

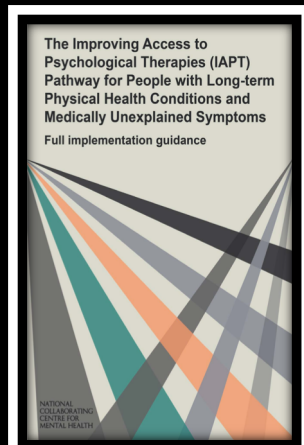
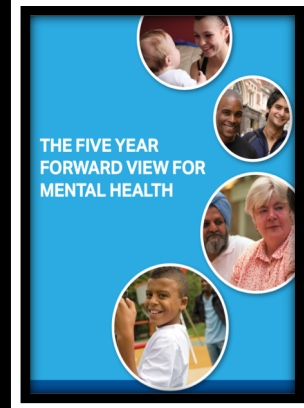
Role Proposal: Assistant Practitioner (Mental Health: SPECIALTY NAME)

Professor Paul Farrand



Context

- 5 Year Forward View
- IAPT Implementation Guidance
 - Informs context not role directly
- Psychological Professions Network Discussion Paper
 - Improve “...availability and quality of mental health care for people in physical health care settings....”
 - Development of related role in mental health
- “Every patient has the right to a discussion and interpretation of his or her symptoms within a holistic framework where all relevant biological, psychological, and social aspects of health can be considered.” (Kvamme et al., 2001)
 - Mental-Physical Interface

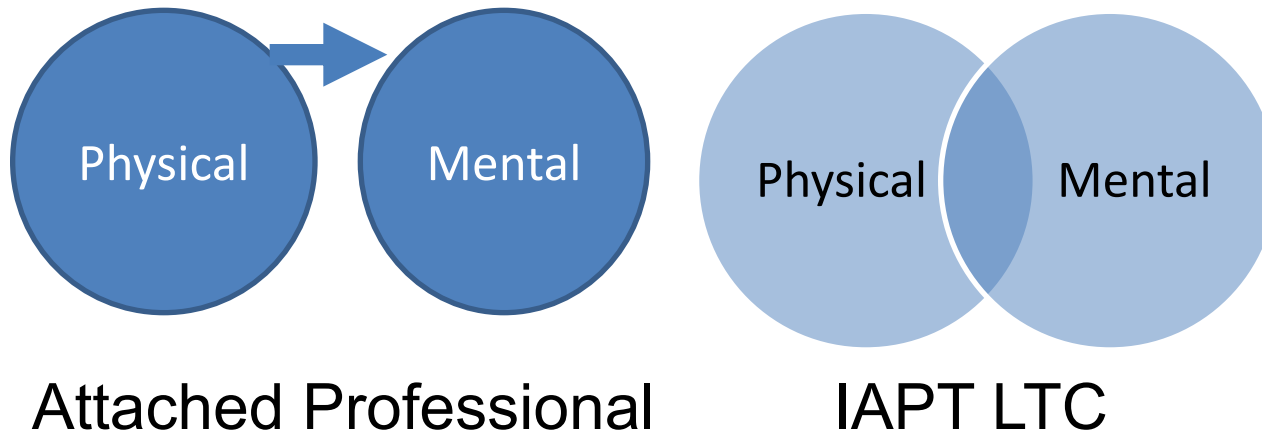


Current Mental Health Developments Into Physical Health (PPN, 2020)

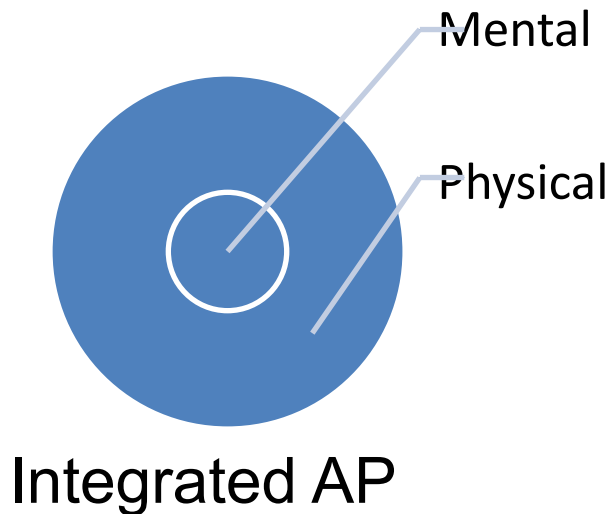
- In England 4.5 million of people with LTC's experience psychological distress, 2-3 times more likely to experience mental health problems than general population
 - 7 times in multimorbidity (Moussavi et al., 2007).
- *"...continues to be many people with physical health conditions, especially long-term conditions (LTCs) who are not supported effectively to develop ways to live well with their condition"* (Bodenheimer, Wagner & Grumbach, 2002).
- Few roles apply evidence informed psychological competencies in areas that can **directly enhance** aspects of medical treatment as **directly determined** by the specialty.
 - Enhance holistic treatment and reduce healthcare costs

Extending Psychological Practice Into Medical Settings – Therapy Model

- Focus remains on treating common mental health difficulty.

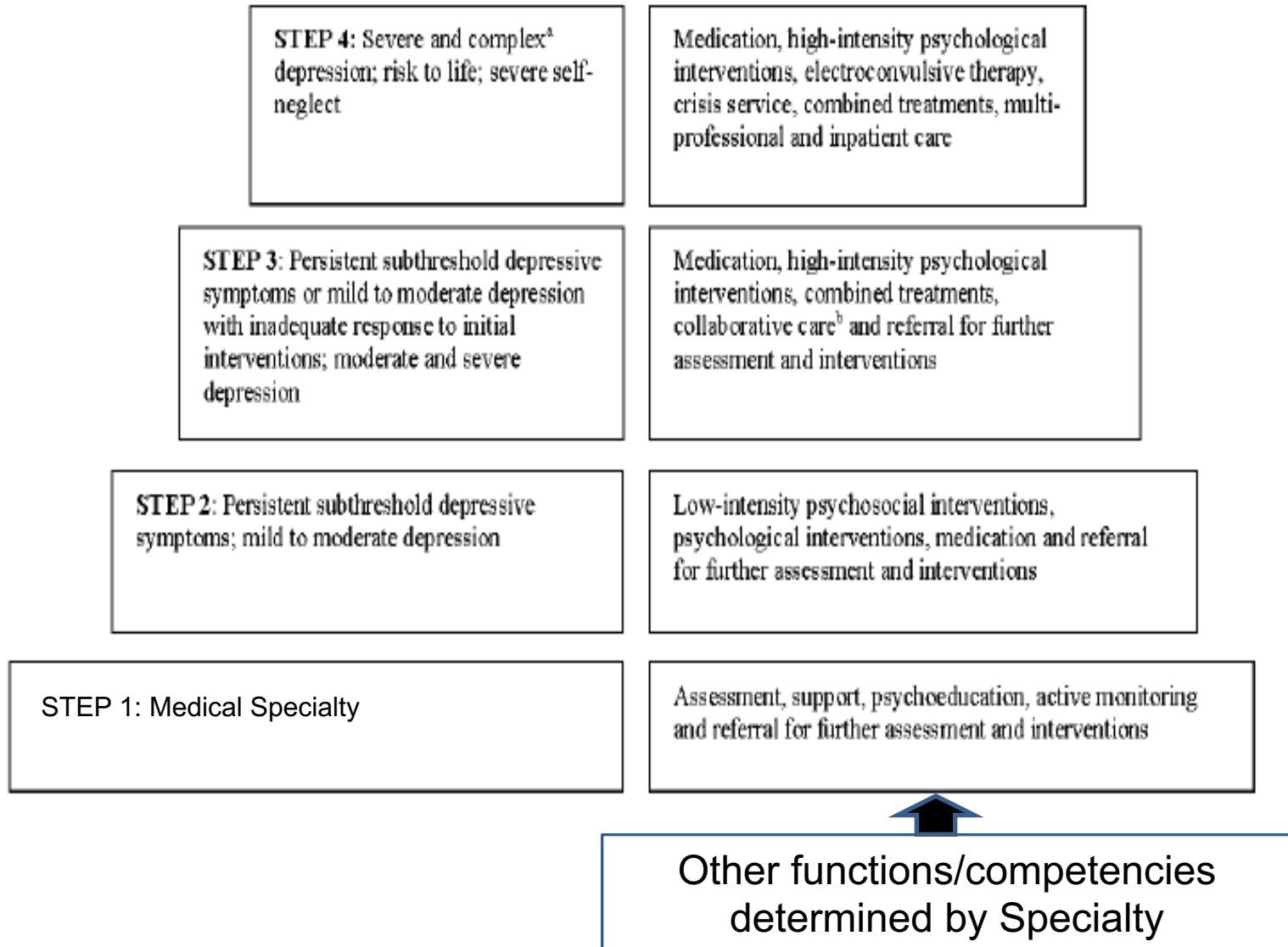


Extending Psychological Practice Into Medical Settings – Medically Embedded Model

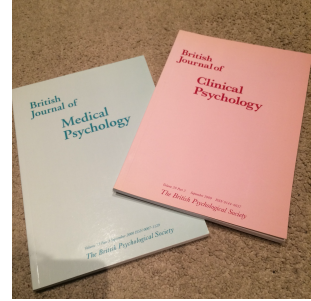


- Assistant Practitioner (AP) integrate an assistant psychological practitioner mental health role directly into medical specialisms
 - Fully embedded as part of MDT
 - Apply evidence-based psychological competencies to support health service practice and enhance medical treatment
- AP role **not** to support or deliver psychological therapy
- When appropriate, liaise with attached therapy models

Stepped Care



Workforce Development



- As with any 'new role', workforce positioning present challenges.
- Health Psychology (BPS)
 - Use knowledge of psychology and health to promote general well-being, healthier lifestyle and understand physical illness.
 - Specially trained to help people deal with the psychological and emotional aspects of health and illness.
- Clinical Health Psychology (APA)
 - Serves people at elevated risk for disease, with acute health problems or complex needs and chronic disease.
 - Little indication of precise role function (variation by trust?)
- Need to determine role positioning to inform supervision
 - Overtime as experience in role develops, supervision matures

Competencies Associated with Assistant Practitioner (Mental Health: Medical Specialty)

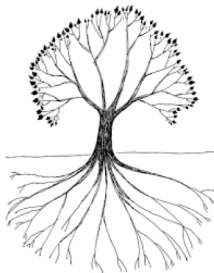
Competency Development

Year 1

- Generic foundation competencies associated with AP role
- Facilitates transfer across AP roles

Year 2

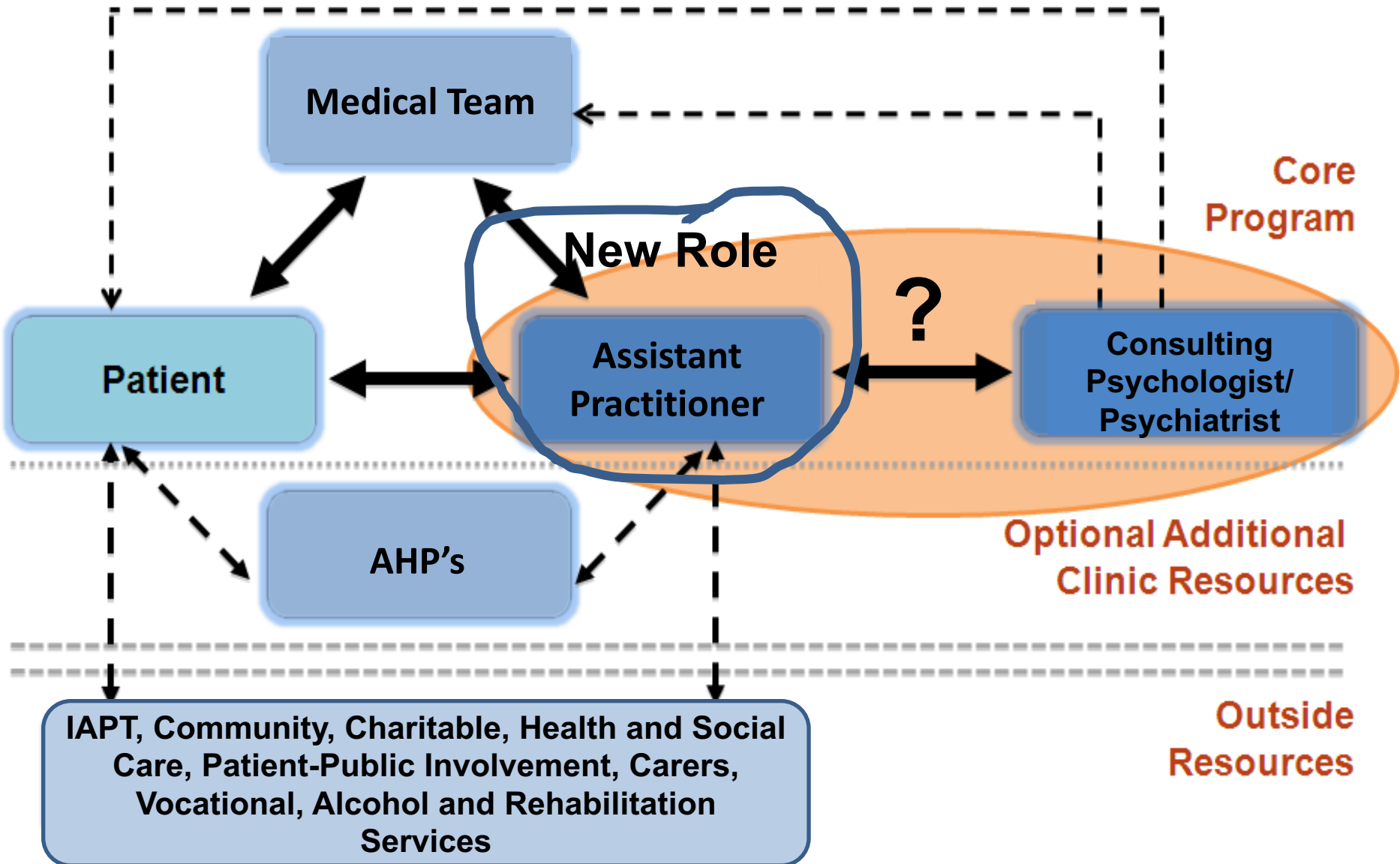
- Medical settings
 - Facilitates transfer to other specialties
- Specialty specific



Medical Setting Competencies

- Collaborative care within MDT (Unutzer et al, 2013)
 - Integrates physical and mental health care
- Multidisciplinary working
- Mental health screening
- Supportive signposting
- Understanding CBT model and application to physical health
- Supporting behavior change
 - COM-B (Michie, 2011), SOC (Baltes, 1997)
- Utilising community resources
- Interface between health and social care (National Audit Office, 2018)
- Enhancing Public-Patient-Involvement

Proposed Collaborative Care Model



General Specialty Specific Competencies

- Awareness of medical features associated with specialty physical health problem and management
- Psychoeducation
 - Applying CBT model to appreciate reciprocal relationship between mental and physical within specialism
 - Appreciate CBT model for appropriate MUS in specialty
- Support ‘practitioner’ undertaking brief exposure for procedural anxiety
- Understanding adjustment to physical illness in specialism
- Liaison with specialty specific community and charity services
- Co-working with specialist services

Potential Application of Competencies

Head & Neck, Renal

**Development for Specific Application in
Other Specialisms**

Head & Neck

- Working as part of MDT pre-operatively to prepare patient for surgery
 - Brief mental health assessment inform other AHP input
- Support practitioner address procedural anxiety/phobia
 - E.g. emetophobia, hemophobia, anesthesia
 - Administer Amsterdam Preoperative Anxiety and Information Scale (Moerman & Oosting, 1996)
- CBT psychoeducation, including MUS
 - E.g. Globus hystericus, atypical facial pain
- Post-operative preparation for discharge
 - Where necessary liaise with health and social care/charity organisations (e.g. Macmillan Cancer Support)

Renal



- Support self management
 - CAPD, home haemodialysis
 - Procedural anxiety/phobia
- CBT psychoeducation, including MUS
 - E.g. Loin pain haematuria syndrome
- CBT informed prevention approaches
 - Getting Life Structure Back Following Dialysis
 - Using Your Strengths to Enhance Resiliency Post-Dialysis
- Enhancing Quality of Life by supporting patient work towards self-determined activities of daily living (MYMOP; Paterson, 1996; PSYCHLOPS; Ashworth, 2007)
- Facilitate renal patient and carer groups
 - E.g. Young renal patients

Benefits

- Improved
 - Quality of Life
 - Treatment engagement
 - Satisfaction with treatment
- Healthcare Cost Saving
 - Residual kidney function to delay dialysis and avoid non-elective hospital admissions (average cost £1603) could lead to significant cost savings.'
 - Lost-operating theatre time £400 million per annum (Gillies et al, 2018)
 - Excess bed day £346.00 (2017-18; NHS Improvement, 2018)

Proposal Linking To:

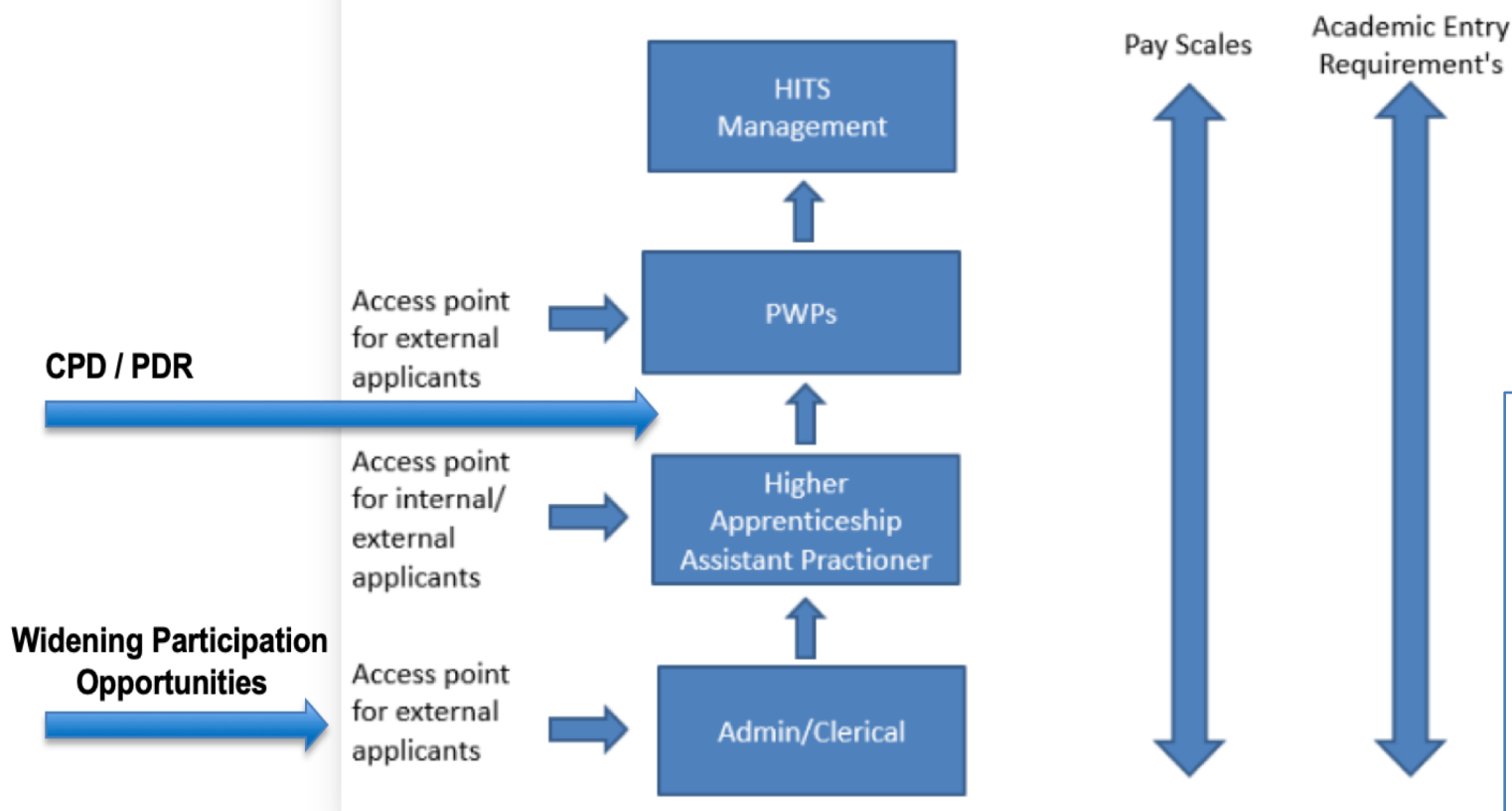
Assistant Practitioners for Mental Health

A Workforce Development Project for the North of England
led by Health Education England North West
in collaboration with Mersey Care NHS Foundation Trust

Developing people
for health and
healthcare

Lengthening the Career Ladder & Widening Participation IAPT Case Example

Proposed IAPT Career Structure



Progression opportunities for HCA's and others with Health and Social Care qualifications

Accessing AP (Mental Health: MEDICAL SPECIALTY) Role

- Link to IoA role: Healthcare Assistant Practitioner (HAP)
- Higher Apprenticeship (Level 5)
- Entry requirements (Kay Helliwell)
 - Evidence Level 3 Study: (UCAS Tariff Points: 72-80, BTEC: Merit, Pass, Pass Access to Higher Education Diploma: 72 - 80 points)





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