

Provisional Standard One Decision

Interpersonal Psychotherapy UK (IPT UK)

October 2024

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1. The Accreditation process

How we assess organisations against Standard One ('public interest test')

- The Professional Standards Authority (the PSA) accredits registers of people working in health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove they meet our *Standards for Accredited Registers*¹ (the Standards). Once accredited, we check that Registers continue to meet our Standards.
- There are nine Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards. Standard One checks eligibility under our legislation, and if accreditation is in the public interest.
- Organisations may apply for a preliminary assessment against Standard One before submitting a full application.
- Preliminary Standard One decisions are made by an Accreditation Panel following an assessment of evidence by the Accreditation Team. The evidence usually includes the organisation's application, a desk-based review of relevant sources of evidence about the benefits and risks of the role(s) registered, and responses received through our 'Share your experience' public consultation.
- If the Panel decides that the activities of registrants fall within the definition of healthcare, and that overall, the benefits of the services of practitioners outweigh the risks then it may determine that Standard One is provisionally met. If the Panel decides that either of these requirements is not met, then this will be communicated to the organisation with the reasons for the decision, and it may apply again later.
- Decisions for preliminary assessments against Standard One are provisional. If an organisation later submits a full application, we will check whether there have been any changes which effect this outcome. An Accreditation Panel can also issue recommendations for the organisation to consider should they decide to complete a full application. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*².

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_6

² https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6

2. About the Interpersonal Psychotherapy UK (IPT UK)

About the organisation

Name of Organisation	Interpersonal Psychotherapy UK (IPT UK)		
Website	MY SITE - Home (iptuk.net)		
Type of Organisation	IPT UK is a company limited by guarantee registered in England and Wales (company number 09723196).		
Role(s) covered	<ul style="list-style-type: none"> • IPT Therapist • IPT Supervisor • IPT Trainer • IPT Organisation Therapist • IPT Student Practitioner • IPT Retired/Non-Practicing Member • IPC Practitioner 		
Number of registrants		Number of Registrants	
	Total number of registrants	992	
	Number of registrants in England	819	
	Number of registrants in Wales	44	
	Number of registrants in Scotland	113	
	Number of registrants in Northern Ireland	10	
	• Number of registrants in Overseas	6	
Overview of Governance	IPT UK is led by the Executive and Training Committees. The Executive Committee Chair & Deputy Chair also manage the IPT UK administration and day-to-day running of IPT UK. Other Committee		

	members include the Chair of the Training Committee, IAPT Leads and Research and Development Leads.
Overview of the aims of the register	<ul style="list-style-type: none"> • IPT UK is an organisation that has grown and developed over the last 30 years. IPT UK's goal is 'to provide training for IPT practitioners to achieve these aims through a pragmatic and focussed approach to treatment of depression.' • In addition to IPT UK holding a register of qualified and accredited IPT therapists, the organisation designs and delivers a wide range of IPT related training courses, including the following: <ul style="list-style-type: none"> • IPT Practitioner Training for Adults • IPT-A (Interpersonal psychotherapy for adolescents) Practitioner Training for Adolescents • IPT Supervision Training • Interpersonal Counselling (IPC)

Inherent risks of practice

Risk criteria	IPT therapists
<p>1. Scale of risk associated with IPT therapists.</p> <p><i>a. What do IPT therapists do?</i></p>	<p>a. Interpersonal Psychotherapy (IPT) is a structured, time-limited psychological intervention developed for the treatment of major depression.</p> <ul style="list-style-type: none"> • As per the IPTUK's application form <ul style="list-style-type: none"> ○ 'Interpersonal Psychotherapy is a treatment which can be used to treat/deal with mental health problems including depression, post-traumatic stress disorder (PTSD) and eating disorders. IPT Psychotherapy involves working with an interpersonal focus to manage and reduce mental health problems listed above in adults, adolescents, and families. There are several adaptations of IPT including Interpersonal and Social Rhythm Therapy (IPSRT) for bipolar disorder, IPT A for adolescents, IPT for older depressed adults, Family Based IPT (for 8 to 12-year-olds), Adolescents Skills Training IPT and Group IPT ○ IPT Supervision: Clinical supervision is offered to Interpersonal Psychotherapists to support their work with clients/service users/patients. Clinical supervision is offered to IPT UK accredited IPT Therapists to ensure clinical reflection and adherence to the model. Weekly supervision is provided to trainees who are working towards IPT UK practitioner status and IPT UK supervisor status. ○ IPT Training: The design, formulation, delivery, and evaluation of Interpersonal Psychotherapy accredited training (for both Interpersonal Psychotherapy and Interpersonal Counselling), including initial practitioner training, refresher training and supervisor training. ○ Interpersonal Counselling: Interpersonal Counselling is a brief intervention for patients who are suffering with distress or mild/moderate depression. The model was developed to offer non mental health professionals an intervention to target this client group.'

<p><i>b. How many IPT therapists are there?</i></p> <p><i>c. Where do IPT therapists work?</i></p> <p><i>d. Size of actual/potential service user group</i></p>	<p>b. There are 992 registrants.</p> <p>c. Registrants working in the NHS (National Health Service), private clinic, school, and voluntary sector.</p> <p>d. As explained by IPT UK, ‘numbers of patients or service users seen by registrants are dependent upon the registrant’s position, employing organisation, or working arrangements. Numbers can vary from 1-2 per week upwards. Most full-time IPT therapists will see approximately 25 clients per week.’</p>
<p>2. Means of assurance</p>	<p>IPT UK is the official professional body for IPT therapists and to practice, practitioners must be an accredited member of the organisation. All registrants are required to comply with the IPT UK Code of Conduct.</p> <p>The means of assurance will depend on the practice setting. For managed premises such as NHS settings and schools, there will be criminal records and other pre-employment checks required.</p>
<p>3. About the sector in which IPT therapists operate</p>	<p>According to the IPTUK’s application form, ‘The roles registered deliver IPT in primary care settings, schools and educational settings, hospitals, and secondary care settings, and offer specialist services such as perinatal support. The roles registered provide intensive and extensive psychological therapy and support to patients and service users in the treatment and management of depression across the life span. Practitioners within the registered roles work with service users and patients to identify the triggers/causes of depression, and how their interpersonal relationships influence their symptoms of depression.’</p> <p>Mental health provision within the NHS is provided across three main settings: care in the community, inpatient care, and secure care. Services can broadly be categorised as adult services, children and young people’s services, urgent and crisis care, and forensic services³. Although there are differences in the four UK models, these categorisations tend to apply across all.</p>
<p>3. Risk perception.</p> <p><i>· Need for public confidence in IPT therapists?</i></p>	<p>Registrants may choose to work independently or in private practice’. The specific approach of IPT UK, which may not always be available as part of mainstream NHS services, makes it important that the public is aware of what to expect from practitioners. Since registrants work with children, it is important</p>

³ [The state of the NHS provider sector](#)

<p>· <i>Need for assurance for employers or other stakeholders?</i></p>	<p>that the public have confidence that there are appropriate safeguards in place.</p> <p>IPT UK informed us that ‘NHSE commission IPT Training institutions to deliver accredited IPT and IPT-A training courses as part of Talking Therapies. These are run throughout England.’</p>
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3. Share your experience.

As part of our assessments, we seek feedback from service users, the public, professional and representative organisations, employers, and others on their experience of a Register.

- We did not receive any responses to our invitation to share experience on about the IPT UK Standard One assessment.

4. Outcome

The Accreditation Panel met on 29 July 2024 to consider the IPT UK’ application for a preliminary assessment against Standard One (‘public interest test’). Overall, the Accreditation Panel determined Standard One was provisionally met.

The Accreditation Panel also issued the following Recommendations for the IPT UK to consider if it decides to complete a full application:

- **Recommendation One: The IPT UK should develop a safeguarding policy that sets out its role and responsibilities in relation to safeguarding concerns. Its Code of Conduct, training, registration, and complaint procedures should all be integrated and outline what the expectations for registrants are in terms of safeguarding.**
- **Recommendation Two: IPT UK should include adjunctive therapies in the risk matrix along with suitable mitigation measures.**
- **Recommendation Three: IPT UK should update its risk matrix to make clearer how it is mitigating the risk arising from contraindication.**
- **Recommendation Four: The IPT UK must assure that limitations of IPT, and when it is appropriate to refer to other forms of treatment, are made clear to registrants and the public in its communications.**

Standard 1: Eligibility and ‘public interest test’

This section of the report summarises the key considerations in reaching this conclusion for each part of Standard One.

Summary

- The Panel found Standard one was provisionally met at its meeting on 29 July 2024. This is a provisional outcome and will be reviewed if the IPT UK submits a full application for accreditation to see if there are any changes that could affect this decision.

The Accreditation Panel’s findings

Standard 1a: Eligibility under our legislation

- The PSA’s powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002⁴. Standard 1a considers whether a Register is eligible for accreditation, based on whether the role(s) it registers can be considered to provide health and care services and are not required by law to be registered with a statutory body to practise in the UK.
- Interpersonal Psychotherapy provides a pragmatic, time-limited and focused approach to the treatment of major depression. It is modest in its use of psychotherapy jargon and promotes attention to the relationship-based issues which are central to the experience of many depressed patients.’
- Interpersonal therapists are not required to be registered by law in the UK. We noted that the register also includes overseas practitioners and those working in the Republic of Ireland. This assessment covers the UK countries only.
- The Accreditation Panel found that the role of Interpersonal therapists falls within the scope of the Accredited Registers programme and that Standard 1a is met.

Standard 1b: Public interest considerations

- Under Standard 1b, we consider whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This involves consideration of the overall balance of the benefits and risks of the activities.
- Factors considered by the Accreditation Panel are discussed below.

⁴ Roles that are required to be enrolled with a statutory register to practise in the UK are set out in Section 25E (2) of the National Health Service Reform and Health Care Professions Act 2002, available at: [National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2002/36/section/25e)

i. Evidence that the activities carried out by registrants are likely to be beneficial.

- Our assessment checked for evidence that the activities carried out by registrants are likely to be beneficial. We noted there is strong evidence that in general, established counselling and psychotherapy-based interventions provide benefits to individuals both in terms of increased functioning and quality of life.
- Originating in 1960s, Interpersonal Psychotherapy provides a pragmatic, time-limited and focused approach to the treatment of major depression. As an acute treatment, IPT has three phases: *a beginning, a middle, and an end*. Each phase lasts a few sessions and has specific tasks. A fourth phase may follow acute treatment: namely, continuation or maintenance treatment, for which therapist and patient contract separately⁵.
- National Institute for Health and Care Excellence (NICE) guideline [NG222] *Depression in adults: treatment and management (2022)*⁶ recommends IPT as a first line intervention for both “less” and “more severe” depression.
- As per NHS talking therapy website⁷ ‘Interpersonal Psychotherapy is a way of supporting if coping with depression. This type of therapy covers one of the four primary areas: role transitions, interpersonal role disputes, complicated bereavement, and interpersonal sensitivities.
- Existing research suggested that evidence was abundant that interpersonal psychotherapy effectively addressed depression when used alone or in conjunction with medication⁸.
- Further research indicated that IPT may offer potential benefits for treating eating disorders. SIGN 164 *eating disorder (2022)*⁹ describes that ‘If cognitive behavioural therapy is ineffective, unsuitable or unacceptable in adults with bulimia nervosa other treatment options could be considered, such as interpersonal therapy, integrative cognitive-affective therapy, or schema therapy’.
- IPT UK informed us that *Guidance for Delivering Evidence-Based Psychological Therapy in Wales (2017)*¹⁰ mentioned that IPT to be available within a choice of treatments for eating disorders.

⁵ [An Outline of IPT | The Guide to Interpersonal Psychotherapy: Updated and Expanded Edition | Oxford Academic \(oup.com\)](#)

⁶ [Overview | Depression in adults: treatment and management | Guidance | NICE](#)

⁷ [Interpersonal Psychotherapy for Depression \(IPT\) | NHS Talking Therapies Berkshire \(berkshirehealthcare.nhs.uk\)](#)

⁸ [Interpersonal psychotherapy for depression: a meta-analysis - PubMed \(nih.gov\)](#)

⁹ [SIGN 164 Eating disorders Revised August 2022](#)

¹⁰ [phw.nhs.wales/services-and-teams/improvement-cymru/our-work1/mental-health/psychological-therapies/resources-psychological-therapies/matrics-cymru-guidance-for-delivering-evidence-based-psychological-therapies-in-wales/](#)

- NICE guideline *Depression in children and young people: identification and management* (2019)¹¹ notes that ‘for 5- to 11-year-olds with moderate to severe depression, consider Family Based IPT, Family Therapy, Psychodynamic Psychotherapy or Individual CCBT (Cognitive Behavioural Therapy) and for 12-18 years moderate to severe depression offer individual CBT (Cognitive Behavioural Therapy) for at least 3 months. If CBT does not meet clinical need or is unsuitable consider IPT-A, Family Therapy, Brief Psychosocial Intervention or Psychodynamic Psychotherapy.
- One study showed that IPT is a useful intervention for treating and preventing psychological distress in women who are pregnant or have just given birth¹².
- We noted that IPT UK website mentions [research projects](#) in UK such as IPT for Body Image in Adolescents, Antenatal Depression, IPT for trauma/BPD etc.
- The Accreditation Panel concluded that there is strong evidence for the benefits IPT practice.

ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register’s requirements for registration.

- The Accreditation Panel considered the risks associated with the IPT practice. These have been identified from our desk-based research, and those identified by the IPT UK in its risk matrix. We found that the IPT UK’ risk matrix appeared to capture the key risks associated with the role.
- The IPT UK 's risk register demonstrated awareness of psychotherapy specific risks, such as boundary violations. The IPT UK mitigates the likelihood and impact of this risk through its Code of Conduct, supervision requirements and ongoing Continuing Professional Development (CPD) training. We suggest that IPT UK should also explore risks related to other conduct related concerns.
- Some of these risks such as privacy and confidentiality risks, and therapists' self-care at times of personal hardship/distress are mostly addressed through the IPT UK ’s Code of Conduct.
- Conversion therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others and seeks to change or suppress them on that basis. The PSA will not accredit any register that allows the practice of conversion therapy by its registrants. We noted that although the

¹¹ [Recommendations | Depression in children and young people: identification and management | Guidance | NICE](#)

¹² [Interpersonal Psychotherapy to Reduce Psychological Distress in Perinatal Women: A Systematic Review - PubMed \(nih.gov\)](#)

IPT UK approach was aligned with the Memorandum of Understanding on conversion therapy in the UK¹⁰, this was not made clear in its published requirements.

- IPT UK has now included conversion therapy in their [Code of Conduct'](#) *as IPT UK does not accept Conversion therapy as a permitted practice of anyone associated with IPT UK. Promotion of Conversion therapy is not permitted and will automatically terminate your contract with IPT UK.'*
- We considered that conversion therapy is not a permitted practice of IPT UK; however, IPT UK should also communicate its position on conversion therapy to registrants through newsletters and other channels.
- The IPT UK's risk matrix recognised the risk of registrants not conducting required risk assessments and safety plans in the event of suicidal ideation or thoughts about self-harm, or not referring the service user to other services or professional agencies for care and support.' To address this, risk assessment and management training provided by IPT UK, and the NICE guideline on *Self-harm: assessment, management, and prevention of recurrence*¹³ has been updated on their and members' websites for awareness.
- Given the high risk, IPT UK should also raise awareness among its registrants through additional methods. We also observed that there is no reduction in the risk score after mitigations. Therefore, we suggest that IPT UK should revisit the inherent and residual risk scores in the risk matrix.
- The IPT UK has identified risk relating to vulnerable groups and emphasised developing their safeguarding policy. We also noted from the IPT UK register that some are offering services to children. Our recent pilot of criminal records checks¹⁹ indicates that practitioners working directly with children are likely to be eligible for higher level criminal records checks¹⁴ with a check of the Children's Barred List; and that Accredited Registers are able to access these checks. The PSA has recently consulted on whether to introduce a requirement in this area, in future¹⁵. We suggest that subject to any changes to the PSA's Standards for Accredited Registers in this area, the IPT UK considers whether this might be appropriate for its registrants.

¹³ [Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

¹⁴ [Accredited Registers- a safeguarding gap \(professionalstandards.org.uk\)](#)

¹⁵ [PSA consultation | Safeguarding consultation about Accredited Registers accessing criminal record checks \(professionalstandards.org.uk\)](#)

- **Recommendation One: The IPT UK should develop a safeguarding policy that sets out its role and responsibilities in relation to safeguarding concerns. Its Code of Conduct, training, registration, and complaint procedures should all be integrated and outline what the expectations for registrants are in terms of safeguarding.**
- While the IPT UK Code of Conduct, requires working within acceptable standards of competency we found out that the IPT UK should also address adjunctive therapies. Therefore, the accreditation panel recommended that adjunctive therapies should be incorporated in the risk matrix.
- **Recommendation Two: IPT UK should include adjunctive therapies in the risk matrix along with suitable mitigation measures.**
- We also noted that the risk matrix did not specifically reference contraindications. We recommend that practitioners consider contraindications for IPT, as this would address a potential risk of harm.
- **Recommendation Three: IPT UK should update its risk matrix to make clearer how it is mitigating the risk arising from contraindication.**
- We found that overall, the harms or risks associated with IPT practices are appropriately mitigated by the IPT's requirements for registration. We found that this part of the Standard was met, with recommendations.
- If the IPT UK applies for full accreditation, we will assess how complaints are investigated.

iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public.

- The majority of IPT UK registrants are employed, and do not advertise their services directly to the public. Websites of individuals are not included on the IPT UK' register and therefore the team have not conducted registrant website checks.
- The IPT UK's Code of Conduct requires registrants to advertise services in an accurate, appropriate, and truthful manner. We did not identify any advertising concerns as part of the assessment.
- We considered that IPT UK's website outlines the process of IPT. However, it is important that the public have access to clear information about limitations of the therapy. IPT UK should update its website to include information about the

limitations of registered roles to support informed public choice. Therefore, the Accreditation Panel made the following recommendation:

- **Recommendation Four: The IPT UK must assure that limitations of IPT, and when it is appropriate to refer to other forms of treatment, are made clear to registrants and the public in its communications.**

Impact assessment (including equalities)

- The PSA is required to carry out an assessment of the impact of accreditation on service users before accreditation is granted. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010. Once accredited, the impact assessment is reviewed as part of a Register's annual renewal, and at any point if there are concerns or significant changes in the external environment in the meantime.
- We have published a full impact assessment report, we have considered which are the main groups likely to be affected by accreditation of the IPT UK and what the main impacts are likely to be in terms of equalities, cost/markets, social and environmental impacts. This has included consideration of our duty as a public sector body under the Equality Act 2010.
- As noted, IPT UK registrants are offering services to children. It is therefore essential that the IPT UK has arrangements for safeguarding. We issued Recommendation One to develop a safeguarding policy, to address this.
- The evidence we reviewed during the assessment indicated that people receiving the services of IPT are more likely to have depression which includes children and adults. The Accreditation Panel acknowledged that consideration needs to be given to the benefits that diverse groups may derive from IPT. We did not identify any adverse impacts on groups with any protected characteristics at this point.