Mental Health Services Inquiry
Royal College of Psychiatrists and the Royal College of Nursing Scotland

Do we have appropriate numbers of healthcare staff to deliver on the mental health agenda?

A briefing from the Royal College of Psychiatrists and the Royal College of Nursing Scotland

Background

One in five people in Scotland will experience depression at some point in their lives\(^1\). Around two people every day in Scotland will die from suicide\(^2\). The WHO states that depression is the fourth leading cause of burden among all diseases and predicts a rising trend over the coming 20 years\(^3\).

Scottish Governments have recognised the importance of tackling the issue of poor mental health in Scotland and have developed NHS performance targets aimed at improving the mental health of our country. Every NHS Board in Scotland must now, for example, work to reduce the annual rate of increase of anti-depressant prescribing to zero by 2009/10, followed by a 10% reduction in future years\(^4\). However, to move away from a reliance on drug treatments, we must have adequate numbers of health care workers, trained in psychological interventions, and employed in the right place to make a difference across Scotland.

Currently psychological therapies, or ‘talking therapies’, are delivered in the NHS by psychiatrists, psychologists, counsellors and, increasingly, by nurses. However, we are far short of the numbers of trained staff needed to ensure timely access to everyone who might benefit from therapy, even at current levels of need. Although there are no Scottish national data collected on waiting lists for psychological therapies on the NHS, we know that patients can wait for 12 months, or longer, to see a therapist.

The National Institute for Health and Clinical Excellence (NICE) is clear that certain forms of therapy, such as Cognitive Behavioural Therapy (CBT) and counselling, can be effective treatments for people with depression\(^5\). New Integrated Care Pathways include the need to be able to offer psychological treatments to patients suffering from a number of conditions\(^6\). However, many people struggling to cope with depression are simply not given the option of seeing a therapist on the NHS because of the lack of trained staff in Scotland.

Expertise cannot be gained overnight. With just two years to go to reach the anti-depressant target there is no time to lose to get the workforce right to deliver.

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\(^1\) See Me Depression factsheet http://www.seemescotland.org.uk/media/include/downloads/factsheets/DepressionFactSheet.doc
\(^2\) See Me Suicide factsheet http://www.seemescotland.org.uk/facts/index.php
\(^4\) Scottish Government Treatment Targets for 2008 http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets/Treatment
\(^5\) NICE Guideline 23 (2004)
The Government in Westminster has recently committed £170 million over three years to train 3600 psychological therapists in England. However, no comparable additional resources have, as yet, been committed to deliver on commitments to improved access to talking therapies by the Scottish Government.

The Issues

Access to training

There are just 50 places each year in Scotland to train in CBT, despite this being one of the main types of therapy recommended for the treatment of mild to moderate depression. Currently issues of access to adequate numbers of training places in Scotland, and the cost of training to individuals and Health Boards, are creating barriers to efforts to increase the number of therapists available to the NHS.

Sustainable commitment to developing the workforce

Without enough therapists being trained in each type of intervention we cannot reach a “critical mass” of practitioners able to sustain services over time. The clinical lead for Doing Well by People with Depression has noted that although projects based on mindfulness and interpersonal psychotherapy got off the ground and were of high quality they have proved difficult to sustain because of this “critical mass” issue.

Where plans are made to develop a wider skills base to deliver psychological therapies, the commitment must be long-term. In 2005, for example, a new one-year Masters programme was opened to graduate psychologists to equip them to deliver some psychological interventions to adults with common mental health problems in primary care settings. The first cohort of students was guaranteed a job with the NHS and 100% of those who passed took up NHS employment. By the second year of the scheme, the employment guarantee had been removed and only 52% of those who passed took up work in NHS settings. This is not a sustainable solution to improving access to talking therapies on the NHS.

In autumn 2008 the number of mental health nurse training places, made available by the Government, will drop by 38%, from 550 to 340. It is not clear how this reduction in mental health specialist numbers will improve the workforce able to deliver on Government targets to improve non-pharmacological treatment and support.

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Investing in primary care
More than 80% of those with depression are cared for solely through community-based health settings, such as GP surgeries. Since the last government published *Delivering for Health* in 2005, there has been an accepted move towards providing as much care as possible as close to home as feasible. However, Audit Scotland has reported that there is, as yet, "no evidence that resources are shifting to community provision." If NHS resources are not adequately focused on developing our primary care services, we will not see increases in trained staff to deliver talking therapies where most people need them.

Ensuring equitable access
Nowhere in Scotland has ready access to enough talking therapists at this time, but some areas fare worse than others. Results from The Scottish Government’s *Delivering for Mental Health* assessments show real variance in the capacity and readiness of different NHS Boards to deliver increased access to psychological therapies. This inequity of service must be addressed.

Patient-centred approaches
All patients are different; one size does not fit all. There is a need for a range of psychotherapeutic options in each area of Scotland including CBT services, psychodynamic services and systemic approaches (couple and family work). There is also a need for more specialist access to other evidence-based therapies including mindfulness, interpersonal therapy, dialectical behavioural therapy and mentalisation-based therapies.

Supporting the new workforce
Clinicians who are trained to deliver psychological therapies must have access to adequate supervision of their work, opportunities for continuing professional development, a defined career path and clear and consistent recognition of their specialist skills through Agenda for Change grading. Those who have undertaken training, and wish to practice, should be given every opportunity to use their skills in NHS settings through expansion of their role.

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10 NICE guideline 23 (2004) p59
12 Overview of Scotland’s Health and NHS Performance in 2006/07, Audit Scotland (2007) p20
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