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WELCOME

Welcome to the 9th Issue of the APPTS newsletter! This being our first newsletter of 2021, it feels appropriate to reflect on what this year has brought us so far. Psychological therapies services nationally, have risen to the huge challenge that the pandemic has brought. It is very positive to see that teams have continued to work together to support service users, carers and staff during this time and that things have now appeared to settle. We hope this newsletter provides an opportunity to reflect on some great areas of work and practice that has taken place.

We are very pleased to be sharing some great initiatives and good practice examples within this newsletter, ranging from training throughout the pandemic to restoration and self-care. You will also find an interesting read around respiratory pathways as well as providing psychological support to men and LGBTQIA+ co-workers.

There have been also some changes within the past year to the APPTS team. We thought we would therefore put together a 'meet the team' page in this edition of the newsletter, so that our members can get to know who we are and what we do on the APPTS team.

Over the rest of this year, we are hoping to launch some exciting new initiatives for APPTS. Some of which are highlighted in this newsletter and a majority of these will be discussed in more detail at our 7th Annual Forum which is taking place in November this year. We are looking forward to seeing as many of you there as possible!

We are committed to ensuring the we provide the best service and support to our APPTS members and would welcome any suggestions or feedback on what our members think we could do to improve. If you have any suggestions for further developments that we could do as a team, please get in touch with us. You will find our contact details on page 9 of this newsletter.

Finally, I'd just like to thank our contributors to this edition of the newsletter and we very much hope you enjoy reading it.

Jemini Jethwa, APPTS Programme Manager

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Training as a Cognitive Behavioural Therapist During The COVID-19 Pandemic

Craig Sanderson, CBT Trainee, Steps2Change Lincolnshire



I had been preparing to apply for this training role since before the pandemic hit. In June 2020 the opportunity came up to apply for the position in the location I wanted, so despite COVID-19 and the pressure of being a new Dad to a baby born in the first lockdown I decided to go for it!

The University my service used was a one hundred mile round trip from where I lived, so when I heard the training was going to be done fully online I was relieved. It was the first time the pandemic was going to benefit me as I was going to have some more time to study but also more importantly for me, more time to spend with my little boy and my wife. The absence of the inevitable fatigue driving that distance twice a week was welcomed with open arms. It was also so nice to save the wear and tear on my car!

The course was well prepared considering there was very little time to rewrite a course for online delivery. Credit where credit is due, a big round of applause for the Cognitive Behavioural Therapy team at University of Nottingham. To start with it was a little strange, but once people came out of their shells the online lectures and breakout groups (using Microsoft Teams we could go into smaller groups to do role plays and have discussions) worked very effectively. The personal touch of face-to-face learning was missed by most but was not to the detriment of the content being delivered. A big challenge for online

learning was sitting and listening for long periods. This was overcome following feedback from the cohort by adding a five minute break every hour so we could move around. Maybe this is something we all need to start doing more of when we are in the office!

I have missed seeing people; peer support is so important when undergoing any training. It would have been nice to have been able to go for a coffee between lectures. I found it essential for my wellbeing to keep in regular contact with my peers virtually, and we have managed to get to know each other via Teams and social networking sites. Likewise, prioritising family has been a major wellbeing incentive for me and helped me make sure that study time does have a cut off or at least a pause button.

In service, we adapted pretty quickly. Being an IAPT service we were well versed with offering flexible delivery using telephone and video treatment. I was able to use video calls for majority of my sessions which came with benefits of time saved collecting patients from waiting rooms. I am sure others can relate to the small time bonus this has given us which will certainly be missed. Being a PWP before the pandemic I had not used video call much. I have found that it can be difficult in some respects and I fully recommend reading the guidelines which have been written for treating certain disorders online. I have found that access to materials can be easier when delivering remote therapy if you are relatively quick at using the technology you have. You do not need to lose the old ways of face-to-face working. I deliver my sessions in service in front of a white board so I can quickly draw up diagrams etc. where required.

Overall, the last year has been a roller-coaster for everybody. My experience of training during the pandemic has been a positive one and it demonstrated that it can be done as effectively whilst also helping manage staff wellbeing better with reduced travel time. It will be interesting to see how the past year has shaped the future of clinical training and service delivery overall.

APPTS Peer-Reviewer Training



Wednesday 18th August 2021



10:00—12:30



Microsoft Teams

Attending this [free](#) training session will enable you to visit other psychological therapies service in the UK and share ideas and resources. Many of our members value this experience and find it particularly helpful when preparing for their own peer-review.

To register your place, email us at APPTS@rcpsych.ac.uk

Back To Basics: Restoration And Self- Care

Megan Bean, BSc (Hons), MSc, PhD

Life is busy, and over the past year and a half it has been incredibly stressful for us all. As healthcare professionals, I can imagine that you have been under extreme pressure with learning to deliver services remotely and supporting individuals who have suffered due to the wide effects of the pandemic. I applaud you all. I am not a healthcare professional. I am a 'PhD Psychologist', and an anxious creature by nature. Therefore, I tentatively write this article on restoration and self-care for the perusal of professionals who likely know it all already. I am not intending this article to be an educational resource. Instead, I hope it serves as a reminder of things that you already know, but (if you're anything like me) potentially forget.

I wanted to contribute something that you perhaps would not already know, but my reflections on my own self-care practices in preparation for this article brought to my attention how little I practice self-care, and that reminders are important. My life gets busy; there is housework to be done, assignments to be completed for my work with APPTs and another role in the College, dogs to be walked, and a very demanding toddler to contend with. I've had a lot of change recently. In the past two years, I've finished my doctoral degree, had a baby (in the first lockdown), acquired a rescue dog, and started two new jobs. From a personal experience, change and business give me excuses to cease all practice of self-care, because it falls out of my routine. It has been very easy to neglect restoration and self-care, so this article is as much for me as it is for you. Perhaps your life looks a lot like mine. If so, here is your reminder of the basic self-care practices that you know but may well forget.

- 1) Find time to exercise. Aside from the physical health benefits, it releases endorphins.
- 2) Drink plenty of water.
- 3) No matter how busy your day is, get up from your desk. Move a little. Take a breather.
- 4) Stop for lunch. Take a little time to think of

something other than work, or bills, or childcare, or patients.

- 5) Go to bed on time. We all know how important sleep is, and how important it is to practice good sleep hygiene. I am a sleep-procrastinator, and regularly find myself tempted to lie in bed and scroll social media before I try to sleep. We all know that this is not a good idea!
- 6) Eat well.
- 7) Talk to loved ones. Spend time with friends and family.

I know there are more, but I hope that list serves as a reminder of the things that we should all be doing to restore and take care of ourselves. I will move on to a list of ideas that are slightly less conventional, but may well be useful. My PhD was grounded in positive psychology, so I thought I might share a few ideas from that area. You may well have heard of them. I'd recommend a read around the positive psychology literature for activities which may boost your well-being and help you to feel restored. I have cited some studies which may be of interest, but please note that this is not intended to serve as an exhaustive literature review of effects.

- 1) Keep a gratitude diary. Evidence suggests writing down three good things that you are thankful for each day can reduce burnout and increase happiness, amongst other effects (Luo, Li, Plummer et al., 2019; Seligman, Steen, Park et al., 2005). Anecdotally, I have personally found this one to be useful.
- 2) Keep a diary of three funny things. This one has been found to reduce depressive symptoms (Proyer, Gander, Wellenzohn et al., 2014).
- 3) Writing about your best possible future self may boost well-being. Some studies have found it to reduce symptoms of physical illness (King, 2001), bolster positive affect (Peters, Flink, Boersma et al., 2010), and increase general psychological well-being (Vaughn, Abruzzo, Balliet et al., 2003). The typical paradigm for this is 20 minutes a day over three consecutive days and instructions can be found online (King, 2001), but there are many variations. If you're interested, my PhD thesis (Bean, 2019) includes a comprehensive systematic review of the effects of this activity across procedural variations.

I hope some of the techniques I have mentioned here are beneficial to you. If you take away nothing else, please remember that self-care is important. It all starts with you.

Respiratory Pathway

Mariette Bothma, Principal Clinical Psychologist & Deputy Clinical Lead, Hertfordshire Wellbeing Service

Over the last 20 months the IAPT service in North & East Hertfordshire has developed a Respiratory Pathway with the aim of delivering a mental health service to clients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and Interstitial Lung Disease (ILD), who present with mild to moderate emotional difficulties. The project started at a stakeholder's meeting in November 2019, where we met Leads of the Respiratory teams from the Community, Lister Hospital in Stevenage and Princess Alexandra Hospital in Harlow. There were some doubts and reservations about what a primary care mental health service could offer a group of clients who often struggle with multiple physical health conditions, but we were optimistic and rose to the challenge.

Working with colleagues: Co-education

The Respiratory nurses were keen to develop a greater understanding of mental health issues, and we delivered psychoeducation sessions to help them spot the signs but also understand what we could offer. Together we considered how to facilitate potentially challenging conversations about mental health by using less stigmatising, more relatable language such as stress and low mood to ease engagement. We co-developed a professional's referral form to ensure all relevant information was captured to maximise the chance for appropriate referrals.

IAPT clinicians were educated about Respiratory conditions to improve their understanding, and benefited from specialist CPD events to upskill them to work with this patient group.

Engaging service users

The physiotherapy team in East and North Hertfordshire had established an 8 week, Pulmonary Rehabilitation Programme for newly diagnosed clients. As part of our new initiative we designed and delivered an introductory session to be incorporated in this programme, where the concept and potential benefits of a psychological approach for people presenting with respiratory conditions was explained.

We based the session on the 'COPD

Breathlessness Manual' (C. Howard & S. Du Pont, 2014) and focused on 2 brief therapeutic interventions that could be delivered within an hour. Clients were given information about how to refer into the service for ongoing care. We were able to deliver one face to face session before lockdown! Following the challenges posed by the pandemic we developed an online version of the workshop to ensure we could still reach out to this patient group. Since then, we've been offering the session via Teams twice a month, and many clients who attend are then referred to us by their Physiotherapist, or end up self-referring. We also recorded a Youtube webinar, 'Living well with COPD' (<https://www.youtube.com/watch?v=68gmOh5S5pM>) as an additional resource. For people wanting a more in depth and ongoing intervention, we developed an 8 week 'Living well with a Lung condition' therapeutic group which is co-facilitated by a respiratory nurse. The group offers sessions on breathlessness and panic, stress, as well as low mood. The content of this group is based on the same evidence-based protocol used for the introductory session of the Pulmonary Rehabilitation Programme, where we make people aware of the group. Indeed, many clients subsequently self-refer to access this group in particular.

Ongoing developments

We have recruited 2 service users who completed the course to help co-produce future initiatives. We are currently planning a carer's session to be included in the group.

Senior IAPT staff attend monthly multidisciplinary meetings with Health care staff at Lister Hospital and the Princes Alexandra Hospital, and during COVID-19 this has all occurred remotely. This has proved to be a very useful way of building relationships between Mental and Physical Health services and the feedback has been as follows: *'I need to be honest with you, when you originally spoke about what IAPT could deliver, I was not very confident, but you've exceeded all our expectations, and we can't believe how well it has worked! It has had an enormous impact on our client, and the nurses have really seen the benefit of the work you've done with their clients and they have been astounded at what you've accomplished'.* – Jackie Carrett, Lead Respiratory Nurse.

COVID-19 has also presented a number of challenges and opportunities. Many clients with COPD have adapted very well to our offer of digital therapy which has enabled them to access

emotional support for the first time. Going forward, we envisage offering both face-to-face and online interventions.

We are incredibly pleased that this initiative has

proved such a success with both healthcare professionals and patients. It has been fantastic to have been able to make a difference for this patient group.

Upcoming APPTS Initiatives

Knowledgehub



7th APPTS Annual Forum



Wednesday 10th November 2021



10:00—15:00 (exact timings TBC)



Online (Zoom)

We are delighted to be hosting our 7th Annual Forum for Psychological Therapies Services.

The Annual Forum will be an opportunity for members to come together and learn about new and innovative areas of work in the field of psychological therapies, as well as hearing about good practice examples from member services.

The APPTS team will be sharing some exciting news around developments and additional membership benefits for members. We will also be sharing some highlights from our first ever APPTS Thematic Report.

If you are interested in attending the Annual Forum, please complete this [online booking form](#).

If you have an area of good practice within your service that you wish to present on, please complete this [speaker proposal form](#).

The Annual Forum is FREE for member services, service users and carer representatives and £55 for non-members.

If you have any questions about the event, please do not hesitate to contact us on APPTS@rcpsych.ac.uk

Knowledge Hub

We are pleased to announce that we will be launching an online discussion platform for members, in place of the current APPTS Chat.

Knowledge Hub allows members to:

- Ask questions, have conversations, discuss solutions to problems and share experiences
- Network with one another independently
- Upload, share and comment on documents
- Promote forthcoming events and access APPTS events and booking forms

We will be sharing more information about Knowledge Hub at our Annual Forum in November. Please get in touch with us if you have any questions.

Thematic Report

We are due to publish the first APPTS Thematic Report, gathering data from peer-reviews that took place between 2017 and 2021. Some preliminary findings will be shared at our Annual Forum, and the report will be published later this year.

APPTS Developmental Membership Option

APPTS will be introducing a supportive, developmental membership option to new psychological therapies services to the network, which will act as a stepping stone to receiving accreditation. Please get in touch with us to find out more.

It's Never Ok To Tell Someone To 'Man Up': How To Support Men When They Share Emotions

Lucie Ironman, *Psychological Wellbeing Facilitator, Vita Health Group*



When it comes to mental health, those who identify as men are so often told to, 'man up', 'grow a pair', 'don't be such a girl.' From childhood, many of us have heard these phrases thrown around, with little or no thought as to the harm this stereotyped terminology can cause.

In this article, we are going to look at the archaic language of male mental health, why this may prevent men from speaking out, and how you can support men when they express emotion.

The harm of stereotyping.

It is commonly known that the rate of male suicide is higher than women's—three times more likely in fact. Whilst it is difficult to pinpoint the exact reason why this is the case, research by Samaritans suggests that societal expectations of the 'role' of a male—to be strong, to provide, to support—have a huge impact on mental health. This idealized view is one that requires men to not feel, share emotion, or admit to struggling or needing help.

Indeed, this stigma goes way in explaining why men are much less likely to reach out for support and access mental health services. Research has shown that only 36% of mental health referrals are for men. It also begs the question, if men are supposedly doing all the providing and support, who is providing and supporting them?

Mental health does not discriminate.

Typically, we are biologically the same—there or thereabouts. We are all born with a brain therefore all have mental health. Mental health is after all simply the health of the mind.

There appears to be a common notion that not all individuals can experience mental health difficulties. Everyone has a mind and therefore

everyone is on this mental health continuum purely and simply because they are human and can experience emotions.

Without doubt, men are not exempt and study after study proves that; one in eight men have a common mental health problem; men are nearly three times more likely than women to become alcohol dependent; our own research has shown that more than 50% of fathers felt overwhelmed by changes to life due to the Covid-19 pandemic; the google search volume for 'men's mental health charity' has increased by 40%, I could go on...

How toxic language impacts mental health.

Mental health can manifest in many different symptoms and behaviours, including (but not limited to) irritability, reckless behaviour, alcohol or drug misuse or the practice of escapist behaviour, such as spending a lot more hours working or obsessing over a hobby.

These behaviours are often a sign that someone is burying their head, along with their mental health, in the sand. But do we ever stop to ask ourselves why this might be the case? Why this individual who may be a colleague, employee or loved one, does not want to confront their emotions or accept their struggle?

We can find some of the answers in the way we have been brought up and the attitudes we have experienced, towards mental health and wellbeing. The toxic language attached to the mental health of men, 'crying like a girl', 'man up', 'grow a pair' invalidates how an individual may be feeling, and insinuates that it is a weakness to not quickly and silently deal with emotions.

These phrases worm themselves into our belief systems and they can alter our perceptions and the way that we view and interpret the world for our entire lives. I cannot help but wonder how many of those men that took their lives was due to their perception that they could not reach out for support because they needed to 'man up' or 'grow a pair'.

We must stop and take note of the impact this type of language is having on those who identify as male and consciously change our approach to how we talk about male mental health. Irrelevant of gender, societal status, or identity, it is critical men are not made to feel ashamed to look after their mental health, in the same way that they wouldn't hesitate to engage in rest-and-recuperation for a broken bone.

Seven Ways To Support Your LGBTQIA+ Co-Workers

Anthony Kielty, *Business Intelligence and Management Lead, Vita Health Group*

Becoming an ally to the community

There are no set rules when it comes to disclosing sexual orientation in the workplace; it's ultimately a matter of personal choice and should be entirely based on an individual's decision and how much of their private lives they choose to share with their colleagues or employees.

However, if people do wish to share their sexual orientation with their colleagues and friends at work, how can you as their teammate, line manager or boss, support them and make them feel comfortable.

Here are seven ways to become an ally to LGBTQIA+ community:

1. Do your research: Read up and understand LGBTQIA+ history including rights and civil rights movements. Often demonstrating an ability to understand, learn and research shows the commitment to want to become an ally. Learn the different terminologies and the difference between them so you don't have to ask colleagues what they mean

2. Listen: The power of listening is very often underrated, and sometimes people just need someone who will hear them out. Resist the temptation to interrupt, or indeed, offer your opinion. The more we listen to each other, the more we'll understand, and this will make it easier to remove barriers, raise awareness and create an inclusive workplace culture.

3. Speak out: If you have a conversation with someone and it concerns, elevate your reports to the appropriate person and make a plan for

dealing with them. Actions should have consequences, and you need to make it clear that discrimination and harassment will not be tolerated. When we witness discrimination in the workplace, it can be very uncomfortable and it's much easier to pretend you haven't heard, or just simply to say nothing. We all need to do more to support each other and have the courage to speak up when we see or hear discrimination.

4. Role model behaviours: The key to ensuring right level of support for your colleagues is by having more advocates at all levels; advocates who live and breathe inclusivity. Indeed, role models at the top of the company are tremendously important in both the cultivation of acceptance of the self and from others.

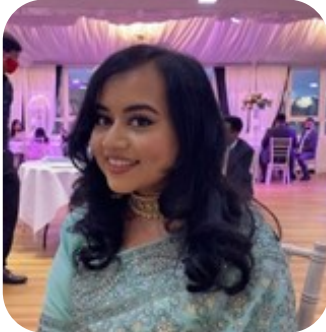
5. Be honest and accountable: Be honest with your colleagues and admit when you've made mistakes previously. Likewise own up when you don't understand something. No one is expecting you to be an expert—and people will appreciate your honesty, rather than staying silent for fear of saying the wrong thing or saying something stupid. Wanting to learn, educate and grow through open communication is welcomed and shows that you are truly looking to be an ally.

6. Support local community events: Being present at conversations about inclusiveness, attending network events and support groups and just being open in communicating your enthusiasm means an awful lot to the community.

7. Take responsibility: It's important that best practice doesn't just come from the top. In fact, a shared responsibility for anyone working within the team, no matter their background, ethnicity, sexuality or gender, to set an example of inclusivity is essential. This can be done through encouragement, picking colleagues up on potentially derogatory language, strong anti-discrimination policies, listening to staff and concerted diversity training. This will also lead to a team working together more effectively, and more collaboratively too.

Meet the APPTS team!

Tahiyat Rashid
Project Officer



I joined the college in January 2019.

My role involves organising and overseeing the collection of data from services, including supporting new and existing services from start to finish of the accreditation process. I carry out administration that supports that work of the projects and attend peer review visits to psychological therapy services, managing a team of reviewers and facilitating group discussions.

Before I joined the APPTS team I was a student! I studied psychology at university and after putting in numerous applications, my role at the College was my first 'official' job. Whilst at university, I worked part time in retail and supported children with mental health challenges in schools.

The most enjoyable part of my role is working alongside our service users and carer reps to support a variety of member services undergoing the review process. It's always pleasing to see services come out of the other end with their accreditation stamp after all the hard work they put in to get there. It's great to meet new people across the country too and build great working relationships with them.

An interesting fact about me is that I am bilingual. I can speak English but Bengali (national language of Bangladesh where my parents are from). I can also read Arabic, but I can't write it.

Jemini Jethwa
Programme Manager



I joined the College in 2017, but joined the APPTS team in 2021.

My role involves supporting the APPTS project and overseeing the outputs and objectives. I tend to do more of the project organisational and developmental bits!

Before I joined the APPTS team I was working in and later managing the forensic mental health Quality Network in the CCQI. I studied Psychology at university and did my masters in Forensic Psychology, but have always had a keen interest in mental health and quality improvement.

The most enjoyable part of my role is hearing about different psychological therapies services and learning the unique and innovative areas of good practice that teams are implementing, it's also very rewarding to see improvements being made from our APPTS recommendations.

An interesting fact about me is I am an amateur artist and mainly get asked to do a lot of pet portraits - but I have had some of my artwork displayed on the Saatchi Gallery website!

Hannah Lucas
Head of Quality and Accreditation



I joined the College in June 2015 originally, then left for a year in 2017 to work at the Royal College of Physicians and returned at the end of 2018.

My role involves overseeing around 12 different quality networks and working on the more strategic side of things, such as business planning, marketing and development, and budgeting. I'm one of two Heads of Quality and Accreditation in the department, and we work together to ensure processes and outputs are standardized across all the different specialisms we work with, from prison mental health teams to children and young people's services.

Before I joined the APPTS team I was a programme manager within the other half of our department, overseeing the quality networks for inpatient and community CAMHS (QNIC and QNCC), eating disorders (QED), and perinatal mental health (PQN).

The most enjoyable part of my role is working with our member services and seeing the improvements they make as part of the review process. It's really rewarding when you've got to know a particular team and are able to support them eventually to achieve accreditation. It's always nice sending that confirmation email following the Accreditation Committee meeting! I'm also really fortunate to work in a department with so many passionate people who are constantly coming up with fresh ideas for how we can support teams and improve the standards of care for patients and their friends/family members.

An interesting fact about me is... that I'm a semi-professional singer in my spare time, and once sang at a royal wedding (not a big one, but the Queen and Prince Charles were there!).

Useful links

APPTS Website:

[Psychological Therapies | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

The Royal College of Psychiatrists:

www.rcpsych.ac.uk

The British Psychological Society

www.bps.org.uk

General queries:

APPTS@rcpsych.ac.uk

APPTS standards, 4th edition

[Access the standards here](#)

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@rcpsychCCQI

And use **#APPTS** for up-to-date information

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