iapt

Improving Access to Psychological Therapies

NHS

Children and Young People's Programme

Supporting Future Commissioning of Children's and Young People's Increasing Access to Psychological Services (IAPT)

Barry Nixon

Wednesday 14th January 2015

What are we going to talk about today?

- **CAMHS Context**
  - Policy
  - Structure
  - Clinical
- **CYP IAPT Programme**
  - Delivery
  - Progress to date
- **Sustainability & what next**
- **Questions**

Policy Context

Could the profile of children & young peoples mental health get any bigger?

- Health Select Committee Report (Nov 2014)
- Children and Young Peoples Mental Health & Well being Taskforce
- Co-Commissioning Pilots
- DfE Guidance (Child mental Health 2014)
- UK Youth Parliament national Campaign 2015
- Major Lobbying …….Intense Media interest
- NHS Mandate, Health Education England Mandate
- Five Year Forward View: Achieving Better Access to Mental Health Services by 2020
- Publication of Service Specifications 2/3; Transitions
- Deputy PM – CAMHS Champions
- **CYP IAPT !!!!**

Key Themes in legislation & Policy

Golden threads……..

- Parity of Esteem between physical and mental health
- Whole life course – mental health strategy
- Evidence based treatments (NICE, WWfW)
- Prevention and early intervention
- Timely access and waiting times – 2020 paper
- Participation – No decision about me without me
- Choice
- Personalisation
- PbR - Currencies
- Outcomes that matter to children, young people and families

Why be concerned about children and young peoples mental health?

Children & young people may have significant and diagnosable problems that severely affects their ability to enjoy life and achieve:

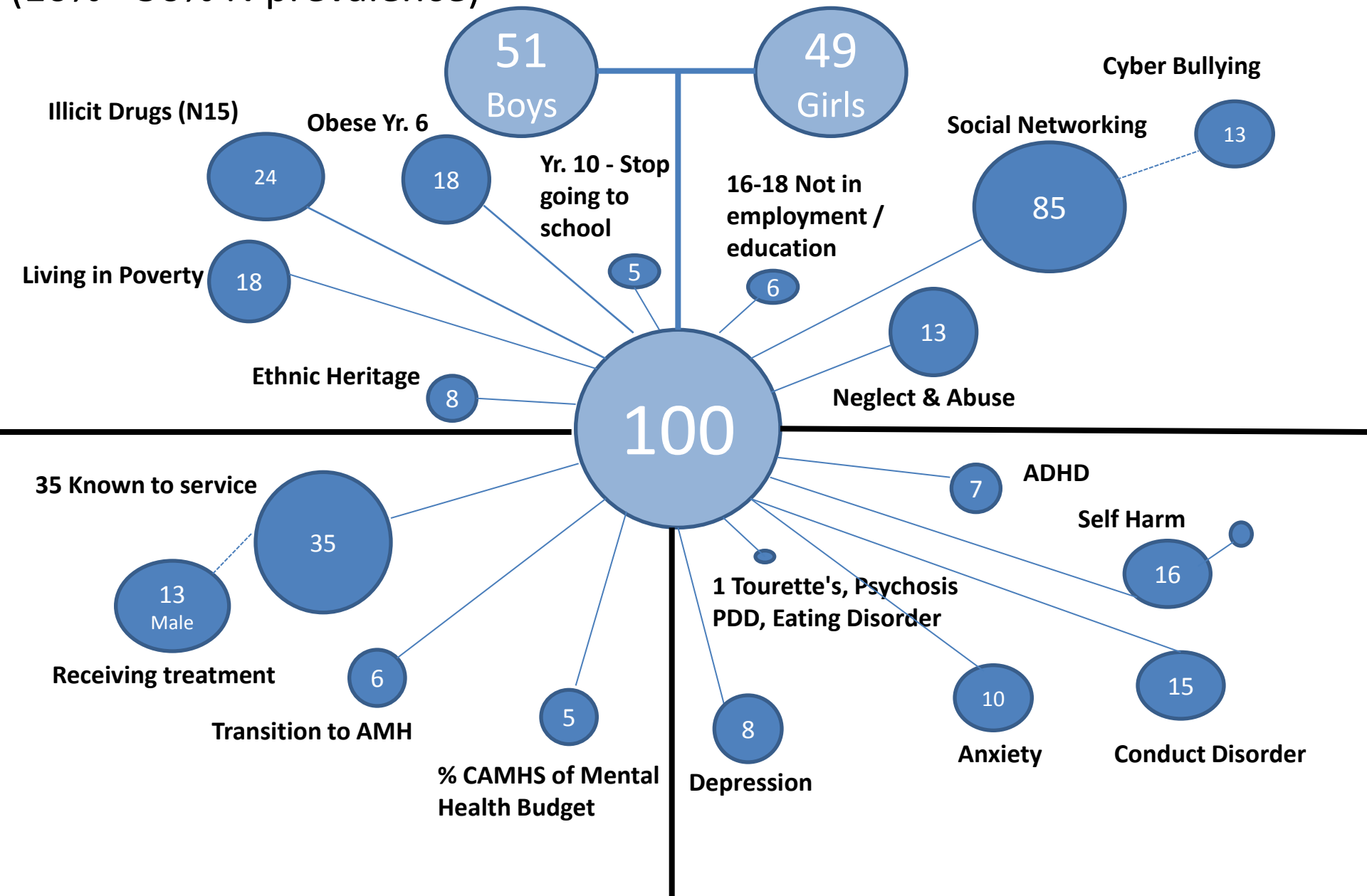
- *'they will grow out of it' ……*
- Depression and anxiety (35% not receive any intervention)
- Behaviour & Conduct problems
- Eating Disorders
- Mental health problems related to Neuro development problems
- Attachment disorders
- Psychosis
- Substance use

Also need help when they have:

- Long term chronic illness
- Difficult family environment
- Bereaved
- Neglected and/ or abused

Child & Adolescent Mental Health

(10% - 50% N prevalence)



What are the consequences of poor mental health?

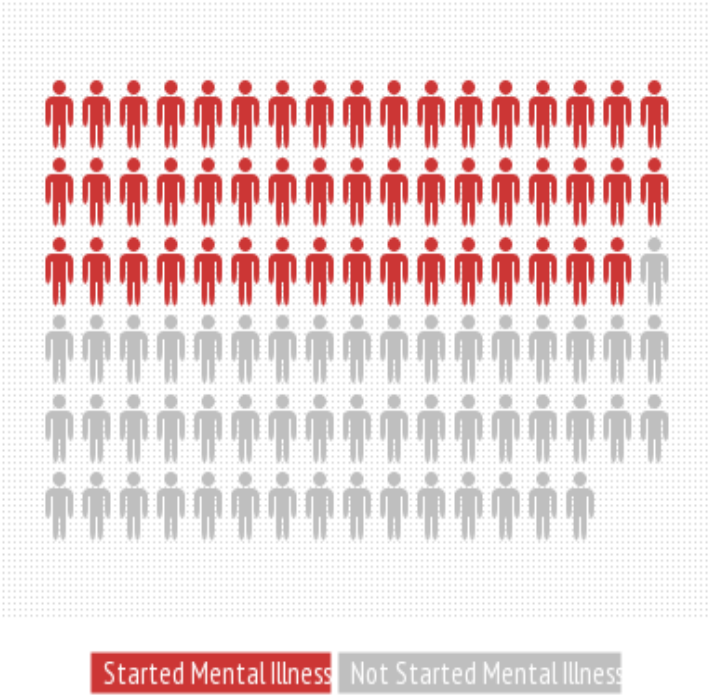
- Self Harm *(16%-24%⬆)*
- Suicide (*Now the highest reason for death in YP*)
- Health risk behaviour
  - Smoking (Smoking is the single largest cause of preventable death & **43%** of under 17 year old smokers have either emotional or conduct disorder)
  - Alcohol / Drug use
  - Sexual risk
- Physical illness and premature death
- Educational Outcomes
- Employment
- Antisocial behaviour/offending *(50% of CD fulfil criteria for emerging/BPD)*

Impact of mental disorder: Most lifetime mental disorder arises early adulthood

Age of onset of lifetime mental illness – predates subsequent illness by several decades

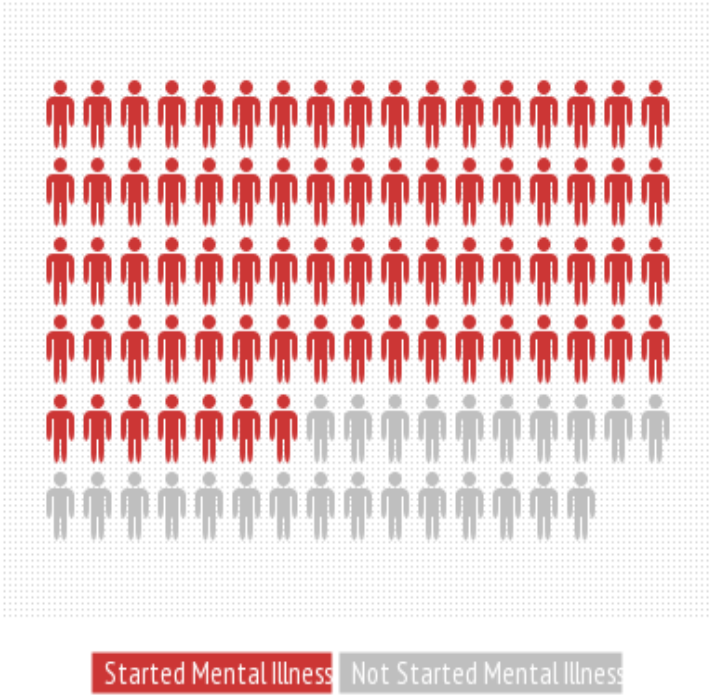
At Age 14

50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY AGE 14



By Mid Twenties

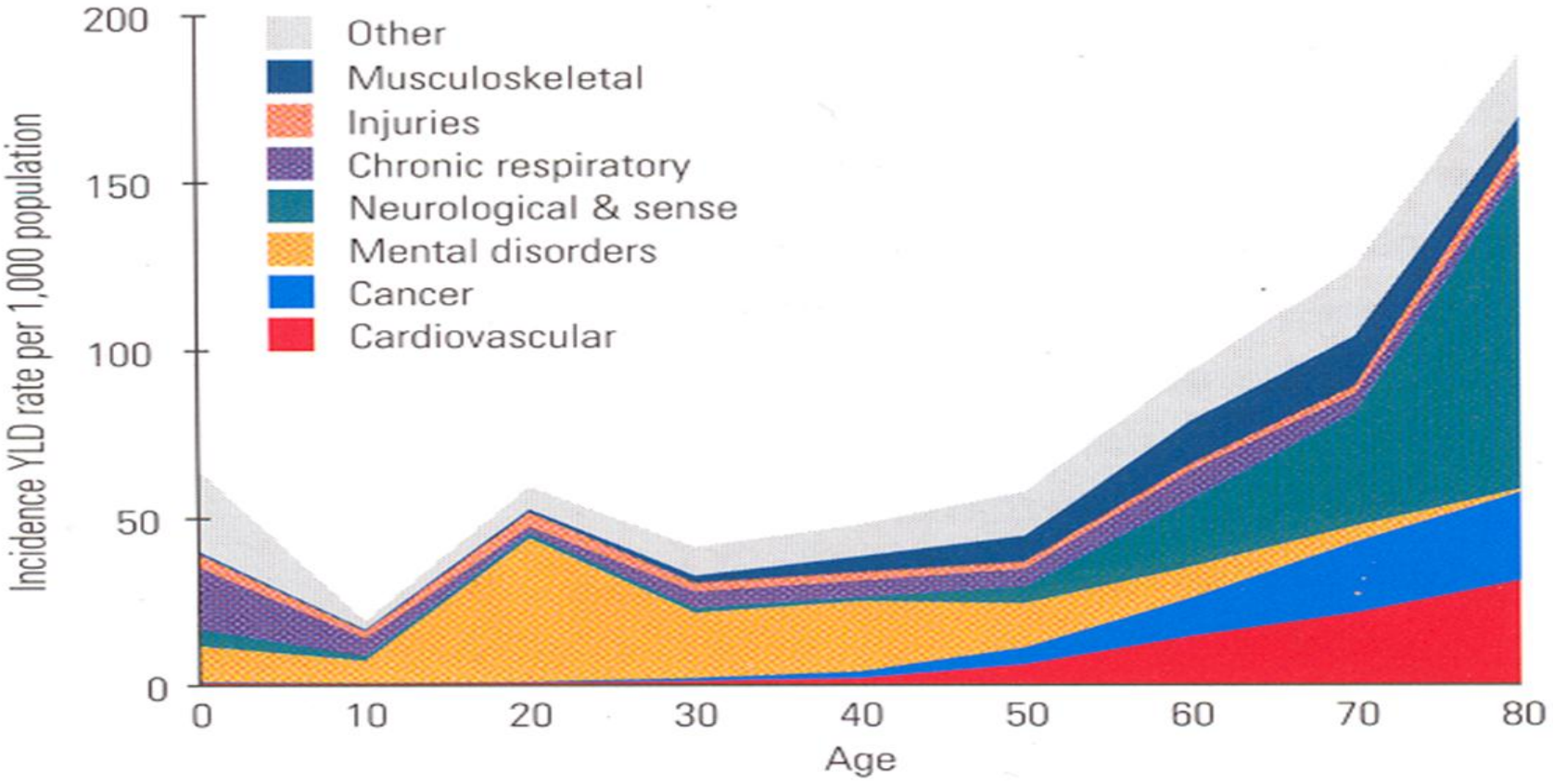
75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA) STARTS BY MID TWENTIES



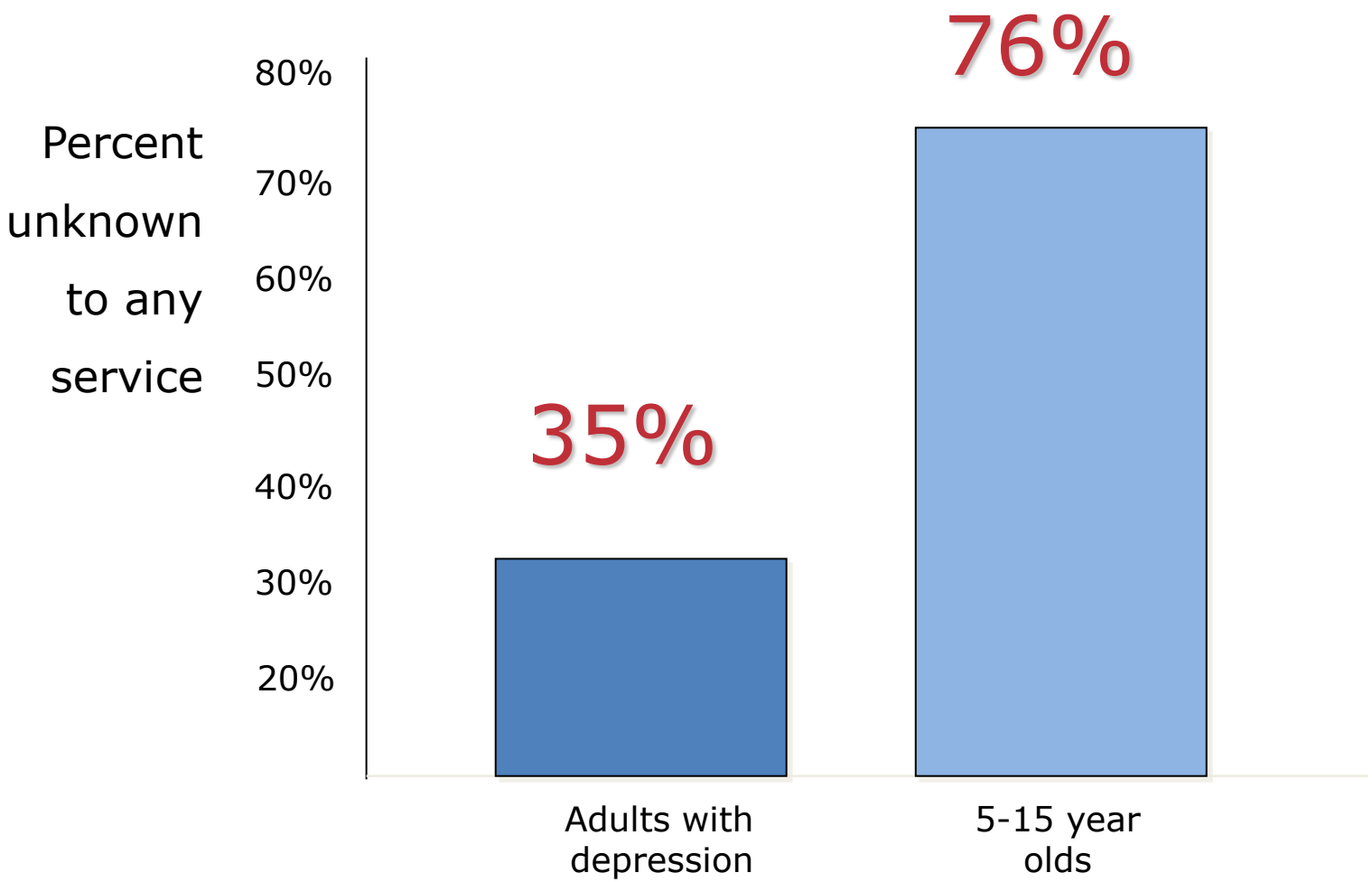
Source: Kim-Cohen et al, 2003; Kessler et al, 2005; Kessler et al, 2007

Mental health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



% With anxiety or diagnosable depression not in contact with mental health services

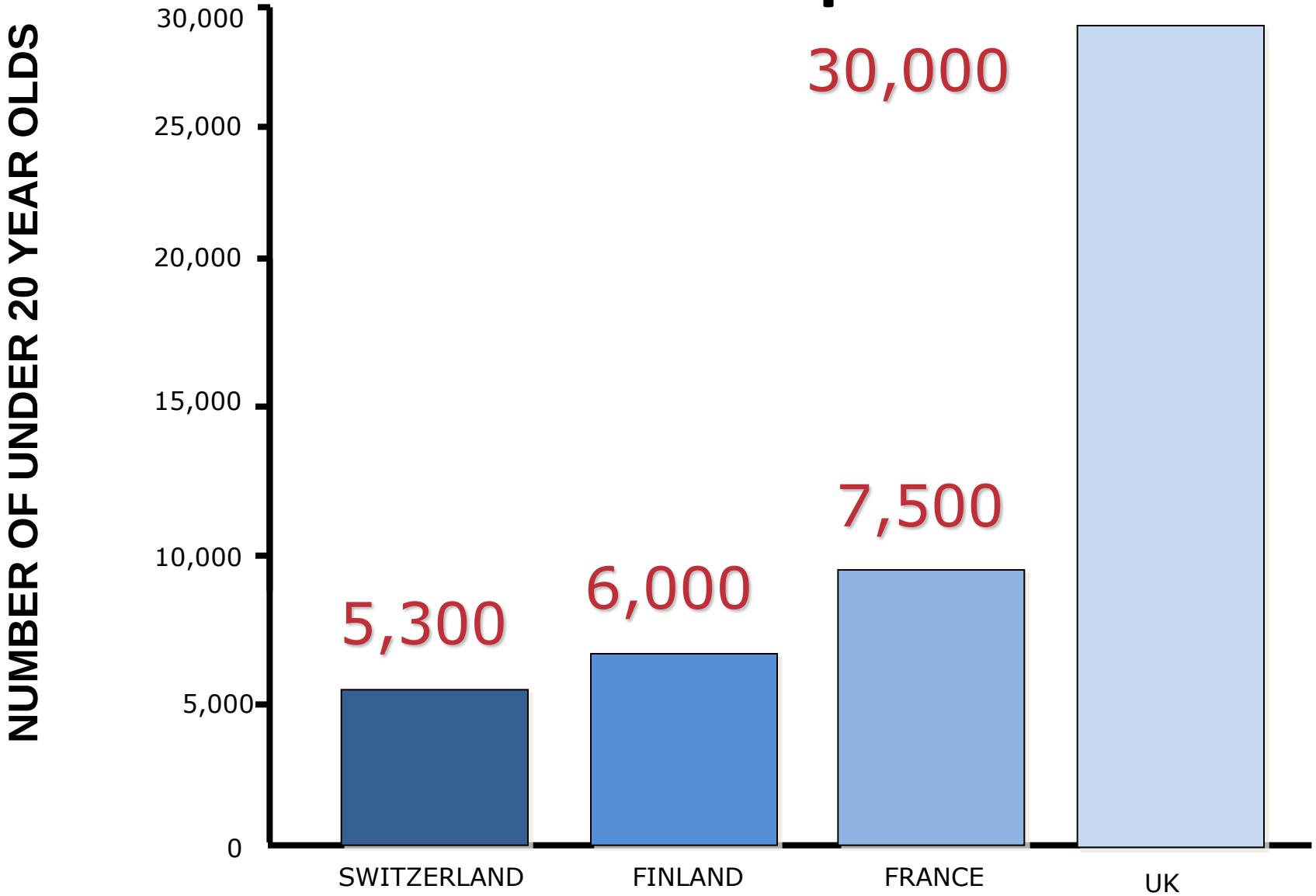


Source: Ford et al. (2005) Child & Adol Ment Health, 10:2-9

Dean et al., (2004) DoH; McCrone et al., (2008) King's Fund

With permission P Fonagy

Number of under 20 year olds per CAMHS medical specialist



Source PEDRINI ET AL., (2012) ; LEVAY ET AL., (2004); WHO MENTAL HEALTH ATLAS (2005)

With permission P Fonagy

Mental illness during childhood and adolescence in the UK:

£11,030 to £59,130 annually per child

Lifetime cost of a 1-year cohort of children with Conduct Disorder: £5.2 billion

Costs of adult crime with history of CD

- £60 billion in England and Wales
- £22.5billion attributable to CD
- £37.5 billion to subthreshold CD

Including costs of various agencies

- Health
- Social services
- Education
- Justice

Evidence-based practice has substantial clinical & cost benefits

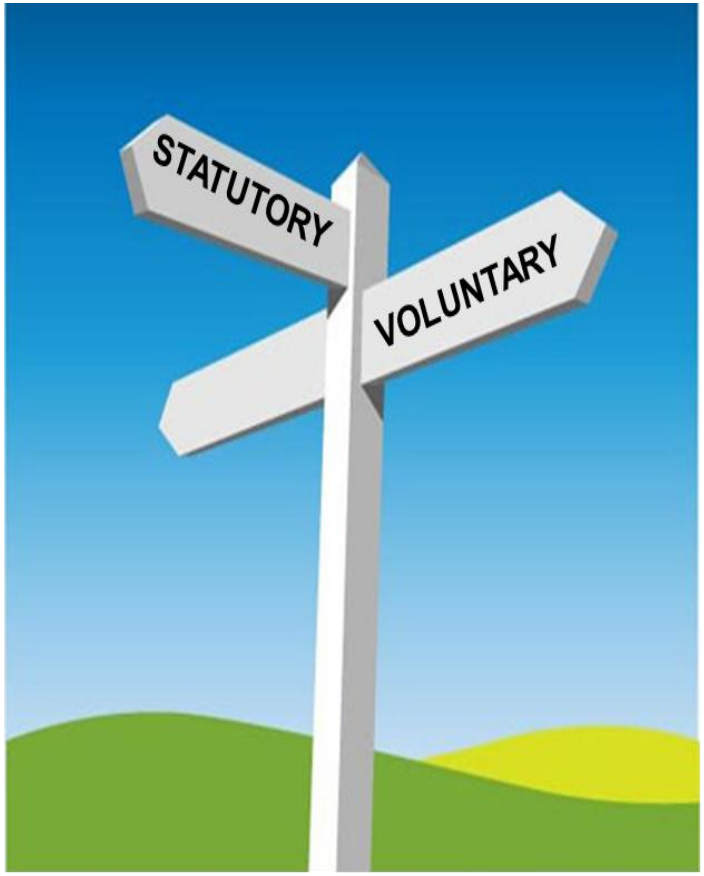
Little & Edovald, 2012; Suhrcke, Puillas & Selai, 2008

Only 5% of current spending on mental health goes to services aimed at children and young people (Kennedy, 2010)23% 0f population

With permission P Fonagy

Fragmentation of services for children & young people

Fragmentation of services for children & young people



Statutory vs voluntary providers

Fragmentation of services for children & young people

Fragmentation of services for children & young people

On top of these problems…….

- Unmet need: only 13% of adolescent males with a clinical diagnosis receive treatment
- Increased prevalence (eg: self harm)
- Inconsistent use of evidence based practice – mixed outcomes
- Missed opportunities for potential prevention due to delay in accessing services
- Need for better understanding about child and adolescent mental health in services (GPs, Education)
- Limited use of routine outcome measures & limited requirements to measure outcomes
- Concerns re: access to & from in-patient services
- Concerns re: Transitions between services (6% transition to AMH)

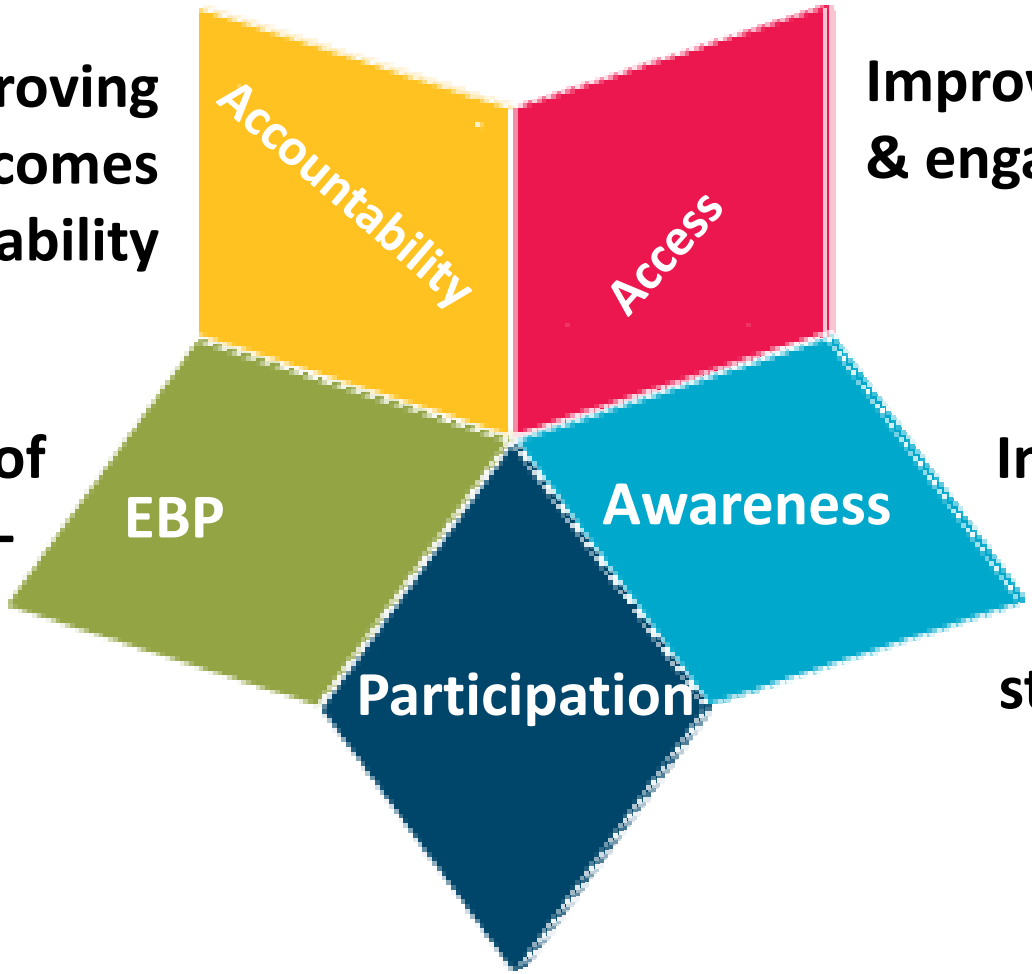
What components make up good practice?

CAMHS

What components make up good practice?

Improving outcomes accountability

Improving access & engagement



Delivery of evidence-based practices

Increasing MH awareness & decreasing stigmatisation

Enhancing youth, carer & community participation

NICE Recommended Therapies for Children & Young People

rder	Mild			Moderate			Severe		
RESSION	Group CBT	CBT	ST	CBT	IPT	FT	CBT	IPT	FT
RESSION(2nd line)	WW	G-SH	CBT / ST	CBT / IPT / FT	+	FLX	CBT / IPT / FT	+	FLX
UCT DISORDER en <12 years	Non-MC	PT		PT			PT		
UCT DISORDER en >12 years	PT			FT	PT		PT	CBT	MST
	WW	PT		PT			PT	+	MED
DISORDER	CBT			CBT			CBT		
	CBT			CBT			CBT		
L PHOBIA	CBT			CBT			CBT		
(NICE #26)	CBT- TF			CBT-TF			CBT-TF		
CG #31)	Psych-ED			CBT (ERP)			CBT (ERP)		
EXIA NERVOSA	CBT	IPT	FT	CBT	IPT	FT	CBT	IPT	FT
ntinued…	CAT	FPT		CAT	FPT		CAT	FPT	
IA NERVOSA	CBT-BN	IPT		CBT-BN	IPT		CBT-BN	IPT	
E EATING DISORDER	CBT-BED			CBT-BED			CBT-BED		

With permission P Fonagy

Training in Evidence Based Practice

Research evidence

+

Children, young people and family values + preferences

+

Clinician observations

=

Quantifiable results

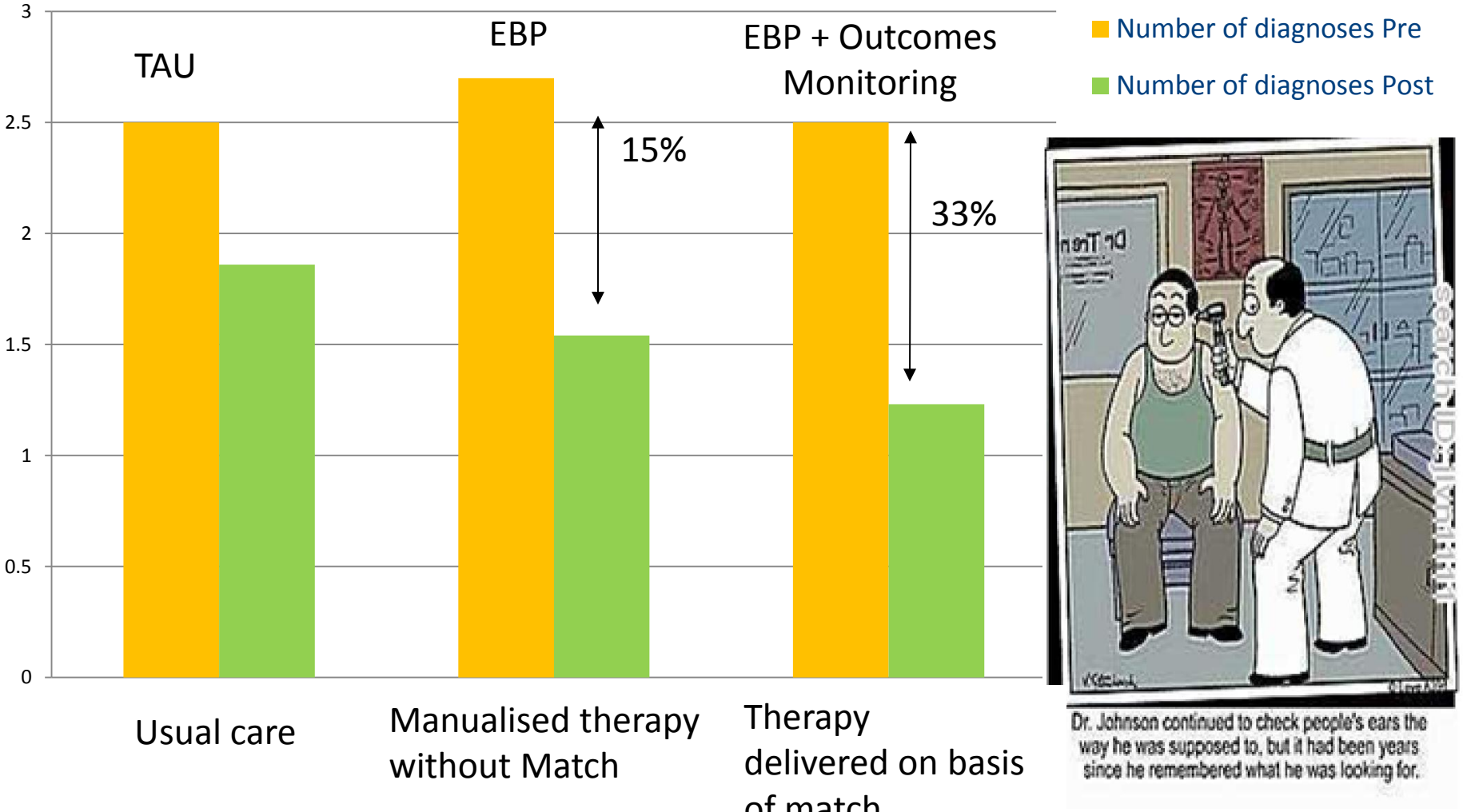
Utility for clinicians

Acceptable to recipients

Frueh et al (2012) Evidence-Based Practice in Adult Mental Health. Handbook of Evidence-Based Practice in Clinical Psychology. Published online.

Measurement for a purpose: Guiding treatment to better outcomes

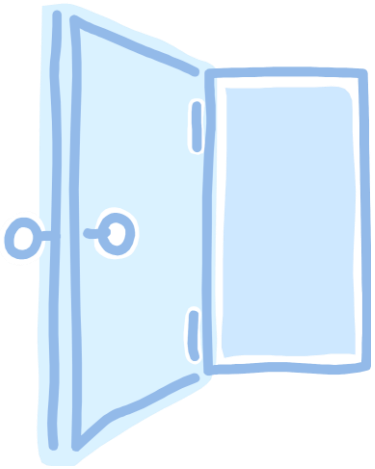
Weisz et al. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: a randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274-282. With permission from Peter Fonagy



Progress: in partnership with young people

National level – young people co-chair Service Development, Integrated Services sub groups and are involved in developing

- CAMHS Service Specification
- Guidance on Complaints, Consent Forms,
- 10 Top Tips for Recruitment
- CAMHS values and standards



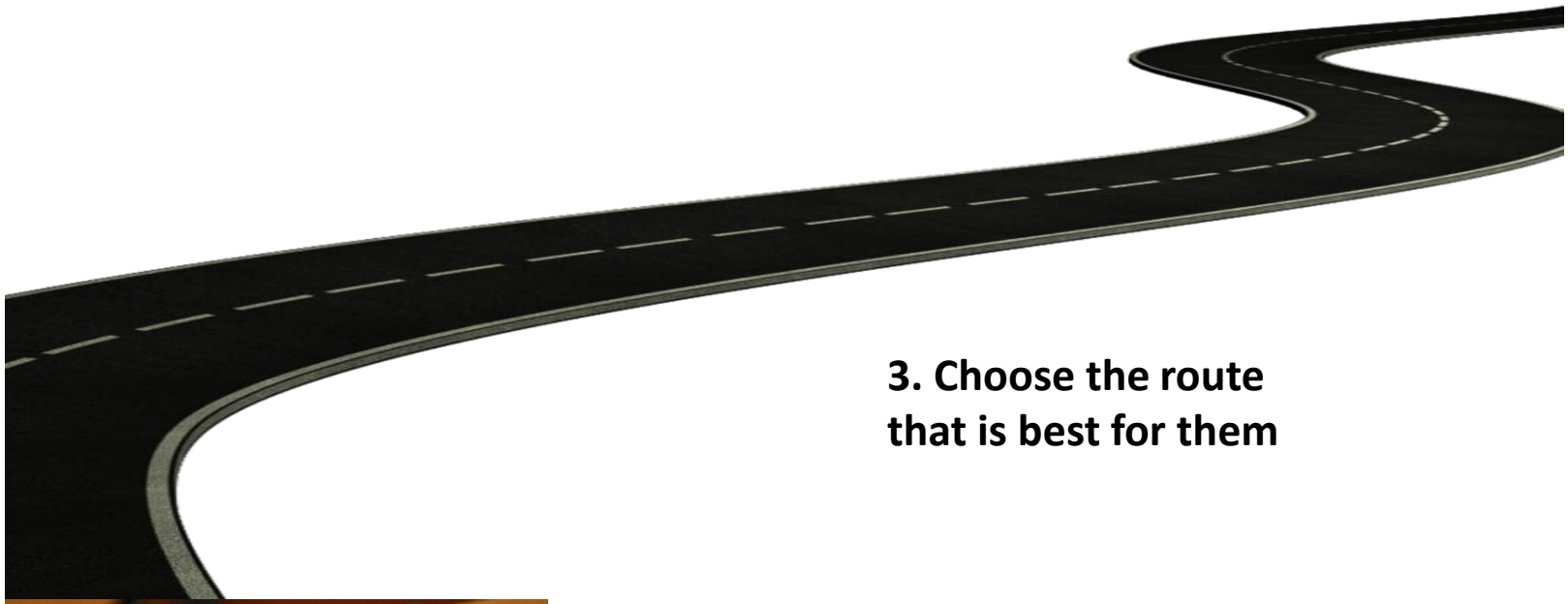
Local work includes

On regional project board, Working with commissioners, interviews for new CAMHS partnerships to join CYP IAPT, staff interviews, service redesign, information creation, working to support delivery of ROMs, training

Please sign up for www.myapt.org.uk; see video clips

Empowering young people enables them to

2. Establish treatment goals



3. Choose the route that is best for them

2. Take control of their care

Increasing mental health awareness

www.minded.org.uk

What is CYP IAPT?

NHS England Children and Young peoples IAPT attempts to address some of these challenges:

- Aims to transform existing mental health services for children and young people so that they have improved access to the best possible psychological services in a way that they find acceptable and relevant.

- It focuses on embedding therapies that have been proven to work, making sure that everyone involved in the services, not just those who are being directly trained, use outcome monitoring and works to incorporate the views of children and young people in service design and delivery.

CAMHS fit for future - CYP IAPT

- Began April 2011 - learned from Adult IAPT but specific to the needs of children and young people and the agencies that support them
- **Key IAPT quality markers:**
  - Evidence based practice
  - Routing Outcome Monitoring
  - Strong supervision and high fidelity
- Participation offered to existing CAMHS – not exclusively NHS
- CYP IAPT prepares existing & future workforce by training within existing CAMHS
- The budget is modest
- New developments in Adult IAPT eg: EIP following CYP methodology

Service Transformation Programme

- Using routine outcomes monitoring
  - To guide therapist and supervisor
  - To help client monitor and understand how treatment is progressing
  - Across ALL professions
- Empowering service users to take control of their care, establish treatment goals, choose treatment approaches and take opportunities to improve their own health
- Improving access to evidence-based therapies
- Introducing evidence-based organisation of care

Why use ROMs?

- **Clinical practice**

  *'staff are reporting that ROM is helping them **prioritise need**'.*

  'Goal based measures [are] *helpful in maintaining client's focus and motivation'.*

  Using ROMs in **supervision *'encourages reflective practise'.***

Interviews with young people showed *'they like filling in the questionnaires most of the time and one young person said it was the first time someone had asked me what I thought'*

- **Service development**

'They [ROM and YP, parents feedback] *are providing us with information we can utilise in our **discussions with commissioners about what we do, what works, gaps in provision and what are service users experience.'***

Routine Outcome Monitoring

What do young people say?

"I don't mind doing it. It's a chance to say if there is something you'd rather be talking about or to say how well you think it's going."

"Really helpful because I can think about it as well, I can think I am not quite there but see there is room for improvement. If I'm not in a good mood my score can go down by 1 or 0.5, and vice versa but that's okay. I would find it hard to say in person how I feel but writing it down is an easier option. It helps me see I can do it and see my progress."

"It's easier to keep track and it can show you that you are making progress. It's proof that you are getting better"

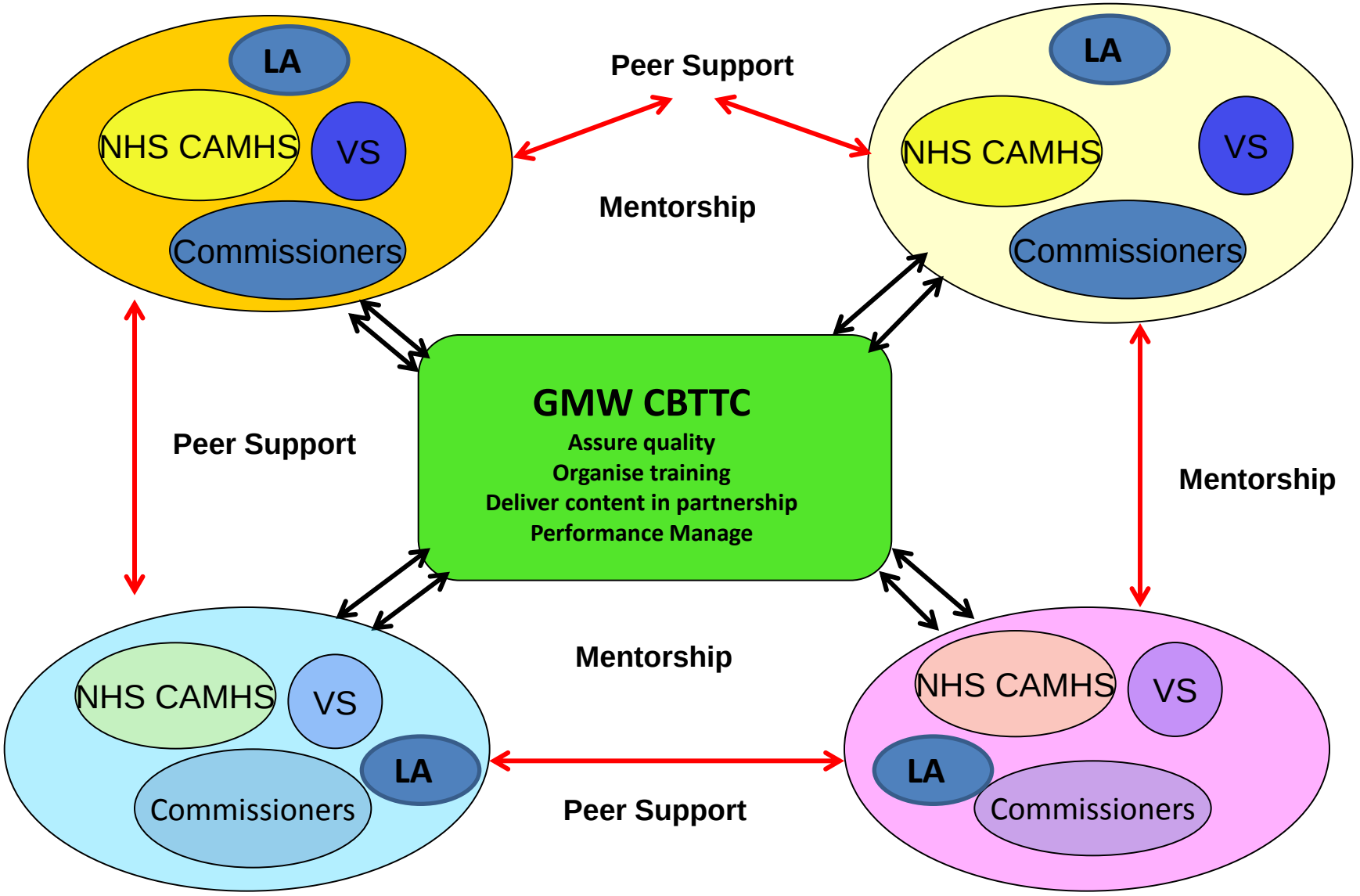
Project Approach – How

- Creating local Learning Collaboratives between HEIs/Training Providers & local area CAMHS partnerships

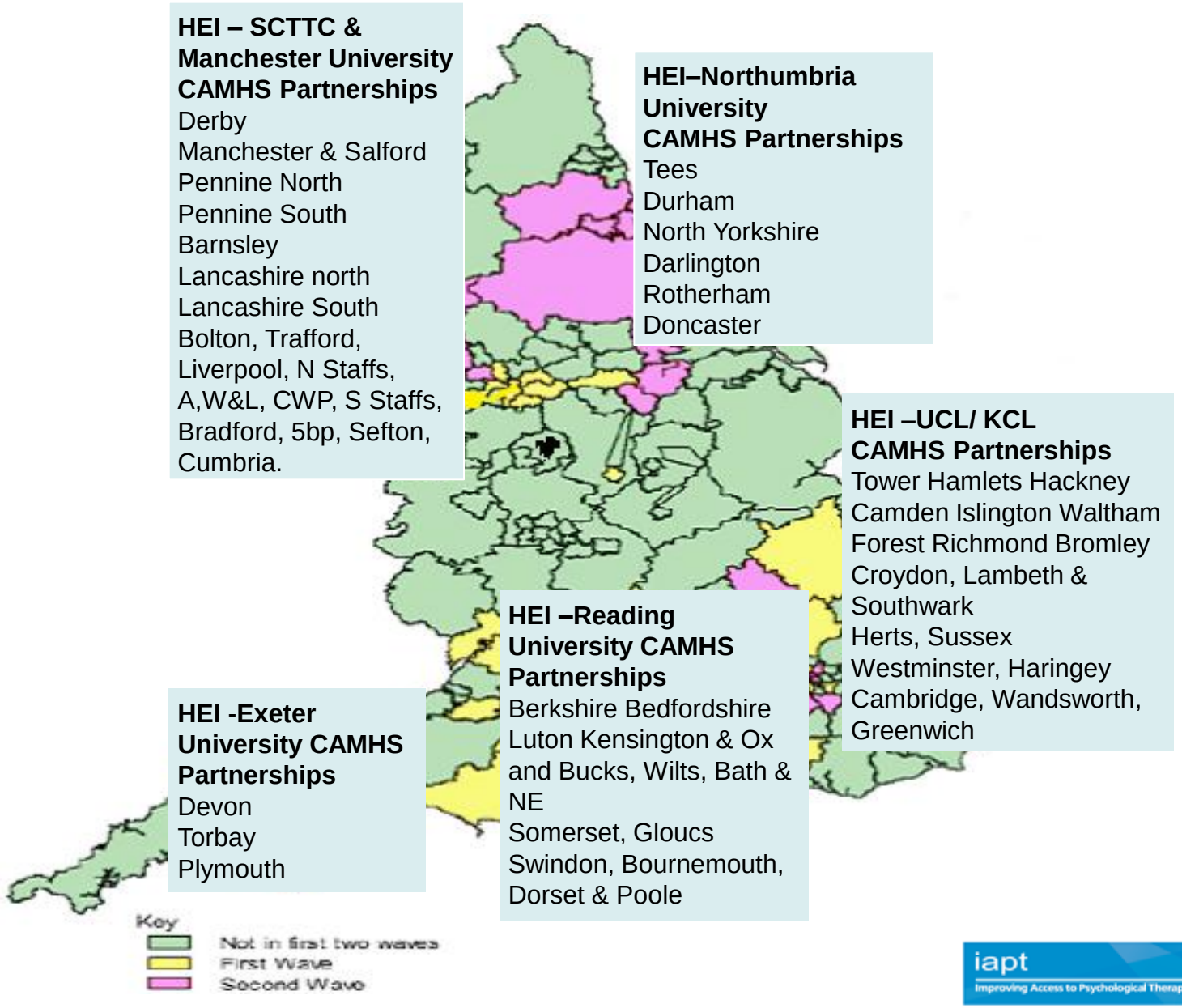
Working together to:

- Train supervisors, therapists & service managers/leads
- Creating a ‘Community of CAMHS’ which works to support each other, share and learn.

Building a Lasting Collaborative

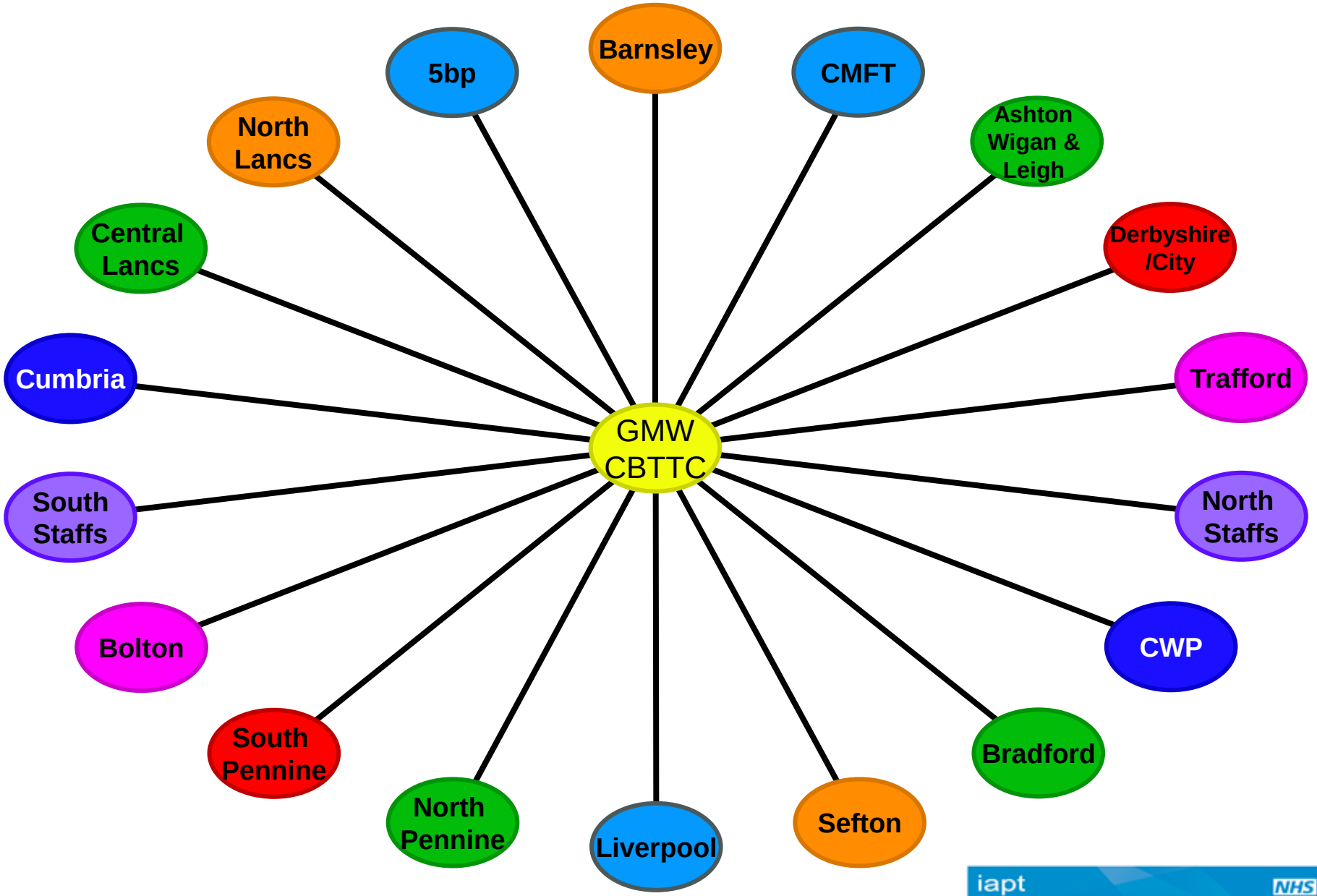


National CYP IAPT: Phase 1, 2, 3 &4



iapt
Improving Access to Psychological Therapies
NHS

NW Collaborative: Phase 1,2,3 & 4



iapt
Improving Access to Psychological Therapies
NHS

Responding iteratively to service needs

- 2015 New enhanced Evidence Based Proactive programme: Brief course a certificate level for Band 5/6 and or equivalent to create effective workforce
- Parenting offered as PG Dip and PG Certificate
- Collaboratives take on greater level of local support and challenge role – development of performance management framework and KPIs

Quality Assurance

- **Accreditation council:** CYP IAPT principles embedded in established accreditation processes for individual therapists, modality, courses and services to support demonstration of and commitment to quality assurance.
- BABCP assuring CBT, Parenting
- AFT assuring SFT programme

The CYP IAPT Programme

Deliver a workforce to offer evidence based practice as recommended by NICE in:

- CBT for anxiety & depression
- Parenting training for conduct disorder (3-10)
- Systemic family practice (over 10s) depression, self harm & eating disorders
- Interpersonal psychotherapy for adolescents for depression

- Enhanced evidence based practice programme
- Service transformation leadership programme for Service Leads
- CYP IAPT Supervisors programme
- Service transformation outreach programme
- Supervision outreach programme

What does our offer include ?

- Training and backfill for staff with key competencies including supervisors and service managers
- Funding for service development, IT infrastructure, participation
- Funding for a further year for data capture across the service
- A budget to contribute to service transformation for IT and participation
- Up to 4 days of outreach CPD to support service transformation from menu agreed with service managers
- Outreach supervision for supervisors (not attending the training course) around aspects such as routine outcome monitoring and collaborative practice

Overview of Training Courses

NICE Recommended Therapies for Children & Young People

rder	Mild			Moderate			Severe		
RESSION	Group CBT	CBT	ST	CBT	IPT	FT	CBT	IPT	FT
RESSION(2nd line)	WW	G-SH	CBT / ST	CBT / IPT / FT	+	FLX	CBT / IPT / FT	+	FLX
UCT DISORDER en <12 years	Non-MC	PT		PT			PT		
UCT DISORDER en >12 years	PT			FT	PT		PT	CBT	MST
	WW	PT		PT			PT	+	MED
DISORDER	CBT			CBT			CBT		
	CBT			CBT			CBT		
L PHOBIA	CBT			CBT			CBT		
(NICE #26)	CBT- TF			CBT-TF			CBT-TF		
CG #31)	Psych-ED			CBT (ERP)			CBT (ERP)		
EXIA NERVOSA	CBT	IPT	FT	CBT	IPT	FT	CBT	IPT	FT
ntinued…	CAT	FPT		CAT	FPT		CAT	FPT	
IA NERVOSA	CBT-BN	IPT		CBT-BN	IPT		CBT-BN	IPT	
E EATING DISORDER	CBT-BED			CBT-BED			CBT-BED		

With permission P Fonagy

Service Lead Training

- Eligible Students
- Experienced service managers and clinical leads
- Influential in terms of service development and who have experience of driving organisational change
- Have to submit CV's and are interviewed by GMW CBT Training Centre
- Assessment:

Supervisor Training

In line with recommendations outlined by Turpin & Wheeler (2011), supervisor trainees will have the following level of experience:

- A recognised Postgraduate Professional Training
- A recognised Postgraduate qualification in CBT, Behaviour Therapy, Social Learning, Parenting, SFT – eligibility for/actual accreditation
- A minimum of 2 years supervisory experience in the area undertaken in the relevant modality
- A minimum of 4 years experience in child and adolescent mental health services

PGDip Trainees

- PG Diploma in Evidenced Based Therapies for Children and Young People: CBT,PT & SFP Pathways (120 credits)
- Validated by the University of Manchester
- Includes 3 day accredited IY course for PT trainees

PGDip Trainees

Currently 3 pathways:

- All trainees complete module 1:
- CYP IAPT & fundamental therapeutic skills (CBT, PT & SFP)

and either:

- Module 2: CBT, PT for Conduct Disorder or SFP pathways

PGDip Trainees

Front line existing CAMHS clinicians with basic competences

- Worked in CAMHS for 4 years
- Had some supervised practice in either CBT, PT or SFT
- Undergraduate degree and:
- Core professional training (e.g., RMN, social work, clinical psychology)
- Those without core professional training can apply if they are a BACP accredited counsellor or can fulfil the Knowledge Skills & Attitudes form.
- All potential trainees interviewed

CBT Programme Includes:

- CBT for depression
- CBT for panic disorder
- CBT for social phobia
- CBT for generalised anxiety disorder
- CBT for obsessive compulsive disorder
- CBT for post-traumatic stress disorder
- CBT for specific phobias
- CBT for separation anxiety disorder
- Socratic dialogue
- Group CBT for depression

PT Programme Includes:

- Attachment
- Social Learning Theory
- Causes of conduct problems in childhood
- IY parenting pyramid (play, praise, ELS, ignoring, time out)
- Strategies for relationship building
- Teaching children to self-regulate
- Working with parental resistance
- Working with schools & other agencies
- Group process skills

SFP Programme Includes:

- Basic systemic practice
- SFP for depression & self- harm
- SFP for conduct problems (age 10 plus)
- (SFP for eating disorders)

Enhanced EBP Course

Module	Activity/coursework submission
1	1. Supervisor assessment of clinical competences 2. Clinical Portfolio 3. In-class Test
2	1. Video recording of an assessment session 2. Reflective Analysis (1000 words) 3. Supervisor assessment of clinical competences 4. Clinical Outcomes Portfolio
3	1. Video recording of an intervention session 2. Supervisor assessment of clinical competences 3. Professional and Reflective Treatment Portfolio 4. In-class Test

Sustaining Change

- **Participation being embedded in the service and organisation – part of the Trust's culture, recruitment of staff, establishment of participation lead posts.**

- **Involving commissioners –** setting CQUINs; linking with commissioners from LA.

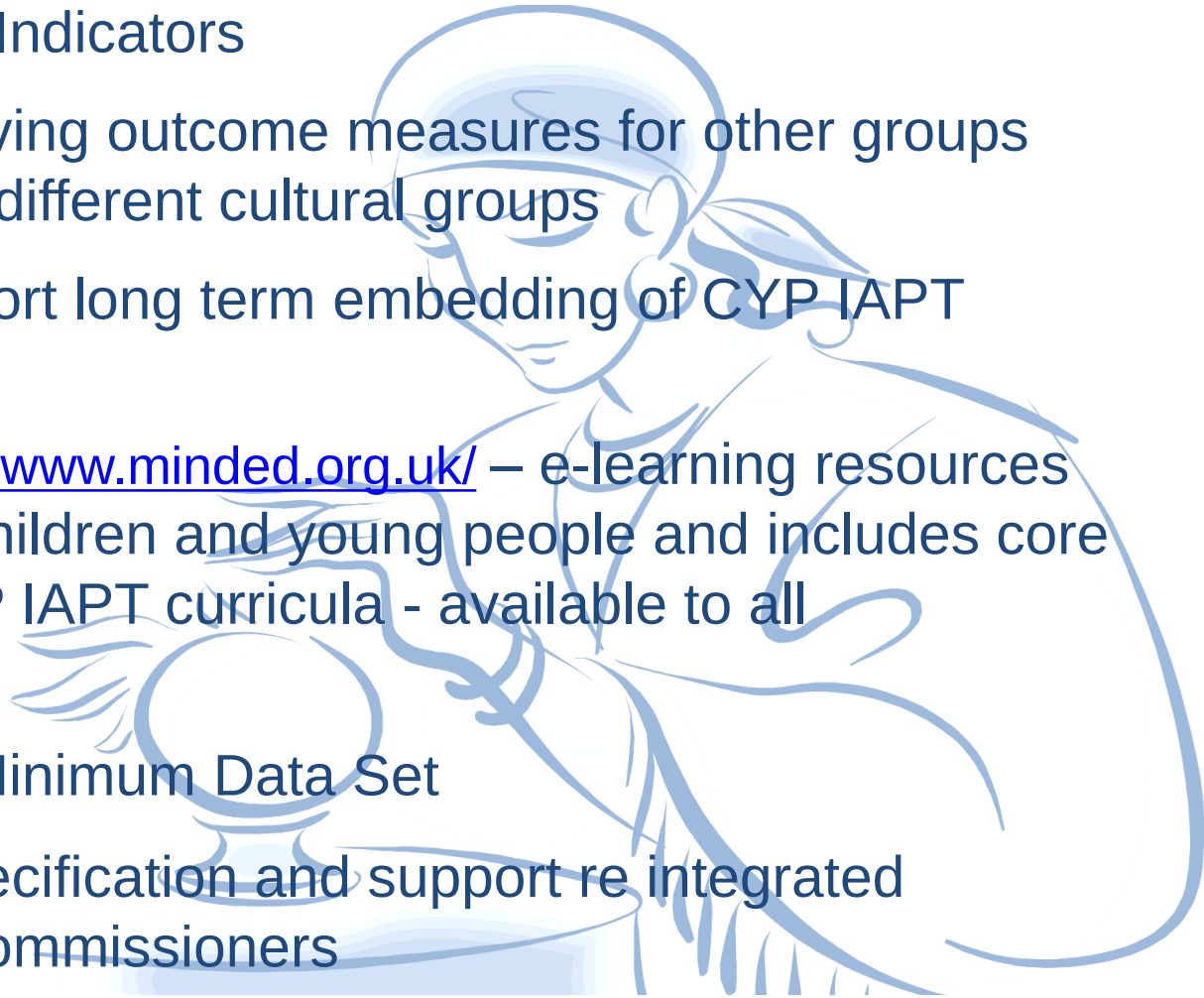
- **Embedding ROM in the teams -** increasing expectations of young people, parents, clinicians and managers about the value of systematically reviewing feedback and outcomes, and the impact of evidence based therapy. Showing how the feedback is used to make changes to the service.

- **CYP IAPT principles embedded in the overall strategic model for CAMHS service delivery with partner agencies**

- **Improving supervision structures within teams**

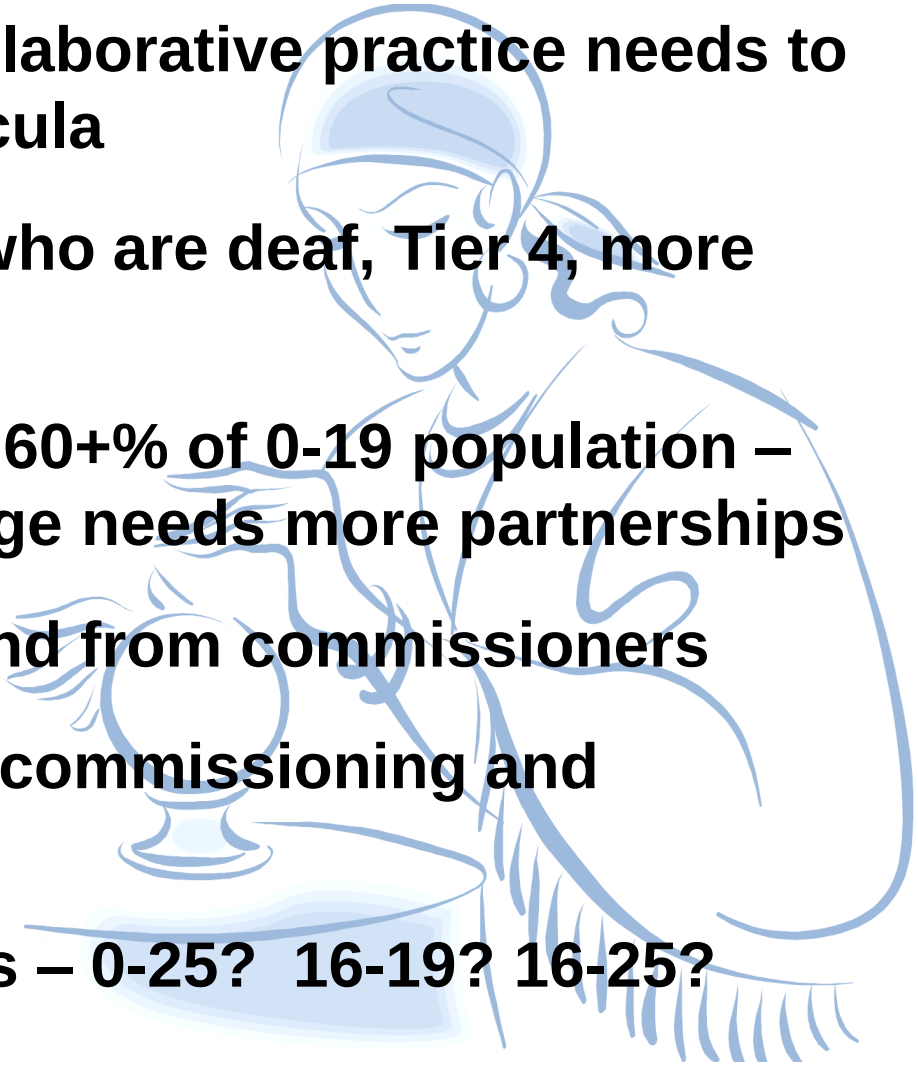
The Future for CAMHS

- Data now gives greater opportunity to demonstrate effectiveness and Key Performance Indicators
- Further work on improving outcome measures for other groups e.g. paediatric liaison, different cultural groups
- Accreditation will support long term embedding of CYP IAPT principles
- MindEd e-portal https://www.minded.org.uk/ – e-learning resources for all who work with children and young people and includes core sessions from the CYP IAPT curricula - available to all practitioners
- Merger with CAMHS Minimum Data Set
- Developing a T2/3 specification and support re integrated pathways to support commissioners



CYP IAPT and beyond

- Outcome monitoring and collaborative practice needs to be built into all clinical curricula
- Gaps for LD, ASD, children who are deaf, Tier 4, more work with counsellors
- By 2015 – services covering 60+% of 0-19 population – greater geographical coverage needs more partnerships
- Greater level of support to and from commissioners
- Greater integration between commissioning and provision
- Youth services more in focus – 0-25? 16-19? 16-25?



Sustaining Change

- **Participation being embedded in the service and organisation -** part of the Trust's culture, recruitment of staff, establishment of participation lead posts**.**
- **Involving commissioners -** setting CQUINs; linking with commissioners from LA.
- **Embedding ROM in the teams -** increasing expectations of young people, parents, clinicians and managers about the value of systematically reviewing feedback and outcomes, and the impact of evidence based therapy. Showing how the feedback is used to make changes to the service.
- **CYP IAPT principles -** embedded in the overall strategic model for CAMHS service delivery with partner agencies
- **Improving supervision structures within teams**

What helps us evolve?
Positive organisational culture

CYP IAPT requires cultural change Aarons et al 2012

The organisation

- **Promotes achievement and mutual encouragement**
- **Expects clinicians**
  - to place the well-being of the clients first
  - to be competent
  - have up-to-date knowledge

The clinicians

- **Share the perception that**
  - they are able to personally accomplish many worthwhile things
  - remain personally involved in their work
  - sustain concern about their client

iapt
Improving Access to Psychological Therapies

NHS England