

# Psychological Therapies for Severe Mental Health Problems (PT-SMHP)<sup>1</sup>

Implementation Guidance 2022



# **NHS England & NHS Improvement National Adult Mental Health Programme: Increasing access to Psychological Therapies for Severe Mental Health Problems (PT-SMHP)<sup>1</sup>**

## **Implementation Guidance**

Version: 3

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### **1. Introduction**

1.1 Psychological therapies for people with severe mental health problems (also referred to as severe mental illness) are a key part of the new integrated offer for adults, as set out in the NHS Long Term Plan. Severe Mental Health problems include psychosis, bipolar disorder, 'personality disorder' and eating disorders. These diagnoses often occur alongside mood difficulties including depression, anxiety and post-traumatic stress disorder (PTSD).

1.2 This guidance is for provider organisations and regional NHS Arm's Length Bodies. It aims to support NHS-commissioned mental health providers to deliver the NHS Long Term Plan (LTP) objective to increase access to psychological therapies for people with severe mental health problems, as part of a wider transformation of adult and older adult community mental health services.

1.3 The guidance covers the expansion of capacity to deliver psychological therapies in adult and older adult community mental health services. It does not extend to the wider transformation of these services.

### **2. Objectives of the PT-SMHP programme**

2.1.1 To increase access to evidence-based psychological therapies (as recommended by NICE) to improve outcomes for people with a diagnosis of psychosis, 'personality disorder', bipolar disorder or eating disorder. This is a key objective articulated in both the Five Year Forward View for Mental Health and the NHS LTP.

2.1.2 To increase the profile and prioritisation of PT-SMHP within provider organisations, and Sustainability & Transformation Partnership (STP) / Integrated Care System (ICS) mental health strategies.

2.1.3 To use increased access to PT-SMHP as one means to fundamentally transform the care offer and shift the culture of care within community-based mental health services towards a more balanced biopsychosocial approach.

<sup>1</sup> Referred to in some NHS England documentation as 'Severe Mental Illness(es) (SMI)'

### **3. Services in and out of scope for this guidance:**

3.1 We believe psychological therapies should be more widely available across a wide range of services and populations. However, this PT-SMHP expansion programme is restricted in scope as follows:

In scope:

- CCG-commissioned community mental health services for adults and older adults (18+).
- The target service user population includes all age adults with a diagnosis of psychosis, 'personality disorder', eating disorder or bipolar disorder, including those with co-existing secondary needs and / or diagnoses (e.g. substance use, neurodevelopmental conditions, depression and anxiety disorders).
- Crisis services may be in scope for expanding Structured Clinical Management (SCM) approaches but, given the nature of Crisis Resolution Home Treatment (CRHT) teams' work with users, we would not expect that it would be appropriate for CRHT teams to deliver psychological therapies.
- Mental Health Practitioners in Primary care settings where they are providing brief evidence-based psychological interventions in line with section 9 of this guidance for patients ineligible for IAPT, where they are qualified to do so and where the intervention can be safely offered outside of a multi-disciplinary mental health team.

Out of scope:

- Community perinatal mental health services, forensic services, Health & Justice services, learning disability services, and children & young people's mental health services (other than those that provide care for young adults aged 18-25) are out of scope for this programme of work and for this implementation guidance; likewise inpatient services.
- Therapies or interventions not listed in this guidance (see sections 7 and 9). Other therapeutic or psychoeducational interventions may be offered as part of the community mental health offer, however it is important that individuals also have access to full, evidence-based therapies where this will benefit them.

### **4. National Context**

4.1 The LTP Mental Health Implementation Plan 2019/20 – 2023/24 and the Community Mental Health Framework for Adults and Older Adults both make clear that psychological therapies for severe mental health problems should form a key element of a new overall community-based offer of mental health care for adults and older adults. This forms part of a wider objective to ensure that adults and older adults with a range of SMHP can access meaningful care, support and evidence based treatment in the community in a timely manner. PT-SMHP is

evidence-based – as reflected in NICE guidance – and is a key aspect of patient choice supported by experts by experience.

4.2 NHS England and NHS Improvement are making the following financial resources available to support this objective:

- New uplifts in all CCGs' baseline funding for adult and older adult community mental health, increasing year-on-year every year from 2019/20 to 2023/24, to allow CCGs and providers to expand community mental health services by recruiting more staff to work in provider Community Mental Health Teams (CMHTs), a proportion of whom will be delivering psychological therapies. This will amount to £975 million additional funding a year for community mental health services by 2024;
- New central transformation funding to implement new models of integrated primary and community mental health care for adults and older adults with moderate to severe mental health problems. This funding was initially made available to 12 early implementer sites, and, from 2021/22, on top of the continuous increase in CCGs' baseline funding as described above, all STPs/ICSs in England will receive 3 years' worth of funding to transform and radically improve their care offer. This plan remains firmly in place and is, if anything, even more important as a consequence of the impact of COVID-19;
- New central transformation funding to commission new training places for staff to undertake courses for PT-SMHP in partnership with national, regional and local Health Education England (HEE) teams.

4.3 As a result of COVID-19 and consequent loss and disruption, we have seen a significant increase in mental health need and demand for mental health services. We recognise that this has created additional pressures on services and the staff who work in them, but improving access to evidence-based psychological therapy to improve outcomes for people with SMHP is more important than ever.

## **5 Principles for delivering PT-SMHP**

5.1 NICE guidelines recommend that everyone with psychosis, bipolar disorder, eating disorder or a diagnosis of 'personality disorder' should have access to psychological therapies. Every service user should have access to suitable evidence-based psychological therapies, although not all will choose to take up the offer.

5.2 People with SMHP present with a wide range of problems beyond their diagnosis of psychosis, bipolar disorder, eating disorder, or 'personality disorder', including depression and anxiety disorders (including post-traumatic stress disorder (PTSD)). The PT-SMHP programme will therefore expand psychological therapy capacity in a way that allows all of these problems to be treated in line with the overall LTP objective to deliver whole-person, person-centred care.

5.3 All psychological therapies should be offered according to the principles and protocols set out by NICE.

5.4 Therapists must be competent to deliver the therapies as set out in nationally-agreed competence frameworks for their delivery:

- Psychosis and bipolar disorder: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-10>
- 'Personality disorder': <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12>
- Eating disorder: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-17>

5.5 Psychological therapies should be delivered by staff with recognised qualification and registration/accreditation where applicable, be in posts that specify the required accreditations and qualifications at Agenda for Change (AfC) Band 6 and above, or in psychiatry posts having completed core psychotherapy training.

5.6 Ongoing specific clinical supervision will be required for each intervention. This should always be delivered by a clinician both competent in supervision and experienced and competent in the direct delivery of the intervention. This improves treatment adherence and clinical effectiveness.

## **6 Advancing mental health equalities**

6.1 It is important that inequalities and protected characteristics are taken into account in aiming to provide an equitable service to people of different backgrounds. Over the medium term, we are keen to ensure the evidence base is built to identify effective therapeutic models and interventions that can better support cohorts that services have struggled to reach or who have had poorer experience / outcomes, including those from BAME communities and those with experience of trauma.

6.2 The following resource commissioned by NHS England and NHS Improvement can help local systems to achieve this: <https://www.england.nhs.uk/ltphimenu/mental-health/advancing-mental-health-equalities/>. This resource includes details of the Patient and carers race equalities framework (PCREF), which is an important part of the Advancing mental health equalities strategy. The PCREF will be an organisational competency framework to help services provide culturally appropriate care, which is being piloted across four sites in 2021.

## **7 The National Training Offer for PT-SMHP**

7.1 In 2021/22 and 2022/23 NHS England, NHS Improvement and HEE will commission the following psychological therapy training for suitably qualified and competent staff who are either already in post or recruited into training posts.

7.2 Training to develop the required competences will comprise a combination of core professional training, supervised clinical experience and specialist, specific training and supervision to deliver the therapy in question.

7.3 Therapies for ‘personality disorder’ require a ‘whole team approach’ comprising individual therapy and other team interventions and should not be implemented via individual therapy alone.

7.4 Some upskilling trainings are relatively brief, and a high level of existing generic psychological therapy competence is required in order to enter these trainings. Other training is suitable for a range of staff, including peer support workers. Further information on eligibility for courses is in Annex 1 (page 11)

Table 1: National Training offer summary

Diagnosis	Training (therapies and wider skills)
Psychosis	<ul style="list-style-type: none"> <li>• CBT for Severe Mental Health Problems (psychosis and bipolar pathway)</li> <li>• Family Interventions (for psychosis and bipolar disorder)</li> <li>• Team training in Understanding Psychosis and Bipolar Disorder</li> </ul>
Bipolar	<ul style="list-style-type: none"> <li>• CBT for Severe Mental Health Problems (psychosis and bipolar pathway)</li> <li>• Family Interventions (for psychosis and bipolar disorder)</li> <li>• Team training in Understanding Psychosis and Bipolar Disorder</li> </ul>
‘Emotionally unstable’ or ‘borderline’ ‘personality disorder’	<ul style="list-style-type: none"> <li>• CBT for Severe Mental Health Problems (“personality disorder” pathway)</li> <li>• Dialectical Behaviour Therapy</li> <li>• Mentalisation Based Treatment</li> <li>• Structured Clinical Management</li> <li>• Knowledge and Understanding Framework (KUF) for ‘personality disorder’ training for community mental health staff</li> <li>• <i>(In development- plan to make available 2022) Cognitive Analytic Therapy (CAT)</i></li> </ul>
Eating Disorders	<ul style="list-style-type: none"> <li>• CBT for Severe Mental Health Problems (eating disorder pathway)</li> <li>• Whole Team Training for eating disorders</li> <li>• Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) <i>(available 2022)</i></li> <li>• <i>(In development - plan to make available 2022) Guided self-help for eating disorders (binge eating and bulimia)</i></li> </ul>
PTSD where present alongside SMHP	<ul style="list-style-type: none"> <li>• <i>(In development – plan to make available 2022) Eye Movement Desensitization and Reprocessing (EMDR) therapy</i></li> </ul>

7.5 For the latest information on available training courses please visit <https://www.hee.nhs.uk/our-work/mental-health/psychological-therapies-severe-mental-health-problems>.

## 8 Local strategies and governance

**Please see the [“case studies” folder](#) on NHS Futures for PT-SMHP examples of service strategies and implementation learnings.**

8.1 It is important that staff delivering these therapies are qualified in the associated national curriculum either through undertaking training identified below or having previously undertaken training/ accumulated experience to an equivalent level. No new staff should be training in PTSMHP therapies that do not meet the approved national curriculum.

8.2 Mental health providers, Clinical Commissioning Groups and Integrated Care Systems should develop a specific local strategy for implementing increased access to NICE-recommended psychological therapies for psychosis, ‘personality disorder’, eating disorders and bipolar disorder. This will include:

- Recruiting additional psychological professionals with the required specific psychological therapy competences and accreditation into teams;
- Enabling psychological professionals with the required specific psychological therapy competences and accreditation to supervise trainees / to train as supervisors;
- Recruiting new staff into more generic roles and new roles, which then can release suitably qualified existing staff to train as psychological therapists;
- Recruiting suitably qualified staff into training posts where they can train as psychological therapists.

8.3 This local strategy should feed into continuous ICS LTP five-year (strategic and workforce) planning as set out in the NHS Mental Health Implementation Plan 2019/20 – 2023/24.

8.4 It is important that local decisions around how to implement community mental health transformation are taken with due regard given to the need to increase access to PT-SMHP.

8.5 The Chief Psychological Professions Officer (most senior psychological professional; CPPO) in provider organisations should lead on the expansion programme of PT-SMHP and the governance behind expanding the psychological therapy workforce in line with this implementation guidance, and should report on progress with the expansion directly to Board, where there should be a named Board-level sponsor.

8.6 For additional support planning workforce development and accessing the national training programme please contact your local CPPO or HEE lead for mental health.

8.7 Local strategies should prioritise the implementation of PT-SMHP and interventions by staff with the full competence to do so safely and effectively. This

paper provides detailed guidance on competence requirements in Tables 1 and 2.

8.8 Local implementation strategies should aim to provide access to evidence-based psychological therapies for all four diagnostic groups (psychosis, 'personality disorder', bipolar disorder and eating disorders) in all localities, seeking to meet local need and minimise geographical inequities. A phased approach may be necessary, or one in which teams with greatest existing expertise provide professional and clinical guidance and supervision to those with less provision.

8.9 It is also critical that information on the delivery of these interventions is accurately recorded to help improve services and patient care. NHSEI have produced [SNOMED guidance](#) for NHS commissioned mental health (MH) services (in acute and community settings, including VCS services) to support improved recording and reporting of interventions and outcomes locally, and for national submission through the Mental Health Services Data Set (MHSDS).

8.10 All trainees and therapists qualifying in a psychological therapy should use routine session-by-session patient-reported outcome measures to support the therapy and to develop service improvements to improve outcomes for service users and families.

## 9 What therapies can be funded locally?

9.1 Training that does not meet the national curricula requirements should not be commissioned locally as it is unlikely, on its own, to meet future training accreditation and individual registration requirements for practice. These are expected to be introduced over the next two years.

9.2 The psychological therapies and interventions that are within scope for local investment are specified in the relevant UCL Competence Frameworks and set out below. However, where available services are encouraged to take advantage of nationally commissioned training (see section 7):

- Psychosis: CBT for Psychosis\*, Family Intervention\*
- Bipolar Disorder: CBT for Bipolar Disorder\*, Family Intervention\*, Interpersonal Psychotherapy (IPT) / Social Rhythm Therapy
- 'Personality Disorder': CBT for Personality Disorder\*, Schema Focused Therapy, Dialectical Behaviour Therapy\*, Mentalisation-Based Therapy\*, Transference Focused Psychotherapy, Interpersonal Group Psychotherapy, Cognitive Analytic Therapy\*.
- Eating disorder: CBT for ED\*, Guided self-help for eating disorders (binge eating and bulimia)\*, Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA)\*,

*\*national training available / in train*



9.3 Additional relevant interventions that are NOT psychological therapies but that are within scope for local investment (and where available services are encouraged to take advantage of nationally commissioned training) include:

- Psychosis: Psychoeducation and Relapse Prevention
- Bipolar Disorder: Psychoeducation and Relapse Prevention.
- 'Personality Disorder': Generic Structured Clinical Care, Psychoeducation and Problem Solving (STEPPS programme) and Consulting to individuals and teams regarding clients with personality disorder, Structured Clinical Management (SCM) (national training available in SCM)
- Eating disorder: Specialist Supportive Clinical Management for Anorexia.

9.4 When considering staff development to enable delivery of these interventions, services are encouraged to prioritise accessing the national funded and quality assured upskilling programme (see section 7). However, the current national training programme is not intended to lead to local disinvestment from delivery of any other psychological therapies and interventions, including those listed above, if they are evidence-based and local priorities.

## **10 Supporting staff to access national training**

10.1 To identify existing staff to put forward for upskilling training or new staff to recruit into training posts, team leaders should work with their CPPO to identify:

- Staff who can have the required amount of protected time built into their job plan to undertake a) the training, b) the required casework and c) the associated supervision to become proficient in the specified approach;
- Staff who are highly motivated to undertake what can be demanding programmes of study;
- Staff with the required entry qualifications and competences for the upskilling training;
- Staff with the required entry qualifications and competences to undertake supervision training to build the pool of staff who can support other staff during training;
- Staff with the required job roles and identified capacity, and at the required grade to implement either the individual therapy/family intervention, or in some cases wider team components of treatment;
- Staff with access to the required specialist supervision during and beyond the training period;

- Staff with access to service users presenting with difficulties the therapy training is targeting.

**Staff should only be put forward for training if they will spend a minimum of two days per week delivering the interventions they are being trained to deliver. Any less would be a poor return on significant public investment in training and is likely to lead to rapid skills decay post-training.**

## Annex 1: Psychological Therapies and Interventions in SMHP upskilling training: Implementation Guidance

***This guidance is up to date as of January 2022. More details of the interventions themselves are given in the Appendix. For the latest information on available training courses please visit <https://www.hee.nhs.uk/our-work/mental-health/psychological-therapies-severe-mental-health-problems>.***

Training that does not meet the national curricula requirements should not be commissioned locally as it is unlikely, on its own, to meet future training accreditation and individual registration requirements for practice. These are expected to be introduced over the next two years.

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Accreditation	Practitioners must have the following credentials to deliver this therapy (in 2020/21)
<b>Cognitive Behavioural Therapy for Psychosis and Bipolar Disorder</b>	<u><a href="#">CBT for Severe Mental Health Problems: Psychosis and Bipolar Pathway</a></u>	Two years part time, postgraduate level OR One year part time, building on existing CBT competence, postgraduate level	National CBT-SMHP curriculum: Psychosis and Bipolar Disorder Pathway	Individuals with a core Mental Health Professional Qualification ( <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a> ) or equivalent through assessment of Knowledge, Skills and Attitudes route.	<b>Course accredited by:</b> BABCP (Level 2) - to be confirmed  <b>Individual accreditation recognised:</b> BABCP Accreditation	Specific CBTp and CBT for Bipolar Disorder competences as set out here by UCL: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/psychosis-bipolar-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/psychosis-bipolar-map.html</a> This is assured through individual BABCP accreditation, Health & Care Professions Council (HCPC) registration as a practitioner psychologist or General Medical Council (GMC) registration as a psychiatrist <b>PLUS</b> significant training and supervised practice in CBTp and CBTbp Delivery of individual CBT should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above) A minimum of one hour per month of CBTp-specific supervision from an experienced CBTp practitioner.
<b>Family Interventions for psychosis and Bipolar Disorder</b>	An FI Programme delivering National FI Curriculum	10 days training plus supervised practice, across a year	<u><a href="#">National Family Interventions Curriculum</a></u>	Individuals with a Core Mental Health Professional Qualification: or BABCP accredited ( <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a> )	<b>Course accredited by:</b> None currently - Courses must be on framework currently commissioned by HEE.	Specific FI competences as set out here. This is assured through individual core professional registration/accreditation in one of the mental health disciplines here: <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a>

				<a href="http://www.babcp.com/Accreditation/Core-Profession.aspx">com/Accreditation/Core-Profession.aspx</a> ). Other clinical and peer support staff with experience of working with psychosis and bipolar disorder can attend and become co-therapists.	<b>Individual accreditation recognised:</b> None currently - under review	<b>AND</b> a minimum of ten days' classroom training and a minimum of one year of supervised practice in FI. See the Appendix for more details of the intervention. A minimum of one hour per month of FI-specific supervision from an experienced FI practitioner.
<b>Dialectical Behaviour Therapy (DBT) (for 'emotionally unstable' or 'borderline' 'personality disorder')</b>	DBT training	Two years part-time, postgraduate level	National DBT Curriculum <a href="https://www.hee.nhs.uk/sites/default/files/documents/Dialectical%20behaviour%20therapy%20curriculum.pdf">https://www.hee.nhs.uk/sites/default/files/documents/Dialectical%20behaviour%20therapy%20curriculum.pdf</a>	Core Mental Health Professional Qualification: <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a> (or BABCP accredited) <b>AND</b> evidence of the generic 'personality disorder' psychological therapy competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> . DBT cannot be delivered by a single therapist; it is delivered by a DBT team. Each organisation or service must have at least 4 accreditable therapists to enable	<b>Course accredited by:</b> None currently  <b>Individual accreditation recognised:</b> Society for DBT in UK and Ireland.	Specific DBT competences as set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/DBT%20Competencies%20web%20May%202015.pdf">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/DBT%20Competencies%20web%20May%202015.pdf</a> <b>AND</b> generic personality disorder psychological therapy competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> Achievement of <b>generic</b> competences can be evidenced through one of the following: HCPC registration as a practitioner psychologist, BABCP accreditation as a CBT therapist, British Psychoanalytic Council (BPC) accreditation as a psychoanalytic psychotherapist, GMC registration as a psychiatrist. Achievement of <b>both generic competences and specific DBT competences</b> is evidenced by DBT accreditation with the Society for DBT in the UK and Ireland. For the purposes of this programme, accreditation should be achieved within 18 months of starting DBT training. Delivery of individual DBT should be in a post with appropriate qualification, accreditation and supervision requirements

				DBT to be implemented.		specified (AfC band 6 and above). A minimum of one hour per month of DBT-specific supervision from an experienced DBT practitioner.
<b>Mentalisation-Based Treatment (MBT) (for 'emotionally unstable' or 'borderline' 'personality disorder')</b>	MBT training	5 days training plus supervision over a period of 12 months	National MBT Curriculum <a href="https://www.hee.nhs.uk/sites/default/files/documents/National%20curriculum%20for%20mentalisation%20based%20training_0.pdf">https://www.hee.nhs.uk/sites/default/files/documents/National%20curriculum%20for%20mentalisation%20based%20training_0.pdf</a>	Core Mental Health Professional Qualification <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a> (or BABCP accredited) <b>AND</b> evidence of the generic 'personality disorder' psychological therapy competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> . Courses should carefully assess that all 'personality disorder' psychotherapy foundational competences are in place before learners join MBT-specific training.	<b>Course accredited by:</b> Anna Freud Centre  <b>Individual accreditation recognised:</b> British Psychoanalytic Council (BPC)	Specific MBT competences as set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/Mentalisation%20Based%20Therapy%20web%20May%202015.pdf">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/Specific%20psychological%20interventions/Mentalisation%20Based%20Therapy%20web%20May%202015.pdf</a> <b>AND</b> generic 'personality disorder' psychological therapy competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> . Achievement of both is assured through achievement of MBT accreditation with the BPC. A minimum of 5 days MBT-specific practitioner training accompanied by MBT supervision of therapy with four individuals or two groups. Delivery of individual MBT should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above). A minimum of one hour per month of MBT-specific supervision from an experienced MBT practitioner.
<b>Cognitive Behavioural Therapy for Personality Disorder</b>	CBT for Severe Mental Health Problems: Personality Disorder Pathway	Two years part time, postgraduate level OR One year part time, building on existing CBT competence, postgraduate level	National CBT-SMHP curriculum: <u>Personality Disorder Pathway</u>	Individuals with a core Mental Health Professional Qualification <a href="https://www.babcp.com/Accreditation/ore-">https://www.babcp.com/Accreditation/ore-</a>	<b>Course accredited by:</b> BABCP (Level 2) - to be confirmed  <b>Individual accreditation recognised:</b>	Specific CBT for 'PD' competences as set out here by UCL: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> This is assured through individual BABCP accreditation, Health & Care Professions Council (HCPC) registration as a

				<a href="#">Profession.aspx</a> or equivalent through assessment of Knowledge, Skills and Attitudes route.	BABCP Accreditation	practitioner psychologist or General Medical Council (GMC) registration as a psychiatrist <b>PLUS</b> significant training and supervised practice in CBT for 'PD' Delivery of individual CBT for 'PD' should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above) A minimum of one hour per month of CBTpd-specific supervision from an experienced CBTpd practitioner.
Cognitive behavioural therapy for eating disorder	CBT for Severe Mental Health Problems: Eating Disorder Pathway	Two years part time, postgraduate level OR One year part time, building on existing CBT competence, postgraduate level	<a href="#">National CBT-SMHP curriculum: Eating Disorder Pathway</a>	Individuals with a core Mental Health Professional Qualification ( <a href="https://www.babcp.com/Accreditation/Core-Profession.aspx">https://www.babcp.com/Accreditation/Core-Profession.aspx</a> ) or equivalent through assessment of Knowledge, Skills and Attitudes route.	<b>Course accredited by:</b> BABCP (Level 2) - to be confirmed  <b>Individual accreditation recognised:</b> BABCP Accreditation	Specific CBT for eating disorders competences as set out here by UCL: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> This is assured through individual BABCP accreditation, Health & Care Professions Council (HCPC) registration as a practitioner psychologist or General Medical Council (GMC) registration as a psychiatrist <b>PLUS</b> significant training and supervised practice in CBT for ED Delivery of individual CBT for ED should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above) A minimum of one hour per month of CBTed-specific supervision from an experienced CBTed practitioner.
Maudsley Model of Anorexia Therapy for Adults (MANTRA)	MANTRA training	5 days of teaching plus assessment days and supervised practice.	MANTRA national curriculum	Trainees should be working in specialist adult or all-age eating disorder services, have at least one year's experience of working with eating disorders, and be able to evidence core competences for psychological therapy with	<b>Course accredited by:</b> None currently – under review  <b>Individual accreditation recognised:</b> None currently – under review	Specific MANTRA competences as set out here by UCL: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html</a> This is assured through individual BABCP accreditation, Health & Care Professions Council (HCPC) registration as a practitioner psychologist or General Medical Council (GMC) registration as a psychiatrist <b>PLUS</b> significant training and supervised practice in MANTRA Delivery of MANTRA should be in a post with appropriate qualification, accreditation

				individuals with eating disorders covering generic therapeutic competences and assessment and formulation competences specified in the Roth and Pilling framework.		and supervision requirements specified (AfC band 6 and above) A minimum of one hour per month of MANTRA-specific supervision from an experienced MANTRA practitioner.
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**Table 2: Generic interventions upskilling training 2020/21: Implementation Guidance**

For the latest information on available training courses please visit <https://www.hee.nhs.uk/our-work/mental-health/psychological-therapies-severe-mental-health-problems>.

Intervention / approach	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Practitioners must have the following credentials to deliver this intervention (in 2020/21)
<b>Structured Clinical Management (SCM)</b>	SCM Training	5 days training, plus 6-12 months supervision	<u>National SCM Curriculum</u>	All clinical, support and peer workers in mental health	<b>Course accredited by:</b> None currently  <b>Individual accreditation recognised:</b> None currently	Competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/General%20clinical%20care/Generic%20structured%20care%20web%20version.pdf">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-framework/General%20clinical%20care/Generic%20structured%20care%20web%20version.pdf</a> .  This is achieved through SCM training of a minimum of two full days plus group supervision
<b>Clinical Management (SCM) supervision</b>	None currently	Regular supervision of SCM supervision from and SCM trainer	National SCM supervisor curriculum	Qualified mental health professionals, and those without a registered occupation including STR workers and peer workers, who can demonstrate the core competences, the generic therapeutic competences, and assessment competences outlined in the Roth and Pilling competence framework	<b>Course accredited by:</b> None currently  <b>Individual accreditation recognised:</b> None currently	Core Mental Health Professional Qualification, SCM training and supervision of supervision as set out here.



<b>Understanding Psychosis and Bipolar Disorder</b>	Understanding Psychosis and Bipolar Disorder training	2days training	<u>National Understanding Psychosis and Bipolar Disorder Curriculum</u>	All practitioners and peer workers	<b>Course accredited by:</b> None <b>Individual accreditation recognised:</b> None	This training is focused on increasing understanding of psychosis and bipolar disorder. It does not train staff to deliver an intervention but provides a fundamental bio-psychosocial understanding of these presentations that should highlight how psychological therapies can help.
<b>Knowledge and Understanding Framework (KUF) for 'personality disorder'</b>	Awareness Training (subject to change / expansion in future years)	1 day (Basic awareness 3 days (Enhanced awareness))	Knowledge and Understanding Framework	One day training is intended for all staff working within a mental health service, whether in a patient-facing role or administrative / support staff role. Three day training is intended for clinical staff and peer workers.	<b>Course accredited by:</b> None <b>Individual accreditation recognised:</b> None	KUF training is based on a 'train the trainers' model, therefore any staff within the service will be required to complete a KUF Train the Trainers programme prior to delivering awareness training locally
Adult eating disorders - whole team training.	Adult eating disorders - whole team training.	The structure of the training, supervision, follow-through support, assessment, and the evaluation of fidelity will be determined by training providers. [estimated time 8 days]	<u>Adult eating disorders - whole team training curriculum</u>	Training is expected to be delivered to all members of the ED team to support the team dynamic and cohesion.	<b>Course accredited by:</b> None <b>Individual accreditation recognised:</b> None	This training will ensure members of the team jointly have knowledge and skills to enable the smooth, safe, and effective functioning of a dedicated adult eating disorders team. It does not provide competence in specific interventions.

## **APPENDIX - Intervention specifications**

### **A1. CBT for Psychosis**

CBTp should be delivered on a one-to-one basis over at least 16 planned sessions and:

- follow a treatment manual:
  - so that people can establish links between their thoughts, feelings or actions and their current or past symptoms, and/or functioning;
  - so as to stimulate the re-evaluation of people's perceptions, beliefs or reasoning relates to the target problem.
  
- should also include at least one of the following components:
  - people monitoring their own thoughts, feelings or behaviours with respect to their symptoms or recurrence of symptoms;
  - promoting alternative ways of coping with the target symptom;
  - reducing distress;
  - improving functioning.

The NICE guideline CG178 on 'Psychosis and schizophrenia in adults: prevention and management' provides further information:

<https://www.nice.org.uk/guidance/cg178/chapter/recommendations#how-to-deliver-psychological-interventions>.

### **A2. CBT for Bipolar Disorder**

CBT for bipolar disorder focuses on preventing relapse or on persisting symptoms between episodes of mania or bipolar depression.

Individual and group psychological interventions for bipolar disorder to prevent relapse should:

- provide information about bipolar disorder
- consider the impact of thoughts and behaviour on moods and relapse
- include self-monitoring of mood, thoughts and behaviour
- address relapse risk, distress and how to improve functioning
- develop plans for relapse management and staying well
- consider problem-solving to address communication patterns and managing functional difficulties.

In addition:

- individual programmes should be tailored to the person's needs based on an individualised assessment and psychological formulation
- group programmes should include discussion of the information provided with a focus on its relevance for the participants.

### **A3. Family Interventions for Psychosis and Bipolar Disorder**

FI should:

- include the person with psychosis or bipolar disorder if practical;
- be carried out for between 3 months and 1 year;
- include at least 10 planned sessions;
- take account of the whole family's preference for either single-family intervention or multi-family group intervention;

- take account of the relationship between the main carer and the person with psychosis or bipolar disorder;
- have a specific supportive, educational or treatment function and include negotiated problem-solving or crisis management work.

The NICE guideline CG178 on 'Psychosis and schizophrenia in adults: prevention and management' provides further information:  
<https://www.nice.org.uk/guidance/cg178/chapter/recommendations#how-to-deliver-psychological-interventions>.

Family Interventions are generally delivered by two practitioners, both of whom are fully trained in FI and one of whom must have a core mental health professional training.

#### **A4. Dialectical Behaviour Therapy**

DBT is a psychological therapy programme delivered by a team of therapists that includes one-to-one therapy sessions, psychoeducational groups and telephone support. Weekly individual therapy and a weekly psychoeducational and skills training group are offered concurrently for a contracted period (usually 1 year).

The full NICE guideline on the treatment and management of borderline 'personality disorder' provides further information:  
<https://www.nice.org.uk/guidance/cg78/evidence/full-guideline-pdf-242147197>.

DBT cannot be delivered by a single therapist; it is delivered by a DBT team. Each organisation or service must have at least 4 accreditable therapists to enable DBT to be implemented.

Implementing DBT requires a 'whole team approach' to deliver the five-component DBT model.

#### **A5. Mentalisation Based Treatment**

Mentalization based treatment (MBT) for borderline and other personality disorders is based on an understanding of personality disorder as a disorder of the self and an inability to regulate emotion, resulting from developmental disturbance of attachment leading to a failure of mentalization (the capacity to understand one's own and others' mental states). The intervention can be delivered in a community out-patient setting or day-patient or in-patient setting. The intervention aims to increase the self-reflective capacity of the individual and their ability to interpret social and interpersonal cues more accurately. Full implementation in community services requires group and individual intervention.

The full NICE guideline on the treatment and management of borderline ‘personality disorder’ provides further information:

<https://www.nice.org.uk/guidance/cg78/evidence/full-guideline-pdf-242147197>.

Implementing MBT requires a ‘whole team approach’ to deliver the full team MBT model or to deliver individual MBT in the context of a DBT team approach.

MBT teams should have several MBT therapists as set out in the Anna Freud Centre quality manual for DBT: <https://www.annafreud.org/media/7863/quality-manual-2018.pdf>.

## **A6. Structured Clinical Management**

SCM is an organised treatment for ‘personality disorder’, which can be delivered by general mental health professionals with limited additional training. Training focuses on coherent provision of effective clinical interventions which are already within the competence of general mental health practitioners e.g. those working in community teams.

SCM enables general mental health services to meet **the needs of the majority** of people with borderline ‘personality disorder’.

As SCM draws on existing knowledge and skills within the workforce it is a relatively easy approach to implement within existing teams.

## **A7. The Knowledge and Understanding Framework (Awareness-Level training)**

The Knowledge and Understanding Framework (KUF) is a national curriculum developed to enable a more effective response to supporting the needs of people with a diagnosis of ‘personality disorder’ or complex emotional needs associated with a diagnosis of ‘personality disorder’. KUF awareness-level training aims to provide the underpinning knowledge and understanding required to support people with a diagnosis of ‘personality disorder’ or complex emotional needs associated with a diagnosis of ‘personality disorder’.

Both the one-day and three-day awareness programmes explore current understandings of ‘personality disorder’, including key models for understanding how emotional difficulties develop. Interpersonal dynamics commonly encountered by staff are explored, including the ways in which staff interact with these dynamics. KUF training also considers ways of effectively supporting and working with people with ‘personality disorder’, including the importance of team working, support and supervision. In the three-day training, there is an increased focus on the impact of trauma, use of formulation and ways of engaging effectively with people with a diagnosis of ‘personality disorder’. While not a psychological therapy in itself, the KUF is a wider training framework and a ‘stepping stone’ that would equip staff with a level of awareness appropriate before they undertook, for example, an SCM course.

## **A9. Cognitive Behavioural Therapy for eating disorders**

Individual CBT-ED programmes for adults with anorexia nervosa should:

- typically consist of up to 40 sessions over 40 weeks, with twice-weekly sessions in the first 2 or 3 weeks
- aim to reduce the risk to physical health and any other symptoms of the eating disorder
- encourage healthy eating and reaching a healthy body weight
- cover nutrition, cognitive restructuring, mood regulation, social skills, body image concern, self-esteem, and relapse prevention
- create a personalised treatment plan based on the processes that appear to be maintaining the eating problem
- explain the risks of malnutrition and being underweight
- enhance self-efficacy
- include self-monitoring of dietary intake and associated thoughts and feelings
- include homework, to help the person practice in their daily life what they have learned.

The full NICE guideline on the treatment and management of eating disorders providers further information: [Recommendations | Eating disorders: recognition and treatment | Guidance | NICE](#)

## **A10. MANTRA**

MANTRA for adults with anorexia nervosa should:

- typically consist of 20 sessions, with:
  - weekly sessions for the first 10 weeks, and a flexible schedule after this
  - up to 10 extra sessions for people with complex problems
- base treatment on the MANTRA workbook
- motivate the person and encourage them to work with the practitioner
- be flexible in how the modules of MANTRA are delivered and emphasised
- when the person is ready, cover nutrition, symptom management, and behaviour change
- encourage the person to develop a 'non-anorexic identity'
- involve family members or carers to help the person:
  - understand their condition and the problems it causes and the link to the wider social context
  - change their behaviour.

The full NICE guideline on the treatment and management of eating disorders providers further information: [Recommendations | Eating disorders: recognition and treatment | Guidance | NICE](#)

**A12. Further information**

Further information is available from the UCL site at: <https://www.ucl.ac.uk/clinical-psychology/competency-maps/pd-map.html>