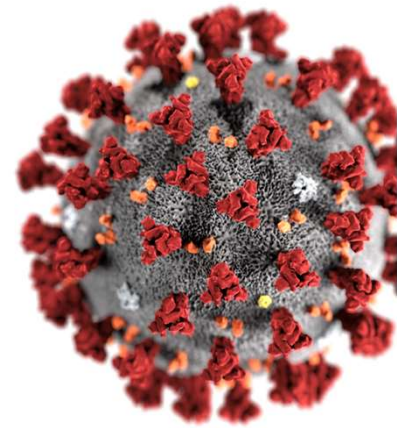


Update on IAPT Delivery During COVID-19 and Possible Lessons of the Future

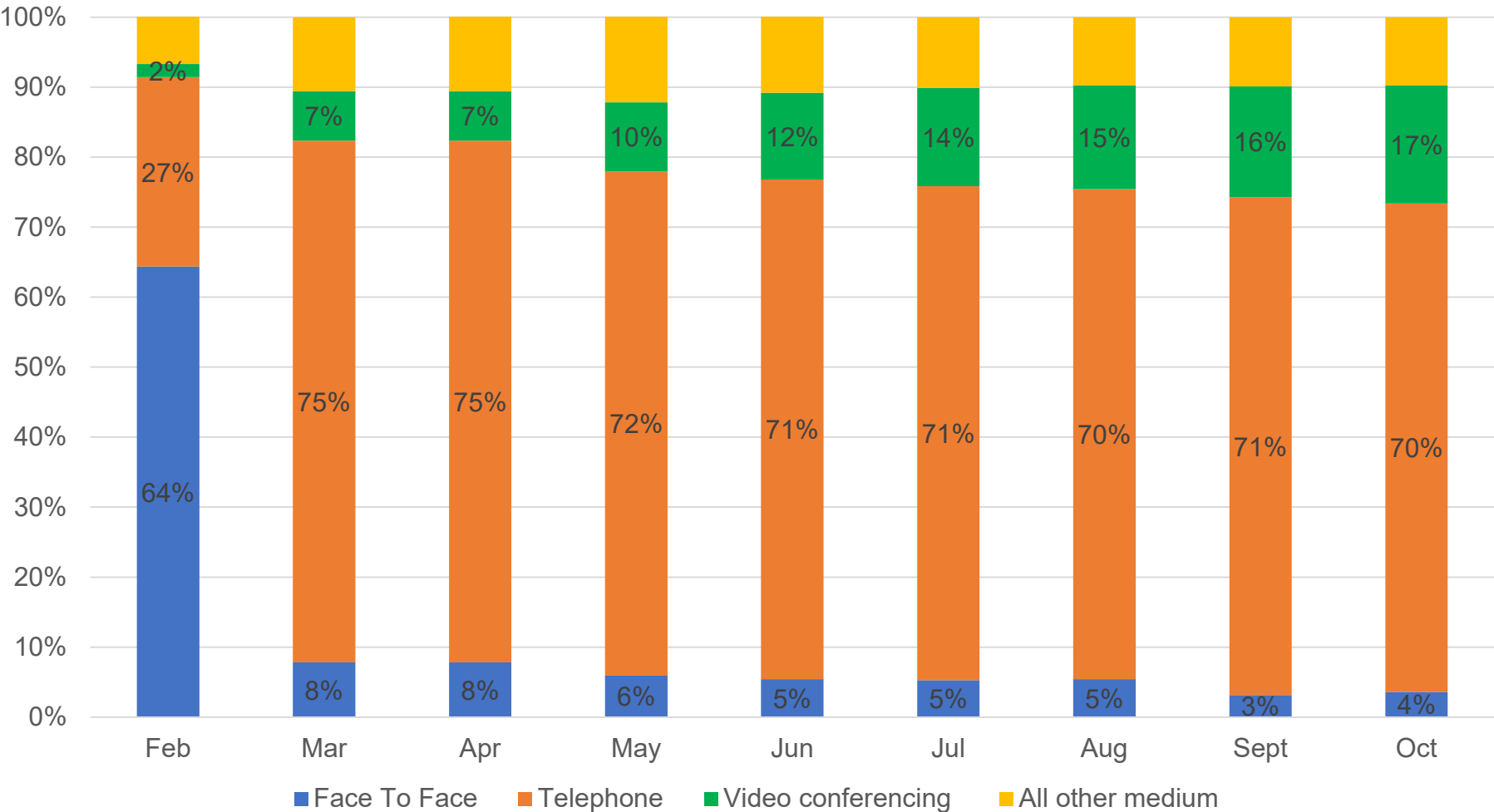


IAPT Response to COVID

- IAPT not included in any pandemic plans
- BUT services quickly moved to remote treatment delivery with remote data entry helped by online portals (recently upgraded for SMS access)
- And helped staff the 24/7 mental health lines



Consultation Medium for IAPT Appointments



Video
Up 850%

Phone
Up 260%

Other
Up 28%

Face 2 Face
Down 94%

NHS England Webinar series: April-July

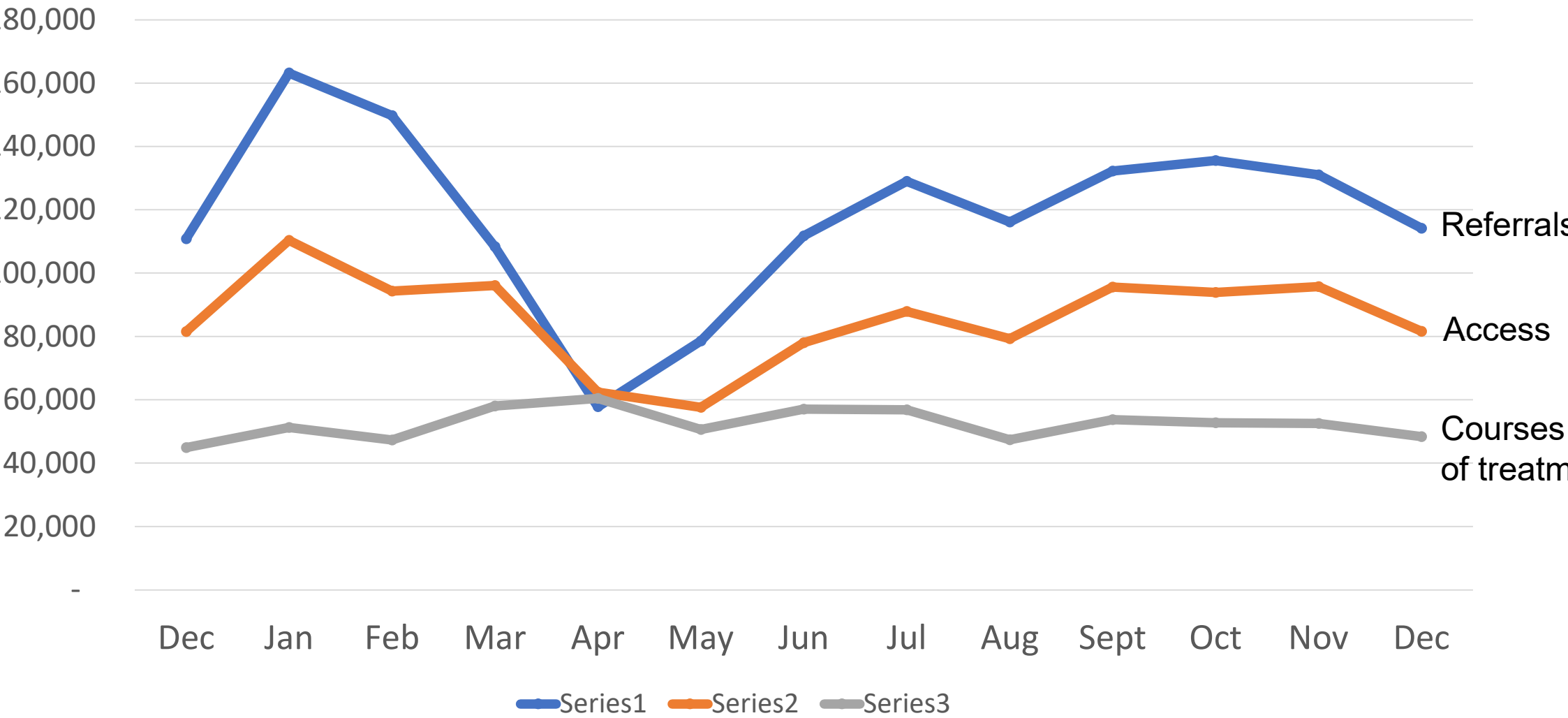


All available on NHS Futures website

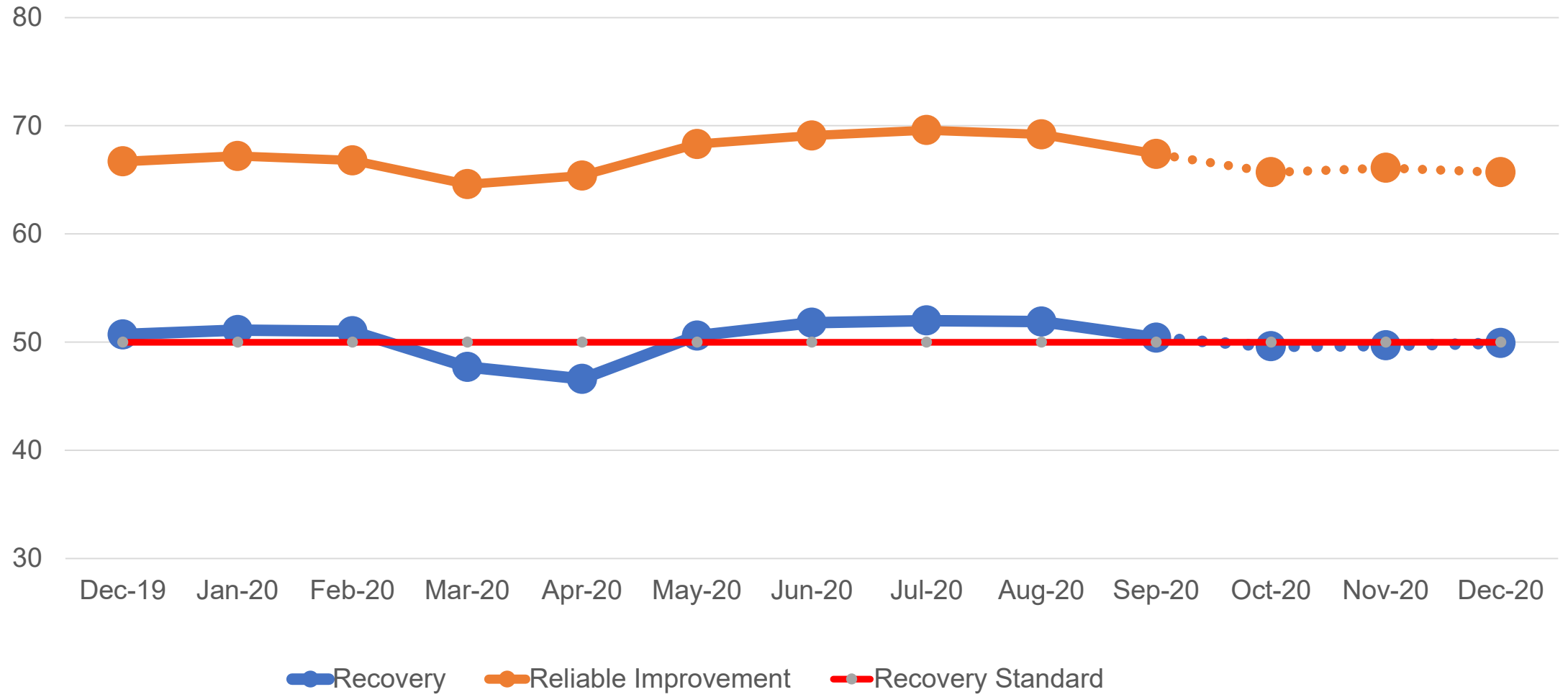
- PTSD *
- Low intensity work
- Social Anxiety *
- Behavioural Activation
- Traumatic Grief *
- BAME
- Health Anxiety
- Obsessive- Compulsive Disorder
- EMDR for PTSD
- Long-Term Conditions
- Counselling for depression
- Couples therapy
- IAPT and Intensive Care
- Interpersonal Psychotherapy
- Dynamic interpersonal therapy

** also available with manuals and video guides at oxcadatresources.com*

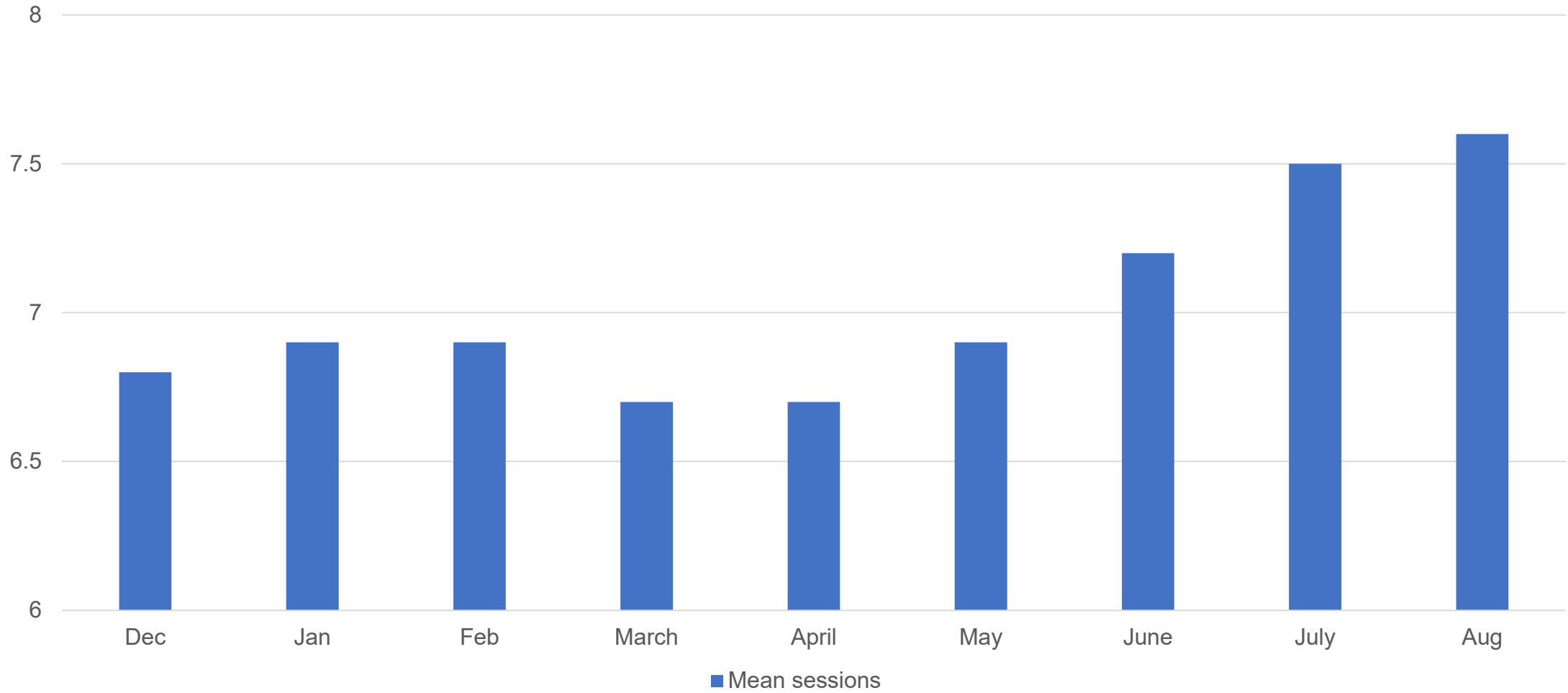
IAPT Activity Before and During COVID



IAPT Outcomes before and during COVID

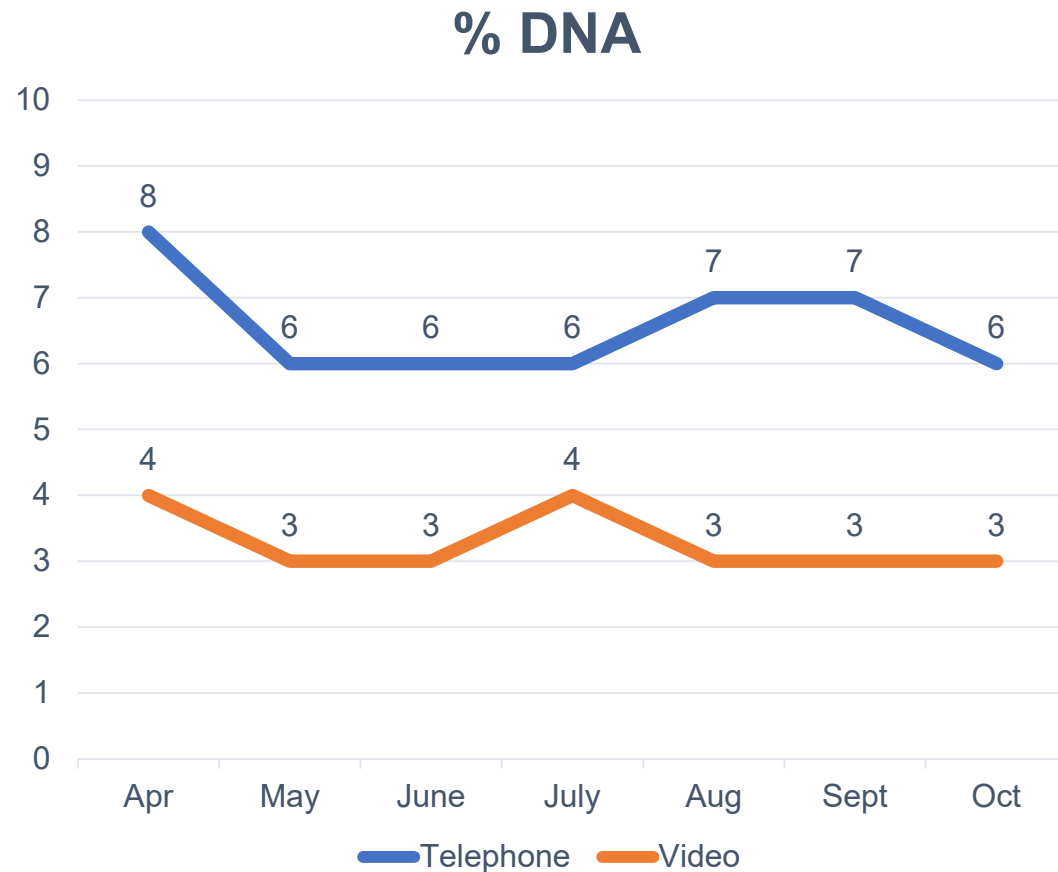


Mean number of treatment sessions before and during COVID (NHS Digital data)



Some lockdown findings

Lower DNAs for Video Appointments (Berkshire data)



SMS portal links particularly effective (PC-MIS data)

- Outcome data input via online portal
 - **Up 400%**
- Patients responding to an outcome data electronic prompt
 - **SMS text 68%. E-mail 21%**
- High return rate for Patient Experience Questionnaire (PEQ)
 - **SMS text 66%**

IAPT Workforce is a National Treasure



Thank You

Looking forward (1)

Long-COVID

- For some persistent physical symptoms will be accompanied by depression anxiety / PTSD, so IAPT has important role
- Building on IAPT-LTC
- Ongoing series of 5 webinars (all available on NHS Futures)

Students

- Most isolated and not returning to Uni until ?
- IAPT services should accept referrals in Uni or student's home CCG, irrespective of GP registration (*Claire Murdoch's foreword in MH bulletin on 22nd Jan*)
- Continuity of care until end of course of treatment

Looking forward (2)

Staff Well-Being

- Need for supportive supervision, networking opportunities, and further training time is greater when working remotely
- Many of us are weary !

Realizing the helpful lessons of COVID without getting carried away

- Remote delivery works and likely to be more prominent in the future (flexible working for staff, convenience for some patients)
- BUT we need to return to F2F and our clinical bases

Looking forward (3)

Growing the Workforce

- Expansion of the IAPT workforce is a top priority
- At the start of pandemic IAPT staff numbers were 80% of where intended to be according to MHFYFV and LTP expansion plans

New staff this year

- This year (2020/21) IAPT is already training a record number of new staff
 - 1,300 Hi CBT therapists
 - 1,500 PWP's
- Similar commitment for remaining years of LTP

But waits to high intensity therapy are excessively long, just when the complexity of presentations is likely to rise and...

Additional workforce developments

One-Off COVID initiative for 2021/22 to further boost high intensity capacity by recruiting and training as high intensity therapists some additional core professionals not currently working in IAPT as:

- High intensity CBT therapists
- High intensity Other modality therapists

(subject to approval of funding and conclusion of commissioning conversations)

Looking forward:

- PWPs remain mainstay of Hi CBT recruitment but supplemented by increasing number of other professionals.
- Non-CBT high intensity training capacity increased.
- People qualified by other routes (e.g. clinical psychology BABCP level accreditation)

**THIS
MOMENT
IS AN
OPPORTUNITY.**