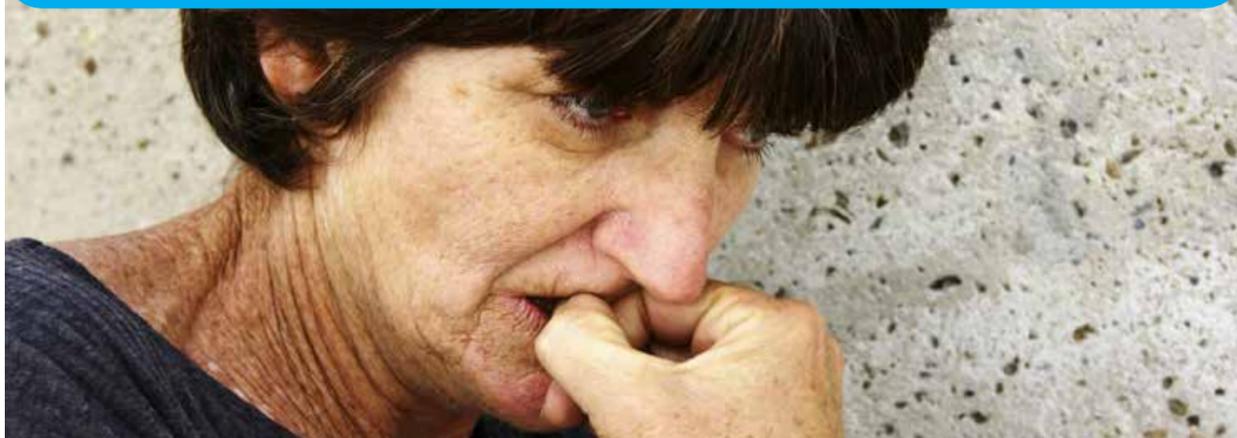


## Supporting patients with physical long-term conditions through psychological interventions



### Overview

Originally launched in 2008, the Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to increase the availability of NICE-recommended psychological treatments for depression and anxiety disorders. People with long-term physical health conditions – the most frequent users of health care services – commonly experience mental health problems such as depression and anxiety. As a result of these co-morbid problems, the prognosis for their long-term condition and the quality of life they experience can both deteriorate markedly, unless they are supported in an integrated way. For example, 40% of patients locally with diabetes show symptoms of psychological distress.

Thames Valley HIEC are co-ordinating four related projects in Berkshire, Buckinghamshire and Oxfordshire, as part of a national Pathfinder programme, that are providing psychological interventions to patients with specific long-term conditions.

The project teams agreed to share the learning between themselves during the life time of the projects, and to contribute to the rapid dissemination of the outcomes of the Pathfinder nationally.

# 40%

of patients with diabetes show symptoms of psychological distress

### Project Aims and Methods

Each of our local projects is focusing on patients with a different long-term condition. In Berkshire, the aim is to provide a specialist psychological service for patients with diabetes, as a component of improving their general well-being. In Oxfordshire, patients with cardiac disease/cardiac failure are receiving integrated physical and mental support in both community and hospital settings. In Buckinghamshire, an integrated physical and psychological stepped care model is being implemented for patients with chronic respiratory conditions. Finally, the fourth project, which is running in Berkshire, is concerned with patients who have medically unexplained symptoms, which may have a physical, or a psychological basis, but where no diagnosis has yet been made. This latter project offers a multi-agency stepped care pathway across primary care, psychological services and liaison psychiatry.

As a critical element of the work is to develop the evidence base for the efficacy of the application of psychological therapies to patients with LTCs, all four projects have a rigorous evaluation methodology in place. The University of Sussex has been commissioned by DH to carry out the independent evaluation of all the Pathfinder sites.

In November 2012, a Rapid Learning Transfer Event was held for all the participants, the evaluators and the national team, to share learning between the projects and to gain critical insights into ways to improve the project outcomes, while the work is still in progress. Through facilitated learning circles, the project teams were offered feedback and insights, that they then turned into action plans to inform the next stages of their work.

### Findings

The projects are finding significant improvement in psychological measures and, in some instances, also in symptom control. For example, of the patients with diabetes, 75% recovered from their psychological symptoms (compared with 50% nationally on the IAPT programme).

Patient experience is improved, and patient groups who normally are reluctant to engage with psychological interventions are more likely to do so when the approach is integrated with care for physical symptoms.

The clinical teams are engaged with the process, benefit from the opportunity to learn together and note an increase in their skills and their confidence to support patients with both physical and mental health care.

Data collection, for the purposes of evaluation, is proving a barrier to participation for some patients.

# 75%

of diabetes patients recovered from their psychological condition

### Action points

In order to improve the projects, the teams agreed to:

- Develop more active strategies to reach patients who can benefit from an integrated approach to their care.
- Work more closely with carers and families to develop their understanding of how integrated care is being offered.
- Continue to develop multi-disciplinary engagement, with the involvement of GPs being seen as critical to the success of these approaches.
- Consider broadening the approach to all Long-term Conditions rather than single specific diseases, and collect data on multiple co-morbidities.
- Consider stepped care principles for those with MUS as engagement appears to be enhanced when 'High Intensity' clinicians rather than Psychological Well-being Practitioners are the first point of contact.
- The project participants recommend changing the term *Medically Unexplained Symptoms*, which is seen as unhelpful in persuading patients to engage with the programme, to *Symptom Focused Interventions*.

### Working with Thames Valley HIEC

This project was coordinated by the HIEC team, and supported by funding from DH. The work was carried out by Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust. We can help you by:

- **Coordinating complex projects with multiple partners.**
- **Running rapid learning transfer events to help spread your best practice more widely.**
- **Sending you a copy of the full evaluation when the project is complete and by putting you in touch with the clinical staff leading the individual projects.**

**Thames Valley Health Innovation and Education Cluster (HIEC)**

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