

Key Positions in BACP's response to Scottish Mental Health & Wellbeing Strategy Consultation: August 2022

A) Purpose of this document

The document outlines the key positions that the British Association for Counselling and Psychotherapy (BACP) will be making to the Scottish Mental Health and Wellbeing Strategy, which closes on **Friday 9 September 2022**. This has been developed to inform BACP members of our key thoughts on the strategy and to also help you to prepare your own response to the consultation. A much more detailed response is also being developed by BACP which is being informed by discussions with members, services and mental health partners across Scotland.

B) Responding to the consultation

Individuals and organisations can respond to the strategy using an online form hosted on the Scottish Government's citizen space website - [click here to open the consultation](#)

Overall, there are 71 questions of which the vast majority require only tick box responses. Each section also includes text boxes where respondents can provide additional thoughts and evidence. We would advise setting aside **at least a couple of hours** to go through the consultation form itself. This usefully includes a '**Save and return**' feature which allows you to come back to the consultation later without losing the information you've already entered as part of your response.

C) Structure of the Consultation

The consultation is structured into 18 key sections and respondents can choose to respond to as much or little as required. Our summary document follows this structure and can be used as a reference document when you are formulating your response.

Part 1 - **Definitions** (3 questions)

Part 2 - **Our overall vision** (2 questions)

Part 3 - **Our key areas of focus** (1 question)

Part 4 - **Outcomes**

4.1 - Addressing the underlying social factors (1 question)

4.2 - Individuals (2 questions)

4.3 - Communities (2 questions)

4.4 - Population (2 questions)

4.5 - Services and support (2 questions)

4.6 - Information, data and evidence (2 questions)

4.7 - Other (1 question)

Part 5 - **Creating the conditions for good mental health and wellbeing** (10 questions)

- Part 6 - Access to advice and support for mental wellbeing (4 questions)
- Part 7 - Improving services (1 question)
- Part 8 - The role of difficult or traumatic life experiences (4 questions)
- Part 9 - Children, young people and families' mental health (5 questions)
- Part 10 - Your experience of mental health services (3 questions)
- Part 11 - Equalities (1 question)
- Part 12 - Funding (2 questions)
- Part 13 - Our mental health and wellbeing workforce (0 questions)
- Part 14 - Our vision & outcomes for mental health & wellbeing workforce (7 questions)
- Part 15 - The scope of the mental health and wellbeing workforce (4 questions)
- Part 16 - Solutions to our current and future workforce challenges (7 questions)
- Part 17 - Our immediate actions (4 questions)
- Part 18 - Final thoughts (1 textbox to add additional comments)

D) Summary of BACP responses to the consultation questions

A summary of our responses to each of the main sections is set out below in red text. We have avoided listing all our responses to the tickbox questions as these are mostly supportive. Where our position differs to the policies outlined in the strategy this is set out in the text.

Part 1 - Definitions

BACP is fully supportive of the definitions underpinning the strategy.

Part 2 - Our overall vision

BACP supports the vision underpinning the strategy for “*better mental and wellbeing for all*” which must be accompanied by increased investment to improve access and allow informed choice of support for all communities across Scotland, in terms of geographic location and critically to fully and appropriately support all nine protected characteristics under the Equalities Act¹

Part 3 - Our key areas of focus

BACP is fully supportive of widened focus of the strategy to encompass wider mental health and wellbeing and move beyond medicalised interventions to look at a whole system approach where people are given more rapid and accessible and earlier support. This is broadly encompassed in the four areas of focus below.

¹ The nine protected characteristics under the equalities act 2010 are Age, Gender, Race, Disability, Religion or belief, Sexual orientation, Gender reassignment, Marriage or civil partnerships and Pregnancy and maternity

- Promoting and supporting the conditions for good mental health and mental wellbeing at population level.
- Providing accessible signposting to help, advice and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

It should be noted that poor mental health is not a permanent state and can be fluid, dependant on individual circumstance and experience. People who struggle can have periods in their lives where they have mild or severe, temporary or prolonged episodes of poor mental health, not all of which result in mental illnesses. It is important that people are aware of their warning signs or triggers and access support again as early as possible so things don't get worse. With the right support, people can get better. **We would welcome this fluidity being recognised in the language used in the strategy.**

Part 4 - Outcomes

We broadly support the outcomes identified in the strategy and recommend the following.

1. BACP welcomes the focus on addressing the underlying social factors which drive poor mental health outcomes and the need to look beyond the mental health sector to resolve the root causes of mental ill-health. **The whole society approach is fundamental to driving the cultural change we need and must be underpinned by greater cross-departmental action and system wide collaboration.**
2. BACP welcomes the outcome to ensure that people are given *greater support to understand what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect*. Extensive evidence demonstrates that informed choice delivers much better mental health outcomes, **and this will need to be underpinned by greater investment in accessible services across Scotland's communities.**
3. Whilst Scottish Government has made good progress in widening access to counselling to children and young people, through much needed investment in counselling across Secondary Schools, Universities and Colleges, access to psychological therapies for adults continues to fall short of the Scottish Government's commitment to access within 18 weeks. **BACP would like to see counsellors and psychotherapists embedded within the emerging Mental Health and Wellbeing Primary Care Services in GP settings across Scotland. This investment is expected to reach £40 million per year by 2024-25, substantially increasing the mental health workforce and transforming how support is delivered.**
4. Stigma about mental health and help-seeking remains a barrier to people getting the help they need. This may be a particular problem for people from marginalised and racialised community backgrounds or who are mistrustful of mainstream mental health services. Inconsistent availability of access to support and services, and lack of knowledge of the support that is available is a further barrier to recovery. **BACP recommends the development of trauma informed and culturally sensitive therapy services led by third sector and community providers.**

5. We welcome the proposed strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding. **BACP would like to see a commitment to multi-year funding agreements for the Mental Health Strategy Period. This would help ensure that third sector and community counselling providers can deliver more sustainable programmes which deliver continuity of support, reduce the recruitment challenges associated with annual contracting arrangements, as well as ensuring that staff have greater stability and continuity of employment.**

Part 5 - Creating the conditions for good mental health and wellbeing

Responses to this section are sought from service users - this would be a good opportunity to reflect on your experiences as a practitioner and/or to reflect concerns and challenges of your clients.

Part 6 - Access to advice and support for mental wellbeing

Responses to this section are sought from service users - this would be a good opportunity to reflect on your experiences as a practitioner and/or to reflect concerns and challenges of your clients.

Part 7 - Improving services

Responses to this section are sought from service users - this would be a good opportunity to reflect on your experiences as a practitioner and/or to reflect concerns and challenges of your clients.

Part 8 - The role of difficult or traumatic life experiences

Unrecognised and unprocessed trauma is a significant contributory factor in poor mental health throughout the life-course. Trauma-informed practice, based on safety, trust, collaboration, empowerment, and choice is a foundation for supporting and working with people whose lives are impacted by trauma and traumatic life events. This requires an in-depth experiential understanding, beyond cognitive awareness of trauma. For people affected by trauma, choice of support should be made available, which includes access to counselling delivered by trained and qualified therapists. In BACP's most recent members' survey, 52% of trained and qualified therapists in Scotland, report having received post-qualification training in working with trauma.

We propose two recommendations to build on the commitment to trauma informed support

1. BACP welcomes the recognition of trauma as a significant contributory factor to mental health problems and urges the strategy to look beyond mental health services, to embed trauma-informed practice across the full range of policies, procedures and practice through all services with which people impacted by trauma have contact. **BACP recommends investment in training in counselling skills, for staff in any service, to improve the experience of people living with trauma and improve help-seeking that supports recovery.**

Stigma about mental health and help-seeking remains a barrier to people getting the help they need. This may be a particular problem for people from marginalised and racialised community backgrounds or who are mistrustful of mainstream mental health services. Inconsistent availability of access to support and services, and lack of knowledge of the support that is available is a further barrier to recovery. **BACP recommends greater investment in culturally sensitive and aware psychological services, such as those working with Black, Asian, and ethnically diverse communities, older people, people who are LGBT+, refugees and asylum seekers, and with disabled people.**

Part 9 - Children, young people and families' mental health

BACP has been hugely supportive of the Scottish Government's five-year commitment to counselling across secondary schools, colleges and universities and would urge Scottish Government to build on the success of these programmes over the next five years to deliver much wider benefits.

Recommendations to build on the school counselling commitment

1. The Scottish Government funded the 5-year school-based counselling programme, staffed by specialist children and young people trained counsellors delivered across all local authority areas in Scotland. The data returns for 2020 to 2021 shows that over 10,000 pupils accessed the provision in the last academic year, referrals were predominantly made by school staff with around 10 per cent of referrals directly from young people themselves. **A summary review of the programme by the Department for Education in September 2021 highlighted that the overall picture on improving children and young people's outcomes is positive. BACP would like to see a commitment in the Strategy to extend the programme for a further five years to the end of the new strategy period.**
2. A more detailed evaluation of the school counselling programme is currently being planned by Abertay University and will be piloted in Tayside, looking at the impact of counselling, using data from across a number of local schools, over the next academic year. This pilot study is being supported by BACP. **Funding for a larger scale, independent study should be a priority before the end of the 5-year period to further build upon the evidence base for school counselling. Testimonials from children and young people using the service, as well as families and school staff, should form the part of any wider evaluation.**
3. Schools play a key role in supporting the mental health needs of children and young people. As a result, school staff require specialist early help provision to refer onto

when children are struggling or experiencing psychological distress. School staff may also require specialist support for themselves and would benefit from reflective practice supervision as well as access to a qualified counsellor.

4. On-going evidence suggests mental health is a growing issue in schools. However, mental health is inconsistently assessed in educational settings. **The introduction of a validated wellbeing assessment toolkit universally across all schools in Scotland should be a priority starting point. This would enable schools to respond more effectively if they had access to reliable data as well as evaluating the impact of any chosen intervention.**
5. The school counselling programme is currently available to children aged 10 plus, is universally delivered in school settings and focuses on issues the child is struggling with. School counselling is typically targeted at those with mild to moderate mental health needs, but we hear more and more that counsellors are working with those young people who would once have met the CAMHS threshold and have complex needs. **BACP recommends that for those children, young people and families who need additional support priorities should include early help access to counselling and psychotherapy in a range of settings, not just in schools. This is inclusive of third sector community settings and generic youth provision.**
6. This strategy refresh provides Government and policy makers with an ideal opportunity to extend the school counselling provision in all schools, including specialist school provision and primary school settings (inclusive of children aged 4 plus). All the evidence suggests, the earlier the help, the better. **BACP would like to see embedded early help services before crisis point is reached. Children, young people, and families would also benefit from the development of multi-disciplinary teams available in each local authority area, inclusive of counsellors, youth workers, school nurses, educational psychologists, CAMHS education link workers and family support workers. Teams would have specialist workers on issues such as working with eating disorders accessible to schools, using a community 'hub' model. This could alleviate pressure on CAMHS and make transitions between services easier. There should be wider investment in family therapies, as well as couple's conflict counselling to meet the needs of pressures on families. Workforce development and training in this area is key to meet growing demand.**
7. The whole school, or whole system, approach to embedding early help mental health support is still in its infancy stages. Over the next five years the Government needs to further build upon this to ensure an infrastructure of professional support is readily available to those who need additional support. **This includes further investment in counselling training, counselling apprenticeships and bursaries to be inclusive of a more diverse workforce.**

Building on the commitment for counselling in colleges and universities

BACP has welcomed and supported Scottish Government to deliver the commitment for 80 counsellors to be embedded across Scotland's colleges and universities since 2019-20 and we would like to see funding extended beyond the existing programme to the end of the Mental Health and Wellbeing Strategy period (2027-28) to allow services to further develop, to ensure continuity of support for those receiving counselling and also to meet

the doubling of demand for mental health support that we have seen since the pandemic. We propose the following recommendations.

1. Our discussions with partners in Colleges Scotland and HUCS Scotland has highlighted that colleges and universities are heading towards a financial cliff edge due to the lack of certainty for funding for counsellors beyond the end of the 2022-23 academic year. As well as creating instability for clients and a risk that services will be pulled, it creates ethical risks for institutions in recruiting counsellors for one academic year, only for the services to be withdrawn in the following academic year if further funding is not guaranteed. **BACP shares the concerns of Colleges Scotland, Universities Scotland and NUS Scotland and calls on the Scottish Government to urgently clarify this situation as well as making a longer-term commitment to counselling in Scotland's Colleges and Universities to the end of to the end of the Mental Health and Wellbeing Strategy period (2027-28)**
2. We fully share concerns highlighted by Colleges Scotland, Universities Scotland and NUS Scotland that the ambition to achieve equity of access to sufficient mental health services across colleges has not been fully achieved. Demand for services has doubled during the pandemic from what was already a challenging level. Responding to this demand is vital for the students concerned. It is also a strategic public health and health services concern with support for universities and colleges offering a vital and more efficient route to addressing need for many individuals than for them to rely solely on NHS provision, often accessing that only when their circumstances have worsened. **BACP would like to see a recommitment to this ambition in the Mental Health and Wellbeing Strategy and through the soon to be developed Student Mental Health Action Plan, so that every learner regardless of their entry point into the tertiary education system receives the same quality of service backed by appropriate investment in wellbeing support to provide a whole institution approach to mental health.**
3. Whilst university and college counselling provision can address mental health needs early and minimise the need for referral for many, referral is often necessary, and it is important to make this as effective as possible. Insight shared from frontline practitioners and HUCS Scotland evidences a clear need to coordinate more sustained and systematic referral pathways and connections between college and university services and those intensive support services available through the NHS. This would both enhance institutional services whilst preventing a backlog within NHS services. **Along with NUS Scotland, Colleges Scotland, Universities Scotland and HUCS Scotland we would urge the Scottish Government, through Student Mental Health Action Plan, to underpin an agreement on streamlined referral pathways and co-operation partnerships for students, as recommended in the Thriving Learners Study in November 2021. This should be established through a creative and action-orientated dialogue with all health boards. Together with HUCS Scotland, we would also welcome greater connectivity through the establishment of named individuals within Health Boards who lead on student mental health and who could be the first port of call for counsellors/service leads to aid greater collaboration and streamline referral services. Similar roles have been established within Police Scotland which have been a real success in breaking down barriers.**

4. In our early discussions with the Scottish Funding Council, where we were asked to advise on the delivery of the FE/HE counselling commitment, we highlighted the need for clear guidance to establish a minimum level of quality/standards, and on data collect to aid programme evaluation. As a result, counselling provision has been established which differs in both approach and quality and where different institutions take a different approach to data collection. **BACP would like to work with the Department, institutions, HUICS Scotland and COSCA, through our membership on the Government's Student Mental Health and Wellbeing Working Group to help develop and agree a minimum set of standards for institutions. We would also like institutions to consider joining the Student Counselling Outcomes Research and Evaluation (SCORE) consortium. Supported by BACP, this network brings together university and college counselling services to create a shared routine outcomes database and build evidence of impact.**
5. A successful feature of the Counselling in Schools programme, which has been established in tandem with the provision of counselling in FE/HE, was the establishment of a Counselling Leads Group lead by Officials in the Department for Education. This brings together service leads from each local Authority with officials and representatives from BACP and COSCA and has been an excellent forum for sharing best practice and agreeing joint approaches to common challenges and driving collaboration. Whilst University counselling institutions are served by the Heads of University Counselling Services (HUICS) network, there is no similar body for colleges to engage with. **We recommend that the Department or Scottish Funding Council establish and chair an online network which brings together Heads of Services in colleges on a quarterly basis to engage in shared learning.**

Part 10 - Your experience of mental health services

Responses to this section are sought from service users - this would be a good opportunity to reflect on your experiences as a practitioner and/or to reflect concerns and challenges of your clients.

Part 11 - Equalities

Scotland has the lowest life expectancy at birth of all UK countries. Even more troubling is that the gap in life expectancy between the most and least deprived areas has widened over the last five years. Most strikingly, National Records of Scotland (NRS) 2021 revealed that men and women born in the most deprived areas can expect about 24 fewer years in good health than people born in the least deprived areas. In the most deprived areas, men and women spend more than a third of their life in poor health. The causes and contributing factors that lead to health inequalities are complex and cover a range of issues linked to the marginalisation of individuals and communities. Mainstream mental health services often do not reach the most vulnerable and those in greatest need - exacerbating inequalities. Reports from The Centre for Mental Health (Inequalities of Experience and Outcomes, 2020) and others, indicate that local community organisations with roots in communities, are more likely to be accessible and acceptable to people from marginalised community backgrounds and can play an active role in preventing mental ill-health and promoting wellbeing. **BACP recommends much greater emphasis is needed on**

involvement of a full range of community organisations in the planning, commissioning and delivery of mental health support and in recognising and addressing the wider determinants of health such as education, employment and housing.

The Covid-19 pandemic has highlighted inequalities in UK society in a way never seen before. Evidence has emerged on the disproportionate impact of Covid-19 on Black and Minority Ethnic communities; disabled people; older people; people from the LGBTQ+ community and various other sections of society. Inequalities in health and wellbeing have historically existed, but the pandemic has exacerbated and widened the gap, highlighting the need for structural and systemic change. For people within marginalised groups, the pandemic intensified the level of risk, the precariousness of maintaining good mental health, and difficulties accessing the right support at the right time. In testament to the pervasiveness of mental health inequalities, the people who have historically endured the biggest risks for poor mental health, and the worst access to and experiences of support, were those most exposed to the worst of the immediate shock of Covid-19. These same groups will also be the most vulnerable to mental health difficulties longer term, as the pandemic leaves behind an unequal legacy of complicated bereavement, trauma and economic repercussions.

BACP welcomes the focus to address inequalities in underlying mental health, access to the right psychological support, and to improve outcomes for people who have been poorly served by current provision of support. In supporting these objectives, we would like to see investment in culturally sensitive and aware psychological services, such as those working with Black, Asian, and ethnically diverse communities, older people, people who are LGBT+, refugees and asylum seekers, and with disabled people.

Part 12 - Funding

Whilst this question is directed at service users in Local communities, we will be using this to reemphasise that the changes required to achieve this expanded and richer strategy will **require additional investment across the board, particularly in workforce development to better utilise all elements of the mental health workforce, including counsellors, psychotherapists, and coaches.**

Our membership in Scotland has grown by over 50% in last 5 years to over 3,000 - a highly trained, flexible, yet underutilised workforce. BACP's latest Workforce Survey indicates that our members have the capacity to undertake 4.5 hours of additional client hours each week - this amounts to over 13,500 hrs if extrapolated across all members in Scotland and funding was in place to tap into this resource.

We will also be indicating the importance of multi-year funding settlements for existing counselling commitments alongside the need to widen access to adults across community settings, as noted above.

Part 13 - Our mental health and wellbeing workforce

There are no questions in this section - this notes that responses to parts 14-17 will inform the development of a new and more detailed Mental Health Workforce Plan.

Part 14 - Our vision & outcomes for mental health & wellbeing workforce

We agree with the priorities for ensuring the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

BACP also welcomes the importance of recognising the contributions of the wider mental health workforce beyond the narrow definition of the existing Mental Health Strategy and alongside this, we would like to see greater parity in how the sector is supported and developed. We fully support the proposals for improved staff access to supervision, the focus on diversity of the workforce/leadership and for more manageable workloads, an overall focus on staff wellbeing and for improved Continuing Professional Development (CPD) and careers progression pathways.

Recruitment remains a key issue and we urge the Government to prioritise several actions to help make it easier for counsellors and psychotherapists to take up roles within the NHS and other public sector roles, helping to address growing need.

1) Career Pathways - The Government needs to develop clearer career pathways for counsellors and psychotherapists who work within the NHS and in other public sector roles. Career pathway development needs to focus across the span of a practitioner's career, including for on those practitioners looking to join the workforce post-qualification, experienced practitioners working within services, as well as how counsellors and psychotherapists can move into leadership positions within the healthcare system. Counsellors and psychotherapists typically train outside of the NHS, self-funding their own training and professional qualifications. However, they are often overlooked in available workforce numbers by commissioners of services. As a result, counsellors and psychotherapists represent an underused, and far too often undervalued, workforce whose skills, experience and competencies can make a significant impact on capacity of the future mental health workforce.

2) Pay Equity - Counsellors and psychotherapists deliver a wide range of psychological therapies to every group in society and in every conceivable context, however we hear far too often how they are paid less than colleagues from other professions undertaking the same roles and in the same services. We urge the Government to review pay scales for counsellors and psychotherapists to ensure that they are in line with the salaries for other professional groups delivering the same or similar interventions. Alongside this we would like to see proposals for improved Continuing Professional Development extended to counsellors and psychotherapists.

3) Pilot Training Programme - To support with the expansion of counsellors and psychotherapists into the NHS workforce, we would recommend that the Government

pilots a funded and salaried training pathway for new entrants into counselling and psychotherapy. This training pathway would ideally be embedded within the NHS from the outset and would provide a new pathway into the workforce for people from a range of diverse communities who may currently be excluded on the grounds of being able to pay for their own training.

Part 15 - The scope of the mental health and wellbeing workforce

We agree with the proposed medium-term priorities as set out in the strategy, we would also reiterate our points around the role of counsellors and psychotherapists within the NHS workforce. As previously mentioned, counsellors and psychotherapists are typically trained outside of the NHS, funding their own training, and as a result often overlooked in potential workforce numbers by service commissioners. **We urge the Government to recognise the untapped potential in the counselling and psychotherapy workforce and prioritise finding ways to bring these underused, undervalued, highly skilled and experienced practitioners into the workforce in greater numbers.**

We also support the objectives to improve planning and management of the sector through the availability of comprehensive data and management information on the Mental Health and wellbeing workforce and better understanding of the gaps in workforce capacity and supply. To deliver this **BACP fully supports the publication of a holistic mental health workforce strategy and we are keen to work with Scottish Government and partners across the counselling sector in Scotland to ensure our workforce is appropriately represented and understood.**

Part 16 - Solutions to our current and future workforce challenges

Many of the challenges highlighted in this section are also covered in part 15, above. New mental health practitioners take time to train and bed in and we would urge commissioners and Government to consider the underutilised counselling workforce when filling new roles. Alongside this we urge Scottish Government to address several barriers that have prevented some professional groups, including Counselling and Psychotherapy, from entering and thriving in the NHS and public sector workforce. **BACP would like to work closer with officials in NHS Scotland to find ways of bringing their experience and skills into the workforce**

Part 17 - Our immediate actions

This section highlights several immediate actions and asks respondents to identify which are most critical. Of those highlighted we believe the following are of most importance:

- Scope alternative pathways to careers within the workforce, beyond traditional university and college routes
- Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
- Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for

- Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023

Alongside these we would like to see immediate action to scope barriers to counsellors and psychotherapists from entering the workforce and action to open up new recruitment pipelines. **As noted above, we would like to work with NHS Scotland on a pilot project to develop a funded and salaried training pathway for new entrants into counselling and psychotherapy. This training pathway would ideally be embedded within the NHS from the outset. This would provide a new pathway into the workforce for people from a range of diverse communities who may currently be excluded on the grounds of being able to pay for their own training.**

Part 18 - Final thoughts

This section allows respondents to include issues not covered elsewhere in the consultation document.