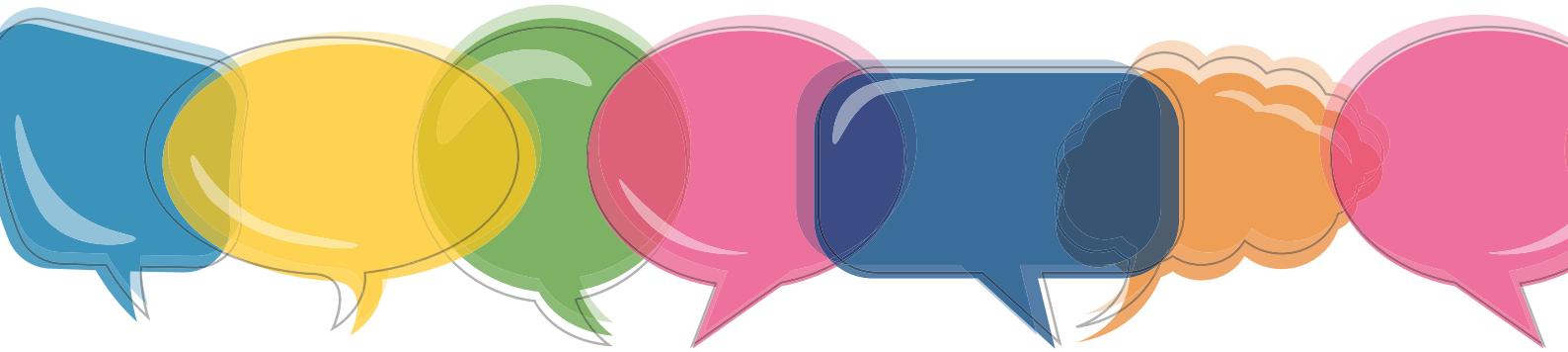
Scottish Government
Riaghaltas na h-Alba

National Specification for the Delivery of Psychological Therapies and Interventions in Scotland

The Scottish Government's National Specification for the delivery of Psychological Therapies and Interventions.



September 2023

Foreword

There is no health without psychological health.

Our recently published **Mental Health and Wellbeing Strategy** sets out the vision of **a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. In delivering this vision, we recognise that it is essential that the services and support that people need should be built around clear national frameworks.**

Over the past few years, we have worked with partners to develop quality standards and specifications for mental health services, setting out clear expectations for what services will look like as they provide high-quality care. **This Specification, informed by the principles set out in the Strategy, and our delivery plan, clarifies what that service and support should look like specifically for people accessing psychological therapies and interventions.**

Psychological therapies and interventions can help us with both our mental and physical health. Factors in our lives such as our home circumstances; work; education; friendships; our physical health; genetics; financial situation; and community connections can all impact our psychological health. Many of us have also been affected by personal traumas, or wider whole population events such as the pandemic and cost-of-living crisis. In recent years, this has led people across Scotland to have more understanding about the importance of psychological health, as well physical health.

We all have a range of psychological needs. Psychological therapies and interventions are proven evidence-based clinical approaches that can make a real difference to the people of Scotland's mental and physical health. This Specification sets out how access to and the quality of psychological service delivery can be improved, and what the people of Scotland can expect. The Specification also describes that providing good trauma informed early intervention can help many of us with our health.

Each year there are around 78,000 referrals for psychological treatments made to services in Scotland, and around 70,000 people access digital psychological therapies. Due to factors, such as demand for services and staffing levels, we know that across Scotland people have different experiences when accessing psychological therapies. We also know that people most disadvantaged in our society, due to social, environmental, societal, or political factors, often experience more difficulties with their mental and physical health and have less access to the most appropriate psychological support.

We want people in Scotland, regardless of their background or circumstances, to have the right choices at the right time when they struggle with their mental or physical health. Psychological evidence-based treatments should be available to help improve quality of life. We also want people to have the tools and support to access more self accessed digital psychological interventions, as well as face to face therapies in person or virtually. We want Scotland to be a world leader in using innovative and evidence based psychological approaches to help **promote** good mental health for the whole population, **prevent** mental health difficulties from getting worse, and **provide** psychological treatments when people need them.

In publishing this Specification, we acknowledge that the workforce plays a critical part of how we provide safe, effective, timely, trauma informed, and compassionate based service delivery. At this time of publication, there has been a 131.6% increase to the psychology workforce since 2007, with record numbers of the wider workforce (e.g., social workers, allied health professionals, doctors, and nurses) trained to deliver psychological treatments. In recent years, over 30,000 learning resources, materials and programmes have been used by staff to help them recognise and educate people on how to support their own psychological wellbeing (e.g., trauma informed care). However, the workforce's capacity to deliver accessible high quality psychological services needs continued focus to meet ongoing need.

We appreciate that implementing this Specification is ambitious, and we know that services are already delivering many of the Specification outcomes. We acknowledge the dedicated work to deliver these. We also recognise that some of these outcomes may take longer for services to fully deliver in the face of ongoing systems pressures. We will work with all services and people who work in them, as well as people with lived and living experience of using services and digital interventions. This means taking a whole systems approach to working jointly with our partners in the third and public sector.

We want to ensure our approach to implementation is as effective and supportive as possible. Given the potential of the quickly changing landscape that affects demand and delivery, as well as new and emerging research and evidence, we will take a phased approach to this, and we have set out clear outcomes to show how this Specification is making a real difference to people's lives.

We want this Specification to serve as an innovative national guide of what high quality psychological care and practice looks like so you know what to expect, and how services should deliver this to meet local needs.

Maree Todd MSP
Minister for Social Care,
Mental Wellbeing and Sport

Introduction

This specification aims to improve the delivery of psychological therapies and interventions for everyone accessing these across Scotland. It sets out:

- What people should expect if they need a psychological therapy or intervention
- What services and teams should do to improve the delivery of psychological therapies and interventions

A national standard exists for measuring **waiting times for psychological therapies in Scotland** and sets out how to measure the **quantity** - total number of **-** people seen for treatment within 18 weeks of referral.

The specification aims to improve the **quality** of the delivery of psychological therapies and interventions through ongoing good practice within services, so that people accessing help have positive experiences. (See Annex A about the development, measurement and monitoring of this specification.)

Who this specification applies to

This specification applies to all psychological therapies and interventions delivered by appropriately trained professionals, such as clinical psychologists and psychological therapists, in a wide range of settings such as care homes or hospitals – see Annex B for the range of settings and Annex C for the range of staff.

These professionals are employed by Health Boards (NHS) and may deliver therapies and interventions through Health and Social Care Partnerships (H&SCP) and hospitals.

Staff employed by the Local Authority and the third sector **are outwith the scope of this specification**. However, our ambition going forward is to work together with all services that deliver psychological therapies and interventions with the aim of supporting the ongoing development of quality approaches, by taking a whole-systems approach. As part of integrated working, this can include the provision of advice and guidance on clinical governance and the continuous improvement of the delivery of services.

Context

Mental Health and Wellbeing Strategy

The Scottish Government and COSLA published their long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland in June 2023. The Strategy is ambitious and describes what the Scottish Government and COSLA think a highly effective and well-functioning mental health system should look like – with the right support available, in the right place, at the right time, whenever anyone asks for help. (**Mental health and wellbeing strategy – gov.scot (www.gov.scot)**)

The vision of the new Strategy is: 'Our vision is of a Scotland, free from stigma and inequality, where everyone fulfills their right to achieve the best mental health and wellbeing possible'.

The Strategy also recognises the importance of early intervention and prevention, as well as treatments. As part of a whole-system approach, psychological therapies and interventions can help you by:

- **Promoting** positive mental health and wellbeing for the whole population
- **Preventing** mental health issues occurring or escalating
- **Providing** mental health and wellbeing treatments and support

What are Psychological Therapies and interventions?

Psychological Therapies and Interventions are evidence-based approaches (psychological treatments that have been proven to work well). They can improve your health by helping you make changes to your thinking, behaviour, and relationships, to reduce distress, treat mental health difficulties, improve your physical health, help manage emotions, and improve overall wellbeing.

The range of psychological care and practice delivered by the workforce in Scotland is described in detail in the Scottish Psychological Therapies Matrix – **the Matrix – Home (nhs.scot)**. The Matrix outlines four categories of practice types. These are:

Psychologically Informed Care	**Psychologically Skilled Care**	**Enhanced Psychological Practice**	**Specialist Psychological Practice**

How the workforce deliver psychological care and practice

'Psychological Care' is psychological approaches that professionals use to recognise, listen, and help educate you in ways you can support your mental health. Examples of psychological care include the promotion of good psychological health, for example self-help advice for healthy sleep, or using trauma-informed conversations to help you manage distress.

This type of care is provided directly by professionals educated in informed and skilled psychological care (see Annex D for more information) or you can access this on your own through self-help. This type of care is designed to help you stay well, connect you with others, and give you skills to care for yourself. If you need help from others, your carers can also be given advice on how to help you.

Psychological care should be accessible across the whole population to improve public health and wellbeing (e.g., during the pandemic). Self-care psychological resources may also help you to begin to manage your wellbeing if you are waiting for more direct care. This is called 'waiting well'. All psychological care should be accessible and appropriate to your needs.

'Psychological Practice' is the evidence-based talking therapies and interventions provided to you when you have more complex mental health or psychological needs. Psychological practice can be delivered in person, in groups and remotely and/or digitally. Psychological practice might, for example, be psychological therapies such as trauma-focused cognitive behavioural therapy for post-traumatic stress disorder, or acceptance and commitment therapy for someone with chronic pain.

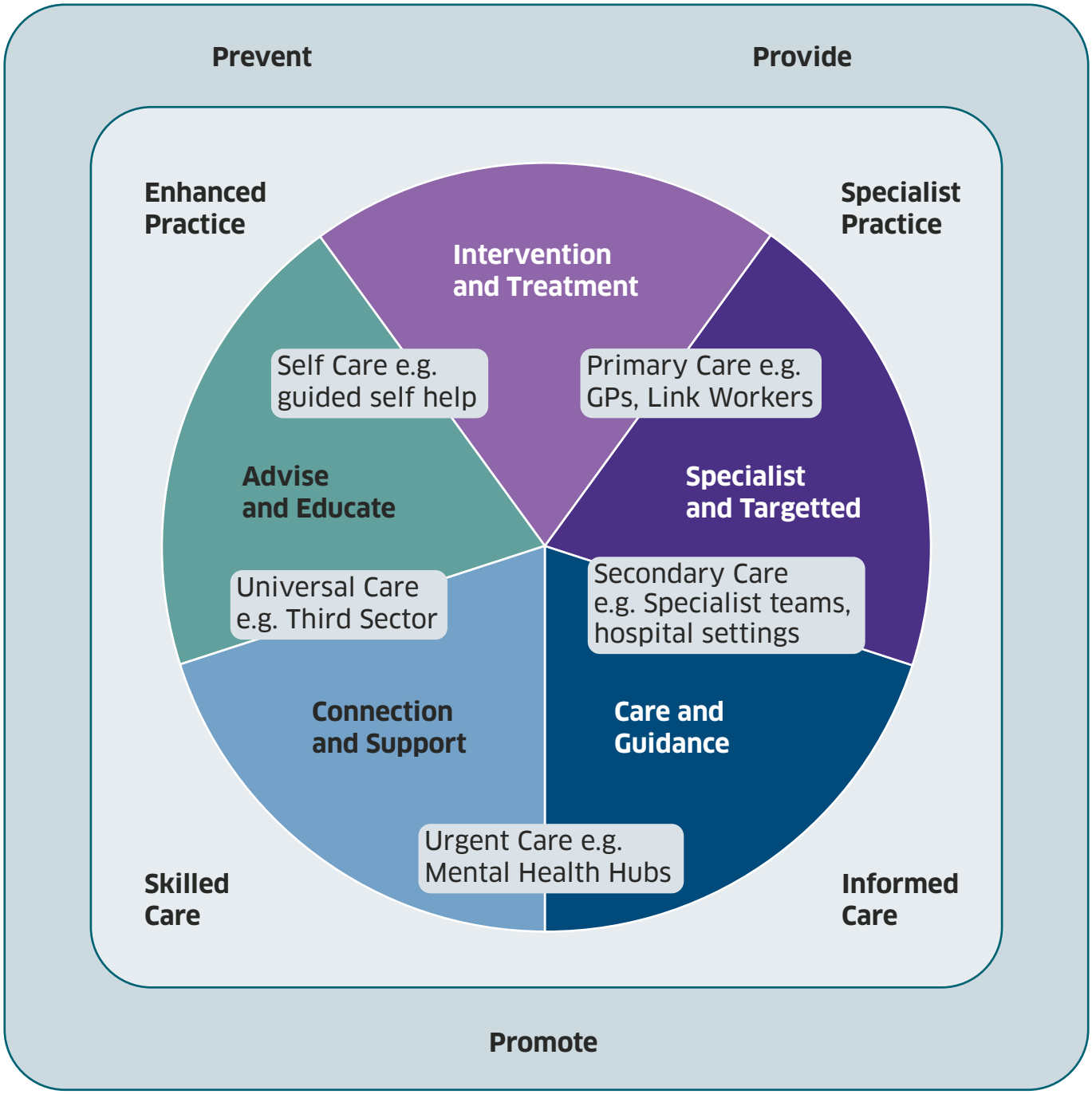
This type of practice is provided by professionals trained in enhanced and specialist practice (see Annex D for more information), or digitally through specially designed evidence-based and self-directed interventions which you can be supported to access on your own. It may also be through interventions with your care team or carers if you need others to support and help you.

Psychological practice should be accessible for everyone that needs it and is usually accessed following an assessment and referral for psychological help. It is for more complex needs, so you can be supported to improve your quality of life.

See glossary for definitions of therapy, intervention, and assessment.

You may have different needs at different times in your life so the help you need should be available to you if your circumstances change. You should be supported to get help from the individual or team that is most appropriate to your needs. This should be thought of as phases of treatment, which recognises that different types of help may be more appropriate at different times. This is sometimes known as stepped and matched care. The following diagram sets out the delivery of Psychological Care and Practice.

Diagram: Delivery of Psychological Care and Practice



How this specification can help you

The outcomes in this specification aim to support services to improve the quality and safety of psychological practice. New core mental health standards and other specifications have also been developed to make sure we improve mental health services (Annex E).

Although it is important to be aware of psychological care and how this can help you, **the specification outcomes that follow focus only on psychological practice delivered by appropriately trained NHS employed professionals (who may deliver therapies and interventions through health and social care partnerships and hospitals). It is this practice that will be measured and monitored.**

The Outcomes

Outcomes 1 to 7 below describe the common experiences that you should expect when accessing psychological practice delivered by relevant trained psychological professionals. The outcomes state what should happen to support the delivery of this. This specification and the outcomes will be reviewed regularly and updated as needed.

What this means for me and others needing psychological practice:

Outcome 1 – High Quality Care and Support That Is Right for Me

Everyone accessing psychological practice deserves to receive high-quality treatments, and the right support that they need, all delivered by appropriately trained professionals.

1.1 When I get help, where appropriate, and based on clinical judgement, a psychological **formulation** will be agreed with me, linked to jointly agreed goals and decision-making. This means psychological theory is used to help describe my problems and needs, how they developed, what is keeping them going, and what can help them improve.

1.2 The psychological practice offered to me will guide and help me to make informed choices about how to access the right services at the right time, based on my needs, the evidence base, and expert advice offered.

1.3 I will have confidence that the professionals seeing me are registered with the relevant professional body and get appropriate supervision so that I know they are trained to offer me the safe treatments that I need.

1.4 Where relevant and helpful, nationally appropriate outcomes measures (clinically designed questionnaires) will be used to measure my progress during treatment so I can see how the psychological practice offered is helping me.

1.5 Access to peer support can be helpful to recovery, and where possible and appropriate I will be supported to connect with others with lived experience if I choose to do so.

1.6 There will be clear guidance about involving my family or friends in my treatment if this is something I want, and this will take into account my capacity to consent. If I cannot provide informed consent, the **Adults with Incapacity (Scotland) Act 2000** will be considered along with any other relevant legislation or legal frameworks.

Outcome 2 – I Am Fully Involved in Decisions About My Care

To make sure people are fully involved in their care and care planning; with collaboration between professionals playing a crucial role in this.

2.1 The psychological practice offered should be based on clinical assessment and tailored to my needs and individual circumstances to help me improve the quality of my life.

2.2 I can choose which members of my family or care network can come with me when appropriate.

2.3 A process of shared decision-making will take place with me when receiving psychological practice. This will help to set goals, which will be regularly reviewed.

2.4 The length of the appointment will be recommended to me and will be based on my needs and what feels manageable for me. Appointments are usually around an hour, but they may be shorter or longer depending on my individual circumstances and where I am seen.

2.5 Where appropriate and relevant, if I express a wish to get help, I will be offered:

- the choice to have an initial contact appointment with an appropriately trained and supervised professional, ideally within a maximum of 12 weeks, to discuss my needs.
- advice from the professional seeing me about what might help me. The type of therapy or intervention offered to me may, or may not, start at this first contact.
- where appropriate, the choice to be copied into any letters about me using language I can understand, if I consent to this.
- self-help, written materials, and any treatment plans, if they are required and advised by the professional seeing me.

The initial contact with a professional or team will feel helpful and meaningful to me. All advice and treatment offered will be based on the expertise and judgement of the professional or service helping me.

2.6 Any additional appointments or offers of treatment will be offered according to my needs and advice of the professional who saw me. I can choose to engage in these appointments or other offers of help as appropriate (this may include meaningful offers from other services such as third sector agencies, if appropriate).

2.7 I will have started treatment no longer than 18 weeks from referral as stated in the Public Health Scotland national waiting times standard. Once treatment has started, appointments will be on a regular basis, and the frequency of these appointments will be matched to my treatment plan.

2.8 If I have difficulties understanding or consenting to therapies or interventions offered to me (e.g., associated with having learning difficulties or dementia), I will have support from a carer or professional who can help me.

Outcome 3 – High-Quality Interventions and Treatments That Are Right for Me

All psychological practice must be right for those receiving care to make sure the best results are achieved for others and me.

3.1 The Psychological Therapies Matrix will be used to inform delivery of the right psychological practice offered to me. The Matrix is the main guide for the delivery of psychological therapies and interventions in Scotland and this will be used to get the best help I need.

3.2 When receiving treatments or interventions, offers of psychological practice should be considered and offered to me as recommended and appropriate. I may be offered short interventions, guided self-help, or more directed support. Psychological practice may be supplemented by additional psychological care approaches recommended by registered professionals from a range of backgrounds (e.g., allied health professionals).

3.3 The psychological practice I receive will be determined and recommended by the professionals I see, the available evidence, the guidance available to services, and will take account of my views and protected characteristics (e.g., intellectual disabilities).

3.4 I can discuss my needs again with a registered health care professional (e.g., GP) if I feel my psychological health deteriorates.

3.5 The appointments offered to me will be shared with me as part of my treatment plan as a guide to help me, so I know what to expect.

Outcome 4 – My Rights Are Acknowledged, Respected and Delivered

When psychological practice is delivered, I will be an equal partner in my care. Values, rights-based, and person-centred approaches will be embedded in all practice.

4.1 Any treatment plans or recommendations about psychological practice offered to me, including a formulation, will be provided in a format I can understand. Where possible, I should develop this jointly with the professionals helping me as this helps me to understand my needs.

4.2 As a person with lived experience, organisations delivering psychological therapies and interventions, will seek my feedback to make sure that psychological practice continues to improve psychological services for all.

Outcome 5 – I Am Fully Involved in Planning and Agreeing My Transitions

Transitions for those accessing direct psychological practice across a variety of delivery partners can often be challenging. Therefore, a smooth transfer of care should be effectively planned, communicated, and implemented in line with the Scottish Government's Transition Care Planning Guidance.

5.1 There will be recognition of the importance of a good therapeutic relationship between me and the psychologically trained professional helping me; once in treatment it will be the same professional that sees me wherever possible.

5.2 Any risks of harm to me or others will be clearly identified and documented in a care plan.

5.3 If needed and appropriate, the flexibility in the timing of any handover of treatment will be considered.

Outcome 6 – We Fully Involve People, Their Families and Carers

Services, teams, and professionals delivering the Psychological Therapies and Interventions Specification will continue to work in partnership with people, their families, and carers to shape aspects of delivery, service design, and review.

6.1 It is recognised that my support network – carers, family, or friends – may help me with my needs and the delivery of my treatments, should I consent to them being involved. I will be informed that when I am seeking psychological practice, I can have someone with me, if I choose to do so and when appropriate.

6.2 When appropriate and available, peer support may be offered to me, or my family as needed.

Outcome 7 – I Have Confidence in the Staff Who Support Me

The variety in the workforce practice types, professional mix, activity of staff, and outcomes are important when delivering high-quality practice. Guidance will be provided for professionals on how to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered.

7.1 The roles and qualifications of all professionals delivering direct psychological practice will be clearly described in an accessible format and will be available for me (e.g., leaflets, webpages).

7.2 I can be confident that the professional helping me is appropriately trained and supervised so that they are delivering high-quality practice.

7.3 My views and the views of those who support for me, will be sought, and analysed through regular service audit and research to help improve the psychological practice offered.

7.4 If I need or get help from more than one professional (e.g., a psychologist, a nurse, and a doctor) they should discuss my needs and treatment plan together to make sure I get the best help possible. I will be informed that they are discussing my needs.

What this means for services, teams, and professionals delivering psychological practice:

Outcome 1 – High Quality Care and Support

Everyone accessing psychological practice deserves to receive high-quality treatments, and the right support that they need, all delivered by appropriately trained professionals.

1.7 The individual will be seen within the recommended psychological therapies waiting times standard of 18 weeks referral to treatment.

1.8 Services and teams will have clear referral criteria, including dealing with urgent needs, and individuals seeking help will get information about when they are going to be seen.

1.9 Taking account of where people live (e. g., remote and rural areas), services, professionals, and teams who deliver psychological practice will aim to reduce unnecessary delays and limit unequal waits across Scotland as far as possible.

1.10 Leadership should provide clear governance and enable professionals to deliver high-quality practice, so people know that services and teams are providing safe, efficient, and effective service delivery.

1.11 Information technology and data systems that support psychological practice should align with ongoing developments in systems across Health and Social Care to provide improved functionality and connectivity. These should provide meaningful information about quality as well as quantity of care provided. (See Public Health Scotland (PHS) Guidance for more details and the **Health and social care data strategy**)

1.12 All clinical recording systems used by the workforce should be fit for purpose and minimise impact on professional's time. They should be used in a way that supports confidentially, increases consistency of data reporting across Scotland, and does not hinder the quality of practice provided.

1.13 Professionals will work together to reduce barriers to accessing psychological practice and reduce waiting times so there is timely and appropriate access to the relevant psychologically trained professionals that can help.

1.14 Services will routinely use outcome measures and analyse these to help them know that they are offering quality treatments and interventions. This will help services to make improvements.

1.15 Services and teams should consider peer support workers as roles that can aid recovery for others, and those with lived experience should be considered as valuable members of the community who can help shape services and systems.

Outcome 2 – People are Fully Involved in Decisions

To make sure people are fully involved in their care and care planning; and collaboration between professionals is crucial.

2.9 When the individual needs psychological practice from an appropriately trained psychological professional, they will be offered the choice to:

- actively engage in the offers of treatment recommended to them which is based on evidence and best practice.
- where possible, and based on clinical recommendations, be supported to get access to the local options for therapy or interventions that are available and accessible to them (e.g., digital, group work, or in person). This should take account of the person's ability to access the type of help recommended.

2.10 If for any reason the individual has not started treatment within the national waiting times standard of 18 weeks, the service or team will be in touch with the individual within a maximum of 12 weeks. This is to let them know how long their wait is and a chance for the individual to:

- update about any change in their circumstances.
- confirm if they still wish or need to be seen.
- discuss other avenues of support if this may be available to them.
- get any information that could help them while they wait.

2.11 If the individual has complex, or urgent care needs, or is seen in a ward or forensic setting (e.g., those detained under the Mental Health Act, individuals presenting to 'out of hours' care, people in prison, those with acute physical health needs), there may be a different pathway for them to access psychological practice.

Outcome 3 – High Quality Interventions and Treatments

All psychological practice must be right to make sure the best results are achieved.

3.6 Psychological practice should be delivered within an integrated care system, to limit the number of times people have to keep telling their story. There will be good professional relationships and joint working between professionals to ensure that transitions are as seamless as possible.

3.7 **The Psychological Therapies Matrix** should guide all clinical delivery. Professionals may exercise clinical judgement about using psychological interventions and treatments that are not listed in the Matrix if they have sought advice from a senior practitioner psychologist and considered any associated risks and governance.

3.8 Professionals should use their training, clinical judgement, job planning, national guidance, and supervision to decide how many sessions might best help the individual seeking support.

3.9 If the individual does not attend an appointment, their case should not be closed due to non-attendance without establishing contact with them, or the person that referred them. This is to make sure they are not at risk and have the help they need.

3.10 The PHS trajectory modelling tool (**Mental Health | Home | Health Topics | ISD Scotland**) should be used as a guide so that managers and leaders can advise staff at different grades on recommended activity levels. Line management should also be used to support workload management for appropriately trained psychological professionals so that staff wellbeing is also considered.

Outcome 4 – Rights Are Acknowledged, Respected and Delivered

When psychological practice is delivered, people seeking help will be an equal partner in their care. Values, rights-based, and person-centred approaches will be embedded in all practice.

4.3 Services and teams will aim to reduce the risk of harms by helping individuals seeking support to engage in appropriate treatments or interventions that help to improve the individual's psychological and physical health.

4.4 Services and teams offering psychological practice should regularly monitor and evaluate the services they provide. This process should be easy to understand and should help improve services and practice offered.

4.5 There will be ongoing, quality improvement at the heart of offers of psychological practice. Listening to the voices of those accessing services, carers, and those delivering psychological practice, will be clear and meaningful to make sure that services continue to improve care for all.

Outcome 5 – People are fully involved in planning and agreeing transitions

Transitions for those accessing direct psychological practice across a variety of delivery partners can often be challenging. Therefore, a smooth transfer of care should be effectively planned, communicated, and implemented in line with the Scottish Government's Transition Care Planning Guidance. (Transitions from Children's Services to Adult's Services are specified in the National Transition Principles and the CAMHS and ND National Specifications).

5.4 There will be clear and regular communication between professionals if there is any transition of psychological practice. Where possible, the professional who knows the individual best will support their transition.

5.5 Services and teams that provide psychological treatments and interventions will use referral systems that are clear, accessible, and efficient. Where appropriate, self-referral options can be offered, for those needing less complex types of interventions (e.g., accessing a self-help digital intervention).

Outcome 6 – We Fully Involve People, Their Families and Carers

Services, teams, and professionals delivering the Psychological Therapies and Interventions Specification will continue to work in partnership with people, their families, and carers to shape aspects of delivery, service design, and review.

6.3 If wanted, carers should be signposted to support and resources that are available, as they often need help too.

6.4 True meaningful and valued feedback and involvement from those with lived experience, and their families, should be a core part of all psychological service delivery. This should be integrated into service delivery as part of regular service planning.

Outcome 7 – Confidence in The Staff delivering services

The variety in the workforce practice types, professional mix, activity of staff, and outcomes are important when delivering high-quality practice. Guidance will be provided for professionals on how to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered.

What this means for services, teams or professionals delivering psychological practice:

7.5 Leadership should be clear and enable staff to deliver high-quality practice, so people know that services and teams are providing safe, efficient, and effective service delivery (see **Psychological Therapies Matrix**).

7.6 Consideration should be given to ensure protected time for joint working between professionals (e.g., a nurse in a dementia team having time to speak to the psychologist about a treatment plan). This is to make sure they work well together and provide the help needed.

7.7 All NHS Boards across Scotland will have clear leadership and oversight from a Director of Psychology. Where appropriate, the Director of Psychology will also provide advice and guidance about whole system planning by working with senior leaders in Health and Social Care to provide direction for psychological care and practice to make sure that people get the equitable high-quality help that they need.

7.8 There will be sufficient investment in psychological services and teams so that there is an adequately staffed psychological workforce to meet local demand. Directors of Psychology can help plan and provide guidance on how the psychologically trained professionals might be best placed to ensure services are responsive. They can also advise on psychological care as appropriate and needed.

7.9 Staffing activity should be based on the PHS trajectory modelling tool, and take into account specific clinical services, population need, and local circumstance so people receive the level of support needed (**Mental Health | Home | Health Topics | ISD Scotland**). This tool can also be used as appropriate for wider delivery of psychological practice.

7.10 In all area-wide Boards there will be a Psychological Therapies and Interventions Governance Group (See Annex F for an example) that will be led by the Professional Lead for Psychology/Director of Psychology, or their delegated senior clinician. All professionals delivering psychological practice will be represented so that treatments offered are safe and based on evidence.

7.11 Investment in the workforce needs regular consideration so that staff are trained to deliver interventions and therapies that improve access and quality. All professionals providing psychological practice will be supported to access relevant learning materials and will keep their training updated as part of routine continuous personal development.

7.12 Regular consideration will be given to resources required for the delivery of effective psychological practice inclusive of staff requirements, rooms, digital infrastructure, and administrative support available for professionals.

Details on how service delivery can be improved can be seen in Annex G.

Annex A

Scope

This specification has been developed based on engagement with people who work in services and people who have accessed psychological therapies and interventions, and their carers. The consultation showed clear support for this specification and how this should be delivered. We have responded to all the feedback by producing the outcomes in this specification.

Measurement and Monitoring

We will work with the Mental Health Standards Implementation Advisory Group (which has representatives from people who use, work in, and manage mental health and psychological services) and the Heads of Scotland Psychology Group (which is a collaborative leadership group for psychological services across Scotland) – to develop an approach to implementation which is as supportive as possible. A key focus of this work will be to identify strengths in how services are delivered and support the sharing of good practice.

Although psychological practice is delivered in wider public sector settings (e.g., education) and the third sector, this will not be measured or monitored at this stage. However, it is recommended that any relevant aspects of this specification that apply to their service delivery, are taken into account. We will work with relevant partners in wider public sector settings going forward to support implementation of good psychological care and practice for all.

Annex B

There is a wide range of staff employed by the NHS who deliver psychological practice in health and social care settings, teams, and services. Where possible psychological practice should be available in the following services, teams, and settings, but there may be variation across Scotland in how this is accessed:

- Adult Mental Health Services
- Child and Adolescent Mental Health Services
- Child and Young People Services
- Care Homes
- Clinical Neuropsychology Services – Acute and Rehabilitation
- Crisis Support Teams
- Digital Therapies
- Early Intervention for Psychosis Teams
- Eating Disorders Services
- Forensic Mental Health Services
- Gender Identity Services
- Infant Mental Health Services
- Perinatal Mental Health Services
- Maternity and Neonatal Psychological Intervention Service
- In-Patient Services
- Intellectual Disabilities teams
- Neurodevelopmental teams
- Older Adults including Dementia Services
- Paediatric Services
- Physical Health Services
- Primary Care Teams
- Rehabilitation Teams, both Physical and Mental Health
- Specialist Trauma Services
- Staff Support Services
- Substance Use Services
- Veterans Services

Annex C

Who delivers Psychological Care and Practice in NHS and H&SC settings

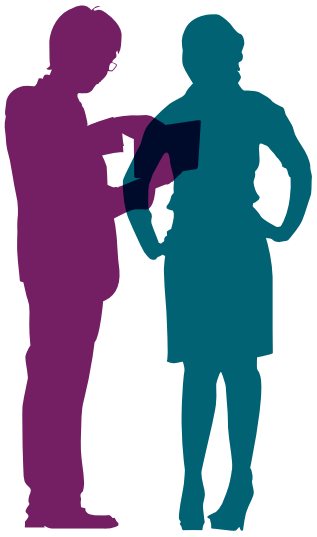
Psychological practice can be delivered by a range of professionals, including:

Clinical Psychologists – registered practitioner psychologists who deliver the most complex psychological practice. They are trained at doctoral level to work with people of all ages and all types of needs. This workforce is highly trained and works closely with other applied psychologists including Clinical Associates in Applied Psychology, Counselling Psychologists, Health Psychologists, and Forensic Psychologists, who all contribute to this delivery of psychological practice.

These professionals are all registered practitioner psychologists. These professionals offer teaching, training, and supervision to other professionals. They also offer consultancy as an intervention (e.g., advising staff in a care home on how to manage complex needs when someone has dementia), or support and advise on digital evidence-based therapies (e.g., computerised cognitive behavioural therapy for insomnia). They may also offer teaching, research and supervision as a routine part of their jobs.

The wider workforce (e.g., nurses, doctors, and allied health professionals), who deliver psychological practice will have developed psychological competencies through training and deliver this under supervision in addition to their core professional role.

All psychological care and practice types are important. The Psychological Therapies Matrix should always be considered when delivering care and practice as this describes the best evidence base for the help that you need.



Annex D

Psychologically Informed Care – describes psychological care delivered by all staff across health, social care and the third sector workforce, who are involved in providing care to people. These professionals have knowledge and skills in recognising and supporting you with psychological issues. They use listening skills and reflective practice (e.g., a nurse identifying psychological distresss through a trauma-informed conversation with someone with cancer).

Psychologically Skilled Care – describes care delivered by staff with additionals skills in using psychological approaches and who would generally provide them as part of their routine care. These professionals will have protected time and skills to offer psychologically based education courses, counselling skills, and can recognise common mental health problems (e.g., an occupational therapist with additional psychological training, providing support and education about anxiety).

The availability of **informed and skilled** psychological care, delivered by a confident workforce is important in the prevention of mental health difficulties and promoting good psychological health. This workforce also supports appropriate referrals to professionals in services or teams who are trained in **enhanced and specialist** practice.

Enhanced Psychological Practice – describes therapies or interventions delivered by staff with additional skills developed through short training courses in psychological interventions and a role to provide them within protected time in their post or role. These professionals will provide psychological assessment and treatments that have a proven effectiveness, as indicated in the Scottish Psychological Therapies Matrix. Enhanced Practice staff also offer supervision and training to others. This practice will have proven effectiveness for those with mental health needs and risks (e.g., a psychology practitioner providing cognitive behavioural therapy for low mood).

Specialist Psychological Practice – describes the assessments, treaments and interventions delivered by staff with specific specialist recognised training in psychological theories and therapies as a core remit of their role. These professionals will have formal training in all levels of **Roth and Pilling Competency Framework (2015)** with expertise in at least one psychological therapy. Specialist Practice staff also offer supervision and training to others. These professionals will have had specific formal training to support those with the most significant needs as their core role (e.g., trauma-informed cognitive behavioural therapy and interpersonal therapy delivered by a Clinical Psychologist for post-traumatic stress disorder and depression).

Professionals trained in **enhanced** and **specialist** practice should also contribute to wider public sector services through education, training, supervision, consultation, research and evaluation.

More details about practice types can be found in the **Psychological Therapies Matrix**.

Annex E

Core Mental Health Standards:

As part of the Scottish Government's wider work to improve mental health services and care, we have developed new **core mental health standards**. These standards set out clear expectations for what services will provide, whilst recognising the need for local flexibility, and how we will provide assurance of high-quality care.

The themes of the core mental health standards are listed below. These themes and this specification are informed by the **Health and Social Care Standards**.

There may also be other service standards, specifications and strategies that are relevant to you, for example, dementia or cancer care strategy, and these should be considered alongside this specification when psychological treatments are offered. When considering children and young people, the **Child and Adolescent Mental Health Services (CAMHS)** and **Neurodevelopmental Specifications** should apply, along with the principles of **GIRFEC**.

Core Mental Health Standards:

What I can expect

Access

1.1	I will be able to easily access and understand information about who services are for, what is provided, and how I can be referred to these.
1.2	Regardless of where I first made contact for support, I will be supported to get the help that is right for me, from the right person.
1.3	After I am referred, I will be contacted with an estimate of the time I will have to wait to be seen. I will receive regular updates if the time I have to wait is longer than this.
1.4	I will be provided with information on other appropriate available support such as online resources, self-help, and community resources including those from third sector and member-led organisations which will support me in waiting well.
1.5	I will be treated with kindness, compassion, dignity and respect when accessing services and my experiences, personal circumstances and requirements will be considered.
1.6	I will receive the help I need in a timely way and in a timescale which is based on the best evidence.
1.7	If I am experiencing crisis, I will be able to access the help I need at a time I need it, in an accessible and available space. I will be shown compassion by the people who provide my support.

Core Mental Health Standards:

Assessment, Care Planning, Treatment and Support

2.1 The help I receive will be centred around me, respectful of my choices and based on the evidence about what is most likely to help me. This will take into account my cultural and social needs, and will aim to follow the principles of trauma-informed practice.

2.2 I will get the help I need in a compassionate environment which is free from stigma.

2.3 I will be supported by professionals who have the necessary skills to meet my assessed needs.

2.4 If I need help from multiple professionals and agencies, I will have a designated person who will offer support in coordinating these.

2.5 Alongside consideration of my assessed needs, I will be asked what is important to me and this will inform my mental health and wellbeing assessment and the help I receive.

2.6 My support network will be involved in my care if I want them to be. They will be signposted to support and resources that are available to support them.

2.7 I will have one written care and treatment plan which is jointly created by me and the professionals supporting me.

2.8 I will have access to my care plan which will be regularly reviewed to ensure it continues to reflect my assessed needs and what is important to me.

2.9 Professional and teams who work with me will communicate in a way I understand.

2.10 Based on my assessed needs, including safety, the help I need will be delivered as close to home as possible and in ways that suit me.

2.11 I will have a choice in how I prefer to access care and support and whether I engage digitally or face to face. However I access support, the environment will be safe, clean and will enable effective treatment.

Core Mental Health Standards:

Moving between and out of services

3.1 If I need to move between or out of services, I will be supported to prepare for this move. If I need someone to help me, that support will be available to me at a time and pace I need.

3.2 If I move between different services, my care plan will include clear information which supports my move.

3.3 With my permission, my care plan will be shared as I move between services so that I have to tell my story as few times as possible.

3.4 If I move out of services, I will understand how to get support, care and treatment if I need this again, this will be easy for me.

Workforce

4.1 I will be confident that the staff who work with me have the right skills, training and experience.

4.2 I will be confident that the staff who work with me are well supported to do their job and their wellbeing is protected.

Governance and accountability

5.1 I will be asked about my experiences and this feedback will be used to improve services. With my agreement, my support network will also be able to offer feedback.

5.2 I will be able to easily find clear information on what actions I can take if these standards are not being met or I do not feel satisfied with my experience.

5.3 I will be signposted to independent advocacy services for support given the opportunity to share my experience confidentially and be supported to make a formal complaint if I want to.

Core Mental Health Standards:

To deliver this services and teams will

Access

1.8	Produce information in a clear and accessible format on who services are for, what is provided, and who can provide a referral. Information will include contact information, locations, opening hours and how to contact out of hours/ emergency care.
1.9	Develop and publish the criteria used to assess needs and use this criteria to prioritise the referrals of those in most need.
1.10	Provide information on other sources of support such as online resources and community resources which will support people waiting. This will include third sector or member-led organisations which support people from different social, economic, cultural and ethnic backgrounds.
1.11	Provide information on how mental health and wellbeing services work together and with other agencies and organisations to improve experiences and outcomes for people using services.
1.12	Work with people who use services to ensure information is easy to understand. Information will be available in people's preferred languages and will be person-centred, anti-racist, culturally and gender-sensitive, age-appropriate, fully inclusive and in a range of formats e.g. audio or easy read.
1.13	Work to reduce stigma and barriers to accessing support, care and treatment. This will include consideration of inequalities related to cultural, ethnic, and other protected characteristics.
1.14	Have systems to accurately measure waiting times and outcomes for assessment and treatment, and make this information accessible to everyone.
1.15	Where national waiting time targets are in place, in CAMHS and Psychological Therapies services will work to meet these,
1.16	Take steps to measure, identify and rectify unnecessary delays.

Core Mental Health Standards:

Assessment, Care Planning, Treatment and Support

2.12 Ensure that teams provide a wide range of assessments and therapeutic interventions based on needs in their community.

2.13 Ensure that people's preferences inform how they access services and that services are delivered in an environment which is accessible, safe, and enable effective assessment, care and treatment.

2.14 Ensure mental health and substance use services work together to ensure there are no gaps in access or treatment provision.[1]

2.15 Routinely measure and report care and treatment outcomes, including service users and carer experience, and use this data to ensure inclusion in service planning and delivery.

2.16 Use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly.

Moving between and out of services

3.5 Work together to reduce delays in transitions of care. There will be joint processes, appropriate systems and information sharing protocols in place to enable seamless transitions.

3.6 Ensure that if people's move out of or between services is delayed, this will be recorded, with the reason for the delay made clear. Services will report this through organisational governance such as clinical or care governance processes.

3.7 Effectively communicate to provide co-produced written care plans for transitions between services or discharge from services, detailing how to reengage. Any risks will be clearly identified and documented, and the flexibility of transfer time and handover of care will be considered.

1 **Medication Assisted Treatment (MAT) standards: access, choice, support**

Core Mental Health Standards:

Workforce

4.3	Support the wellbeing and job satisfaction of the workforce.
4.4	Ensure that all staff have access to training and support for trauma-informed practice and will have completed equalities and diversity awareness training.
4.5	Ensure that any assessments or interventions are delivered by staff who have the appropriate skills, training, capability and capacity to fulfil their roles. Where workload tools exist, these must be used.
4.6	Ensure that staffing levels are safe, adequate and compliant with the health and care staffing legislation.
4.7	Ensure there are flexible, healthy, and safe work environments for all staff.
4.8	Ensure all staff have access to continuous professional developmental and learning materials that meet their needs and have protected time to undertake this.
4.9	Ensure clinical supervision and reflective practice is incorporated and adequately resourced into all services as routine practice.
4.10	Ensure leadership of services creates a supportive, collaborative and improvement culture which empowers and enables the workforce to support the implementation of these standards.

Governance and accountability

5.4	Ensure that information on compliments, feedback and complaints processes is easily available and in a clear, easy to understand format.
5.5	Ensure that processes are in place to learn from feedback and complaints and use this information to improve services.
5.6	Ensure senior leaders work collaboratively and a whole-system approach is taken.
5.7	Monitor and report on the standards and embed this in governance processes.
5.8	Work together with scrutiny bodies to provide assurance that standards are met and improvement to the quality of support, care and treatment are made where necessary.

Annex F

Example terms of reference of the clinical governance, standards and training board for psychological therapies *

Background

Strong clinical governance of the delivery of psychological therapies is essential for good patient care. As such, the implementation of psychological therapies needs to follow an evidence base that has been robustly evaluated. Systems of supervision and training need be aligned to the implementation of psychological therapies so that there is reliability relating to the quality of delivery of treatment.

Role and Purpose:

- To review and approve psychological therapies delivered based on the available evidence, primarily through reference to the NES Psychology Matrix which incorporates SIGN and NICE guidance. For those psychological therapies that do not as yet have an evidence base as reflected in the NES Psychology Matrix, to consider the evidence base in terms of research to determine their safety and effectiveness, and the appropriate extent of implementation. To review psychological treatments offered, particularly adapted or novel interventions.
- The additional benefit of a psychological treatment will be considered in terms of the resource usage required for individual care and the effective application of finite time and resources to meet the needs of the wider patient population. This means reviewing clinical evidence that draws on not only the published research base but also studies that consider treatment efficacy.
- To agree across all HSCPs the guidance required to support the delivery of individual evidence based psychological interventions, and the associated robust systems of governance relating to both performance and clinical supervision as well as training requirements and accreditation of psychological therapies (as per NES Matrix).
- To co-ordinate the delivery of evidence based psychological therapies and interventions with the training plans for each service, linking into the NES training as available. To use a peer review process to examine training needs identified by each clinical service delivering psychological therapies.
- To work with the PTTC (Psychological Therapies Training Co-ordinator) to establish training for psychological therapies already in use and to identify additional training required for new interventions. To also identify the supervision training required for psychology trainees.
- To review treatment efficacy in clinical practise, to support the use of minimal and mandatory outcome measures and goal-based interventions across all services by supporting regular audits for service use.

Chair:

The Chair of the Clinical Governance, Standards and Training Board will be the Director of Psychology or delegated member of the Senior Psychology Management Team.

Membership

Will include senior representation from all services delivering PT and across all partnerships. A review of membership will be conducted regularly to ensure appropriate representation, ensuring the appropriate balance between clinical and management input.

*(Acknowledgement - adapted from NHS Lothian)

Annex G

Service Delivery

Recognising that access is not simply a function of availability, a well-functioning service or team should support innovative approaches. The system should be strategically managed at national and local level in a manner that creates confidence around effective, equitable, efficient, and high-quality governed practice. Consideration of high-quality practice should consider:

- **Quality Drivers:** describes how evidence, implementation, outcomes, and quality improvement, with those with lived experience at the heart of planning, supports innovation and improved outcomes.
- **Psychological Practice Framework:** describes governance structures and clear practice frameworks to support safe, high-quality care.
- **Management, Governance and Leadership:** describes clear, accountable whole system leadership structures for oversight and strategic planning to support a culture of accountability and continuous improvement and supported by those with lived experience.
- **Wider systems issues:** describes the whole system working to make sure stepped care principles are met as part of a whole-system, integrated approach.
- **Local Service Delivery:** which describes a sufficiently funded clinical, management, and administrative workforce to create a safe critical floor of staff with the necessary competencies to provide safe high-quality practice. This also includes good IT systems and infrastructure.
- **Data Reporting including Outcome Measurement:** describes how services report on a nationally agreed reporting systems to measure trends, outcomes, and needs. The data will be meaningful to those accessing services.
- **Training and Supervision:** to support safe and effective practice as well as having an important role in maintaining staff wellbeing and workforce modelling.
- **Workforce models:** to describe job planning so there is sufficient capacity in services to meet demand while also protecting time for service innovation and growth.
- **Research and Audit:** describes how research and audit should be core integral parts of service delivery and teams to ensure high-quality psychological practice.

Glossary

A **carer** is someone of any age who looks after or supports a family member, partner, friend, or neighbour in need of help because they are ill, frail, have a disability, or are vulnerable in some way. A carer does not have to live with the person being cared for and can be unpaid.

Evidence-based therapy is about combining the professional's skills and judgements with the available research to provide a tailored treatment plan. The effectiveness of treatment is based on scientific evidence with the goal of providing people with interventions that have solid research base for their effectiveness.

Formulation is a joint effort between the person accessing care and the professional delivering treatment to summarise the person's difficulties, to explain why they may be happening and to make sense of them. It may include past difficulties and experiences if these are relevant to the present. It acknowledges the person's strengths and resources. It is based on psychological concepts and theory. It also helps the professional to decide how to support the person to feel better and recover.

Human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.

A **psychological assessment** is the specific tools that are used by appropriately trained staff to assess someone's mental, cognitive, and psychological health (e.g., a cognitive assessment of someone with a learning disability using formal assessment tools).

Psychological interventions is the term used for the application of psychological techniques that help people to improve their health by helping them understand their strengths and difficulties, make changes to their thinking, behaviour, and relationships to reduce distress, treat mental health difficulties, and improve wellbeing (e.g., a neuropsychological assessment following brain injury which helps guide a treatment plan).

Psychological treatment is the term used for evidence-based therapies and techniques used to help people with their psychological health and wellbeing.

Quality Improvement is about giving the people closest to issues affecting care and quality, the time, permission, skills, and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.

Trauma-informed practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological, psychological, and social development. It involves understanding the prevalence and impacts of trauma, recognising when someone may be affected, and responding in ways that does no harm and supports recovery and resilience. Five key principles underlie trauma-informed practice. These are: safety, trust, choice, collaboration, and empowerment. Further information and training support for trauma-informed practice is available via the National Trauma Training Programme website: **https://transformingpsychologicaltrauma.scot/**

Scottish Government
Riaghaltas na h-Alba

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83521-214-1 (web only)

Published by The Scottish Government, September 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1323482 (09/23)