

## Summary Notes from Anxiety and Depression Network Patient Forum 16<sup>th</sup> September

### 4-6.30, High Wycombe Holiday Inn

**Present:** Ailsa Harrison (Patient Representative on A&D Network Steering Group), Ineke Wolsey (Network Manager), MR (Bucks Healthy Minds), TS (Oxon Talking Space), GP (Bucks Healthy Minds), DF (Bucks Healthy Minds), Dawne West (PPIEE Lead Berkshire Talking Therapies), Faz Parkar (PPIEE Lead Luton Wellbeing Service), Hayley Scanlon (Milton Keynes PPIEE Lead), Catherine McWhirter (Bucks Healthy Minds PPIEE Lead), MH (Luton Wellbeing Service), Tanieque Noel-George (Berkshire PPIEE Lead), AG (Oxon), RT (Milton Keynes Talk for Change), SR (Berkshire).

**Apologies:** Laura Bethel (Oxon Talking Space PPIEE Lead), ML who can't make any meetings in near future as too busy at work (Oxon Talking Space), MT (Oxon Talking Space)

### Background

The meeting started with introductions to each other, a little on the Oxford Academic Health Science Network and the aims of the Anxiety and Depression Network (<http://www.oxfordahsn.org/our-work/clinical-networks/depression-anxiety/>). The three Anxiety and Depression projects were described in summary as there were a number of new members present.

Information folders were handed out to the new members which included the Anxiety and Depression Network 'Patient and Public Involvement, Experience and Engagement' (PPIEE) plan which describes the activities planned to meaningfully involve patients and the public in improving talking therapy services (IAPT services). The plan also summarises both the Oxford Academic Health Science Network (OAHSN) aims and objectives as well as the Anxiety and Depression Network's aims and projects.

### Notes from last meeting

No inaccuracies noted and all actions closed except for the Patient Choice Questionnaire feedback. The latter has not yet been fed back because of the summer break but will be on the agenda for the 7<sup>th</sup> October meeting with the network service leads and Prof David Clark.

### Themes identified during discussion for attention:

Ineke and Ailsa explained that the themes which had come out of the last Patient Forum discussions were fed back to steering group and the Clinical Leads of the Anxiety and Depression Network and were taken into consideration when prioritising projects for the next 2 years of the Network (2016-2018, if funding is awarded). The first theme describing the need for **support for patients post discharge** was chosen as most in line with local priorities and it is proposed that we will work on this

during 2016-2018. It is proposed that we map current mechanisms of support made available to patients across all services, look for best practice and then disseminate this to all services.

**Follow up on the other themes that emerged at the first Patient Forum/ next steps and patient member involvement:**

1. GP awareness of services available. Maybe the Network could explore what else could be done to increase GP awareness of availability of Talking Therapies? *The group spent some time brainstorming ideas for raising awareness amongst GPs. **NEXT STEPS:** The list of ideas can be found in Appendix 1. The highlighted ideas will be fed back for discussion to steering group as this would need national support. All the other ideas can be taken by PPIEE leads to share with their colleagues and adopt locally if appropriate.*
2. Clarity for patients on the potential journey ahead, to reduce uncertainty - a 'roadmap'. Maybe the Network could explore in more detail what explanation/ preparation patients who have been accepted for therapy are offered to help them understand the journey ahead? **NEXT STEPS:** *This will remain on our wish list for now*
1. Waiting time for therapy vs outcome. Maybe the Network could explore this? **NEXT STEPS:** *This will remain on our wish list for now*
2. Reducing stigma. Can the Network do anything to reduce stigma with regards to MH problems? **NEXT STEPS:** *Already a national campaign underway, no further steps at this moment in time proposed*
3. Courses for parents whose children are receiving treatment. Can this be explored as part of the CYP work? **NEXT STEPS:** *this will be discussed with CAMHs (Children and Adolescents MH services)*
4. Reaching other communities (e.g. Asian). This was raised as an important issue and TS has offered to support any work the Network may want to undertake to improve referral rates from ethnic minority groups. **NEXT STEPS:** *Ineke reported that she has had a meeting with the East Berkshire MH Commissioner who is interested in working on this for Slough locality. Ineke has contacted the Berks service lead to explore interest in this as a project but not heard back yet. Will chase and report back at next meeting. TS, AG and SR are interested in being involved with this project*
5. Increasing self-awareness. This was seen as important for people to self-refer as soon as possible. Is there any way the Network can support this? **NEXT STEPS:** *Brainstorming ideas for this will be on the agenda for the next Patient Forum.*
6. Mental health in the workplace was also raised as an important issue. Maybe the Network could explore supporting this? **NEXT STEPS:** *this was raised again and we explored some of the things services are doing in the workplace (e.g. Luton).*
7. Older adults and low rate of referral/ low self-referral rate for talking therapies was discussed and MR has offered to work with the Network and Age Concern to raise awareness of the availability of talking therapy to older adults who suffer with anxiety

and/or depression. **NEXT STEPS:** *Ineke reported that the network is proposing to work on ensuring that older adults are offered talking therapies when needed if funding is awarded for 2016-18. We have already started talking with an old age psychiatrist about this and hope to take it further. MR has offered to be on the project group if possible from a logistics point of view.*

### **Conference 21<sup>st</sup> October**

Outline for the day attached as Appendix 2. All patient members are invited to attend. **Please let Ineke know ASAP, thanks.**

### **Application for funding and involvement in proposed projects**

Ineke and Ailsa explained the need for the Network to apply for another 2 years of funding 2016-2018. The proposed projects were discussed and, overall, approved of. RT expressed an interest in being involved in the Long Term Conditions (integrated care) project.

### **PPEPCare**

Ineke told the group about PPEPCare (Psychological Perspectives in Education and Primary Care), looking for support for this project from PF members. A PPEPCare leaflet is attached as Appendix 3. **ACTIONS:** Ineke to put SR in touch with the Berkshire PPEPCare Lead to explore facilitating contacts for offering training events, **Ineke** to put TS in touch with the Oxon PPEPCare Lead to explore facilitating contacts for offering training event.

It was felt that discussions had been rich and informative and with the date for the next meeting agreed the meeting was closed at 6.30.

### **Next meeting:**

**Wednesday 25<sup>th</sup> November at the Holiday Inn High Wycombe.**

## Appendix 1

These are the brainstormed ideas on how to raise GP awareness of IAPT/talking therapies.

The highlighted suggestions will be discussed at steering group as these would need national support. All the other suggestions could be acted on by the services locally.

- Writing publications in medical journals that GP's are likely to read
- Integration into GP IT systems, so that if an antidepressant is prescribed a message pops up asking the GP if they have considered a referral to IAPT
- Some thought visiting and educating the GP about importance of referring to IAPT (not sure if GP's would be happy if a patient turned up and lectured them)
- Having links on GP surgery websites to IAPT as often people check the website especially for repeat prescription services. ( so people can see and self-refer)
- Professions educating GP's about depression and Anxiety (could fit well with PiPPCare modules)
- Having new GP Trainees trained in IAPT ways of working
- Make a minimum of referrals to IAPT a target (could this fit in with Quality Outcome Framework (QOF targets?)
- Using lots of posters or leaflets in GP surgeries
- Asking Pharmacies to show leaflets (helps increase general awareness too, not just GP's).
- Give GP's a copy of care pathway so that they know exactly what would happen if they referred a patient (may be more likely to refer if they know what happens)
- Promoting and emphasising the cost effectiveness of talking therapies compared to medication costs
- Involve Public health
- Get on the agenda at Protected Learning time sessions (GPs)
- Communicate through NICHE and medical publications (GPs don't otherwise read your e-mail)
- Contact practice managers
- Invite those GPs who **do** refer to a supper meeting and ask them how to engage those GPs who don't refer
- Explore how we might educate GPs who have joined from outside the UK and who may not know about IAPT

## Appendix 2

**'Commissioning and providing quality Psychological Therapies: Improving recovery rates, supporting integrated care for Long Term Conditions and contributing to prevention'**

**21st October 2015 in Newbury.**

Dear colleague,

The Anxiety and Depression Network (Oxford Academic Health Science Network) invites you to attend their next conference on **21st October in Newbury, Berkshire, 10.00-4.30.**

We will take this opportunity to share with you the work undertaken to date and the focus will be on:

- How to **improve recovery rates** in Psychological Therapy services
- **Integrated care:** Impact, value and service models in working with Long Term Conditions
- The importance of **collecting outcome data for Children and Young Persons**
- **CCG spend** on Psychological therapies and patient outcomes
- **Psychological Therapies and Prevention**

This conference is aimed at those commissioning mental health services and/or physical health services and integrated care (LTCs) as well as providers and public health professionals.

Speakers include the 2 Network Clinical Leads, Professor David M Clark, National Informatics Lead for the IAPT Programme and Professor Shirley Reynolds, Professor of Evidence Based Psychological Therapies at Reading University.

## Psychological Perspectives in Education & Primary Care

# Information Sheet

### What is Psychological Perspectives in Education & Primary Care (PPEPCare)?

The PPEPCare project aims to help staff in **primary care** (GPs, nurses, health visitors and so on) and **education** (teachers, TAs, SENCOs) to (i) **better recognise and understand mental health difficulties in children and young people** and (ii) **better support these children, young people, and their families by providing psycho-education and drawing on relevant psychological techniques (using a cognitive behavioural framework)**. It currently comprises ten training modules (see below for list), each consisting of a training presentation, experiential exercises, DVD training material and hand-outs. **Training is delivered by appropriately qualified staff from CAMHS and/or specially trained other health professionals.**

### How long does the training take and where can it be delivered?

Each training module has been designed to take around 90 minutes to deliver. However, the training can also be delivered in shorter or longer sessions – e.g. 30 minutes over lunchtime or a half-day session. Training can be arranged to take place at a location that is convenient for those being trained – trainers can travel to GP surgeries, hospitals, schools and other appropriate locations. **Sessions can be delivered free of charge by specially trained, local CAMHS staff and adapted to local needs.**

### What does the training cover?

The areas covered by PPEPCare were originally identified by GPs, other primary healthcare professionals, teachers and other school staff to meet their identified learning needs, and training has been written by national and international experts in the field. Modules cover mental health issues seen in children and young people and cover (i) identification of relevant signs and symptoms of mental health difficulties, (ii) understanding why disorders persist (using a cognitive behavioural framework), and (iii) basic ways of supporting children and young people and their families. Modules titles include:

- Understanding and supporting children with **specific phobia and separation anxiety disorder**
- Understanding and supporting children and young people with **Obsessive Compulsive Disorder**
- Understanding and supporting children and young people with **Post Traumatic Stress Disorder**
- Understanding **Behaviour Problems** and helping parents to support their children
- Understanding and supporting **young people with anxiety** and young people who **self-harm**
- Understanding and supporting **young people with depression and low mood**
- Introduction to **childhood anxiety** – helping parents to support their children
- Understanding and supporting children who suffer with **eating disorders**

The training is not designed to turn primary care and school staff into psychological therapists, nor is it designed to replace existing CAMHS services. However, they do provide development opportunities to **enhance knowledge and skill of staff working within the school setting to help them more readily identify mental health issues in their students and support them and their families.**

For more information contact Ineke Wolsey, [ineke.wolsey-anxietydepression-IAPT@oxfordahsn.org](mailto:ineke.wolsey-anxietydepression-IAPT@oxfordahsn.org) 07802 352251.