Children and Young Peoples’ Improving Access to Psychological Therapies Programme – an overview

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Improving Access to Psychological Therapies

CYP IAPT

CYP and parents’ voices

Third sector and Professional voices and research

Adult IAPT

NAC

TAMHS

NICE

NSF and Every child matters

Youth Wellbeing Directory

CORC

NCSS

Chimat

QNCC

CAPA

PBR

Youth Wellbeing Directory

CYP IAPT

CYP and parents’ voices

Third sector and Professional voices and research

Adult IAPT

NAC

TAMHS

NICE

NSF and Every child matters

Youth Wellbeing Directory
Child and Adolescent Mental Health (CAMHS) Policy Context

- Mental Health Strategy, 2011
  - Life course approach: Quality Driven
  - MH strategy was accompanied by *Talking therapies: A four-year plan of action*
    - Commitment to increase access to NICE approved best evidenced psychological therapies for children and young people

- NHS and Social Care Act, 2012
- Children and Families Act, 2014
- Mandate - a contract between the Government and NHS England and Health Education England
- Coalition Mid term Review and *Closing the Gap*
- Health Select Committee (HSC) on CAMHS – Mar–July 2014
- Ministerial Taskforce September 2014 to February 2015
CAMHS Policy Context

• Children and Young People’s Health Outcomes Forum
• Chief Medical Officer report
• Parity of Esteem work plan in NHS England - all work streams must consider impact on children and young people
  – Crisis Care Concordat - first official document was released in May – whole life course includes children and young people
• DfE Behaviour in schools guidance
• Childrens’ Health and Wellbeing Partnership
• Personalised budgets
• Choice
• CAMHS Currencies
• Evidence based initiatives e.g. MST FNP
• Achieving improved access to mental health services by 2020
The Context of CYP IAPT: Costs

Mental illness during childhood and adolescence in the UK:

£11,030 to £59,130 annually per child

Lifetime cost of a 1-year cohort of children with Conduct Disorder: £5.2 billion

Costs of adult crime with history of CD

- £60 billion in England and Wales
- £22.5 billion attributable to CD
- £37.5 billion to subthreshold CD

Including costs of various agencies

- Health
- Social services
- Education
- Justice

Evidence-based practice has substantial clinical & cost benefits

Little & Edovald, 2012; Suhrcke, Puillas & Selai, 2008

Only 6% of current spending on mental health goes to services aimed at children and young people

Kennedy, 2010

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## NICE Recommended Therapies for Children & Young People

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Training in Evidence Based Practice

Research evidence + Children, young people and family values + preferences + Clinician observations = Quantifiable results

Utility for clinicians

Acceptable to recipients

Frueh et al (2012) Evidence-Based Practice in Adult Mental Health. Handbook of Evidence-Based Practice in Clinical Psychology. Published online.
Measurement for a purpose:
Guiding treatment to better outcomes

Weisz et al. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: a randomized effectiveness trial. *Archives of General Psychiatry, 69*(3), 274-282. With permission from Peter Fonagy
Template for appropriate CYP services: key components

- Improving outcomes accountability
- Delivery of evidence-based practices
- Access
- Awareness
- Participation

CYP-IAPT

- Improving access & engagement
- Increasing MH awareness & decreasing stigmatisation
- Enhancing youth, carer and community participation

EBP

Accountability
The CYP IAPT Programme

• Using routine outcomes monitoring
  • To guide therapist and supervisor
  • To help client monitor and understand how treatment is progressing
  • Across ALL professions
• Empowering YP and carers to take control of care, establish treatment goals, choose treatment approaches and take opportunities to improve their own health
• Improving access to evidence-based therapies
• Introducing evidence-based organization of care
Five Levels of Intervention in Three Workstreams

- Service access and engagement
- Delivery of evidence based practice
- Outcome-accountability

Levels:
- Central policy level
- Collaborative (HEI) level
- CAMHS Partnership level
- Individual practitioner level
- CYP/Family level
By 2015 Programme will work with services covering 68% of 0-19 population.
Working iteratively-developments for 2014-15

- 2014-15 New Enhanced Evidence Based Practice curriculum – brief short course at certificate level
- 2014-15 New task and finish group on improving integrated services (chair: Professor Mick Cooper and young sessional worker)
- Parent participation contract - http://www.youngminds.org.uk/for_parents/parents_improving_services
- Accreditation council - CYP IAPT principles embedded in established accreditation processes for individual therapists, modality courses, services
- Service development group developing a CAMHS service specification to support commissioning
Trainees feedback

Feedback from trainees from the SFP course in the South West Learning Collaborative and Exeter University:

http://youtu.be/PKQX5gfIVUk
Progress: in partnership with young people

**National level** – young people co chair Service Development, Integrated Services sub groups and are involved in developing

- CAMHS Service Specification
- Guidance on Complaints, Consent Forms,
- 10 Top Tips for Recruitment
- CAMHS values and standards

**Local work includes**

Working with commissioners, interviews for new CAMHS partnerships to join CYP IAPT, staff interviews, service redesign, information creation, working to support delivery of ROMs

*Please sign up for* [www.myapt.org.uk](http://www.myapt.org.uk); *see video clips* [https://www.youtube.com/user/CernisLimited/videos](https://www.youtube.com/user/CernisLimited/videos)
Progress: Improving Access

Self-referral: latest monitoring (Jan-Mar 14) shows systems are reported to be in place in

- 17 out of responding 18 year 1 partnerships
- 16 out of responding 24 year 2 partnerships
- 16 out of the 25 year 3 partnerships.

Partnerships implemented a range of self-referral systems including

- single point of access via phone or internet,
- drop-in sessions available in schools, tier 2 and voluntary sector services,
- young people discharged from specialist (tier 3) CAMHS can self-refer for up to 12 months post discharge.
Using routine outcome measures – how does it help?

- **Clinical practice**
  
  ‘staff are reporting that ROM is helping them *prioritise need*’.  
  ‘Goal based measures [are] helpful in maintaining client’s focus and motivation’.
  
  Using ROM in *supervision* ‘*encourages reflective practise*’.

Interviews with young people showed ‘they like filling in the questionnaires most of the time and one young person said it was the first time someone had asked me what I thought’

- **Service development**
  
  ‘*They [ROM and YP, parents feedback] are providing us with information we can utilise in our discussions with commissioners about what we do, what works, gaps in provision and what are service users experience.*’
Routine Outcome Monitoring – what do young people say?

“I don’t mind doing it. It’s a chance to say if there is something you’d rather be talking about or to say how well you think it’s going.”

“Really helpful because I can think about it as well, I can think I am not quite there but see there is room for improvement. If I'm not in a good mood my score can go down by 1 or 0.5, and vice versa but that’s okay. I would find it hard to say in person how I feel but writing it down is an easier option. It helps me see I can do it and see my progress.”

“It’s easier to keep track and it can show you that you are making progress. It’s proof that you are getting better”
Year 1 (2011-12): average of 68%; n=18; 18% of 0-19 pop covered; dataflow from Dec 12.
Year 2 (2012-13): average of 68%; n=24; 14% of 0-19 pop covered; dataflow from Dec 13.
Year 3 (2013-14): average of 28%; n=25; 22% of 0-19 pop covered; dataflow from Dec 14.

By Mar 14: 63% of closed cases had paired outcome information from symptom or impact tracking measures-up from 25% before the DC in programme began in 2012.
Derby – Introducing ROMS

- Encourages clinicians to be more focused on package of care through use of ‘Goal Based Outcomes’.
- Time spent within the service is dramatically reduced, prevents therapeutic drift and allows the young person to have more control and say about the service which is being provided.
- Evidences to commissioners the level of service being provided and how effective it is.

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Derby – Referrals

CAMHS Referrals by Year

With permission from Scott Lunn
Derby – Where are we now?

CYP IAPT Caseloads (open at month-end)

With permission from Scott Lunn
ROMS Evidence time in service is reducing - Derby

CAMHS Average LoS (Jan 2012 to Jan 2014) in Days

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Challenges with implementing CYP IAPT

Across year 1, 2 and 3 CAMHS partnerships

- the bigger we get, the further trainees have to travel and the mentoring relationship becomes more challenging
- Increase in referrals and reduction in staffing (up to 20% reported)-demand outstripping capacity, impact on staff,
- Service re-tender or restructuring and leadership and management restructuring,
- Reductions or cuts in Tier 2 and LA provision.
- IT and governance issues - time with data input and double entry, local battles with IT departments and electronic patient record providers
- Data set for CYP IAPT is not mandated nationally
Sustaining Change

- Participation being embedded in the service and organisation – part of the Trust’s culture, recruitment of staff, establishment of participation lead posts.

- **Involving commissioners** – setting CQUINs; invited to chair CYP IAPT steering group, linking with commissioners from LA.

- **Embedding ROM in the teams** - increasing expectations of young people, parents, clinicians and managers about the value of systematically reviewing feedback and outcomes, and the impact of evidence based therapy. Showing how the feedback is used to make changes to the service.

- **CYP IAPT principles embedded in the overall strategic model for CAMHS service delivery with partner agencies**

- **Improving supervision structures within teams**
Lessons learned from years 1 and 2

- **Leadership is critical**
  - Commitment from the top
  - Dedicated CYP IAPT leads, champions for ROM
  - Support for data managers re IT systems, governance
- **Participation** genuinely improves services and how children, young people, families and practitioners feel
- **Supervisors and service leads working together**
- Change agents are not necessarily the most senior or even those on the courses
- **Information governance** e.g. filming cases, data flowing to the centre
- **Routine outcome monitoring:** Support and discuss with clinical teams - don’t assume you will ‘make’ everyone do it.
CYP IAPT - The Future

• Data now gives greater opportunity to **demonstrate effectiveness** and **Key Performance Indicators**

• Further work on improving outcome measures for other groups e.g. paediatric liaison, different cultural groups

• **Accreditation** will support long term embedding of CYP IAPT principles

• **MindEd** e-portal [https://www.minded.org.uk/](https://www.minded.org.uk/) – e-learning resources for all who work with children and young people and includes core sessions from the CYP IAPT curricula - available to all practitioners

• **Merger with CAMHS MDS**

• Developing a T2/3 specification and support re integrated pathways to support commissioners
CYP IAPT and beyond

- **Outcome monitoring** and collaborative practice needs to be built into all clinical curricula

- Gaps for LD, ASD, children who are deaf, Tier 4, more work with counsellors

- By 2015 – services covering 60+% of 0-19 population – greater geographical coverage needs more collaboratives and more universities

- Pre CYP IAPT work - 2013-4 and 2014-5 not all partnerships would be able to take on a transformation programme

- Greater level of support for commissioners

- Greater integration between commissioning and provision

- Youth services more in focus – 0-25? 16-19? 16-25?
Programme Management Team

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www.myapt.org.uk

www.youngminds.org.uk/for_parents/parents_improving_services