



**UK Association for Humanistic
Psychology Practitioners**

- Guidelines for Mental Health Familiarisation -

Introduction

Mental Health Familiarisation is a required component of UKAHP Psychotherapist Accreditation and UKCP Registration with the Humanistic and Integrative Psychotherapy College (HIPC).

The following is drawn from UKCP (2017) and HIPC (2018) guidelines.

1. Awareness of Diagnosis and Treatment

The title of 'Psychotherapist' assumes some generic knowledge and understanding about how differing models of personhood and community understand mental wellbeing and mental illness awareness of diagnosis and treatment including understanding of:

- The basic structure of the mental health services in the UK, and the role of NICE guidelines
- Diagnosis and classification of mental illness within the medical model including a working knowledge of the DSM V and a capacity to reflect on and evaluate its use as a system of assessment
- The types of interventions and treatments used, their rationale and side effects
- Understanding and appreciation of different professional and personal roles in mental health care
- How to recognise more complex, significant or enduring mental health issues
- The reflexive awareness of context in diagnosis e.g. socio-economics, class, gender, disability, body type, age, culture, religion, race and sexuality
- How and when to refer on to appropriate professional agencies
- How to work in a client-centered way which safeguards the wellbeing of the client (and their dependents) and ensures that the psychotherapy a client receives forms part of an appropriate package of care.
- Ethical and Legal considerations including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010

2. A Range of Models of Assessment

Training input should cover, but not be restricted to, the medical model of assessment.

Accreditation applicants are required through their training to have been introduced to a range of appropriate models of assessment. Models of assessment should include (but not be restricted to) learning about how the medical model understands mental wellbeing and mental illness including: assessment tools and approaches, how diagnoses and formulations are used, safeguarding, collaborative care and accessing services, recognizing complex and enduring mental illness, current debates on evidence-based treatment and awareness of how to identify needs and make appropriate referral within multi-disciplinary practice.

A medical model of assessment should include (as a minimum) awareness of the following:

- Assessment
- The place of safeguarding in assessment
- Diagnosis and classification of mental illness
- Collaborative care: access to appropriate services
- Recognising complex, significant and enduring mental illness
- Awareness of current debates around evidence based research, practice, and treatment
- How and when to refer

3. The Social Responsibility Framework

Psychotherapists require opportunities to understand the historical and cultural influences on societal understanding of and attitudes to, mental health and illness and to develop a capacity to work reflexively within a social responsibility framework. These can be gained through training input, placement experience, or a combination of the two including relevant coverage of the following:

- Historical and cultural models of mental health, illness and mental health care
- The impact on mental health service users and their families of diagnosis, stigma, normativity and minority experience
- The influence of socio-economics, class, gender, disability, age, culture, religion, race and sexuality on the incidence, definition, diagnosis and treatment of mental illness and mental health
- The intensifying impact of intersectionality (where a person belongs to more than one marginalised group)
- Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them
- Practices for non-discriminatory service provision

4. Working within a Wider System of Care

Psychotherapists will also require knowledge and understanding, sensitivity and awareness which equips them to work within and alongside other mental health services in the field. This should include knowledge, ability, awareness and understanding of the following:

- Recognition that clients with more complex, significant, enduring or exceptional needs, including how to differentiate between severe mental illness and the range of human responses to life challenge, such as trauma, shock, bereavement and spiritual crisis
- How and when to refer on to appropriate inter-disciplinary professionals and relevant agencies
- When to provide, when necessary, psychotherapy as part of an appropriate package of care including the parameters for keeping therapeutic work safe with severely disturbed people
- The social and cultural context in which service is delivered to understand and empathise with the lived-experience of service-users
- The different personal and professional roles in care for people with complex or enduring needs including current knowledge of local services
- An informed and critical awareness of the differences in paradigms between the medical model and a psychotherapeutic approach including the psychotherapists role in collaborative care
- The psychotherapists role in the provision of non-discriminatory services
- The role of medication (prescribed and non-prescribed) and its impact
- Ethical and legal considerations pertaining to the above including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010

5. Training Requirements

The developmental process of learning which integrates knowledge and experience can be gained through training input or direct experience, or a combination of the two. Some element of direct experience is required, as this is likely to be relevant to fully attaining the overall aims of the mental health familiarisation process.

Training and accrediting organisations have discretion to require up to a maximum of 120 hours of direct mental health experience within the overall 900 training hours. They should include their requirements and the reasons for them within their policy.

6. Experiential Learning

HIPC believes experiential learning supports levels of understanding and reflection different from those gained through direct teaching or individual study. Students are therefore required to undertake some element of direct experience as part of their mental health familiarization process. This may be met in a variety of ways including working, volunteering, attending events or otherwise spending time in settings such as the following:

- Community mental health centres
- Psychiatric wards

- Day centres or drop in centres
- Voluntary organisations such as Mind
- Advocacy services
- Community services
- Specialist services such as those of homeless people
- Attending events held by groups such as the Schizophrenia and Bipolar Foundations, and the Recovery Learning Community.

This list is meant to be indicative but is not comprehensive.

There may be occasions where students have gained direct experience in their personal lives, professional careers, by undertaking research or in their counselling or psychotherapy practice. This may be included in students' experiential learning, but its relevance and currency must be demonstrated within the assessment.