

UPDATE

Winter 2010 / 11

SOUTH WEST DEVELOPMENT CENTRE

Mallard Court, Express Park, Bristol Road, Bridgwater, Somerset TA6 4RN.

Tel: 01278 432002 Fax: 01278 432003

HEADLINES

The current IAPT workforce figures for the SW comprise 275 WTE PWP's (including trainees) and 351 WTE High Intensity Therapists (including Counsellors and trainees).

Based on workforce capacity, currently the region's IAPT services is meeting on average 18.8% of the estimated level of need at Step 2 and 9.1% at Step 3. This approximates to an estimated total of over 86,000 people per year will have completed treatments by IAPT services across the South West.

The current workforce gap identified to meet the 15% level of need for each service across the region is estimated to be 198 WTE High Intensity therapists and 16 WTE PWP's.

For the new IAPT training in the different therapeutic modalities, all 14 services are developing their service provision in all four modalities including IPT, DIT, Behavioural Couples Therapy training for Depression and Counselling for Depression. There are currently 18 people across the region who have completed, or started their training and from this first cohort of training, the majority of the services will be able to provide at least two of the four therapies.

Service developments and innovative practice

Personality Disorder

Screening pilot - Looking to pilot the use of the Standardised Assessment of Personality – abbreviated scale (SAPAS) to identify those who show evidence of personality difficulties, to learn more about the interventions offered to them and whether these are effective in assisting recovery. Also, it will add to the evidence base for personality difficulties.

KUF training - the Knowledge and Understanding Framework has been developed to help those working with people with personality difficulties to understand their specific difficulties and hence work more effectively with them. All IAPT services will be offered places to undertake these trainings and a further programme of CPD will be available as part of this development.

SW IAPT Evaluation

Components of the evaluation:

- Design factors - investigation into impact of service design variation on patient outcomes. Mixed method design, using IAPT data set, interviews, questionnaires, SWDC documentation, health statistics. It has a strong service user involvement component. The design factor questionnaires from the Clinical Leads have been completed and data collated. The initial results will be presented in the interim report

March 2011. It is hoped to present the preliminary findings at the Regional Conference in Bristol on Friday 11 March 2011.

- Four Case Studies, to include both qualitative interviews with patients, therapists, Service and Clinical Leads, GPs, Secondary Care workers. The Case studies will also incorporate a Practitioners Survey, for *all* of the service therapists to complete. The majority of the interviews have now taken place, the initial analyses will now take place
- Patient Data across region, to include an exploratory analysis – impact of design factors and a PCT by PCT analysis.

In addition to this, the project will also include work regarding Quality and Learning Measures (QALMS). The aims for this development are to strengthen accountability to patients and the public; to provide information to providers and commissioners in order to enhance performance and inform redesign and to contribute to understanding of IAPT nationally. Consultation with services and commissioners is underway, with initial findings to be reported in the interim report in March 2011.

Service developments

Site by site highlights

Bournemouth & Poole

Black & Minority Ethnic Groups (BME) - Community Development Workers (CDWs) have provided training to PWP's on Cultural awareness and Language awareness and training is planned for BME Champions on IAPT, referral route, general information on depression and anxiety.

Older people - staff from various organisations including a local Housing Trust tenancy support staff, Approved Social Workers and Occupational Therapists have completed training regarding IAPT, referral route and general information on depression and anxiety. The provider service has also co-facilitated group work for older people completed with a local arts development group.

Medically Unexplained Symptoms (MUS) & Long Term Conditions (LTCs) - links made with local services such as the Pain Clinic, ME Clinic, Diabetes Clinics, COPD group, Oncology. This work has involved education of services about IAPT and developing care pathways between the services. Also training for PWP's on stroke and cancer, as well as providing training for over 30 Pharmacists on IAPT, depression and anxiety.

Perinatal/children and family – links set up with local children's centres, and some joint working has started with some services. In addition, training for service staff from locality teams, child care teams, family support and child care outreach teams, Homestart etc. has been completed. Also, training has been provided for IAPT staff e.g. CAF training. The service has also arranged to deliver a course on stress for students at a local college.

Offenders/homeless – links with Dorset IAPT prison service, Probation, Addiction services, Langdon House (secure hospital), YMCA etc. to educate on IAPT and referral routes and provide training to staff. The service has also worked with local Probation service within the Emotional Health and Wellbeing (EHWB) project - to provide training to probation staff and also, in return training has been provided to PWP's (see EHWB update below for more info).

Veterans - links made with Homeless Veterans, as well as the British Legion, SAAFA, Combat Stress and Marines Welfare Dept. to promote access to the IAPT service for those suffering with PTSD, depression and anxiety.

Learning Disabilities (LD) & Aspergers – working with social services, a local LD Forum and Advocacy groups for LD as well as Dorset Aspergers group and Aspergers care pathway to provide information on IAPT and raise awareness of the service.

Cornwall & Isles of Scilly

Brighter Outlook- for people with Seasonal Affective Disorder (SAD). The Brighter Outlook project was first piloted in Cornwall in the winter of 2008-2009. This represented an innovative partnership between NHS Cornwall and Isles of Scilly, the Met Office and mental health organisation, Outlook South West LLP (OSW). Brighter Outlook was aimed to reach out to people affected by SAD.

Symptoms were targeted with an innovative treatment package combining a free portable light box with a pack of cognitive behavioural therapy self-help information. In addition, participants also received an e-mail or text message from the Met office alerting them to upcoming periods of reduced light levels, and prompting them to begin or continue light treatment whilst making use of the self-help material.

Overall this pilot's findings appeared to be extremely promising, indicating that Brighter Outlook may be an effective intervention in alleviating some of the difficulties suffered by people with SAD. This outcome appeared to be supported by both a marked reduction in depression scores reported by the majority of participants alongside positive qualitative comments being made by some of those that were involved.

It is hoped in replicating and building on the findings from the 2008-2009 pilot, the provision of this innovative program may be continued in the future. There are plans to run for 2010/2011 season.

Workforce Leads - who update staff on any relevant changes, provide talks at staff update days, in house training etc: Delivering Race Equality, Child Protection Lead, Domestic Violence, Vulnerable Adults and Perinatal.

Introduction of *Social Anxiety Groups*

Polish Stress Control – now up and running. Approaching large organisations within the county (in areas highly populated with Polish) to better promote the Polish Stress Control.

Mindfulness - course and pilot project as part of EHWB and North Cornwall Integrated Care Pilot.

Stress Buster for Teens – project in conjunction with one surgery and local secondary school for providing a school based course

Stress Course for Older Adults – currently devising a programme aimed at attracting older adults who are currently under-represented in our service. This will draw on the research findings from other services

Suicide Liaison - Two therapists providing a support service for those bereaved by suicide.

MUS - Pilot project is being developed with RUH Neurology and Liaison Psychiatry to deliver CBT to 12 patients with non-epileptic seizures.

Royal Navy, new recruits – Outlook SW have developed links with the local training facility for new recruits to ensure that recruits and their families are aware of our services. Bespoke courses are also made available.

Offenders- initial discussions with probation service, with plans to develop Pathways

Plymouth

Perinatal care pathway - the service now has links with local midwives and health visitors, with peri-natal midwives able to refer directly to the IAPT service.

LD care pathway - the service is working with local LD organisations to help with referrals to and from the IAPT service. Local organisations are also working collaboratively and able to provide consultancy type work to practitioners in the IAPT service working with people with a learning disability.

PBC - working closely with the local GP Commissioning Consortium who are a pathfinder consortium. The service will be involved in helping GPs with the clinical triage system they will be putting in place to support the new referral management centre that will be set up in the new year. This will deal with all of the mental health referrals in Plymouth.

EMWB work- delivering a Mindfulness course and developing the Plymouth Options website (see details below).

South Gloucestershire

PTSD Clinic - offering EMDR and CBT for those suffering with PTSD, including veterans from the area.

LTCs & MUS - small scale project in planning stage for one of the local GP practices to review those patients within the surgery who have a LTC and identified anxiety and/ or depressive symptoms. The impact of the IAPT interventions will then be assessed by looking at both the patients' perceived improvements in their conditions and the impact of the person's use of physical health services for their LTC.

Gloucestershire

LTCs - some work has been developed in conjunction with the GP Forum which takes the form of an Outreach proposal in association with the Acute Consultants (COPD) and COPD Specialist Nurse Lead, due to be rolled out soon.

BME – developing with the local BME Outreach Support Group a cross cultural / trans diagnostic Emotional Well Being manual with support from the funding from SWDC. Plans underway for its co-production with BME community leaders April 2011 launch (see EMWB project updates below for more info.).

Trauma/Veterans service- service recently completed a local audit on Veteran referral numbers, lower than expected. Plans to further promote the service to Veterans, via GP Forum and also to liaise with Samaritans.

SMS - service has also started the use of SMS text prompts and email therapy communications.

North Somerset

Care Cluster model - current Commissioning team are in the process of setting up a Commissioning Care Cluster model, to include 21 different clusters, from step 1 through to step 5 care. The care cluster model is currently out to consultation and the care pathways are being written.

Devon

MUS - currently developing range of pilot studies, with intention to roll these out if successful across service. Meantime, plans also being worked up for Depression and Anxiety service and Liaison psychiatry service to provide interface to provide referral point for individuals with depressive or anxiety component that may benefit from a CBT approach.

Swindon & Wiltshire

LTC s- service providers have commenced training staff in working with people with Long Term Conditions as part of structured pilot in addressing the needs of people who are frequent users of health services. This forms part of QIPP in Swindon where access to psychological therapy a key component in supporting people to become less dependent on expensive resources. Outcomes will be measured including potential for

reduction in individuals' contact with hospital based services, through better and more appropriate symptom management.

All staff have received training in chronic fatigue, chronic pain, and motivational interviewing and training has begun regarding diabetes. Step 2 groups for chronic fatigue and pain have started with the first course already successfully completed.

Bristol

LTCs – PCT Programme board planning pilot a multidisciplinary approach with small group of complex patients to look at the impact of the multi disciplinary approach including psychological therapy. To assist with this, service provider and commissioner are looking into developing a pilot for patients with refractory angina using the Mike Chester model of treatment used in Liverpool. This involves training physical health staff in psychological therapies.

Other local initiatives being considered including development of psychological approaches into pain management, COPD and diabetes, all reported currently being considered though still at an early stage.

MUS - local GP practice has expressed an interest in developing a pilot within their practice to look at the impact of CBT on a cohort of patients with MUS.

BME - collaborative project between the service and Community Development Workers is being progressed- 2 to 4 discussion groups to be provided in Somali community. Focus on relevant issues e.g. isolation, intergenerational tensions or other common issues experienced by a number of different BME communities. A range of BME community organisations (in most cases already operating as Communication Centres) asked to support events (to help to recruit target audience and attend the event to better understand joint working). Aim of the project is to make IAPT services more accessible to BME communities and to engage BME Communication Centres in rolling out self referral.

EMWB - Mental Health First Aid for BME Communities and Islamic Counselling (see below for EMWB update).

Torbay

Co-creating health initiative - focusing on depression, has been awarded funding for a further 3 years. Service currently planning how to integrate two highly-structured programmes (CCH & IAPT) to the advantage of both. (Torbay and St Georges in London are the only two sites to be taking the depression-focused CCH project forward).

Dorset

LTCs - service has also hosted a series of IAPT road shows in the local areas for various Long Term Conditions support groups. These have provided useful opportunities for IAPT service to promote itself, to increase awareness of common mental health problems, reduce stigma and improve engagement from groups that support those (and their carers) with long term conditions.

Other initiatives are addressing some of the issues relating to long term physical conditions including

- The service has received training from the Stroke specialist nurse and an expert by experience about Stroke and its effects.
- Therapists from the service have delivered training to the stroke network
- Training has been delivered to the Community Rehab Team for one of the localities in a low level CBT intervention and
- Training is planned for the service in November for a CBT model of treatment for people who have experienced a stroke.

EMWB -service developing a self management tool kit to help people develop their own emotional resilience in high deprivation areas, in a Young Offenders Institute and in a local Bangladeshi community in Wemouth (refer to EMWB updates below for more details).

Emotional Health & Wellbeing

PROJECT UPDATES

September 2009 Wave 1

North Somerset

Mental Health First Aid - 2 members of staff (1 from Positive Step and 1 from the For All Healthy Living Centre) are booked on the MH first aid train the trainers course in September/ October 2010. Once trained, the service will be running 3 courses of 10 people from the local community. The courses will run in November, January and March training 30 people in total. They will then join with the other MHFA trained personnel in North Somerset (7 in total) to develop a roll out plan across the area.

Social Prescribing and a 'step 0' care pathway - service has developed the criteria for referral and the care pathway. They have also received approval from GPs covering the identified area. The worker will be based at the For All Healthy Living Centre and will accept referrals from GPs. The criteria for referrals are those people who are the most frequent attendees at the GP surgery including those who have long term conditions and medically unexplained symptoms (some overlap expected). The worker's focus will be to link people in with community resources. The worker will start from 1st October for a 6-month pilot during which time it is anticipated they will be able to see 100 people. Both areas of work are being monitored in the monthly performance meeting with the PCT.

For further information, contact Sarah Branton

Plymouth.

The Plymouth Options website - now in an advanced state of development- the developing site can be viewed at www.olivenet.co.uk/popt. The website contains straight-talking articles relating to common mental health conditions and services, information, leaflets / fact-sheets, on-line outcome measures including GAD7 and PHQ9. There is also a download section, video tours of Centre Court and video streams of Stress Control. Also in preparation are audio downloads of therapists talking about disorders and interventions. Written and audio input from patients is being sought. The structure and functionality of the website is nearly complete but the growth of content takes time and the website will grow in terms of usefulness and richness over the next 12 months.

The expansion of Mindfulness delivery - weekly Mindfulness drop-in session has been further developed as well as an 8-session Mindfulness Based Stress Reduction course. The 8 week course will commence in September 2010 and several courses are planned in 2011. Training for our Mindfulness Lead, yoga mats and zafus have been purchased. These facilitate both increasing the number of NICE-compliant treatments available and provides access to an ongoing drop-in group, which clients report they value to help embed Mindfulness practice over time. There is an intention to gradually support regular users to establish their own on-going practice in mindfulness by linking with existing community resources or establishing their own groups.

For further information, contact Neill Richardson

Bristol

There are two projects being progressed under the banner of 'Building Resilience in BME communities':

1. Mental Health First Aid Training for BME communities

Purpose: To roll out a programme of 10 Mental Health First Aid Courses during 2010/2011 with a specific focus on promotion of these courses to people working with BME communities and the communities themselves.

Progress

- The service has piloted three courses to date which were facilitated by two Community Development Workers already qualified to deliver the training. As a result the course has been tailored to ensure that the examples used are culturally appropriate for the audience.
- Three Community Development Workers have enrolled on the next Train the Trainers course (September/November 2010), this includes one worker who will be undertaking the youth focussed training.
- A further 7 MHFA events are planned between November and March 2011.

2. Islamic Counselling

- 9 individuals have achieved Vocationally Related Qualification Level 2 Certificate in Counselling Skills (CSK-L2)
- These skills are being utilised in contact with individuals who access Imams for emotional support and advice (feedback suggests the Imams are seeing 5 people per week)
- Imams are signposting individuals to other appropriate mental health services.
- Evaluation is underway.

For further information, contact Andrew Grimmer or Rachel Cooper.

Devon & Torbay

The aim of the project is, through staff training, to enable the current mental wellbeing services to develop a balanced approach to wellbeing; so they can encourage both positive approaches towards wellbeing as well as a focus on deficit and illness-reduction. The absence of mental ill-health does not necessarily mean the presence of wellbeing.

The project integrates two modalities, an e-learning programme and an interactive course, to train staff in knowledge of wellbeing and resilience. Courses will be accredited by the National Open College Network (NOCN), and the project is a collaboration between IAPT services and PHEW (Promoting Health & Emotional Wellbeing), a community interest company which is part of MIND in Exeter & East Devon).

The design stage is well advanced; the requirements of NOCN have been taken into account in the structure and outline and a feasible web design approach has been established. The web-based e-learning component is being written and the interactive training is also in production. The first two pilots, with the wellbeing project group and with workers at PHEW, will begin in January. Following evaluation a second, larger, pilot with NHS staff from a range of backgrounds, abilities and interests will be delivered.

For further information, contact by Ann Richards or David Jeffery

Gloucestershire

The development of an emotional wellbeing manual, developed for local BME communities to increase emotional health and wellbeing knowledge and skills.

- Manual to be developed by Culturally Diverse Action Group to ensure ownership, relevance and appropriate dissemination.
- Include CBT, emotional resilience and mindfulness techniques.
- Available in electronic and hard copy across communities.
- Link with Community Development Workers.
- Manual used for basis of training events for leaders of local BME communities, resource for primary care staff, basis for service run EHWP workshops.
- Outcomes: increased numbers of BME accessing IAPT services, PHQ9, patient satisfaction questionnaires.

For further information, contact by Robin Newman or Stephen Davies

Swindon

To develop a 'front door website' to the service. People will be able to access relevant information and resources but also be able to book directly onto the primary care psychology services such as CBT as well as manage ongoing high intensity CBT sessions.

The website may provide an increase access to service & information & resources, help early intervention and increase autonomy.

The site will also include information on local services, links to self help sites, information in different languages, ability to post recommendations for books on prescription, new research and local events and information on use of psychology to help long term conditions.

The secure part of the site will enable chat forums, use of Twitter etc., guided self help with interactive sessions with worker, volunteers page and texting facilities.

Outcomes- increase self-referral numbers, and those from more 'hard to reach' groups.

For further information, contact by Barbara Stapleton

Cornwall and Isles of Scilly

Pilot a Mindfulness course for those with recurrent depression. A significant number of people in the county have been identified who would benefit from this type of intervention.

It will be an 8 week course for 12-15 individuals, who have been referred with depression, chronic anxiety and/or chronic health condition.

Outcome Measures include the standard questionnaires (PHQ-9, GAD-7 etc.), plus Quality of Life Index (WHO 2004). Also collect patient self reports and complete a LEAN analysis; to explore cost efficiency factors and improve patient experience of services.

For further information, contact by Caroline Yates

Bournemouth & Poole

Development and implementation of an Offender Care Pathway.

The aim is to help improve access for offenders in the community to health and wellbeing services, through the IAPT service.

- Over 2000 offenders per annum, many with depression and anxiety symptoms.
- Create a cross agency steering group to help referrals and assessment processes and joint working.
- Develop information sharing agreements.
- Outcomes include: stakeholder attendance at meetings, increase in referrals to health services from CJS, 12 monthly impact assessment.

For further information, contact by Karen Davies or David Fitzpatrick-Cockram

Dorset

Develop self-management tool kits or Wellness Recovery Packs (WRPs), based on WRAP. To enable individuals to gain a greater understanding of themselves, increase confidence and develop greater personal responsibility. The packs will contain information on such things as: goals and goal setting, recognising when things are not going so well, triggers, how to get support.

- Developed with local Service Users and local agencies.
- Can be individualised and thus appropriate for different groups such as those with LD, LTCs.
- Targeted at those in primary care, as well as WRAP for secondary care.
- Focus on offenders and those from BME communities:
- Pilot programmes: 1. Weymouth & Portland- high social deprivation.
2. Young offenders Institute, Portland.
3. Bangladeshi Community in the Sherborne
- Develop a WRP train the trainers programme.
- Outcome measures include: number of people completing toolkit, number of people using the service, patient satisfaction, changes in attitudes to MH problems and increased engagement in services amongst harder to reach groups.
- Development Funding is targeted at the prison community.

For further information, contact by Stuart Mead

South Gloucestershire

Mental Health Workshops for Gypsies and Irish Travellers in the area.

Approximately 100 Gypsies and Irish Traveller families are permanently based in the South Gloucestershire area. A recent survey carried out by South Gloucestershire LINK showed that they do not find it easy to access adult mental health and social care services.

- 6 x stress management courses (5 x sessions), based in the traveller site localities.
- co-facilitated by 2 representatives from the community and 2 Counsellors, which will:
- Provide information about early action and avoidance of stress, mood mapping (a tool to enable individuals to recognise symptoms of emotional distress).
- Stress management techniques, signposting to existing health and social care resources, especially housing and education.
- Q&A sessions & guest speakers.
- Establish links with identified community leaders.
- Separate groups for men and women.

- Outcomes - Warwick-Edinburgh Mental Well-being Scale (WEMWBS), referrals to PMHS and IAPT service, identified link people in the travellers' community and the PMHS/IAPT staff group, exit surveys & follow up survey possibly.

For further information, contact by Iain Davidson or David Wilcox

Wiltshire

- Working in an A&E dept. and NHS Walk-in Centre to identify patients with panic/ anxiety symptoms with no diagnosable physical explanation.
- Provide patients with a CBT based self help DVD.
- Take pre and post measures, follow up at 6 weeks.
- Outcome measures include:
 1. Reducing re-presentations at hospital A & E departments by patients suffering panic attacks.
 2. Reduction in symptoms of panic in the above people as measured by Panic Rating Scale and Panic Disorder Severity Scale.
 3. General improvement in mental health as measured by standard IAPT measures (e.g. PHQ9, GAD7 etc.).

It is hoped this study will provide a useful first step in developing the evidence-base into the effectiveness of early intervention in panic and the utility of doing so via DVD. By assessing not only its effectiveness in terms of self management of condition but also its perceived utility for patients it also fits within the current QIPP agenda of providing quality services whilst reducing costs.

For further information, contact by Jackie Freeman

ANY OTHER QUERIES, PLEASE CONTACT ANY MEMBER OF THE SWDC PROGRAMME TEAM

DON'T FORGET TO SEND YOUR NOMINATIONS FOR THE 'IAPTS'



Celebrating best practice in primary care psychological therapies services across the South West 2008 – 11

Featured categories including Leadership; Star Site (Web Design); Most Positive Commissioning & Service Provider Relationship; Personalisation & Choice; Innovation; Working Together; Community Involvement and Unsung Hero

Your nominations please for the above categories with your supporting reasons to be sent to james.depury@swdc.org.uk to be received before 5pm on Friday **21.01.11** with winners to be announced at the **regional conference to be held on 11 March 2011**