British Psychoanalytic Council

UKCP
UK Council for Psychotherapy

Addressing the deterioration in public psychotherapy provision

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Foreword

Political leaders have rightly described mental health as the greatest unaddressed challenge of our age.

It is a challenge because we know that 1 in 4 people will have a mental health problem at some point in their lifetime. And it is a particular challenge because the umbrella term 'mental health problem' covers such a huge spectrum of presentations ranging from anxiety and depression to the very complex, chronic and often co-morbid. Mental distress has a devastating impact on the quality of life of individuals, carers and families. It also carries a huge economic cost, estimated at £105 billion per year in England.

And it is an unaddressed challenge because most people with mental health issues are not accessing any support. For those who do seek treatment, we cannot presently guarantee they will receive a quality service that will address their needs.

As the chairs of the British Psychoanalytic Council (BPC) and the UK Council for Psychotherapy (UKCP) we are pleased to share with you this important 'state of the psychotherapy nation' report, highlighting what our therapists are seeing on the ground across the UK.

BPC and UKCP registrants are among the leading psychotherapists in the UK. Our network of almost 10,000 professionals is extensively trained, clinically experienced and working across a range of NHS, third sector and private sector roles helping support adults, families and children and young people in distress.

The message from our therapists is clear. In the NHS, across a range of key indices – waiting times, choice of therapies, quality of provision – services to people in need are actually getting worse. Importantly, our survey also reveals that the therapeutic environment needed for our practitioners to work effectively with patients is being undermined by bureaucratic pressures which trump clinical need.

In the private sector, many therapists report that they are seeing clients who have 'fallen through the net'. Their needs unmet by current NHS provision, they are increasingly turning to the private sector to get the length and type of treatment they need.

If a cancer patient had to wait up to a year for treatment it would be wrong. If then, their treatment was limited to 6 doses of radiotherapy regardless of the pace of recovery there would be disbelief. And, if one treatment approach did not work, for a clinician to turn round and say 'there is no more we can do for you' would be a scandal.

Unfortunately, substitute the word 'cancer' for 'mental health' and that too often describes the experience of patients in distress in the NHS in 2015.

Even in straitened times, the NHS must live up to its ideals: a comprehensive service, based on clinical need, not on the ability to pay. This applies as much to mental health as any other area of our health service.

To make parity of esteem between mental and physical health a reality we have a long, long way to go. We hope this report is one small contribution towards making parity a reality.

It's time to change.

Julian Lousada

Chair,
British Psychoanalytic Council

Janet Weisz

Chair,
UK Council for Psychotherapy

Introduction

The British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP) both work to improve the availability of psychological therapies for members of the public.

This report presents findings from our 2014 joint survey of registrants. It adds to the growing evidence that public provision of therapy needs substantial investment and reform if it is to meet the needs of all who require it.

Our survey results provide a professional perspective on the current state of public psychotherapy provision[1]. We compare these findings with those of our last joint survey, conducted in 2012.

This time around, our survey also explored the views of private practitioners and the additional capacity they could provide to the NHS in future. We asked those who work outside the NHS about their wish to work within it (or with it), and on what terms.

1 In the survey and this report we use 'public psychotherapy provision' as an umbrella term that includes both NHS and third sector services.

Summary of Key Findings

Our survey of private therapists shows:

Increasing numbers of clients are turning to the private sector:

56% told our therapists they found NHS waiting times too long

58% said they couldn't get the type of therapy needed

63% felt the NHS therapy they had was too short

Quality:

31% of therapists believe they can provide a better quality of service to clients outside of the public sector

In public therapy services our survey shows:

Waiting times for clients are increasing:

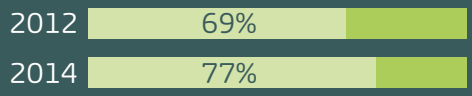
57%

of practitioners report that waiting times have increased in the last year – up from 47% in 2012

Increased numbers of complex cases:

77%

of therapists report an increase in cases of clients with complex needs – compared to 69% in our 2012 survey



Psychotherapists are under increasing pressure in the workplace:

29%

say their caseload is up, while time for reflective practice or supervision is down

Psychotherapy services are being closed:

52%

of therapists report a fall in psychotherapy services being commissioned

A continued reduction in the clinical experience and qualifications of psychotherapy practitioners:

44%

of our respondents report a loss of clinical experience

37%

report a loss of qualifications among practitioners in their service

Paid hours for therapists and higher band posts are being cut:

67%

report a reduction in the last year and an increase in the use of honorary staff or volunteers

Part I: Public psychotherapy provision is deteriorating

The first part of our survey aimed to elicit responses from our registrants on the state of public psychotherapy provision. We found that – in general – public psychotherapy provision is in decline. Cuts continued to impact on services and waiting times continue to grow. The responses below paint a picture of public sector therapists taking on more complex cases, of experienced therapists being laid off and of clients turning to the private sector for help they cannot get in the NHS.

1 INCREASING NUMBERS OF CLIENTS ARE TURNING TO THE PRIVATE SECTOR

The majority of our registrants work mainly or exclusively in private practice. However, they often have good insight into public provision, either because they are currently, or were previously, employed in the NHS or because they collaborate directly with public services.

Our survey found that the majority of our private practice therapists see clients who have 'fallen through the net' or have been dissatisfied by public services. 90% of these therapists have seen clients who had been referred to treatment in the NHS, but had not been helped sufficiently:

"They [my clients] have been told that they cannot be treated - either that they are untreatable or that there is no provision for them."

"Clients have complained that CBT [cognitive behavioural therapy] was helpful in the short run but did not have lasting impact."

"Some of the clients I have seen post NHS have said they feel it's a tick box exercise."

> ***"I see many people privately who have been unable to engage with the thin service the NHS provides, but are not "ill" enough to be allocated to long term psychotherapy (if it can be found). They have often been around the NHS in six week relays 3 or 4 times."***

The biggest issues clients reported to our private therapists were unacceptably long waiting times, inadequate treatment, or treatments which were too brief to meet their needs.

To try to better understand the extent of the issues that clients face in accessing services, we asked those working in private practice what reasons - if any - were given by clients who felt that psychotherapy via the NHS was inappropriate for them.

The vast majority (94%) of therapists in private practice reported that their clients had felt they were not able to access the services needed. 50% said that clients decided to see a private psychotherapist as the service was better quality.

In addition, 86% said that their client reported they were not able to access the longer-term support they felt they needed or couldn't get the type of therapy on the NHS to suit their individual need.

The comments below reflect these trends, and describe the difficulty some clients currently face within the NHS:

"People used to complain that NHS waiting times were too long. Now they complain that they either have been told they aren't suitable for therapy at all or that they have been offered a number of sessions which seemed too small to them to be able to get anywhere. The people who come for private therapy know what they are looking for and are generally right about what it is they need or can make good use of."

"[One-to-one] therapy is no longer available in this area at this time. Just telephone consultations."

"[Patients/clients] sometimes told they could not have any more therapy courses because they had had their share. Some diagnosed and then not offered therapy."

"They wanted therapy for an enduring mental health problem, which I felt would be an appropriate context for them, but were refused as not having sufficient need."

2 NUMBER OF CASES OF CLIENTS WITH COMPLEX NEEDS STILL INCREASING

Our survey shows that our registrants are seeing an increasing number of clients with complex needs.

In 2012, 69% of participating therapists noticed an increase in clients with complex needs. In 2014, 77% of our respondents reported an increasing number of such clients.

"[M]aximum number of sessions does not suit the complexity and chronicity of the clients' symptoms and issues – atmosphere on directorate level is business and money-driven - no long term therapy available anymore for clients with complex and chronic disorders."

"My view is that psychotherapy can be inappropriate at times for high risk patients, and that the level of complexity of casework has increased beyond what the model can bear, at least on its own."

3 REDUCTIONS IN CLINICAL EXPERIENCE AND QUALIFICATIONS OF PUBLIC PROVISION PRACTITIONERS

In 2012, 63% of the therapists we surveyed had observed a cut in psychotherapy posts in the service they worked in. This trend continued undiminished in 2014 (also 63%).

In 2012, 47% of our respondents reported a loss of clinical experience and 39% reported a loss of qualifications in those providing therapy in NHS services. This trend has continued. 44% of respondents to our 2014 survey detected a loss of clinical experience and 37% a loss of qualifications in those who are providing psychotherapy in public provision contexts.

This trend was also reflected in the open comments. 13% of those respondents who worked in private practice reported that their clients felt that public psychotherapy provision was inappropriate for them because their therapist was unable to work with the issues they presented or was insufficiently qualified.

"[O]ne of my clients with OCD [obsessive compulsive disorder] received a manualised CBT treatment from a very junior professional, my client felt the professional did not understand her condition and only was able to follow the treatment manual."

"[My client] felt the therapist was not properly trained to a good enough standard."

Open comments from respondents to our 2014 survey suggested that senior positions for psychotherapists are declining, and that experienced therapists are being laid off.

The following contribution illustrates this trend and the consequences for clients:

"I was a consultant clinical psychologist and psychoanalytic psychotherapist in the NHS. After 25 years of service I was made redundant two years ago. It has caused me great heartache and grief."

The most experienced therapists in the NHS, among them BPC and UKCP registrants, treat the most complex cases. Such clients may have suffered from limited choice between their initial quest for help and the prolonged period of time until they got the appropriate treatment. They may well have gone through the 'revolving door' repeatedly until they get the type and length of therapy they need:

"Often clients have a first experience of therapy, usually CBT, in the NHS and say they found it helpful as a 'sticking plaster', now they want to work on the underlying issues."

"[…] offered one or two courses of CBT which was helpful at the time but not when depression reoccurred."

In 2012, 39% of the participants reported a decline in the variety of therapeutic approaches on offer in their service. In 2014, 27% reported an increase in the range of therapies in their service, but 38% still reported a decline.

11% of the participants also reported an increase of psychotherapy posts in their service. However, 63% still reported a decline (as compared to 63% in 2012).

4 WAITING TIMES ARE STILL INCREASING

In 2012, waiting times were already unacceptably long and 47% of respondents who worked in public provision reported that they were increasing. This trend has worsened in 2014: 57% of therapists reported that waiting times had increased during the course of the past year.

In services where waiting times looked like they had improved, this may have happened artificially and with negative consequences for the therapists, as this participant's comment highlights:

> ***"We are not allowed to keep a waiting list so all patients referred are held in ongoing consultation meaning that caseloads have increased."***

Another respondent describes how their service sought to manage their waiting time statistics by turning patients away:

"[…] to decrease waiting times which with small numbers of therapists means that less people get offered formal therapy now because you are not allowed to wait for it so it is just 'no'[…]."

5 REDUCED BUDGETS AND SERVICE CLOSURES

Our 2014 survey shows that funding for services has continued to decrease. Further cuts and closures have taken place, despite the coalition government's policy of parity of esteem between physical and mental health.

In 2012, 48% of BPC and UKCP therapists working within public provision settings reported a decrease in the number of psychotherapy services commissioned. In 2014, 52% reported reductions in commissioned services.

Two of the survey respondents highlighted this trend, and the associated deterioration of services:

"Service put out to tender and new provider – Sept 2014 – will be offering less choice, less sessions with less staff on less remuneration and will be commissioned to see 30% more referrals."

"Where I work, the NHS has just decided to close a therapeutic community (3 days a week) run on psychodynamic model – for adults with personality disorder. Instead they will get 75 minutes of group MBT [mentalisation based therapy]."

6 PSYCHOTHERAPISTS ARE UNDER INCREASING PRESSURE IN THE NHS

Psychotherapists who work in the NHS and other public psychotherapy provision services reported an increase in their workload and pressure.

38% of the open comments drew attention to the increase of pressures on therapists during the last year. 30% also emphasised how caseload had increased, while reflective practice or supervision had simultaneously decreased.

The relatively few highly trained and more experienced therapists are dealing with an increasing number of more demanding, complex cases.

Several respondents observed that as a result of increased demands, more staff in their service were suffering from stress, low morale or developed mental health issues. Others had experienced or witnessed staff burn-out.

One CBT therapist working in the NHS says:

"Case load is too high. Currently being asked to see 25 clients per week who are complex cases. Feeling as if I may be becoming burnt out. Also not being given time to process client work with other professionals. Supervision time has been reduced also."

Working with people experiencing mental illness can be distressing. It is therefore essential that psychotherapists receive adequate supervision or reflective practice.

Another respondent describes poor general working condition in their NHS position:

"The amount of paperwork. Having to hot desk – noise levels not conducive to thinking and reflecting. Having to book rooms which can mean having to be in different rooms from session to session, having a late start if the session before runs over time, people walking into the room mid-session, etc..."

And below from a therapist who works mainly in private practice and part-time in the NHS:

"I used to work in the NHS most of my life and have started again recently to supplement my private practice. I have had to go in at a lower grade but they have factored in my management experience into the [job description] of this lower grade. I am expected to run a team from volunteers who are trainees. The conditions surrounding the provision of therapy make a nonsense of it because sessions are so few. The few that people get are so highly monitored with questionnaires as to significantly interrupt the therapeutic relationship. Staff are not valued and managed in a way that at times is professionally unethical. Staff are also forced to compromise on their assessment of the clients needs, almost to the point of at times being unethical. Staff judgement about what is best for their clients is consistently compromised."

Part II: Our registrants offer high quality public provision

The second part of our survey focused on what more our registrants could contribute to the public provision of therapy. Given that there is evident demand for therapists who are able to help people with more complex or enduring needs, we wanted to explore the possibility of more of our registrants meeting these needs. To this end, we asked questions around skills, flexibility and capacity. Responses to this section also highlighted the emerging trend of services employing honorary or voluntary staff and reduced higher band posts. Despite a commitment to serving those in need, many of our registrants presently feel little choice but to focus on providing therapy in private practice, where they can deliver therapy more in line with their expertise and training.

1 THERAPISTS' SKILLS

BPC and UKCP registrants have gone through rigorous and lengthy training, underpinned by both organisations' training standards. They have longstanding experience in client work – 63% of survey participants have practised for 11 years or longer.

Many have first-hand experience of working in the NHS: they have been employed, supervise NHS practitioners, did placements and/or have volunteered. Only 39% of therapists working within private practice have not been directly involved with the NHS at one point or another during their career.

63% of all therapists were familiar with using routine outcome measures, particularly recognised measures used currently within the NHS (CORE, SCORE, PHQ9/GAD7).

The survey demonstrates that BPC and UKCP registrants and trainees have a wide therapeutic repertoire. 74% of all respondents have trained in more than one therapeutic approach. These range from humanistic therapy (33.3%), CBT (30%), psychoanalytic psychotherapy (28%), couples therapy (27%), psychodynamic psychotherapy (26%) to group therapy (24%) and psychodynamic counselling (21%).

2 FLEXIBILITY

Being a psychotherapist is often a part-time occupation, involving a patchwork work life. About half (49%) of our registrants work 5 to 14 hours per week delivering sessions to clients.

Therapists' work contexts tend to be multiple and varied and they are familiar with different models of service.

65% of all respondents did additional paid work or volunteer work in a context that is unrelated to psychotherapy.

"I am happy with the amount of session work that I do at present, so if I were to include public provision work, I would need to reduce my private practice work to keep my work within a reasonable balance."

3 CAPACITY

More than half of private therapists surveyed wanted more client-facing session work. 19% would like to take on 5 or more weekly sessions and a further 31% would be happy to do up to five additional weekly sessions. In the open comments, it emerged that 44% would have to make adjustments to accommodate more clinical work but that for most, this would be of interest.

"If I could consolidate my hours and not have to travel as much, I would increase my hours […]."

"If there was a consistent flow of work I may consider doing this as my only job – say 10 sessions per week on a regular basis and set days."

"I'd willingly do more direct work if I had less…time spent in meetings not related to my discipline"

4 COMMITMENT TO CLIENTS, CHOICE AND SUPPORTING SERVICES

Our survey confirmed that many therapists still work for long periods at a time within an honorary or voluntary/unpaid capacity. This includes those who have completed their training.

45% of respondents who have experience of working within the NHS, reported that they have, at the time of responding or in the past, undertaken a period of voluntary or honorary work as a psychotherapist.

For some, as this quote from the open comments shows, this was for extremely lengthy periods.

"I did work as an honorary psychotherapist for 5 years."

"[A]fter retirement at 65 worked as volunteer in NHS for 11 years."

Our survey confirmed this trend gathering pace, with 67% of respondents commenting that they had observed cuts to higher band posts or paid hours and an increase in the use of honorary or voluntary staff. One observer explains:

"Far greater use of unpaid trainees and volunteers. This is unfair to the public who if given a choice I am sure would choose a qualified and experienced psychological clinician in the same way they would prefer a qualified and experienced GP/Surgeon."

For many therapists, the major concerns regarding the current state of public services were the lack of funding and the increasing difficulty in working longer term with clients.

From the open comments 31% of therapists felt that they were now able to provide a better quality of care outside of the NHS:

"I have set up in private practice – against my political beliefs, but I have to make a living. I now feel that at least I am able to offer my clients what they need, and that I am, once again, doing the work I trained so long to do – over the last few years the NHS made that difficult to do due to its insistence on absurdly short-term treatments and endless hours of form filling."

"I do work with clients with complex needs that the NHS has given up with/unable to commit sufficient resources to supporting."

Part III: Incentives and barriers to working in the NHS

The third part of our survey probed the attitudes of private practitioners towards working in the NHS. We found that they were overwhelmingly committed to the values of the NHS but our survey also uncovered several reasons why many of these therapists did not presently wish to work in the NHS. Open comments highlighted a lack of understanding and recognition of the psychotherapy profession in general, and the value of longer-term therapy in particular. Other responses focused on poor working conditions or expressed concern that routine outcome measures can sometimes serve bureaucratic rather than clinical needs.

1 PRIVATE PRACTITIONERS ARE ATTRACTED TO SOME ASPECTS OF WORKING IN THE NHS

Our survey findings show that BPC and UKCP registrants are passionate about what they do and are constantly seeking to improve their service. The vast majority (77%) were attracted to the NHS by the opportunity to work with clients with complex needs. 72% would like to be part of multi-disciplinary NHS teams.

Even though many therapists support the values of the NHS, only 4% are currently seriously looking for an NHS position. 41% feel too close to retirement age to seek out a career change. But what about the remaining third of those who were attracted to the idea?

2 SOME ASPECTS OF WORKING IN THE NHS ACT AS BARRIERS FOR PRIVATE PRACTITIONERS

The major discouragement (for 72%) was a feeling that there is a lack of understanding and recognition for the psychotherapy profession in general and the contribution that the different therapeutic approaches could bring to the NHS. 98% of the open-ended comments make reference either to a lack of knowledge about the profession and its potential, or to a lack of recognition of levels of training, experience and expertise, or to a lack of support compared to what other team members and management receive.

On a more practical level, working in the NHS was perceived as stressful by 69% of our private therapists. 81% of them thought of NHS structures as bureaucratic and hierarchical.

77% were concerned that the routine use of outcome measures may pose a disturbance to the therapeutic process. The following statement by a therapist who works in the NHS shows that private therapists are not alone in this concern:

"I work for a psychodynamic IAPT [Improving Access to Psychological Therapies] service. The outcome measures the NHS require complicates the psychoanalytic stance. Line managers are unable to balance the psychoanalytic approach and demands of NHS commissioners."

Open ended comments revealed that the NHS focus on short-term therapy was perceived as undermining the quality of client-led work and lasting change and was an argument for 37% of our private therapists against working in the NHS.

3 ADJUSTMENTS TO ATTRACT PRIVATE PSYCHOTHERAPISTS TO NHS WORK

Our registrants are passionate about improving access to psychological therapies and would like to contribute more directly.

Some see themselves in a very specific field that is best placed within the NHS.

"I'm particularly interested in offering Parent Infant Psychotherapy via NHS."

"I have great knowledge, skill and experience in death education and would love to offer supervision as a reflective space to small groups of medical professionals working with adults with life-threatening or terminal illness, the dying or the bereaved."

But because our registrants are also passionate about the particular work they do, they would not work in the NHS at any cost. In fact, some have lost faith in psychotherapy provision in the NHS entirely:

"Due to recent experiences over recent years I do not want to work in the NHS in the future."

"I resigned from the NHS because under IAPT and CBT I would have been forced to work below my capabilities to a strict and limited protocol. Even the NHS Code of Ethics requires me to work to the best of my ability for my clients and so I considered to remain in the NHS would have been unethical. I am extremely expeinced and well qualified but this was thrown away by managers and colleagues and a system who could not recognise this."

"I believe in the provision of psychotherapy for all and the principles the NHS was founded on – these are now very remote from its practice so I know I can do more good as an outsider."

The comments suggest that the main adjustment the NHS would have to make would be placing greater recognition on the value of psychotherapy. This would be demonstrated by a commitment to longer-term therapy, by valuing the therapeutic relationship and appreciating a range of different modalities.

> ***"The NHS should be an ideal setting for psychotherapy and there is huge potential for work with complex and seriously damaged clients. There is often inadequate support, and competition for resources means that psychotherapy is poorly resourced."***

A practical manifestation of improved recognition of the various ways in which psychotherapy works could be the provision of therapy rooms that are adequate for psychotherapy generally (quiet, uninterrupted) as well as specific therapeutic approaches such as a drama space for drama therapy.

As private practitioners had often previously worked for the NHS, they had a clear vision of the circumstances under which they would work for the NHS:

"Having worked in the NHS as a nurse in the past, I am familiar with the bureaucracy, lack of support, low pay, status and long hours. So these would need to be addressed and a space that was conducive to psychotherapy provision. Control over my client numbers and general working arrangement would have to be high on my list of requirements. A proper collaborative and supportive multidisciplinary team approach for clients with complex needs might induce me the think about it."

Similarly, many others (44%) also said that they would need the NHS to allow for a patient/client led approach. 43% of therapists also stated that working in the NHS would be more attractive if there was greater respect for practitioner's clinical judgement.

The use of outcome measures in the NHS provoked mixed opinions. Whereas some therapists see the necessity and positive value of them, others feel that they disturb the therapeutic process. Most therapists would accept or value outcome measures as long as they improved therapeutic practice and benefitted the clients rather than served as a bureaucratic exercise:

"[I] don't disagree with outcome measures per se but current culture seems to lead to fairly limited/superficial outcome measures replacing therapist's personal assessment of efficacy and a reduction of understanding the place of rigorous supervision."

Other comments called for the improvement of work conditions such as an improved supervision structure, the creation of senior positions, the availability of part-time positions or flexible work hours that accommodate diverse life circumstances as well as improved access to institutions for disabled therapists.

Conclusions

Much of the recent debate around mental health has focused on the notion of 'parity of esteem', which can be defined as valuing mental health equally with physical health. It seems unlikely that if someone had a physical health problem requiring longer-term and more intensive treatment, they could 'fall through the net' quite so easily as clients requiring longer-term psychotherapy.

BPC and UKCP are deeply concerned about the lack of provision for such people. Our registrants in private practice provide an invaluable service, picking up the pieces when a client has not received appropriate treatment or has been through the existing 'revolving door' of NHS provision.

Nationally, the patchy service provided to the public is compounded by the conditions in which NHS therapists have to work. Highly trained and experienced psychotherapists are being laid off. Psychotherapists who remain are being forced to take on ever increasing amounts of casework, with less supervision time. The responses we received make it clear that there is often considerable lack of understanding and recognition of longer-term psychotherapy and a distinct lack of value placed on its ability to create effective change for clients.

In the interests of the public, we must do better. BPC and UKCP will be developing a case for what our registrants could contribute to help improve the situation. A great many changes need to take place before there is real parity of esteem between mental and physical health. We hope that in our own way we can help end part of the existing disparity.

Appendix: the participants

BPC and UKCP invited all their active registrants, and those currently undergoing an accredited training with either body to complete an online survey about their work context – be it in the NHS or other public therapy provision contexts or in private practice.

Of the almost 10,000 registrants and trainees who were invited, 20% (2026 registrants) participated in the 2014 study.

62% of the participants worked only or mainly in private practice, 25% worked in the NHS and 13% in third sector contexts.[2]

The NHS contexts in which BPC and UKCP therapists worked were very diverse.
Work contexts for the 552 respondents in the NHS were:

- Specialist psychological services: 23%
- Community Mental Health Services: 20%
- Child and Adolescent Mental Health Services: 19%
- Hospitals, incl. psychiatric unit: 12%
- GP surgery or other primary health services: 10%
- IAPT: 7%
- Indirect NHS service: 7%
- Other: 2%.

The main therapeutic input of those working in the public sector tended to be based on psychodynamic/psychoanalytic (27%), integrative (19%) and systemic/family (15%) approaches.

2 Overall, 38% of participants worked within a sector that we have identified as a public provision context for the purpose of this survey; this is an umbrella term to group together the work which takes place within public health services, charities and other third sector organisations.

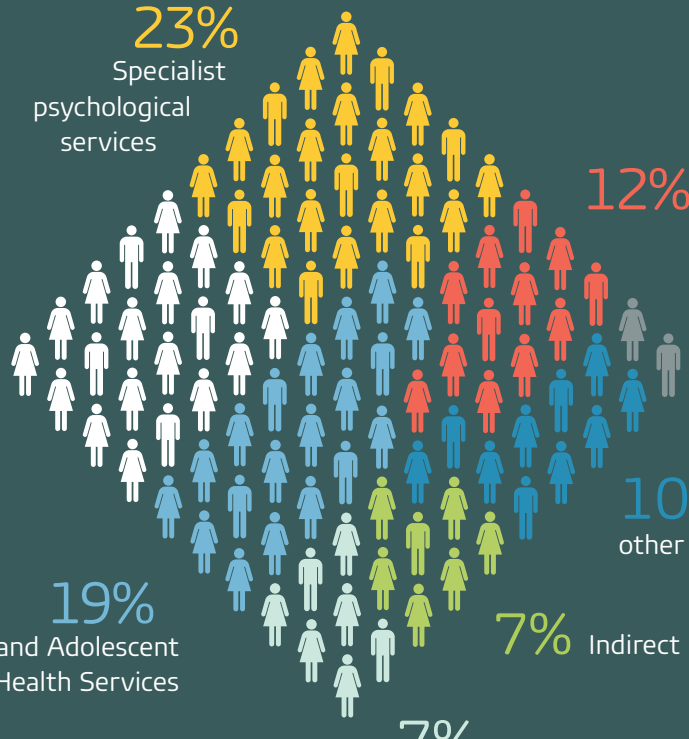
Sectors in which BPC and UKCP therapists work

62%
work only or mainly in private practice

13%
in third sector contexts

25%
work in the NHS

The NHS contexts in which BPC and UKCP therapists work



23%
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Child and Adolescent Mental Health Services

7% Indirect NHS service

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About us

BRITISH PSYCHOANALYTIC COUNCIL

The British Psychoanalytic Council is the UK's representative body for psychoanalytic psychotherapy and holds a PSA-accredited register of psychoanalytic and psychodynamic practitioners. It promotes excellence in psychoanalytic thinking and psychotherapy; safeguards the public; promotes the highest standards of training and research; and works to make psychoanalytic psychotherapy accessible to all. Its vision is of a society that values emotional wellbeing and human relationships equally with material and economic wellbeing.

BPC, Suite 7,
19-23 Wedmore Street,
London N19 4RU

www.bpc.org.uk
mail@psychoanalytic-council.org
020 7561 9240

Company No. 5034324

UK COUNCIL FOR PSYCHOTHERAPY

The UK Council for Psychotherapy (UKCP) is the leading professional body for the education, training, accreditation and regulation of psychotherapists and psychotherapeutic counsellors. Our register of over 7,800 individual therapists is accredited by the government's Professional Standards Authority (PSA). As part of our commitment to protecting the public, we work to improve access to psychotherapy, to support and disseminate research, to improve standards and to respond effectively to complaints against therapists on our register.

UKCP, Edward House,
2 Wakley Street,
London EC1V 7LT

www.ukcp.org.uk
info@ukcp.org.uk
020 7014 9955

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