



# PSYCHOLOGICAL WELLBEING PRACTITIONER

## Key information

- Proposal approved
- Occupational standard approved
- End-point assessment plan approved
- Funding approved

**Reference:** ST0568

**Level:** 6

**Degree:** non-degree qualification

**Minimum duration to gateway:** 12 months

**Typical EPA period:** 3 months

**Route:** Health and science

**Date updated:** 04/04/2024

**Lars code:** 425

**EQA provider:** Ofqual

**Review:** This apprenticeship standard will be reviewed after three years

## Details of the occupational standard

### Occupation summary

This occupation is found in NHS Talking Therapies for Anxiety and Depression Services. Psychological Wellbeing Practitioners, commonly referred to as PWPs, deliver services from GP practices, healthcare centre or community venues such as a library, leisure centre or remotely by telephone, video or other digital platforms.

The broad purpose of the occupation is to provide evidence-based interventions for adults with anxiety disorders and depression. PWPs work within a stepped care service delivery model which operates on the principle of offering effective low intensity CBT based psychological treatment using National Institute for Health and Care Excellence (NICE) guidelines where patients can then be stepped up within a stepped care model or signposted to another service if required.

PWPs conduct patient-centred interviews, helping identify areas where the person wishes to change how they feel, think or behave. They carry out risk assessments and provide phone, online or face-to-face support, liaising with other agencies and signposting patients to useful services, such as housing and employment.

In their daily work, an employee in this occupation interacts with patients and a wider psychological therapies team which may include other health professionals such as psychologists, cognitive behaviour therapists, counsellors, employment specialists, community nurses and administrative staff. They will liaise across a number of different services including GPs, community physical health teams and charitable organisations that provide related support services.

An employee in this occupation will be responsible and accountable for safe, compassionate, patient-centred evidence based care. PWPs are autonomous practitioners who work within their scope of practice. A PWP is responsible for managing a high volume caseload of patients with mild to moderate common mental health problems efficiently and safely utilising clinical skills and case management weekly supervision and other forms of supervision identified as appropriate. PWPs take responsibility for their own learning and development using reflection and feedback to analyse their own capabilities, appraise alternatives and plan and implement actions.

### Typical job titles include:

**Psychological wellbeing practitioner**

### Entry requirements

Employers and universities will set their own entry requirements which might typically require applicants to have previous experience of working in mental health or experience of a setting where they are likely to be exposed to people at increased risk of experiencing mental health difficulties, either paid or voluntary work or having personal experience of mental health difficulties.

### Occupation duties

DUTY	KSBS
<p><b>Duty 1</b> Practise safely and effectively within the scope of practice of a PWP and within the legal and ethical boundaries of the profession to manage a caseload of patients with common mental health problems.</p>	<p>K3 K14 K15 K20 K21 K22 K26 K27 S2 S17 S19 S29 S32 B1 B2 B3 B4 B5</p>
<p><b>Duty 2</b> Provide assessments to identify the common mental health problems of anxiety disorders and depression.</p>	<p>K1 K2 K4 K5 K6 S1 S3 S4 S5 S10 S14 S15 B1 B2 B3 B4 B5</p>
<p><b>Duty 3</b> Manage the assessment of risk and safeguarding issues and appropriate onward referral using psychometric, problem focused assessment and intervention planning.</p>	<p>K8 K9 K10 S7 S8 S9 B1 B2 B3 B4 B5</p>
<p><b>Duty 4</b> Provide evidence based treatments for patients with mild to moderate symptoms of the common mental health problems of anxiety disorders and depression, selecting treatments to aid recovery, promote social inclusion and support appropriate return to work, thereby helping with physical and psychological health.</p>	<p>K7 K11 K17 S6 S11 S16 S21 B1 B2 B3 B4 B5</p>
<p><b>Duty 5</b> Provide guided self-help treatment informed by cognitive-behavioural principles, which are patient-centred psychological treatments with an emphasis on self-management.</p>	<p>K16 S18 S20 S25 B1 B2 B3 B4 B5</p>
<p><b>Duty 6</b> Provide support that enables patients to optimise their use of self-management recovery information, which is delivered through in person or remote contact methods including digital platforms and group workshops.</p>	<p>K12 K19 S12 S24 S26 S27 B1 B2 B3 B4 B5</p>
<p><b>Duty 7</b> Provide information on common medication prescribed for symptoms of anxiety and depression and support patients to optimise their use of such treatments.</p>	<p>K13 K18 S13 S23 B1 B2 B3 B4 B5</p>

<b>Duty 8</b> Communicate effectively with and signpost to other agencies and services.	K23 B1 B2 B3 B4 B5
<b>Duty 9</b> Handle personal and sensitive information and record interviews and questionnaire assessments using paper and electronic record keeping systems in an accurate and timely manner.	S28 B1 B2 B3 B4 B5
<b>Duty 10</b> Participate in clinical skills and case management supervision to assist the delivery of low-intensity interventions.	K24 S22 S30 B1 B2 B3 B4 B5
<b>Duty 11</b> Routinely collect and store clinical, social and employment outcome data and contribute to local and national outcome monitoring, audit and quality improvement, within a stepped care service delivery model.	K25 S31 B1 B2 B3 B4 B5

## KSBs

### Knowledge

**K1:** Concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.

**K2:** Principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery.

**K3:** Common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and the impact of this on both themselves and the client and hold boundaries.

**K4:** Principles of patient-centred information gathering to arrive at a succinct and collaborative definition of the patient's main mental health difficulties and the impact this has on their daily living.

**K5:** Approaches to assessing the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working.

**K6:** Patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview.

**K7:** Complexity of mental disorders and the tools and techniques used to decide on the primary target problem for intervention in the context of comorbidity of mental and physical health

problems.

**K8:** Importance of accurate risk assessment with patients or others to ensure practitioners can confidently manage this effectively in accordance with National Institute for Health and Care Excellence (NICE) guidance.

**K9:** Standardised assessment tools, symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.

**K10:** COM-B behaviour change model and its use in identifying intervention goals and choice of appropriate interventions.

**K11:** Available evidence-based information about treatment choices and in making shared decisions with patients.

**K12:** Tools and techniques used to select an appropriate mode of delivery in partnership with patients.

**K13:** Attitudes that service users may develop to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.

**K14:** Strategies to develop and maintain a therapeutic alliance with patients during their treatment programme, dealing with issues and events that threaten the alliance.

**K15:** NICE guidance and the NHS Talking Therapies Manual and their application in selecting appropriate cases for low-intensity treatment.

**K16:** Low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem-solving, promoting good sleep, promoting physical activity and medication support.

**K17:** COM-B behaviour change model and strategies in the delivery of low-intensity interventions.

**K18:** Strategies to support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects.

**K19:** Tools and techniques used to map core skills into text-based interventions.

**K20:** Principles and values that underpin the delivery of non-discriminatory, recovery orientated mental health care.

**K21:** Strategies needed to respond to people's needs sensitively with regard to all aspects of diversity, working with older people, the use of interpretation services and taking into account any cognitive, physical, or sensory difficulties patients may experience in accessing services.

**K22:** Power issues in professional-patient relationships.

**K23:** Voluntary, community and statutory organisations in their community that may be helpful to signpost and refer to.

**K24:** The importance of using supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders.

**K25:** Process of gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and how to signpost to other agencies delivering employment, occupational and other advice and services.

**K26:** Boundaries of competence of the PWP and of own role, and how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the PWP alone.

**K27:** The meaning of high-intensity psychological treatment and how this differs from low-intensity work.

## Skills

**S1:** Use the principles, purposes and different types of assessment undertaken with patients with common mental health disorders using in person, telephone and video-based modes of delivery.

**S2:** Use common factors to engage patients, gather information, build a therapeutic alliance with patients with common mental health problems, manage the emotional content of sessions and hold boundaries.

**S3:** Use patient-centred principles to gathering of information to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.

**S4:** Assess the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working.

**S5:** Recognise patterns of symptoms consistent with diagnostic categories of mental disorders from a patient-centred interview, and correctly identify the correct primary problem descriptor.

**S6:** Decide on the primary target problem for intervention in the context of comorbidity of mental and physical health problems.

**S7:** Assess risk with patients or others to ensure practitioners can confidently manage this effectively in accordance with NICE guidance.

**S8:** Select and use standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.

**S9:** Use the COM-B behaviour change model to identify intervention goals and choice of appropriate interventions.

**S10:** Set agreed goals for treatment which are specific, measurable, achievable, realistic and timely (SMART).

**S11:** Provide evidence-based information about treatment choices and in making shared decisions with patients.

**S12:** Select an appropriate mode of delivery in partnership with patients, including assessing a patient's suitability for online interventions, revising this as necessary on an ongoing basis.



- S13:** Take account of the service user's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.
- S14:** Choose the appropriate pathway for a service user after assessment using clinical decision-making tools and techniques.
- S15:** Identify patients at assessment who do not fit the criteria for treatment at Step 2 including those with post-traumatic stress disorder (PTSD), social anxiety disorder or severe mental health problems, and facilitate appropriate stepping up or onward referral.
- S16:** Evaluate a range of evidence-based interventions and strategies to assist patients in managing their emotional distress and disturbance.
- S17:** Develop and maintain a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.
- S18:** Plan a collaborative low-intensity psychological treatment programme for common mental health problems, including appropriate frequency of contacts, managing the ending of contact and development of relapse prevention strategies.
- S19:** Select appropriate cases for low-intensity treatment, aligned to NICE guidance and the NHS Talking Therapies Manual.
- S20:** Select and provide a range of low-intensity, evidence-based guided self-help psychological interventions recommended by NICE for anxiety disorders and depression, in an adequate dose, linked to patient goals including behavioural activation, graded exposure, cognitive restructuring, including behavioural experiments, worry management, problem solving, promoting good sleep, promoting physical activity and medication support.
- S21:** Use the COM-B behaviour change model and strategies in the delivery of low-intensity interventions.
- S22:** Evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols and NICE guidance.
- S23:** Support patients with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects.
- S24:** Deliver low-intensity interventions using a range of methods including one-to-one treatment in person, via video consultation, via telephone, interactive text or computerised cognitive behavioural therapy and guided self-help groups in person and via video.
- S25:** Select and revise modes of delivery, as necessary on an ongoing basis depending on factors including patient choice and suitability.
- S26:** Map core skills into text-based interventions.
- S27:** Deliver and lead evidence-based groups and workshops using guided self-help group facilitation skills, involving everyone to generate a useful discussion, managing challenges to engagement and responding flexibly to questions from the audience.

**S28:** Take succinct and accurate notes.

**S29:** Manage a large caseload of patients with common mental health problems efficiently and safely.

**S30:** Use supervision to assist own delivery of low-intensity psychological treatment and medication support programmes for depression or anxiety disorders.

**S31:** Gather patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.

**S32:** Work within own level of competence and boundaries of competence and role, including working within a team and with other agencies.

## Behaviours

**B1:** Be committed to the delivery of non-discriminatory, recovery orientated mental health care.

**B2:** Be committed to equal opportunities for all, encouraging active participation in every aspect of care and treatment.

**B3:** Show respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.

**B4:** Show empathy and be responsive and sensitive to patient's needs with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any neurodiversity, cognitive, physical, or sensory difficulties patients may experience in accessing services.

**B5:** Show an awareness of own bias, prejudice and assumptions, making good use of supervision and reflective spaces to examine these.

## Qualifications

### English and Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

### Other mandatory qualifications

#### Certificate in Psychological Wellbeing Practice

Level: 6 (non-degree qualification)

## Professional recognition

This standard aligns with the following professional recognition:



- The British Psychological Society for Associate for Graduate

## Version log

Version	Change detail	Earliest start date	Latest start date	Latest end date
Revised version awaiting implementation	In revision	Not set	Not set	Not set
1.2	Funding band revised	07/08/2020	Not set	Not set
1.1	End-point assessment plan revised	06/05/2020	06/08/2020	Not set
1.0	Retired	22/03/2019	05/05/2020	Not set

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