Increasing Access to Psychological Therapies

Sue Watts, Olga Horgan & Cath Burley
Clinical Psychologists
BPS: PSIGE

Acknowledgements: Steve Boddington, Julia Boot
Aims:

• What’s the problem?
• How is IAPT currently meeting OP’s needs?
• Principles of good quality care
• Update on national developments
• Working together to improve IAPT for OP
IAPT and Equality

Data from 32 of 35 first wave implementation sites (2008/9)

- 4% were aged 65+
- Nationally 18% of population

Equality of access score = 22.2%
General PCT population (250,000)
On average, 18% of the population is over 65 years of age (~40,000)

40,000 older people
Approximately one in four older people experience significant depression

10,000 people
In addition to other reasons for depression, co-morbidities or multi-morbidities are the norm in later life. Emotional and physical health problems are entwined. Egs:

- 50% of people with Parkinson’s disease
- 25% following stroke
- 20% with coronary heart disease
- 24% with neurological disease
- 42% with chronic lung disease

...will be depressed
About one third of older people experiencing significant symptoms of depression go to see their GP (3,300)
About half of those older people experiencing significant symptoms of depression, who go to see their GP get offered treatment

\[
\frac{1,650}{10,000}
\]
Less than 2% of those older people experiencing significant symptoms of depression, who go to see their GP and get offered treatment, will be referred for primary care psychological therapy.

33 people!
Older People & Primary Care

- Older people consult GPs almost twice as often as other age groups.
- 22% of older people will have seen their GP in the last 2 weeks. 40% will have a mental health problem.
- Primary Care is a key service provider for care homes where at least 40% older people have depression.
Why is detection in primary care often poor?

• 66% of depressed older people have different symptoms that fit poorly with current assessments (designed for younger people).

• Presentation may differ because of ageing, physical illness, or both.

• Only 33% of older people with depression discuss this with their GP.

• Once recognized, depression is under treated in older people: **5 out of 6 will receive no treatment at all.**

• Indirect discrimination due to service design to meet needs of most under 65s.
Principles of Good Quality Care

- **Involvement of Older People** in design, monitoring and audit

- **Assertive promotion** of older people’s mental health at all stages of care

- **Assertive action** by clinicians at all stages of care to maintain good levels of access and to avoid drop-outs

- “**Older People’s Champion**” to monitor all stages of care to ensure equal access and progress through the care pathway
Principles of Good Quality Care

- **Liaison** with other health professionals involved in the person’s care
- **A thorough initial assessment** to ensure initial allocation to *appropriate treatment*
- **Use of materials** and approaches relevant to older people
- **Supervision** at all stages of treatment by clinical psychologists specialised in older people’s mental health to ensure appropriate treatment
Figure 1: Recommended stepped care pathway for older people accessing IAPT services

**ACCESS**
Must be accessible to older people
Consideration of need to adjust for sensory/physical/cognitive function
Opt-out rather than opt-in
Suitable location of appointments
Reminder/prompts re appointments
Assertive review of non-attendance

**TREATMENT**

**Step 1: Referral to service**
Sources include self-referral, GPs, community services for older people, voluntary sector, other primary care health professionals, hospital staff

**ASSESSMENT: TREATMENT DECISIONS**
Assessment carried out by clinician skilled in later life mental health, using measures and tools validated for older people. Choice of treatment discussed with patient

Pt declines treatment or treatment not appropriate. Discuss ways forward with pt – e.g. signposting to other services. Referrer promptly informed of outcome

**TREATMENT**
Specialist mental health services, including **step 4: Psychological therapy services**

**TREATMENT**
Step 3: High-intensity interventions; adapting delivery appropriately for physical/sensory/cognitive abilities

Outcome measures validated for older people; appropriate frequency

**TREATMENT**
Step 2 Low-intensity intervention using materials appropriate for older people; adapting delivery appropriately for physical/sensory/cognitive abilities

**ONGOING SUPERVISION AND CONSULTATION BY CLINICAL PSYCHOLOGIST SPECIALISED IN LATER LIFE MENTAL HEALTH**

**ONGOING MONITORING OF SUCCESSFUL NAVIGATION OF THE PATHWAY BY “OLDER PEOPLE’S CHAMPION”**

Where onward referral is required, and pt consent given, treatment outcomes to be communicated to new team

Discharge or onward referral

Pt ends treatment and gives consent for outcomes to be communicated to referrer, incl requirements for ongoing monitoring and follow-up

LTC pathway
Or Dementia & Carers pathway

Pt declines treatment or treatment not appropriate. Discuss ways forward with pt – e.g. signposting to other services. Referrer promptly informed of outcome

Discharge or onward referral
ASSESSMENT: TREATMENT DECISIONS

Assessment carried out by clinician skilled in later life mental health, using measures and tools validated for older people. Choice of treatment discussed with patient.

ACCESS

Must be accessible to older people
Consideration of need to adjust for sensory/physical/cognitive function
Opt-out rather than opt-in
Suitable location of appointments
Reminder/prompts re appointments
Assertive review of non-attendance

TREATMENT

Step 1: Referral to service
Sources include self-referral, GPs, community services for older people, voluntary sector, other primary care health professionals, hospital staff

LTC pathway
Or
Dementia & Carers pathway

Pt declines treatment or treatment not appropriate. Discuss ways forward with pt – e.g. signposting to other services. Referrer promptly informed of outcome

Targeted PROMOTION of service to older people; clear access criteria; self-help materials relevant to older people; active monitoring using measures relevant to older people

ONGOING SUPERVISION AND CONSULTATION BY CLINICAL PSYCHOLOGIST SPECIALISED IN LATER LIFE MENTAL HEALTH
ONGOING MONITORING OF SUCCESSFUL NAVIGATION OF THE PATHWAY BY “OLDER PEOPLE’S CHAMPION”
ASSESSMENT: TREATMENT DECISIONS

Assessment carried out by clinician skilled in later life mental health, using measures and tools validated for older people. Choice of treatment discussed with patient.

TREATMENT

Step 2: Low-intensity intervention using materials appropriate for older people; adapting delivery appropriately for physical/sensory/cognitive abilities.

Step 3: High-intensity interventions; adapting delivery appropriately for physical/sensory/cognitive abilities.

Outcome measures validated for older people; appropriate frequency.

TREATMENT

Specialist mental health services, including step 4: Psychological therapy services specialists for older people.

Where onward referral is required, and pt consent given, treatment outcomes to be communicated to new team.

Discharge or onward referral.

Pt ends treatment and consents for outcomes to be communicated to referrer, inc ongoing monitoring and follow-up.

ONGOING SUPERVISION AND CONSULTATION BY CLINICAL PSYCHOLOGIST SPECIALISED IN LATER LIFE MENTAL HEALTH

ONGOING MONITORING OF SUCCESSFUL NAVIGATION OF THE PATHWAY BY "OLDER PEOPLE’S CHAMPION"
Case Study: Mrs. Waters

- Post stroke
- Panic Attacks & Loss/Adjustment
- Physical Disability
- Mild Cognitive Impairment
- Carer Stress

Liaison & MDT Working – medication review; social work to arrange respite for carer; voluntary agencies to provide social activities

Psychological Intervention - Step 3 CBT for Panic

Outcome: Significant reduction in anxiety and panic. Confidence increased. Carer stress reduced.
IAPT for Older People

PSIGE work with IAPT Team at Dept. of Health

• Commissioning
• Workforce competence and training
• People with memory problems and carers
• People with Long Term Conditions
Raising the profile: Outcomes

- PSIGE Newsletter 113 IAPT and Older People www.psige.org PSIGE-iapt-discussion@lists.bps.uk
- National Advisor and Project Manager
- PSIGE Annual Conference 14th June, Bristol
- Publication October 2012
- NSP Conference November 2012
- Research developments