

Public provision of psychotherapy

Addressing the deterioration in public psychotherapy provision, by the British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP), London, January 2015, 20 pp., available free online at <http://www.bpc.org.uk/sites/psychoanalytic-council.org/files/PublicPsychotherapyProvision-FINAL-WEB.pdf>

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This recent publication by the BPC and the UKCP describes the results of a survey of its members who work both within the UK National Health Service (NHS) and in the independent sector. The survey was sent to almost 10,000 registrants, of whom 20 per cent (2026) responded.

It is divided into three sections. The first part depicts the deterioration of the psychotherapy provision in the NHS, the second part describes the skill level of BCP and UKCP registrants, and the last section looks at the incentives and barriers to independent practitioners working in the NHS. The report is clearly structured and has some pretty fancy graphics to illustrate its findings.

The main findings are that there is a reported increase in the number of clients who are seeking help from the private sector. The respondents state that these clients are left unsatisfied with NHS treatment in terms of it not being sufficient and being rather mechanistic. Respondents also report that the complexity of clients' presenting difficulties is increasing, and that alongside this the level of clinical experience and qualifications of NHS practitioners is decreasing. Waiting times are also identified as becoming longer, and respondents report fewer resources being allocated to psychotherapy services, resulting in more of these closing. As a consequence of the above difficulties, those respondents working in the NHS report feeling ever-more pressured.

The next section of the report focuses on the skill base of the BCP and UKCP members. The authors point out the depth and breadth of training reported by respondents. Most respondents have worked in the NHS, and most have been trained in more than one model and are familiar with using psychometric measurements most commonly used in the NHS. Most respondents offer flexible hours and state that they are familiar with different working models. More than half of the respondents also feel that they are willing to offer more sessions, should the need arise, and they also describe a commitment to clients and are keen to support services, some even on a voluntary basis.

Section 3 examines the incentives and barriers to working in the NHS, finding that many practitioners are indeed attracted to working in the public sector. However, a number of barriers – such as perceived unnecessary bureaucracy and a lack of value and understanding of psychotherapy – were given as reasons for not pursuing this. A greater recognition and value of psychotherapy and the accommodation of a variety of models were given as adjustments that could be made to attract independent psychotherapists.

So far so good. Having worked both within the NHS and the third sector, I would concur with all the findings that have been presented. However, my main concern is the way in which the report is presented. It is presented as if it is a 'scientific' survey, with charts and percentages. While this is an extremely interesting and informative report, it is not a scientific survey. This gives critics an opportunity to focus on the methodological weaknesses of the report and lose sight of the underlying message which I think is fundamental to the provision of psychotherapy services within the NHS. These weaknesses are many, and include:

- Some of the figures are presented as facts and compared with a survey completed in 2012. Responses from 2014 are compared with those from 2012, which could have been a completely different cohort.
- Only 20 per cent of members replied, which makes it a self-selecting sample.
- We don't know if this 20 per cent is representative because we have no information on the 80 per cent that did not reply.
- Some of the graphics are misleading.
- When statements like 'further cuts and closures have taken place' are made, these could be relatively easily confirmed through NHS audits; this has not been done.

I would rather this report be presented in a more qualitative way where the authors could examine and discuss some of the comments that have been made, and offer more thought on how problems could be rectified. There are some interesting ideas, such as offering a much broader, more 'time-sensitive' approach rather than the 'one size fits all' approach that seems so prevalent at the moment. I thought that the suggestion that working further upstream by introducing Parent Infant Psychotherapy (PIP) services was an intriguing one that could be expanded – a true cradle-to-grave approach. I think more ideas on how the independent sector might be integrated into the public sector could have been explored with a reference to developing the Any Qualified Provider (AQP) initiative that has currently fallen on stony ground.

In spite of my criticisms I think that this is an interesting and thought-provoking report that should be followed up by another report with recommendations on how to rectify some of the problems that have been identified. A copy of both reports should be sitting on every mental health commissioner's desk.

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The devil you know

The God of the left hemisphere: Blake, Bolte Taylor and the myth of Creation, by Roderick Tweedy, London, Karnac Books, 2013, 352 pp., ISBN 978-1780491011

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