

Social and rehabilitation psychiatry

- integrative interventions with patients and carers

Psychotherapy

- therapy assessments, supervision, evaluation and consultation

Service quality

The report sets out criteria for assessing how well a provider of psychological therapies is performing. A seven-point model leads to the following sets of questions:

- **Overall delivery**
Easy and equitable access with real choice?
- **Psychological therapists**
Broad range of experience and professions?
- **Clinical skills**
Well supported by training and supervision?
- **Assessment and treatment**
Effective, appropriate and audited?
- **Facilities**
Afford safety, privacy and convenience?
- **Host organisation**
Fosters clinical leadership and effective teams?
- **Workplace culture**
Actively promotes psychological mindedness?

How does your local provider rate?



Psychological therapies in psychiatry and primary care

This report reviews current needs for psychological therapies, training and research. It summarises what is being done to meet these needs, particularly in primary care. It also identifies additional measures that may be required. These include ten principles for responsive commissioning. This leaflet highlights headlines only.

You are also urged to:

- read the report (free of charge) or buy printed copies at <http://www.rcpsych.ac.uk/publications.aspx>
- use the report to assess local strengths and weaknesses
- consider which specific recommendations apply to you and your service
- use these recommendations in pressing for continuing improvements.

The report has 12 principal recommendations

- 1. Improved psychological health requires:**
 - attention to every patient's social well-being
 - psychological awareness from health professionals
 - access to psychological therapies when indicated.
- 2. Equitable provision of psychological therapies will involve:**
 - investment across all patient groups
 - greater awareness of minority needs.
- 3. Effective stepped care requires:**
 - coordination between all service levels
 - efficient matching to the right intervention
 - joint development by stakeholders.
- 4. Delivery standards should:**
 - promote patients' safety
 - address quality of care
 - require monitoring of outcomes.
- 5. Service commissioning needs to:**
 - be clinically informed
 - address needs beyond improving access to psychological therapies (IAPT)
 - support training.
- 6. Organisations providing therapies need to:**
 - promote psychological mindedness
 - have a psychological therapy champion
 - help clinical teams to function effectively.
- 7. The therapeutic workforce should:**
 - enhance its clinical skills
 - include a wide professional mix
 - encourage interdisciplinary training.
- 8. Future research needs to:**
 - extend current evidence of outcomes
 - optimise practitioners' consultation skills
 - evaluate service models.
- 9. Future service and practice guidelines:**
 - should be based on a common strategy
 - need to simplify documentation.
- 10. General practitioners need to:**
 - influence future care pathways
 - have more training to develop therapeutic skills
 - help primary care teams become psychologically aware.

11. All psychiatrists should:

- use suitable interventions with patients and their families
- ensure gaps in provision of therapies are addressed
- support development of colleagues' therapeutic skills.

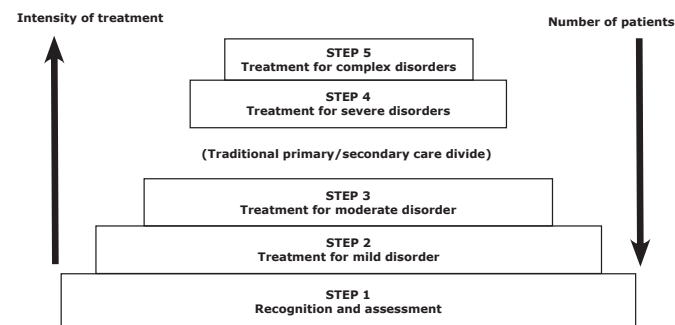
12. Consultant psychiatrists in psychotherapy are needed to:

- care for complex cases and to train others
- help colleagues adopt new ways of working
- put these recommendations into practice.

Provision of psychological therapies

The report summarises applications of psychological therapies and gaps in current provision. It tabulates which treatments have proven efficacy for specific mental disorders. Artificial barriers between primary and secondary care can be reduced by collaborative working and by providing therapies within an integrated stepped care approach.

Stepped care model



Step
5
4
3
2
1

Examples of interventions include

treatment programmes for personality disorders
therapies for psychosis and disabling obsessive-compulsive disorder
cognitive or interpersonal therapies for depression
self-directed and problem-solving therapies
education and advice

Training

The report identifies areas where future training can be shared between psychiatrists and general practitioners, as well as needs specific to either group.

Psychological training needs for psychiatrists and general practitioners

Psychiatry	Common to both	General practice
Therapeutic case formulation	Communication skills	Detection of prodromal distress
Broad knowledge of therapeutic principles	Experiential case discussion	Crisis management for service users in treatment
Supervised experience in extended therapy provision	Supportive interventions	Familiarity with first line interventions for common mental disorders
Appreciation of primary care	Knowledge of evidence base	Provision of very brief focal interventions
(Additional skills for chosen specialism)	Counselling on treatment choice	
	Motivational interviewing	

Examples of therapeutic training within chosen psychiatric specialty include:

Child and adolescent psychiatry

- family and behavioural interventions

Forensic psychiatry

- reduction of offending behaviour
- impact of organisational dynamics

General adult psychiatry

- crisis management
- relating to people with personality disorders

Liaison psychiatry

- unexplained medical symptoms
- combined therapies in general hospitals

Old age psychiatry

- adapted individual, group and family interventions

Psychiatry of addiction

- techniques for relapse prevention and contingency management

Psychiatry of learning disability

- adapted verbal therapies and creative therapies