Lessons Learned from the Implementation of Psychotherapy in Other Jurisdictions: Psychological Wellbeing Practitioner (PWP)

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AGENDA

1
Introduction to IAPT

2
The role of a PWP

3
Application in a child and youth setting

4
Learning from experience
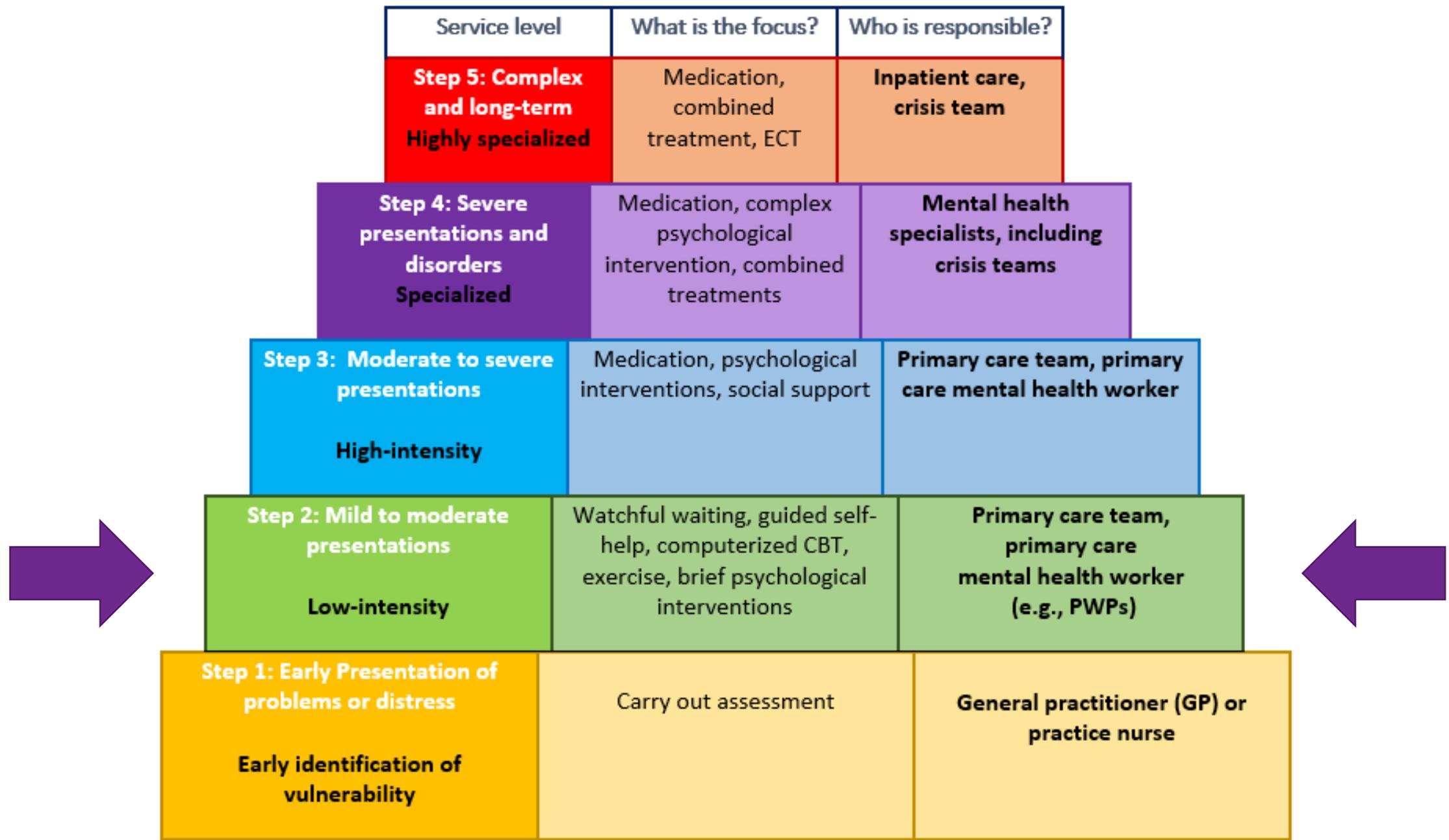
5
Final thoughts

1

Introduction to IAPT

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Improving Access to Psychological Therapies (IAPT)

- IAPT treatment model is informed by the National Institute for Health & Care Excellence (NICE) guidelines (NICE 2004a, 2004b)

- Approximately 960,000 individuals access IAPT services in England annually (Clark, 2018)

- Key features of the IAPT initiative: adherence to a stepped care model, an increased focus on low intensity interventions, the introduction of a new workforce, routine outcome monitoring and the introduction of a self-referral pathway

2

The role of a PWP

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Service level	What is the focus?	Who is responsible?
Step 5: Complex and long-term **Highly specialized**	Medication, combined treatment, ECT	**Inpatient care, crisis team**
Step 4: Severe presentations and disorders **Specialized**	Medication, complex psychological intervention, combined treatments	**Mental health specialists, including crisis teams**
Step 3: Moderate to severe presentations **High-intensity**	Medication, psychological interventions, social support	**Primary care team, primary care mental health worker**
Step 2: Mild to moderate presentations **Low-intensity**	Watchful waiting, guided self-help, computerized CBT, exercise, brief psychological interventions	**Primary care team, primary care mental health worker (e.g., PWPs)**
Step 1: Early Presentation of problems or distress **Early identification of vulnerability**	Carry out assessment	**General practitioner (GP) or practice nurse**

Low Intensity-CBT (LI-CBT) vs. High Intensity-CBT (HI-CBT)

	LI-CBT (STEP 2) Delivered by a PWP	HI-CBT (STEP 3)
Nature	**Also referred to as Guided Self-Help**	Cognitive Behavioural Therapy (CBT)
Session length	**35 - 40 minutes**	50 minutes – 1 hour
Number of sessions	**Approximately 6 sessions**	Approximately 12 - 18 sessions
Clinical Presentations	**Mild to moderate depression and anxiety, physical health, children and youth**	All types of mental and physical health presentations including schizophrenia, PTSD, eating disorders
Mode of delivery	**Face-to-face, telephone, large and small group, using apps and SMS, computer packages**	Generally face-to-face and 1-to-1
Underlying Theoretical Model	**Beckian model**	Beckian model
Interventions	**Behavioural activation, cognitive restructuring, medication support, exposure therapy, problem solving, managing panic, sleep hygiene**	Behavioural activation, cognitive restructuring, medication support, exposure therapy, problem solving, managing panic, sleep hygiene with trauma work, schema, mindfulness, etc.

3

Application in a child and youth setting

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Children's Wellbeing Practitioner (CWP)

CWPs offer brief, focused evidence-based interventions to children and youth who demonstrate mild/moderate:

- **Low mood (adolescents aged 12-18)**
- **Anxiety (parents of children aged 7- 12)**
- **Common behavioural difficulties (parents of children aged under 8)**

Type of evidence based interventions that CWPs deliver:

- Behavioural activation
- Relaxation
- Problem solving
- Cognitive restructuring
- Exposure and habituation
- Exposure and response prevention
- Worry management strategies
- Behavioural and emotional regulation strategies
- Computer based CBT
- Lifestyle management
- **Social learning theory based parent support**
- **Parent led CBT**

4

Learning from experience

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Lessons Learned from implementation of PWP role in Northern Ireland

Preliminary findings indicate that the IAPT service model is clinically effective in a NI population (McDevitt-Petrovic et al., 2018).

	Northern Ireland pilot cohorts 2015/2016	IAPT UK 2015/2016
Reliable recovery	47.9%	46.3%
Reliable improvement	76.7%	62.2%

Lessons learned from PWP experiences in both England and Northern Ireland

- Some criticisms of the high volume, quick access approach claim it has resulted in the "industrialisation of psychological therapies" (Barrett, 2009, p. 132)

- Negative consequences of high volume telephone work on the therapeutic relationship (Turner et al., 2017; Westwood et al., 2017)

- High levels of staff emotional exhaustion and burnout: Prevalence of burnout is reported to be 68.6% among PWPs (Westwood et al., 2017)

- IAPT aims to address these issues as outlined in the latest IAPT manual (2018, pp. 16 –22)

5

Final thoughts

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Final thoughts

- While it is important to consider the criticisms of and challenges for PWP and the IAPT initiative, it is equally important to emphasise that this service model has transformed the treatment of common mental heath difficulties

- Approximately 960,000 individuals access IAPT services in England annually

- 50% of these clients treated in IAPT services recover and two thirds showing worthwhile benefits (Clark, 2018)

- Ulster University have outlined the need for a similar stepped care model to be developed in Northern Ireland

- Learning from IAPT services have informed the developed of CYP-IAPT in the UK

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Thank You

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