

CLINICAL PSYCHOLOGY

Introduction

Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being. They work with people with mental or physical health problems – which might include anxiety and depression, serious and enduring mental illness, adjustment to physical illness, neurological disorders, addictive behaviours, childhood behaviour disorders, personal and family relationships. They work with people throughout the lifespan and with those with learning disabilities.

Clinical psychologists aim to reduce sickness by the application of psychological theory and therapies. They work largely in health and social care settings including hospitals, health centres, community mental health teams, child and adolescent mental health services and social services. Some work as trainers, teachers and researchers in universities and some work in the private sector.

They often work in a multidisciplinary team alongside other health professionals including doctors, nurses, social workers, occupational therapists and physiotherapists, as well as educational and counselling psychologists and criminal and legal psychologists.

Access to the services of a clinical psychologist can be from a number of routes depending on the specialty and where the service is located eg. by referral by the client's GP, via Hospital Consultants, from Community Mental Health Teams via social services departments etc.

The Department of Health, Social Services and Public Safety (DHSSPS) carried out a review of the clinical psychology workforce in 2003. The review produced a detailed profile of the clinical psychology workforce across N Ireland and investigated through a range of survey tools, key issues and factors relating to the supply of and demand for clinical psychologists over the period 2002-2006. The report made a number of recommendations which would assist DHSSPS in developing strategies to ensure the correct number of clinical psychologists are in place and working in the most effective way to offer optimum benefit to patients and clients.

The up-date review carried out in 2005 considered the current position of the workforce and developments that had taken place since the first review, and sought to identify any new significant developments that would impact on the clinical psychology workforce.

Key issues explored

Supply and Demand

The first review predicted a substantial shortfall in qualified staff over the following 5 years to 2006. This trend was indicated as result of high vacancy rates, reported difficulties in ability to fill new posts and recruitment problems hampering the profession's ability to grow.

Since the review in 2003, workforce numbers have increased from 104 Qualified Clinical Psychologists working in the HPSS at May 2002 to 146 at March 2005. It was felt that this has influenced potential students attracted to the profession, ensuring continuing competition for the increased number of student places.

Workforce numbers

	Clinical Psychologists		Assistant/ Trainee Psychologists	
	<i>Headcount</i>	<i>WTE</i>	<i>Headcount</i>	<i>WTE</i>
March 2001	98	89.39	59	58.03
March 2002	105	94.11	53	52.79
March 2003	116	105.87	64	63.01
March 2004	127	119.78	72	71.21
March 2005	146	136.93	71	69.91

HPSS Vacancies

	Clinical Psychologists				Assistant/ Trainee Psychologists			
	No. of vacancies (Headcount)		Vacancy Rates % (Headcount)		No. of vacancies (Headcount)		Vacancy Rates % (Headcount)	
	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>	<i>Current</i>	<i>Long-term</i>
Sep 03	29	7	19.9%	5.6%	1	0	1.6%	0.0%
Jun 04	12	4	8.5%	3.1%	2	1	2.6%	1.3%
Mar 05	20	8	12.0%	5.2%	1	0	1.4%	0.0%

It was also agreed that retention rates within the workforce have been very good over recent years.

It will be important to monitor this to ascertain whether these trends will prove to be consistent.

Private Sector

It has been noted that the number of psychologists with employment in the private sector has been increasing over the past few years. While some may have dual employment in both the HPSS and private sector, the growing incidence of private sector employment could have significant implications for the HPSS workforce. It will be important to further explore this dynamic in the next full review of the workforce.

Skill mix

It is considered that development of the appropriate skill-mix in the provision of clinical psychology services will be of vital significance in enabling the profession to meet increasing service demands into the future. In the first review it was noted that use is made of the Assistant Psychologist post in a number of HPSS trusts, but that they are usually used as transitional posts for potential D. Clin. Psych. students who wish to gain experience before joining the course at QUB. While some of these staff train in NI, local training places are limited and a number leave to pursue training elsewhere in the UK.

The Associate Psychologist role has been developed in some trusts, usually employing people holding a psychology degree and who have at least 2 years experience working as an Assistant Psychologist.

While these have been positive developments, it was noted that very substantial scope exists to explore and expand the potential role of assistants/associates, and that this would be a key issue to be addressed in the next full review of the group.

Given the significance on this area, it was agreed that a group would be set up in advance of the next full review, to discuss this issue and the implications for the delivery of psychology services.

Regional service provision

In the course of the up-date review the potential for provision of regional psychology services was considered. Given the specialist nature of some of the services provided and the restricted numbers of trained staff available it was felt that regional provision would offer benefit to the patient/client through provision of a service that may not otherwise be viable to provide locally at a number of locations. This level of service provision would also offer greater opportunity for staff to develop their skills in dealing with an adequate caseload across the region. This issue will be researched as part of the next workforce review.

Training provision and new approaches

Training locally is provided at Queen's University. Since the first review there have been developments with the British Psychological Society on alternative approaches to training and support other than central commissioning. This area will be explored in the course of the next review, when the resource and workforce planning implications will be identified.

The number of commissioned training places at QUB which currently stands at 11, will also be considered in the next review.

Benchmarking

The first review had sought to establish foundation information on the clinical psychology workforce, covering statistics on numbers employed, supply and demand, and qualitative information on recruitment, retention and other related matters. This focused on the workforce in N Ireland and did not make any comparisons with other countries. It was agreed in the course of the update review that the local information could usefully be compared to the situation in the other UK countries. If benchmarking information is readily accessible consideration of this will be included in the next full workforce review exercise.

Testing assumptions of first review

It is acknowledged that the service is highly dependent on the availability of local graduates to fill posts. A number of assumptions were made in the first review, including the assumption that local staff are being attracted away from N Ireland to work in other areas, and that few graduates from other areas seek employment in the HPSS. These assumptions will be explored and tested out in the next full review as they have very significant impact on supply and demand of the workforce.

Gender profile

As is the case with the healthcare professions overall, the gender of the workforce is predominantly female. This has potential to reduce the workforce capacity through high levels of part-time working in line with the family friendly policies adopted by healthcare organisations. It was noted that, to help maintain a balance in the gender profile, the British Psychological Society has developed a strategy to target males at high school age to attract them into the profession. The gender balance and impact on workforce capacity will continue to be monitored in the workforce planning reviews.

Clinical Psychologists by Gender

	2001	2002	2003	2004	2005
Female	70	71	80	92	103
Male	28	34	36	35	43
Total	98	105	116	127	146

Continuing Professional Development (CPD)

All registrants are required to undertake CPD if they are to remain on the professional register and thus be entitled to practise. At the time of the update review it was noted that the Health Professions Council was in the process of setting standards and guidance for this. This would have implication for resources and workforce capacity. The impact of application of these standards will be addressed in the next review of the group.

Future service demands

It was noted that the requirements for service delivery have become more complex in recent years. Changes in the Mental Health Act, implementation of the Children's Order, the development of psychological therapy departments, and an increase in multi-disciplinary working have all brought new demands to the workforce.

The Bamford Review of Mental Health and Learning Disability Services has made a range of recommendations on the provision of these services into the future. It was recognised that these recommendations if implemented would have far-reaching impact on the provision of service, and would set new challenges for the training and development of staff, and for development of new ways of working for the multi-disciplinary team. The next review of this workforce will take into account the findings of the Bamford Review and the requirements identified for future service delivery as they will impact on the clinical psychology profession.

Conclusions and recommendations

The Clinical Psychology workforce of the HPSS is a relatively small group. The provision of service in NI is expected to shortly go through re-organisation in response to the recommendations of the Bamford Review on the provision of mental health and learning disability services into the future. This will bring major challenges to the profession and will require concentration on developing new ways of working involving the whole team of fully training and support staff, working alongside fellow professionals from other disciplines.

The profession relies heavily on growing its own staff from within N Ireland and it is recognised that further work will be required to ensure that career that potential students continue to be attracted to the profession and that subsequent potential for career development ensures that their services are retained in the long term.

The initial workforce planning review of this group established foundation information on the profession within N Ireland. The next review will seek to build on that foundation and will seek to refine and further develop the analysis of factors impacting on this workforce and the predicted implications for future service delivery.