

MANCHESTER INSTITUTE FOR PSYCHOTHERAPY/
please note this is for UKCP registration, not for MIP graduation purposes

MIP MENTAL HEALTH FAMILIARISATION 2019

Mental Health Familiarisation is a required component of UKCP and HIPC accredited trainings.

Psychotherapists will require awareness, knowledge and understanding that equips them to work within or alongside other mental health professionals and services, with clients who have extraordinary needs and with family members of mental health service users.

Psychotherapists will require an understanding of their role within a system of restoring balance and justice towards better treatment of people with exceptional needs, as well as prevention of additional mental health distress caused by normative social expectation and/or exclusion.

Trainees and students are required to understand the wider contexts and considerations of mental health provision to develop sensitive and reflexive practice of psychotherapy appropriate to the needs of people who experience significant mental difficulties and emotional distress.

HIPC believes experiential learning supports in depth engagement, levels of understanding and reflection different from those gained through direct teaching or individual study. Students are, therefore, required to undertake an element of direct experience as part of their mental health familiarisation.

The Social Responsibility Framework

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

- a) Historical and cultural models of mental health, illness and mental health care.
- b) The impact of diagnosis, stigma, normativity and minority experience on mental health service users and their families
- c) 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.
- d) The intensifying impact of intersectionality in which a person belongs to more than one marginalised group.

- e) Familiarity with the role of minority community organisations and mental health advocacy organisations and how to engage with them.
- f) Practices for non-discriminatory service provision.

Working within a Wider System of Care

Psychotherapists require knowledge, understanding, sensitivity and awareness which equips them to work within and alongside other mental health services in the field. These include:

- a) Experience of 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.
- b) How and when to refer on to appropriate inter-disciplinary professionals and relevant agencies.
- c) When to provide psychotherapy as part of an appropriate package of care including the parameters for keeping therapeutic work safe with severely disturbed people.
- d) The social and cultural context in which service is delivered to understand and empathise with the lived experience of service users.
- e) The different personal and professional roles in care for people with complex or enduring needs, including current knowledge of local services.
- f) 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.
- g) The psychotherapist's role in the provision of non-discriminatory services.
- h) The role of medication, both prescribed and non-prescribed, and its impact.
- i) Ethical and legal consideration pertaining to the above including appropriate familiarity with the Mental Health Act 2007 and the Equality Act 2010.
- j) The basic structure of the mental health services in the UK and the role of NICE guidelines.
- k) Diagnosis and classification of mental illness within the medical model including a working knowledge of the DSM 5 and a capacity to reflect on and evaluate its use as a system of assessment.
- l) The types of interventions and treatments used, their rationale and side effects.

- m) Understanding and appreciation of different professional and personal roles in mental health care.
- n) How to work in a client-centred way which safeguards the wellbeing of the client (and their dependants) and ensures that the psychotherapy received forms part of an appropriate package of care.
- o) When and how to make appropriate referrals to other professional agencies.

Direct Experience

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. The organisations should include their requirements and the reasons for them within their policy.

4. 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. 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
- adult Eating Disorder Clinic
- addiction/Rehab Agencies
- geriatric Mental Health Services
- Alzheimer's Clinic/Day Centre

This list is meant to be indicative and 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 the students' experiential learning, however its relevance and currency must be demonstrated within the assessment.

MIP will provide:

- * a range of training input, such as lectures and seminars, visits by external speakers (including service user groups) to support students achieving the aims of the MHF.
- * support personal learning by providing, or signposting, trainees to learning resources such as written materials, documentaries, films and videos.
- * offer support to help students access appropriate experiential learning opportunities.
- * make clear to students their responsibilities and limitations in undertaking experience in the field.
- * manage the minimum requirements for experiential learning which balance opportunities for in depth engagement and learning with ensuring accessibility for a diverse student body.
- * provide ways for students to evidence their experiential learning activities.
- * create assessment procedures whereby students can demonstrate their learning.
- * provide a rationale and documentation for the approach taken.

Trainees are required to:

- (a) Take responsibility for arranging placements or direct experience elements to meet the Mental Health Familiarisation requirements.
- (b) Take responsibility for taking up opportunities to attend appropriate training input provided by their training organisation or other bodies.
- (c) Take responsibility for demonstrating that they can meet the MHF requirements in line with the UKCP HIPC.
- (d) The trainee needs to write a short report of 500 words, on each placement of their experience within the Mental Health placement outlining:
 - the agency's mission statement
 - the service user base

- support received by the agency
 - the student's internal reflections overall of their experience of the placement.
- (e) The trainee must have a minimum of **three** different and distinct placement experiences in mental health settings, minimum **60** hours in total. Please note maximum 90 hours in totality.

There may be occasions where trainees have gained direct experience in mental health settings in their personal and professional careers. However, if their direct experience is not within the last **5** years from MIP graduation then they would still need to evidence 60 hours of current direct mental health experience.

- (f) Trainees will need to evidence their attendance at the mental health placement they work within, and this will need to be evidenced in their portfolio, with their short reports of 1500 words per placement experience.

Additional Information:

The clinical placement, completed during the 4 year training, must not be confused with the MHF placement for UKCP registration purposes.

If the clinical placement is completed within one of the mental health services, this cannot be counted towards the MHF direct experience as there would be a shortfall in the expected 900 hours.

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