

**iapt** **NHS**  
 Improving Access to Psychological Therapies

## Primary Care Mental Health in England

Dr Alan Cohen FRCGP  
 National Primary Care Director  
 IAPT Programme, DH.

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### Overview

- 2 years ago...
- What has changed since then
- Implementing IAPT
- Some (personal) lessons on implementation

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### 2 years ago

- Mental health policy in the UK
  - National Service Framework (NSF)
  - National Institute of Health and Clinical Excellence (NICE)
  - GP contract
  - Economics and Employment
  - A Quality Improvement programme

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## 2 years ago

- Access to psychological therapy services was very poor
  - Long waits
  - Some groups did not access services
  - No choice of intervention
  - An entirely uncoordinated and inconsistent service model

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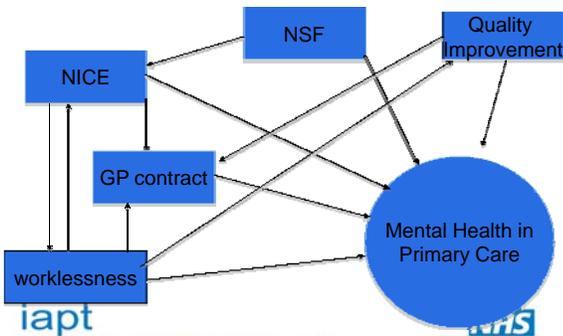
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## There is no plan (2007)




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## What I said about employment

- The Policy
  - Dec 2004: Lord Layard presents to a Downing Street Seminar
  - May 2005: commitment in Labour Party Manifesto to provide more talking therapies
  - 2005/2006 – Improving Access to Psychological Therapies programme across DH and DWP

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## What I should have said

I - Improving  
A - Access to  
P - Psychological  
T - Therapies

A commissioner led, outcome focused programme to deliver improved access to NICE compliant, psychological therapies

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## This is the man responsible...



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## The IAPT Programme

- 2004: 10 Downing Street seminar on worklessness
- 2005: Manifesto commitment to improving access
- 2005: 2 demonstration sites Doncaster and Newham
- 2007: 10 Pathfinder sites,
- Information from sites used to inform CSR

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## The IAPT Programme

- 10<sup>th</sup> October 2007 - World Mental Health Day
- New funding over three years:
  - £33m in 2008
  - £103m in 2009
  - £173m in 2010
- To deliver
  - Treatment for 900,000 people
  - 3,600 new therapists
  - Half the PCTs in England

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## Characteristics of the IAPT service

- A team to manage people with common mental health problems
  - Low intensity therapists
  - High intensity therapists
  - GP champion/lead
  - Employment advisors
  - Others as needed
- A team per 250,000 people (about)
  - About 40 therapists
  - Generally 60:40 ratio between high and low intensity therapists

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## Therapists

- High Intensity
  - Usually 12 – 20 sessions
  - Face to face therapy
  - Skilled to deliver CBT
  - Skilled to deliver other evidence based interventions
- Low Intensity
  - Up to 4 – 5 sessions
  - Face to face, or telephone contacts
  - Skilled to deliver a variety of evidence based interventions
- Usually relates to Step 3 and Step 2

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## Characteristics of the IAPT service

- Commissioner led
  - MH Trusts are not necessarily the only provider
- Commissioned against outcomes
  - Minimum Data Set for psychological therapies
  - Outcome questionnaires to be delivered at particular times in the care pathway
  - Shared database principles between service providers




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## NICE Guidelines

- IAPT implements NICE guidelines for Depression and Anxiety Disorders
- Only evidence based approaches, included in NICE guidelines are intended to be implemented through the IAPT teams




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## Stepped Care

- NICE guidelines recommend a “Stepped Care” approach
- Stepped Care means:
  - Matching the intervention offered to the severity of the disorder
  - Offering the patient the least invasive/intensive intervention appropriate
  - Having the ability to step up (or down) the intervention if appropriate to the patient




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## Stepped Care

Who is responsible for care?	What is the focus?	What do they do?
Step 5: Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse	Recognition	Assessment

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## To Summarise

- £300m (\$530m) to recruit and train 3,600 new therapists
- Create a new psychological service model
  - Make the link between mental health and employment
- Treat 900,000 people in 3 years
- Prove that it works...
- A Stalinist approach to implementation

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## Some (soccer) lessons

- The Chelsea effect
- “Come on Ref!”
- Spurs vs. Arsenal
- Moving the goal posts

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### The Chelsea effect

- The Layard trilogy:
  - Clinical evidence
  - Economic evidence
  - Political support
- “Doing a Layard”
- £300m is a lot of money
  - Everybody wants some!

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### Come on Ref!

- The tension between
  - The Stalinist approach
  - The need for local determination
- The structure of the NHS changed
  - 10 SHAs (independent feudal states)

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### Spurs vs. Arsenal

- The IAPT programme perceived as being only about CBT
  - Counsellors didn't like it
  - Psychotherapists didn't like it
- 30 different psychological professional organisations
- Management of the “tribes” became very important

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## Spurs vs. Arsenal

- The New Savoy Partnership
- Statement of Intent from the Secretary of State

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## Moving the Goal Posts

- Maintaining the same message but
  - The Recession and Politics
  - Changing DH Policies
  - Changing NICE guidelines
    - Collaborative care

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## More information

- Alan Cohen: [alan.cohen@dh.gsi.gov.uk](mailto:alan.cohen@dh.gsi.gov.uk)
- [www.iapt.nhs.uk](http://www.iapt.nhs.uk)

Thank you

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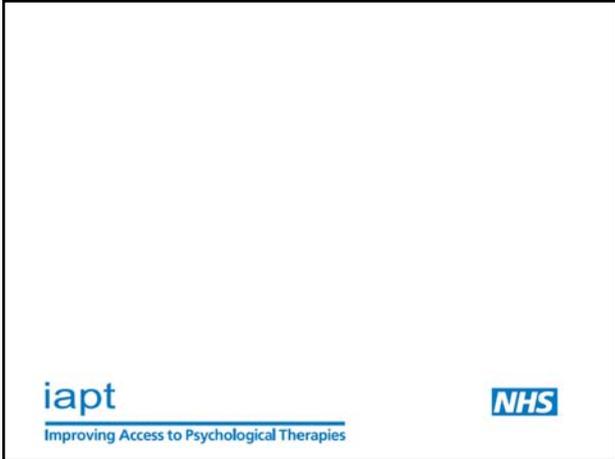
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