

What's in IAPT for GPs and primary care staff

Overview

- Improving Access to Psychological Therapies (IAPT) is a Department of Health project aimed at doing just that – for all patients who will benefit.
- It is a commissioner-led, outcome-focused programme that will deliver improved access to psychological therapies.
- Psychological therapies have been shown to be an effective intervention for people with common mental health problems such as depression and anxiety disorders, including post-traumatic stress disorder and obsessive-compulsive disorder.
- Patients will have the choice of psychological therapy in addition to 'care as usual'.
- IAPT will ensure that 'stepped care', as recommended in the National Institute for Health and Clinical Excellence (NICE) guidelines, is implemented in your area.
- 'Psychological therapy' means those interventions recommended by NICE, which include, but are not limited to, cognitive behavioural therapy (CBT).
- These therapies will be delivered by either a low-intensity worker or a high-intensity worker.
- Low-intensity workers:
 - will provide therapy using the stepped care principle of initially offering the least burdensome treatment – low-intensity CBT – supervised by an appropriate worker;
 - may provide therapy face to face or over the telephone (working over the phone is an established, safe method); and
 - will usually not provide therapy for more than five sessions.
- High-intensity workers:
 - are trained in CBT techniques and supervised by experienced therapists; and
 - spend between 12 and 20 sessions with people.

Long-term conditions and medically unexplained symptoms

- CBT has been shown to improve outcomes in long-term physical conditions, such as coronary heart disease, diabetes and chronic obstructive pulmonary disease (COPD). (Start by referring those who screen positively for depression in these groups – using the ‘two questions’ as in the Quality and Outcomes Framework.)
- Treating those diabetics with depression can result in the population in your practice with well-controlled diabetes increasing by 40%.
- Every £1 spent on CBT for those with COPD can potentially produce a benefit of £3 in preventing admission for the exacerbation of COPD.
- CBT is also effective in depression, panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and phobias.
- CBT can also help those with medically unexplained symptoms, which account for up to 50% of acute obstructive pulmonary disease referrals.
- Consultation rates decrease.
- There is evidence that the effects of treatment are more enduring than after termination of medication, and that relapse into depression is less likely.

Outcome focused

- Routine assessment is an integral part of the programme, so patients who fail to improve will be ‘stepped up’ to more intensive treatment.
- A minimum data set has been described which is an integral part of the IAPT programme. Data is collected by the service provider, in a consistent fashion by all providers, so that outcomes for both an individual and the service can be compared and used to commission effective services.

Commissioning

- These services can be delivered through Practice-Based Commissioning.
- In a stepped care system such as the one being delivered by the IAPT Doncaster Demonstration Site, which covers a total population of approximately 300,000 (accepting referrals for anyone older than those who would be referred to child and adolescent mental health services), you should expect the system to manage 300 referrals a month. Of these, between 750 and 850 people at any one time will be receiving low-intensity treatment, and 45 to 65 people will have been stepped up to high-intensity treatment, principally formal CBT. This level of activity should be achieved within six months of the stepped care operating start date for low-intensity treatments and within a year for high-intensity CBT.

- IAPT will be commissioned as a team that incorporates the required supervision and training, although provision may be closer to home in rooms in primary care, or via a call centre.
- The location of the service and the service provider should be determined locally, depending on local circumstances; the service must, however, include the elements of the IAPT programme:
 - a stepped care approach to service delivery; and
 - outcomes measured using at least the minimum data set.
- The need for conventional community mental health teams will remain.
- Provision of this stepped care system will help you manage many patients that previous service structures may have expected primary care to manage alone with medication.