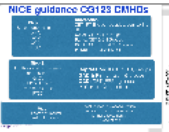
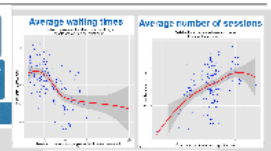
Treating PTSD in Primary Care

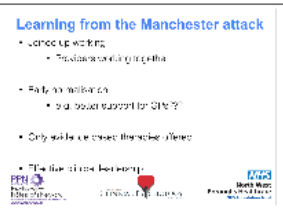
PPN Annual conference Dr Paul G Campbell 9th November 2017

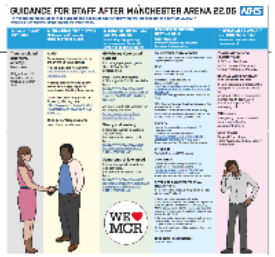
How well does IAPT treat PTSD??





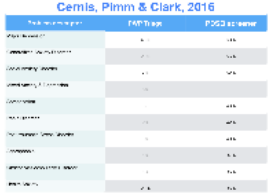
Manchester Arena Incident



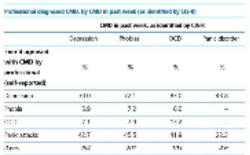


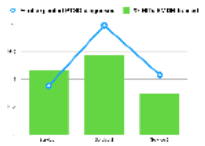
Are we identifying PTSD?

Cernis, Pimm & Clark, 2016



Adult Psychiatric Morbidity Survey (2016)





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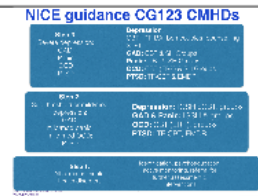
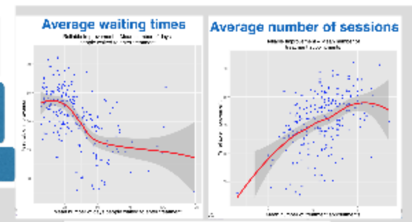
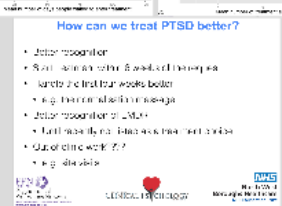




How well do we treat PTSD?

Problem descriptor	Recovery rate (%)	Range (%)	No. of sessions
Health Anxiety	[illegible]	[illegible]	[illegible]
GAD	[illegible]	[illegible]	[illegible]
Panic Disorder	[illegible]	[illegible]	[illegible]
OCD	[illegible]	[illegible]	[illegible]
Mixed Anx & Dep	[illegible]	[illegible]	[illegible]
Depression	[illegible]	[illegible]	[illegible]
Social Phobia	[illegible]	[illegible]	[illegible]
PTSD	[illegible]	[illegible]	[illegible]
Agoraphobia	[illegible]	[illegible]	[illegible]



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Learning from the Manchester attack

- Joined up working
  - Providers working together
- Early normalisation
  - e.g. better support for GPs???
- Only evidence based therapies offered
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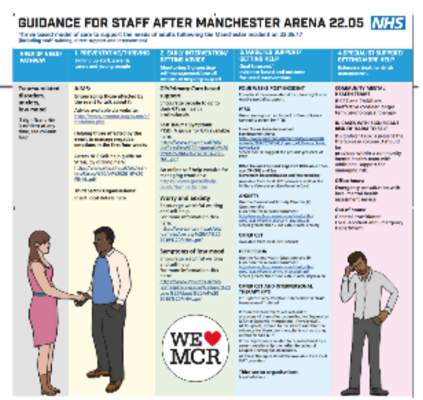
PPN Psychological Professions Network | CLINICAL PSYCHOLOGY | NHS North West Boroughs Healthcare NHS Foundation Trust



Are we identifying PTSD?

Cernis, Pimm & Clark, 2016

Problem descriptor	PWP Triage	PDSQ screener
Major Depression	[illegible]	[illegible]
Generalised Anxiety Disorder	[illegible]	[illegible]
Social Anxiety Disorder	[illegible]	[illegible]
Mixed Anxiety & Depression	[illegible]	-
Somatisation	-	[illegible]
Panic Disorder	[illegible]	[illegible]
Post-traumatic Stress Disorder	[illegible]	[illegible]
Agoraphobia	[illegible]	[illegible]
Obsessive-Compulsive Disorder	[illegible]	[illegible]
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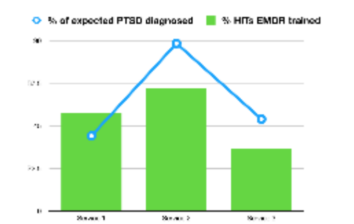
Professional diagnosed CMD, by CMD in past week (as identified by CIS-R)

	CMD in past week, as identified by CIS-R			
	Depression	Phobias	OCD	Panic disorder
Ever diagnosed with CMD by professional (self-reported)	%	%	%	%
Depression	70.0	72.1	83.0	43.8
Phobia	5.9	7.2	6.0	–
OCD	7.1	7.9	13.2	–
Panic attacks	42.7	45.5	41.9	22.3
Bases	*284*	*201*	*103*	*43**



Treating PTSD in Primary Care

PPN Annual conference Dr Paul G Campbell 9th November 2017

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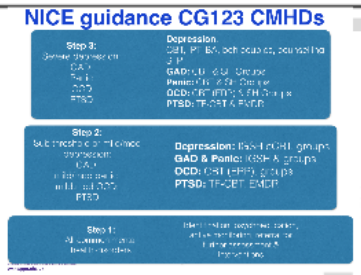

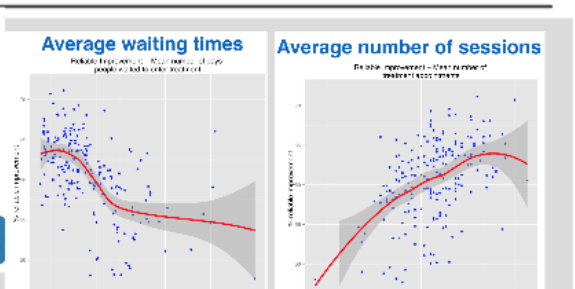

Are we identifying PTSD?

Cernis, Pimm & Clark, 2016

Problem descriptor	PWP Triage	PDSQ screener
Major Depression	46%	63%
Generalized Anxiety Disorder	28%	58%
Social Anxiety Disorder	7%	52%
Mixed Anxiety & Depression	8%	-
Somatization	-	43%
Panic Disorder	2%	42%
Post traumatic Stress Disorder	1%	40%
Agoraphobia	1%	37%

9th November 2017

Are we identifying PTSD?

Cernis, Pimm & Clark, 2016

Problem descriptor	PWP Triage	PDSQ screener
Major Depression	48%	63%
Generalized Anxiety Disorder	29%	56%
Social Anxiety Disorder	7%	52%
Mixed Anxiety & Depression	6%	-

Cernis, Pimm & Clark, 2016

Problem descriptor	PWP Triage	PDSQ screener
Major Depression	48%	63%
Generalized Anxiety Disorder	29%	56%
Social Anxiety Disorder	7%	52%
Mixed Anxiety & Depression	6%	-
Somatization	-	43%
Panic Disorder	2%	42%
Post-traumatic Stress Disorder	1%	40%
Agoraphobia	1%	37%
Obsessive-Compulsive Disorder	1%	35%
Health Anxiety	<1%	35%

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	Depression	Phobias	OCD	Panic disorder
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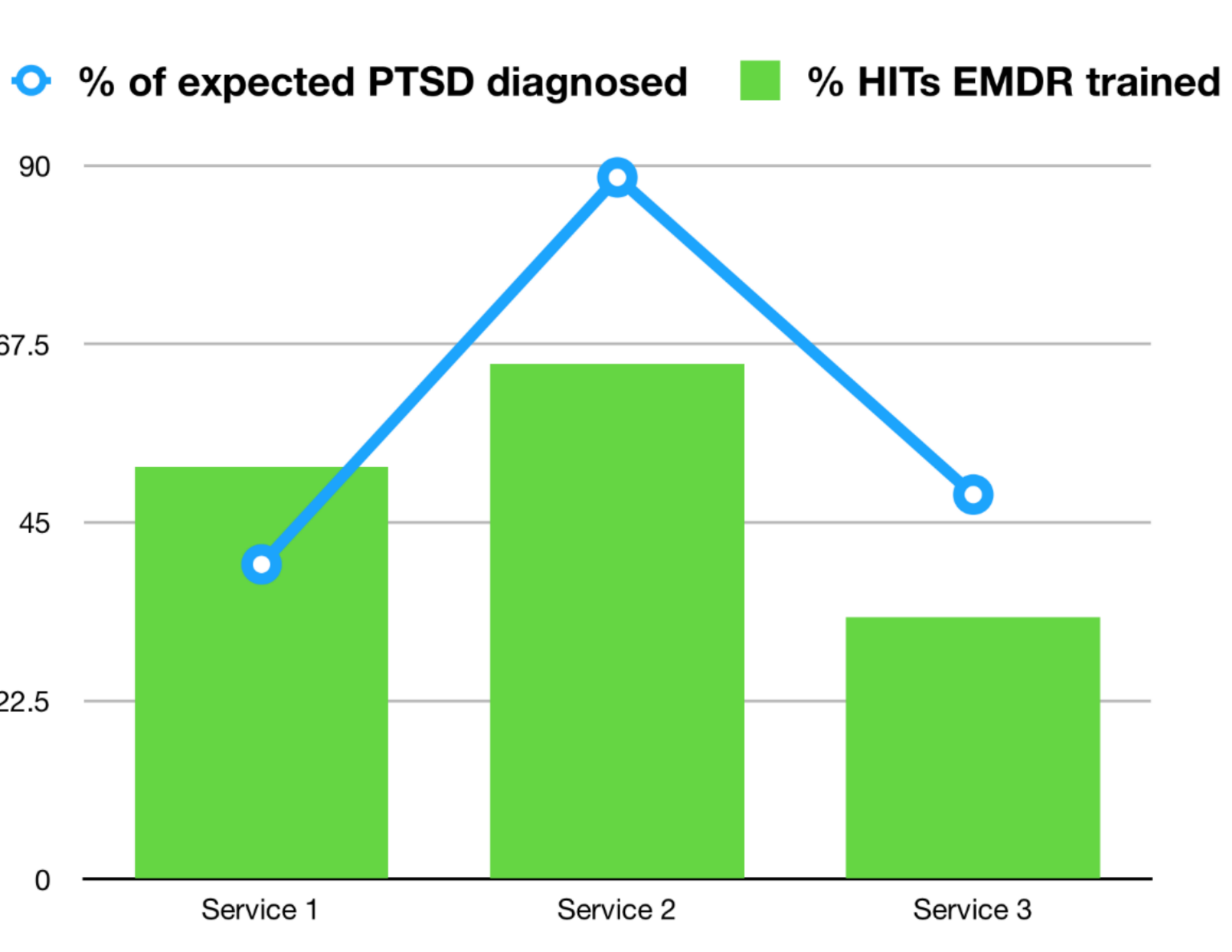
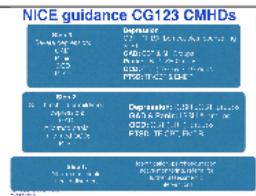

% of expected PTSD diagnosed
% HITs EMDR trained
90
67.5
45
22.5
0
Service 1
Service 2
Service 3

Treating PTSD in Primary Care

PPN Annual conference | Dr Paul G Campbell | 9th November 2017

How well does IAPT treat PTSD??



How well do we treat PTSD?

[illegible]	[illegible]	Range (%)	No. of sessions
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
Panic Disorder	[illegible]	[illegible]	[illegible]
OCD	[illegible]	[illegible]	[illegible]
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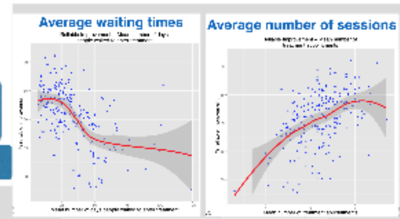

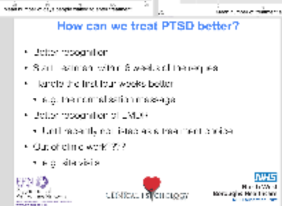

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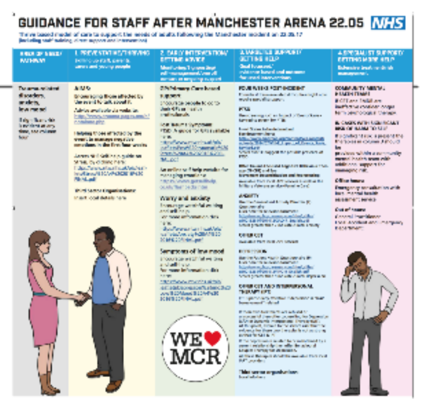

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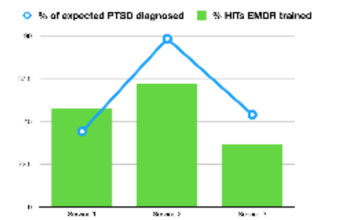
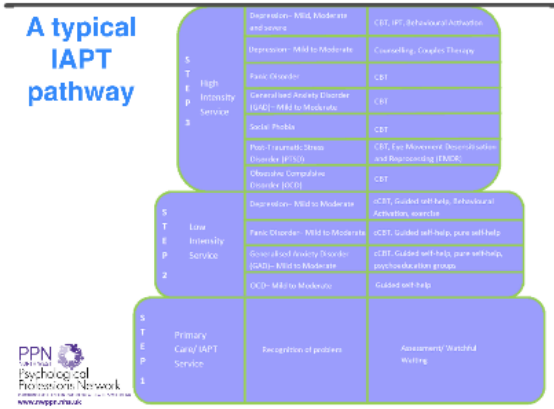


How well does IAPT treat PTSD??

A typical IAPT pathway



NICE guidance CG123 CMHDs

Step 3: Severe depression: GAD, Panic, OCD, PTSD
Depression: CBT, IPT, BA, beh couples, counselling, STPT
GAD: CBT & SH Groups
Panic: CBT & SH Groups
OCD: CBT (ERP) & SH Groups
PTSD: TF-CBT & EMDR

Step 2: Sub threshold or mild/mod depression: GAD; mild/mod panic, mild-mod OCD, PTSD
Depression: IGSH cCBT, groups
GAD & Panic: IGSH & groups
OCD: CBT (ERP), groups
PTSD: TF-CBT, EMDR

Step 1: All common mental health presenters
Identification, psychoeducation, active monitoring, referral for further assessment & interventions

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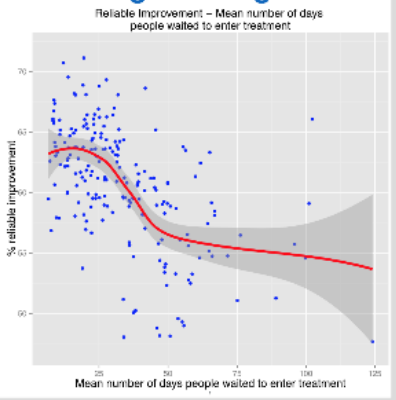
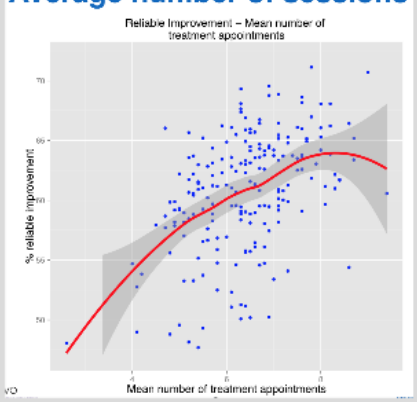
Average waiting times



Average number of sessions



How well do we treat PTSD?

Problem descriptor	Recovery rate (%)	Range (%)	No. of sessions
Specific Phobia	62.7	33-90	7.8
GAD	55.2	22-84	6.4
Panic Disorder	53	23-90	6.7
OCD	47.6	24-88	9.4
Mixed Anx & Dep	44.5	16-90	6.2
Depression	44.6	18-62	6.5
Social Phobia	43.6	24-88	8.4
PTSD	37.5	19-71	8.5
Agoraphobia	36.2	19-90	7.3

How can we treat PTSD better?

- Better recognition
- Start treatment within 6 weeks of the request
- Handle the first four weeks better
  - e.g. the normalisation message
- Better recognition of EMDR
  - Until recently not listed as a treatment choice
- Out of clinic work????
  - e.g. site visits

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NHS North West Boroughs Healthcare NHS Foundation Trust

Manchester Arena Incident

GUIDANCE FOR STAFF AFTER MANCHESTER ARENA 22.05

NHS

Thrive based model of care to support the needs of adults following the Manchester incident on 22.05.17 (including staff training, direct support and intervention)

AREA OF NEED/ PATHWAY	1. PREVENTATIVE/THRIVING	2. EARLY INTERVENTION/ GETTING ADVICE	3.TARGETED SUPPORT/ GETTING HELP	4.SPECIALIST SUPPORT/ GETTING MORE HELP
	Skilling up staff, parents,			

A typical IAPT pathway

STEP 3 High Intensity Service	Depression– Mild, Moderate and severe	CBT, IPT, Behavioural Activation
	Depression– Mild to Moderate	Counselling, Couples Therapy
	Panic Disorder	CBT
	Generalised Anxiety Disorder (GAD)– Mild to Moderate	CBT
	Social Phobia	CBT
	Post-Traumatic Stress Disorder (PTSD)	CBT, Eye Movement Desensitisation and Reprocessing (EMDR)
	Obsessive Compulsive Disorder (OCD)	CBT
STEP 2 Low Intensity Service	Depression– Mild to Moderate	cCBT, Guided self-help, Behavioural Activation, exercise
	Panic Disorder– Mild to Moderate	cCBT. Guided self-help, pure self-help
	Generalised Anxiety Disorder (GAD)– Mild to Moderate	cCBT. Guided self-help, pure self-help, psychoeducation groups
	OCD– Mild to Moderate	Guided self-help
STEP 1 Primary Care/ IAPT Service	Recognition of problem	Assessment/ Watchful Waiting

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NICE guidance CG123 CMHDs

Step 3:
Severe depression:
GAD,
Panic
OCD
PTSD

Depression:
CBT, IPT, BA, beh couples, counselling
STPT
GAD: CBT & SH Groups
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Step 2:
Sub threshold or mild/mod depression:
GAD:
mild/mod panic,
mild.mod OCD;
PTSD

Depression: IGSH cCBT, groups
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Step 1:
All common mental health disorders

Identification, psychoeducation, active monitoring, referral for further assessment & interventions

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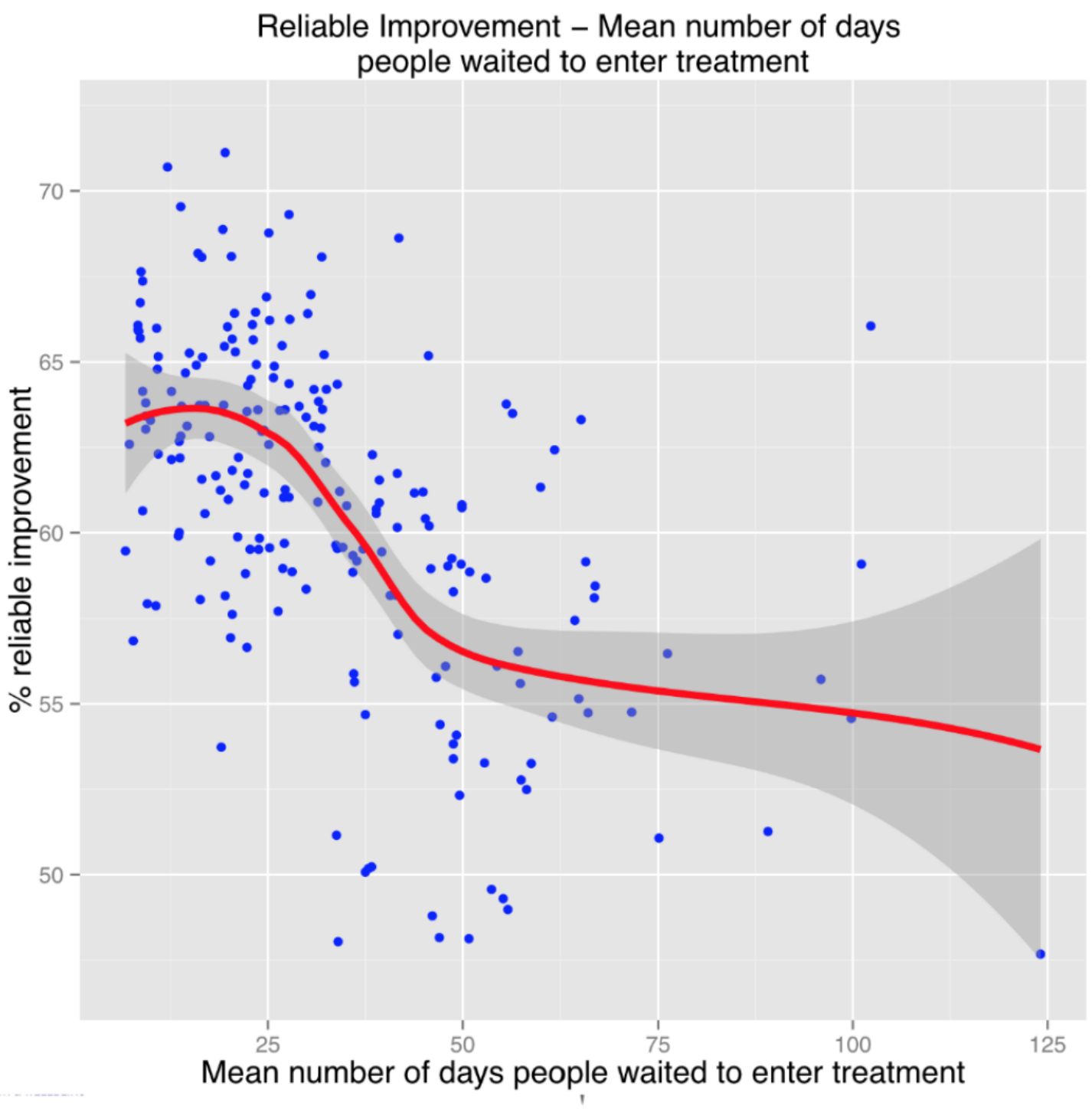

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Average number of sessions

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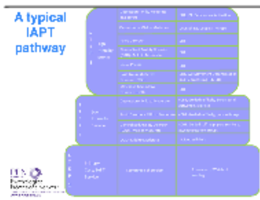

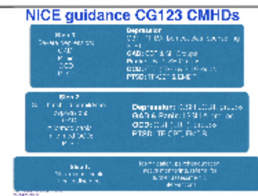

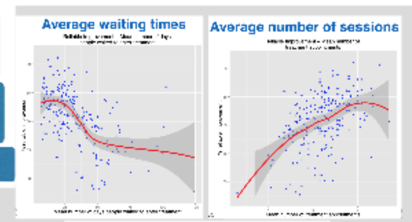

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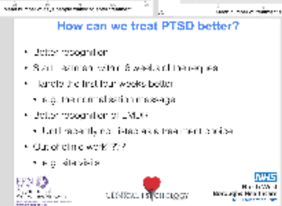

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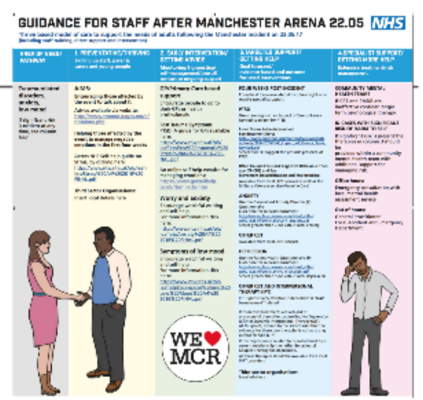

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Panic Disorder	[illegible]	[illegible]
Post-traumatic Stress Disorder	[illegible]	[illegible]
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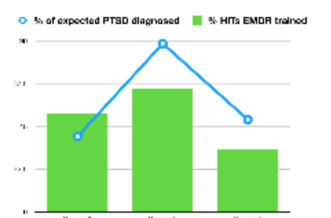

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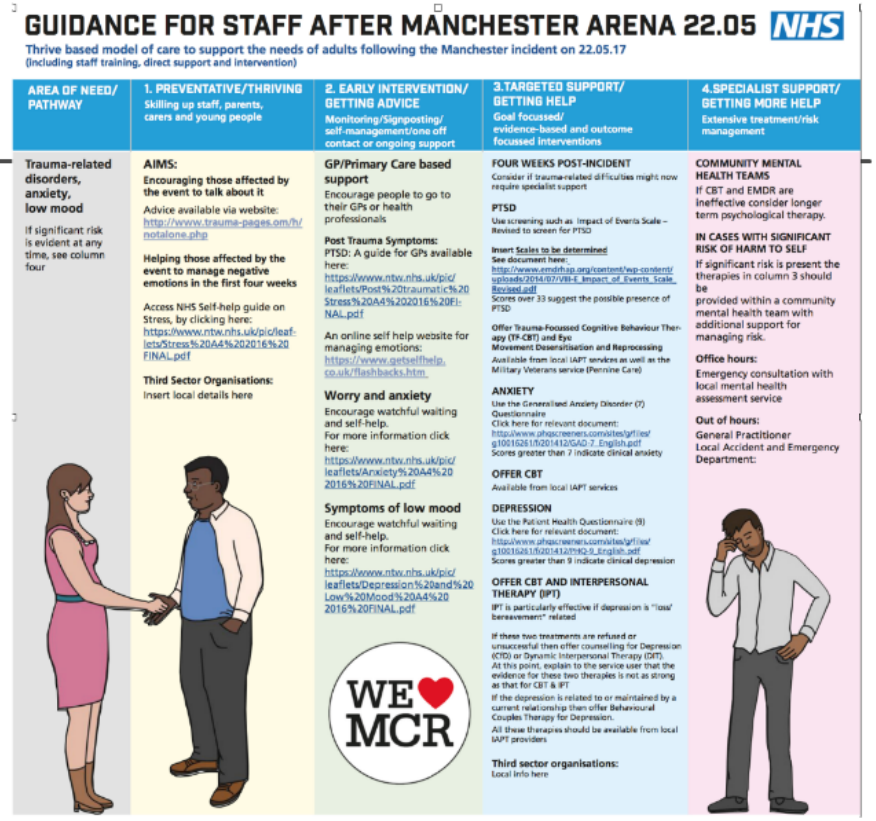
PPN Psychological Professions Network www.nwppn.nhs.uk

CLINICAL PSYCHOLOGY

NHS North West Boroughs Healthcare NHS Foundation Trust



GUIDANCE FOR STAFF AFTER MANCHESTER ARENA 22.05 NHS

Thrive based model of care to support the needs of adults following the Manchester incident on 22.05.17 (including staff training, direct support and intervention)

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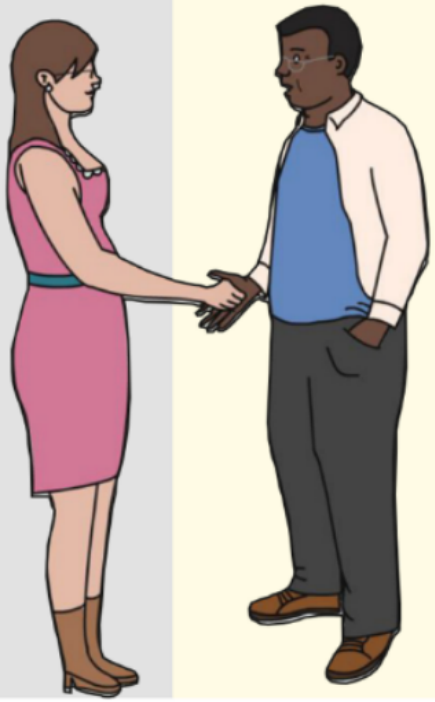

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NHS
North West
ghs Healthcare
NHS Foundation Trust

GUIDANCE FOR STAFF AFTER MANCHESTER ARENA 22.05

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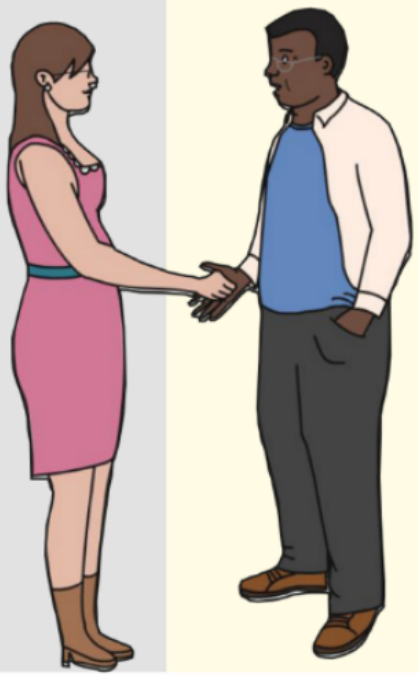

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f adults following the Manchester incident on 22.05.17

2. EARLY INTERVENTION/ GETTING ADVICE

Monitoring/Signposting/ self-management/one off contact or ongoing support

GP/Primary Care based support

Encourage people to go to their GPs or health professionals

Post Trauma Symptoms:
PTSD: A guide for GPs available here:
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Worry and anxiety

Encourage watchful waiting and self-help.
For more information click

3.TARGETED SUPPORT/ GETTING HELP

Goal focussed/ evidence-based and outcome focussed interventions

FOUR WEEKS POST-INCIDENT

Consider if trauma-related difficulties might now require specialist support

PTSD

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4.SPECIALIST SUPPORT/ GETTING MORE HELP

Extensive treatment/risk management

COMMUNITY MENTAL HEALTH TEAMS

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IN CASES WITH SIGNIFICANT RISK OF HARM TO SELF

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Emergency consultation with local mental health assessment service

Out of hours:

General Practitioner

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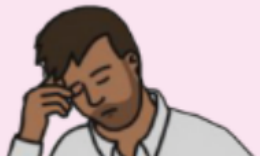
/Primary Care based pport courage people to go to ir GPs or health fessionals t Trauma Symptoms: D: A guide for GPs available e: ps://www.ntw.nhs.uk/pic/ flets/Post%20traumatic%20 ess%20A4%202016%20FI- L.pdf online self help website for naging emotions: ps://www.getselfhelp. uk/flashbacks.htm orry and anxiety courage watchful waiting d self-help. more information click e: ps://www.ntw.nhs.uk/pic/ flets/Anxiety%20A4%20 6%20FINAL.pdf mptoms of low mood courage watchful waiting d self-help. more information click e:	**FOUR WEEKS POST-INCIDENT** Consider if trauma-related difficulties might now require specialist support **PTSD** Use screening such as Impact of Events Scale – Revised to screen for PTSD **Insert Scales to be determined** **See document here:** http://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-E_Impact_of_Events_Scale_Revised.pdf Scores over 33 suggest the possible presence of PTSD **Offer Trauma-Focussed Cognitive Behaviour Therapy (TF-CBT) and Eye Movement Desensitisation and Reprocessing** Available from local IAPT services as well as the Military Veterans service (Pennine Care) **ANXIETY** Use the Generalised Anxiety Disorder (7) Questionnaire Click here for relevant document: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/GAD-7_English.pdf Scores greater than 7 indicate clinical anxiety **OFFER CBT** Available from local IAPT services **DEPRESSION** Use the Patient Health Questionnaire (9) Click here for relevant document: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf Scores greater than 9 indicate clinical depression	**COMMUNITY MENTAL HEALTH TEAMS** If CBT and EMDR are ineffective consider longer term psychological therapy. **IN CASES WITH SIGNIFICANT RISK OF HARM TO SELF** If significant risk is present the therapies in column 3 should be provided within a community mental health team with additional support for managing risk. **Office hours:** Emergency consultation with local mental health assessment service **Out of hours:** General Practitioner Local Accident and Emergency Department: 

(self-reported)

Depression
Phobia
OCD
Panic attacks
Bases

% of

90

37.5

45

Learning from the Manchester attack

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    - Providers working together
- Early normalisation
    - e.g. better support for GPs???
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PPN NORTH WEST Psychological Professions Network
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELLBEING
www.nwppn.nhs.uk

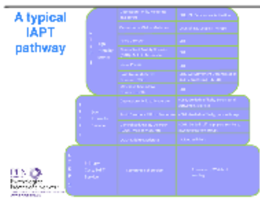
NORTHWEST CLINICAL PSYCHOLOGY SERVICES

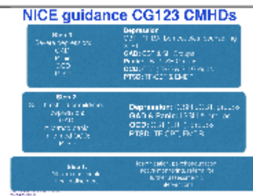
NHS North West Boroughs Healthcare NHS Foundation Trust

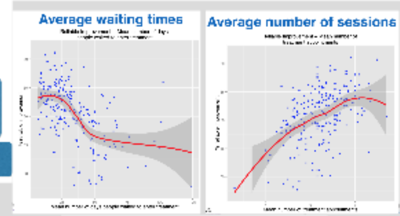
Treating PTSD in Primary Care

PPN Annual conference | Dr Paul G Campbell | 9th November 2017

How well does IAPT treat PTSD??

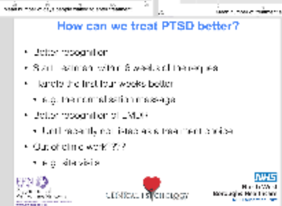






How well do we treat PTSD?

Problem descriptor	Recovery rate (%)	Range (%)	No. of sessions
[illegible]	[illegible]	[illegible]	[illegible]
GAD	[illegible]	[illegible]	[illegible]
Panic Disorder	[illegible]	[illegible]	[illegible]
OCD	[illegible]	[illegible]	[illegible]
Mixed Anx & Dep	[illegible]	[illegible]	[illegible]
Depression	[illegible]	[illegible]	[illegible]
Social Phobia	[illegible]	[illegible]	[illegible]
PTSD	[illegible]	[illegible]	[illegible]
Agoraphobia	[illegible]	[illegible]	[illegible]



Are we identifying PTSD?

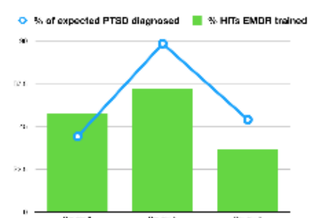
Cernis, Pimm & Clark, 2016

Problem descriptor	PWP Triage	PDSQ screener
Major Depression	[illegible]	[illegible]
Generalised Anxiety Disorder	[illegible]	[illegible]
Social Anxiety Disorder	[illegible]	[illegible]
Mixed Anxiety & Depression	[illegible]	-
Somatisation		[illegible]
Panic Disorder	[illegible]	[illegible]
Post-traumatic Stress Disorder	1%	[illegible]
Agoraphobia	1%	[illegible]
Obsessive Compulsive Disorder	1%	[illegible]
Health Anxiety	[illegible]	[illegible]

Adult Psychiatric Morbidity Survey (2016)

Professional diagnosed CMD, by CMD in past week (as identified by CIS-R)

	CMD in past week, as identified by CIS-R			
	Depression	Phobias	OCD	Panic disorder
Ever diagnosed with CMD by professional (self-reported)	%	%	%	%
Depression	70.0	72.1	83.0	43.8
Phobia	5.9	7.2	6.0	–
OCD	7.1	7.9	13.2	–
Panic attacks	42.7	45.5	41.9	22.3
Bases	*284*	*201*	*103*	*43**



Manchester Arena Incident

Learning from the Manchester attack

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