

PSYCHOLOGICAL THERAPIES IN PRIMARY CARE

A PROPOSAL FOR A NEW INTEGRATED SERVICE

Avon & Wilts Mental Health Partnership Trust

South Wilts PCT

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Summary

This document we will outline a proposal to develop a “Stepped care approach” to the delivery of Psychological Therapies in primary care in South Wiltshire.

This proposal is a direct result of South Wiltshire PCT modernisation plans for mental health (November 2004 Public Consultation)

The South Wilts Psychological Therapies Service (PTS) was asked to develop a proposal for a new primary care psychological / counselling service to meet the needs of the local health community.

Primary care psychological therapy services and models of delivery from elsewhere in England have been reviewed and appropriate elements for S.Wilts have been included within this proposal.

This proposal draws guidance from the National Service Framework for mental Health (Standard 2) ¹ and the NHS Executive review of Strategic policy for Psychotherapy services (1996) ².

¹ 'Any service user who contacts their primary care health care team with a common mental health problem should:

1. Have their mental health needs identified and assessed
2. Be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.'

² 'Counselling services in primary care should be incorporated within the overall audited psychological therapy service, to ensure the most effective use of all resources'

Current Services

Psychological Therapies

The current psychological therapies service (PTS) provides assessment and intervention for a wide range of mental health problems, for which psychological intervention is the therapy of choice. (*“What works for whom?” A critical review of psychotherapy research commissioned by the NHS executive. 1996*)

These problems include depression, anxiety, panic disorders, obsessional compulsive disorders (OCD) borderline personality disorders and eating problems, etc.

The service is now based at Fountain way on the new Hospital site with clinics established in Wilton, Mere and Amesbury.

The Service is a multidisciplinary speciality, providing psychological assessment, therapy, consultation, evaluation, supervision, education and research to the South Wilts locality of AWP.

The core members of this speciality are predominantly clinical specialists trained in Cognitive Behavioural Psychotherapy (CBT) and clinical psychologists. Within the service there is a wide range of skills and experience.

Currently the Psychological Therapies service (PTS) receive all referrals from CMHT's who gate keep referrals from primary care.

Primary care counselling service

South Wiltshire PCT holds contracts with 26 self-employed counsellors to provide primary care counselling services for a population of 118,000. This service is spread across 22 city and rural practices and costs in the region of £128,000. Although this service is highly valued, specific outcomes have never been measured. There now exist in some practices a 3 month waiting time to access the service and some practices have closed their lists indefinitely due to unavailability of counselling time.

As this service was originally a 'Practice Based Service' practices were free to decide how much money to invest in this area. In the current system these funding levels have been preserved leaving counsellors to provide a service up to a set budget – rather than stipulating a number of sessions. Expenditure ranges across practices from £0.51 per head to £2.38. Due to the wide variety in hourly rates charged, this has left local people with from 0.36 to 1.6 hours of counselling per 1000 per week. An up to five fold difference with no clinical rationale.

As self-employed professionals; counsellors are responsible for their own training development and support. This coupled with the GP's varied understanding and perception of psychological therapies has led to an inequitable service with no consistent eligibility criteria.

Margaret Luce Center

The Margaret Luce Centre is a confidential service and is open to everyone in the community. It offers a variety of structured courses, promoting coping techniques and skills. The courses offered include: Assertiveness training, building confidence, Anxiety management, Loss, Managing Anger, Self-Esteem training and Stress management. There is also a creative writing course available.

Attendance at these courses help social inclusion by developing skills for Social interaction with both family and the community.

Proposal - A new integrated Primary Care Psychological Therapies Service

The Primary Care Psychological therapy Service for South Wilts is designed to be an innovative, evidence based, fast response service for a wide range of mental health problems. It will be a stepped care model service providing a gateway to mental health for all General practice patients in South Wilts.

This proposal will give an increase of therapist time of over 100% to the total clinical hours per 1000 patients per week. (*See attached costing*)

Background

Nationally General Practice continues to report an increase in the number of patients presenting with psychological problems that do not fit well into existing mental health services. These services are increasingly geared towards meeting the needs of those with chronic and enduring serious mental illness. Patients with psychological problems tend to consult frequently and inappropriate management can lead to chronicity, resulting in a further burden on existing services and poor long-term outcomes.

It is our belief that to establish a psychologically based primary care service from PTS in the South Wilts locality, will enhance the current access to psychotherapy & counselling. In the longer term this will have a significant effect on the way in which we configure & deliver Mental health services to our local population.

We propose that a proactive and integrated approach to the way in which mental health /psychological problems are addressed within primary care will ultimately have a significant impact on the way in which our secondary mental health services function.

This proposal will seek to establish the baseline/foundation of a psychological therapies service that will begin to meet the primary care needs of the South Wilts locality Mental Health Service. It draws heavily on the experience of other services and primarily the model of service developed for the Swindon PCT where the Primary Care Psychology/Counselling Service is a nationally recognised centre.

Objectives of the Service

- ◆ To provide a fast response brief intervention service in 22 practices across the PCT.
- ◆ To provide clients with a range of opportunities to address their difficulties.
- ◆ To provide an equitable service across the locality.
- ◆ To be accessible to all adults 18+. (16 and over if not in full time education) There will be no exclusion criteria to access.
- ◆ To involve users and carers in all aspects of service delivery and to encourage the use of volunteers

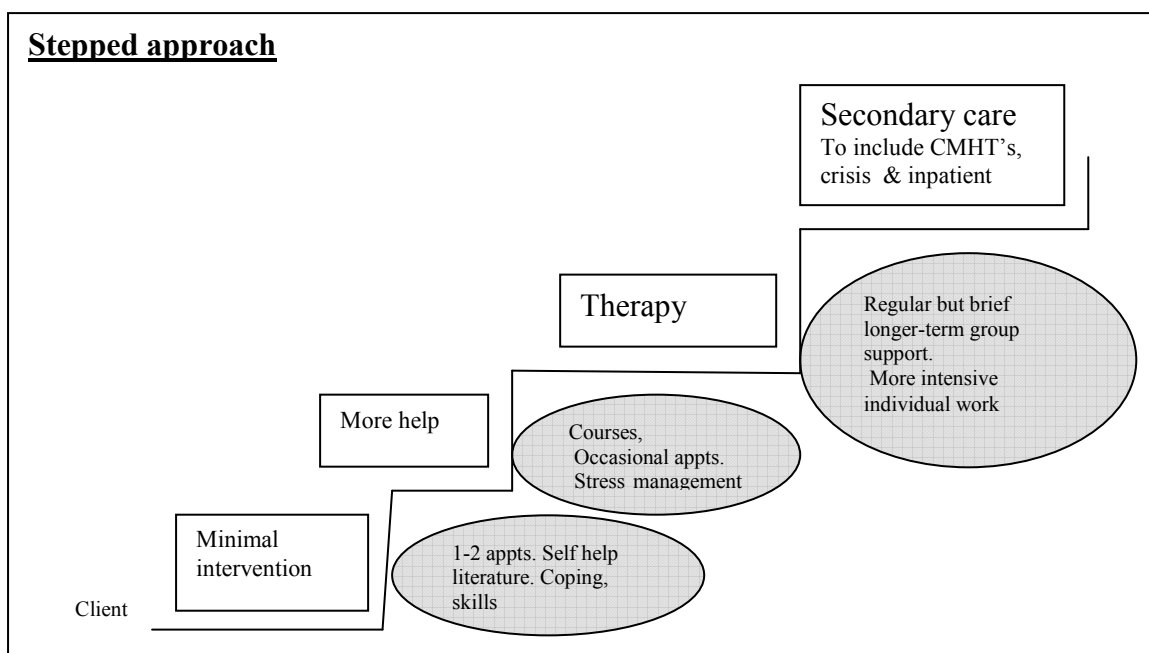
Rationale for the service

- There is a large unmet need for help with psychological problems.
 - Patients with psychological problems take up an increasingly large part of GP time.
- A primary care based Psychological Therapies Service would offer benefits to patients. Key features include ease of access to a three-stepped service, offering a high degree of autonomy to patients and successful liaison and professional support within the primary care team.*
- Emotional problems are caused by societal and environmental factors as much as by individual pathology.
 - Support (including community support) and knowledge about psychological approaches and coping skills will equip patients to cope with problems that cannot be removed.
 - Waiting lists produce chronicity, which in turn lengthens waiting lists.
 - There is no reliable way to distinguish those patients who will benefit from a brief input from those who will need more intensive help.
 - Receiving a brief intervention before referral onwards will be less aversive than initial referral onto a waiting list.
 - Most change occurs during the first three sessions.
 - Psychotherapeutic and didactic groups are both clinically and economically effective.

The Stepped approach:

The proposed service is based upon a stepped care model with the following features:

- Minimal intervention: 1-2 appointments, self-help literature and coping skills teaching.
- More help: group sessions, behavioural programs, and occasional appointments. Use of supervised and trained volunteers to help with the groups and offer individual support.
- Therapy: regular, but brief, long-term group support, more intensive individual work and access to more traditional secondary care services if necessary.



Summary

The Psychological therapies service in Primary care will meet the guiding principles of the NSF for mental health.

- a) It will involve service users and their carers in all aspects of care delivery.
- b) It will deliver high quality treatment that is known to be effective and acceptable
- c) It is non discriminatory
- d) It is accessible and help can be obtained when and where it is needed
- e) It offers choices that promote independence.
- f) There is co-ordination between staff and agencies.
- g) There is continuity of care for as long as it is needed.
- h) It empowers and supports staff.
- i) It is properly accountable to the public, service users and carers.

Service structure

The GP, or other members of the primary health care team (PHCT), refer patients to the psychological therapies team, asking the patient to make an appointment in the practice with a named clinician, they are also given information about the service. All patients will be seen within two weeks.

There will also be a web site for self-help and service information.

This service will offer a stepped care model and very few patients will be offered psychotherapy as the first option. The service is designed to encourage people to find other ways of changing their lives and seeking support, thus saving valuable counselling time for those who do not benefit from advice, self help, psycho-educational courses etc.

The Psychological Therapies Service will cover all practices within the S.Wilts PCT. The Psychological Therapies service will be responsible for the training, supervision, appraisal and management of the Therapists in the service. Thus there are clear lines of accountability and clinical governance requirements will be met. To this end we will establish a cluster model approach to the service. Each cluster of GP practices will have a lead clinician to support the identified therapist within that group of practices. In addition there will be some assistant time allocated to the clusters for help with behavioural programmes etc. Assistants will be 80% direct clinical time.

Each practice will have a named Therapist who will be responsible for maintaining close links with GPs and practice staff. 80% of the therapist's time will be taken up in direct patient contact. Each practice as part of a cluster will also have a named lead clinician. 60% of this person's time will be direct patient contact. They will also be responsible for supervision, support and monitoring of the therapists and assistants within the cluster. (*See attached costing*)

Patients will normally be seen on an individual basis in the GP surgeries during normal hours. However it is envisaged appointments could be offered elsewhere and in the evening.

Practices are informed when their patients attend courses etc. Letters about any new developments will inform practices regularly.

Clinicians /therapists will also have responsibility:

- ❑ To provide training, supervision and support to staff within the service. (The service may also offer training to primary care staff.)
- ❑ To carry out evaluation and audit
 - Monitor level of client contact with the service, to include presenting problem and waiting times to first contact.
 - Measure user satisfaction pre and post therapy.
 - Use of standardised assessment tools to measure reduction in symptomology, social functioning and life impairment.

Appendix 7.1

- Monitor staff uptake of new skills.
- To maintain links with secondary services and reduce referrals. There will be a close working relationship between the primary and secondary services enabling patients to move easily between.
- To disseminate good practice.
- To run a range of didactic courses in addition to therapeutic courses.

In addition the Psychological therapies service will provide a significant number of psycho-educational courses, these will of course be enhanced by access to other local provision i.e. Margaret Luce center.

The Psychological therapies service/AWP will employ all clinicians within the new service to include: clinical psychologists, clinical specialists trained in Cognitive Behavioural Psychotherapy, counselling psychologists, counsellors and assistant psychologist/ mental health care workers. As a multi professional service we are able to maximise the skill potential of the different groups of staff to help patients.

A feature of the service will be the training and supervision of graduate assistant primary care mental health workers to run the psycho-educational courses and also carry out behavioural programmes and simple anxiety management approaches with individual patients. The service also uses volunteers who may be ex users gaining further help for themselves by helping others.

Staffing arrangement

The Psychological primary care service will comprise of members of the PTS. Including, Clinical Psychologists, Clinical specialists in CBT, Primary care graduate workers and Counsellors who have received training accredited by the British Association of Counselling.

All staff utilising psychological therapy (at all levels) will:

- Have recognised training / qualifications
- Be organised/Managed
- Be supervised in their clinical practice

Organisation/Management

The Psychological Therapies manager will be responsible for the service and the members working within it. The Psychological therapy manager will head the development and co-ordination of the Service. All practices will be offered a twice-yearly visit by the Psychological Therapies manager.

Supervision

All members of the PTS require supervision of the work they are undertaking within the PTS. The level/type of supervision would depend upon standard guidelines issued by the service/professional body, but would also reflect the experience/training of the individual and the range and type of work undertaken.

Supervision will be provided by other members of the PTS or specialists working outside of the Trust (in cases where the necessary expertise was not available internally).

Psychotherapies purchased by the PCT and provided by other agencies will be monitored by the PTS.

Training

It is vital that all members of the PTS should have appropriate training for the work they are doing. The PTS will assess training needs and identify the resources required to meet these needs.

Proposed Patient Pathway

When a distressed patient sees the GP it is explained to them that there is access to a therapist in the surgery. The GP initiates referral to the therapist, and the patient is given the opportunity to book an appointment with the therapist and is provided with an information pack about the primary care service.

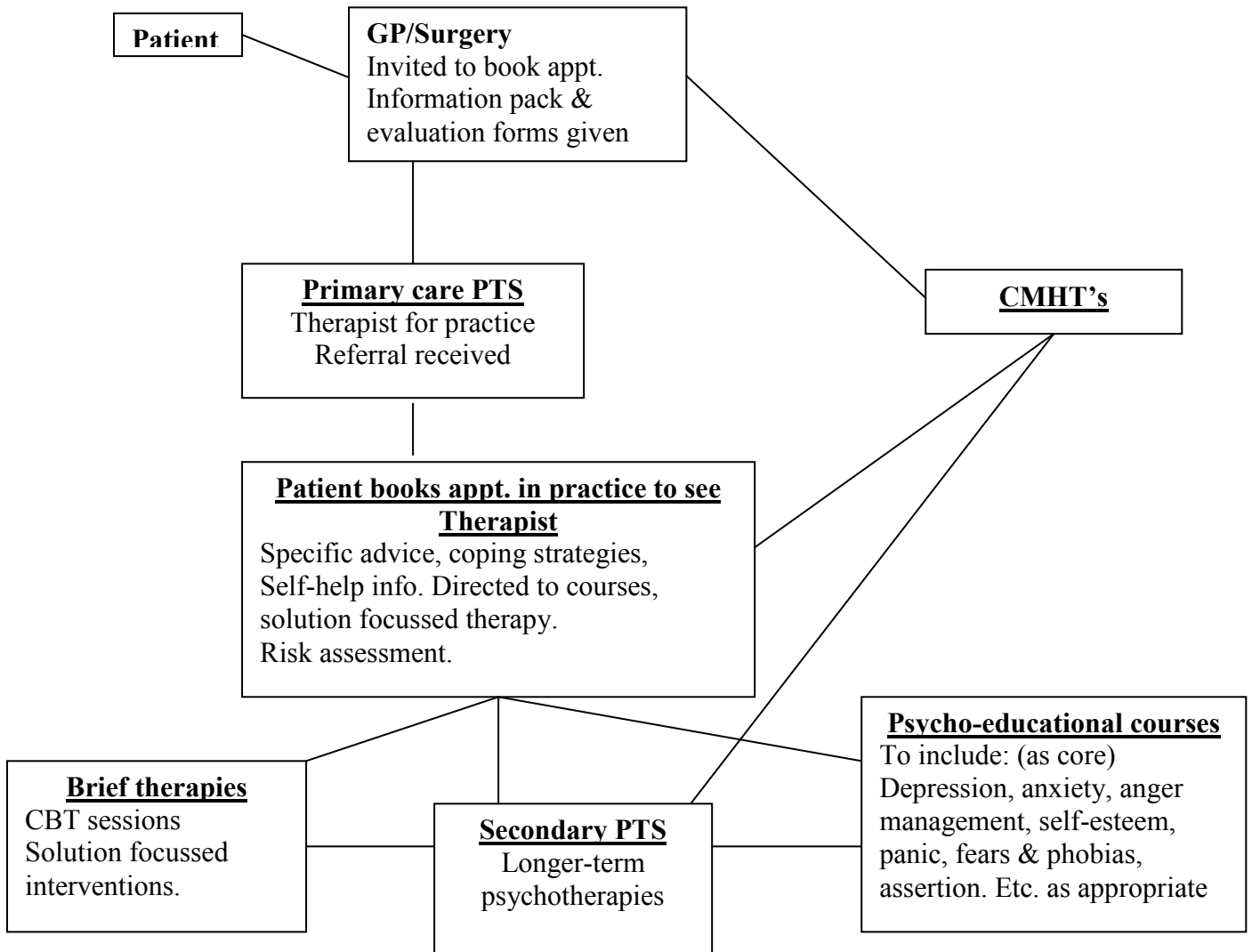
The client meets with the therapist to discuss their problems and the therapist explores the range of opportunities available to assist the patient with their problems. Patients may be offered coping strategies, self-help and given information about the range of psycho-educational groups that are available.. At this stage the patient may be invited to book further sessions with the therapist in the surgery, Offered brief therapy, or referred to the Secondary mental health services if their problems are more serious.

Patients will be encouraged to change things in their life. Often therapy will initially be solution focused but the therapist works in the way they feel most appropriate. The therapist in the surgery, in conjunction with the patient, constantly makes decisions about who needs the service most. Some are encouraged to move on, so enabling others to obtain more, whilst maintaining a no wait service. There is no limit to the number of sessions, this depends solely on need and waiting list considerations. Patients book their own subsequent appointments after discussion with the therapist and are told they can always book in again. The situation is almost always normalised and we believe this approach more empowering to patients than suggesting they 'need therapy' which can be disempowering.

If a patient attends a course the GP/ therapist is informed and in surgeries a brief record of individual consultations is made. If a patient has not taken up the offer of an appointment after 6 weeks the GP is informed.

Exceptionally GPs book patients into the therapist slots themselves. All the above may vary slightly from surgery to surgery according to local circumstances, preference and need.

Patient Pathway



Summary

The service will offer a fast response to a large number of patients. Many of these feel empowered to cope after minimal intervention by lower skilled staff.

Psycho-educational groups will be a key feature of the first tier of contact.

The staff with greater training and expertise carry out therapy and training, including supervision of assistant staff. The pressure on GPs is relieved and self-booking of appointments means fewer DNA's and cancellations.

Users are closely involved in development of the literature, evaluation and running of the courses.

The whole service network is underpinned by the use of graduate Mental Health Workers both in the clinical work and in the administration and evaluation.

Negative effects on service activity and impact on other services

- The secondary Psychological therapy service may see an increase in its core waiting list times as resources are distributed to deliver primary care interventions.
- This may place more demand on CMHT's resources if PTS waiting times are increased.
- This may result in an Increase in the cost of inpatient treatment and medication
- Demand on new primary care PTS may exceed resources.

Positive effects on service activity and impact on other services

- It will increase skills base available to other professions and patients in Primary care.
- May reduce time spent as inpatient/ out patient and reduce relapse rates.
- It would provide skills based training for others to increase and enhance practice.
- In the longer term may reduce waiting times for psychological therapies.
- In the longer term may reduce referrals to the CMHT's.
- We would make available evidence based psychological therapies to all client groups within our mental health catchment.
- Meet Government directed national standards. Standard Two of the Mental Health National Service Framework.

References/ suggested reading

What works for whom? A critical review of psychotherapy research commissioned by the NHS executive.

Anthony Roth & Peter Fonagy. Guildford press. 1996

NHS Psychotherapy Services in England, review of strategic policy.

NHS Executive sept. 1996.

Mental Health National Service Framework. Point briefing October 1999

Department of Health (1999) *National Service Framework for Mental Health: Modern Standards and Service Model*. HMSO, London

The Health Advisory Service 2000 (1999) *Standards for Adult Mental Health Services*. Pavilion, Brighton

Psycho-educational group interventions in primary care.

Annette Law, *The Journal of Primary Care Mental Health*. Volume 8, no1 2004.

An alternative service model for mental health in primary care.

Elizabeth Howells. *The Journal of Primary Care Mental Health*. Volume 8, no1 2004.

The Swindon primary mental health care service.

Elizabeth Howells & Annette Law, *The Journal of Primary Care Mental Health*. Volume 5, no2 2001.

Department of Health (2001), *Treatment choice in Psychological therapies & Counselling, evidence based clinical practice guideline*.

Department of Health (2004) *Organising and delivering Psychological Therapies*.

Report on Swindon Primary Care Psychology/Counselling Service: April 2003 – March 2004.

Dr Liz Howells, Victoria Hospital, Swindon, AWP.

NHS Executive Psychological Therapies Working in Partnership. Feb. 2001.

A Brief intervention & counselling service for Hounslow & Spelthorne, Community & mental health trust. V. Ohanian, Dept. of Psychology, West Middlesex University Hospital.

Management of depression in primary & secondary care. NICE Guideline Dec. 2004

Management of anxiety in adults in primary, secondary and community care.

NICE Guideline Dec. 2004