

Editorial

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A landmark Department of Health press release on 26 February announced plans to train an additional 3,600 therapists to deliver the Improving Access to Psychological Therapies (IAPT) programme, for which funding was allocated in the October 2007 Comprehensive Spending Review. Looking into the small print of the *IAPT implementation plan*, this breaks down specifically into nearly 2,000 high-intensity and nearly 1,400 low-intensity

training places over the coming three years, by which time it is envisaged that the roll-out will cover half of England. Yet these plans are likely to raise many more questions for counsellors than they answer. What are the implications for the current workforce? Will we need to retrain? How many counsellors will be needed? What will our place be? This issue of *HCPJ* will hopefully allay some of these concerns.

Alan Cohen gives a useful overview of the history of the IAPT programme, outlining, among other things, the differences between the IAPT pilot sites at Doncaster and Newham, and the fact that operations at these sites have been moving ever closer to each other. Bear in mind that the operations director in Doncaster, Dawn White, is herself a counsellor, and that counsellors are fully engaged in the programme there, and this bodes well for the profession. John Hague writes clearly about how stepped care might work in primary care, though counsellors do not feature strongly at the IAPT stage in his case vignettes, indicating that variability between sites is likely to be a feature. Graham Turpin and colleagues helpfully examine the implications of the IAPT programme on the existing workforce, outlining what types of therapists and what competencies are needed, and what's envisaged. The programme will employ therapists who can deliver evidence-based therapies, particularly cognitive behaviour therapy (CBT) at levels three to five within the stepped-care model. Many primary care counsellors may well be sought to deliver these therapies, and may need further training.

What all this means for the counselling and psychotherapy professions as a whole is, of course, more training and more research. Jane McChrystal's article on doing research in primary care will hopefully provide some inspiration, and Kaye Richards' piece on funding your research some practical support. For further detail, and to network with others who may be in the same position as yourself, please come to the FHCP commissioning seminars on 31 May and 5 June (see page 32 for further details).

This issue also sees the publication of two major new studies: the Durham University mapping survey of psychological therapy services in primary care, reported by Di Barnes and co-authors, and a systematic review of counselling in primary care reported by Andy Hill and Peter Jenkins, which will help to beef up the evidence base.

Cognitive behaviour therapists may have done us all a favour in getting their research act together. Talking therapies are now central to the government's commitment to primary care mental health, and the whole field has expanded. It now remains for counsellors trained in other modalities to undertake more research so that more types of therapy will make their way into the National Institute for Health and Clinical Excellence (NICE) guidelines.

Penny Gray
Editor