



Children's & Young Person's IAPT Direction of Travel

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Foundations

- The commitment to a CYP IAPT development builds on much foundation work
- In particular Lord Richard Layard, together with representatives of CAMHS stakeholders and DH officials
- This has highlighted the importance of both learning from the adult IAPT &
- The Need for a CYP specific development, not simply a 'smaller' version of the adult IAPT



Why CYP IAPT Specificity ?

- Services Are Different
- CYP want different services
 - Far fewer in patient beds
 - CYP specific skill sets, developmentally sensitive, and multi-systems focussed
 - CYP psycho-social context is very different, school, family, care
 - So, engagement and forums of delivery are different
- Developmental Psychopathology
- CYP are different from adults
 - Developmental psychopathology (see next slide)
 - With a separate evidence base, that cannot simply be read across from adult evidence base

A Life-Course Perspective: Children and Young People

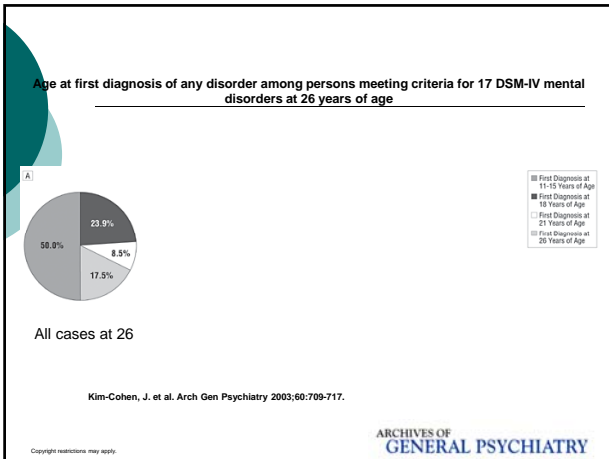
- **Developmental Psychopathology:**
 - **Change in symptom trajectories across time** and development
 - Effects of **development on symptom evolution** and expression
 - Effects of **symptoms on developmental trajectories**
 - **Systemic thinking** driven by Family & Social complexity
- Driven by child development, socio-emotional, cognitive & affective development, attachment, neurodevelopment, genetics etc.

A Life-Course Perspective: Children and Young People

- Symptoms and disorders in CAMHS vary
 - Clear cut presentations
 - Disorders in evolution
 - Early forms of disorders with continuity to adult disorder
- Which can make identification challenging and,
- Means that services tend to include a wider range of presentations (than traditional adult services)

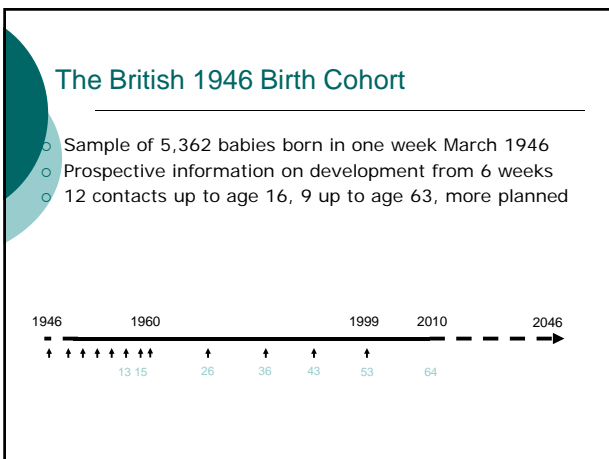
Compelling Case For Effective Evidence Based Interventions in CYP

- 'Early intervention'
- 50% of all adult disorders by age 26 are present by age 15 yrs
- 73.9 % by age 18 years



What Are the Long Term Consequences?

- Longitudinal population follow up studies illustrates this very well
- Based on the 1946 British Birth Cohort Survey



Colman et al 2004, 2009 analysis of the British Birth Cohort

3 groups based on worst 6% of adolescent internalizing symptoms:

- **Mental disorder at both age 13 and 15**
(repeated disorder, n=46)
- **One episode of mental disorder at age 13 or 15**
(single episode disorder, n=277)
- **No mental disorder**
(no disorder, n=3,002)


Associations between adolescent cases of CMD & mental health in adulthood in the British 1946 birth cohort

	Adolescent non-cases (%) 3002	Adolescent episodic cases (%) 277	Adolescent persistent cases (%) 46	Episodic vs. non-cases (OR (95% CI))	Persistent vs. non-cases (OR (95% CI))
Adult mental disorder:					
Age 36	5.2%	12.1%	29.6%	2.51 (1.46, 4.31)	7.64 (3.27, 17.83)
Age 43	5.5%	8.6%	27.6%	1.60 (0.86, 2.98)	6.51 (2.82, 15.01)
Age 53	6.0%	3.3%	20.0%	0.54 (0.19, 1.48)	3.95 (1.30, 12.01)
Self-reported history of nervous trouble:					
Age 26	18.0%	20.2%	43.3%	1.16 (0.80, 1.68)	3.49 (1.68, 7.24)
Age 36	10.2%	12.1%	60.7%	1.21 (0.72, 2.05)	13.66 (6.32, 29.54)
Age 43	19.1%	22.9%	50.0%	1.26 (0.84, 1.89)	4.24 (2.06, 8.75)

Colman et al. 2004


Repeated Adolescent Mental Disorder & Adult Outcomes

- 3 to 10 times more likely to have adult mental disorder, after adjusting for many possible confounding factors
- 4 to 10 times more likely to undergo psychiatric treatment in adulthood, after adjustment
- These effects last long into adult life



What Difference Can We Make?

- To Adult Outcomes



Attributable Fractions for the Population

The proportion of disorder that would be removed if the prior diagnosis were removed (AFPs)

- Adjusting for gender
 - 26% for adult anxiety
 - 23% for adult depression
 - 24% for adult substance use disorder
 - 32% for adult mania
 - 46% for adult eating disorder
 - 25% for adult schizophreniform disorder
 - 41% for adult antisocial personality disorder.
- Removed or prevented not a great concept, but "treatment" could reduce the later burden of mental ill-health
- Conduct disorder & anxiety outcomes are broad and need attention
 - Effective (Nice Approved) Interventions exist

Courtesy of Professor Peter Jones

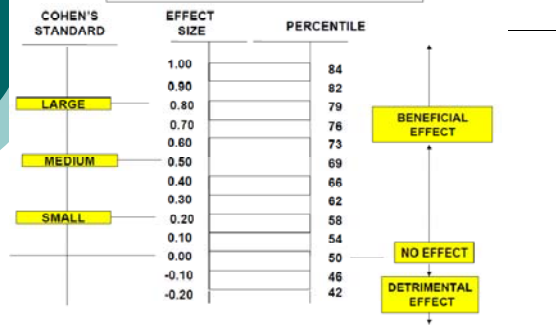


What Difference Can We Make to CYP ?

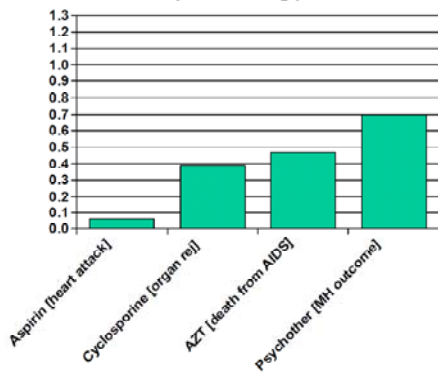
Effectiveness of Psychotherapies in CAMHS

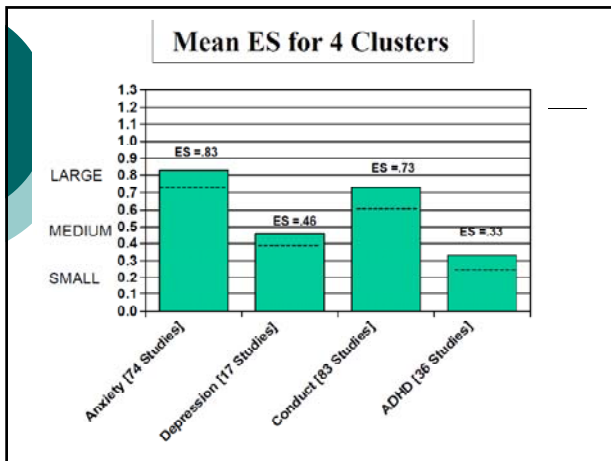
- Meta-analysis by Prof John Weisz: Harvard USA
- NOTE: this data is talking treatments only
- Does not include medications

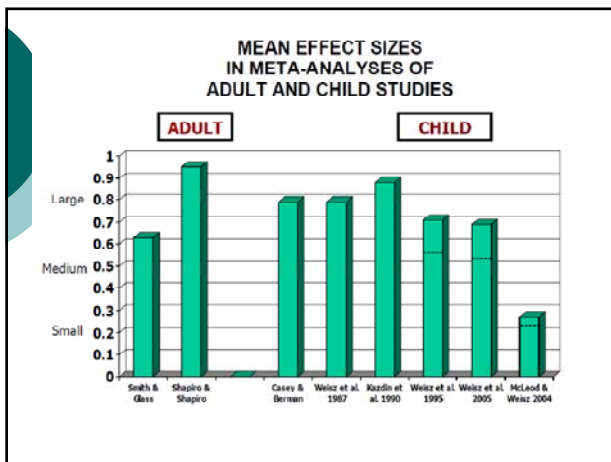
INTERPRETING EFFECT SIZE STATISTICS

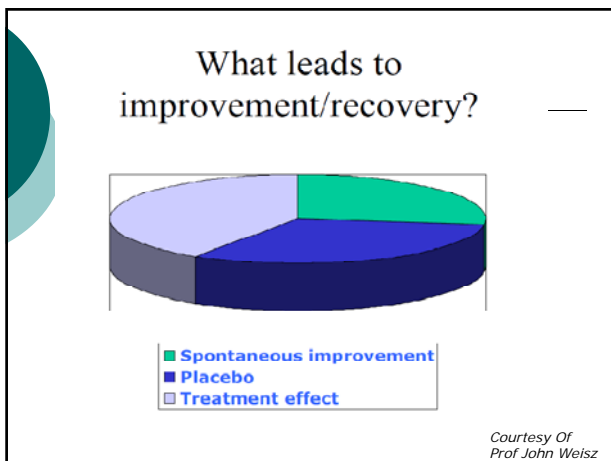


ES: Med vs. Psychotherapy (see R. Rosenthal)









What Happens If we Apply Non Evidence Based Practice

- May be called 'Usual Care' in studies
- Where usual care has some or all of the following characteristics

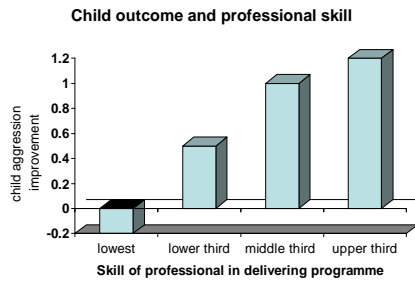
Characteristics of such 'Usual Care'

- Unstructured listening and empathic reflection
- Building a warm relationship
- Being flexible and spontaneous
- Being supportive and encouraging
- Being eclectic and using multiple methods
- But generally lacking a focus, structure and without formulation or systematised user informed outcome feedback

Effectiveness of such care in CAMHS

- Clinical trials on such care show very little effect above placebo/spontaneous recovery ES 0.03 (above placebo and spontaneous recovery)
- More sessions of such care do not improve outcomes
- Combining several forms of such care in systems does not improve outcome
- In parenting interventions can be harmful (Scott et al)

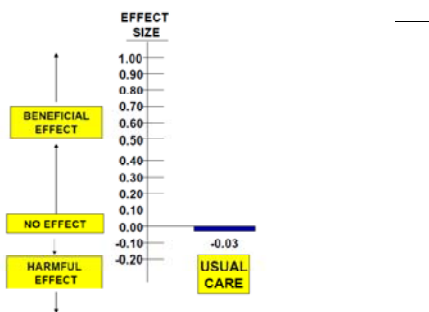
(5) Develop Quality
(Scott, Carby and Rendu 2007)



Some Benefits of Such Usual Care

- That is not to deny the importance of elements of such care in relationship building to
- Enable the delivery of effective care
- But this should not be confused with effective treatment

EFFECT SIZE FOR CLINICALLY-DERIVED TREATMENT



Why Evidence Based Practice Is Important in Treatments

- Research based on clinical trials shows
 - Substantial benefit with medium to large effect sizes
 - Benefits of similar magnitude to adult psychotherapies
 - Specific to treated problems
 - Maintained at 6 months FU

So What Is It About Evidence Based Interventions That Works?

Evidence Based Treatments Characteristics (J. Weisz, 2005)

- Work with CYP & parents/carers to identify the problems & set goals
- Measure progress towards goals
- Build specific coping skills through practice
- Give specific tasks, homework
- Structured, protocol based and goal orientated (usually manualised)
- Derived from interplay of research and clinic treatments

So What Does This Mean For The CYP IAPT Programme?

- Take account of input and views of CYP
- Learning from the implementation of the Children's NSF (2004)
- Incorporate the implications of the evidence

A Formula For Effective Client informed Services

- Outcomes & supporting evidence focussed practice
- Structured Clinical Care (NICE Guideline & DH Guidance on managing Risk, 2007)
- Built around careful case formulation
- A Bio-Psycho-social approach
- Whole Systems approach
- With additional Specialised treatments built upon these foundations

A Formula For Effective Services II

- Stretching across the care pathways
 - Staff capable of teaching, training, liaising and consulting
 - To staff across the pathway
 - Collaborative, seamlessness, using modern technology to assist
 - Clinically and cost effective services

Looking Forward....User Informed

- **Up-skilling** existing staff and perhaps some capacity building (NICE approved and Best Evidence Based Practice Interventions)
- **Up-rating existing service structures and processes** (Outcomes focussed, day to day clinical process outcomes and PROMS informed)
- **Embedding evidence based practice** in day to day delivery (continuity beyond training)
- **In a whole care pathway collaborative continuous learning** cycle (maximise impact)
- **Adapted to local differences** in need and existing service levels (local sensitivity)

Next Steps

- We are at an early stage of development
- The DH will be listening and taking back messages from this meeting & a subsequent meeting organised by the BPS/RCPsych later this month
- To further inform the development process
- With a view to establishing an expert reference group to guide the development of programme in the new year

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