

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

Implementation Guidance 2020/21





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

## Implementation Guidance 2020/21

### 1. Introduction

- 1.1 This guidance is for provider organisations, training 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.
- 1.2 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

- 2.1. To increase access to evidence-based psychological therapies (as recommended by NICE) for people with a diagnosis of psychosis, 'personality disorder' or bipolar disorder. This is a key objective articulated in both the Five Year Forward View for Mental Health and the NHS LTP.
- 2.2. To increase the profile and prioritisation of PT-SMHP within provider organisations, and Sustainability & Transformation Partnership (STP) / Integrated Care System (ICS) mental health strategies.
- 2.3. 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.

### 3. National Context

- 3.1. 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 NICE-recommended treatment in the community in a timely manner.
- 3.2. As a result of COVID-19 and consequent loss and disruption, a significant increase in mental health need is expected, with many more people with SMHP ideally being able to benefit from evidence-based psychological therapy to support their recovery.

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

- 3.3. NHS England and NHS Improvement are making the following resources available to support this objective:
- 3.4. 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 stabilise and bolster community mental health services by recruiting more staff to work in provider Community Mental Health Teams (CMHTs);
- 3.5. 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 has been 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. At the time of writing, this plan remains firmly in place and is, if anything, even more important as a consequence of the impact of COVID-19;
- 3.6. 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. Principles

- 4.1. NICE guidelines recommend that everyone with psychosis, bipolar disorder and 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.
- 4.2. People with SMHP present with a wide range of problems beyond their diagnosis of psychosis, bipolar 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.
- 4.3. Psychological therapies should be offered according to the principles and protocols set out by NICE.
- 4.4. Therapists must be competent to deliver the therapies as set out in nationally-agreed competence frameworks for their delivery:
  - 4.4.1. Psychosis and bipolar disorder: <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-10>
  - 4.4.2. 'Personality disorder': <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-12>

- 4.5. 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.
- 4.6. 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.
- 4.7. Some upskilling trainings are relatively brief, and a high level of existing generic psychological therapy competence is required in order to enter these trainings.
- 4.8. Psychological therapies (Cognitive Behavioural Therapy), Dialectical Behaviour Therapy (DBT) and Mentalisation-Based Treatment (MBT) should be delivered by staff with recognised qualification and registration/accreditation (see Table 1), 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. Other training is suitable for a range of staff, including peer support workers. Further specific guidance is presented in Table 1.
- 4.9. Ongoing specific clinical supervision will be required for each intervention. This should always be delivered by a clinician both competent in supervision and experienced in the direct delivery of the intervention. This improves treatment adherence and clinical effectiveness.

## **5. Services in and out of scope for this workstream:**

- 5.1. 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:

- 5.2. CCG-commissioned community mental health services for adults and older adults (18+). Please note that increasing access to psychological therapies for eating disorders is a key objective in our overall plans to improve adult and older adult eating disorder care; while these workstreams are closely interlinked, psychological therapies for eating disorders are not in the scope of this guidance<sup>2</sup>;
- 5.3. The target service user population includes everyone with a diagnosis of psychosis, 'personality disorder' or bipolar disorder, including those with co-existing secondary needs and / or diagnoses (e.g. substance use, neurodevelopmental conditions, depression and anxiety disorders).
- 5.4. It is important that inequalities and protected characteristics are taken into account in aiming to provide an equitable service to people of different backgrounds. 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/>

<sup>2</sup> Further guidance on adult eating disorder care is available at <https://www.england.nhs.uk/publication/adult-eating-disorders-community-inpatient-and-intensive-day-patient-care-guidance-for-commissioners-and-providers/>

5.5. Crisis services may be in scope for expanding 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.

Out of scope:

5.6. 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.

## 6. Local strategies and governance

6.1. Mental health providers, CCGs and STPs/ICSs should develop a specific local strategy for implementing increased access to NICE-recommended psychological therapies for psychosis, 'personality disorder' and bipolar disorder. This will include:

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

6.2. This local workforce strategy should feed into continuous STP/ICS LTP five-year (strategic and workforce) planning as set out in [the NHS Mental Health Implementation Plan 2019/20 – 2023/24](#). Although at the time of writing, COVID-19 has led to the suspension of the 2020/21 operational planning process as confirmed in [the 17 March letter from Simon Stevens and Amanda Pritchard to all NHS services](#), the following content in [the NHS Operational Planning and Contracting Guidance 2020/21](#) remains highly relevant to our PT-SMHP ambitions:

- 6.2.1. *In 2020/21, CCGs will have ~£135m of NHS Long Term Plan baseline funding to bolster their community mental health provision for adults and older adults. CCGs should refer to the NHS Long Term Plan Analytical tool to understand the baseline funding available for their respective CCG. Whilst pilots of new integrated primary and community models are being tested in a subset of STPs, all CCGs should increase investment and staffing in core and dedicated (for eating disorders, mental health rehabilitation and "personality disorder") community mental health services now as well as plan for future community provision, in line with the recently published Community Mental Health Framework. (p9)*

Its continuing relevance is confirmed via the subsequent [29 April letter from Simon Stevens and Amanda Pritchard regarding the second phase of the NHS response to COVID-19](#), which sets out that mental health services should "Prepare for a possible

longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.”

- 6.3. It is important that local decisions around how this additional funding should be used to increase community mental health provision are taken with due regard given to the need to increase access to PT-SMHP.
- 6.4. 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.
- 6.5. Local strategies should prioritise the implementation of these therapies and interventions by staff with the full competence to do so safely and effectively. This paper provides relevant guidance in Tables 1 and 2.
- 6.6. Local implementation strategies should aim to provide access to evidence-based psychological therapies for all three diagnostic groups (psychosis, ‘personality disorder’ and bipolar disorder) 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.
- 6.7. The psychological therapies and interventions that are within scope for local investment are specified in the relevant UCL Competence Frameworks:
  - 6.7.1. Psychosis: CBT for Psychosis, Family Intervention
  - 6.7.2. Bipolar Disorder: CBT for Bipolar Disorder, Family Intervention, Interpersonal Psychotherapy (IPT) / Social Rhythm Therapy
  - 6.7.3. ‘Personality Disorder’: CBT for Personality Disorder, Schema Focused Therapy, Dialectical Behaviour Therapy, Mentalisation-Based Therapy, Transference Focused Psychotherapy, Interpersonal Group Psychotherapy, Cognitive Analytic Therapy.
- 6.8. Additional relevant interventions that are NOT psychological therapies but that are within scope for local investment include:
  - 6.8.1. Psychosis: Psychoeducation and Relapse Prevention
  - 6.8.2. Bipolar Disorder: Psychoeducation and Relapse Prevention.
  - 6.8.3. ‘Personality Disorder’: Generic Structured Clinical Care, Psychoeducation and Problem Solving (STEPPS programme) and Consulting to individuals and teams regarding clients with personality disorder

6.9. The current national investment in certain upskilling training programmes is not intended to lead to local disinvestment from delivery of any other psychological therapies and interventions, including those listed above, if they are local priorities.

## **7. Implementation of Upskilling Training in 2020/21**

7.1. In 2020/21 the intention is for NHS England, NHS Improvement and HEE to commission the following psychological therapy training for suitably qualified and competent staff who are either already in post or recruited into training posts:

- 7.1.1. CBT for Severe Mental Health Problems (with some trainees undertaking a psychosis and bipolar disorder pathway, others a personality disorder pathway. This training will also enable practitioners to deliver evidence-based psychological therapy for depression and anxiety disorders, including PTSD)
- 7.1.2. Family Interventions (for psychosis and bipolar disorder)
- 7.1.3. Dialectical Behaviour Therapy (for 'emotionally unstable' or 'borderline' 'personality disorder')
- 7.1.4. Mentalisation Based Treatment (for 'emotionally unstable' or 'borderline' 'personality disorder')
- 7.1.5. Structured Clinical Management (for 'personality disorder')
- 7.1.6. Psychosis and Bipolar Disorder awareness training.

7.2. Through the LTP, NHS England and NHS Improvement have also committed to investing in Knowledge and Understanding Framework (KUF) for 'personality disorder' training for community mental health staff. While the KUF is not a psychological therapy itself, it has relevance to the PT-SMHP programme, which can build on the knowledge a KUF trainee gains. KUF training commissions in awareness-level courses for 2020/21 are likely to be made available to specific services and geographies based on NHS England and NHS Improvement's current transformation priorities. Training will be rolled out to wider community mental health services from 2021/22 following a planned refresh of materials.

7.3. 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:

- 7.3.1. Staff who can have the required amount of time built into their job plan to undertake the training, required casework and associated supervision to become proficient in the specified approach;
- 7.3.2. Staff who are highly motivated to undertake what can be demanding programmes of study;
- 7.3.3. Staff with the required entry qualifications and competences for the upskilling training;



- 7.3.4. 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;
- 7.3.5. Staff with access to the required specialist supervision during and beyond the training period;
- 7.3.6. 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.

**Table 1: Psychological Therapies and Interventions in SMHP upskilling training 2020/21: Implementation Guidance**

*This guidance, and the range of trainings, is subject to revision from April 2021. More details of the interventions themselves are given in the Appendix.*

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	Practitioners must have the following credentials to deliver this therapy (in 2020/21)
<b>Cognitive Behavioural Therapy for Psychosis and Bipolar Disorder</b>	<p>CBT for Severe Mental Health Problems: Psychosis and Bipolar Pathway</p> <p>OR</p> <p>CBTp programme currently on HEE commissioning framework</p>	<p>Two years part time, postgraduate level</p> <p>OR</p> <p>One year part time, building on existing CBT competence, postgraduate level</p>	<p>National CBT-SMHP curriculum: Psychosis and Bipolar Disorder Pathway</p> <p>OR</p> <p>Local curriculum for CBTp programmes on HEE framework</p>	<p>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.</p>	<p>BABCP (Level 2) - to be confirmed</p>	<p>BABCP Accreditation</p>	<p>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></p> <p>This is assured through individual BABCP accreditation, Health &amp; 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</p> <p>Delivery of individual CBT should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above)</p> <p>A minimum of one hour per month of CBTp-specific supervision from an experienced CBTp practitioner.</p>

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	Practitioners must have the following credentials to deliver this intervention (in 2020/21)
<b>Family Interventions for psychosis and Bipolar Disorder</b>	<p>An FI programme on the national framework currently commissioned by HEE</p> <p>OR</p> <p>An FI Programme delivering National FI Curriculum (publication expected June 2020)</p>	5-20 days training plus supervised practice, across a year	<p>Local curriculum for FI programmes currently commissioned by HEE. Training must be a minimum of five days' classroom training. Competence can only be attained through additional supervised practice.</p> <p>OR</p> <p>National Family Interventions Curriculum (publication expected June 2020)</p>	<p>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).</p> <p>Also, other clinical and peer support staff with experience of working with psychosis and bipolar disorder can attend and become co-therapists.</p>	None currently - Courses must be on framework currently commissioned by HEE.	None currently - under review	<p>Specific FIp competences as set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/psychosis-bipolar-framework/Specific%20interventions/Family%20Interventions%20for%20psychosis%20and%20for%20bd%20web%20version.pdf">https://www.ucl.ac.uk/clinical-psychology/competency-maps/psychosis-bipolar-framework/Specific%20interventions/Family%20Interventions%20for%20psychosis%20and%20for%20bd%20web%20version.pdf</a>.</p> <p>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></p> <p><b>AND</b> a minimum of five days' classroom training and a minimum of one year of supervised practice in FIp.</p> <p>See the Appendix for more details of the intervention.</p> <p>A minimum of one hour per month of FI-specific supervision from an experienced FI practitioner.</p>

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	Practitioners must have the following credentials to deliver this therapy (in 2020/21)
<b>Dialectical Behaviour Therapy (DBT)</b> (for 'emotionally unstable' or 'borderline' 'personality disorder')	DBT training	Two years part-time, postgraduate level	National DBT Curriculum	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 DBT to be implemented.	None currently	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 specified (AfC band 6 and above)

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	Practitioners must have the following credentials to deliver this therapy (in 2020/21)
<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 (expected June 2020)  OR  Currently nationally commissioned MBT training	Core Mental Health Professional Qualification <a href="https://www.babcp.co.uk/Accreditation/Core-Profession.aspx">https://www.babcp.co.uk/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.	Anna Freud Centre	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).

Psychological therapy	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	Practitioners must have the following credentials to deliver this therapy (in 2020/21)
<b>Cognitive Behavioural Therapy for Personality Disorder</b>	CBT for Severe Mental Health Problems: Personality Disorder Pathway	Two years part time, postgraduate level	National CBT-SMHP curriculum: Personality 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.	BABCP (Level 2) - to be confirmed	BABCP Accreditation	<p>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></p> <p>This is assured through individual BABCP accreditation, Health &amp; 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 'PD'</p> <p>Delivery of individual CBT for 'PD' should be in a post with appropriate qualification, accreditation and supervision requirements specified (AfC band 6 and above)</p> <p>A minimum of one hour per month of CBTpd-specific supervision from an experienced CBTpd practitioner.</p>

**Table 2: Generic interventions upskilling training 2020/21: Implementation Guidance**

*This guidance is subject to revision from April 2021*

Intervention / approach	Training route	Training commitment	Training curriculum	Who can undertake this training?	Course accredited by	Individual accreditation recognised	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	National SCM Curriculum (Expected June 2020)	All clinical and peer support staff in mental health	None currently	None currently	Competences set out here: <a href="https://www.ucl.ac.uk/clinical-psychology/competency-maps/pdf/framework/General%20clinical%20care/Generic%20structured%20care%20web%20version.pdf">https://www.ucl.ac.uk/clinical-psychology/competency-maps/pdf/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>Structured Clinical Management (SCM) supervision</b>	None currently	Regular supervision of SCM supervision from and SCM trainer	None currently	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	None currently	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	National Understanding Psychosis and Bipolar Disorder Curriculum (Expected June 2020)	All practitioner and peer support staff	None	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 and peer support staff.	None	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



## **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.

and 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.

## **A8. Further information**

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

