

**BMA Mental Health Workforce Survey: Data from Clinical Psychologists**

The British Medical Association in conjunction with the Association of Clinical Psychologists UK and the Royal College of Nursing conducted a survey of mental health staff in the National Health Service (England). The purpose of the survey was to evaluate the extent to which there had been changes in the funding and Workforce resource over recent years, and in particular, to evaluate government rhetoric implying an intention to create parity between physical and mental health services in terms of both priority and resourcing. Sections of the survey were devised specifically for clinical psychologist responses and this report will focus particularly on these data. ACP UK is grateful to the BMA for their invitation to collaborate on this important project.

**HEADLINES**

* 281 clinical psychologists responded to the survey
* 44% of respondents considered their current workload unmanageable
* 52% are too busy to provide the quality of care they would like
* 57% reported a shortage of one or more Clinical Psychologists in their service
* 41% felt demoralised
* 96% did not consider there had been any significant improvement in resources to meet mental health needs in England within the past 2 years
* Attitudes toward mental health in the media and the general population have improved significantly in the opinion of more than 50% of respondents

**Respondents**

281 clinical psychologists replied to the survey. Of the 281, 65% were employed by mental health trusts, 14% worked in community settings and 16% in hospital.

The largest group of respondents was employed at Band 8A (37%), 24% at band 8B, 17% at Band 8C, 10% at Band 8D, 2% at Band 9. Six percent of the cohort represented trainees.

**Workload Demand**

Many Clinical Psychologists highlighted excessive workload demands, with 44% of respondents reporting their workload to be either unmanageable or mostly unmanageable. Of particular concern (in a subset of 159 respondents) 3% considered that they worked outside of their competence all or most of the time and 30% reported that they did this occasionally. 57% reported a shortage of one or more clinical psychologists in their service.

**Quality of Care and Treatment**

These excessive workload demands have clear implications for the quality of care received by service users and their support networks. Less than half of respondents (47%) were satisfied with the quality of care they could provide given these stretched resources, and a similar number expressed concern at the lack of time available to support client relatives. 44% of those Clinical Psychologists surveyed stated that there had been occasions when they were upset about the care offered to patients.

**Work Satisfaction**

In addition to the impact on service users and their support networks, the current demand and lack of resources in mental health care has implications for staff wellbeing and retention; only 42% of respondents felt fulfilled by their work and 41% stated that they were demoralized.

**Parity with Physical Healthcare**

Clinical psychologists were also asked about parity between physical and mental health services: 85% of respondents stated there was neither parity of access nor parity of resources. They were also asked if there had been changes in funding in recent times to meet the demands of mental health need: 96% disagreed.

**Changes in Resources over the past 2 years**

Clinical Psychologist respondents were asked if they had seen improvements in access to a range of resources during the past 2 years, and in general, if access to resources had worsened. Responses indicated that access to training (65%), time for reflective practice (72%), and access to assistants (44%) in particular had worsened (percentage of respondents indicating deterioration given in parentheses). No change or a slight deterioration in access was reported in relation to: Occupational Health (32% no change, 19% worse); NHS accommodation (7% no change, 21% worse); flexible retirement (20% no change, 29% worse); and access to early intervention workers (16% no change, 24% worse).

In terms of detailed feedback on the impact of worsening resources in Mental Health Services and particularly Clinical Psychology, there were a number of common themes, including: (1) flattening of the staff profile with loss of experience and expertise; (2) decline in the quality of skill mix; (3) increase staff turnover and reduced incentive to remain within services; (4) fewer promotion opportunities (5) an over-reliance on medical and custodial models of care rather than evidence-based psychological interventions; (6) no flexibility for longer-term psychological treatment provision. There were also reductions in the numbers of suitable rooms and accommodation to see clients.

**Prof Mike Wang, Dr Sally Morgan, Dr Dave Dawson on behalf of the Board
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