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 Improving Access to Psychological Therapies

Primary Care Mental Health in England

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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

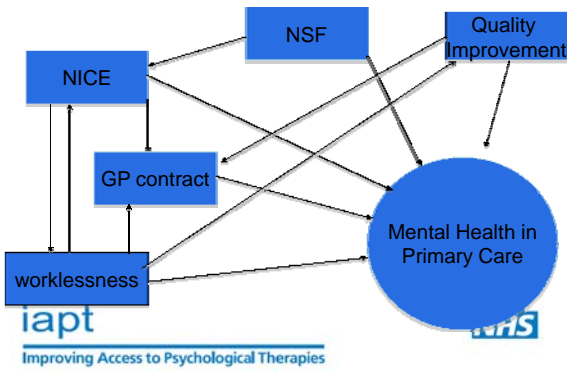
- Mental health policy in the UK
 - National Service Framework (NSF)
 - National Institute of Health and Clinical Excellence (NICE)
 - GP contract
 - Economics and Employment
 - A Quality Improvement programme

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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

There is no plan (2007)



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

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

- 10th 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



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



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



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

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Thank you

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