NHS
Bradford, Airedale, Wharfedale, Craven
MyWellbeing College

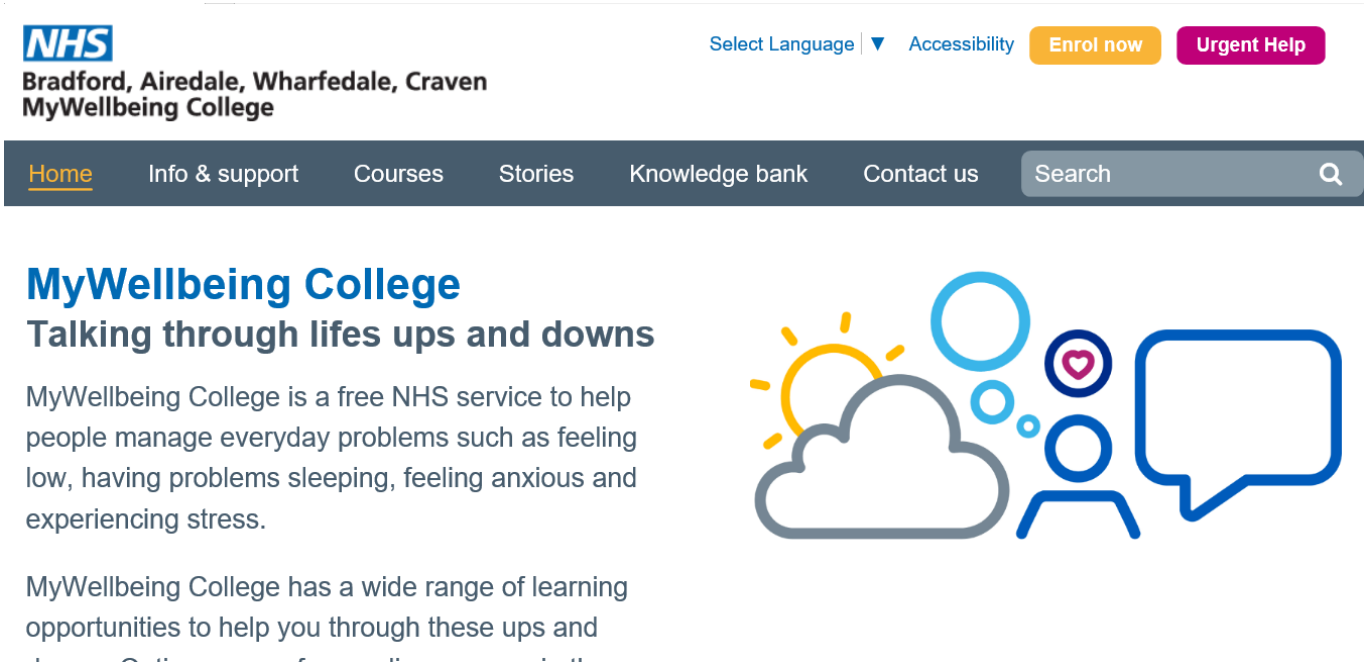
My Wellbeing College

MyWellbeing College
Talking through life's ups and downs

Background of My Wellbeing College

- Changed its name from 'IAPT' to My Wellbeing College in November 2016
- This was to reduce stigma regarding accessing mental health services but also to be inclusive in providing services from other partnership organisations
- There are different ways a client can be referred – self referral via telephone or on line are the preferred methods and GP's can also make referrals
- Once referred the client is offered a suitability assessment and placed at the most appropriate level of care or signposted/ referred to another organisation/ part of the service
- The different levels include:
- Step 1- voluntary sector organisations
- Step 2- guided self -help
- Step 3- high intensity therapy
- Step 3+- longer term therapy, 40 sessions (as long as there is clear clinical rationale)

MyWellbeing College Website

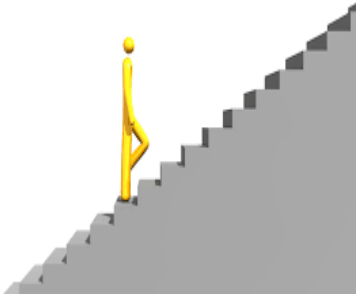


How to Self Refer to MWC?

- Tel 0300 555 5551

- IAPT Patient Portal
  http://bmywellbeingcollege.nhs.uk/register/

Five Year Forward Plan



- KPI Targets – access, waiting & recovery standards

- 75% of people with common mental health conditions referred to the ‘Improved Access to Psychological Therapies programme’ will be treated within 6 weeks of referral
- 95% will be treated within 18 weeks of referral.
- 15% of adults with relevant disorders will have timely access to IAPT services
- 50% will make a recovery (1 in 2 patients)

Clusters 1-4

- My Wellbeing College will see clients who cluster between 1-4
- If clustering 4, they must be able to make use of a stand alone therapy service and not require an MDT approach.
- My Wellbeing College will see clients who are having a one off Psychiatric review within the CMHT but will not see clients who require care coordination.
- The client must be deemed to benefit from the interventions offered within My Wellbeing College within one of the pathways offered.
- The client must be ready for treatment – motivated to work on change and want to engage in the change process.
- It is helpful for the client to be able to make goals for treatment.

Outcomes

- Psychological Therapies as recommended by NICE guidance for common Mental Health Problems
- Driven by ICD-10 problem descriptors within IAPT for disorder specific interventions.
- Outcomes are closely monitored, and funding is dependant on this. The target for recovery is 50%.
- Recovery is dependent upon the problem descriptor, and the measure used for this actual problem descriptor. Eg if a client is placed on the PTSD pathway the Impact of Events Scale will need to be used, the treatment needs to be directed at the PTSD symptoms and the client will need to reach 32 or below to reach recovery.
- The recovery rating scales are set by IAPT. IAPT recommend disorder specific models for treatment, and that all clinical staff have competences within their modalities based on the Competency Frameworks.

Managing Risk

- My Wellbeing College works with clients who are low risk.
- They do not have the support of an MDT/ team to manage clients who are emotionally unstable.
- My Wellbeing College will not treat a primary problem of personality disorder.
- The My Wellbeing College do not treat clients who are actively self harming and have problems managing distress and emotions.
- There may be an overlap with personality traits and common mental health disorder presenting in the severe range. My Wellbeing College can only treat them, if the formulation indicates that they will respond to an intervention offered within a My Wellbeing College Pathway.
- If, following formulating the clients problems, the psychological intervention on the pathway is deemed to be unsafe to provide due to this potentially increasing risk, this will be discussed in supervision and possibly stepped up if needed.

Caseloads

- Step 2: Whole time equivalent will book in 35 contacts with the aim to see 30 contacts per week
- Step 3: Whole time equivalent will book in 24 contacts with the aim to see 20 contacts per week.

The role of a Step 2 Wellbeing Coach

- To complete suitability assessments and direct clients to the most appropriate level of care/ service
- To support and guide on the use of self help evidence based material on a one to one basis (telephone or face to face) by providing 6 review sessions over 12 weeks
- To deliver and guide clients on using evidence based self help material in a group setting:
    - Living Life to the Full
    - Stress Control
- Support and guide clients undertaking on-line self help – SilverCloud

The Role of a Wellbeing Coach

- “High volume, low intensity”
- Large caseloads
- Short term work
- Varied and interesting
- Rewarding to see people get to recovery
- Can also be “fast-paced”, need to manage stress levels

Overview of step 2 treatment interventions

Courses:

Dedicated team delivering courses across the district to include Bentham, Settle and Bradford city

- Living Life to The Full
  - This taught course is 6 -8 sessions long and teaches techniques to manage the various aspects of depression/ low mood and anxiety.
- Stress Control
  - This taught course is 6 sessions long and teaches techniques to manage the various aspects of stress and anxiety and how it affects every day life.

Overview of step 2 treatment interventions

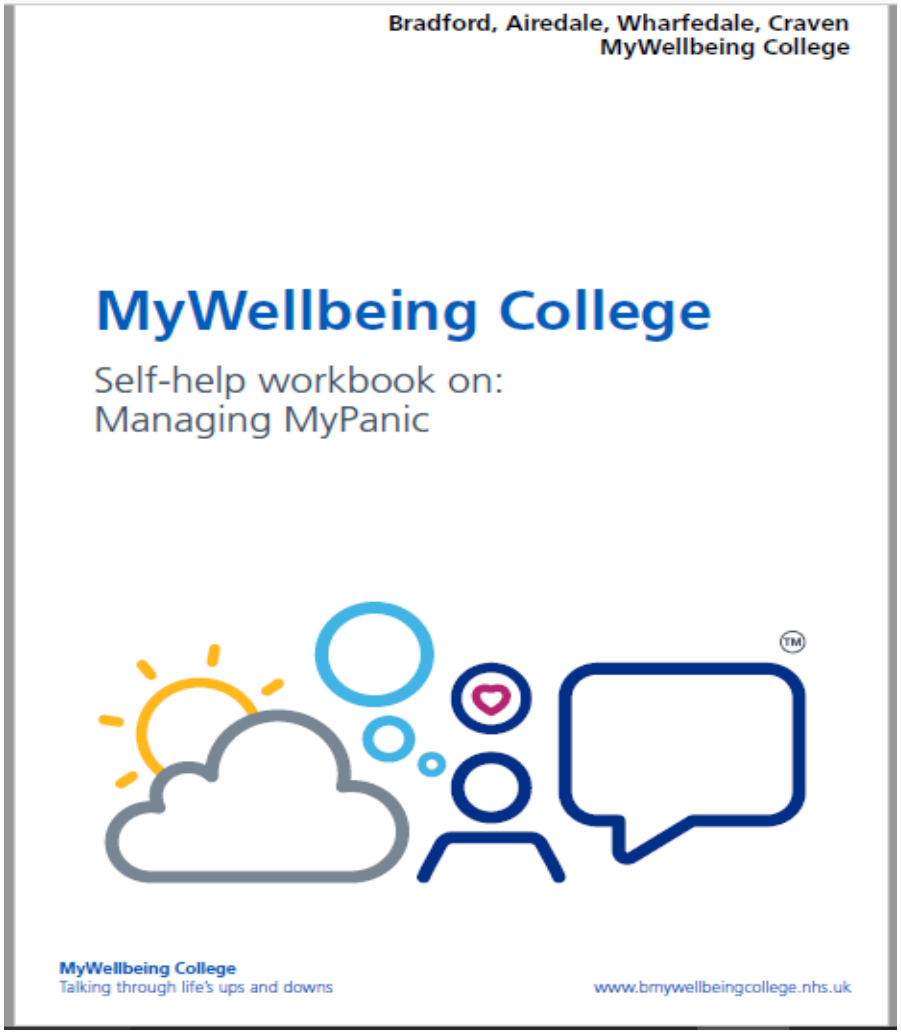
Individual guided self-help

- Telephone or face to face
- 6 guided 30 minute review sessions over 12 weeks
- Guided self -help is disorder specific – using our own branded guided self help workbooks

Guided self help work books

- 12 weeks worth of material related to managing symptoms of the specific disorder:
  - Depression
  - Generalised Anxiety Disorder
  - Panic
  - Social Anxiety
  - Specific phobia's
  - Obsessive Compulsive Disorder
  - Health Anxiety
  - (Post-Traumatic Stress)
- Fortnightly inbuilt reviews including required IAPT measures
- Emphasis on self- help
- Standardised material
- Development of different versions to meet wider demographic – audio, LD/ autism, alternative languages

Example of guided self help workbook – Managing MyPanic



Overview of step 2 treatment interventions

On-line guided self-help

- SilverCloud programme
- Modular based
- Enables service users to engage in therapy outside of 9-5
- Currently delivered by PWP's within the enrolment team

Step 2 developments:

Wellbeing promotion/ prevention sessions

- One off 45 minute psycho-education sessions on managing stress, low mood, anxiety, drug and alcohol awareness, mental health first aid, maternal mental health, suicide awareness
- Delivered to large groups of the general public, organisations and schools to help people identify symptoms that may benefit from further treatment – reduce stigma of mental health
- Increases referral rates
- Delivered by VCS partnership organisations - Cellar Trust, IN, TWP, P6

Step 2 developments:

Telehealth service

- Wellbeing Coaches employed by The Cellar Trust
- Providing step 2 guided self help interventions via the telephone (and eventually via an audio and digital platform)
- Offering out of hours service - evenings and Saturdays
- Wellbeing Coaches training programme developed with Bradford University – Psychological therapy skills for public health and wellbeing15 week module

Step 2 developments:

SMArT – Self Management After Therapy

- A project developed by the South West Yorkshire Partnership NHS Foundation Trust and the University of Huddersfield.
- The project has involved developing and evaluating a new intervention to support people to manage their mood and stay well after they have been discharged from a psychological intervention for depression within IAPT services.

SMArT

- SMArT is a self-management support intervention based on the application of implementation intentions (IMPS) to the management of depression. Forming IMPS is a technique developed to resolve the 'intention–behaviour gap', which recognises difficulties translating an intention to enacting behaviour .

- IMPS are related to goal intentions such as doing more physical activity, eating more fruit, quitting smoking.

- Rather than a more general goal intention IMPS take the form of a plan linking a cue (an external cue such as time, event, or place, or an internal cue such as feelings or cognitions) to a response (e.g., behaviour or cognition).

SMArT

- Examples of IMPS relevant to depression self-management are:

"Every evening at 7pm (cue), then I will write down all my achievements for the day (response)"; "if I avoid going out with friends (cue), then I will talk to my partner about how I feel (response)".

- SMArT is therefore an extension of a behaviour change method with a sound empirical and theoretical foundation.

SMArT

- The intervention is provided within four weeks of discharge from therapy at which time the patient was in remission from depression, defined as scoring below the cut off for the PHQ-9, below 10.

- Patients will agree up to five plans, as IMPS, with a Psychological Well Being Practitioner (PWP) at an initial face-to-face session lasting for up to one hour. This session should take place within four weeks of the last session of therapy because it is designed to capitalise on the benefits of therapy.

- IMPS may be based on a relapse prevention plan that has already been developed in the therapy so a good place to start is to ask the patient what they find helpful to maintain their sense of well-being.

- The IMPS may be linked to broader goals, such as doing more physical activity, monitoring and challenging negative thinking or socialising.

- They should be agreed and written down with a cue, internal or external, and the response clearly identified.

SMArT

- After the first face to face session, there will then be three telephone support sessions.
- It is suggested that the first one is two to four weeks after the face to face session and the others are a month apart.
- The main function of these sessions is to review how well the patient has carried out the IMPS, helping them overcome barriers.
- It is possible that new IMPS may be identified and others discarded if they are no longer relevant.

Step 2 developments:

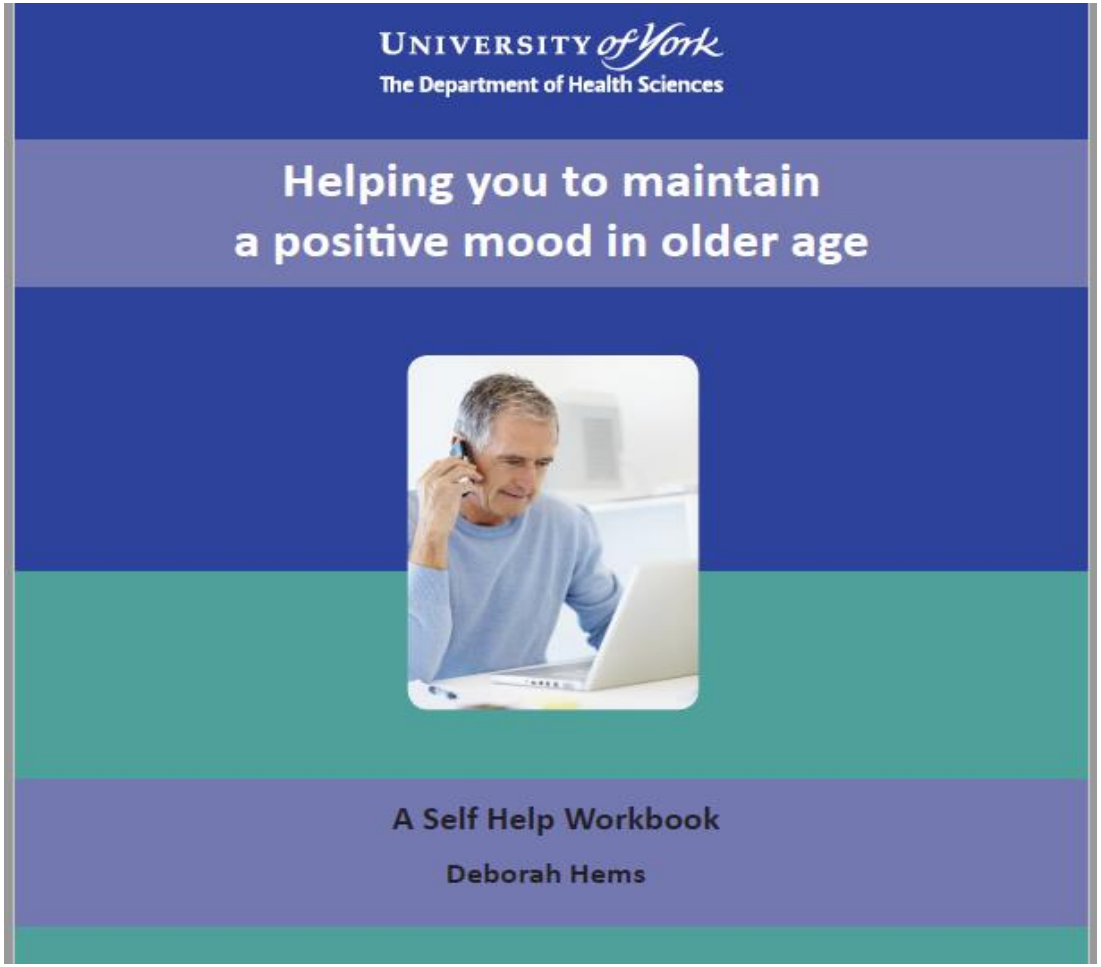
Long Term Conditions

- Development of a senior wellbeing coach to lead on this project
- Initial focus on diabetes to help target and engage BME/ city demographic
- Development of 6 week courses and a guided self- help workbook for all 5 conditions to also include:
  - Chronic Fatigue Syndrome
  - Irritable Bowel syndrome
  - Cardiovascular
  - COPD
  - Diabetes
- Linking in with external services to develop pathways and deliver the interventions (e.g diabetes UK/ health psychology)

Step 2 developments:

Guided self help workbook for older people with depression to incorporate:

CASPER - **Ca**re for **S**creen **P**ositive **E**lde**r**s



CASPER - Randomized Clinical Trial

- CASPER stands for Collaborative Care for Screen Positive Elders

- To evaluate whether a collaborative care intervention can reduce depressive symptoms and prevent more severe depression in older people.

- Randomized clinical trial conducted from May 24, 2011, to November 14, 2014, in 32 primary care centers in the United Kingdom among 705 participants aged 65 years or older with *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition) subthreshold depression; participants were followed up for 12 months.

- Collaborative care (n=344) was coordinated by a case manager who assessed functional impairments relating to mood symptoms. Participants were offered behavioral activation and completed an average of 6 weekly sessions. The control group received usual primary care (n=361).

CASPER - Randomized Clinical Trial

- The intervention consisted of telephone support and session-by-session symptom monitoring to track treatment response. The case managers were supervised and corresponded with the primary care physician or intervention psychiatrist where necessary.
- The first session was delivered face to face and subsequent sessions were delivered via telephone.
- Participants were offered a structured program of behavioral activation.
- This brief psychological intervention addressed the behavioral deficits of depression such as avoidance of social interaction and the absence of rewarding activities.

Overview of Step 3

- Disorder Specific Interventions
- NICE guidance and IAPT recognised treatment models have been considered when considering number of sessions that can be offered per disorder. This is usually within 12-20 sessions.
- Formulation driven approach where by adaptions can be made within the practitioners meta competences (where models do not fit to the clients' presentation).
- Co-morbidity may indicate adaptions to treatment intervention.
- Clinical staff work within competency frameworks which includes specific models for treatment. These are designed for lower risk clients and not for complex clients.

CASPER - Randomized Clinical Trial

- Findings: In the CASPER randomized trial of 705 participants aged 65 years or older with subthreshold depression, those randomized to a collaborative care intervention had lower depression scores as measured by the Patient Health Questionnaire 9-item survey at 4-month follow-up compared with usual care.

- Meaning: Among older adults with subthreshold depression, a collaborative care intervention reduced depressive symptoms at 4-month follow-up compared with usual care.

- The long-term efficacy of this intervention is unclear.

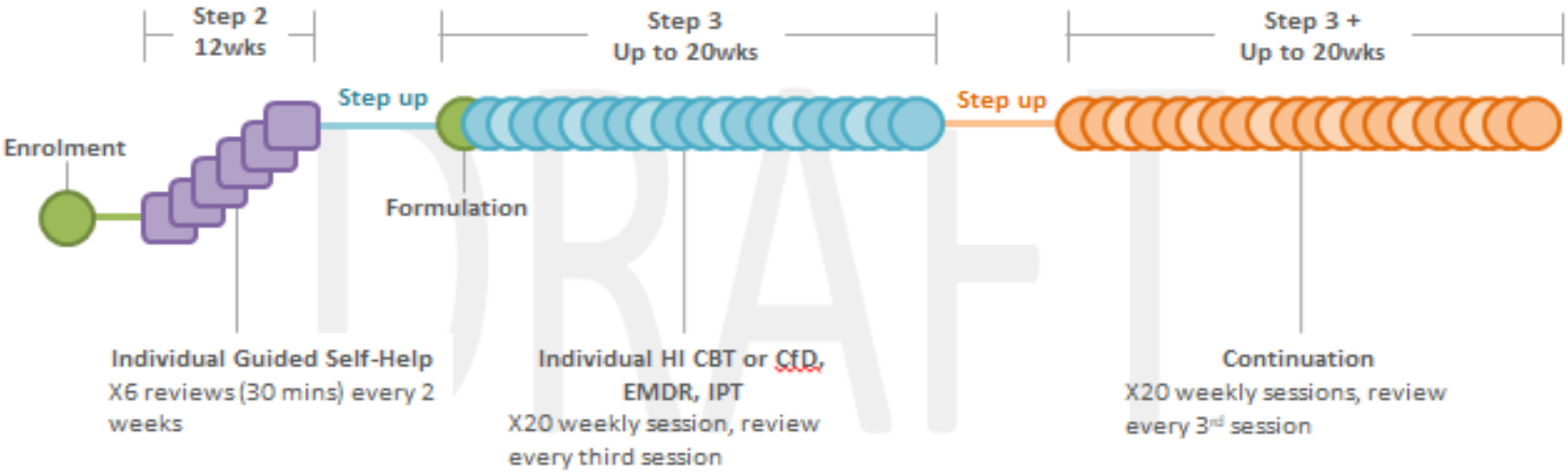
Step 3 Modalities

- HI CBT - A specific type of Cognitive Behavioural Therapy that is disorder specific
- EMDR – A specific type of intervention that treats trauma
- Counselling for depression – A specific model of counselling that treats depression
- IPT - Interpersonal psychotherapy (IPT) – A specific individual or group model that treats depressions

Treated Disorders

- Depression
- Recurrent Depression
- Generalised Anxiety Disorder
- Panic Disorder
- Social Phobia
- Specific phobia's
- Obsessive Compulsive Disorder
- Health Anxiety
- Post-Traumatic Stress Disorder
- Eating disorder (Mild Bulimia - unless binging and vomiting on a daily basis and Binge Eating Disorder)

Generic TAU Pathway – all disorders and treatments



Step Up Points Step up/down between services is based on cluster	**Clusters 1, 2, 3 and 4**	MyWellbeing College (IAPT)
	Clusters 5, 6, 11, 12 and 13	Community Mental Health Team (CMHT)
	Clusters 7 and 8	Intensive Therapy Service (ITS)
	Cluster 10	Early Intervention in Psychosis (EIP)

Appendix: Treatment As Usual (TAU) Pathway; Panic Disorder

Step 3 Plus

- Is not automatically offered (nobody enters the service at Step 3 plus)
- Where there is co-morbidity, or NICE indicates, more sessions should be offered. Eg PTSD when there is a bereavement, or multiple trauma.
- Client's will be moved to Step 3 plus if they go over 20 sessions.
- Step 3 plus clients are still included in our recovery rate figures.

Other developments at Step 3

- Audit and Evaluation of CPD at Step 3 to make recommendations for a structured CPD approach over the next 12 months. This is an audit against Governing Body requirements for CPD, an investigation to determine how familiar staff are with the disorder specific models and how confident they are in application of the model in practice.
- Back to basics programme. This will be delivered over a 12 month period and will be a 2-2.5 hour workshop on each disorder covering the key models within the competency frameworks for each disorder. (All psychological Therapists in the Trust are welcome to attend this)
- Review of supervision – aim to increase supervision. Employing dedicated supervisors and introduce outcome orientated supervision as per IAPT revised draft guidance 2018
- Possibility of becoming involved in the StratCare RCT – principle researcher is Jaime Delgadillo

Members Action Group

- Service user involvement group
- Involved in shaping any new and existing service developments within My Wellbeing College
- Open to all service users/ carers who have attended MWC (and wider trust members)
- Monthly meetings


Q&A