapies Training

Psychological therapies training in Scotland occurs at a variety of levels and is provided by a wide range of training providers.

Table 7.4 provides some limited information about current arrangements for Psychological Therapies training in Scotland. The therapies listed are those we know Boards are investing in or have indicated they may invest in. There are a diverse range of other therapies and training programmes/routes that have not been included.

The most well developed training routes include those for Cognitive Behavioural Therapy, and Family Therapy and Systemic Practice.

NES has funded Psychological Therapy Training Co-ordinators in each health board area. The role of the Psychological Therapies Training Co-ordinator is to support the territorial NHS Boards in meeting their commitment to increase access to evidence-based psychological therapies by increasing the capacity within the current workforce to deliver psychological therapies and supporting service change to ensure that the available resource is used most effectively in practice. They also have a role in gathering information about psychological therapy training developments in NHS Boards.

Table 7.4 – PSYCHOLOGICAL THERAPIES TRAINING

Psychological Therapies

Cognitive Behavioural Therapies

Level	Providers	Funding	Output 2009
Certificate (Low Intensity)	• South of Scotland CBT Course	• Fees • Underwritten by NHS Lothian and Greater Glasgow & Clyde	Up to 30 trainees every alternate year 2009: 22 trainees
	• Dundee University CBT Course	• Fees • Supported from NHS Tayside	Up to 24 trainees every alternate year 2009: 0 trainees
Diploma (High Intensity)	• South of Scotland CBT Course	• Fees • Underwritten by NHS Lothian and Greater Glasgow & Clyde	Up to 30 trainees every alternate year 2009: 0 trainees
	• Dundee University CBT Course	• Fees • Supported from NHS Tayside	Up to 24 trainees every alternate year 2009: 20 trainees
Both current providers have recently reduced their intakes following a restructuring of training to align with competence frameworks. This is likely to result in insufficient training capacity to meet future needs, a problem which will need to be addressed.			

Child and Adolescent Psychotherapy

Level	Providers	Funding	Output 2009
Doctoral	• Scottish Institute of Human Relations	• Fees and salaries paid by NHS Boards	Cohort of 6 in training completing in 2013
NES is supporting the commissioning of training for a small cohort this year in response to service and Scottish government requests.			

Systems and Family Therapy

Level	Providers	Funding	Output 2009
Masters	• Scottish Institute of Human Relations	• Fees paid by NHS Boards and individuals	• 4
The need for Family Therapy across Scotland requires review.			

Other Accredited Therapies/Modalities

There are a wide range of Psychological Therapies including: Mindfulness Based Cognitive Behavioural Therapy, Interpersonal Therapy, various Counselling approaches, various Parenting approaches.

Self Help/ Coaching Roles

Across Scotland a variety of approaches have been taken to the training of staff employed in self help and coaching roles.

Competency Frameworks for Psychological Therapies

Until recently we have not had any recognised national qualifications or training standards specifically for Psychological Therapies which map clearly onto the levels of psychological intervention required at different levels of matched/stepped care systems.

Nor have we had clarity around what skills are required by those providing the clinical supervision necessary to guarantee safe practice. This has made it difficult for service managers to plan training for staff within services and to ensure the educational and clinical governance of systems.

With this in mind, NES, which has a role in setting the standards for training within the NHS, has been working in partnership with 'Skills for Health' (the Sector Skills Council for the UK Health Sector) and partners in England to articulate the competences necessary to deliver Psychological Therapies safely and effectively.

Three Competence Frameworks have already been produced (Centre for Outcomes, Research & Effectiveness (CORE) (Updated2009):

- Cognitive and Behavioural Therapy for Depression and Anxiety (which differentiates between the competences needed at the 'Low Intensity' and 'High Intensity' levels within stepped care);
- Psychoanalytic / Psychodynamic Competences; and
- Supervision Competences.

Further competence frameworks covering Systemic and Family Therapy and Humanistic Therapy are on course for publication on the same website shortly. These frameworks and others that follow will be very helpful for developing planning and commissioning training in Scotland.

The category of interventions which would fall under the rubric of Psychological Therapy' can be subdivided into:

- 'Low Intensity' therapy;
- 'High Intensity' therapy;
- 'Specialist' therapy; and
- 'Highly Specialist' therapy.

The mapping of competences and levels of training against the tiers of the matched/stepped-care system is currently best articulated for the Cognitive-Behavioural Therapies in the context of common mental health problems, and the model in Table 7.5 below focuses primarily on this area.

However, NES and the Scottish Government are supporting the development of matched/stepped-care approaches for a range of conditions and incorporating a range of therapeutic modalities, and further guidance will be incorporated as it becomes available.

Table 7.5 - Psychological Therapies Training: Overview

Level of Therapy	Patient Group / Severity	Treatment/intervention delivered	Training required / competencies	Examples in Scotland
Low Intensity	Patient Group: Common Mental Health Problems eg Stress/Anxiety/Depression Severity: Mild/moderate, with limited effect on functioning.	Supported self-help, solution-focused problem solving, structured anxiety management groups, self-help coaching.	Minimum training required: Generally 5-10 day training plus intensive, ongoing clinical supervision. . Level of competence: Must meet the 'Skills for Health' 'Low Intensity' competences.	-SPIRIT training as developed and delivered by Chris Williams and his team at Glasgow University -Dumfries and Galloway training for 'Self-Help Coaches'; -Borders training for 'Doing Well Advisors'; -'Certificate' level training on the Dundee and South of Scotland CBT courses (60 'scotcat' points)
High Intensity	Patient Group: Common Mental Health Problems. Severity: Moderate/severe with significant effect on functioning.	Standardised psychological therapies – delivered to protocol and normally lasting between 6 and 16 sessions.	Training required: Diploma level Normally at least 24 days formal teaching, 24 days of CBT in the workplace, plus intensive supervision over at least 1 year of training. Level of competence: Must meet the 'Skills for Health' 'High Intensity' competences.	-South of Scotland CBT Course: Diploma Level Training -Dundee CBT course: Diploma Level Training (120 'scotcat' points) -Clinical Associate in Applied Psychology MSc training. -Doctoral level Clinical and Counselling Psychology training.
High Intensity - Specialist	Patient Group: Moderate/Severe mental health problems with significant effect on functioning-Specialist areas E.g.: Schizophrenia, Personality Disorder, Bi-polar Disorder, Eating Disorders, Substance Misuse etc Severity: Moderate/Severe with significant effect on functioning.	Standardised psychological therapy, developed and modified for specific patient groups. 16 to 20 sessions.	Training required: Diploma level CBT training, plus further training in application of CBT techniques to specialist area. Further knowledge and skills may be acquired through formal training or through specialist supervision. Level of competence: Must meet the 'Skills for Health' 'High Intensity' competences.	Dundee CBT Course Masters level options in Trauma, Chronic Anxiety/OCD etc South of Scotland CBT Course Masters level options in Personality Disorder, Eating Disorder etc Diploma level CBT training plus supervised placement in specialist service. Clinical Associate in Applied Psychology MSc training plus supervised placement in specialist service
Highly Specialist	Patient Group: Complex, enduring mental health problems with a high likelihood of co-morbidity, and beyond the scope of standardized treatments. Severity: Highly Complex	High specialist, individually tailored, interventions, drawing creatively on the theoretical knowledge base of the discipline of psychology. Normally lasting 16 sessions and above.	Competences: Specialist knowledge of a range of theoretical and therapeutic models Ability to formulate complex problems using a range of psychological l models, taking into account historical, developmental, systemic and neuropsychological processes.	Doctoral level Clinical Psychology or Counselling Psychology Training. Individual clinicians with a highly developed special interest, normally including involvement in research, and identified by colleagues as having the requisite knowledge and skills.

Although there are some well established programmes and there is an intention to develop a strategic plan for training in psychological therapies in Scotland this remains at a very early stage of development. Reduced capacity in Cognitive Behavioural Therapy training is a significant concern, as the considerable supporting evidence base and feedback from NHS Boards would suggest a need to expand training capacity.

Recommendations for Consideration

- Following the Applied Psychology workforce review to be undertaken by each NHS Board, it is recommended that a Scottish Applied Psychology workforce plan to inform future training commissioning be produced.

- As a major role for Applied Psychologists is in supporting the wider workforce to deliver psychological care, it is recommended that the workforce plan be closely linked to related workforce developments in Psychological Therapies and across healthcare disciplines.

- It is recommended that pre-registration training and continuing professional development initiatives for Clinical Psychology be developed to strengthen psychologists' preparation for future roles in consultancy, supervision, clinical leadership, complex clinical presentations and research and service evaluation.

- It is apparent that the supply of a suitably trained Applied Psychology workforce for Older People and Forensic services is problematic and an early review of associated training issues is recommended.

- It is recommended that an Integrated Psychology Training Pathway (IPTP) with milestones, deliverables and costings be developed by NES. This would bring together the uni-professional Applied Psychology training routes with the multi-professional Psychological Therapies training routes.

- It is recommended that NES take the lead in co-ordinating this work and developing the proposals. This is an ambitious change programme that will require input from NHS managers, Applied Psychologists, Psychological Therapists, Nursing, Psychiatry, Allied Health Professionals, local authorities, the third sector, Universities and NES.

- It is recommended that an early step in this process is a review of current uni-professional Applied Psychology training with a view to developing elements of this for multi – professional training at diploma and certificate level or for continuing professional development.

- A review of the psychological components of the pre-registration curricula and continuing professional developments opportunities available to the major healthcare disciplines is recommended.

- Each NHS Board is recommended to review their local training and supervisory infrastructure as this will be important to sustaining skill levels in the workforce.

- Clear projections of training numbers over several years will be required by Higher Education Institutions. It is recommended that a needs assessment for workforce training be undertaken.

- It is recommended that decisions about the type of evidence based therapy training to be invested in are guided by The Psychological Therapies Matrix.

- The training capacity of existing providers in Cognitive Behavioural Therapy should be reviewed.

- It is recommended that information about training for roles in guided self help and coaching is gathered and good practice identified and shared.

Appendix 1 Psychological Provision:
Quality Checklist for Assessing Providers

The following checklist refers to the performance of providers of psychological services.

	Action Needed	Still Struggling	Doing Well
Organisation			
Leadership	Little evident	Patchy framework with a leader or range of leaders who fail to harness widespread support or fail to work together reliably and consistently	Identified and accountable leader who makes an inclusive framework for managing delivery of psychological interventions
Strategy	Little evident	Strategic statements exist but are divorced from practice and/or those they affect	Active strategy owned by workforce and consumers. Regularly reviewed and informs developments
Interface with other services	Psychological interventions delivered without reference to the input of others	Working channels of communication with referrers and professionals from health and other agencies	Staff providing interventions have regular working contact with others involved in the patient's care
Culture			
Psychological awareness	A distancing or even persecutory attitude towards staff and patients pervades services	Isolated attempts are made to increase a realistic appreciation of the feelings and thinking behind others' behaviour	Psychological mindedness is prized. There is a clear programme to raise psychological mindedness
Educational ethos	No attempt is made to share skills in interventions	Occasional, informal seminars are provided by staff for colleagues	Staff providing interventions share knowledge and skills with colleagues daily
Reflective practice	Opportunities for reflecting on clinical practice are not part of job plans	Staff make *ad hoc* arrangements to reflect on practice	Systems are in place for groups of staff to reflect regularly with a supervisor on clinical or team experiences

Practitioners – Role and Skill Mix			
Role	Roles are ambiguously defined and their holders confused	Roles are formally defined with links between responsibilities, training and experience	Roles follow national recommendations for relating responsibilities to training and experience
Ease of Transition	Staff regularly working outside boundaries of expertise. Difficult to refer to more specialist services.	Some clarity of boundaries. Transitions inconsistent or largely dependent upon individuals	Boundaries both clear and adhered to between tiers or other services. Transitions clear and specialists easy to access when needed.
Skill mix	Skill mix is not known or all practitioners are considered to be at a comparable level	Incomplete attempt to match spread of need across psychological interventions' workforce. Some awareness of skill mix.	Appropriate use of less experienced/trainee staff found alongside specific resources for cases of high-risk and complexity. Well organised tiered or stepped care model of service.
Skill maintenance and Acquisition			
Clinical supervision	Routine case Management/monitoring	More focused clinical supervision typically *ad hoc*, but with little attempt to match frequency and level with therapists' needs	Regular clinical supervision provided by more experienced/expert practitioners closely matching needs.
Professional development and training	Development planning and appraisal do not take place	A system for review exists but it does not support personal development	Appraisal system helps staff identify and resolve developmental needs in psychological interventions
Capacity to train others formally and informally	Staff provide almost no formal or informal training	Contributions to programmes of professional education are not sustained. Ad hoc informal training only	Clinical service provides a base and supervision for psychological intervention for trainees and others on placement or secondment

Interventions			
Assessment capacity	Assessments meet logistical needs only (who goes where)	Assessment outcomes limited to narrow set of options (who gets what)	Assessments available that provide predictive clinical formulations (what is needed, why and what may happen)
Client involvement in care	Little relation between intervention offered and typical client wishes, problems and abilities	Available Interventions generally appropriate to context and typical client needs	Careful matching of intervention offered to assessed client wishes, needs and capacities
Effectiveness	Interventions provided lack evidence for their effectiveness	Interventions provided often resemble those with a known evidence base	Interventions provided reliably linked to assessment and known evidence base.
Monitoring	Little or no outcome data available	Some attempt to monitor outcome. Using ad hoc local measures	Systematic outcome data available and used for regular audit purposes. Well known measures used initially allowing National comparison.

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