Response to NHS Chief Executive’s Open Call for Evidence and Ideas

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About the Society

The British Psychological Society ("the BPS"), incorporated by Royal Charter, is the learned and professional body for psychologists in the United Kingdom. The BPS is a registered charity with a total membership of almost 50,000.

Under its Royal Charter, the objective of the BPS is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge".

The BPS is committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. The BPS is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the Department of Health to contact us in the future in relation to this consultation response. Please direct all queries to:-

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About this Response

This response was prepared on behalf of the BPS by Isabel Clarke, CPsychol, member of the Division of Clinical Psychology (DCP), the Faculty of Psychosis & Complex Mental Health and Co-Chair of the Inpatient Psychological Practitioner Network, with contributions from: Dr Tim Prescott, CPsychol, member of the DCP, the Leadership & Management Faculty, and the Group of Trainers in Clinical Psychology; and Elaine Iljon Foreman, CPsychol, AFBPsS, member of the DCP, and committee member of the Leadership & Management Faculty. We hope you find our comments useful.

Dr C A Allan, CPsychol, CSci, AFBPsS
President
Response

The British Psychological Society thanks the Department of Health for the opportunity to respond to this consultation.

Introduction

Practitioner psychology provision across a wide range of health services has expanded during recent years because the profession is founded upon the key principles of modern healthcare provision; supporting service development to provide improved patient experience in a modernised NHS.

The training of practitioner psychologists equips them as innovators, but there are a number of barriers within the NHS to making best use of this potential and to the implementation of innovations by psychologists.

For example, the doctoral training in clinical psychology enables the practitioner to apply a body of psychological knowledge to challenges encountered within the spectrum of NHS settings, in a hypothesis testing manner. Thus the challenge is assessed, data collected, a hypothesis or formulation arrived at which points to possible solutions, and data collected on the effects of applying the solution. The results are then used to inform service development and innovation. This rigorous approach encourages both creative thinking and methodical testing of new ideas.

Practitioner psychology training, because of its grounding in science, fosters creativity, curiosity and enthusiasm for rigorous exploration of new approaches. This facility is most relevant in areas of practice that are poorly served by the established evidence base. Severe mental health problems and acute mental health care are examples of such areas.

Where service changes are made to accommodate cost pressure, psychologists are often well placed to lead the innovation essential to continue to provide effective and acceptable services in the new conditions.

Effective innovation is crucially dependent on effective collaboration. Barriers to such innovation frequently involve issues around collaboration (see examples on page 7).

Types of innovation

- New therapeutic approaches.
- Established therapeutic approaches adapted to different services and/or client groups (diffusion).
- Innovative models of care. For example, where rationing of resources is imperative, it could be necessary, and indeed therapeutically desirable, to move from an ‘illness’ to an ‘addiction’ model for some mental health presentations. This would imply that continuing high level input is dependent on two way collaboration with the service user. Thus, a less intensive approach, coupled with a positive risk taking approach, could be adopted when there is a failure to engage clients in more intensive approaches. If such an approach was adopted there would have to be rigorous evaluation and it would require both a major conceptual shift for service providers, and education of the wider public and media over issues of risk and responsibility.
Examples of psychology-led innovation in adult mental health services

1. Application of mindfulness groups to psychosis, and compassionate mind approaches to therapy (Chadwick, Newman-Taylor & Abba (2005), (Gilbert 2006)

These initiatives are notable examples of collaboration between clinical and academic psychologists enabling the production of high quality research grounded in clinical need, thereby providing real benefit to service users.

In both these examples, the innovations have been successfully disseminated through well attended conferences and training offered to practitioners, facilitating the widespread adoption of these approaches.

Gumley and his colleagues’ application at the Carstairs high secure setting, of the ‘compassionate mind’ approach to therapy for offenders diagnosed as psychotic, which targets anger and depression, is a particularly striking example of effective innovation (Laithwaite et al., 2009). It combines the application of a novel approach (compassionate mind therapy) to group work with a population with severe and enduring problems, and achieves impressive clinical results by focusing not on the identified diagnosis (psychosis) but on accompanying pathologies (depression and anger).

These are examples of effective collaboration between clinical psychologists based in academic institutions, and clinical services, leading to thorough evaluation of a new clinical approach which can then be more widely disseminated – resulting in diffusion, adoption and service improvement.

2. Distributed psychological approach across an acute mental health care pathway

A simple, emotion-focused, formulation is offered to the service user to provide an opportunity for collaboration and engagement as partners in their own recovery. The formulation identifies the behavioural patterns maintaining the symptoms and the ways of breaking these patterns.

Programmes designed to address common maintaining factors are offered, delivered jointly by psychological therapy staff and the wider staff group. This entails a programme of skills development and support for the staff group. Theoretically, the approach is grounded in ‘third wave’ CBT approaches (Dialectical Behaviour Therapy, Dimoff & Koerner 2007, Acceptance and Commitment Therapy, Hayes et al., 1999 Clarke 2008).

It is an example of effective collaboration between clinical psychology, the wider staff team in the service (Nursing and Occupational Therapy) and Management. It provides a solution both to service users’ and others’ demands for more therapeutic input in the acute services, and the need to cut beds and transfer acute care to the community.

The approach has been subject to a pilot evaluation (Durant et al., 2007) and it is hoped to obtain funding for a more rigorous evaluation in future.

Dissemination through conference presentations and workshops (e.g. The British Association for Behavioural and Cognitive Psychotherapy Conference in Edinburgh 2008), and the book, 'CBT for Inpatient Units’ (Clarke & Wilson 2008), have aroused interest in the approach nationally, and demonstrated the practicality of making therapeutic interventions a central plank of treatment at the acute stage.

This is a purely clinical initiative with some diffusion to other services, but with scope for wider adoption.
3. An example of clinical psychology and service user collaboration - CAST: A service user led Consultancy and Support Team.

A network of service users in the Southampton area have been supported and trained by local clinical psychologists to offer consultancy and support to mental health services in the area. CAST provides a highly regarded service in the locality. Members of the group:

- support practitioners in inpatient and community therapeutic groups, by sharing their stories of recovery and encouraging engagement in skills development;
- speak at carers groups about their journey of recovery;
- regularly contribute to training for mental health staff, offering service user perspectives on approaches to care;
- sit on research planning and governance groups, contributing to the development of new initiatives;
- present at local and national conferences, particularly those which address stigma and personalised approaches;
- represent service users on interview panels for recruitment of trust staff at all levels.

CAST members have become an important part of adult mental health service provision in the city.

4. A psychology-led initiative to adapt to service change.

Radical redesign of the community services of a Trust in Southern England is being implemented, driven by response to stakeholder feedback, to the change from National Service Framework to New Horizons, and importantly, by cost pressures.

The Trust’s plan is to remodel community mental health provision by absorbing specialist teams (Assertive Outreach and Early Intervention in Psychosis) into the generic teams, and to make changes to the Crisis Resolution and Home Treatment provision. The clinical psychologist attached to the Assertive Outreach Team researched options for managing that team’s demanding and risky client group safely and effectively in the new circumstances.

He identified, presented and is overseeing the adoption of an adapted version of the Dutch FACT (Function Assertive Community Treatment) model (Veldhuizen 2007) – the major adaptations being the incorporation of Early Intervention functions and working with relatively poorer resources, inpatient provision and staffing.

This system enables one team to divide its resource to deliver both an intensive team approach to those with the greatest need and to maintain more routine care, using the same personnel for both functions.

This is an example of the adaptation of an already developed and published model in response to urgent service need. The psychologist’s approach of systematically reviewing the literature, making the case for the identified model, and providing leadership to the service at a time of some confusion and demoralisation (the time scale for the changes was very tight and many jobs were at risk), illustrates the benefits of the particular expertise available to psychology in action.
5. **Working with Looked After Children**

Partnership working involving health and social services professionals and foster parents is critical for effective care of looked after children. Disruption and breakdown to foster care placements increases risk for children and can often lead to disruption in good quality care, and spiralling costs for services.

Research projects undertaken by clinical psychologists in doctoral training, show that foster placement breakdown is associated with support networks for foster parents, and that training and support to foster carers better enables foster placements to survive moments of challenge and crisis.

Analysis of research findings has allowed development of training and support for foster parents. This is innovation based on high quality research evidence and demonstrates the value of a professional group that has uniquely high level research knowledge and skills. Take-up has occurred in some localities but wider diffusion would allow this example of good practice to deliver clinical and cost benefit across the nation.

6. **Reducing CAMHS Waiting Times Via A Relational Approach To Team Working in Scarborough.**

At the invention phase, team members were supported to identify examples of inefficiency in clinical care, team functioning, and stakeholder networks. It was crucial to acknowledge human systems and identify that human error and conflict is amplified when systems, and the people within them, experience change and increasing pressures. Psychological ideas were used to reflect on this process.

The team was supported to adopt a relational approach with wider agencies and stakeholders, including service users. Examples of practice include refined pathway planning focused on evidenced-based treatments for emotional well-being and mental health issues, as opposed to pathways that are focused on single disorders alone. This encouraged comprehensive care planning, utilising team expertise and partners within universal CAMHS, thereby building their skills and confidence in early intervention.

Working groups monitored effective running of the pathways, associated treatments and outcome measures, and supervision and development of staff. Emphasis was on the measure of wellness as opposed to illness, not only in clients but also across the whole system of care.

Specialist CAMHS clinicians have expressed greater confidence in their impact on the systems of mental well-being around and within young people. The shared approach is economical and long waiting times are hugely reduced. Changes have come from within, and harnessed difference as opposed to being imposed and driven by power differentials. This has greater impact on culture change.

In terms of diffusion this model would have clear benefits to other NHS trusts.
Further Suggestions

The examples above, and the innovation suggested below regarding Medically Unexplained Symptoms, demonstrates how psychologists can review clinical approaches which have become part of the ‘accepted norm’, but may now be ineffective; such approaches can be robustly challenged, discarded or modified. This reduces excess waste and the costs of maintaining the status quo for its own sake, and highlights the key value of psychology in supporting quality, cost-effective healthcare.

Medically Unexplained Symptoms (MUS)

The need for innovation here reflects the need for a better way to help patients who present (and re-present) with MUS (No health without mental health: A cross Government mental health outcomes strategy for people of all ages. Department of Health, 2010). This group of patients may receive inaccurate diagnoses and referrals to secondary services, and may absorb inappropriate and expensive specialist resources.

An innovative solution could be to set up psychologist-led assessment and intervention services in primary care settings. Comprehensive psychological assessment could be provided to develop a shared understanding in collaboration with the service user and an agreed approach to treatment, thereby reducing the danger of waste and complaint. A number of pilot services would allow evaluation and data collection before diffusion to wider provision.

Barriers to innovation

1. Failures in collaboration between academic-led initiatives and clinical services.
   a. Clinical initiatives driven by the ideas of academia without current clinical experience of the setting where they are to be implemented, trialled, evaluated and published, and without ongoing commitment to, or impact on, the service involved. Where a service is subject to extensive academic investigation without experiencing service improvement, the staff and service users can feel used.
   b. Lack of academic support for promising clinical initiatives. There can be real barriers to clinical innovations that are evaluated to be effective in a rough and ready, pilot fashion, locally, but then do not receive the thorough evaluation that would enable the collection of effective data and open the way to more general visibility and adoption.

2. The cultural problem of incompatible approaches

   A recent article (Heriot-Maitland 2011) provides a useful discussion of the compatibility of biomedical and psychological approaches to treating psychosis.

   In addition, management culture may challenge change, and this can act as a barrier to clinical leadership and innovation; culture change can be an intimidating task in large organisations. However, if the human resources that can potentially deliver innovation and leadership are to be exploited, then the challenge must be addressed. Psychologists can contribute to the development of personal skills across staff groups to improve partnership working.
3. Down-sizing of the psychology service in the current financial climate, specifically, through loss of senior grades and downgrading of posts.

It is generally the senior, consultant grade, psychologists who have both the experience and the authority to lead innovation. Where such posts are no longer available or are downgraded, these individuals may seek employment elsewhere, taking their potential to lead innovation with them.

References


