IAPT for SMI
National Picture &
Future Directions

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Lancashire Care IAPT for SMI Demonstration Site Event - 03 September 2015
IAPT for SMI – What is it?

- Transform existing services to provide NICE approved and evidence-based psychological therapies as a frontline treatment to people with bipolar disorder, personality disorders and psychosis
- No new workforce, focus on competence, education and training of existing workforce, & outcome measurement
- Six sites demonstrating that the provision of psychological therapies can support positive outcomes for clients, staff, the NHS & the wider economy, started in November 2012 and are funded to run until March 2016
- Working to inform the Access & Waiting Time targets for Early Intervention Services and wider provision across primary care and secondary care mental health services.
Mental Health Taskforce – Public Engagement Process

- People want access to free evidence based Talking Therapies available through NHS
- Shorter waiting times for group & individual therapy
- Increased number of sessions & offered over a longer time period
- Wider range of therapy
- Doctors more willing to suggest therapy as an option
Education & Training

• Competency Frameworks for therapists
• Training Curricula available for practitioners & supervisors
• Assessment of current training provision against the competency frameworks
• Assessment of current training capacity suggests that we need to build training capacity if we are to ensure that staff are suitably trained to provide therapy to people with SMI
Demonstration Sites

- Six sites across England - 3 Personality Disorder sites, 2 Psychosis sites & one Bipolar site.
- Delivering evidence-based psychological therapies
- Therapists with appropriate competences
- Have strategic approach, which is replicable
- Provision of staff training and supervision
- Overcoming barriers to implementation: e.g. senior management ‘buy-in’; ring-fenced time to provide therapy
- Collecting outcome data routinely and effectively (access to historical data)
What treatments do we offer

- Therapy offered individually and in groups

For Psychosis & Bipolar Disorder:
- Family Interventions
- CBT (Cognitive Behavioural Therapy) for Psychosis

For Personality Disorders:
- Mentalisation
- DBT – Dialectical Behavioural Therapy
- CAT – Cognitive Analytic Therapy
- CBT
What measures are we testing?

- Clinical outcomes PHQ9, GAD7, disorder specific measures – PSYRATS, BRQ, SAPAS
- Non - Clinical outcomes – Quality of Life, Employment
- Behavioural change – self harming & suicide attempts
- Health Utilisation – use of acute wards, crisis services
- Satisfaction & Choice – Patient Experience
- How effective and responsive are the measures in showing change?
- Do we use the same measures for all or do we have bespoke measures for individual conditions?
Client Satisfaction

Survey of people receiving therapy in Demonstration Sites carried out by McPin Foundation due to be published later this month shows:

• Overall feedback about accessing the services was positive, but waiting times were most likely to be negatively experienced
• People’s expectations of the service varied greatly. Most people felt that the service had met their needs.
• People were overwhelmingly satisfied with all aspects of therapy / treatment.
• Most people who had accessed the service felt that it had a positive impact on their lives.
Products from Demonstration Sites

- Service User Evaluation launched later this month
- Data report on first 3 years of activity from November 2012 to October 2015
- Clinical and Economic Analysis to take place and be available by Spring 2016

What do we expect to see?
- Improvement in clinical scores
- Less risky behaviour
- Lower levels of use of Crisis and Acute mental health services
- High levels of satisfaction
Future Developments

How can the IAPT for SMI Demonstration Sites inform the Access and Waits Targets for Early Intervention Services?

• Set up Early Intervention Model sites to demonstrate what a NICE compliant EI service looks like and what it can achieve.

What do we want from the Spending Review 2016-2020

• Funding to continue to grow and spread the IAPT for SMI Demonstration Sites
• Funding to start an IAPT for SMI training programme
Our Aim

• To ensure that NICE approved and evidence based Psychological Therapies are available to all people with severe mental illness who could benefit from them.

This is achievable, we must:

• Keep demonstrating the benefits of providing therapy
• Make a solid case for further major investment
• Most importantly – keep fighting for what we know people with severe mental illness want
Contact

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