

Response to *Mental health and wellbeing plan: discussion paper*

July 2022

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk.
- 1.2 As part of our work we:
- Oversee the ten health and care professional regulators and report annually to Parliament on their performance
 - Accredit registers of healthcare practitioners working in occupations not regulated by law through the Accredited Registers programme
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote right-touch regulation and publish papers on regulatory policy and practice.
- 1.3 Our Accredited Registers programme was introduced in 2012 to provide a proportionate alternative to statutory regulation, as set out in UK Government's 2010 Command Paper *Enabling Excellence*¹. We achieve this by assessing whether organisations that hold voluntary registers of health and care roles meet our *Standards for Accredited Registers*². Organisations that meet our Standards, and their registrants, are eligible to display our accreditation Quality Mark:



- 1.4 The Quality Mark tells members of the public, employers and commissioners that a practitioner has committed to high standards of technical competence, professional practice and ethical behaviours. It means there is somewhere for complaints and concerns to be reported.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216581/dh_124363.pdf

² Available at: <https://www.professionalstandards.org.uk/what-we-do/accredited-registers/about-accredited-registers/our-standards>

2. General comments

- 2.1 We welcome the intention of the Mental health and wellbeing plan to take a holistic approach to promoting good mental health and wellbeing across society.
- 2.2 We think assurance for health and care roles, including those involved in mental health and wellbeing service provision, needs to be proportionate to the level of risk arising from practice. We have developed a methodology for assessing and assuring the occupational risk of harm, through our Right Touch Assurance (RTA) tool³. We support UK Government's recent public consultation on putting in place a mechanism for deciding which roles should be regulated⁴. Our response to this consultation can be found on our website⁵.
- 2.3 We have not undertaken an RTA assessment on the roles covered by the scope of the Mental health and wellbeing plan. As such, we cannot comment on whether additional assurance for specific roles is required. Instead, we have focused our response on highlighting where existing assurance arrangements for unregulated roles can help to protect patients and service users, since this is an area which has tended to be less known by patients and service users, employers and policy makers.
- 2.4 Our Accredited Registers programme provides assurance for unregulated health and care roles. The programme covers a broad range of roles, as set out at Appendix 1. This includes those directly involved with mental health and wellbeing, such as counsellors and psychotherapists. It also includes people offering complementary therapies and other practices that can support wellbeing.
- 2.5 GPs can make referrals directly to anyone on an Accredited Register. The GMC's guidance on *Delegation and referral*⁶ highlights the importance of doctors making sure that systems are in place to assure the safety and quality of care provided when making referrals, and refers to the practitioner being on a register accredited by the Authority as an example of this. This means that Accredited Register practitioners can form an important part of the wider workforce. We are also currently assessing applications from organisations that register roles key to NHS Long Term Plan goals, such as Psychological Wellbeing Practitioners.
- 2.6 We are keen to work with UK Government and NHSE&I to embed consideration of voluntary registration through the Accredited Registers programme during the development of national policies affecting users of unregulated health and care roles. Doing so can make sure that professional standards and behaviours are embedded at an early stage, alongside technical skills and competence. The

³ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14

⁴ <https://www.gov.uk/government/consultations/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate#the-criteria-for-deciding-whether-to-regulate-a-profession>

⁵ <https://www.professionalstandards.org.uk/publications/detail/professional-standards-authority-response-to-the-government-consultation-on-healthcare-regulation-deciding-when-statutory-regulation-is-appropriate>

⁶ See GMC guidance on *Delegation and Referral*: https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---delegation-and-referral_pdf-58834134.pdf

legislation underpinning our powers of accreditation allows for flexibility in terms of how it is granted, and this allows for agility in responding to new workforce needs and risks.

- 2.7 We have answered the questions which have the most relevance to our role as an oversight body. We have indicated where our answer has particular relevance to a particular condition or group, using headings specified in each question.

3. Detailed comments

Question: How can we help people to improve their own wellbeing?

- 3.1 We know that many people value the services offered by Accredited Register practitioners because they offer a holistic approach to health and wellbeing. They might access treatment independently, or as part of a personalised care and support plan.
- 3.2 We think there is potential to make much greater use of Accredited Registers to support people to improve their own wellbeing. One way to do this would be raising awareness with those who are able to have NHS personal health budgets, and with their NHS team.
- 3.3 It is also important that GPs are aware and make use of referrals to Accredited Register practitioners where appropriate to do so. This could help to ease GP workforce pressure and make sure that patient choice is both supported and safe. Accredited Registers cover a broad range of practitioners, many providing services that can directly or indirectly support people's mental health and wellbeing. A range of counselling and psychotherapy approaches are offered. A lesser known role registered by the Academy for Healthcare Science is genetic counsellors, who are trained in both genetic medicine and psychosocial counselling.
- 3.4 One of the benefits of voluntary registration is flexibility. As new treatments and roles emerge, it can be adapted as proportionate to risk. Encouraging accreditation during the development of new roles can help ensure that professional behaviours are embedded alongside skills from the early stages.
- 3.5 We have highlighted some areas below where we are aware of unregulated roles supporting people in their wellbeing. We believe there is benefit for employer and others to choose Accredited Registers when referring to these services.

Children and young people

- 3.6 Play therapy involves using play as the main way for people to express themselves. While this can be used with people of all ages, it is especially beneficial for children in need of therapeutic support. Play therapists can work with individual children, and in groups. They may work in schools, or with individuals.
- 3.7 We accredit two Registers of play therapists: the British Association of Play Therapists and Play Therapy UK (PTUK). Encouraging Local Authorities and

schools to choose a registered play therapist, could help improve access for children, particularly for those who may have missed out on building play skills with others during Covid-19. PTUK has also called for a child mental health charter⁷.

Working age adults

- 3.8 Person-centred approaches to care provide a way to put the individual first and can support self-management of conditions. For example, research by the Richmond Group⁸ has shown that there is a higher proportion of people living with multiple conditions who are from a lower socio-economic background. Some patients within this group use complementary therapies to help manage their conditions. The Richmond Group research found that these groups can benefit the most from person-centred approaches to care within the NHS.
- 3.9 People seeking complementary therapies may be referred by a GP, or access treatment independently. Choosing a practitioner from an Accredited Register such as the Complementary Natural Healthcare Council or the International Federation of Aromatherapists can provide confidence to those referring or choosing services.
- 3.10 We received strong support in our 2020 public consultation on the future of Accredited Registers⁹, particularly from patient representative groups, for taking greater account of the effectiveness of treatments in our accreditation decisions. In 2021, we introduced a new 'public interest test' into our Standards for Accredited Registers (Standard 1b). This allows us to weigh up whether the benefits of the activities registered, outweigh the risks. This means the public, employers and others can have greater confidence in our Quality Mark. It means that Registers are actively checking that practitioners are transparent in outlining the benefits and risks of treatment.

Older adults

- 3.11 We accredit the British Association of Sports and Rehabilitation Therapists, whose practitioners work with people of a wide range of ages. The UK Chief Medical Officers' Physical Activity Guidelines (2019 report¹⁰) emphasises the positive relationship between physical activity and health for all age groups. There are specific benefits of exercise and physical activity identified to improve quality of life in older people. A systematic review to inform the World Health Organization (WHO) guidelines on physical activity and sedentary behaviour ([Pinheiro et al, 2020](#)) found programmes with multiple exercises, and resistance exercises appear to be particularly effective. This review also points to potential additional benefits of reducing risk factors for fractures in older people by

⁷ More information about the Child Mental Health Charter is at: <https://childmentalhealthcharter.com/>

⁸ https://richmondgroupofcharities.org.uk/sites/default/files/final_just_one_thing_after_another_report_-_singles.pdf

⁹ Consultation report available at: <https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/consultation/authority-report-on-the-future-shape-of-the-accredited-registers-programme-consultation-results.pdf>

¹⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

enhancing strength and balance, and moderate support for reducing risk of osteoporosis in older people.

People that are more likely to experience poor wellbeing

- 3.12 We note that social prescribing, for example is a key component of Universal Personalised Care.
- 3.13 New roles such as social prescribing link workers can help to address some of the root causes of poor wellbeing such as loneliness and isolation. However, since they will be working with people who may have complex social needs or be otherwise vulnerable, it is important to consider assurance.
- 3.14 In response to our consultation on the future of the Accredited Registers programme in early 2021, NHSE&I's Personalised Care Group commented that:
"Multi-disciplinary teams (MDTs) play an increasing role in the delivery of healthcare within the UK. These roles are not subject to statutory regulation yet work closely alongside regulated professionals and often have direct contact with vulnerable patients who will have a wide variety of mental and/or physical conditions. Assurance of these new roles is therefore essential for employers, patients and the public to have confidence in the services they deliver and will enable effective team working by ensuring there is an 'umbrella' of assurance for all roles."
- 3.15 We could encourage Government and NHSE&I to consider voluntary registration for new and developing roles such as this, from early in their development.

What is the most important thing we need to address in order to prevent suicide?

- 3.16 We think that preventing suicide is a shared responsibility across society. We welcome the intention of UK Government to develop a new National Suicide Prevention Plan.
- 3.17 Appropriate training for those most likely to come into contact with people at risk of suicide and self-harm as part of their daily roles is key. The proposed approach of broadening dialogue and reducing stigma associated with suicide must be underpinned by access to high quality psychoeducation training. This will help ensure that people working in non-clinical mental health support roles, as well as those in others who are likely to come into contact with people at risk of suicide, have the knowledge, skills and confidence to support people.
- 3.18 A 2020 report by the Royal College of Psychiatrists highlights that overreliance on checklists and scales to identify suicide risk can provide false assurance¹¹. The British Association of Counselling and Psychotherapy (BACP) has developed a resource to give its practitioners confidence in working with suicidal clients, through dialogue¹². Previous research by Reeves et al (2006)¹³,

¹¹ https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr229-self-harm-and-suicide.pdf?sfvrsn=b6fdf395_10

¹² <https://www.bacp.co.uk/cpd/exploring-suicidal-risk-with-clients-gpiael2/>

¹³ <https://onlinelibrary.wiley.com/doi/abs/10.1080/14733140412331384068>

commissioned by the BACP had indicated little evidence of a suicide risk assessment being undertaken in the counselling discourse.

- 3.19 Although we have not undertaken our own research in this area, we are aware from the work of those we oversee that identifying suicide risk is complex. We think that guidance for all professionals in health and care, whether regulated or not, on how to recognise and support those at risk of suicide would be beneficial. Employers and providers of services should make sure that checklists and scales are used as an aide, rather than as the primary tool, in suicide prevention.
- 3.20 Once developed, we can use our oversight role in relation to the statutory regulators and those we accredit to make sure the National Suicide Prevention Plan is embedded.
- 3.21 We are also aware of the impact and stress of a fitness to practise investigation on professionals. In 2015, the General Medical Council appointed Professor Louis Appleby from the University of Manchester, to advise on its processes, following an independent review¹⁴ it had commissioned of cases where doctors died from suicide while under its investigations between 2005, when it introduced electronic data systems, and 2013. This resulted in the GMC making changes to its processes, such as pausing an investigation to allow a very unwell doctor to get treatment. In its first monitoring report since the changes, the GMC reported five deaths of doctors by suicide under investigation between 2018 and 2020¹⁵, highlighting the need for ongoing consideration of the impact of regulatory processes.
- 3.22 We expect that challenges with accessing mental health services through the NHS will mean people are more likely to look for services themselves, using our Accredited Registers. This presents an opportunity for the Registers we accredit to offer a consistent approach to working with people at risk of self-harm and suicide that is in line with best practice. Some of the ways we might achieve this through our oversight role are through collaboration, and through the standards we set for these registering organisations. For example, the BACP, which we accredit, has recently published revised guidance for its registrants, accompanied by a range of online resources. We are keen to encourage the other Registers we accredit to take a proactive approach to guidance in this area.

What do you think are the most important issues that a new, 10-year national mental health plan needs to address?

Addressing health inequalities

- 3.23 We think it is essential that a ten-year plan addresses the disparities in mental health. In 2022, we will consult on a new Equality, Diversity and Inclusion (EDI) Standard for Accredited Registers, in line with the approach in place for the statutory regulators. This will allow us to be more robust in checking that

¹⁴ https://www.gmc-uk.org/-/media/documents/internal-review-into-suicide-in-ftp-processes_pdf-59088696.pdf

¹⁵ <https://www.gmc-uk.org/-/media/documents/doctors-who-have-died-while-under-investigation-or-during-a-period-of-monitoring-2018-2020--89398370.pdf>

Accredited Registers are collecting data about their core processes, to identify whether any groups are disproportionately affected.

Workforce planning

- 3.24 We welcome work commissioned by the UK Government, being delivered by Health Education England (HEE) and partners to develop a new Long Term Strategic Framework for Health and Social Care Workforce Planning to sit alongside the mental health and wellbeing plan.
- 3.25 This work by HEE to 'ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care' is an opportunity to consider the level of regulation required for different roles working with the health and social care service.
- 3.26 It is our established position that regulation should be proportionate to the risk of harm arising from practice and that alternative models of assurance should be effectively utilised where appropriate. In the face of the workforce challenges that currently exist we believe it is incumbent on regulators, educators, workforce planners and policy makers to consider both the level of regulatory assurance that is needed for different roles within the workforce as well as requirements currently in place for regulated roles to ensure that they are proportionate to risks and do not constitute an unnecessary barrier to entry.

Risks of accessing unsafe treatment online

- 3.27 A risk that has been raised by the Accredited Registers of counselling and psychotherapy roles, as well as others in the media, is of poor-quality and unsafe care being offered online. A BBC documentary from November 2021¹⁶ highlighted that due to long waiting times for NHS care for mental health, people are increasingly looking for treatment online. It featured people with experience of bullying, manipulation, and financial exploitation, and an interview with one of the Registers we accredit, the BACP, discussing the importance of choosing a registered practitioner. We published a response to the documentary¹⁷.
- 3.28 A key challenge in addressing this risk is lack of awareness of the Accredited Registers programme. We see this as a joint responsibility between the Authority, UK Government, and providers of public services such as the NHS and Local Authorities. There needs to be sustained investment in communications about the programme, so that more people recognise our Quality Mark.
- 3.29 We know from research¹⁸ that many people rely on a recommendation from family or friends to choose a practitioner offer the types of services that Accredited Registers provide. This provides opportunity to use social media and other online channels to spread the word about Accredited Registers but will require investment by UK Government and others to achieve.

¹⁶ <https://www.bbc.co.uk/iplayer/episode/m0011hf0/i-can-cure-you-online-mental-health-cures>

¹⁷ <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2021/11/06/i-can-cure-you-bbc-documentary-on-unregulated-roles-involved-in-counselling-and-psychotherapy>

¹⁸ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/reports/accredited-registers-research-how-the-public-perceive-concepts-of-efficacy.pdf?sfvrsn=9c924920_4

How can we ensure that people with wider health problems get appropriate mental health support at an early stage if they are struggling?

- 3.30 We are in the process of assessing applications from two organisations, the British Psychological Society (BPS) and the British Association for Behavioural and Cognitive Psychotherapies (BABCP), that will register roles developed as part of the NHS Long Term Plan to help improve access to psychological therapies. These roles are Psychological Wellbeing Practitioner (PWP), Children's Wellbeing Practitioner (CWP) and Education Mental Health Practitioner (EMHP).
- 3.31 People working in these roles in the NHS in England need to be registered with either the BPS or the BABCP. We were pleased that NHSE& recognised the importance of these organisations becoming accredited, as it gives service users and the public confidence that practitioners have signed up to clear and robust professional and ethical codes.

Naming of unregulated psychologist roles within the NHS

- 3.32 One issue that we have received concerns about is in the naming of unregulated psychologist roles. The Health and Care Professions Council (the HCPC) regulates some practitioner psychologist roles, registering psychologists under nine different practitioner titles. Registration with the HCPC or (in the case of unregulated roles) with an Accredited Register means that the public and organisations can choose a practitioner with the knowledge that they have had to meet high standards of conduct and competency and importantly, that there is a body to complain to if something goes wrong.
- 3.33 However, beyond the HCPC's protected titles, anyone may call themselves a psychologist. The Authority has received concerns about two areas of activity involving unregulated psychologists, the courts and the media. There are instances of courts, especially the family courts, using unregulated or unregistered individuals, calling themselves psychologists, as expert witnesses.
- 3.34 We understand that development of a Chief Psychological Professions Officer is in progress and think this presents an opportunity for the Department and the NHS to ensure transparency and clarity for the public about the naming of distinct roles, their registration requirements and the types of treatment that people can expect.

4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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