

The Challenges and Successes of Integrated IAPT

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Agenda

- Context of LTC, Co-morbidity and Cost
- Integrated IAPT at Talking Changes
- Challenges of Integrated IAPT
- Successes of Integrated IAPT
- IBS Case Study
- Fibromyalgia Case Study
- References

Context

Five Year Forward View for Mental Health:

'We should have fewer cases where people are unable to get physical care due to mental health problems affecting engagement and attendance (and vice versa). And we need (the) provision of mental support in physical health care settings- especially in primary care.'

NHS England (2014)

Functional symptoms are best explained using a multifactorial biopsychosocial model (Moss-Morris & Wrapson, 2003)

Co-Morbidity and Cost

70% of people with 'MUS' also have mental health comorbidities (NICE, 2018)

There is a correlation between number of medically unexplained symptoms and episodes of common mental health problems (Katon & Walker, 1998)

It has been estimated that 20% of new Primary Care presentations and 1/3 outpatients aren't completely explained by an organic cause (Royal College of Psychiatrists, 2009)

A UK IBS study estimated IBS costs £200 million each year (Akehurst, 2002)

Integrated IAPT at Talking Changes



- Collaborative care with specialist nurses and community matrons
- LTC/MUS pathway which is now integrated into the service
- Specialist Training and Supervision
- Diabetes
- Cancer

Challenges of Integrated IAPT

- Patients often do not perceive their condition to be related to mental health problems
- Practitioners perceptions of LTC/PPS
- Physical needs outweigh psychological need (to unwell to engage)
- Logistics of Collaborative Care (2 separate services working together)
- Fast paced IAPT service- flexibility required
- MDS can be skewed by physical symptoms

Successes of Integrated IAPT

- Recognition of PPS
- Increased identification of common mental health problems
- CFS integration
- More trained therapists
- Providing supervision to general health staff

IBS Case Study

Presentation: Patient presented to the service as their IBS was affecting work and their personal life (unable to go out unless near a known toilet). Patient reported they had always been a worrier but that anxiety has increased since diagnosis.

Thoughts: I can do nothing to prevent this, worried about going out, worse case scenario, I have no control

Feelings: 'chewed', hot sweats, cold, increased IBS symptoms

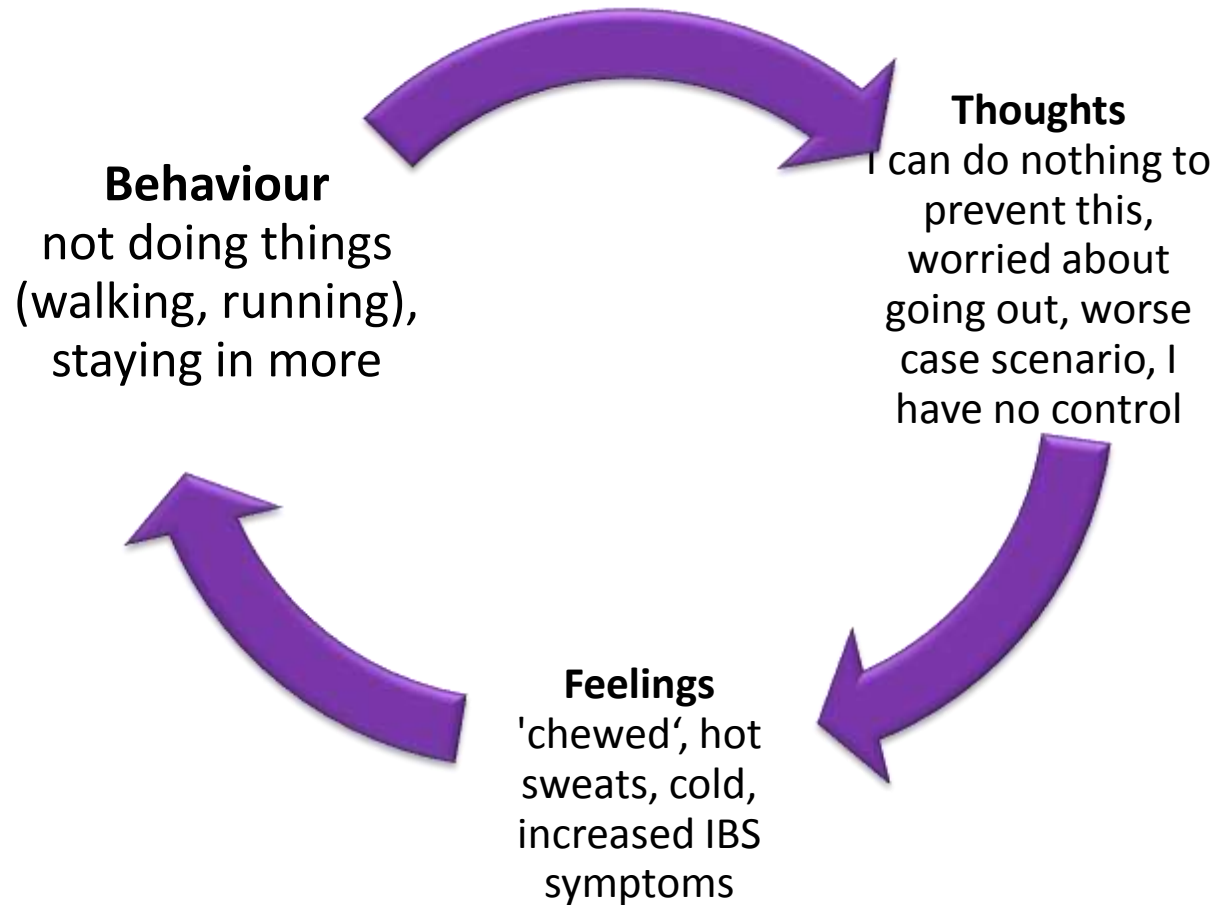
Behaviours: not doing things (walking, running), staying in more

PHQ9:7; GAD7:13; W&SAS:14 , EQ5D:0,0,1,2,1,75%

Treatment: Psychoeducation, anxiety and worry management, employment support

PHQ9:1; GAD7:0; W&SAS:0; EQ5D:0,0,0,0,0,75%

Vicious Cycle



Fibromyalgia

Case study

Presentation: Patient presented with low mood and anxiety exacerbated by onset of fibromyalgia. Reported being isolated and doing less activity as a result.

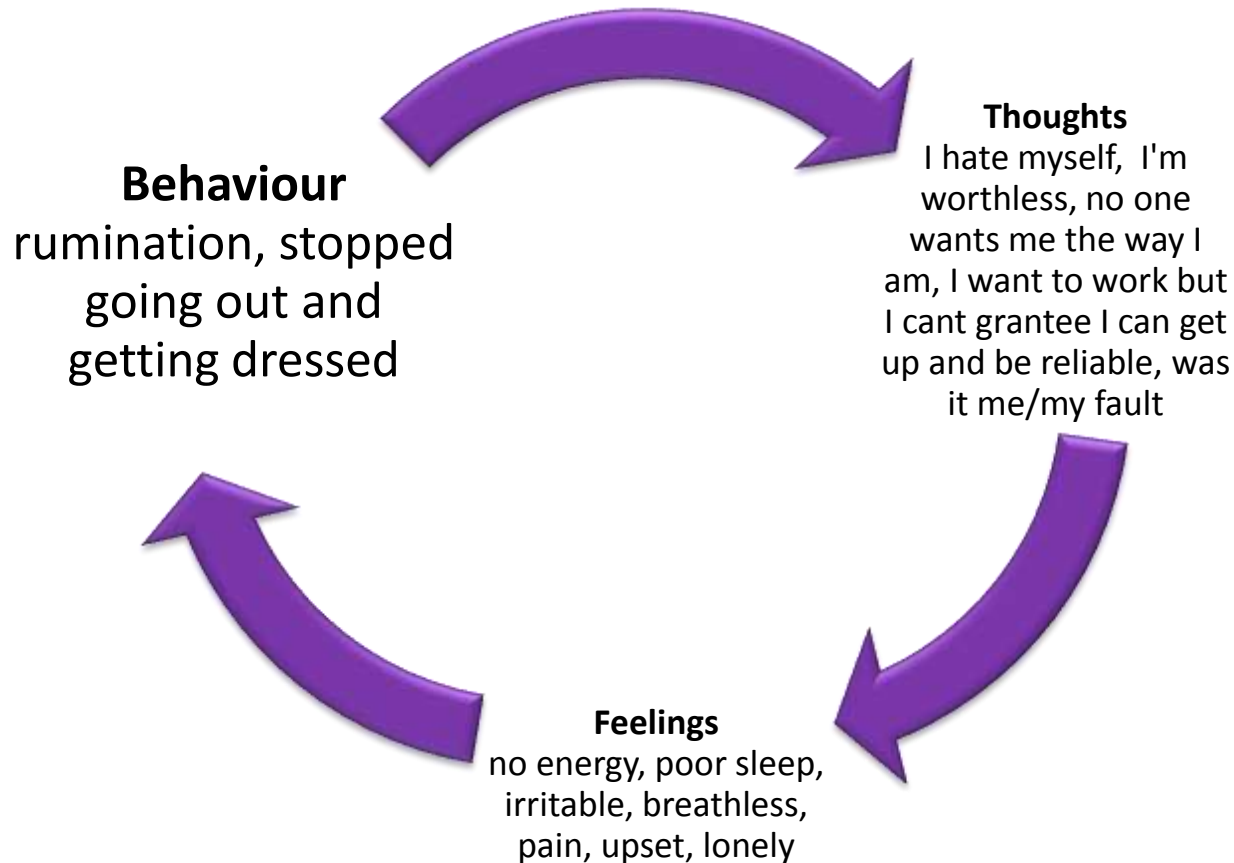
Thoughts: I hate myself, I'm worthless, no one wants me the way I am, I want to work but I can't guarantee I can get up and be reliable, was it me/my fault,

Feelings: no energy, poor sleep, irritable, breathless, pain, upset, lonely,

Behaviours: rumination, stopped going out and getting dressed,
PHQ9:22; GAD7:18; W&SAS: 30, EQ5D: 1,1,1,2,2,40%

Treatment: Psychoeducation, behavioural activation, pacing
PHQ9:12; GAD7:7; W&SAS: 10, EQ5D: 1,1,1,1,0,60%

Vicious Cycle



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