

What is IAPT?

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IAPT Programme

What is IAPT?

I - Improving

A - Access to

P - Psychological

T - Therapies

A commissioner led, outcome focused programme to deliver improved access to 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

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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

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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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The Primary Care Programme

- National policy development
 - Primary Care reference group
- Regional implementation
 - GP lead at SHA level
 - GP lead at PCT/IAPT level
 - Leadership and training programme for leads

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The Primary Care Programme

- Education and training
- Employment and worklessness
 - Dame Carol Black
- Informatics
 - Return to work programme
- Cultural changes
- Contractual changes
- Commissioning
 - Oct 29th - IAPT PBC disc available

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Employment and Training

- GPs
 - Postgraduate
 - CPD
- Practice Staff
 - Nursing
 - Managerial

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Employment

- Relationship between employment and health
 - Change GP behaviour

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Informatics

- Return to Work Programme
 - Dedicated software
 - Educational package

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Cultural changes

- Perception that psychological therapies are usually inaccessible
- Perception that psychological therapies are a “silver bullet”

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Contractual changes

- ??????!

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Commissioning

- Practice Based Commissioning
 - Makes the link between LTCs/MUS and PBC
 - Commissioning for the whole person

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Some Results from Newham and Doncaster

In 13 months...

- Each site funded with £1.3 - £1.5m
- 5,500 people referred by their GP
- 3,500 completed their treatment at the time of this analysis
- 99% of cases in Doncaster, and 88% of people in Newham had completed outcome data

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Clinical Improvement

- 52% recovered
 - Comparable to research studies
- Results maintained at 4 and 12 months
- Minority of patients had been unwell for less than 6 months
 - Allow primary care to offer the first intervention and support during those who recover naturally
- Employment: 5% more of those who had been treated have returned to employment

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Self Referral

- Is self referral a good idea?
- Those who self referred, were
 - Generally more unwell than those referred by GPs
 - Had been unwell longer
 - More closely reflected the ethnic mix of the whole population
 - And recovered as well as those who were referred by their GPs

More information

- Alan Cohen: alan.cohen@csip.org.uk
- www.iapt.nhs.uk

Thank you

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