

Evidence Brief: Mental Health and Wellbeing Practitioners

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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Workforce, Training and Education Knowledge Management Team

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[NHS Long Term Workforce Plan](#)

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

See p. 99 "Mental Health and Wellbeing Practitioners and Children's Wellbeing Practitioners"

[Mental Health and Wellbeing Practitioner: A Guide to Practice](#)

Source: NHS

Publication date: June 2023

The purpose and stance of the Mental Health and Wellbeing Practitioner role Being a Mental Health and Wellbeing Practitioner (MHWP) involves providing compassionate, person-centred care for adults (including older people), hopeful and focused on the service user's goals. It begins with skilled information gathering, information giving and shared decision-making to enable access to the best community and professional resources that can help. It also involves delivering specific psychological interventions under supervision from a suitably qualified psychological professional. The MHWP role is community-based but may, at times, involve supporting service users to make the transition from an inpatient stay back to the community.

[Building resilience: how local partnerships are supporting children and young people's mental health and emotional wellbeing](#)

Source: Isos and Local Government Association

The purpose of this research is, firstly, to explore some of the factors which are contributing to this nationally challenging context and, secondly, to develop an evidence base for how local government and its partners can work most effectively together to deliver a coherent and joined-up offer of support for children and young people's mental health. The research is based on a review of the existing evidence base, workshops with around 80 participants from councils and their partners in health and in-depth engagements with eight fieldwork areas.

[Reaching the tipping point: children and young people's mental health](#)

Source: NHS Confederation

Publication date: August 2021

What impact has the pandemic had on children and young people's mental health and the services that support them?

[Guidance on co-locating mental health therapists in primary care](#)

Source: NHS England

Publication date: August 2018

See p. 8 Quality Assurance and governance

This guidance seeks to assist GPs, practice managers and commissioners who are integrating mental health therapists into primary care pathways by providing information on how to do this, flagging some of the principal organisational and financial issues which need to be considered.

[Getting my life back: occupational therapy promoting mental health and wellbeing in Northern Ireland](#)

Source: Royal College of Occupational Therapists

Publication date: May 2018

See p. 9 Service example 1

In this report, the Royal College argues that early access to occupational therapy for people with mental ill health will ensure that they have the best long term health and social care

outcomes. It will improve longevity and quality of life; enabling people to get back in control of their lives. Occupational therapists improve access to services, integrate mental and physical health and promote good mental health. The examples in this report not only support but drive the vision of Health and Wellbeing 2026: Delivering Together. 7

Improving competencies of PWP/counsellors to work with people with longterm conditions: Final Report

Source: Centre for Health Services Studies University of Kent
Publication date: December 2017

To improve mental health and wellbeing across NW London, the NW London Consortium of Clinical Commissioning Groups has established a new strategy called 'Like Minded', which is about working in partnership to look at how to deliver excellent, joined up services that improve the quality of life for individuals, families and communities who experience mental health issues. Part of this strategy is to ensure that the mental health workforce is able to work effectively with people with long term conditions.

Case Studies

Shining a light on the wider psychological workforce

Source: The British Psychological Society
Publication date: 4th October 2023

The wider psychological workforce is a term commonly used in psychology. It covers a wide range of roles and industries and is not restricted to the typical positions which people usually associate with psychological practitioners.

The Star for workforce redesign

More resources and tools are available in the **Mental Health** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**”

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Development of a competency framework for the Assistant Wellbeing Practitioner (Renal) role

Item Type: Journal Article

Authors: Farrand, P.;Hamilton, A. and Strickland, S.

Publication Date: // ,2024

Journal: Journal of Renal Care 50(1), pp. 63-75

Abstract: BACKGROUND: Many people with kidney disease experience comorbid mental health difficulties that result in worse physical health outcomes alongside greater personal, treatment and societal costs. PROBLEM: Workforce expansion to treat comorbid mental health difficulties has focussed on psychological practitioners. This fails to capitalise on benefits arising from embedding roles to address biopsychosocial

outcomes directly within the renal specialty. A competency framework to inform development and training for such a role has not been developed. METHOD(S): Five-phase process to develop a competency framework for an Assistant Wellbeing Practitioner (Renal) role. Following identification of competency frameworks for roles in psychological practice, health and social care, relevant competencies were synthesised to create a draft competency framework. This framework was revised through consultation events with professionals associated with the renal specialty and Kidney Patient Involvement Network with the framework informing a competency map. RESULT(S): The competency map comprised three categories-Knowledge, Values and Principles, Core Skills and Meta-Competencies with specific competencies for an assistant practitioner role to work within the renal specialty identified. Core knowledge and skills included awareness of kidney treatments and common psychosocial difficulties, collaborative care and supporting evidence-based prevention approaches. CONCLUSION(S): Competencies associated with the Assistant Wellbeing Practitioner (Renal) role have the potential to promote mental wellbeing, better physical health and generate social and economic benefits. The competency map can inform training and role evaluation, although addressing implementation issues associated with commissioning physical and mental healthcare is required. Copyright © 2022 The Authors. Journal of Renal Care published by John Wiley & Sons Ltd on behalf of European Dialysis & Transplant Nurses Association/European Renal Care Association.

[Expanding the early intervention offer: A new care pathway for children's wellbeing practitioners in a south London child and adolescent mental health service](#)

Item Type: Journal Article

Authors: Hickling, Lauren M.; Dabrowski, Julia and Williams, Sadie

Publication Date: // ,2024

Journal: Clinical Child Psychology and Psychiatry 29(1), pp. 155-167

Abstract: Child and Adolescent Mental Health Services (CAMHS) have been under recent increased demand, with increasingly limited resources, contributing to longer waiting lists, and a growing proportion of rejected referrals due to limited capacity and increasing thresholds. Child and Wellbeing Practitioners (CWPs) provide an opportunity to meet the needs of rejected referrals. We aimed to determine the feasibility of a new and direct referral route within a South London CAMHS. All referrals rejected to the local CAMHS in one year were assessed for inclusion to an embedded child and youth wellbeing in schools team (CYWS), and data collected on reasons for rejection, demographics and eligibility for the CYWS team. Of the 1,322 referrals made to CAMHS in this period, 317 were rejected. The most common reason for referral rejection was not meeting the severity threshold. One third of rejected referrals were judged to be eligible for inclusion to the CYWS team. Therefore, a significant number of children and young people (CYP) being rejected by CAMHS would be eligible for assessment and possible treatment under the CYWS team, making a new referral route potentially feasible, allowing more CYP to access mental health support and have a positive impact on waiting times.

[Building resilience in the Improving Access to Psychological Therapy \(IAPT\) Psychological Wellbeing Practitioner \(PWP\) role: a qualitative grounded theory study](#)

Item Type: Journal Article

Authors: Vivolo, Marco; Owen, Joel and Fisher, Paul

Publication Date: // ,2024

Journal: Behavioural and Cognitive Psychotherapy 52(2), pp. 135-148

Abstract: AIM: Staff retention, particularly in the Psychological Wellbeing Practitioner (PWP) workforce, has historically been

challenging for Improving Access to Psychological Therapy (IAPT) services. This study sought to develop an explanatory model of the resilience-building process in PWPs working within the IAPT programme., METHOD: A qualitative design was conducted, using a grounded theory methodology. Participants were recruited from two IAPT services in the National Health Service (NHS), which were part of the same Mental Health Trust. Ten PWPs were interviewed via videoconferencing using semi-structured interviews., RESULTS: An explanatory model of resilience in PWPs encompassed three phases: the experience of work-related challenges, the connection with their values and the related appraisal of adversity in resilient ways, and the implementation of effective coping strategies., CONCLUSIONS: The model highlights that PWPs develop resilience through values-based sensemaking and by proactively engaging in effective coping mechanisms. This study contributes to the current understanding of the process of resilience in PWPs. More research is needed to explore the developmental processes underlying PWPs' resilience. The implications of the findings in relation to existing conceptualisations of resilience, staff wellbeing and retention are explored. Recommendations for future research are also given.

[Psychological wellbeing practitioners' experiences of improving access to psychological therapies \(IAPT\) services cultural competency training](#) Abstract only*

Item Type: Journal Article

Authors: Bucheeri, Hala and Faheem, Afsana

Publication Date: /07// ,2023

Journal: Mental Health Review Journal 28(3), pp. 257-271

Abstract: Purpose: This study aims to explore whether the cultural competency training in Improving Access to Psychological Therapies (IAPT) services is sufficient to equip Psychological Wellbeing Practitioners (PWP) to support Black, Asian and Minority Ethnic (BAME) service users.

Design/methodology/approach: A qualitative design was adopted using semi-structured interviews with six PWP participants. Reflexive thematic analysis using Braun and Clarke's (2006) six-step process was used in data analysis. Findings: Three themes revealed evaluations of PWP training, factors supporting PWPs' cultural competency and points of improvement for PWP training. The training briefly and superficially covered cultural competency content; however, it encouraged PWPs to explore potential personal and cultural biases in therapy. PWP training can also be improved by providing more culturally relevant resources and involving BAME service users. Research limitations/implications: A small sample size (N = 6) was used, impacting the findings' generalizability. Practical implications: PWP training does not sufficiently equip PWPs to support BAME service users. PWPs' reflection of their own ethnic identity and personal experiences, when combined with training, can improve cultural competency. IAPT training should focus on cultural awareness, knowledge and skills to enhance therapeutic experience. Moreover, PWPs should reflect on their identity, personal biases and experiences when working with diverse communities. Originality/value: This is one of the few qualitative studies evaluating the cultural competencies of PWPs in IAPT.

[Conference abstract: Nature walks: a funded hospice project to promote mental health through the five pillars of wellbeing](#)

Abstract all available

Item Type: Journal Article

Authors: Chitnis, M. -J

Publication Date: // ,2023

Journal: BMJ Supportive and Palliative Care 13, pp. A74

Abstract: Background Following a pilot, the hospice wanted to continue to provide wellbeing walks using the five pillars of wellbeing and applied for, and were successful in gaining a grant, to engage with our local community and provide a series of nature walks. Aim To provide a series of walks focusing on the

five pillars of wellbeing and how green spaces are a sustainable vehicle for delivering wellbeing services across the locality. Method A series of 15 themed nature walks took place and targeted patients, carers, bereaved people, as well as those who want to know more about the hospice. The walks were staffed by the hospice Wellbeing Practitioner and volunteers, as well as guest speakers, who guided the group through a different theme, focusing on nature or an activity. Community outreach was enhanced through social media posts and targeting 'difficult to reach' groups. The diversity of the group was evaluated, as well as qualitative data using a Mentimeter online questionnaire. Results The benefits of having funding allowed us to widen our reach and offer a variety of venues, across our catchment area. Promotion via social media was enhanced and led to an increase in participants. Feedback was positive with participants reporting improved sense of wellbeing, peer support and higher levels of confidence. Conclusion This low level engagement was also a useful as a step down tool for those who find moving on difficult, whilst maintaining contact at 'arm's length'. Also it provided an outreach opportunity to engage with 'difficult to reach' communities.

[Is clinical decision making in stepped-care psychological services influenced by heuristics and biases?](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Michael, Benjamin;Kellett, Stephen and Delgadillo, Jaime

Publication Date: // ,2023

Journal: Behavioural and Cognitive Psychotherapy 51(4), pp. 362-373

Abstract: BACKGROUND: The manner in which heuristics and biases influence clinical decision-making has not been fully investigated and the methods previously used have been rudimentary., AIMS: Two studies were conducted to design and

test a trial-based methodology to assess the influence of heuristics and biases; specifically, with a focus on how practitioners make decisions about suitability for therapy, treatment fidelity and treatment continuation in psychological services., METHOD: Study 1 (N=12) used a qualitative design to develop two clinical vignette-based tasks that had the aim of triggering heuristics and biases during clinical decision making. Study 2 (N=133) then used a randomized crossover experimental design and involved psychological wellbeing practitioners (PWP) working in the Improving Access to Psychological Therapies (IAPT) programme in England. Vignettes evoked heuristics (anchoring and halo effects) and biased responses away from normative decisions. Participants completed validated measures of decision-making style. The two decision-making tasks from the vignettes yielded a clinical decision score (CDS; higher scores being more consistent with normative/unbiased decisions)., RESULTS: Experimental manipulations used to evoke heuristics did not significantly bias CDS. Decision-making style was not consistently associated with CDS. Clinical decisions were generally normative, although with some variability., CONCLUSIONS: Clinical decision-making can be 'noisy' (i.e. variable across practitioners and occasions), but there was little evidence that this variability was systematically influenced by anchoring and halo effects in a stepped-care context.

[A pilot evaluation of the role of a children's wellbeing practitioner \(CWP\) in a child and adolescent mental health service \(CAMHS\)](#)

Item Type: Journal Article

Authors: Turnbull, Michael;Kirk, Hayley;Lincoln, Michealla;Peacock, Sarah and Howey, Lynne

Publication Date: // ,2023

Journal: Clinical Child Psychology and Psychiatry 28(3), pp. 1150-1159

Abstract: BACKGROUND: In 2017, the Children and Young

People's Improving Access to Psychological Therapies (CYP-IAPT) project was extended to deliver low-intensity Cognitive Behavioural Therapy (CBT), delivered by Children's Wellbeing Practitioners (CWPs), but to date evaluation is sparse., AIMS: To evaluate low-intensity interventions delivered by trainee CWPs for the treatment of anxiety and depression in a child and adolescent mental health service (CAMHS)., METHOD: The evaluation adopted a quantitative, within-subjects, cross-sectional design. The outcome measures of 98 service users aged 8-17 years were included in the evaluation. Service users were children and young people accessing CAMHS in the North East of England. Outcome measures included the Revised Children's Anxiety and Depression Scale (RCADS-47) and Goal Based Outcomes (GBOs). Descriptive data relating to the types of interventions used and outcomes following CWP involvement were also explored., RESULTS: Analysis of pre and post intervention data highlighted significant reduction in symptomatology across all RCADS subscales and composite total scales, and significant goal progress as measures by GBO's. Effect sizes ranged from moderate to large ($d = 0.75 - 0.90$) across all subscales of the RCADS. Large effect sizes were found for depression, total anxiety and total RCADS scores ($d = 0.86$, $d = 1.12$, $d = 1.14$), and GBOs ($d = -1.33$)., CONCLUSIONS: Findings support the potential value of low intensity CBT interventions delivered by CWPs in reducing anxiety and depression in this population. Recommendations for the development of the CWP role and CWP services are discussed.

[Integrating mental health care into home-based nursing services: A qualitative study utilising normalisation process theory](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Ohlsen, Sally;Sanders, Tom;Connell, Janice and Wood, Emily

Publication Date: /05// ,2022

Journal: Journal of Clinical Nursing (John Wiley & Sons, Inc.) 31(9), pp. 1184-1201

Abstract: Aims and objectives: To identify barriers and facilitators to implementing community nurses being trained as psychological wellbeing practitioners and integrating this practice into home-based primary care nursing, through key stakeholders' perceptions. Background: Current drivers in UK primary care aim to increase access to mental health services and treatment, to achieve parity of esteem between physical and mental health care for patients who are housebound. However, there remains limited evidence on how to successfully implement this. Training community nurses as psychological wellbeing practitioners to offer mental health care alongside their current home-based services is one option. Design: A pluralistic qualitative study. This study followed the COREQ checklist for reporting qualitative research. Methods: Twenty key stakeholders were purposively recruited and interviewed including twelve health professionals and eight patients. Semi-structured interviews were analysed using a theoretical thematic analysis informed by normalisation process theory concepts of coherence, cognitive participation, collective action and reflexive monitoring, to explore the barriers and facilitators to implementation. Results: Staff and patients reported high coherence and cognitive participation, valuing the integrated roles. Facilitators included the development of clearer referral pathways and increased mental health knowledge in the wider team. However, sustainability and current siloed healthcare systems were identified as barriers to implementation. Conclusions: A key obstacle to long-term implementation was the practical structures and financial boundaries of siloed healthcare systems, making long-term sustainability unviable. Relevance to clinical practice: Community nurses with additional mental health training can integrate these skills in practice and are valued by their team and patients offering holistic care to patients within their home and informal knowledge transfer to the

wider team. However, long-term sustainability is required if this is to be adopted routinely. Further evidence is needed to better understand the positive outcomes to patients and potential cost savings.

["Pacing does help you get your life back": The acceptability of a newly developed activity pacing framework for chronic pain/fatigue](#)

Item Type: Journal Article

Authors: Antcliff, D.;Keenan, A. M.;Keeley, P.;Woby, S. and McGowan, L.

Publication Date: 2021

Journal: Musculoskeletal Care (pagination), pp. no pagination

Abstract: Objectives: We have developed and feasibility tested an activity pacing framework for clinicians to standardise their recommendations of activity pacing to patients with chronic pain/fatigue. This study aimed to explore the acceptability and fidelity to this framework in preparation for a future trial of activity pacing. Design(s): Acceptability and fidelity were explored using semi-structured interviews. Data were analysed using framework analysis. Participant(s): Patients who attended a rehabilitation programme for chronic pain/fatigue underpinned by the framework, and clinicians (physiotherapists and psychological wellbeing practitioners) who led the programmes. Result(s): Seventeen interviews were conducted, involving 12 patients with chronic pain/fatigue and five clinicians. The framework analysis revealed four deductive themes: (1) Acceptability of the activity pacing framework, (2) Acceptability of the feasibility study methods, (3) Processes of change and (4) Barriers and facilitators to activity pacing; and one inductive theme: (5) Perspectives of patients and clinicians. Conclusion(s): The activity pacing framework appeared acceptable to patients and clinicians, and adherence to the framework was demonstrated. Processes of behaviour change included patients' regulation of activities through activity pacing. Barriers to pacing included

work/social commitments and facilitators included identifying the benefits of pacing on symptoms. Different perspectives emerged between clinicians and patients regarding interpretations of symptom-contingent and quota-contingent strategies. The framework recognises fluctuations in symptoms of chronic pain/fatigue and encourages a quota-contingent approach with flexibility. Future work will develop a patient friendly guide ahead of a clinical trial to explore the effects of pacing. Copyright © 2021 The Authors. Musculoskeletal Care published by John Wiley & Sons Ltd.

['Asking for help': a qualitative interview study exploring the experiences of interpersonal counselling \(IPC\) compared to low-intensity cognitive behavioural therapy \(CBT\) for women with depression during pregnancy](#)

Item Type: Journal Article

Authors: Ingram, Jenny;Johnson, Debbie;O'Mahen, Heather A.;Law, Roslyn;Culpin, Iryna;Kessler, David;Beasant, Lucy and Evans, Jonathan

Publication Date: Nov 12 ,2021

Journal: BMC Pregnancy & Childbirth 21(1), pp. 765

Abstract: BACKGROUND: Treating depression early in pregnancy can improve health outcomes for women and their children. Current low-intensity psychological therapy for perinatal depression is a supported self-help approach informed by cognitive behavioural therapy (CBT) principles. Interpersonal counselling (IPC) may be a more appropriate low-intensity talking therapy for addressing the problems experienced by pregnant women with depression. A randomised feasibility trial (ADAGIO) has compared the acceptability of offering IPC for mild-moderate antenatal depression in routine NHS services compared to low-intensity CBT. This paper reports on a nested qualitative study which explored women's views and expectations of therapy, experiences of receiving IPC, and Psychological Wellbeing Practitioners (PWPs - junior mental

health workers) views of delivering the low-intensity therapy. **METHODS:** A qualitative study design using in-depth semi-structured interviews and focus groups. Thirty-two pregnant women received talking therapy within the ADAGIO trial; 19 contributed to the interview study from July 2019 to January 2020; 12 who had IPC and seven who had CBT. All six PWPs trained in IPC took part in a focus group or interview. Interviews and focus groups were recorded, transcribed, anonymised, and analysed using thematic methods. **RESULTS:** Pregnant women welcomed being asked about their mental health in pregnancy and having the chance to have support in accessing therapy. The IPC approach helped women to identify triggers for depression and explored relationships using strategies such as 'promoting self-awareness through mood timelines', 'identifying their circles of support', 'developing communication skills and reciprocity in relationships', and 'asking for help'. PWPs compared how IPC differed from their prior experiences of delivering low-intensity CBT. They reported that IPC included a useful additional emotional component which was relevant to the perinatal period. **CONCLUSIONS:** Identifying and treating depression in pregnancy is important for the future health of both mother and child. Low-intensity perinatal-specific talking therapies delivered by psychological wellbeing practitioners in routine NHS primary care services in England are acceptable to pregnant women with mild-moderate depression. The strategies used in IPC to manage depression, including identifying triggers for low mood, and communicating the need for help, may be particularly appropriate for the perinatal period. **TRIAL REGISTRATION:** ISRCTN 11513120. 02/05/2019. Copyright © 2021. The Author(s).

[Integrating mental health care into home-based nursing services: A qualitative study utilising normalisation process theory](#) Full text

available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Ohlsen, S.; Sanders, T.; Connell, J. and Wood, E.

Publication Date: 2021

Journal: Journal of Clinical Nursing (pagination), pp. no pagination

Abstract: Aims and objectives: To identify barriers and facilitators to implementing community nurses being trained as psychological wellbeing practitioners and integrating this practice into home-based primary care nursing, through key stakeholders' perceptions. **Background(s):** Current drivers in UK primary care aim to increase access to mental health services and treatment, to achieve parity of esteem between physical and mental health care for patients who are housebound. However, there remains limited evidence on how to successfully implement this. Training community nurses as psychological wellbeing practitioners to offer mental health care alongside their current home-based services is one option. **Design(s):** A pluralistic qualitative study. This study followed the COREQ checklist for reporting qualitative research. **Method(s):** Twenty key stakeholders were purposively recruited and interviewed including twelve health professionals and eight patients. Semi-structured interviews were analysed using a theoretical thematic analysis informed by normalisation process theory concepts of coherence, cognitive participation, collective action and reflexive monitoring, to explore the barriers and facilitators to implementation. **Result(s):** Staff and patients reported high coherence and cognitive participation, valuing the integrated roles. Facilitators included the development of clearer referral pathways and increased mental health knowledge in the wider team. However, sustainability and current siloed healthcare systems were identified as barriers to implementation. **Conclusion(s):** A key obstacle to long-term implementation was the practical structures and financial boundaries of siloed healthcare systems, making long-term sustainability unviable. **Relevance to clinical practice:** Community nurses with additional mental health training can integrate these skills in practice and are valued by their team and patients offering holistic care to

patients within their home and informal knowledge transfer to the wider team. However, long-term sustainability is required if this is to be adopted routinely. Further evidence is needed to better understand the positive outcomes to patients and potential cost savings. Copyright © 2021 John Wiley & Sons Ltd.

[Views about integrating smoking cessation treatment within psychological services for patients with common mental illness: A multi-perspective qualitative study](#)

Item Type: Journal Article

Authors: Taylor, Gemma M. J.;Sawyer, Katherine;Kessler, David;Munafo, Marcus R.;Aveyard, Paul and Shaw, Alison
Publication Date: 2021

Journal: Health Expectations 24(2), pp. 411-420

Abstract: BACKGROUND: Tobacco smoking rates are significantly higher in people with common mental illness compared to those without. Smoking cessation treatment could be offered as part of usual outpatient psychological care, but currently is not. OBJECTIVE: To understand patient and health care professionals' views about integrating smoking cessation treatment into outpatient psychological services for common mental illness. DESIGN: Qualitative in-depth interviews, with thematic analysis. PARTICIPANTS: Eleven Improving Access to Psychological Therapies (IAPT) psychological wellbeing practitioners (PWPs), six IAPT patients, and six stop smoking advisors were recruited from English smoking cessation, and IAPT services. RESULTS: Patients reported psychological benefits from smoking, and also described smoking as a form of self-harm. Stop smoking advisors displayed therapeutic pessimism and stigmatizing attitudes towards helping people with mental illness to quit smoking. PWPs have positive attitudes towards smoking cessation treatment for people with common mental illness. PWPs and patients accept evidence that smoking tobacco may harm mental health, and quitting might benefit mental health. PWPs report expertise in helping people with

common mental illness to make behavioural changes in the face of mood disturbances and low motivation. PWPs felt confident in offering smoking cessation treatments to patients, but suggested a caseload reduction may be required to deliver smoking cessation support in IAPT. CONCLUSIONS: IAPT appears to be a natural environment for smoking cessation treatment. PWPs may need additional training, and a caseload reduction. Integration of smoking cessation treatment into IAPT services should be tested in a pilot and feasibility study. PATIENT OR PUBLIC CONTRIBUTION: Service users and members of the public were involved in study design and interpretation of data. Copyright © 2020 The Authors. Health Expectations published by John Wiley & Sons Ltd.

[What influences practitioners' readiness to deliver psychological interventions by telephone? A qualitative study of behaviour change using the Theoretical Domains Framework](#)

Item Type: Journal Article

Authors: Faija, Cintia L.;Connell, Janice;Welsh, Charlotte;Arden, Kerry;Hopkin, Elinor;Gellatly, Judith;Rushton, Kelly;Fraser, Claire;Irvine, Annie;Armitage, Christopher J.;Wilson, Paul;Bower, Peter;Lovell, Karina and Bee, Penny

Publication Date: 07 16 ,2020

Journal: BMC Psychiatry 20(1), pp. 371

Abstract: BACKGROUND: Contemporary health policy is shifting towards remotely delivered care. A growing need to provide effective and accessible services, with maximal population reach has stimulated demand for flexible and efficient service models. The implementation of evidence-based practice has been slow, leaving many services ill equipped to respond to requests for non-face-to-face delivery. To address this translation gap, and provide empirically derived evidence to support large-scale practice change, our study aimed to explore practitioners' perspectives of the factors that enhance the delivery of a NICE-recommended psychological intervention, i.e. guided self-help by

telephone (GSH-T), in routine care. We used the Theoretical Domains Framework (TDF) to analyse our data, identify essential behaviour change processes and encourage the successful implementation of remote working in clinical practice. **METHOD:** Thirty-four psychological wellbeing practitioners (PWP) from the UK NHS Improving Access to Psychological Therapies (IAPT) services were interviewed. Data were first analysed inductively, with codes cross-matched deductively to the TDF. **RESULTS:** Analysis identified barriers to the delivery, engagement and implementation of GSH-T, within eight domains from the TDF: (i) Deficits in practitioner knowledge, (ii) Sub-optimal practitioner telephone skills, (iii) Practitioners' lack of beliefs in telephone capabilities and self-confidence, (iv) Practitioners' negative beliefs about consequences, (v) Negative emotions, (vi) Professional role expectations (vii) Negative social influences, and (viii) Challenges in the environmental context and resources. A degree of interdependence was observed between the TDF domains, such that improvements in one domain were often reported to confer secondary advantages in another. **CONCLUSIONS:** Multiple TDF domains emerge as relevant to improve delivery of GSH-T; and these domains are theoretically and practically interlinked. A multicomponent approach is recommended to facilitate the shift from in-person to telephone-based service delivery models, and prompt behaviour change at practitioner, patient and service levels. At a minimum, the development of practitioners' telephone skills, an increase in clients' awareness of telephone-based treatment, dilution of negative preconceptions about telephone treatment, and robust service level guidance and standards for implementation are required. This is the first study that provides clear direction on how to improve telephone delivery and optimise implementation, aligning with current mental health policy and service improvement.

[REDUCE \(Reviewing long-term antidepressant use by careful monitoring in everyday practice\) internet and telephone support to people coming off long-term antidepressants: protocol for a randomised controlled trial](#)

Item Type: Journal Article

Authors: Kendrick, Tony;Geraghty, Adam W. A.;Bowers, Hannah;Stuart, Beth;Leydon, Geraldine;May, Carl;Yao, Guiqing;O'Brien, Wendy;Glowacka, Marta;Holley, Simone;Williams, Samantha;Zhu, Shihua;Dewar-Haggart, Rachel;Palmer, Bryan;Bell, Margaret;Collinson, Sue;Fry, Imogen;Lewis, Glyn;Griffiths, Gareth;Gilbody, Simon, et al
Publication Date: May 24 ,2020

Journal: Trials [Electronic Resource] 21(1), pp. 419

Abstract: BACKGROUND: Around one in ten adults take antidepressants for depression in England, and their long-term use is increasing. Some need them to prevent relapse, but 30-50% could possibly stop them without relapsing and avoid adverse effects and complications of long-term use. However, stopping is not always easy due to withdrawal symptoms and a fear of relapse of depression. When general practitioners review patients on long-term antidepressants and recommend to those who are suitable to stop the medication, only 6-8% are able to stop. The Reviewing long-term antidepressant use by careful monitoring in everyday practice (REDUCE) research programme aims to identify safe and cost-effective ways of helping patients taking long-term antidepressants taper off treatment when appropriate. **METHODS:** Design: REDUCE is a two-arm, 1:1 parallel group randomised controlled trial, with randomisation clustered by participating family practices. **SETTING:** England and north Wales. **POPULATION:** patients taking antidepressants for longer than 1 year for a first episode of depression or longer than 2 years for repeated episodes of depression who are no longer depressed and want to try to taper off their antidepressant use. **INTERVENTION:** provision of 'ADvisor' internet programmes to general practitioners or nurse practitioners and to

patients designed to support antidepressant withdrawal, plus three patient telephone calls from a psychological wellbeing practitioner. The control arm receives usual care. Blinding of patients, practitioners and researchers is not possible in an open pragmatic trial, but statistical and health economic data analysts will remain blind to allocation. OUTCOME MEASURES: the primary outcome is self-reported nine-item Patient Health Questionnaire at 6 months for depressive symptoms. SECONDARY OUTCOMES: depressive symptoms at other follow-up time points, anxiety, discontinuation of antidepressants, social functioning, wellbeing, enablement, quality of life, satisfaction, and use of health services for costs. SAMPLE SIZE: 402 patients (201 intervention and 201 controls) from 134 general practices recruited over 15-18 months, and followed-up at 3, 6, 9 and 12 months. A qualitative process evaluation will be conducted through interviews with 15-20 patients and 15-20 practitioners in each arm to explore why the interventions were effective or not, depending on the results. DISCUSSION: Helping patients reduce and stop antidepressants is often challenging for practitioners and time-consuming for very busy primary care practices. If REDUCE provides evidence showing that access to internet and telephone support enables more patients to stop treatment without increasing depression we will try to implement the intervention throughout the National Health Service, publishing practical guidance for professionals and advice for patients to follow, publicised through patient support groups. TRIAL REGISTRATION: ISRCTN:12417565. Registered on 7 October 2019.

[The use of Practice-Based Learning Days on Psychological Wellbeing Practitioner training programmes: A Self-Determination Theory perspective](#)

Item Type: Journal Article

Authors: Owen, Joel

Publication Date: 2020

Journal: Psychology Teaching Review 26(2), pp. 19-25

Abstract: Practice-Based Learning Days (PBLDs) account for approximately one-third of the total university-lead days on Psychological Wellbeing Practitioner (PWP) training courses. In this article, I consider a number of challenges facing teachers of PWPs and describe a recent attempt to respond to these challenges by restructuring the content of our PBLDs in a manner informed by Self-Determination Theory. I suggest that by designing these days in a manner intended to facilitate the satisfaction of the basic psychological needs for competence and autonomy, the PBLDs offer a way in which teachers of PWPs can promote more autonomous learning and greater psychological wellbeing amongst trainees. Further, I suggest that such use of these days supports education providers in developing learning opportunities that are optimally challenging for all students across each cohort. I finish with a call for future research into the effective use of the PBLDs on PWP training programmes. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

[Engaging stakeholders to refine an activity pacing framework for chronic pain/fatigue: A nominal group technique](#) Abstract only*

Item Type: Journal Article

Authors: Antcliff, Deborah;Keenan, Anne-Maree;Keeley, Philip;Woby, Steve and McGowan, Linda

Publication Date: 2019

Journal: Musculoskeletal Care 17(4), pp. 354-362

Abstract: OBJECTIVES: Due to the current absence of a standardized guide for activity pacing, the concept of pacing is interpreted in various ways by healthcare professionals, patients and researchers. Consequently, the effects of pacing across different conditions are unclear. The present study aimed to undertake the second stage in the development of an activity pacing framework for chronic pain/fatigue. METHODS: The newly developed activity pacing framework was refined using a

consensus method. A nominal group technique (NGT) was selected to engage stakeholders to reach agreement on the top 10 priorities for inclusion in the framework and accompanying appendices. Participants included patients with diagnoses of chronic pain/fatigue and healthcare professionals working in fields of chronic pain/fatigue. RESULTS: Ten participants were recruited via purposive sampling: four patients, two physiotherapists, two occupational therapists and two psychological wellbeing practitioners. The top priorities for the pacing framework included a clear definition of pacing, and stating the aims and context of pacing. The appendices were refined as a teaching guide, including priorities of detailing the stages of pacing, the overactivity-underactivity cycle/pain cycle and goal setting. CONCLUSIONS: Incorporating a diverse panel of stakeholders was an effective and inclusive method to refine the activity pacing framework. The framework has been purposefully designed for wider use across patients with chronic pain/fatigue and by various healthcare professionals. The framework provides a comprehensive definition, background and manual for healthcare professionals to instruct activity pacing. Further study will test the clinical usability of the framework, to enable the standardization of activity pacing in future investigations. Copyright © 2019 John Wiley & Sons, Ltd.

[An evaluation of the transition from BAME community mental health worker to IAPT low intensity psychological wellbeing practitioner](#)

Item Type: Journal Article

Authors: Hakim, Naheem;Thompson, Andrew R. and Coleman-Oluwabusola, Gail

Publication Date: 2019

Journal: The Cognitive Behaviour Therapist 12

Abstract: The Improving Access to Psychological Therapies (IAPT) programme started in 2008, but it contained little provision for specifically meeting the needs of Black, Asian and

minority ethnic (BAME) groups. The purpose of this evaluation was to describe the experience of transition from BAME community mental health worker (CMHW) to IAPT low-intensity psychological wellbeing practitioner (PWP) in order to identify possible gains and losses for the former communities served, and the factors that might contribute to successful training of people with BAME expertise. Four former CMHWs who had transitioned into working as PWPs were interviewed. Semi-structured interviews were used. The data were analysed using thematic analysis. Six major themes were identified with the benefits of training emerging as an important factor for the participants in enhancing their role. Three of the themes interconnected and focused on the impact for BAME communities in terms of access to service and barriers. Evident in the interviews were descriptions of adaptations that were made as a result of CMHW having access to both new and old skills. Finally, two themes focused on the participant recommendations as to how IAPT services might become more culturally responsive. The findings suggest that there can be significant benefits for services to provide IAPT training to people already providing culturally specific services. The participants reported that low-intensity cognitive behavioural therapy (LICBT) was effective, but only when cultural sensitive adaptations were made. The evaluation has some clear recommendations as to how IAPT services might seek to offer culturally responsive CBT. Suggestions for carrying out further practice-based evaluations are made. (PsyInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

[A case of misalignment: the perspectives of local and national decision-makers on the implementation of psychological treatment by telephone in the Improving Access to Psychological Therapies Service](#)

Item Type: Journal Article

Authors: Rushton, Kelly;Fraser, Claire;Gellatly, Judith;Brooks,

Helen;Bower, Peter;Armitage, Christopher J.;Faija, Cintia;Webb, Charlotte and Bee, Penny

Publication Date: 2019

Journal: BMC Health Services Research 2019 19(997), pp. (26 eember 2019)

Abstract: **BACKGROUND:** Psychological treatment delivered by telephone is recommended by the National Institute for Health and Care Excellence (NICE) for mild to moderate depression and anxiety, and forms a key part of the Improving Access to Psychological Therapy (IAPT) programme in the UK. Despite evidence of clinical effectiveness, patient engagement is often not maintained and psychological wellbeing practitioners (PWPs) report lacking confidence and training to deliver treatment by telephone. This study aimed to explore the perspectives of professional decision makers (both local and national) on the barriers and facilitators to the implementation of telephone treatment in IAPT. **METHODS:** Sixteen semi-structured qualitative telephone interviews and one focus group were carried out with decision makers (n=21) who were involved locally and nationally in policy, practice and research. The interviews and focus group were coded thematically, and then mapped onto the four core constructs of Normalisation Process Theory (NPT). **RESULTS:** The use of telephone for psychological treatment was universally recognised amongst participants as beneficial for improving patient choice and access to treatment. However, at service level, motives for the implementation of telephone treatments are often misaligned with national objectives. Pressure to meet performance targets has become a key driver for the use of telephone treatment, with promises of increased efficiency and cost savings. These service-focussed objectives challenge the integration of telephone treatments, and PWP acceptance of telephone treatments as non-inferior to face-to-face. Ambivalence among a workforce often lacking the confidence to deliver telephone treatments leads to reluctance among PWPs to 'sell' treatments

to a patient population who are not generally expecting treatment in this form. **CONCLUSIONS:** Perceptions of a need to 'sell' telephone treatment in IAPT persist from top-level decision makers down to frontline practitioners, despite their conflicting motives for the use of telephone. The need for advocacy to highlight the clinical benefit of telephone treatment, along with adequate workforce support and guidance on best practice for implementation is critical to the ongoing success and sustainability of telephone treatment in primary care mental health programmes.

[Using Implementation Intentions to Prevent Relapse after Psychological Treatment for Depression - the SMARt Intervention](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Lucock, Mike;Bartys, Serena;Cupac, Jade;Delgado, Jaime;Denton, Charlotte;Gaines, Sarah;McMillan, Dean;Prestwich, Andrew and Stebbings, Rick

Publication Date: Sep ,2018

Journal: Behavioural & Cognitive Psychotherapy 46(5), pp. 626-632

Abstract: **BACKGROUND:** It is recognized that a significant proportion of people with depression are prone to relapse, even after successful treatment, and that self-management interventions should be developed and provided. There is evidence that implementation intentions (IMPS) can be successfully applied to health-related behaviours but their application to self-management of mental health problems has been limited. **AIMS:** This paper describes the design and initial evaluation of a Self-Management After Therapy (SMARt) intervention, which incorporated IMPS and followed psychological therapy for depression. We sought to assess the feasibility and acceptability of SMARt. **METHOD:** The SMARt intervention was designed with reference to the MRC guidance on developing and evaluating complex interventions and co-

designed with and implemented in a UK Improving Access to Psychological Therapies (IAPT) service. Eleven patients who were in remission following treatment for depression received the SMARt intervention, provided by Psychological Wellbeing Practitioners (PWPs). The evaluation used routine IAPT outcome measures at each session, feedback from patients and PWPs, and analysis of the type of IMPS identified and their fidelity with the model. Six patients provided brief feedback about the intervention to an independent researcher. RESULTS: Feedback from patients and PWPs suggested that the intervention was feasible, acceptable and could potentially help patients to stay well after therapy. Patients confirmed the value of setting their own goals in the form of IMPS, receiving support from PWPs and in some cases from partners, friends and family members. CONCLUSIONS: Implementation intentions are a promising approach to support the self-management of depression.

Barriers and facilitators to implementing workplace health and wellbeing services in the NHS from the perspective of senior leaders and wellbeing practitioners: a qualitative study

Item Type: Journal Article

Authors: Quirk, Helen;Crank, Helen;Carter, Anouska;Leahy, Hanna and Copeland, Robert J.

Publication Date: 2018

Journal: BMC Public Health, 2018 18 (1362): (10 December 2018)

Abstract: BACKGROUND: The National Health Service (NHS) seems appropriately placed to be an exemplar employer in providing effective and proactive workplace health and wellbeing services for its staff. However, NHS staff sickness absence costs an estimated 2.4 billion. Evidence suggests staff health and wellbeing services delivered in the NHS can improve health, productivity and sickness absence and yet the adoption of these services remains a challenge, with few examples nationally. This research aimed to explore the perceptions of NHS senior leaders

and health and wellbeing practitioners regarding barriers and facilitators to implementing workplace health and wellbeing services for staff in the NHS. METHODS: Semi-structured interviews were conducted with NHS staff, consisting of four senior leaders, four heads of department and three health and wellbeing practitioners in one region of the UK. Interviews were transcribed verbatim and analysed using thematic analysis. RESULTS: Themes describe the experience of delivering workplace health and wellbeing services in the NHS, and barriers and facilitators to implementation from senior decision makers. Barriers to implementation of services include; a busy and pressurised environment, financial constraints and reluctance to invest in staff health and wellbeing. Barriers to staff engagement were also reported and include difficulty of access to health and wellbeing services and lack of time. Initiating services were facilitated by financial incentives, a supportive organisational structure and culture that takes a preventative, rather than reactive, approach to staff health and wellbeing. Facilitators to implementing health and wellbeing services include a coherent, strategic approach to implementation, effective communication and advertisement, being creative and innovative with resources and conducting a needs analysis and evaluation before, during and after implementation. CONCLUSIONS: Barriers to the successful initiation and implementation of health and wellbeing services in the NHS are numerous and range from front-line logistical issues with implementation to high-level strategic and financial constraints. Adopting a strategic and needs-led approach to implementation and ensuring thorough staff engagement are amongst a number of factors that facilitate implementation and help overcome barriers to initiation of wellbeing programmes in the NHS. There is a need for a culture that supports staff health and wellbeing in the NHS. [Abstract]

[Digital IAPT: the effectiveness & cost-effectiveness of internet-delivered interventions for depression and anxiety disorders in the Improving Access to Psychological Therapies programme: study protocol for a randomised control trial](#)

Item Type: Journal Article

Authors: Richards, Derek;Duffy, Daniel;Blackburn, Brid;Earley, Caroline;Enrique, Angel;Palacios, Jorge;Franklin, Matthew;Clarke, Gabriella;Sollesse, Sarah;Connell, Sarah and Timulak, Ladislav

Publication Date: 03 02 ,2018

Journal: BMC Psychiatry 18(1), pp. 59

Abstract: BACKGROUND: Depression and anxiety are common mental health disorders worldwide. The UK's Improving Access to Psychological Therapies (IAPT) programme is part of the National Health Service (NHS) designed to provide a stepped care approach to treating people with anxiety and depressive disorders. Cognitive Behavioural Therapy (CBT) is widely used, with computerised and internet-delivered cognitive behavioural therapy (cCBT and iCBT, respectively) being a suitable IAPT approved treatment alternative for step 2, low- intensity treatment. iCBT has accumulated a large empirical base for treating depression and anxiety disorders. However, the cost-effectiveness and impact of these interventions in the longer-term is not routinely assessed by IAPT services. The current study aims to evaluate the clinical and cost-effectiveness of internet-delivered interventions for symptoms of depression and anxiety disorders in IAPT. METHODS: The study is a parallel-groups, randomised controlled trial examining the effectiveness and cost-effectiveness of iCBT interventions for depression and anxiety disorders, against a waitlist control group. The iCBT treatments are of 8 weeks duration and will be supported by regular post-session feedback by Psychological Wellbeing Practitioners. Assessments will be conducted at baseline, during, and at the end of the 8-week treatment and at 3, 6, 9, and 12-month follow-up. A diagnostic interview will be employed at

baseline and 3-month follow-up. Participants in the waitlist control group will complete measures at baseline and week 8, at which point they will receive access to the treatment. All adult users of the Berkshire NHS Trust IAPT Talking Therapies Step 2 services will be approached to participate and measured against set eligibility criteria. Primary outcome measures will assess anxiety and depressive symptoms using the GAD-7 and PHQ-9, respectively. Secondary outcome measures will allow for the evaluation of long-term outcomes, mediators and moderators of outcome, and cost-effectiveness of treatment. Analysis will be conducted on a per protocol and intention-to-treat basis. DISCUSSION: This study seeks to evaluate the immediate and longer-term impact, as well as the cost effectiveness of internet-delivered interventions for depression and anxiety. This study will contribute to the already established literature on internet-delivered interventions worldwide. The study has the potential to show how iCBT can enhance service provision, and the findings will likely be generalisable to other health services. TRIAL REGISTRATION: Current Controlled Trials ISRCTN ISRCTN91967124. DOI: <https://doi.org/10.1186/ISRCTN91967124> . Web: <http://www.isrctn.com/ISRCTN91967124> . Clinicaltrials.gov : NCT03188575. Trial registration date: June 8, 2017 (prospectively registered).

[Telephone-based CBT and the therapeutic relationship: The views and experiences of IAPT practitioners in a low-intensity service](#)

Item Type: Journal Article

Authors: Turner, J.;Brown, J. C. and Carpenter, D. T.

Publication Date: Jun ,2018

Journal: Journal of Psychiatric & Mental Health Nursing 25(5-6), pp. 285-296

Abstract: WHAT IS KNOWN ON THE SUBJECT: There is a move towards the use of new ways of delivering mental health

care, particularly via an increased use of telephone therapies. Although some studies have noted the advantages of telephone-delivered therapies (e.g., removing access barriers) and reported on equivalent therapeutic effects when compared to face-to-face, there are concerns about how telephone-based therapy adversely affects the therapeutic relationship. **WHAT THE PAPER ADDS TO EXISTING KNOWLEDGE:** It contributes new knowledge regarding psychological practitioners' experience and views about using telephone-based therapies and how this affects the therapeutic relationship. **WHAT ARE THE IMPLICATIONS FOR PRACTICE:** This paper provides data about the new practitioner workforce (IAPT Psychological Wellbeing Practitioners) and adds to a growing area of research regarding their clinical role. It has relevance for mental health nursing, because health services internationally and across the professions are exploring how telehealth can improve health care. This paper suggests that mental health services need to focus on what type of therapeutic relationship their practice facilitates and on offering transparency to service users. It concludes that telephone work in IAPT can accommodate a working alliance, but not other types of therapeutic relationship, which practitioners and service users hoped for. Services need to focus on what facilitates and inhibits deeper therapeutic closeness and connection. **ABSTRACT:** Introduction Over-the-telephone (OTT)-delivered psychological therapies as an alternative method to face-to-face (F2F) are becoming more prevalent in mental health care. Research suggests a range of benefits of OTT use in therapy, but there are growing concerns about its consequences for the therapeutic relationship. This paper presents new knowledge regarding psychological practitioners' experience and views of OTT work and its potential effects on the therapeutic relationship in the context of the UK's Increasing Access to Psychological Therapy (IAPT) programme. **Aim** This paper presents IAPT practitioners' experiences and views of OTT work and its potential effects on the therapeutic

relationship. **Methods** Completed questionnaires (exploring OTT versus F2F work) which were distributed to IAPT practitioners revealed a concern about the therapeutic relationship in OTT. To explore this further, nine in-depth semi-structured interviews with PWP's were conducted and the findings from this qualitative study are reported here. **Results** Practitioners noted OTT use facilitated access and flexibility for service users; however, they expressed some concern over the adverse effect of OTT on the therapeutic relationship. **Discussion** Although a working alliance was possible OTT, this research suggests the type of therapeutic relationship formed OTT in a "low contact-high volume" service such as IAPT needs to be better defined. By addressing this, dissonance which might arise between practitioner aims and the aims of IAPT can be reduced. This research also contributes to wider debates regarding mental health care and its provision in the UK. **Implications for practice** This paper concludes that mental health services need to focus on what type of therapeutic relationship their practice facilitates and to offer transparency to service users. The findings suggest that telephone work in IAPT can accommodate a working alliance, but not other types of therapeutic relationship, which practitioners and service users hoped for. Services need to offer a more nuanced understanding of the concept of a therapeutic relationship and focus on what facilitates and inhibits deeper therapeutic closeness and connection. Copyright © 2017 John Wiley & Sons Ltd.

[Conference abstract: Moving from a physiotherapy-led to a collaborative physiotherapy/psychological wellbeing practitioner-led programme for persistent pain/fatigue: initial findings...Abstracts from Physiotherapy UK Conference 2017, Birmingham, UK, 10-11 November 2017](#)

Item Type: Journal Article

Authors: Antcliff, D.;Darlington, L. and Thompson, D.

Publication Date: 2017

Journal: Physiotherapy 103, pp. e105

Purpose: The Fairfield General Hospital physiotherapy outpatients department has been facilitating pain rehabilitation programmes for over 20 years. These physiotherapy-led programmes included strategies such as graded exercise and goal setting. However, the delivery of strategies such as relaxation, mindfulness and cognitive defusion was limited. With guidelines recommending inter-disciplinary led pain management programmes, and growing research evidence towards the benefits of mindfulness, the existing programme was redesigned to include psychological input. Within the resources of the department, the programme was redesigned to work collaboratively with psychological wellbeing practitioners.

[Low intensity interventions for Obsessive-Compulsive Disorder \(OCD\): a qualitative study of mental health practitioner experiences](#)

Item Type: Journal Article

Authors: Gellatly, Judith;Pedley, Rebecca;Molloy, Christine;Butler, Jennifer;Lovell, Karina and Bee, Penny

Publication Date: 02 22 ,2017

Journal: BMC Psychiatry 17(1), pp. 77

Abstract: BACKGROUND: Obsessive-compulsive disorder (OCD) is a debilitating mental health disorder that can substantially impact upon quality of life and everyday functioning. Guidelines recommend pharmacological and psychological treatments, using a cognitive behaviour therapy approach (CBT) including exposure and response prevention, but access has generally been poor. Low intensity psychological interventions have been advocated. The evidence base for these interventions is emerging but there is a paucity of information regarding practitioners' perceptions and experiences of supporting individuals with OCD using this approach. METHODS: Qualitative interviews were undertaken with psychological wellbeing practitioners (PWPs) (n = 20) delivering low intensity psychological interventions for adults with OCD within the

context of a large pragmatic effectiveness trial. Interviews explored the feasibility and acceptability of delivering two interventions; guided self-help and supported computerised cognitive behaviour therapy (cCBT), within Improving Access to Psychological Therapies (IAPT) services in NHS Trusts. Interviews were recorded with consent, transcribed and analysed using thematic analysis. RESULTS: PWPs acknowledged the benefits of low intensity psychological interventions for individuals experiencing OCD symptoms on an individual and population level. Offering low intensity support provided was perceived to have the opportunity to overcome existing service barriers to access treatment, improve patient choice and flexibility. Professional and service relevant issues were also recognised including self-beliefs about supporting people with OCD and personal training needs. Challenges to implementation were recognised in relation to practitioner resistance and intervention delivery technical complications. CONCLUSIONS: This study has provided insight into the implementation of new low intensity approaches to the management of OCD within existing mental health services. Benefits from a practitioner, service and patient perspective are identified and potential challenges highlighted. TRIAL REGISTRATION: Current Controlled Trials: ISRCTN73535163 . Date of registration: 5 April 2011.

[Development and Evaluation of Cognitive Analytic Guided Self-Help \(CAT-SH\) for Use in IAPT Services](#) Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Meadows, J. and Kellett, S.

Publication Date: 2017

Journal: Behavioural and Cognitive Psychotherapy , pp. 1-19

Abstract: Background: There is a lack of treatment plurality at step 2 of Improving Access to Psychological Therapies (IAPT) services. This project therefore sought to develop and pilot a

cognitive analytic informed guided self-help treatment for mild-to-moderate anxiety for delivery by Psychological Wellbeing Practitioners (PWP). Method(s): Medical Research Council treatment development guidelines were used. Phase I included development of the six-session treatment manual using practice guidelines, small-scale modelling (n = 3) and indicated manual iterations. Phase II consisted of a mixed methods case series design (n = 11) to index feasibility, uptake and clinical outcomes. Result(s): Cognitive analytic guided self-help (CAT-SH) met established quality parameters for guided self-help. A high treatment completion rate was observed, with 10/11 patients who attended the first treatment session subsequently completing full treatment. Six out of ten patients completing full treatment met reliable recovery criteria at follow-up. Effect sizes and recovery rates equate with extant PWP outcome benchmarks. Practitioner feedback indicated that delivery of CAT-SH was feasible. Conclusion(s): CAT-SH shows promise as a low-intensity treatment for anxiety, and so further, larger and more controlled evaluations are indicated. Copyright © British Association for Behavioural and Cognitive Psychotherapies 2017

Predictors of emotional exhaustion, disengagement and burnout among improving access to psychological therapies (IAPT) practitioners

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Westwood, Sophie;Morison, Linda;Holmes, Nan and Allt, Jackie

Publication Date: 2017

Journal: Journal of Mental Health 26(1), pp. 172-179

Abstract: BACKGROUND: Among mental health staff, burnout has been associated with undesirable outcomes, such as physical and mental ill-health, high levels of staff turnover and poorer patient care. AIMS: To estimate the prevalence and predictors of burnout amongst Improving Access to Psychological Therapist (IAPT) practitioners. METHODS: IAPT

practitioners (N=201) completed an on-line survey measuring time spent per week on different types of work related activity. These were investigated as predictors of burnout (measured using the Oldenburg Burnout Inventory). RESULTS: The prevalence of burnout was 68.6 per cent (95 per cent confidence interval (CI) 58.8-77.3 per cent) among psychological wellbeing practitioners (PWP) and 50.0 per cent (95 per cent CI 39.6-60.4 per cent) among high intensity (HI) therapists. Among PWP hours of overtime-predicted higher odds of burnout and hours of clinical supervision predicted lower odds of burnout. The odds of burnout increased with telephone hours of patient contact among PWP who had worked in the service for two or more years. None of the job characteristics significantly predicted burnout among HI therapists. CONCLUSIONS: Our results suggest a high prevalence of burnout among IAPT practitioners. Strategies to reduce burnout among PWP involving reductions in workload, particularly telephone contact and increases in clinical supervision need to be evaluated. [Abstract]

Depression: an exploratory parallel-group randomised controlled trial of Antenatal guided self help for Women (DAWN): study protocol for a randomised controlled trial

Item Type: Journal Article

Authors: Trevillion, Kylee;Domoney, Jill;Pickles, Andrew;Bick, Debra;Byford, Sarah;Heslin, Margaret;Milgrom, Jeannette;Mycroft, Rachel;Pariante, Carmine;Ryan, Elizabeth;Hunter, Myra and Howard, Louise Michele

Publication Date: 10 18 ,2016

Journal: Trials [Electronic Resource] 17(1), pp. 503

Abstract: BACKGROUND: Depression is a common antenatal mental disorder and is associated with an increased risk of adverse effects on the fetus and significant morbidity for the mother; if untreated it can also continue into the post-natal period and affect mother-infant interactions. There has been little research evaluating the effectiveness or cost-effectiveness of

antenatal psychological interventions for antenatal depression, particularly for mild to moderate disorders. International guidelines recommend a stepped care approach starting with Guided Self Help, and the aim of this exploratory trial is to investigate Guided Self Help modified for pregnancy.

METHODS: The DAWN trial is an exploratory randomised controlled trial of the effectiveness and cost-effectiveness of antenatal Guided Self Help, modified for pregnancy and delivered by National Health Service Psychological Wellbeing Practitioners. Antenatal Guided Self Help, in addition to usual care, is compared with usual care for pregnant women diagnosed with mild to moderate depression and mixed anxiety and depression, using the Structured Clinical Interview for DSM-IV Disorders. Modifications for pregnancy include perinatal mental health training, addressing pregnancy-specific worries and including sections on health issues in pregnancy and planning for parenthood. Women allocated to Guided Self Help will be seen for up to eight sessions by a Psychological Wellbeing Practitioner (including an initial assessment session); there will also be an appointment at 12 weeks after delivery. Research measures including the Edinburgh Postnatal Depression Scale (primary outcome) and other measures of depression, anxiety, quality of life and service use will be collected from women before random allocation, 14 weeks after random allocation and at 12 weeks after delivery. Potential psychological mechanisms of the intervention will be explored using the Pregnancy-Related Thoughts Questionnaire and the Metacognitive Awareness Questionnaire. **DISCUSSION:** The DAWN trial is the first exploratory trial to investigate the efficacy of antenatal Guided Self Help for pregnant women with mild to moderate depression meeting DSM-IV diagnostic criteria. Recruitment started January 2015 and is expected to be completed by July 2016. **TRIAL REGISTRATION:** ISRCTN registry: ISRCTN83768230 . Registered on 8 August 2014.

[Integrated primary care for patients with mental and physical multimorbidity: Cluster randomised controlled trial of collaborative care for patients with depression comorbid with diabetes or cardiovascular disease](#)

Item Type: Journal Article

Authors: Coventry, P.; Lovell, K.; Dickens, C.; Bower, P.; ChewGraham, C.; McElvenny, D.; Hann, M.; Cherrington, A.; Garrett, C.; Gibbons, C. J.; Baguley, C.; Roughley, K.; Adeyemi, I.; Reeves, D.; Waheed, W. and Gask, L.

Publication Date: 2015

Journal: BMJ (Online) 350, pp. 1-11

Abstract: Objective: To test the effectiveness of an integrated collaborative care model for people with depression and long term physical conditions. Design(s): Cluster randomised controlled trial. Setting(s): 36 general practices in the north west of England. Participant(s): 387 patients with a record of diabetes or heart disease, or both, who had depressive symptoms (≥ 10 on patient health questionnaire-9 (PHQ-9)) for at least two weeks. Mean age was 58.5 (SD 11.7). Participants reported a mean of 6.2 (SD 3.0) long term conditions other than diabetes or heart disease; 240 (62%) were men; 360 (90%) completed the trial. Intervention(s): Collaborative care included patient preference for behavioural activation, cognitive restructuring, graded exposure, and/or lifestyle advice, management of drug treatment, and prevention of relapse. Up to eight sessions of psychological treatment were delivered by specially trained psychological wellbeing practitioners employed by Improving Access to Psychological Therapy services in the English National Health Service; integration of care was enhanced by two treatment sessions delivered jointly with the practice nurse. Usual care was standard clinical practice provided by general practitioners and practice nurses. Main outcome measures The primary outcome was reduction in symptoms of depression on the self reported symptom checklist-13 depression scale (SCL-D13) at four months after baseline assessment. Secondary outcomes

included anxiety symptoms (generalised anxiety disorder 7), self management (health education impact questionnaire), disability (Sheehan disability scale), and global quality of life (WHOQOL-BREF). Result(s): 19 general practices were randomised to collaborative care and 20 to usual care; three practices withdrew from the trial before patients were recruited. 191 patients were recruited from practices allocated to collaborative care, and 196 from practices allocated to usual care. After adjustment for baseline depression score, mean depressive scores were 0.23 SCL-D13 points lower (95% confidence interval -0.41 to -0.05) in the collaborative care arm, equal to an adjusted standardised effect size of 0.30. Patients in the intervention arm also reported being better self managers, rated their care as more patient centred, and were more satisfied with their care. There were no significant differences between groups in quality of life, disease specific quality of life, self efficacy, disability, and social support. Conclusion(s): Collaborative care that incorporates brief low intensity psychological therapy delivered in partnership with practice nurses in primary care can reduce depression and improve self management of chronic disease in people with mental and physical multimorbidity. The size of the treatment effects were modest and were less than the prespecified effect but were achieved in a trial run in routine settings with a deprived population with high levels of mental and physical multimorbidity.

Engagement With Self-Practice/Self-Reflection as a Professional Development Activity: The Role of Therapist Beliefs Abstract

only*

Item Type: Journal Article

Authors: Haarhoff, Beverly;Thwaites, Richard and Bennett-Levy, James

Publication Date: 2015

Journal: Australian Psychologist 50(5), pp. 322-328

Abstract: A number of research studies support self-practice/self-reflection (SP/ SR) as an experiential learning process that

facilitates the acquisition of therapeutic skill in a number of cognitive-behavioural therapy (CBT) competencies and as showing potential as a valuable professional development activity. Engaging therapists to participate in SP/SR programmes is sometimes difficult, and when they are offered the option to participate in SP/ SR programmes as part of professional development, relatively few volunteer. This study investigates the role of therapist beliefs about SP/ SR as a potential obstacle to engagement. An online survey was developed to assess the strength of 14 commonly held therapist beliefs concerning the consequences of participating voluntarily in a SP/ SR programme. Participants were a combined sample of 44 Psychological Wellbeing Practitioners and high-intensity CBT therapists employed by an Improving Access to Psychological Therapies service in the United Kingdom. Few negative beliefs about SP/ SR emerged. The majority of respondents believed SP/ SR programmes were relevant to their work situation, but perceived 'lack of time' as a significant barrier to participation. Three factors are considered in relation to introducing SP/ SR as a workforce professional development activity: (a) The importance of managing therapist perceptions regarding time; (b) SP/ SR as a mechanism to increase self-care and reduce burnout; and (c) The need to focus mental health services' attention on the potential of SP/ SR programmes to increase staff morale and improve service delivery.

Combining behavioural activation with physical activity promotion for adults with depression: findings of a parallel-group pilot randomised controlled trial (BAcPAc)

Item Type: Journal Article

Authors: Pentecost, Claire;Farrand, Paul;Greaves, Colin J.;Taylor, Rod S.;Warren, Fiona C.;Hillsdon, Melvyn;Green, Colin;Welsman, Jo R.;Rayson, Kat;Evans, Philip H. and Taylor, Adrian H.

Publication Date: Aug 20 ,2015

Journal: *Trials* [Electronic Resource] 16, pp. 367

Abstract: **BACKGROUND:** Depression is associated with physical inactivity, which may mediate the relationship between depression and a range of chronic physical health conditions. However, few interventions have combined a psychological intervention for depression with behaviour change techniques, such as behavioural activation (BA), to promote increased physical activity. **METHODS:** To determine procedural and clinical uncertainties to inform a definitive randomised controlled trial (RCT), a pilot parallel-group RCT was undertaken within two Improving Access to Psychological Therapies (IAPT) services in South West England. We aimed to recruit 80 adults with depression and randomise them to a supported, written self-help programme based on either BA or BA plus physical activity promotion (BACpAc). Data were collected at baseline and 4 months post-randomisation to evaluate trial retention, intervention uptake and variance in outcomes to inform a sample size calculation. Qualitative data were collected from participants and psychological wellbeing practitioners (PWP) to assess the acceptability and feasibility of the trial methods and the intervention. Routine data were collected to evaluate resource use and cost. **RESULTS:** Sixty people with depression were recruited, and a 73 % follow-up rate was achieved. Accelerometer physical activity data were collected for 64 % of those followed. Twenty participants (33 %) attended at least one treatment appointment. Interview data were analysed for 15 participants and 9 study PWP. The study highlighted the challenges of conducting an RCT within existing IAPT services with high staff turnover and absences, participant scheduling issues, PWP and participant preferences for cognitive focussed treatment, and deviations from BA delivery protocols. The BACpAc intervention was generally acceptable to patients and PWP. **CONCLUSIONS:** Although recruitment procedures and data collection were challenging, participants generally engaged with the BACpAc self-help booklets and reported willingness to

increase their physical activity. A number of feasibility issues were identified, in particular the under-use of BA as a treatment for depression, the difficulty that PWP had in adapting their existing procedures for study purposes and the instability of the IAPT PWP workforce. These problems would need to be better understood and resolved before proceeding to a full-scale RCT. **TRIAL REGISTRATION:** ISRCTN74390532 . Registered on 26 March 2013.

[IAPT and Long Term Medical Conditions: What Can We Offer?](#)

Full text available with NHS OpenAthens account*

Item Type: Journal Article

Authors: Wroe, Abigail L.; Rennie, Edward W.; Gibbons, Sarah; Hassy, Arek and Chapman, Judith E.

Publication Date: Jul ,2015

Journal: *Behavioural & Cognitive Psychotherapy* 43(4), pp. 412-425

Abstract: **BACKGROUND:** The proposal of a 4-year plan to integrate treatment of people with long term medical conditions (LTCs) into the IAPT service (Department of Health, 2011) seeks for research to understand the effectiveness of IAPT interventions for this patient group. **AIM:** The aim of this service development pilot work was to develop an intervention that is effective for people with Type 2 Diabetes Mellitus (T2DM). It was hypothesized that the standard IAPT intervention would not be effective, but that it can be adapted so that it is effective both in terms of mood and self-management of T2DM. **METHOD:** Clients (n = 95) who experienced mild to moderate depression and/or anxiety and had a diagnosis of T2DM opted to attend. The intervention was adapted over a series of cohorts from a standard Step 2 intervention. A team of Psychological Wellbeing Practitioners (PWP), a Clinical Health Psychologist and a General Practitioner worked in collaboration, using outcomes measures and feedback from service users and facilitators. **RESULTS:** The standard IAPT Step 2 intervention met with

challenges when specifically targeting this client group. Using paired t-tests, the modified Step 2 intervention demonstrated significant improvements from pre- to postintervention measures both in terms of psychological (n = 17) and physical (n = 9) outcomes. CONCLUSION: It is concluded that it may be possible to modify a generic Step 2 IAPT intervention to demonstrate improvements both in terms of psychological wellbeing and self-management of T2DM. The main adaptations were related to more targeted recruitment and linking of diabetes specifically into the CBT model.

Therapist effects and IAPT Psychological Wellbeing Practitioners (PWPs): a multilevel modelling and mixed methods analysis

Abstract only*

Item Type: Journal Article

Authors: Green, Helen;Barkham, Michael;Kellett, Stephen and Saxon, David

Publication Date: Dec ,2014

Journal: Behaviour Research & Therapy 63, pp. 43-54

Abstract: The aim of this research was (a) to determine the extent of therapist effects in Psychological Wellbeing Practitioners (PWPs) delivering guided self-help in IAPT services and (b) to identify factors that defined effective PWP clinical practice. Using patient (N = 1122) anxiety and depression outcomes (PHQ-9 and GAD-7), the effectiveness of N = 21 PWPs across 6 service sites was examined using multi-level modelling. PWPs and their clinical supervisors were also interviewed and completed measures of ego strength, intuition and resilience. Therapist effects accounted for around 9 per cent of the variance in patient outcomes. One PWP had significantly better than average outcomes on both PHQ-9 and GAD-7 while 3 PWPs were significantly below average on the PHQ-9 and 2 were below average on the GAD-7. Computed PWP ranks identified quartile clusters of the most (N = 5) and least (N = 5) effective PWPs. More effective PWPs generated higher rates of

reliable and clinically significant change and displayed greater resilience, organisational abilities, knowledge and confidence. Study weaknesses are identified and methodological considerations for future studies examining therapist effects in low intensity cognitive behaviour therapy are provided. Copyright © 2014 Elsevier Ltd. All rights reserved.

[Is there a role for Psychological Wellbeing Practitioners and Primary Care Mental Health Workers in the delivery of low intensity cognitive behavioural therapy for individuals who self-harm?](#) Full text available via Emerald collection*

Item Type: Journal Article

Authors: Williams, Hayley

Publication Date: 2011a

Journal: The Journal of Mental Health Training, Education, and Practice 6(4), pp. 165-174

Abstract: Purpose - The aim of this paper is to explore how the role of low intensity cognitive behavioural therapy (CBT) could be incorporated as a treatment option for individuals who engage in non-suicidal self-injury. Primary Care Mental Health Workers (PCMHWs) and Psychological Wellbeing Practitioners (PWPs) are employed to assist patients experiencing common mental health problems through CBT-based self-help materials; this is commonly referred to as low intensity CBT.

Design/methodology/approach - This article reviews the literature in order to investigate how these workers could incorporate their skills to offer support to those who self-harm as means of coping with psychological distress. Findings - The findings from this review identify a call for research into the efficacy of low intensity CBT, to enable the dissemination of clear guidance into the treatment of non-suicidal self-injury, considering the role of PWPs and PCMHWs. Originality/value - At present, there is a lack of guidance into the treatment options for people who participate in non-suicidal self-injury. There is ambiguity into how PWPs and PCMHWs should manage this client base and

training courses designed for these workers do not address the issues of self-harm. It is hoped that this article may promote the development of such protocols.

Blog posts

[The role of Psychological Wellbeing Practitioner and career progression](#)

Source: NHS England

Publication date: October 2017

With Improving Access to Psychological Therapy (IAPT) services expanding and developing their workforce in line with objectives set out in the [Mental Health Five Year Forward View](#) it is an exciting time to be a Psychological Wellbeing Practitioner (PWP). The role is an integral part of IAPT services and has evolved since the programme began in 2008. Career opportunities are developing, the PWP role is becoming established and recognised, and is now a popular career path for many. Heather Stonebank explains more.

[A day in the life of a Psychological Wellbeing Practitioner](#)

Source: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

The role of a Psychological Well-being Practitioner (PWP) is incredibly important. They work for North Cumbria Talking Therapies – Cumbria’s specialist service for people with mild to moderate mental health issues. Since the service began, PWPs have been part of a service that has helped more than 35,000 Cumbrians overcome and deal with their mental health issues. PWPs help people overcome things like sleep problems, mild to moderate depression, or anxiety disorders such as chronic worry, panic attacks and obsessions.

Role profiles

[Psychological wellbeing practitioner](#)

Source: NHS Health Careers

Psychological wellbeing practitioners (PWPs) are trained to assess and support people with common mental health problems – mainly anxiety disorders and depression – to manage their recovery.

[Mental Health and Wellbeing Practitioner](#)

Source: NHS Health Careers

Mental health and wellbeing practitioners (MHWPs) provide evidence-based interventions and co-ordinate care plans for adults with severe mental health problems.

[Psychological Wellbeing Practitioner](#)

Source: Psychological Professions Network (PPN)

As a psychological wellbeing practitioner (PWP) working within NHS Talking Therapies you will undertake a comprehensive patient-centred assessment and support a range of low intensity interventions informed by cognitive behavioural therapy (CBT). Low-Intensity CBT interventions represent a new evidence-based ‘health technology’ in the form of written or computerised guided-self-help for the treatment of adults with anxiety and depression disorders.

[Education Mental Health Practitioner \(EMHP\)](#)

Source: Psychological Professions Network (PPN)

Education mental health practitioners (EMHPs) are trained to assess and support children and young people (CYP) with common mental health difficulties, particularly mild to moderate symptoms of anxiety, depression, and behavioural difficulties. They offer a range of Low Intensity interventions, primarily in a school or college setting, that are based on cognitive behavioural therapy and guided self-help. They aim to help CYP and their

parents / carers in the self-management of their recovery in groups or in one-to-one meetings. EMHPs, in conjunction with the wider mental health support team (MHST), also support the delivery of school wide interventions to enhance CYP's wellbeing in education settings.

Children's Wellbeing Practitioner (CWP)

Source: Psychological Professions Network (PPN)

Children's wellbeing practitioners (CWPs) are trained to assess and support children and young people (CYP) with common mental health difficulties, particularly mild to moderate symptoms of anxiety, depression and behavioural difficulties. They offer a range of low intensity interventions that are based on cognitive behavioural therapy and guided self-help. They aim to help CYP and their parents/carers in the self-management of their recovery.

Wellbeing Practitioner

Source: Psychological Professions Network (PPN)

Mental health and wellbeing practitioners provide wellbeing-focused psychologically informed interventions and coordinate care plans for adults with serious mental health problems. Based in the community, you'll have an important role in supporting adults of all ages to help them live fulfilling lives. Your role is not to provide psychological therapy, but you will deliver effective evidence-based wellbeing interventions to help people recover and live fulfilling lives.

Intensive Psychological Practitioner (YIPP)

Source: Psychological Professions Network (PPN)

Youth intensive psychological practitioners provide psychological assessment and psychologically informed interventions support for young people (aged 13-17 years old) with severe mental health needs. Based in inpatient and intensive home treatment

services, you'll have an important role in supporting young people towards recovery and helping them to live fulfilling lives.

Psychological Wellbeing Practitioner (PWP)

Source: BABCP

PWPs work within talking therapy services such as NHS talking Therapies (link), using a range of psychological interventions and skills to support individuals with mental health problems such as depression and anxiety. PWPs work collaboratively with other healthcare professionals (including Cognitive Behavioural Therapists, Counsellors, GPs and employment advisers as well as other community organisations) to improve access to psychological interventions and support the self-management of recovery.

Children's Wellbeing Practitioner (CWP)

Source: BABCP

CWPs work within community services such as CAMHS, primary care services, local authorities and voluntary sector organisations using a range of psychological interventions and skills to support children and young people with mild to moderate anxiety, low mood and behavioural difficulties. CWPs work collaboratively with children, young people, parents, carers and families alongside other professionals (including Cognitive Behavioural Therapists, counsellors, GP's, education staff as well as other organisations.) to improve access to psychological interventions and support the self-management of recovery.

Education Mental Health Practitioner (EMHP)

Source: BABCP

EMHPs work across educational and health care settings (such as schools, colleges, social, mental health or learning disability settings) within a mental health support team (MHST), using a range of psychological interventions and skills to support children and young people with mild to moderate anxiety, low mood and

behavioural difficulties. EMHPs work collaboratively with children, young people, schools and colleges alongside other professionals to increase access to interventions and support for those who may be experiencing difficulties who are not receiving or suitable for specialist mental health services. In some settings, EMHPs will also need to liaise with parents, carers and families.

Mental Health Wellbeing Practitioner (MHWP)

Source: BABCP

Mental Health Wellbeing Practitioner is an exciting new role that is being developed to support the transformation of adult community mental health services.

MHWPs work within wider multi-disciplinary team providing interventions and skills to support individuals to promote good mental health and recovery from severe mental health problems. MHWPs work collaboratively with other healthcare professionals (including registered nurses, Psychiatrists, GPs, Cognitive Behavioural Therapists, Psychologists and employment advisers as well as other community organisations) to improve access to psychological interventions and support the delivery of an overall care plan.

A day in the life of a Psychological Wellbeing Practitioner

Source: Mental Health Matters

I am a Psychological Wellbeing Practitioner (PWP) working within [North Staffordshire Wellbeing Service](#), and have been with the service since October 2016. I have now qualified, having completed a post graduate course in Low Intensity Psychological Interventions in October 2018. A PWP's role is to provide talking therapy to clients who come to the service seeking support for mild to moderate common mental health problems. Although this is central to every PWP's responsibilities, a working day for one PWP can differ considerably from another.

Competency Frameworks

Career map for the Psychological Professions

Source: Psychological Professions Network (PPN)

This map is all about career opportunities in the NHS psychological professions. Choose the character that best describes you or the qualification you are working towards. You can see what careers might be open to you. Find out more about any of the careers by clicking on the psychological professions.

Standards for the accreditation of Mental Health and Wellbeing Practitioner Programmes

Source: The British Psychological Society

Publication date: July 2023

The NHS Long Term Plan[1] sets out a commitment to new and integrated models of primary and community mental health care. A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medication support and support for self-harm and coexisting substance use. This includes maintaining and developing new services for people who have the most complex needs and proactive work to address mental health disparities.

National Curriculum for Psychological Wellbeing Practitioner (PWP) Programmes

Source: Health Education England

Publication date: Version 4.3 April 2023

The NHS Talking Therapies for Anxiety and Depression (formerly Improving Access to Psychological Therapies; IAPT) programme was established across England in 2008 with the aim of creating psychological therapy services to enable many more people to receive evidence-based, NICE approved psychological therapies and interventions for common mental health problems. NICE recommends a stepped care approach to

the management of many cases of depression and to some, but not all, anxiety disorders. A key objective of the NHS Talking Therapies programme is to develop a competent workforce to deliver the stepped care model, with Psychological Wellbeing Practitioners (PWPs) vital to delivery.

Transferable Role Template Career Framework Level 4 Adult Secure and Detained Estate Psychological Wellbeing Practitioner

Source: Skills for Health

Publication date: June 2021

This template is designed to enable a common understanding and communication of transferable roles. A transferable role (TR) is a named cluster of competences and related activities that is applicable, relevant and replicable across different geographic locations in the UK. It can be used to help define the learning and development needs for staff already working in these roles and to support the establishment of transferable roles where appropriate. In the development of this template Skills for Health seeks to provide some consistency of approach to defining the skills and competences needed to fulfil the requirements new, hybrid, or existing transferable roles. All transferable roles will have common or 'core' competences, plus speciality/pathway specific competences. Over time, these will be supported by appropriate national occupational standard based learning and development packages. The term 'competences' is used throughout the document. All competences are national occupational standards (NOS).

Career and Competency Framework: for those working in the Adult Secure and Detained Estate

Source: Skills for Health

Publication date: June 2021

Ensuring that Health & Justice healthcare providers can recruit and retain staff within both clinical and non-clinical roles, is vital

in the delivery of an effective service. Providing healthcare in secure, sensitive, and complex environments requires a wide range of roles and specific expertise, as well as significant continuing professional development for staff. For those staff working within healthcare services that serve the youth and criminal justice systems, there is an additional awareness and sensitivity required regarding the wider concerns of such settings, including significant security issues.

Psychological Wellbeing Practitioner Apprenticeship standard

Source: IfATE

This occupation is found in the public sector within the NHS England Improving Access to Psychological Therapies (IAPT) initiative, which is a world leading programme in psychological healthcare. This is an exciting role where practitioners make a difference to people's lives. Psychological Wellbeing Practitioners (PWP) deliver the service from different venues for example GP surgeries, community healthcare settings and other community based venues, such as job centres.

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