# **Provider briefing and FAQs - mental health and wellbeing practitioners: A new opportunity for community mental health services**

Updated on: 16 November 2021

## Context

The transformation of Adult Community Mental Health Services requires an expansion of services by 10,000 staff by 2024 who will help shift services to provide trauma-informed care, with wider access to psychologically informed interventions and NICE psychological therapies for severe mental health illness (SMI).

It will be challenging to increase the workforce at this pace through existing supply routes. However, there is a ready supply of graduates and other motivated individuals wishing to work in mental health services, using psychologically-informed practice (e.g. there are 20,000 psychology graduates per year, only a small fraction of whom enter NHS services).

The mental health and wellbeing practitioner (MHWP) role has been introduced by Health Education England and NHS England and Improvement to harness this additional supply pool to support transformation, both in terms of staff volumes and the way care is delivered.

## The new mental health and wellbeing practitioner role

The MHWP role is designed to support collaborative care planning, alongside other members of the multi-disciplinary team. They will also deliver a set of brief wellbeing-focused psychologically informed interventions - not therapy - for example:

* Behavioural Activation and Graded Exposure using the “GOALS” programme
* Problem-solving
* Improving sleep
* Recognising and managing emotions
* Guided self-help for bulimia and binge-eating
* Confidence building
* Support with medicines management

Trainee MHWPs will undertake a fully funded one year programme of clinical and academic learning to build upon their existing skills and experience they enter the programme with. The MWHP role is open to graduates (who will undertake a postgraduate certificate qualification) and non-graduates (who will undertake a graduate certificate qualification). Services will receive AfC Band 4 salary backfill for trainees if they commit to a permanent AfC Band 5 post for the graduating MHWPs on completion (from March 2023).

As well as improving support for service users, this role should build capacity in teams to enable more experienced staff to focus on delivery of psychological therapies or to train in psychological therapies. Whilst MHWPs will not deliver psychological therapies these staff, after a minimum of two years of qualified practice, could also progress into training as a psychological therapist thereby creating a sustainable pipeline of new staff for community services.

The training is very much a collaboration between the education provider and employer. It is for that reason that we have required the bidding education provider to have a joint recruitment process, recruitment to service as an employee with an associated education training programme.

## Delivery timeline

The pressing need for workforce expansion as part of Community Mental Health Transformation has created significant momentum for this role to be made available at pace. The table below demonstrates the project delivery for the new mental health and wellbeing practitioner role:

Table 1: Delivery timeline for mental health and wellbeing practitioner role

|  |  |
| --- | --- |
| **Date** | **Description** |
| June 2021 | Develop Education Provider Specification Development for ProcurementDevelop competence framework and curriculum for new role |
| July 2021 | Education provider procurement and engagement activity for new role  |
| August 2021 | Education provider procurement tender close  |
| October 2021 | Procurement ratification and confirm contracts for education providersService provider engagement to participate in role uptake  |
| November 2021- January 2022 | Joint recruitment activity led by service and education providers to appoint trainee MHWPs |
| January 2022-March 2022 | Trainee MWHPs commence role and one year education training programme  |

## Frequently Asked Questions

New roles in health and care generate significant interest and equally generate many queries and questions. Within this document, we aim to address many FAQs we have received from employers and education providers.

Additional questions can be sent to mentalhealth@hee.nhs.uk for the mental health and wellbeing practitioner stakeholder steering group to review and include in future FAQs

#### What consultation have you done, and what evidence do you have to ensure the new model for the MHWP meets service needs?

This new role draws on learning from several related models that are operating within services (both within adult community services, and beyond).

We have discussed and developed this with trainers and providers for existing related roles as well as wider experts who have developed and trialled psychologically informed interventions for people with severe mental health problems.

Wewill also continue to learn and refine this as the role embeds, drawing on learnings from early cohorts of trainees and the experiences of services that employ them.

#### Does this new role only apply to Adult MH services, or could it be appropriate for CAMHS?

The curriculum for the MHWP has been focused on the delivery of adult community services. This role builds on learning from other practitioners such as PWPs and Children’s Wellbeing Practitioners (CWPs) so there is alignment.

This role is aimed at adult community services for people with severe mental health problems, whilst CWPs are aimed at children’s services. The MHWP role is therefore **not** suitable for deployment in CAMHS, Learning Disability or IAPT services.

#### How will trainee MHWPs be funded?

AfC Band 4 salary support costs will be provided by HEE to NHS provider organisations employing trainee MHWPs for the year of training. HEE will also be funding the education provider tuition costs. Upon successful completion of their training, the MHWP will need to be funded at AfC Band 5, on a permanent contract, by the service within their baseline funding; this will be effective from March 2023 and is a requirement for the salary support funding of the training.

This funding is separate from the apprenticeship levy, it is specific for these roles and cannot be transferred to other training roles.

#### What funding and support will be available for MHWP once qualified?

Training posts will be funded which means that services will need to identify permanent expansion roles for trainees who pass the course from March 2023 (or later for future cohorts).

This should be accounted for in future workforce planning and the services multi-disciplinary team budget. Significant funding, increasing year on year until 2023/24 is available to all areas for community mental health transformation.

#### Can Additional Roles Reimbursement Scheme (ARRS) be used to fund MHWP posts after training as MHWP in primary care?

Certain non-registered psychological professions roles (including those on voluntary and accredited registers) may be included in ARRS when under the direct supervision of a registered psychological professional.

Non-registered psychological professionals (including those on voluntary and accredited registers) should be included only when they have specific competences in evidence-based psychologically informed interventions or NICE-recommended psychological therapies for severe mental health problems.

MHWPs are therefore eligible to be included in the ARRS Mental Health Practitioner scheme once they have successfully completed their training.

Similar to other ARRS Mental Health Practitioner roles, services will want to identify staff members with the skills and competence to work in this environment, and ensure they have the right supervision and support. It may be more suited to an MHWP with more experience of working in mental health services (either pre- or post-MHWP training).

#### How do I register interest/access the MHWP?

In the first commissioning year, this will be very much influenced by the location of the early adopter educational providers.

It is anticipated that this workforce will expand over the coming years with training capacity and allocation being led by service provider demand. Whilst we will aim to achieve equity across the regions, this will depend upon regional service demand. We have training capacity to provide to all regions.

Early adopters will need to work in partnership with education providers to plan trainee roles and future qualified roles for these staff to move into. This will give you early access to these roles as they start rolling out. We are aware that new roles such as this evolve rapidly in the first few years of implementation; early adopters will have a significant role in guiding and influencing that evolution.

You can now contact your organisation’s Chief Psychological Professions Officer (CPPO) or HEE regional lead to find out more and register your interest in this role.

#### What will be the Trainee MHWP allocation per sponsoring service?

HEE National MH Programme Team will be working with the education providers and regional leads to allocate the available training capacity equitably across the regions and nationally. This is a complex balance of training capacity and service appetite.

For clarity, we intend to allocate trainee MHWPs in clusters (e.g., minimum 4-6 trainees per organisation). As a new role, it will be important for there to be a critical mass of trainees in each service to ensure successful learning, adoption, and mutual peer support for MWHPs’ wellbeing.

#### What do we need to have in place to be allocated MHWPs?

This is subject to the location of the early adoption education providers, but services will need to demonstrate that:

* MHWPs will progress into permanent AfC Band 5 roles upon satisfactory completion of training
* MHWPs will be professionally managed within the provider’s existing psychological profession group structures.
* MHWPs will be given adequate supervision from a HCPC registered Clinical Psychologist or a BABCP accredited CBT therapist.

#### What will the recruitment process for Trainee MHWP be?

It is essential trainee MHWPs have the right knowledge, skills and attitudes to work in the NHS. It is for that reason that we have required the education provider to have a joint recruitment process with the employer.

#### What is the education/entry requirements for trainee MHWPs?

The MWHP training programme is open to applicants with the right aptitude to learn how to work collaboratively with service users with SMI, within a mental health team. Most importantly, they will need to be able to demonstrate a willingness to work in a trauma informed and recovery focused way.

Trainees do not need previous experience of working in mental health, but they will need to demonstrate their ability to study at degree level or above.

Trainees can train at one of two different levels (for a postgraduate or graduate certificate), depending on whether or not they already have a degree qualification.

#### How much time will the trainees have on placements, compared to studying?

While on the one-year training programme, trainees will spend one day a week studying at university and the remainder of the time (3-4 days) working in or undertaking specific training tasks in a community mental health service.

#### What will the MHWP do and what support will they need once qualified?

Once qualified, MWHPs will spend at least 20 hours a week seeing patients, either in a clinic, in their own homes, or via video link or telephone. They will work as part of a wider multi-disciplinary team to promote good mental health and recovery from severe mental health problems.

They will also develop relationships across the adult mental health care system, building up a valuable and detailed understanding of related services so they can help collaboratively plan care.

MHWPs will need to continue to have regular meetings with their supervisors to support them to deliver high-quality, evidence-based interventions.

#### Do services have to take these roles?

No. We are not mandating that services take on MHWPs, but we anticipate that there will be significant demand for these roles as they will increase delivery capacity and create space within the service to free up more experienced staff to undertake more specialist training or deliver therapies.

#### What is the justification for this role being a AfC Band 5 post?

The qualified MHWP is to be a AfC Band 5 role for adult community mental health services that directly parallels the following established roles in terms of scope of practice, seniority, training and career pathway:

* Psychological wellbeing practitioner – PWP (in IAPT)
* Children’s wellbeing practitioner – CWP (in CYP MH services)
* Education mental health practitioner – EMHP (in schools and colleges)

#### What is the career pathway for this role?

We are encouraging MHWPs in this role to remain in place for two-years post training to consolidate and develop their competencies. Following that, we would support career progression into more specialist roles including clinical psychology (for those with a psychology degree) and cognitive behavioural therapist roles or other healthcare professional roles.

As the workforce expands, we could also reasonably anticipate senior MHWP roles emerging. These career pathways are as yet undefined and will emerge as the role is embedded.

#### Where do MHWPs fit within professional governance structures within provider organisations?

MHWPs should be professionally managed within the provider’s existing psychological professions professional structures. This will ensure MHWPs’ operate safely as well as have a clear identity within the psychological professions. This governance structure is consistent with other psychological professions roles such as PWPs, CWPs and EMHPs.

#### How will trainees be supported into permanent posts?

We recognise that, for all students and trainees, transition into clinical roles post-training can be a demanding. We would expect that service managers and supervisors are working throughout the training period to prepare trainee MHWPs for their qualified role (which will be in the same organisation and hopefully the same service).

In addition, we have asked the education providers to also deliver preceptorship support to help guide staff into their new roles – this may by example take the form of a community of practice or action learning sets for post-qualifying staff.

#### How will the new role meet the needs of people with learning disabilities and/or autism?

This training will not equip MHWP to work with a primary presenting problem of learning disability or autism. We have included autism awareness in the curriculum as many people with SMI also have a diagnosis of autism.

#### Will there be a balance of Level 6 and Level 7 qualified roles to support a diverse workforce that represents the local community?

We recognise the value in ensuring different qualification entry levels for trainees to ensure appropriate representation of communities within the workforce – a key principle for community mental health transformation. Education providers will be required to make both entry routes available with the balance of trainee entrants to be agreed with partner service providers.

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#### From an educational perspective - there appear to be a number of shared core competencies with other roles - has any thought been given to how the education programmes might dove tail into a single programme with core and specialist pathway modules - rather than developing as standalone programmes?

We would encourage education providers to adapt existing training materials and modules as much as possible where these appropriately address the MHWP curriculum. This is a good use of resources and promotes consistency of approach across professions. However, as the question suggests, there are specific requirements of this curriculum that must be addressed to successfully deliver this training.

#### How will you support and ensure capacity for the MHWP supervisors?

Supervisors will also be supported with nationally funded short training courses from the MWHP training provider. We recognise the demands of supervisors but believe the benefits of the MHWP role in terms of expanding capacity and development of the workforce far outweigh the education commitment required.

Areas that have used other graduate level roles have been in high demand and carry similar supervisory requirements. These roles are not, however, being mandated and it is for services to consider how they can support delivery and how to ensure the right supervision is provided.

#### Should this role replace other psychological profession roles?

No. The MHWP **does not** deliver therapy and **should not** be used to replace existing posts for registered practitioner psychologists or psychological therapists. It is an additional role that can contribute to a significant expansion in the multi-disciplinary community mental health workforce, alongside the expansion of posts for registered practitioner psychologists and psychological therapists, to deliver the NHS Long Term Plan ambitions and commitments.

#### Can you explain how this differs from other roles such as PWPs?

This role is specifically tailored to support those with severe mental health problems, so may deliver some similar activities to the IAPT PWP role but with a different client group and tailored interventions. We have created a table (see [Annex one](#_Annex_one:_summary)) to help understand some of the different “new” roles that may have overlapping functions.

#### How is it envisaged that this fits with the existing CAP (Clinical Associate in Psychology) role?

We are not asking services to choose between MHWPs and CAPs. It is for local areas to decide on their staffing models, which may include a number of new roles, with different funding routes and bandings.

More work will be needed to understand the unique contributions of the MHWP role and CAPs, and the relationship between these.

The MHWP role is based on a national curriculum focussed on care planning and focused interventions with the SMI client group, whereas CAPs have a broader remit within which locally tailored curricula are operating. The CAPs role is being deployed at AfC Band 6, whilst the MHWP is going to be at AfC Band 5 – this is important for a national role as it aligns with existing, similar nationally-supported roles.

We recognise that local systems have seen some real benefits from the CAPs role, and we anticipate that systems may well want to make use of more than one type of role. HEE and NHSE/I are meeting with CAPs implementers to hear more about how the role is developing and discuss the relationship between the two roles.

#### How do we explain this role to service users?

Our National Lead Expert by Experience for Psychological Professions describes the role to service users by saying:

“A Mental Health Wellbeing Practitioner will share with you psychological ideas that aim to help you and make you feel better.

You will meet with the Mental Health and Wellbeing Practitioner for a set number of sessions. During the sessions, you and the Mental Health and Wellbeing Practitioner will focus on your ideas about how you can feel better and help you achieve what you want to happen in your life. Examples may include talking about ways to improve sleep or finding ways to get out and meet people.

Mental Health and Wellbeing Practitioners want to help you live a better life.”

#### Will this role be impacted by HEE’s recent funding policy announcement for psychological professions training programmes?

Unless exempt, MHWPs entering training from April 2022 will be unable to access another NHS funded training in the psychological professions until two years after their qualifying exam board. To keep updated with the policy developments, visit [HEE’s psychological professions webpage](https://www.hee.nhs.uk/our-work/mental-health/psychological-professions).

#### How will the impact of this role be evaluated?

HEE will be working with education providers to gather feedback from trainees and sponsoring service provider organisations regarding the MHWP role.

HEE will also be looking to commission an independent evaluation to measure the impact of this role.

## Annex one: summary of roles and how they compare to MHWP

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| Role | Development initiated by | Core features | Qualification | Entry requirement | NHS AfC Banding |
| Nursing Associate | Health Education England  | A generic nursing role that bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different health and social care settings | Foundation Degree Apprenticeship | Academic Level 3 / GCSEs in maths and English | Band 4 |
| Mental health and wellbeing practitioner | Health Education England and NHS England | Collaborative care planning. Psychologically-informed interventions based on national curriculum. Deployed in adult community teams and primary care to support those with severe mental health problems. | PG Cert / Graduate Cert | All graduates/ suitably qualified non-graduates | Band 5 |
| Associate Psychological Practitioners  | NWC Regional Innovation Agency / HEE NW | Psychologically-informed interventions based on local need. Deployed in adult community teams and primary care. | Postgraduate Diploma | Psychology graduates | Band 5 |
| Graduate Mental Health Practitioners  | University Innovation / HEE SE | Care co-ordination. Brief psychologically-informed interventions. | Postgraduate Certificate | All graduates | Band 5 |
| Education Mental Health Practitioners  | NHS England | Psychologically-informed interventions in schools and colleges plus supporting whole school approaches to mental wellbeing | PG Dip / Graduate Dip | All graduates/ suitably qualified non-graduates | Band 5 |
| Psychological Wellbeing Practitioner  | Department of Health | Low intensity CBT within IAPT services.  | PG Cert / Graduate Cert /Apprenticeship option | All graduates/ suitably qualified non-graduates | Band 5 |
| Children’s Wellbeing Practitioner | NHS England | Psychologically-informed interventions in CYP MH services | PG Cert / Graduate Cert | All graduates/ suitably qualified non-graduates | Band 5 |
| Clinical Associate in Psychology | Employer-led Apprenticeship Trailblazer | Flexible curriculum shaped locally, within a national accreditation framework. Formulation, psychologically-informed interventions and service-based research. | Masters apprenticeship | Psychology graduates | Band 6  |