

About Us

The British Association for Counselling and Psychotherapy (BACP) is the leading, and largest, professional body for the counselling professions in the UK. As a charity and membership body we set standards for practice and provide information for therapists, service users and the public.

We have over 72,000 members across the UK, including 1,000 organisational members. Practitioners who are delivering high quality care to service users of all ages and in all sectors, including the NHS, education, charitable and private sectors.

As part of our public protection and professional leadership responsibilities, we maintain a register of qualified therapists under the Professional Standards Authority's (PSA) Accredited Registers scheme.

This assures the public, employers and commissioners that a practitioner is committed to high standards, continual development of their professional practice and ethical behaviour.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

We're pleased to contribute to the NHS Change engagement process. We support the Three Shifts that have been proposed, and see this as an opportunity to make significant improvements in mental health care.

1. Funding for mental health care to continue gl 1

Yet choice remains undelivered across much of the rest of mental health. The Health Plan must mandate that choice be available for every service user accessing any mental health service. Recognising that choice increases service user satisfaction and outcomes.

BACP's 2024 report 'Bridging gaps' highlights the improved offer of choice and flexibility of service offered by third sector providers which must be fully engaged and recognised as drivers of change, but require a reset in their relationships with commissioners⁸.

The Health Plan to enshrine choice of intervention and co-creation of care plans as a right for all people accessing mental health services.

4 Long Term Workforce Planning

Since the Five Year Forward View, health plans have prioritised increasing access to mental health services; however until the NHS Long Term Workforce Plan was published in 2023, there had been a lack of corresponding workforce planning to support delivery.

We understand the Long Term Workforce plan is under review, with an expected re-publication in spring 2025. It is vital these plans are in step with each other.

Development of the mental health workforce should give a more prominent role to counselling and psychotherapy, particularly how they can both increase existing capacity, as well as growing capacity to meet anticipated future demand.

As the NHS mental health workforce has evolved over the past 20 years NHS England failed to focus on how different professions, such as counselling or psychotherapy, could be recruited into the workforce to deliver new roles and meet need . s 1 h

Our membership surveys consistently find that whilst 66% of our qualified members would like to work in the NHS, less than 6% currently do. Further research amongst our members found that on average they have the capacity to deliver five additional hours therapeutic work a week.

This additional capacity amounts to around 125,000 additional counselling sessions being available weekly. The NHS must work with us to bring this counselling capacity into the NHS in greater numbers.

Publish a revised NHS long term workforce strategy, in particular plans to bring counsellors and psychotherapists into the workforce in greater numbers.

NHS England commitment to making the Psychotherapeutic Counselling Core pilot training pathway permanent; and commit to increasing the number of places available through the pathway.

NHS England refocus workforce development on professions not roles; moving away from a new workforce for every new role, and instead building skills in existing professions.

Health Plan to make availability of psychological therapies in secondary care mental health services a reality.

5. Cross Government Strategy on Reducing Health Inequalities

As members of the Inequalities in Health Alliance we support the call for a cross-government strategy to reduce health inequalities.

Tackling health inequality must not be seen as solely the responsibility of the Department of Health and Social Care or the NHS. To prevent ill health, we need to act on the social determinants of ill health such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and pollution. All parts of government and public services need to act to reduce health inequalities as a priority.

Development of a Cross-Government strategy on reducing health inequalities and embedding an expectation that reducing health inequalities is a priority for every government department.

2. Counsellors in every school in England –Mental health professional in every school

Schools are struggling with growing mental ill health; pastoral staff are stretched, and not all schools can afford to fund additional counselling services. Research carried out by IPPR¹⁶ found that only 48% of schools in England offer onsite counselling, with fewer state schools providing the service than when previously surveyed.

BACP's workforce data findings demonstrate that over half of our 19,000 specialist CYP members have the capacity to take on more paid work, on average this works out at an extra five clients per week. Extrapolating these figures suggests that our registered and accredited members alone are trained and available to work with over 51,000 additional young people per week.

Not all schools have access to Mental Health Support Teams (MHST); a report by NHS England suggests a 42% overall reach by March 2025, with each school in an MHST area sharing resources with 17 schools on average.

A child can easily fall between the gaps when their mental health needs are not addressed. Children whose mental health issues are too complex for lower intensity CBT, delivered by MHSTs, but who do not meet the threshold high intensity CAMHS, may miss out on appropriate mental health support. A clear referral pathway to school counselling complements both services by bridging what is often termed as the 'missing middle', providing seamless step-care model of counselling tailored to meet individual needs.

In a report published by Public First, Citizens UK and BACP it was found that the long-term benefit of counselling in all schools was eight times the cost of the investment, rising to ten-fold return on investment for primary school-age children.

Universal access to school counselling would generate lifetime financial benefits to the Government of £1.9 billion against a cost of £250 million.

MHSTs expanded on a national level with funding for counselling built into the delivery model.

3. Deliver full mental health care pathway for every person in the country

¹⁶ IPPR (2020) <https://www.ippr.org/media-office/only-half-of-teachers-say-their-school-can-offer-pupils-on-site-mental-health-counselling-in-wake-of-pandemic-finds-ippr>

have good outcomes and more likely to report negative experiences in therapy, compared to white service users.

Services specialising in working with clients from marginalised and racialised community backgrounds report they are facing increasing formal and informal referrals from NHS sources¹⁷ but without the funding to meet this demand. An urgent reset of relationships between VCSE organisations and commissioners is vital to making services accessible and acceptable and overcoming the stigma that contributes to inequalities.

The Health Plan must act to support the vital role of trusted community-based third sector organisations in increasing access and removing barriers or stigma around mental health.

19. The existing trained and qualified, yet underutilised, counselling workforce must be brought into the NHS when achieving the commitment to expand the mental health workforce by 8,500 practitioners.
20. The Health Plan must set out the plan to implement Young Future's hubs for every young person in the country; building on existing local services and expertise to deliver a first class service to all young people aged 11-25.
21. The specific needs of people from marginalised and racialised community backgrounds who are known .000008871 eW0.001 0 0 1 90.504 567.07 Tm0 g0 G5heiserv and Psychotherapy

