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Éric Laurent : The Culture of Abusive Treatments (LQ 930/LRO 308) : 8th January 2021 : Information [here](http://www.lacanianworks.net/?p=12941) <http://www.lacanianworks.net/?p=12941>

The Royal College of Psychiatrists & Lacanian in the UK : Comments developing Éric Laurent's 'The Culture of Abusive Treatments' (LQ 930/LRO 308) (8th January 2021) by Julia Evans on 3rd July 2021 or [here](http://www.lacanianworks.net/?p=12941) <http://www.lacanianworks.net/?p=12941>

The Royal College of Psychiatrists & Lacanian in the UK : Comments following Éric Laurent's 'The Culture of Abusive Treatments' (LQ 930/LRO 308) (8th January 2021)
by Julia Evans - 3rd July 2021

Background

Éric Laurent's text, dated 8th January 2021, was written in response to a text by Dorothy Bishop and Joel Swendsen published in the BJPsych Bulletin, which slanders Jacques Lacan and his students. This journal is an organ of the Royal College of Psychiatrists. Éric Laurent sent his critique in English to the Editor-in-Chief, Norman Poole, who has ignored it. It was presented at the 'Forum de Psy' in Paris on 27th May 2021, published in Lacan Quotidien 930 on 3rd June, and in The Lacanian Review Online, LRO 308, on 3rd July 2021 translated by Philip Dravers.

Availability of texts :

Psychoanalysis in the Treatment of Autism- Why is France a Cultural Outlier?, by Dorothy Bishop & Joel Swenson : BJPsych Bulletin (2021) v45, p89-93 : Available [here](https://www.cambridge.org/core/journals/bjpsych-bulletin/article/psychoanalysis-in-the-treatment-of-autism-why-is-france-a-cultural-outlier/CE2BC0EF4ACBB22808D62866A9AD9226) - <https://www.cambridge.org/core/journals/bjpsych-bulletin/article/psychoanalysis-in-the-treatment-of-autism-why-is-france-a-cultural-outlier/CE2BC0EF4ACBB22808D62866A9AD9226>

A Response

The Culture of Abusive Treatments (LQ 930/LRO 308) : 8th January 2021 : Éric Laurent
Originally published in French,

La culture des mauvais traitements, by Éric Laurent,

In Lacan Quotidien 930 – 2nd June 2021, [here](https://lacanquotidien.fr/blog/wp-content/uploads/2021/06/LQ-930.pdf) <https://lacanquotidien.fr/blog/wp-content/uploads/2021/06/LQ-930.pdf>

In translation : The Culture of Abusive Treatments, by Éric Laurent,

translated by Philip Dravers, published by Lacanian Review Online, LRO 308, 3rd July 2021 – [here](https://www.thelacanianreviews.com/the-culture-of-abusive-treatment/) <https://www.thelacanianreviews.com/the-culture-of-abusive-treatment/>

Text cited by Éric Laurent : [Television: 31st January 1974 : Jacques Lacan](#) See [here](http://www.lacanianworks.net/?p=326) <http://www.lacanianworks.net/?p=326>

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Why does a text published in English, by an organ of the Royal College of Psychiatrists, resonate in France?

It appears from Jacques-Alain Miller's comments on the 'Forum des Psy' (published in Lacan Quotidien n° 930 – Après le Forum des Psy, 2nd June 2021

<https://lacanquotidien.fr/blog/2021/06/lacan-quotidien-n-930/>) that in March there were

movements by the French government to limit what practices are valid within 'Mental Health'. The main supporters of this are the behavioral academics Graziani and Swendsen. So Joel Swendsen, one of the co-authors of the text critiqued by Éric Laurent, supports this move to outlaw any practice which does not conform identically to his position. This position is alleged to be the only 'scientific' position, named as 'neuroimaging & human cognition' held within clinical psychology, & it is implemented via cognitive-behavioural-therapy (cbt).

Further from France

Quote from Jacques-Alain Miller's Introduction LQ 930 2nd June 2021, via Google Translate :

Thursday evening, May 27, a great success for the Forum des Psy, convened at the initiative of the École de la cause freudienne [ECF, member in France of the World Association of Psychoanalysis]. While a request before the [French] Council of State is filed by the Association of Freudian Psychologists, aiming at the decree of March 10, a large "United Front" emerges on YouTube in real time: for four hours, representatives of unions and associations of psychologists follow one another, vilifying the villainous text, the health bureaucracy which brought it to the baptismal font, and "the infernal band" (R. Gori – see LQ 930) of its inspirers, foremost among which are the behavioral academics Graziani and Swendsen.

With the third part [of LQ 930], entitled "The infernal band", Lacan Quotidien inaugurates the study of the writings of these toxic academics who for years have been working undercover with the public authorities to convince them to kill the "practitioners of psychic care" (R. Gori). Eric Laurent's careful reading of a Swendsen and co, production was originally written for the British Journal of Psychiatry Bulletin. It leads to a final conclusion: filthy ignorance disputes with the most impudent intellectual dishonesty. In addition, two reading notes from old [See LQ 930] but still reissued works, highlight the nullity of the authors of "the infernal band" when they speak of the clinic.

To what academic discipline do Dorothy Bishop, Joel Swensen & Norman Cooke owe allegiance? Do they have a clinical position?

The protagonists' academic position

The following information can be found on the internet. It demonstrates how Bishop, Swendsen & Cooke are all related to this ONE position of Scientific Truth, based in the certainty that the body is related to symptoms on a one-to-one basis as in Medicine. It is a theoretical position derived from measuring neuronal/brain activity and then stamping sense onto the findings :

Dorothy Bishop, M.A., M.Phil., D.Phil., is Professor of Developmental Neuropsychology in the Department of Psychology, University of Oxford, UK.

Joel Swendsen, M.A., Ph.D., is Director of Research at the National Centre for Scientific Research, France (CNRS) & Professor de Clinical Psychology, Université Victor Segalen, Bordeaux 2, France & attached to École Pratique des Hautes Études [<https://www.ephe.psl.eu/>] From <http://www.incia.u-bordeaux1.fr/spip.php?article135> : Swendsen heads the team on [Neuroimaging and Human Cognition](#) and his work domains & ‘scientific’ expertise follow:

Domain:

- Cognitive and behavioural mechanisms in the aetiology and comorbidity of mental disorders
- Epidemiology of mental disorders

Scientific expertise:

- Ambulatory monitoring of behaviour and cognition
- Epidemiology

Norman Poole, the BJPsych Bulletin’s editor-in-chief, who has not acknowledged Éric Laurent’s text, is a consultant neuropsychiatrist at St George’s Hospital, London with a special interest in functional neurological symptoms and cognitive disorders. He holds a Masters’ degree in the philosophy of mental disorder and has been expert witness in a number of civil and criminal cases. He has published research on ‘insight in psychosis’, the treatment of traumatic brain injury, and functional neurological disorders; he edits the RCP’s Neuropsychiatry Newsletter & recently is co-author of a chapter in the Oxford Textbook of Neuropsychiatry : August 2020 (costs more than £400).

Examples of Poole’s ethical position from internet blurb on this textbook : Chapter - Neuropsychiatry in the criminal courts, Author(s) - Nigel Eastman, Norman A. Poole, and Michael D. Kopelman :

<https://oxfordmedicine.com/view/10.1093/med/9780198757139.001.0001/med-9780198757139-chapter-43>

All Neuro-psychiatric experts

- offer opinions on criminal legal constructs.
- there exists separate distinct mapping exercises for use by these experts.
- have a grasp of the practicalities of forensic neuropsychiatric assessment.
- their findings in relation to the validity of the case, give an expert answer to defendant’s fitness to plead, potential to malingering, & mental capacity for intent at the time of the offence.
- Due to the impact such expert testimony can make on the course of the trial, a significant history of practice and a strong understanding of the ethical implications are necessary.

So ethics is written in a rulebook to be understood, as is the relation between the subject and their physical body. Whatever happened to the Hippocratic oath? Experts apply their general understanding of human condition to each individual, in the belief that all humans are derived from this one generic template. This position is one promoted in Medicine.

Do Bishop, Poole & Swenson have a clinical position?

No, not in Lacanian terms. All 3 impose a generalised academic framework, derived from theories of humankind, onto unique, suffering subjects. Lacanian practice works in the opposite direction. From each practitioner’s unique clinic, practice is firstly integrated upwards in supervision, then into a training organisation’s clinic, then presented and debated in clinical meetings and conferences. The imposition of knowledge from The Expert onto individuals, counts as something different – not a clinical position.

Position of BJPsych Bulletin within the Royal College of Psychiatrists

BJPsych Bulletin is an organ of the [Royal College of Psychiatrists](#), so in publishing this the RCP signals their agreement with this form of attack on a practice outside ‘scientific’ medical practice & not written in the pages of academia. Indeed, in publishing, they help the authors’ careers by increasing the award of points for their publication in prestigious journals.

BJPsych Bulletin is an organ of the [Royal College of Psychiatrists](#),

From <https://www.cambridge.org/core/journals/bjpsych-bulletin> : Downloaded 19th July 2021

- **Editors:** Norman Poole South West London and St George's Mental Health NHS Trust, UK, and Dr Richard Latham East London NHS Foundation Trust, UK
- [Editorial board](#)

BJPsych Bulletin prioritises research, opinion and informed reflection on the state of psychiatry, management of psychiatric services, and education and training in psychiatry. It provides essential reading and practical value to psychiatrists and anyone involved in the management and provision of mental healthcare.

BJPsych Bulletin is an open access, peer-reviewed journal owned by the [Royal College of Psychiatrists](#). The journal is published bimonthly by Cambridge University Press on behalf of the College. There are no submission or publication charges to authors.

BJPsych Bulletin is not responsible for statements made by contributors and material in BJPsych Bulletin does not necessarily reflect the views of the Editor-in-Chief or the College.

Curious – RCP in publishing Bishop & Swenson’s text, implies that this text is an ‘informed reflection on the state of psychiatry, ...’ And then the get-out clause, the BJPsych Bulletin/RCP takes no responsibility for what is published. No wonder they did not acknowledge Éric Laurent’s text which takes issue with this position. The Royal College of Psychiatrists can print unfounded slanders as ‘informed reflection’ and then refuse to take responsibility as it ‘does not reflect the Editor-in-Chief’s or College’s views’. So there is no way of challenging them as they totally control what is seen as ‘informed reflection on psychiatry’ to the point of dismissing any perceived challenges. ‘You can have any colour of car, you want, as long as it is black.’ (Attributed to Henry Ford)

Current political position within UK of treatments for ‘Mental Health’

This is different and similar to the challenges being encountered in France. Since 2000, Julia Evans has been involved with political action against the UK Government colonising, then defining and driving, all treatments within the field known as mental health. Some texts in this arena are available at my website www.LacanianWorks.net, see here <http://www.lacanianworks.net/?p=12365> & here <http://www.lacanianworks.net/?cat=217> here <http://www.lacanianworks.net/?cat=224> here <http://www.lacanianworks.net/?cat=5> here <http://www.lacanianworks.net/?cat=219> and more. Also from the Alliance for Counselling & Psychotherapy, to which I, Julia Evans, have belonged since 2008, <https://twitter.com/Alliance4CP> or <https://allianceblogs.wordpress.com>

(i) The RCP within Parliament

The Royal College of Psychiatrists and Rethink Mental Illness provide the secretariat for the All Party Parliamentary Group (APPG) on Mental Health. See <https://www.rethink.org/get-involved/campaign-with-us/the-difference-we-make/appg-on-mental-health/> Downloaded July 2021

The APPG on Mental Health is a group of MPs and Peers from all political parties who are interested in mental health. The APPG scrutinises the government's approach to mental health, discusses new policy solutions, and facilitates debate on key issues. Together, RCP & Rethink Mental Illness help to shape the group's agenda and organise events with government ministers, NHS organisations, health professionals, research bodies and people with experience of mental illness.

This list excludes not only Lacanian Psychoanalysts but Counsellors & Psychotherapists. Health Professional refers exclusively to those based within the medical model.

So the body which allows publication of a text based on lies, deceits & character assassination, is the key influencer of Government policy on Mental Health.

(ii) UK moves to outlaw Lacanian, ostracise therapies & counselling, & much else

Since 2000, a group of psychotherapists & counsellors have been fighting moves to take away control of our practices & training from us practitioners and invest it in Government structures, the Professional Standards Authority - PSA, formed under the remit of Health Professional Order 2001 (HPO 2001). Both the PSAⁱ & the HPO 2001ⁱⁱ state that they protect the public by enshrining in law what practitioners can and cannot do. In addition, both statutory bodies report directly into the Privy Council, thus by-passing both the House of Lords & Commons. In order to ensure a safe practice, the PSA, acting with Privy Council power, has legal definitions of training standards & defines how practitioners act, for example diagnosis is defined as in medicine and is completed at the opening of the treatment. This label/diagnosis sticks. In my (Julia Evans') opinion, it is not possible for my Lacanian practice to operate within this mess of legal definitions. However, cognitive behaviour therapy (cbt), the Government's cost-benefit-analysed (an accountancy procedure) recommended treatment is supported not only by Bishop, Swendsen & Poole, but everywhere. As in France, there are resistances in the UK, especially to the SCoPEdⁱⁱⁱ initiative as undertaken by UKCP, BCP & BACP.

From <https://www.bacp.co.uk/media/9178/scoped-draft-competency-framework-july-2020.pdf>, downloaded on 20th July 2021 :

The Scope of Practice and Education for counselling and psychotherapy (SCoPEd) is a collaborative project between the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the UK Council for Psychotherapy (UKCP). The aim of the project is to agree a shared, evidence-based generic framework to inform the minimum training requirements, competences and practice standards for our counsellors and psychotherapists working with adults. We started this work by mapping existing competence frameworks, professional standards and practice standards to identify areas of overlap and areas of difference.

SCoPEd dismisses Lacanian practice and development, in parallel fashion to Bishop & Swendsen. It seems to have been developed to comply with Privy Council & Professional Standards Authority's legalistic demands and to secure the market in Government-funded Mental Health care (IAPT) to the BACP, BPC & UKCP. This secures jobs for their members & their Head Office administrative staff, and excludes everyone else. Further, it may be that those of us not registered with the big 3 will be prevented from practicing. We are seen as unsafe, charlatans as our practices do not register within their evaluation procedures – cbt is designed to be measured in this 'scientific' way.

Two recent messages of resistance :

1) From <https://allianceblogs.wordpress.com/2021/06/23/whats-haunting-scoped-asks-andy-rogers/>

What's haunting SCoPEd? asks Andy Rogers, 23rd June 2021, quote
- *First, though, let's start with what we can see and hear quite clearly. In a noticeable shift in the narrative, the hierarchy inherent in the framework is no longer flatly denied by the SCoPEd team. ... IAPT^{iv}, then, is the first real spectre we encounter, invoked by the project for its power to trouble us as practitioners, to unleash its ghostly cry that we weren't good enough, that we squandered a golden future of jobs and status in the loving arms of the NHS because we were too caught up in petty sibling rivalries. It is a potent tale and one that is perhaps more persuasive than ever when during a global pandemic the NHS is held in such high esteem. It is also one that speaks to an anxious professional reality of our times, that there's little if any paid work on the near horizon for many counsellors – a therapy mountain of wasted potential, growing each year as more students qualify. ... One such skeleton is the actual evidence. The SCoPEd project has been keen to portray itself as 'evidence-based', but while presumably its 'map' of training is genuinely based on the course curricula it analysed, the project's arrangement of this information into three distinct tiers of practitioner competency – with the clear outcome being that a higher tier therapist is automatically more competent than a lower tier therapist – is an 'evidence-based' claim too far. ... To protect against this happening, we need to keep in mind that there are alternative futures for our field that are much brighter than SCoPEd would have us believe, and they won't be found in competence frameworks, rigid alignment with healthcare, or carpet-bombing our diverse ecology of therapeutic practice in the pursuit of legitimacy. On the contrary, if these futures are not to be lost completely, we might need to tune into the echoes of the past and re-engage with their as yet unfulfilled potential.*

2) Reports from <https://survivingwork.org> are also essential reading. One quote from : <https://survivingwork.org/wp-content/uploads/2021/06/CTUK-Survey-Report-2021.pdf>

It's time to talk about money

Evaluating the Financial Landscape of the Counselling & Psychotherapy Sector
by Dr Elizabeth Cotton

Commissioned by Counsellors Together UK (CTUK) 2021, Downloaded July 2021

The work of the child psychotherapists offers one exception to this professional landscape: some years ago they managed to secure NHS recognition and funding for their training. Although the number of trainees in the UK remains small, most trainees go into CAMHS, although some will now find work in schools. Currently, clinical roles in CAMHS are likely to be held by trained child psychotherapists, but as the funding stream is cut it is likely that these roles will be downgraded, as in adult services

So the only part left which is working adequately will be smashed by a funding cut, to be replaced by IAPT, better known as cbt. IAPT is cheaper when measured on the accountants' cost benefit analysis. This evaluation can be challenged, but not currently by those with their noses in the trough, many academics, BACP, BCP & UKCP.

Comment on IAPT from Andrew Samuels in a letter submitted, but not yet published, to the Guardian. 15th July 2021(private communication) : ... *However, one of the main issues the country must tackle is the Government's adherence to giving disproportionate funding to their improving Access to Psychological Therapies (IAPT) scheme, which, as I wrote in a letter to the Guardian back in 2006, offers 'second class therapy to people deemed to be second class'. Therapy as such remains somewhat of a luxury item. And the big organisations*

in the field collude because they (wrongly) assume this to be the way to secure employment for their members.

Andrew Samuels

Former Chair, UK Council for Psychotherapy

Former Professor of Analytical Psychology, University of Essex

Conclusion

The promotion of ‘cheap’, ‘scientifically-evaluated’ treatments using cbt based on neuro-psychology/psychiatry (medical) models, by both the French & British Governments, is on-going. This is being challenged in France by the Forum de Psy. In the UK, cbt is embedded in IAPT, already used widely in treatments for adults. Further, the Royal College of Psychiatrists, not only prints texts slandering Lacan and his students, but acts in Parliament to keep non-medical practices out. SCoPEd (BACP, BPC & UKCP) aims to grab Government funded jobs for their members, and exclude those alongside Lacanians who do not find it possible to work ethically within the framework driven by Health Professions Order 2001.

[Julia Evans](http://www.lacanianworks.net/?p=12365) <http://www.lacanianworks.net/?p=12365>

Practicing Lacanian Psychoanalyst, Sandwich in Kent & London

Further texts

By Éric Laurent [here](http://www.lacanianworks.net/?cat=237) <http://www.lacanianworks.net/?cat=237>

On autism [here](http://www.lacanianworks.net/?cat=651) <http://www.lacanianworks.net/?cat=651>

Evidence base for treatments (NICE) [here](http://www.lacanianworks.net/?cat=52) <http://www.lacanianworks.net/?cat=52>

Evaluation and Outcome Measurement [here](http://www.lacanianworks.net/?cat=54) <http://www.lacanianworks.net/?cat=54>

Lacanian Transmission [here](http://www.lacanianworks.net/?cat=424) <http://www.lacanianworks.net/?cat=424>

By Jacques Lacan [here](http://www.lacanianworks.net/?cat=235) <http://www.lacanianworks.net/?cat=235>

Notes on texts by Jacques Lacan [here](http://www.lacanianworks.net/?cat=4) <http://www.lacanianworks.net/?cat=4>

By Julia Evans [here](http://www.lacanianworks.net/?p=12365) <http://www.lacanianworks.net/?p=12365>

[Lost in Cognition: Psychoanalysis and the Cognitive Sciences : French 2008, Hebrew 2012, English 2014 : Éric Laurent](#) or [here](http://www.lacanianworks.net/?p=10584) <http://www.lacanianworks.net/?p=10584>

[The Perverse Effects of EBM and the Remedies that Psychoanalysis Brings : 2nd February 2008 \(Paris\) : Éric Laurent](#) or [here](http://www.lacanianworks.net/?p=12033) <http://www.lacanianworks.net/?p=12033>

[Why is the Ideology of Evaluation Pernicious?](#) by Jean-Claude Maleval on 14th April 2010 or [here](http://www.lacanianworks.net/?p=27) <http://www.lacanianworks.net/?p=27>

•[The Chronicle of Éric Laurent • Autism: Epidemic or Ordinary State of the Subject? LQ 194](#) : 10th April 2012 or [here](http://www.lacanianworks.net/?p=12069) <http://www.lacanianworks.net/?p=12069>

▪ [Chronicle of Éric Laurent ▪ Research and Punish : Ethics Today LQ 199](#) : 18th April 2012 or [here](http://www.lacanianworks.net/?p=12048) <http://www.lacanianworks.net/?p=12048>

[The Chronicle of Éric Laurent – Starts \(jolts\) of the Clinic and the Dead-End \(impasse\) of Neuro-Multiculturalism LQ 208: 16th May 2012 : Éric Laurent](#) or [here](http://www.lacanianworks.net/?p=12050) <http://www.lacanianworks.net/?p=12050>

[The Chronicle of Éric Laurent : The Profound and Enduring Crisis of the DSM Zone LQ 219 : 6th June 2012](#) or [here](http://www.lacanianworks.net/?p=12073) <http://www.lacanianworks.net/?p=12073>

[English context of Autism in relation to medical and other political formulations](#) by Julia Evans on 30th June 2012 or [here](http://www.lacanianworks.net/?p=388) <http://www.lacanianworks.net/?p=388>

[A competition between the UK Government, the Medical Model via psychiatrists & the Mormons for the correct definition of the science of mental health](#) by Julia Evans on 18th April 2013 or [here](http://www.lacanianworks.net/?p=728) <http://www.lacanianworks.net/?p=728>

[Work capability assessments for those with NICE/DSM defined mental illness](#) by Julia Evans on 27th October 2013 or [here](http://www.lacanianworks.net/?p=1016) <http://www.lacanianworks.net/?p=1016>

[Psychoanalysis and the Post-DSM Crisis : 2014 : Éric Laurent](#) or [here](http://www.lacanianworks.net/?p=11932) <http://www.lacanianworks.net/?p=11932>

Éric Laurent : Psychoanalysis and the Cognitive Paradigm : 13th September 2014 (Talk in Dublin) : See www.LacanianWorksExchange.net /éric laurent : Video

[here](http://www.youtube.com/watch?v=c_nGg1tHaQA) http://www.youtube.com/watch?v=c_nGg1tHaQA

Three leading professional regulatory bodies create a new competence framework by Julia Evans on 15th January 2019 or [here](http://www.lacanianworks.net/?p=12307) <http://www.lacanianworks.net/?p=12307>

Newsletter against the BACP, BPC & UKCP SCoPED project : Alliance for Counselling & Psychotherapy on 8th February 2019 or [here](http://www.lacanianworks.net/?p=12311) <http://www.lacanianworks.net/?p=12311>

Letter signed by Alliance for Counselling and Psychotherapy, Psychotherapists and Counsellors for Social Responsibility, the Psychotherapy and Counselling Union and the College of Psychoanalysts : Against UK political moves towards Statutory Legislation & locking out the clinics of all practitioners who do not comply (17th March 2019) :

Information [here](http://www.lacanianworks.net/?p=12319) <http://www.lacanianworks.net/?p=12319>

Alliance for Counselling & Psychotherapy Blog : <https://allianceblogs.wordpress.com/about/>

ⁱ Professional Standards Authority - PSA formed under the remit of Health Professional Order 2001. From <https://www.professionalstandards.org.uk/home>, Downloaded 20th July 2021

How we help to protect the public

We do this by improving the regulation and registration of people who work in health and care. Our work includes:

- Reviewing the work of the regulators of health and care professionals
- Accrediting organisations that register practitioners in unregulated occupations
- Giving policy advice to Ministers and others and encouraging research to improve regulation

ⁱⁱ Health Professional Order 2001, downloaded on 20th July 2021 from <https://www.legislation.gov.uk/uksi/2002/254/contents/made>

The Health Professions Council and its Committees

3.—(1) There shall be a body corporate known as the Health Professions Council (referred to in this Order as “the Council”).

(2) The principal functions of the Council shall be to establish from time to time standards of education, training, conduct and performance for members of the relevant professions and to ensure the maintenance of those standards.

(3) The Council shall have such other functions as are conferred on it by this Order or as may be provided by the Privy Council by order.

(4) The main objective of the Council in exercising its functions shall be to safeguard the health and well-being of persons using or needing the services of registrants.

(5) In exercising its functions, the Council shall—

(a) have proper regard to the interests of all registrants and prospective registrants and persons referred to in paragraph (4) in each of the countries of the United Kingdom and to any differing considerations applying to the professions to which this Order applies and to groups within them; and

(b) cooperate wherever reasonably practicable with—

(i) employers and prospective employers of registrants,

(ii) persons who provide, assess or fund education or training for registrants or prospective registrants, or who propose to do so,

(iii) persons who are responsible for regulating or coordinating the regulation of other health or social care professions, or of those who carry out activities in connection with the services provided by those professions or the professions regulated under this Order,

(iv) persons responsible for regulating services in the provision of which registrants are engaged.

(6) Before making any order under paragraph (3), the Privy Council shall consult the Council.

ⁱⁱⁱ You can download the latest and previous iterations of the draft SCoPEd framework below (downloaded on 20th July 2021)

Current / second iteration (July 2020)

[SCoPEd competency framework July 2020 \(pdf 8MB\)](#)

[SCoPEd competency framework July 2020 – Accessible version \(pdf 5.2MB\)](#)

[SCoPEd competency framework July 2020 - Text only version \(docx\)](#)

[SCoPEd methodology update July 2020 \(pdf 0.6MB\)](#)

First iteration (January 2019)

[SCoPEd competency framework 2019 \(pdf 0.3MB\)](#)

[SCoPEd methodology 2019 \(pdf 0.5MB\)](#)

^{iv} <https://www.england.nhs.uk/mental-health/adults/iapt/> Downloaded 28th July 2021

Adult Improving Access to Psychological Therapies programme

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression in England. IAPT is widely-recognised as the most ambitious programme of talking therapies in the world and in the past year alone more than one million people accessed IAPT services for help to overcome their depression and anxiety, and better manage their mental health.

Plans set out in the NHS Long Term Plan build on the ambitions of the [Five Year Forward View for Mental Health](#), and will see the number of people with anxiety disorders or depression who can access talking therapies through IAPT increase by an additional 380,000 per year to reach 1.9 million by 2023/24. Details of local IAPT services are available on the [NHS website](#). The [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) provides a new framework to ensure delivery, at the local level, on the commitment to pursue the most ambitious transformation of mental health care in England.

IAPT services are characterized by three things:

1. **Evidenced-based psychological therapies:** with the therapy delivered by fully trained and accredited practitioners, matched to the mental health problem and its intensity and duration designed to optimize outcomes. From April 2018 all clinical commissioning groups are required to offer IAPT services integrated with physical healthcare pathways. The [IAPT Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms](#) guidance is intended to help with implementation and sets out the ideal pathway for IAPT services.
2. **Routine outcome monitoring:** so that the person having therapy and the clinician offering it have up-to-date information on an individual's progress. This supports the development of a positive and shared approach to the goals of therapy and as this data is anonymized and published this promotes transparency in service performance encouraging improvement.
3. **Regular and outcomes focused supervision** so practitioners are supported to continuously improve and deliver high quality care.

The priorities for service development are:

- **Expanding services** so that 1.9m adults access treatment each year by 2024.
- **Focusing on people with long term conditions.** Two thirds of people with a common mental health problem also have a long term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services the NHS can provide better support to this group of people and achieve better outcomes.
- **Supporting people to find or stay in work.** Good work contributes to good mental health, and IAPT services can better contribute to improved employment outcomes.
- **Improving quality and people's experience of services.** Improving the numbers of people who recover, reducing geographic variation between services, and reducing inequalities in access and outcomes for particular population groups are all important aspects of the development of IAPT services.

The previous IAPT website is no longer updated – if you require any information or resources from this website, you can access an archived version on the [National Archives website](#).

Highlights

New IAPT Manual

Updated: February 2019

The [IAPT Manual](#) has been written to help commissioners, managers and clinicians expand their local IAPT services while maintaining quality and ensuring patients receive effective and compassionately delivered care. In his supporting blog, [Professor David M Clark welcomes the manual](#) as the definitive source of information on how to set-up and deliver excellent IAPT services.