iCope: Camden and Islington Psychological Therapies Service – practice-based mental health

Judy Leibowitz
Consultant Clinical Psychologist
Head of IAPT services, Camden and Islington NHS FT
judy.leibowitz@candi.nhs.uk
www.icope.nhs.uk
@IcopeNHS
What is iCope?

- Part of IAPT - national programme
- NICE-recommended psychological therapies for adults with anxiety and depression
- Stepped care
- ‘Low intensity’ interventions – PWPs
- ‘High Intensity’ interventions – psychologists/ CBT therapists
- Widening access – LTCs, BME, older adults
- Measure outcomes – access, waiting times, recovery
Integration with primary care

• 40% referrals from GPs – and many self-referrals suggested by GPs
• 70 practices across 2 CCGs
• Icope staff linked to each practice
• Offer treatment in 90% of practices – LI and HI
• Attend practice meetings
Integration with primary care - advantages

• Easier for patients – familiar, less stigma
• Improves integration with physical care
• Encourages more holistic approach
• Improves communication
• Allows for better shaping of referrals
• Practices like it – survey (2016) 94% thought it was helpful to have iCope staff doing clinics in the surgery
Challenges

• Space in practices
• Simplicity of seeing everyone in 1 place – less travel
• Managing different referral rates across practices
• Harder to say ‘no’ – may slip into seeing the wrong people – impact on outcomes
• Encouraging early referral – more LI work – focus is often on more complex presentations
• Time – staff busy
Making the best use of iCope staff in the practice

- Good working relationships key
- New iCope staff – visit, sit in on sessions
- New practice staff – informal training
- Attend practice meetings – share data, updates
- Culture of discussion/ joint working – open door, lunch
- Communication via EMIS – clear notes, emails
- Opportunities for joint working – managing risk, health anxiety, needle phobia (practice nurse)
- Links with rest of MH service – discuss options for tx even if not iCope
Widening access – some examples

Long Term Conditions

• Key part of IAPT expansion –

• Good links with PC essential – annual physical health checks

• Joint work with specialist nurses – hypertension group, input to PR sessions

• Specialist posts – training – specific interventions eg ‘breathlessness manual’ – COPD
Widening access - older adults

• Often not referred – therapeutic pessimism
• Better outcomes!
• Partnership with community resources – eg Age UK Camden
• Support for carers – via memory clinics
• Audits in practices – reminders help
Conclusion – next steps

• Having IAPT staff based in practices works well
• Good communication essential – practices need to be engaged
• Especially helpful for work with LTCs
• Not all go via GP for help – but GP needs to be aware
• Neighbourhoods – groups of practices working together
• Forums for discussion of complex problems
• Primary care mental health teams – networks including wide range of community services
• Population approach – prevention, peer support
THANK YOU

ANY QUESTIONS?