The British Association for Counselling and Psychotherapy would like to submit the below evidence as part of the Labour Party’s policy-making process regarding mental health.

As way of background, The British Association for Counselling and Psychotherapy (BACP) is the leading and largest professional body for counselling and psychotherapy in Europe, with a membership of over 44,000 practitioners, drawn from the various professional disciplines in the field of counselling and psychotherapy and based in a range of settings. Almost half our members say they have an interest in working with children and young people.

All BACP members are bound by the Ethical Framework for Good Practice for Counselling and Psychotherapy and within this, the Professional Conduct Procedure.

Question

In your view which Health and Care policies and key messages in the last manifesto most resonated with voters? Which policies did not resonate so well? Was there anything missing from our policy offer to voters on this issue?

In the 2015 General Election manifesto, the Labour Party pledged the following policy:

“We will set out a strategy with the goal of ensuring that the great majority of patients can access talking therapies within 28 days, and that all children who need it can access school-based counselling.”

BACP believes the policy of 28 day waiting times for talking therapies resonates with a public with an increasing demand for accessible psychological therapies. A 2014 Survey of Public Attitudes to Counselling & Psychotherapy found:

- 54% of people say that a family, member, friend, work colleague or themselves have consulted a counsellor or psychotherapist.
- 28% of people had consulted a counsellor or psychotherapist at some point in their lives.

Additionally, in the same Survey of Public Attitudes to Counselling & Psychotherapy, school counselling was also found to be strongly supported:

- 64% of people think that counselling should be available to all school children in schools.

A recent evaluation study of school-based counselling, ‘Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies,’ found that 82% of children and young people reported that counselling was helpful and the perception among teaching staff and management was as an "invaluable resource."

The British Association for Counselling and Psychotherapy would like to see a re-commitment to both the 28 days waiting target from referral to treatment of psychological therapies as well as ensuring all children are able to access school-based counselling.
Questions

How can we best identify and address the root causes of mental distress in our society? What measures can we take to promote awareness of mental health in our society and ensure it works alongside policies in other areas? What action should be taken to ensure that those groups which are at greater risk from suffering from mental health problems (e.g. LGBT, BAME) in our society are given the help they need? How can we share best practice across local/devolved authorities in policy development?

There is a compelling moral, social and economic case to support early intervention. Mental health problems in young people can result in lower educational attainment and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. Over half of all mental ill health starts before the age of 14 years and 75% has developed by the age of 18 (Department of Health and NHS England, 2015). Failure to support children and young people can cost lives, money, life chances and opportunities. Early intervention can alleviate immediate distress, and prevent problems becoming entrenched, more complex, and ultimately requiring referral to other long term and expensive specialist services in childhood.

BACP recognises the importance of early intervention with the student population as ‘underachievement or failure at this stage can have long-term effects on self-esteem and the progress of someone’s life’ (Royal College of Psychiatrists, 2011). Therefore the shorter waiting times for assessment (9 days) and to begin counselling (16 days) of embedded higher education services compared with counselling in primary care (63 and 84 days respectively) are important in meeting the specific needs of students.

Furthermore, BACP believes school-based counselling is an essential form of early intervention which addresses the root causes of mental health problems. In Wales a recent Welsh Government report has shown that 85% of children and young people taking up school counselling did not need any onward referral to specialist mental health services. In addition, the improved mental health support that school counselling brings has been to shown to lead to knock-on benefits of better school attendance, attainment and engagement.

Questions

Given that half of all mental health problems begin by the age of 14, what steps should be taken to improve early intervention in mental health? What other measures can be taken to transform our current mental health system from one driven by crisis to one focussed on prevention?

Counselling in schools has been shown to be a highly effective support for tens of thousands of troubled children and young people who are experiencing emotional health difficulties. The Welsh Government’s national school-based counselling strategy has been shown to be an overwhelming success, so much so that counselling in Welsh secondary schools is now a statutory service. Recent Welsh Government reports have shown that 85% of children and young people who had school counselling between 2014/15 did not need any onward specialist referral to Child and Adolescent Mental Health Services – school counselling is well placed as a quick reacting and easily accessible preventative measure for children for accessing longer waiting lists and more expensive CAMHS. Despite this, access to school-based counselling services in England for many is problematic.
Children and young people themselves, or the adults around them identify a problem and refer the children and young people to counselling. Within school counselling young people are seen usually in two to three weeks, it would be unusual to wait longer than four weeks to be assessed by a school counsellor.

The Taskforce on Mental Health in Society (2015) The Mentally Healthy Society: The report of the Taskforce on Mental Health in Society reported that “School-based provision tends to be well-suited to offering the type of lower-level intervention that can be hard to access through formal CAMHS, but which can prevent problems subsequently becoming more serious.”

There is evidence to suggest that targeted school-based interventions have led to improvements in wellbeing and mental health, yielding reduced levels of school exclusion by 31% and improved pupil attainment (Banerjee et al., 2014). Research indicates that school-based counselling is perceived by children and pastoral care staff as a highly accessible, non-stigmatising and effective form of early intervention for reducing psychological distress (Cooper, 2009).

Secondary school students have reported that attending school-based counselling services had positively impacted on their studying and learning (Rupani et al., 2013). School management have reported perceived improvements in attainment, attendance and behaviour of young people who have accessed school-based counselling services (Pybis et al., 2012). Emotional, behavioural, social and school wellbeing also predict higher levels of academic achievement and engagement in school (Gutman & Vorhaus, 2012). School-based counselling interventions in Northern Ireland were effective for pupils who have been bullied (McElearny et al., 2013).

Questions

How can we ensure that parity of esteem between mental and physical health is achieved? How do we guarantee that mental health receives its fair share of funding?

BACP believes that disparity between the treatment of physical and mental health has long been an issue in health and social care provision which negatively impacts upon individuals, families and communities. One way of reducing this disparity and bring about essential change is to focus on the contribution that can be made through greater and more effective provision of psychological therapies. BACP makes the following recommendations for achieving parity of esteem in relation to NHS psychological therapy services round six areas of access, waiting times, choice, staff and services, funding and research:

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 and 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.

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