

The Talking Therapies Task Force - a briefing

Who? Six leading psychotherapy and counselling bodies have come together to make up the Talking Therapies Task Force. The six bodies are

- The Association for Psychoanalytic Psychotherapy in the NHS
- The British Association for Counselling and Psychotherapy
- The British Psychoanalytic Council
- The Psychotherapy Faculty at the Royal College of Psychiatrists
- The Society for Psychotherapy Research
- The UK Council for Psychotherapy.

What? We are developing a national infrastructure for psychological therapies for people with complex mental health needs, to parallel existing services for people with common mental health problems, such as IAPT (Improving Access to Psychological Therapies programme). People with the most complex mental and physical health problems access health and social care services intensively. We have established working groups led by senior clinicians focusing upon five areas in which provision does not meet the mental health needs of these patients. We think improved outcomes for patients and cost savings for services can be achieved by developing formal therapies and psychologically minded practice:

- Personality disorder
- Historic childhood sexual abuse
- Primary care
- Medically unexplained symptoms
- Psychosis

In addition, we have established a Reflective Practice group to develop psychologically minded health and social care practice across agencies working with complex cases

We are developing an economic case, which we will bring to Government and key stakeholders, for large scale investment in psychotherapy and counselling services for people with highly complex mental health needs.

Why? We recognise, following development of IAPT, there has been investment in NHS counselling and psychotherapy. Having a health economic case, a national data collection system, a workforce development plan and an associated training programme have been essential in delivering a national programme. To date, the success of IAPT has been predominantly with those with mild to moderate mental health problems. We are now making the case for national investment in services for those with the most complex physical and mental health difficulties. Without the national infrastructure we are developing, this patient group will remain out of sight and out of mind.

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