

Improving Access to Psychological Therapies and care pathways for depression in the UK

Psychotherapy in Europe:

Disease management strategies for depression.

Berlin, 23 February 2011

Psychotherapies in the UK

- National Health Service (NHS) funded by national taxation provides majority of mental health care
- Health care in Scotland, Wales and Northern Ireland is devolved
- Government Department of Health organizes NHS in England.



Psychological therapies in the UK

- NHS psychological therapies are delivered by
 - Clinical psychologists
 - Psychiatrists
 - Mental health nurse therapists
 - Counsellors
 - Other therapists with specialist training
- Where are they delivered?
 - family doctors' surgeries, community mental health teams, inpatient and day hospital settings and through specialist psychotherapy teams.

Private and 'third sector'

- Psychotherapists also offer private services on a fee-for-payment basis
- Some are reimbursable by private insurance companies (many doctors and psychologists)
- Many 'lay' therapists operate privately; proposal to bring them into statutory regulation through the Health Professions Council
- Also a 'third sector' of voluntary and 'not for profit' organisations e.g. couples and bereavement counselling, suicide telephone helplines

NHS policy on psychotherapy: A Long Journey



- Dept of Health: no policy until 1996
- 1996 Strategic Policy Review
- 1999 National Service Framework for mental health included psychological therapies (PT)
- 2001 Dept of Health guideline on Psychological Therapies

- 2002 Mental health service mapping exercise includes PT
- 2003 Primary care graduate mental health workers
- 2004 Guidance to the NHS on “Organising & Delivering Psychological Therapies”;
- 2004 “Choice consultation”: PT high priority for service users; poor availability a major source of dissatisfaction
- 2004 “NSF Five Years On” reinforced importance of PT & announced a national programme of work.

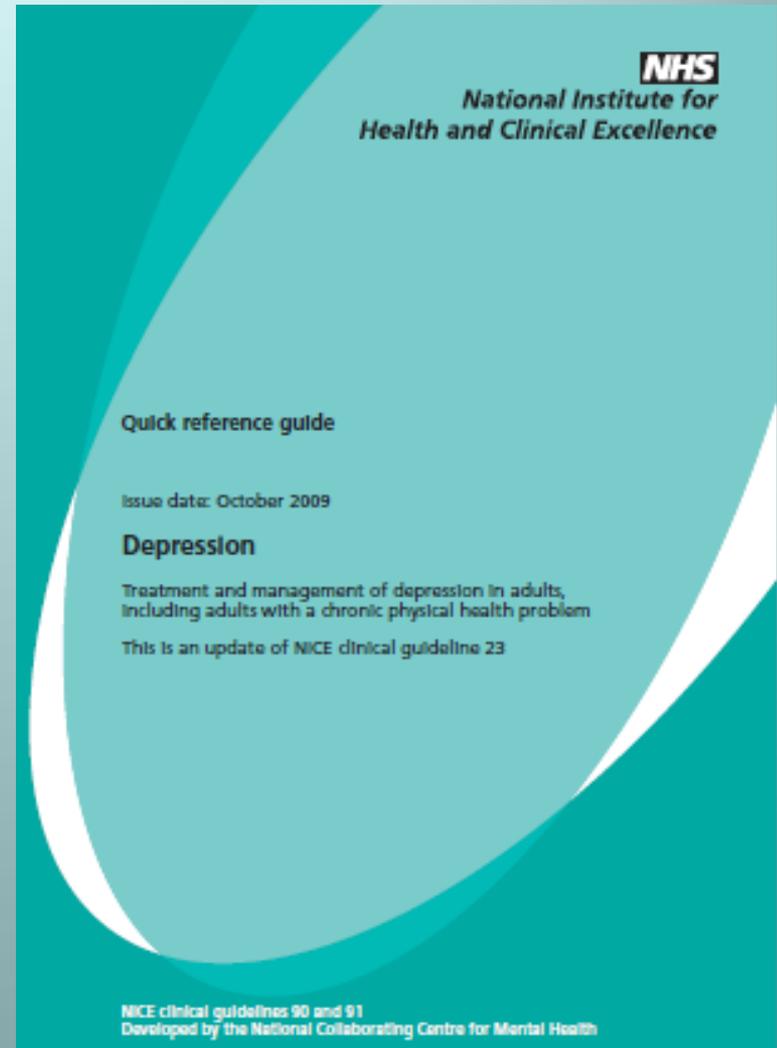
Step change in policy profile...



- National Institute for Health and Clinical Excellence (NICE) Guidelines
- These include psychological therapies alongside medical treatments
 - Depression in adults
 - antenatal & postnatal mental health
 - anxiety disorders
 - eating disorders
 - obsessive compulsive disorder
 - self-harm
 - borderline personality disorder
 - anti-social personality disorder
 - chronic fatigue
- Plus a technology appraisal
 - computerised Cognitive Behaviour Therapy

NICE Guidelines on adult depression

- Based on evidence review from randomized controlled trials
- For mild to moderate depression, initial treatment should be low intensity,
 - guided self-help, group CBT, computerized CBT.
- For more persistent or more severe depression first line treatments
 - cognitive behaviour therapy (CBT), Interpersonal Therapy (IPT), behavioural couples therapy, behavioural activation.
- Second line treatments
 - counselling or short term psychodynamic psychotherapy.



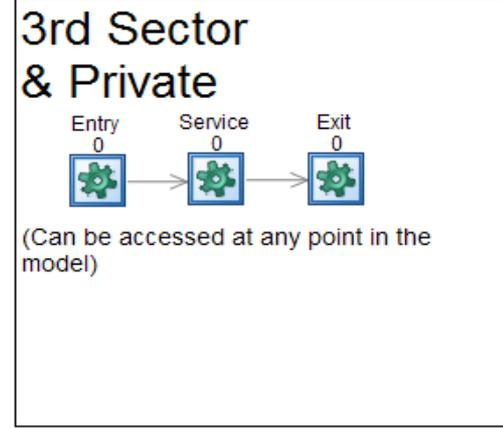
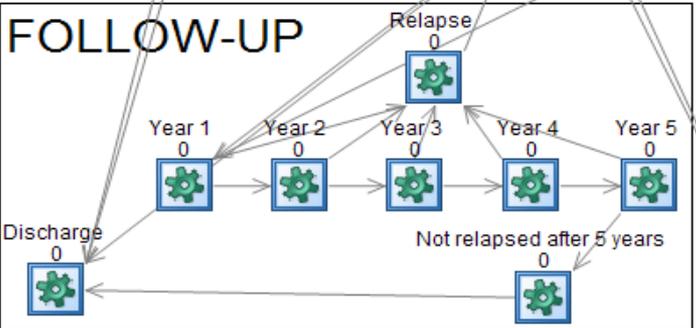
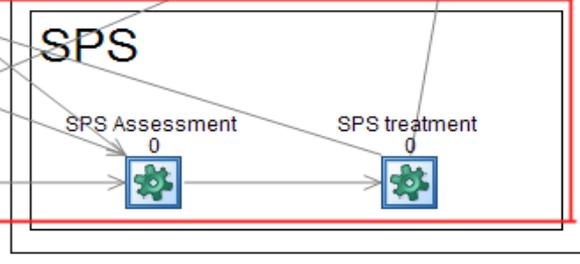
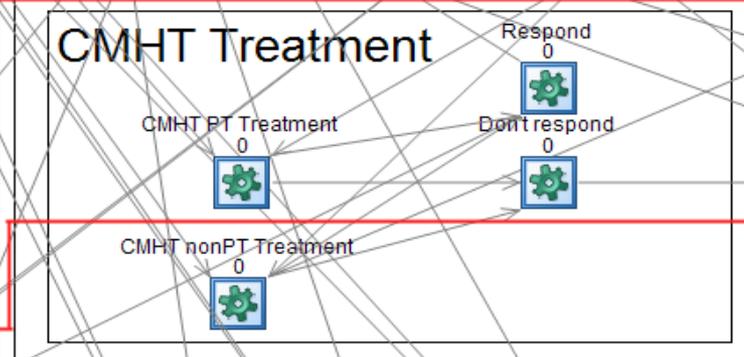
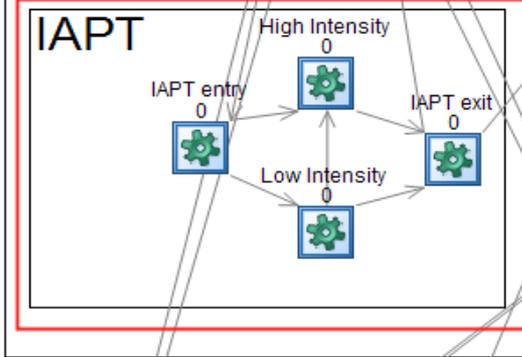
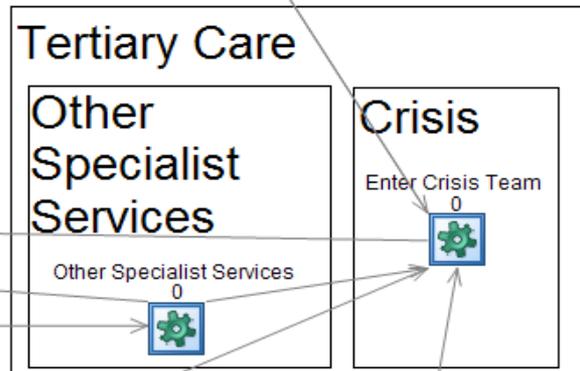
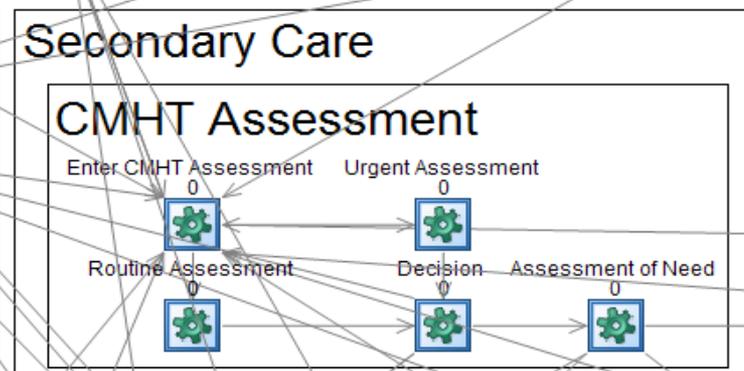
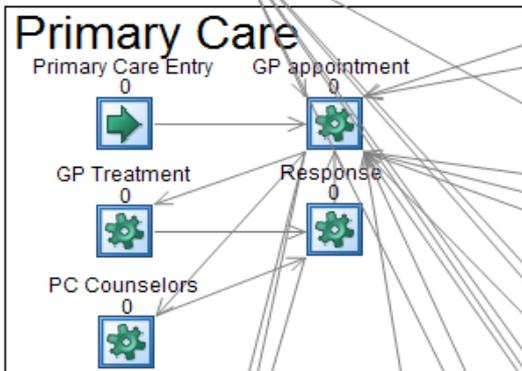
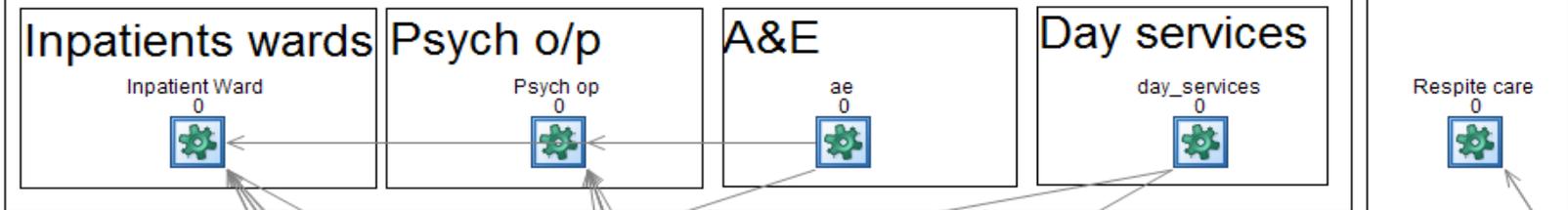
Stepped care model

Focus of the intervention	Nature of the intervention
STEP 4: Severe and complex ³ depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
STEP 3: Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care ⁴ and referral for further assessment and interventions
STEP 2: Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychological and psychosocial interventions, medication and referral for further assessment and interventions
STEP 1: All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions

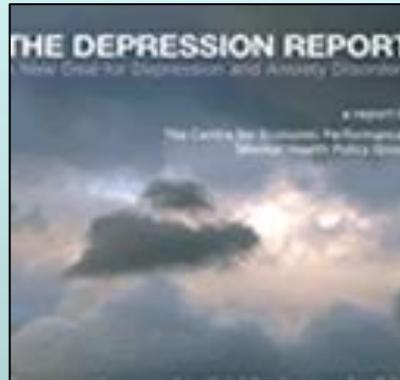
Principles and practice

- Two principles to stepped care
 - Should be at the lowest intensity consistent with effectiveness
 - Should be self-correcting: feedback system of review and ‘stepping up’ or ‘stepping down’
- Family doctors (General Practitioners) rewarded for monitoring depression using PHQ-9 and making appropriate referral
- Care pathways in practice are rather more chaotic and complex

MEDICAL SERVICES (entry from any point)



Improving Access to Psychological Therapies (IAPT)



Professor Lord Richard Layard made the economic argument for investment in cognitive behaviour therapy

- Mental ill health reduces productivity and increases costs of welfare benefits (estimated at £8bn)
- CBT recommended in NICE guidance but very little available
- CBT as a cost effective way to ‘train people to be happy’ and moving people into economically productive employment
- Convinced Government to invest £170m (€200m) in new programme Improving Access to Psychological Therapies.

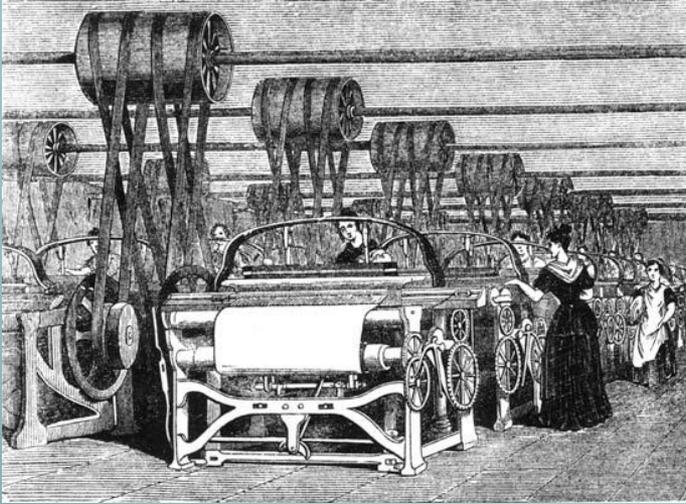
Progress of IAPT

- Two pilot sites from 2006, shortly followed by further investment
 - Three year research evaluation recently completed by our group at University of Sheffield
- IAPT now being rolled out across England
- Does not apply to rest of UK (Scotland, Wales or Northern Ireland) but similar approaches being developed.
- Scope is expanding to include other non-CBT psychotherapies; counselling & brief psychodynamic therapy.

Evaluation of IAPT pilot sites: 30 second summary of results!

- Did it increase access?
 - Yes, faster access and greater coverage (1% to 6.3%)
- Was it clinically effective?
 - Yes, as effective as other therapies
- What did the patients think of it?
 - Liked fast access, many felt helped but less satisfaction with treatment length, & some found it impersonal.
- Did it get people back to work?
 - Reduced sickness absence, but little evidence of reducing unemployment or welfare benefits
- Was it cost effective?
 - Depends which measure you use! Between £20,000 (€23,620) to £37,000 (€ 43,690) per Quality Adjusted Life Year. (QALY)

Final thoughts...



Psychotherapy is moving from 'cottage industry' to industrial scale of delivery.

Psychological therapy as industrial process

- Requires standardised production in the public sector and a replicable process to reach a basic standard within minimum variation in quality.
- Professionals as technicians to deliver specific parts of the process and to drive down unit costs
- Private sector less influenced by these imperatives

Thank you for listening...

Danke für Ihre freundliche
Aufmerksamkeit