

Computerised Cognitive Behaviour Therapy (cCBT) Project Briefing

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Introduction

This briefing paper outlines implementation of Computerised Cognitive Behavioural Therapy (cCBT) service across NHS GGC and the 6 HSCPs and provides a close to 6 month update on progress. The roll-out of this service is being staged to ensure fidelity to the national process and ensuring appropriate governance.

Background

Health and social care services worldwide are becoming increasingly interested in technology assisted solutions to various problems including increasing access to psychological approaches.

Scotland has led on developing a “stepped-care” approach to mental health and psychological therapy services. This has the goal of offering patients the least intrusive and most effective evidence based intervention for their presenting problems (National Institute for Health and Care Excellence (NICE), 2006). As part of such an approach, cCBT, is a low intensity intervention for people seen by GPs (and others) as having mild to moderate mental health issues.

The Heads of Psychology Scotland (HOPs) have worked with NHS 24 and the Scottish Government to pilot the implementation of cCBT both within individual Boards and across countries. A consortium of 9 European Union Member States, involving 14 pilot sites and 22 partners designed and evaluated the implementation and impact of cCBT for people suffering from depression.

The European initiative has been exceedingly successful in Scotland, with Scotland having a greater number of participants than other nations and providing another intervention for referrers and service users.

As a result of this success the Scottish Government (2017) identified the national implementation of cCBT services as a key objective in the Mental Health Strategy in an effort to increase the accessibility of psychological self-help resources. The outcome data is gathered nationally and evaluation and effectiveness process is led by Prof Kevin Power (Chair of HOPs, Honorary Professor University of Stirling and Professional Lead for Psychology in Tayside).

NICE and SIGN

NICE and the Scottish Intercollegiate Guidelines Network (SIGN) (NICE, 2006; SIGN, 2010) have examined the evidence for cCBT packages. The ‘Beating the Blues’ (BtB) programme is named specifically within the guidelines as an appropriate intervention for those experiencing mild to moderate symptoms of depression and anxiety. A number of other programmes have approached NICE and SIGN for recognition but are yet to receive approval as the evidence base is not yet deemed present for these. This is important as only evidence based

interventions contribute to the HEAT standard and in an increasingly financially constrained environment evidence based interventions need to be our priority.

Programme Format

The programme comprises eight one-hour self-help sessions which adopt a typical cognitive behavioural therapy (CBT) framework. There are sections on psycho-education, behavioural activation and cognitive input, with handouts to support learning and change.

The programme is fully automated and does not require therapist support, although an administrator coordinator is employed to monitor the programme and enhance engagement with service users. Patients can use the programme in their own homes or in community resources such as libraries and they can use it at any time of the day or night.

Referrers are primarily GPs although we will have referrers from Primary Care Mental Health Teams, Community Mental Health Teams and the Acute Sector (E.g., Cardiac care, Weight Management etc). On attending General Practice (or other service) the GP will assess whether the person suffers from mild to moderate depression and has no risk of suicide or self-harm. They can then refer to the cCBT service (GPs via Sci Gateway and others via paper/email system).

The system is able to monitor use and progress of each service user. Referrers receive feedback in the form of a report on their service users progress. In cases where the person does not make progress the referrer can then consider other options (e.g., Medication, refer to PCMHT or CMHT or other service where appropriate etc).

Risk is monitored and referrers maintain clinical responsibility throughout the course of treatment. Any risk issues are reported by the coordinator to the referrer following a nationally agreed protocol. Throughout the programme across NHS Scotland there have been no adverse events to date.

Three Month Update:

1. Total number of referrals to the service (end 25/05/18):

The Scottish Government set a target for the 6 Partnerships and NHS GGC of receiving **980** referrals in the first year. The service has received **980** in the initial 5.5 months. We have therefore met the target **6 months** ahead of schedule.

2. Additional Benefit of the service

Coupled with the benefit of providing an evidence based psychological intervention to people the service is also able to estimate workload savings for our GP colleagues and other services. On referring, the referrer is asked what their action would be “If cCBT was not available...”.

Across the 6 HSCPs and NHSGG&C Health Board (n=588)

- 38 % GPs would offer another GP appointment (n=221)
- 16 % of GPs would prescribe Psychotropic medication (n=95)
- 56 % of GPs would refer to PCMHT(n=334)
- 9% of GPs would refer to CMHT(n=52)
- 32 % of GPs would refer to counselling (n=188)
- 18% of GPs would refer to voluntary organisation or third sector body (n=105)
- 4% of GPs would refer to other (n=22)

Total Number of potential GP additional referrals saved: **1017**

(This data will be available by HSCP in the future)

A conservative estimate is that the service has contributed to more efficient use of resources by freeing up and re-directing a minimum of **221** GP appointments, **334** referrals to PCMHT and **105** referrals to our Third Sector Partners. Continuing to grow the service to scale contributes to the mental health strategy increasing the opportunity to facilitate a self-management culture and further to reduce pressures across our Health and Social Care system.

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