Changing the future of mental health

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We provide one-to-one online CBT

With 500+ BABCP accredited high-intensity therapists, we can deliver therapy at a time and place that suits our patients.

One-to-one therapy between patient and therapist; within days of referral.

Online disinhibition\(^1\) and giving people their preferred treatment is associated with better outcomes\(^2\), along with reinforced learning with therapy via reading and writing, versus speaking and listening.

Device-agnostic, with 66% of treatment completed out of normal working hours reaching previously hard-to-reach populations.

No limit on session numbers, with access to therapy transcripts at any time, for life; reinforcing learning.

\(^2\) NHS IAPT manual 2018, 5.2
What it is not

Mary, hold that irrational thought for a second... Marvin, let's bring it back into the room.
Case Study - Predicament

Population 150,000

WTE 10 CBT therapists, 5 Counsellors, 6 PWPs (adjust for sickness etc)

Good recovery and improvement (top 10 out of 220+ CCGs)

Met access rates (but steadily increasing 15% - ???)

So what was the problem...
This led to wait lists developing 300+ patients waiting for CBT
Why – because we were delivering appropriate treatment
CAPACITY ANALYSIS

Attended treatment slots (12mths) 4454

N of sessions 11.8

Patients moved monthly - Average 31.5
How to catch up with demand?

Backlog of 300 patients on waitlist for CBT

Often adding over 40 a month to the waitlist

Throughput averages just over 30.....

If we stopped the clock - over 9 months to clear backlog

Bad for patients and therapists morale
Solutions

Sweat the assets – staff burnout

Reduce N of sessions per patient – but need effective therapy dose

Increase options

Tried overtime / evening and weekend appts but no real impact
Some resistance to alternative modes

Familiar? Remember initial resistance to step 2 telephone GSH.....
Squeezing the tube both ends

Stage 1: waitlist project – IESO contacted everyone (15%+ uptake)

But over time waitlist crept back up again

Stage 2
Filtered waitlist project
and referrals to IESO from assessment

Impact adding less than 20 a month
And helped clear backlog
Use Ieso to focus your resources on waiting lists

Refer suitable patients to Ieso, freeing up your therapists to focus on waiting list patients; often more in need of face-to-face therapy.
After 6 months of stage 2

Backlog down to 3 months.....
Not a panacea but a viable option for many patients
Waiting list management

Use digital as a patient choice to avoid the build-up of waiting lists.

- Suggest a digital intervention through Ieso as an option to patients on waiting lists.
- With no waiting list, patients are typically in treatment within days of referral.
- Ieso will work with the service to contact all patients on the list first by letter, with two subsequent telephone calls to introduce Ieso as an option.
- Standard waitlist management report plus quarterly reporting (MDS).
Service referrals

Give patients the choice of digital from assessment and get them into treatment in a matter of days.

- Refer suitable patients at Step 3 and Step 3+ to Ieso straight from assessment; ensuring patients are typically in treatment within days.

- Ieso will deploy a fully funded clinical mentor to provide continuous education about IAPT (to GPs) and Ieso to relevant referrers to ensure we maximise potential take-up by appropriate patients.

- Refer patients to Ieso following mobilisation and contract signature; typically within 6-8 weeks.

- Standard monthly and quarterly reporting (MDS).
Our therapy platform facilitates a unique data set

- Clinical diagnosis
- Demographics
- Medical history
- Location

Presentation

- Recovery
- Improvement
- Deterioration
- Relapse

Outcomes

Treatment

Measurement

- PHQ-9
- GAD-7
- SAQ
- Condition specific measures

For the first time in therapy, we have a full record of every interaction between a therapist and a patient from both within and between therapy sessions.
Trust in our experience

We work alongside traditional therapies. Offering technology is about increasing access and choice.

Available in **Over 60** CCG areas

Available to **12.3 million** people in England

**30,000+** patients treated

**144,000** hours of therapy completed.

**66%** of treatment out of normal office hours.

**500** therapists.