

**iapt**

Improving Access to Psychological Therapies



# How to make IAPT more accessible to Older People

## A Compendium

March 2013

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# Acknowledgements and copyright

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# Foreword by Minister

In February 2011, the Government published 'No health without Mental Health': a cross Government mental health outcomes strategy for people of all ages. Here we set out our approach to improving the mental health and well-being of the nation. 'Talking Therapies: A Four Year Plan of Action' accompanied the mental health strategy and set out our policy priorities in this area. One of these priorities is the continued expansion of the IAPT programme including amongst other things improving access for older people.

We know from the data and evidence from service users that IAPT psychological therapies work across the age range and have achieved good recovery rates since inception. We also know that there is a significant under-representation of older people accessing IAPT services. It is important that this is addressed. We should, moreover, remember that from October 2012 this Government outlawed age discrimination in the delivery of health and care services.

Older people are more likely to feel isolated and vulnerable, even unaware of the services that exist locally that could help them combat depression and anxiety. Those that have accessed talking therapies have shown good recovery rates with most completing their therapy sessions. It is important we encourage more older people to feel confident in accessing these services.

I know that local services are very willing to reach out to local communities. The examples in this document, give some insight into what works by for example targeting specific networks or generally using more flexible and innovative approaches to attracting older people. I would encourage you to adapt or adopt them locally in order to change the current patterns of under-representation by older people in IAPT services.

**Norman Lamb MP**  
**Minister of State for Care and Support**

# Preface by the Older People's National Adviser

The IAPT Programme is available to all adults in England. Despite this there is a clear under representation of older people accessing IAPT services, and this inequality has to be addressed.

In my role as IAPT national clinical adviser for older people I have been in contact with many IAPT colleagues who have been working to improve access for older people. In this compendium, we draw together some of these examples, and hope that this will inspire you and your service to begin to address more fully access for people over 64 years.

The initiatives discussed here highlight the importance of collaboration with local health and social care providers in raising the confidence of both older people, and professionals in seeing talking treatments for anxiety and depression as suitable and relevant for older people.

IAPT services, in their short history, have demonstrated a capacity for flexibility and innovation in helping a wide range of people access psychological treatment. I am confident that IAPT services will draw on these examples, and the lessons learned, to improve access for older people across the talking therapies programme.

**Marie Claire Shankland**  
**National Adviser on Older People**  
**IAPT National Programme**

# Introduction

Across England the IAPT programme continues to improve access with 528,000 people entering IAPT treatment for anxiety and depression in 2011/12 compared to 182,000 in 2009/10. The recovery rate for those completing two or more treatment sessions is 46.1% and on track to achieve 50% by 2015.

Despite IAPT services being open to all adults there is a considerable under representation of older people amongst the population accessing IAPT. The estimated prevalence of common mental health disorders for adults over the age of 64 in England is 18% (Adult psychiatric morbidity survey, 2007). Access rates to IAPT nationally for this group is an average of 5.2% compared with a rate of at least 12% set out in the 'Talking therapies: four year plan of action' (DOH 2011).

Obviously the percentage of older people in a local population will vary but the universal message for IAPT services in England is that older people are not accessing IAPT in expected numbers.

The Equality Act (2010) sets out statutory requirements to combat the potential for discrimination in public services and requires that barriers to access to services for older people be addressed.

This document seeks to disseminate ideas about how best to improve access rates for older people into IAPT.

## Effectiveness

There is a considerable body of research evidence that indicates that talking treatments are just as effective in addressing anxiety and depression in older people as other age groups.

**“It has given me my zest for life and living again. I see a future with purpose now”**

A helpful summary of this research can be found in the evidence tables in this link – [http://www.nes.scot.nhs.uk/media/425354/psychology\\_matrix\\_2011s.pdf](http://www.nes.scot.nhs.uk/media/425354/psychology_matrix_2011s.pdf) NICE guidance on the treatment of anxiety and depression makes no variation in its recommendations relating to age.

The national data for IAPT indicates that there is no difference in recovery rates for those aged over 64 years. Anecdotally, some IAPT services have reported finding higher recovery rates for those over 64 years, and a trend towards older people being more likely to complete a full course of treatment than other age groups.

So if IAPT is available to older people and the psychological interventions provided are effective why are there so few older people accessing the service and what can be done?

## Barriers

A very simple barrier is the historical situation where specialist mental health services existed for older people and so health and social care professionals forget that IAPT is an all age adult service!

A significant barrier is one of perception. The perception being that talking treatments would not be as relevant for older people's problems – this can be on the part of the older person themselves or the health and social care professionals who work alongside them.

A third set of barriers are practical, in terms of the type of mobility issues or sensory problems that are more common in older people, and may require flexibility from services about the venue, timing and format of the service delivery.

The fourth area commonly cited is that generically trained staff lack understanding of the issues for older people accessing treatment, and thus older people are 'put off'. There is no evidence of higher drop out rates of older people from IAPT services. However, it has been acknowledged that IAPT workers express a lack of confidence in working with older people. The IAPT Workforce Education and Training Group, in conjunction with experts in psychological treatments for older people, has produced a competence framework and an indicative curriculum for working with older people. This will form the basis of future Older People training on IAPT courses and will be available to provide top up training for existing IAPT staff.

**“I have gained the tools to help myself”**

In this compendium we will outline the work that has been taking place in IAPT services to try to increase access for older people.

## 1. Promotion

A number of initiatives have been developed to promote IAPT services both directly to older people but also to raise the profile of IAPT amongst workers in health and social care who have frequent contact with older people.

### Westminster

Westminster IAPT undertook an 18-month NIHR (National Institute for Health Research) CLAHRC (Collaboration for Leadership in Applied Health Research and Care) project to evaluate the effectiveness of promoting **self-referral**<sup>1</sup> as a means of improving access for under-represented groups.

Over the period of the project, rates of self-referral amongst patients under 65 increased significantly, reaching 25% of all referrals. Amongst over-65s the rate of self-referral was higher still, at over 30%, thus providing evidence that self-referral is particularly effective in promoting access for older people.

Further analysis demonstrated that it was rare for patients to self-refer purely in response to a poster, flyer or website. The great majority (85%) of self-referrals first heard about the service from a health or social care professional (“prompted self-referral”). Consequently the service is now directing its’ promotional efforts towards health, social care and third-sector organisations who may be in a position to prompt their clients to self-refer.

1. Green,S.A., Poots,A.J.,Marcano-Belisario,J., Samarasundera,E., Green,J., Honeybourne,E., and Barnes,R. (2012) ‘Mapping mental health services access: achieving equity through quality improvement’ Journal of Public Health; doi: 10.1093/pubmed/fds071.

## Gateshead

The Gateshead service developed leaflets, posters and a laminated aide memoire for referrers (see appendix 1 and appendix 2).

These detail how depression and anxiety may present in an older person with specific symptoms to look out for, and things that older people will commonly say when trying to describe anxiety and depression. They also describe briefly how talking treatments are effective for working with older people and the importance of referring to the IAPT service, or specialist older people services.

## Buckinghamshire – Healthy Minds

A poster campaign promoting IAPT to older people has been conducted including post offices and bus stops. Adverts about IAPT were included in council booklets sent to every household in the county and on the back of supermarket till receipts.

The Healthy Minds quarterly GP newsletter encourages referrals and gives examples of work with older people. A training session for 40 GPs on ‘Improving the well-being of older people’ was delivered at the annual GP refresher programme.

Along with other initiatives described below Buckinghamshire has seen an increase in referrals for older people from 4-5% to 9-10%.

## Mid Essex

A CQUIN funded programme (2011-2012) was undertaken to raise awareness and enhance access through outreach work with older people referred into IAPT.

“helps you cope with things...  
to deal with transitions”

This involved a dedicated senior PWP who raised awareness of older people and common mental health problems with staff across primary and secondary NHS care, social services and the non –statutory sector.

A range of interventions were developed to improve the experience of IAPT for older people.

Following the campaign the percentage of older people accessing the service increased from 5% to 10%

## Camden and Islington

Developed older adult specific leaflets and promotional materials to use in ‘pop-up’ promotional visits to older people’s community services such as day centres and sheltered accommodation. Articles in the local press have advertised older people’s stories of receiving help.

This work has been done jointly with IAPT workers and older people specialists who provide supervision and consultancy within the IAPT service.

## Lessons

- it is possible to get an increase in referrals
- general publicity campaigns need to be repeated
- self – referrals can be increased but tend to be via a recommendation
- tailor the materials to your specific audience – consult them



- make the route in as simple as possible
- joint working with specialists in older people's psychological services helps develop the content of materials
- GP protected learning workshops are a good platform for launching the materials

## 2. Adapting existing approaches

### Self help materials

In Camden and Islington they have adapted self-help materials to make them more user friendly and relevant to older people, by working with a group of older service users. The self-help materials were introduced to the PWP's with a seminar on older people and depression. PWP's report the material is useful in their work with older people.

### Low intensity group interventions

Talking Space (Oxfordshire IAPT) provided a day long workshop format for all ages on anxiety and depression. This has been adapted for older people by reducing the length of the sessions to 2 hours and holding the sessions in a more accessible venue for older people.

“made you think – I’ll know now when I’m getting low again”

Buckinghamshire Healthy Minds provide CBT for insomnia for individuals and groups which many older people access. The Buckinghamshire service supports the development of the CBT Insomnia training programme on behalf of the SHA and provides training for IAPT staff from services across South Central SHA. Insomnia is a problem amongst older people with common mental health problems and treatment for insomnia may be seen as a less stigmatising way of accessing treatment.

Camden and Islington have developed a 'Living Positively in Later Life' group programme offering 3 or 6 sessions to groups of older people in community settings including sheltered accommodation, day centres, health centres and carers centres. As part of this project efforts have been made to engage underrepresented local populations, for example offering a group to Greek Cypriot older people with adapted materials and working with an interpreter. These groups have raised awareness and led participants to self-refer into the IAPT service.

## Lessons

- simple adaptations to session length or venue can help older people access low intensity interventions
- some groups of older people may be underrepresented and this can be addressed by targeted groups
- insomnia is a concern for many older people with common mental health problems and insomnia groups may be perceived as less stigmatising than other low intensity groups

## 3. Long-term conditions

One of the priorities for the expansion of the IAPT programme is to include people with Long Term Conditions (LTC) and/or Medically Unexplained Symptoms (MUS).

Fifteen therapy teams were selected to become IAPT LTC/MUS Pathfinder sites in February 2012 and the roll out of the project started on 1 April 2012. The IAPT LTC/MUS Project involves the evaluation of the pathfinder sites, and subsequent dissemination of learning and recommendations to improve access to

psychological therapies for people with LTC and/or MUS.

An evaluation of the Pathfinder sites will be carried out by September 2013 by an independent evaluation agency. This will include reviews of service models and care pathways, patient centered assessment, clinical and economic outcome measures, pathfinder workforce competency, and LTC/MUS training. In addition there will now be a separate analysis of the data to focus on those who have used the services who are aged 64 years and over.

From simple demographics we would expect that addressing the specific needs of people with co-morbid long term conditions will address the needs of a large group of older people with up to 50% of people being seen in LTC/MUS pathfinder sites being over 64 years old.

Below are some examples of how the LTC/MUS pilot sites are addressing the needs of older people.

### Durham and Darlington

County Durham and Darlington IAPT service, Talking Changes, is a Pathfinder site for LTC/MUS developing a model of Collaborative Care, between IAPT staff, community matrons and respiratory nurses. Talking Changes trained the community matrons and nurses to use the four, Talking Changes, CBT based Wellbeing workbooks with their patients. In addition to a co morbid diagnosis of anxiety/ depression or both, the disorders treated so far have included COPD, Diabetes, Stroke, Fibromyalgia amongst others, with many of the patients treated being over 60 years old.

The community matrons and nurses also receive monthly supervision from Talking Changes. Each Patients care will be evaluated after 3 months post treatment.

**“it was more than just help for stress. I found it has inspired me to move on”**

### Oxfordshire Heart2Heart Cardiac Project

This is a collaboration with the specialist cardiac services to deliver an integrated physical and psychological care pathway. The majority of patients in the project are over 60 years. IAPT staff deliver a psycho-education session during the normal cardiac rehabilitation programme and patients/carers can self-refer. Cardiac nurses receive training and supervision and refer patients who have an elevated Hospital Anxiety and Depression Scale (HADS) score; or who they suspect are suffering from co-morbid anxiety and/or low mood. Patients are seen at Step 2, 3 or 4 depending on their need and the psychological intervention is co-located in the cardiac service bases. Early data on those completing treatment shows good recovery rates. A national economic evaluation is currently underway.

### Buckinghamshire – Breathe Well project (Healthy Minds, Oxford Health, NHSFT)

The Buckinghamshire Department Of Health, IAPT, Long Term Conditions pathfinder project for 2012/13 is developing an integrated primary and community care pathway for people with COPD, the majority of whom are over 65 years, with many over 80years. Specific interventions are offered jointly by IAPT and respiratory staff including a Step 2 guided self-help manual supported by 3 support calls and a modified rehabilitation programme to include psychological factors. All patients are screened

for common mental health problems and additional Step 2 and 3 interventions, as well as home visits for housebound patients, being available for those who require it. Early data indicates that the intervention is acceptable and accessible to older people and recovery rates are good. An economic evaluation is currently underway as part of the national IAPT LTC/MUS evaluation.

### Lessons

- access older LTC patients directly via GP surgery disease registers
- joint training for IAPT and respiratory staff is effective
- allow extra time for phone and face to face sessions
- young members of staff will usually be accepted if they quickly establish themselves as confident and competent
- IAPT staff need to have a basic understanding of LTCs to have credibility

## 4. Learning from specialist services

Pre-dating the IAPT Programme there were a few examples of specialist primary care services for older people. These services have a considerable number of years experience both in providing services to older people and in promoting the service to the wider health and social care network to ensure older people get access. Some of the lessons learned are summarised here:-

### Salford

This multidisciplinary team of clinical psychologists, counselling psychologists, counsellors, and an occupational therapist has been running for more than a decade.

### Types of referral

People with moderate to severe mood problems associated with or exacerbated by age-related needs and problems. For example people with anxiety, depression, stress, or relationship difficulties associated with the adjustment/loss issues that are more prevalent in later life. These can be adjustment to retirement, multiple physical health problems, caring for spouse or parent with age-related needs or dementia, mild cognitive impairment. The service also sees people with anxiety, depression and other mild to moderate mental health problems in later life that are more suited to therapies adapted to account for sensory, cognitive, and physical abilities.

“it certainly worked for me I am happy again and looking forward to the future”

### How do we increase access for older people to psychological therapies?

- Routine monitoring of referral sources to ensure continuity of referrals
- Active follow-up with referral sources that appear to have reduced their referral rates
- Routine liaison with and promotion of the service to GPs, other primary care health and social care professionals, and voluntary agencies (e.g. attend practice meetings, send out newsletters & flyers of any service updates)
- Routine liaison with the local Functional and Organic CMHTs to ensure that psychological therapies at primary care level are available for clients being stepped-down or for clients for whom secondary care interventions are not appropriate
- Offer awareness training on older people's mental health needs to other primary care health and social care professionals
- Routine administration of a service-evaluation questionnaire to clients to monitor service-user perspectives on the service we offer
- Service-user evaluation audits to ensure that clients' views are taken into account when planning any service changes or developments

### How do we make our service accessible for older people?

- Enable people to opt-out of the service rather than opt-in
- Routinely offer people a choice of home versus clinic appointments
- Where possible, arrange initial appointments by telephone and then follow-up this initial contact by written letter

- Offer people reminder calls (with their consent) so that appointments are less likely to be missed
  - Do not routinely discharge after a certain number of DNAs/cancelled appointments
  - Follow-up DNAs/missed appointments (if appropriate) by contacting GPs/carers/client in case these were due to memory problems, physical health problems, or illness
  - Adapt our publications/materials so that both content and format are appropriate for older people
  - Use standardised outcome measures that are appropriate for older people
  - Close liaison with other primary care health and social care professionals so that the client's mental health needs are assessed and formulated within the wider health & social care setting
- that they will be seen for assessment and treatment as quickly as possible
- Not routinely sending the opt-in pack to older people without a prior conversation with a member of staff to ensure that they are happy to complete questionnaires before the face-to-face session
  - Adjusting the frequency and pacing of therapy sessions according to the needs of older adults. For example giving extra help to complete the mandatory data set if needed
  - Offering home visits to older adults who have mobility issues and / or unwilling to attend appointments in clinic
  - Employing a consultant clinical psychologist who has a special interest and expertise in working with older adults to provide clinical supervision and consultation for IAPT workers
  - Training sessions on working with older adults for both High Intensity and Low Intensity therapists

## South London and Maudsley (SLAM)

The Late Life Primary Care Psychological Therapy project in SLAM predated IAPT but has subsequently merged with Southwark IAPT to provide a service to older people. The experience of the project helped shape practice within IAPT Southwark to help increase access for older people through:-

- Repeated promotion of the service, over the past few years, by sending out service leaflets to organisations that work with or pertinent to older adults – e.g. community centres, older adults clubs, sheltered accommodation, library service for housebound people
- Operating a separate waiting list for the work of older people. There are ring-fenced therapy sessions for older adults to ensure

The service has helpfully adapted the lessons they have learned, from working over time to increase the numbers of older people accessing their service, into an audit tool to help services benchmark how accessible they are to older people – see appendix 3.

**“I was referred by my GP and I was able to talk about my feelings and have time to talk, I came through it and I feel more peaceful now”**

## Targeting specific groups of older people

We know that some groups of older people are more likely to struggle with anxiety and depression. These groups include those who live in residential and nursing homes, those who are socially isolated especially those over 80 years old who live alone, and those who care for their partner a relative or friend.

IAPT services have developed initiatives aimed at accessing some of these groups.

### Westminster

Westminster IAPT is currently undertaking a project initiated by the North West London HIEC (Health Innovation and Education Cluster) to promote “prompted self-referral” of carers who are experiencing depression or anxiety. The project is a collaboration with local statutory and third-sector carer support organisations who can both prompt self-referrals and also ensure that support and signposting are available for carers who self-refer with needs which cannot be met by the IAPT service.

Whilst the project is aimed at carers of all ages, early results indicate that over the first three months of the project, 24 carers were referred of whom 8 (33%) were over 65. Thus targeting carers may be another effective way to promote access for older people. It is also anticipated that a high proportion of those being cared for by this group will be over 65, and that treatment of depression and anxiety amongst carers will be of indirect benefit to the older people whom they care for.

“My doctor gave me tablets before but the talking treatment suited me much better – I’d recommend it”

### Camden and Islington

Camden and Islington IAPT services are running a pilot of embedding PWP<sup>2</sup> in a memory service to offer an evidence based manualised<sup>2</sup> CBT intervention to carers of people with dementia, and run ‘coping with the challenge of care-giving’ groups with the local carers’ centre.

Oxfordshire IAPT (Talking Space) in collaboration with secondary care services and the local council have trained IAPT staff to facilitate CBT groups for carers of people with dementia. These groups are being provided across Oxfordshire and will be jointly facilitated by a Talking Space Step 3 CBT Therapist and a Step 4 Clinical Psychologist. The groups focus on psycho-education about dementia, addressing carer stress and improving carer well-being.

Around these groups they are addressing the issues of the impact of providing funding for care for the person with dementia, whilst the carer attends the group, on attendance and outcomes for carers. In addition they are addressing the question of which is more efficient – to train IAPT staff in issues relating to dementia in order that they can run these groups, or to train dementia aware staff in group CBT.

2. This research is in preparation for publication. The treatment manual and further details are available from Penny Rapaport.

Oxfordshire and Buckinghamshire IAPT have also collaborated with the Alzheimer's Society to develop an online CBT intervention for carers of people with dementia. A randomised controlled trial supported by Alzheimer's Society and the Department of Health is planned to begin in May 2013.

## Summary

The services described here are not alone in having begun to address the under representation of older people in IAPT services, and we know that initiatives are underway across England. The examples here do demonstrate some of the key features of a service that will increase access for older people.

Promoting IAPT to older people, either directly or through those health and social care professionals who work alongside them, does produce increased numbers of older people accessing the service. The learning from established services is that such promotion needs to be repeated over time.

It is essential to monitor how the service is responding to older people – you can measure the success of initiatives by looking at referral rates, entry into treatment and recovery rates for the group over 64 years.

Referrers will respond well to clear and regular feedback about how many older people they are referring and how those older people get on in treatment.

Joint working is a theme throughout the initiatives described, be that with secondary care older people's specialists, social care or third sector organisations. Raising awareness of what IAPT can do for older people can inspire a range of health, social and voluntary sector staff to suggest talking treatments to people they work with.

In several of the services working with older people themselves was found to be key to developing appropriate promotional campaigns,

adapting self help materials and monitoring how the service is responding to older people. Having an older people user group will ensure the spotlight is kept on older people's access.

Examples have shown how some routes into services, or initial assessment processes, can be reviewed to help older people access the service. Once in the service there are examples of flexibility of approach e.g. home visiting or adapted self help materials that are useful for older people.

All the IAPT services described had provided further training for their staff in working with older people. The IAPT Competence Framework and Indicative Curriculum for Working with Older People will ensure that such training is now a core part of IAPT training, and can be used to provide a guide to top up training for existing IAPT staff.

## Conclusion

Improving access to psychological therapies for older people should be a priority for all IAPT services. The work outlined in this Compendium shows that it is possible to achieve considerable increase in numbers accessing the service, and the national IAPT data suggests that when older people receive treatment they are benefiting from that treatment.

# Resources

“Improving Access to Psychological therapies for Older Adults:- **National Competence Framework and Indicative Curriculum**”.

Available at [www.iapt.nhs.uk](http://www.iapt.nhs.uk)

A series of teaching materials on topics around older people and common mental health problems:- <http://www.scie.org.uk/publications/elearning/mentalhealth/index.asp>

## Websites for key organisations

- Age UK – [www.ageuk.org.uk](http://www.ageuk.org.uk)
- Carers UK – [www.carersuk.org](http://www.carersuk.org)
- Alzheimer’s Society – [www.alzheimers.org.uk](http://www.alzheimers.org.uk)
- Dementia UK – [www.dementiauk.org](http://www.dementiauk.org)

Long Term Condition Practitioner Resources  
- University of Coventry

- COPD – [www.cues.celecoventry.co.uk/copdp](http://www.cues.celecoventry.co.uk/copdp)
- Heart Disease – [www.cues.celecoventry.co.uk/heartp](http://www.cues.celecoventry.co.uk/heartp)



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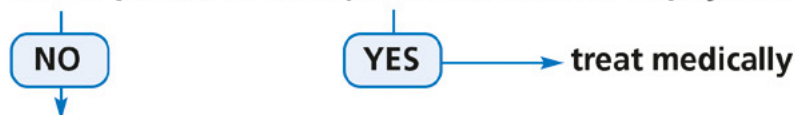
# Recognition of Mental Health Problems in Older People

## 1. Clinical interview :

- During a clinical interview an older person might NOT tell you that they feel depressed, anxious or down.
- They might instead tell you:
  - 'I'm no use to anyone anymore'
  - 'I feel tired all the time, I have no energy'
  - 'My memory is terrible'
  - 'I've gone on too long'
  - 'I don't go out much now'
  - 'I don't enjoy things'
  - 'I'm a burden on my family'

Depression and anxiety may also be expressed in unexplained aches and pains, poor sleep and appetite or excess disability from physical illness.

## 2. Can the problems be explained as a result of physical illness?



## 3. Issues to consider:

- Depression and anxiety are NOT normal aspects of ageing
  - Depression and anxiety can exacerbate the effects of physical illness and may prevent rehabilitation
  - Depression/anxiety are clinical problems that are treatable for older people
  - Relationship and interpersonal difficulties can be helped by therapy
  - Signs of depression might be hard to spot
    - Consider using a measure (e.g. Hospital Anxiety and Depression Scale (HAD); Patient Health Questionnaire (PHQ-9))
    - Ask questions:
      - Have you been bothered by feeling down, depressed or hopeless in the past month?
      - In the past month, have you often been bothered by having little interest or pleasure in doing things?
- If 'YES' to either question, consider a diagnosis of depression
- Would they like help with this problem?
  - Would they be interested in talking therapy?
- If 'YES' to both questions, discuss and refer for appropriate help
- Any mental health problems might be appropriate for referral for psychological therapy. **Always consider a referral.**

Is the psychological problem **of mild-moderate severity** and treatable in a **short length of time**, with no need for co-ordinated multi-disciplinary mental health care?

**Refer to**  
Primary Care Mental Health Team  
0191 283 2541

Is the psychological problem **complex** (in the context of other health, social, cognitive or relational difficulties) and/or **severe**?  
Might the person require a **multi-disciplinary mental health team**?

**Refer to**  
Clinical Psychology Services for Older People  
0191 445 6690  
[www.gatesheadhealth.nhs.uk/clinicalpsychology](http://www.gatesheadhealth.nhs.uk/clinicalpsychology)

## Key points – Referral Pathways:

- Each service will triage referrals and decide the most appropriate service to offer. Primary Care and Clinical Psychology will liaise and where necessary reach joint decisions regarding referrals.
- Home visits can be considered where appropriate.

For further information the Department of Health's leaflet '**Choosing Talking Therapies**' provides more in depth information on different therapies.

*"Older people should be given the same choice of psychological therapies available to younger adults and should be able to express a preference for the therapy of their choice"*

NICE (2007) Depression: management of depression in primary and secondary care.

## Primary Care Mental Health Team

The Croft  
Springwell Road  
Wrekenton  
Gateshead NE9 7BJ

Referrals can be made by referral form (located on GP EMIS system), by a letter of referral or self-referral.

Referrals can be discussed on the phone 9-5, Mon-Fri. Please let us know of anything that we may be able to do to aid engagement with the service. Self referral leaflets are available from all GP practices.

**Phone:** 0191 283 2541  
**Fax:** 0191 283 2601

## Department of Clinical Psychology for Older People

Bensham Hospital  
Gateshead NE8 4YL

Please also see our 'Specialist Psychotherapies' leaflet, available on our website, which details the psychotherapies offered in Secondary Care Clinical Psychology Services for Older People.

Referrals can be made by letter or referral form, also available on our website or via request on the number below.

**Phone:** 0191 445 6690  
**Fax:** 0191 445 6692  
**Website:** [www.gatesheadhealth.nhs.uk/clinicalpsychology](http://www.gatesheadhealth.nhs.uk/clinicalpsychology)

## Psychological Therapies for Older People in Gateshead



Primary Care Mental Health Team  
& Clinical Psychology Service for Older People

## Recognition of Mental Health Needs: Older People

- Statistics (ONS, 2012) suggest that as a result of mental health problems 1 in every 5 people over the age of 65 have a need for psychological therapy, but this need is currently under recognised.
- Consider using assessment tools e.g. Hospital Anxiety and Depression Scale (HAD); Patient Health Questionnaire (PHQ-9)
- **Case finding for depression:**
  1. Have you been bothered by feeling down, depressed or hopeless in the past month?
  2. In the past month, have you often been bothered by having little interest or pleasure in doing things?  
1 or 2 = YES → possible depression
- **Further appropriate referrals might include:** Anxiety problems, family & relationship issues, trauma, bereavement difficulties, medically unexplained symptoms, adjustment to health problems.
- **Always ask:** 'Is this something you would like help with?' or 'Would you like to see a therapist to help with this?' You might need to explain what a psychological therapist does.

*'Despite existing knowledge around mental health problems in older people, one of the main obstacles continues to be the lack of appropriate assessment, diagnosis and management. Psychological therapies are effective in treating older people's mental health problems'*

IAPT—Older People Positive Practice Guide 2009

## Who should I refer for psychological therapy?

Psychological therapists often see older people with the following types of problems:

- Depression and anxiety
  - Bereavement difficulties
  - Relationship/interpersonal difficulties
  - Chronic mental ill health
- Gateshead Primary Care Mental Health Team and Gateshead Clinical Psychology Service for Older People offer **psychological therapy to older people**. There are some differences to consider when deciding which team to refer to:

### Gateshead Primary Care Mental Health Team Steps 2-3 NICE Guidelines

- Mild-moderate severity problems
- Does not require multi-disciplinary care
- Short term - up to 20 sessions
- Integrative Primary Care Mental Health work
- Cognitive Behaviour Therapy
- Mindfulness Based Cognitive Therapy
- Cognitive Analytic Therapy
- Interpersonal Therapy
- Psycho-educational Group Work
- Supported Self-Help

### Gateshead Clinical Psychology Service for Older People Steps 4-5 NICE Guidelines

- Problems of increased severity
- Complex problems, often higher risk &/or requiring multi-disciplinary care
- Longer term therapy if necessary
- Cognitive Behaviour Therapy
- Cognitive Analytic Therapy
- Psychodynamic Therapy
- Systemic Therapy
- Eye Movement Desensitisation & Reprocessing (EMDR)

## When and Where to Refer Older People for Psychological Therapy

Is the psychological problem of **mild-moderate severity** and treatable in a **short length of time**, with no need for co-ordinated multi-disciplinary mental health care?

**Refer to**  
Primary Care  
Mental Health  
Service  
0191 283 2541

Is the psychological problem **complex** (in the context of other health, social, cognitive or relational difficulties), chronic and/or severe?  
Might the person require a **multi-disciplinary** mental health team approach?

**Refer to**  
Clinical Psychology  
Service for  
Older People  
0191 445 6690

If psychological therapy is not appropriate consider **Referral elsewhere**.

For example: counselling, social services, voluntary sector (e.g. MIND, Age UK, Cruse), CROP Team, Occupational Therapy, Psychiatry, Community Mental Health Team, Stroke Service, Parkinson's Disease Service, Speech & Language Therapy, Gateshead Health Trainers, Sight Service, Carers' Association, Alzheimer's Society

# Is your IAPT Service accessible to older people?

With permission from Steve Boddington

Service:

Rater/s:

Date:

	Aspect of service design:	Existing actions that already facilitate older people's access:	Further actions that could be adopted to improve your service:
1	<p><b>Equity of Access Targets:</b></p> <ul style="list-style-type: none"> <li>■ What proportion of your services referrals is currently over 65 years old?</li> <li>■ does this reflect your local demographic</li> <li>■ on average there should be 18% referrals over 65years but varies locally</li> </ul>		
2	<p><b>Does your service undertake ongoing publicity to attract older adults referrals?</b></p> <p>In general GPs are poor at recognising common mental disorders in later life and seldom refer older people for psychological therapy. The 3rd sector, acute services and OP themselves also need to be targeted. Repeated and persistent publicity helps to resolve this pattern.</p>		

	Aspect of service design:	Existing actions that already facilitate older people's access:	Further actions that could be adopted to improve your service:
3	<p><b>Modified 'engagement/filtering' procedures for getting into your service.</b></p> <p>Older people may be reluctant to opt into psychological services due to:</p> <ol style="list-style-type: none"> <li>1. Being unfamiliar with 'psychological treatments'</li> <li>2. Having internalised ageist ideas about their value/ability to change</li> <li>3. Mobility/health problems</li> <li>4. Higher levels of agoraphobia</li> </ol>		
4	<p><b>Offer home visits if necessary:</b></p> <ul style="list-style-type: none"> <li>■ A small proportion of older people will not be able to attend clinics due to mobility problems, visual impairments, agoraphobia, etc.</li> <li>■ Sometimes an initial home visit may be all that is needed to break down reticence and encourage attendance at clinic/telephone appointments after that</li> </ul>		
5	<p><b>Offer help to complete IAPT forms where necessary:</b></p> <ol style="list-style-type: none"> <li>1. People may be out of practice at form filling</li> <li>2. Psychological language may be unfamiliar</li> <li>3. There is a higher level of literacy problems amongst older people as educational opportunities were less equally available 60+ years ago</li> <li>4. Mild Cognitive Impairment may affect ability to concentrate/focus.</li> </ol>		

	Aspect of service design:	Existing actions that already facilitate older people's access:	Further actions that could be adopted to improve your service:
6	<p>Capacity to adjust the pace, length, frequency of sessions where necessary</p> <ul style="list-style-type: none"> <li>■ Can your therapists offer longer or shorter appointments to accommodate the needs of the patient?</li> <li>■ Can appointments be scheduled more/less frequently?</li> <li>■ Can additional sessions be offered for patients who's progress is slow?</li> </ul>		
7	<p>Do you have a resource for signposting to age-appropriate services?</p> <p>e.g. Alzheimer's Soc, sitting services, Carer's Centre, Age –UK</p> <p>Is this up to date?</p>		
8	<p>Are your staff trained to work with older people?</p> <ul style="list-style-type: none"> <li>■ Have all therapists (HI &amp; PWP) received the 2 day training in applying their therapeutic skills to older people?</li> <li>■ Do some of your staff have a special interest in such work (with appropriate additional training?)</li> </ul>		

	Aspect of service design:	Existing actions that already facilitate older people's access:	Further actions that could be adopted to improve your service:
9	<p>Do some IAPT staff with a special interest undertake supervision of OP cases seen by all IAPT staff?</p> <ul style="list-style-type: none"> <li>■ This ensures that older people do not get overlooked and may be seen by therapists with an interest/ knowledge/ skill in working with the client group</li> </ul>		
10	<p>Are there arrangements for specialist supervision/ consultation from specialists working with older people?</p> <ul style="list-style-type: none"> <li>■ Arrange this with secondary care therapists specialising in work with older people</li> </ul>		
11	<p>Referral to vocational/ educational/occupational services:</p> <ul style="list-style-type: none"> <li>■ These should be set up to meet the needs of older people: opportunities for voluntary work, engagement in local community resources/activities. eg – computer classes for older people</li> </ul>		



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12	<p>Be aware of possible cognitive limitations in older adults, and how they impact on therapy:</p> <ul style="list-style-type: none"> <li>■ Develop effective links with local memory services</li> </ul>		
13	<p>How effective are the referral pathways between your IAPT service and the Secondary Mental Health services for older people?</p> <ol style="list-style-type: none"> <li>1. Do you know the Psychologists/ Psychological therapists who specialise in working with older people in your area?</li> <li>2. How often do you escalate referrals to secondary care?</li> <li>3. How often does your service receive referrals of older people with common mental health problems from CMHTs?</li> </ol>		
14	<p>Is there an older person on your service user group?</p> <ul style="list-style-type: none"> <li>■ Active involvement of older service users will help to ensure that the service attends to the needs of older people</li> <li>■ Older service users may have knowledge and experience of local resources that can help IAPT to integrate with wider network of health and social care</li> </ul>		

