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Next steps for the psychological workforce in Wales

Liz Andrew & Andrew Thompson

This invited article presents a brief account of recent key Welsh government mental health strategy in relation to the development of the psychological workforce. We will allude to historical major challenges that have existed that include the relatively low numbers of psychological practitioners being trained and limited access to therapies such as CBT. Much of the article will discuss positive recent developments that have assisted the implementation of mental health workforce plans. These include planned expansion in clinical psychology numbers, the development of a new country wide Adult Lifespan Clinical Associate in Applied Psychology (CAAPs) MSc, and expansion in the pathways available for health board staff to gain specific therapy competencies (particularly in relation to cognitive behavioural therapy). There will be some discussion of the continuing challenges, and the article will conclude with a call for further collaboration between stakeholders to ensure that our common goal of improving psychological services for people living in Wales is realised.

Keywords: *Commissioning, Matrics Cymru, Mental health policy, Psychological therapies, Wales, Workforce planning.*

Background

Key policy drivers for psychological workforce in Wales

PRIOR to discussing the next steps for the development of the psychological workforce in Wales there is a need to briefly lay out some historical and contextual information. It is well known that the NHS was established in 1948 in Wales and England following the implementation of the National Health Services Act of 1946. Since the inception of the

NHS there have been several changes made to the legal framework underpinning it so as to recognise the unique needs of the service in Wales, and discussion of the full history of these is outside of the scope of interest of this article. However, it is essential to understand that the National Health Service (Wales) Act in 2006 established significant independence (and differences) between the structures and governance of the NHS in Wales and the other UK nations. Since that time there has been a shift in Wales towards a more direct relationship between Welsh Government and Health Boards in planning service delivery and spending, although ultimately the amount of funding available to the NHS remains allocated by Westminster.

The policy context in Wales has long supported breadth and inclusivity in the delivery of psychological services, and this is both a strength and a source of challenge for service managers and workforce planners. Since 2012, National strategy and policy (Together for Mental Health, 2012 and the Policy Implementation Guidance [PIG], 2012) has recognised the need to offer high quality, psychologically informed care in addition to or alongside evidence-based psychological interventions or therapies in order to promote recovery and resilience. There was a recognition in the PIG, that a broad range of professions can play a role in supporting psychological thinking and strengthening the provision of biopsychosocial formulations; as well as taking a role in the delivery of specific models of interventions such as Cognitive Behaviour Therapy (CBT).

The Together for Mental Health strategy (Welsh Government, 2012) and the associated delivery plan (Welsh Government, 2019) has put the provision of psychological therapies as a central component in the delivery of mental health services in Wales. However, following a National Review of Psychological Therapies in 2014 (Malby, 2015), a research briefing to the Welsh Government in 2016 concluded that Psychological Therapies in Wales remained 'problematic' (Champion, 2016). Additional evidence of the need for service improvement and increases in provision of resources was provided in 2016, in a review of 400 service users undertaken by Mind Cymru (2016), that found that: 70% of respondents reported not being offered any choice in the type of therapy they received; 66% of respondents said that no one had explained different types of therapies to them at any point; 48% had to request Psychological Therapies, rather than being offered them; and only 39% were satisfied overall with the therapy they received.

Partly in response to this, in 2017, the National Psychological Therapies Management Committee (NPTMC) published Matrics Cymru and its associated evidence tables (Matrics Cymru, 2017). Matrics Cymru provides a structured guide to assist in the planning and delivery of evidence-based psychological therapies. It provides guidance to support greater quality and consistency in the delivery of psychological therapy across Wales, in addition to providing a proposed infrastructure for reporting. In being well connected to the evidence base and holding whole systems in mind, Matrics Cymru shares most similarities with the approach taken in Scotland (NHS Education for Scotland, 2015), although it also draws on evidence from other sources such as National Institute for Health and Care excellence (NICE) guidelines (NICE, 2024). Matrics Cymru also built on prior service reviews, by ensuring that there was active participation from service users and carers, and its recommendations highlight the importance of providing choice of intervention. Further, in 2017 the Welsh Government requested that health boards undertake an audit of their delivery of psychological therapies, and provided additional funding to support delivery. This saw an initial tranche of funding supporting training the existing workforce in evidence-based interventions, with subsequent years seeing further funding for improving access to psychological therapies by growing the workforce and targeting improvements in waiting times.

Despite the development of Matrics Cymru, there remains considerable problems with implementation of the recommendations within the '<u>evidence tables</u>'. There remains wide within country variation in relation

to accessibility, appropriateness, and outcomes from psychological therapy. Further, the majority of Health Boards have been unable to fully provide the psychological services advocated within the Matrics Cyrmu evidence tables due to both the size of their available psychological workforces and the specific psychotherapy competencies held within them. For example, in relation to just one commonly recommended form of evidenced based psychotherapy, cognitive behavioural therapy, the 2018 report, authored by the Equality and Human Rights Commission – 'Is Wales Fairer? – The state of equality and human rights' (Equality & Human Rights Commission, 2018) – noted that whilst there has been some development of CBT based services, it has not been on the scale or level of systematic organisation that there has been in England or Scotland. This has resulted in patchy provision and longer waiting times, especially at a primary care level. Further, a recent British Association for Behavioural and Cognitive Psychotherapies (BABCP) report on the state of CBT within the five nations highlighted the marked lack of parity between UK nations finding for example that there are 115 accredited members in Wales compared to 132 in Northern Ireland, 259 in Scotland, and 5994 in England. Indeed, up until recently (see below) there was not a BABCP level two accredited CBT training course operational within Wales, and access to the well-established level one accredited training was also limited. This is also the case for some other psychological therapies such as systemic therapy.

In relation to psychological therapies and psychologically informed care available to people experiencing severe and enduring forms of psychological distress, The Joint Thematic Review of Community Health Teams (2019) reported that: 'Access to psychological services and therapy is very limited' and as a consequence: 'urgent actions' are required 'alongside innovative ways of meeting the need' (p8). More recently, MIND Cymru published their 'Too Long to Wait' (2021) report, that concludes that 'whilst there has no doubt been progress over the course of the strategy, it is clear that people still struggle to access this support [highly specialist psychological therapies], continue to face a lack of choice and still wait too long. A renewed focus and approach is urgently needed to deliver the ambition of the strategy.' In Wales, the Mental Health (Wales) Measure (2010) outlines the legal requirement for assessors and care coordinators to belong to specific categories of profession all of which would have a statutory governing or professional body (e.g. NMC, HCPC, GMC). The overall workforce challenges alongside demand-capacity issues in mental health services have resulted in trained psychological therapists being asked to prioritise initial assessment, care coordination and crisis care activities before interventions, further exacerbating the challenges in the delivery of core psychological services.

The MIND report acknowledges the efforts and investment to support the delivery of the National Strategy but further highlights the variation across Health Boards and found that during the 17-month period analysed, the waiting time target had never been met. The report also discusses the negative impact of Covid-19 and the ongoing difficulty of accessing talking therapies in the Welsh language and the possible inequitable access in the digital delivery of psychological therapies.

Welsh health boards have varying approaches to training and workforce planning to deliver against the Matrices and there has, until recently, been little centralisation of the strategy to deliver this function on a national basis.

Recent advances

The most recent commissioned review into workforce requirements for the psychological

[3] The Report of the Committee of Inquiry into Human Fertilisation & Embryology (1984) known as the 'Warnock Report'.

[4] https://www.hfea.gov.uk

[5] https://www.hfea.gov.uk/about-us/publications/research-and-data/fertility-treatment-2021-preliminary-trends-and-figures/

[6] Surrogacy – Law Commission

professions (Massie & Boyd, 2020) made several recommendations and called for: commissioned training across the range of tiers of provision to include a standardised curriculum and career progression routes for low intensity practitioners; national provision of accredited training in CBT and Systemic Therapy practice for high intensity practitioners; an immediate development of enhanced psychological practice to include a Masters level university training scheme delivered in collaboration with health board stakeholders for formulation driven/speciality specific approaches; increases in training places for practitioner psychologists including the development of an embedded placement scheme for counselling psychology training.

The context set by this report assisted in setting the agenda for recent changes and since that time there has been a carefully negotiated expansion in clinical psychology training numbers between 2019 and 2023 with an increase for example from 17 to 28 trainees on the South Wales training programme and 10 trainees to 14 on the North Wales training programme, with further planned increase in commissions due to take both programmes beyond a 100% increase in commissions shortly. These negotiated increases involved careful and wide stakeholder consultation with Health Education Improvement Wales (HEIW), programme providers, and with heads of service from all Health Boards.

The clinical psychology programmes have collaborated in increasing their focus on improving opportunities to support increasing the diversity of those applying to train in Wales, and with the support of HEIW, have developed a cross-programme mentor scheme (Cefnogi) amongst other activities (such as reviewing their curriculum and conducting staff training). There has also been significant work undertaken on the curriculum on the South Wales training programme so as to enable those graduating to do so with additional secondary accreditations namely foundation level family and systemic accreditation and Level 1 cognitive behavioural therapy accreditation. The latter is supported by a collaboration with colleagues in Oxford and Exeter (the national 'CBT Top Up Programme') to assist in raising the number of available CBT placement supervisors to both programmes.

There has also been a pilot of and a HEIW funded Adult Lifespan Clinical Associate in Applied Psychology (CAAPs) MSc. This country wide scheme commenced with 14 salaried trainees in January 2023 with 11 further trainees starting in January 2024. The commencement of the scheme followed extensive consultation with Health Boards, experts by experience, and professional bodies. Several presentations were organised and led by the authors of this report who sought advice from colleagues in Scotland and England and from the British Psychological Society and worked as part of a steering group funded by HEIW (Laidlaw, Hodgkinson & Thompson, 2020; Riley, Andrews & Thompson, 2022). The scheme has seen trainees being selected to work in a range of services across North and South Wales and the second cohort has just started as we go to press and has included some trainees working in adult learning disability services.

Finally, in 2023 Cardiff University was successful in gaining BABCP accreditation for a Level 2 accredited course, joining the established certificate and diploma course. There is also a well-respected and established Post-graduate diploma course in Dialectical Behaviour Therapy and mindfulness based Masters programmes running in Bangor University.

We are delighted that HEIW have responded so positively to multi-pronged professional guidance and that the most recent mental health workforce strategy (HEIW, 2022) and the tender that has followed outlines a continuing commitment to increase training numbers for the Doctorate in Clinical Psychology (there will be a 100% increase by 2025/26 since 2019), establishes the continuation of the new role of Clinical Associate in Applied Psychology (CAAP) and provides Health Boards with equitable access to a funded pathway to facilitate specific continuing professional development

(CPD) training in CBT for existing health care staff. Specifically, the new tender will see 50 CPD places available per annum for Level 1 and 30 for Level 2 BABCP Accredited training. There is also inclusion of annual ringfenced funding for foundation level and postgraduate training in the approaches outlined in Matrics Cymru Evidence Tables, and as a consequence the strategy and recent tender includes both expansion of the workforce and some clarity as to mechanisms for providing additional competency development for the existing workforce. Indeed, the current strategy has the potential to go some way towards bridging the gaps that have existed between the aspirations of prior mental health strategy and the reality of what is possible in service delivery. In the first year of implementation, HEIW supported over 400 staff with foundation level CBT and BRIEF solution focused therapy training, as well as over 700 staff with postgraduate training in psychological therapy such as EMDR, DBT and CBT. HEIW is additionally supporting a mapping of training providers across England and Wales, and developing an audit tool for Health Boards to use for planning their staff training and psychologically informed care through robust workforce planning. The Strategic Mental Health Workforce Plan for Health and Social Care (SMHWFP) seeks to strengthen the psychological therapy infrastructure in Wales over the coming years, working in partnership with psychology leads and service providers. Importantly, the plan is delivered in partnership with Social Care Wales, supporting an increased skill mix of professionals able to deliver psychological interventions across multidisciplinary teams.

These workforce developments are, in no uncertain terms, attributable to the group of Senior Leaders of Psychological Services that make up the National Psychological Therapies Management Committee, the advisory group of Applied Psychologists in Health and Social Care (APHNSAG) and our NHS and Higher Education Institution/NHS training directors and colleagues. These groups have advocated strongly for an overarching infrastructure for all psychological professions and joined up, shared information and data from the other UK nations and our professional bodies. The work behind this has involved preparation of reports and hosting and facilitating consultations. Nevertheless, ensuring that this change has come about has been difficult within a context of lack of dedicated psychological leadership. The infrastructure associated with psychological leadership with regards to workforce planning still requires further work. Indeed, as this article goes to press, there are appointments of a National Clinical Lead for Psychological Therapies (NHS Executive) for Wales and this, in addition with the role of Associate Director for Psychological Therapies (HEIW), will provide a source of professional guidance and advice, quality assured commissioning and a continued drive to maintain the Matrics Cymru evidence tables.

There are also exciting new developments in the form of good practice guidelines for increasing access to psychological interventions for individuals from Black, Asian and Minority Ethnic Groups (Diverse Cymru, 2024) and a conceptual framework for the provision of psychological services for people with Intellectual Disabilities. The infrastructure will provide a much-needed capacity to mirror some of the very helpful work in the other home nations including the accurate capture of the workforce through ESR, parity of esteem for different training routes, and a development of the skills escalator to help diversify the psychological professions workforce.

Current and continuing challenges

So, what are the remaining challenges? Clearly the strategic and policy intention over the last decade and renewed only recently is supportive. This includes preservation of funding in the light of considerable fiscal challenges. The strategic intention remains broad and, in its effort to be inclusive, presents significant workforce challenges and so the proposed establishment of a new leadership infrastructure is most welcome, although the details as to how this should work require consultation with relevant heads of service, professional bodies, and providers of clinical training. There will likely be challenges as to ensuring all professional

voices are heard and the different approaches that have been hard won and developed within Health Boards to address longstanding gaps are acknowledged and built upon.

There remain significant challenges in implementing the increase in training places for the established clinical psychology programmes included within the new tender. There are considerable implications for supervision resources, accommodation, and assessment practices, and these issues are being experienced across the UK and have been widely discussed already within the Group of Trainers in Clinical Psychology (GTiCP). Nevertheless, in Wales further work is needed to map supervisory resources and to consider new ways of making use of the existing resources.

The new CAAPs programme needs to gain accreditation and there is further consideration needed as to how it should be evaluated over time and how its potential expansion beyond an adult population setting might be best implemented. Further work is also needed to implement embedding secondary accreditation within the CAAPs programme. It is currently envisaged that the adult CAAPs will eventually have the option for level 1 CBT accreditation built in, whilst a child focused CAAPs might have foundation AFT accreditation built in .

As previously mentioned, the BABCP have highlighted the lack of investment in CBT training in Wales, and whilst the recent changes to increase training for supervisors, trainee clinical psychologists, and other professions are most impressive and welcome, the mechanisms for ensuring that the skills gained are utilised within service delivery still need to be established.

The presence of the Mental Health (Wales) Measure (2010, 2012) with its specific requirement that only specified and registered professions are able to act as a care coordinator means that careful consideration needs to be given to its implications when workforce planning. Services are invested in prioritising registrant professions meaning that there has been some ambivalence towards the value of non-registrant roles such as CAAPs and Psychotherapist roles. Partly as a consequence, the Welsh Government are initiating a review of the Measure. It will certainly be helpful to consider and acknowledge how both new and evidence-based roles can be built into the next iteration of the Measure.

There are specific contextual factors in Wales that are worthy of consideration in relation to workforce wellbeing and movement. We need to continue to look after our existing workforce, and there is urgent need to examine retention and movement data in order to both inform this and planning more generally. Clearly, there is a UK wide drive to ensure that we have robust and compassionate support systems in place and this can be partly achieved through continued investment in growth, evaluation, and refinement of advanced clinical and compassionate leadership. Indeed, HEIW have for many years funded compassionate leadership training. HEIW are now also collecting key mental health workforce data from health boards and will be developing a data dashboard during 2024. There is also preparation underway to establish a national retention program. There is also further desire to work on widening access, improving Welsh language competency, and improving digital delivery.

Improving access has also meant broadening access. We are fortunate to have strong voices that have driven growth in the third sector and have helped Wales embrace systemic approaches to children and young people (Welsh Government, 2023). There is recognition and acceptance that to truly increase accessibility and inclusivity, we need to locate expertise at multiple front doors throughout systems rather than exclusively in mental health services or via the GP. Accordingly, there has been significant growth in the provision of psychological therapies in physical health care including weight management, chronic pain, stroke, and cancer care. In addition, there is support for community psychology and the provision of psychologically informed environments across multiple areas of need such as Looked After Children, Homeless people, and in special educational settings. Arguably, our greatest challenge in Wales is maintaining this approach in the context of a history of limited investment in and diversification of the psychological professions workforce.

What can psychologists do to help?

Much of this is implicit within the commentary above. However, it is worth stating that there is a strong history within the professions associated with psychology of working together to train, develop and improve services. We need continued collaborative empiricism to discuss, develop, and evaluate our workforce developments, and we can only do that in partnership with one another and with our service users and other stakeholders. Existing practitioner psychologists will continue to play an essential role in the further development and testing of new roles such as CAAPs, as well as supporting the development of the service specific infrastructure required to support the growth in trainee clinical psychologists. Practitioner psychologists will also benefit and play a part in ensuring that the offer of additional therapy training is used to best effect in services.

It is also important that expert psychology providers voices continue to be heard and we encourage people to contribute to relevant HEIW and Welsh government consultations. Indeed, as we go to press The Welsh Government is consulting on a new Mental Health and Wellbeing Strategy for Wales 2024 to 2034. This will replace their previous ten-year strategy together for mental health.

Conclusions

In this article, we have reported on some of the policy contexts that have driven recent developments in the growth in the psychological workforce and we have commented on some of the challenges that remain. We have focused primarily on advances since 2020, that have focused on laying down new workforce strategy, and careful and negotiated expansion. This expansion has included the pilot of a new clinical associate in applied psychology training scheme, the phased increase in clinical psychology numbers, and the establishment of new funded routes for existing healthcare practitioners to gain evidence based psychotherapeutic competencies.

Care will be needed in managing increases in all types of training, and there remains a need to gain clarity as to how new roles (and new competencies) will fit into existing delivery systems and how individual career pathways might be developed to maintain and retain those joining the psychological workforce. Further, whilst there has been much progress towards overcoming the challenges associated with expansion further improvements in this will hinge on the continuation of the existing partnerships between all stakeholders. There is need to gain clarity as to how the newly emerging psychological leadership framework will operate and communicate with stakeholders including ensuring that there is engagement with experts by experience, those involved in delivering training, and psychological practitioners and service providers. As with all new developments, evaluation and monitoring is required, and the plans to develop data monitoring systems are particularly promising, and will likely benefit from wider discussion with critical friends in the relevant professional bodies.

It is extremely difficult and contentious to make comparisons between the different NHS systems operating within the devolved nations, not least because of differences in structures, data collection methods and reporting periods, but also importantly because of population differences. Wales has a population of three million and the population is on average older, less affluent, and less healthy than the overall population in England. Notwithstanding this, examination of the similarities and differences between the systems presents great opportunities for learning that can benefit all of the devolved nations. Consequently, this special issue of Clinical Psychology Forum is most welcome. The British Psychological Society is already supporting sharing of psychological workforce information via several forums, not least within the Division of Clinical Psychology Workforce and Training committee which has representatives from all the devolved nations, and it is important that this continues whilst we also look to further grow our psychological workforce leadership structures within Wales.

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