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British Psychological Society

Spending Review 2021 Submission

This submission sets out the British Psychological Society's (BPS) key recommendations to the Treasury for the Spending Review 2021. The BPS is the representative body for psychology and psychologists in the UK, and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.

As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, training and knowledge, and disseminating our knowledge to increase public awareness.

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Introduction

1. The mental health challenge facing the UK has been undoubtedly exacerbated by the pandemic. Society as a whole has suffered the impact of lockdown, many have experienced trauma and loss, the already significant pressure on NHS and other frontline staff has further increased, and the education of children and young people has faced substantial disruption. The increased importance of the role of psychologists and the psychological workforce, particularly in relation to Covid-19 and the recovery, is more apparent than ever.
2. Our submission focusses on two key areas of priority: mental health funding and the impact of the pandemic on services aimed at children and young people. Through the course of this submission, we make four key recommendations for this Spending Review. We recommend that:
 - The £2.3 billion per annum funding for mental health services outlined in the NHS Long Term Plan is revised and increased due to a significant expansion in the need for services.
 - Resource is given to a new Workforce Strategy for the mental health workforce, including increased investment in training to support significant expansion in the future mental health workforce.
 - To reduce gaps in the workforce, all practitioner psychologist routes should have funded options available for postgraduate training.
 - To reverse the decision to cut the £20 Universal Credit uplift, not only because it is an invaluable investment in our social security system, but also because it is an essential investment in improving our nation's health as we recover from the pandemic.

Mental health funding as a priority

3. Mental health services have faced unprecedented challenges during the Covid-19 pandemic. Nearly 1.5 million people were in contact with mental health services in June 2021, the highest number since records began and 12.4% more than the same time last year. NHS England now estimates that a staggering 1.6 million people are waiting for treatment from mental health services, with the true figure is likely to be higher. New referrals for people of all ages are up 24%, at 392,703 in June 2021 compared to 316,974 in June 2020.¹
4. After a significant period of underfunding, these services were already stretched when Covid-19 hit in early 2020. The publication of the NHS Long Term Plan in 2019 demonstrated a clear commitment to mental health through increased spending and introducing access standards, going some way to creating the circumstances for greater parity between physical and mental health services. However, **the commitment to increase funding by £2.3bn per annum by 2023/24² must be revisited in light of the pandemic.** Given the clear and significant expansion in the

¹ <https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/09/19/pandemic-impact-on-mental-health-backlog-catastrophic-says-royal-college-of-psychiatrists>

² <https://www.longtermplan.nhs.uk/areas-of-work/mental-health/>



need for services, this funding amount does not take in to account the difficulties facing both the workforce and the general population, including: reductions in capacity due to infection prevention control, the higher level of acuity in service users, rising referrals and exhausted staff.

5. Mental health funding must reflect demand for services. Whilst the additional £500 million that was awarded by government in 2020 as a result of the pandemic was welcome, this was non-recurrent funding. In addition, although welcome, the government's announcement of an additional £15 billion of funding for NHS England over the next three years, gave no new commitments specified for mental health services. Improving outcomes requires effective planning of services and clear funding commitments rather than a reliance on ad hoc spending announcements. The drive towards parity of esteem with physical health cannot be allowed to stall at a time when the need for services have never been greater.

Workforce

6. A key element of meeting service demand is workforce investment, with psychologists and the other psychological professions playing a pivotal role in the provision of services both in the NHS and in the wider workforce. A properly funded and resourced workforce is integral, **with resource given to a new Workforce Strategy for the mental health workforce, as well as increased investment in training to support significant expansion in the future mental health workforce.**
7. Stress-related sickness absence is already at a higher-than-average level in the NHS when compared to all job sectors across the country. Stress, alongside anxiety and other psychiatric illnesses, is consistently the most reported reason for sickness absence in the NHS, accounting for over 511,000 full time equivalent days lost³ costing the NHS up to £400 million per annum.⁴
8. For NHS staff and those working in other frontline services, psychological welfare needs to be a high priority, with the required funding in place to ensure that support can be given. A rise in the number of staff experiencing stress is understandable as the NHS has worked in emergency mode during the Covid-19 pandemic, but the further increase from 40.3 to 44 per cent of staff experiencing work-related stress is the continuation of a long-term trend. The likelihood of staff burnout will only increase as the effects of working through a pandemic become more apparent, and there is a particular risk of psychological difficulties for the 40.3 per cent who were experiencing stress before the pandemic.
9. To protect the future psychological wellbeing of frontline staff and access to services for those who need it most, psychologists should be involved at all levels. To ensure that mental health services are appropriately funded and resourced, there must be a central focus on training the right psychological workforce to deliver that vision. To meet the aims of the NHS Long Term Plan, and the increased services that we believe

³ NHS Digital Statistics, 2020

⁴ <https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/taking-a-targeted-approach/taking-a-targeted-approach/stress-and-its-impact-on-the-workplace>



are essential, the number and diversity of psychologists working in the UK must increase.

10. Staffing services has, to date, proved challenging. Psychology is one of the most popular subjects to study at degree level: over 24,000 students were accepted onto UK undergraduate courses alone in 2019, accounting for one in 20 students.⁵ However, while demand for their skills is increasing, there have been difficulties in ensuring a sufficiently diverse and adequately supplied workforce. Postgraduate qualifications are required and are often self-funded, and therefore less accessible to those from a lower socioeconomic group.⁶ **To reduce gaps in the workforce, all practitioner psychologist routes should have funded options available for postgraduate training.**⁷

Prevention

11. Prevention is more cost-effective than cure, with the return on investment (ROI) three times higher for preventative care than specialist treatment. However, less than 3% of NHS investment is in preventative or health-enhancing interventions.⁸ There is a strong economic case for addressing mental health: research by Deloitte prior to the pandemic found that poor mental health cost UK employers up to £45 billion per year, with 17.9 million days lost due to stress, depression or anxiety, an average of 21.6 days per person.⁹ In order to properly and fully address the services available for mental health, it is essential that the Government addresses the source of the problem, which is so often a combination of issues such as poverty, poor housing, food insecurity or domestic violence.
12. Psychologists and other psychological professionals play a central role in supporting meeting the needs of many of the most vulnerable individuals and communities in our society.
13. The Covid-19 pandemic has amplified the existing health and social inequalities in our nation and has raised the public's awareness of mental health. The Government's commitment to invest in jobs, skills and economic recovery is a welcome and a necessary part of boosting opportunity. But without an equal emphasis on the health of those on the lowest incomes, this threatens to exacerbate and entrench health inequalities across the UK. It is well established that constantly struggling to make ends meet is associated with greater stress and worse mental health. This is reflected in higher anxiety scores¹⁰ and lower mean wellbeing scores¹¹ for people claiming income-

⁵ UCAS, 2019

⁶ <https://www.nuffieldtrust.org.uk/research/the-right-track-participation-and-progression-in-psychology-career-paths#key-findings>

⁷ For a full list of practitioner psychologist protected titles, please see: [Professions and protected titles | \(hcpc-uk.org\)](https://www.hcpc-uk.org)

⁸ <https://www.centreformentalhealth.org.uk/publications/now-or-never>

⁹ Labour Force Survey

¹⁰ DWP

¹¹ Understanding Society



related benefits compared to those who were not. People with mental health conditions, especially those with long-term conditions are disproportionately more likely to live on low incomes, social security benefits and in conditions of financial strain.¹²

14. Living in these difficult circumstances also increases levels of deprivation and reduces quality of life for people with mental health conditions. Recent surveys from the Trussell Trust have shown that around a third of people with mental health conditions have cut back or gone without essentials such as food or heating, and they represent over a third of people using Food Banks. The increase in child poverty would also lead to an increase in the number of children being known to social work services. Children in the most deprived 10% of neighbourhoods in England are over ten times more likely to be in care or on a protection plan than children in the 10% least deprived.¹³
15. We also know that living in poverty worsens physical health outcomes. Children living in poverty are likely to begin life with low birth weight, be obese and have chronic health conditions later in life. Additionally, life expectancy follows the social gradient. Even before the pandemic, health inequalities had been increasing since 2010.
16. Taking away £20-a-week from around 6 million families will push half a million more people into poverty, including 200,000 children, as well as pulling many into much deeper levels of poverty and hardship.¹⁴ This is a matter of grave concern given the significant negative impact that poverty has on individuals, their families and society more widely. **The Government should reverse the decision to cut the £20 Universal Credit uplift, not only because it is an invaluable investment in our social security system, but also because it is an essential investment in improving our nation's health as we recover from the pandemic.** It will be impossible to level up the country without addressing health inequalities and improving the health outcomes of those on the lowest incomes.
17. Families and individuals in the poorest communities will only see a significant improvement in their health and wellbeing when all government departments and sectors commit to addressing the underlying determinants of ill health and inequalities. This would need a sea-change in government spending and budget allocations, and longer planning horizons that would see the impact of prevention spending. This would ultimately deliver interventions that would reduce demand on the NHS and improve people's lives.

Children & Young People's services

18. Children in England have some of the worst health outcomes in Europe.¹⁵ Pre-pandemic the number of 5-16 year-olds with a mental health problem had already

¹² The Money and Mental Health Policy Institute

¹³ Joseph Rowntree Foundation

¹⁴ <https://www.jrf.org.uk/press/uk-heading-biggest-overnight-cut-basic-rate-social-security-world-war-ii>

¹⁵ Royal College of Paediatrics and Child Health (2018) *Child health in 2030 in England*

https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_report_2018-10.pdf



increased to an estimated at 1 in 6.¹⁶ Despite greater investment, NHS services are worryingly overstretched, and due to consistent cuts over the last ten years early intervention services have been eroded. The pandemic has worsened a system that was already under great strain. A recent survey has shown that more than 33% of children and young people aged 11 – 18 feel their mental wellbeing has worsened since the pandemic.¹⁷

19. A comprehensive cross-departmental under-fives strategy needs to bring together all government bodies with responsibilities for areas of relevance to early years. A central component of any strategy must be a strengthened role for psychologically informed early year's practitioners at different levels of the workforce. Investment is needed and should include psychologists to provide consultation, supervision and support to health visitors (HVs). Health visitors cannot be expected to deliver an expanded strategy alone. The number of health visitors in England has decreased by a third over the last four years¹⁸ and the Institute of Health Visiting has reported that at least 27 per cent of health visitors are responsible for 500 or more children¹⁹. These high caseloads must be reduced. Instead, health visitors need to be working within a prevention-focused system that proactively supports families' psychological wellbeing. The system should enable early identification of vulnerability and where they can refer families to targeted psychological support from appropriately trained psychologists with a speciality in working with families and children in their early years.
20. Given that half of all mental health problems manifest by the age of 14, and 75% by the age of 24²⁰, a failure to provide and invest in high-quality mental health interventions before age 25 creates significant risks for long term social and health outcomes, creating a subsequent economic impact. Additional funding announcements dedicated to children's and young people's services made by NHS England this year have been welcome, however there is still a significant gap that needs to be filled in order to ensure that the services and resources, including the workforce, are there to ensure that children and young people can access the help that they need. A psychologically-informed approach to the use of this new funding should be taken, with psychologists involved in the design and delivery of services and support, and funding must be distributed fairly across the country.
21. Less than 40% of those under 17 with a mental health condition are able to access NHS support. **Investment is urgently required in early intervention and community-based services** and we are fully supportive of the call for a network of early support hubs, providing young people somewhere to go when they first start to struggle with their mental health.²¹

¹⁶ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

¹⁷ <https://www.youthworksnorthamptonshire.org.uk/our-covid-19-survey/>

¹⁸ Gallagher, P. (2015, 2 December). Health visitor numbers the lowest on record, with a fall of a third since 2015. The i Newspaper.

¹⁹ Institute of Health Visiting, Worrying cuts to health visiting services across England: Ticking the box but missing the point, June 2019.

²⁰ Kessler RC et al. (2005). 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication'.

²¹ <https://www.youngminds.org.uk/support-us/join-the-movement/fund-the-hubs/>



Conclusion

22. We want world-class health care for all. This means improving access to high-quality care for our health needs, increasing the size and skills of the workforce, integrating services, improving outcomes and involving patients. Psychologists and other psychological professionals play a central role in supporting meeting the needs of many of the most vulnerable individuals and communities in our society.