

IAPT

Research and Innovation

Dr Janine Archer

University of Manchester

Janine.archer@manchester.ac.uk

Aims

- Introduce area and ideas for PPN website
- Update on Practice Research Network (PRN)
- Local innovation project & dissemination discussion
- Introduce new CPD unit at UoM – LTCs and CMHPs

Research & Innovation

<http://www.nwppn.nhs.uk/index.php/our-work/research-and-innovation>

Support

- Training
- Public involvement (NW people in research forum)
- R&D support services
- Funding

Northern IAPT Practice Research Network (IAPT PRN)

- Clinically driven in partnership
- Multi-site
- Debate

Local IAPT research & innovation

- Hearing Voices project
- Flo
- Evaluation of Military Veterans IAPT
- Evaluation of BSL PWP training
- Discussion board? Ideas?

National IAPT research & innovation

- Repository to share projects that are of interest in wider IAPT community

iapt

Improving Access to Psychological Therapies

www.iaptprn.com



Northern IAPT Practice Research Network

**Chairperson: Dr Jaime Delgadillo
(University of York, Leeds IAPT)**

Northern PRN, established Sept 2014:

- is a formal group of clinicians that identify areas of practice to be researched, in collaboration with academic partners that are able to offer methodological and technical expertise
- generates practice-based evidence that enables clinicians to assess their effectiveness and to explore the challenges of routine therapy (Margison et al, 2000). Involves the sharing and combining of data (often retrospective).
- is an ideal vehicle to disseminate empirically-supported treatments in naturalistic settings (Barkham & Mellor-Clark, 2000).

IAPT SERVICES:

Leeds
Sheffield
Cumbria
Barnsley
York
Doncaster
East Riding
Wakefield
Calderdale
Kirklees
Lancashire

P
R
N

ACADEMIC COLLABORATORS:

U. of Sheffield
U. of York
U. of Huddersfield
U. of Manchester

Stress Control Study

Objectives: To scope current provision of Stress Control (SC) interventions, to understand which patients benefit more or less from SC. **Method:** Retrospective analysis of routinely collected IAPT data, involving 9 IAPT sites.

Update (Nov 2015):

- The project team have successfully aggregated data from 5 IAPT services; including over 4000 cases of patients accessing stress control interventions.
- An initial outcomes report has been concluded, and will be submitted for peer review in a scientific journal during December 2015.

Dissemination of the transdiagnostic seminars (TDS) model

A series of three seminars for patients waiting to access step 3 CBT.

Developed and piloted by Leeds IAPT. Seminars have 2 functions;

- (1) to prepare patients to make the most of therapy by introducing them to some key aspects of CBT, and
- (2) to provide early access to self-help strategies and booklets.

Update (Nov 2015):

- Dissemination of seminars across 3 IAPT services.
- Facilitators at each IAPT site have accessed training and mentorship on how to set-up and deliver the seminars in routine practice.
- Qualitative interviews have been concluded to explore barriers and facilitators to successful dissemination. An initial outcomes report is expected to be concluded by February 2016.

The Debate webpage offers an independent space for commentary and debate about IAPT policy and practice.

Recent examples:

- Should IAPT services be included in the AQP framework?
- Where have all the PWPs gone?
- Should Psychological Wellbeing Practitioners be a registered workforce?
- Are we psychologising poverty?



<http://www.iaptprn.com/debate.html>



Should Psychological Wellbeing Practitioners be a registered workforce?

Statement 1 - The PWP workforce should be registered with a nationally recognised regulator.

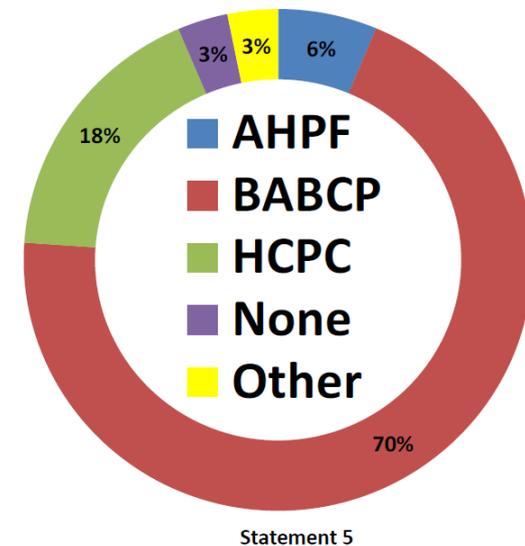
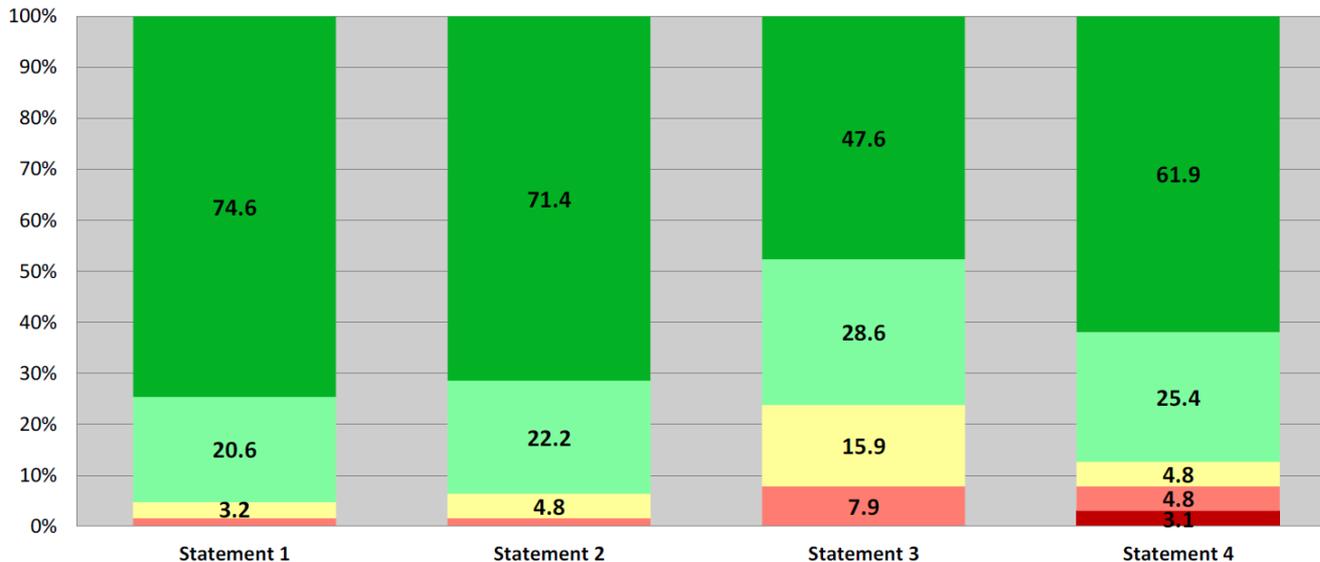
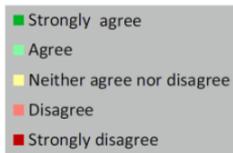
Statement 2 - Registration is necessary to support the professional standing of PWPs.

Statement 3 - Registration is necessary to assure clinical governance and patient safety.

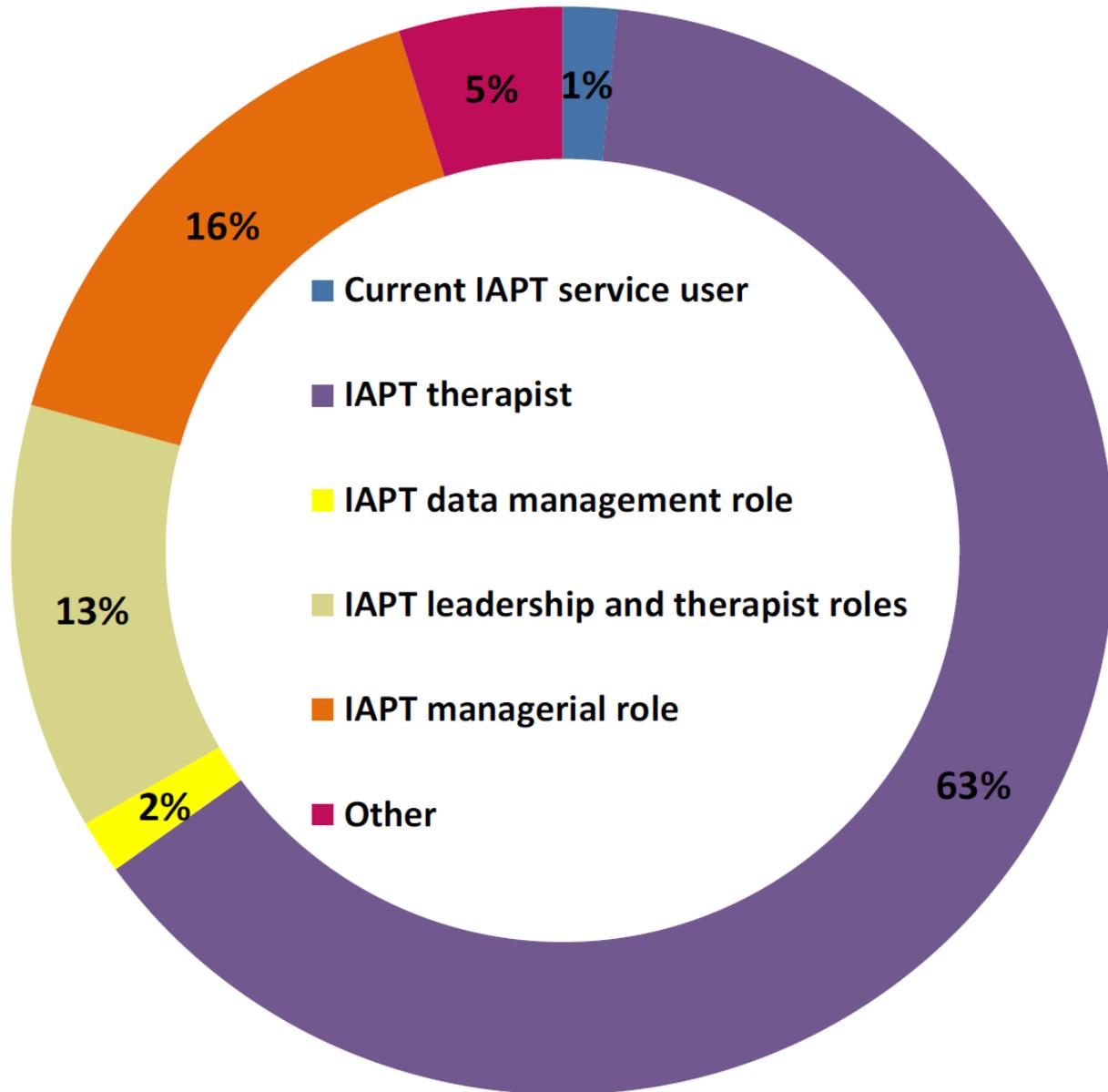
Statement 4 - Registration is necessary to support training and development.

Statement 5 - Which organisation would be the most appropriate registration body?

Responses to the above statements (Total number of participants = 63)



Profile of survey participants (N = 63)



Using Flo as an interactive information tool

Chris Pimlott – Service Manager PCFT

Katie Kay – Project Manager PCFT



HEALTHY MINDS

penninecare.nhs.uk/healthyminds

What is Flo?

- Flo is an NHS product, delivered through NHS Stoke
- It is a simple text messaging service
- Increasingly being used across various patient pathways in the NHS (Health improvement / diabetes) – minimal use within mental health
- Growing evidence base for services using Flo as a tool to support efficiency and quality



HEALTHY MINDS

penninecare.nhs.uk/healthyminds

Pennine Care **NHS**
NHS Foundation Trust

Background

- Healthy Minds service moved to more group delivery at step 2 ('psycho-educational groups')
- Heard about Flo – could it help improve attendance and recovery?
 - It had helped improve these measures in other pathways such as smoking cessation and diabetes
- Service decided to engage in small local pilot to test this out
- Aim was to:
 - Improve commencement and completion of stress & anxiety groups and low mood & depression groups by 15% (delivered by PWPs at step 2)
 - Improve clinical outcomes by 10% (as measured using PHQ9 & GAD7)

Local implementation

- Protocol was developed within the service and with support of Flo team
- Patients signed up to Flo at initial screening appointments
- 7 texts sent out each day leading up to commencement of the groups (aim was to reduce anxiety re attendance and improve motivation):
 - Examples:
 - *‘Well done on signing up for the stress & anxiety course. You have taken your first step towards recovery and we look forward to seeing you on [date]’*
 - *‘Don’t forget that your group starts tomorrow. It’s normal to feel anxious, but we are here to support you and we look forward to meeting you’*
 - *‘1 in 4 people will suffer from a common mental health problem at some time in their lives – you are not alone’*

Implementation continued

- Further texts sent on 2nd and 5th day after each group session (aim was to remind people about homework tasks)
- On receiving 'parent' text, user could respond (by replying #) to receive additional information about homework set (key concept in recovery)
- Potential for an additional 5 texts to be sent

– Example (after session 1):

- *'Don't forget to have a go at drawing out your own ABC-E model of emotion' #*
- *'Think about what physical symptoms you might notice – have you noticed changes to your sleep or appetite for example?' #*
- *'What might have changed in your behaviour? Are there things that you have stopped doing recently or that you have been avoiding?' #*
- *'What have your thoughts been lately? About yourself, other people and the world?' #*
- *'Is there anything that is going on in your environment that might be key – relationship issues, family / work problems, financial pressures, etc?'*

Outcomes

- 56 people were recruited
- DNA rate for those using Flo was **26%**
- DNA rate for those choosing not to use Flo was **41%**
 - Aim of improving attendance by 15% was therefore achieved
- Recovery was measured using significant improvement (a drop of 5 points on the PHQ9 & GAD7)
- The use of Flo had a **22%** improvement over the control group
 - Aim of improving clinical outcomes by 10% was therefore also achieved)



Service User Feedback



- Feedback was obtained from all individuals who used Flo
- Universally positive feedback
- Patients seemed to like the interactive nature of Flo and the fact that they were in control of the amount of information they received
- *‘Flo really helped me to remember to practise and think about what I was learning in between group therapy sessions’* (Male, 59 years old, attended stress & anxiety group)
- *‘I really enjoyed attending the mood group and the Flo service added to the experience’* (Female, 59 years old, attended mood group)

Recognition



- Won 2 national awards:
 - ‘Most innovative use of Flo’ – Flo Simple Telehealth Conference (November 2014)
 - ‘Innovation in Mental Health Award’ – Health Business Awards (December 2014)
- Shortlisted for HSJ award (September, 2015)
- Had work published on eWIN - shared via PPN
- Now working with the UoM to carry out a larger RCT



Barriers to disseminating this work

- Despite the awards / publications etc, struggled to disseminate this work
- Need to ensure such innovations are shared across the NW and that active dialogue around this kind of work is encouraged
- Hopeful that the PRN can support examples of such work going forwards?



- Share your IAPT related research and innovation projects (send to Alina)
- Support each other with adoption of good practice
- Join the PRN
- Engage in the PRN debates 'Poverty and Mental Health'
- Also.....

NEW! CPD unit (L6&7)

Long Term Conditions (LTCs) in Primary Mental Health Care

Register now, starting February 2016

http://assets.mhs.manchester.ac.uk/course-files/nursing/pg/LongTermConditionsInPrimaryMentalHealthCare_PG.pdf