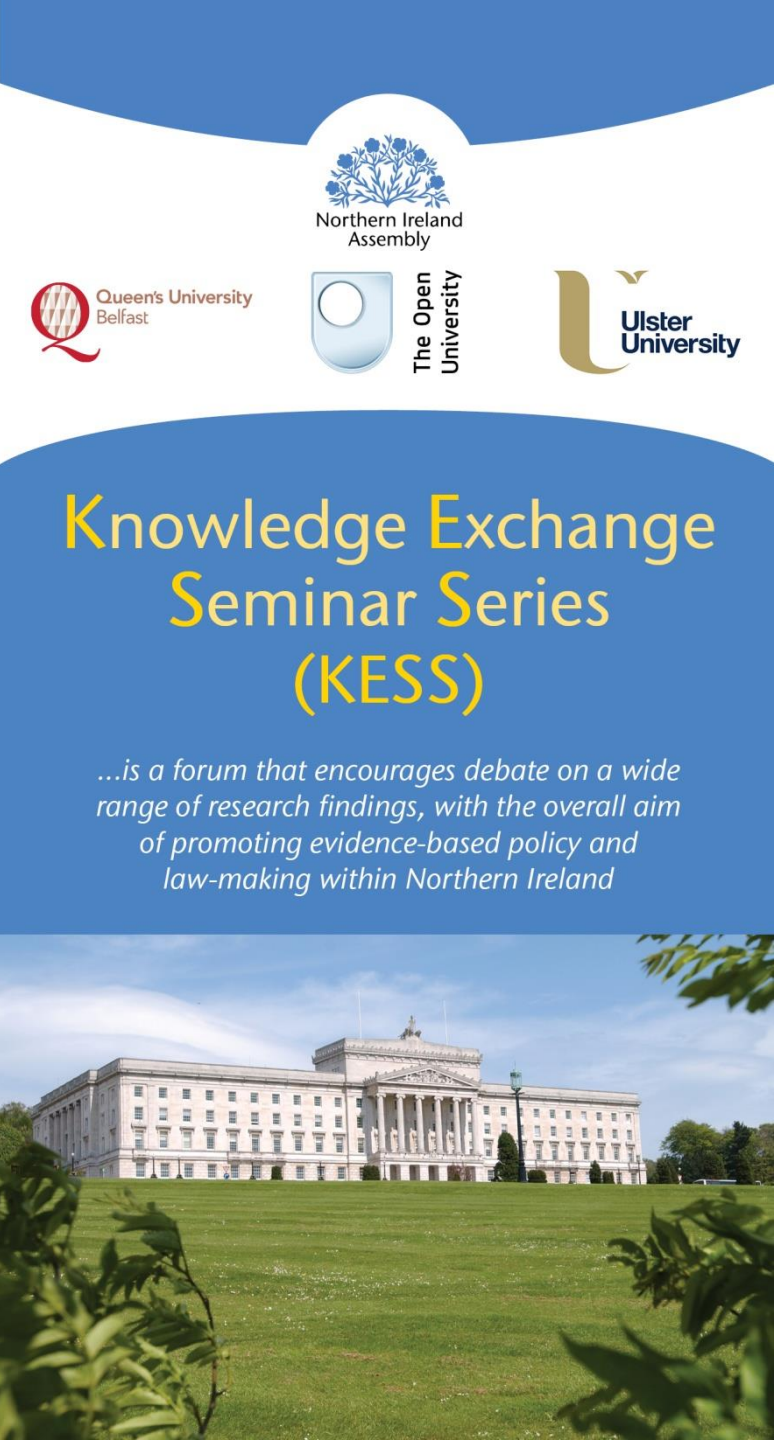

A New Mental Health Service Model for NI: Evaluating the Effectiveness of Low Intensity CBT (LI-CBT) Delivered in Primary/Community Care Settings

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Presentation Plan

- Background
- Aims and Objectives
- Method
- Preliminary Findings
- Where we go from here: Initial Policy Recommendations

Background: The key issues

The prevalence of mental health problems in Northern Ireland (NI) is 19%, and this is 25% higher than in England (DHSSPS, 2014).

Suicide rates have risen by 19% between 2014 (N-268) and 2015 (N-318) in NI. Access to the right help at the right time, as well as early intervention/prevention, is now considered crucial (Betts & Thompson, 2017, MH in NI NIAR)

Issues around:

Long waiting times/poor access (across all Tiers/steps of service) to NICE approved psychological therapies (Strategy for the Development of Psychological Therapy Services, 2010)

GP prescription rates of psychotropic medication were 2.5 times higher than in England and Wales (Script Report; prescription rates in NI, Mc Clure 2013)

What has/has not been achieved in NI?

Achievements

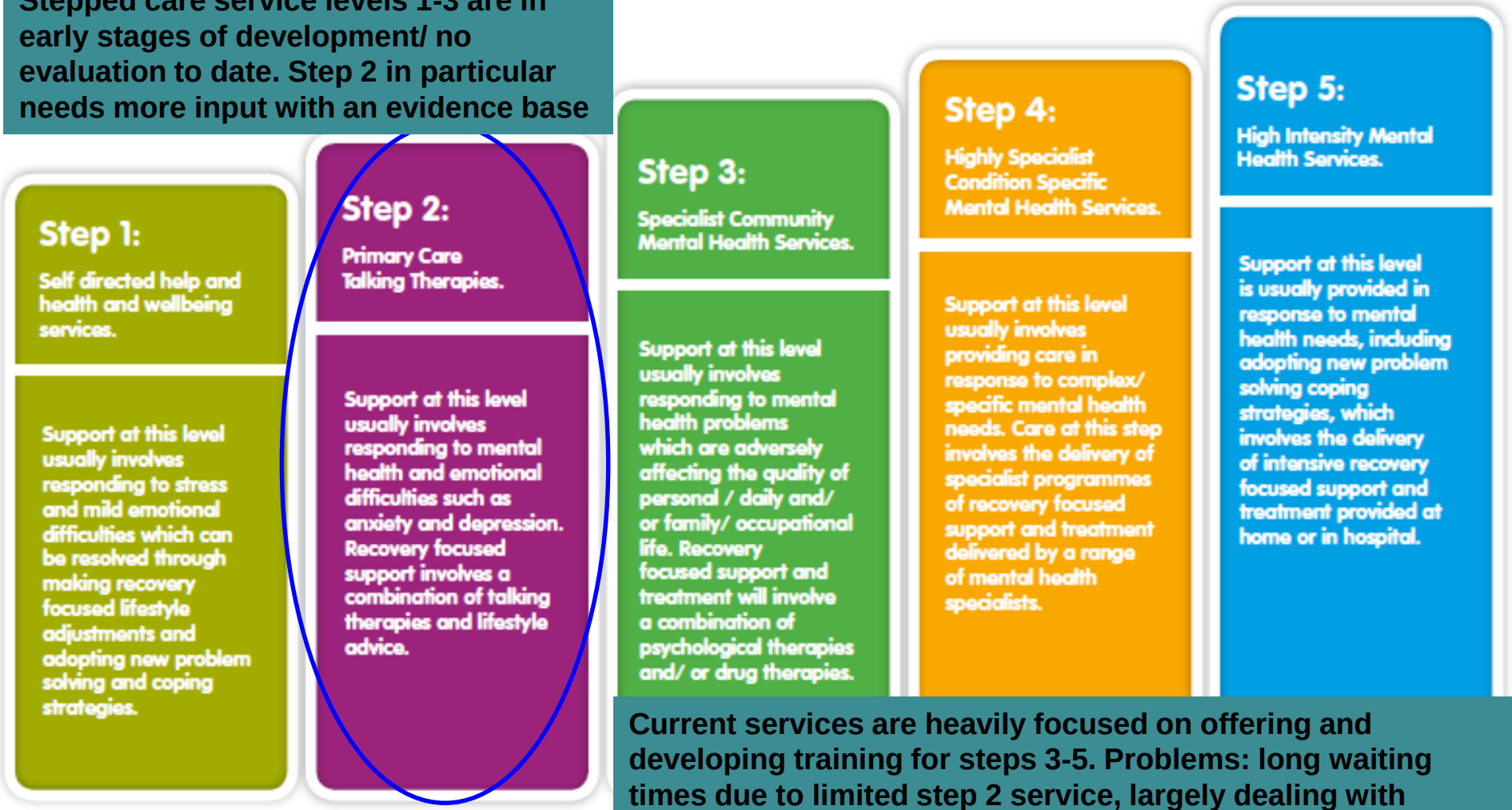
- Primary Care Talking Therapy Hubs have been set up in all 5 Trusts.
  - However, funding varies and the service is not equitable across all Trusts as yet. No evaluation of such services as yet.
- Commissioned training for staff in Stepped Care level 3 -5 but not steps 1 & 2.

Problems to overcome:

- Still problems accessing psychological therapies in Northern Ireland; ***lack of an established stepped care model*** (Blane et al., 2014).
- 5 Trusts not meeting waiting time targets for psychological services (BBC News, 2016)

5.2 Stepped Care Model - how services are organised

Stepped care service levels 1-3 are in early stages of development/ no evaluation to date. Step 2 in particular needs more input with an evidence base



Current services are heavily focused on offering and developing training for steps 3-5. Problems: long waiting times due to limited step 2 service, largely dealing with moderate-severe problems only.

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What is recommended at Step 1 & 2?

Similar to IAPT in England

"**Category A (Low Mental Health Needs/Low Impairment)** e.g. discrete difficulties of short duration. Focus on psychoeducation, self-help and skill acquisition (Steps 1 & 2)."

Step 2 Treatment for Mild Disorders	• Low intensity treatments (eg CCBT, brief behavioural and CBT, psychoeducation, guided self-help, group education, adjustment counselling, further assessment).	• Low Intensity (LI) workers (Bands 4-5) eg Assistant/Associate Psychologists, counsellors, mental health workers, OTs, nurses and SWs (Band 6 and above). • Leadership, governance and supervision provided by Band 7-8 Clinical Psychologists OR CBT Therapists in ratio relationship to number of LI workers.

So what works? Existing evidence

Potential Solutions:

"***Low Intensity therapists are crucial to the implementation of the stepped care model***"
(Northern Ireland Regional Psychological Therapies, Mental Health services Threshold Criteria, April 2013)

Why? Key findings from UK IAPT sites

- Evaluation of the IAPT sites since their implementation, provides evidence supporting low intensity CBT (delivered by Psychological Wellbeing Practitioners) **as an effective treatment for steps 1-3 mental health difficulties** (Clark et al., 2011).
  - The IAPT strategy has been associated with increased rates of reliable improvement (63.7%) and recovery (40.3%), and a number of individual and service level variables have been identified as predictors of positive outcome (Gyani et al 2013).
- NICE guidelines also recommend low intensity CBT for mild/moderate anxiety and depression.
- Cost benefits (reduced relapse psychotherapy versus medication) (Radhakristan et al., 2013)

Government/policy led action plans and recommendations:

Mental Health Service Reform in NI has been informed over the past decade by the '*Bamford Review*', and after extensive consultations (Strategy for the Development of Psychological Therapy Services 2010, 2013), two recommended action plans have been proposed (DHSSPS, 2012, 2015).

<u>Summary of aims within action plans:</u>

1. Support an improved infrastructure for the training and development of those working within mental health services.
2. Increase access to psychological therapies**, using stepped care approach** (i.e. from mild, moderate, severe/complex issues), using NICE approved talking therapies.
3. Save money: provision of psychotherapy provides long term economic benefits that cannot be achieved by pharmacological intervention alone (London School of Economics, 2012)

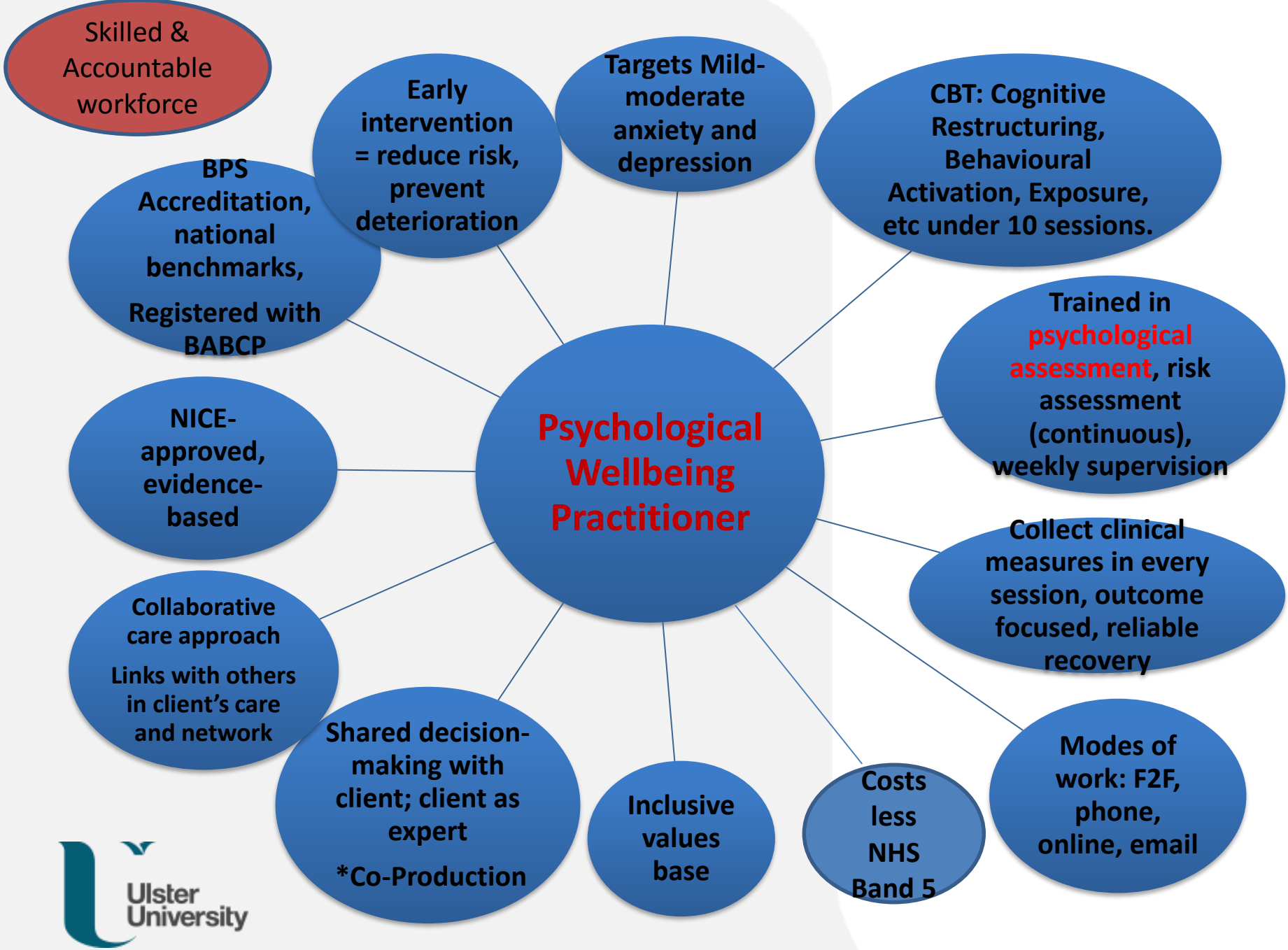
What has Ulster University (Psychology) done?

Created and piloted a new primary care/community based psychological therapies service model, based on the UK 'Improving Access to Psychological Therapies' (IAPT) service model.

How did we do this?

Adapted our MSc Applied Psychology programme to train Psychological Wellbeing Practitioners (PWPs) in 2014:

- Same workforce that was commissioned and evaluated in England IAPT
- the first in NI/Ireland
- offering Low Intensity CBT for Stepped Care 1 up to 3 (i.e. mild/moderate anxiety and depression in adults 18 upwards)
- PWP qualification is accredited by the British Psychological Society.
- Trained 29 PWPs to date (with an additional 12 by October 2017)


Skilled & Accountable workforce
Early intervention = reduce risk, prevent deterioration
Targets Mild-moderate anxiety and depression
CBT: Cognitive Restructuring, Behavioural Activation, Exposure, etc under 10 sessions.
BPS Accreditation, national benchmarks,
Registered with BABCP
Trained in psychological assessment, risk assessment (continuous), weekly supervision
NICE-approved, evidence-based
Psychological Wellbeing Practitioner
Collect clinical measures in every session, outcome focused, reliable recovery
Collaborative care approach
Links with others in client's care and network
Shared decision-making with client; client as expert
*Co-Production
Inclusive values base
Costs less NHS Band 5
Modes of work: F2F, phone, online, email
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Rationale, Aims and Objectives

- **Rationale**
- The current provision of psychological therapies at the Primary/Community Care Level in NI is in its early stages of development, with no empirical evaluation of the effectiveness of this treatment approach to date.
- DoH (2016) indicated that the improvement of access to psychological services has been wholly inadequate and significant funding is required to match that which is being offered in England.
- Hence, there is a need to provide evidence of a service model which works, and can be implemented effectively in NI.

- **The main objective of the current pilot was** to present the preliminary findings of an evaluation of PWPs providing LI-CBT for common mental health difficulties (similar to the England IAPT model), working directly with the newly established 'Primary care Talking Therapies Hubs', GP practices and community care settings in NI.

Method

- **Longitudinal design (Pre/post/4-month follow-up)**
- **Sample:**
  - **n-199** referred by GP or Primary Care Mental health with symptoms of anxiety (phobias, panic/OCD) and/or depression.
  - **'Caseness criteria' met n-165 (min 2 sessions and scoring above the clinical thresholds on baseline measure x 1)**
- **Measures**
  - **(Anxiety- GAD 7, Depression- PHQ 9)**
- **Procedure**
  - **Ethical Approval**
  - **Assessment interview (pre/baseline) Suitability & risk determined**
  - **Treatment (1-10 sessions, mean 5/6 sessions)**
  - **Follow up (4 months post-discharge)**

Analysis procedure

In keeping with existing IAPT evaluations (Gyani et al., 2013), a reduction or increase of six or more points on the PHQ-9 and a reduction or increase of four or more points on the GAD-7 have been determined as the **thresholds for 'reliable change' in depression and anxiety symptoms respectively.**

Clients are considered to have **'reliably improved**' if *either* of their anxiety & depression scores reliably decreased (to normal clinical levels) and the score for the other measure either remained the same or did not reliably deteriorate.

Clients are considered to have **'reliably deteriorated'** if either measure score reliably increased, or the other score either also increased or did not reliably improve

Services implemented and evaluated across NI (2015-16) are as follows:

- Western Trust Talking Therapies HUB X 3 sites, 7 PWP's
- Belfast Trust Talking Therapies HUB x 1 site, 3 PWPs
- Southern Trust Primary Care Mental Health x 1 site, 2 PWP's
- GP referrals to Community Action for Locally Managing Stress (CALMS) x 2 PWPs
- AWARE (Belfast and Derry) x 4 PWPs
- Two GP Practice settings x 4 PWPs
- Korum centre (Strabane) x 3 PWPs
- Healthy Living Centre, Derry x 4 PWPs

Table 1: Frequency of Presenting Problems at baseline

		Frequency	Percent
	Depression	49	25%
	General Anxiety	35	18%
	Comorbid Depression And Anxiety	85	42%
	Specific Phobia	3	1.5%
	Panic Disorder With Agoraphobia	5	2.5%
	Panic Disorder Without Agoraphobia	8	4%
	Health Anxiety	5	2.5%
	Post-Traumatic Stress	5	2.5
	Depression With Chronic Physical Pain	1	.5%
	Undetermined	1	.5%
	Obsessive Compulsive Symptoms	1	.5%
	Total	198	99.5
Missing	-99.00	1	.5
Total		199	100.0

Preliminary findings

Table 1: Frequencies and percentages of reliable recovery, improvement and deterioration rates for LICBT patients meeting caseness criteria for cohorts 2014/15 and 2015/16.

*Caseness criteria met (n= 165)

	Reliable Improvement demonstrated	Reliable Deterioration demonstrated	Reliable Recovery demonstrated
Yes	125 (77%)	10 (6%)	78 (48%)
No	38 (23%)	153 (94%)	85 (52%)
Missing	2 (1.2%)	2 (1.2%)	2 (1.2%)

*At least 2 sessions attended and above clinical thresholds on one or both measures at baseline = caseness

Implications of findings

Preliminary findings are as expected, more specifically they indicate that LI-CBT is an effective intervention for mild to moderate level mental health difficulties in NI.

Preliminary findings are in keeping with the most recent HSC published UK findings:

Change Criteria	N. Ireland Pilot Cohorts 2015/2016	IAPT UK 2015/2016
Reliable Recovery	48%	46%
Reliable Improvement	77%	62%

Summary and Conclusion

- Currently, the mental health service framework in NI does not formally apply NICE evidence, which has also been highlighted in the recent *Evaluation of the Bamford Action Plans* (DOH, 2016). Additionally, findings highlighted a need to further promote psychological therapies, to improve access to services in times of crisis, and to improve involvement at the community and voluntary level (DOH, 2016; Betts &Thompson, 2017).

<u>Conclusion</u>

- Whilst the findings are preliminary, the current pilot offers a potential solution to addressing the need for **evidence-based treatment** and suggests that **low intensity CBT (provided by accredited PWPs)**, is a **clinically effective and cost-effective** intervention and service model within primary and community care settings in NI.
- This, to our knowledge, is the only evidence base to date in NI for treating anxiety and depression at stepped care levels 1-3.

Research plans going forward

- Interview service providers and service users,
- Ongoing evaluation for Nov 2016 up to Nov 2017 cohort of PWP's across NI
- Present complete findings including 4 month follow ups for years 2016 and 2017
-
- Evaluate cost effectiveness, client employment and medication usage pre and post treatment.

Suggestions and Policy Recommendations

1. Access to low intensity psychological care may be improved if a **province-wide PWP service has been fully established and adequately funded.**

2. Employing **PWP's has a cost saving** as are on NHS Band 5 of AfC

3. Specifically, our evidence indicates that **PWPs placed within GP practices and Talking Therapies Hubs** throughout NI could make a measurable and meaningful difference to the lives of people living here – potentially **preventing more complex** mental health issues through the use of **early intervention and quicker access** to services with **reduced waiting times**, and by enabling service users to access **the right treatment in the right place at the right time**.

Indeed this was also recommended by Dr Louise Sands (RCGP; Associate Director) recommended a 'practitioner' offering the appropriate level of CBT in every GP practice in NI (Policy Reform seminar on improving mental health provision in NI: 17th Jan 2017).

Thank you for listening
Any questions?

Please see all references within Policy Briefing document

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