Making sense of IAPT – what it's like clinically

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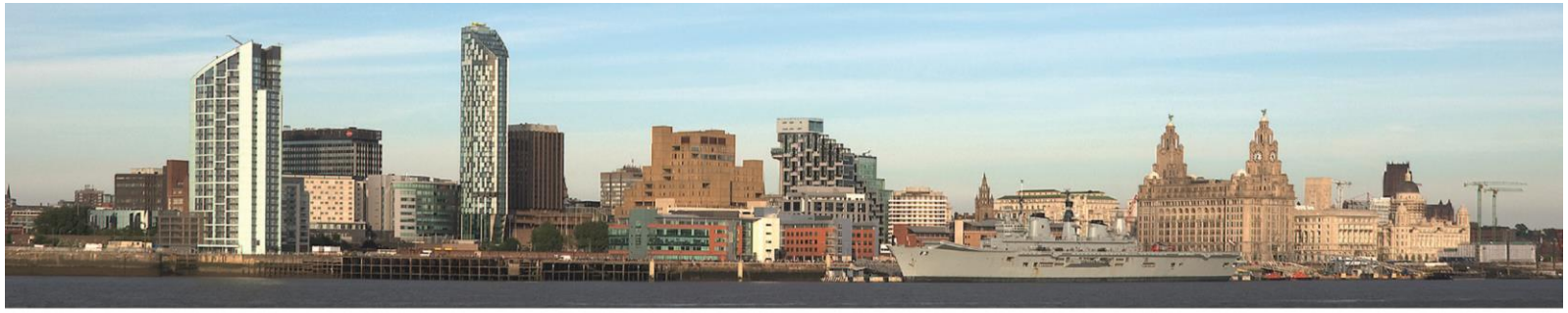
Clinical Lead
10 September 2014



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Inclusion Matters is a partnership between Inclusion, a part of South Staffordshire and Shropshire NHS Foundation Trust and Mental Health Matters.

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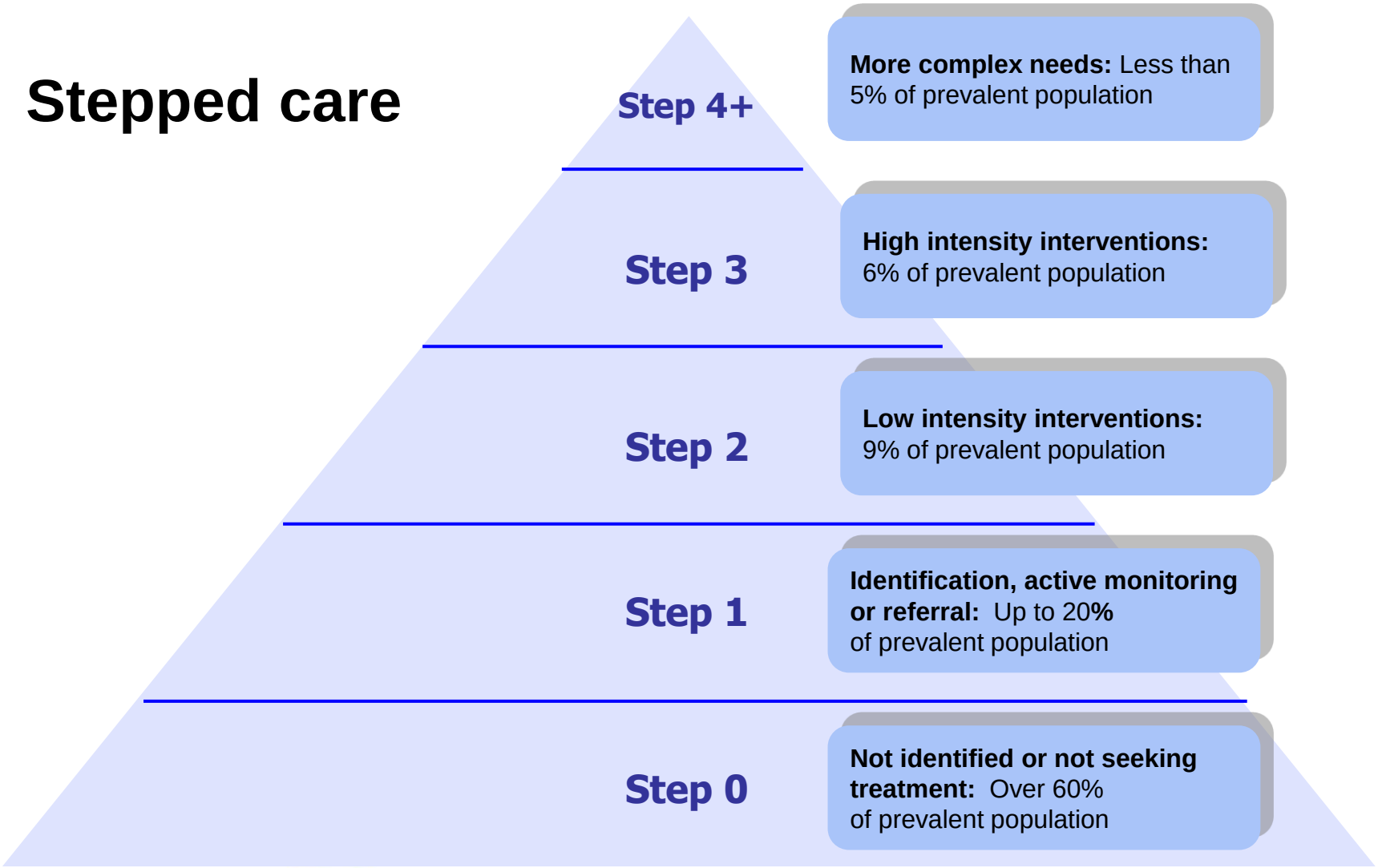
- **Clinical features of IAPT services**
- **National and local investment in the IAPT programme**
- **National targets**
- **Challenges and responses**
- **Into the mainstream: what happens next?**

Where did it all begin?

Clinical features of IAPT services

Stepped care



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Clinical features of IAPT services

Therapies available

Step 3 High Intensity Service	Depression Mild, Moderate and Severe	CBT , IPT behavioural activation
	Depression Mild-Moderate	Counselling , couples therapy
	Panic Disorder	CBT
	Generalised anxiety disorder (GAD) mild- 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-Moderate	cCBT , guided self-help , behavioural activation , exercise
	Panic Disorder Mild -Moderate	cCBT , guided self-help , pure self help ,
	Generalised anxiety disorder (GAD) mild- moderate	cCBT , guided self-help , pure self help , psychoeducation groups
	OCD mild - moderate	Guided Self-Help
Step 1 : Primary Care/ IAPT Service	Recognition of Problem	Asessment / Watchful Waiting

Clinical features of IAPT services

- Prevalence of depression and anxiety in local population
- Workforce profile (roles/ numbers)
- Training curricula & competencies for IAPT therapies
- University accredited courses for Step 2 and 3
- Supervision competencies and training
- Minimum data set

- Assessment, diagnosis and formulation
- Stepped care
- Fidelity to NICE treatment protocols
- Outcomes monitoring at every session
- Arrangements for clinical supervision & case management
- Recording of clinical information

- Numbers of people entering treatment.
- Waiting times
- Focus on underserved populations / priority groups.
- Choice of therapies
- Referral-on and signposting

- Recovery rates
- Reliable improvement in outcomes, including work and social adjustment
- Numbers into work / off benefits
- Patient experience and satisfaction

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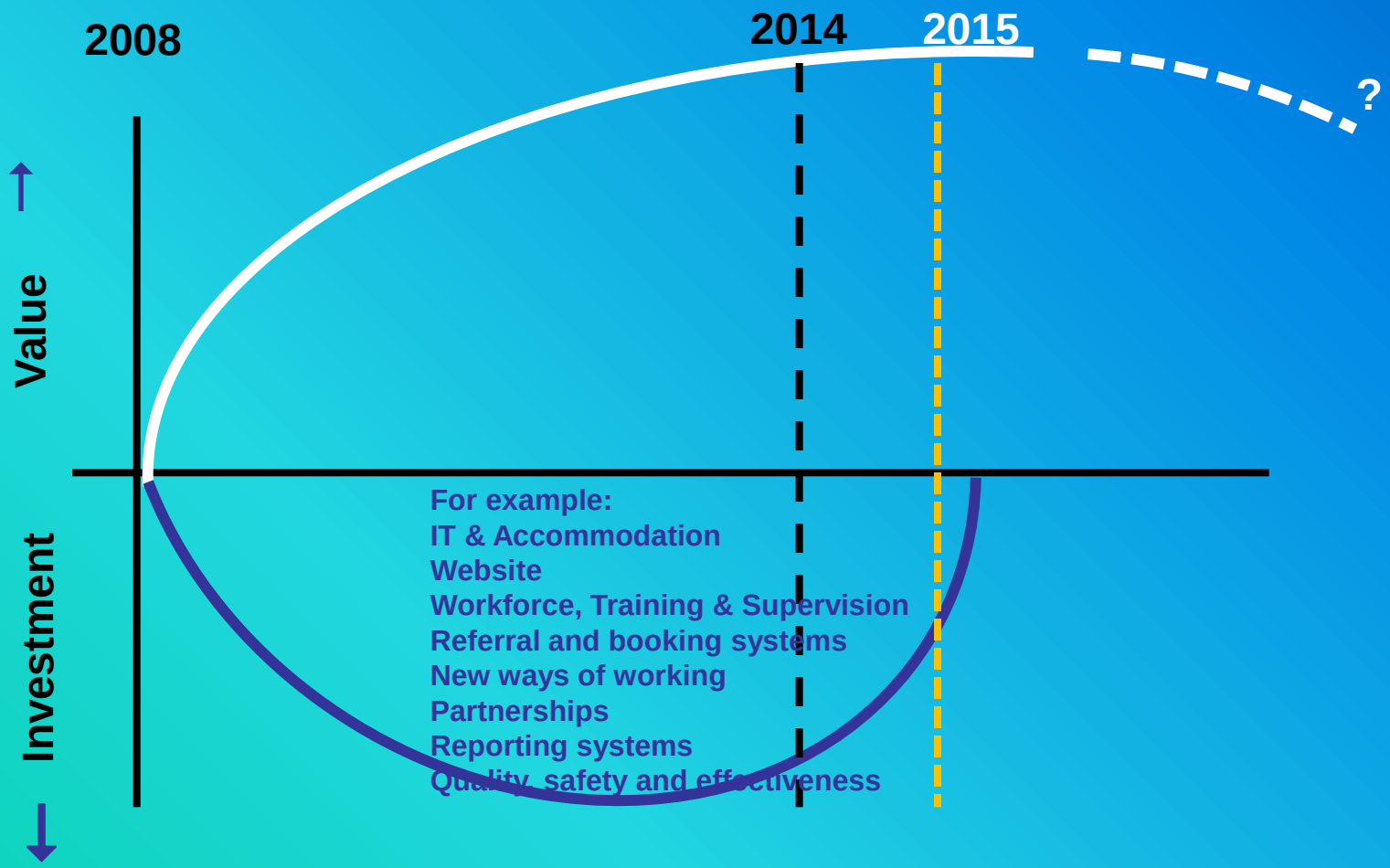
National and local investment in IAPT services



National Targets

Prevalence: 15% of the local population with common mental health problems

Recovery: 50% recovery rate

Waiting: < 28 days from referral/ opt-into the service to entering treatment

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Challenge (1) Reaching out to a diverse population with significant mental health needs

Liverpool CCG population: 495,000
Prevalence of common mental health conditions: **86,026**

Number of people entering therapy in Liverpool…..
12904 per year
1075 a month
248 a week
50 per working day

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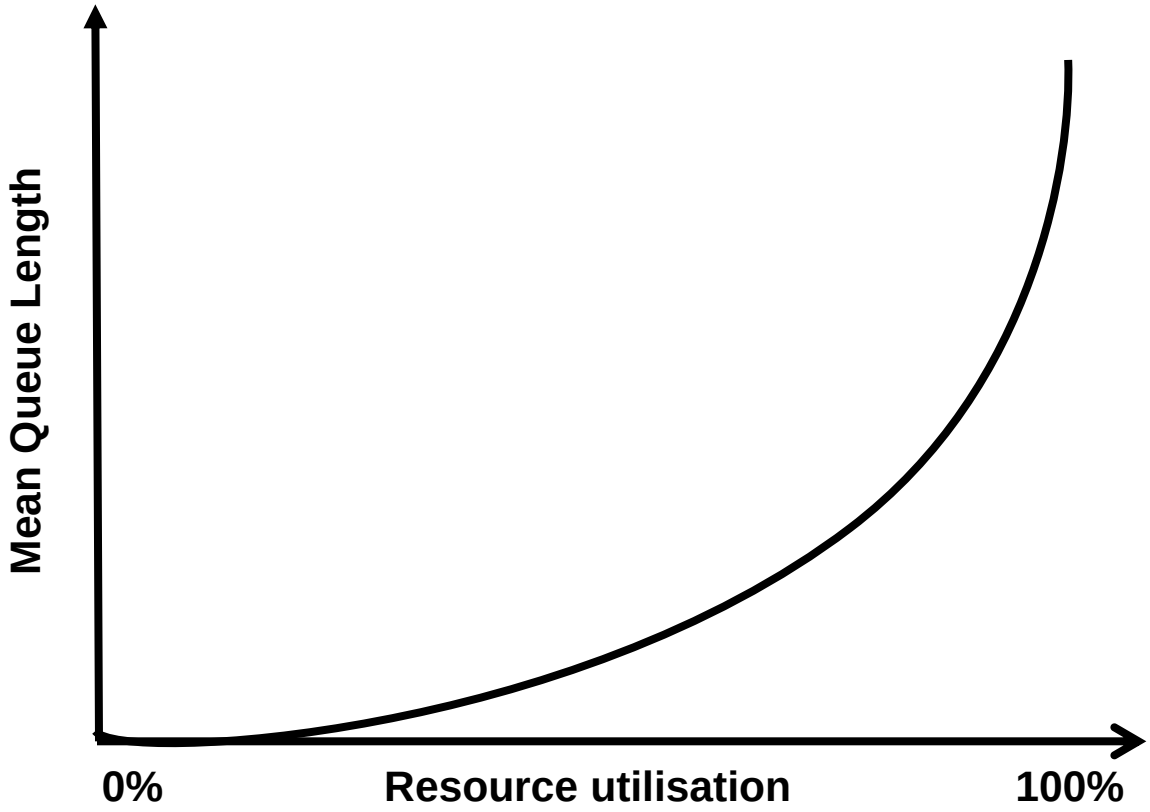
Challenge (2): Balancing capacity and demand

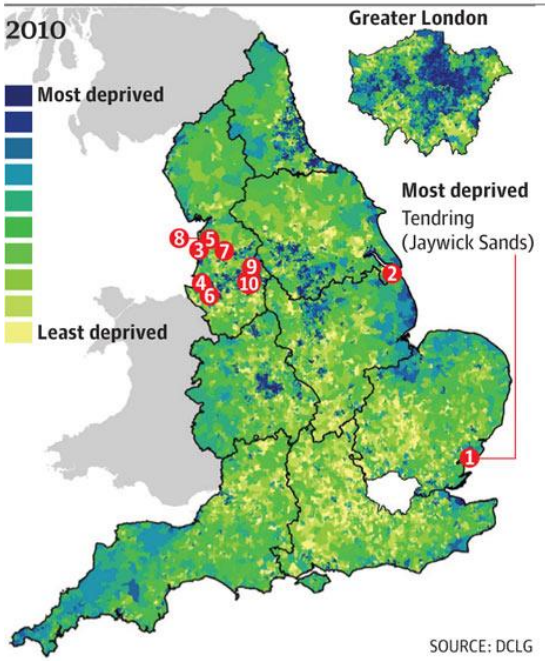


The approximate relationship between queue length and resource utilisation

Challenge (3): Achieving productivity and a person centred approach

Challenge (4): Recovery with austerity- delivering effective, relevant interventions

England's most deprived areas



1 East of the Jaywick area of Clacton-on-Sea
Tendring District

2 West of the Grant Thorold area of Grimsby
North East Lincolnshire

3 West of the Revoe area
Blackpool

4 West of the Anfield area
Liverpool

5 East of Grange Park/West of Normoss area
Blackpool

6 Speke area
Liverpool

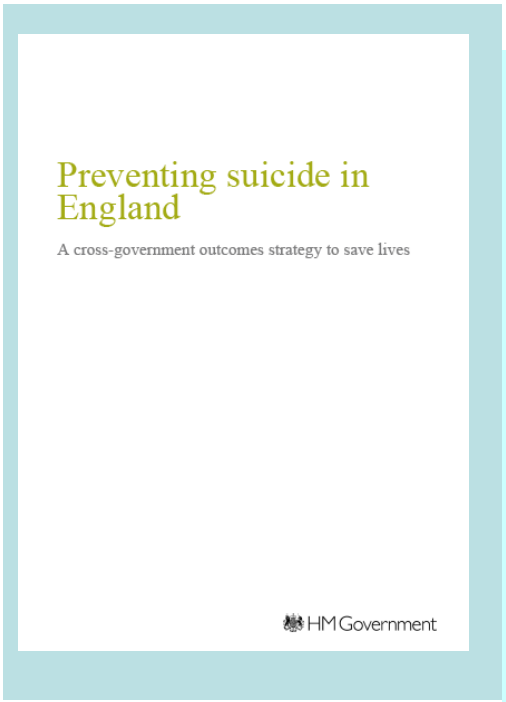
7 West of Burnley area
Lancashire

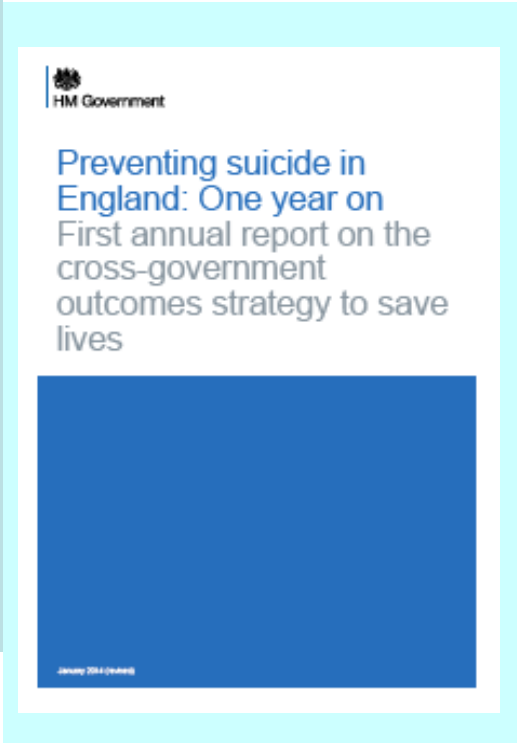
8 South of Queenstown
Blackpool

9 East of the Weir area
Rochdale

10 Collyhurst area
Manchester

Challenge (5): Keeping people safe





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Responses

People

- Patient and community participation
- Staff engagement and leadership
- Partnerships; joint working; clinical liaison

Systems

- Create easier access to the service (‘No wrong door’)
- Use of lean methodologies
- Systematic planning, target setting & performance management

Interventions

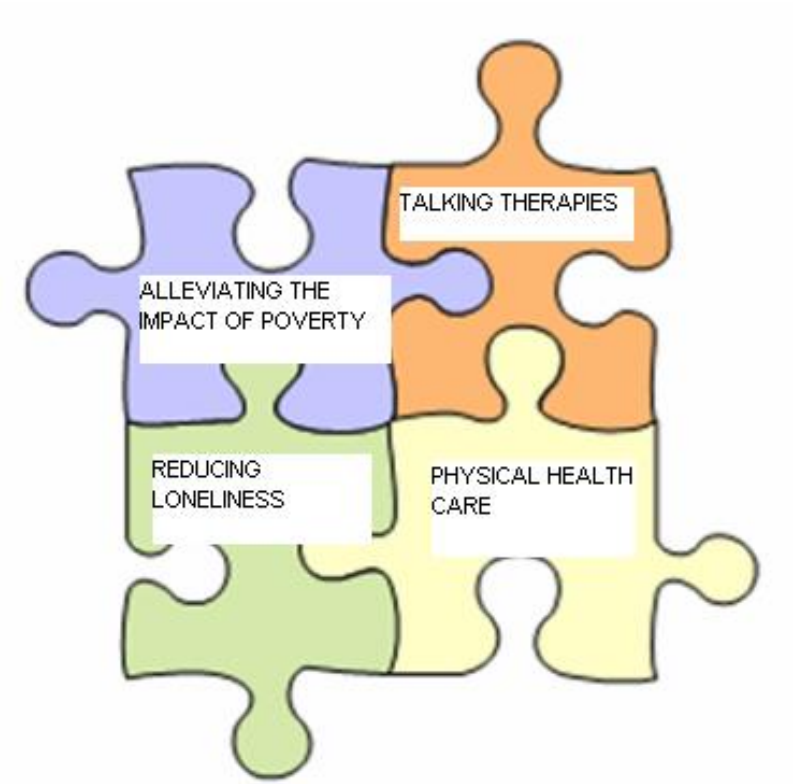
- I:1 & group interventions geared to the context of people’s lives
- Reliance-bias towards self-care
- Integrated and collaborative care (physical; social; and practical)
- Use of digital technologies

Learning from experience

- Outcomes monitoring with patients / patient feedback
- Case management & clinical supervision
- Incident review
- Audit and R&D
- **Use of information to help decision making at every level.**

Into the mainstream: what happens next?

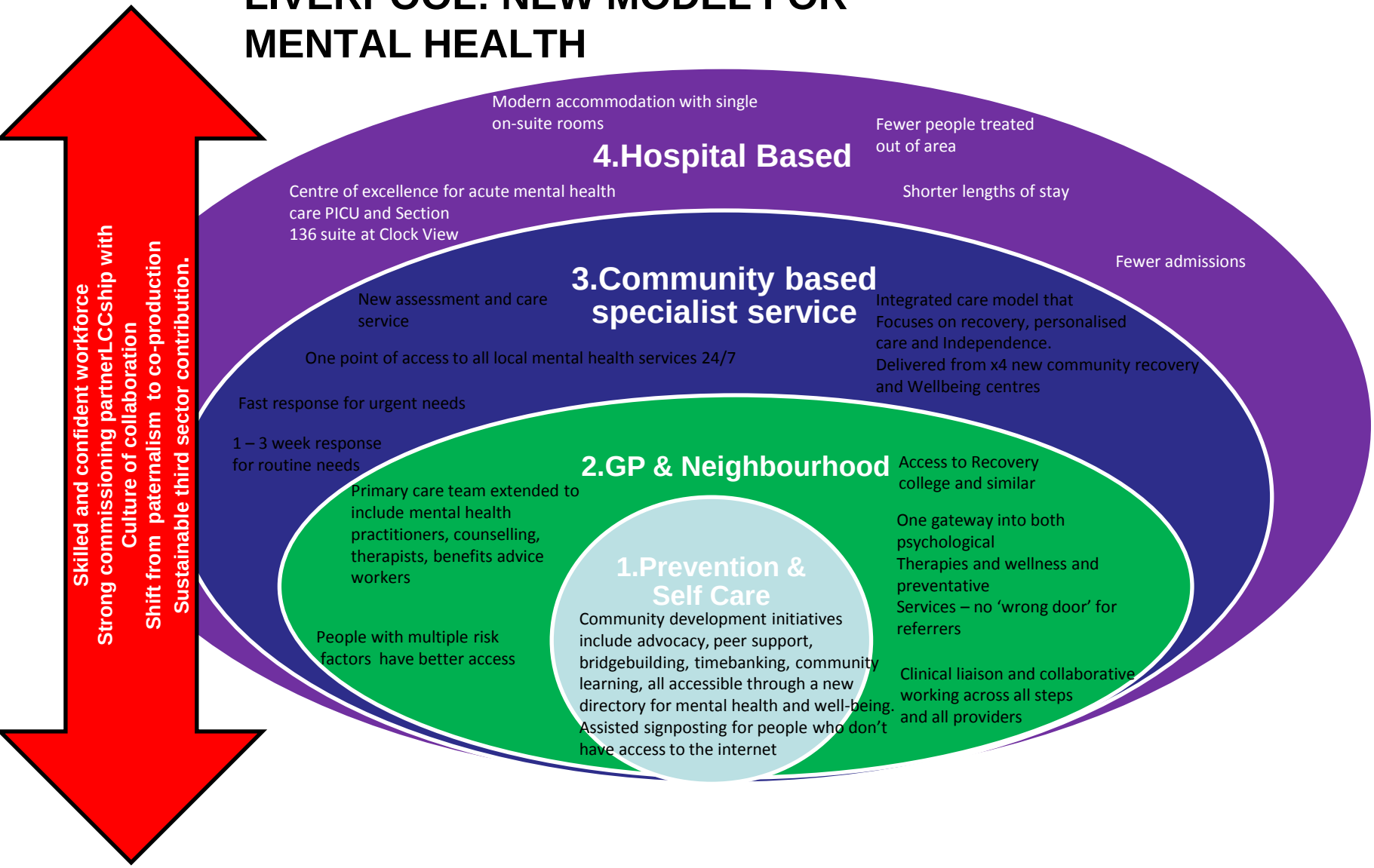
LIVERPOOL PRIMARY MENTAL HEALTH CARE STRATEGY



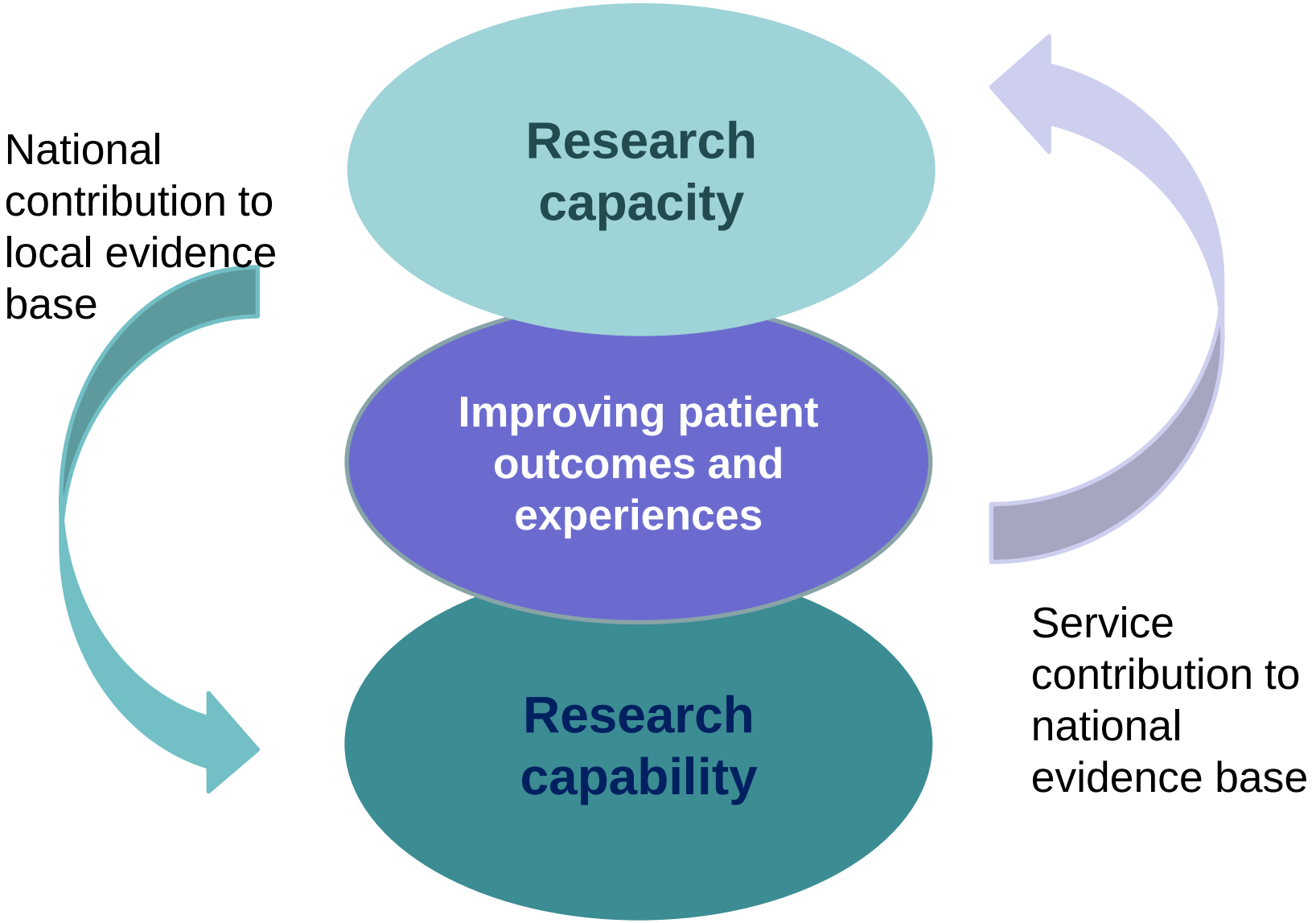
- **Psychological:** services will operate as a single system across steps and providers
- **Practical:** alleviating impact of poverty through advice on prescription
- **Social:** reduce social exclusion through peer support, friendship circles, social networks
- **Physical:** mental and physical health will have parity of esteem

Into the mainstream: what happens next?

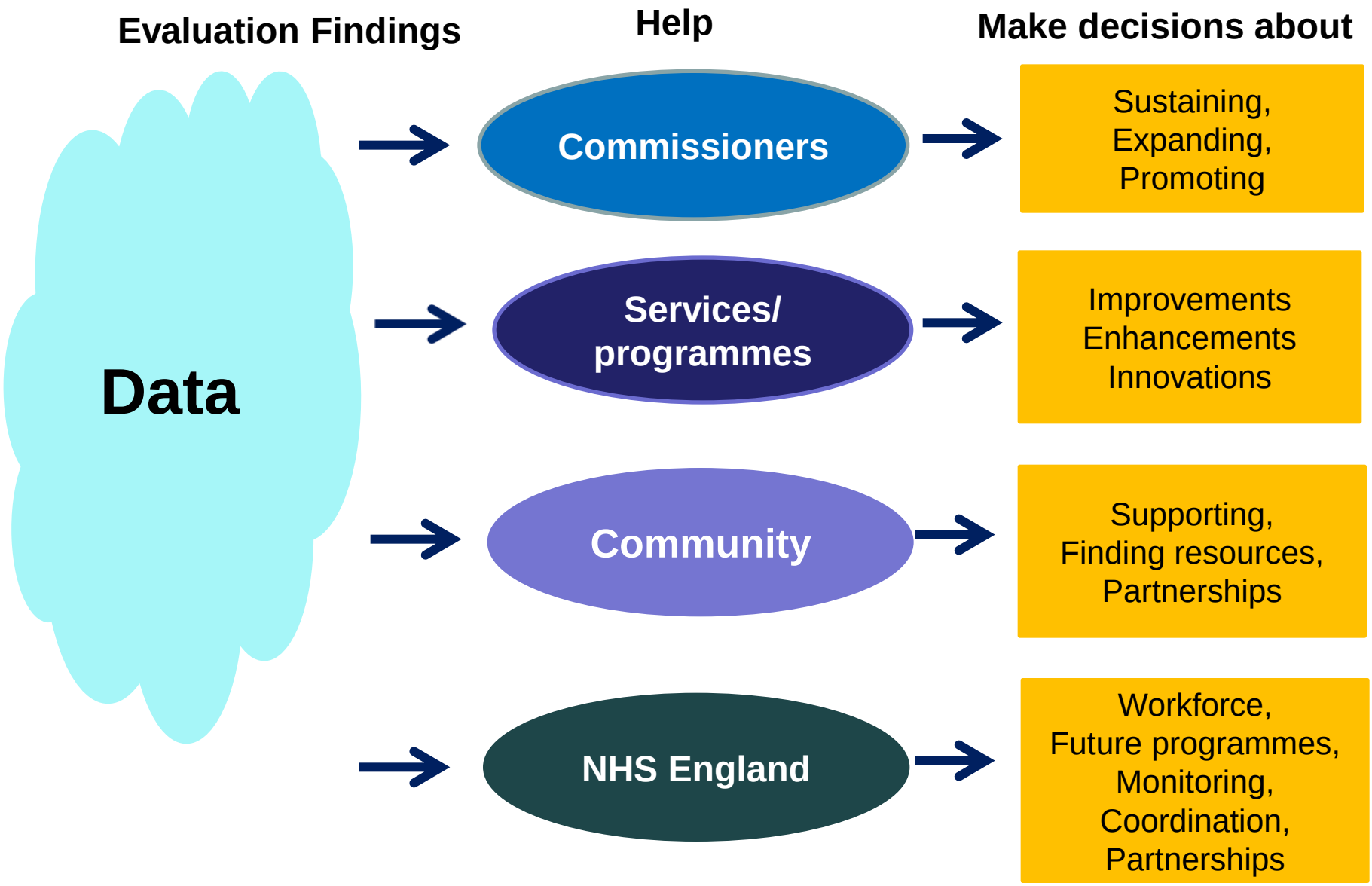
LIVERPOOL: NEW MODEL FOR MENTAL HEALTH



R&D framework



Stakeholder evaluation for IAPT services



Any questions?