**Business case for the development of a Greenwich IAPT service to 16 - 17 year olds.**

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Summary

To set up a project delivering NICE recommended CBT and family based interventions to 16 and 17 year olds using the Greenwich IAPT (Greenwich Time To Talk GTTT) service model in conjunction with the Greenwich CAMHS Early Intervention Team and two GP practices (Millennium and Vanbrugh).The Early Intervention team will be able to provide, alongside the CBT interventions, additional family therapy input where family factors need to be addressed (3rd phase C&YP IAPT).

Rationale:

* Many anxiety disorders start in adolescence and are untreated unless they are impacting significantly on the child’s functioning in the home or at school.
* There is a gap in services for young people with mild to moderate anxiety or depression.
* Whilst most young people in the 16 – 17 age range are developmentally mature enough to be able to reflect on their own emotions and make use of individual therapy, some may need their parents and /or their families involved if positive outcomes are to be achieved .
* Whilst NICE guidelines for children and young people recommend CBT as the treatment of choice they also stress the need to consider family based factors. NICE guidelines for anxiety and depression in adults also largely recommend individual CBT for adolescents, delivered by mental health staff trained to work with this age range.
* The Greenwich adult IAPT service (GTTT) receives referrals for clients aged 17, but they are currently excluded due to the requirement for clients to be aged 18 and over.
* The principle of early intervention means that the earlier people are treated effectively for their problem the less negative impact it will have on their life chances.
* Whilst the Early Intervention Team has been able to offer a limited pilot project to Millennium GPs from 2011 to 12 (with positive outcomes) , this service cannot be sustained without on-going funding.
* Access to the CYP IAPT service in Specialist CAMHS is restricted to clients who reach the threshold for CAMHS services, this means that their presenting problems are in the severe range.
* Currently access to the Children’s Early Intervention Team is restricted to those pupils identified within schools with behavioural and emotional problems that are significantly impacting on their school or home life.
* The proposed 16 and 17 yr GTTT IAPT extension would therefore be a welcome and much needed development.
* The additional clients seen by the 16 and 17 yr GTTT service would contribute towards the 15 % target of people with mild to moderate anxiety or depression receiving an IAPT compliant service by 2015.

Partnership working:

The Children’s Early Intervention Team provides a valued psychological therapy and consultation service to schools in the borough of Greenwich. They are funded by the participating schools and sit within the Oxleas CAMHS and Children’s services. Their remit is to provide an integrated and preventative early intervention and psychological therapy service delivering evidence based psychological therapies for young people with moderate to severe mental health problems.

The Adult IAPT service (GTTT) would work in partnership with the EIT, to provide an IAPT compliant stepped care CBT service for young people aged 16 and 17 with mild to moderate anxiety and depression. The EIT service would provide the 16 – 17 GTTT service with support and advice as well as access to the services and expertise of their team. The 16 – 17 GTTT service workers *could* be co-located with the EI Team (GTTT use clinical space at the Millennium practice already).

The Child and young person (CYP) IAPT service work with children referred to CAMHs. Delivering NICE recommended treatments to this lower age group with more complex needs. The CYP IAPT service would support the new adult IAPT extension by providing clinical expertise and supervision.

This new venture would provide a service for those young people in the transition years, ensuring that their mild to moderate mental health needs are catered for using NICE recommended treatments.

Who would access the service and how?

Adolescents aged 16 or 17 who are registered with the Millennium or Vanbrugh GP practices, with mild to moderate anxiety or depression (guidelines to be written).

The young people could be referred directly by their GP or given information by their GP to self-refer. Where referrals are used these will come to the Millennium village health centre to be screened by the team manager EIT and highly specialist psychological therapist (post described below).Young people can self refer by phone or email at the secure address to the administrator in the Early intervention team at the Millennium village health centre.

The young people could be identified by the CYP IAPT or CAMHS service generally and if they are registered with the appropriate GP, they could be referred directly .

All clients would be registered with GTTT to comply with the IAPT minimum data set and sessional measure requirements.

Model of care

A stepped care model of treatment would be implemented according to NICE guidelines for anxiety and depression and would follow the adult IAPT model. If tri-age/ assessment indicates the presence of significant family based factors consent from the young person will be sought to involve parents/family in treatment. Technology and ways of interacting with young people would be used to help to engage them and to provide treatment, such as the use of video conferencing (e.g. Skype), smart phone applications (e.g. Buddyapp) and telephone delivered treatments.

IAPT outcome measures would be used every session and recovery rates measured.

Interventions

Step 2 and Step 3 Individual and group CBT for anxiety and depression interventions would be used, but adapted to be age and developmental level appropriate. A Step 2 psycho-education group programme aimed at 16 and 17 year olds could be delivered in conjunction with the Post 16 Campus and Greenwich Community College. Links could be made with schools via the EIT. Staffing for this aspect would come from the current establishment of Step 2 workers in the Adult IAPT service

Evidence based parenting and family interventions will be offered where indicated and agreed with the young person offered by the Early Intervention family team.

Reporting

The KPIs would be reported as usual for the adult IAPT service and the 16 and 17 yr olds accessing the service would contribute to the target 15% population coverage.

Separate reports would also be generated relevant to the 16 – 17 yr old project and this will include the evidence based family interventions.

Risks

Not enough clients will be identified from the two practices. This would be mitigated by opening up referrals to other practices.

More referrals will be received than can be accommodated by the two staff, resulting in a waiting list. The demand and capacity issues would be taken to the CCG.

Staffing

The business case seeks to fund two additional staff members. A Highly specialist psychological therapist and a Specialist psychological therapist who will be based within the Adult IAPT service (Time to Talk).

There are national workforce expectations for IAPT clinicians. A step 3 CBT therapist is expected to treat 72 clients per year. However there will need to be some time put aside for the 8a to develop the service. Therefore it is estimated that the increased investment would lead to an additional 110 clients being treated.

If the Step 2 project element is introduced then an increased number of 16 and 17 year olds can be seen, however as the staff would be taken away from the Adult IAPT service to do this, it would not be additional to the overall numbers for the IAPT service.