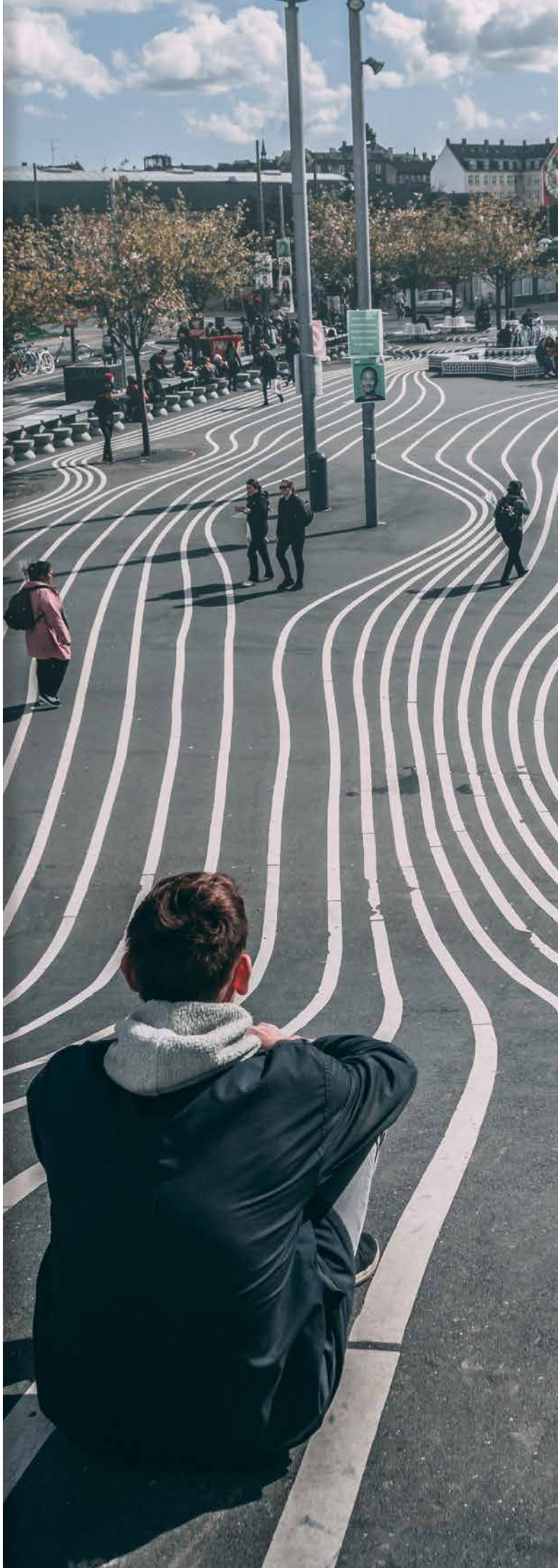
the british psychological society
promoting excellence in psychology

ACP UK
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

BRIEFING PAPER

Psychological services within the Acute Adult Mental Health Care Pathway

Guidelines for service providers, policy makers and decision makers.



September 2021

AUTHORS

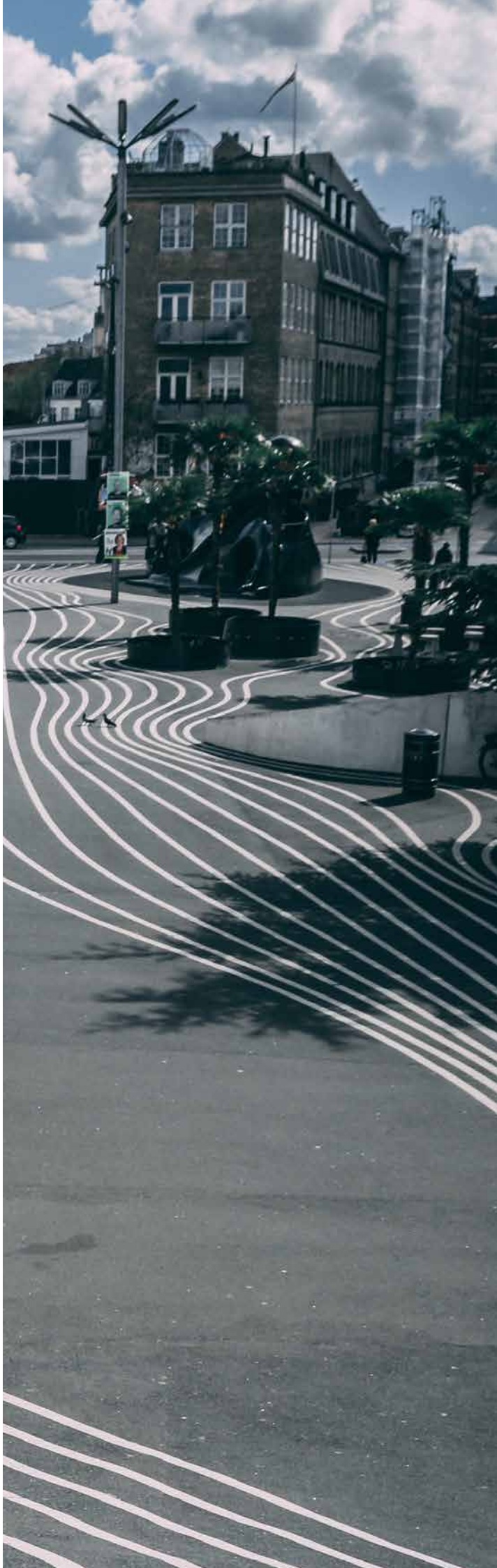
This document is from a collaboration between the British Psychological Society and ACP-UK, and has been edited by:

Selma Ebrahim
ACP-UK Complex Mental Health Network Chair
07591399499
admin@acpuk.org.uk
acpuk.org.uk

Linda Wilkinson
Co chair Psychosis and Complex mental health Faculty and Co Chair Faculties
Linda.Wilkinson@shsc.nhs.uk

The full list of authors and acknowledgements is available here.

CONTENTS



Summary

Improved access to psychological assessment, formulation and a range of brief evidence based psychological interventions (individual, family and group) is required in the acute adult mental health pathway to increase treatment choice, effectiveness and collaborative care.

Psychologists should be an integral part of acute adult mental health teams to promote reflective, compassionate, trauma informed care for service user's and carers, and to influence the multidisciplinary team culture.

Reflective, psychologically led team supervision and post-incident support are required to promote the psychological wellbeing, resilience and retention of staff; ameliorating the emotional impact of working in challenging environments.

Psychologists should have capacity to provide training to increase psychological skills in the workforce, enhancing psychologically informed care provision, and to provide supervision of psychologically informed interventions.

For a comprehensive, effective, acute mental health service to be delivered psychological staffing provision needs to be reviewed and increased across the pathway. Recommendations for staffing and skill mix are provided.

1. Introduction

The British Psychological Society's Division of Clinical Psychology (DCP) Psychosis and Complex Mental Health Faculty (PCMH) and the Association of Clinical Psychologists UK (ACP-UK) with representatives from the Royal College of Psychiatry (RCP), mental health commissioners, multidisciplinary colleagues, and people with experience as service users and carers, worked together to produce this guidance about the key role of psychologists in the care of people experiencing a mental health crisis. The acute care pathway includes Adult Mental Health Inpatient Services (AMHIS), Crisis Resolution Home Treatment Teams (CRHTT) and Mental Health Liaison Services (MHLS). Guidance for psychology in inpatient services for older people is available (Ross & Dexter-Smith, 2017).

This guidance is for mental health commissioners and service managers. The guidance outlines the context of the acute mental healthcare pathway, the role of psychologists in the pathway, and their contribution to care quality. It concludes with recommendations for service standards and staffing levels to meet the psychological needs of people accessing the acute care pathway. The guidelines will support commissioners and managers to develop workforce plans to enhance quality standards within services.

2. Why psychology is important in the Acute Care Pathway

2.1 TRAUMA INFORMED CARE, QUALITY AND SAFETY

The Long Term Plan (NHS, 2019), outlined the pathway for a new service model. It confirmed Integrated Care Systems would be developed across England, promoting partnerships between the organisations that meet health and care needs in a local area, to plan and coordinate services, with the aim of reducing inequalities between different groups. The aim is for people accessing mental health support to have increased choice, better support and joined-up care at the right time in the optimal, local care setting. In the UK, pressure on admissions to adult mental health inpatient beds and problems with clinical flow across the acute mental health care system have been linked to a decrease in inpatient provision, workforce shortages and increasing admissions under the Mental Health Act (Crisp et al., 2016; Sheridan Rains et al., 2019; Wyatt et al., 2019). There have been significant changes in the model of care for people needing crisis support over the last decade towards increased community based interventions, avoiding hospital admission (Crisp, 2016).

The Long Term Plan (NHS, 2019), emphasised the importance of therapeutic wards and that the therapeutic offer from inpatient mental health services would be improved by increasing investment in interventions and activities, with the aim of improving service user outcomes and experience of hospital care. This builds on the commitment to increase access to community based 24 hour crisis care and to eliminate inappropriate adult out of area placements (NHS, 2016). NHS Trusts have plans to reduce out of area placements; these include improving bed capacity management and unwarranted variation in inpatient length of stay. The focus on 'therapeutic wards', purposeful admissions and service user choice for psychological treatments as first line interventions has also been promoted by the CQC (2019). Within the Long Term Plan, national funding has been allocated to commissioning budgets to increase allied health professional and psychological practitioner staffing on each ward to improve access to a range of therapies and activities facilitating the move towards more therapeutic wards (NHS, 2019, 2019a).

There is increased understanding of the impact of adverse childhood experiences and trauma on mental health (Sweeney 2016; Torjesen, 2019). There is also increased awareness that a greater proportion of people from some Black, Asian and Minority Ethnic (BAME) backgrounds that experience mental health problems, are detained under the Mental Health Act when compared with those from 'White' backgrounds (McManus et al., 2016; NHS Digital, 2018). Services and interventions need to be culturally sensitive (MHF, 2019).

There is evidence that inpatient admissions may be traumatising for some service users (e.g. through detention under the Mental Health Act, and the use of restrictive interventions), alongside recommendations that services embed trauma informed practice and staff are trained in trauma informed care (AHSN, 2020; RCP, 2018; Sweeney et al., 2016). While the understanding of people's psychological needs when they access acute care has improved, Psychological Practitioner staffing levels and skills in the workforce have not increased adequately to enable access to psychological interventions (Ebrahim, 2021; Raphael et al., 2021).

2.2 ACCESS TO EVIDENCE BASED PSYCHOLOGICAL INTERVENTIONS

The emphasis on therapeutic ward environments (CQC, 2019) sits alongside concern about unacceptable variation in the quality of inpatient care across the UK, and the use of restrictive interventions, e.g. seclusion and rapid tranquilisation (CQC, 2017). The CQC (2019) advocate for the provision of a greater range of therapeutic activities, increasing access to psychological interventions as first line interventions, ensuring a focus on purposeful admissions and greater co-production, with an emphasis on service user choice in treatments. This is in keeping with proposed reform of the Mental Health Act promoting choice and autonomy, least restriction, therapeutic benefit and individualised treatment (MHA, 2021). This is aligned to increased emphasis on the incorporation of human rights principles and engagement of service users in care and treatment decisions (CQC, 2020; MHA, 2021). By increasing access to multi-disciplinary staff groups such as practitioner psychologists, it is expected that both the effectiveness and experience of care will be improved. Increasing the range of psychological interventions available is likely to contribute to a reduction in the repetition and duration of use of acute care services and improve outcomes for those who require an admission.

RCP standards for AMHIS recommend adequate resource is available to ensure a psychologist is part of the Multidisciplinary Team (MDT) to 'contribute to the assessment and formulation of the service users' psychological needs and the safe and effective provision of evidence based psychological interventions' (RCP, 2019). The RCP (2019a) standards for CRHTTs note psychological input is required to provide a range adapted of evidence based psychological interventions to meet service users' needs as well as provide indirect input for teams. Recommendations for MHLS models are that services offer brief evidence-based psychological interventions to inpatients or through short-term outpatient follow up (NICE, 2013; RCP 2020). NICE recommends that evidence based treatments such as CBT should be available for those experiencing persistent distress with high risk of relapse, including individuals diagnosed with psychosis (2014), bipolar affective disorder (2018), post-traumatic stress disorder (2018a), 'personality disorders' (2009), or who self-harm (2013).

Case Study 1: Mental Health Liaison Services (MHLS) trans-diagnostic work with service users with high levels of risk of self-harm (Juett, G., Oxleas NHS Foundation Trust)

Direct therapeutic provision in medical/surgical wards and some Emergency Departments (ED):

- Psychological assessments/reviews including psychometric assessment to assist formulation and understanding.
- Signposting/referring on to other appropriate mental health services.
- Very brief psychological intervention, enabling collaborative safety planning, especially with trauma, lengthy admissions, adjustment issues, medically unexplained symptoms.
- Involving and supporting carers/relatives.

Indirect (team/organisational) work in MHLS:

- Multi-Disciplinary Team case consultation (e.g. advising on risk assessment and safety management, appropriate pathways for psychological therapy) formulation and consulting to wider systems/teams.
- Reflective Practice (and de-briefing after traumatic incidents).
- Training to increase psychologically informed care.
- Psychologically informed multi-agency review for people attending EDs frequently to ensure trauma informed care.

While further evaluation of psychological interventions in the acute care pathway is needed (Jacobsen et al., 2018), there is a growing evidence base about the effectiveness of psychological therapies in acute mental health contexts; this is reviewed in more detail here. Practitioner psychologists have asserted the value of a range of direct and indirect interventions across the acute care pathway (Ebrahim, 2021; Raphael, 2020). Practitioner psychologists have noted psychological assessments provide information to help co-develop psychologically informed formulations. Collaborative formulations linked to person-centred plans of care, can increase service users collaboration in treatment (Bullock et al., 2020). A range of brief, adapted psychological interventions can be delivered individually, in groups or with the family and social support system of the person. This enables the development of skills that can help build emotional stability and resilience, and reduce the need for further acute care. Evaluation of psychological interventions in acute services indicates they can decrease distress, depression and anxiety, increase confidence in self-management of mental health, and reduce readmissions (Araci & Clarke, 2016; Paterson et al., 2018). There is also evidence of a positive impact on psychosis (Wood et al., 2020).

Case Study 2: Intensive Support Programme
(Clarke, I., Mental Health Acute Service, Southern Health NHS Foundation Trust)

This programme provides a service across AMHIS and CRHTTs, where a holistic, trauma-informed 'Comprehend, Cope and Connect' (CCC) formulation (Clarke & Nicholls, 2018) is developed. Wherever possible, this is collaboratively co-produced. A weekly formulation clinic enables staff to make sense of complex presentations in a validating and compassionate way. The maintaining cycles identified in the formulation lead to psychological goals for admission, which can be incorporated in care plans.

Psychological groups are offered as interventions to break the identified cycles. These include daily mindfulness groups, an 'Emotional Coping Skills and Stress Management' group three times a week and a weekly two session 'Compassionate Friend' group. Staff have received training in CCC formulation and 'Emotional Coping Skills' and are encouraged to participate in group delivery.

The busy nature of wards, lack of training of staff, and the acuity of service users mental health distress have been identified as barriers to the implementation of evidence based psychological interventions (Evlat et al., 2021). To increase access it has been suggested that service users should be provided with information about the potential benefits of psychological interventions, additional training should be provided for staff, there should be protected time to deliver interventions, and accountability around delivery, alongside leadership to deliver interventions (Evlat et al., 2021; Raphael et al., 2021).

2.3. MANAGEMENT OF RISK AND SELF HARM

Helpful direct psychological interventions include crisis assessment and formulation, safety planning, problem solving and psychoeducation, addressing essential social needs and promoting social connection (Sullivan, 2018). Group based CRHTT interventions may also increase access to scarce psychological resources for service users, promoting the cost effectiveness of treatment (Proudlock & Wellman, 2011).

In MHLS psychological assessment and brief formulation is particularly valuable in enabling understanding of risk in people presenting with self-harm and suicidal ideation to acute hospitals, helping avoid admission, and also with people with mental health related issues who frequently attend emergency care services (Ebrahim, 2021).

Case Study 3: Using a psychologically informed model of risk assessment to avoid admission (Preston, A., Surrey and Borders Partnership NHS Foundation Trust)

We developed a psychologically informed model for risk assessment and provision of support for people who repeatedly attend services with longstanding emotional regulation problems and self-harm behaviour, often associated with complex trauma.

One service user had experienced a number of mental health inpatient admissions linked to longstanding self-harm behaviours which were often life threatening, and frequent use of crisis services. The team initiated a multidisciplinary, psychologically informed planning meeting with the aim of changing this repeated cycle of admissions, acknowledging that the system around the person may need to manage increased risk in the short term, to reduce long term risk and help improve quality of life.

A plan was developed with the involvement of relevant staff from community, CRHTT, MHLS, and the person's carer. The service user initially chose not to take part, but their goals when outside of crisis, as well as their strengths and protective factors were considered within the plan. Management support and a clear, trauma informed rationale for clinical decision making enabled the system to continue to support the service user and hold the high level of risk.

2.4 INCREASING ACCESS TO MULTIDISCIPLINARY APPROVED CLINICIANS

Psychologists, nurses, occupational therapists and social workers taking the lead responsibility for care of service users detained under the Mental Health Act as Approved Clinicians (AC's) in England and Wales can promote more holistic care (Oates et al., 2018). Relatively few clinicians have been trained and deployed in AC roles, although there is support for this nationally (HEE, 2020). Increasing access to psychologist AC's in inpatient services would enable choice and access to a greater range of treatment options for people detained under the Mental Health Act (Code of Practice, 2015; CQC, 2019). Multidisciplinary AC roles also provide a way to promote multi-professional clinical leadership within acute inpatient services, with potential benefits for the MDT and service users (Ebrahim, 2018). Organisational barriers identified by practitioners taking up AC roles, such as lack of organisational support, need to be addressed. Enabling uptake of the role by a range of professions provides an opportunity to use limited psychiatry skills and resources in the most effective way possible, and to enable a more holistic, person-centred model of care.

Case Study 4: The impact of a Psychologist Approved Clinician in a Psychiatric Intensive Care Unit (PICU): A Model of Integrated Care for Acute Distress
(Wild, A. & Donegan, J., Tees Esk and Wear Valley NHS Foundation Trust)

The impact of a psychologist Approved Clinician on enabling a holistic, systemic approach to treatment planning and delivery of care in PICU was evaluated. A ward cultural ethos was designed to promote a sense of affiliation and safety through trauma informed, compassion-focused care, positive language, psychologically informed prescribing, and consideration of a 'positive and safe' agenda. It aimed to integrate skills of all members of the MDT through development of a collective leadership team with shared values, which encouraged challenge. A Compassion Focussed Approach (Gilbert, 2010) provided a framework for reducing threat and adverse arousal in service users and staff, enabling a sense of emotional containment.

Data gathered over 12 months following implementation of the project indicated a significant reduction in incidents of violence and aggression, and in the use of seclusion. There was an increase in service user satisfaction, and in the experience of feeling safe. There was an increase in the throughput of admissions. A significant decrease in the use of medication including accuphase, lorazepam, diazepam and clonazepam was also evident.

2.5 THE IMPACT OF COVID-19

A negative impact on population mental health has been noted internationally following the Covid-19 pandemic. This is particularly noted for those who have had severe illness, have long term symptoms, have worked in health and social care through the pandemic, have experienced bereavement, children and young people, and those with pre-existing mental health conditions (Moreno et al., 2020; O'Shea, 2021; Sinclair, 2020). One estimate is that there will be an increase in demand for mental health support related to the pandemic of 10 million people in the next three to five years (O'Shea, 2021). Concerns have been raised about a disproportionate impact on those who have pre-existing experience of trauma, marginalisation, discrimination or socioeconomic disadvantage in society (Wilton, 2020). O'Shea (2021) notes the need particularly to monitor the impact on different racialised groups. Increased levels of acuity within people supported in the acute mental healthcare pathway have been observed (RCP, 2020a). Psychologists adapted working practices to continue to support direct care with service users, and teams at a time of increased pressure, and to influence the wider system (ACP, 2020; BPS, 2020). Continued psychological intervention, some via video conferencing, with as much as possible directly in the acute care pathway, was valued by service users, carers, staff teams and managers, with the importance of psychological support for staff wellbeing particularly recognised (Berry et al, 2020). The impact on the economy and unemployment is likely to impact further on mental health; particularly levels of anxiety, stress depression and potentially suicide (Durcan, 2020). Recovery is likely to take a number of years with support psychological, social and community needs required (Kings Fund, 2021), potentially increasing pressure on acute care services and the need for psychological resources.

2.6. SERVICE USER AND CARER PERSPECTIVES

Despite some service user dissatisfaction with care in inpatient settings and a demand for increased access to psychosocial interventions, the model of care tends to be medically orientated (Raphael, et al., 2021). Working in partnership with service users, carers and individuals personal support networks throughout the acute care pathway is vital in promoting understanding of the crisis, developing care, crisis safety and discharge plans, and to enable support for the social system (Carers Trust, 2015; NCISH, 2020). Psychologists are skilled in understanding and working with families and systems to facilitate therapeutic relationships. One example is a group co-facilitated with a carer on enabling more autonomy and choice within day-to-day decisions within day-to-day life decisions, supporting carers to build understanding of mental health and skills to balance 'intervening' with loved ones, and empowerment. Outcomes indicated an increase in promotion of independence, and recovery (Preston, 2019).

Service users who have emotional regulation and relationship problems, meeting the criteria for personality difficulties have noted have noted long delays in accessing community based psychological treatment, but finding it helpful when it is available (NCISH, 2018). Feedback from focus groups with carers, service users and clinical staff has indicated increased risk of self-harm for some service users when admitted to hospital, particularly in those presenting with complex trauma and whose mental health problems are in keeping with 'personality difficulties' (NCISH, 2018). Admissions may be avoided through access to more effective planned psychologically informed community based interventions and crisis support. Feedback highlights that acute mental health teams treat people whose needs are psychological, medical and social; treatment needs to be trauma informed. However, due to limited resources treatment tends to be medical (NCISH, 2018; Preston, 2019a).

The presence of psychologists working within acute mental health inpatient settings is highly valued by a range of stakeholders. In a qualitative study examining the needs of service users during admission, service users identified having access to talking therapies during admission was a priority (Wood et al., 2019). Service users identified integration of their social context and trauma into their care, management of the impacts of their experiences, and increasing control and collaboration in their care were of importance during admission (Wood et al., 2019).

People from diverse ethnic minority communities do not have the same experience of mental health services and therefore do not have the same outcomes. It is well understood that the experience of mental distress is influenced by a number of intersecting factors including discrimination, social class and protected characteristics under the Equality Act (2010). A helpful review on intersectionality, racial disparities and mental health is available (Race Equality Foundation, 2019). The Patient and Carer Race Equality Framework (PCREF) and the need for culturally appropriate advocacy are noted within the Mental Health Act Reform White Paper (MHA, 2021); key in enabling accountability and change. Practitioner psychologists have skills which can enable understanding of this intersectionality and the impact on mental health for individuals, and to support the cultural change required within services.

Case Example 5: A network of service users who use their experience and knowledge to improve care, gave feedback on their experience of acute care services and psychology (Ware, A., ResearchNet, Bromley)

There was consensus that during admission and crisis contact medical interventions can be prioritised which cultivates a sense of 'not talking about me' (as a person) and at worst 'doing as you're told' rather than engaging collaboratively in treatment. Psychologists were viewed as broadening understanding of a mental health crisis through development of a collaborative formulation incorporating the person's own understanding of what is happening to them, in otherwise confusing and overwhelming circumstances. This was described as 'much more holistic' and involving 'honest and open discussions' about the persons current crisis; fostering a sense of safety. Psychologists were experienced as 'validating and empathising' which contributed to feeling 'human again' and building hope for recovery.

The group stressed the importance of creating informal opportunities for engagement, noting group and art therapy as helpful. Opportunities led by psychologists for peer support were viewed as enabling mutual learning during crisis, providing a forum to explore the sense of a 'journey' in relation to crisis helping individuals form a narrative of their experience. The group reflected on how admissions are often linked with trauma either past or present and how care can provide opportunities to develop coping skills. 'Time and space to talk', either in a group or individual context, was considered the most important aspect of trauma informed care. The group valued the time with psychologists and how they can often facilitate their connections with community services, and the MDT enabling recovery. The role of psychology in enabling skill development in other staff groups and influencing the culture of care was also valued.

2.7. INCREASING PROVISION OF INDIRECT INTERVENTIONS

Psychologists deliver a range of indirect interventions. The value of a psychological perspective in MDT working has been noted across the acute care pathway (Murphy et al., 2013; Wood et al., 2018). Psychologists being an integral part of AMHIS, CRHTT and MHLS teams has been identified as influencing the culture and understanding of service user's difficulties, and fostering joint working within teams. Indirect interventions include attendance at MDT and service meetings, provision of consultation and supervision to help embed skills into practice, alongside service development and evaluation to promote effectiveness (Ebrahim, 2021; Wood et al., 2018). Psychological interventions inform indirect, team based formulations for some service users where coproduction may not be possible to enable compassionate understanding of the person's needs, supervision of psychological interventions and reflective supervision are also valuable (Raphael et al., 2020). Team formulation and reflective supervision meetings in the acute care pathway require a practitioner psychologist with skills in psychological models of understanding mental health issues, understanding of systemic process and expertise in facilitating groups (ACP-UK, 2021). Supporting debriefs with staff and service users following serious incidents to enable reflection and collaborative care planning may help reduce restrictive interventions. Practitioner psychologists also bring psychological understanding to work with the wider organisational system, supporting coproduction and reflection.

The wider workforce require psychological knowledge and a range of psychological skills in relation to mental health issues and the impact of trauma on mental health dependent on their role in working with service users and their support networks (NHS Education for Scotland, 2017). Psychologists offer a range of training to staff which can be cost-effective, increasing psychological

understanding and skills in the workforce, improving care quality, service user experience and engagement (Wykes et al., 2018). Psychologists have noted provision of a range of training for clinical staff, for example, on assessment and psychologically informed formulation, understanding trauma, self-harm, psychosis, developing motivation and working collaboratively with clinical risk, CBT informed interventions, and responding to behaviour that teams find challenging (Clarke & Wilson 2009; Ebrahim, 2021). Adapting psychological therapies for the inpatient and other acute environments, and to ensure they are culturally appropriate has also been identified as important (Wood et al., 2019a). The Competency Framework for the delivery of psychological interventions in AMHIS provides a helpful guide for skills development to aid training priorities and governance (Wood et al., 2021).

Case Study 6: Improving the psychological knowledge and skills of the inpatient workforce (Bellringer, S. & Orchard, A., Essex Partnership University Trust)

The Inpatient Psychology team offer comprehensive training packages to clinical (e.g. nursing and medical) and non-clinical (e.g. reception and security guards) staff. Training has included DBT-informed skills training, an introduction to working with people with complex trauma and whose mental health problems are in keeping with 'personality difficulties' and those who self-harm as well as mental health awareness training. Feedback has been positive; for example, 100 per cent of security guards saying they found training on mental health awareness useful, and 71.4 per cent stating it was 'very likely' to influence their practice.

3. The economic case

Improvement in crisis care is key within the Long Term Plan (NHS, 2019). In the financial year to March 2020, 104,536 people in contact with secondary mental health, learning disabilities and autism services spent time in hospital (NHS Digital, 2021). Costs of admissions and the impact of a decrease in beds necessitate the most effective use of resources in the acute care pathway (Anandaciva, 2020; Andrew et al., 2012). While further research is required to identify the types of brief psychological interventions which may most positively impact on mental wellbeing, there is evidence they reduce emotional distress and readmissions (Paterson et al., 2018). NHS Benchmarking Network (2021) shared data that indicated Psychiatric Intensive Care units with higher psychology and OT resources have a 20 per cent shorter Length of Stay (LoS) than those with higher total staff (three per cent shorter LoS) or higher psychiatry input (five per cent shorter LoS). Increasing the effectiveness of treatment could also be cost effective through reducing the need for further care. Provision of EMDR for trauma in a CRHTT and inpatient service user group showed a significant reduction in crisis contacts and admissions over the year following treatment (Proudlock & Peris, 2020).

The 'Talk, Understand, Listen for Inpatient Settings' (TULIPS) is a stepped model of psychologically informed care. An initial psychological formulation of the factors linked to admission helps to identify service users who might benefit from either nurse-led individual sessions or therapy with a psychologist. The project also aims to evaluate the impact of embedding psychological skills training for staff and team supervision, and to potential economic benefits of psychological provision through evaluation of staff wellbeing, psychological mindedness, and quality of team formulation, alongside service users mental health and use of services (Berry & Raphael, 2019).

There is evidence that working in the acute mental health pathway is emotionally demanding for staff, and can have a negative impact on wellbeing (Morse et al., 2012). Mental healthcare staff are also at increased risk of experiencing violence at work (Renwick et al., 2016). These factors impact on staff sickness, retention and litigation (van Leeuwen & Harte, 2015). Higher staff turnover has been linked with increased incidence of suicide in service users (NCISH, 2015). Organisations where staff feel more supported and satisfied with their jobs have higher levels of positive feedback from service users and better treatment outcomes (Dawson, 2018), alongside increased staff retention and reduced sickness. Improving the organisational culture (e.g. ensuring good quality supervision), staff wellbeing and provision of training have been identified by staff as important in reducing burnout (Clarke & Wilson 2009; Posner, 2017).

Psychologists are skilled in supporting team wellbeing, for example, through facilitating sessions on mindfulness, stress management and resilience. They enable reflective practice and team supervision, and promote psychological approaches through training provision and service development projects (Ebrahim, 2021). Psychologists can support organisations and teams following incidents of suicide mediating the impact of trauma on staff wellbeing (BPS, 2017; NICE, 2018a). Such provision can enable staff to become more aware of their emotional responses to the work and better equipped to manage them; helping avoid services inadvertently becoming re-traumatising for both staff and service users (Thorndycraft & Macabe, 2008). Staff support can help create a sense of psychological safety within the workplace which has been found to correlate with improved team performance (Rozovsky, 2015) and better care (Edmondson, 2019).

National funding has been allocated to commissioning baseline budgets to ensure investment into therapeutic wards to improve psychological staffing on each ward. The Mental Health Optimal Staffing Tool (MHOST) is an evidence based tool using quality metrics alongside acuity and

dependency to help calculate multidisciplinary staffing requirements.
It has been designed to ensure that NHS organisations better understand service user profiles and the clinical establishment required to meet service users' needs effectively. When consideration is given to psychological resources using MHOST, as integral to meeting the service users' needs the increase in psychological staffing required is evident.

The anticipated impact of investment includes care quality and staff related indicators. For service users, increased access to individual, group and family psychological interventions, improved coping skills and self-management, and improved experience of care reducing length of stay and readmissions impacting on costs of care. For staff, improved supervision, skills training and reflective practice resulting in increased staff wellbeing, reduced sickness and use of bank or agency staff, more consistent staffing, better-quality care for service users, and reduced use of restrictive practices.

4. Workforce Development Plan

A range of roles bring psychological skills and expertise into the acute care workforce, for example, assistant psychologists support project work and direct interventions with supervision from qualified staff. The lower bands of qualified staff provide the majority of the direct assessment and brief interventions. Higher band staff use clinical expertise to provide supervision for junior colleagues, direct input with more complex service users and families, delivering training and undertaking project work. Consultant level psychologists provide strategic and operational input into organisational structures, leadership for psychological services teams, direct involvement with complex service users and families, and where appropriate are deployed as approved clinicians. Art psychotherapists offer alternative, non-verbal, creative ways of enabling engagement and reflection which can complement or provide choices when more verbal ways of working are difficult for people. Recommendations for staffing and skill mix across the Acute Care Pathway are provided in **Appendix 1**.

4.1 PRINCIPLES BEHIND THE PSYCHOLOGICAL SERVICE STAFFING MODEL

There is a dedicated psychology resource within each AMHIS, CRHTT and MHLS team to ensure access to a range of direct and indirect psychological interventions.

The psychological workforce has an appropriate range of grades and competencies to deliver the skilled direct interventions needed for people presenting in acute crisis with high levels of risk and distress[1]. This will enable collaborative management of risk issues, treatment choice, timely evidence-based interventions and managed transitions, reducing readmissions and promoting recovery.

The psychological workforce is sufficiently skilled and resourced to promote psychologically informed care through provision of training, supervision and skills based scaffolding for other staff groups. Workforce wellbeing is supported through involvement in debriefs and reflective practice.

Around 22 – 27 per cent workforce capacity is available to cover annual leave, training and sickness.

There is strategic leadership for psychological services across the Acute Care Pathway by a Consultant Practitioner Psychologist

Further information is available about the skills and roles at different NHS Agenda for Change bandings (BPS, 2011a, 2012; NHS Employers, 2006)

1. Clinical and counselling psychologists have doctorate level training, including training to a high standard in a range of psychological models of assessment, formulation and therapy and their application across the lifespan and within complex contexts including neuropsychological assessment. They are also trained in service based audit and research. Assistant psychologists have a psychology degree but no clinical training. Psychological practitioners may have alternative clinical training such as nursing or occupational therapy, and training in a specific therapeutic modality such as Cognitive Behaviour Therapy. Others have no core professional training, purely training in specific therapeutic modalities. Clinical Associate Psychologists (CAP's) have Master's level clinical training. Such practitioners may be registered with professional bodies such as BABCP providing some governance around core skills and practice. However, they are not able to register as practitioner psychologists within the current practice regulation of the HCPC (2015). They do not have the range of psychological knowledge and clinical expertise across the life span that registered practitioner psychologists bring though their extended training in a variety of psychological models and practice. Such roles require adequate supervision and support from clinically qualified and experienced practitioners registered with the HCPC such as clinical or counselling psychologists. Art psychotherapists are also HCPC registered.

References

The full list of references is available here.

Appendix 1

WORKFORCE DEVELOPMENT PLAN:
RECOMMENDED STAFFING AND SKILL MIX ACROSS THE ACUTE CARE PATHWAY

	Acute Adult Mental Health Ward (per 18–20 beds unless specified) with high levels of acuity and shorter length of stays (average 21–34 days)	**Crisis Response Home Treatment Teams** (per team, 40–50 caseload size)	**Mental Health Liaison Services** (for each CORE 24 team; dependant on population and Health Psychology provision)
Core To provide a range of direct and indirect interventions, enabling access to psychological interventions to 70 – 75% of service users	• 1.0 wte Band 8c Consultant Psychologist (strategic & operational role across up to 4 wards). • 0.5 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist • 0. 5 wte Band 6 CAP • 0.5 wte Band 5 Assistant Psychologist	• 0.5 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist/ Psychological Therapist • 0.5 wte Band 6 CAP • 0.5 wte Band 5 Assistant Psychologist	• 1.0 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist/ Psychological Therapist
Comprehensive To provide a full range of indirect interventions and increase access to psychological interventions to most service users	• 1.0 wte Band 8c Consultant Psychologist (strategic & operational role across up to 4 wards). • 1.0 wte Band 8c Consultant Psychologist, potentially Approved Clinician • 1.0 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist/ Psychological Therapist • 1.0 wte Band 6 CAP • 0.5 wte Assistant Psychologist	• 1.0 wte Band 8c Consultant Psychologist • 1.0 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist/ Psychological Therapist • 1.0 wte Band 6 CAP • 0.5 wte Band 5 Assistant Psychologist	• 1.0 wte Band 8b Principal Psychologist • 1.0 wte Band 8a Senior Psychologist • 1.0 wte Band 5 Assistant Psychologist

ACP UK
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

The Association of Clinical Psychologists is a Community Interest Company. It is a representative professional body for clinical psychologists. We act for the good of our clients and communities by promoting, publicising, supporting and developing clinical psychologists.

☎ 07591399499
www.acpuk.org.uk
admin@acpuk.org.uk

the british
psychological society
promoting excellence in psychology

The British Psychological Society is a registered charity which acts as the representative body for psychology and psychologists in the UK. We support and enhance the development and application of psychology for the greater public good, disseminating our knowledge to increase public awareness.

St Andrews House
48 Princess Road East
Leicester LE1 7DR, UK

☎ 0116 254 9568
www.bps.org.uk
info@bps.org.uk

Incorporated by Royal Charter Registered Charity No 229642 | REP162/09.2023