The British Psychological Society

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Response to the European Commission consultation
'Community Action on Health Services'

The British Psychological Society thanks the European Commission for the opportunity to respond to the consultation "Community Action on Health Services". Psychologists work right across the whole of the health and social care sectors.

The British Psychological Society (BPS) is presently responsible for the regulation of applied psychologists in the UK. It is not a Statutory Regulator (since membership of the Society is voluntary, and the Society has jurisdiction only over its members). The Society is therefore currently in discussion with the UK Government over proposals to establish proper statutory regulation. Nevertheless, at present, the Society is the recognised UK body in relation to the free movement of labour for persons offering psychological services. The Society therefore has legitimate interests in the quality of psychological services offered under the remit of health and social care.
We do not have a view on the overall benefits or otherwise of permitting free movement with respect to healthcare provisions in the Member States.
We do, however, have concerns on three fronts, and would recommend that these are addressed in any regulations aiming at providing the required legal certainty.

Psychological Services

Psychological services are different from many other services that may fall under the remit of this consultation. It is true that many people access forms of psychotherapy and other psychological services as a result of referrals from medical professionals as a result of diagnoses of potential mental disorders. Clearly psychological therapies are delivered through the healthcare systems of most Member States, as well as being provided privately.

For psychologists, however, psychological services are seen as part of a wider network of services incorporating social, educational and employment elements. This is relevant to the current consultation, because clarity is required as to what, exactly, is being offered on a reciprocal or cross-border basis. It could be argued, for instance, that an intervention designed to help a long-term unemployed person to return to work is not 'medical' but social or employment related. This is not an

abstract or fanciful idea – the UK Government's flagship 'Improving Access to Psychological Therapies' Programme has been supported and funded partly on the employment consequences of addressing mental health issues in adults of working age.

Clarity is therefore needed as to what kinds of health care services might be covered by such regulations.

Quality Control

The BPS has a role and a legitimate interest in the maintenance of quality in the provision of psychological services. As, of course, with all other health care services, there is the possibility that quality standards might differ across Member States. Clearly, this is true for all (medical) services, but may be particularly acute in the case of psychology.

First, psychological services are substantially dependent on human factors (the competencies of the therapist or psychologist). These standards are particularly challenging to police, especially across different legislative structures, different health care systems and different educational systems. Second, quality standards in psychological therapies are high (and are high across the EU), but it is an area where convergence has been particularly slow.

Different Provider Systems and Differential Access

Modern developments in psychological approaches also mean it is now easier to 'manualise' therapies (especially those popular in the UK). Thus CBT (the most popular psychological therapy in the UK at present) can easily be delivered in a short series or 'package' (12-20 sessions) usually in response to a relatively well-defined condition (such as an anxiety state).

In the UK, a very long series of reports by Government arms-length agencies (such as the National Institute for Health and Clinical Excellence (NICE) have recommended the use of psychological interventions and services. Since, in the UK, such services are wholly (or at least very substantially) provided through the NHS and paid out of general taxation, the Government has embarked on a series of programmes to increase access to psychological therapies. Clearly, given the nature of the service, this means training and employing large numbers of therapists – who all take a long time to educate and train.

These two observations, together, mean that there is a substantial threat that the demand for cross-border provision of psychological therapies could pose a risk to the planned development of increased access for psychological therapies.

DETAILED COMMENTS

The terms and conditions according to which health care in another Member State must be authorised and paid for, and the provision of information to patients about treatments available in other Member States;

We cannot comment on the first issue (the terms and conditions for authorisation and payment), but it is important that healthcare in the field of mental health is well-coordinated and integrated – many enquiries into tragedies in mental heath care reveal failures of coordination and communication. Equally, care is optimised when some forms of intervention (such as psychotherapy) are integrated with other (e.g. pharmacotherapy). Care must be given to ensure that such integration occurs – through care planning and information sharing.

The same issues, of course, apply in other areas of social care – educational interventions and potentially healthcare interventions may overlap, and coordination is again vital.

This further relates to the provision of information – such information needs to be comprehensible in the context of legal services that might also be relevant to a person's needs. Since psychological interventions are inherently dependent on the personal relationship between client and therapists and because, as noted above, psychological interventions relate to health, social, educational, forensic and employment aspects of a person's life, it is vital that any information given to service users is relevant to their personal and cultural perspective.

Which health authority is responsible for supervising cross-border health care in different circumstances, and ensuring continuity of care;

As above, the integration of psychological services with health and social care services more generally is of paramount importance. *Prima facie*, this would imply that there is a strong role for the supervision and establishment of continuity of care and these should rest with the nation in which the person is normally domiciled.

Responsibility for any harm caused in cross-border healthcare and compensation arising from such harm;

This is not an area of particular expertise for the BPS – but our initial view would be that such responsibilities lie within the jurisdiction of the State in which the service is being provided. We recognise, however, that that this creates a conflict with our point immediately preceding this one.

Common elements of patient rights.

We believe that this is of crucial importance.

We recognise that patients rights are frequently and flagrantly flouted in the field of mental health, and we welcome all measures to address this issue.
We would welcome developments in consensus statements about patient rights on an EU-wide basis. We believe that, in the field of mental health care, the EU Green Paper on mental health provides an indication not only of the possible benefits of such an approach, but also the preferred format.

Support to cooperation between health systems

We welcome strongly the proposals for coordinated action between all Member States in respect to European networks of centres of reference; Collaboration on assessment of new health technologies; Providing a basis for sharing best practice through comparable data and indicators; Better methods for evaluating the impact of new proposals on health systems.

The BPS would be very keen to cooperate in these discussions.

The response was prepared on behalf of the British Psychological Society by Professor Peter Kinderman, CPsychol, AFBPsS.

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