



AUTUMN 2022 LONDON PPN NEWSLETTER

Welcome to all PPN network members!

In the calendar for October, Trusts and services across the region are celebrating Black History Month.

There is so much to share: tap into the Black History Month resource pack via packs@blackhistorymonth.org.uk: [Black History Month Resource Pack 2022 - Black History Month 2022](#)

This is a time to honour the often overlooked accomplishments of Black Britons in all areas of contribution throughout our history and to share: resource materials include diversity in schools, information and time-line about the Trans-Atlantic slave trade and downloadable poster of British Icons.



Other events to highlight in the region:

Black Women, Trauma and Mental Health 2nd Annual Conference

On October 29th the Community Trauma Conference UK is shining a spotlight on Black Women, Trauma and Mental Health while adopting a Black feminist, womanist and intersectional lens.

There are various speakers providing a wide range of topics. This includes the keynote speaker, Dr Jenny Douglas, Senior Lecturer in Health Promotion and Chair of the Black Women's Health & Wellbeing Research Network, who will present on '*The Politics of Black women's mental health and wellbeing in the UK: Black women campaigning and agitating for change in mental health services.*'

You can view the full programme [here](#).

This event is open to counsellors, psychotherapists, psychologists, mental health practitioners, including researchers, students/trainees and other professionals with an interest in Black women, trauma and mental health.

To find out more about the conference and to join please visit: [Black Women, Trauma and Mental Health Tickets, Sat 29 Oct 2022 at 10:00 | Eventbrite](#)

You may also be interested in this event:

An introduction to systemic racism and invested restorative facilitation:

<https://www.eventbrite.co.uk/e/an-introduction-to-systemic-racism-and-invested-restorative-facilitation-tickets-421798810597>

This event asks some important questions:

- ✓ What is systemic racism?
- ✓ How can we build equitable systems that benefit all?
- ✓ What is invested restorative facilitation? What are the benefits of invested restorative facilitation and how does it work?

The event will:

- ✓ Facilitate a conversation around systemic racism and inspire participants to think about factors they had not considered before, encouraging them to be pro-active anti-racists in their practice, within their organisations, homes and communities;
- ✓ Introduce 'invested facilitation' in the restorative field as an alternative to neutral facilitation and why this is key in cases where people have been affected by systemic racism in order to avoid further traumatisation.

The keynote speaker is:**Larell Smith-Bacon, Executive Director, Restorative Response Baltimore**

Larell Smith-Bacon is a community conferencing, dialogue circle, and victim and offender dialogue facilitator, trainer and Executive Director of Restorative Response Baltimore - a conflict resolution and community building organization in Baltimore, Maryland.

Those who might want to attend include:

Restorative Justice (RJ) Practitioners, Youth Justice Service workers, social workers, probation officers, criminal justice policy makers, social policy makers, community leaders and advocates, police officers, Inclusion and Diversity Officers in private and public organisations, CEOs, MDs, Solicitors, Educators, HR professionals and more.

*** NOTE: Limited concessionary tickets are available.**

Email hello@upproject.uk for info.



A spotlight on the new role of Mental Health and Wellbeing Practitioner

In keeping with the agenda for expansion under the NHS Long Term Plan, a number of new roles within the psychological professions are emerging, and we focus on this role which has national funding support. In the London region, South West London & St. Georges NHS Trust have taken the opportunity to embed the new role of Mental Health and Wellbeing Practitioner (MHWP) in their community teams. To learn more about the role, we hear from Dr Peter James, who was involved in establishing the role within the Trust, and Allia Smith who has commenced in role as a trainee MHWP.

An interview with:

Dr Peter James, Consultant Clinical Psychologist, Head of Psychology & Psychotherapies for Community Service Line South West London & St. Georges NHS Trust

Allia Smith, Trainee Mental Health Wellbeing Practitioner, South West & St. Georges, Sutton and Cheam IRH

NHS

**South West London and
St George's Mental Health**
NHS Trust

What is a MHWP?

Peter - The MHWP role was created by Health Education England (HEE) alongside provider organisations. They have developed a training programme that is a year-long. There is the expectation that these are graduates in any discipline and not necessarily psychology graduates. HEE have added a requirement that providers do a non-graduate training programme as well, so there are plans for a non-graduate route as well in the future. This provides an exciting option that will potentially open doors to a new workforce.

Trainee MHWPs are employed in Mental Health Trusts as band 4 posts. They are embedded within community teams and are released to go to the university for

training. The training is split into three modules. The first module is on assessment and engagement. The second module is on collaborative care planning and the third is on interventions, where trainee MHWPs receive specific training on psychologically informed interventions. Depending on where they are in their training, they might be attending one day a week, two days a week, or three days for more intensive training. For the other days, they will be working within their teams under supervision. During the academic breaks, they would be working with their team full time.

On successful completion of the training, they are then eligible for a band 5 qualified MHWP post, with the understanding that the Trust will have band 5 posts to offer trainees once they qualify.

Allia – The role has been created to deliver psychologically informed interventions with adults struggling with mental health. The role has two strands: the psychological element and the case management side of the role. For the psychological element, we learn nine psychologically informed interventions: Behavioural Activation and Graded Exposure using “GOALS” programme, teaching problem-solving skills, sleep improvement, recognising and managing emotions, guided self-help for bulimia and binge-eating, building self-confidence, and support with medicines management. There is also scope for development, where the trainees can branch out with more interventions, that is also available for us within each service, such as carer support for psychosis or as co-therapists for CBT informed family interventions. This is delivered under the supervision of a qualified clinical psychologist or a CBT therapist. There is also an element of case management within the role. The MHWP might be the lead contact to collaboratively care plan with them, deciding upon what treatment might be best for them. We are supervised in general key working, such as identifying other needs and linking in with resources to meet those needs. These two elements can have crossover: if the treatment comes under one of the psychologically informed interventions that is taught to the MHWP, then they would be able to work with them. If not, they could alternatively sign-post the patient, using the resources within the team and the community to support them.

How many MHWPs were recruited in South West London?

Peter – We recruited 11 MHWPs into three boroughs, which are linked to the Trust’s transformation programme. This is stepped over three years, so some boroughs are

having more focus earlier on than other boroughs. We have placed the Mental Health and Wellbeing Practitioner trainees into the three boroughs that we have transformed within year one and year two. These boroughs are Sutton, Kingston and Richmond.

Are there plans to expand to other boroughs?

Peter - There are plans to have MHWP trainees for the boroughs of Wandsworth and Merton as part of our year three transformation, which is planned to commence in the autumn of 2023.

The number of MHWP trainees allocated to each borough is based around the needs of that community team. This would be the same process when allocating the amount of qualified psychologists, nursing professions, non-medical prescribers, employment specialists, OTs, etc. We are trying to work with the skill mix that is needed within that team.

This also links with the challenge in recruiting traditional professions, like OTs and nurses. There are many vacancies within our community teams that generate high agency costs. This is the same for psychology as well. There are challenges in recruitment of band 7 and 8a psychology posts. The introduction of this new profession is recognising that there just not enough traditional psychological professionals. The trainee MHWPs and the qualified MHWPs will help with that provision of psychologically informed interventions.

How are you finding the clinical aspect of the role?

Allia – The clinical work has been good. The team has been very understanding that the MHWP trainees are going to university. When we see patients, we schedule them in during days where we do not go to university. If we are going into university then the clinical work is reduced so that we can manage it and if we stop going into university, this workload will increase. The team have been very flexible in managing our caseloads.

What benefits has the MHWP role introduced for your service?

Peter – The MHWP role definitely benefits the service users. If we think about the service users experience as a new admission, they would normally have to have a comprehensive assessment for diagnosis and formulation and then being placed into one of the clinical care pathways. However, there is usually a wait time of 8 months for the service user to receive a psychological intervention. Having the MHWPs come in during that time can help provide the service user with low intensity interventions while they wait to receive formal therapy. This is similar to a stepped care model, where you might find that by the time they receive formal therapy, the low intensity intervention might have been enough and they recover. It could also be the case that the work the service user has done with the MHWP has also benefitted them so that there are better outcomes from the intervention when they come to see a psychologist for formal therapy.

How have the MHWP trainees been finding the role?

Peter – There have been some difficulties, particularly in the first two months due to the novelty and uncertainty of the role. There were also some on boarding difficulties, such as their IT equipment, which was associated with the Trust being under pressure with the high number of staff being recruited. So there were some frustrations. However, they are really valuing the learning opportunities and spending time with patients. This is evident as people go into this profession because they want to make a difference and want to feel that they are adding something to the team.

What has been the most challenging aspect of the role for you as a trainee?

Allia – I think it would be trying to understand the role due to it being new as a psychological profession. Being part of the very first cohort of MHWPs, it has been a bit challenging trying to learn this role because you want to be able to come in the service knowing exactly what you are doing and how to help. It was also challenging to figure out where exactly the MHWP role fitted in the team.

What is the main difference between the Psychological Wellbeing Practitioner (PWP) and the MHWP?

Peter – The MHWP was based on the PWP role. The core difference is that the PWP would be working within Improving Access to Psychological Therapies (IAPT), so they would work on mild to moderate common mental health problems like anxiety and depression. The MHWPs are placed in secondary care, community mental health teams where there are people who have severe and enduring mental health problems, like psychosis, severe depression and anxiety disorders, PTSD and personality disorder.



Top Tips

Being one of the pioneers of establishing the role in the service, how would you like to see this role develop in the future?

Peter – One of the key discussion points I have when meeting with the MHWPs is the career progression of the role. There needs to be planning for the progression of the staff group as well as their retention in the Trust. Six out of the ten MHWPs are psychology graduates, so a lot of them may see this role as a stepping stone for clinical psychology training. The role also provides opportunities to develop core skills that would benefit them if they train into another psychological profession, such as a CBT or MBT therapist. As a trust, we are supportive of our staff progressing in their career, but we would also want to maintain the role of the MHWP within the service. Being a qualified MHWP puts staff at a band 5 role, so there will be questions on how long an individual will stay at that level. Perhaps a senior MHWP at a band 6 position with supervision responsibilities could be a potential development in the future.

What is your top tip for people who are interested in applying for the MHWP role in the future?

Allia – Yes, my advice is to be prepared and being open minded to the role. They need to see if this is something they would want to do to progress their career. The MHWP provides good experiences and develops core skills.

Peter – I would hope that they have had some experience in a health and care setting, caring for people with mental health problems or addictions, though this does not need to be in the NHS or in a community mental health team. I would then say that people who come in should not expect to be spoon fed. People who come into the role should be open and willing to getting involved in different roles and experiences, within their level of competence. Taking on tasks to learn about the services and learn about the service group, away from what they are being trained and supervised to do.

What is your top tip for other Trusts that would be interested in setting up the MHWP in their service?

Peter – It is important to have clear communication about the role in advance with the different teams in the service. Ideally, supervision should also be planned, obtaining commitment from staff who will supervise the trainee MHWPs for the psychological interventions perspective and also the non-psychology supervision. Having these in place when the trainees start would benefit not only the trainees, but also the service as well. These have been the main learnings from the experience with our first cohort.

If you would like to learn more about the role, please visit [NHS Careers - MHWP](#).

Other News from the London PPN

It's Psychological Professions Week 14-18 November!

We are excited to announce that the registration to join the Psychological Professions Week, is now live! The conference will run from the 14th to the 18th November and we welcome all **psychological professionals, aspiring psychologists, commissioners, people who use our services**. The week is full of informative sessions which cover topics such as:

- 🌀 Celebrating the work of **Experts by Experience** in partnership with healthcare staff and how this enhances learning, practice and improving healthcare outcomes (co-produced and co-delivered session)
- 🌀 The **future steps** for the psychological professions in England
- 🌀 **Progressing your career** in the psychological professions
- 🌀 Showcasing the alternative career routes: Experiences of the **new Psychological Practitioner roles**
- 🌀 **Equality, Inclusion & Diversity** within the professions
- 🌀 Psychological practice in **physical healthcare**
- 🌀 **Whats going on in London?** An update on the Aspiring Psychologists programme and CAPS in the region.

Attendance to all the events are free. To view the programme and to register for attendance please visit: [PPN \(ppweek22.com\)](https://ppn.ppweek22.com)

The end of October is National CARE LEAVER'S WEEK

This National Care Leavers' Week, there is a call out to the Government to finally #EndTheCareCliff. Our invitation is to listen to **the experiences of young care leavers, amplifying their voices, and asking them what needs to change to make the system better**.



Clinical Neuropsychology Funding Offer has been allocated for the London region!

We had an excellent response to the recently shared 2022-3 spending review offer to support the expansion of the Clinical Neuropsychological workforce nationwide. The context for this was that service providers have not always been able to identify funds from local budgets, so in this instance, national funding for eligible psychologists to *undertake* a Post-Graduate Diploma in Clinical Neuropsychology (to qualify for entry onto the BPS Specialist Register of Clinical Neuropsychologists), and to support those looking to *start* or *complete* the knowledge and research component of the BPS's Qualification in Clinical Neuropsychology programme.



We are delighted to confirm that the places in the London region filled extremely quickly and from a wide geographical spread of services. We will be contacting services individually to confirm the number of places awarded against original bids. This offer represents important additional funding to enable the upskilling of the practitioner psychology workforce and meet the unmet need for specialist clinical neuropsychology provision in our region. It is hoped that this will only be the first year of this type of offer, with work currently underway to secure additional funding for similar a Clinical Neuropsychology offer in 23/24 and beyond.

The NHS National Education and Training Survey (NETS) is now open!

The NETS is open to responses from all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare, as part of their education and training programme. The NETS provides a multi-professional window into the environments and services in which the current and future healthcare workforce are training and can identify emerging and escalating concerns.



By collecting your diverse skills, experience and knowledge, the survey would help inform developments for the future of education and training from those that understand the learning environment best. The feedback collected is vital to ensure that all learning environments are safe, inclusive and support you to develop in your profession and career.

To find out more about the survey and to complete it, please follow the [NETS 2022 - Toolkit for Learners](#). Alternatively, you can access the survey from their [website](#).

We would love to hear from you!

We are keen to hear about any work and/or networking initiatives which support our drive to raise awareness and expand the psychological professions workforce! If you would like to be included in our next newsletter, we would like to encourage you to email the PPN London team at Julio.Petalio@westlondon.nhs.uk.

If you prefer, you can also get in touch with us via our twitter page [@LondonPPN](https://twitter.com/LondonPPN) and give us a follow for more regular updates about the work we are doing. Also, if you want some of your work to be seen by our team, don't forget to tag us for a retweet #LondonPPN!

