

# Role and contribution of the consultant psychiatrist in psychotherapy in the NHS

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## Membership of the working party

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# Contents

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Executive summary	4
Psychological therapies and mental health policy	5
Types of psychotherapy	7
The psychological therapies workforce	8
Level of training	8
Setting	8
Severity	9
Modality and technique	10
The work of the consultant psychiatrist in psychotherapy	11
Clinical–managerial leadership	11
Provision of clinical services	11
Direct	11
Indirect/outreach work	12
Training, education and research	12
National shortage of consultant psychiatrists in psychotherapy	13
The management of psychological therapies services	15
What has been done?	16
Conclusion and proposals	17
References	19

## Executive summary

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The National Service Framework for Mental Health places psychological therapies at the heart of a modern health service. The *NHS Plan* is committed to workforce expansion and training.

Consultant psychiatrists in psychotherapy play a pivotal role in both training and delivery of psychological therapies. Their distinctive contribution includes:

- training junior psychiatrists, medical students and other health care professionals in communication skills, supportive psychotherapy and specific psychological techniques of proven effectiveness
- the capacity to assess and treat complex and severe cases
- the capacity to combine pharmacotherapy with psychotherapy
- supervising and supporting psychotherapeutic work in primary care, community mental health teams (CMHTs), and acute in-patient units
- acting as product champion for psychological therapies among doctors, psychiatrists and the mental health workforce as a whole
- providing a specific service for people with severe personality disorders and other complex diagnostic groups
- taking the role of responsible medical officer for complex cases, participating in 'on call' rotas, and other aspects of the work of the consultant psychiatrist.

Consultant psychiatrists in psychotherapy have a 6-year medical training, 3-year general psychiatric training which includes a mandatory psychotherapy component, and a further 3-year specialist registrar training in psychotherapy. The final course equips them with a broad range of expert psychotherapy skills in at least three modalities and enables them to assess and offer appropriate treatment to complex cases.

Psychological therapies are evidence-based treatments, best organised in a 'tiered' fashion, with simple time-limited treatments delivered in primary care, more difficult cases treated and held in CMHTs, and complex cases referred for specialist therapies.

Consultant psychiatrists in psychotherapy work as part of a multi-disciplinary psychological therapies team alongside psychologists, nurses, counsellors, occupational therapists, social workers and 'lay' psychotherapists.

Consultant psychiatrists in psychotherapy are few in number and unevenly distributed. Users and carers consistently call for more 'talking treatments'. 'Postcode' variation in provision of psychological therapies is the norm. A drive to create more consultant psychiatrists in psychotherapy posts, led by the Department of Health, will help overcome these gaps and inequalities in provision.

## Psychological therapies and mental health policy

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Psychological therapies form an essential component of modern mental health services. The increasingly robust evidence-base for the efficacy of the psychotherapies is reflected in their prominence in recent government publications. This trend started with the strategic review, *Psychotherapy Services in England* (Department of Health, 1996), which called for integrated, coordinated services that were accessible, safe, equitable and evidence-based.

The *National Service Framework for Mental Health* (NSF) (Department of Health, 1999) emphasised the role of psychological therapies and counselling in the treatment of most psychiatric disorders. Standards two and three describe the need to manage common mental health problems in primary care, especially depression, and to develop referral protocols for psychological therapies. Standards four and five concern people with severe mental illnesses. The effectiveness of psychological therapies is mentioned, including family therapy in the treatment of schizophrenia. Personality disorders are singled out as complicating many mental health problems, and the promising evidence of effectiveness for a number of different psychological approaches for people with a diagnosis of personality disorder is noted. The potential for reducing suicide rates through the treatment of personality disorders is also pointed out. The NSF emphasises the importance of education and training, in which the acquisition of psychological therapy skills forms a major component. More recently, the Bristol inquiry states that 'education in communication skills must be part of the education of all health care professionals', including 'the ability to engage with patients on an emotional level, to listen ... and to convey information with clarity and sympathy' (Kennedy, 2001). Teaching those skills is central to the work of the consultant psychiatrist in psychotherapy.

The *NHS Plan* (Department of Health, 2000) is committed to workforce expansion, especially in the numbers of consultants, nurses and therapists. Modernising mental health is seen as a continuing priority. A new cadre of mental health worker is proposed, the 'graduate primary care mental health worker', trained in brief therapy of proven effectiveness, i.e. psychological therapy. In addition, the specific development areas of assertive outreach, early intervention in psychosis and crisis resolution all require substantial psychological therapy expertise if they are to succeed.

The Department of Health has recently endorsed the document *Treatment Choice in Psychological Therapies and Counselling* (Department of Health, 2001), which spells out the preconditions for successful psychological therapy and lists interventions shown to be effective in a range of disorders. It argues that psychological therapy should be considered routinely as an option when assessing mental health problems. It provides evidence that those with more severe or complex mental

health problems require secondary specialist assessment and will benefit from the attention of more skilful therapists than will those with less severe problems. It marshals the evidence showing that adjustment disorders, post-traumatic stress disorder, depression, anxiety disorders, somatisation disorders, eating disorders and personality disorders all respond well to psychological interventions. Psychotic disorders and substance misuse were specifically excluded from the review but, as suggested in the NSF, they too can benefit substantially from psychological therapy alongside physical and social measures.

In addition to the burgeoning evidence-base for psychological therapy now reflected in these health planning documents, there is strong consumer demand for more talking therapies to be available in the National Health Service (NHS). Several surveys have shown that users want such treatments and are highly critical of those who fail to provide them. This contrasts with the perception that psychiatrists, and to some extent general practitioners (GPs), tend to rely more on physical methods of treatments than they do on psychological therapies.

## Types of psychotherapy

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There is – or should be – a psychological component to *every* interaction with patients carried out by all mental health professionals, whether this be prescribing a psychotropic drug or helping with daily living skills. Mental health professionals use psychological therapy techniques routinely in order to establish and strengthen the therapeutic alliance, provide a sense of security for their patients and enhance the effectiveness of and compliance with treatment, of whatever type. The consultant psychiatrist in psychotherapy can play an important part in supporting and providing training to improve the quality and safety of such informal psychotherapeutic work.

However, this informal and mainly supportive psychotherapy, while vitally important, is far from sufficient to meet the needs of patients presenting for help with mental health problems. The remainder of this paper is concerned primarily with formal psychotherapy as a specific treatment modality, whether as part of a package of care (defined in the strategic review (Department of Health, 1996) as Type A); eclectic/integrative (Type B); or delivered as one of the recognised models of therapy such as cognitive-behavioural therapy, psychodynamic therapy or systemic therapy (Type C).

# The psychological therapies workforce

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The delivery of psychological therapies is a multi-disciplinary exercise. The pattern of workforce deployment can be defined in terms of level of training, setting, severity of disorder treated, and the modality and technique of therapy employed.

## Level of training

Training in psychological therapies takes many forms, ranging from 1-day courses through to intensive experience spread over many years. Acquisition of psychotherapeutic skills forms an intrinsic part of the general professional training of psychiatric nurses, psychologists and psychiatrists. Much training is also available in the private sector, usually leading to membership of the United Kingdom Council for Psychotherapy (UKCP), the British Association of Counselling (BAC), the British Confederation of Psychotherapists (BCP) and the British Association of Behavioural and Cognitive Psychotherapists (BABCP). Most training courses combine theoretical instruction, supervised practice and experiential learning. The extent of training can be conveniently divided into practitioner, intermediate and specialist levels.

Uniquely, the training of consultant psychiatrists in psychotherapy combines depth and breadth in a way that makes it the most extensive of all NHS-based courses. Specialist registrars (SpRs) in psychotherapy have a background of medical and psychiatric practice which equips them to work with the life-and-death issues of disability and illness. Their psychotherapy training comprises: intensive specialist-level experience in one modality; intermediate-level training in two others; training in psychotherapy assessment; research and management experience. After 3 (or 4) years, this training leads to a certificate of completion of specialist training (CCST) in psychotherapy.

## Setting

- In *primary care*, psychological therapies – usually brief and aimed at uncomplicated cases of anxiety and depression, situational disturbance or grief reactions – tend to be delivered by practice counsellors, and in some areas by visiting psychologists and community psychiatric nurses. The proposed graduate primary care mental health worker will add a new strand to this multi-disciplinary team. Senior psychotherapists, usually psychologists or consultant psychiatrists in psychotherapy, have an important part to play in offering supervision and training to primary care psychotherapists and in helping to implement the treatment choice

guidelines so that cases are appropriately triaged, thus facilitating either appropriate treatment in primary care or referral to a relevant secondary or tertiary service.

- At the level of *secondary care*, psychological therapy is widely used in community mental health teams (CMHTs) and day hospitals by a variety of professionals. Supportive therapy in its various forms is offered by keyworkers, especially to those with psychotic disorders, personality disorders and chronic neurotic difficulties. Time-limited formal psychotherapy may also be available for anxiety disorders, depression and bulimia, especially if only moderately severe. These treatments may be delivered by nurses with special training in, say, cognitive therapy, or psychologists attached to the CMHT on a sessional basis. Members of the tertiary psychotherapy team, under the direction of a consultant psychiatrist in psychotherapy, may also provide supervision and facilitate case discussion and/or staff support to the CMHT.

Sadly, psychological therapies are often conspicuous by their absence in in-patient units. The Sainsbury Centre survey (1998) was critical of the therapeutic atmosphere in in-patient units and the Mind report (2000) concluded that 'hospital care is a non-therapeutic intervention'. In some areas, consultant psychiatrists in psychotherapy or members of the psychotherapy team run staff support or patient groups, facilitate case discussion and provide consultation on difficult in-patient cases, thereby enhancing the capacity of staff to provide a more therapeutic environment for patients.

Traditionally, psychotherapy services have concentrated on the needs of adults of working age. Consultant psychiatrists in psychotherapy are now increasingly providing specialist psychological therapy services for people with learning disabilities, older adults with mental illnesses, and their families, and those from ethnic minorities.

## **Severity**

There is firm evidence that, with severe and complex disorders, the more skilful the therapist, the better the outcome. It is important, therefore, that more complex cases are treated within specialist tertiary psychotherapy services, while the more straightforward cases are dealt with at the level of primary and secondary care. In recognition of this, some tertiary services offer specific diagnosis-based therapy for people with personality disorders, eating disorders, resistant depression and psychosis. The level of training and clinical expertise required to provide effective services of this sort is considerable and these services are usually led by senior clinicians, most often consultant psychiatrists in psychotherapy or senior clinical psychologists who have undergone further training in working with a particular client group.

### **Modality and technique**

No single therapeutic modality is able to meet the full range of client needs. Psychological therapies departments need to offer a range of different techniques, including, as a minimum, psychodynamic, cognitive-behavioural, systemic, creative (e.g. art or drama therapy), brief, longer-term and group therapies. Expertise in carrying out psychotherapy assessment is essential in order to allocate clients to an appropriate modality, avoid multiple assessments, and use scarce resources efficiently. Consultant psychiatrists in psychotherapy are well placed to undertake this task.

# The work of the consultant psychiatrist in psychotherapy

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Many mental health workers, including psychiatrists, find the provision of psychological therapies one of the most satisfying parts of their work and they are often frustrated by the lack of opportunity for training or a setting in which to practise their skills. This, in turn, can contribute significantly to low morale and difficulties in recruitment especially for psychiatrists. A thriving psychological therapies service within a trust can play an important part in enhancing quality of care and improving staff recruitment and retention. The consultant psychiatrist in psychotherapy plays a pivotal role in the mental health workforce, acting as a bridge between general psychiatric and psychological therapy services, ensuring that the latter focus on those most in need.

Within a locality, the key roles of the consultant psychiatrist in psychotherapy include:

## Clinical–managerial leadership

- Providing clinical and administrative *leadership* in the psychological therapies team in collaboration with other senior professionals
- Acting as '*product champion*' for psychological therapies and providing professional advice within the locality, trust, psychiatric professional committees and region
- Setting up specialist psychological therapy services for particular client groups such as those from *ethnic minorities* and those with *personality disorders* or psychosis
- Taking a lead in the field of *clinical governance* for psychological therapies in order to ensure that therapy is provided appropriately, safely and with demonstrable effectiveness.

## Provision of clinical services

### *Direct*

Providing consultation, assessment and, where appropriate, on-going treatment for *complex cases* referred from the mental health team. Many of these will be people with personality disorders where risk is high. 'Carrying' this risk is integral to the role of the consultant psychotherapist.

Being in a position to combine pharmacotherapy with psychological therapy – in moderate to severe depression, outcome with this combination is better than with either alone.

### *Indirect/outreach work*

- Providing psychological therapy input, via staff support groups, case consultation and supervision, into *acute psychiatric wards*
- Providing consultation and *supervision* to CMHTs and to psychological therapists working in primary care
- Providing settings for *staff support* and supervision in CMHTs and other locations so that the intrinsic difficulty of mental health work can be honestly recognised and discussed.

### **Training, education and research**

- Providing *training* in psychological therapies for junior psychiatrists. The acquisition of psychotherapy skills is now a mandatory part of general professional training for psychiatrists. This will ensure that *all* consultant psychiatrists in the future will be conversant with and have practitioner-level expertise in psychological therapies. The only guarantor of this happening is the presence in the training scheme of a consultant psychiatrist in psychotherapy. The revised guidelines for psychotherapy training as part of general professional training explicitly state that trainee psychiatrists should have supervision from a consultant psychiatrist in psychotherapy
- Providing training in psychological therapies to a variety of professionals as part of multi-disciplinary work
- Teaching on interpersonal and psychological aspects of medical care to medical students
- Undertaking ongoing *audit and research* in the field of psychological therapies.

Clearly, some of these functions can and will be provided by different members of the psychological therapies team. Extensive training and clinical experience in medicine, psychiatry and psychological therapies means that the consultant psychiatrist in psychotherapy is well placed to provide an overall vision for psychological therapies and to ensure that fragmentation and professional rivalry do not prevail.

These considerations apply locally within mental health trusts and primary care teams. There are also significant regional and national roles for consultant psychiatrists in psychotherapy. Here again, there is a need for a product champion for psychological therapies, for example in the implementation of the NSF and to argue the case for specialist services.

## National shortage of consultant psychiatrists in psychotherapy

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The *NHS Plan* acknowledges a shortage of consultants in all specialities and argues that there should be a 30% expansion over the next 10 years. The College census shows that there has already been significant growth in almost all psychiatric specialities except for consultant psychiatrists in psychotherapy, whose numbers have actually fallen slightly.

The College norm for consultant psychiatrists in psychotherapy is 1:100 000, with a minimum of 1:200 000 population. Current provision is patchy across the country, but on average is around 1:400 000. The majority of trusts across the country fall far short of this, and many have none. 'Postcode' variation in availability of services is widespread. For example, in the whole of Wales there is only one consultant psychiatrist in psychotherapy.

The reasons for the failure to expand are complex.

- The majority of adult psychiatrists are hard-pressed. When new money for consultant posts becomes available, the urgent need to reduce catchment populations often takes precedence over the acknowledged desirability of consultant psychiatrist in psychotherapy posts
- New monies for mental health are targeted for specific areas such as assertive outreach that do not easily translate into more psychotherapy posts, despite the fact that psychological therapies are integral to these developments – e.g. cognitive-behavioural therapy in psychosis, dynamic therapy for difficult-to-engage patients with personality disorders, and various forms of crisis resolution
- Psychiatrists feel constrained to concentrate on diagnosis, prescribing medication and responsible medical officer duties and they have abandoned the field of psychological therapies to other professionals, even though they feel frustrated by this and would like to have the time and skills to practise psychological therapies themselves.

Does this matter? As suggested above, we believe that there are good reasons, beyond self-interest, for thinking that it does.

- It would be disastrous if the role of psychiatrists were confined to assessment, prescribing and risk management. The public increasingly expects a psychotherapeutic approach from all mental health professionals, especially those in leadership positions
- Morale among psychiatrists cannot be equated with catchment sizes. Good psychotherapy training attracts good junior staff which, in turn, improves consultant morale

- To date, new developments in mental health have been mainly about the *organisation* of care; but the *delivery* of effective services requires expertise in psychological therapies
- Consultant psychiatrists with expertise in psychological therapies are uniquely placed to provide the combination of psychotherapeutic treatment, prescribing, and responsible medical officer functions that are needed in the treatment of complex, high-risk cases. General psychiatric services often struggle with patients suffering from severe personality disorder, with potentially disastrous consequences. The presence of a consultant psychiatrist in psychotherapy can make a crucial difference to safety as well as improved outcomes
- There has been a destructive tendency to suggest that services led by consultant psychiatrists in psychotherapy and those headed by consultant clinical psychologists are in competition. Consultant psychiatrists in psychotherapy have always advocated multi-disciplinary services, staffed by appropriately trained professionals, which naturally and necessarily includes the employment of clinical psychologists. In addition, each discipline has complementary skills and prime responsibility for education and training of their respective peer group. Clinical psychologists are sometimes viewed as offering better value for money than consultant psychotherapists. It is true that, given their medical training and extended role (which includes responsible medical officer and out-of-hours responsibilities), individual consultant psychiatrists in psychotherapy may 'cost' more than consultant psychologists. However, the overall costs and outputs of services provided by consultant psychotherapists are often less than those of clinical psychology departments, since the former tend to work with a skill mix in their teams that includes nurses and trainee psychotherapists from a variety of disciplines.

## The management of psychological therapies services

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- Psychological therapies are often best managed in a therapies directorate in which relevant heads of service, e.g. consultant psychiatrists in psychotherapy and heads of psychology services, undertake joint planning of comprehensive services. Another possible model is as a managed clinical network, where the lead clinician is likely to be a consultant psychiatrist in psychotherapy
- Each discipline brings different skills, thereby enriching multi-disciplinary working and experience, as well as taking specific responsibilities for their own profession, especially for training, continuing professional development (CPD) and clinical governance
- Consultant psychiatrists in psychotherapy are well placed, with links to both acute psychiatry and therapy directorates, to raise the profile of the psychological therapies and facilitate appropriate input into acute and in-patient services
- Consultant psychiatrists in psychotherapy can play an important role in working with GPs to help support the new developments in primary care.

## What has been done?

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In an attempt to boost the numbers of consultant psychiatrists in psychotherapy, the College has already endorsed a remedial plan. This includes:

- mandatory training in psychological therapies for the MRCPsych qualification, and pressure on training schemes to appoint the consultant psychiatrists in psychotherapy needed to deliver this
- encouraging the development of combined posts in psychotherapy and other specialities, such as liaison psychiatry and eating disorders
- plans to establish a College register of members with special qualifications in psychological therapies
- the Department of Health has recognised the need for more national training numbers in psychotherapy, including forensic psychotherapy, so that suitably qualified candidates for psychotherapy posts are likely to be available in the next few years. Unfortunately many of these fear that there will not be sufficient consultant psychotherapist posts available for them and they often undertake 'dual training' in order to safeguard their future, thereby prolonging the training period.

## Conclusion and proposals

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Government prioritisation of mental health is bringing many benefits and improvements in services for people with mental illnesses. New developments have also created a number of significant challenges for the mental health workforce. Leaving aside proposed changes in mental health legislation, these include:

- the rapid pace of modernisation plans with insufficient psychological/ psychotherapeutic skills in the workforce
- recruitment and retention difficulties, due in part to stress and burnout, especially among psychiatrists
- new developments that suck good-quality staff from the acute in-patient units, exacerbating their difficulties
- danger of fragmentation of services as a consequence of multiplicity of clinical teams
- implementation of clinical governance, which involves scrutiny of the patient–doctor/health professional interaction, staff communication and multi-disciplinary team working, etc.

The contention of this report is that consultant psychiatrists in psychotherapy can play a major part in helping to meet current challenges and in mitigating some of the difficulties inherent in rapid change.

The Department of Health can help foster an appropriate expansion in consultant psychiatrist in psychotherapy posts by:

- encouraging regional offices to put pressure on purchasers to employ 1:200 000 whole-time equivalent consultant psychotherapist as an absolute minimum
- encouraging the development of day- and out-patient services for people with severe personality disorders, usually led by consultant psychiatrists in psychotherapy
- encouraging the development of psychological therapies directorates and/or managed clinical networks jointly staffed by consultant psychiatrists in psychotherapy, consultant psychologists and other professionals with special expertise in the psychotherapies
- defining the psychological therapy component of planned services under the NSF – i.e. assertive outreach, early intervention in psychosis and crisis intervention – and encouraging purchasers to fund consultant psychiatrists in psychotherapy sessions specifically to address this aspect of these developments.

Such initiatives will help redress national inequalities in psychological therapy provision, enable psychotherapeutically skilled staff to support mental health services under pressure and give a clear signal that psychological therapies lie at the heart of modern mental health services.

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