



Issue 10, September 2023

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WELCOME

Welcome to our 10th Issue of the Accreditation Programme for Psychological Therapies Services' Newsletter! As this is our first newsletter since 2021, we are pleased to provide an overview of recent initiatives, events and publications.

One of our key achievements since the last newsletter, has been revising and publishing our fifth edition of APPTS standards. Key changes to our standards for psychological therapies services include the addition of qualitative themes to categorise standards and the introduction of sustainability principles. The sustainability principles form part of the Royal College of Psychiatrists' wider goal of increasing sustainability awareness among mental health services. For services that reach a required threshold of the sustainable standards, they will receive a RCPsych Sustainability Award. More detail about this can be found [here](#).

In this newsletter issue, you can read a summary on our most recent special interest day which looked at working systemically with families and communities. You will also find some great articles from our members, covering topics such as neurodiversity in psychological therapies services, stigma, specialist services and experiences from one of our valued service user representatives. Finally, we would like to pay a special thank you to our valued APPTS Project Board members and reflections from one of our previous Co-Chairs can be found on page 8.

We are very thankful for all the contributors to this newsletter and we hope that you enjoy reading it!

Camila Pulliza, Project Officer and Jemini Jethwa, Programme Manager, APPTS Team

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A summary of our Special Interest Day on **Working Systemically with Families and Communities**

17th May 2023

Written by Camila Pulliza and Sarah Martins

The APPTS team hosted its second Special Interest Day on how services can work systemically with families and communities to drive quality improvements across patient care.

The speaker panel included:

- Neil Walbran, Chief Officer of Healthwatch Manchester
- Dr Lisa Kagan, Clinical Psychologist at Bikur Cholim
- Tracey Paxton, Managing Director of The Employee Resilience Company
- Wajiha Ali, Deputy Clinical Lead at the Nafsiyat Intercultural Therapy Center
- Yves Lulengula, Cognitive Behavioural Psychotherapist
- Melanie Shepherd, Consultant Clinical Psychologist

The following excerpts detail a brief summary of the presentations taking place during the event.

Key stages to ensure co-production in addressing mental health inequalities

Neil Walbran delivered a presentation on how Healthwatch ensures co-production with service users. Neil detailed how the organisation collects data to assess their priorities and develop action plans.



To show how the organisation promotes collaboration, Healthwatch created a mental health action group made up of experts by experience, clinical leads, and local organisations to help identify the need for mental health service access among the homeless population. Collaboration allowed the organisation to identify the barriers to access and pitfalls of the system in place for its redesign.

The findings resulted in many discussions across different stakeholders in the community and prompted an action plan to promote collaborative work to enhance the mental health service for people who are homeless in the city of Manchester.

A whistlestop tour of a culturally specific mental health provision for the Orthodox Jewish community



Dr Lisa Kagan introduced Bikur Cholim and how the organisation ensures the provision of culture-centred mental health care. Bikur Cholim provides care for Orthodox Jewish communities in London and helps others with the provision of culturally sensitive mental health care.

When considering the gap between communities and mental health services, Bikur Cholim ensure that they are continuously linking with other services, that those links are fostered, and new ones are established. The linking with new services allows service users to access different services that incorporate culturally sensitive practice into their care.

Joint working with different groups in the community and a community connector platform are at the forefront of the service's initiative to bridge the gap between culturally sensitive care and mental health services, while simultaneously tackling mental health stigma in the community itself.

Implementing the triangle of care within non-NHS psychological services



Tracey Paxton detailed The Employee Resilience Company's implementation of the triangle of care to promote inclusive mental health care. The triangle of care provides a framework for the inclusion of carers in the decision-making process for the mental health care of service users.

Tracey outlined the six key elements necessary for collaboration between mental health clinicians, service users, and carers, to achieve the triangle of care. These include active service user involvement, carer engagement training, adherence to information sharing protocols, implementation of carer leads, apt carer inductions, and the provision of carer support

resources.

In addition to the key points above, services must have a self-assessment tool that allows them to monitor and evaluate performance to identify areas for improvement.

A family intercultural systemic approach

Wajiha Ali provided an overview of the elements that encompass intercultural therapy. Ali defined intercultural therapy as an approach to counselling designed to help patients with mental health disorders that intersect with personal characteristics, like gender, sexuality, class, among others. This model considers the differences in protected characteristics and uses them to underpin the approach used for the delivery of mental health care.

Ali introduced the work that the Nafsiyat Intercultural Therapy Centre has achieved in the delivery of an intercultural therapy model for patients accessing mental health care. They can match patients with therapists of similar demographics and cultural preferences. Currently, the Centre offers a wide array of services that include but are not limited to systemic family interventions, group therapy, and cultural competency training.

At its core, the Centre presents a tailored approach to therapy through which an individual's cultural needs are considered in the delivery of psychological interventions.

Working with partners in behavioural therapy

Yves Lulengula outlined the benefits to including partners and family members in Cognitive Behavioural Therapy (CBT). He explained that individual psychopathology is affected by partners, patients, and the relationship itself.



Central and North West London NHS Trust ran an effectiveness trial of Behavioural Couple Therapy for depression and anxiety. When compared to other therapies, clients that underwent CBT had a significantly better outcome than those who received other interventions.

Yves explained how these studies could be applied and implemented into regular practice by

detailing the roles of therapist and partner during their therapeutic journey.

Ideas for incorporating systemic and relational ideas into services and your own practice

Melanie Shepherd introduced the idea of mental health issues being relational giving the example of depression being, not only an intrapsychic internal experience but also an interpersonal one.



Melanie detailed how the strategies that are systemic and relationally-driven can be implemented into practice throughout the service and through individual practice. Some examples included the implementation of the concept of involving family in all aspects of service delivery, like through encouraging carers to attend appointments with patients or even by adding carer-focused questions to the assessment proforma. Melanie emphasised the importance of building the confidence, skills, and support of mental health staff through training and supervision to ensure that successful relational practice.

Melanie strongly recommended that services make family involvement routine and integrate it into all aspects of the service.

How can services work systemically?

Attendees shared that the implementation of the triangle of care and the importance of service user involvement in quality improvement initiatives were the main two resonating themes from the event.

Attendees would like further platforms for the discussion of how to implement carer strategies in psychological therapies services.

There was a call for more co-production opportunities between members, perhaps through a service spotlight across APPTS platforms.

Lastly, attendees would like APPTS to develop further guidance on how to support services with increased demand. They would also like to have more opportunities for networking, including more in-person events.

Neurodiversity in Psychological Therapies

Pips de la Billiere, Counsellor, University of Sheffield Student Access to Mental Health Services

During this academic year the Student Mental Health and Counselling Service at the University of Sheffield has innovated group support sessions for neurodiverse students.

Responding to the growing national conversation about ADHD, ADHD awareness month in October 2022 and the exponential rise in both diagnosis and diagnostic pathway waiting times, two members of our counselling team collaborated to set up an ADHD support group. Initially, this was a single opportunity for students to meet and share their collective experiences.

In addition to our clinical counselling appointments this was initiated with little notice and scarce planning time, but we were staggered by the overwhelming response from over 70 students for only 20 places.

Demand was obviously high, attendance was strong (despite the obvious additional pressure of time sensitive dates for ADHDers) and the clear feedback was that these students wanted more, and soon. With a brief opportunity to take a breath we acknowledged the need and common sense to collaborate with our colleagues in the Dyslexia and Disability Support Service (DDSS) who were also running workshops to support our neurodiverse students. We felt that combining our two areas of expertise of student mentoring and therapeutic intervention would have a beneficial effect for the client group, as well as enabling the two services to deliver some work collaboratively enabling individual members of staff to forge improved working relationship pathways. We all saw it as a great opportunity to understand the other services support offer better and collaborate on something which felt to be time sensitive, responsive and student-led.

Two members from each service volunteered to be involved: Amanda Marples and Cherry Smith from the DDSS, Ella Parker and Pips de la Billiere from the Student Mental Health, Counselling and Therapies Service. Each volunteer had a personal

as well as professional interest in supporting neurodiverse students either through their own diagnoses, clinical experience or family history.

We started by running two focus groups to find out what they might be looking for in terms of a support group and what formats they might prefer. We advertised these focus groups through varied University channels and emphasised that students did not need a formal diagnosis to attend. One focus group session was held in person and one was held online - there was an attendance rate of approximately 60% from registration at each session with representatives from both undergraduate and postgraduate courses.

By analysing the responses to the questions asked in the focus groups we understood that the students wanted a short presentation at the beginning of each session as a focus but that it was really important to have the majority of the time set aside for them to share with each other. They told us it was important to hold sessions both in person and online but at present there is not a clear mandate to run gender specific sessions or for either under- or postgraduates.

Working within the constraints of the academic year has proved a constant challenge as well as trying to fit the delivery, session planning, production of promotion materials and topic information into 4 diaries from 2 services already populated with clinical individual counselling and mentoring sessions. Careful planning has therefore already started for the next academic year.

By the end of the second semester in June when most undergraduates will be starting their long vacations we will have offered a total of eight sessions (four online and four in person) with a focus on four different topics which were guided by the student feedback. The session topics covered were Diagnostic Pathways, Self-care, Time Management and Dealing with Procrastination. Each staff member will have facilitated both online and in-person groups and where possible we have expanded the registration numbers responding to feedback from students who have not been able to book on to the sessions.

Holding the support groups has enabled us to expand our online resources for neurodivergent students at The University of Sheffield. We have

produced an additional web page with the topics that we have presented this year so that students can access the information at any time and those who did not attend can also make use of the resources. We have had an extended opportunity to collaborate with colleagues in other departments and expand our knowledge of the different ways in which we work. The student feedback thus far indicates that they have found the sessions of benefit both in terms of the topics covered but also validation and peer support which has had ensuing beneficial effects on their mental health and coping skills. We are all looking forward to expanding collaboration further with other support services at the University to continue to meet the needs of the varied and endlessly challenging student population.

Initiatives with the Specialist Psychotherapy Service

William Hartley and Debra Cranwell,
Assistant Psychologists, Sheffield Specialist Psychotherapy Service

What is the Sheffield Specialist Psychotherapy (SPS) Service?

SPS offers treatment such as CBT, EMDR, CAT, Psychodynamic and Gestalt therapies, consultation, and advice to adults aged 18 and over who are experiencing complex mental health difficulties including PTSD, OCD, BDD, Depression, Complex Trauma and Personality Disorders that have not responded to previous treatment.

Service User Workshops and Peer Support Coffee Afternoon

We held an Experts by Experience (EbE) workshop to gain feedback from service users regarding their experience of the service. People really appreciated coming together, meeting others with similar experiences and spending time together in a safe environment. There was a request for this to happen more regularly and so we decided to set up a monthly Peer Support Coffee Afternoon so that people could meet more often. We also wanted the space to be an environment that fosters coproduction through

creativity, and so there is an arts corner where service users can create origami, zines, collages and drawings, as well as developing ideas for a Welcome Pack or service mural. We will continue to run the workshops in the future to ensure that there is a space to get feedback on service changes and asking service users for their suggestions and feedback.

Peer Support Workers

The insight Peer Support workers (PSWs) provide from their lived experience makes their input invaluable to the service. As such, we are working to try to further develop Peer Support work. We are currently recruiting two EbEs who would help facilitate the Peer Support coffee afternoon and art corner. We are also developing a proposal for two further part time salaried PSWs, who would help facilitate groups at the service and provide support and interventions to those on our waiting list as well as those coming for their initial assessment.

Other waiting list Initiatives

New waiting list initiatives have also been developed. A stabilisation intervention called "Skills Training in Affective and Impersonal Regulation" (STAIR) is being delivered in a group and individually by Assistant Psychologists and Medical Trainees. This allows people to learn coping skills for their difficulties whilst on the waiting list for longer term therapy.

Feedback from the most recent STAIR group was that it had helped people cope whilst on the waiting list and that it had also helped them prepare for one-to-one therapy. Furthermore, following the group, participants created a WhatsApp chat to stay in contact. There was a sense that people were on the waitlist together and creating community rather than feeling isolated in their difficult experiences.

Demographic information monitoring

A concerted effort is being made to collect patient's demographic information with the development of a new demographic form. It's difficult to know if your service may be underserving populations if you don't reliably collect demographics. Following further data collection, we can compare minorities access rates to their distribution within the population and take steps to address any inequality. We recently had a service user from a minority background who had received treatment from

the service come and talk to the team about how the acknowledgment of cultural differences had been crucial during their therapy. Furthermore, a service evaluation is being developed to interview staff regarding their experiences of working with ethnic minorities to help improve treatment for these populations.

Staff Wellbeing

We all appreciate that working within an overstretched NHS can affect our wellbeing. Surveys have recently been conducted to gain feedback regarding the wellbeing of staff within SPS. As a team, we reflected on the themes that arose from the survey and have used these to guide actions to maintain and improve staff wellbeing. The survey showed that people valued time together as a team, formally and informally. Taking this forward, we have planned a monthly group lunch. Other actions have included, looking at the physical working environment and whether staff have the necessary resources and equipment they need. There is also planning underway for the next team away day and for this to be across teams within the service.

Skills Training for Staff

We have recently piloted a DBT skills training for staff programme across the Trust for community and ward-based staff. This pilot involved teaching distress tolerance skills to provide staff with additional skills to support clients in distress. The initial pilot received great feedback and a request for further training. The team are developing a pilot for staff which includes the other DBT modules and skills including interpersonal effectiveness, mindfulness, and emotion regulation.

Stigma and Mental Health



Craig Sanderson, Cognitive Behavioural Therapist, NHS Lincolnshire Talking Therapies

In June 2023, I saw a Tweet from Rethink Mental Illness which said “Using the name of a mental illness to describe a personality quirk or trait trivialises the very real experiences of millions of people”. This got me thinking about the amount of times I hear or see phrases which match this

description. There is evidence of terms such as “OCD” used in company names, people referring to undesirable behaviour as “PD” and “psychotic” and movie characters given mental health labels. I am sure you will all have heard your own examples in day-to-day life, and I am also sure that some people may even have fallen in to the trap of using these phrases themselves.

The stigma so loosely spoken and used can impact us internally even if our mental wellbeing is in a good place. It can also impact those around us, such as the 4.7 million unpaid carers (Office for National Statistics, 2023) of which many will be employed in mental health services and caring for people who struggle with their mental health. The impact can be more direct, of the 1.46 million referrals to talking therapies (referring to what was IAPT) in 2020- 2021 (NHS Digital, 2022) many will have been mental health professionals and their families, not considering all of the staff wellbeing referrals and other mental health team referrals not measured in that statistic.

A scoping review (Jaunch, Occhipinti and O'Donovan, 2023) found that behaviour by mental health professionals can encourage stigma towards mental illness and has proposed recommendations for further research on this area. I am sure that we can all agree that if there are professionals maintaining mental health stigma, then what hope do we have for the wider population? As services who are registered with APPTS, this is something I am sure we are all striving to be apart from. It is not enough to assume that our work culture does not encourage this, but maybe to provide training and awareness of the impact that stigmatising language and behaviour can have.

I am sure we are all appalled by stigma we see and hear, but as professionals we do come from the same society where these acts are witnessed. The damage that can do to us can manifest and turn into the hidden stigma we may have inside ourselves. Brower (2021) suggests that as medical professionals, the self-stigma we have about our own mental health is a maintaining factor of mental health stigma. I myself have been subject to this very self-stigma and avoided reaching out for help at the earliest opportunity. I must say, when I reached out for help, the response from the staff wellbeing service was absolutely fantastic. As APPTS services, what culture do we provide for our colleagues? Or what is it you want and need from your employer to make this less of an issue?

I have not been able to provide a comprehensive review of the impact of stigma, however, I hope that this short piece has given you time to think and consider the working culture you are surrounded by, changes you would like to see, and to encourage you to read more and share your thoughts with colleagues.

** References available upon request.*

Experiences and perceived benefits of working as an APPTS Patient Representative

Patient Representative, *The Accreditation Programme for Psychological Therapies Services*

I have been working as a Patient Representative for APPTS for over three years, having completed one three-year fixed term appointment and having successfully applied to be re-appointed. I am sure, having undergone review days, that individuals from member services are aware that APPTS includes patients and carers as reviewers. We attend review days, lead meetings with service users, and give feedback. What you may not know is that APPTS is a truly co-produced project, with patients and carers being involved in almost all activities. In addition to attending peer review days, I sit on both the Accreditation Committee and the Project Board. I am included in a wide variety of activities, for example I have collaborated on a written article, co-delivered peer-reviewer training, co-chaired the APPTS Annual Forum and special interest days and was involved in the last standards revision. In this article, I wanted to share with you what it is like to work in this role, and the benefits of the role for myself, for APPTS member services, and for the APPTS team.

Benefits of the role for the Patient or Carer Representative

I truly enjoy my work with APPTS. I am rightfully treated as an equal partner, a colleague and expert in my own right. Patients and carers are the experts in their own experiences and needs, and this is certainly respected by the APPTS team and by the services that we work with. I am paid

fairly for the work that I do, and this demonstrates to me that my role is not a tick box exercise and that my input is valuable. The experience is empowering and has built my confidence. I have previously felt that I have lost years of my life to mental illnesses; being able to use the experiences from those years to drive quality improvement through my work with APPTS makes those years feel less of a loss, because I'm doing something valuable with the knowledge that I gained from them. It has also helped me to forgive clinicians who have not made me feel respected or who have made my mental illness worse; I have had positive and negative experiences of using mental health services, and both are useful in helping to give feedback to APPTS member services.

In addition to the emotional benefits of working as a Patient Representative in the APPTS team, I also gain valuable skills and knowledge which are useful both for my role and for my ability to advocate for myself. For example, through being part of discussions on review days, I now have a deeper understanding of what good practice looks like and of what evidence-based practice is. I have also gained knowledge of the issues that are important to other patients, for example through interviewing them on review days, and therefore am able to represent others better. This is incredibly rewarding, and I am aware that I am privileged to be in a position which allows me to be a voice for others.

Benefits of the role for the APPTS team and for member services

Patient and carer knowledge and experiences are valuable resources from which lessons can be learned and quality improvements can be made. Personally, I feel that as a Patient Representative I often pick up on areas of achievement or areas for improvement in a service that are less immediately obvious. For example, I know what it feels like to access a service when experiencing a high level of emotional distress. I therefore appreciate the importance of accessible information about a service and the treatments offered, for example on websites or through information packs. I am also passionate about ensuring that patients are empowered to have an informed choice in their care, for example by having NICE guidance and evidence-based practice recommendations explained to them so that they understand this information when making a decision about which treatment could be the right one for them.

The above outline of the benefits of the role is not exhaustive, and I find that my relationship with APPTS is continually becoming more fruitful as we learn from each other. This role is truly one of the most important aspects of my life, and I am grateful to have this opportunity to influence and to learn.

If you are interested in learning more about the benefits of co-production, then I would recommend Royal College of Psychiatrists' Working Well Together document, which can be downloaded [here](#).

Reflection on APPTS from inception to the present—and looking ahead

Dr Esther Cohen-Tovée, BPS Co-Chair of the APPTS Project Board. 2014 - 2023

The programme of which we are justly proud started out as a conversation among CCQI colleagues and regional leads at the close of the second of two National Audits of Psychological Therapies for Anxiety and Depression (NAPT), which took place between 2010 and 2014. This was at a time when data about the provision of these evidence based psychological treatments had become available for the first time through the national IAPT (now NHS Talking Therapies) programme. However, many people were accessing services that were not part of the IAPT programme, and for which there was no or very limited data available. National standards did not exist for these other services, which were provided through the statutory, voluntary and private sectors. These national audits were commissioned to evaluate and improve the quality of psychological therapy treatment received by people with anxiety and depression in England and Wales. In order to engage with service providers at local level and to maximise participation, regional leads for the audits were identified, and I took up the role of the NAPT lead for the North-East. Through the aforementioned conversation, I became aware that an accreditation scheme was being considered, with the potential for the British Psychological Society

(BPS) to become a partner with the RCPsych's CCQI to set up the programme that became APPTS. I raised this opportunity with BPS colleagues and after quite a lot of discussion at different levels of the organisation, it was agreed; initially as a pilot, and then as a formal arrangement.

Our early work involved a lot of collaboration with a wide range of stakeholders to agree on the standards for APPTS, and people with lived experience were key players in this process. We started by reviewing the standards that had been used in NAPT and I suggested aligning these with the five Care Quality Commission domains of Safe, Effective, Caring, Responsive to needs and Well-led. This immediately showed where we needed to develop additional standards, and we have retained this high level classification of standards ever since, though more recently this has been complemented by categories used across CCQI accreditation programmes. We also of course had close collaboration with the national NHS Talking Therapies (formerly IAPT) team, and were able to agree an approach which included additional standards for those services, while ensuring the overall programme was suitable for the wider range of psychological therapies services. We have reviewed and updated our standards at regular intervals and published our fifth edition in October 2022.

Our partnership work with people with lived experience of using psychological services has been a cornerstone of APPTS from the beginning, with Service User and Carer / Expert by Experience members of the Project Board, Accreditation Committee and of course the peer review visits. With support from the BPS Practice Directorate and together with an Expert by Experience colleague from the BPS Division of Clinical Psychology, we interviewed for our first Expert by Experience member of the APPTS Board, and were delighted to appoint Gail Thornton to this role. Gail and outgoing co-chairs Lorna Farquharson and myself have been on the APPTS Board from the beginning of the Programme and have worked hard to spread the word about the value and importance of the programme, while also overseeing its development and ensuring good governance, in partnership with the other members of the Board and the APPTS operations team at CCQI.

In addition to a number of UK conferences at which Lorna, Gail and I have presented, a highlight for me was a seminar at the European

2016, at which Lorna and I spoke about APPTS as part of a session on leadership developments in UK clinical psychology and psychological therapies. I also spoke about APPTS at a session at the European Association of Clinical Psychology in Santander in 2016, at which Lorna and I spoke about APPTS as part of a session on leadership developments in UK clinical psychology and psychological therapies. I also spoke about APPTS at a session at the European Association of Clinical Psychology and Psychological Treatments (EACLIPT) inaugural conference in Dresden in 2019. Both of these conference attendances were supported financially by the BPS. Closer to home, we have been grateful for opportunities to speak at the New Savoy Partnership conferences, and the BPS Division of Clinical Psychology conferences.

I'm very proud that three services in my NHS Trust (CNTW NHS FT) have received APPTS accreditation, one of which was one of the first services to be accredited. We also include the standards in our governance guidance for all our psychological services in the Trust. The opportunities for service development and improvement have been really impactful, right from the start where services have benchmarked themselves against the standards before applying to be members of APPTS.

Another highlight of my time with APPTS has been the annual professional development forums. I have co-chaired a number of these with Expert by Experience colleagues from the Board, both in person and online, and have always been really impressed by the good practice shared and the commitment to service improvement and coproduction from our member services. I have also learned a great deal from our invited speakers over the years.

The move to online meetings and professional development sessions has of course come about due to the pandemic. However it has brought advantages in accessibility of meetings and events, and the reduction in travel of course benefits the environment. I hope though, that some in-person events will be re-established in the future, to support building of relationships, networking and cross-fertilisation.

It has been a privilege to co-chair the APPTS Project Board from the inception of APPTS through to these last few weeks in the role. I would particularly like to pay tribute to the expertise, support and dedication of my co-chair, Dr Lorna Farquharson, and Gail Thornton, our BPS -appointed Service User representative, who are also finishing nine year terms of office. I would also like to thank all the staff at the CCQI who have supported us over the years and made the Programme possible. Most of all, I am grateful to have had the opportunity to co-develop and support a national programme which is so highly regarded, and which has instigated a wide range of service improvements for the benefit of people who use psychological therapies services.

After our September meeting Lorna and I will hand over the reins to incoming co-chairs Dr Katy James and Tracey Paxton, and I am sure that with their leadership and the support and dedication of all the other Board members, Accreditation Committee and colleagues at CCQI, APPTS will continue to flourish.

The APPTS team would like to pay a special thank you to Esther Cohen-Tovee, Lorna Farquharson and Gail Thornton, for their invaluable support and contribution in the Accreditation Programme for Psychological Therapies Services for the past nine years! Their guidance has been invaluable to our member services.

Upcoming Publications and Resources

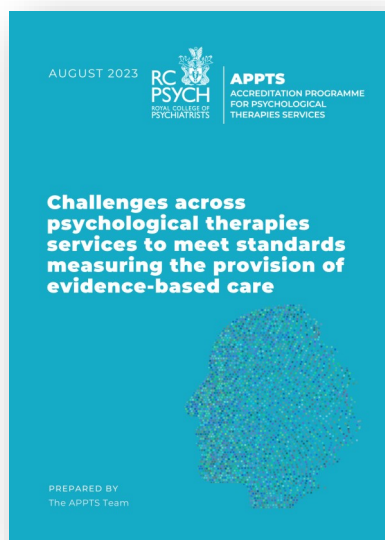
The team has been working on developing some reports and guidance documents and these are due to be published soon.

APPTS AGGREGATED REPORT



Our upcoming aggregated report that shows service-level performance against the published APPTS standards. Member services will now be able to assess where they stand against the average network standard performance. The report will also highlight commonly unmet standards at the peer review stage across member services and offer insight for low adherence. We hope that this report offers a useful benchmarking tool for members, but also offers non-members a view of what our findings are on APPTS and some good practice examples.

EVIDENCE-BASED INTERVENTIONS GUIDANCE



In developing our aggregated report, we also identified some commonly unmet standards. These standards focus predominantly on the provision of evidence-based psychological therapies offered, as well as there being an appropriate number of sessions being offered according to evidence-base. As a result, we have devised some clear guidance as to how services are able to meet these standards in future when going through the peer review process. We will be sharing this guidance with all services who undergo the peer review process from 2024 onwards.

The team hope that the creation and dissemination of materials like these will help to forward quality improvement initiatives across services and the wider network.

Look out for these publications which will be released soon. For more information, [contact us!](#)



Meet our team

The central APPTS team at The Royal College of Psychiatrists oversee and run the day-to-day work of the programme. Find out more about our small team here!

Jem manages and oversees the programme and splits the rest of her time managing other accreditation programmes which focus on different specialisms of mental health.

What is the best vacation you have ever taken?

Last year I spent three weeks travelling across northern India by train and it was probably my best ever trip! It also allowed me to connect a little bit with my own Indian culture and I will always remember the trip fondly!

What skill would you most like to learn?

I have been trying to learn to speak Spanish (on and off) for about two years now and am still yet to hold a coherent conversation with someone!

What are you passionate about?

I love to create things, which stem from a very long list of hobbies. My favourite is possibly drawing – I particularly enjoy making pet portraits. I was also lucky enough to get to paint a mural in an inpatient mental health ward!



**Jem Jethwa,
Programme Manager**

Camila works full-time on APPTS and does a majority of the co-ordinating and organising of the programme! Camila does all things relating to APPTS reviews and producing our publications.



**Camila Pulliza
Project Officer**

What skill would you most like to learn?

I'd like to learn how to grow my own fruits and vegetables.

What is the best vacation you have ever taken?

I travelled around Italy with my mum for two weeks.... we ate gelato every single day.

When did you first feel like an adult?

The first time was probably when I had to travel to see family members overseas on my own in my early teenage years. The image of small talk and something going wrong in the airport check-in and security process consumed me.

Hannah oversees a busy cluster of Quality Networks and Accreditation Programmes within the College Centre of Quality Improvement, one of which includes APPTS!

If you could switch lives with any one person for one day, who would you choose?

Rick Stein – great food and great travel?! Can't beat it.

What is the best vacation you have ever taken?

I'm torn between Hong Kong (I've been twice and would go back in a flash) and the Arctic circle. We visited Tromsø (Norway) and Utsjoki (Finland) and it was absolutely magical in the snow. I can't describe the light up there but it's out of this world!

What is the biggest risk you ever took?

In early 2014 I decided I needed to move out of Worcester, my hometown, and come down to London. I sorted my accommodation before getting a job lined up – it was a big risk but thankfully all worked out and I've never looked



**Hannah Lucas-Motley
Head of Quality and
Accreditation**

Useful links

APPTS Website

[Psychological Therapies | Royal College of Psychiatrists](https://www.rcpsych.ac.uk/psychologicaltherapies)
([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, 5th edition

[Access the standards here](#)

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

Centre for Quality for Improvement at The Royal College of Psychiatrists

21 Prescott Street, London, E1 8BB

Special Interest Day

[Healthwatch](#)

[Bikur Cholim](#)

[The Employee Resilience Company](#)

[Nafsiyat Intercultural Therapy Center](#)

Contact the Network

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