

Partnership work in delivering Step 2 psychological interventions to people with learning disabilities: An innovative approach

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Reasonable Adjustments – It's not happening!

The Improving Access to Psychological Therapies (IAPT) programme has the principle aim of implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders.

There is a requirement for NHS mental health services to make services accessible to people with learning disabilities. The Equality Act (2010) maintains the "duty to make reasonable adjustments.... to avoid a disabled person being put at a "substantial disadvantage" compared with non-disabled people."

The most recent white paper Valuing People Now (2009) highlights a key issue for all NHS services to achieve "full inclusion of people with learning disabilities in mainstream work to reduce health inequalities and to ensure high-quality specialist health services where these are needed" (p.9).

However, inclusion and reasonable adjustments for people with learning disabilities are not happening... There are no PCTs (Primary Care Trusts) on the IAPT website with special interest in learning disabilities. Recent documents (DoH 2010, DoH 2011) focus on all main client groups but make no mention of learning disabilities.

Partnership Working - Learning Disabilities and IAPT

Our partnership! The WCLDT brings the specialist experience and knowledge of working with adults with learning disabilities and the PTWbS brings CBT expertise and knowledge of working in stepped care approaches.

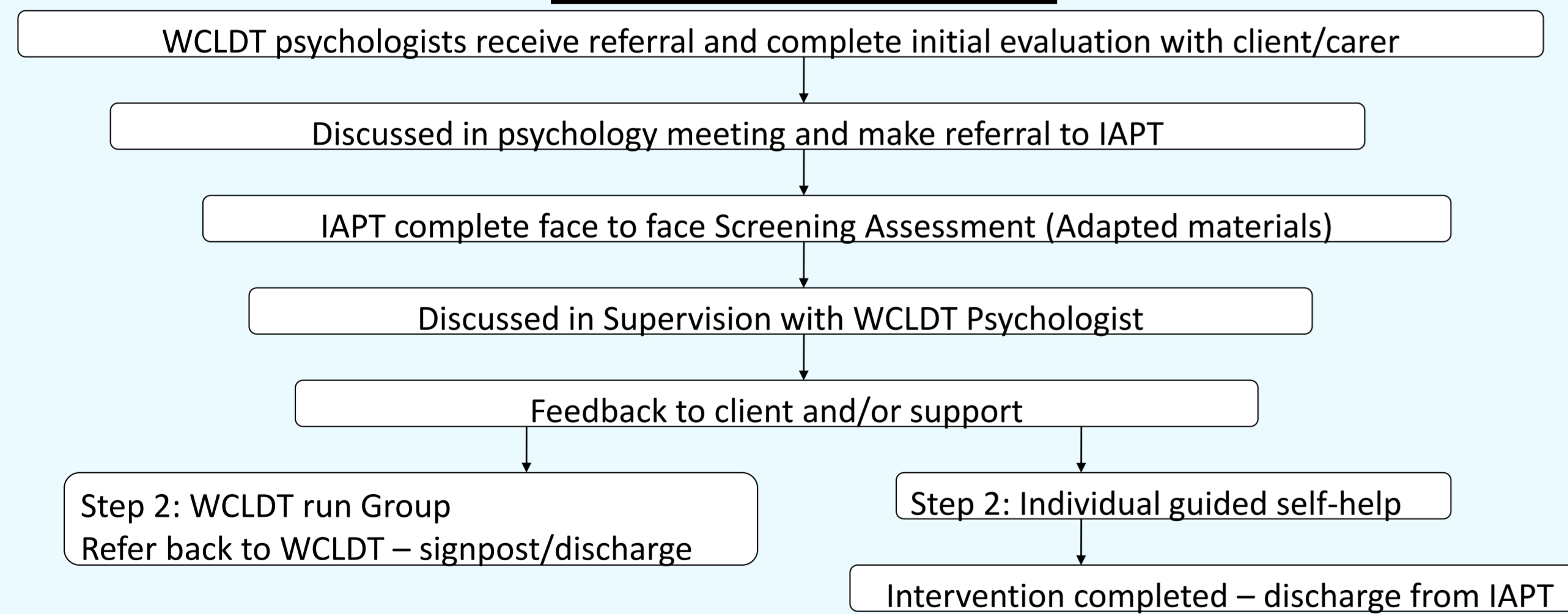
We had agreement and support from commissioners and service heads to address the inequality in local IAPT services and worked in partnership to develop an intervention protocol.

We assessed IAPT processes and highlighted many areas where "reasonable adjustments" were needed. It was felt that the whole mainstream IAPT process (referral, screening and interventions) was not accessible.

We felt it was appropriate to run a pilot with just one dedicated worker from PTWbS. She is allocated for 2 sessions a week and receives supervision and training from WCLDT psychologists. It was preferable to train and fully support one worker rather than utilise an alternative model of simply offering training sessions to all IAPT workers.

It was decided to start by using Step 2 Guided Self Help i.e. 6-8 sessions of CBT for people with mild learning disabilities and mild to moderate anxiety and/or depression.

Referral Pathway



Clinical Governance Issues

Risk Management

Responsibility for risk management held by WCLDT - risks identified by IAPT worker reported in supervision WCLDT Safeguarding procedures followed and risks recorded on WCLDT electronic notes system. Any complex or high risk cases too complex for IAPT identified and signposted to appropriate services.

Supervision and Training

One hour weekly provided by qualified WCLDT Psychologists - focus on Case Management and Clinical Work.

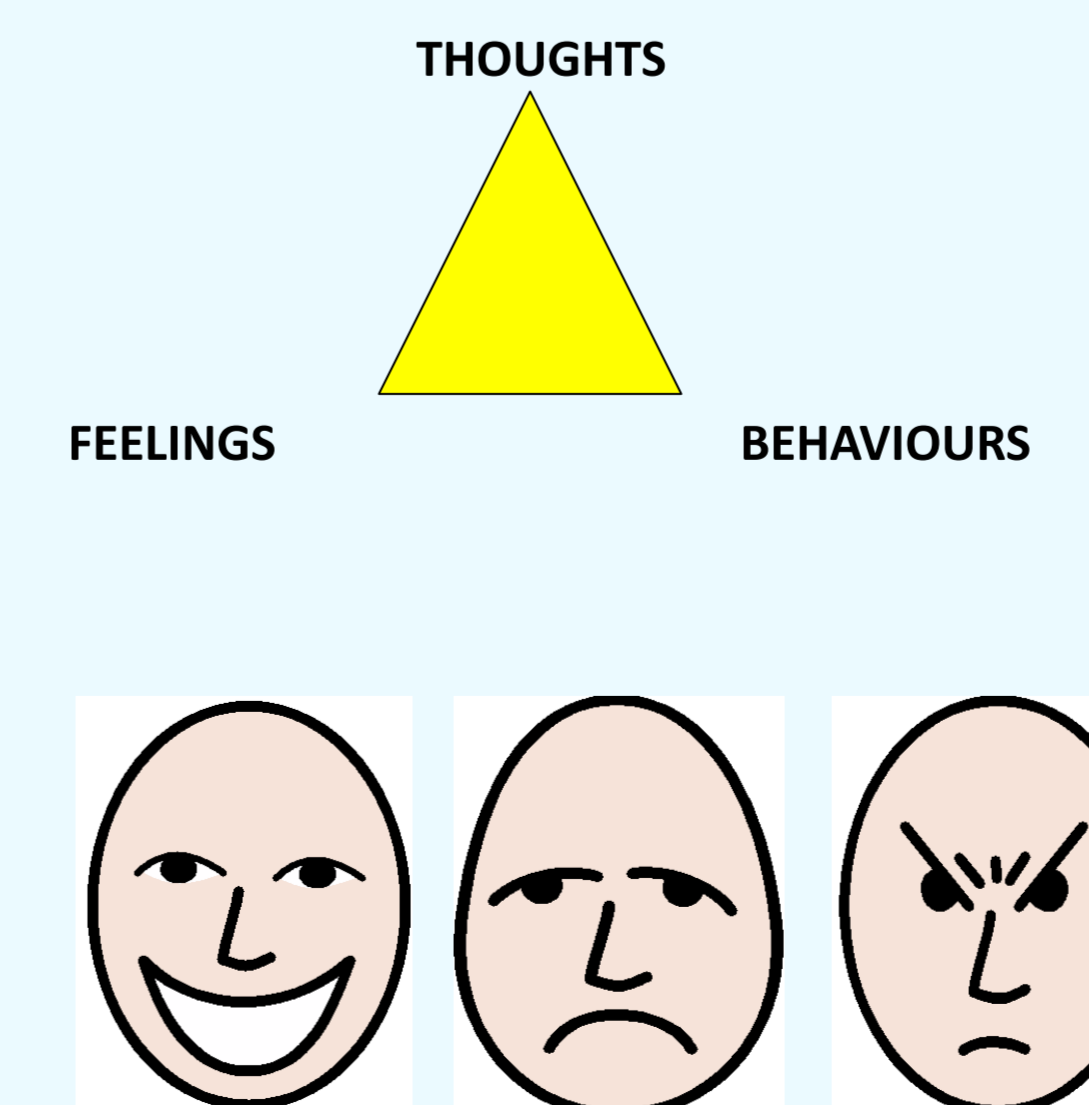
IAPT worker attended range of training including mandatory safeguarding and CBT and people with learning disabilities. They also completed induction arranged by WCLDT to learn about local Learning Disability services, including the feelings group. IAPT worker also given relevant reading which was then discussed in supervision.

Table comparing IAPT Guided Self Help and amended process for People with Learning Disabilities

Standardised Procedures within Wandsworth IAPT	Amended for People with Learning Disabilities
Consent implicit through self referral and explicit through information about the service through leaflets and written communication.	Consent explicitly discussed with individual
Self-referral or GP	Referral from WCLDT after discussion with psychologist
Person "opts in" for treatment by phoning IAPT	Person called and invited to opt in
Person completes outcome measures over the phone at the first screening appointment.	Piloted amended outcome measures completed face to face with support
Screening completed on the phone in one session	Piloted amended screening completed face to face over one -two sessions
Four sessions of guided self-help majority based on Chris Williams books	6-8 sessions of guided self help based on generic CBT principles currently being developed and piloted.
Standard 50 minute sessions offered	Duration of session can be shorter but higher number of sessions offered i.e. flexibility
1:1 sessions	Support worker/carer invited to attend sessions when required and appropriate. Liaising with support worker between and throughout sessions
Sessions offered at GP surgeries	Sessions offered at WCLDT base (familiar and easy to find).
DNA policy – After a missed session a letter is sent giving two weeks to respond. If no response the person is discharged from the service.	If session missed person phoned and offered another appointment. More flexibility about DNA appointments
Supervised within service one hour each week.	Supervision from LD specialist (clinical psychologists from WCLDT, 1 hour a week)
Work between sessions	Work between sessions supported by support worker/carer where appropriate and amended materials used
Outcome measures (all 4) completed every week	Piloted amended outcome measures completed in first and last session
Feedback gathered through questionnaire – Patient Experience Questionnaire.	Feedback gathered through interview at end of intervention (Assistant Psychologist, WCLDT) using accessible evaluation form.

Example of Session One of Guided Self Help

1. Share with and explain information sheet with client about sessions i.e. contact details of CBT therapist, session structure (number and length of sessions) and confidentiality.
2. Introduce the simplified CBT model using a Thoughts, Feelings and Behaviour triangle.
3. Complete tasks to explore and understand differences between Thoughts, Feelings and Behaviours.
 - * Look at pictures of faces with different expressions and discuss what may have caused these feelings.
 - * Card sorting task – Cards with thoughts, feelings or behaviours written on them to sort into the different categories
4. Work through examples of situations and discuss that same situation can cause different thoughts which then lead to different feelings and behaviours i.e. examples of hearing a bump in the night, a friend walking past you and ignoring you.

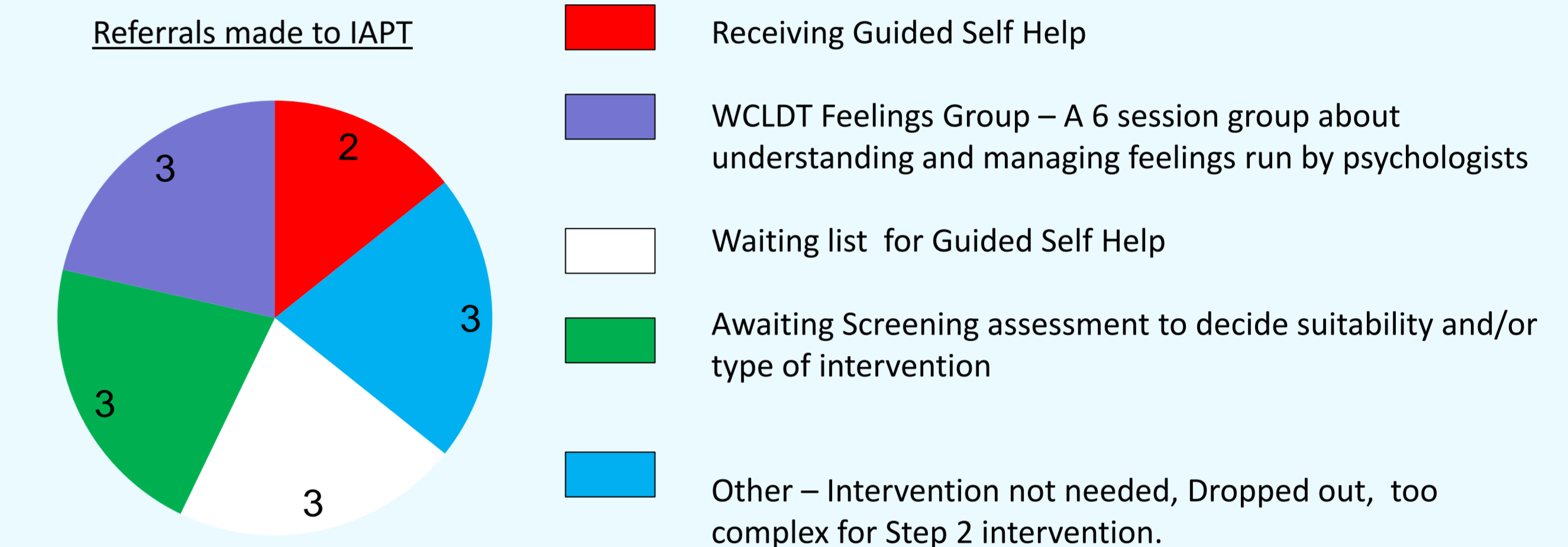


Results and Outcomes

A range of outcome measures are used with service users:

- Adapted PHQ 9 *IAPT measure of Depression symptoms*
- Adapted GAD 7 *IAPT measure of Anxiety symptoms*
- Adapted WASAS *IAPT measure of access to work*
- Service User Evaluation Form *WCLDT evaluation of psychological intervention form*

IAPT measures are completed at the face to face screening and at the end of intervention. The WCLDT evaluation form is completed at the end of intervention. Qualitative feedback from service users completing interventions is also collected.



Reflections

The complexity of the ongoing process has become increasingly apparent.

The experience has highlighted the level of commitment needed by health professionals and commissioners to make IAPT more accessible for people with learning disabilities.

Client feedback very positive so far – we will continue to monitor and assess this.

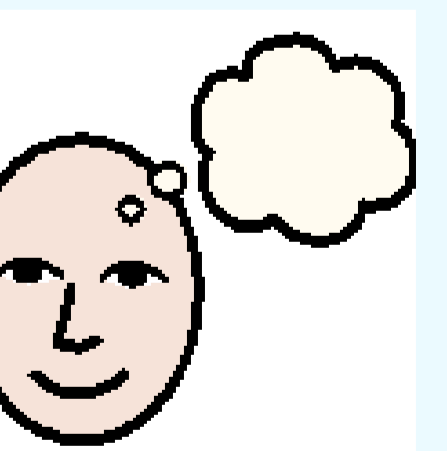
It's not right for everyone – so far only a small number of people with mild learning disabilities are accessing the service.

The process has given us a better understanding of wider services and clinical practice.

It has been a learning curve coming from two very different services – the IAPT model is of high volume, briefer interventions. The WCLDT is used to working with a lower volume of clients but often over longer time periods and as part of a Multi Disciplinary Team approach.

It has been important to include carers in both assessments and interventions.

It is likely that clients will need more than 6-8 sessions, especially people with more moderate learning disabilities and moderate rather than mild anxiety and depression.



References and Acknowledgements

- DH (Department of Health) (2009) Valuing People Now: A new three-year strategy for people with learning disabilities, London: DH.
- DH (Department of Health) (2010) Realising the Benefits, The IAPT Programme at Full Roll Out, London: DH.
- DH (Department of Health) (2011) Improving Access to Psychological Therapies, Guidance for Commissioning IAPT Training, Equality Act (2010) Government Equality Office.
- DH (Department of Health) (2009) IAPT Learning Disabilities: Positive Practice Guide, London: DH.
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