

HIPC Learning Outcome Guidelines for Mental Health Familiarisation (2025)

Mental Health Familiarisation is necessary for every psychotherapist to work safely and effectively. A learning outcomes-based approach is a recommended component of HIPC-accredited training. This document should be read in conjunction with the HIPC Standards of Education and Training and the UKCP Code of Ethics and Professional Practice (2019).

Psychotherapists require awareness, knowledge and understanding that equip them to work within or alongside other mental health professionals and multi-disciplinary services. They need to be aware of mental health assessments and be competent to make appropriate referrals. This includes an understanding of clients with extraordinary needs, family members of mental health service users and safeguarding responsibilities within mental health care systems.

Psychotherapists should be introduced to the broader contexts of mental health provision to develop a sensitive and reflexive psychotherapy practice. They must also understand the importance of working within legal, policy and ethical frameworks and limits of competence.

HIPC recommends experiential learning as a core component, ensuring deeper engagement and reflection. Trainee psychotherapists are encouraged to undertake direct experiences in mental health settings where possible. They must understand that they cannot diagnose clients.

HIPC college-specific training requirements

Each training and accrediting organisation will have different policies regarding trainees fulfilling these requirements. Learning outcomes can be met through training input (including personal study), direct experience or a combination of both. Direct experience is recommended and should be documented within the Mental Health Familiarisation Portfolio (MHFP).

1. The social responsibility framework

Psychotherapists must develop an understanding of historical and cultural influences on mental health, illness and treatment, including:

- a. historical and cultural models of mental health and illness
- b. the impact of diagnosis, stigma and minority experiences
- c. the role of socio-economic, cultural, gender and other social factors in mental health care
- d. the significance of intersectionality in mental health experiences
- e. engagement with mental health advocacy organisations

- f. practices for non-discriminatory service provision.

2. Working within a wider system of care

Ethical practice in psychotherapy requires recognition of complexity and when to refer, especially in relation to safeguarding, psychosis, suicidality, substance abuse or medical conditions impacting mental health.

Psychotherapists must understand their role in multidisciplinary care, including:

- a. recognising severe mental illness vs responses to life challenges (including an understanding of trauma, shock, spiritual crisis and PTSD)
- b. making appropriate referrals and working within limits of competence
- c. ensuring psychotherapy remains safe within care packages
- d. understanding diverse roles in mental health care
- e. awareness of the medical model in conjunction with psychotherapeutic approaches
- f. embodied relational understanding of clients with mental health challenges
- g. the role and impact of psychiatric medication
- h. legal and ethical considerations
- i. risk assessment regarding the context of service delivery, including working in technologically mediated therapy, organisational settings and independent practice.

3. A range of models of assessment

Learning outcomes should cover, but not be restricted to, the medical model of assessment including assessment tools and approaches, how diagnoses and formulations are used, safeguarding, collaborative care and accessing services, recognising complex and enduring mental illness, current debates on evidence-based treatment, and awareness of how to identify needs and make appropriate referrals within multi-disciplinary practice.

Experiential learning in mental health familiarisation invites trainees into critical evaluation of lifelong diagnoses as well as diagnoses that are changeable over the course of a lifetime. This includes awareness of the complexity of multiple diagnoses and differential diagnoses.

4. Awareness of diagnosis and treatment

Trainees must develop working knowledge of:

- UK mental health service structures and NICE guidelines
- DSM-5 and ICD-11 classifications and alternative frameworks, such as ACEs score
- common mental health interventions and their side effects
- different professional and personal roles in mental health care.

5. Work with/alongside other mental health professionals

- The role of psychotherapy within mental health care as an integral part of an appropriate package of care.
- Understanding and awareness of trauma sensitive, responsive and informed care.
- Making referrals to other professional agencies in interdisciplinary practice.
- Relevant legal frameworks (Mental Health Act 2007, Equality Act 2010, Care Act 2024).
- Meets the SCoPEd/Partnership of Counselling and Psychotherapy Bodies' Framework of competencies for column C – see <https://www.pcpb.org.uk/>.

Example Mental Health Familiarisation checklist for trainees to include in MHF Portfolio

Learning outcome	Activity to achieve learning outcomes	Date
Critically evaluate historical and cultural models of mental health, illness and care, and reflect on how these shape contemporary service provision and professional identity.	Training, reading, placements.	
Analyse the impact of psychiatric diagnosis, social stigma and marginalised identities on client access to care, therapeutic relationships and ethical practice.	Training input, discussion, reflection, lived experience interviews.	
Demonstrate understanding of how socio-economic, cultural, gendered and systemic factors influence	Placement, discussion, research.	

mental health care delivery and client experience.		
Apply ethical and legal knowledge to complex mental health scenarios, including safeguarding, risk assessment and working within the boundaries of psychotherapy practice.	Training, documentation review.	
Reflect on direct or observed experience in mental health settings, integrating insights into professional identity and multidisciplinary collaboration.	Placement, workshops, volunteering, personal lived experience, lived experience interviews.	
Evaluate the ethical, relational and practical implications of delivering psychotherapy across different platforms (for example, in-person, online, asynchronous) and their relevance to clients with complex mental health needs.	Training in delivering psychotherapy in-room, online synchronous and asynchronous platforms. Placement experience.	
Demonstrate the ability to recognise when client needs require the engagement of other mental health professionals, and make appropriate, ethically grounded referrals within local service pathways.	Create a signposting list for the local geographical area of onward referral to alternative services/agencies.	

**The competency standards for these learning outcomes can be cross-referenced using the QAA Benchmark Statements available on <https://www.qaa.ac.uk/the-quality-code/subject-benchmark-statements>*

Experiential learning

Alongside their own lived experience or (with consent) experience of close relatives and friends, HIPC trainees are encouraged to gain real-world experience. This is with awareness of safeguarding and duty of care in secondary care settings, such as:

- community health centres
- psychiatric wards or primary care
- prison or secure unit placements

- day centres or drop-in centres
- voluntary organizations such as Mind or other advocacy organisations
- specialist services for homeless individuals
- attending events hosted by specialist support organisations such as the Schizophrenia and Bipolar Foundations or the Recovery Learning Community.

This list is indicative although not comprehensive.

Trainees should document their experiential learning through the MHF portfolio, including:

- record of all contact hours in a mental health setting
- meetings with mental health professionals
- completion of reflective writing assignments
- list of relevant readings and resources accessed
- RPEL (Recognition of Prior Experience and Learning).

Assessment and completion

There are many ways in which the learning outcomes can be met, and organisational members will determine their approach in context. Trainees can, for example, submit a completed Mental Health Familiarisation Portfolio to their organisational member for review and approval.

Training organisation guidelines:	Trainee guidelines:
1. Offer a range of training input, such as lectures and seminars, visits by external speakers (including service user groups) to support trainees achieving the aims of the MHFP.	1. Arrange placements where possible <i>or</i> engage with direct experience elements to meet the Mental Health Familiarisation requirements.
2. Support personal learning by providing access to, or signposting trainees to, learning resources such as written materials, documentaries, films and videos.	2. Take responsibility to attend appropriate training input provided by their training organisation or other bodies.
3. Offer support to help trainees access appropriate experiential learning opportunities.	3. Take responsibility for completing their MHF Portfolio and evidencing their learning outcomes.

4. Make clear to trainees their responsibilities and limitations in undertaking experience in the field, including knowledge and understanding of the SCoPEd Competencies Framework.	4. Take responsibility for ensuring they are aware of the SCoPEd column C competencies.
5. Manage the minimum requirements for experiential learning which balance opportunities for in-depth engagement and learning with ensuring accessibility for a diverse trainee body.	
6. Provide ways for trainees to evidence their experiential learning activities.	
7. Create assessment procedures whereby trainees can demonstrate their learning outcomes	
8. Provide a rationale and documentation for the approach taken.	