

# Day 1: Intro to CYP-IAPT and Transformation: Core Aims and Values

25th June 2015

Dr Catherine Gallop

With thanks to Peter Fonagy and

Ann York



mood disorders  
CENTRE

# IAPT for Children and Young People: The Context....

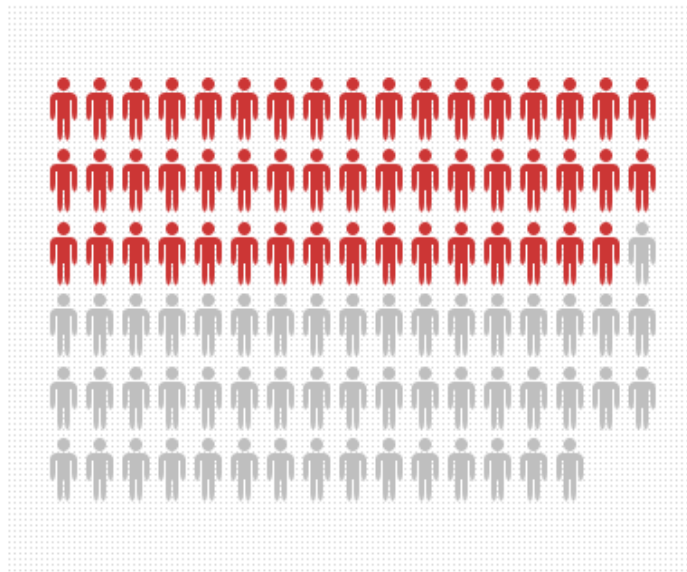


# Age of onset for lifetime mental disorder

## At Age 14

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50% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA)  
STARTS BY AGE 14

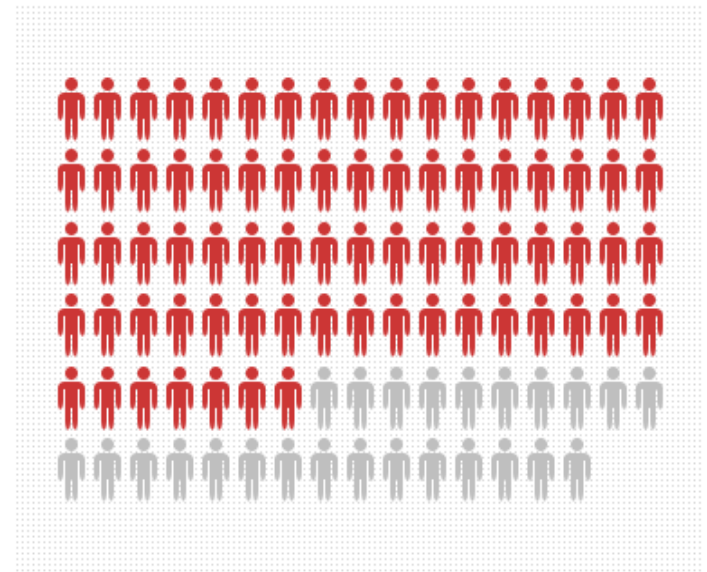


Started Mental Illness Not Started Mental Illness

## By Mid Twenties

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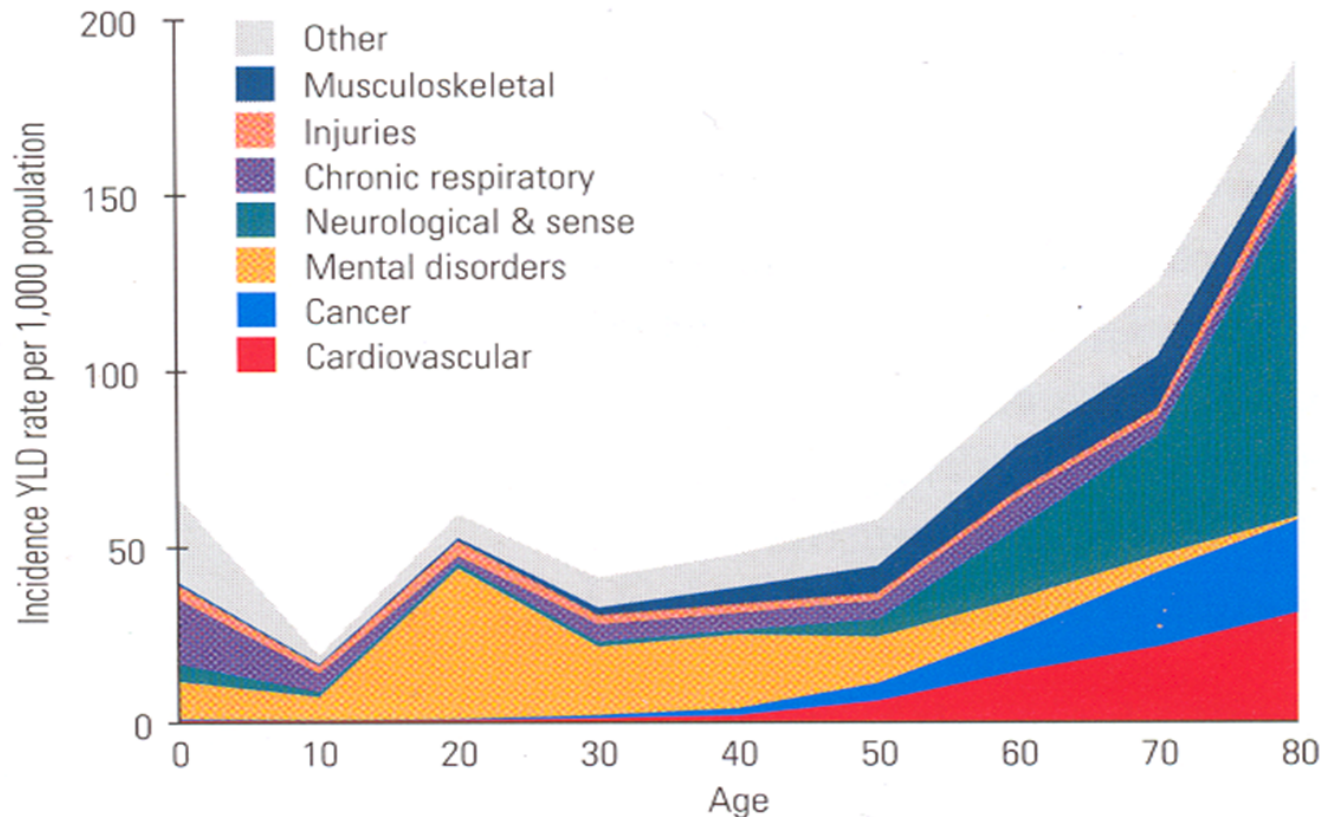
75% OF LIFETIME MENTAL ILLNESS (EXCLUDING DEMENTIA)  
STARTS BY MID TWENTIES



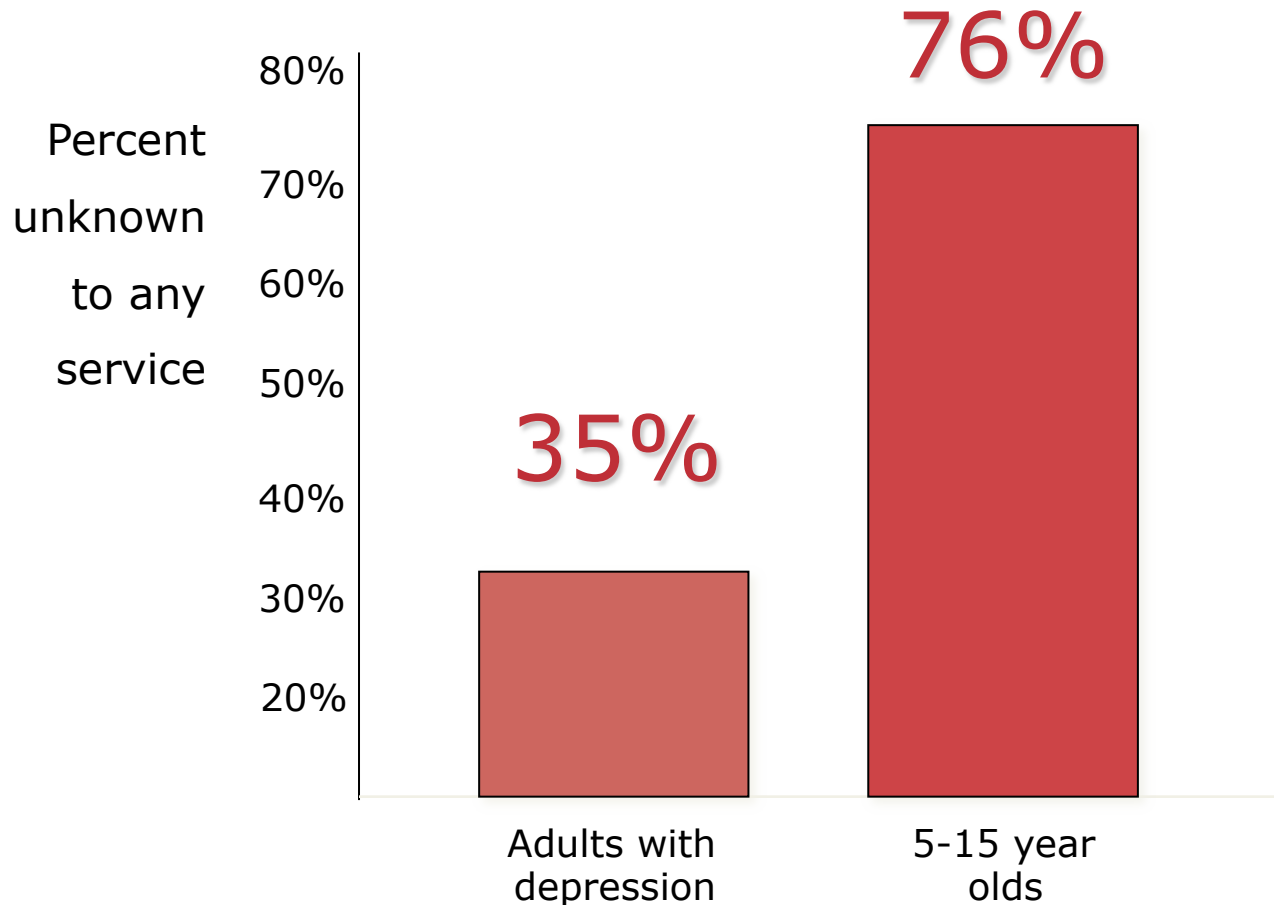
Started Mental Illness Not Started Mental Illness

# Mental health problems are the greatest health problem faced by children and young people

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



## ACCESS: % With anxiety or diagnosable depression not in contact with mental health services



# International Perspective on CAMHS

- Alarms regarding the **ineffectiveness** and fragmentation of community-based mental health care for children and families
- **majority** of children receiving community-based “usual care (UC)” **do not show** clinical **improvement**
- large **meta-analytic review** reported **few differences** between UC treatment and control groups (wait list)



# The context of CYP IAPT: Costs

Mental illness during childhood and adolescence in the UK:

£11,030 to £59,130 annually per child

Lifetime cost of a 1-year cohort of children with Conduct Disorder: **£5.2 billion**

*Costs of adult crime with history of CD*

- £60 billion in England and Wales
- £22.5 billion attributable to CD
- £37.5 billion to subthreshold CD

*Including costs of various agencies*

- Health
- Social services
- Education
- Justice

Evidence-based practice has substantial clinical & cost benefits

Little & Edovald, 2012; Suhrcke, Puillas & Selai, 2008

**Only 6% of current spending on mental health goes to services aimed at children and young people**

Kennedy, 2010



# Current service provision: a snapshot



Fragmentation of services  
for children and young people



# Fragmentation of services for children & young people

Artificial structural divisions in terms of



Different lines of funding

# Fragmentation of services for children & young people

Artificial structural divisions in terms of



Statutory vs voluntary providers

# Fragmentation of services for children & young people

Artificial structural divisions in terms of



Separation of physical and mental health

# Fragmentation of services for young people aged 12-25

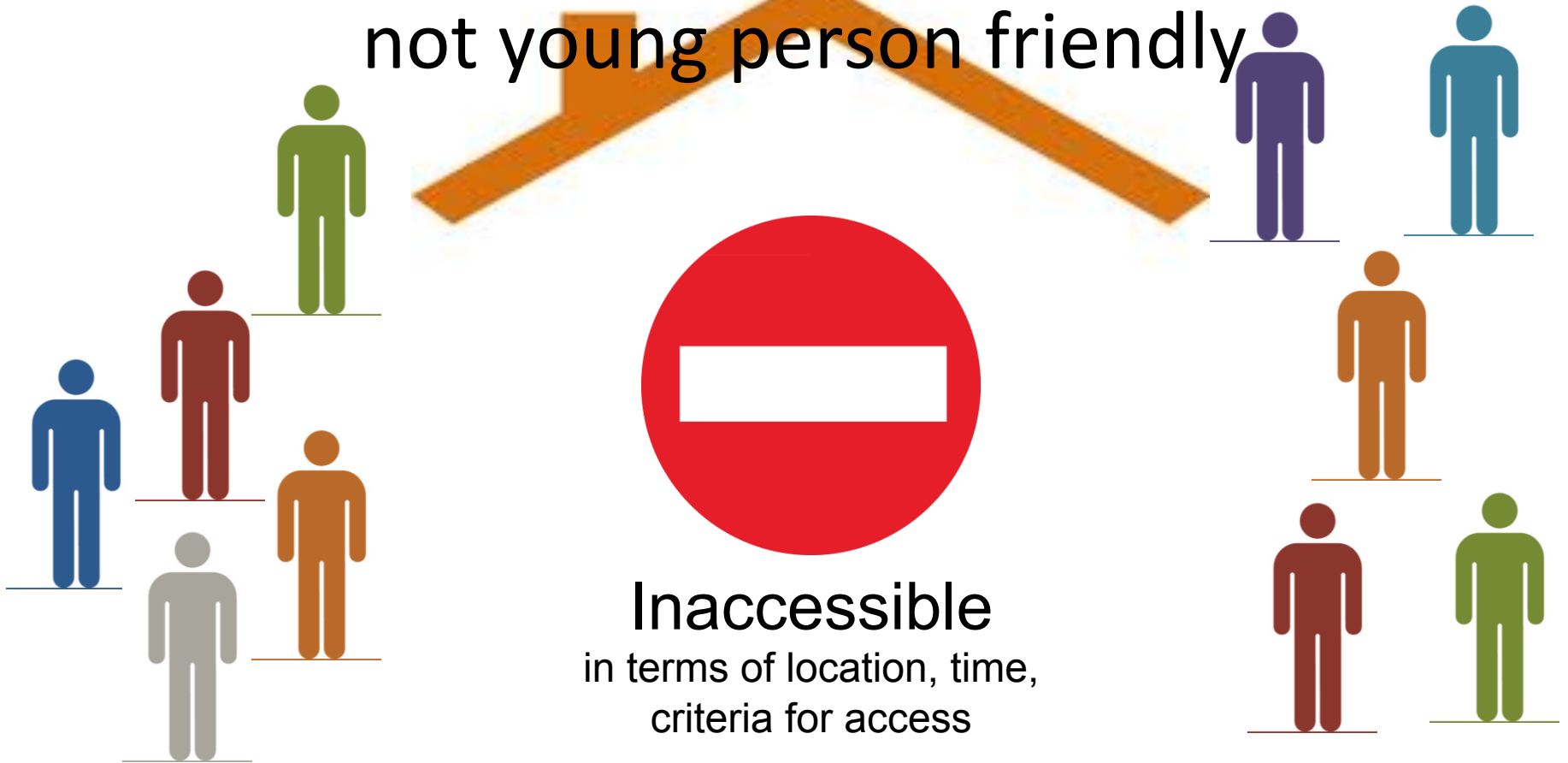
Artificial structural divisions in terms of



Age

# Many service designs are not young person friendly

Many current service designs are not young person friendly



# Summary of the issues facing CAMHS

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- Significant **shortages of sufficiently trained professionals**
- Current **level of CAMHS staff training is 'poor and getting worse'**
- **Difficulties with access** (very few services offer a self-referral route)
- **Poor handling of transition** between child and adult services
- **Inappropriate provision of adult services** to young people
- **Data** that could and should be used for self-critical professional practice, performance monitoring and commissioning is **rarely collected**



# No Health Without Mental Health (2011)

“The Government is investing around £400 million over the Spending Review period to ensure that adults with depression and anxiety in all parts of England have access to a choice of psychological therapies. **This investment will also enable the expansion of psychological therapies in children and young people’s services”**



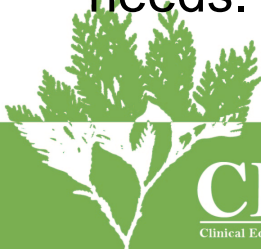
# CYP IAPT Launch

Paul Burstow (25.10.11)

“**The Government is now investing £32 million** in psychological therapies, including talking therapies, for children and young people with mental health problems”

“This investment in children’s mental health is vital. Talking therapies are proven to work, and so we are expanding services to treat children and young people with the tailored care that they need.

“We know psychological therapies work. Our aim is to transform existing mental health services for children so our children get the best treatment possible, from services that are more responsive to their needs.”



# Children and Young People's IAPT Implementation

Kathryn Pugh  
Project Manager, NHS England

Professor Peter Fonagy  
CYP IAPT National Lead

IAPT Website: [WWW.IAPT.NHS.UK](http://WWW.IAPT.NHS.UK)



# What Is CYP-IAPT?

A simple evidence based implementation of EBP

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- CYP IAPT was conceived as a **centrally initiated** modification of CAMHS in the **direction of EBP**
- It is achieving remarkable degree of **cultural change** in terms of the acceptability of **principles of EBP interpreted broadly** through a modest investment in:
  - **service** change
  - **training** service **leads**
  - **supervisors** and **therapists**

# The CYP IAPT Programme

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- Using **routine outcomes** monitoring
  - To **guide therapist** and supervisor
  - To **help client monitor** and understand how treatment is progressing
  - Across **ALL professions**
- **Empowering** YP to take **control** of their care, establish treatment **goals**, choose treatment **approaches** and take **opportunities** to improve their own health
- Improving access to **evidence-based therapies**

# Service Transformation Programme

- Project has reached target to work with services covering 60% of 0-19 population by 2015.
- **Learning collaboratives** made up of **universities** and **local area partnerships** who offer mutual support, problem-solving and learning networks.





- Effective and supportive service delivery models - shaped by service users - enables context for:

Effective Services

Evidence based interventions

- Clinicians/practitioners to deliver best evidence based interventions, complemented by:

Supervision

Outcomes monitoring and feedback

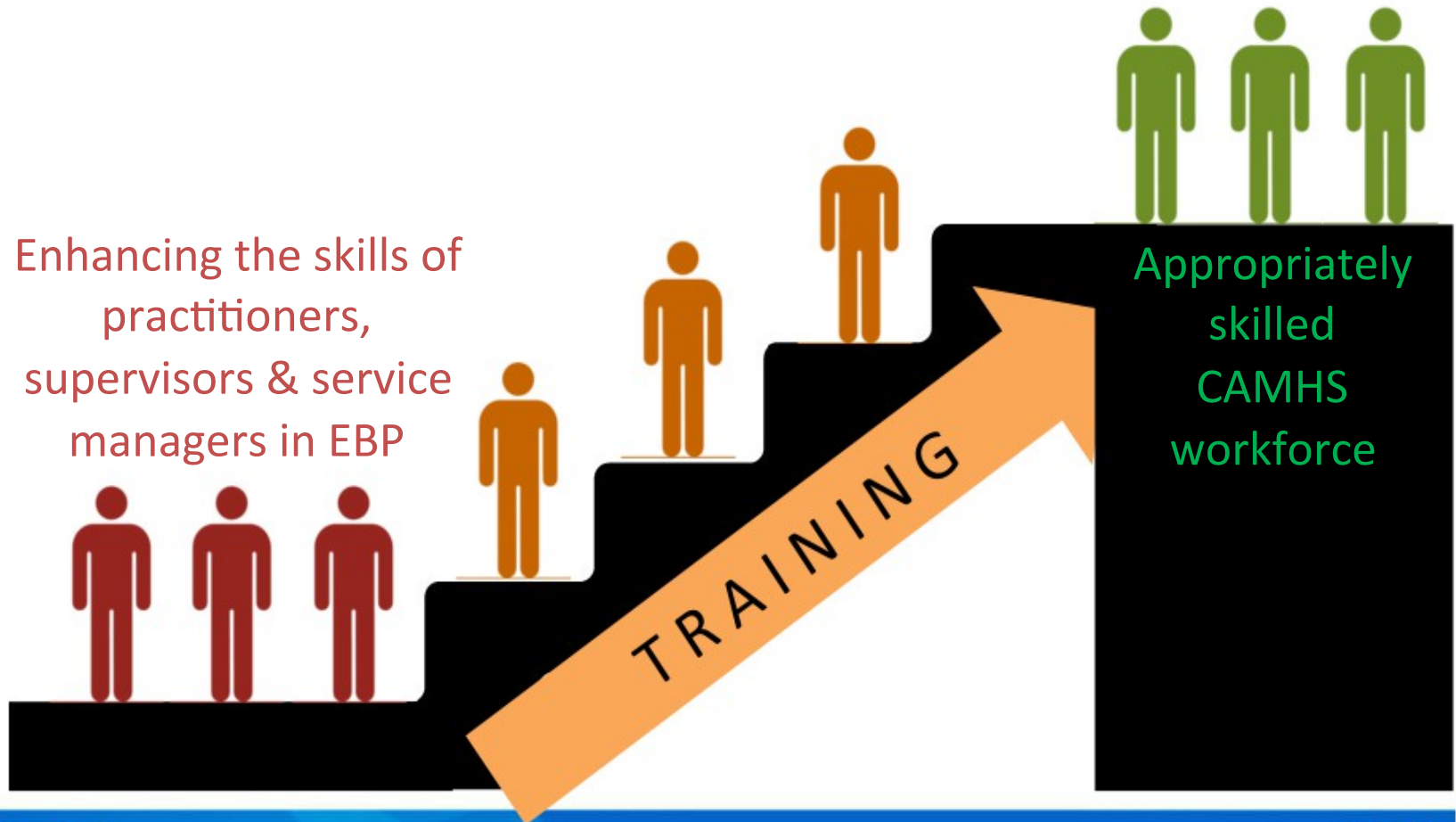
- Excellent supervision,
- ensuring therapy
- model fidelity and, continued collaborative practice

Ongoing client feedback facilitated by frequent outcome monitoring, combined with:



# Three Major components of the CYP IAPT transformation

## 1. Closing the skills gap in CAMHS: Evidence Based Practice



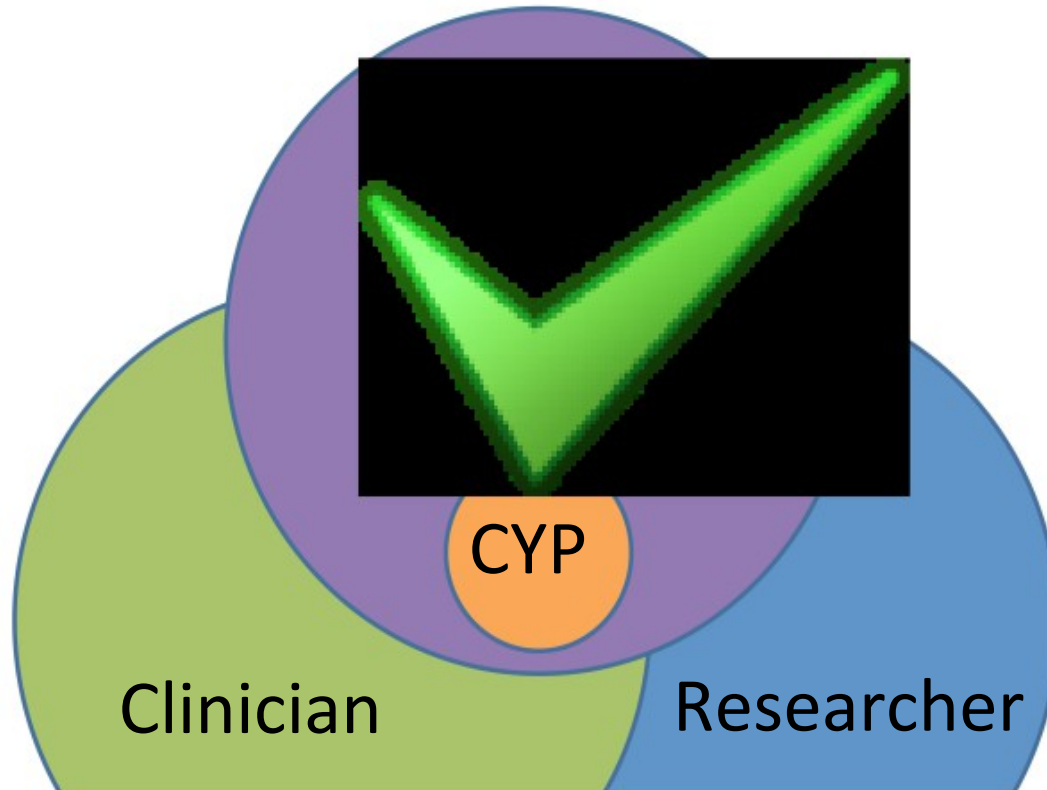
# Overview of CYP IAPT Training Programmes

1. **Outreach Service Development** to wider services
2. **Outreach Supervisor Training** to wider services
3. PG Certificate in **Clinical Leadership and Service Transformation**
4. PG Certificate in **Supervising Evidenced Based Psychological Therapies**
5. PG Diploma in **Evidenced Based Psychological Therapies**
6. PG Certificate in **Enhance Evidenced Based Practice**



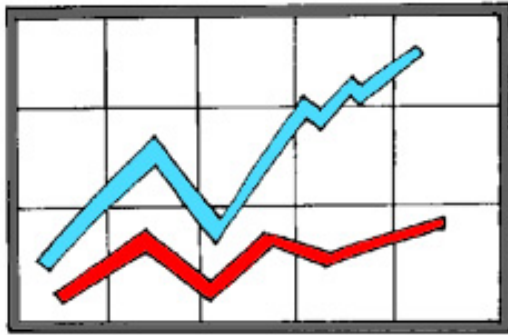
# What is evidence-based practice in child mental health?

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A fundamentally participatory and co-produced (co-constructed) enterprise in which client, researcher and clinician are all fully engaged

# Evidence based practice



Research evidence

+



Patient preferences  
and values

+



Clinician observations

=

Quantifiable results  
Acceptable to recipients  
Utility for clinicians

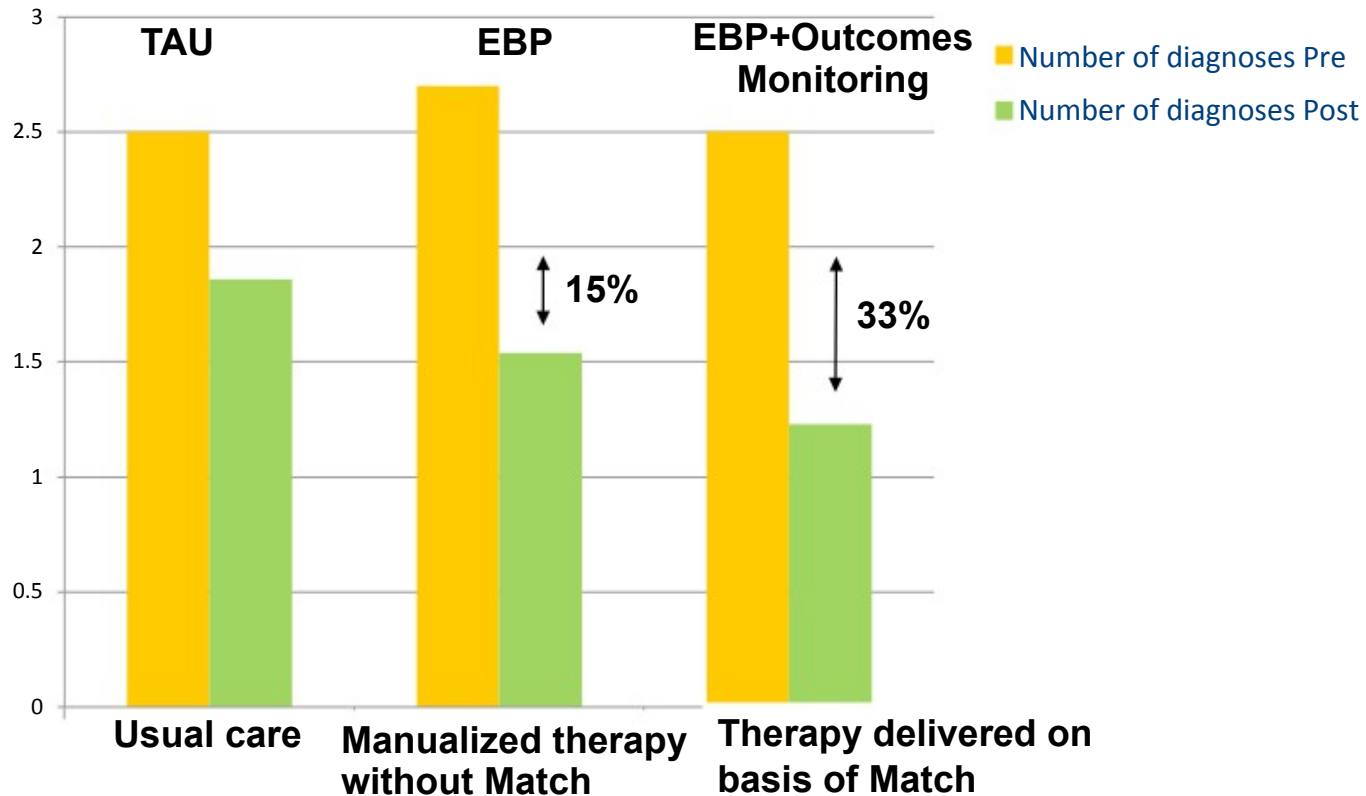
## Three major components of the CYP IAPT transformation

### ***2 . Routine Outcome Monitoring***

- Routine Outcome Monitoring refers to measurements of clients' progress in clinical practice and the ongoing therapeutic relationship, using **standardised instruments**, aiming to evaluate and, if necessary, **adapt** treatment.
- Clients are **invited** to fill out Routine Outcome Measures (ROMs) at the beginning of treatment, during treatment and at the end of treatment.
- Subsequently, **clinicians and clients** are provided with feedback about the response to treatment. Based on the feedback, decisions can be made regarding continuing, altering or terminating treatment.



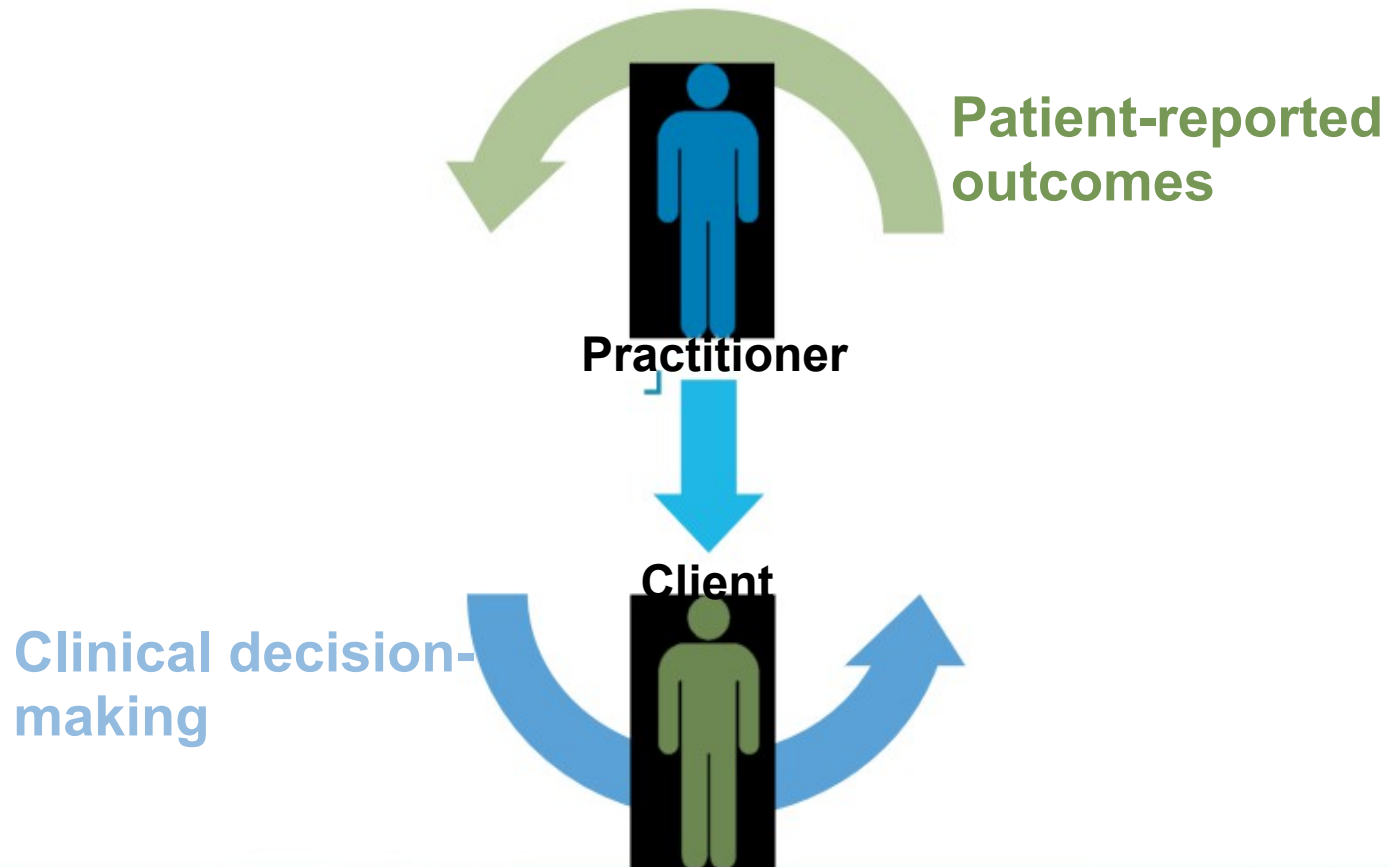
# Measurement for a purpose: Guiding treatment to better outcomes



Weisz et al. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: a randomized effectiveness trial. *Archives of General Psychiatry*, 69(3), 274-282.

# Three major components of the CYP IAPT transformation

## ***3. Shift to collaborative practice***



# Redressing the balance of expertise

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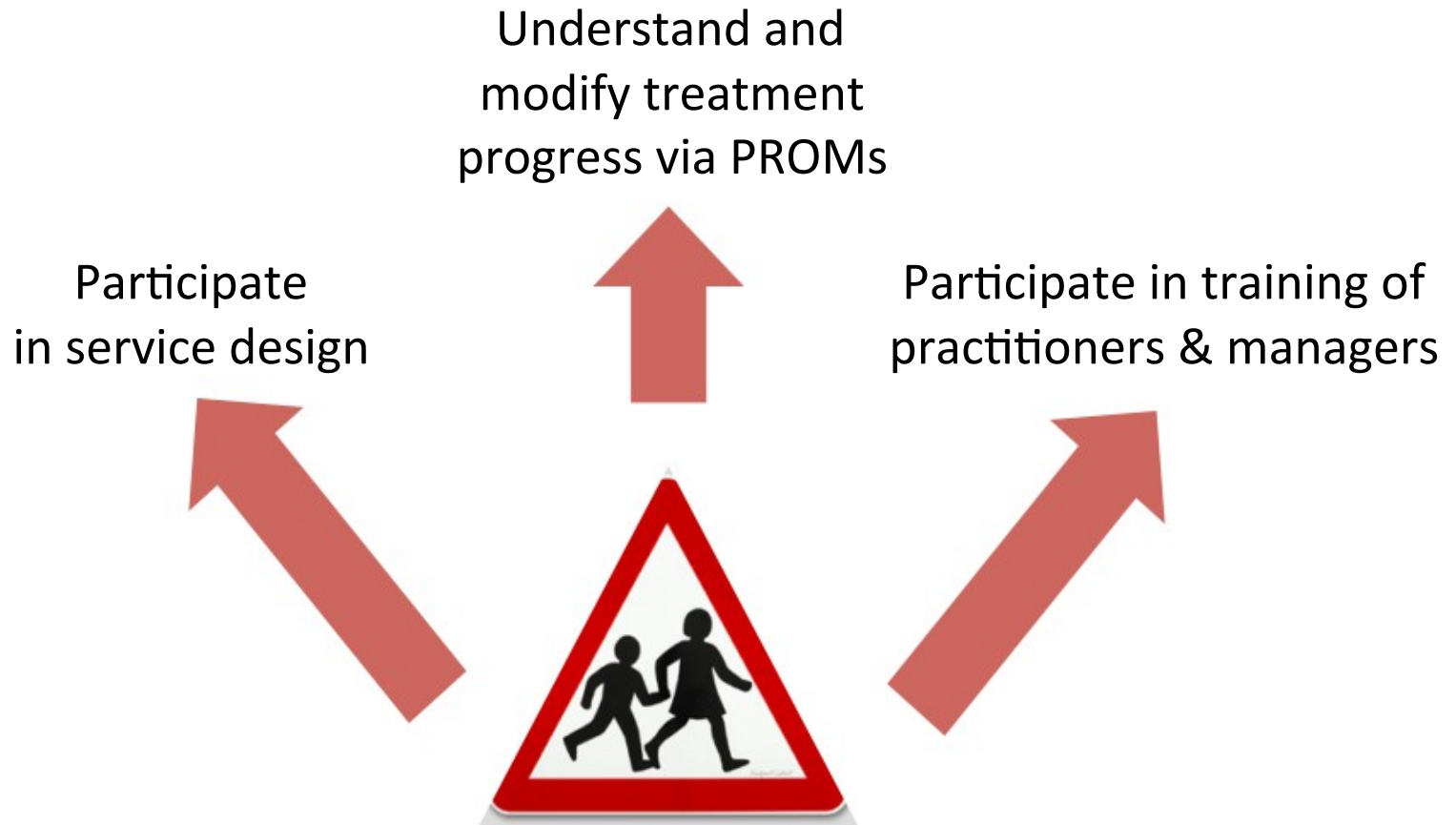
# Collaborative Practice

- involves the child, young person or parent and the mental health professional jointly identifying problems and agreeing goals for treatment
- partnership expertise
- shared decision making
- provision of a range of evidence-based approaches



# Empowering young people

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# Future in Mind- report of the national CAMHS Taskforce



- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
- Published before the Election, we are waiting to see how the recommendations are taken forward by the new government
- What we do know is that it will inform the continued development of CAMHS in England
- The report articulates how we need to set about tackling the problems to create a system that brings together the potential of the web, schools, social care, the NHS, the voluntary sector, parents and children and young people themselves



# Future of CYP-IAPT



- CYP IAPT Central Team has expanded and become the CAMHS strategy and policy team for NHS England
- Must demonstrate value year on year of the impact of the new investment
- Will have to report to Public Accounts Committee regularly so data reporting will be integral
- Live negotiation continues with HEE about training
- **Commitment to role out CYP-IAPT transformation to 100%**
- But will morph into a **wider CAMHS transformation programme.....**



# Transformation Plans are the way to access the new money for CAMHS

## Autumn Statement £30M recurrently for 5yrs – for eating disorders

- Develop evidence based community Eating Disorder services for children and young people: capacity in general teams released to improve self-harm and crisis services

<http://www.england.nhs.uk/wp-content/uploads/2015/02/mh-access-wait-time-guid.pdf>

## Budget Announcement Spring 2015 £250M recurrently

- Build capacity and capability across the system so that by 2020, 70,000 more children and young people are treated per year
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT)
- Improve perinatal care
- Pilot a joint mental health training programme for single points of access in specialist CAMHS and schools, testing it over 15 CCGs

# Transformation plans : where are we now?

- NHSE is working with partners to **develop guidance** and a bespoke **assurance process**
- ‘ Unit of planning’ likely to be the **Health and Wellbeing Board**
- You will need to **show evidence of partnership working** and sign up not just locally but also with NHS England specialist commissioning
- You will need to show that **children, young people and parents are involved** in planning and delivery
- Letter alerting CCGs and NHS England teams has been sent out

*Slide thanks to Kathryn Pugh, Child and Adolescent Mental Health Programme Manager*

# Interim guidance on Transformation Plans

- <http://www.pcc-cic.org.uk/article/child-and-adolescent-mental-health-services-camhs-transformation-plans-interim-guidance>
- all Transformation Plans to be assured and all CAMHS allocations made by the end of September
- From 2016/17, any refresh of Transformation Plans and the continuing development of services will be embedded within mainstream planning and assurance processes.

# Transformation plans will need to

- **Be Transparent – publishing**
  - Baseline investment by local commissioners
  - What services are provided including workforce information
  - Referrals received, accepted, waiting times
- **Demonstrate Service transformation in line with principles covering**
  - range and choice of treatments and interventions available;
  - collaborative practice with children, young people and families and involving schools;
  - use of evidence-based interventions; and regular feedback of outcome monitoring to children, young people and families and in supervision.
- **Monitor improvement**
  - Development of a shared action plan and a commitment to review, monitor and track improvements with appropriate governance structures.

*Slide thanks to Kathryn Pugh, Child and Adolescent Mental Health Programme Manager*

# NHSE Mental Health Taskforce



- <http://www.england.nhs.uk/ourwork/part-rel/mh-taskforce/>
- Formed March 2015
  - Task is to develop a new five year national strategy for mental health
  - Covering services for all ages
  - To be published in autumn 2015
  - Spans health and care system
- Terms of reference:  
<http://www.england.nhs.uk/wp-content/uploads/2015/03/mh-tor-fin.pdf>