

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND**  
**SECTION 2: CORE SERVICE ELEMENTS**

**SERVICES OFFERING PSYCHOLOGICAL INTERVENTION**

It is recognised that all health, social and voluntary care professionals provide psychological care in the course of their work, particularly requiring good communication and interpersonal skills: this is a key element of the service, particularly in Community and Primary Care settings. 'Psychological Interventions' in this document refers to a range of skills, competencies and interventions based on identified psychological concepts and theory, which have been acquired through training and maintained through supervision. The latter type of service is provided by a wide range of professionals who have undertaken such training, and maintain skills through professional development and appropriate clinical and practice supervision. (For example, Clinical/Counselling Psychologists, Counsellors, Psychiatrists, Specialist and Mental Health Nurses, Psychotherapists, members of the primary care teams, social worker plus voluntary organisation workers with special skills and a wide range of other Mental Health and non-Mental Health professionals working in a variety of services and settings.)

## A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND

### SECTION 2: CORE SERVICE ELEMENTS

This tabulation replaces that appearing under the heading “Psychological Therapies” in the original *Framework* document. It has been prepared by a multi-disciplinary working group on the basis of:

- The postal **census** (2000) of psychological therapists and waiting times.
- The outcome of the **four pilot site** projects (Forth Valley, Dumfries & Galloway, Ayrshire & Arran, and Greater Glasgow) with the assistance of the Glasgow Institute for Psychosocial Intervention and the Scottish Development Centre, supported by a grant from the Mental Health & Well Being Development Fund.
- **Visits** to the psychological intervention services in three Health Board areas – Tayside, Grampian and Lothian(except West).

The original "Psychological Therapies" tabulation has been overtaken by subsequent developments:

- An increasing **evidence base** for psychological interventions at all levels of service delivery.
  - The emphasis in *Our National Health* (2000) on services in the community for people suffering from **anxiety and depression** - conditions for which psychological interventions play an important role in treatment.
  - Another emphasis in *Our National Health* on **positive mental health** – psychological interventions can play a major part in allowing individuals to overcome the affects of previous adverse experiences which otherwise would impair their wellbeing in the long term.
  - **The Ministerial commitment** contained within the report, *LHCC Development, the next steps*, that the Mental Health and Well Being Support Group engage with LHCCs to advance the *Our National Health* agenda for community based services for anxiety, depression and postnatal depression among others.
  - The **widening professional base** of those providing psychological interventions.
  - The commitment in *Our National Health* to encourage health boards to involve **voluntary organisations** in service provision where appropriate.
  - The move to make **the LHCC the focus** for delivery of local services – this highlights the need to establish robust and effective collaborative working with specialist services to provide early and appropriate access for people to the level of service required.
  - The publication of *Treatment Choice in Psychological Therapies and Counselling* <sup>+</sup> ([www.doh.gov.uk/mentalhealth/treatmentguidelines](http://www.doh.gov.uk/mentalhealth/treatmentguidelines)).
- <sup>+</sup> Department of Health Publications, P O Box 777 London SE1 6XH (quoting reference 23454)

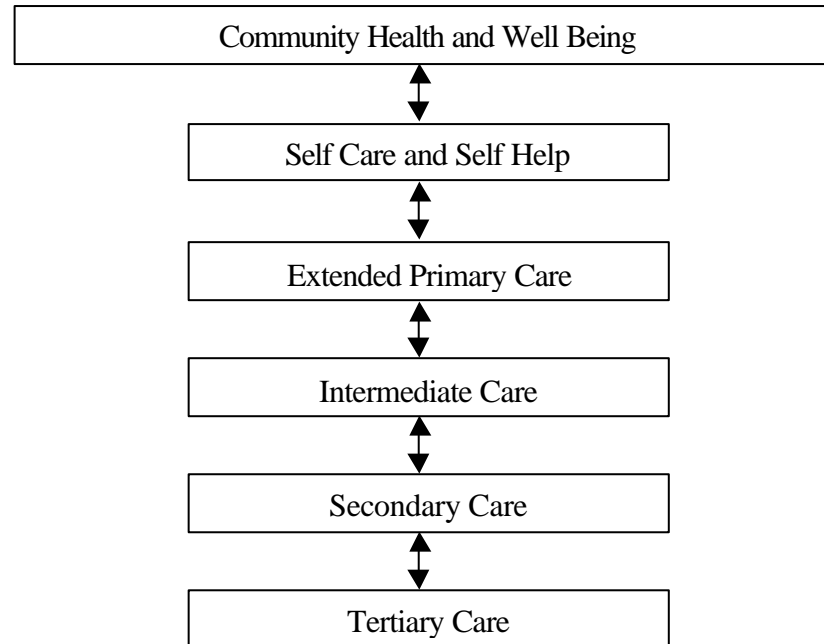
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Principles of service organisation:

- Local joint mental health service commissioners agree a resource envelope for psychological interventions, for both mental health promotion and treatment services;
- Social Work Departments and voluntary organisations must have a role in specifying the overall service and their contribution included within the planned resourcing;
- The views of those representing the community, users of services (including advocates), carers of people with mental health problems, and partner agencies be taken into account. It is essential that any group of service providers be aware of the contribution which a potential partner group could make and the conditions in which that contribution could develop;
- Mental health service providers develop a protocol to guide health service staff in collaborative working with social work departments and voluntary organisations, attending to details which would smooth the patients' journey eg on matters of information - including sharing, confidentiality, risk management, ease of access, timely access, shared assessments, quality of care and maintenance of standards;
- Psychological interventions will be practised within a multi-disciplinary clinical governance (all disciplines) structure. **No psychological intervention can be given safely and effectively unless the practitioner from all relevant disciplines is in continuous professional supervision, with the aim of pursuing reflective practice and developing clinical skills;**
- As part of the process of local joint commissioning, a projection of the staff numbers with the skills required to provide an accessible range of psychological interventions should be made, and recruitment, retention and training policies set in place;
- Experience has shown that the practice of psychological interventions improves when staff belong to defined groups or departments forming a network, which is tasked collectively with providing commissioned services at all levels of service provision, and thus professional supervision, training and service development. In this way local ownership by staff groups of the whole system of psychological interventions can grow and develop;
- Representatives of the service network in a local area should be consulted regularly by the local joint mental health commissioners about service requirements, skills gaps and areas of unmet need;
- Psychological interventions are part of a range of possible treatments and when embarked on a course of treatment with a psychological intervention, practitioners must remain aware that other forms of treatment may be necessary;

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- The hierarchy of mental health care derived from Woods et al (2001)\* is adapted here:-



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\*Delivering Integrated Mental Health Care in Scotland's Primary Care Trusts (2001), Woods K, McCollam A, Maclean J, MacCallum E (2001)  
2001 Institute of Health Care Management Scotland

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<b>TIER/LEVEL</b>	<b>DESCRIPTION OF NEED</b>	<b>WAYS IN WHICH SERVICES MAY RESPOND</b>
<p align="center">0  Community Health and Well Being in the  Neighbourhood or Locality</p>	<ul style="list-style-type: none"> <li>• Prevention of disorder in ‘high risk’ groups</li> <li>• Heightened awareness of psychological aspects of health in families of individuals</li> <li>• Information on achieving and maintaining psychological well being</li> <li>• ‘Signposts’ to allow individuals to find out about the services they need and how they are accessed</li> <li>• A system of support to help link people into services if needed</li> <li>• Local ‘non-medicalised’ services</li> </ul>	<p>Suggested specific service responses are:</p> <ul style="list-style-type: none"> <li>• Early intervention evaluated projects</li> <li>• Production of information/ resource material made available in public places (Post Offices, chemists, libraries, Benefit Offices etc)</li> <li>• Local directories of organisation and services including voluntary, non-health community, leisure and education services</li> <li>• Opportunistic collaboration with local media</li> <li>• Protocols, local joint resourcing and collaboration between agencies to allow people to gain access to appropriate services</li> <li>• User friendly, non-stigmatising services provided by non-statutory or voluntary organisations with support from health and/or social work</li> <li>• Access to structured self help materials delivered using a variety of media and models</li> </ul>

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TIER/LEVEL	DESCRIPTION OF NEED	WAYS IN WHICH SERVICES MAY RESPOND
<p align="center">1 Extended Primary Care</p>	<ul style="list-style-type: none"> <li>• Accelerated recovery from distressing life transitions</li> <li>• Support, training and supervision for primary health care team</li> <li>• Understanding of what psychological therapies have to offer</li> <li>• Screening for and recognition of people with more complex needs, including hidden major mental health problems</li> <li>• Gateway to psychological therapies network/ advice/guidelines</li> <li>• The detection and treatment of Postnatal Depression (about which a SIGN guideline is in preparation)</li> <li>• The detection of physical and sexual abuse, which, otherwise, is likely to be detrimental to the individual's mental health</li> </ul> <p>(There are SIGN guidelines in development on the Management of Alcohol Problems in Primary Care elements which will be relevant here.)</p>	<ul style="list-style-type: none"> <li>• Counselling skills for PHCT members who will already have patients with whom they are providing a psychological intervention but who require, as part of day to day clinical practice: <ul style="list-style-type: none"> <li>- Support;</li> <li>- Supervision;</li> <li>- Training</li> </ul> </li> <li>• Accredited counselling and/or behavioural input to the PHCT (with supervision, opportunities for training, and data collection to support audit)</li> <li>• The NMAC Report(1998)* gives useful guidance on development of services where need is demonstrated</li> <li>• Development of services when the efficacy for particular interventions has been demonstrated as locally and culturally sensitive</li> <li>• Women with Post Natal Depression are being screened by Health Visitors with the Edinburgh Scale+. Any of those scoring above a defined threshold may respond to a counselling process</li> <li>• In social work services this includes therapeutic social work practice – such as individual family case work</li> </ul>

\**Counselling in Primary Care* (1998), National Medical Advisory Committee

+Report on Detection and Early Intervention in Post Natal Depression (1996), CRAG Working Group on Maternity Services

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<b>TIER/LEVEL</b>	<b>DESCRIPTION OF NEED</b>	<b>WAYS IN WHICH SERVICES MAY RESPOND</b>
<p align="center">2</p> <p>The attached Mental Health Worker/ Intermediate Care</p>	<ul style="list-style-type: none"> <li>• Advice to GPs and PHCT on assessment and referral</li> <li>• Direct treatment – using a range of evidence based short-term interventions</li> <li>• Supervision of psychological work<sup>#</sup> at Tier 1 level</li> <li>• Links to specialist psychological intervention services and the wider mental health service to strengthen the ties between primary and secondary care services</li> <li>• Links to partner agencies – both statutory and voluntary to widen understanding of issues affecting public mental health</li> <li>• Clear pathways for the patient journey and local clarity about how these are arranged</li> </ul>	<ul style="list-style-type: none"> <li>• Identified mental health worker (psychologist/nurse therapist, nurse/OT/ counsellor)</li> <li>• Worker should have competencies in:- <ul style="list-style-type: none"> <li>- Recognition of mental disorder and its different presentations</li> <li>- Assessment</li> <li>- A range of therapies - including delivery of structured self help materials</li> <li>- Supervision</li> <li>- Liaison/secondary consultation</li> <li>- Evaluation of outcomes</li> </ul> </li> <li>• Protocols to guide onward referral</li> <li>• Continuing needs assessment of the practice population (in collaboration with LHCC public health nurse)</li> </ul>

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<sup>#</sup> Supervision would be carried out by those possessing the appropriate skills and competencies

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TIER/LEVEL	DESCRIPTION OF NEED	WAYS IN WHICH SERVICES MAY RESPOND
<p align="center">3 The Network of Specialists/ Secondary Care</p>	<ul style="list-style-type: none"> <li>• Range of evidence-based psychological interventions from accredited practitioners</li> <li>• Rational allocation of patients to specialists on the basis of:               <ul style="list-style-type: none"> <li>- Information provided by the referral letter or document with the necessary details agreed with Tiers 1 &amp; 2</li> <li>- The need for an early assessment appointment</li> <li>- Effectiveness</li> <li>- Appropriateness of intervention</li> <li>- A reduction as far as possible in waiting time consistent with specialist practice</li> <li>- Explicit criteria</li> </ul> </li> <li>• Assessment and formulation shared with the patient when required by professional practice</li> <li>• Tailored intervention based on the formulation</li> <li>• Continuity of contact with a patient through spells of in patient or rehab care</li> <li>• The forthcoming SIGN guidelines on Post Natal Depression and on Generalised Anxiety Disorder will contain relevant material</li> <li>• The forthcoming Health Technology Board for Scotland guidance on Alcohol Problem Relapse Prevention will be relevant here</li> </ul>	<ul style="list-style-type: none"> <li>• The development of a range of accredited skills, matching the identified local service needs</li> <li>• Psychological interventions budget identified</li> <li>• Psychological interventions identified in local health plan/joint mental health strategy</li> <li>• The provision of structured self help materials and support for users of these services to access these</li> <li>• An information system supporting:               <ul style="list-style-type: none"> <li>- Audit</li> <li>- Patient tracking</li> <li>- Outcomes</li> <li>- Workload</li> <li>- Local needs assessment</li> </ul> </li> <li>• The development of a local clinical/practice governance framework involving:               <ul style="list-style-type: none"> <li>- Effective supervision</li> <li>- Standard setting</li> <li>- Resource allocation</li> <li>- Performance measures</li> <li>- Training requirements</li> <li>- Outcome data and evaluation</li> <li>- Action to deal with under performance</li> </ul> </li> <li>• Collective acceptance by the network of responsibility for effective use of psychological intervention resources within a local clinical governance framework</li> </ul>

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<p align="center">4 Area wide or Supra area Service</p>	<ul style="list-style-type: none"> <li>• Needs assessment for services required in the management of complex persistent/severe and/or enduring problems, including "dual diagnosis"</li> <li>• The development of services which meet the particular individual needs of people with these problems, in the areas of:               <ul style="list-style-type: none"> <li>- Personality disorders (defined for present purposes as those for whom there is a treatment with an evidence base)</li> <li>- Eating disorders</li> <li>- Abuse survivors</li> <li>- Post-traumatic stress disorder</li> </ul> </li> <li>• To provide advice to practitioners within CMHTs in the management of people with psychotic disorders</li> <li>• Therapists who have had specific continuing professional development to allow them to function at this level</li> <li>• Cross-boundary protocols with neighbouring services providing psychological interventions or with health board areas, leading to the development of a managed clinical network</li> </ul> <p>The Clinical Standards Board for Scotland Schizophrenia Standards include the provision of Social and Psychological interventions - Standard 10 - which is being implemented in the first phase, and to which the Psychosocial Interventions in the Management of Schizophrenia SIGN guideline, 1998 also applies.</p>	<ul style="list-style-type: none"> <li>• Commitment by service commissioners to equity of access to "high level" expertise</li> <li>• Allocation of resources by consortia of commissioners</li> <li>• Needs assessment by:               <ul style="list-style-type: none"> <li>- LHCCs</li> <li>- Local authorities</li> <li>- Health Boards</li> </ul> </li> <li>• Identification of an agency to take the lead role on behalf of the consortium</li> </ul>

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**Standards**

- As defined by the Clinical Standards Board for Scotland, a system of quality assurance should *promote public confidence that the services provided...are safe and that they meet nationally agreed standards and to demonstrate that, within the resources available [organisations are] delivering the highest possible standards of care;*
- In a health context, each NHS body has a duty to monitor and improve the quality of healthcare which it provides to individuals as part of the clinical governance process. Thus **quality assurance** is *improving performance and preventing problems through planned and systematic activities including documentation, training and review.* **Accreditation** is a process, based on a system of external peer review using written standards, designed to assess the quality of an activity, service or organisation.
- A system of quality assurance and accreditation would comprise:
  - Setting standards – in an open collaborative way between the service providers, the users of the services, those who care for them and a public view;
  - Self-assessment of performance locally in relation to the standards derived;
  - Undertaking external peer review of performance against those standards;
  - Reporting findings, regularly, publicly and transparently.
- Standards should:
  - Focus on those care issues which impact on the quality of care;
  - Be written in simple language;
  - Be based on evidence;
  - Take account of other recognised standards and clinical guidelines;
  - Be clear and measurable;
  - Focus on improving the outcomes of care;
  - Be published and widely available;
  - Be regularly evaluated and revised to make sure they remain relevant and up to date.

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NUMBER	STANDARD	EVALUATION CRITERIA	HOW THESE CAN BE ASSESSED
<b>Standard 1</b>	<p><b>Clinical/Practice Supervision</b></p> <p>Every practitioner providing a psychological intervention within the network of psychological services jointly commissioned as part of a local mental health service should take part in clinical supervision on a group or individual basis at least once a month. This is an essential part of an individual's continuing professional development and should be differentiated from line- management supervision.</p>	<ul style="list-style-type: none"> <li>• explicitly required in strategy statements by the local joint commissioners</li> <li>• included in local organisational policies</li> <li>• audited regularly, with action taken to close the loop</li> <li>• clinical/practice supervision written into individual personal development plans</li> </ul>	<ul style="list-style-type: none"> <li>• required as a quality measure within local clinical governance</li> <li>• responsible managers and senior professionals can show robust evidence that clinical supervision is general and regular</li> <li>• there is a clear model of delivery for clinical/practice supervision</li> <li>• this model is implemented, and there is evidence of this</li> <li>• sample of personal development plans</li> </ul>
<b>Standard 2</b>	<p><b>Information and Accessibility for the Public</b></p> <p>The local psychological and intervention network provides coherent information about the contribution psychological interventions can make to the community's personal and public mental health, how individuals may become aware that such help is required, and where it might be found. This information should be coherent, reputable, endorsed by the participating professional groups, and should be widely available in the community.</p>	<ul style="list-style-type: none"> <li>• The Psychological Intervention Network has developed an information leaflet set; with revision dates explicit</li> <li>• individual practitioners know of the information set, its content and support its dissemination and availability</li> <li>• there is a means for regular distribution and liaison with sites and display</li> </ul>	<ul style="list-style-type: none"> <li>• production of an up-to-date set</li> <li>• audit of staff groups, general practices and local agencies</li> <li>• discussion with local service users and their advocates</li> </ul>

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NUMBER	STANDARD	EVALUATION CRITERIA	HOW THESE CAN BE ASSESSED
<b>Standard 3</b>	<p><b>Service Information</b></p> <p>The local psychological interventions network collectively should ensure that clear referral criteria, reception points for referrals, and systems to smooth the patient journey are in place.</p>	<ul style="list-style-type: none"> <li>• a comprehensive protocol exists, jointly produced by groups within the network, supported by primary care and partner agencies</li> <li>• compliance with the protocol is audited</li> <li>• there are mechanisms to identify exceptions to compliance with the protocol, and no detriment to the care for individuals is allowed to occur</li> </ul>	<ul style="list-style-type: none"> <li>• protocol widely available</li> <li>• individual staff have copies and apply them in practice</li> <li>• evidence of audit of the patient/user experience</li> <li>• evidence of audit of the referrer/partner agency experience</li> <li>• action can be shown to have been taken on evidence of deficiencies</li> </ul>
<b>Standard 4</b>	<p><b>User Satisfaction and Outcomes</b></p> <p>The local psychological interventions network should put in place mechanisms to work with users of services, in partnership with staff providing services and managers of the services, to maintain and improve quality of service provision. Assessment of the outcome of an intervention for each individual is essential and, when aggregated will provide essential information to assist this process, respecting patient confidentiality.</p>	<ul style="list-style-type: none"> <li>• regular meetings of network representatives, service users, their advocates and carers, LHCC/Primary care representatives and partner agencies take place</li> <li>• operational policies specify assessment of outcomes for individuals receiving treatment</li> <li>• aggregated outcome data is audited regularly, and action taken when discrepancies appear between expected and actual outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• minutes of meetings and evidence of action taken</li> <li>• completed outcome measures in case records</li> <li>• evidence of a link with clinical governance</li> </ul>

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NUMBER	STANDARD	EVALUATION CRITERIA	HOW THESE CAN BE ASSESSED
<b>Standard 5</b>	<p><b>Evidence Base</b></p> <p>Interventions provided by the local network should be evidence based wherever possible, and where not, grounded in justifiable, good professional practice.</p>	<ul style="list-style-type: none"> <li>• for common conditions treatment protocols exist referenced to SIGN or other national guidelines</li> <li>• audit mechanisms are in place and there is evidence of implementation</li> <li>• where the evidence base is missing there is evidence of locally agreed care pathways representing professionally justifiable practice</li> </ul>	<ul style="list-style-type: none"> <li>• Through patient satisfaction surveys, such as CORE outcome measures.</li> </ul>

**Performance Measures for Clinical Governance and Commissioners of services**

The competencies to apply for practitioners providing psychological interventions are as set out by each accredited body, which in turn are set out below;

**List of Accredited Bodies**

- British Confederation of Psychotherapists
- United Kingdom Council for Psychotherapy
- British Psychological Society
- British Association of Behavioural and Cognitive Psychotherapy
- Royal College of Psychiatrists (Certificate of Completion of Specialist Training)
- British Association for Counselling and Psychotherapy
- Faculty of Healthcare Counsellors and Psychotherapists
- Confederation of Scottish Counselling Agencies