

TalkingSpace PLUS
Overcoming anxiety & depression together

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I feel that I have benefited from being able to talk through problems with someone

TalkingSpace is easy to access

At TalkingSpace we work actively with people struggling with depression and anxiety, helping them move forward and recover using psychological therapies that work.

www.talkingspaceplus.org.uk

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Improving Access to Psychological Therapies – the rationale

- **Approx. 15% (1 in 6)** of people diagnosable with anxiety and/or depression at any one time
- In 2007, **only 24% of these received any treatment** and only 10% received a psychological treatment (Source – Centre for Economic Performance Mental Health Policy Group)
- **Psychological treatments are often more acceptable to patients than medication**, are as effective, have fewer side effects and better long-term outcomes
- **National implementation of IAPT** to provide NICE supported treatments for common mental health problems (depression and anxiety)

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The IAPT stepped care model

Step 4 – Secondary Care (e.g. AMHT)
Eating Disorders, Drug and Alcohol addictions, Severe OCD, Severe depression, Bipolar disorder, Psychosis
Step 3 – Primary Care (High Intensity Therapy)
Moderate to severe depression, mild to moderate anxiety, OCD, social phobia, PTSD
Step 2 – Primary Care (Low Intensity Therapy)
Mild to moderate depression or anxiety
Step 1 – Active monitoring (often GP) & Mind Wellbeing Service
Psychological problem identified PHQ-9 and GAD-7 completed at least 5 weeks apart Patient direct to self-help materials

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IAPT in Oxfordshire: Talking Space Plus

- Pilot 2008 (Step 2 only)
- Full service launched April 2009 as a partnership between Oxfordshire Mind (Step 2), PML (Step 3 counselling) and Oxford Health (Step 3 & later, Long Term Conditions at steps 2 & 3)
- Recently expanded to include Oxfordshire Mind Wellbeing Service (Steps 0 & 1) and a broader range of evidence based therapies at step 3.
- Approximately 100 clinical staff working various hours.
- Main training provider University of Reading



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Patient Journey

ROUTE A – GP referral
Patient consults GP and mental health concerns are raised

- GP discussed and assesses patient suitability for IAPT.
- GP gives patient Talking Space Plus leaflet (available in a wide range of languages)
- Patient calls in to book initial telephone assessment (or sends in brief form)

ROUTE B – Self-referral
Patient finds information on service from website, word of mouth or other means.

- Patient calls in to book initial telephone assessment, sends in brief form or fills out form on the website

ROUTE C – referral via secondary care
Adult mental Health Team or other secondary care service wish to refer

- Professional seeks consent from patient, telephones Day Supervisor at Talking Space Plus to discuss and agree the referral
- Professional send in copy of discharge letter as referral

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Brief telephone assessment outcomes

If the service is suitable for the person:

- **Step 1 treatment with Oxfordshire Mind or Mind Wellbeing Service:** For subclinical anxiety or depression or for someone who has already completed treatment at a higher step
- **Step 2 interventions:** For mild to moderate depression and anxiety disorders such as panic, OCD, social phobia, health anxiety, specific phobia, GAD, and insomnia
- **Step 3 interventions:** For moderate to severe depression and anxiety disorders (see above), plus PTSD (single incident)
- **Step 3 Mindfulness for depression group:** for recurrent depression currently in remission
- **Step 2 or step 3 LTC interventions** for patients with mood and anxiety difficulties related to long term physical health conditions

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Brief telephone assessment outcomes

If the service is not suitable for the person:

- Aim to facilitate a referral to an appropriate service, through liaison with GP and step 4 or signposting to local voluntary sector services.

 

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Treatments offered

Step 2

Staff - Psychological Wellbeing Practitioners

- Psychoeducation courses – anxiety and depression
- Computerised CBT (Silvercloud) – email or phone support
- Guided-self help
- Signposting
- 3-month follow-ups post-discharge as standard

 

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Psychological Wellbeing Practitioner role

- **‘High-volume, low intensity’ for those with “mild to moderate” difficulties**
- **Interventions** - high proportion of large group work and some individual telephone work
- **Training** – Post Graduate Certificate in Evidence-Based Psychological Therapies
- **Regular supervision**
- **Career development** – ‘Senior’ and ‘Lead’ roles, special interests

 

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Step 2: Patient comments

"Useful and informative, has certainly helped me to overcome some of my problems"

"It's nice to talk within a group and not just one to one which is quite intense"

"It would do a majority of people good"

"I have found it more helpful than I ever could have imagined."

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Treatments offered

Step 3
Staff – Cognitive Behavioural Therapists, Clinical Psychologists, Counsellors, Counselling Psychologists

- CBT Groups first
- Individual CBT if indicated which can include:
 - CTB
 - Eye Movement Desensitisation and Reprocessing (EMDR) for PTSD
 - Behavioural couples therapy (BCT)
 - Mindfulness based CBT for depression (relapse prevention)
 - Counselling for depression
 - Interpersonal therapy (IPT)
 - Brief Dynamic Interpersonal Therapy (DIT)

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Step 3 role

- **For the treatment of those with "moderate" difficulties**
- **Interventions** – group work, plus one to one face to face, couples face to face
- **Training** – Post Graduate Diploma in Evidence-Based Psychological Therapies, qualification in CBT, Doctorate in Clinical or Counselling Psychology or counselling training.
- **Regular supervision**
- **Career development** – special interests, supervisor training, training others, training in additional evidence based therapies e.g. BCT, EMDR, IPT

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Step 3: Feedback

'I am so thankful for all your help - it has really changed my life.'

'A worthwhile experience which has helped me overcome a significant problem. I am very grateful for the whole team.'

'Life saving and life changing help you have provided me with- the work you do is wonderful.'

'A very thorough and overall life changing experience'

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Long Term Conditions

- People with long-term physical health problems are 2-3 times more likely to have depression and anxiety.
- For some conditions, 50% of people will also have difficulties with depression and/or anxiety
- People with long term physical health conditions may find psychological therapies helpful

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Integrated IAPT working with people with Long Term Conditions

- Treatment through Integrated IAPT offers people the chance to help themselves to cope with the emotional challenges linked to long-term physical health problems, feel better and learn their own strategies for keeping well
- Currently focus on heart disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD), Chronic Fatigue Syndrome (CFS) and Asthma
- Able to work alongside medical professionals

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Treatments offered

LTC (Step 2 and 3)
Staff – PWPs, Cognitive Behavioural Therapists, Clinical Psychologists and Health Psychologists

As per our day to day business :

- Individual guided self-help and CBT
- Information sessions
- Mindfulness based CBT for long-term conditions
- Information and signposting to other services

 

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Evaluation and record-keeping

- Minimum data set at every contact
- Demographics (i.e. age/ethnicity), activity (numbers of people seen) and outcome data fed back to national IAPT monitors
- Notes on secure database unique to Talking Space Plus (not accessible to any other service)
- Summary of treatment letters routinely copied to GPs
- No other information shared except in cases of high risk or in response to a court order

 

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Additional interventions and services

- Employment support (Restore) to liaise, provide signposting and support for people struggling to stay in or re-enter employment
- PPIP Care (Psychological Perspectives in Primary Care)
- Signposting to local organisations

 

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We work with Veterans and family members of Veterans – they may be prioritised if their difficulties are related to their time in service

We also prioritise some other service user groups such as women who are pregnant or have a child under 1 year, where the difficulties are impacting or likely to impact on the relationship with the child and people experiencing a relapse of OCD.

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Who to refer?

All individuals who are registered with an Oxfordshire GP, over 18 and who have one or more of the following:

- **Mild depression** who have not responded to active monitoring
- **Moderate depression**
- **GAD, panic disorder, phobias, social phobia, health anxiety**
- **Mild to moderate OCD**
- **PTSD** (single incident)

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Who can't we see?

- Children (under 18)
- Acute mental health crisis/ high risk to self or others
- Severe depression/anxiety
- Severe OCD
- Eating disorder
- Chronic pain (as primary problem)
- Psychosis eg. Schizophrenia
- Bipolar disorder
- Personality disorder (as primary problem)
- Significant substance misuse
- Currently seen by another mental health service/ already receiving psychological therapy or counselling
- Not registered with Oxfordshire GP

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Current waiting times

Response to referral

- Aim to book an initial telephone assessment within 48 hours

Step 2. low intensity

- Courses starting every month
- Computerised CBT usually within 2 weeks
- Guided self-help usually within 6-8 weeks

Step 3. high intensity (variable but on average):

- Group treatment to start ideally within 8 weeks
- Individual treatment where indicated

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Statistics

- In the period Jan – March 2018:
- **99%** of patients reported that they felt staff listened to them and treated their concerns seriously
- **97%** of patients reported that they felt the service helped them to better understand and address their difficulties

- In the period from Jan – March 2018 we received:
- 3,531 referrals
- 53.2% service users reached recovery (target 50.5%)

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Questions?



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Contacts and further information

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