



## HUMANISTIC & INTEGRATIVE PSYCHOTHERAPY COLLEGE OF THE UKCP

### **Guidelines for Mental Health Familiarisation 2018**

Following the July 2018 College meeting the Guidelines of Mental Health Familiarisation were passed to the UKCP Education, Training and Practice Committee (ETPC) for sign off.

ETPC considered the HIPC Guidelines at their meeting on 20<sup>th</sup> July. Although they welcomed the content there was some concern that the style and format did not fully follow the approach adopted in the UKCP Overview document. After some discussion it was agreed to review the document to undertake cosmetic changes to reflect the central document style. This was undertaken by Jo Quennell on behalf of the HIPC Training Standards Committee (TSC) and returned to the ETPC Chair, Fiona Biddle, for approval by Chair's Action.

The HIPC Steering Committee agreed that the changes did not substantively alter the meaning of the document and that it could therefore be adopted without a further vote.

The final agreed version of the Guidelines are attached.

Lissie Wright 13/10/18



## HUMANISTIC & INTEGRATIVE PSYCHOTHERAPY COLLEGE OF THE UKCP

### Guidelines for Mental Health Familiarisation 2018

Mental Health Familiarisation is a required component of UKCP and HIPC accredited trainings. This document should be read in conjunction with HIPC Standards of Education and Training and the UKCP Code of Ethics.

Psychotherapists will require awareness, knowledge and understanding that equips them to work within or alongside other mental health professionals and services, with clients who have extraordinary needs and with family members of mental health service users. Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs and prevention of additional mental health distress caused by normative social expectation and exclusion.

Trainees and students should therefore be introduced to the wider contexts and considerations of mental health provision to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience greater mental difficulties and emotional distress.

HIPC believes experiential learning supports in depth engagement, levels of understanding and reflection different from those gained through direct teaching or individual study. Students are therefore required to undertake some element of direct experience as part of their mental health familiarisation.

**See below for further information about the HIP College-specific guidelines which include:**

Each training and accrediting organisation must produce a policy which explains how it approaches students fulfilling the requirements outlined below and offers a balance of training input, personal study and experience in the field. Learning in each area can be gained through training input or direct experience, or a combination of the two but some element of direct experience is necessary. *See Training requirements section below.* Training and accrediting organisations' policies will be reviewed during Quinquennial Reviews.

#### 1. The Social Responsibility Framework

Psychotherapists require opportunities to understand the historical and cultural influences on societal understanding of and attitudes to, mental health and illness and to develop a capacity to work reflexively within a social responsibility framework. These can be gained through training input, placement experience, or a combination of the two including relevant coverage of the following:

- a. Historical and cultural models of mental health, illness and mental health care.
- b. The impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience
- c. The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health
- d. The intensifying impact of intersectionality (where a person belongs to more than one marginalised group).
- e. Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them
- f. Practices for non-discriminatory service provision

## **2. Working within a Wider System of Care**

Psychotherapists will also require knowledge and understanding, sensitivity and awareness which equips them to work within and alongside other mental health services in the field. This should include knowledge, ability, awareness and understanding of the following:

- a. Recognition that clients with more complex, significant, enduring or exceptional needs, including how to differentiate between severe mental illness and the range of human responses to life challenge, such as trauma, shock, bereavement and spiritual crisis.
- b. How and when to refer on to appropriate inter-disciplinary professionals and relevant agencies
- c. When to provide, when necessary, psychotherapy as part of an appropriate package of care including the parameters for keeping therapeutic work safe with severely disturbed people
- d. The social and cultural context in which service is delivered to understand and empathise with the lived-experience of service-users.
- e. The different personal and professional roles in care for people with complex or enduring needs including current knowledge of local services
- f. An informed and critical awareness of the differences in paradigms between the medical model and a psychotherapeutic approach including the psychotherapists role in collaborative care.
- g. The psychotherapists role in the provision of non-discriminatory services
- h. The role of medication (prescribed and non-prescribed) and its impact
- i. Ethical and legal considerations pertaining to the above including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010

## **3. A Range of Models of Assessment**

Training input should cover, but not be restricted to, the medical model of assessment including: assessment tools and approaches, how diagnoses and formulations are used, safeguarding, collaborative care and accessing services, recognizing complex and enduring mental illness, current debates on evidence-based treatment and awareness of how to identify needs and make appropriate referral within multi-disciplinary practice.

## **4. Awareness of Diagnosis and Treatment**

A generic and sufficient working knowledge, awareness and understanding <sup>1</sup>of diagnosis and treatment in the context of UK mental health care services including the following:

- a. The basic structure of the mental health services in the UK, and the role of NICE guidelines<sup>2</sup>
- b. Diagnosis and classification of mental illness within the medical model including a working knowledge of the DSM V and a capacity to reflect on and evaluate its use as a system of assessment
- c. The types of interventions and treatments used, their rationale and side effects
- d. Understanding and appreciation of different professional and personal roles in mental health care
- e. How to work in a client-centred way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy received forms part of an appropriate package of care
- f. When and how to make appropriate referrals to other professional agencies
- g. Ethical and Legal considerations including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010

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<sup>1</sup> It is not intended that psychotherapists will themselves offer diagnoses but that they will understand the diagnostic formulations and treatments used within the UK mental health services.

<sup>2</sup> Although there are agreements to provide NICE products and services to Wales, Scotland and Northern Ireland decisions on how this guidance applies in these countries are made by devolved administrations.

## **Training Requirements**

The developmental process of learning which integrates knowledge and experience can be gained through training input or direct experience, or a combination of the two. Some element of direct experience is required, as this is likely to be relevant to fully attaining the overall aims of the mental health familiarisation process.

Training and accrediting organisations have discretion to require up to a maximum of 120 hours of direct mental health experience within the overall 900 training hours. They should include their requirements and the reasons for them within their policy.

## ***Experiential Learning***

HIPC believes experiential learning supports levels of understanding and reflection different from those gained through direct teaching or individual study. Students are therefore required to undertake some element of direct experience as part of their mental health familiarization process. This may be met in a variety of ways including working, volunteering, attending events or otherwise spending time in settings such as the following:

- community mental health centres,
- psychiatric wards,
- day centres or drop in centres,
- voluntary organisations such as Mind,
- advocacy services,
- community services,
- specialist services such as those of homeless people,
- attending events held by groups such as the Schizophrenia and Bipolar Foundations, and the Recovery Learning Community.

This list is meant to be indicative but is not comprehensive.

There may be occasions where students have gained direct experience in their personal lives, professional careers, by undertaking research or in their counselling or psychotherapy practice. This may be included in students' experiential learning, but its relevance and currency must be demonstrated within the assessment.

## ***Training Organisations are required to:***

- Offer a range of training input, such as lectures and seminars, visits by external speakers (including service user groups) to support students achieving the aims of the MHF.
- Support personal learning by providing access to, or signposting trainees to learning resources such as written materials, documentaries, films and videos.
- Offer support to help students access appropriate experiential learning opportunities.
- Make clear to students their responsibilities and limitations in undertaking experience in the field.
- Manage the minimum requirements for experiential learning which balance opportunities for in depth engagement and learning with ensuring accessibility for a diverse student body.
- Provide ways for students to evidence their experiential learning activities.
- Create assessment procedures whereby students can demonstrate their learning.
- Provide a rationale and documentation for the approach taken.

## ***Trainees are expected to***

- Take responsibility for arranging placements or direct experience elements to meet the Mental Health Familiarisation requirements.
- Take responsibility for taking up opportunities to attend appropriate training input provided by their training organisation or other bodies.
- Take responsibility for demonstrating that they can meet the requirements of the Mental Health Familiarisation in line with the UKCP HIPC College.

Approved at UKCP HIP College meeting July 12<sup>th</sup> 2018

Discussed at and amended after the UKCP ETPC meeting July 20<sup>th</sup> 2018