Psychotherapy in the National Health Service: Registration and Employment

Frank Margison

The role of psychotherapy in the National Health Service has always been ambiguous. Sometimes it seems to be the Cinderella of mental health services. There are few practitioners, long waiting lists and inadequate resources. It is hard to meet more than the tip of the iceberg of need. From another perspective psychotherapy has been criticised as not being based in evidence, focused on the 'worried well' and, frankly, a luxury.

Psychotherapy is seen as having a restricted role in a mental health service. Severe and enduring mental illnesses such as schizophrenia are the priority. Despite this, there is a compelling body of evidence, from family interventions, behavioural cognitive therapy and also from psychodynamic therapies, that psychological interventions are helpful even in severe and enduring mental illnesses.

In response to the uncertainty that health commissioners were expressing about the role of psychotherapy, Professor Glenys Parry, on behalf of the NHS Executive, set up a working group which produced the document 'Psychotherapy Services in the NHS in England'. As a member of this group I was in a position to see, from the responses from users, health commissioners, managers and clinicians, that there was very little consistency in psychotherapy services across the country. At one extreme there were some services which were truly integrated, in the sense that a patient or client could be referred to a single 'point of entry'. From there they could be directed to a wide range of psychotherapies. The referrals would be based on the best evidence available. At the other extreme, some districts had almost no psychotherapy staff. A 'Procrustean bed' approach could be detected, insisting that the patient fit in with the model of therapy available.

The review covered a lot of new ground. There was a review of research evidence, recommendations for audit, and suggestions about how services might become better integrated. Services should improve accessibility, equity, safety and effectiveness. The range of cultural and ethnic backgrounds of psychotherapists working in the NHS was very restricted. A further

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project looked at the integration of training with psychotherapy services. There has been a vigorous debate between those who think that psychotherapy can be expressed in terms of 'competencies', and those who feel that becoming a psychotherapist is about human growth.

Standing back from the review, and particularly looking from the context of humanistic psychology, there are severe limitations to our present knowledge.

What is evidence?

A review of the effectiveness of psychotherapies in the NHS, carried out by Anthony Roth and Peter Fonagy, focused very heavily on the empirical tradition. It relied strongly on randomised controlled trials (RCTs). From the perspective of humanistic psychology this evidence has very limited value. The NHS has put special emphasis on methods of therapy that suit that type of research, particularly behavioural-cognitive forms. Psychodynamic therapies lack evidence from RCTs, although there is support for brief, focused approaches. Similarly for systemic therapies the evidence is sparse, but there are some studies, for example in teenagers with anorexia, where it is good.

For humanistic therapies evidence of this type is almost non-existent, and so there has been little evidence-based pressure to introduce humanistic therapies into the NHS. It has to be said that the way 'evidence' is defined is subject to strong cultural biases towards empiricism, and the false logic that 'no evidence available' is equivalent to 'evidence of non-effectiveness' is unfortunately widespread among decision-makers. Even with this caution in mind, the rhetoric of evidence-based practice gives little comfort to humanistic practitioners.

The professional basis of psychotherapy in the NHS

Although there are minor skirmishes between the two big mental health professions of clinical psychology and psychiatry, there is considerable common ground between these two groups in promoting psychotherapy as one of the branches, or specialities, of the two professions. To a lesser extent, this is also true of nursing, social work and occupational therapy. Even the small numbers of adult psychotherapists employed in the NHS are often drawn from mental health backgrounds. Posts in adult psychotherapy are usually linked to one of the main three modalities (psychodynamic, systemic, or behavioural-cognitive), and specialist posts in humanistic therapies do not exist, to my knowledge.

In primary care the picture is probably less restricted, but the predominant mode has been Rogerian-based counselling. This is likely to change in the next few years towards an increasing emphasis on brief, symptom-focused 'packages'.

The role of registration

Registration, with its implications of 'professionalisation', has been viewed very warily and there has been little discussion of it within NHS psychotherapy. The British Psychological Society and the Royal College of Psychiatrists are both 'special members' of UKCP, but both hold to the principle that they will define their own specialist registers for their own members. So UKCP registration is currently of limited

importance in defining who is allowed to practise in psychotherapy in the NHS.

If UKCP has had any influence so far, it has been through the development of a common ethical framework, and emphasis on inter-cultural practice. In the future the impact of shared training standards across modalities will become more relevant, but in my view there is insufficient common ground about the core skills necessary to work in the NHS. The work of defining competencies in different fields of therapy, with some common areas, has been developing over the last five years but has not yet been adopted by NHS employers as the framework for assessing competence.

Almost nothing is known by NHS employers about the types of therapy within the humanistic and integrative psychotherapy sections of UKCP. Integrative, in the sense usually meant by the NHS, often refers to integration between the main modalities of therapy. For example, cognitive analytic therapy is increasingly recognised, but the idea of integration linking body, mind and spirit is seen as coming from an unfamiliar discourse.

There is confusion about the term 'humanistic-integrative' in the NHS. It does not appear to outsiders to refer to a unified theory. Also the humanistic and integrative elements of a therapy are often seen as desirable, but common, properties of any therapy. There is an additional tendency to interpret 'humanistic' and 'integrative' as referring to the disposition of the therapist, rather than to a specified and distinct aspect of the therapy.

These confusions may well stem from ignorance on the part of employers and therefore be susceptible to education. However another cause of confusion may lie in the ambivalence of humanistic practitioners themselves when it comes to defining their practice in terms of 'competence' and 'skills', and a general reluctance to see the task of the humanistic therapist as alleviating symptoms, or treating illness.

The current climate within the NHS tends to favour short and focused therapies with very specific aims, measurable within the limits of current models of research and with easily identified end points. There is possibly an unspoken view that humanistic forms of psychotherapy are part of the vast range of 'unproven treatments', which health authorities are being encouraged to keep out of mainstream services. There has been increasing pressure for complementary therapies in the NHS, but these are typically in the form of aromatherapy, massage and acupuncture, often in the context of physical health problems. Humanistic therapy practitioners have had almost no impact in mainstream NHS; they may well consider it an unfair restriction that to date there are no NHS posts for a form of work which already has an established place in the independent sector.

Could things change?

I suspect that the main mechanisms for changing the views of health commissioners would come from greater user involvement. It is one of the odd paradoxes of the research literature that there is almost no correspondence between whether a therapy is popular or well received and whether it is effective in the terms of the 'clinical effectiveness' debate. 'Talking treatments' generally seem very popular with service users, and influencing this

debate would appear an easier task for humanistic practitioners than competing in the 'evidence-based practice' arena. Personally I believe the human values that underpin humanistic psychotherapy to be essential to the provision of an ethical framework for more general psychotherapy practice.

Further reading

'Psychotherapy Services in the NHS in England', NHSE report, 1996

Anthony Roth and Peter Fonagy, *What Works for Whom? A critical review of psychotherapy research*, Guilford, 1996

Earwig

The AHPP is working away manicly. (Spellchecker says this should be 'maniacally'.) Manic it certainly is. Roads are cleared for Board members rushing between meetings — they more or less run the UKCP committees single-handed, advise the National Union of Railwaymen on crushing people into trains humanisticly (Spellchecker cannot improve on that). They are the moral guardians of BAC and sniff out the Manchester United locker room for unhumanistic (damn spellchecker) stuff. The police are helpful, Tinny Blah is their puppet and Mo Mowlem their bulldog. At weekends the Board hauls coal to keep steam trains going. Clients are seen by video loop. Christmas this year will be a recycling event. All this humanistic effort is to cleanse society of evil, oppression, blocks to growth, cockroaches, analysts, behaviourists, Augusto Pinochet and other South American pigs with ugly faces.

What the beneficiaries of the AHPP, that is the deserving public, do not appreciate is that unless the pressure is incessant, Society will revert to its original unwashed state with chaos and many slugs. Utopia, Arcadian rural bliss, Heaven and the welfare state must be worked for and the Board takes responsibility for its own actions in this respect. It keeps its pressure up.

The inventiveness of the Board's new projects to fuel the improvement of Society is breathtaking. The proposal, from the Annual General Meeting, is to set up an enquiry to see if it would be wise to set up an investigation into the possibility that AHPP should leave the AHP. This will keep the AHPP Administrative Secretary busy for nights at a time mailing out the produce from thousands of photocopiers to thousands of people who will all do the same in return. The effort will be prodigious, the pressure unrelenting. The fact that everyone knows that AHPP will not leave the AHP is irrelevant. That is only the endpoint. The endpoint is quiescent and that is no use to the AHPP. It is process that matters. It builds pressure. SEND YOUR VIEWS NOW. (My suggestion is they produce a humanistical spellchecker.) Yours in a hurry, frantically overworked, looking busy, from my calm centre,

Earwig