



# York and Selby IAPT

Supporting You and Your Patients Through  
COVID-19 and Beyond

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## Aims of Workshop

- Explore some common beliefs about IAPT
- Update on our response to COVID 19 and what we expect to see in future months
- Help you differentiate between a 'normal' response to the pandemic and when to refer to IAPT

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## Do IAPT see people with suicidal ideation? **YES**

- Suicidal ideation is a known symptom of depression – IAPT see clients experiencing this regularly .

However

- IAPT is not suitable to meet the needs of clients who are at immediate or unstable risk and/or actively suicidal and unable to maintain their own safety

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## All IAPT waits are really long **NO**

- Whilst some pathways do have long waits, last year 70.93% of people waited less than 90 days from assessment to entering a course of treatment. For clients whose distress is mild to moderately severe waits are not long- please refer early!
- Some GP's have told us they view IAPT as a secondary care service and they tend to wait a while before referring. Although provided by TEWV NHS Foundation Trust the IAPT service is a primary care not secondary care service-you can refer early!



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# IAPT just offers counselling **NO**

- We offer a range of treatments- please let the patient know you are referring for help with anxiety or depression not for counselling- we'll work with them to explain the best evidence based therapy for their presenting problem.
  - Psychoeducational courses
  - Computerised CBT
  - 1:1 Guided Self Help
  - Counselling for Depression
  - CBT- 1:1 and groups
  - EMDR
  - Employment advisors



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# Response to COVID 19

Demand for IAPT services

Changes so far

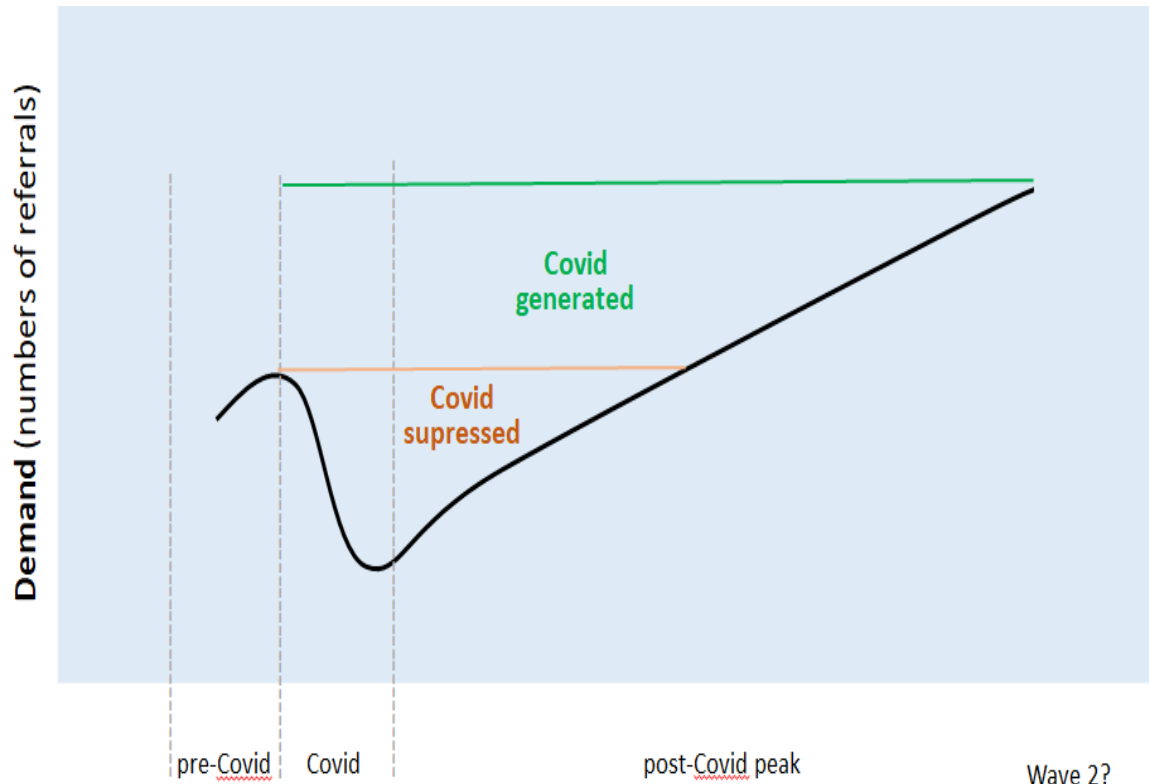
What's next

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# What are we expecting to see- demand



### Covid-suppressed

People who we would have expected to be referred to our services, had Covid-19 not occurred.

It is assumed these people will seek support from services over time.

### Covid-generated

People not yet known to us, whose experiences of Covid, both direct and indirect, has caused them to develop a degree of mental illness.

### Covid-altered intervention

Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

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## How have we adapted to COVID-19?

- All sessions are being offered remotely
  - Telephone or face to face via video conference (Attend Anywhere)
- Staff upskilling-CPD in how to adapt to delivering remote treatment e.g. OCD, Social anxiety, EMDR.
- Staff upskilling-CPD in how to adapt treatment for COVID specific clinical presentations e.g. PTSD, traumatic grief.
- Forecasting and demand and capacity predictions within the wider MH system.
- Pathways planning across MH services.



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## What's next?

- Use of digital technology to support delivery of Groups and courses.
- Launch of our COVID specific pathways:
  - COVID-19 distress bespoke course
  - COVID 19 cCBT offer
- Development of employment advisor 'COVID' offer.
- Prioritisation of front line care staff (In addition to our usual priorities of perinatal women and veterans).
- PCN testing of triage at the point of referral.
- PCN testing of our LTC IAPT pathway.



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## Considering IAPT going forward

How might your patients be feeling

What conditions are we expecting to see

When to refer to IAPT and where to signpost if  
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# What are we expecting to see-conditions

Expected events-impacts arising from Covid-19, direct and indirect

Mental health (adult and older adult)

	Short-term		Medium to long-term	
	Event (cause)	Potential impact (effect)	Event (cause)	Potential impact (effect)
Covid-19 direct	Threat from Covid-19, perceived and actual	Anxiety Exacerbation of existing psychotic symptoms	Post ICU syndrome (PICS)	Anxiety Depression PTSD
	Bereavement	Depression	Bereavement	Prolonged traumatic grief Complicated grief
Covid-19 indirect	Lockdown and isolation	Anxiety Depression Exacerbation of existing psychotic symptoms Increase in alcohol misuse and other addictions	Psychological impact on front line staff	PTSD
	Fear of potential economic impact	Anxiety	Actual economic impact, e.g. unemployment, job insecurity, income reduction, increased debt, housing loss, loss of socio-economic status	Anxiety Depression Suicide Increase in alcohol misuse and other addictions
	Adversely affected personal relationships, including domestic violence	Anxiety Depression	Adversely affected personal relationships, including domestic violence	Anxiety Depression Increase in alcohol misuse and other addictions

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## What People May Describe

- Stress
- Worry – the future, health, finances etc.
- Relationship difficulties
- Low self esteem
- Adjustment to injury/ illness
- Adjustment to life changes and events
- Feeling overwhelmed
- Sleep difficulties

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# What else are we expecting to see in the coming months?

- COVID “Stress”
  - Isolation, relationship pressures, increased anxiety and alertness to danger, lack of quality time, boredom, fatigue, reduced leisure activities, reduced physical exercise, increased pessimism and less hopeful about the future
- Contamination OCD
  - Compulsions over and above what is required and recommended
- PTSD
  - Patients, their friends, families and carers
  - Frontline workers including ICU and care home staff

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# What are we expecting to see in the coming months?

- Traumatic Grief

- Can be defined as an abrupt, unexpected loss leading to a complicated/ atypical grief reaction – more detail on next slide
  - During the peak COVID somebody could have been taken into hospital and not allowed visitors and only a cursory funeral
  - Those close may not be able to process this due to the lack of acceptance, preparedness and rituals to say goodbye

- Increased prevalence of depression and anxiety

- Strong links to socioeconomic factors which are predicted to worsen



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## Psychological Disorders after Bereavement – “Traumatic Grief”

- PTSD, Prolonged Grief Disorder (PGD), Depression (and combinations)
- PTSD: flashbacks, nightmares, hypervigilance, exaggerated startle response, avoidance – typically a reaction to witnessing the death
- PGD: yearning, preoccupation with the deceased – typically a reaction to the loss experienced
- **NOTE: PTSD can be identified and referred soon after loss. PGD can be identified and referred after 6+ months**
- Overlap in psychological processes maintaining the problem (e.g., self-blame, rumination), but also more specific more ones



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# Psychological Disorders after Bereavement – Prolonged Grief Disorder

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## ICD-11 PGD criteria

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- A. At least one of the following**
1. Persistent and pervasive longing for the deceased or
  2. A persistent and pervasive preoccupation with the deceased
- B. Examples of intense emotional pain**
- Accompanied by intense emotional pain e.g. sadness, guilt, anger, denial, blame
  - Difficulty accepting the death
  - Feeling one has lost a part of one's self
  - An inability to experience positive mood
  - Emotional numbness
  - Difficulty in engaging with social or other activities
- C. Time and impairment criterion**
- Persisted for an abnormally long period of time (more than 6 months at a minimum): following the loss, clearly exceeding expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis.
- The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning.



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## Health Anxiety

- Persistent belief/ preoccupation that has one or more serious physical illnesses
- Excessive time spent thinking about this
- Does not remit despite repeated reassurance
- Heightened bodily focus

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## Health Anxiety Helpful Questions

- **What** do you think you might have?
- How often have you been to the doctor? How many tests have you had?
- What did they say? What was your reaction?
- **How much of the time** are you worried about this?
- Does the worries cause you a lot of **distress** or **impact** on your daily life?

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# Health Anxiety or...

## ● Panic Disorder

- Right now vs future orientated (Heart attack vs Heart disease)
- Bodily symptoms present not just during panic attack
- Misinterpret many stimuli not just symptoms
- Safety behaviours related to getting answers not preventing catastrophe

## ● GAD

- Variety of themes (including health) in GAD
- Worry about worry

## ● OCD

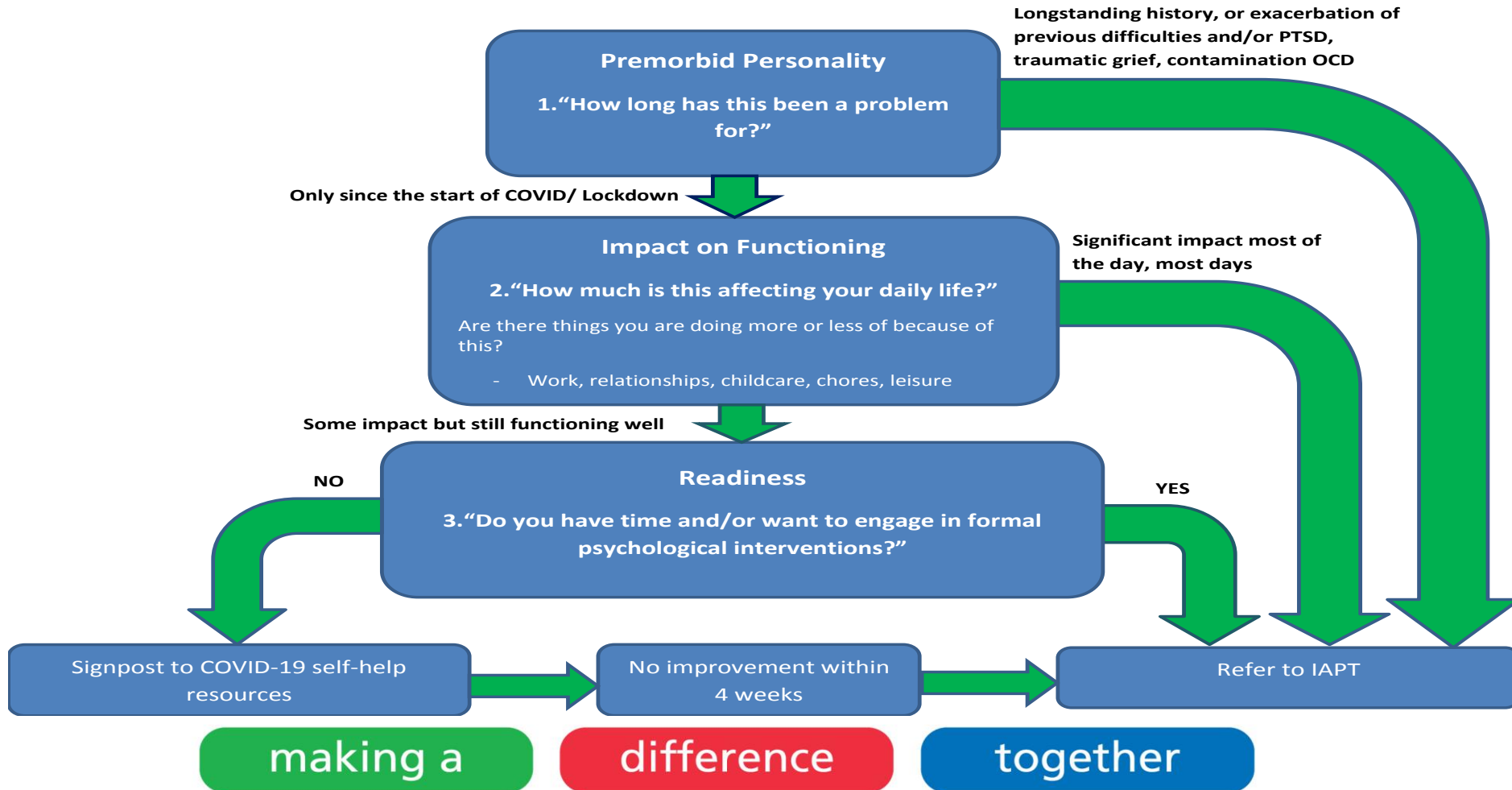
- OCD around contamination often about fear of contracting and transmitting an illness. HA already believe they have illness and consequence is debilitation or death

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# Three Key Questions





## Resources

- TEWV Recovery College Online: Coping with the Pandemic
  - This course has been developed for everyone in response to the recent global pandemic.
  - There is information about how to avoid catching/spreading the virus, what immediate feelings you may have and common reactions, managing your mental health at this time, managing isolation and social distancing, self-care, supporting children and young people and some accessible information.
  - The course is free to access for everyone. You can access the course from this link: <https://lms.recoverycollegeonline.co.uk/course/view.php?id=373>
  - It will be continually updated with the latest information and advice.
  - **Online course: coping with the pandemic for children aged 7-12**  
<https://lms.recoverycollegeonline.co.uk/course/view.php?id=375>



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## Resources

### ● Thrive LDN

- An excellent webinar series available to watch online that focuses on various elements of coping and wellbeing during COVID
- Can be accessed at: <https://thrivedn.co.uk/resources/coping-well-during-covid/>
- Wealth of wider self help materials accessible on the main page: <https://thrivedn.co.uk/>

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## Resources

### ● CRUSE Traumatic Bereavement

- Helpful materials addressing, normalising and offering suggestion on how to cope with issues related to Coronavirus bereavement
  - Grieving in isolation
  - Traumatic grief
  - Coping as restrictions ease
  - Funerals and memorials
- This can be accessed at: <https://www.cruse.org.uk/get-help/traumatic-bereavement>

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## Resources

- Article from the Guardian on managing health anxiety during Coronavirus
  - Normalising article with good general tips for coping
  - Can be accessed at:  
<https://www.theguardian.com/society/2020/mar/16/coronavirus-health-anxiety>

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## Refer or Signpost to IAPT

- Self referral: People can now self-refer online via the website **[yorkandselbyiapt.co.uk](http://yorkandselbyiapt.co.uk)** or phone 01904 556820
- GP Referral form: single form on GP system—just add referral reason and risk information.
  - Self Referral ‘GP prescription pads’ available-contact us if you need a restock.

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## Contact details:

- York and Selby IAPT, Huntington House, Jockey Lane, York, YO32 9XW
- 01904 556820
- [TEWV.iaptYorkSelby@nhs.net](mailto:TEWV.iaptYorkSelby@nhs.net)
- If you would like us to attend a practice or PCN meeting to provide more detailed information on IAPT please contact Debi Bray-Menezes (Service Manager) using the email address above.

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