

# The Improving Access to Psychological Therapies (IAPT) Pathway for People with Long-term Physical Health Conditions and Medically Unexplained Symptoms

Helpful resources

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# Purpose of this resource pack

This resource pack accompanies the [full implementation guidance](#). It contains information and web links for commissioners and providers, to support the implementation of the pathway for Improving Access to Psychological Therapies (IAPT) services for people with long-term physical health conditions (LTCs) and medically unexplained symptoms (MUS).

## Positive practice examples and models

Section [1](#) provides an overview of the service and approach taken by a sample of NHS England early implementer sites to deliver IAPT services for people with LTCs MUS (called 'IAPT-LTC' services for short). Details for each example were provided by the relevant service. Further information about each service can be found on the [Positive Practice in Mental Health Collaborative \(PPiMH\)](#) website.

## Case recognition methods

Section [2](#) includes copies of mental health case recognition methods recommended for routine use in all LTC and MUS general health care pathways that involve IAPT.

## Outcome measures

Section [3](#) includes copies of the outcome measures recommended for use in IAPT-LTC services. These were suggested by the Expert Reference Group.

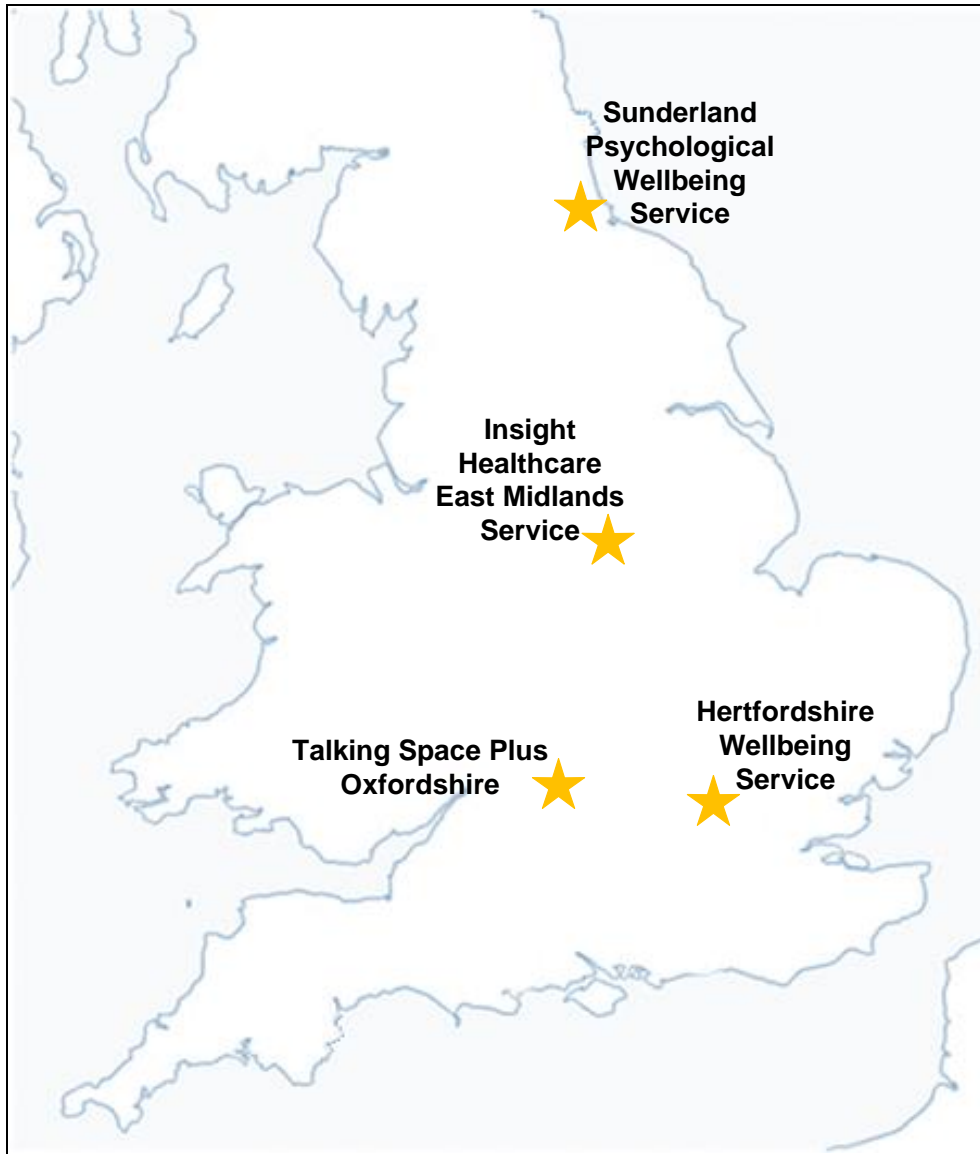
## Helpful web-based resources

Section [4](#) contains links to websites and documents, including:

- national guidance
- IAPT and IAPT-LTC resources
- resources for integrating mental and physical health
- useful organisations.

# 1 Positive practice example services

## 1.1 Map of positive practice examples for IAPT-LTC



## 1.2 Insight Healthcare – East Midlands service

As a wave 1 site, [Insight Healthcare](#) has extended their IAPT programme to focus on delivering NICE-recommended psychological therapies for people with chronic pain. Since January 2016, out of a total of 369 referrals, 40 clients have been referred to the service with chronic pain. All referrals were seen within the recommended waiting time of 6 weeks.

<b>Commissioning</b>	<a href="#">Nottingham West CCG</a>
<b>Providers</b>	<a href="#">Insight Healthcare</a>
<b>Operating hours</b>	Monday to Thursday 8 a.m. to 8 p.m., Friday 8 a.m. to 4 p.m.
<b>Population size</b>	93,917
<b>Contact</b>	Rose Melvin, Head of Operations South <a href="mailto:rose.melvin@insightshealthcare.org">rose.melvin@insightshealthcare.org</a>

### Key learning and achievements

A key challenge for the service has been gaining the support of physical health partners. This has been achieved through:

- working closely with primary and secondary care providers to ensure all partners have a clear understanding of the pathway and referral process
- developing and distributing joint LTC promotional material by the CCG
- presenting at the Local Authority Health and Wellbeing Board
- using a stepped care model with direct access to community mental health teams and secondary care via a consultant from Nottingham University NHS Foundation Trust.

*We now have a truly integrated service that is supported by the CCG, GPs, primary and secondary care – this was challenging to establish and is growing from strength to strength. We meet on a regular basis with the lead commissioner and secondary care and regularly review our processes and look for areas to improve the pathway to ensure the clients are seen at the right place and the right time.*

Source: Head of operations, 2017

### Workforce

All assessments and interventions are delivered by experienced therapists who have received additional LTC training. Case management takes place weekly and clinical supervision occurs once a month.

### Outcome measures

All outcomes are captured on an internal reporting system (Insight+). These data are submitted along with core IAPT activity to the [Mental Health Services Data Set \(MHSDS\)](#). Since January 2017 patient experience questionnaires are undertaken before and after assessment and treatment. 100% of data were complete for the chronic pain cohort.

### Find out more

Further details on the service, including information on workforce, access and the delivery of NICE-recommended interventions, can be found on the [PPiMH website](#).

## 1.3 Wellbeing Service, Hertfordshire

[Hertfordshire Wellbeing Service](#) has focused on developing their IAPT services to include an **integrated pathway for diabetes care**. Almost 6,000 people with an LTC were seen in the last financial year, all within the recommended IAPT waiting times.

<b>Commissioning</b>	<a href="#">Herts Valley CCG</a> and <a href="#">East and North Hertfordshire CCG</a>
<b>Providers</b>	<a href="#">Hertfordshire Partnership University NHS Foundation Trust</a>
<b>Operating hours</b>	8 a.m. to 8 p.m. Monday to Friday
<b>Population size</b>	1.15 million
<b>Contact</b>	Dr Peggy Postma, Clinical Lead <a href="mailto:peggy.postma@hpft.nhs.uk">peggy.postma@hpft.nhs.uk</a>

### Key learning and achievements

The service has taken active steps to promote the pathway and increase engagement with physical health partners. For example:

- standard screening for mental health problems is part of the local routine care package for all people with diabetes; this has led to an increase in the number of appropriate referrals to the service
- shared procedures with secondary mental health teams, including a joint referral form and a single point of access, ensure triage to the appropriate service and timely access to NICE-recommended care
- key people in physical health care pathways have been acting as champions
- ‘shoulder to shoulder’ working such as joint clinics and modelling good practice is encouraged

- joint training is offered with diabetes specialist nurses; this provides an opportunity for co-education and raised awareness about the service.

*It has been helpful to “start small”, learn from these experiences and make improvements prior to rolling out elsewhere. Having service user input was invaluable. Equally by initially focusing on just one LTC (diabetes) has allowed an in-depth understanding of the physical care pathway and ensured integration at all levels.*

Source: Clinical lead, 2017

### Workforce

All staff and supervisors delivering care on the integrated diabetes pathway have attended the top-up training delivered by the University of East Anglia. Staff receive weekly one-to-one supervision and monthly group supervision by a clinical psychologist with a special interest in LTCs.

### Outcome measures

In addition to measures for the [IAPT MHSDS](#), the service collects the Diabetes Distress Scale and the Client Service Receipt Inventory. For the last financial year, the completion of IAPT MHSDS outcome data for all appropriate service users was 96.7%.

### Find out more

Further details on the service, including information on workforce, access and the delivery of NICE-recommended interventions, can be found on the [PPiMH website](#).

## 1.4 Talking Space Plus, Oxfordshire

In its first phase of the LTC roll out, [TalkingSpace Plus](#) has focused on developing IAPT services for people with **cardiac disease, diabetes, chronic obstructive pulmonary disease (COPD)** and **chronic fatigue syndrome** and embedding these into the physical health pathways with primary care and acute hospital services. Below is a positive practice example of an IAPT-LTC cardiac pathway.

<b>Commissioning</b>	<a href="#">Oxfordshire CCG</a>
<b>Providers</b>	<a href="#">Oxford Health NHS Foundation Trust</a> , through their IAPT service TalkingSpace Plus
<b>Operating hours</b>	8 a.m. to 5 p.m. on Monday and Friday 8 a.m. to 8 p.m. on Tuesday, Wednesday and Thursday
<b>Population size</b>	Approximately 680,000
<b>Contact</b>	Dr Heather Salt, Integrated IAPT Lead <a href="mailto:talkingspaceplus@nhs.net">talkingspaceplus@nhs.net</a> <a href="http://www.talkingspaceplus.org.uk">www.talkingspaceplus.org.uk</a>

### Key learning and achievements

Collaborative working within the physical health care pathways cardiac services and engagement with the wider system has been central to the IAPT-LTC approach. This includes:

- IAPT-LTC staff being co-located in leisure centres and hospital gyms for cardiac rehabilitation
- mutual training and supervision to support specialist cardiac nurses to identify depression and anxiety disorders, as well as deliver CBT-based techniques
- regular meetings with commissioners and providers, such as community physical health care teams, acute hospital trust cardiac services and emergency departments, and links with

liaison mental health services and clinical and health psychology services, to discuss the development of the pathway

- sharing of practice and learning via the Oxford Academic Health Science network and other IAPT services in the region.

*“The cardiac pathway was our the first LTC pathway we evaluated as a Department of Health LTC pathfinder site. It was shortlisted and highly commended by the Health Service Journal awards for incorporating IAPT workers into the cardiac secondary-care service redesign and demonstrating cost savings as well as improvements in mental health outcomes for cardiac patients. Patients have reported a seamless service experience with their mental and physical health care needs being met by one team”.*

Source: Integrated IAPT lead, 2017

### Workforce

The IAPT-LTC clinical staff have all attended LTC top-up training (at University College London for psychological wellbeing practitioners and at Royal Holloway University, London, for high-intensity therapists and supervisors). Staff regularly receive a combination of individual and group supervision, with additional in-service training and support.

### Outcome measures

The IAPT-LTC team uses the [IAPT MHSDS](#), while the cardiac nurses regularly use the Minnesota Living with Heart Failure Quality of Life measure for people with heart failure and the Dartmouth Primary Care Cooperative quality of life measure for people with coronary heart disease (pre- and post-treatment).

### Find out more

Further details on the service, including information on workforce, access and the delivery of NICE-recommended



interventions, can be found on the [PPiMH website](#).

## 1.5 Sunderland Psychological Wellbeing Service (SPWS)

[Sunderland Psychological Wellbeing Service](#) is currently developing and refining targeted IAPT pathways for **respiratory (including COPD), cardiology, diabetes (including obesity), cancer and chronic pain.**

<b>Commissioning</b>	<a href="#">Sunderland CCG</a>
<b>Providers</b>	<a href="#">Northumberland, Tyne and Wear NHS Foundation Trust</a> <a href="#">Sunderland Counselling Service</a> <a href="#">Washington Mind</a>
<b>Operating hours</b>	8.00 a.m. – 8.00 p.m., Monday to Friday 8.00 a.m. – 1.00 p.m., Saturday
<b>Population size</b>	275,500
<b>Contact</b>	Kerri Featherstone, Specialist Clinical Lead <a href="mailto:kerri.netherwood@ntw.nhs.uk">kerri.netherwood@ntw.nhs.uk</a>

### Key learning and achievements

In developing the pathways, the service actively works with primary care, acute sector partners and the wider system:

- regular meetings are set up between clinical leads and senior PWP's and physical health teams to discuss patient need and highlight gaps in service provision
- a joint working group has been set up to explore new interventions
- pathway links have been established between IAPT, the Psychiatric Liaison Service's RAID team and Stroke services
- there are plans to link with Sunderland's Vanguard to help with

ongoing networking, awareness raising and improve access.

*Forging new referral pathways with physical health services has resulted in an integrated way of working with a range of specialist health services. Open lines of communication and referral pathways between mental and physical health services, coupled with a stronger understanding of the roles and remits of each service results in patients receiving a seamless and more informed experience of care and treatment.*

Source: Clinical lead, 2017

### Workforce

Training in LTC and/or MUS is extended across all IAPT services to ensure that all staff are equipped to provide effective care for people with physical comorbidities. 68% of the existing IAPT workforce have now attended training. A mutual training programme is set up with physical health colleagues to promote awareness in mental health, COPD, asthma and stroke, as well as to gain further insight into how therapy may be adapted to meet the needs of people with an LTC.

### Outcome measures

In addition to IAPT Mental Health Services Data Set measures, the service collects the Warwick-Edinburgh Mental-Wellbeing Scale, Client Service Receipt Inventory (CSRI), Brief Pain Inventory, Diabetes Distress Scale and the COPD Assessment Test.

### Find out more

Further details on the service, including information on workforce, access and the delivery of NICE-recommended interventions, can be found on the [PPiMH website](#).

## 2 Case recognition methods

### 2.1 Generalized Anxiety Disorder Scale – 2 items (GAD-2)

GAD-2				
Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

**Reference:** Kroenke K, Spitzer RL, Williams JB, Monahan, PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity and detection. *Annals of Internal Medicine*. 2007;146:317-25.

### 2.2 Whooley questions to screen for depression

Please answer the following questions:

1. During the **past month**, have you often been bothered by feeling down, depressed or hopeless?  
 YES     NO
2. During the **past month**, have you often been bothered by little interest or pleasure in doing things?  
 YES     NO

**Reference:** Whooley MA, Avins AL, Miranda J, Browner WS. Case-finding instrument for depression. Two questions are as good as many. *Journal of General Internal Medicine*. 1997;128:439-45.

### 2.3 Identification questions for social anxiety recommended by NICE clinical guideline 159

**Use the 3-item Mini Social Phobia Inventory Scale (Mini-SPIN)**

- *Fear of embarrassment causes me to avoid doing things or speaking to people*
- *I avoid activities in which I am the centre of attention*
- *Being embarrassed or looking stupid are among my worst fears*

**Or, consider asking the following questions:**

- *Do you find yourself avoiding social situations or activities?*
- *Are you fearful or embarrassed in social situations?*

If the person scores 6 or more on the Mini-SPIN, or answers yes to either of the 2 questions above, refer for or conduct a comprehensive assessment for social anxiety disorder

**Reference:** Connor KM, Kobak KA, Churchill LE, Katzelnick D, Davidson JR. Mini-SPIN: a brief screening assessment for generalized social anxiety disorder. *Depression and Anxiety*. 2001;14:137-140.

## 3 Outcome measures

### 3.1 Patient Health Questionnaire – 9 items (PHQ-9)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
PHQ9 total score					<input type="text"/>
(Data item 37 in the IAPT Data Standard)					

**Reference:** Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*. 2001;16:606-13.

### 3.2 Generalized Anxiety Disorder scale - 7 items (GAD-7)

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3
GAD7 total score					<input type="text"/>
(Data item 38 in the IAPT Data Standard)					

**Reference:** Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of Internal Medicine. 2006;166:1092-7.

<b>Social Phobia Inventory (SPIN)</b>					
Name .....					
Date .....					
Please check how much the following problems have bothered you during the past week. The numbers in this column refer to the following labels: 0 = not at all, 1 = a little, 2 = moderately, 3 = a lot, 4 = extremely					
	0	1	2	3	4
1. I am afraid of people in authority.					
2. I am bothered by blushing in front of people.					
3. Parties and social events scare me.					
4. I avoid talking to people I don't know.					
5. Being criticised scares me a lot.					
6. Fear of embarrassment causes me to avoid doing things or speaking to people.					
7. Sweating in front of people causes me distress.					
8. I avoid going to parties.					
9. I avoid activities in which I am the centre of attention.					
10. Talking to strangers scares me.					
11. I avoid having to give speeches.					
12. I would do anything to avoid being criticised.					
13. Heart palpitations bother me when I am around people.					
14. I am afraid of doing things when people might be watching.					
15. Being embarrassed or looking stupid are my worst fears.					
16. I avoid speaking to anyone in authority.					
17. Trembling or shaking in front of others is distressing to me.					
<b>Total (add all scores)</b>					

### 3.3 Social Phobia Inventory (SPIN)

**Reference:** Connor KM, Davidson JRT, Churchill LE, Sherwood A, Foa EB, Weisler RH. Psychometric properties of the Social Phobia Inventory (SPIN): a new self-rating scale. British Journal of Psychiatry. 2000;176:379–386.

### 3.4 Impact of Events Scale – Revised (IES-R)

#### Appendix D10 - Post Traumatic Stress Disorder

#### Impacts of Events Scale - Revised

Name..... Date.....

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you **DURING THE PAST SEVEN DAYS**.

#### STATEMENTS

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Any reminder brought back feelings about it.	0	1	2	3	4
2. I had trouble staying asleep.	0	1	2	3	4
3. Other things kept making me think about it.	0	1	2	3	4
4. I felt irritable and angry.	0	1	2	3	4
5. I avoided letting myself get upset when I thought about it or was reminded of it.	0	1	2	3	4
6. I thought about it when I didn't mean to.	0	1	2	3	4
7. I felt as if it hadn't happened or wasn't real.	0	1	2	3	4
8. I stayed away from reminders about it.	0	1	2	3	4
9. Pictures about it popped into my mind.	0	1	2	3	4
10. I was jumpy and easily startled.	0	1	2	3	4
11. I tried not to think about it.	0	1	2	3	4
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	0	1	2	3	4
13. My feelings about it were kind of numb.	0	1	2	3	4
14. I found myself acting or feeling like I was back at that time.	0	1	2	3	4
15. I had trouble falling asleep.	0	1	2	3	4
16. I had waves of strong feelings about it.	0	1	2	3	4
17. I tried to remove it from my memory.	0	1	2	3	4
18. I had trouble concentrating.	0	1	2	3	4
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	0	1	2	3	4
20. I had dreams about it.	0	1	2	3	4
21. I felt watchful and on guard.	0	1	2	3	4
22. I tried not to talk about it.	0	1	2	3	4

**Total Score** - sum of all 22 items.

*If a client omits any items, calculate the mean of the non-missing items and then multiply by 22 to arrive at the total score, i.e. pro-rate.*

**Reference:** Weiss DS. The Impact of Event Scale-Revised. In Wilson JP and Keane TM, eds. Assessing Psychological Trauma and PTSD: a Practitioner's Handbook. New York: Guilford Press; 2007. pp. 168-89.



### 3.6 Obsessive–Compulsive Inventory (OCI)

Name..... Date..... initial/re-baseline/mid/end/follow up

The following statements refer to experiences which many people have in their everyday lives. Please **CIRCLE** the number that best describes **HOW MUCH** that experience has **DISTRESSED** or **BOTHERED YOU DURING THE PAST MONTH**.

	DISTRESS				
	Not at all	A little	Moderately	A lot	Extremely
1. Unpleasant thoughts come into my mind against my will and I cannot get rid of them.	0	1	2	3	4
2. I think contact with bodily secretions (perspiration, saliva, blood, urine etc.) may contaminate my clothes or somehow harm me.	0	1	2	3	4
3. I ask people to repeat things to me several times, even though I understood them the first time.	0	1	2	3	4
4. I wash and clean obsessively.	0	1	2	3	4
5. I have to review mentally past events, conversations and actions to make sure that I didn't do something wrong.	0	1	2	3	4
6. I have saved up so many things that they get in the way.	0	1	2	3	4
7. I check things more often than necessary.	0	1	2	3	4
8. I avoid using public toilets because I am afraid of disease or contamination.	0	1	2	3	4
9. I repeatedly check doors, windows, drawers etc.	0	1	2	3	4
10. I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
11. I collect things I don't need.	0	1	2	3	4
12. I have thoughts of having hurt someone without knowing it.	0	1	2	3	4
13. I have thoughts that I might want to harm myself or others.	0	1	2	3	4
14. I get upset if objects are not arranged properly.	0	1	2	3	4
15. I feel obliged to follow a particular order in dressing, undressing and washing myself.	0	1	2	3	4
16. I feel compelled to count while I am doing things.	0	1	2	3	4
17. I am afraid of impulsively doing embarrassing or harmful things.	0	1	2	3	4

	DISTRESS				
	Not at all	A little	Moderat-ely	A lot	Extremely
18. I need to pray to cancel bad thoughts or harmful things.	0	1	2	3	4
19. I keep on checking forms or other things I have written.	0	1	2	3	4
20. I get upset at the sight of knives, scissors and other sharp objects in case I lose control with them.	0	1	2	3	4
21. I am excessively concerned about cleanliness.	0	1	2	3	4
22. I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
23. I need things to be arranged in a particular order.	0	1	2	3	4
24. I get behind in my work because I repeat things over and over again.	0	1	2	3	4
25. I feel I have to repeat certain numbers.	0	1	2	3	4
26. After doing something carefully, I still have the impression I have not finished it.	0	1	2	3	4
27. I find it difficult to touch garbage or dirty things.	0	1	2	3	4
28. I find it difficult to control my own thoughts.	0	1	2	3	4
29. I have to do things over and over again until it feels right.	0	1	2	3	4
30. I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
31. Before going to sleep I have to do certain things in a certain way.	0	1	2	3	4
32. I go back to places to make sure that I have not harmed anyone.	0	1	2	3	4
33. I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4
34. I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
35. I get upset if others change the way I have arranged my things.	0	1	2	3	4
36. I feel that I must repeat certain words or phrases in my mind in order to wipe out bad thoughts, feelings or actions.	0	1	2	3	4
37. After I have done things, I have persistent doubts about whether I really did them.	0	1	2	3	4
38. I sometimes have to wash or	0	1	2	3	4



	DISTRESS				
	Not at all	A little	Moderately	A lot	Extremely
clean myself simply because I feel contaminated.					
39. I feel that there are good numbers and bad numbers.	0	1	2	3	4
40. I repeatedly check anything which might cause a fire.	0	1	2	3	4
41. Even when I do something very carefully I feel that it is not quite right.	0	1	2	3	4
42. I wash my hands more often or longer than necessary.	0	1	2	3	4
<b>Total (add all scores together)</b> (Data item 45 in the IAPT Data Standard )					

**Reference:** Foa EB, Kozak MJ, Salkovskis PM, Coles ME, Amir N. The validation of a new obsessive–compulsive disorder scale: the Obsessive–Compulsive Inventory. *Psychological Assessment*. 1998;10:206-214.

### 3.7 Panic Disorder Severity Scale (PDSS)

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

#### Panic Disorder Severity Scale – Self Report Form

Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks. Here are the symptoms to count:

- 
- Rapid or pounding heartbeat
  - Sweating
  - Trembling or shaking
  - Breathlessness
  - Feeling of choking
  - Chest pain or discomfort
  - Nausea
  - Dizziness or faintness
  - Feelings of unreality
  - Numbness or tingling
  - Chills or hot flushes
  - Fear of losing control or going crazy
  - Fear of dying
- 

1. How many panic and limited symptom attacks did you have during the week?
  - 0 No panic or limited symptom episodes
  - 1 Mild: no full panic attacks and no more than 1 limited symptom attack/day
  - 2 Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day
  - 3 Severe: more than 2 full attacks but not more than 1/day on average
  - 4 Extreme: full panic attacks occurred more than once a day, more days than not
  
2. If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited symptom attacks, answer for the limited symptom attacks.)
  - 0 Not at all distressing, or no panic or limited symptom attacks during the past week
  - 1 Mildly distressing (not too intense)
  - 2 Moderately distressing (intense, but still manageable)
  - 3 Severely distressing (very intense)
  - 4 Extremely distressing (extreme distress during all attacks)
  
3. During the past week, how much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?
  - 0 Not at all
  - 1 Occasionally or only mildly
  - 2 Frequently or moderately
  - 3 Very often or to a very disturbing degree
  - 4 Nearly constantly and to a disabling extent
  
4. During the past week were there any places or situations (e.g., public transportation, movie theatres, crowds, bridges, tunnels, shopping malls, being alone) you avoided, or felt afraid of (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of

fear and avoidance this past week.

- 0 None: no fear or avoidance
  - 1 Mild: occasional fear and/or avoidance but I could usually confront or endure the situation. There was little or no modification of my lifestyle due to this.
  - 2 Moderate: noticeable fear and/or avoidance but still manageable. I avoided some situations, but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not impaired.
  - 3 Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities.
  - 4 Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed.
5. During the past week, were there any activities (e.g., physical exertion, sexual relations, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) that you avoided, or felt afraid of (uncomfortable doing, wanted to avoid or stop), because they caused physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack? Are there any other activities that you would have avoided or been afraid of if they had come up during the week for that reason? If yes to either question, please rate your level of fear and avoidance of those activities this past week.
- 0 No fear or avoidance of situations or activities because of distressing physical sensations
  - 1 Mild: occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little modification of my lifestyle due to this.
  - 2 Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired.
  - 3 Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning.
  - 4 Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed.
6. During the past week, how much did the above symptoms altogether (panic and limited symptom attacks, worry about attacks, and fear of situations and activities because of attacks) interfere with your ability to work or carry out your responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if the responsibilities had been usual.)
- 0 No interference with work or home responsibilities
  - 1 Slight interference with work or home responsibilities, but I could do nearly everything I could if I didn't have these problems.
  - 2 Significant interference with work or home responsibilities, but I still could manage to do the things I needed to do.
  - 3 Substantial impairment in work or home responsibilities; there were many important things I couldn't do because of these problems.
  - 4 Extreme, incapacitating impairment such that I was essentially unable to manage any work or home responsibilities.
7. During the past week, how much did panic and limited symptom attacks, worry about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this

past week, answer how you think you would have done if you did have opportunities.)

- 0 No interference
- 1 Slight interference with social activities, but I could do nearly everything I could if I didn't have these problems.
- 2 Significant interference with social activities but I could manage to do most things if I made the effort.
- 3 Substantial impairment in social activities; there are many social things I couldn't do because of these problems.
- 4 Extreme, incapacitating impairment, such that there was hardly anything social I could do.

**Reference:** Shear MK, Brown TA, Barlow DH, et al. Multicenter collaborative Panic Disorder Severity Scale. *American Journal of Psychiatry*. 1997;154:1571–1575.

### 3.8 Patient Health Questionnaire (Physical symptoms, PHQ-15)

<b>PHYSICAL SYMPTOMS (PHQ-15)</b>			
<b>During the <u>past 4 weeks</u>, how much have you been bothered by any of the following problems?</b>			
	Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods <b><u>WOMEN ONLY</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling tired or having low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(For office coding: Total Score T _____ = _____ + _____ )</b>			

**Reference** Kroenke K, Spitzer RL, Williams JB. The PHQ-15: validity of a new measure for evaluating the severity of somatic symptoms. *Psychosomatic Medicine*. 2002;64:258-266.

### 3.9 Francis Irritable Bowel Scale

#### **irritable bowel syndrome (ibs) severity score**

1.) how severe has your has your abdominal (tummy) pain been over the last ten days?

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**  
*no pain*                      *not very severe*                      *quite severe*                      *severe*                      *very severe*

2.) on how many of the last 10 days did you get pain? \_\_\_\_\_ *number of days with pain*

3.) how severe has your abdominal distension (bloating, swollen or tight) been over the last ten days?

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**  
*no distension*                      *not very severe*                      *quite severe*                      *severe*                      *very severe*

4.) how satisfied have you been with your bowel habit (frequency, ease, etc) over the last ten days?

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**  
*very happy*                      *quite happy*                      *unhappy*                      *very unhappy*

5.) how much has your IBS been affecting/interfering with your life in general over the last ten days?

**0**    **1**    **2**    **3**    **4**    **5**    **6**    **7**    **8**    **9**    **10**  
*not at all*                      *not much*                      *quite a lot*                      *completely*

**Reference:** Francis CY, Morris J, Whorwell PJ. The irritable bowel severity scoring system: a simple method of monitoring irritable bowel syndrome and its progress. *Alimentary Pharmacology and Therapeutics*. 1997;11:395-402.

### 3.10 The Chalder Fatigue Scale

<b>Chalder Fatigue Scale</b>				
We would like to know more about any problems you have had with feeling tired, weak or lacking in energy in the last month. Please answer ALL the questions by ticking the answer which applies to you most closely. If you have been feeling tired for a long while, then compare yourself to how you felt when you were last well. Please tick only one box per line.				
	Less than usual	No more than usual	More than usual	Much more than usual
Do you have problems with tiredness?				
Do you need more rest?				
Do you feel sleepy or drowsy?				
Do you have problems starting things?				
Do you lack energy?				
Do you have less strength in your muscles?				
Do you feel weak?				
Do you have difficulties concentrating?				
Do you make slips of the tongue when speaking?				
Do you find it more difficult to find the right word?				
	Better than usual	No worse than usual	Worse than usual	Much worse than usual
How is your memory?				

**Reference:** Cella M, Chalder T. Measuring fatigue in clinical and community settings. *Journal of Psychosomatic Research*. 2010; 69:17-22.

### 3.11 Work and Social Adjustment Scale

Work and Social Adjustment									
People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.									
1. <b>WORK</b> - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)									
0	1	2	3	4	5	6	7	8	N/A
Not at all		Slightly		Definitely		Markedly		Very severely,	<input type="checkbox"/>
								I cannot work	
2. <b>HOME MANAGEMENT</b> – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.									
0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	
3. <b>SOCIAL LEISURE ACTIVITIES</b> - With other people, e.g. parties, pubs, outings, entertaining etc.									
0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	
4. <b>PRIVATE LEISURE ACTIVITIES</b> – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.									
0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	
5. <b>FAMILY AND RELATIONSHIPS</b> – Form and maintain close relationships with others including the people that I live with									
0	1	2	3	4	5	6	7	8	
Not at all		Slightly		Definitely		Markedly		Very severely	
									total score <input type="text"/>

**Reference:** Mundt JC, Marks IM, Shear MK, Greist JM. The Work and Social Adjustment Scale: a simple measure of impairment in functioning. The British Journal of Psychiatry. 2002;180:461-64.

### 3.12 Patient-reported experience measures

#### The IAPT patient experience questionnaire (assessment)

Please help us to improve our service by answering some questions about the service you have so far received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

To help you answer the Choice questions, the below link to [WHICH talking therapy for depression?](http://tinyurl.com/WhichTherapy) details the different psychological therapies you may be offered to treat your depression <http://tinyurl.com/WhichTherapy>  
Alternatively, services may have a paper copy of the document.

Please tick one box for each question

<u>CHOICE</u>	YES	NO	
1 Were you given information about options for choosing a treatment that is appropriate for your problems?	<input type="checkbox"/>	<input type="checkbox"/>	
2 Do you prefer any of the treatments among the options available?	<input type="checkbox"/>	<input type="checkbox"/>	
3 Have you been offered your preference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

<u>SATISFACTION</u>	Completely Satisfied	Mostly Satisfied	Neither Satisfied nor Dis-satisfied	Not Satisfied	Not at All Satisfied
1 How satisfied were you with your assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to tell us about your experience of our service so far

First Name .....  
Surname .....  
Date of Birth .....



## The IAPT patient experience questionnaire (treatment)

Please help us to improve our service by answering some questions about the service you have received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions.

Please tick one box for each question

	At all Times	Most of the Time	Sometimes	Rarely	Never
1 Did staff listen to you and treat your concerns seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you feel that the service has helped you to better understand and address your difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you feel involved in making choices about your treatment and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 On reflection, did you get the help that mattered to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you have confidence in your therapist and his / her skills and techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to tell us about your experience of our service

Thank you very much. We appreciate your help.

First Name .....

Surname .....

Date of Birth .....

For further information see the [IAPT Data Handbook](#)

## 4 Other helpful web-based resources

### 4.1 National guidance

[Achieving Better Access to Mental Health Services by 2020](#)

[Closing the Gap: Priorities for Essential Change in Mental Health](#)

[The Five Year Forward View for Mental Health](#)

[Implementing the Five Year Forward View for Mental Health](#)

[Five Year Forward View for Mental Health: One Year On](#)

[The Government's mandate to NHS England for 2016-17](#)

[Improving Access to Psychological Therapies \(IAPT\) Waiting Times Guidance and FAQs](#)

### 4.2 Useful resources on IAPT and IAPT-LTC

[The IAPT Manual](#)

[Competence framework](#)

[Description of early implementer sites \(IAPT-LTC services\)](#)

[Improving Access to Psychological Therapies data set](#)

[Map](#) to show location of wave 1 early implementers

[Thrive: The Power of Psychological Therapy](#)

[Training resources](#) for psychological wellbeing practitioners and high-intensity therapists

## Useful resources on integrating mental and physical health services and working with the wider system

[Better Care Fund strategies](#)

[Bringing Together Physical and Mental Health](#)

[Facing the Facts, Shaping the Future: A draft health and care workforce strategy for England to 2027](#)

[Guidance for commissioners of services for people with medically unexplained symptoms](#)

[King's College London: Integrating mental and physical healthcare](#)

[Long-term Conditions and Mental Health: The Cost of Co-morbidities](#)

[Integrated Personal Commissioning Programmes](#)

[Integrated primary and acute care systems vanguards](#)

[New care models](#)

[Sustainability and Transformation Partnerships](#)

[The urgent and emergency liaison mental health care pathway for adults and older adults](#)

[Value framework and logic models for IAPT-LTC](#)

## 4.3 Useful organisations

[British Psychological Society](#)

[Care Quality Commission](#)

[Health Education England](#)

[Mental Health Innovation Network](#)

[NHS Benchmarking](#)

[NHS Digital](#)

[NHS England](#)

[NHS Improvement](#)

[NICE](#)

[Public Health England](#)

[Royal College of General Practitioners](#)

[Royal College of Psychiatrists](#)

# Abbreviations

Abbreviation	Full term
CCG	clinical commissioning group
COPD	chronic obstructive pulmonary disease
GAD (-2, -7)	Generalized Anxiety Disorder Scale (- 2 items, 7 items)
GP	general practitioner
IAPT	Improving Access to Psychological Therapies
IAPT-LTC	IAPT services for people with long-term physical health conditions and medically unexplained symptoms
LTC	Long-term physical health condition
MHSDS	Mental Health Services Data Set
MUS	Medically unexplained symptoms
NICE	National Institute for Health and Care Excellence
PHQ (-9, -15)	Patient Health Questionnaire (-9 items, -15 items)
PPiMH	Positive Practice in Mental Health Collaborative
PWP	psychological wellbeing practitioner

NATIONAL  
COLLABORATING  
CENTRE FOR  
MENTAL HEALTH