

Developing Psychological Therapy Guidance

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The Journey

- Raising the Standard: The Revised Adult Mental Health National Service Framework for Wales (2005) led to 2006/7 (service and financial framework) SaFF targets 14/15. Requirement to collect data for waiting time for psychological therapies in primary care and secondary care services.
- target 14, states that:
- *'All patients subject to CPA who are assessed to require access to evidence based psychological therapies will commence therapy within 3 months of assessment. [Target date: 31st March 2007]'*

The Mental Health (Wales) Measure 2010

- *strengthen the role of primary care in delivering effective mental health care and treatment'*
- increase the provision, access, uptake and effectiveness of mental health services at primary care for people of all ages across Wales
- help individuals to access secondary care when necessary; and ensure that services are outcome-focussed.
- Psychological Therapies should be part of the care or intervention plan for people treated under part 1 of the measure (primary care) and Part 2, those with severe, enduring and unstable mental health problems.

Policy Implementation Guidance.

- Psychological Therapies in Wales, Policy Implementation Guidance. 2012
- **Vision: to help improve the nation's health and wellbeing by offering the people of Wales appropriate access to services that are both psychologically minded and psychologically therapeutic.**

Policy Implementation Guidance, PIG

- **Psychologically minded services are those in which - at all stages of assessment and intervention - the psychological needs of service users are considered and addressed through the use of evidence-based interventions. Furthermore, a psychologically minded service focuses upon the quality of relationships between practitioners and service users in the delivery of all treatment and interventions. These relationships provide the foundation for effective service delivery.**

THERAPY DEFINITION

Psychological Therapy –

- a range of interventions mediated by the therapy relationship to help people understand and make changes to their thinking, behaviour, feelings or relationships in order to relieve distress and to improve their functioning, well-being and quality of life.

PIG

- Service Philosophy
- Service Model - tiered care system
- Quality Standards- Standards-defined in relation to *accessibility, appropriateness, acceptability and outcome.*
- Implementation Steps- 1-4

PIG

- Implementation steps:-
- Each LHB Psychological Therapy Management Committee (PTMC) shall take responsibility for the delivery of the implementation steps set out within this guidance, in line with its quality standards
- Each LHB should, as part of their Health and Wellbeing Strategy, measure local demand for, and capacity to deliver a locally appropriate range of psychological therapies and ensure they train and develop a workforce capable of delivering the range of interventions within a formal supervision structure.

PIG

- Each LHB should establish a clinical outcome data collection system which is compatible with other HBs across all tiers of service
- Arrangements should be in place at a LHB and a national level to performance manage the delivery of improvements in the availability of psychological services. These arrangements will be driven locally by the PTMC which will convene nationally to benchmark local performance and feed local and national data to Welsh Government.

PIG

- Accountability to Welsh Government
– National Psychological Therapies
Management Committee reports to
National Partnership Board.

Review of access to, and implementation of, psychological therapy treatments in Wales 2013

- Mental Health services are providing a range of psychological therapies across all of the treatment tiers; and in the main, therapy approaches are in line with NICE guidelines and the Psychological Therapies in Wales: Policy Implementation Guidance (Welsh Government, 2012).
- There are differences in the availability and relative quality of, and access to, service and treatment delivery. This is evident both at a regional level, service level and practitioner level.

Review of access to, and implementation of, psychological therapy treatments in Wales 2013

Conclusions.

- assessments need to be carried out by appropriately qualified and experienced professionals.
- People with complex needs requiring high intensity psychological therapy are often placed on long waiting lists, which can take up to two years.
- Service users have insufficient information regarding the range of therapies available.
- The development of a psychologically minded service is somewhat hampered by the historical predominance of the medical model
- Absence of clear career pathways and effective training strategies, which would appear to be a national rather than regional concern.

Investment

2014/15

- 2014/15 Non recurring investment to develop staff skills through training in psychological therapy.
- NPTMC formed, demand/capacity analysis indicates workforce gaps.
- Development of Matrics Cymru funded.

2015/16.

- Recurrent funding of £1.9million to support the development of , adults of working age and older adult services.
- Recurrent funding £7.6 m for CAHMS, including ADHD and autistic spectrum disorders

Investment

2015.16

- Mental Health Liaison teams in all DGH
- £1.5m women with perinatal mental health problems.

2016/17

- £30m mental health and older people.
- £1.5 m primary care mental health support services
- £1.15m psychological therapies people admitted to mental health wards.
- £2.3m teams to give extra support in the evening and at night including people with dementia.

Matrics Cymru

Strongly Influenced by the format and content of the Scottish Matrix.

- Structured guide to assist planning and delivering evidence-based Psychological Therapies.
- What services should be delivered? ‘
- By whom’?
- How should they be delivered on a whole service basis?
- De-medicalising the language used to describe human distress and suffering and the context in which we offer psychological therapy/interventions.
- emphasis on whole person/whole life and recovery.
- Formulation based, links the reasons for a person’s difficulties to psychological theory and practice to guide the intervention.

Formulation.

- Formulation draws on the evidence in order to develop a collaborative individual understanding and plan, which includes the personal meaning of life events, traumas and adversities. Formulation and or case conceptualisation is a core skill in psychological therapy delivery.
- Formulation sits alongside diagnosis.

Matrics Cymru

- Recommends psychological therapies that should be available for specific service user groups based on evidence.
- Defines competency requirements across a range of complexity of presentation and intensity of intervention.
- Clarification of training and practice standards and supervision requirements.
- data collection will be a requirement to evaluate both output (productivity/capability/efficiency) and outcomes (quality/effectiveness/compatibility).
- The quality of the therapeutic relationship is one of the most important drivers in achieving successful therapy outcome and should be monitored throughout therapy.

Matrics Cymru

- key questions which cover the monitoring and delivery of psychological therapy services and broader issues to improve quality and access to psychological interventions and therapy.

Next steps.

- All mental health practitioners skilled at assessing when to refer or offer psychological therapy.
- Developing training packages/accredited programmes.
- Increasing capacity and managing demand effectively.
- Keeping it up to date.

*Thank you for listening.
Questions.*