

Executive summary

Psychological therapies and parity of esteem: from commitment to reality

BACP's report, *Psychological Therapies and Parity of Esteem: from commitment to reality*, articulates how parity of esteem between mental and physical health in the NHS can be achieved in relation to psychological therapies.

The report focuses on key areas, including choice, waiting times and funding, and explores how, at a local and national level, decision making and delivery of psychological therapy services can be developed to make parity of esteem in the NHS a reality.

BACP made the following recommendations for achieving parity of esteem in relation to NHS psychological therapy services:

Access

Population-led service design

- Psychological therapy service provision should meet the mental health needs of the local population, including hard-to-reach groups.
- Clinical Commissioning Groups (CCGs) can achieve this through effective use of the Joint Strategic Needs Assessment (JSNA), good practice guides and partnership working with local providers.

Recovery determining length of therapy

- CCGs should ensure that the number of sessions of psychological therapy a person receives is determined by need and by progress towards clinical and personal recovery.

Waiting times

28 days from referral to therapy

- All people referred to NHS psychological therapy services should begin treatment within 28 days of referral and assessment.

Publication of waiting times

- The Health & Social Care Information Centre should publish data on all NHS psychological therapy services' waiting times from referral to assessment and treatment.

Choice

Choice extended to psychological therapies

- A choice of evidence-based psychological therapies should be provided by the NHS and enshrined in the NHS Constitution.
- Patient choice should be facilitated by the provision of high quality information about the range of evidence-based therapies.

Patient-led delivery

- Psychological therapy services should be sufficiently resourced so that people can choose how, when, where and with whom they access therapy.

Staff and services

Training for healthcare clinicians

- All healthcare clinicians should be trained to understand both mental and physical health and their interdependencies.
- Healthcare practitioners who prescribe and refer people for treatment should have an understanding of psychological therapies and knowledge of local provision.

Professional standards

- The NHS should ensure that all the psychological therapies it provides and funds are delivered by practitioners with appropriate training and professional registration.

Collaborative development of guidance

- Guidance, such as guidelines from the National Institute for Health and Care Excellence (NICE), should be developed with input from mental and physical healthcare professionals in both primary and secondary care to ensure it reflects the whole care pathway.

Funding

Funding proportionate to disease burden

- CCGs, with direction from NHS England, should allocate funds proportionate to the burden of mental health problems in their locality.

Collaborative funding

- National and local governments should introduce collaborative funding across public services, with long-term budgets.

Research

Identify and prioritise psychological therapy research

- Government departments for health and social care should strengthen links between organisations such as NICE, academic institutions, research funders, professional bodies, service providers and users, to identify and prioritise areas for research into psychological therapies.

Proportionate research funding

- Funding allocated to research should be proportionate to the burden of disease relating to mental health problems in the UK.

Researching the whole-person

- All research should recognise and consider the impact of the interdependencies between their field (housing, long-term conditions etc) and mental health.

The report was the result of a six month consultation process which involved the participation of key external stakeholders in the field of health and social care, BACP members and psychological therapy service users.

The report was launched on 3 December 2014 at an event at the Houses of Parliament, with speeches given by senior MPs from all the major political parties.

About BACP

The British Association for Counselling and Psychotherapy (BACP) is the leading and largest professional body for counselling and psychotherapy in the UK, with over 41,000 members working to the highest professional standards in a range of settings.

BACP is recognised by legislators, national and international organisations and the public as the voice of counselling and psychotherapy in the UK.

For a copy of the full report, or for further information about BACP's policy work or counselling and psychotherapy please contact: publicaffairs@bacp.co.uk

BACP House
15 St John's Business Park
Lutterworth LE17 4HB
t: 01455 883300
f: 01455 550243
e: bacp@bacp.co.uk
w: www.bacp.co.uk

Company limited by guarantee 2175320
Registered in England & Wales
Registered Charity 298361