

Improving Access to Psychological Therapies

*Implementation Plan: Equality
impact assessment*

Care Services Improvement Partnership 

National Institute for
Mental Health in England

DH INFORMATION READER BOX

Policy	
HR/Workforce Management Planning/ Clinical	Estates Commissioning IM & T Finance Social Care/Partnership Working

Document Purpose	Policy
ROCR Ref:	Gateway Ref: 9427
Title	IAPT Implementation Plan: National Guidelines for Regional Delivery
Author	DH/Mental Health Programme/Improving Access to Psychological Therapies
Publication Date	February 2008
Target Audience	PCT CEs, SHA CEs
Circulation List	NHS Trust CEs, Care Trust CEs, Foundation Trust CEs, Directors of PH, PCT PEC Chairs, Directors of Finance, GPs
Description	This document provides SHAs, PCTs, training providers and service providers with an overview of what is needed to deliver the implementation of IAPT. The additional funding from the Comprehensive Spending Review 2007 will pay for the major training programme that provides the necessary number of suitably trained therapists and enables progressive expansion of NICE-compliant local Psychological Therapies services.
Cross Ref	N/A
Superseded Docs	Commissioning a Brighter Future: Specification for Commissioner-led Pathfinder Sites
Action Required	SHAs will need to engage with potential local training providers and develop plans for tender completion April 2008, to begin training in September 2008. SHAs will need to select PCTs to become IAPT sites by April 2008, to introduce IAPT services in tandem with the commencement of training places in September 2008.
Timing	
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Summary of screening phase

1. The screening phase demonstrated that a full equality impact assessment (EqIA) is necessary in order to support the development of the Improving Access to Psychological Therapies (IAPT) policy area. A full EqIA will be presented to the 1 April 2008 IAPT Programme Board meeting with a view to publishing it in spring 2008.
2. Over the last 12 months, the demonstration sites for the IAPT programme (in Doncaster and Newham) have provided evidence-based psychological therapy services for over 4,000 people with depression and anxiety disorders – people who would hitherto have had limited access and choice. These services are beginning to address the psychological therapy needs of both these communities.
3. Newham is an area where over 50% of the community is from black and minority ethnic groups. There is very promising ongoing work engaging with local community leaders, encouraging access and providing evidence-based therapies that address diverse needs.
4. In Doncaster, the programme has focused on who delivers the psychological interventions. By employing and training people from the local community to offer low-intensity psychological interventions, the service has been able to offer a model of care integrating local knowledge and experience with clinical success.
5. The IAPT programme routinely collects ethnographic, gender, age, disability and sexual orientation information, and there is no evidence to suggest that the roll-out of the IAPT programme to date has created any specific inequalities. However, to ensure that this does not occur, a number of special interest groups (SIGs) have been established. These are reviewing the access issues and care pathways of different groups as well as supporting a range of NHS services which are looking at specific issues in relation to these groups.
6. The SIGs are focusing on:
 - children and young people (including an interest in the needs of young people from the lesbian, gay, bisexual and transgender (LGBT) community)
 - older people
 - new mothers
 - offenders
 - people from black and minority ethnic communities
 - people affected by long-term conditions and medically unexplained symptoms
 - disabled people.

7. Eleven pathfinder sites established across England are exploring the challenges of providing evidence-based psychological therapies and collecting appropriate outcomes for these groups.
8. A comprehensive outcomes framework has been developed for the services. The services are gathering demographic details as well as clinical and social functioning information. Anonymised data is collected centrally for analysis and assessment. The information gathered is used to inform developments in the programme.
9. The SIGs are involved in the drafting of the EqIA and are consulted on the development of suitable metrics, care pathways and specific issues relating to their particular area of interest.
10. Use of the Department of Health-prescribed screening process has helped to identify which groups might be most likely to be affected by the introduction of the IAPT policy. The information gathered through the screening process and by the SIGs indicates that the IAPT policy may impact a number of areas of equality.

Age

11. People at different stages in their life have different psychological needs. The programme is working to understand the ways in which people can access appropriate services and how we can demonstrate that the services are effective. There has been a lot of research demonstrating clinical outcomes for adults of working age. However, the tools used are often not validated, or appropriate, for other age groups. The SIGs are working to establish what the most appropriate measures are and how we can ensure equity of access to services.
12. Access for children and young people is a particular area to which the programme is dedicating specific resources. Depression and anxiety disorders, as identified within the IAPT programme, may not necessarily be treated within traditional child and adolescent mental health services. It is therefore important that we identify what the issues are and how we can work to ensure that children and young people are given access to treatment for these very debilitating conditions.

Disability

13. There is a substantial literature base concerning the co-morbidity of long-term conditions such as diabetes, ischaemic heart disease and chronic obstructive pulmonary disease, and common mental health problems. This co-morbidity has a significant impact on patients, on their carers and relatives and on the broader health economy.

14. However, the programme has not yet been able to address the broader access requirements of individuals with a range of other disabilities. We are currently establishing a SIG to begin to look at the needs of people with disabilities in relation to evidence-based psychological interventions. In particular the SIG will focus on the needs of people with learning disabilities, sensory impairment and physical disabilities.

Race, religion and belief

15. By routinely collecting ethnographic information the programme has been able to analyse the take-up of services against the profile of local communities. The SIG has been discussing the particular issues of engagement and access faced by a range of different communities. The programme is preparing guidance which will help commissioners consider the needs of different communities and how they can be helped to access psychological services.
16. The SIG is also considering the evidence base for and appropriateness of the NICE-recommended psychological interventions with a range of different cultural groups, taking account of issues related to race and to religion and belief.

Gender

17. Information is being gathered to determine whether services are equally meeting the needs of both men and women. Across all the established SIGs discussion is ongoing as to the impact of the programme on how different people access services.

Sexual orientation

18. The programme is working closely with the pathfinder service in Brighton and Hove, where it is focusing on the psychological needs of young people from the LGBT community. It is anticipated that the needs of this group have hitherto not been fully met. The work in Brighton and Hove will begin to show ways in which access and engagement can be improved.



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