Established in 2008, the Improving Access to Psychological Therapies (IAPT) programme set out with the aim to provide psychological treatments to the wider population (Clark et al., 2009). Once seen as a treatment on the fringes of medicine and often expensive to access, psychological therapies would soon become the routine first-line treatment for common mental health problems. Inevitably, this meant a need for an adequate workforce suitably qualified and substantial enough in size to provide treatment for the projected numbers who would access this support. Alongside the already established Cognitive Behavioural Therapist profession, a new role would be created to provide less intensive treatments to those with mild-to-moderate psychological problems. The Low Intensity Therapists or Psychological Wellbeing Practitioners (PWPs) - as they would later be known - were recruited from a range of experience backgrounds and received bespoke training for their role (see Bennett-Levy et al., 2010). Regarded as the future of psychological therapies and with training opportunities provided in abundance, the PWP role soon established itself with a sizeable national workforce. However, IAPT services now find themselves in a very different position as they struggle to recruit and retain PWPs. Although not many current official figures of staff numbers are available, recruitment and retention rates no doubt vary considerably across services nationally. The main problems services face are the impact of reduced workforces and the ability to continue providing the same level of care to patients.

Where have all the qualified PWPs gone?
Why do they appear to leave IAPT services fairly rapidly?
What can be done to recruit and retain PWPs?

A combination of factors is relevant to understanding the answers to the above questions. Ask PWPs what they think the challenges are to recruitment and retention in their role and no doubt there will be a whole range of responses. A few responses however will be reflected by most, if not all, PWPs and these are usually the main considerations to sustain IAPT services consistently. Recruitment of qualified practitioners is currently one of the key challenges to services with PWP positions becoming increasingly difficult to appoint into and jobs often remain unfilled after rounds of interviews. It is possible that services are becoming more stringent in their recruitment criteria but I don’t feel this is the case, especially considering the current high demand for PWPs. More likely is the problem of reduced PWP training programmes resulting in fewer qualified practitioners out there to apply for roles in the first place. The IAPT programme was clear from the outset regarding the number of PWPs it intended to recruit over the years and the decline in training courses reflects this projected target. However, the demand placed on IAPT services to increase treatment targets now means the estimated size of the required workforce also needs to change. Unfortunately, the problem can’t be solved as easily as increasing the number of PWP training courses. Many training courses are finding uptake to be at a
low with places often unfilled and courses having to merge with others to make economic sense — there
appears to be a reluctance to join the IAPT PWP workforce.

Although initially set up as a career in its own right, services are finding that most PWPs use the role as
a stepping stone to other roles and further training. The most common of which include the High
Intensity training programme and applications to the Clinical Psychology Doctorate. Each of these
further careers have other routes of entry and I would not be surprised if more potential PWPs are
pursuing other forms of experience over the PWP training programme. I also believe that this is not
restricted to potential trainees with current PWPs also expressing a desire to move onto other career
paths away from IAPT. So why is the PWP role no longer a long-term career option for the majority of
practitioners? One reason stands out above all others — a lack of development and progress
opportunity. Many PWPs will feel stagnant in their role following an initial peak of learning and
development through the training course to working day in, day out with limited treatments and with a
narrow patient profile. This limited work range should not be a surprise as this is what most PWPs will
have signed up for. However, many services offer ‘the carrot’ of development opportunities and
potential to be involved in other work streams in their job descriptions but instead PWPs get ‘the stick’
from increased clinical demands and reduced time. This change in service requirements to see more
people in less time whilst often moving away from the expected one-to-one modality of treatment to
more group and telephone based work has inevitable consequences. PWPs are increasingly finding
their stress levels rising (see Steel et al., 2015) with little chance of any practical changes or support on
the horizon. There will no doubt be an impact on motivation and enthusiasm in the role leading to PWPs
looking elsewhere for what they crave and feel will benefit them the most.

Perhaps then the answer is simple — IAPT services should provide more development opportunities as
an incentive to retain PWPs. The problem with this is that PWPs are and have always been a transient
population prone to frequently moving from role to role in their search for the career holy grail —
whatever and wherever that might be. Services will be better placed to focus on the wellbeing of their
workforce through investment on an individualised basis. Working with practitioners to discover what
drives them and how their individual needs can be met will go some way to retain the most talented
PWPs. Maybe the IAPT service can take a lead from other similar roles, such as the Assistant
Psychologist role, and market the PWP role as a more specialised position aiming to equip the
practitioner with the necessary skills to move on into further career paths. A clear mix of training and
clinical components throughout the duration of employment with a distinct career path would attract
and retain a new variety of PWPs.

References

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Debate this topic

Is there a sufficient supply of qualified PWPs to meet the current IAPT access targets?
Is there a sufficient supply of local training courses to attract new potential PWP trainees?
Is there a lack of career progression opportunities for qualified PWPs?
Are there sufficient opportunities for PWPs to feel motivated and energized about their role?
Does work related burnout contribute to PWPs leaving the workforce?

To have your say, join in this debate by completing the brief public survey here:
http://dotmailer-surveys.com/c31klp67-4d19t37