



# Improving Access to Psychological Therapies (IAPT)

Toni McHale

Lindsay Rutherford-Hoe

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# 1. Background

## 1.1 What is Healthwatch?

Local Healthwatches have been set up across England to create a strong, independent consumer champion. Healthwatch aims to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs
- Enable people to find the right health and social care services for them by providing appropriate information, advice and signposting

Local Healthwatch works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services.

## 1.2 What is Improving Access to Psychological Services (IAPT)

The IAPT programme was created to offer patients a realistic and routine first-line treatment for depression and anxiety disorders, combined where appropriate with medication, traditionally often been the only treatment available.

In the Department of Health document, Talking therapies: A four-year plan of action published in 2011, Paul Burstow MP stated that:

*“The Coalition Government’s approach to talking therapies is vitally important in demonstrating this; we confirmed £70 million for the Improving Access to Psychological Therapies programme in June 2010. We went on to include the programme in our Spending Review settlement for health in October 2010 and in the NHS Operating Framework for 2011/12 which was published in December 2010. And now, talking therapies are a major element of our cross-government mental health strategy, No health without mental health, which this four-year plan of action accompanies. This is backed by an investment of around £400 million over the four years to 2014/15. By then, every adult that requires it should have access to psychological therapies to treat anxiety disorders or depression.”*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213765/dh\\_123985.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213765/dh_123985.pdf) 04/04/14

The IAPT Programme aims to make talking therapies more widely available to anyone who needs them. These therapies include guided self-help, stress and mood management as well as one-to-one Cognitive Behavioural Therapy (CBT). The programme’s aim is to ensure that every adult that requires it should have access to psychological therapies to treat anxiety disorders or depression. It recognises that talking in sessions and monitoring the outcomes is one of the most important innovations in psychological therapies and can really help a person’s recovery.

The government mental health campaign ‘Time to Change’ aims to end mental health stigma and recognises that talking to family and friends is one of the hardest parts of having a mental health issue. Inability to do this can lead to loss of friendships, feelings of isolation and delayed recovery due to delay in seeking help. On the other hand, talking about mental health can strengthen friendships,

help with recovery and break down stereotypes <http://www.time-to-change.org.uk/> 04/04/14).

The local IAPT service is commissioned by South Tees Clinical Commissioning Group and is delivered by the following 6 providers:

- Insight (MHCO)
- Talking Matters
- Teesside Middlesbrough & Stockton MIND
- Alliance Psychological Therapy Services Ltd
- Starfish
- Tees Esk and Wear Valley (TEWV)

Methods of treatment include:

- Telephone guided self-help
- Face-to-face well-being sessions
- group psycho-education
- computerised CBT
- Step 3 Counselling
- Couples Counselling
- CBT
- EMDR
- Counselling
- CBT
- Guided Self Help,
- EMDR,
- Well-being Groups,
- Anger Management

Some providers deliver the service in community locations such as GP surgeries, pharmacies and libraries.

### 1.3 How to refer to the service

People can self-refer or can be referred via their GP.

GP's can refer via the "choose and book" system or provide patients with the details of all six providers to call and make the appointment themselves. Only one third of GP's use the "choose and book" service to refer patients to the service. Figures gathered from North of England Commissioning Support (NECS) show that two thirds of GPs give patients a leaflet with the 6 provider names on. The patient is encouraged to access the CCG website to obtain details of the services offered by each provider prior to ringing for an assessment appointment. GP's are sent the waiting times for each provider on a regular basis. It is up to each provider to populate the "choose and book" data and not all have the software to do this. Details can be found on the CCG website <http://www.southteesccg.nhs.uk/about-us/mental-health-services/>. This site gives contact details of each provider, the services they offer, how to refer, the location of the service and current waiting times for each stage of the process.

NECS have advised Healthwatch that the programme has been widely promoted via various methods including public health, posters and in GP practices. NECS are currently producing a credit size leaflet to put in all GP practices. It is the responsibility of the provider to market the service they deliver.

## 2. Aim of the Report

### 2.1. Rationale

The aim of this investigation was to look into the public's experience of accessing IAPT services and to find out if current services met users' needs. This area of investigation emerged from feedback captured during early January 2014, with several sources including the Regional Refugee Forum, North East Women in Action, Healthwatch Network Event and a Voluntary Sector Forum Event. Common themes from the information gathered included:

- There was a lack of awareness and promotion of the service particularly within the Black, Asian and Minority Ethnic (BAME) community for users where English is not their first language
- Varying waiting times for people to either access step 2 or step 3
- Demand for a service that some people were ineligible to access due to the assessment criteria

Engagement with providers of the service regarding these themes identified by elicited further clarification on the following:

- The tariff paid to providers in our area was lower than the national average
- No additional tariff for interpreting services is included

Evidence indicates high morbidity for mental health issues in Black, Asian and Minority Ethnic communities, particularly asylum seekers and refugees (Robiant, 2009). In some communities it is not culturally acceptable to discuss mental health, leading to stigma for those who may want to seek help and advice (Senghera, 2007).

Improving outcomes for people with a mental health issue is recognised as a priority in both Middlesbrough and Redcar and Cleveland's Health and Wellbeing Strategies.

### 3. Methodology

Healthwatch used a mixed method approach to ensure a good overview of the public perception of the IAPT services as well as from commissioners and providers:-

- Information was gathered from the Partnership Project Officer NHS South Tees Clinical Commissioning Group (CCG) to see where the service was publicised
- Copies of the IAPT Service Specifications were obtained
- A meeting took place between staff and the Senior Commissioning Manager from NECS to understand more about how the service was promoted and to discuss the contracts and tariffs relating to the service
- Our investigations were publicised on Healthwatch Redcar & Cleveland's and Healthwatch Middlesbrough's website including Facebook and Twitter accounts asking for members of the public to get in touch to share their experiences
- An e-bulletin was sent out to all organisation and individual members asking for their feedback
- Staff attended focus groups and meetings including but not inclusive to:
  - North East Women in Action (NEWIA)
  - Redcar & Cleveland Mind
  - East Cleveland Mind
  - Well Being Centre Saltburn
  - Living Sober
  - Doorway
  - Haven Medical Practice
- Information was gathered at Healthwatch Network Events during June and July
- Intelligence was gathered at Healthwatch Community Event held in June which was attended by refugees and asylum seekers
- Staff attended the Teesside Provider Forum of Primary Care Psychological Therapy Services meetings
- Information was requested from each of the 6 Providers

## 4. Findings

### 4.1 Awareness and promotion

At the Healthwatch Network Event and Community Event for asylum seekers and refugees, participants were asked if they had heard of the IAPT service and how they might be further promoted to raise awareness amongst communities. Some people had heard of the service via leaflets and GPs, however it was acknowledged that leaflets were not the best way of finding information where English is a second language.

Approximately 100 people were engaged with across the network events with the following themes emerging:

- Services could be promoted more effectively through community leaders. It was acknowledged that communities would listen more to trusted community leaders than strangers
- Choice of words is important. In some cultures being associated with the words “mental health” would cause a person and their family to be ostracised. Terms such as “Emotional Support” would be much more encouraging
- How GPs engage with patients is important. For example, to ask someone if they would like help with their mental health issues was off putting. Saying to someone “You are looking upset, do you think it would help to talk to someone?” would encourage a greater uptake of the service

Public Health and South Tees CCG have appointed NWA Social and Market Research Ltd to carry out insight research that includes the Black, Asian and Minority Ethnic (BAME) population. The insight work will elaborate on the information collected during last year's consultation and further investigate what barriers exist in accessing services, which services work well and why, and how could (if any) new services fill gaps. The report is scheduled for early September, just in time to inform local commissioning intentions. Due to the timing of this report, the findings are not included, but its commissioning reinforces the intention to improve services.

### 4.2 Waiting times

Feedback from various events and focus groups indicated inconsistencies in waiting times to access the IAPT service. Some people expressed that the waiting time to access the CBT element of the service from the initial assessment was weeks, where as other people stated that from the initial assessment, they only had to wait approximately one week.

Data on waiting times taken from South Tees CCG website in May 2014 (appendix 3), indicates a variance between providers from 1 day to 11 days for initial assessment and from up to 5 days to 60 days for CBT.

### 4.3 Eligibility criteria

It was agreed at the Teesside Provider Forum Meeting of Primary Care Psychological Therapy Services, that the providers' would support Healthwatch with information regarding each service to add to the investigation around eligibility criteria. The information was requested to gain a greater understanding of the process. It was hoped that it would form an avenue for Healthwatch to reach those people who had not met the initial criteria or not completed the sessions, to find out what other services they had accessed (if any) and reasons for disengaging from the service. Healthwatch intended to ask providers to mail out on their behalf to these clients to protect confidentiality (remuneration would have been provided). Questions requested to service providers included:

In the last 6 months

1. How many people were referred to the service but did not meet the criteria?
2. How many people met the criteria but did not turn up to the first session?
3. How many people met the criteria, turned up for the first session but did not complete the treatment?
4. Of those people who only required one to two sessions to complete their treatment, how many were re referred within 3 months of the last session?
5. Of those people who required 6 plus sessions, how many of those were re referred within three months of the last session?

Unfortunately the information was not provided and therefore we were unable to use this avenue to talk to any clients. Only one provider completed the figures but this was for a different area.

Figures received were:-

Information below from 01 Jan 14 to 30 June 14:

Referred: 583

Completed: 242

Total DNA appointments: 331 (Total Cancelled: 358)

Self-Referrals: 477

Please note names of the providers have been removed so any information cannot be used commercially.

### 4.4 Tariff

Providers informed Healthwatch that Tees had one of the lowest tariffs in the country for the service.

Information obtained from NECS indicated that the tariff is the same across Hartlepool and Stockton on Tees CCG and South Tees CCG and there is no nationally mandated tariff. South Tees CCG developed a single tariff based on the expected prevalence rates of  $\frac{1}{3}$  of cases at step 3 and  $\frac{2}{3}$  of cases at step 2. The tariff was calculated by looking at the costs of providing the service in this way. The tariff for the initial assessment has just dropped from £59 to £58.85. The



treatment programme cost has dropped to £301.87. This can be to cover 1 to 20 sessions. As part of the tendering process, potential service providers were expected to have undertaken an exercise to see if they could deliver a full service including promotion, interpreting and counselling before bidding to provide IAPT. This tariff structure aims to encourage providers to seek out and engage with people to come forward earlier (when their condition is less severe and will respond to step 2 treatments quickly). This would mean less of the tariff being taken up by step 3 expenditure which is the more expensive part of treatment.

#### 4.5 Interpreting Service

Initial intelligence suggested that individuals whose first language was not English struggled to find out about the IAPT service and were unable to access it without an interpreter service being offered.

Commissioning Talking Therapies for 2011/12 section 3.5.4 states *“in order to meet assessed local needs, services are obliged to undertake service promotion within the local community to make sure all groups are aware of psychological services, how to access them and of opportunities for them to help shape services that personalise care where appropriate. Critically, services are to focus on ensuring people who receive treatment achieve equitable outcomes”*.

Further information from the Healthwatch Network Event and Community Event for asylum seekers and refugees indicated that one of the issues around the service was the lack of interpreting services and a limited tariff to cover this. However it is acknowledged that interpreting services are the responsibility of the provider and agreed as part of the contractual arrangements between service providers and the CCG. People round the table indicated that they would use the service if interpreting was promoted and offered. It was pointed out that just because an interpreter speaks the same language, due to possible differences in dialogue or external factors such as conflicts between countries or regions, the match may not work. Both parties must agree to the partnership.

Comments included:

*“No interpreting services, not included in access to psychological therapies”*

*“Talking therapies not always reachable without GP referral as with no interpreter we cannot understand what to do”*

See appendix 2 for full list.

It was suggested that using the primary care interpreting contract may have been an option, however this fund is managed by NHS England as they contract the GPs.



It is aimed at General Practice (including direct employees of the practice) and dentistry. Potentially they could use this if they employ the counsellor but not to pay for an interpreter to access IAPT.

The Haven Medical Practice in Middlesbrough is the first point of contact for health care for newly arrived asylum seekers in the area. They only register asylum seekers who are introduced by the housing provider JOMAST/G4S.

Healthwatch staff attended a meeting with the GP, Practice Nurse and Practice Manager and were informed that they never have a problem referring one of their patients to IAPT even if they needed an interpreter.

## 5. Summary

Healthwatch has been unable to ascertain figures to compare the rates of GP referral's against those who self-refer to the service. Anecdotal evidence suggests that most people refer to the service once they have spoken to their GP. Reasons given for this include comments such as:-

*“Leaflets were not the best way of finding out about information when English is not your first language”*

*“I never saw the leaflet until I went to my doctors. If I had seen it before I would not have needed to go to my doctor”*

Whilst the public told us that they would use the service if there an interpreting service was available, the GP who supports this group advised us that there had never been a problem with this. This could be because the majority of the people we spoke to from this group advised us that they did not know about IAPT. Those who did expressed that they would be reluctant to be involved in a service that used the words “mental health”. This group also indicated that they would be much more encouraged to use the service if their community leaders disseminated information to them as leaflets had little or no effect.

*“The attitude of the GPs is important for example to ask someone if they would like help with their mental health issues was off putting.”*

Whilst Healthwatch acknowledges interpreting isn't additional, it is a fundamental element in the core delivery of the contract as set out in the NHS document, *Commissioning Talking Therapies for 2011/12*. However intelligence gathered may suggest additional weight should be placed upon the quality and availability of interpreting services during the next round of commissioning.

## 6. Recommendations

Healthwatch Redcar & Cleveland and Healthwatch Middlesbrough make the following recommendations to NHS South Tees Clinical Commissioning Group (CCG) and the six IAPT providers:-

- Promotion of the service by South Tees CCG, Public Health and the providers should be more joined up, with the introduction of a Joint Communication Strategy. Most people we talked to were unaware of the service. Publicity predominately appears to be focused in GP practices (although it is acknowledged that some providers publicise their service in the community). It was felt that this did not target those who would self-refer as they were more likely to be referred by their GP. The people we talked to suggested that publicity material be distributed in places they visited regularly such as hairdressers, launderettes, off-licences and community centres. It was also suggested to take a more preventive approach and target areas and services that come into contact with people who have been affected by the recent welfare reforms e.g. food banks, social housing providers and Credit Unions.
- Many of the people we spoke to told us that leaflets were not the best way for them to receive the information. Rather, they would prefer to receive the information from their community leaders. Healthwatch has established excellent working relationships with local community leaders and would be prepared to offer assistance to the CCG and Public Health to further develop their links with these groups. It would be our recommendation that, as part of the Communication Strategy, alternative means, such as talking to community leaders, be used alongside the more traditional poster and leaflet drops.
- Based on feedback from the asylum and refugee communities, provide awareness training to GP's about the language used during consultations. Using the words "mental health" can exclude some cultures from accessing the service. For them using words such as "help with your emotions" or "would it help to talk to someone about how you are feeling", would encourage them to take up the IAPT service. As a point of interest Healthwatch were also asked to point out the need for GP's and reception staff to explain the importance of punctuality for members of asylum and refugee communities, stressing both that they may not be seen and the

effect their lateness has on the next patient. Traditionally we were told that many cultures have a much more relaxed attitude to sticking to appointment times as they often walk long distances to reach a clinic and therefore times are very approximate.

- Asylum seekers informed us that it was particularly stressful when they were awaiting an outcome of an application for asylum. During this time they would benefit most from the IAPT service. We recommend that this be taken into account when commissioners and providers promote the service.
- Raise awareness with GPs and other referral agencies to the IAPT service about all 6 providers to encourage more equal spread and minimise the wait for some service users. Perhaps via a “Time Out” session. Link the service to social prescribing and Middlesbrough Matters website.

These small, inexpensive recommendations will further enhance the service received by the public.

Healthwatch Redcar and Cleveland and Healthwatch Middlesbrough would like to thank all those involved in informing these recommendations.

## 7. Appendices

Appendix 1

### Responses from Celebration Event on 18 June 2014 held at Trinity Centre, Middlesbrough

#### Problems faced in accessing health and social care services

Access to mental health services is very limited to the Asylum seeker community
Accessing health services is a challenge for may Asylum seekers/refugees
Audiology monopoly on hearing aid provision
Bereavement support services (parents, children) awareness, long term effects, train professionals
Blocking the potential of ASR through delays in Asylum process, deprivation
CAB services for welfare – (Paul Grainger invited to secondary MH)
CAHMs transition
Cheap places for people with MH problems to be part of community - lacking
Dementia awareness and training of professionals
Destitute asylum seekers at more risk if they have no access to public health services and that also poses a danger to the community
Dis-jointed services
Dissemination of information – posters often not displayed
Dual diagnosis issues – MH/substance misuse
Education – joint working
Eye care – James Cook
food parcels for those with no support
Funding for services
GPs often not on 'board' with alternative therapies
IART (?) waiting times MH services
Inconsistent care delivery
Interpreting services for Deaf & Hard of hearing o4 Hearing/Deaf blind people
Issues with secondary services – lack of communication
Lack of advocacy services
Lack of capacity of service providers
Lack of dementia friendly places
Lack of info on hearing loss & follow up support after diagnosis
Long waiting list to see GP for asylum seekers
MBC withdrawing social workers funding – effects joined up working
No advocacy services MH
No interpreting services, not included in access to psychological services
Prescribing paracetamol to ASR that they do not need.
Problems of Asylum seekers not turning up for appointments/barrier in accessing health care/distance away from GP practice
Problems with interpreting, preconceived judgement (GPs)
Quality of alternative therapy services
Representation for mental health services users and carers is missing
Services around weight management is coming to Asylum seekers community too late
Short term funding
Social services – BME community classed as one group
Social services involved at positive times not just in crisis

Talking therapies not always reachable without GP referral
Teesside Hospice Forget me Not, Curse Middlesbrough but great services, but can't serve capacity needs or raise necessary public awareness
The quality of rehabilitation services – post injury (national)
Use recommendations in action on hearing loss report for care homes – provide named bos for hearing aids while patient in hospital
User involvement at higher levels – users not involved
Waiting time for therapies
Weak interpreting services to ASR's

### IAPT Talking Therapies

Work together with someone else from the community, e.g. home visits

Home Office a contributing factor to increasing mental health problems among asylum seekers and refugees.

Link to a mum/dad figure.

Reach via churches, community leaders, mentors out of their communities as they can open up more. Open days?

Pass messages to pastors - Important must!!

Approach from professionals - you look upset do you need to talk? Not do you have mental health problems/depressed.

If someone is always late explain to them we only have so much time - cultural. We cannot keep other people waiting.

Language barrier to be able to book appointment

Wording "mental health" would stop me going. I need just to talk about my experience.

Mental Health - don't like word - GP to say "you need emotional support". Don't ask are you depressed ask would you like to talk to someone".

Home Office process is contributing to MH problems. Are they aware?

If late at Haven as need to walk. No money for transport/childcare, etc.

Mental Health breakdown are key factors related through the asylum process for most refugees and asylum seekers. Home office - long process of asylum. Social Services - children removed from parents. Failed asylum - seekers not access to health services. Depressions - people not aware they have these symptoms.

Found out via leaflets. Process was too long resulted in crime.

Need to promote as emotional support not mental health.

Reach through community leaders and providing social activities, emotional support.

Just because interpreter speaks same language this can cause problems. Both parties must agree to partnership.

Home Office contributing to Mental Health problems - too long to respond to asylum cases, e.g. leaving without support, sharing accommodation with people from different backgrounds in a house setting. Not heard quicker, no close family. Interpreters not available or not putting problems straight to the doctor for something wrong.

## SOUTH TEES CCG

## IAPT Provider average waiting times using data from May 2014

	Insight (MHCO)	Talking Matters	Teesside Middlesbrough & Stockton MIND	Alliance Psychological Therapy Services Ltd	Starfish	TEWV-Talking Therapies SoT
Current waiting time for initial assessment	1	2	8	1	3	11
Current waiting time for step 2 treatment following assessment	3	14	18	Middlesbrough 31 Redcar 32	1	37
Current waiting time for step 3 treatments following assessment	5	78	16	Middlesbrough 23 Redcar 30	1	60

<http://www.southteescg.nhs.uk/about-us/mental-health-services/01/08/2014>

## Success Rates

## Recovery Rate (as measured by the CCG Contract)

Service	Feb 14	March 14	April 14	May 14	June 14
Middlesbrough and Stockton Mind	49%	49%	40%	37%	36%
Alliance Psychological Therapy Services Ltd	Full figures not available 95% of clients who completed a PEQ said the counselling service helped them feel better				
Talking Matters Teesside	No figures available	No figures available	51%	44%	47%
Insight	Full figures not available, figures provided did not have dates Step 2 52% Step 3-97% severity 100% service users sampled reported satisfaction with the amount of choice and control they received				



TEWV- Talking Therapies SoT	55.5%	54%	51.22%	42%	49.6%
Starfish	83% (none complete in May) So far in June 6 completed and 5 recovered 83% to date				

<http://www.southteesccg.nhs.uk/about-us/mental-health-services/01/08/2014>

### Return to IAPT Services within 6 months (clients)

Service	Feb 14	March 14	April 14	May 14	June 14
Middlesbrough and Stockton Mind	19.5% clients returned to therapy from January to Mid-March (within 6 months of ending previous therapy programme). 22% clients returned to therapy from April 1st to June 30th 2014				
Alliance Psychological Therapy Services Ltd	0				
Talking Matters Teesside	Figures not available but 6 in total over 6 months				
Insight	Figures not available				
TEWV- Talking Therapies SoT	19	13	22	3	13
Starfish	0				

<http://www.southteesccg.nhs.uk/about-us/mental-health-services/01/08/2014>

### Patient comments (taken from the CCG website)

*“I have had an amazing experience; my therapist was excellent- reassuring, kind, thoughtful and encouraging”*

*“Advice, Location and Treatment were all excellent. I could not have been treated better by all individuals that helped me deal with my ‘problem’ and my return back to health. I am sure that receiving my treatment at Yarm Medical Practice had the biggest influence on my recovery”*

*My therapist was very good, kind and understanding. Within the first few minutes my therapist started to help me understand the cause of my problems. I would recommend this service to anyone.”*

*“Very supportive, very positive experience, feels great.”*

<http://www.southteesccg.nhs.uk/about-us/mental-health-services/01/08/2014>