

iapt

improving Access to Psychological Therapies

NHS

IAPT Care pathways: Where now? Where to?

Lessons from Year One

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IAPT

IAPT is a work in progress.

Aims to implement NICE guidance for psychological treatment of depression and all anxiety disorders

Some clear cut principles

- Recommended treatments delivered by appropriately trained therapists in sufficient dose for recovery
- All outcomes monitored (session by session)
- Frequent supervision (outcome informed)
- Stepped Care

BUT much not specified by NICE.

Achievements from Year One

- Excellent choice of CBT training providers
- 45 services established (now 109)
- Over 100,000 patients access services
- 36 of 45 services now have >90% data completeness
- Recovery rate climbing
- 2, 383 moved off sick pay and benefits
- Services are starting to broaden the range of therapies on offer

Survey of London's 15 IAPT Services

Non-CBT Treatment	% of services offering	Staff numbers: median (range)
Any	80 %	
Counselling	60 %	7.0 (2 to 26)
IPT	40 %	1.5 (1 to 10)
Couples therapy	47 %	3.0 (1 to 6)
Brief dynamic therapy	53 %	4.0 (2 to 9)

Some Lessons from Year One (some sites)

Difficulty in establishing balance of referrals

- Excessively chronic, high intensity focused and visa versa
- Absence of some anxiety disorders (PTSD)
- Delay in implementing self-referral (but also Tesco's, beer mats etc)
- Need to further develop GP champions

Issues about right dose of therapy

- Legacy of primary care services that had fixed number of session (up to 6)

Some Lessons from Year One (some sites)

Issues about implementing therapy as delivered in the NICE trials

- In vivo work with anxiety disorders (in and out of the office)
- Lack of appropriate equipment (video record and playback)
- Disorder specific measures

Issues about creating a seamless stepped care system

- Separate providers sometimes having difficulty pulling together a single, co-operative system
- Employments, debt counselling, house advice not always of sufficient capacity and fully integrated into the service

Some Lessons from Year One (some sites)

Historical/ professional issues

- Primary/ secondary care
- Psychology/nursing

Need for a substantial cohort of experienced staff to

- Treat patients
- Model service for trainees
- Provide supervision for trainees

Some Lessons from Year One (some sites)

Variation in the upper boundary of IAPT services (step 3/4)

- Not always clear what the transition pathways are.
- Need for PCTs and Trusts to incorporate IAPT in a set of agreed care pathways so patients don't fall between the cracks and there is smooth joint working

Looking after the trainees

- Appropriate cases (range and complexity)
- Appropriate support (supervision, accommodation, emotional, sitting in on therapy by trained staff)
- CPD. Innovation culture

Singing for our supper

Document and target savings elsewhere

- Anti-depressants (given to 80% of depressed patients in primary care at cost of approx £370 million per annum)

Show value of the services locally

Form partnerships. Be outward looking.

Support mental health generally
