

# New Roles in Mental Health Psychological Professions Task & Finish Group



Final Report  
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## 1. Background and Context

### 1.1 The Psychological Professions

The psychological professions deploy a wide range of psychological competences in health and social care which make a difference to both individual patients and families and to the effective operation of the whole system of care and treatment. Many work in specialist mental health services but recent expansion has seen developments in wider contexts too across primary and acute care and into educational and community services. There are over 20,000 psychological professionals working in NHS commissioned healthcare in England. These are drawn from 12 distinct professional groups:

1. Clinical Psychologists
2. Cognitive Behavioural Therapists
3. Psychological Wellbeing Practitioners
4. Counsellors
5. Child and Adolescent Psychotherapists
6. Counselling Psychologists
7. Forensic Psychologists
8. Health Psychologists
9. Systemic Family Therapists
10. Adult Psychotherapists
11. Children's Wellbeing Practitioners (emerging new role)
12. Education Mental Health Practitioners (emerging new role)

In addition Arts Therapists, whilst classified as Allied Health Professionals draw primarily on psychological and psychotherapeutic models of practice and Educational Psychologists often work in close partnership with NHS services. The current workforce has not been mapped accurately, and there are significant issues with data quality, but in 2018 estimates suggested the following components<sup>1</sup>:

Profession	Approximate wte
Clinical Psychologist	10,674
IAPT High Intensity Therapists (primarily Cognitive Behavioural Therapists)	5,570
Psychological Wellbeing Practitioners	3,081
Non-IAPT Psychotherapists	1,205
<b>TOTAL</b>	<b>20,530</b>

The 12 psychological professions comprise 10% of total NHS Mental Health Trust staffing and 1.7% of the NHS workforce. Stakeholders include seven major professional bodies (all of which maintain voluntary registers of practitioners), a number of smaller professional bodies, and HCPC as statutory regulator of practitioner psychologists.

### 1.2 Expansion Requirement

The psychological professions are subject to an unparalleled expansion programme with modelling suggesting that 6,425 additional posts would be required to fulfil the ambition of the Five Year Forward View. Further expansion will be required to fulfil the Long Term Plan requirement including significant volumes of new roles such as the Education Mental Health Practitioners. Some estimates suggest that an additional 5,000 – 10,000

<sup>1</sup> <https://www.kss-ppn.nhs.uk/resources/publications/2-ppn-brochure-june18-online-singlepages/file>

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posts will be required to fulfil the Long Term Plan requirements, in addition to the posts required for Five Year Forward View.

## 1.3 Leadership and engagement

The psychological professions are starting from a relatively low baseline in terms of leadership and engagement in shaping policy and delivery. There have been no formal national advisory roles that cover the full territory of the psychological professions since 2004, and this has led to some psychological professions being overlooked at key moments of policy formation and an approach to workforce that is not comprehensive or integrated. New roles have been developed for specific purposes to good effect, but without a broader overview of how the existing and newer workforce need to operate together for maximum effect. In addition provider organisations usually do not have a psychological professional at Board level, meaning many missed opportunities for engagement and development of the psychological professions workforce talent in shaping systems of care and delivery.

## 2. Purpose and Scope

In September 2018 Health Education England's Mental Health Programme commissioned eight Task and Finish Groups to deliver project plans designed to accelerate progress with delivering new roles outlined in *Stepping Forward to 2020/21: A workforce plan for England*. This group was commissioned to cover the territory of the Psychological Professions. Whilst asked to focus initially on new roles, the scope was also extended to consider broader workforce requirements of the psychological professions, as it was recognised that these were not being considered elsewhere in a more holistic way. The aims and objectives were:

- To identify the benefits and support the development or implementation of new roles within mental health services at local and national level.
- To support the health and care system to understand where adoption of the new roles will have the most benefit; identifying issues associated with the expansion of each new role.
- To understand geographical barriers and positively influence decision makers to increase spread and adoption both regionally and nationally
- To work to unblock barriers within the system to enable the development of these roles.
- To support recognition that an approach which takes into consideration the entire role pathway is necessary to embed progress.

The task for the end of March 2019 was for each task and finish group:

- To develop a practical project implementation plan that can be used in a regional setting across England to help increase local uptake of the new role to help workforce service pressures.

## 3. Membership

Group membership was drawn from:

- Key professional leaders
- An expert by experience of using psychological services
- Relevant leads from the Arm's Length Bodies
- Education and training experts
- The British Psychological Society

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- The Royal College of Psychiatrists
- Local and national service and innovation leads

Members were co-opted based on specific expertise and in order to ensure psychological professional practice with children, young people and adults was reflected across the work of the group. It was recognised that additional stakeholders should be included in the next phase of work as the scope of the projects has grown beyond the original brief.

## 4. Methodology

The HEE Star was applied as the single OD methodology, bringing a common narrative and framework to the distinct conversations across the different groups. The HEE Star has two functions:

1. Primarily as an OD tool, enabling a comprehensive diagnostic of the range of workforce interventions, bringing better definition and prioritisation of solutions.
2. Secondly as an interactive resource, showcasing the products available to providers to fulfil their chosen solutions.

The HEE Star describes five key enablers of workforce transformation/improvement; Supply, Up Skilling, New Roles, New Ways of Working and Leadership and subscribes to the principle that 'improvement happens project by project'.

The HEE Star was used as a framework to determine and prioritise the list of projects under each of the named enablers of transformation.



## 5. Outputs and Implementation Plan

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The HEE Star methodology led to the identification of new and existing projects across each of the five enabler areas. Following a further iterative process the following new projects were agreed for initiation by the Task and Finish Group:

## 5.1 Workforce Plan for the Psychological Professions

- 5.1.1 Support the development of the Long-Term Plan implementation/workforce plan.
- 5.1.2 Construct a detailed workforce plan for the psychological professions based on patient need:
  - Model the workforce requirement across all services;
  - Establish supply into all 12 existing psychological professions;
  - Determine gap between the above two;
  - Establish local sustainable arrangements for increase in HE capacity;
  - Advise on best use of higher apprenticeships to maximise new routes to entry;
  - Advise on consistency of job titles, responsibilities and registration / accreditation requirements;
  - Refresh Mental Health Careers content to reflect the workforce plan;
  - Consider specifically the potential for a new graduate-entry role to address workforce supply problems in secondary mental healthcare;
  - High level principles to underpin development of new roles.

## 5.2 Maximising efficiency in psychological professions training routes

- 5.2.1 Scope options for a hub and spoke training model for low intensity wellbeing practitioners based on recognised low intensity practitioner competences.
- 5.2.2 Scope options for top up routes to enable more efficient use of training resources and more agile workforce between psychological professions.

## 5.3 Spread and Adoption of the Responsible Clinician Role

Work closely with the Nursing, AHP and Social Work T&F Groups to create and implement a plan for the spread and adoption of this role. (Under changes to the Mental Health Act in 2008 practitioner psychologists, nurses, occupational therapists and social workers have been able to take up roles as responsible clinicians to oversee the care of patients who may be detained under the mental health act. This role was formerly restricted to psychiatrists only. However, only 68 individuals have taken up this opportunity to date. Sixty percent of these are clinical psychologists, reflecting the skill set and positioning of this profession to take up a pivotal role in wider roll-out.

## 5.4 Evaluation and implementation principles

Establish principles for the evaluation, metrics and implementation science for new psychological roles (e.g. what is the workforce gap that needs to be filled, evidence base, postholder perspective, patient outcomes).

## 5.5 Leadership

- 5.5.1 To review and strengthen the clinical leadership from Psychological professions at local, regional and national level, including consideration of the potential benefits of a Chief Officer role for the psychological professions;
- 5.5.2 A review of how patient and carers are involved across psychological professionals training, so best practice can be identified and training institutions that don't currently have it could be supported to develop it;
- 5.5.3 Undertake an assessment of stakeholder engagement and leadership requirement in all prioritised projects (to include patients, public and families).

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In addition several existing projects have been identified which will report to and be steered by the T&F group and its successor:

Existing Projects to Provide Reports to and be Steered by the T&F Group	Lead	Estimated completion complete
1. Scope the potential supply of psychology (and other relevant graduates or equivalent) to increase supply into health service careers	National Workforce Skills Development Unit (NWSDU)	October 2019
2. Understand blocks and inefficiencies in career path for psychological professions and generate a plan to address these	NWSDU	October 2019
3. Design an interactive visual map of psychological professions career path linked to Health Careers information	Kent, Surrey and Sussex Psychological Professions Network (KSS PPN)	September 2019
4. Explore the scope for advanced clinical practice and consultant practice for psychological professions (aligned to ACP and consultant frameworks for England)	Gita Bhutani	May 2019
5. Review implications for psychological professions from the good practice guide on implementing new roles	NWSDU	July 2019
6. Scope the reach of psychological professions engaging with physical health conditions (e.g. cancer, genomic counselling) and the economic case for extending this.	KSS PPN	September 2019

## 6. Progress so far

### 6.1 Workforce Plan for the Psychological Professions

The Chairs of the Group have engaged with the Long Term Plan Workforce Improvement Plan (LTP WIP) development process, and the Allied Health Professions WIP group has been re-assigned as the Allied Health Professions and Psychological Professions WIP group in order to provide a mechanism for inclusion. A draft WIP for the Psychological Professions has been submitted (See Appendix). Additional leadership and project management resource will be required to take forward this process, and access to data analytics and modelling resource will be important.

### 6.2 Maximising efficiency in psychological professions training routes

An Action Group has been formed and members engaged. This work will be convened by the National Workforce Skills Development Unit as part of their HEE contract.

### 6.3 Spread and Adoption of the Responsible Clinician Role

The interdisciplinary group has met and current activity includes:

- HEE and Department of Health and Social Care working to engage the relevant professional bodies in promoting the role;
- Negotiation with a view to commissioning of an implementation toolkit for the role to include Board governance, role descriptions, guidance documents and policies;

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- A forthcoming meeting between the AHP, Nursing, Social Work and Psychological Professions Task and Finish Group Chairs to negotiate joint guidance on level of seniority required for the role, with potential to align implementation to consultant level practice.

## 6.4 Evaluation and implementation principles

These principles for implementing new psychological roles will be derived from guidance on good practice in implementing new roles currently being developed by the NWSDU.

## 6.5 Leadership

An Action Group has been convened and has proposed a series of steps to implement national and regional leadership roles and a framework to align and promote the NHS leadership academy offer to the psychological professions. In addition an expert by experience lead is poised to bring together a group to assess and improve expert by experience involvement across psychological professions training programmes. These proposals require additional resourcing to implement.

## 6.6 Advanced Clinical Practice /Consultant Frameworks

Preliminary scoping and mapping of the frameworks has been undertaken. A route needs to be opened for psychological professionals registered on recognised voluntary registers (as important groups are not eligible for statutory registration). Mapping for practitioner psychologists will require an expert reference group to refine this.

## 7. Next Steps

### 7.1 Identify Leadership and Project Management Resources to Continue the Work

A significant need has been identified for a continued stream of work overseen at national level. This is because basic work has still to be completed such as national baseline workforce data collection and a high level gap analysis. Devolution of this programme of work to regions would be inefficient and could lead to duplication or confusion. There is currently insufficient leadership resource attached to this growing workstream to implement at national level or to embed into regional systems. This needs addressing.

### 7.2 Form a Psychological Professions Workforce Group

There is a strong appetite for an ongoing national Workforce Group with a broadened set of stakeholders to take forward the full programme of work in the broadened scope identified by the Task and Finish Group. This Workforce Group needs to feed into the LTP WIP process and work across all Arm's Length Bodies.

### 7.3 Implement Agreed Projects

There are a number of smaller projects that will go forward as they are already commissioned, but the broader piece of work to develop a comprehensive workforce plan and implement leadership proposals requires additional resource.

**Dr Adrian Whittington and Kevin Mullins**

**Chairs: New Roles in the Psychological Professions Task and Finish Group**

22<sup>nd</sup> March 2019

Workstream outputs on a page – Psychological Professions Workstream

1. Vision for this workstream <i>(clear vision of what we want to achieve with this work/for this part of the workforce over the next 5-10 years)</i>	2. Deliverables for this workstream <i>(aligned with A3 reporting sheet)</i>	
<p><b>The Vision</b></p> <ul style="list-style-type: none"> <li>To create a health and social care system which treats people of all ages as unique individuals situated in families and communities with biological, psychological and social needs and capabilities which interact in both illness and wellness</li> <li>To deliver universal and timely access to best evidence based psychological therapies and interventions set out by NICE, and monitor and improve effectiveness of implementation using universal patient reported outcome measures</li> <li>To expand the psychological professions workforce significantly, working with all types of difficulty (both within and beyond mental health services) across the lifespan to deliver the full ambition of expanded services in the Long Term Plan.</li> <li>To use psychological expertise, working together with all disciplines and occupations to: <ul style="list-style-type: none"> <li>Train and develop the whole health and social care workforce across all services so that psychological aspects of health and wellbeing are always considered and responded to, alongside biological and social aspects.</li> <li>Grow resilient communities with a focus on wellness, prevention and early intervention</li> <li>Develop psychologically healthy teams and workplaces in health, education and social care</li> </ul> </li> </ul> <p>To achieve this vision and the commitments in Stepping Forward to 2020/21 and the Long Term Plan the work will consist of two components:</p> <p><b>1. Complete the delivery of Stepping Forward to 2020/21</b></p>	<p><b>By end of March (key actions which will have an impact on staff/service)</b></p>	
	<ul style="list-style-type: none"> <li><b>Completing the delivery of Stepping Forward to 2020/21 (April 2019 - March 2021)</b></li> <li>Publish the output of the New Roles in the Psychological Professions Task and Finish Group</li> <li>Communicate outputs of New Roles in the Psychological Professions Task and Finish Group widely, including via Psychological Professions Networks, professional bodies and Clinical Networks.</li> <li><b>Long Term Plan Delivery (March 2019 - March 2021)</b></li> <li>Publish a project plan for delivery of psychological professions workforce plan for the 11 current Psychological Professions and additional new roles in the psychological professions, within and beyond mental health services.</li> <li>Establish a Psychological Professions Workforce Group (successor to the HEE New Roles in Psychological Professions Task and Finish Group) with core membership from Arm's Length Bodies and stakeholder membership from main psychological professions professional bodies, higher education institutions and senior service leads. This group will facilitate at national level the outputs of the New Roles in the Psychological Professions Task and Finish Group and steer delivery of the new Long Term Plan psychological professions workforce actions.</li> <li>Communicate the plan for the Psychological Professions Workforce Group widely, including via Psychological Professions Networks, professional bodies and Clinical Networks.</li> </ul>	



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<p><b>(March 2019 - March 2021)</b></p> <p>To complete the expansion of psychological professions to deliver the ambition of Stepping Forward.</p> <p><b>2. Long Term Plan Delivery (overlaps in time with the Stepping Forward Programme but covers new territory)</b></p> <p>To agree detailed implementation and enable delivery of the mental health elements of the Long Term Plan beyond the scope of Stepping Forward.</p>	<p><b>Within the first year (by the end of 2019/20)</b></p> <p><b>1 Complete the delivery of <i>Stepping Forward to 2020/21</i></b></p> <p>1.1 Complete the 2020 trajectory expansion requirements of the <i>Five Year Forward View for Mental Health</i> as set out in <i>Stepping Forward to 2020-21: a Workforce Plan for England</i>. This requires delivery of an additional 6,425 psychological professionals into an expanded mental health workforce during the period 2016-21.</p> <p>1.2 Identify highest immediate risks to supply and retention of existing, established psychological professional roles and mitigate these through associated training programmes, a focused annual recruitment campaign and a programme of retention interventions.</p> <p>1.3 Establish a long term sustainable funding solution for salaries during postgraduate training for psychological professions roles.</p> <p>1.4 Scale up practitioner psychologist take up of non-medical approved clinician roles, alongside nursing, occupational therapy and social work.</p> <p>1.5 Establish a standard taxonomy of the psychological professions including standard descriptions for occupations and levels.</p> <p>1.6 Implement this taxonomy in a review of occupation codes and descriptors reported by NHS Digital.</p> <p><b>2 Long Term Plan Delivery</b></p> <p>2.1 Develop and publish a national Psychological Professions strategy to enable the delivery of the Long Term Plan.</p> <p>2.2 Model the full requirement for the 11 existing psychological professions and agreed new roles to deliver the additional expansion commitments in the Long Term Plan across the whole system including perinatal, children and young people, young adults, adult common mental health problems, adult severe mental health problems, major health conditions, autism and learning disability, older people, and across each of these areas to include working with families and supporting the workforce. A large further expansion requirement is anticipated in excess of an additional 5,000 posts, in addition to the expansion of 6,425 required by <i>Stepping Forward</i>.</p>
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	<ul style="list-style-type: none"><li>2.3 Redesign workforce and training models for Adult Common Mental Health Problems and Adult Severe Mental Health Problems to solve challenges in supply and retention and enable the required further expansion of psychological therapies in these areas.</li><li>2.4 Deliver the Children’s Wellbeing Practitioner and Education Mental Health Practitioner roles at scale to enable the offer of wider access to mental healthcare for children and young people.</li><li>2.5 Establish clear principles for the implementation of additional new roles in the psychological professions (based on clinical need, evidence base, competences and sustainability, and implemented with appropriate support, supervision, governance and ratio to senior established roles).</li><li>2.6 Determine whether deploying additional new psychologically-informed roles at graduate or non-graduate entry level could support delivery of the Long Term Plan. If additional new roles are warranted, design and deliver a programme of systematic national implementation.</li><li>2.7 Develop a more integrated and coherent psychological career path with clearer and more efficient routes of entry, progression and lateral development.</li><li>2.8 Implement a programme to promote psychological professions careers, and a toolkit for making jobs more attractive, to support recruitment and retention. This includes ensuring all new roles are clearly defined, relate appropriately to existing roles, are appropriately supported, governed and accredited.</li><li>2.9 Establish a senior lead psychological professional drawn from one of the 11 psychological professions to lead on psychological healthcare delivery on every mental health Trust board, within every integrated care system leadership structure, and within the national arm’s length bodies. This could include exploring the potential benefits of a Chief Psychological Professions Officer role.</li><li>2.10 Identify how the Mental Health Services Data Set can be amended to capture consultative or other “indirect” clinical activity</li></ul>	
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	<p>and routine outcome measures for direct psychological professions activity, and implement these changes.</p>	
	<p><b>Within the first two years (by the end of 2020/21)</b></p> <p><b>1. Completing the delivery of <i>Stepping Forward to 2020/21</i> (April 2019 - March 2021)</b></p> <ul style="list-style-type: none"> <li>• Complete the 2021 trajectory expansion requirements of the <i>Five Year Forward View for Mental Health</i> as set out in <i>Stepping Forward to 2020-21: a Workforce Plan for England</i>. This requires delivery of an additional 6,425 psychological professionals into an expanded mental health workforce during the period 2016-21.</li> </ul> <p><b>2. Long Term Plan Delivery (March 2019 - March 2021)</b></p> <ul style="list-style-type: none"> <li>• Establish stable multi-year contracts with higher education institutions to deliver postgraduate training for the psychological professions to deliver the required number of trainees to enact the expansion requirements of the Long Term Plan</li> <li>• Design and implement an on-line psychological awareness programme to be made available to all pre- and post-registration training programmes across the sector to enable more effective psychologically informed practice by all occupations.</li> <li>• Report on consultative activity and outcomes of direct clinical interventions for psychological professions activity</li> </ul>	
<p><b>3. Deliverables from this workstream that need to feed into the HEE mandate</b></p>	<p><b>4. Deliverables from this workstream that need to feed into NHS England's and NHS Improvement's business plan</b></p>	
<p>[What are the elements of the work developed in this workstream that will need to be incorporated into HEE's 2019/20 mandate? (or which are already in HEE's mandate and should be carried forward)]</p> <p><b>1. Complete the delivery of <i>Stepping Forward to 2020/21</i></b></p>	<p>[What are the elements of the work developed in this workstream that will need to be incorporated into NHSE/NHSI's 2019/20 business plan?]</p> <p><b>2. Long Term Plan Delivery</b></p>	

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<ul style="list-style-type: none"> <li>1.1 Complete the 2020 trajectory expansion requirements of the <i>Five Year Forward View for Mental Health</i> as set out in <i>Stepping Forward to 2020-21: a Workforce Plan for England</i>. This requires delivery of an additional 6,425 psychological professionals into an expanded mental health workforce during the period 2016-21.</li> <li>1.2 Identify highest immediate risks supply and retention of existing, established psychological professional roles and mitigate these through associated training programmes, a focused annual recruitment campaign and a programme of retention interventions.</li> <li>1.3 Establish a long term sustainable funding solution for salaries during postgraduate training for psychological professions roles.</li> <li>1.4 Scale up practitioner psychologist take up of non-medical approved clinician roles, alongside nursing, occupational therapy and social work.</li> <li>1.5 Establish a standard taxonomy of the psychological professions including standard descriptions for occupations and levels.</li> <li>1.6 Implement this taxonomy in a review of occupation codes and descriptors reported by NHS Digital.</li> </ul>	<ul style="list-style-type: none"> <li>2.1 Develop and publish a national Psychological Professions strategy to enable the delivery of the Long Term Plan.</li> <li>2.2 Model the full requirement for the 11 existing psychological professions and agreed new roles to deliver the additional expansion commitments in the Long Term Plan across the whole system including perinatal, children and young people, young adults, adult common mental health problems, adult severe mental health problems, major health conditions, autism and learning disability, older people, and across each of these areas to include working with families and supporting the workforce. A large further expansion requirement is anticipated in excess of an additional 5,000 posts, in addition to the expansion of 6,425 required by <i>Stepping Forward</i>.</li> <li>2.3 Redesign workforce and training models for Adult Common Mental Health Problems and Adult Severe Mental Health Problems to solve challenges in supply and retention and enable the required further expansion of psychological therapies in these areas.</li> <li>2.4 Deliver the Children’s Wellbeing Practitioner and Education Mental Health Practitioner roles at scale to enable the offer of wider access to mental healthcare for children and young people.</li> <li>2.5 Establish clear principles for the implementation of additional new roles in the psychological professions (based on clinical need, evidence base, competences and sustainability, and implemented with appropriate support, supervision, governance and ratio to senior, established roles).</li> <li>2.6 Determine whether deploying additional new psychologically-informed roles at graduate or non-graduate entry level could support delivery of the Long Term Plan. If additional new roles are warranted, design and deliver a programme of systematic national implementation.</li> <li>2.7 Develop a more integrated and coherent psychological career path with clearer and more efficient routes of entry, progression and lateral development.</li> <li>2.8 Implement a programme to promote psychological professions careers, and a toolkit for making jobs more attractive, to support recruitment and retention. This includes ensuring all new roles are clearly defined, relate appropriately to existing roles, are appropriately supported, governed and accredited.</li> </ul>
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	<p>2.9 Establish a senior lead psychological professional drawn from one of the 11 psychological professions to lead on psychological healthcare delivery on every mental health Trust board, within every integrated care system leadership structure, and within the national arm's length bodies. This could include exploring the potential benefits of a Chief Psychological Professions Officer role.</p> <p>2.10 Identify how the Mental Health Services Data Set can be amended to capture consultative or other "indirect" clinical activity and routine outcome measures for direct psychological professions activity, and implement these changes.</p>
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### 3. Deliverables from this workstream that need to feed into the Long term plan implementation guidance

*What do we need to ask the NHS to do or deliver in 19/20? What level of the system (national, regional, ICS, organisational) will be responsible for each of your deliverables (this is likely to change over time as ICSs develop and become more mature, so you may want to separate into a) immediate future i.e. 2019/20 or b) 2020/21 onwards). Please provide rationale for why deliverables need to be at each level and in which organisation they would sit.*

<i>Deliverable</i>	<i>Level of delivery (national, regional, ICS, organisational)</i>	<i>Rationale</i>
2.1 Develop and publish a national Psychological Professions strategy to enable the delivery of the Long Term Plan.	National	Consistent National strategy required to co-ordinate activity and maximise efficiency
2.2 Model the full requirement for the 11 existing psychological professions and agreed new roles to deliver the additional expansion commitments in the Long Term Plan across the whole system including perinatal, children and young people, young adults, adult common mental health problems, adult severe mental health problems, major health conditions, autism	National, regional and ICS	National model can be worked through at Region and ICS level to be populated with local intelligence

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<p>and learning disability, older people, and across each of these areas to include working with families and supporting the workforce. A large further expansion requirement is anticipated in excess of an additional 5,000 posts, in addition to the expansion of 6,425 required by <i>Stepping Forward</i>.</p>		
<p>2.3 Redesign workforce and training models for Adult Common Mental Health Problems and Adult Severe Mental Health Problems to solve challenges in supply and retention and enable the required further expansion of psychological therapies in these areas.</p>	<p>National</p>	<p>Consistent national model required</p>
<p>2.4 Deliver the Children’s Wellbeing Practitioner and Education Mental Health Practitioner roles at scale to enable the offer of wider access to mental healthcare for children and young people.</p>	<p>National and regional</p>	<p>Consistent approach required, supported by regional implementation</p>
<p>2.5 Establish clear principles for the implementation of additional new roles in the psychological professions (based on clinical need, evidence base, competences and sustainability, and implemented with appropriate support, supervision, governance and ratio to senior, established roles).</p>	<p>National</p>	<p>Consistent approach required to avoid duplication and unintended inefficiencies</p>

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<p>2.6 Determine whether deploying additional new psychologically-informed roles at graduate or non-graduate entry level could support delivery of the Long Term Plan. If additional new roles are warranted, design and deliver a programme of systematic national implementation.</p>	<p>National, Regional and ICS</p>	<p>National approach for consistency, supported by regional and ICS implementation</p>
<p>2.7 Develop a more integrated and coherent psychological career path with clearer and more efficient routes of entry, progression and lateral development.</p>	<p>National</p>	<p>Consistency required</p>
<p>2.8 Implement a programme to promote psychological professions careers, and a toolkit for making jobs more attractive, to support recruitment and retention. This includes ensuring all new roles are clearly defined, relate appropriately to existing roles, are appropriately supported, governed and accredited.</p>	<p>National and regional</p>	<p>Efficiency of scale, delivered in line with regional needs</p>
<p>2.9 Establish a senior lead psychological professional drawn from one of the 11 psychological professions to lead on psychological healthcare delivery on every mental health Trust board, within every integrated care system leadership structure, and within the national arm's length bodies. This could include exploring</p>	<p>National, ICS and Organisational</p>	<p>Consistent national approach required, implemented at ICS and provider level</p>

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<p>the potential benefits of a Chief Psychological Professions Officer role.</p>		
<p>2.10 Identify how the Mental Health Services Data Set can be amended to capture consultative or other “indirect” clinical activity and routine outcome measures for direct psychological professions activity, and implement these changes.</p>	<p>National</p>	<p>Via NHS Digital</p>