

Welcome

In this December edition of the APPTS Newsletter, we have articles looking at working across language, good practice, and the wellbeing of Psychological Wellbeing Practitioners.



A frequent challenge that we hear from service users across the UK is being able to access continual support after they are discharged from therapy. We take a look at how Talking Therapies Berkshire are tackling this problem (page 4), acting directly from feedback from their service users.

Finally, we have a range of APPTS updates, particularly taking a look at upcoming events and the success of the third Annual Forum in November. Don't forget to share your thoughts and ideas with other services via APPTS-Chat@rcpsych.ac.uk

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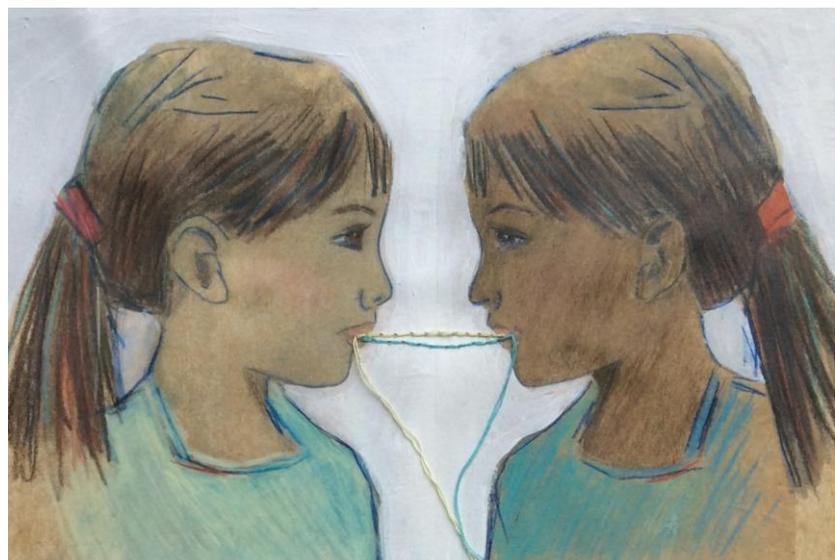
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How can services work effectively across languages?



Communication across language, Mothertongue (Drawing)

Beverley Costa reflects on working with multi-lingual clients and with interpreters; and asks what this means for service planning.

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How can services work effectively across languages?

Multilingualism is on the increase but until very recently it has been paid scant attention in the world of psychological therapies. How curious, given the fact that our professions are known as the "talking cure!"

"If you talk to a man in a language he understands, that goes to his head.

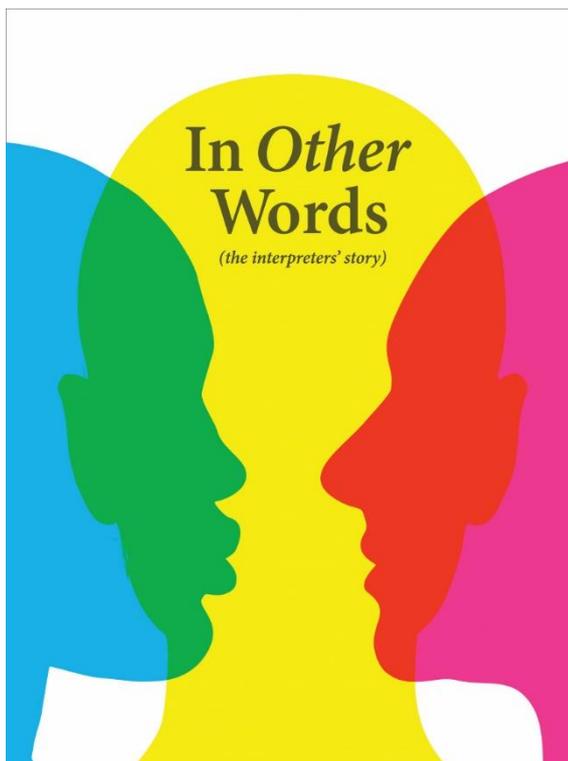
If you talk to him in his language, that goes to his heart."

Nelson Mandela

Interpreter-mediated therapy

One way in which mental health practitioners can work with multilingual patients is through interpreter-mediated therapy. This can feel daunting for practitioners, adding an extra level of complexity. They can't directly understand what is being said in the room and yet they still hold clinical responsibility! Ideally a practitioner and an interpreter can feel that they are working on the same side - engaging in a team effort rather than a tug-of-war.

The following 3 tips for practitioners may help clinicians to feel more confident in the team:



In Other Words - an anthology of interpreters' stories

- 1) Remember you hold the responsibility for the session. You also want everyone to know the rules of communication before you start. Set this ground rule before anyone says anything else:
"Everything that anyone says in the room will be interpreted"
- 2) Be mindful of the interpreters' needs. As one of our interpreters said recently: "We are not Google Translate". Interpreters work in unpredictable and emotionally charged contexts with very little if no support. They really appreciate being briefed about what they are going into and debriefed at the end so they can have a moment to take stock. Without 5 to 10 minutes at the beginning and end of a session they can be left "emotionally naked". Even in very busy contexts, briefing and debriefing is highly recommended so that there is space to think and learn and so that burnout can be avoided.
- 3) Encourage managers to commission services that pay the interpreters well. The rate of pay and working conditions for the interpreters (apart from the obvious ethical implications) will be a very good indicator of the quality and professionalism of their interpreters.

Note: It is also worthwhile to be mindful of these points when working with interpreters with hearing impaired service users.

Further resources available at:

<http://www.mothers tongue.org.uk/index.php>

- Code of Practice for working with interpreters
- Interpreters' experiences of clinical supervision
- Anthologies of interpreters' stories

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Working with service users (and practitioners') multilingualism

Research is beginning to show that multilingual people/ service users:

- Feel different and may have different identities in different languages
- Can express their emotions differently in their different languages
- Can process trauma differently and more effectively in treatment depending on the language they use for recall and the language in which the trauma was experienced
- Can use their multilingualism as a therapeutic asset
- Welcome being able to switch between languages (back translating for the practitioner) when talking about distress, even if the practitioner with whom they are communicating does not understand their language

Here are what two participants in our research had to say:

"When I mixed in some words from my first language, it started to make more sense talking about my childhood. As if the English language did not let my memories come back efficiently enough, and I just needed some key words in my first language to bring memories back."

"I feel like a huge part of me just doesn't go to therapy with me. I have different personas with each language I speak so only speaking in English in therapy isn't helpful."



Knitting Group - a supportive group for multilingual clients and ex-clients of Mothertongue who wished to build up their social confidence, creative and communication skills

What does this mean for service planning?

Recommendations for service managers:

- 1) Encourage therapists to give clients the space to express difficult thoughts and feelings in their primary language first.
- 2) Encourage multi-lingual therapists to work in their different languages.
- 3) It is not a simple process to work therapeutically in a language in which you were not trained as a therapist so set up regular support/supervision/training groups for multilingual therapists to develop their confidence.
- 4) Set up regular culturally and linguistically sensitive supervision groups for all therapists to help them to build their confidence working across languages, culture and race.

About the Author

Beverley Costa is the CEO and founder of 'Mothertongue'; a therapy service and charity that exists to enhance communication, understanding and learning across cultures.

APPTS Welcomes First Scottish Member Service

APPTS is proud to welcome the first Scottish member:

University of St Andrews Student Services.

We hope that as APPTS continues to grow we will see increasing representation across Britain for Psychological Therapy Services.

Meeting for Interested Services

On the **14 February 2018**, APPTS will be holding a meeting for services interested in Joining APPTS in **London**.

IAPT services will meet in the morning, and all other services in the afternoon. For more information or to refer a service, email APPTS@rcpsych.ac.uk

Too far away? Contact us and we would be interested in arranging a similar meeting in your area.

New APPTS Peer Reviewer Training date

The next opportunity for staff in member services to train as a Peer reviewer will take place on **Thursday 15 March 2018**, at Prescot Street, **London**.

The review days are valuable experience as you get to see how another service is managed and run, and gain insight into how services are experienced by staff and service users.

It is also necessary for each member service to visit at least two other member services in order for everyone to be seen.

Email APPTS@rcpsych.ac.uk to register interest for yourself or a colleague.

Good Practice Example: Berkshire Talking Therapies - 'Our Space' Café

The café came about following service user suggestions at our quarterly patient forum. Some service users felt they needed a degree of support following treatment in order to stay well and prevent relapse. It was taken forward as a quality improvement and service user initiative.

The café was initiated earlier this year in Maidenhead once a month on a Thursday evening. We have between 15-33 service users at each café session. Those attending the café decided on naming the group Talking Therapies 'Our Space' Café.

Every month, there is a different theme based on the feedback received from the attendees of the café. We show a TED talk at the beginning of the session that reflects the theme of the evening and sometimes we will do a mindfulness or relaxation exercise. Refreshments are served throughout the evening. As the group has developed there is a good sense of peer support.

A second group started in Reading in November and we have new groups commencing in Bracknell in January; Slough and Newbury in the spring.

The café is proving a valuable source of support for service users, enabling them to stay well, to monitor their mental health and above all to give support to each other.

Summary of outcomes:

Overall the objectives from a service and service user perspective have been achieved by the café which were:

- To prevent relapse
- Support clients to stay well
- Enhance peer support
- Reduce isolation

Service user feedback:

"When you suffer you think it is only you that is suffering but after today I see there are people with the same problem".

"A place for me to come and keep in contact with Talking Therapies. I get more confidence to get to know people and I'm not the only one. Face to face support from staff after Talking Therapies".

"It's good to hear other people's stories and know that there are other people who have problems as well".

"Great to meet other people and discuss hints and tips".

"It's a space to share, away from the stresses, problems and challenges that the world heaps upon us".

"Friendly and welcoming. Have met some lovely people - talk on Mindfulness was helpful".



About the Authors

Judith Chapman and Susan Scupham are Director and Psychotherapist at 'Talking Therapies Berkshire'. Credit for comments are from service users. The service achieved APPTS Accreditation in October 2017.

"service users felt they needed a degree of support following treatment in order to stay well and prevent relapse"

The Wellbeing of the Psychological Wellbeing Practitioner Workforce

Liz Kell

In February 2016, the British Psychological Society (BPS) and New Savoy Partnership launched The Charter for Psychological Wellbeing and Resilience, supported by Public Health England: calling for a greater focus on support for staff wellbeing in Psychological Services. Following the Charter launch, a Learning Collaborative is sharing ideas in how to implement improved staff wellbeing within services. One of the pathfinder sites within this is in relation to Psychological Wellbeing Practitioner (PWP) wellbeing. This project aimed to further investigate the wellbeing of the PWP workforce specifically to understand any particular elements unique to this newly developed workforce, which is so essential to the success of IAPT services.

The PWP role is very different to many other more 'traditional' therapy roles within the Psychological Professions, particularly in terms of the number of people seen in a working day and the challenge of working briefly with people who often have very complex lives. The PWP curriculum also pays very little attention to practitioner wellbeing – there is an implied assumption that emotional content does not affect you when you are only working briefly with someone, but there is no clear evidence to support this, and, as the PWP role becomes more established, it is clear that PWPs work with a large breadth and volume of emotional content, often with very little time between patients.

A survey was completed across the North of England by a sample of 173 PWPs. The survey was largely based on the national survey for Psychological Professionals (2015) exploring 3 domains: personal wellbeing, social wellbeing and wellbeing at work, with the latter section based on the Work-Related Quality of Life Scale. The results in relation to Personal and Social Wellbeing were overall positive and demonstrated similar results to those found in the national survey, but, within Wellbeing at Work, there were some differences and four main themes were identified which were then explored in more detail by a group of 80 PWPs at a World Café Event in order to develop recommendations and actions to support improvement in the areas below.

(Continues on P6).

APPTS Annual Forum 2017: Staff and Service User Wellbeing

The Third Annual Forum took place in November at the British Psychological Society in London. We were joined by APPTS member services, stakeholders, and services users from across the UK, to explore the wellbeing of service users and staff.

A couple of highlights of the day included:

- A service user (anonymous) shared a moving and powerful account of her experience being assessed multiple times (11 assessments!), and her difficulty understanding the assessment questions in a dissociative state. Several delegates commented on how they had been moved to review how assessments are carried out in their own services.
- Rachel Wesley from Merseycare NHS Trust shared insights on offering good trauma care to ourselves. She reminded us that vicarious trauma can often affect staff who are often overlooked – Such as admin staff – and the importance of involving everyone in trauma care.

Delegates put together Action plans for wellbeing initiatives in 2018. A summary of their suggestions can be downloaded from the [APPTS website](#).

The day was a great success, with delegates commenting:

- "A thought provoking, stimulating and inspiring day - Many thanks! I think it will support the work I do in the weeks and months ahead"
- "Impressed by organisation of the day + speakers. Good breadth of content applicable to my IAPT Service"
- "Impressed by organisation of the day + speakers. Good breadth of content"



The Wellbeing of the PWP Workforce continued...

Theme One: Working with Complexity

- Development of criteria for working with complexity: clarity of what is appropriate at step 2
- Time and support to engage in peer supervision to share good practice
- MDT approach including access to specialist clinical consultation
- CPD opportunities in relation to working with complexity including e.g. basic counselling skills to work with distress

Theme Two: Career progression and opportunity

- More opportunities to access training including regular CPD
- To develop the breadth of the PWP role and develop *within* the role
- The right support to do the job well
- Increased recognition and value for the role and parity of esteem with step 3 roles
- Role clarity and standardised guidelines
- Further research in breadth of Low Intensity Interventions

Theme Three: Influence

- Planned time e.g. workshops and meetings to enable influence in relation to change including understanding meaning behind PWP data
- Importance of real understanding of PWP role including by commissioners
- Managers to be more committed to listening to step 2 considerations and actively seeking their opinions

Theme Four: Practitioner Wellbeing

- Process to raise concerns – genuine information seeking in regard to staff wellbeing
- Team activities to support wellbeing
- Buddy systems
- Sufficient and reliable supervision
- Service standards and sign off by e.g. national team – ensure basic standards and structures in place
- Signed wellbeing agreement for the whole service

The next stage of the work will be to begin to engage with partners and services in beginning to explore how some of these recommendations and actions might work in practice and how these could be implemented with the report due to be published by the end of 2017.

"There is an implied assumption that emotional content does not affect you when you are only working briefly with someone, but there is no clear evidence to support this"

About the Author

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