# “Psychological treatments for psychosis and understanding the workforce challenge”

Dr Alison Brabban

National Clinical Advisor for IAPT SMI

NHS England

iapt

Improving Access to Psychological Therapies

NHS

# Why the lack of interest in talking treatments for SMI?

- Seen as fundamentally different from neurosis.
- Symptoms not seen as understandable in psychological terms.
- Seen as a brain disease.
- Poor results from early trials of psychotherapy.
- Medication seen as the only viable treatment option.

Moving away from the dichotomy to a truly bio-psychosocial model of SMI .

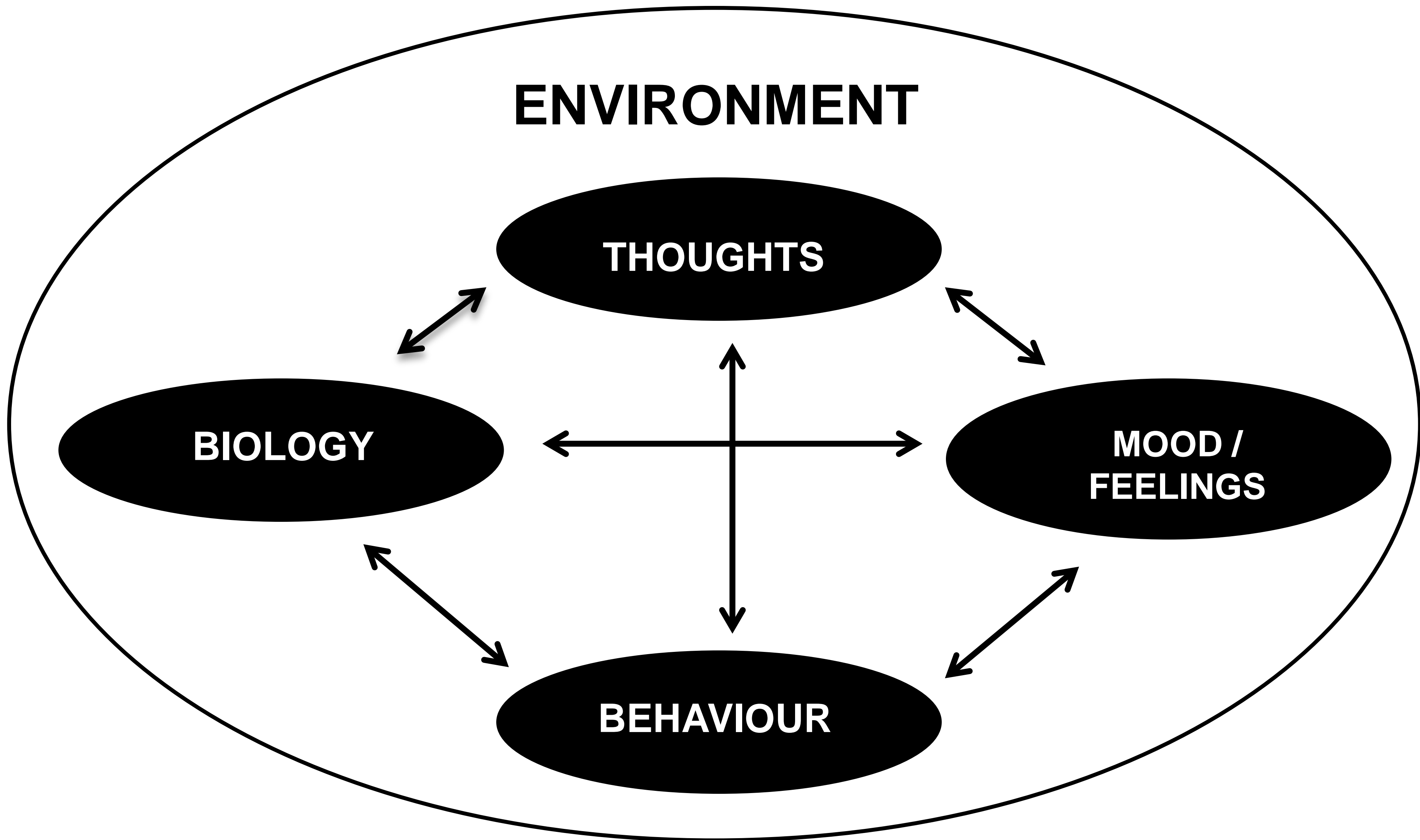
iapt

Improving Access to Psychological Therapies

NHS

# Why do you feel frightened?

# Padesky's 5 Aspects Model (1986)



# Psychological Therapies

iapt

Improving Access to Psychological Therapies

# NICE on Bipolar Disorder

Offer adults with bipolar depression:

- a psychological intervention (individual, group or family) that has been developed specifically for bipolar disorder and has a published evidence-based manual describing how it should be delivered

**or**

- a high-intensity psychological intervention (cognitive behavioural therapy, interpersonal therapy or behavioural couples therapy) in line with recommendations in the NICE depression guideline.

- Offer a family intervention to people with bipolar disorder who are living, or in close contact, with their family in line with recommendations in NICE psychosis guidance

# NICE Guidelines for Schizophrenia & Psychosis Update (2009)

We now have good evidence that CBT and FI for psychosis works.

**CBTp**

31 RCTs reviewed

**Small but clear effect size on symptoms, including depression, but not on relapse rates.**

**Family Interventions**

32 studies included in meta analysis.

**FI consistently reduces relapse**

**Gains are in addition to benefits from medication**

# NICE Economic Analysis

*The NICE economic analysis showed that CBT and Family Intervention are likely to be overall cost saving interventions for people with psychosis because the intervention costs are offset by savings in future hospitalisations and a reduction in the rates of relapse.*

# Who Should be Offered CBTp and Family Interventions? NICE (2014)

- Those "at-risk" of developing psychosis (should not be offered antipsychotic medication).
- Those with a first episode of psychosis (if person wants to try therapy alone, go ahead, but advise that more effective if combined with medication – review after a month).
- Anyone with a diagnosis of schizophrenia or psychosis irrespective of phase (i.e. acute, in remission).
- Those with Bipolar Disorder

# Can we offer a genuine choice?

BJPsych | The British Journal of Psychiatry (2012) 201, 83–84. doi: 10.1192/bjp.bp.112.112110

Editorial

## Antipsychotics: is it time to introduce patient choice?

Anthony P. Morrison, Paul Hutton, David Shiers and Douglas Turkington

**Summary**
Evidence regarding overestimation of the efficacy of antipsychotics and underestimation of their toxicity, as well as emerging data regarding alternative treatment options, suggests it may be time to introduce patient choice and reconsider whether everyone who meets the criteria for a schizophrenia spectrum diagnosis requires antipsychotics in order to recover.

**Declaration of interest**
A.P.M. and D.S. are both members of two National Institute for Health and Clinical Excellence guideline development groups: Psychosis and Schizophrenia in Children and Young People, and Psychosis and Schizophrenia in Adults (partial update).

iapt

Improving Access to Psychological Therapies

NHS

# How well are psychological therapies being implemented?

## National Audit of Schizophrenia II (2014)

- *It is clear that the numbers of service users having access to, and actually receiving, these types of intervention remain very low.*
- *This needs to be addressed and has significant funding implications.*
- *...this is probably the largest deficit that exists in the treatment services provided by Trusts.*

# Problems Auditing Psychological Therapies

- Defining the therapy – how do you know it's genuine CBTp?
- Does it meet the minimum fidelity requirements?
- Understanding the quality of the therapy?
- Is the therapist adequately trained?

iapt

Improving Access to Psychological Therapies

# Why such a low level of availability?

- Lack of staff with appropriate competences or understanding of what these are.
- Lack of available training
- Lack of available clinical supervision
- Lack of ring-fenced time (specific therapy posts) – competing demands.
- Priorities and team culture

# The New Access Standard

- More than 50% of people experiencing a **first episode of psychosis** will be treated with a NICE approved care package within two weeks of referral.

# The 2 Prongs of the EIP Access Standard

- Referral to Treatment Time
- Access to NICE Concordant Care.

iapt
Improving Access to Psychological Therapies

NHS

# Why focus on Early Intervention in Psychosis Services?

iapt

Improving Access to Psychological Therapies

# The Success of EIP

- Improve outcomes: Reduce hospitalisation, improve engagement, reduce suicide rates, increase employment, reduce likelihood of being detained under MHA.
- Save Money (estimated net savings of £7972 per person after 3 years mainly to NHS. Over a ten-year period, £15 in costs can be avoided for every £1 invested. (Knapp et al (2014)).
- Are evidence based and therefore recommended by NICE and part of NICE QS.
- High level of satisfaction from Service Users and Carers.

iapt

Improving Access to Psychological Therapies

# The Schizophrenia Commission

*"The Commission's view is that Early Intervention in Psychosis (EIP) has been the most positive development in mental health services since the beginning of community care."*

# Why does EIP work?

- Capped case loads?
- Recovery focused?
- Skilled & passionate staff?
- Team culture is psychosocially orientated?
- Access to full range of evidence based interventions including psychological therapies?

**Features of EIP delivery allow implementation of psychological therapies**

# NICE Quality Standards for Psychosis

1. Referral to EIP and start treatment within 2 weeks
2. Offer CBT for Psychosis
3. Offer Family Interventions
4. Offer Clozapine (if not responded to other meds)
5. Provide Supported Employment Programmes
6. Assessment of Physical Health
7. Promoting Healthy Lifestyles (exercise, smoking cessation, diet)
8. Offer carer focused education and support

# Why offer psychological therapies?

- They impact on symptoms and relapse (and personal recovery).
- They are cost effective.
- A large proportion of patients do not respond fully or at all to medication.
- Service users want access to talking treatments.
- Patients and carers should have access to the full range of NICE recommended treatments: they should have choice.

# Implementing Psychological Therapies

iapt

Improving Access to Psychological Therapies

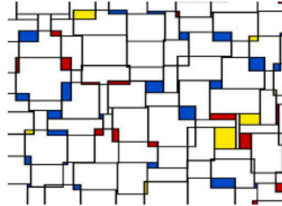
# Issues that need to be addressed..

- Lack of staff with appropriate competences or understanding of what these are.
- Lack of available training
- Lack of available clinical supervision
- Lack of ring-fenced time (specific therapy posts) – competing demands.
- Priorities and team culture

# Posts: ensuring sufficient staff with appropriate skills in each team

- Workforce calculator allows services to estimate numbers of therapists required in each team.
- Should offer therapy to both ARMS and FEP cases including those over 35.
- Money coming from CCGs (£40 million nationally) is for new posts  and <u>not</u> for training.

# Competences to Deliver Therapy



A competence framework for psychological interventions with people with psychosis and bipolar disorder

Anthony D. Roth and Stephen Pilling

Research Department of Clinical, Educational and Health Psychology, UCL

The competences described in this report are designed to be accessed online and can be downloaded from: www.ucl.ac.uk/CORE/

- The Framework outlines the competences therapists require to deliver CBTp and Family Interventions to people with psychosis and bipolar disorder.
- www.ucl.ac.uk/CORE/

# Training for CBTp and FI

## CBTp

- CBT Diploma (or equivalent e.g. HIT training)

+

- CBTp Specialist training and supervision

## Family Intervention

- Approx 5 days formal training and on-going supervision (based on Meriden Model)

# Training in CBTp and FI

- National curricula have been developed for CBTp and FI based on competences.
- BABCP will be accrediting training programmes.
- £5 million has been allocated to HEE for Education and Training linked to standard.
- Audits (CCQI and NHS Benchmarking) are looking at current workforce and identifying gaps.

# Team Culture

- Ensure all staff are recovery orientated.
- Ensure all staff have good psychosocial understanding of psychosis.
- PSI training for team members provides training for team members to deliver recovery focused, cognitively-informed case management but this is not an alternative to specialist CBTp training.

alison.brabban@nhs.net