

# Strategic Mental Health Workforce Plan for Health and Social Care (SMHWFP)

## Solution Focused Brief Therapy

Impact Report - 2024



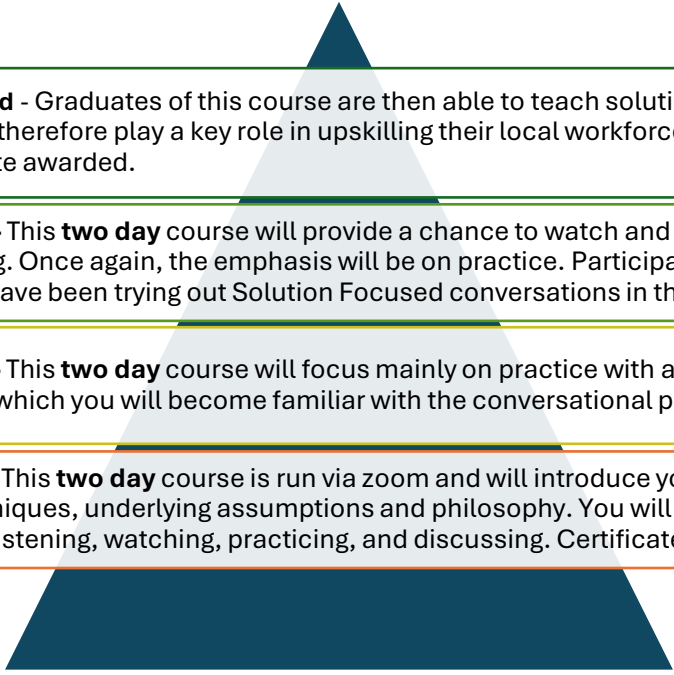
## Introduction

The SMHWFP was published in November 2022, launched by the Deputy Minister for Mental Health. It is being jointly implemented by HEIW and Social Care Wales and includes seven theme areas and 33 actions.

Action 29 - Provide targeted national Continuing Professional Development (CPD) programmes to support priority areas across the MH workforce

Under Action 29 (and others) we maintain a commitment to providing high quality ongoing CPD to all of the workforce, this includes eLearning, management and leadership training and also postgraduate level training in various therapeutic interventions. One of the central tenets of our offer is Solution-Focused Brief Therapy (SFBT) at Levels 1 – 3. Solution-focused therapy (SFBT) also known as solution-focused brief therapy or brief therapy, is an approach to psychotherapy based on solution-building rather than problem-solving. While it acknowledges present problems and past causes, SFBT predominantly explores an individual's current resources and future hopes. This can help them to look forward and use their own strengths to achieve their goals.

We have been offering out this training to staff groups since late 2022 to use this intervention at varying levels. We are also for the first time now funding places on the advanced BRIEF certificate course. This course takes participants to a level where they can seek formal accreditation by the United Kingdom Association for Solution Focused Practice (UKASFP). Graduates of this course are then able to teach solution-focused coaching and therapy and can therefore play a key role in upskilling their local workforce.



**Advanced** - Graduates of this course are then able to teach solution-focused coaching and therapy and can therefore play a key role in upskilling their local workforce. Formal accreditation and certificate awarded.

**Level 3** – This **two day** course will provide a chance to watch and do whole sessions of therapy or coaching. Once again, the emphasis will be on practice. Participants will also be expected by this time to have been trying out Solution Focused conversations in their work. Certificate awarded.


**Level 2** – This **two day** course will focus mainly on practice with a series of developing exercises through which you will become familiar with the conversational process. Certificate awarded.

**Level 1** - This **two day** course is run via zoom and will introduce you to Solution Focused Practice, it's techniques, underlying assumptions and philosophy. You will have the opportunity to learn both by listening, watching, practicing, and discussing. Certificate awarded.

## Summary

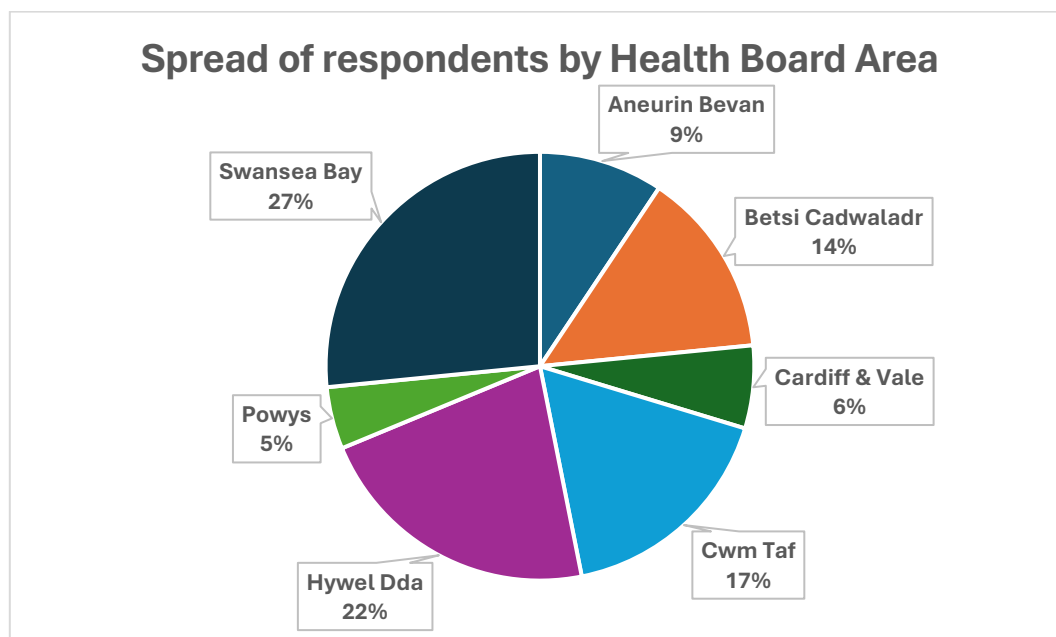
To date we have funded and facilitated training at Levels 1, 2 and 3 for 485 individuals, with 679 course places offered overall. Many individuals have therefore been advancing through all of the available levels. In the 24/25 cohort 96 new learners were engaged. This training has been offered out to NHS, Social Care and Voluntary Sector staff.

During the Summer of 2024, a survey was issued via Microsoft Forms to all staff that had, to date, undertaken the Solution-Focused Brief Therapy training to get their feedback on the course and how it has impacted their practice. The survey went out to all candidates and 13% of participants responded overall.



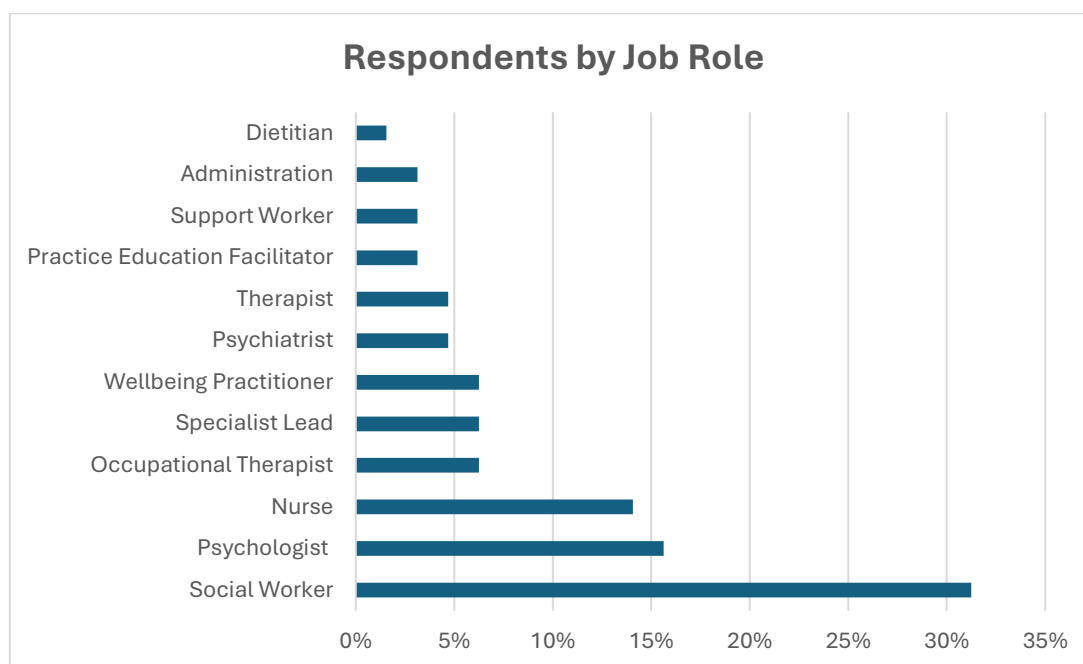
## Where are the people who took up this training?

Below is a pie chart illustrating the spread of learning across health boards in Wales. All 7 regions have participated in the training. The largest HB region (C&V) has a lower response rate, which may reflect the fact that many staff are already trained in BRIEF approaches.



## What types of roles are they working in?

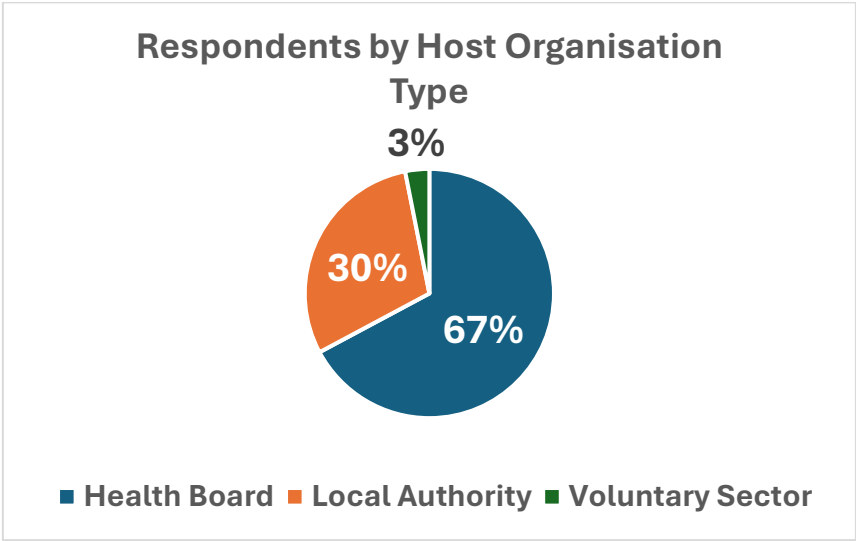
Uptake was spread over a wide variety of roles, with social workers, nurses and psychologists scoring the highest. This is a positive sign as they are some of the staff groups most likely to be able to employ these interventions.



## What type of organisations are they working in? (e.g. Health Board)



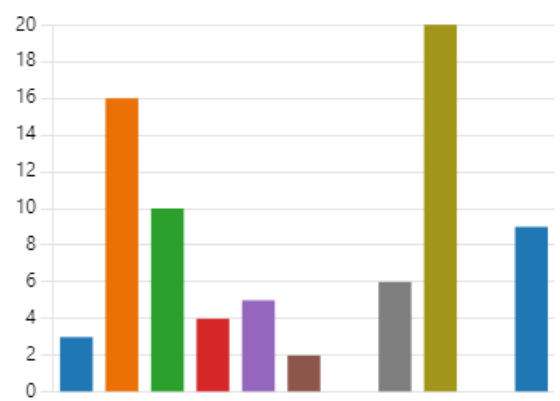
The diagram below shows the uptake by sector. The majority of places were taken up by health board employees, and a third by social care staff. Fewer people from the voluntary sector chose to take up the training at 3%.



**What kind of work are they doing?**

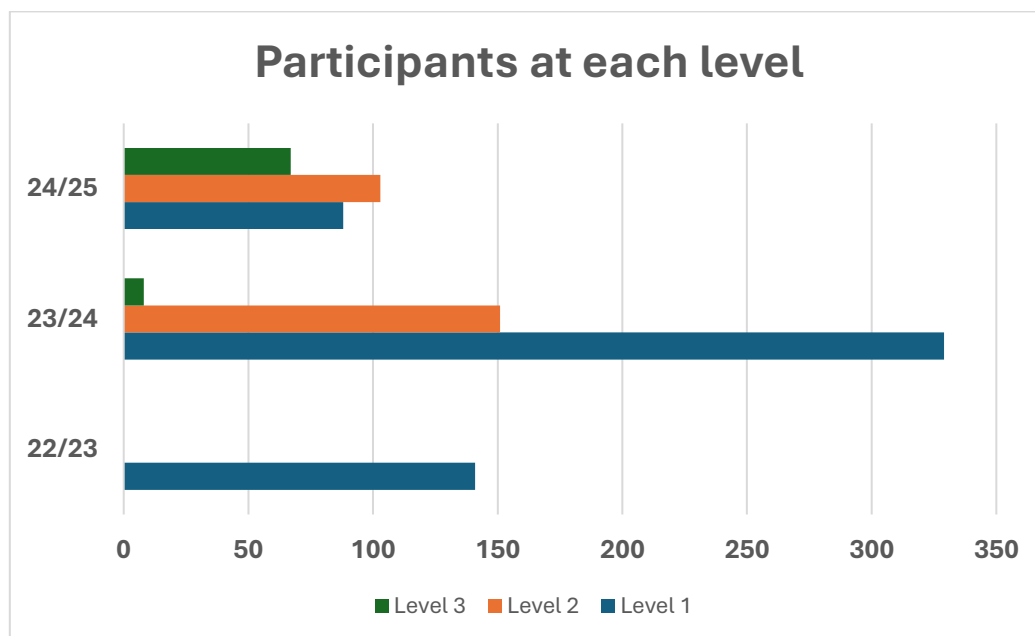
The table below shows the different areas in which learners are working. Local authority and Community Mental Health Teams (CMHTs) were the two most common team types, with a large number of primary mental health employees also attending the courses. The ‘other’ category included areas such as voluntary sector advice and wellbeing services.

Inpatient settings	3
Primary Mental Health Support ...	16
CMHT	10
Older persons MH Team	4
CAMHS service	5
Crisis Team	2
Forensic Team	0
Specialist Team (eg. eating disor...	6
Local Authority	20
Voluntary Sector	0
Other	9



## What kind of training has been taken up so far?

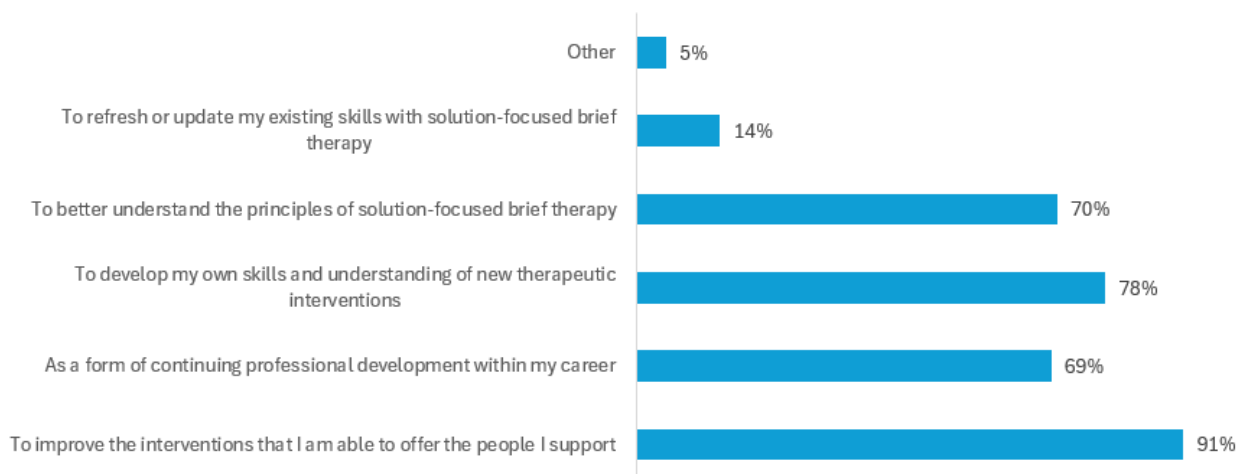
Students were only able to take up Level 1 in the first year, with Levels 2 and 3 introduced as we progressed. Respondents to the survey were spread fairly evenly between ones who had done 1, 2, 3 or a mixture.



## “What were your desired goals when completing this training?”

The majority of respondents were focussed on improving the quality of interventions and to further develop their skills and professional development within therapeutic interventions.

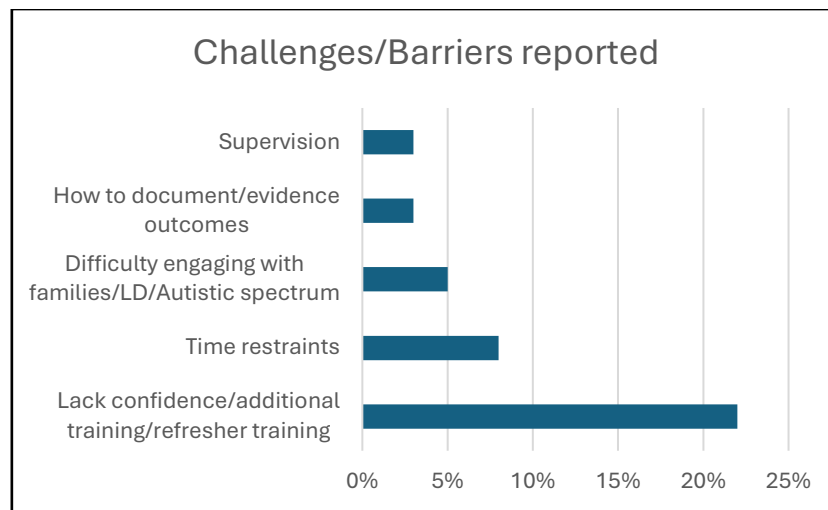
### Respondents desired goals for completing SFBT training



## “Have you faced any challenges or barriers in using this knowledge in practice?”

40% of respondents reported they had experienced challenges or barriers in bringing their learning into practice. Many respondents reported that they lacked confidence to applying the training without more support – they cited supervision, governance, ongoing CPD and communities of practice as various factors that could affect this. Some would prefer to regularly refresh their qualification and many wished to join a community of practice, both of which are areas HEIW can support.





### Other Key Findings

- 99% of respondents confirmed that they were able to successfully apply the knowledge
- Of the respondents, 77% claimed that they were confident to apply their new skills in their work.
- 49% of respondents were able to immediately quantify how many more people they supported as a result of this training, and at an average this works out to 15 clients each (although workloads vary depending on job role and caseload.)
- 93% however confidently reported that they had been able to support more people as a result of the training, even though many could not provide a numerical figure.

**Respondents were also invited to provide information on how this training had been used with the people they support:**

*"It works well within our service of primary care. It appears to offer a sense of hopefulness to the individual, supporting their motivation to become unstuck in their negative patterns"*

*"The way my communication is done is always embedded on brief therapy. The way I construct my questions, the way I summarise their answers. It is all much more positive"*

*"It adds extra skills to my toolkit and allows me to support people in a different format to what I already know. It helps with my integrative stance of working"*

*"I have used it with the people I supervise who in turn are using it with citizens they work with. Most especially in the area of working with unpaid carers in crisis. We are finding it the ideal tool for helping carers see a better future without having to look at all their past issues and the complexities of their family dynamics and historical relationship with the person they care for. This is allowing us to move forward faster and make positive changes without having to unpick or reopen past traumas and complex loss/bereavement issues"*

*"The families I work with will have been referred to our service due to a history of substance, alcohol misuse, history of domestic violence and abuse, and Mental Health issues. the use of SFBT has enabled the families to provide themselves with the answer or solution to their families issue rather than the them being told the answer that sometimes creates conflict. I work in a therapeutic and holistic manner, and I have had greater results since I have gained more practical knowledge when using SFBT. when working with one client who would self-harm and when asked about their preferred future, the client described what life would be like for them free from self-harm. After the session the client was emotional and stated that they used to have a free from self-harm life. The session had given them hope for the future, the client went into another room and brought the implement they used to cut themselves, and gave it to me. The client discussed how they felt a weight had been removed from their shoulders and was ready to make change. the client said that they had always been told what they needed, but no-one had ever asked 'how?' 'what if?' 'who would notice?' 'what else?'"*

"I have found that use of SFBT has been very helpful in working with clients that appear a little stagnant in their recovery and open to services or a long time. The prediction of the best possible self has very much assisted with overcoming some of the internal barriers to move on, where they have been able to see that change is possible. It has also helped at the point of disengaging with clients that have been in service for a longer time and has provided them a positive outlook for managing their situations more independently. All except one client have been able to visualise a better self and have realised that the only barrier preventing recovery was internal. This has been the most powerful with both our client groups, both patients known and duty calls/assessments / walk ins, where the therapy has been used as a one off and prevented patient coming into primary or secondary mental health services as this has offered a pathway to signposting to alternative third sector agencies"

## **52% of respondents opted to leave voluntary additional comments, some of which are stated below:**

**"I found this to be the best training I have done in a long time and has had the largest effect on the people I work with" - Social Worker, Community Mental Health Team**

"I like the apparent simplicity of this approach. (There is significant theory behind it and a significant need to learn), but this fits well with my own approach and values and I like how I can blend this with my role as an OT. I would like to learn more and certainly do a refresher course, as its the using of it over time which enables me / us to reflect and evolve and be able to develop and refine our skills further. Thank you" – Occupational Therapist, Primary Mental Health Support Service

**"I've never considered myself a therapist type person. That's not to say I don't appreciate the importance of therapy in mental health conditions - I often feel they're going to be of more use than the meds I'll prescribe. However, I'd never seen myself as the person who could deliver a therapy..... until I found SFBT. Very quickly I became passionate about the subject and really feel this should be a bigger part of what the NHS can offer its clients. – Specialty Doctor, Adult Psychiatry**

I hope this training can be offered to more staff - across a wide range of professionals - as the range of difficulties it can be used for seems almost unlimited. The fact that it can be fitted in fairly ad hoc - isn't fixed in the number of sessions - and can genuinely be effective in just a few sessions - has to be a benefit to our stretched services" – Specialty Doctor, Adult Psychiatry

**"I have found the training excellent, useful both for coaching/supervising team members and for the people I work with" – Assistant Team Lead Social Work Team**

"I have had as a social worker using SFBT been able to gain trust, and a professional relationship with my clients, They have felt that they have a voice and are being heard. That the are not being judged. I have felt the families feel that they have a social worker who works in a person- centred manner" – Social Worker with the Integrated Family Support Service