

# Welcome

Issue 05 – August 2018

In this issue, we will explore integrated mental and physical health care, looking at the new IAPT Pathway for long-term physical health (p.1), and hearing about integrated care in a Clinical Health Psychology service (p.2-3). The importance of integration is stressed in a context where 40% of all GP appointments are about mental health (p.3), and we are excited to announce that Claire Murdoch will speak about integration at this year's APPTS Forum (p.5).

We also share a discussion with the University of St Andrew's student services (p.4-5), as well as a number of APPTS updates.

## The APPTS Team

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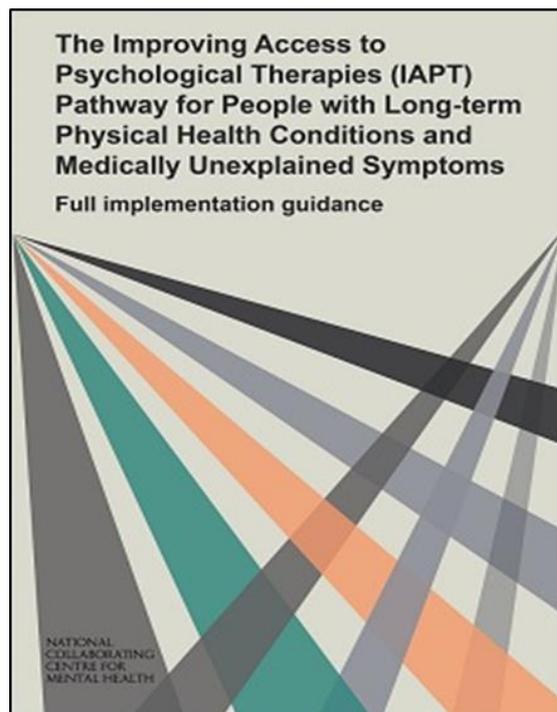
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## Published! Pathway for People with Long-Term Physical Health Conditions and Medically Unexplained Symptoms



The Pathway was published by the National Collaborating Centre for Mental Health in March 2018.

[The pathway and guidance](#) will be used by commissioners and providers to further develop new IAPT services for people with depression and anxiety disorders who also have a long-term physical health condition, or who have medically unexplained symptoms (such as chronic fatigue syndrome, chronic pain, or irritable bowel syndrome).

## Integration of Care in a Clinical Health Psychology Service

The holy grail of the modernising NHS is integrated care – as it should be. Rafts of policy and investment over recent years have been squarely aimed at this goal; with existing healthcare sub-systems being less readily set up to support such, whether we're talking about mental health, planned physical healthcare or A&E. Limitations of integrated healthcare being the norm and the position many of us are attempting to take things forwards from.

In Liverpool, as with most areas of the country (to varying degrees), we have psychological access under physical care pathways that is very much defined by long term condition or geographical lotteries. Access existing to clinical health psychology or similar services under some healthcare pathways and not under many others. This then leading to missed opportunities of integrated healthcare in many, many instances, which can then detrimentally effect healthcare outcome, illness trajectory and recovery.

At Aintree, we have a novel 'A&E Medical Psychology' Service integrated into the A&E medical MDT and pathway, which seeks to help identify incidences and patterns of stress affecting medical status and persistent physical symptomology and to then support best understanding and clinical management of these cases presenting. Recognising that:

- Half of A&E attendances nationally involved at least 1 physical long term condition
- Most A&E attendances are driven by physical symptom crisis presentations
- Increasing rates of A&E attendances seen over recent years can be linked to increasing rates of attendances by frequent attenders
- Evidence suggesting a high cross-pollination of mental health to physical health symptomology (within dynamic relationships).

Since its inception late in 2015, our A&E Medical Psychology Team, working with A&E colleagues has supported high rates of reduced re-attendance activity by frequent attenders, with a related medically unexplained symptom focus under the A&E CQUIN similarly achieving high rates of re-attendance reduction through application of the service approach and model.

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## APPTS welcomes 8 new members!

Welcome to:

- Antrim Clinical Health Psychology Service
- Healthy Minds – West Essex
- Health in Mind – Mid Essex
- Health in Mind – North East Essex
- Sheffield CORE IAPT
- Sheffield Specialist Psychotherapy Service
- Steps2Change Lincolnshire
- Talking Changes Durham

## In the News

Integrated care

- [Survey reveals 40% of all GP appointments are about mental health](#)
- [Should pharmacists play a greater role in supporting people with mental health problems?](#)

Mental Health

- ['Breaking the cycle of trauma' report shows the importance of counselling to assist people out of homelessness](#)
- [Correlation found in women between waking up early and reduced risk of developing depression](#)

Technology

- [Best new apps for tackling depression](#)

## Integrated Care continued...

### Findings

2017 service audit and subsequent economic analysis of the data (from 21 months of clinical activity) identified strongly positive outcomes from model application and delivery, including:

- 41% maintained re-attendance reductions 6 months after A&E Medical Psychology input into patient care
- A reduction of 368 A&E attendances across the treated patient cohort over this period
- 12 months on, a saving of 704 hospital bed days was identifiable in the data (for a sub-cohort of 184). Indicating hospital activity changes that infer healthcare cost-avoidance achievement for the cohort treated of £7 for every £1 that the A&E Medical Psychology service costs to deliver.

### Integration with Stroke Clinical Care

Another example of enhanced clinical outcomes achievable through such lines of clinical system and care model integration is that of our Liverpool Stroke Early Supported Discharge (ESD) service. Since late 2016, stroke clinical psychologists have been embedded within the MDT model of care, with clinical psychology working in partnership with the Stroke Association. This partnership works in stroke survivor support and in delivering an emotional support counselling service.

12 months in, these developments had contributed to improved stroke recovery outcomes (identifiable in the clinical data) and perhaps most succinctly indicated by the saving of 761 stroke bed days.

### Conclusion

These are simply two examples of integrated medical and psychological care clinical innovation; of which there are many, many examples, nationwide we can all reflect on, learn from, and then seek to 'think upwards' from, to evolve and apply new clinical innovations.

### Dr Mark Griffiths

Consultant Lead Clinical Psychologist  
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## In Discussion with The University of St Andrews Student Services

### Can you tell us a bit about your work within a university counselling context?

Student Services at the University of St Andrews brings together counselling, mental health and wellbeing services; disability provision; financial advising and provision of means-tested funding, and immigration advice.

Our Services are available to all current undergraduate and postgraduate students. We provide residential support at night time and weekends including covering emergencies. The Counselling, Mental Health and Wellbeing team work within a 'Matched Care model', the principles of which are: promoting student autonomy and resilience; providing equity of access; and making responsible use of resources.

Providing support to enable students to engage with academic studies and wider University life, is core to our work. We are committed to supporting students as they learn coping strategies, skills and techniques, and believe this will enable them to develop lifelong resilience. We aim to support students as they transition to, and through, University life on the path to becoming independent adults. The University does not operate a dedicated Student Health Centre, rather we work closely with our NHS colleagues to ensure that students are able to best access the support they need.

Out of a current student population of around 9,000, we had contact with 67%. Mirroring national trends, we have seen rising numbers of students self-reporting difficulties with life experience, wellbeing and symptoms of mental ill-health. Additionally, we are working with rising numbers of students coming to University with existing diagnoses of long term mental health conditions. We expect demand for our services continue to rise.

### What about your experience of APPTS so far?

We began the accreditation process in September 2017, as the second University-based service in the UK. We are in the final stages of the accreditation process.

From the beginning, we found the APPTs team to be helpful and informative and the ethos of working alongside services to support them in achieving accreditation set this programme apart. At each stage, clear guidance was provided regarding what to expect and what the next steps would be. Additionally, the APPTS team recognised the constraints of working within a University academic calendar and were able to work flexibly with us.

Going through the process has helped us to look again closely at our current practice, identify our strengths and to review other areas. The peer review team responded thoughtfully and helpfully when they came to visit our service and provided helpful and constructive feedback.

*Continued on page 5*



## In Discussion continued...

### Are there any examples of good practice you would like to share?

One of the strengths noted by the peer review team related to how we monitor sustainability of improvements and go the extra mile in following students up after therapy.

Staff will routinely inform students about how to access support following completion of therapy. Last year, the lack of a waiting list and on-line bookable appointments meant that students could return easily. Staff frequently remain in e-mail contact with students, particularly if concerns are highlighted through monitoring of self-certificates of absence or engagement with their studies.

We also provide a range of resources which can be accessed, before, during and after therapy. This includes: a library of self-help books (known as 'Shelf Help'); referral to Peer Support; access to wellbeing workshops and groups; and access to supported SilverCloud on-line CBT.



*University of St Andrews Student Services*

**Dr Mark Ford**  
Assistant Director (Acute Advising)  
Student Services  
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## APPTS Website updates

There has been a number of recent updates to the APPTS website, including a new [events landing page](#), to stay up to date with upcoming events.

Visit the new website at [www.appts.org.uk](http://www.appts.org.uk)

## APPTS Forum 2018

The fourth Annual Psychological Therapies Forum will take place on Wednesday **14 November 2018**.

An action-packed programme will explore topics such as good practice in psychological therapy services, service user involvement, quality improvement and integrative care.

We are pleased to announce that Claire Murdoch will join us to speak about Long Term Conditions support.

Each service has **3 free places** to attend.

[Book now to reserve your place!](#)

## New APPTS Peer Reviewer Training date

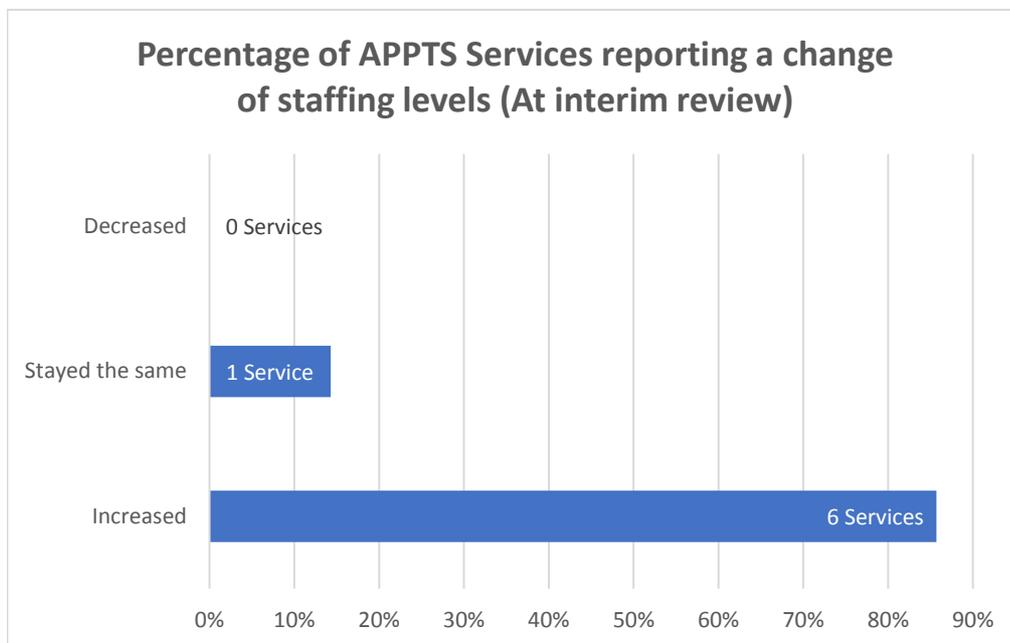
The next opportunity for staff in member services to train as a Peer reviewer will take place on **Monday 15 October 2018**, at Prescot Street, London.

The training is **free** for staff from APPTS member services to attend, and will qualify you to visit other services to see how they are managed and to share good practice.

[Reserve your place now](#)

# Increasing Staffing Levels in APPTS Member Services

Data collected from services who have completed interim reviews (taking place 18 months into the accreditation cycle), suggest that 86% of APPTS services to date have increased their staffing levels following accreditation.



*N=7. (Seven of the current twenty-eight APPTS members have completed their interim reviews to date)*

## How has this been achieved?

When asked how services have managed to increase their staffing levels, a few common answers included successful bidding for IAPT Long Term Conditions funding, and being able to demonstrate increasing service demands to commissioners and funders.

## Contact the APPTS Team

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