



Quality Standards for Psychological Therapies Services

Fifth Edition

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Introduction

What is the Accreditation Programme for Psychological Therapies Services (APPTS)?

APPTS is an accreditation programme for services in the UK whose primary function is to provide psychological therapies to improve the psychological wellbeing of adults in the community. The term 'psychological therapy' refers to a range of interventions to help people understand and make changes to their thinking, behaviour or relationships to relieve distress and to improve their functioning, well-being and quality of life.

APPTS is run by a central team at the College Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society. As well as identifying and acknowledging services that have high standards, an accreditation programme shares best practice to facilitate service improvement. The APPTS project team provides year-round support to help accreditation members maximise opportunities for learning and development.

How have the APPTS standards been developed?

The standards against which services are measured have been developed with reference to the literature, current guidance on best practice, and in consultation with key stakeholders including service users, practising therapists, service leads, professional organisations that therapists belong to and national charities. There are additional standards for services that are part of the English IAPT programme. The standards are revised regularly and signed off by the CCQI following feedback from participating services and other stakeholders. To comment on the standards, suggest changes, or provide suggestions for new standards, please email appts@rcpsych.ac.uk.

How are the APPTS standards measured?

Services are measured against the quality standards through self- and peer review. During the self-review, a service checklist is completed and questionnaires are given to therapists that work in the service and people who have used the service. Where possible, standards are evaluated by more than one tool so any discrepancies in the data can be identified and discussed.

Therapist and service user feedback are anonymous and returned directly to the APPTS team who collate and analyse the data, producing a booklet that forms the basis of discussion for the peer review visit. Findings from the review process are fed back to the service, and they are given the opportunity to make improvements and provide further documentation before being presented to the Accreditation Committee (AC). The APPTS team can provide support and advice with this. During the peer review, a review team consisting of psychological

therapy service professionals, service users and an APPTS representative visits the service for a day in order to verify the self-review data, consider the service in its unique context and exchange information about best practice. Where needed, support is provided to the host team to make further improvements.

How is accreditation decided?

The APPTS team compiles a report that summarises the findings of the service's self and peer review. This states the number of standards met in each section of the report, as well as recognition of areas of achievement and recommendations for improvement. An accreditation committee, comprising professional and service user representatives, meets to examine the evidence gathered during the review to make a recommendation about accreditation status.

The accreditation committee considers those standards that appear not to have been met and decides:

- Whether any further evaluation or assessment should be undertaken to clarify whether standards have been met;
- What accreditation status should be awarded and any action that the service must take to meet the requirements for accreditation. All such actions must be completed within a set period of time, agreed by the accreditation committee.

Standard types:

Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment. All of these need to be met in order for the service to be accredited.

Type 2: standards that an accredited service would be expected to meet. Services will need to meet at least 80% to achieve accreditation and will be expected to develop action plans for any standards that are not met.

IAPT: IAPT services will need to demonstrate adherence to all standards that are specifically for IAPT services.

Key changes from the 4th edition of standards

To indicate any revisions since the last edition of standards, we have used the following key:

(m) = standards modified since the last edition

(n) = new standard since the last edition

Themes

The core standards for all psychological therapies services that participate in the accreditation programme are organised according to the Care Quality Commission (2017) requirements that services are safe, effective, caring, responsive to people's needs and well-led ^[1]. To support the identification of key themes between the standards, a key has been devised. Throughout the document, the following icons will denote where a standard represents one of these themes.

Icon	Theme
	Access and assessment
	Information for service users and carers
	Service user experience
	Carer involvement
	Therapeutic interventions
	Equity of access
	Staff support and training
	Policies and procedures
	Governance
IAPT	Additional standards for IAPT services

Notes about the term 'evidenced-based psychological interventions'

- People should be offered interventions that have been shown to be effective for treating their particular problem(s) and they should be actively involved in making informed decisions about their treatment and care.
- Psychological interventions should be offered in line with NICE or SIGN guidelines. It is recognised that there can be gaps and developments in the evidence base and that evidence-based practice incorporates research evidence, service user choice and clinical expertise.
- Treatment and care should take into account individual service user needs and preferences.

Notes about the requirements for IAPT services

- Services will need to apply for accreditation as a single integrated service, even if there are multiple providers.
- IAPT services will need to meet the additional IAPT standards in order to become accredited.

Sustainability principles

The APPTS standards have been mapped against sustainability principles developed by the Royal College of Psychiatrists' Planetary Health and Sustainability Committee

(www.rcpsych.ac.uk/workinpsychiatry/sustainability.aspx).

The Royal College of Psychiatrists is striving to improve the sustainability of mental health care by designing and delivering services with the sustainability principles at the core. The aim of this process is to raise awareness around sustainability in mental health services and to work towards making psychiatric services sustainable in the long run. In recent years, the mounting economic, social and environmental constraints have put the mental healthcare system under enormous pressure and it is vital to ensure that high-value services continue despite these constraints. Developing a sustainable approach to our clinical practice is a crucial step in ensuring that mental health services will continue to provide high-quality care in the 21st century in the face of these constraints.

Sustainability in health services involves improving quality, cost and best practice, with a particular focus on reducing the impact on the environment and the resources used in delivering health interventions. A sustainable mental health service is patient-centred, focused on recovery, self-monitoring and independent living, and actively reduces the need for intervention.

Sustainability is written into the NHS constitution (Department of Health, 2021). In Principle 6, it states that the 'NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources' [2].

It is vital for professionals involved in designing mental health services to have a good understanding of sustainability, i.e. the resources needed for each intervention, and to have an awareness of the effects of these interventions across economic, environmental and social domains. Adoption of these principles across mental healthcare would lead to a less resource-intensive and more sustainable service.

The five Sustainability Principles are listed below:

1. **Prioritise prevention** – preventing poor mental health can reduce mental health need and therefore ultimately reduce the burden on health services (prevention involves tackling the social and environmental determinants alongside the biological determinants of health).
2. **Empower individuals and communities** – this involves improving awareness of mental health problems, promoting opportunities for self-management and independent living, and ensuring patients and carers are at the centre of decision-making. It also requires supporting community projects that improve social networks, build new skills, support employment (where appropriate) and ensure appropriate housing.
3. **Improve value** – this involves delivering interventions that provide the maximum patient benefit for the least cost by getting the right intervention at the right time, to the right person, while minimising waste.
4. **Consider carbon** – this requires working with providers to reduce the carbon impacts of interventions and models of care (e.g. emails instead of letters, tele-health clinics instead of face-to-face contact). Reducing over-medication, adopting a recovery approach, exploiting the therapeutic value of natural settings and nurturing support networks are examples that can improve patient care while reducing economic and environmental costs.
5. **Staff sustainability** – this requires actively supporting employees to maintain their health and well-being. Contributions to the service should be recognised and effective teamworking facilitated. Employees should be encouraged to develop their skills and supported to access training, mentorship and supervision.



Services that meet 90% or more of the standards relevant to Sustainability Principles (marked with the logo, left) will be awarded a Sustainable Service Accreditation certification in recognition of provision of a sustainable mental health service.

Sustainability will automatically be examined alongside the usual review process and services will not have to submit extra evidence for this. Whether a service is awarded the sustainability certification or not will not affect the accreditation status of the service.

The Standards

Is it safe?

No.	Type	Standard	Ref	Theme
S1 (m) 	1	Service users have a risk assessment and management plan which is co-produced where possible, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). <i>Guidance: The assessment considers risk to self, risk to others and risk from others</i>	3, 4	
S2 (m)	1	The service is delivered in safe environments with procedures/measures in place to ensure safety of service users, carers and staff. <i>Guidance: This includes safety issues associated with digital/remote working.</i>	5	
S3	1	The service has a written policy on managing different levels of risk.	3	
S4 (m)	1	There are measures in place to ensure staff are as safe as possible when working alone. These include: <ul style="list-style-type: none"> · Having a lone working policy in place; · Conducting a risk assessment; · Identifying control measures that prevent or reduce any risks identified. 	6	
S5	1	All qualified psychological therapists are members of a relevant professional or regulatory body.	5	
S6 	1	All members of staff who provide psychological therapies on behalf of the service have received formal training to perform as a competent practitioner in each of the therapies they provide. Or, if still in training, they practice under supervision of an adequately trained qualified therapist.	5, 7, 8, 9, 10, 11, 12, 13, 14, 15	
S7	1	Therapists are receiving regular and appropriate clinical supervision (in accordance with their grade and accrediting body), from a suitably trained supervisor who is qualified in the relevant modality/ies.	7, 8, 9, 12, 13, 14, 15	
S8 (m)	1	Confidentiality and its limits are explained to the service user at the first point of contact, both verbally and in writing. Service user preferences for sharing information with third parties are respected and reviewed regularly.	7, 8, 9, 16	
S9	1	Service users and carers are told how to access emergency help, where needed.	3	

S10	1	The service has information governance policies and procedures in place, aligned with GDPR.	17	
S11	1	The service can demonstrate that complaints, untoward incidents and near misses are documented, reviewed and acted upon.	5, 18	

Is it effective?

No.	Type	Standard	Ref	Theme
E1 (m)	1	Psychological interventions are offered in line with the current evidence base relevant to the service user's presenting problems. <i>Guidance: Psychological interventions should be offered in line with NICE or SIGN guidelines. It is recognised that there can be gaps and developments in the evidence base and that evidence-based practice incorporates research evidence, service user choice and clinical expertise.</i>	3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 19	
E2	1	Assessments include a description of presenting problems, formulation and/or provisional diagnosis where appropriate.	3, 15	
E3 (m)	2	Assessments include consideration of activities that promote social inclusion such as education, employment, volunteering and other meaningful activities.	3, 10, 12, 20, 15	
E4 	2	Assessments include consideration of adverse circumstances that may be maintaining presenting difficulties (e.g., debt, employment situation, housing situation, social isolation) and signpost to additional sources of information and support where appropriate.	3, 10, 12, 20, 15	
E5	2	The number of sessions is informed by the evidence base and individual need.	10, 15	
E6 (m)	2	The service's clinical outcome data are reviewed at least six-monthly. The data are shared with commissioners, the team, service users and carers, and used to make improvements to the service.	3, 7, 8, 9, 10, 11, 12, 13, 15	
E7	2	The service uses assessment and outcome measures which have established reliability and validity and are appropriate to the population served.	3, 4, 15	
E8 (m)	2	The service supports the sustainability of improvements and provides clear information to	7, 8, 9, 15	

		service users on how to access further support after they have been discharged.		
E9 	2	Outcome monitoring includes changes in functioning, quality of life, well-being and goes beyond monitoring changes in clinical symptoms.	7, 8, 9, 13	
E10 (m)	2	Outcome monitoring includes reviewing progress against service user-defined goals collaboratively with the service user.	5, 15	
E11	2	The service has a system in place to reflect on service outcomes and identify ways of improving them in the future.	3, 7, 8, 9, 10, 12, 13, 15	

Is it caring?

No.	Type	Standard	Ref	Theme
C1 (m)	1	Staff members treat service users and carers with compassion, empathy, dignity and respect.	20	
C2 (n)	1	Service users feel listened to and understood by staff members.	7, 8, 9, 11	
C3	1	The service provides service users with clear information about waiting times, including: <ul style="list-style-type: none"> Regular updates on any changes to the start date; Details of how to access further support while waiting for therapy to commence. 	10, 20	
C4	2	Service users are provided with written information describing the service.	3, 7, 8, 9, 10, 11, 12, 13, 14, 20, 15	
C5 	1	Service users are actively involved in shared decision-making about their care and treatment.	3, 7, 8, 9, 10, 11, 12, 13, 14, 20, 15	
C6 (n)	2	Service users report being provided with information and choice about the type of therapy they will receive and are supported to make an informed decision.	7, 8, 9	
C7 (m)	2	Service users report being provided with information about choice of time of day, venue, gender of therapist and access in a language other than English.	7, 8, 9, 11	
C8	2	Service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process which they do not feel able to speak to the therapist about.	10, 20	

Is it responsive to people's needs?

No.	Type	Standard	Ref	Theme
R1 (m)	1	The service has a strategy in place to promote equality and diversity and to address any barriers to access. <i>Guidance: If the service is following an organisation wide strategy, there is evidence of how this is applied locally.</i>	20	
R2	1	The service can demonstrate that it promotes culturally sensitive practice.	20	
R3	2	The service routinely collects data that can be used to measure equity of access and equity of delivery against protected characteristics.	7, 8, 9, 10, 14, 20, 21	
R4	2	Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service.	3, 7, 8, 9, 10, 11, 12, 13, 20, 15	
R5	2	Referrers, service users and carers are provided with clear information on who can access the service.	3, 7, 8, 9, 12, 13, 15	
R6	2	If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.	7, 8, 9, 15	
R7	2	There are systems in place to monitor waiting times and ensure adherence to local and/or national waiting times standards. <i>Guidance: Consideration is given to priority groups.</i>	7, 8, 9, 11, 14, 22	
R8 	2	There are coherent care pathways linking the service with other health and social care provision.	3, 10, 15, 12, 13	
R9	2	Gaps in local service provision are identified and steps are taken to improve availability of appropriate treatment options for people with unmet needs, either within the service or by highlighting the need for the development of alternative services.	3, 10	
R10	2	Service users report a high level of satisfaction with the service they receive.	7, 8, 9, 10, 15	
R11 	1	There are consistent arrangements for liaison with referrers at the end of therapy, if appropriate, and signposting to other services, if required.	3, 12, 15	

R12 	2	Consideration is given to medication and side effects, if relevant.	3	
R13	2	Service users are asked if they would like family or friends to be involved. If so, there is a discussion around how this will take place. <i>Guidance: Involvement may include family/friends supporting therapy outside of sessions, attendance at one or more sessions, involvement in relapse prevention, etc.</i>	20	
R14	2	Therapeutic contracts cover frequency of appointments and take into account service user needs and preferences.	3, 11, 20	
R15	1	The service can provide information in a range of formats to suit individual needs. <i>Guidance: The service can access key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.</i>	20	
R16 	2	The service considers the needs of carers. <i>Guidance: This could include carers of people accessing the service, but also service users who are carers. Information should be provided about carers support groups and rights to a carer's assessment.</i>	23	
R17	2	The service is delivered in environments that are welcoming and easily accessible for service users.	16, 21	

Is it well-led?

No.	Type	Standard	Ref	Theme
L1 (m)	1	Therapists are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body. <i>Guidance: This includes both mandatory and developmental training and activities.</i>	7, 8, 9, 10, 12, 13, 14, 15	
L2 	2	There has been a review of the staff and skill mix of the team within the past 12 months to identify gaps in the team and develop a balanced workforce to meet local need.	12, 13, 14, 15	

		<i>Guidance: This includes choice, demographics, constraints of choice and actions taken to address these.</i>		
L3	2	The service reviews and continually improves its efficiency in order to make best use of its resources.	5, 14	
L4	1	All therapists receive well-structured annual appraisals. <i>Guidance: As a minimum, this should include the completion of forms in advance of a formal meeting and a written summary of the outcome of the meeting, which is stored by the service.</i>	7, 8, 9, 24, 25	
L5 	1	The service actively supports therapist health and well-being, for example, monitoring staff sickness and burnout, assessing morale and taking action where needed.	5, 24, 25	
L6 (m)	2	Line managers monitor and support the wellbeing of therapists in their service.	26	
L7 (m)	2	Therapists report that their job targets and workload are reasonable and manageable.	27	
L8	2	Therapist turnover is monitored, causes examined and action taken where needed.	15	
L9 (m) 	1	The team asks service users and carers for their feedback about their experiences of using the service and this is used to improve the service.	7, 8, 9, 10	
L10	2	Service users are involved in service design, planning, evaluation and improvement.	5, 17, 20	
L11	1	Service users and carers are provided with clear information on how to make a complaint or compliment about the service.	20	
L12 	1	There are clear processes in place for staff to raise concerns about standards of care.	5	

Additional standards for IAPT services

No.	Type	Standard	Ref	Theme
IAPT1	N/A	The service offers a stepped care model based on NICE guidance for relevant clinical conditions that provides service users with the appropriate level and length of care for their needs.	15	IAPT
IAPT2	N/A	High and low intensity interventions within IAPT are commissioned so that service users can transition seamlessly within the stepped care model.	15	IAPT

IAPT3 (m)	N/A	The service has a clear focus, capability and capacity to manage severe and complex cases safely and staff work within their capability and training.	15	IAPT
IAPT4	N/A	IT systems enable therapists and service directors to have prompt access to outcome data and to generate service reports.	15	IAPT
IAPT5 (m)	N/A	An inter-operable IT system is used to track service users all the way through the full stepped care pathway.	15	IAPT
IAPT6 (m)	N/A	The service has sufficient therapists trained and accredited to deliver high and low intensity treatments in accordance with the registration, qualification and accreditation requirements of the IAPT manual, and, for any clinical staff without the required qualifications and accreditations, the service has specific and urgent plans in place to remedy this.	15	IAPT
IAPT7	N/A	The service provides information to service users about the full range of psychological therapies that NICE guidance recommends for their particular clinical problem(s) and discusses with them the range of options that are available in the service.	11, 15	IAPT
IAPT8 (m)	N/A	The service has a minimum of 90% data completeness for pre/post treatment scores and a minimum of 70% of anxiety disorder cases have anxiety disorder specific measures evidenced.	15	IAPT
IAPT9 (m)	N/A	A problem descriptor is recorded for each service user and submitted with quarterly reports. <i>Note: A minimum level of 80% data completeness for problem descriptor by the end of a course of treatment is expected.</i>	15	IAPT
IAPT10 (m)	N/A	The service adheres to the IAPT Manual supervision guidance. <i>Guidance:</i> <ul style="list-style-type: none"> • Supervision should take place weekly, consisting of at least 1 hour of individual supervision with an experienced and trained supervisor located within the IAPT service. • Small group supervision that is proportionally longer in duration can also be effective. 	15	IAPT

	<ul style="list-style-type: none"> • <i>Every 2 to 4 weeks all ongoing clinical cases should be reviewed in supervision.</i> • <i>Case discussion should be informed by outcome measures.</i> • <i>PWPs should receive both case management supervision (individual, 1 hour per week) and clinical skills supervision (at least 1 hour per fortnight).</i> • <i>Additional supervision for trainees:</i> <ul style="list-style-type: none"> o <i>High-intensity trainees should receive additional supervision of training cases, lasting 1.5 hours within their 2-day attendance on the course at a university</i> o <i>PWP trainees should receive an additional 1 hour per fortnight individual and group supervision, focused on case discussion and skill development (in addition to case management supervision).</i> 		
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