

IAPT Programme

ARMA Webinar – Integrating IAPT with physical health
pathways

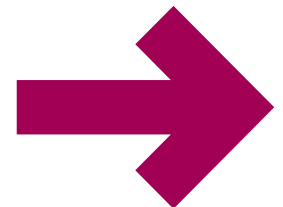
IAPT-LTC

27th September 2019



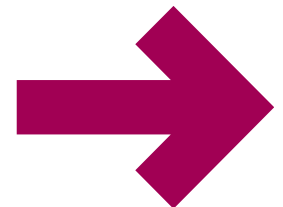
IAPT So Far

- Transformed treatment of anxiety & depression
- Stepped care psychological therapy services established in every area of England. Self-referral.
- 1.6 million people referred to IAPT services in 2018/19
- 1.09 million people entered treatment in 2018/19
- Outcomes recorded in 98% of cases (pre-IAPT 38%)
- Very strict (depression & anxiety) recovery criteria
- Nationally 52% recover and further 16% improve.
- 7 of every 10 CCGs have recovery > 50%, some > 60%.



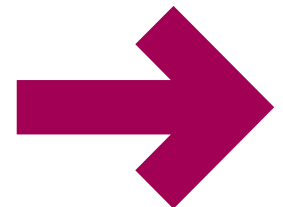
IAPT Achievements

- “the greatest revolution in British mental health in fifty years”
Sir Simon Wessely
- “a world beating programme”
Nature editorial
- “the world’s most ambitious effort to treat depression, anxiety and other common mental illness”
New York Times feature (July 2017)



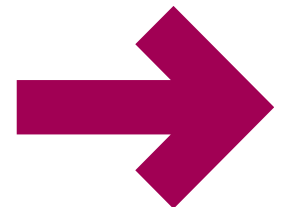
FYFV Commitments: Integrated IAPT services

- Two thirds of expansion, by 2020/21, to be ‘Integrated IAPT’ services – integrated with physical health pathways for people with long term conditions or distressing and persistent medically unexplained symptoms.
- In **2016/17** and **2017/18**: Early Implementers supported centrally
- From **2018/19**, CCGs to commission IAPT-LTC services locally



Lessons from the research literature and IAPT to date: why integrate?

- People with depression and/or anxiety disorders who also have LTCs are already being seen in IAPT but have been under-represented
- Treating mental health problems reduces physical **health care costs by around 20%** and mainly pays for itself (Layard & Clark, 2014). Local example: Hillingdon & COPD.
- **Best outcomes** are achieved with adapted treatments that take into account the LTC and are embedded in its care pathway



The impact of IAPT-LTC top up training

“the specialist training helped to highlight the varied ways that ill health can have a negative impact on a person’s experience of life”

“...encouraged me to incorporate other relevant approaches...”

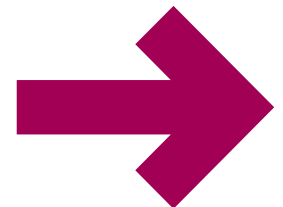
“...feel more confident ...”

“...felt helpless, but now.. I don’t feel quite as lost!...”

“...easily be able to liaise with the nurses and physiotherapists to ask questions relating to my clients”

“...get these questions answered by the professional involved....”

“....now I am more at ease with making contact with physical health professionals about a client because it does feel like our business. “



Feedback so far

- **Herts Valleys Clinical Commissioning Group**

Service user: “This service provided me with the space to talk about worries about my diabetes no one else has asked me about before. I really value that ... as well as the subsequent support,” Service user feedback.

- **Nottingham West CCG**

“Patient post thoracic surgery left with significant pain and neuralgia. Became increasingly suicidal on higher doses of opiates. Since working with IAPT mood has improved and analgesia reduced. Lot of evidence that using a biopsychosocial model of pain can reduce the use of opiates and their depressive and endocrinological side effects.”

GP Feedback

- **Great Western Hospital Swindon**

"The cardiac rehabilitation team at Great Western Hospital have been finding it very helpful to have a much closer working relationship with the IAPT team. At the beginning of the project I invited the team to come and speak at a cardiology clinical governance meeting. This raised the profile of psychology support amongst the wider cardiology team."

"We have been able to easily refer patients directly for one-to-one psychology input with a practitioner and referrals have been made by cardiac rehab specialist nurses, consultant cardiologists and cardiac technicians. We can also signpost our patients to a regular 'Living well with coronary heart disease [CHD]' stress management group."

- **Sunderland CCG**

Forging new referral pathways with physical health services has resulted in an integrated way of working with a range of specialist health services, including; stroke, dermatology, COPD and cardiology. Open lines of communication and referral pathways between mental and physical health services, coupled with a stronger understanding of the roles and remits of each service results in patients receiving a seamless and more informed experience of care and treatment. One particular pathway has been the introduction of Managing Pain and Fatigues courses by IAPT PWP's within the physical health services and one client said:-

“The course is very helpful and focused. I’m getting more into the mind-set of accepting change as opposed to thinking about what I used to be able to do. The course has made a significant and hopefully lasting impact.”

Provider and Service User

