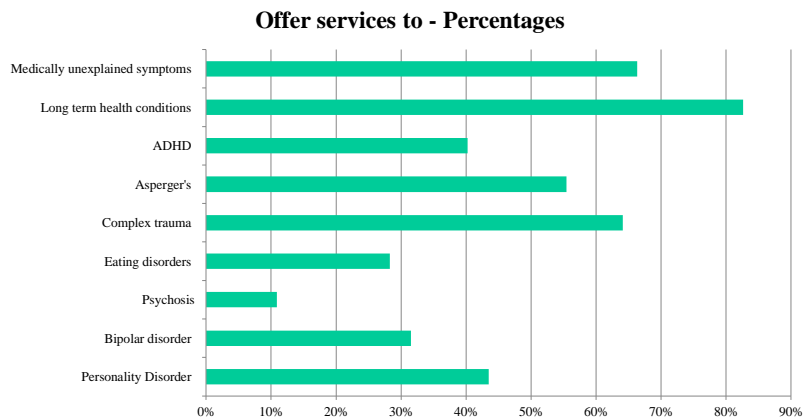
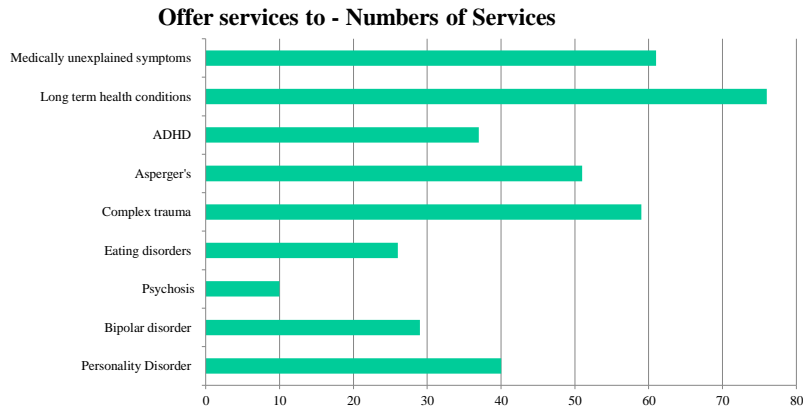


# IAPT Services Survey On Complexity

## Question 1: People with complex needs using the Service Results of Question 1 revealed the following profile

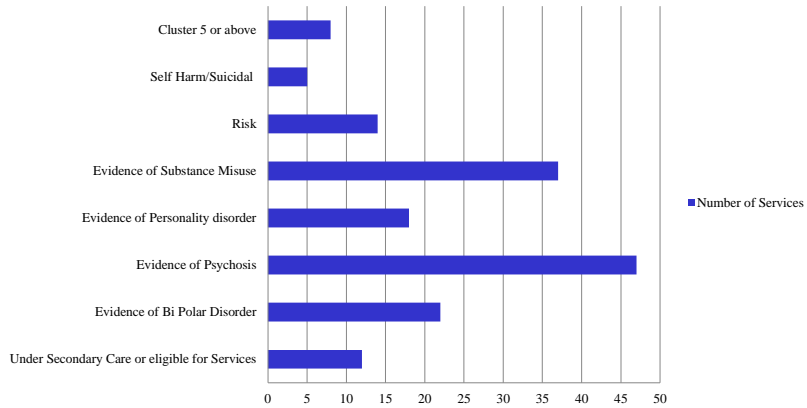




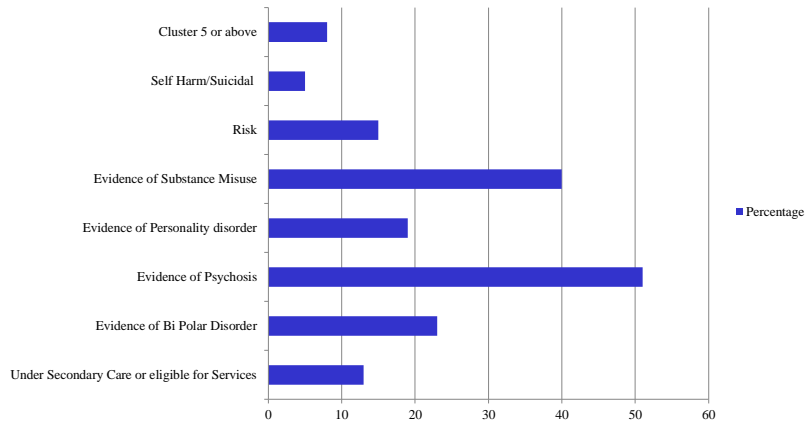
- 83% of services are working with people with long term conditions with over half working with people with Complex Trauma, (64%). Aspergers (55%) and medically unexplained symptoms.
- In just under half of Services, 43% were working with people with Personality Disorder 40% people with ADHD, 32% people with Bi Polar Disorder and 28% with people with an Eating Disorders.
- Very few services 11% are working with people with a psychotic presentation.

## Question 2: Exclusion Criteria

**Exclusion Criteria - Number of Services**



**Exclusion Criteria - Percentage**



Services said:

- *“Clients presenting with active psychosis high levels of risk or impulsive behaviours or any other complex needs that require a co-ordinated care package would not be suitable for this service as although we offer services to clients who may have the above diagnosis we only do so if the client is stable and presents with a specific problem that would be amenable to treatment within a brief therapy model and would be able to engage therapeutically and safely within this brief model.”*
- *“When working with people with Personality Disorder, Bipolar Disorder, Psychosis etc there must have been a period of stability before we could consider working with them on common mental health problem presentations. Many people with more complex mental health needs get labelled by consultant psychiatrists and Secondary Care Mental Health Professionals as having anxiety and depression when in fact these issues are part of complex personality structures, type 3 trauma etc.”*
- *“Anger (if it is the main problem not a symptom or anxiety), and excessive alcohol and drug use as coping mechanisms (though we are often told to make exceptions) are the main exclusions from our service. We also should not be seeing anyone with a diagnosed Personality Disorder however, we are often told to see them and simply work on just the depression.”*

Services said:

- *“We are unclear on this as this has been changed several times and we as clinicians are given conflicting information”*
- *“We are commissioned to deliver therapy to patients in clusters 1-4 but due to lack of provision in secondary services, patients are often kept in IAPT.”*