Psychological Therapies for SMHP Programme

Katherine Newman-Taylor

Associate Professor
University of Southampton

Consultant Clinical Psychologist
(Hon) Southern Health NHSF Trust

knt@soton.ac.uk

- Outline national programme
- Challenges and opportunities
- Implications for services and trainers – closer working
- Implications for clinicians – preparation and support through training

Why psychological therapies for SMHPs?

"They've got a hold over you, these voices. They will make you very angry, they will make you distressed, angry, you can even start crying. It won't let you go, it just won't let you lie there and rest, they're always at you, they're at you 24 hours of the bloody day. You would have thought, oh just hearing a sound could be, could make you want to die, but it can, they're very severe voices."

(Abba et al., 2008)

Why psychological therapies for SMHPs?

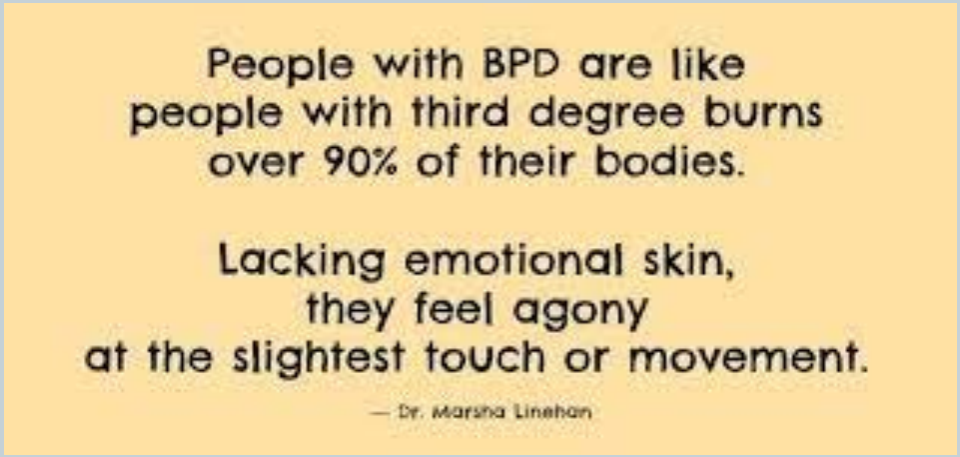
"[When I'm hypomanic] everything seems wonderful and I feel like I am a genius! The next stage is more worrying (though not to me at the time) I become disinhibited and take off all my clothes in public. Also, I believe I can fly and try to get to high places so that I can launch myself into the air. What seems such a wonderful feeling quickly becomes very dangerous! … [My depression] comes on quite quickly, the first sign is that my sleep gets interrupted … I no longer feel hungry. Alongside these things are a worsening of my mood, I feel bleak and lonely, even when I am around people who I love and am loved by. I feel an intense ache deep inside my chest and a sense that I am a horrible person that no-one can possibly like … As time goes by I start to feel suicidal, that the world and especially those close to me would be better off without me."

(Debbie Mayes, Understanding Bipolar, BPS, 2010)

Why psychological therapies for SMHPs?

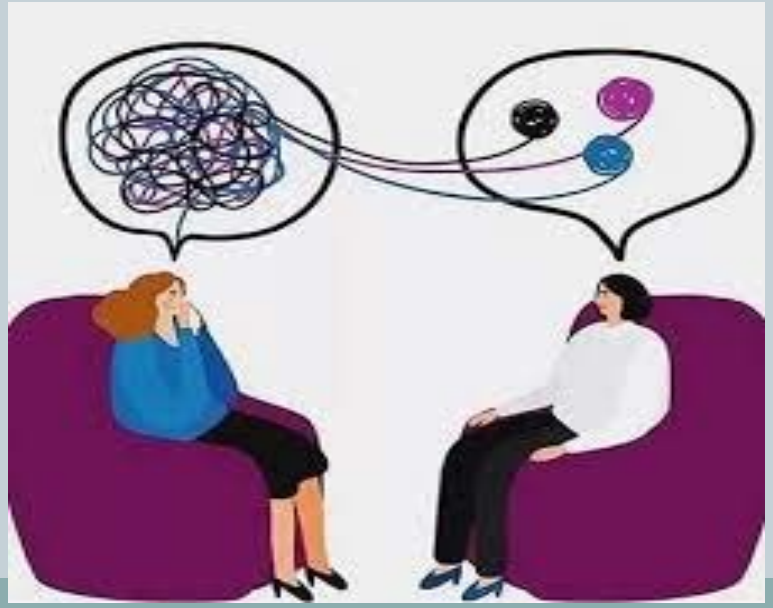
"Being a borderline feels like eternal hell. Nothing less. Pain, anger, confusion, never knowing how I'm gonna feel from one minute to the next. Hurting because I hurt those whom I love … Wanting to die but not being able to kill myself because I'd feel too much guilt for those I'd hurt, and then feeling angry about that so I cut myself or take an overdose to make all the feelings go away."

(BPD Central, 2020)



Psychological therapies for SMHP

- Psychological therapies are helpful for many people
- NICE has reviewed the evidence and recommends psychological therapy for people diagnosed with schizophrenia (NICE, 2014), bipolar (NICE, 2018) and personality disorders (NICE, 2009)
- Demand vastly outstrips supply – many struggle to access therapy or drop out prematurely



British Journal of Clinical Psychology
The British Psychological Society

Original Article

Predictors of disengagement from cognitive behavioural therapy for psychosis in a National Health Service setting: A retrospective evaluation

Thomas Richardson, Ben Dasyam, Helen Courtney, Lucy White, Jo Tedbury, Jane Butt, Katherine Newman-Taylor ... See fewer authors

First published:10 June 2019 | https://doi.org/10.1111/bjc.12222

Abstract

Objectives

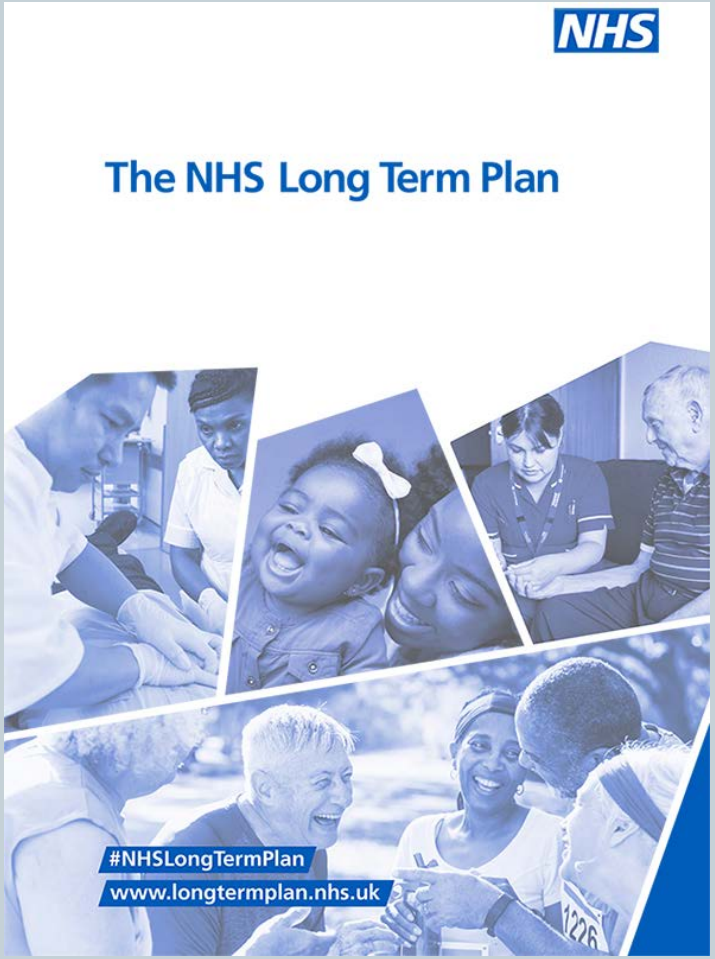
To evaluate whether demographic and clinical variables are related to disengagement rates in cognitive behavioural therapy (CBT) for psychosis in a clinical setting.

Methods

The medical records and symptom severity data (from Health of the Nation Outcome Scales) were analysed retrospectively for 103 referrals for CBT for psychosis in a National Health Service secondary care and Early Intervention in Psychosis team.

Psychological therapies for SMHP – National plan

- Mental health one of the NHS Long Term Plan clinical priorities
- Everyone with SMHPs will have access to ‘full dose’ evidence-based psychological therapies
- Health Education England and NHS England aim to upskill current and incoming workforce in these therapies
- Integrated care systems to work on a ‘comply or explain’ basis



Psychological therapies for SMHP – National plan

Funding available 2020/21 – 2023/24 for:

- CBT for psychosis and bipolar
- CBT for personality disorders
- DBT
- CBT for eating disorders
- Whole team training for eating disorders

HEE working towards similar for:

- Mentalisation Based Therapy
- Structured Clinical Management

Psychological therapies for SMHP – National plan

Funding available 2020/21 – 2023/24 for:

- **CBT for psychosis and bipolar**
- **CBT for personality disorders**
- DBT
- CBT for eating disorders
- Whole team training for eating disorders

HEE working towards similar for:

- Mentalisation Based Therapy
- Structured Clinical Management

Challenges and opportunities

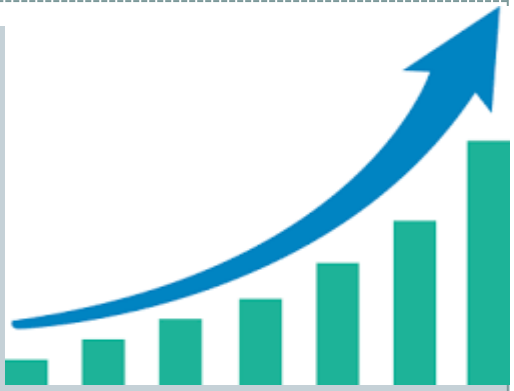
Challenges

- Little room for flex given NHS pressures, staffing and structures
- HEE funding a limited range of therapies
- Training is not the (only) answer – workforce planning key

Opportunities

- Significant HEE funding available imminently
- Service pathways provide basis for PT-SMHP programme
- If not now, when?

Implications for services and trainers



- NHS Trusts will need to demonstrate a significant step-up in delivery of therapies for psychosis, bipolar and PDs
- Psychology, MDT and training leads liaise early to identify staff who are *committed, academically capable, in the right roles*
- Where DBT is the dominant therapy for EUPD, consider whether also valuable to train clinicians in therapies for other PDs
- Psychology service leads consider how to accommodate CBT trainees
- Liaise with universities to plan ahead and ensure training plans translate into improved patient care

Implications for service commissioners

- How to support services already under tremendous pressure?
- How to facilitate uptake of HEE training funds?
- How to encourage service, psychology and training leads to prepare for significant step-up in delivery of therapies for psychosis, bipolar and PD?

Implications for clinicians

Preparation

- Is this for you? Talk to your manager, team psychological therapists
- Arrange psychologically-informed work under supervision
- Consider introductory sessions (in-house or with University)

Support through training

- Practical – ring-fenced time and reduced caseload
- Emotional – support from family, friends and colleagues
- University support through training

University of Southampton

Introduction to CBT
informed clinical practice
10 day module for people new to CBT

PG Dip in CBT*
for anxiety & depression
2 years part time
(non-IAPT stream)

PG Dip in CBT
for anxiety & depression
1 year full time
(IAPT stream)

PG Dip in CBT*
for psychosis & bipolar
2 years part time

PG Dip in CBT*
for personality presentations
2 years part time

* Full and 'top-up' routes

Why psychological therapies for SMHPs?

"The collaborative relationship I have with Paul gives me confidence that my ideas, as well as his, are important … giving me a lot of power and I feel that I am in control … Talking about the 'voices thing' became open and normal … where the voices come from, the effect they have on me, how the voices feed on my present feelings and how I can, hopefully, partially control them … One long-term strategy – challenging the voices – has proved to be the hardest but the most successful. As soon as a voice pops into my head I try to test out, with previous evidence, what the voice is saying. The voices often come up and interrupt sessions. We don't just ignore them, we deal with them. It now seems to me that the voices … [are] a by-product of my own self-image."

(Val, BPS, 2014)

Why psychological therapies for SMHPs?

"CBT enabled me to get in control of what was in my head. Everything is less chaotic and my mind is now freed up to do other things. My therapist was a kind, warm woman and she helped me make maps of my thinking. Just seeing down on paper that my thoughts follow a set course every time was a revelation. Negative thinking is not only seductive, it is a road made of quicksand. You will be swallowed up by it if you give any weight to it. CBT gave me a crossroad to choose from … In a nutshell, ten years ago I would have been one of those people who said 'yes, assisted suicide for the mentally ill is a good, necessary thing. But today I don't. Why not? Because I have changed. Change is possible."

(Dolly Sen, BPS, 2014)