

# Psychological therapy staff

## Key resource – Wide variations in availability.

Gyles Glover, Rebecca Lee and Richard Dean

### Introduction

Psychological therapies in mental health care are effective, popular with service users and, for some types of mental illness, have been shown to have more enduring benefits than drug treatments. Recent work by the Office for National Statistics has shown that between 1993 and 2000, the proportion of people suffering with neurotic disorders receiving any drug treatment doubled from 10% to 20%, and the proportion receiving antidepressants nearly trebled (from 6% to 16%). However the proportions of those receiving psychological therapies remained constant at around 7% (3% receiving psychotherapy, 3% counselling and 1% behavioural and cognitive therapies) (Brugha et al 2004).

Ten years ago, Parry (1996) showed that provision varied considerably around the country. The National Service Framework for Mental Health (DH 1999) drew attention to evidence that members of ethnic minorities had less access. In his update on the NSF – Five Years On, the National Director for Mental Health announced a new programme to address the long waiting lists existing in many places for psychological therapies (Appleyby 2004).

This brief presents the most recent data (March 2006) from mental health service mapping about the availability of staff to provide psychological treatments for working-age adults with mental health problems. The aim is to show the extent to which this varies around England. National and new strategic health authority figures are shown here; an accompanying spreadsheet details the pattern in each region.

### What are psychological therapies for?

Modern mental health services cannot function without adequate psychological therapy resources. Recent NICE guidelines (NICE 2002-2006) identify these as key elements of treatment for anxiety and panic disorders, depression, eating disorders, obsessive-compulsive disorder, post-traumatic stress disorder and schizophrenia. For mild depression, anxiety and panic disorders and most eating disorders, psychological therapies are the principal recommended treatments. They also have a role in the treatment of bipolar disorders.

For commoner conditions, simpler psychological therapies are appropriate. In some cases Cognitive Behaviour Therapy (CBT) for less complicated depression and anxiety disorders can be provided by a computer instead of a therapist. For more severe disorders, a range of specialised techniques is required.

The importance and cost effectiveness of CBT specifically for depression and anxiety disorders has recently been highlighted by Layard (2004). These disorders are common and frequently impede people's ability to function at home or work. They are particularly amenable to this simple and comparatively cheap treatment.

### How many therapists are needed?

Lavender and Paxton estimated the numbers of clinical psychologists needed for local services on the basis of recommended service models and provision in a number of well functioning services. Their estimates covered primary, local secondary care, including some services that would probably often be shared between neighbouring districts, and national specialist services. Omitting a few components not relating to services for mentally-ill people, their work suggests that, for an average district, 18.8 clinical psychologists and 4.4 assistant psychologists would be required per 100,000 working age adults. Socially deprived areas might be expected to need more while more comfortable areas would need less.

Assistant psychologists are commonly employed in secondary care settings. Not formally qualified in clinical psychology, they are often used to provide simple therapies under supervision and to assist service users with the operation of computer-administered CBT. In 2000, the government set up a scheme to train 1000 graduate primary care mental health workers to provide similar functions in primary care settings. In addition to this other groups, including, psychotherapists and counsellors are needed.

### What do the figures show?

In the adult mental health service mapping of March 2006, a total of 5116 whole time equivalent (wte) staff involved in psychological therapies were reported working in units run by the NHS. Table 1 shows the numbers by broad staff group and the level of the service in which they were working. The number of qualified clinical psychologists is below half the estimated requirement. They work mainly in secondary care settings (for example community mental health teams). Graduate workers are mainly found in primary care (at GP health centres) and psychotherapists in specialist psychotherapy units. The majority of

	Total	Primary	Secondary	Tertiary	Other
Qualified Clinical Psychologists	2156	3%	69%	17%	11%
Psychotherapists	544	4%	36%	55%	5%
Counsellors	1392	27%	54%	5%	14%
Assistant Psychologists	313	4%	47%	31%	19%
Graduate Workers	711	78%	19%	2%	1%
Total	5116				

**Table 1. National numbers of staff (whole time equivalents - WTEs) providing psychological therapies, and proportions working in different types of NHS setting.**

1. A full listing of the types of service included in each of these four groups can be found on the accompanying website.
2. Population figures have been weighted (increased or decreased) to allow for the fact that mental health problems are commoner in some areas using was the AREA index. This is the system currently used by the Department of Health for allocating money for mental health care.



Strategic Health Authority	Qualified clinical Psychologists	Psycho-therapists	Counsellors	Assistant Psychologists	Graduate Workers
East of England	5.7	1.4	2.9	0.9	1.1
East Midlands	5.9	1.5	2.7	0.9	3.2
Yorkshire and the Humber	5.1	2.0	5.5	1.0	2.3
West Midlands	7.3	1.1	4.0	1.5	2.3
South East Coast	7.5	2.7	3.5	0.8	1.9
North East	5.9	2.1	5.1	0.8	2.8
North West	4.8	1.5	6.1	1.1	3.7
South Central	8.3	2.4	4.7	0.7	1.4
South West	8.5	1.0	5.0	0.8	2.5
London	10.2	2.2	4.4	1.1	1.6
England	7.0	1.8	4.5	1.0	2.3

**Table 2. Numbers of psychological therapy staff by discipline, per 100k population weighted for need (ordered by their total).**

counsellors reported appeared to be in secondary care settings. This is surprising as they are more usually associated with primary care work, where the numbers look implausibly low. Where counsellors are employed directly by GP practices they may be less reliably reported. About 10% of the total workforce identified, mostly clinical psychologists and counsellors, were operating in a range of other settings, from inpatient wards and acute home treatment teams to mother and baby facilities and homeless mental health services.

Substantial numbers of both counsellors and psychotherapists work outside the NHS, funded through charitable sources, directly by clients or in other ways. Mapping of these is very incomplete and is therefore not reported here.

Table 2 and figures 1 to 5 shows staff numbers in relation to population size. In each case the range between new strategic health authorities is considerable with the best provided areas having 35% more counsellors, 45% more qualified psychologists and 50% more psychotherapists than the national total. The least provided have 39%, 32% and 44% below respectively. There is some suggestion of substitution. London has the highest provision of qualified psychologists and more than average psychotherapists, but relatively few graduate workers. The north-west, with the highest provision of graduate workers, has the lowest provision of clinical psychologists and fewer than average psychotherapists.

## Discussion

The total number of staff available appears to be well below what is required. The variation between regions, particularly in clinical psychologist provision, is so large as to indicate that major interventions to expand the numbers of available qualified staff would be needed to achieve anything like uniform national access to adequate levels of services.

In any area, it is important to provide both sufficient numbers and an appropriate mix of skill levels. Graduate workers and assistant psychologists are considerably cheaper than clinical and consultant psychologists, however they require supervision and are not capable of providing for people with more complex problems.

## Are the figures accurate?

Data come from the annual reporting system set up to monitor the National Service Framework. Reporting requirements have been broadly stable for five years and the figures were signed-off as accurate by local NHS Trust chief executives.

However, we have anecdotal reports that some services have been missed. It seems likely that this reflects limited understanding and awareness of these services by Local Implementation Team managers, itself a

## Key questions:

### Service users and representative groups:

Are our services adequate for our local population and how do they compare with others?

Are services provided in pleasant and convenient locations?

### Commissioners:

Is the number and range of therapists we are providing adequate to service the requirements of NICE treatment guidelines?

Do we have an appropriate quota of graduate workers for an efficient skill mix, and are supervision arrangements adequate for them?

### Providers:

Is the skill mix right?

Are services provided in a range of non-stigmatising locations convenient for people's homes?

### Strategic Health Authorities:

Do the figures suggest staff availability for our region is adequate, and -what strategic steps are we taking to ensure it is?

problem. If you think the figures do not represent your area accurately, look at the detail on the website. At present this is at [www.amhmapping.org.uk/reports](http://www.amhmapping.org.uk/reports). Select option 4, Reporting autumn 2004 and spring 2006 and look for the tables with names starting 'DMHB1', selecting the year Spring 2006. Click on the button to get the report and look at the row covering your area. Click on the area's name and a more detailed presentation will appear. Repeat this until you see the individual services. If the service is missing, or inaccurately reported, tell its manager and ask them to make sure it is corrected in this year's mapping which should be happening through April and May 2007.

More local figures can be found on our website. In reading these, remember that some services are shared between neighbouring districts.

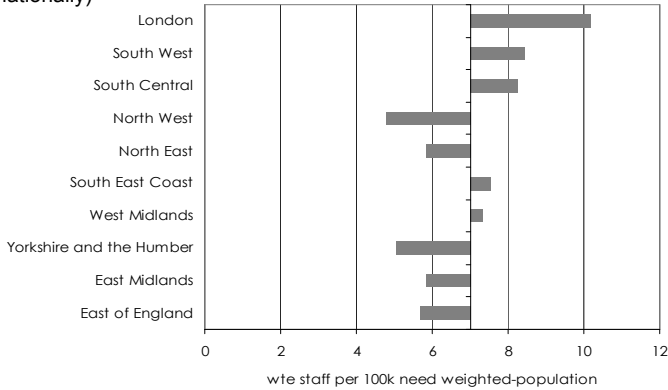
[www.nepho.org.uk/mho/psychologicaltherapists](http://www.nepho.org.uk/mho/psychologicaltherapists)



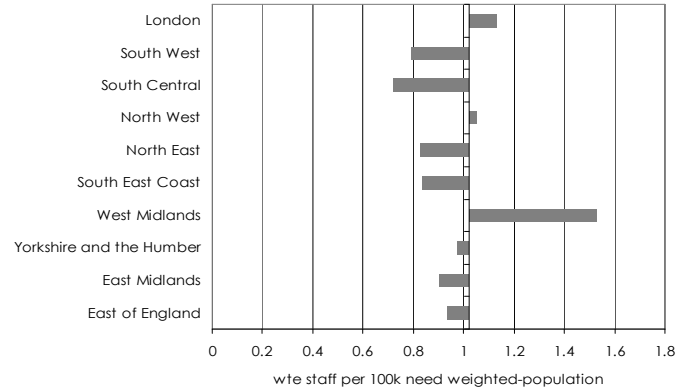
## Figures 1 to 5.

Difference between regional and overall national staff provision. Bars are shown above and below the national figure. (Strategic health authorities are ranked by total provision.)

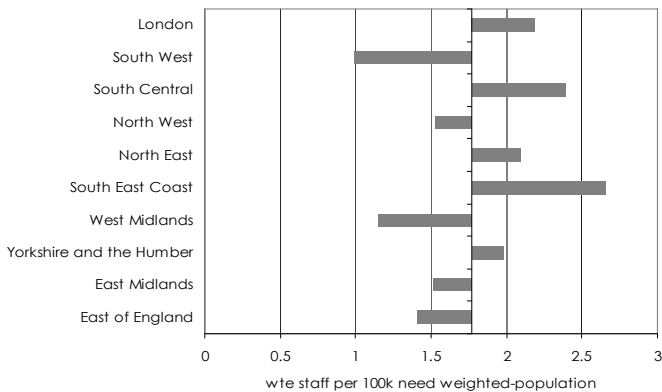
### 1. Qualified clinical psychologists (7.0 per 100k working age adults nationally)



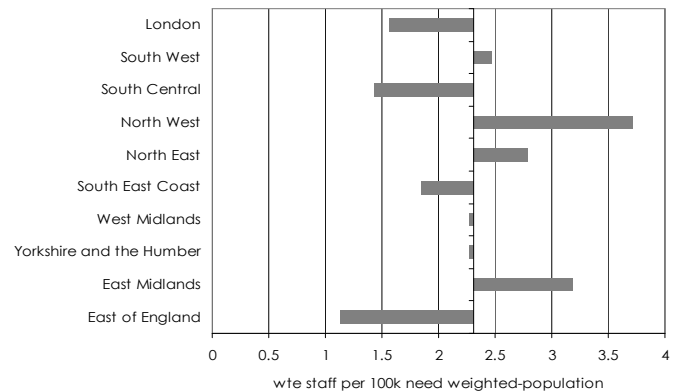
### 4. Assistant Psychologists (1.05 per 100k working age adults nationally)



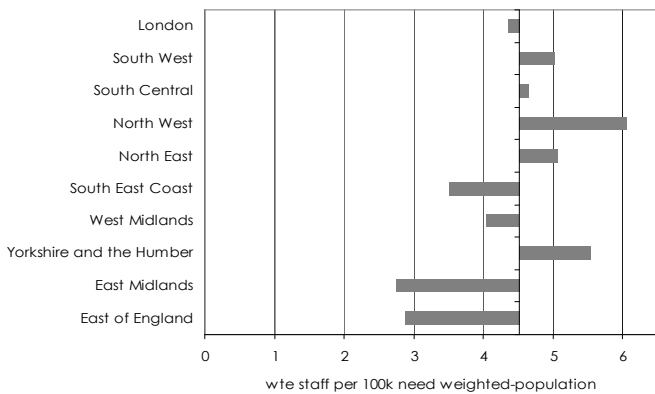
### 2. Psychotherapists (1.8 per 100k working age adults nationally)



### 5. Graduate Workers (1.3 per 100k working age adults nationally)



### 3. Counsellors (4.5 per 100k working age adults nationally)



## References

- Appleby, L. (2004). The National Service Framework for Mental Health-five years on., Department of Health, London.
- Brugha TS ; Bebbington PE ; Singleton N ; Melzer D ; Jenkins R ; Lewis G ; Farrell M ; Bhugra D ; Lee A ; Meltzer H. (2004) Trends in service use and treatment for mental disorders in adults throughout Great Britain. *British Journal of Psychiatry* 185: 378-384.
- DH (1999). National service framework for mental health: modern standards and service models. London, National Health Service Executive, Department of Health.
- Lavender, T. and Paxton, R. (2004). Estimating the Applied Psychology Demand in Adult Mental Health. *British Psychological Society*. St. Andrew's House, 48 Princess Road East, Leicester. ISBN 1 85433 411 5.
- Layard, R. E. (2004). The case for psychological treatment centres., London School of Economics.
- NICE 2002-2006 All the guidance quoted in this paragraph can be found online at: <http://www.nice.org.uk/guidance/topic/behavioural>
- Parry, G. D. (1996). NHS psychotherapy services in England: A strategic review., Department of Health, London.

For more detailed information, visit the Mental Health Observatory website

[www.mentalhealthobservatory.org.uk](http://www.mentalhealthobservatory.org.uk)

## Acknowledgements:

The authors are grateful to Di Barnes and Steve Bradley of the Durham Mapping service for access to the data, and to Mike Slade and James Seward for comments.

## Mapping service types included in the categories 'Primary', 'Secondary' and 'Tertiary' care.

Table 1 distinguishes three care 'levels' at which psychological therapies would normally be found. The categorisation of service types for these levels is set out below, showing the total number of whole time staff reported nationally.

### Primary care.

These are services which would normally be located in the GP surgery and which, while often funded through the local PCT, can be accessed without referral through the local psychiatric services.

Service Type	Qualified clinical psychologists	Psychotherapists	Counsellors	Assistant psychologists	Graduate workers
Primary care mental health service	59	13	133	11	329
GP Counselling Service	14	7	245	3	2
Graduate Primary Care Worker	0	0	0	0	224

### Secondary care.

These are services to which individuals are normally referred by their GP or a social worker. Some have self referral routes, but in any case an initial assessment is usually undertaken to determine whether this level of mental health care is needed. These services would be provided in every National Service Framework local implementation team (LIT).

Service Type	Qualified clinical psychologists	Psychotherapists	Counsellors	Assistant psychologists	Graduate workers
Psychological Therapies and Counselling Services (Statutory sector)	803	143	664	86	76
Community Mental Health Teams	547	42	66	21	68
Early Intervention in Psychosis Service (commonly shared between several LITs)	81	4	2	34	0
Psychiatric Outpatient Care	48	7	6	6	0
Mental Health Crisis Intervention Service (direct access psychological therapy services available in a few places, not to be confused with crisis resolution/home treatment teams for acute psychiatric illness)	0	1	18	0	0

### Tertiary care.

These provide more specialised care, usually on the basis of referral from a secondary mental health services. Some of these services are commonly shared between two or more LITs. In all cases, psychological interventions are key components of the role.

Service Type	Qualified clinical psychologists	Psychotherapists	Counsellors	Assistant psychologists	Graduate workers
Specialist Psychotherapy Service	61	222	17	10	0
Other community and/or hospital professional team/specialist	61	23	40	16	8
Assertive Outreach Team	63	4	0	11	1
Regional medium secure unit	59	2	1	9	0
Local Medium Secure Service	51	3	0	17	0
Local Low Secure Service – High Dependency Unit	40	6	2	21	2
Personality Disorder Service	15	35	4	4	0
Local Psychiatric Intensive Care Unit	14	0	1	5	0
NHS 24-hour nurse staffed care	9	0	0	3	0

### Other settings

Psychological therapy staff are also found in a wide range of other settings. All of the following included psychological therapy staff in at least one location. They have been grouped together here as they are not places to which individuals would normally be referred for psychological therapies.

Service Type	Qualified clinical psychologists	Psychotherapists	Counsellors	Assistant psychologists	Graduate workers
Acute Inpatient Unit/ Ward	67	12	2	30	0
Advice and Information Service	2	2	69	0	0
Residential Rehabilitation Unit	26	2	0	11	0
Rehabilitation or Continuing Care Team	32	1	1	4	0
Crisis Resolution Team	30	1	1	6	0
Home/Community Support Service	3	6	20	0	0
Self-help and Mutual Aid Group	0	0	27	0	0
Carers Support Service	0	0	27	0	0
NHS Day Care Facility	14	2	5	3	0
Staff-facilitated Support Group	3	1	17	1	0
Community Forensic Services	16	0	0	1	0
Psychiatric liaison service	14	1	0	0	1
Prison Psychiatric Inreach Service	9	0	4	0	1
Mental Health Promotion Initiative	1	0	4	0	3
Criminal Justice Liaison and Diversion Service	5	0	0	1	0
Mother and Baby Facility	2	1	1	1	0
Gateway Worker	0	0	0	0	4
Carers Support Group	0	0	4	0	0
Service User Group/Forum	0	0	3	0	0
Advocacy Service	0	0	3	0	0
Short-term Breaks / Respite Care Service	0	0	3	0	0
Homeless Mental Health Service	2	0	1	0	0
Peri-natal Mental Illness Service	3	0	0	0	0
Crisis Accommodation	1	0	1	0	0