

Delivery of psychological therapies and interventions: national specification consultation
Response by Lothian Voices (CAPS)
March 2023

The comments below represent responses, gathered from **CAPS collective advocacy group 'Lothian Voices'** and other people involved in CAPS' collective advocacy who **identify as having lived experience of mental health issues**.

The group chose to have **collective discussions about outcomes 2, 4 and 5**. Other sections of the consultation were responded to separately and collated here.

Some people chose to tick boxes on the sliding scale (from strongly agree to strongly disagree) and others chose to have their voice heard through only their comments.

This document represents the results of these discussions.

CAPS Lothian Voices collective advocacy group look forward to seeing how their voice will be included in the final specification and are keen to continue to feed into any further consultation. You can contact us at molly@capsadvocacy.org

Part 1 – Questions on the overall specification document

Questions 1, 2, 3, and 4 on how the overall specification will improve things.

People felt that the specification **will not by itself improve things**, it is **how it is implemented** that will be the deciding factor in improvement.

“No I don’t [believe the specification will improve things]. In and of itself it is just a piece of paper. We need to know how the specification will be implemented and monitored across Scotland to be confident it will actually change anything. This is the endless problem of government programmes in the last 10+ years - great talk but implementation failure.”

“Yes [the specification does set out what can be expected]. I think this will give patients and others a useful document to hold services to account but this should not be their responsibility.”

Question 5: Do you have any suggestions for how the specification could help to ensure that there is more timely access to how people receive psychological therapies and interventions?

It is essential that services have **enough resources** to implement the specification.

“I don’t think the specification will achieve this. It is something that is in its implementation. So my suggestion is that psychological services are adequately resourced to deliver this for all patients and that delivery is monitored in some way.”

Question 6: Do you have any other comments on the specification overall?

“I noticed that *‘there may be different pathways’* in some settings like prison – people in prison should have services that reflect the high levels of psychological need and distress. The equity principle is good - but again is hampered by under staffing and national inconsistency.”

Question 7: We want this specification to be as accessible and easy to understand as possible to those who access psychological therapies and interventions. Do you have any suggestions on how this could be improved?

“I think it is well written but it is long. Someone who doesn’t have a professional health care background might not find it as accessible as me, but I can’t say.”

Part 2 – Questions on the specific outcomes

Group members felt that these statements **would not help improve** things by themselves, as it is really the **implementation** of these that is important for change.

Outcome 2

Question 14: How far do you agree that the statements within this outcome will improve the experiences of people accessing psychological therapies and interventions?

The majority of the group **agreed** with this. We believe that that if these statements are put into practice, it **would be positive**, and would improve the experiences of people accessing psychological therapies and interventions. However, Lothian Voices felt **unsure about whether the statements written will be implemented well**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
2	1	1		

“Are we going to assume it’s actually going to be like that? I would agree based on what it is on paper. But based on history with services... it depends on the implementation.”

“It would be great if what is written does happen!”

“[It is] optimistic to say that this statement will improve services.”

Question 15: How far do you agree that the statements within this outcome will improve the outcomes of people accessing psychological therapies and interventions?

The group **mostly agreed** with this, but felt concerned about **implementation** and some ways the statements might be **interpreted**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	2	2		

“It should [improve outcomes] if you can access [psychological therapies] earlier, and being able to get copies of letters and things would also be helpful.”

“Being able to choose appointment times so you can choose a time of day that your brain is functioning would definitely help me.”

“I don’t have much faith in this, these statements are positive but the intentions often don’t go forward. Will it really be rolled out like this?”

“I agree on the condition that psychiatric intervention is limited. I am nervous about the power psychiatry has in law to override benefits from psychological therapies.”

Question 16: How far do you agree that the statements within this outcome successfully sets out to individuals, their families and carers what they can expect when being fully involved in the decisions about the care offered?

Apart from mentioning that you can bring someone along to an appointment if you want, there are **not many statements that felt aimed at families and carers.**

Although we felt that it is good to have the option to bring someone along to your appointment, there was some concern that the **statements were ambiguous** about whether the human being accessing the service would have the **option to not have family or carers involved.**

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		1	3	

“It only mentions if you want to bring someone along you can, which would be great as I have had that denied in the past. You need to have the option to also say you don’t want a person involved any longer.”

“I think the person who is going to the appointment has the most say, but family/carers could be involved if they are on the side of the patient like an advocate. The patient should be able to choose who that is.”

Question 17: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within this outcome will help do this?

The statements **didn’t include much on equality** and what might be done to make psychological therapies and interventions accessible to people from different backgrounds. For this reason, people felt that they **couldn’t agree** that these statements would help everyone get their needs met.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		2	1	1

“In practice I have really good support over the past year or two from psychology. [I have seen] it is possible to tailor things to my needs. But the specification has potential to undermine good practice if they don’t word it properly.”

“There is nothing about ensuring people from certain minority or underprivileged groups being able to see someone who will have knowledge and an understanding of, for example, how the person's ethnicity or gender identity affects their lives on top of everything else. “

Question 18: The statements within this outcome are intended to support collaboration between professionals. How far do you agree that the statements within this outcome will do this?

The group agrees that the statements in this **outcome could support collaboration** between professionals **if it was implemented properly**. However, there was doubt about whether it would be implemented well, for example whether staff would be given enough working time to collaborate.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	1	3		

“ I agree, because I want to show some optimism about what they want to achieve – but this will be dependent on local relationships, particularly between local psychiatrists and psychologists.”

“Not enough there for me to form a strong opinion... at first sight it looks useful, but I don't know if this will translate into practice”

“Will they be given the time to do this? It is great in theory, but staff need the time.”

“Taking the NHS as a whole body, one department cannot (the majority of the time) talk to another, so I cannot see them collaborating. They should do but I think they find it difficult, so I can’t agree with this.”

“Sometimes collaboration isn’t about meeting with each other, it’s about allowing the other party to get on and do what they are good at.”

“My feedback is that I think networking and cross-collaborating is really important, but sometimes this can get lost in peoples budgets, there can be competition, we need to have a wider lens to deal with these complicated issues.”

Question 19: Do you have any other comments on this outcome?

People have **concerns about the implementation** of these statements, and how it will work in practice.

“In theory it looks reasonable, but there are gaps, and will it actually work in practice?”

“I would be more optimistic if there is a true patient focus.”

“For people who are using the service, it would be seeing is believing, not just talking about delivering but actually deliver.”

Outcome 4

Question 26: How far do you agree that the statements within this outcome will improve the experiences of people accessing psychological therapies and interventions?

Once again, the group agreed that **if these statements were well implemented it would improve people’s experiences.**

In response to the statement that says: *“Any written information, including about confidentially, will be provided in an easy read format, use plain language and be in a format I can understand.”*, it was important to the group that this would be **tailored to each person**, and that simplification didn’t cause meaning to be lost.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	4	1		

“I did agree with the statements and of course even the links of things like kindness and politeness make a huge difference in our interactions with services, it also gives the opportunity to give feedback if something isn’t working as well, which stems from a place of compassion and kindness.”

“It said there would be simplified language, and I have a concern about that because sometimes in order to simplify, people actually change the meaning of the content. But to counter that, recent experience which a psychologist is that she doesn’t do that and I was happy with the outcome.”

“How things [are] worded needs to be person-centred and offer options.”

“Meh. Language needs to be tailored to individuals. Some don't get on well with easy read formats. Some of us have medical backgrounds and find simplification rather patronising even though that's not the intent.”

Question 27: How far do you agree that the statements within this outcome will improve the outcomes of people accessing psychological therapies and interventions?

Everyone agreed that **if the statements are implemented as intended that they will improve the outcomes** of people accessing psychological therapies and interventions.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	4			

“Based on my experiences to date, in general, I think the statements are in line with that. The only thing I would say is that some types of outcome can be difficult to measure.”

“If they actually do it this way it should. It looks good on paper.”

“It does look good on paper, but it might not be as good once it is put into practice - as usual.”

“If it’s implemented, they will see positive outcomes on it.”

Question 28: How far do you agree that the statements within this outcome successfully sets out to individuals, their families and carers what they can expect when your rights are acknowledged, respected and delivered?

Some members of the group disagreed because they **didn’t feel the statements were clear** about who would be **in control of the decisions** and **didn’t explain** what **your rights** were. Other members felt unable to answer as they felt the question was **too unclear** in what it was asking.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
			2	1

“Disagree. It certainly looks good on paper but... *“Care services will keep getting better as we keep listening to people who get and give psychological therapies and interventions.”* ... Who will receive priority?”

“I don’t know who they are going to prioritise and whether we will actually be listened to.”

“I disagree with that because it’s not clear to me that as an individual that I have a right to not have families and carers involved if I don’t want to. Actually, I would change to strongly disagree because it doesn’t actually explain what your rights are.”

Question 29: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within this outcome will help do this?

People felt that it was important that there should not be inequalities in who gets help but **did not feel** these statements were **addressing this problem**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		3		2

“There should not be the inequalities [in getting help].”

“[I] disagree. It is good that they're thinking about this. But, why is it that people from different backgrounds have to do more or attend more appointments elsewhere just to get the same level of support as people in the majority? Why do we have to put in more effort? Why does it fall on voluntary or community organisation to pick up the slack? We're already marginalised, this just makes that even more obvious. Having to go elsewhere creates more work, takes more energy.”

“I think the most important thing for me is ‘*meet your needs*’ is ambiguous. I have experienced people forcing on me what they think my needs are. I think it should read ‘*needs and preferences of me as a patient*’.”

Question 30: The statements within this outcome should support you to be an equal partner in your care and make sure that values, rights-based, and person-centred approaches will be embedded in all practice. How far do you agree that the statements within this outcome will help do this?

The group needed **more clarity** on this question to be able to answer. They felt the words used needed to be **defined**, ideally alongside **examples**. It was also **unclear** who would be deciding when these criteria were met for a person.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		5		

“It is meant to, but I’m not sure if it will or not.”

“What is a values approach? I understand rights-based and person-centred and those are good. Who defines values?”

“I would like to see definitions of these words and examples of good practice.”

“Everybody has different values, so perhaps instead it should say ‘*best practice*’. One person’s values are different to another persons.”

“[A person-centred approach] doesn’t always work but it is what they are supposed to do.”

“Having a breakdown clearly on what they mean by these words would be helpful – each of these is a broad spectrum. Who is doing the diagnosing? Who is interpreting these words?”

“Who is deciding that it is person centred? Who decides is the best treatment? Do people have the confidence to say when it is not right for them?”

Question 31: Do you have any other comments on this outcome?

The group felt that the statements and the questions for this outcome were **confusing** at times and **not easy to read or understand**.

“The whole thing has much too jargon.”

One person also felt concerned **about the relationship between psychology and psychiatry**:

“It is important for psychological therapies that they are not seen as having to work in conjunction with psychiatric practises. The potential benefits of psychology could be undermined by forcing somebody to take medication.”

Outcome 5

Question 32: How far do you agree that the statements within this outcome will improve the experiences of people accessing psychological therapies and interventions?

Although having only one worker was seen as a **positive chance to build up a relationship** with them, people were **dubious about how easy it would be to change workers** if you didn't get on with them, and what effects a change of worker might have on your access to treatment in a timely manner.

There were also concerns about **who a person's data might be shared with**, as it should be up to the human being receiving treatment who their information is shared with.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		4	1	

"You shouldn't be pillar to post."

"[I] disagree. It'll only work if the person can request a change of staff if they don't get on well together. There's no mention of this. Is it an option? How long will it take? Do you go back to the end of the waiting list?"

"[I think it should be] if somebody isn't the right match for you, I think it is creating a sense where someone can just come forward and say this isn't for me, it's not working with this person, and making sure it doesn't mean they don't get further support or make out the person is being difficult."

"Whoever is looking after your care has to make you feel comfortable so that rapport would be build up."

"Having one worker will improve people's experiences if they get on with him or her."

“When I did psychological therapy recently, I had an agreement with the therapist that none of the details I was sharing during formulation would be shared with any other services without my permission. I have now agreed information can be shared with the wider team, but often the information is shared with psychiatrists, CPNS, nurses, etc. It is not clear in this if the patient gets the option of who their information is shared with.”

Question 33: How far do you agree that the statements within this outcome will improve the outcomes of people accessing psychological therapies and interventions?

It was hard for people to answer this without knowing what the **implementation** would look like in reality.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		4	1	

“[It is] too hard to tell from just a few statements, and my own lived experience is that I like what they are saying, but I don’t know if it will work in reality.”

“Like all services, seeing is believing for if it comes together.”

“How can we tell without having seen the people?”

“It is important that the outcomes that are important to the patient are reflected in this overall outcome.”

Question 34: How far do you agree that the statements within this outcome successfully sets out to individuals, their families and carers how they will be fully involved in planning and agreeing any transitions?

Involvement of family and carers if that is what the human receiving care wants, and if their family/carers are supportive, **can be really positive** for people. However, **not everybody has supportive families** that are good for their healing journey.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		2	3	

“There is an assumption there – there is a problem assuming that someone should have families/carers involved. I would like to think a lot of people are in the position that family and carer involvement is key in what they are trying to achieve. But some individuals don’t want family and carers involved and that should be respected.”

“It is tiring to be misunderstood, so carers and families need information so they understand, and the person can heal.”

“Too many gaps – they say things like good relationships, but nothing about what happens if there isn’t that.”

“Not enough in here to say if family and carers will be involved. If somebodies in therapy, families will need the correct support to help them get better. Support should be there for family and carers who are the main caretaker of the person – what support is there for them? How [will you] enhance, educate and support them to understand?”

“Sometimes your family can be the root cause of someone’s mental health issues, so they might not want input from family. People might not get on with their carers. Everybody’s situation is different, person centred is about you, not family and carers.”

“[It is important to be] able to determine if people are under coercive control or psychological abuse... people might not speak up and go along with things where they don’t fully understand. We need to watch out for these things as families and carers could be chucking fuel on the fire but present as caring and interested in the individual.”

“I have had experiences where mental health professionals have influenced the family views on medication. I have been trying to tell family about the harmful effects of medication on me, which has been undermined by healthcare professionals saying it is the best thing for me.”

Question 35: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within this outcome will help do this?

We did **not see enough information** on this to be able to agree with the question.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
			4	1

“[I] strongly Disagree. There isn't enough information here. I see no evidence that people from different backgrounds have been thought about at all here. Can we request a different professional if we don't get on with a particular one due to culture clash or just too big a difference in life experiences?”

“We need a bit more than hope, we need to be more specific about how we achieve these outcomes.”

“A lot of it is gobbledegook.”

“I think it is just a bit vague.”

Question 36: The statements within this outcome are intended to support a smooth transfer of care and make sure that it is effectively planned, communicated, and implemented. How far do you agree that the statements within this outcome will help do this?

If the statements are **implemented well** then it would hopefully help with transitions, but the group did not feel able to say if the statements would do this without seeing them implemented. **Examples** of how this would work in practice would be useful.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
		5		

“I hope it will help with transitions.”

“In theory it looks good, but [I have] no idea if it will actually work.”

“I think their intentions are correct, but it needs a bit more detail as to how these things will happen, and they need to show examples of best practice of person-centred practice. This could be speaking to people who have had positive psychology experiences and get them to tell you how and why this was positive.”

“I think they should do their best to make the transition as smooth as possible, if that’s possible.”

“I have just received my staying well plan from my clinical psychologist. Some of the things in it are difficult to share... but so often we talk about things that are abstract, but the more we can try and pin these down with examples of what we are looking for the better.”

Question 37: Do you have any other comments on this outcome?

The only other comment the group had was asking about **measurement**:

“What measures will be put in place to make sure all of this actually happens?”

“How will they measure this? Key performance indicators? Will they ask the patient or the worker?”

“...because they really need to find out from the human being accessing the service!”

Part 3 – Implementation and measurement

Question 50: Overall, what support do you think services will need to implement the 7 outcomes of the National Specification for Psychological Services and Interventions?

Members of the group felt that staff and services would need support in the form of education (about the specification generally and about how to implement it). Staff will also need to be fully engaged and motivated in implementation.

“This is a difficult one to speak to from a service user perspective – not being fully aware of the mechanisms by which services are constituted and the current state of services. There is a whole body of research called implementation science that has models for implementing new programmes/interventions.”

“Services will need to be adequately staffed across the country with staff who are motivated to implement it.

Services will need to be **aware** of the specification. Often staff are considerably overworked, with limited capacity to engage with service change and new announcements and initiatives. These come so frequently. It needs to be communicated at all levels – strategic, managerial and frontline and staff to have sufficient time to engage with it – coming back to adequate staffing.

Services/staff will need to be **motivated**. As well as capacity issues. Some staff may not be particularly interested in this, viewing their practice as fine. Engaging with the specification and making change needs to speak to their values, how can its implementation be made attractive enough in the currently challenging service environment. What reward is there to staff?

Even if aware and motivated, some staff may not have the **skills** to practice in the way advocated. Dedicated time to engage, identify their training needs and participate in that training may be required.”

Question 51: How far do you agree that the specification should be measured using a validated self-assessment tool?

It was **difficult to answer** this question without knowing more about the tool.

“I am sceptical that this will be a useful means of getting an accurate measurement, and simply encourage assessors to cherry pick evidence from good services within their health board. It depends what the function of this tool is for national reporting and comparison. As soon as publication is required it introduces reputational control concerns. However, I think its existence may be a useful tool for implementation to support leaders to focus in on where improvements are needed.”

Question 52: How far do you agree that the specification should be measured using a range of indicators?

This was agreed to be **important**.

“Yes. As there are a range of stakeholders. Are people experiencing psychological therapies as beneficial, is different to whether standards are met on waiting times for example.”

Question 53: Do you have any other comments on the possible questions to include in the self-assessment, including any further suggestions?

“The extent to which staff are engaged with and providing care in line with the best available evidence and guidelines (e.g. SIGN and NICE guidelines, recently published research) – and not just the same thing they’ve done for years.”

“Reviewing complaints and responding to these in a timely way, and acting on necessary change transparently.”

Question 54: Please give us your views on these suggestions for possible indicators to include. Please provide any further suggestions for indicators you may have.

“Assessment by service users as to whether the therapy they were offered actually helped them (in addition to the process being kind, compassionate, etc...)”

“The extent to which staff are engaged with and providing care in line with the best available evidence and guidelines (e.g. SIGN and NICE guidelines, recently published research) – and not just the same thing they’ve done for years.”

Question 55: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies or interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How would you suggest that we support services to reduce inequalities in the outcomes and experiences of people who use services, including in the measurement of the specification?

“Consult with service user and staff groups from under-served communities to find out if this would meet their needs.”