The publication of this good practice guide is a fantastic opportunity to showcase the Psychological Wellbeing Practitioner (PWP) role and gives recognition to the benefits that we bring to the nation’s wellbeing.

The PWP role is highly skilled and it is great to be part of a team of workers who are all focused on supporting patients through evidence based practice and research driven services.

I find being a PWP is an exciting and rewarding career and this guide provides timely information to all our key stakeholders to outline just how important our role is within the stepped care model.

Gemma Richardson
Psychological Wellbeing Practitioner,
Clinical Educator at The University of Nottingham

Depression and anxiety are common. Feeling depressed or anxious is distressing, disabling and can destroy lives. Psychological Wellbeing Practitioners (PWPs) are a significant element of the UK’s commitment to relieve distress, reduce disability and rebuild lives. PWPs help people use evidence-based psychological treatment in a way which is effective, accessible and person-centred. They use proven, straightforward and effective techniques which focus on people’s own strengths. Make no mistake, PWPs’ skilled combination of giving information and supporting people transforms lives. PWPs are in demand and rightly so. They make a difference. I hope this guide can be part of that difference.

David Richards
IAPT National Adviser and Professor of Mental Health Services Research,
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# Contents

- Introduction .................................................. 4
- The role of a PWP ........................................... 5
- Stepped Care .................................................. 6
- What made me become a PWP? ......................... 7
- What do PWPs Do? ........................................... 7
- The Impact PWPs are making ......................... 8
- Establishing this new role ................................. 8
- What did I do before becoming a PWP ............... 9
- Training Programme ....................................... 9
- Accreditation ............................................... 11
- My work with PWPs ...................................... 11
- Enriching the PWP role .................................. 12
- Progressing my role as a PWP ......................... 12
- How a PWP has helped me ............................. 13
- Career Progression ....................................... 14
- What action can you take now? ....................... 15
Introduction

The Improving Access to Psychological Therapies (IAPT) programme was established in 2008 with the aim of establishing psychological therapy services to enable 900,000 extra people to receive evidence based, NICE approved psychological therapies and interventions for common mental health problems (namely depression and anxiety disorders). A key part of the programme has been to develop a competent workforce to deliver the stepped care model in IAPT services.

The Psychological Wellbeing Practitioner (PWP) role was developed specifically to deliver low intensity interventions. PWPs work alongside High Intensity Therapists within a ‘stepped care’ model of service delivery, which sees patients receive the least burdensome treatment, regular monitoring and the opportunity to ‘step up’ to a higher intensity treatment if required. Both types of practitioners form part of the new workforce, which is aiming to deliver 3,600 therapists by 2011.

Initially the role was described as a ‘Low Intensity Worker’ and although this was just a working title to reflect the type of interventions offered, it was rightly criticised as implying lower value than High Intensity Practitioners. After consultation, it was agreed that the title PWP was more accurate in that it recognised that the person was working psychologically in a framework based on cognitive behavioural therapy (CBT) principles, engaging with people earlier in their journey of mental health issues to promote their well being and that on qualification they would achieve practitioner status as defined by the NHS Career Framework.

This guide aims to give an insight into how PWPs can deliver the maximum benefits to patients within IAPT services and the wider health service.

To find out more visit: www.iapt.nhs.uk
The role of a Psychological Wellbeing Practitioner

This is a new role. Although it builds on the role of the graduate worker in primary mental health care, it is more focussed on guided self-help, supporting patients with managing common medications, particularly antidepressants, case-managing referrals and signposting to other agencies such as social care and condition management organisations.

A PWP’s professional relationship with patients can be likened to a CBT self-help ‘coach’ role, such as an athletics coach, or a personal fitness trainer. If people go to the gym or play sports, fitness trainers do not do the actual physical work of getting them fit. That is up to the individual. However, the trainer will help devise a fitness plan, monitor a person’s progress and keep encouraging them when the going gets tough. A PWP will act in the same way. As a coach, PWPs have a role as educator and supporter, helping motivate the patient to use evidence based Low Intensity CBT interventions but always acknowledging that the work is being undertaken by the patient, who is seen as the expert in their own recovery journey.

Coaches devise treatment according to a coaching manual, and this idea can help differentiate between traditional therapy, as delivered by high-intensity therapists, and low-intensity interventions delivered by a PWP. In low-intensity treatment, the main focus of the treatment is on supporting the patients use of a published manual, self-help guide or other CBT Self-Help material (sometimes this can be computerised CBT self-help).

PWPs are trained to identify and assess common mental health disorders and devise a shared treatment plan with a patient that is both personalised and evidence based. They are skilled in delivering psychological interventions whose specific content is less intensive than high intensity treatments, such as step three Cognitive Behavioural Therapy (CBT) or Interpersonal Therapy (IPT), Couple Therapy, Counselling or Brief Dynamic Interpersonal Therapy.

PWPs are explicitly educated and skilled in ‘common’ as well as ‘specific’ therapeutic factors, so they know how to establish, develop and maintain therapeutic alliances with patients, are able to be responsive to and deal with real or potential ruptures in the alliance.

Although PWPs are skilled in face-to-face work with patients, they often deliver their treatment through a range of alternative delivery systems such as the telephone or web based support, telephone delivery can be the main contact method in some services.

In the IAPT system, PWPs use the IAPT clinical record (CR). They collect measures at every session and use them for individual patient management, feedback on progress to patients and in supervision.
PWPs perform a high volume, low intensity role, so they will have fewer contacts but with a larger number of patients. They will generally spend less time in sessions or contacts than their high-intensity colleagues, with an average session time of 20-30 minutes, but they can be shorter. However, the number of low-intensity sessions per patient is not limited and some PWPs may have ongoing contact with patients to assist in chronic disease management and relapse-prevention.

PWPs are recruited to a post within services as a PWP trainee at band 4 (agenda for change) or assistant practitioner level (career framework). They move to a band 5 (agenda for change) on qualification and hence to a practitioner level (career framework).

Career progression options are currently being developed and some services have now employed band 6 senior PWPs. This role would include some or all of the following: the provision of supervision, education, management and specialist clinical expertise with underpinning continuing professional development (CPD) support.

**Stepped Care**

IAPT services use a ‘stepped-care’ model. Step two is where PWPs undertake their work, providing low-intensity interventions. Patients are able to be stepped up to step three for high-intensity interventions or stepped down as they recover.

| STEP 3: High Intensity Service | • Depression - Mild Moderate & Severe |
| • Depression - Mild Moderate |
| • Panic Disorder |
| • (GAD) Generalised Anxiety Disorder - Mild Morderate |
| • Social Phobia |
| • Post Traumatic Stress Disorder (PTSD) |
| • Obsessive Compulsive Disorder (OCD) |
| • CBT, IPT, Behavioural Activation |
| • Counselling Couples Therapy |
| • CBT |
| • CBT |
| • CBT, Eye Movement Desensitisation & Reprocessing (EMDR) |
| • CBT |

| STEP 2: Low Intensity Service | • Depression - Mild Moderate |
| • Panic Disorder - Mild Moderate |
| • (GAD) Generalised Anxiety Disorder - Mild Morderate |
| • OCD - Mild Moderate |
| • cCBT, Guided Self-Help, Behavioural Activation, Exercise. |
| • cCBT, Guided Self-Help, Pure Self Help |
| • cCBT, Guided Self-Help, Pure Self Help, Psychoeducation Groups |
| • Guided Self-Help |

| STEP 1: Primary Care / IAPT Service | • Recognition of Problem |
| • Assessment / Watchful Waiting |
I became a PWP because I wanted to improve my own clinical skills and knowledge, whilst working with individuals suffering with common mental health problems. I enjoy working one to one with individuals and seeing them improve on their individual journey. It is a privilege to be able to help facilitate this process. Being a PWP means that my skills are recognised within the discipline, and the work we do is valued.

In my previous role I worked as a Graduate Mental Health Worker for 9 months. I hope that my career will continue to progress and I would like to develop towards supervising low intensity trainees.

Siobhan Moore
Psychological Wellbeing Practitioner, Avon and Wiltshire IAPT Service

**What made me become a PWP?**

I became a PWP because I wanted to improve my own clinical skills and knowledge, whilst working with individuals suffering with common mental health problems. I enjoy working one to one with individuals and seeing them improve on their individual journey. It is a privilege to be able to help facilitate this process. Being a PWP means that my skills are recognised within the discipline, and the work we do is valued.

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Siobhan Moore
Psychological Wellbeing Practitioner, Avon and Wiltshire IAPT Service

**PWPs Do**

- Assess and treat people with common mental health problems
- Assist people to help themselves
- Work through telephone and internet contact methods
- See clients face to face
- Provide support with medication management
- Work with Health Trainers
- Work with Employment Advisors
- Work within a collaborative care approach
- Receive both case management and clinical skills supervision
- Work with the local community to enhance access

**PWPs Don’t**

- Carry out High Intensity CBT therapy
- Carry out “medium intensity” therapy (e.g. drift from using evidence based low–intensity principles like CBT self-help resources aimed at step two, into doing ‘therapy’)
- Support non-evidence based interventions
- Work in isolation from other colleagues
- See patients with complex and serious and enduring problems such as psychosis or bipolar disorder
PWPs are already making a significant impact on the wellbeing of people with anxiety and depression. During the first year of full roll out, where 34 providers were able to download clinical and service data on 137,285 referrals, 79,310 people had an initial assessment and 26,780 patients had completed treatment with two or more contacts. Of course, many more of those assessed were still receiving treatment at the time of the audit. The audit showed that 61% of IAPT patients were seen by PWPs and helped with low-intensity interventions. Recovery rates overall were excellent, demonstrating that PWPs were contributing solidly to mental health outcomes achieved by IAPT services.

Caseloads for PWPs tend to be higher than for high intensity therapists and counsellors. This is because PWPs work by assisting patients to help themselves and case manage, rather than act as therapists. A fully qualified PWP can expect to help more than 250 patients every year. During training, however, trainee caseload should vary as follows:

- During the first few months of training – no caseload (time set aside for shadowing, skills rehearsal and clinical skills supervision).
- During the rest of their training their caseload will be approximately 80% of a full caseload.
- Month 10 onwards – full caseload whilst working towards practice outcomes.

Working on the above figures it is anticipated that PWPs in training will work with in the region of 170 patients during their training year.

Recruits to this new role
It is clear PWPs have come from a range of other careers and backgrounds. Trainees have previously been, administrators, teachers, healthcare support workers, occupational therapists, police officers and a wide range of jobs in the public and private sector.

From years one to two of the IAPT programme there have been increases in the proportion of PWP trainees recruited from roles in Assistant Psychologists, Education, Healthcare Support Workers (HSW). Overall, highest proportions are from Assistant Psychologists and Healthcare Support roles.

Data shows, that to date qualified PWPs are more likely to be women, with men making up approximately 20% of the workforce and staff are most likely to be between 20 and 29 years old. Services need to ensure they have a balance of staff to reflect local diversity across a range of equalities measures, including age, race and gender.

From years one to two of the IAPT programme there have been increases in the proportion of staff from almost all BME communities in PWP trainee roles.

Services should be monitoring turnover of staff and continuously seeking to widen the representation of the PWP workforce to reflect that of specific groups e.g. deaf community.
Training

What did I do before becoming a PWP?
My background is 16 years in Mental Health Services. I started as a housekeeper on the mental health wards and went on to become a Healthcare Assistant on the Intensive Care Ward, progressing to a level 2 Nursing Assistant. Later I became a Community Psychiatric Nurse Support Worker and then a Primary Care Mental Health Worker.

I have now completed the Low Intensity Psychological Interventions Course and having done so, the experience I have gained enables me to be an effective member of the team. I am working towards a lead role also looking at supervision for the PWPs. I feel that being a PWP is a career in its own right.

Nikki Smith
Psychological Wellbeing Practitioner, Solihull Healthy Minds IAPT Service

Training Programme
PWPs are trained to a ‘national curriculum’, with bespoke learning materials (Richards and Whyte, 2009, ‘Reach Out’ 2nd Edition), which requires trainees to demonstrate competence across a range of well specified skills required to undertake a patient-centred interview, to support a range of low-intensity CBT interventions and to work within an inclusive values base that promotes recovery and respects diversity.

The PWP national curriculum and training materials can be found at www.iapt.nhs.uk. There are currently three ‘Reach Out’ manuals; a student guide, an educators manual and a manual for those supervising PWPs. As specified by the national curriculum, trainees should, at the end of training, demonstrate competence in the following interventions according to the protocols as specified in the curriculum:

- Behavioural activation
- Exposure therapy
- Cognitive restructuring
- Medication support
- Problem solving
- Panic management
- Sleep hygiene

The training programme is 45 days long, with 25 of these within the education provider and 20 of these are university directed learning days which occur within the workplace.

The PWP training programme should be completed within 12 months from the start of training. The education provider should seek to award successful trainees with the PWP qualification, which is currently either a post graduate certificate or undergraduate award, as soon after the end of training as possible to enable them to progress to Agenda for Change B and 5.
Supervision

PWPs should receive supervision both in training and when qualified:

1. They should receive one hour per week ‘clinical case management supervision’ in which all patients on their caseload are reviewed at least every four weeks and/or in response to specific clinical criteria using data from the IAPT Clinical Record.

2. PWPs should receive one hour per fortnight of ‘clinical skills’ supervision, which can be delivered on an individual or group basis.

People providing supervision should have a good understanding of the PWP role and be skilled in delivering PWP interventions themselves. They need to have attended a low intensity supervisor training programme provided by an IAPT accredited training provider to enable PWPs supervised by them to submit an application for individual accreditation.

In addition, PWPs should also receive appropriate management supervision, regular appraisals and advice regarding their continuing professional development needs. The national training programme Reach Out guide and DVD for case management supervision are available at www.iapt.nhs.uk.

PWP Qualified Staff

Since the outset of IAPT commissioning, it has been a requirement that PCTs provide sufficient qualified staff to deliver interventions and to supervise trainees (the ratio recommended was 1:2 qualified staff to trainees) in order to be eligible to receive funding as an IAPT site. This qualified workforce has had to incorporate the PWP role. As the PWP is a new role, it is not surprising that there has been variability in the skills and experience people have brought to the role, as already qualified staff who haven’t undergone the specific PWP training. Data suggest that these have included graduate workers, nurses, social workers, counsellors, gateway workers and others. The high volume, low intensity nature of the work is new and it is likely that most recruits will have had at best only limited clinical experience of this way of working and assessing.

It is recommended that those staff, with professional mental health or graduate worker backgrounds, who have not come through the PWP IAPT training, undertake specific CPD for the competences which capture the clinical method of PWP working. This can be achieved by undertaking the first two modules of the PWP training programme, which requires 15 days at university and 10 days of university directed learning to occur within the workplace. As this is exactly the same as that undertaken by PWP trainees, it can be easily provided by existing courses. The time requirement is of course a consideration. However, where qualified staff have undergone this process it has been said to be highly relevant and useful to practice and has been welcomed by those staff. Some failed to achieve competences first time round, however, but most succeeded second time round and every effort is made between the HEI and provider to support the successful completion of the course.

For these staff, undertaking these two modules plus supervision would enable the worker to apply for accreditation as a PWP.
Accreditation

Course accreditation
All of the PWP training courses are undergoing an accreditation process, led by the British Psychological Society and supported by IAPT. The purpose is to ensure that there are consistent standards of training in line with the national curriculum and learning materials, and that courses are demonstrably producing competent practitioners.

Initial lessons arising from the process have identified the best practice to be where HEIs focus firmly on clinical competence development and assessment in the first two modules as an initial educational priority. This enables educators to rapidly educate and assess trainees’ competence to see patients in the workplace.

Individual Accreditation
For the most part, it is expected that the individual practitioner accreditation processes will be based upon the IAPT PWP course accreditation process. The BABCP and BPS are offering options for joining a voluntary accreditation register, using similar eligibility criteria, based on the same competences. See www.babcp.com and www.bps.org.uk

Regulation
Currently the Health Professions Council (HPC) is not proposing to include PWPs as part of the cohort of Counsellors and Psychotherapists being considered for regulation. A proposal was submitted to them to make the case for the regulation of PWPs (October 2009).

My work with PWPs
Of all my colleagues, I work closely with PWPs. There is a greater amount of interaction due to ‘stepping up’ and case management, with discussion and advice about clients and interventions. Because PWPs are frontline assessors, their work complements step three treatments and liaison.

Daniel Gardiner
High Intensity Therapist
Cheshire and Wirral Partnership NHS Foundation Trust
(IAPT Central and Eastern Cheshire)
The PWP role deliberately enables the practitioner to work with a large number of people and to assist patients to help themselves in a motivating and practical manner. The PWP focus is on mental health issues, but it is important that they understand links to physical health, including people with long-term conditions, and public health issues in order to promote wellbeing and prevent the development of mental ill health.

As newly qualified practitioners consolidate their skills and confidence, it is important that there is an opportunity for them to sustain their interest and make the best use of their developing expertise to enrich their role. Some services are already doing this by facilitating joint work with Health Trainers, who focus on physical wellbeing needs of people in relation to diet and exercise.

Consideration should be given to CPD needs and further training for PWPs, this may include undertaking training to provide supervision to other PWPs or by becoming involved in work with groups of specific patients, For example, those on probation, receiving treatment for long-term physical health conditions, those in prison or by working with deaf patients.

It is vital that this role is valued in its own right for the unique contribution it can make. It also has enormous potential to recruit from local communities and therefore make engagement and improve access to services more possible.

Progressing my role as a PWP

I completed my PWP training at Exeter University in January 2010 and have had some fantastic career opportunities. I now work at Exeter University as a member of the Low Intensity training team. Within the role I help deliver all elements of the course; academic components, clinical method, and marking of students’ work, alongside the experienced trainers. I have also taken part in the PWP Course accreditation visits in the role of Course Trainer.

Alongside this I work 2 days a week as a PWP for NHS Devon which includes patient work and case management supervision of PWPs. As a practising PWP I bring direct experience to the teaching team at the University which adds value to students’ learning experience. I am very committed to PWP working and see a great future for the PWP workforce with many career opportunities ahead. It is an exciting time to be a PWP!

Faye Small
NHS Devon Psychological Wellbeing Practitioner
University of Exeter Associate Teaching Fellow Low Intensity Training
A Patient Perspective

Nina, my Psychological Wellbeing Practitioner, explained cognitive behavioural therapy and how using this therapy could help me. I used the self-help package for depression and with her support I planned activities that I could do, we looked at my thoughts and how they were affecting me and I learnt how to using problem solving techniques. It was then that I identified that I would like to return to work as I had stopped working due to my depression. Nina referred me to the vocational adviser in her team who supported me to find voluntary work in a local day centre. I have found friends there and enjoy going there, I feel like a different person now. I go for walks with my neighbour and to yoga classes. When I was feeling depressed my sister used to come round do the housework and cooking for me but now I can do everything for my self. I am feeling much happier and have learnt how to overcome and cope with my depression.

Simerjit
received treatment at the Ealing IAPT service
Career Progression

The PWP role is an attractive one for people working in the NHS or in Social Care as, for example, support workers, psychology assistants, Health Trainers, Support, Time and Recovery Workers (STR) or indeed professionally qualified staff, who want a change of direction e.g. nurses. We have already seen people from all these backgrounds entering the IAPT Workforce.

PWPs are recruited as trainees at band 4 of Agenda for change and qualify as PWPs when they successfully complete their training, enabling them to move on to band 5. This will be a sufficient level of remuneration to continue on for a long career for many, but it is important to consider career development opportunities for those who wish to progress. It is vital to keep experienced people in the PWP role and some areas have already developed senior PWP posts (examples of job descriptions can be found on the website). This role may include supervision, management, liaison, specialism and education (sometimes in a joint post with a university or in an HEI full time).

PWPs may also want to move on to training in psychological therapies e.g. high intensity CBT, counselling or into different professions such as social work. Indeed, there has been a worrying exodus of PWPs, often newly qualified, into HI CBT training or seeking admission into clinical psychology training.

Whilst there is room for people who see the PWP as a stepping stone to a different career, this must not be the primary group of people recruited into trainee roles; this would repeat the mistake of the Graduate Worker in Primary Care role, where most were psychology graduates with good degrees, who went on to train as professional psychologists. In the long run, this led to an unsustainable workforce.

For the vast majority of PWPs, movement to roles delivering high intensity therapies will not occur within two years. Two years in a psychological role, is seen as a minimum time to consolidate psychological wellbeing skills, before accessing high intensity training.
**What action can you now take?**

1. Market the role to local GPs and commissioners
   Publicise the contribution PWPs make to IAPT services and the treatment of common mental health problems.

2. Target local communities to supply applicants
   In recruiting for PWPs it is important not to rely only on NHS Jobs, but also to advertise in local communities and through the voluntary sector, who often have an excellent track record on local engagement.

3. Continue to commission PWP training places.
   As SHAs are reviewing their commissioning plans for the coming years, it is important to plan for continuing training places for PWPs to work in areas not yet employing them; to address turnover and to consider the balance of skills required in the workforce in the longer term (IAPT initially recommended a ratio of 40:60 PWP to HI). Feedback from some areas suggests favouring a higher proportion of PWPs, but this will clearly depend on assessment of local need.

4. Provide undergraduate routes to PWP training
   Offering undergraduate routes to training is vital, but this needs to be supported by access courses or other support that recognises the likely differences between the needs of the resultant trainees.

5. If you are thinking of becoming a PWP
   Why not contact your local IAPT service and ask if you can book a time to talk to the staff. You can find your local service by using the NHS Choices service finder at: http://www.nhs.uk/ServiceDirectories

   You can find example job descriptions and person specifications for the PWP role online at: www.iapt.nhs.uk