

About Us

The British Association for Counselling and Psychotherapy (BACP) is the leading, and largest, professional body for the counselling professions in the UK. As a charity and membership body we set standards for practice and provide information for therapists, service users and the public.

We have over 72,000 members across the UK, including 1,000 organisational members. Practitioners who are delivering high quality care to service users of all ages and in all sectors, including the NHS, education, charitable and private sectors.

As part of our public protection and professional leadership responsibilities, we maintain a register of qualified therapists under the Professional Standards Authority's (PSA) Accredited Registers scheme.

This assures the public, employers and commissioners that a practitioner is committed to high standards, continual development of their professional practice and ethical behaviour.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

We're pleased to contribute to the NHS Change engagement process. We support the Three Shifts that have been proposed, and see this as an opportunity to make significant improvements in mental health care.

1. Funding for mental health care to continue growing as a proportion of total health spending

We agree with Lord Darzi's assessment that the system needs reform¹ and that a radical rethink is needed on how resources are allocated, how treatment and prevention are approached and how people are involved in decisions about their care.

However, in developing the Health Plan it is critical that there is honest and open acknowledgement of how much work is needed to address the low base of funding for mental health services compared to its overall burden of ill health.

¹ HM Gov (2024) *Independent Investigation of the National Health Service in England*.
<https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>

For 2021/22 the National Audit Office found that NHS England spent £12 billion on mental health services, accounting for 8% of the total NHS budget², this compares to the Centre for Mental Health's estimates that mental ill health accounts for 28% of the burden of disease³.

Since 2016 the Mental Health Investment Standard has helped to protect mental health funding from cuts and to grow funding quicker than increases in baseline health spending. However analysis by the King's Fund⁴ found that despite mental health funding increasing, it hasn't been fast enough to keep pace with demand.

The 10-Year Health Plan must commit to protecting the Mental Health Investment Standard as a route towards parity of esteem and set a higher percentage increase over baseline to accelerate progress towards parity.

2. Tackle rising demand for mental health services outpacing increases in capacity.

Health strategies since the Five Year Forward View have prioritised access and availability of mental health services for all. Despite this, demand for services has continued to grow quicker than capacity.

Recent research by the charity Mind found that referrals to NHS Talking Therapies for Anxiety and Depression has risen from 4.4 million in 2016/17 to 6.4 million in 2021/22, yet the number accessing services only increased from 3.6million to 4.5million over the same period⁵. This means around 2 million people who reached out to mental health services have been unable to access them. A truly worrying number.

The framing for NHS Change rightly seeks to prevent ill health and, where ill health does occur, intervene as early as possible. For mental health, a significant barrier to achieving this aim is insufficient capacity across the whole mental health system to allow for strategic redeployment of

² National Audit Office (2023) *Progress in Improving Mental Health Services in England*. <https://www.nao.org.uk/wp-content/uploads/2023/02/Progress-in-improving-mental-health-services-CS.pdf> [accessed: 13th November 2024]

³ Centre for Mental Health (2024) *Parity of Esteem*. <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf> [accessed: 26th November 2024]

⁴ King's Fund (2024) *Mental Health 360: Funding and Costs*. <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/mental-health-360-funding-costs> [accessed: 13th November 2024]

⁵ Mind (2024) *The Big Mental Health Report 2024*. <https://www.mind.org.uk/media/vbbdclpi/the-big-mental-health-report-2024-mind.pdf> [accessed: 13th November 2024]

staff and interventions to meet need quicker and more effectively. Some of the consequences of this include:

- Delays in accessing care contributes to people's mental health worsening before they're able to access services.
- Moving pressures upwards to more specialist services within the system - who raise clinical thresholds for entry in response to help manage demand.
- Mounting pressures on the existing workforce, already faced with insufficient capacity in the system, are left supporting people through a mental health system where service exit and entry criteria often don't align.

The Health Plan must produce a frank and accurate assessment of the capacity shortage throughout the mental health system and recognise that the workforce delivering psychological therapies also includes practitioners employed by third sector organisations that directly deliver NHS Talking Therapies.

3. Choice of Care for All Service Users

In psychological therapy services, choice and co-design of care is critical to achieving the best possible outcomes.

Psychological therapies require active participation, something not typically expected of pharmacological or medical interventions. Whether that's regular travel to appointments, investing the energy in building trust and an effective therapeutic relationship with their therapist or completing 'homework' in between sessions.

It's essential that all service users have an informed choice over the type of psychological intervention they receive, when it's delivered and who delivers it. Failure to meet these preferences has been shown to potentially limit successful outcomes⁶.

NHS Talking Therapies for Anxiety and Depression programme, through the NHS Talking Therapies Manual, has embedded choice and placed an expectation on NHS Talking Therapies services to offer meaningful choice to all service users⁷.

⁶ Williams, R., Farquharson, L., Palmer, L. *et al.* (2016) *Patient preference in psychological treatment and associations with self-reported outcome: national cross-sectional survey in England and Wales*. *BMC Psychiatry* **16**, 4 (2016). <https://doi.org/10.1186/s12888-015-0702-8>

⁷ NHS England (2024) *NHS Talking Therapies for Anxiety and Depression Manual*.

<https://www.england.nhs.uk/wp-content/uploads/2018/06/NHS-talking-therapies-manual-v7-1.pdf>
[accessed: 27th November 2024]

Yet choice remains undelivered across much of the rest of mental health. The Health Plan must mandate that choice be available for every service user accessing any mental health service. Recognising that choice increases service user satisfaction and outcomes.

BACP's 2024 report 'Bridging gaps' highlights the improved offer of choice and flexibility of service offered by third sector providers which must be fully engaged and recognised as drivers of change, but require a reset in their relationships with commissioners⁸.

The Health Plan to enshrine choice of intervention and co-creation of care plans as a right for all people accessing mental health services.

4. Long Term Workforce Planning

Since the Five Year Forward View, health plans have prioritised increasing access to mental health services; however until the NHS Long Term Workforce Plan was published in 2023, there had been a lack of corresponding workforce planning to support delivery.

We understand the Long Term Workforce plan is under review, with an expected re-publication in spring 2025. It is vital these plans are in step with each other.

Development of the mental health workforce should give a more prominent role to counselling and psychotherapy, particularly how they can both increase existing capacity, as well as growing capacity to meet anticipated future demand.

As the NHS mental health workforce has evolved over the past 20 years NHS England failed to focus on how different professions, such as counselling or psychotherapy, could be recruited into the workforce to deliver new roles and meet need. The system has instead developed new roles that only have the skills to deliver a very specific function or role. This approach hasn't been effective, marginalising established professions, such as counselling and psychotherapy, missing out on the expertise practitioners could bring to the NHS and creating a workforce that doesn't have a clear progression routes or professional home.

Workforce planning must focus on professional groups rather than creating a new workforce for every role.

⁸ BACP (2024) Bridging the gaps -The positive impact of third sector counselling services and the challenges they face.

Our membership surveys consistently find that whilst 66% of our qualified members would like to work in the NHS, less than 6% currently do. Further research amongst our members found that on average they have the capacity to deliver five additional hours therapeutic work a week.

This additional capacity amounts to around 125,000 additional counselling sessions being available weekly. The NHS must work with us to bring this counselling capacity into the NHS in greater numbers.

Publish a revised NHS long term workforce strategy, in particular plans to bring counsellors and psychotherapists into the workforce in greater numbers.

NHS England commitment to making the Psychotherapeutic Counselling Core pilot training pathway permanent; and commit to increasing the number of places available through the pathway.

NHS England refocus workforce development on professions not roles; moving away from a new workforce for every new role, and instead building skills in existing professions.

Health Plan to make availability of psychological therapies in secondary care mental health services a reality.

5. Cross Government Strategy on Reducing Health Inequalities

As members of the Inequalities in Health Alliance we support the call for a cross-government strategy to reduce health inequalities.

Tackling health inequality must not be seen as solely the responsibility of the Department of Health and Social Care or the NHS. To prevent ill health, we need to act on the social determinants of ill health such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and pollution. All parts of government and public services need to act to reduce health inequalities as a priority.

Development of a Cross-Government strategy on reducing health inequalities and embedding an expectation that reducing health inequalities is a priority for every government department.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

1. Achieving manifesto commitment of expanding the mental health workforce by 8,500 practitioners

We welcomed the Labour Party's manifesto commitment to expand the mental health workforce by 8,500 practitioners.

Government and NHS England must look at the depth of untapped talent and expertise that exists within the counselling and psychotherapy workforce that is currently outside of the NHS but which could be brought into the NHS workforce both at scale and pace.

Counselling and psychotherapy must be central to the Government's workforce expansion. Two thirds of our qualified members are ready to deliver at least 125,000 additional mental health interventions a week.

The existing trained and qualified, yet underutilised, counselling workforce must be brought into the NHS when achieving the commitment to expand the mental health workforce by 8,500 practitioners.

2. Deliver early help community mental health hubs for 11 to 25 year olds

As committed to through Labour's manifesto, Young Future's hubs provide a unique opportunity to build capacity within the children's mental health system and build on the excellent services that already exist and ensure young people are able to access integrated, accessible and targeted support.

It is vital that roll out builds on the existing expertise, practice and evidence of services already embedded in local areas, supporting them to sustain and expand their provision in a way that centres the voices and experiences of young people in their communities. Hubs provide early support for young people up to the age of 25, on a range of different issues related to mental health and wellbeing, including counselling and other psychological therapies, employment advice, youth services, sexual health and housing support, while additional services can be co-located under one roof.

Early support hubs are often based on existing services models and guided by The Youth Access Model principles⁹. Importantly, these services are designed and developed with young people's needs and rights at the forefront, providing a holistic, person-first approach.

By working with young people up to the age of 25, early support hubs

- support young people through key life transitions such as leaving education, leaving home or the care system, joining the workforce and gaining financial independence.
- support young adults who fall through the gaps between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) by not meeting high clinical thresholds or subject to long waiting lists.
- support young people who are too old for family hubs, or not in education or able to access Mental Health Support Teams in school.

The Health Plan must set out the plan to implement Young Future's hubs for every young person in the country; building on existing local services and expertise to deliver a first class service to all young people aged 11-25.

3. Building a sustainable relationship with Third Sector providers of care

Third Sector providers are a vital source of talent and expertise that needs much greater recognition and protection from Government and the NHS for the role of they play in directly delivering and supplementing NHS mental health services.

The Health Plan must build on the foundations set in in the Civil Society Covenant Framework to release the potential that exists in third sector services. It has been calculated that the third sector subsidises public contracts by £2.bn per year¹⁰.

Third sector counselling services play a vital role in both delivering NHS Talking Therapies and providing choice of other therapies that reduces pressure on the NHS, but these are facing unprecedented financial pressures threatening their survival. Urgent action is required to reset relationships with third sector providers.¹¹

⁹ Youth Access. *The YIACS Model*. <https://www.youthaccess.org.uk/our-work/championing-our-network/yiacs-model#:~:text=YIACS%20are%3A&text=Open%2Daccess%3A%20Young%20people%20are,statutory%20services%20and%20school%20settings>

¹⁰ NPC (2024) The State of The Sector

¹¹ BACP (2024) Bridging the gaps - the positive impact of third sector counselling services and the challenges they face.

Steps taken to build a strengthened and sustainable relationship between the Third Sector and the NHS must include:

- Improved engagement between commissioners of services and the sector
- Simplified commissioning processes to make it easier for third sector organisations to bring their expertise into the mental health system.
- Accurate recording and reporting of referrals from the NHS to third sector services and in particular if referrals are followed by funding

The Health Plan must give greater recognition and value to the role of the Third Sector as providers within the mental health system.

Integrated Care Systems must offer sustainable longer-term funding contracts to the Third Sector, to enable them to invest with confidence in their services, recruit, retain and develop their staff and strengthen their partnerships with other parts of the NHS locally.

4. Tackling health inequalities

Partnerships with third sector services that specialise in working with, and are trusted by, people from marginalised community backgrounds is essential in addressing health inequalities. In a 2024 report The Centre for Mental Health recommended that NHS England secure a binding commitment from ICBs to provide ongoing and sustainable resources for mental health alliances that include third sector organisations, as part of a long-term funding plan for mental health initiatives¹²

The specific needs of people from marginalised and racialised community backgrounds who are known to be poorly served by mainstream NHS services must be addressed by planning services that address inequalities and known barriers to care and support.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

1. Ensuring digital transformation doesn't leave some service users behind

Digital transformation has the potential to give patients better access to their data, better access to care and to ensure that staff can get the reliable information they need to inform decision-making and improve quality of care.

¹² Centre for Mental health (2024) More than the sum of our parts - an evaluation of local mental health alliances.

We support the Government's ambition to modernise the health system by making more effective use technology in both the administration of care and delivery of services. Alongside our support is a note of caution that we must actively guard against digital transformation widening health inequalities¹³ for different groups of service users and where practicable service users should still have a choice over how they interact with the system and receive services.

The Health Plan must ensure that greater use of technology in administration and delivery of services remains a choice for service users to guard against digital change increasing health inequalities for different groups.

2. A detailed strategy for the use and regulation of technology in healthcare

As increasing numbers of digital mental health services are developed, including app-based and AI assisted technologies, it is vital that Government has a strategy for embedding new technology and robust regulatory system to ensure that new services meet the highest ethical and professional standards, are underpinned by robust clinical evidence of effectiveness, recommended by NICE, and ensure service user safety.

The Health Plan must articulate a clear strategy and effective system of Governance; ensuring the regulatory system has a balance between keeping pace with technological change and enabling service users to benefit from innovative technological developments.

3. Sufficient time and training for staff to embed technology to best effect

New systems and ways of working need to be accompanied by sufficient time and training for all staff to ensure that technology helps in the delivery of services and isn't another burden on the workforce. In a recent Health Foundation survey¹⁴, clinical staff highlighted the biggest barriers they face in using technologies effectively include insufficient access to IT expertise, poor connectivity and lack of implementation support.

Digital change must be supported with sufficient time and training for all staff to ensure that the benefits of new technology are fully understood and its capabilities fully embedded; Improving care and not creating additional burden.

¹³ van de Vijver S, Tensen P, Asiki G, et al. Digital health for all: How digital health could reduce inequality and increase universal health coverage. DIGITAL HEALTH. 2023;9. doi:10.1177/20552076231185434

¹⁴ The Health Foundation: Which technologies offer the biggest opportunities to save time in the NHS? April, 2024. <https://www.health.org.uk/publications/long-reads/which-technologies-offer-the-biggest-opportunities-to-save-time-in-the-nhs> Accessed November 2024.

4. Building public confidence and trust of technology in healthcare

Public understanding and support for digital transformation is key to successful roll out of technology and Government must have a clear plan to clarify and reassure the public that change will be beneficial.

One area of concern for the public is AI's potential impact on the social and relational aspects of health care. Over half of the public (53%) think AI will make them feel more distant from health care staff, while nearly two-thirds of the NHS staff surveyed (65%) think AI will make them feel more distant from patients. These results suggest that AI technologies will need to be designed and used in ways that protect or even enhance the human dimension of care¹⁵.

Health Plan to set out public engagement strategy for building support for digital transformation of the health system.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

1. Prioritise earlier intervention mental health services to reduce burden on more specialist services

As demand has increased faster than service capacity over recent years, greater pressures has been put on specialist mental health services, such as CAMHS or Community Mental Health Teams.

In response to rising demand for specialist services clinical thresholds for access have increased to manage demand.

Service users can therefore be left in limbo. Waiting for their mental health to spontaneously improve and be able enter a service they'd previously been assessed as too complex for; or their mental health has to worsen so they can access the specialist service that their need was not previously complex enough for.

The Health Plan must plan for how the mental health workforce is balanced in the short-medium term; addressing existing complex need, whilst also planning for a rebalance in the medium-longer term to move to an earlier intervention model.

¹⁵ AI in health care: what do the public and NHS staff think? The Health Foundation, 2024. <https://www.health.org.uk/publications/long-reads/ai-in-health-care-what-do-the-public-and-nhs-staff-think#:~:text=One%20area%20of%20concern%20is,feel%20more%20distant%20from%20patients>. Accessed November, 2024.

2. Counsellors in every school in England -Mental health professional in every school

Schools are struggling with growing mental ill health; pastoral staff are stretched, and not all schools can afford to fund additional counselling services. Research carried out by IPPR¹⁶ found that only 48% of schools in England offer onsite counselling, with fewer state schools providing the service than when previously surveyed.

BACP's workforce data findings demonstrate that over half of our 19,000 specialist CYP members have the capacity to take on more paid work, on average this works out at an extra five clients per week. Extrapolating these figures suggests that our registered and accredited members alone are trained and available to work with over 51,000 additional young people per week.

Not all schools have access to Mental Health Support Teams (MHST); a report by NHS England suggests a 42% overall reach by March 2025, with each school in an MHST area sharing resources with 17 schools on average.

A child can easily fall between the gaps when their mental health needs are not addressed. Children whose mental health issues are too complex for lower intensity CBT, delivered by MHSTs, but who do not meet the threshold high intensity CAMHS, may miss out on appropriate mental health support. A clear referral pathway to school counselling complements both services by bridging what is often termed as the 'missing middle', providing seamless step-care model of counselling tailored to meet individual needs.

In a report published by Public First, Citizens UK and BACP it was found that the long-term benefit of counselling in all schools was eight times the cost of the investment, rising to ten-fold return on investment for primary school-age children.

Universal access to school counselling would generate lifetime financial benefits to the Government of £1.9 billion against a cost of £250 million.

MHSTs expanded on a national level with funding for counselling built into the delivery model.

3. Deliver full mental health care pathway for every person in the country

¹⁶ IPPR (2020) *The New Normal: The future of education after Covid-19*. <https://www.ippr.org/media-office/only-half-of-teachers-say-their-school-can-offer-pupils-on-site-mental-health-counselling-in-wake-of-pandemic-finds-ippr>

To address the disparity between need and access to services the Health Plan must look at the entire mental health care pathway, critically appraising where gaps exist between different parts of the system, including gaps between primary care and secondary care mental health services, and whether the workforce has the right skills mix to deliver the care at the right points in the system.

The Health Plan must produce an assessment of the strengths and weaknesses in the current mental health care pathway.

The Health Plan must follow up an assessment of the mental health care pathway with a mandate setting out a service level that all in society can expect if they're in contact with mental health services, and empower ICBs to innovate in how they build pathways locally to best meet local need.

4. Resourcing ICSs so they can fulfil their potential as drivers of change

ICSs have the potential to progress many of the Government's health aims, including moving more care from hospitals to communities and delivering prevention and early intervention services. By developing joint strategies and integrated services within the different parts of the NHS, and between the NHS and other partners in local government and civil society, ICSs can make this shift happen in ways that reflect the diversity of the health needs and experiences of different segments of their local populations.

They can only achieve this if they are sufficiently resourced to deliver on this potential.

Integrated Care Systems resourced sufficiently, so they're able to achieve their full potential as drivers of regional cooperation and strategic health improvement.

Review of the framework for partnerships and commissioning between VCSE and ICBs, specifically addressing practical barriers to integration with ICBs faced by VCSE organisations.

ICBs work with employers to ensure that they're contributing to the development of positive mental health and early intervention amongst their employees.

5. Continuing to tackle stigma and inequalities in accessing healthcare

Stigma and inequalities to accessing healthcare for people from marginalised community backgrounds known to be poorly served by mainstream services must be addressed.

People from all communities have benefited from increased availability of evidence-based therapies delivered by NHS Talking Therapies. However, across the UK, members of minority communities with mental health problems are currently less likely to access therapy, less likely to

have good outcomes and more likely to report negative experiences in therapy, compared to white service users.

Services specialising in working with clients from marginalised and racialised community backgrounds report they are facing increasing formal and informal referrals from NHS sources¹⁷ but without the funding to meet this demand. An urgent reset of relationships between VCSE organisations and commissioners is vital to making services accessible and acceptable and overcoming the stigma that contributes to inequalities.

The Health Plan must act to support the vital role of trusted community-based third sector organisations in increasing access and removing barriers or stigma around mental health.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

Quick to do, that is in the next year or so

1. The Health Plan must commit to protecting the Mental Health Investment Standard as a route towards parity of esteem and set a higher percentage increase over baseline to accelerate progress towards parity.
2. The Health Plan must produce a frank and accurate assessment of the capacity shortage throughout the mental health system and recognise that the workforce delivering psychological therapies also includes practitioners employed by third sector organisations that directly deliver NHS Talking Therapies.
3. The Health Plan must produce a full and frank assessment of the strengths and weaknesses in the current mental health care pathway.
4. The Health Plan must follow up an assessment of the mental health care pathway with a mandate setting out a service level that all in society can expect if they're in contact with mental health services, and empower ICBs to innovate in how they build pathways locally to best meet local need.
5. The Health Plan to enshrine choice of intervention and co-creation of care plans as a right for all people accessing mental health services.

¹⁷ BACP (2024) Bridging the gaps - the impact of third sector counselling services and the challenges they face

6. Drop-outs from NHS Talking Therapies must be tracked to improve long term service delivery and improve mental health outcomes
7. Publish a revised NHS long term workforce strategy, in particular plans to bring counsellors and psychotherapists into the workforce in greater numbers.
8. NHS England must refocus workforce development on professions not roles; moving away from a new workforce for every new role, and instead building skills in existing professions.
9. NHS England commitment to making the Psychotherapeutic Counselling Core pilot training pathway permanent; and commit to increasing the number of places available through the pathway.
10. The Health Plan must give greater recognition and value to the role of the Third Sector as providers within the mental health system.
11. Integrated Care Systems must offer sustainable longer-term funding contracts to the Third Sector, to enable them to invest with confidence in their services, recruit, retain and develop their staff and strengthen their partnerships with other parts of the NHS locally.
12. A 'Third Sector Healthcare Charter' must be developed setting out the NHS and ICBs relationship with VCSE providers

In the middle, that is in the next 2 to 5 years

13. The Health Plan must empower ICBs to deliver locally determined care pathways for mental health, but that are guided by a clear mandate from NHS England nationally that there needs to be a cohesive and comprehensive mental health care pathway from building positive mental health all the way through to acute mental health services
14. Integrated Care Systems resourced sufficiently, so they're able to achieve their full potential as drivers of regional cooperation and strategic health improvement.
15. Review of the framework for partnerships and commissioning between VCSE and ICBs, specifically addressing practical barriers to integration with ICBs faced by VCSE organisations.
16. ICBs work with employers to ensure that they're contributing to the development of positive mental health and early intervention amongst their employees.
17. Cross-party consensus on the long-term health strategy for the country must be secured; ensuring that long term strategic planning isn't lost due to political events.
18. Development of a Cross-Government strategy on reducing health inequalities and embedding an expectation that reducing health inequalities is a priority for every government department.

19. The existing trained and qualified, yet underutilised, counselling workforce must be brought into the NHS when achieving the commitment to expand the mental health workforce by 8,500 practitioners.
20. The Health Plan must set out the plan to implement Young Future's hubs for every young person in the country; building on existing local services and expertise to deliver a first class service to all young people aged 11-25.
21. The specific needs of people from marginalised and racialised community backgrounds who are known to be poorly served by mainstream NHS services must be addressed by planning services that address inequalities and known barriers to care and support.
22. The Health Plan must ensure that greater use of technology in administration and delivery of services remains a choice for service users to guard against digital change increasing health inequalities for different groups.
23. The Health Plan must articulate a clear strategy and effective system of Governance; ensuring the regulatory system has a balance between keeping pace with technological change and enabling service users to benefit from innovative technological developments.
24. The Health Plan must act to support the vital role of trusted community-based third sector organisations in increasing access and removing barriers or stigma around mental health.
25. Digital change must be supported with sufficient time and training for all staff to ensure that the benefits of new technology are fully understood and its capabilities fully embedded; Improving care and not creating additional burden.
26. MHSTs expanded on a national level with funding for counselling built into the delivery model.
27. Health Plan to set out public engagement strategy for building support for digital transformation of the health system.
28. The Health Plan must plan for how the mental health workforce is balanced in the short-medium term; addressing existing complex need, whilst also planning for a rebalance in the medium-longer term to move to an earlier intervention model.

Long term change, that will take more than 5 years

1. The Health Plan must build a more psychologically informed NHS. Holistic, patient centered approach to healthcare delivery; utilising the skills and expertise of the counselling workforce, alongside clinicians from physical health, to meet all health needs of a service users wherever they enter the system.
2. The UK's mental health research budget must be increased to closer match the burden and prevalence of mental illness.
3. Health Plan to make availability of psychological therapies in secondary care mental health services a reality.

