Background:

The current provision of services for people experiencing mental health problems is inadequate. Many of those in need are unable to access adequate support. Strengthening the mental health workforce - including psychologists, psychiatrists and other specialist mental health workers must be a critical component to deliver the transformation plan.

A fully developed psychological workforce strategy is needed to ensure an appropriate skills mix to deliver the Government’s commitment to implement the Mental Health Taskforce and Future in Mind report recommendations. The Government must first fully assess what is needed to deliver the plan and fully consult on any proposed changes to funding training for psychologists to ensure the future of the workforce.

The Taskforce Report

The Taskforce report outlines what is needed for a transformation in mental health to be implemented effectively including:

- an additional 600,000 people with anxiety and depression access care through the adult IAPT programme to reach 25% of need (from the current 15%). At least 300,000 people complete treatment. Further investment in IAPT services for people with psychosis, bipolar disorder and personality disorder.

- 70,000 more children and young people have access to high quality care by CAMHS transformation programme.

- increased access to cognitive behavioural and family interventions for people with a first psychotic episode.

- a further 30,000 women each year to access evidence-based specialist mental health care in the perinatal period

- A shift in emphasis to early intervention and prevention of mental health problems and the positive promotion of psychological wellbeing.

- Creating ‘mentally healthy’ communities

The response of the NHS England has been to commit one billion pounds to a major transformation plan for mental health services in which psychological therapies have a central role.
An uncertain future for psychological training?

Health education is currently subject to reform to change the funding model for nursing, midwifery and allied health degrees at undergraduate and postgraduate level. The Government is currently consulting on the implementation of these reforms and proposing to move away from a largely NHS funded system (with degree places limited to only those numbers needed as a minimum to meet NHS workforce requirements in line with Health Education England’s annual workforce plan) to one under which students will have access to the standard student support system provided by the Student Loans Company to cover the cost of their tuition fees and means tested support for living costs. The aims of the reforms are to: increase responsiveness to needs in workforce supply at a time when there are high demands for non-medical health staff; to increase the living cost support available for full time students by up to 25% (and to bring about widening participation as a result); to create a sustainable funding system for universities enabling an increase in the number of training places available.

Whilst clinical psychology is not affected by the current reforms, the Secretary of State has indicated that healthcare courses that fall outside of the remit of current reforms will require alignment in the future system for 2017 onwards. However, there is currently no indication of a transparent review process or the timescales for consultation on any proposals.

Current training provision:

- 7-8 year training (3-4 year undergraduate (self funded through loans) and 3 year Doctoral level postgraduate specialist training salaried (non-supernumerary) by the NHS).
- Trainees undertake a period of voluntary or paid experience in the field prior to Doctoral study.
- As well as academic and research study, a significant component of Doctoral training is supervised clinical practice in NHS services.

Potential costs from combined undergraduate and postgraduate training are estimated at £130K-£159K for each trainee.
Summary of Concerns:

- Success of the transformation plan to implement the recommendations depends on having the right workforce.
- A clear analysis of what types of mental health professionals, with what psychological skills, in what numbers are needed to achieve the goals set out in the government’s plan is needed before any further reform can take place.
- Only once this analysis has been conducted can the government implement any changes to training with any confidence.
- The Society is concerned with the Government’s proposals regarding the future training of clinical psychologists following the 2016/17 cohort.
- Removing the salaried training and payment of training fees for postgraduate Clinical Psychology training would lead to a dangerous decline in ability to sustain a Clinical Psychology workforce for the future, at a time when the skills of Clinical Psychologists will be crucial to the delivery the Mental Health Taskforce recommendations.
- Clinical psychologists deliver a service at the same time of learning – as practitioners who are core members of the healthcare team (similar to junior doctors)
- Training may become an option for those with a financially privileged background and may present an even greater challenge in maintaining a diverse workforce that reflects the demographic of the population it serves.

Implications across the UK Nations:

- Should these changes be implemented by HEE/NHSE, the impact will not be limited to just England. Potential consequences in other UK nations include:
- A rise in applicants from England for course in the other 3 nations – which will not only put pressure on the training courses but also for sustaining devolved nation services as English trainees may be unlikely to seek employment in the local area where they trained. In Scotland in this may be significant issue where trainees may be attracted to the higher salaries in England.
- Clinical Psychology trainees currently provided a valued contribution to the health service during their training. A change in funding model may restrict the amount and flexibility of placements (i.e. willingness to undertake placements at the weekend). This would cause training models across the four nations to diverge negatively impacting upon trainee experience and quality of training.
- If the applicant pool is restricted to those that can afford it, meeting the needs of remote and rural services is likely to be especially challenging.

Key Questions:

- What arrangements have been put in place to accurately evaluate the current workforce and the future workforce requirements for clinical psychologists under the NHSE transformation plan in order to achieve the goals of the five year forward view?
- What plans have been drawn up to ensure that the workforce requirements for the delivery of the NHSE transformation plan can be met with qualified clinical psychologists within the five year timescale of the plan?
• What plans exist to ensure adequate future levels of fee and salary support for trainee clinical psychologists for the 2017/18 cohort in order to ensure a diverse future workforce?
• What are the intentions to consult on future levels of fee and salary support for trainee clinical psychologists for the 2017/18 cohort?

*April 2016*