**NHS Integration Operational Group**

Friday 13 December, 13.30-15.00
Room G16, Institute of Education, 9-11 Endsleigh Gardens, London WC1H 0EH

| | | | |
|---|---|---|---|
| 1. | Welcome and introductions | 13.30-13.35 | Steve Pilling |
| 2. | NHS-IOG remit and terms of reference | 14.15-14.25 | Steve Pilling |
| | ***Background*** | | |
| 3. | Office for Students project overview | 13.35-13.45 | Laura Gibbon |
| 4. | UCL mapping workshop – current care pathway | 13.45-14.00 | Denise Long |
| 5. | UCL Health and Wellbeing Strategy – Objective 4 | 14.00-14.15 | Barry Keane/<br>Simon To |
| | ***Next steps*** | | |
| 6. | Translating the Steps Model into a care pathway | 14.25-14.35 | Steve Pilling |
| 7. | Office for Students pathways and outcomes evaluation | 14.35-14.45 | Laura Gibbon |
| 8. | Implementation paper version 3 | 14.45-14.55 | Judy Leibowitz/<br>Laura Gibbon |
| 9. | Plans for next meeting | 14.55-15.00 | Steve Pilling |
| 10. | Any other business | | |

## Attendees

Steve Pilling (Chair), Head of Research Department of Clinical, Education and Health Psychology, UCL
Wendy Appleby, Registrar and Head of Student & Registry Services, UCL
Claire Elliott, GP Partner, Ridgmount Practice
Laura Gibbon, Teaching Fellow, Division of Psychology and Language Sciences (PaLS), UCL
Lina Kamenova, Deputy Director, Student Support and Wellbeing
Josh Kane, iCope, NHS
Barry Keane, Acting Head, UCL Student Psychological & Counselling Services
Judy Leibowitz, Clinical Lead, iCope, NHS
Denise Long, Director, Student Support and Wellbeing
Aatikah Malik, Welfare and International Officer, UCLU
Karen Smith, Head of Workplace Wellbeing, Workplace Health, UCL
Simon To, Leadership Development & Change Manager, UCLU
Jennifer O'Connor (Secretary), Temporary Coordinator, PaLS, UCL

**Papers**

| | |
|---|---|
| Item 2 | Terms of Reference |
| Item 3 | Student Mental Health Partnerships project letter of support from Professor Anthony Smith, Vice-Provost, Education and Student Affairs |
| Item 3 | Student Mental Health Partnerships project overview |
| Item 5 | UCL Health and Wellbeing Strategy – Objective 4 |
| Item 6 | Translating the Steps Model into a care pathway – draft pathway |
| Item 8 | Implementation paper 1 – version 3 |

# Student Mental Health Partnerships National Project

## NHS Integration Operational Group

UCL is part of a national project funded by the Office for Students over two academic years, to develop and evaluate local models of partnership working between universities and the NHS. UCL is the lead for the North London Hub, which will implement the UCL Steps Model, also part of the UCL Health and Wellbeing Strategy. The NHS Integration Operational Group will meet termly for the duration of the project.

## Terms of Reference

1. To provide a forum for colleagues from UCL, UCLU and relevant NHS services to come together to improve mutual understanding and share ideas.
2. To identify project stakeholders.
3. To consider student and stakeholder engagement and consultation.
4. To review decisions made by other groups related to this project, and in turn feed into these groups. Related groups include the UCL Health and Wellbeing Strategy Steering Group, the Office for Students project Advisory Board, the Office for Students Pathways and Outcomes Evaluation Group and the National Collaborating Centre for Mental Health Framework Expert Reference Group.
5. To consider the implementation implications of identified evidence-based principles for partnership working between the NHS and UCL.
6. To discuss the implications of emerging sector best practice guidance (e.g. Student Minds Mental Health Charter; Universities UK Data Framework) for the UCL context.
7. To identify useful learning for the sector, particularly in relation to developing sustainable approaches following the end of the project.
8. To support dissemination activities.

## Membership

| | | |
|---|---|---|
| Steve Pilling (Chair) | Head of Research Department of Clinical, Education and Health Psychology | UCL |
| TBC | Student representative | UCL |
| Wendy Appleby | Registrar and Head of Student & Registry Services | UCL |
| Clara Elliott | GP Partner | Ridgmount Practice |
| Laura Gibbon | Teaching Fellow, PaLS | UCL |
| Hilary Grater | Team Manager | iCope, NHS |
| Lina Kamenova | Deputy Director, Student Support and Wellbeing | UCL |
| Barry Keane | Acting Head, Student Psychological & Counselling Services | UCL |
| Judy Leibowitz | Clinical Lead | iCope, NHS |
| Denise Long | Director, Student Support and Wellbeing | UCL |
| Aatikah Malik | Welfare and International Officer, Student Union | UCL |
| Karen Smith | Head of Workplace Wellbeing, Workplace Health | UCL |
| Simon To | Leadership Development & Change Manager, Student Union | UCL |

## Contact

Care Pathway Coordinator: (Details to be provided)

# Student Mental Health Partnership project

# Context – why are we doing this

- ✓ 1.8million students in higher education across England may experience variation in mental health care.
- ✓ Minding Our Future report 2018 - urgent need to better coordinate support and services between universities and local NHS.

# Student perspective

I've had so many assessments from different care providers and repeated my story several times unnecessarily. Its just exhausting!

Amy from Manchester

Communication was very poor between services. I was left for a significant amount of time with no support despite my care coordinator from home contacting and arranging a care transfer before I began uni….. Every uni service I saw told me I needed the support of NHS secondary services, however these refused to see me so I was very much stuck and felt like I could not be helped

Anonymous from Bristol

The response and availability has been quick, helpful and very responsive. My only real critique would be the confusing amount/diversity among services and ways of contacting them which makes it hard to know where to go and who to contact

Anonymous from Bristol

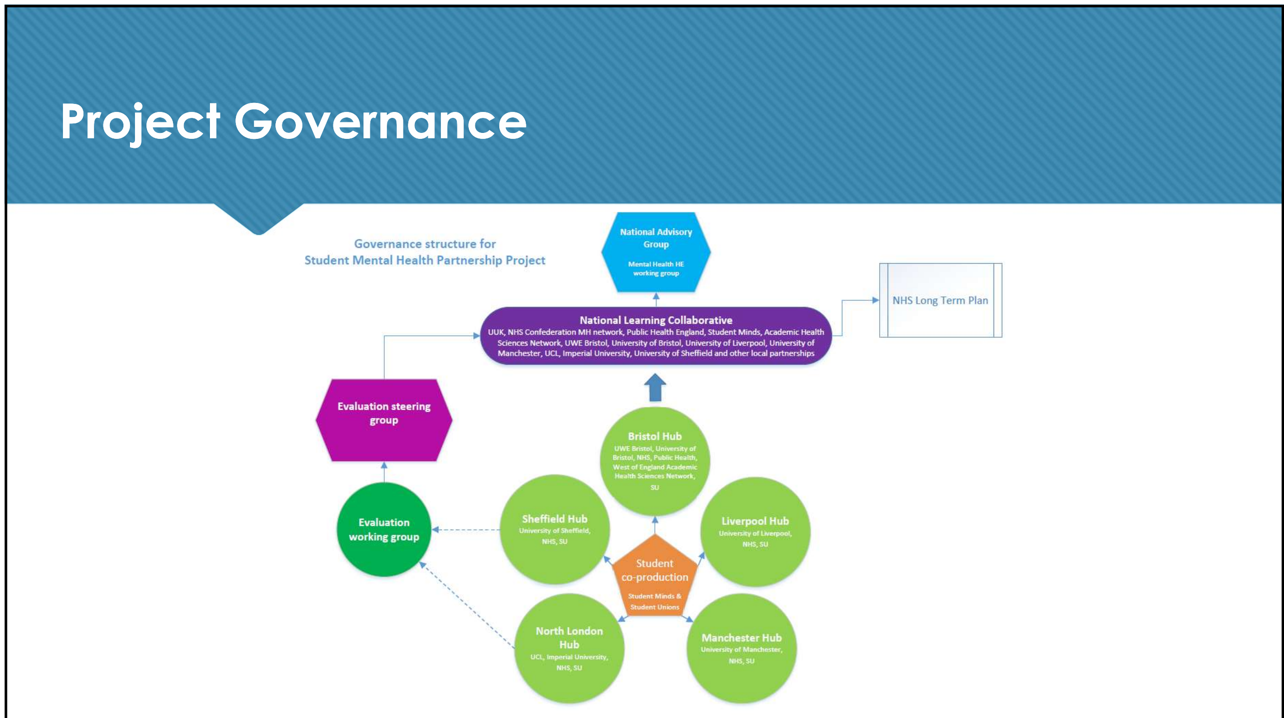
I felt like the support I needed was being organised quite well until a member of staff went on leave and clearly hadn't passed things over to anyone else, the uni tried to follow up for me but this took ages as no-one knew my situation and what had been agreed. We got it sorted eventually but I had to go through a lot of undue stress to get there

Jack from Liverpool

I just don't think services talk to each other effectively, I've been passed from service to service, rehashing my problems each time and I don't think they understand how distressing that is

Elliot from London





## Aims

- ✓ Improve access to care for students
- ✓ Co-produce the design and delivery of care with students and practitioners
- ✓ Drive innovation
- ✓ Shape policy
- ✓ Evaluate different models of partnership working

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## Local objectives

National evaluation

**Bristol** – create a local partnership and develop a bespoke student care pathway

**Greater Manchester** – Improve and evaluate existing partnership and care pathway

**Liverpool** – develop a dedicated care pathway for community self-care referrals and also students who self-harm

**North London** – develop a care pathway for full range of mental health presentations and create a website for care pathway resources to be shared publicly

**Sheffield** – create and evaluate a research clinic to bridge the gap between primary and secondary care

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## Bristol Hub

The Bristol Hub will be bringing together professionals from the University of Bristol, University of the West of England and staff from NHS primary and secondary mental health services to focus on solving operational issues such as liaison and collaboration between services, referral pathways and sharing knowledge and research to co-create a better understanding of the local students needs.

Bristol Hub's top five priorities include:

1. **Information sharing** – improved understanding of HE/NHS support available and how they work together
2. **Pathways and infrastructure** – creating a bespoke student referral and care pathway
3. **Language and culture** – establishing common language around risk and referrals
4. **Research** – around student's experience of care pathways and consistency with NHS and referral data
5. **Student engagement** – creation of a student experience forum

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## Greater Manchester Hub

In September 2019 Greater Manchester (GM) will launch a pilot Higher Education mental health (MH) service for students with significant mental illness. The partnership between University of Manchester, Manchester Metropolitan University, University of Salford, University of Bolton and Royal Northern College of Music, together with the Devolved Authority and the GM Health and Social Care Partnership will offer a single designated MH pathway for students across the region.

The pathway will offer a seamless experience of care and treatment, with access through existing university services. As part of the SMHP project the GM hub will focus on evaluating and drawing lessons from the GM pilot.

**GM hub's top priorities will be:**

1. Co-produce with students, service users and staff robust/innovative range of evaluation tools and approaches
2. Evaluate the new service's impact on MH outcomes amongst service users, their academic outcomes (retention, progression and attainment) and the benefits/challenges of our approach to partnership working
3. Evaluate the individual stories of specific service users – to allow a focus on intersectionality.
4. Contribute to the lessons learnt from all approaches across the participating regions

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## Liverpool Hub

The University of Liverpool and Liverpool John Moores University will work with Mersey Care mental health trust and Brownlow Health to develop a pathway for students who self-harm. This will include assessment and delivery of services. A mental health practitioner will be trained in Psychodynamic Interpersonal Therapy to work with students presenting with self-harm to reduce presentations at A&E. Mersey Care will take clinical responsibility for services to be delivered on the University campuses. The Innovation Agency (the Academic Health Sciences Network for the North West) will support the evaluation of the project and will work with other AHSNs to support the adoption and spread of the findings of the project.

**Liverpool hub's top priorities will be:**

1. Develop and evaluate a single assessment framework for self-harm.
2. Co-develop services with students and the student mental health forum to increase our understanding of students' experiences of mental health services, inform future work, the assessment framework, other pathways and understanding the impact of intersectionality on access to mental health services.
3. Develop guidelines for the treatment of self-harm in community settings
4. Use an iterative evaluation process to inform the development of services throughout the project.

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## North London Hub

Develop an integrated, needs-based care pathway for all students.

This will reflect the developmental needs of students and improve access to care by combining the Thrive model (adolescent NHS services) and stepped-care model (adult NHS services).

**North London Hub's top five priorities:**

1. Involve students in all aspects of care pathway development and implementation
2. Closer integration between university and local IAPT services
3. A new University Research Clinic, staffed by clinical academics and NHS-funded trainees, providing evidence-based treatment for students
4. Closer links with London HEIs and NHS mental health trusts, the IAPT clinical network and IAPT research network, to improve understanding of the London care pathway
5. With the University of Sheffield, jointly lead the project evaluation

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## Sheffield Hub

The University of Sheffield we will be testing the potential for increasing research and clinical resources for our student population. By placing clinical academic staff, NHS-funded trainee clinical psychologists and IAPT trainees within a newly created university research clinic. This will increase capacity, allowing for ongoing evaluation and improvement of care for students and will help to bridge the gap between primary and secondary care with the provision of evidence-based interventions.

**Sheffield Hub's top five priorities will be to:**

1. Improve the mental health and wellbeing of students to enable students to perform to their full potential
2. Increase the scope of services offered to by UCS and SAMHS
3. Enable high level training and supervision of trainee therapists
4. Develop high quality and high impact research projects



## National Collaborative

The National collaborative brings together HE and health sector bodies – UUK, Student Minds, the Mental Health Network, the AHSN Network – with local university-health sector partnerships to:

- ✓ Share learning to improve access to and coordination of care
- ✓ Shape the commitment to student mental health in the NHS Long Term Plan and explore place and population based approaches
- ✓ Embed co-production of service design and delivery with students and practitioners
- ✓ Develop and test an evaluation framework and measures which can later be shared with elsewhere in the country
- ✓ Drive innovations including developing recommendations for a digital student health passport and a mental health screening tool

## Co-production with students

Throughout all stages of the programme, university and NHS partners will work together with students and student bodies, sharing power to plan and deliver the project outputs with those who use, may use or refer others to mental health services, and those who live and study in university communities. A collective of Students' Union's will be organised by Student Minds, the UK's student mental health charity, to:

- ✓ Empower Students' Unions to play a key role in each local hub, influencing the development of the projects, and encouraging effective co-production with students throughout
- ✓ Provide training, reflective space and peer support opportunities for Students' Unions
- ✓ Support development of coproduction action plans
- ✓ Help evaluate the co-production processes in each hub, in order to make national recommendations and inform existing initiatives (e.g. the University Mental Health Charter, Student Minds SU Support Programme)
- ✓ Ensure student voices shape the development of policy recommendations at National Collaborative meetings, including the commitments to students in the NHS Long Term Plan



## Innovation

There are 15 Academic Health Science Networks (AHSNs) across England. They were established by NHS England in 2013 to spread innovation at pace and scale. Each AHSN works across a distinct geography serving a different population in each region, but they all come together to form the AHSN Network. The AHSN excels at improving quality and promoting adoption and spread of proven innovations into practice. The strong links with academia mean they are uniquely placed to support the translation of research into clinical practice across their highly effective networks.

**The National AHSN's top priorities will include:**

- ✓ Connecting local HE's, NHS and wider stakeholders
- ✓ Working with the National Collaborative
- ✓ Suicide prevention - links with local plans & Zero Suicide Alliance
- ✓ Data innovation - links with LHCRs
- ✓ Digital product innovation

## Evaluation

- ✓ Key principles for partnership working identified, in collaboration with sector stakeholders.
- ✓ These will include:
  - ➢ clinical governance
  - ➢ routine outcome monitoring and data sharing
  - ➢ access to care, including appropriate evidence-based interventions
- ✓ Metrics to measure these principles identified
- ✓ Baseline data collected from partners, so improvement can be tracked



## What will the project deliver?

- ✓ Partnership working between universities and local NHS services
- ✓ Final report to share impact of the different regional partnerships
- ✓ Evidence-based evaluation framework
- ✓ Recommendations on data sharing, digital student health passports and a mental health screening tool

## Benefits of the Project

- ✓ Improved local partnerships between the HE sector and NHS
- ✓ Improved care pathways
- ✓ Sharing of best practice
- ✓ Evaluated partnership models
- ✓ Common clinical language for risk assessments and screening

UCL

26th February 2019

To whom it may concern

**Re: Student Mental Health Partnership Project**

I am delighted to give my support to this proposed collaborative project, led by UWE Bristol.

UCL is committing a cash contribution of £65,000 to the project. With the same amount committed by our partner Imperial College and with matched funding from the Office for Students, the London Hub budget of £260,000 will ensure a step change in mental health support for students in the region. This will be achieved through four core project components – the phased implementation of a care pathway for students integrating university- and NHS-support, an extensive student engagement programme, placement of NHS-funded clinical trainees in university services, and the development of a national evaluation framework in collaboration with our colleagues in Sheffield. In addition to improving support for students at UCL and Imperial College, much of our work with NHS partners will positively impact students at other Higher Education Institutions in London. These institutions and NHS trusts have been involved as stakeholders from the start of the project development.

Leading on the project for UCL is Professor Peter Fonagy, Director of the Division of Psychology and Language Sciences, who also brings experience as National Clinical Lead for CYP IAPT and Programme Director for Mental Health at UCLPartners. He is supported by Professor Stephen Pilling, Director of the Department of Clinical, Educational and Health Psychology, Head of the IAPT Training Course for London and Director of the National Collaborating Centre for Mental Health, which develops care pathways for the NHS.

Our institutional commitment to realising the project at UCL is reflected in the fact implementation of the care pathway is one of the six core objectives outlined in our new Mental Health Strategic Plan. I am delighted that Professor Deborah Gill, Pro-Vice-Provost for Student Experience, will lead the group overseeing the implementation of the Mental Health Strategic Plan by 2021. The Mental Health Strategic Plan has been developed with close reference to the Universities UK Step Change framework. To embed a whole university approach at UCL, our Student Support and Wellbeing team are developing a community of practice to bring about cultural change.

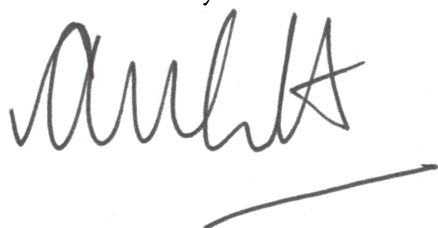
It is fitting that our Pro-Vice-Provost for Student Experience will lead on this work, as we will be placing students at the heart of all the changes we make at UCL. The project team have begun working with our Student Union on detailed plans for collaboratively working to achieve the project aims. We plan to appoint student representatives who will be supported by the union, and will form a bridge between the union and university. The student representatives will have responsibility for consulting

with the student body around particular themes, some of which have been identified based on previous research by the union, and representing student views at the project leadership level. Student Minds will provide additional support and will form a bridge between the London Hub and national collaborative of student unions. Among other things, this will help ensure that the co-produced outputs from the London Hub are relevant to students in other contexts.

There are a number of synergies between our plans for the London Hub and the plans of our regional partners in this bid. One exciting synergy between the London and Sheffield Hubs is our shared commitment to utilising the research and training expertise in our academic departments for the benefit of our students. We will be collaborating on the development of the national evaluation framework and the placement of NHS-funded Trainee Clinical Psychologists and Trainee Psychological Wellbeing Practitioners in university clinics, to increase capacity particularly around gaps in NHS provision.

In addition to this project, a number of parallel research initiatives at UCL will add value. Professors Peter Fonagy, Steve Pilling, Emla Fitzsimons, Glyn Lewis and others are leading various research projects on student mental health. We are also developing a peer researcher programme, supporting students to identify and address research questions about their mental health which are priorities for them – with their findings feeding into the care pathway implementation. For example, peer researchers are currently investigating barriers to accessing support for high risk groups and will be making recommendations about service adaptation.

Yours faithfully



Professor Anthony Smith
Vice-Provost | Education and Student Affairs

Signed on behalf of UCL President & Provost Professor Arthur, who is currently travelling overseas and is unable to do so personally.

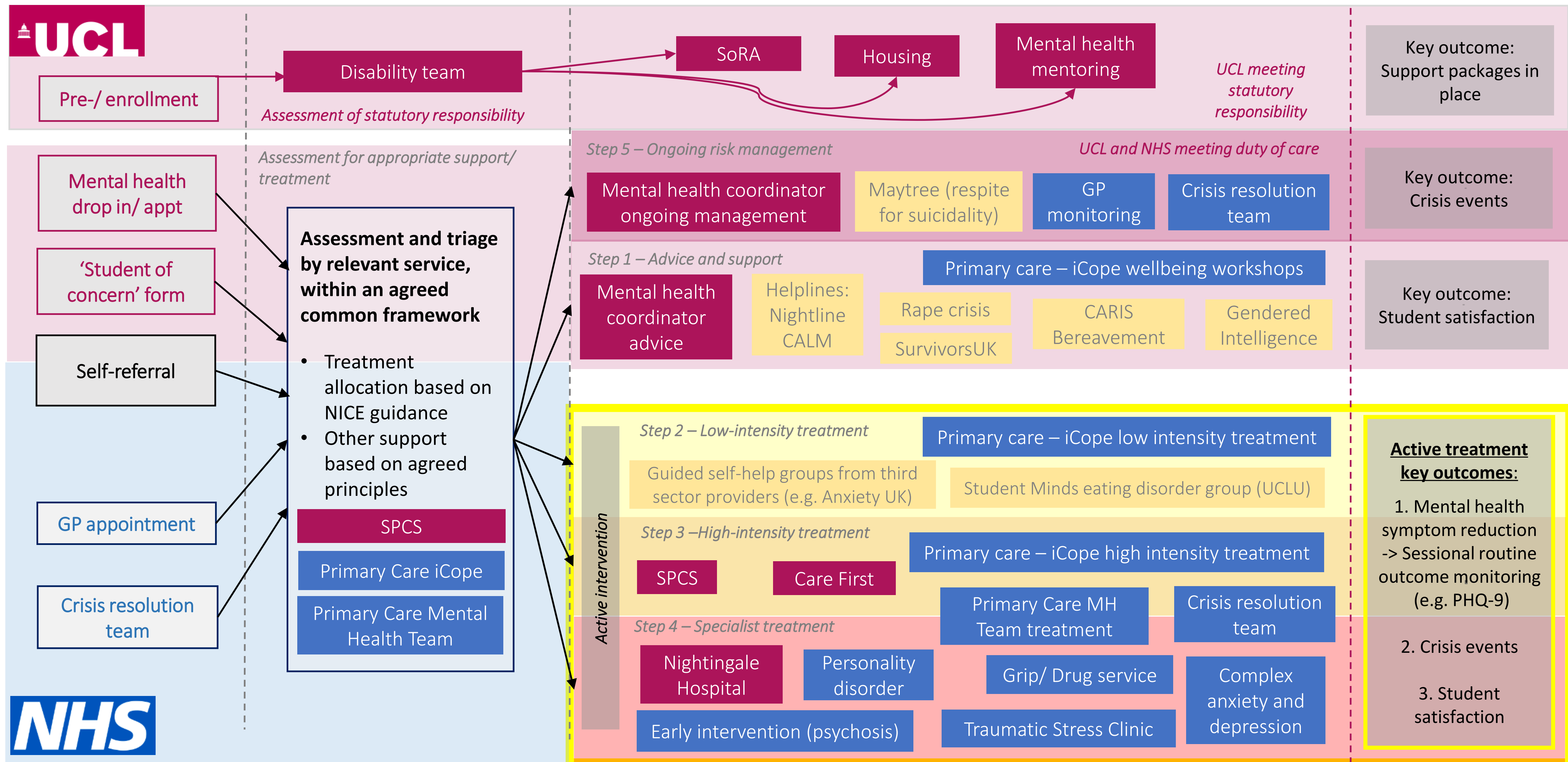
# Steps Model

Assessment

Needs-based provision – based on understanding of service function and robust individual assessment

Evaluation – relevant outcomes identified and measured

Evaluation – ongoing evaluation of access to care (cultural appropriateness of services; inclusivity)




Principles underpinning care: Understanding of population need Highly-trained staff Adequate supervision Embedded risk assessment Outcome monitoring Co-production

# UCL Steps Model implementation paper 1

Providing Steps 1 and 2 in 2019/20 and forward planning for 2020/21

## 1. Background

UCL has obtained funding from the Office for Students to lead the London Hub of the national *Student Mental Health Partnership* project, led by UWE Bristol, realising a 'step change' in student mental health support in the UK (Office for Students, 2019[1]). The vision for UCL's contribution to this project is set out in the letter of support submitted to the Office for Students by Professor Anthony Smith, Vice-Provost for Education and Student Affairs (Appendix 1). In this project, UCL will be part of a national collaborative of universities, convened by Universities UK, to disseminate 'what works' across the Higher Education sector. In addition to supporting the mental health of our students, this will provide UCL with the opportunity to be a leading voice in this national conversation, and to establish the university as a trailblazer in the field. UCL will also jointly lead on the project Pathway and Outcomes Evaluation with the University of Sheffield.

## 2. Rationale

The Steps Model (PaLS, 2018) has been incorporated into the UCL Student Health and Wellbeing Strategy 2019-2021 as Objective 4, led by Barry Keane and Simon To (SSW, 2019; Appendix 2). A viable plan for implementing the Steps Model is required and earlier this year UCL Student Support and Wellbeing (SSW) asked PaLS to develop a proposal for phased implementation. This is the first implementation paper, outlining the plan for 2019/20 and proposing goals for 2020/21.

## 3. Consultation

Version 3 of this implementation paper has been arrived at following a series of meetings held between SSW, PaLS and NHS (Appendices 3-10), and consultation with UCL Students' Union (UCLU). UCLU will collaborate with PaLS on the student engagement activities planned for the Office for Students *Student Mental Health Partnership* project. Identification of, and consultation with, additional stakeholders at UCL will be an ongoing priority for the project.

## 4. Summary of implementation plan for 2019/20

Shared working between UCL and Camden and Islington IAPT ('iCope'), including clinical placements based partly within the 'Steps Clinic', has been agreed. During 2019/20 this will encompass:

- Development, implementation and evaluation of the 'Wednesday Wellbeing Workshop' programme, open to all UCL students
- Additional space on campus for iCope interventions routinely provided to students registered with Ridgmount Practice

[1] https://www.officeforstudents.org.uk/advice-and-guidance/student-wellbeing-and-protection/improving-mental-health-outcomes/

## 5. *Student Mental Health Partnership* project guidance

The project will be advised by three groups:

- The UCL Health and Wellbeing Strategy Steering Group, convened by SSW to oversee the implementation of the strategy, including the Steps Model, from the perspective of UCL
- The NHS Integration Operational Group (NHS-IOG), convened by PaLS to provide a forum for colleagues from UCL, UCLU and relevant NHS services to come together to develop partnership working
- An Advisory Board, convened by PaLS to provide strategic leadership and guidance.

Group membership is listed in Appendix 11.

## 6. iCope at UCL – the Steps Clinic

*IAPT service details*

IAPT services provide psychological interventions for anxiety and depression, recommended by the National Institute for Care Excellence (NICE), to almost one million citizens a year in England. The quality of IAPT services is checked through ongoing evaluation, whole-service clinical audits and regular reporting to NHS trusts and NHS England (Appendix 12). Interventions are delivered within a stepped-care framework, with clients allocated to IAPT Step 2 or Step 3 according to pre-defined criteria (NICE, 2011; National Collaborating Centre for Mental Health, 2019; iCope operational policies - Appendices 12-13). The UCL Steps Model has been designed to map on to the IAPT stepped-care model to maximise the potential for integration with statutory services (PaLS, 2018).

Key priorities of the IAPT programme are achieving positive outcomes from therapy monitored by the collection of sessional outcome data to measure this (Department of Health, 2011). The IAPT "minimum dataset" includes the Patient Health Questionnaire 9 (PHQ-9) and Generalised Anxiety Disorder 7 (GAD-7) outcome measures, which are also used by the Student Psychological and Counselling Service. IAPT service targets are that 50% of people who start treatment above a clinical cut-off on *either or both* of the PHQ-9 and GAD-7 are moving to recovery (scoring below the clinical cut-off point on *both* measures) at the point of discharge (IAPT, 2014); a target which has now been achieved.

*Wednesday Wellbeing Workshop programme*

Psychoeducation workshops are known to be an efficacious initial intervention with many common disorders. IAPT services provide wellbeing workshops covering topics such as perfectionism, stress and relaxation, and assertiveness, which have been attended by a number of students in the past and which will be regularly delivered at UCL. Workshops would be provided by Psychological Wellbeing Practitioners and Trainee Clinical Psychologists, as part of their training placement with IAPT. It is proposed that the Steps Clinic would adopt this IAPT model of outreach to engage the population and increase access to support (Appendix 12); for example, through working with the Student Union and embedding workshops in academic department activities and curricula.

Steps Clinic staff (with NHS honorary and employment contracts) will supervise Trainee Clinical Psychologists to further develop the programme, by identifying topics likely to be relevant for the UCL student population through student engagement and research. For example, staff in PaLS are already working on projects to understand what culturally sensitive mental health input might be for international students from different cultural backgrounds at UCL. Working with diverse cultures is a key competences of Clinical Psychology training.

*Clinical governance*

The Steps Clinic will work within the clinical governance structures of the NHS provider, Camden and Islington IAPT[2] (Appendix 12). The Steps Clinic workforce is Camden IAPT staff and honorary clinical staff. Trainee Clinical Psychologists are employed by the NHS and are on placement with Camden and Islington IAPT, and Clinical Tutors[3] have honorary contracts with Camden and Islington NHS Foundation Trust. Supervision would be provided by NHS Trust clinicians and those with honorary contracts  Clinical responsibility for care provided by employed and honorary staff would rest with Camden and Islington NHS Foundation Trust.

## 7. Degree of integration between NHS and UCL services

A priority for the Office for Students *Student Mental Health Partnership* project (Office for Students, 2019) is to develop partnership models of care. PaLS suggests care moves towards a more integrated model. For example, a shared assessment and triage process, to allow for students to be allocated to the service most likely to be helpful to them (e.g. to specialist student counselling at the SSW Student Psychological and Counselling Service (SPCS) where indicated; or iCope if a student is registered with a Camden or Islington GP and is likely to benefit from CBT, as treatment may be up to 16 sessions for the treatment of depression as opposed to 6 sessions available at SPCS, allowing SPCS to direct resources to other students).

The potential for such integration was discussed at team meetings (Appendices 6-8). A concern raised by SSW is that they should not be liable for clinical treatment provided by NHS staff, and that safeguards are in place to ensure data collected as part of routine NHS practice are *not* shared with SSW. Therefore it was agreed that the Steps Clinic could become operational during 2019/20 on the condition of an 'information wall' between iCope and SSW.

This issue of differences in risk management protocols between NHS and university services is in scope for the National Collaborating Centre for Mental Health (NCCMH) Framework for student mental health, to be developed during 2020. Recommendations from this national framework  will be fed back to the UCL Health and Wellbeing Strategy Steering Group, NHS Integration Operational Group and project Advisory Board, so that these groups can review how recommendations fit the UCL context.

*Legal and regulatory frameworks*

The limit placed on information sharing eliminates the substantive legal questions raised and discussed during the consultation process for this paper. The advice of Natasha Lewis (NL), Head of Legal Services at UCL, is that there are two questions to resolve: (1) What obligations Camden & Islington NHS Foundation Trust requires from UCL; (2) How UCL can ensure that students, staff and any other stakeholders are aware that UCL has no clinical liability (e.g. this may be achieved through ensuring all communication is via NHS email addresses, posters in clinical spaces making it clear an NHS service is being delivered, and NHS lanyards worn by iCope staff). NL anticipates that both questions should be straightforward to resolve. She is seeking advice on the second point and expects to have clarity on this question shortly.

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[2] This is subject to review in future years, where care provided for UCL students at Steps 4 and 5 would vary significantly from the care routinely provided by IAPT.

[3] Senior Clinical Psychologists who develop and provide training to UCL Trainee Clinical Psychologists.

## 8. Resource requirements

Staffing costs associated with the proposal for the Steps Clinic during 2019/20 will be met by IAPT and PaLS. Matched funding provided by UCL to PaLS for the *Student Mental Health Partnership* project (£65,000) is allocated to non-clinical project objectives (e.g. student engagement activities; the Pathways and Outcomes Evaluation), however this funding will be used to support equipment costs for 2019/20 (desktop computers for staff and telephones).

If Clinical Tutor commitment were to increase in future years then this arrangement would need to be reviewed, as PaLS would need to backfill tutor time committed to the Steps Clinic.

## 9. Forward planning for 2020/21

*Assessment and triage*

Implementation of a stepped-care model necessitates assessment and triage systems for the appropriate allocation of students to the most suitable treatment, so it is proposed that the Steps Clinic would include an Assessment, Triage and Referral Clinic. The focus of this clinic would be on conducting assessments, identifying appropriate NHS provision in the student's local area where available, and managing the referral process, thus maximising student access to NHS care.

*Exploring models of integration*

Recommendations about partnership working from the NCCMH Framework and Universities UK Data Framework will be fed back to the UCL Health and Wellbeing Strategy Steering Group, NHS Integration Operational Group and project Advisory Board, to inform an exploration of this issue at UCL. Alan Roffey, a Change Manager contracted by UCL to work on the Transforming our Professional Services project, has co-facilitated an initial workshop (Appendix 9) and will facilitate additional workshops around this issue in future.

*Application for changes to IAPT funding*

Current NHS funding arrangements are a barrier to students in London having the option of treatment near their university. PaLS are raising this important issue at the national level with NHS England and it is hoped that changes to funding structure will follow.

## 10. Appendices

| | |
|---|---|
| Appendix 1: | *Student Mental Health Partnerships* project letter of support from Prof Anthony Smith |
| Appendix 2: | Student Health and Wellbeing Strategy 2019-2021 – Objective 4 |
| Appendix 3: | Meetings held during development of implementation paper |
| Appendix 4: | Meeting notes: UCL Steps Programme/Office for Students bid meeting – 30/10/2018 |
| Appendix 5: | Meeting notes: Service governance meeting- 24/05/2019 |
| Appendix 6: | Meeting notes: Operational processes meeting – 13/06/2019 |
| Appendix 7: | Meeting notes: Steps Model – Implementation meeting – 01/07/2019 |
| Appendix 8: | Meeting notes: Steps Model – Operational Plan meeting – 18/07/2019 |
| Appendix 9: | Meeting notes: Mapping workshop – 23/09/2019 |
| Appendix 10: | Meeting notes: Update on legal considerations – 09/12/2019 |
| Appendix 11: | Project guidance, support and oversight group membership |
| Appendix 12: | Camden IAPT ('iCope') Operational Policy |
| Appendix 13: | Guidelines on who is appropriate for iCope |

# Appendix 1: Student Mental Health Partnerships project letter of support

26th February 2019

To whom it may concern

**Re: Student Mental Health Partnership Project**

I am delighted to give my support to this proposed collaborative project, led by UWE Bristol.

UCL is committing a cash contribution of £65,000 to the project. With the same amount committed by our partner Imperial College and with matched funding from the Office for Students, the London Hub budget of £260,000 will ensure a step change in mental health support for students in the region. This will be achieved through four core project components – the phased implementation of a care pathway for students integrating university- and NHS-support, an extensive student engagement programme, placement of NHS-funded clinical trainees in university services, and the development of a national evaluation framework in collaboration with our colleagues in Sheffield. In addition to improving support for students at UCL and Imperial College, much of our work with NHS partners will positively impact students at other Higher Education Institutions in London. These institutions and NHS trusts have been involved as stakeholders from the start of the project development.

Leading on the project for UCL is Professor Peter Fonagy, Director of the Division of Psychology and Language Sciences, who also brings experience as National Clinical Lead for CYP IAPT and Programme Director for Mental Health at UCLPartners. He is supported by Professor Stephen Pilling, Director of the Department of Clinical, Educational and Health Psychology, Head of the IAPT Training Course for London and Director of the National Collaborating Centre for Mental Health, which develops care pathways for the NHS.

Our institutional commitment to realising the project at UCL is reflected in the fact implementation of the care pathway is one of the six core objectives outlined in our new Mental Health Strategic Plan. I am delighted that Professor Deborah Gill, Pro-Vice-Provost for Student Experience, will lead the group overseeing the implementation of the Mental Health Strategic Plan by 2021. The Mental Health Strategic Plan has been developed with close reference to the Universities UK Step Change framework. To embed a whole university approach at UCL, our Student Support and Wellbeing team are developing a community of practice to bring about cultural change.

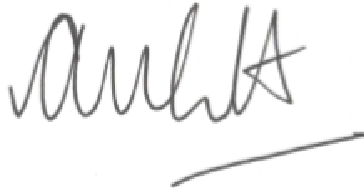
It is fitting that our Pro-Vice-Provost for Student Experience will lead on this work, as we will be placing students at the heart of all the changes we make at UCL. The project team have begun working with our Student Union on detailed plans for collaboratively working to achieve the project aims. We plan to appoint student representatives who will be supported by the union, and will form a bridge between the union and university. The student representatives will have responsibility for consulting

with the student body around particular themes, some of which have been identified based on previous research by the union, and representing student views at the project leadership level. Student Minds will provide additional support and will form a bridge between the London Hub and national collaborative of student unions. Among other things, this will help ensure that the co-produced outputs from the London Hub are relevant to students in other contexts.

There are a number of synergies between our plans for the London Hub and the plans of our regional partners in this bid. One exciting synergy between the London and Sheffield Hubs is our shared commitment to utilising the research and training expertise in our academic departments for the benefit of our students. We will be collaborating on the development of the national evaluation framework and the placement of NHS-funded Trainee Clinical Psychologists and Trainee Psychological Wellbeing Practitioners in university clinics, to increase capacity particularly around gaps in NHS provision.

In addition to this project, a number of parallel research initiatives at UCL will add value. Professors Peter Fonagy, Steve Pilling, Emla Fitzsimons, Glyn Lewis and others are leading various research projects on student mental health. We are also developing a peer researcher programme, supporting students to identify and address research questions about their mental health which are priorities for them – with their findings feeding into the care pathway implementation. For example, peer researchers are currently investigating barriers to accessing support for high risk groups and will be making recommendations about service adaptation.

Yours faithfully



Professor Anthony Smith
Vice-Provost | Education and Student Affairs

Signed on behalf of UCL President & Provost Professor Arthur, who is currently travelling overseas and is unable to do so personally.

# Appendix 2: Student Health and Wellbeing Strategy 2019-2021 – Objective 4

## 4. Establish close collaborative links between UCL, the NHS and other services to deliver integrated mental health care and improved risk management

*The development of closer links between UCL, the NHS and other specialist services to provide better co-ordination to student support and improved risk management is one of the recommendations of Universities UK's 'Step Change' programme. The programme, which is also reinforced by government policy, encourages universities to reconfigure themselves as health-promoting and supportive environments.*

*In this respect, UCL offers an innovative proposition: trialling a transition from a support to a clinical care model for students experiencing mental health difficulties. UCL researchers and therapists from SSW's Student Psychological and Counselling Services* will develop and implement an integrated pathway, a stepped-care clinical model. The integrated pathway ensures more students receive evidence-based treatment in line with their needs and that they do so more quickly than is currently the case. The new approach is strongly supported by UCL's senior leadership.*

**Actions:**

a) Involve expertise from across the UCL academic community, in particular within the Faculty of Brain Sciences, to inform and shape UCL's approach to supporting and improving the mental health and wellbeing of students.

b) Adopt a new integrated care pathway to expand the range of therapeutic treatments at UCL. The model reflects the diverse treatment needs of the student population. It will be delivered jointly by Student Support and Wellbeing, Occupational Health and the Faculty of Brain Sciences at UCL, and NHS agencies.

c) Improve access to mental health care for all students and deliver treatment which is not easily accessible within the NHS; for instance, treatment for self-harm, borderline personality disorder, eating disorders, and alcohol and substance misuse.

d) Take proactive steps towards a 'suicide-safer' campus and develop a cohesive approach to student suicide prevention, response and postvention. Create an environment that encourages and provides opportunities for anyone affected by suicide to speak openly.

e) Ensure improved risk management by providing holistic and co-ordinated care to students identified as being at risk of suicide.

f) Provide appropriate and timely communications and offer support to those affected in the event of a student suicide.

**Measuring success:**

- Number of students supported through the clinical model
- Quick and straightforward access to a wide range of evidence-based treatment; improvement on current waiting times
- Recovery rate aligned with NHS targets
- Dedicated suicide prevention, response and postvention framework

# Appendix 3: Meetings held during development of implementation paper

*Operational, governance and strategic matters*

| | | | |
|---|---|---|---|
| 1 | UCL Steps Programme/ Office for Students bid meeting | FR, WA, DL, CM, BK, PF, SP, LG | 30/10/2018 |
| 2 | Estates | DL, NH, BK, PF, SP, LG | 04/04/2019 |
| 3 | Meeting with UCL Legal Services | Natasha Lewis, DL, BK, NH, PF, SP, LG | 16/07/2019 |
| 4 | Mapping workshop, facilitated by Alan Roffey | FR, WA, DL, BK, NH, CE, PF, SP, LG | 23/09/2019 |
| 5 | Update on legal considerations | Natasha Lewis, DL, BK | 09/12/2019 |

*Team discussions*

| | | | |
|---|---|---|---|
| 1 | Service governance meeting | DL, JL, HG, LG | 24/05/2019 |
| 2 | Operational processes meeting | NH, CM, BK, LG | 13/06/2019 |
| 3 | Whole team meeting | All: DL, LK, NH, BK, CS, JL, HG, PF, SP, LG | 01/07/2019 |

**UCL Steps Programme/ Office for Students bid meeting**

Tuesday 30 October 2018, 16.30-17.30

Room 301, 26 Bedford Way

Minutes

| Present | • Peter Fonagy (PF), *Chair*<br>• Denise Long (DL), *Co-convenor*<br>• Catherine McAteer (CM)<br>• Barry Keane (BK)<br>• Wendy Appleby (WA)<br>• Fiona Ryland (FR)<br>• Steve Pilling (SP)<br>• Laura Gibbon (LG), *Minutes* |
|---|---|

| | **Item** | **Action** |
|---|---|---|
| **1** | **The Steps Programme at UCL**<br><br>1.1 Scope of the programme<br><br>PF summarised the main three 'pillars' of the Steps Programme being:<br><br>• An integrated care pathway, where support is determined by need<br>• Ensuring access to NHS care is increased<br>• Harnessing the resource of clinical trainees and tutors available at UCL<br><br>The details of how these are implemented at UCL are for discussion.<br><br>DL highlighted key priorities from her perspective:<br><br>• Ongoing commitment from UCL leadership<br>• Acknowledgement of the cultural change entailed, from one of 'support' to 'care', with governance arrangements to be agreed<br>• Space for the clinic must be provided<br><br>Agreed that the immediate priority was submitting the OfS bid, and that the details of the UCL implementation would be discussed after this date. Judy Leibowitz (Camden IAPT Clinical Lead) and Claire Elliott to be invited to the meeting to discuss this. | LG to set up meeting in mid-November, to discuss UCL implementation |

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| | <u>1.2 Governance</u><br>WA said that the concern about clinical responsibility would be ameliorated where NHS care is delivered within the UCL infrastructure.<br>CM and BK confirmed there was a precedent for this, albeit with limited clinical risk, in that Camden IAPT has previously run wellbeing workshops for UCL students.<br>SP said that Camden IAPT already collaborates with charity providers of therapy for particular groups (e.g. Nafsiyat), so this was not an issue from their perspective.<br>Agreed that no insurmountable issues are anticipated and the governance arrangements can be agreed as the programme develops. | |
| | <u>1.3 Sustainability</u><br>*UCL:*<br>Agreed that any changes to student support must be sustainable long-term. DL and WA said that any financial contribution from UCL must be in addition to current provision.<br>Agreed that it would be counterproductive to apply for more than modest additional funding from OfS. Any funding from OfS and the strike fund should be regarded as a short-term boost to support the set-up of the programme. During this interim period, a sustainable strategy is to be prioritised.<br>*NHS:*<br>PF said that a key factor for ensuring the viability of the Steps Programme long-term would be buy-in from senior NHS leadership and the UCL team designing the care pathway so that UCL students can benefit from NHS funding available. SP and PF have begun discussions with NHS England leadership with regard to how IAPT funding might 'follow' students. | |
| | <u>1.4 Budget</u><br>Temporary funds to support the programme are expected from the strike fund. FR said that this was considered an acceptable use of the money, as it would be in aid of student welfare.<br>WA to bid to next planning round for additional funds to extend current service. A 'placeholder' bid needs to be submitted by 26 November, but this is not anticipated to be problematic. | WA to submit bid at next planning round |
| | <u>1.5 Clinic space</u><br>The possibility of additional space in 3-4 Taviton Street being used was discussed. | FR to look into this |

<table>
<tr><td rowspan="3">2</td><td>Office for Students bid<br><u>2.1 Application proposal</u><br>The deadline for expressions of interest is 9 November. Information required by then is:<ul><li>UCL financial contribution (cash, in kind, revenue, capital)</li><li>Sign off from senior leadership (Provost and Director of Finance)</li><li>Overview of project plan</li></ul></td><td>PF and DL to lead application process; CM and BK to contribute (agreed after meeting); LG to coordinate<br>WA, DL, CM, BK to provide information about UCL in-kind support (e.g. clinic space; administrative support)<br>FR to confirm details of strike fund<br>UCL senior leadership sign-off (responsibility TBC)</td></tr>
<tr><td><u>2.2 Potential partners:</u><br>DL/WA had put PF and LG in contact with Imperial, QMUL and Sheffield university support services. PF and LG had made contact with paired local IAPT services. Update to the group on current state of play.<br>Agreed that four partners, including UCL, was an appropriate number.</td><td>LG to coordinate collaboration with partners</td></tr>
<tr><td><u>2.3 Stakeholders</u>:<br>PF has had advice from Universities UK that letters of support from relevant stakeholders (Student Minds; NUS etc) will be important for gaining OfS funds.<br>LG has links with Student Minds so will introduce DL to them to follow up.<br>DL said that the NUS could only be approached once UCL Student Union was engaged. DL has links with the UCL union so will pursue this.</td><td>LG to introduce DL to Student Minds<br>DL to set up links and arrange letters of endorsement from:<ul><li>Student Minds</li><li>UCL union</li><li>NUS (once UCL union are engaged)</li></ul></td></tr>
<tr><td>3</td><td>Any other business<br>None</td><td></td></tr>
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**Student Mental Health - IAPT-UCL**

**(Friday 24/05/2019)**

**Attendees** – Denise Long, Darius Gadeikis (minutes), Lina Kamenova, Laura Gibbon, Judy Leibowitz, Hilary Grater.

| Issues | Discussion / Decision | Action/Responsibility |
|---|---|---|
| **1. Finding the most appropriate and clear referral pathways from UCL to IAPT.** | It is important to find out **which students** should be referred to IAPT services.<br>It is important that students do not get **bounced around between services**.<br>It is important to find a way to **coordinate the referral process better.**<br>☑ Judy will email relevant documents regarding which protocols IAPT follows in terms of referrals.<br>There is a need to map out different **cohorts of students** and how to support them appropriately.<br>☐ Denise will send the details of telephone counselling for students with Care first to Hillary & Judy. | **Judy**<br>**Denise** |
| **1.1 Waiting time for iCope.** | There is a concern that the waiting time can be too long for UCL students to receive appropriate mental health support.<br>➢ 75% of people get initial telephone assessment with iCope within 2-3 weeks. Step-3 can take from 8 weeks to 4 months after assessment. | |

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| **2. IAPT service location** | The location of the service available from IAPT will be dependent on the registered student home location.<br>**Key challenges:**<br>➢ How to make sure that students do not get refused service if they do not live in the area (e.g., students registered with a GP outside Camden)?<br>➢ How to establish a self-referral route on our UCL website without forcing the IAPT and UCL information to merge together?<br>➢ Denise was concerned to ensure that IAPT information on the UCL-SSW website is relevant for students with a GP availability outside Camden. | |
| **3. What are the legal governance frameworks for student mental health support** | There is a need of a clear governance regarding UCL student mental health support responsibilities.<br>☑ Judy will email relevant documents regarding which protocols IAPT follows in terms of who takes responsibility. | **Judy** |
| **4. Confidential data sharing challenges.** | Through IAPT, GP's would be made aware if there is a concern and the necessary action would be taken afterwards. At UCL the situation is more complicated due to the implications of GDPR.<br>➢ Close working relationship with GP's could be helpful. | |
| **5. Low intensity psychotherapy support for UCL students.** | It has been discussed that workshops and low intensity clinical support could be available to students provided that the governance issues are agreed. It would also be important to make the workshops relevant for students to ensure high attendance.<br>☐ Look into the possibility of running clinics by IAPT staff at UCL and where to specifically run these workshops at UCL (e.g., the right rooms, ideally with reception etc…) | **Denise/Judy** |

**<u>Operational processes meeting</u>**

Thursday 13 June, 10.00-11.00

**Meeting notes**

Present: Catherine McAteer (CA); Barry Keane (BK); Natalie Humphrey (NH); Laura Gibbon (LG)

<table>
<tr><td>1</td><td>CM/BK outlined the SPCS intake process:<ul><li>Online self-referrals are triaged daily, with CM/BK identifying which profession/ therapeutic modality students appear to be the most appropriate for (Psychiatry/ CBT/ psychotherapy). The urgency for their first appointment is determined based on whether they report thoughts of harming themselves.</li><li>An Executive Officer at SPCS books the student in for an initial assessment appointment.</li><li>If the student is deemed appropriate for SPCS and the relevant clinician at the assessment, they go on that clinician's waiting list (i.e. staff manage their own waiting lists, there is not a central waiting list for therapy)</li></ul></td></tr>
<tr><td>2</td><td>Current communication practices between SSW teams:<ul><li>CM/BK/NH explained that when staff in either SPCS or the Disability/Wellbeing teams identify that a student could benefit from support from another team within SSW, they are signposted (i.e. SPCS do not share student information with the Disability team, and vice versa).</li><li>If staff have serious concerns about a student then they may communicate about them directly.</li></ul></td></tr>
<tr><td>3</td><td>Future shared working – option 1 discussed:<ul><li>CM/BK/NH suggested that the current system of signposting students between services remains unchanged when SSW begins to work more closely with IAPT in 2019/20.</li><li>They suggested that the SSW website could include information on the three services offering therapy (SPCS; Care First; IAPT), including waiting list length, so that students can make an informed decision about which service is right for them.</li></ul></td></tr>
<tr><td>4</td><td>Future shared working – option 2 discussed:<ul><li>LG suggested that students could be asked for their consent for their registration data to be shared between SSW and IAPT, so that a clinical decision could be made about the most suitable service for them. As SSW have requested that the Pathways assessment, triage and referral clinic be delayed until the start of 2020/21, triage would be on the basis of registration data in 2019/20. LG suggested there could be a regular intake meeting between Steps Clinic and SPCS staff, for this purpose.</li><li>CA/BK agreed it may be preferable from the perspective of student experience, clinical outcomes and efficiency for the different services to be able to communicate about a student. However, there remains a significant concern on the part of SSW that there will be legal and reputational risk associated with SSW staff knowing about a student who is at risk to themselves, and not informing the students' next of kin.</li></ul></td></tr>
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| | • CA/BK suggested that Option 1 (above) is the default option for 2019/20, with the teams involved then collaborating to review whether shared working would be possible. |
| 5 | Next steps:<br>• All agreed that it would be ideal for the most clinically-appropriate decision to be agreed on, and to then attempt to resolve any legal questions raised.<br>• All agreed that the two scenarios (Option 1/ Option 2) should be presented to the legal services team for advice.<br><br>Action: LG to follow up with Natasha Lewis regarding dates for legal meeting |

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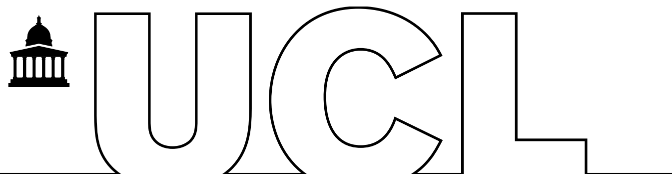

# Steps Model – implementation meeting

Monday 1 July, 2019, 10.00-11.00

Room 131, 14 Taviton Street

<u>Attendees:</u>

Steve Pilling (SP), Chair
Wendy Appleby (WA)
Henry Clements (HC)
Peter Fonagy (PF)
Laura Gibbon (LG)
Hilary Grater (HG)
Natalie Humphrey (NH)
Lina Kamenova (LK)
Barry Keane (BK)
Judy Leibowitz (JL)
Kirsty Nisbet (KN), Minutes
Denise Long (DL)
Chilima Sianyeuka (CS)

| **Item** | **Action** |
|---|---|
| **Steps Model Implementation Paper 1**<br><br>SP introduced the context for the paper, which is that UCL has been awarded funding from the Office for Students to lead the North London Hub of a national project to improve integration between university and NHS mental health services. This will involve the development and implementation of an integrated care pathway, titrated to need, for UCL students, building on improved integration between NHS and UCL services. The project has been endorsed by Anthony Smith and forms Objective Four of the new SSW Health and Wellbeing Strategy.<br><br>The Steps Model Implementation Paper 1 sets out the PaLS proposal for the first stage in this implementation, in 2019/20. The paper has been written in collaboration with DL and JL. | |
| **Aims and scope of Steps Model and implementation paper**<br><br>*<u>Aims</u>*<br>All agreed that it is essential the group's main aim, of improving outcomes for students with mental health problems, should guide all decision making. All agreed that this entailed a culture of evidence-based practice, based on recommendations for mental health care in England developed by the National Institute for Health and Care Excellence (NICE). | |

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| *Scope*<br>The Steps Model is concerned with care for students at UCL with mental health needs. It was acknowledged that a considerable proportion of the work currently done by SSW falls outside of this specific aim and the Steps Model (including disability support and reasonable adjustments, including for students with mental health problems). | |
| **Feedback on paper**<br><br>Ahead of the meeting, attendees and staff from the UCL Student Union had the chance to comment on the implementation paper. Feedback about the clinical principles underpinning the paper was positive.<br><br>A priority agreed by the group:<br><br>(i) A shared understanding of what is meant by integrated care and how it will be implemented<br><br>Several concerns were raised by SSW staff regarding the implementation of the Steps Model:<br><br>(ii) Sharing personal data between NHS and university services<br>(iii) The complexity of a London care pathway means that students will be eligible for support from different NHS services and this may present problems with integration<br>(iv) UCL trainees will be seeing UCL students<br><br>The discussion of these issues is set out below. | |
| **(i) Integrated care pathway**<br><br>It was noted that members of the team may have different ideas of what is meant by 'integration'. Ensuring that there is a shared understanding is a priority as the group continues to work together.<br><br>• WA suggested that mapping current processes would be a good starting point.<br><br>All agreed that the guiding principle should be what is in the best interests of students.<br><br>• PF and SP pointed out that the evidence in this area clearly supports the establishment of integration between systems providing care and the avoidance of the need for students to undergo multiple assessments. This was echoed in the experience of students who spoke about the difficulties experienced with multiple assessments at the Office for Students project launch event. | WA to ask Fiona Ryland about support from a TOPS change manager, to map current pathways for UCL students |

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| • All agreed that a seamless experience would be preferable from the student's perspective. HC added that this is the feedback that has been received from Simon To, from the Student Union.<br>• DL said that there may be differences in student expectations of care from SSW and NHS services.<br>• WA said that a fully integrated model may be challenging for staff later down the line.<br><br>WA suggested it would be useful to meet with staff from other services where integration between providers has been achieved:<br>• SSW are planning a visit to the University of Sheffield<br>• Camden iCope has contracts with several organisations that provide their service (e.g. Women and Health, Age UK and employment services). There are different forms of integration for different services, but it is common for organisations to share data and use the same databases. JL offered to facilitate meetings between SSW and these organisations. | DL/BK to arrange visit to Sheffield<br><br>KN to arrange meetings with iCope providers |
| **(ii) Data sharing**<br><br>It was noted that students do not expect their data to be shared with the NHS, so consent would need to be obtained for this. DL noted that SSW policies governing sharing data differ from those in the NHS data (e.g. communication with parents vs the GP).<br><br>BK raised a concern that sharing data between university and NHS services might breach GDPR. JL did not accept this view and stated that the principle of confidentiality pre-dates GDPR and is an integral part of clinical service delivery in which the safety of patients takes priority. It was proposed that the group commit to developing the best service for students underpinned by a strong commitment to patient safety. | |
| **(iii) London care pathway**<br><br>WA, DL and BK raised a concern that improving access to Camden iCope would lead to a two-tiered system where the support available to students would be postcode/GP dependent, with easier access available to those registered with Camden and Islington GPs. It was noted that currently about 38% of students were registered with the Ridgmount practice.<br><br>JL noted that it would be regrettable if this were to get in the way of effective integration with local services, and pointed out that this is what has always happened in London.<br>• All NHS provision is by postcode/GP, so UCL students will be eligible for different NHS care depending on where they live. If UCL wants to improve access to NHS services this cannot be avoided, at least in the short-term, but students could be given | |

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| information in relation to services available depending on where the student registers.<br>• Improving access for one group of students would not have any negative effect on other students – and better links with C&I are likely to improve links with other IAPT services, and therefore access to care for students registered with a GP outside of Camden or Islington.<br><br>PaLS have raised with the IAPT National Team and Claire Murdoch, NHS England National Mental Health Director, the case for changing funding structures for student mental health care in primary care in London, to allow for funding across CCG boundaries.<br><br>SP suggested that the current aim should be developing the pathway to make a clinical case for change. There may be scope to extend the pathway to cover other areas. However, change for all UCL students is most likely to follow from this process being started. | <br><br><br><br><br><br><br><br><br><br><br><br>SP to write to Clare Murdoch National Director of Mental Health regarding funding structures in IAPT |
| **(iv) UCL trainees seeing students**<br><br>BK raised the issue of clinical trainees in PaLS seeing other UCL students clinically. Two issues were discussed:<br>a. A concern about confidentiality, with UCL trainees having access to other students' data<br>b. A barrier being introduced for UCL trainees who may themselves want to use services for UCL students<br><br>Regarding (a) – JL said that all UCL clinical psychology trainees are NHS employees who have an employment contract with Camden and Islington NHS Foundation Trust and PWP trainees also are NHS employees. As a consequence:<br>• They are contractually obliged to act professionally and they are well trained in confidentiality, in line with current NHS practice.<br>• There are procedures for dealing with cases where a clinician (whether a trainee or qualified member of staff) is assigned a patient they know in a personal capacity.<br><br>Regarding (b) – JL explained that within the NHS there are reciprocal arrangements for staff using services, and this could be easily replicated in the implementation of the Steps Model.<br><br>SP added it was important that we do not allow the 'exception to make the rule'. Whilst this may be an important issue for a small number of individuals, they would ultimately be a tiny proportion of the number of students served. This would not be an appropriate basis to deny increased service provision to the rest of the student population. | |
| **Update on progress**<br><br>*SID implementation* | |

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| A new case management system is being implemented at UCL. The SSW Disability team will start using the system first, with this being launched for SPCS in 2020.<br>• SP said that an important innovation of the IAPT programme has been the collection of sessional outcome data, which is collected for over 97% of cases in IAPT. This allows for analysis of who benefits from interventions, so that outcomes and services models can be improved.<br>• SP requested that this is taken into account when the SPCS database is specified.<br><br>*Steps Model implementation timeline*<br>DL noted that it would be useful to have a clearer idea of the timescales for the implementation plans.<br>• SSW's summer period and Term 1 are particularly busy times with the arrival of new students and the need to register disabilities.<br>• In addition to timescales for the different work packages, SP suggested an oversight group would be useful (sitting between the governance function provided by Health and Wellbeing Strategy Steering Group and the smaller groups delivering work packages). | BK/DL to consider the importance of sessional outcome monitoring for improving services, when the SPCS case management system is being specified<br><br>LG draft an outline of work packages and structure of oversight arrangements<br><br>All to review and comment electronically |
| **Any other business**<br><br>JL and SP suggested co-location of IAPT and SSW staff would help facilitate communication amongst practitioners. WA noted that this may be challenging to facilitate due to lack of space available. | |

# Steps Model – Operational Plan meeting

Thursday 18th July 11.45-12.45

Room 313, 26 Bedford Way

Attendees

Peter Fonagy (Chair)
Laura Gibbon
Natalie Humphrey
Barry Keane
Denise Long
Kirsty Nisbet (Minutes)
Steve Pilling

| **Items** | **Action** |
|---|---|
| **Steps Model – Operational Plan paper v1**<br><br>The first version of an Operational Plan for the Steps Model implementation was discussed. This is a working document with initial work packages proposed for the implementation, to be updated by contributors as plans develop. | All to review and comment electronically. |
| **i) Oversight group**<br><br>The NHS Integration Oversight Group (NHS-IOG) will oversee the implementation. It was agreed that having the right people on board with the capacity to commit to the project is needed.<br><br>Alongside members listed in v1 of the Operational Plan, further members were agreed:<br><br>• A representative from Ridgmount<br>• A representative from the UCLH Psychiatric Liaison team (staff are C&I employees based at the hospital)<br>• A representative from the Camden Crisis teams<br>• A representative from North Central London Sustainability and Transformation Plan<br>• Mike Roberts, UCLPartners<br>• A UCL faculty tutor | To contact:<br><br>SP – Christopher Hilton<br><br>PF – David Sloman<br><br>PF – Mike Roberts<br>DL – faculty tutor committee |

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**ii) Mapping the student care pathway**

*<u>UCL</u>*<br>
All agreed that mapping the care pathways between SSW and NHS services needs to be clear to avoid students falling through the gaps.

*<u>NHS</u>*<br>
DL said it is also important to consider links between NHS services.

- SP noted that secondary care will be integrated by STP in future
- All agreed that in the interim, mapping NHS service structures is also important

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**iii) Information provision to students**

Information about the three psychological service options (iCope, SPCS, Care First) is to go on the SSW website.

- This will need to comply with new accessibility standards
- All agreed that student input into what information is helpful for them to make an informed choice is important
- BK to provide information about SPCS as soon as possible, ahead of PPI meeting at the end of the month

</td><td>DL to confirm deadline for SSW site content, for accessibility review</td></tr>
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**iv) Service user involvement**

Agreed a service user involvement meeting will be held at the end of July, to gather views on:

- The information provided about service options on the SSW website
- Topics that for student workshops

Potential attendees to approach:

- Student experts-by-experience who have attended consultation meetings with the PaLS programme
- DL suggested Student Resident Advisors

</td><td>KN to arrange meeting w/c 29th July</td></tr>
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**v) Wednesday Wellbeing Workshops**

Topics covered in the Wednesday Wellbeing Workshops will be based on standard iCope workshops, with additional topics/ amendments for the student population to be considered on the suggestion of the students and UCL stakeholders.

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| | |
|---|---|
| BK said that, in the experience of SPCS, workshops with a wellbeing focus (i.e. perfectionism/ procrastination/ confidence/ relaxation) are better attended than those with an explicit mental health focus. | |
| **vi) Space for additional NHS care at Bloomsbury campus**<br><br>PF has met with the UCL Estates Board regarding clinical space, and he will update the team when the board responds to this request. | PF to update team on space request when received |
| **Updates from SSW**<br><br>DL updated that the SSW team are chasing the TOPS Change Manager, and are ready to support the mapping process when this resource is confirmed.<br><br>SSW have arranged a meeting to Sheffield Counselling Service.<br><br>DL is meeting with the UCL faculty tutors and will make them aware of the Steps Model implementation. | |
| **Updates from PaLS**<br><br>*OfS*<br>Work is starting on the OfS project. Imperial and Westminster IAPT are starting to work together.<br><br>*Steps Model*<br>PF presented the Steps Model at the recent UUK Conference on whole university approaches for mental health. Several organisations have expressed an interest in implementation:<br>• Cardiff University<br>• Birbeck University<br>• British Psychological Society – indicated interest in the potential of sponsoring the Steps Model as a national model<br><br>*Student surveys*<br>There are two survey projects in 2019/20:<br>• A small-scale feasibility study for the development of a survey to support a robust estimate of prevalence<br>• An online survey (SENSE), which will be emailed to all UCL students in term 1. LG and our collaborator, Tayla McCloud, met with Lina about the survey earlier this year, to get an SSW perspective. | |

| | |
|---|---|
| Regarding the online survey:<br>i) DL said the timing should not overlap with Student Minds surveys<br>ii) DL and BK said that aftercare may be needed for anonymous surveys<br>iii) NH suggested the survey goes out as early as possible in the term, so that students can access SSW services before the Christmas break if needed | KN to contact the Student Minds MH Charter team to see if they will be surveying students<br><br>LG will explore an earlier date for the survey with the student experience team |
| **Any other business**<br><br>None. | |

**Student Mental Health Process Mapping Workshop**

Date 23 September

UCL Bidborough House, Room 105

Workshop Outputs

## 1 Workshop Aims

- Map the current process including any student experience or process pain points.
- Map a proposed future process, incorporating the desired student experience and the Steps Model where appropriate.

## 2 Attendees

Alan Roffey (Facilitator)
Fiona Ryland
Wendy Appleby
Denise Long
Alan Thompson
Peter Fonagy
Steve Piling
Laura Gibbon
Claire Elliot

## 3 Agenda

- Welcome and introductions
  - Housekeeping
  - Agree workshop outcomes
- Part 1 - current process mapping

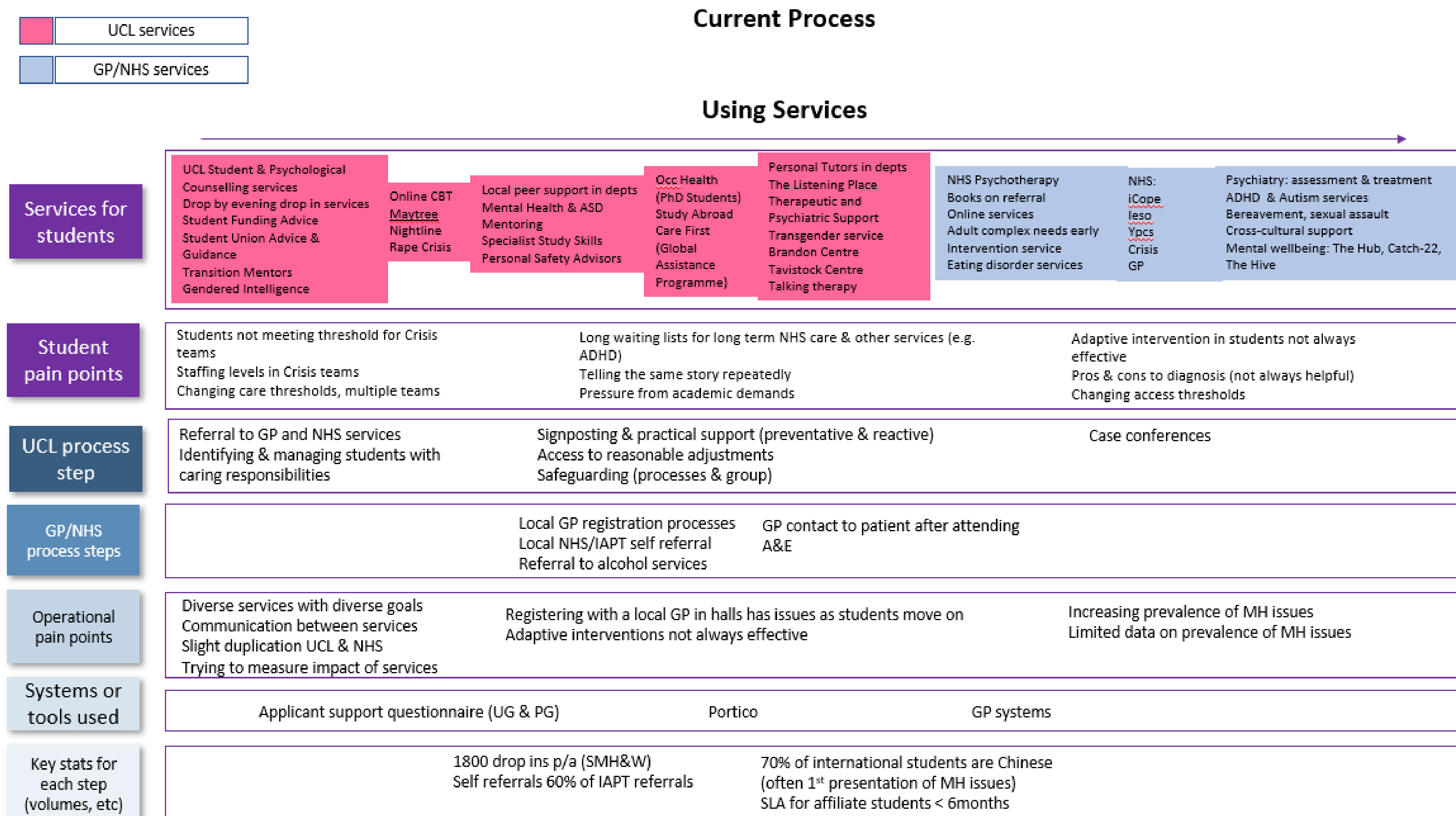
  Break
- Part 2 - future process mapping
- Next steps and close

## Current Process

### Accessing Services

| Stage | Details | | |
|---|---|---|---|
| Student Journey Steps | Students have an existing problem or become unwell<br>Incoming students on their UKAS form | Referrals from: parents, friends, 3rd sector, department, school, social services, A&E, GP, member of public | |
| Student pain points | Moving away from home<br>Pressure from academic studies<br>> use of virtual teaching | Uncomfortable with UCL holding sensitive data about them<br>Accessing support b/c caring responsibilities | Cultural barriers to access<br>Don't want UCL to know<br>Having multiple issues |
| UCL processes | Admissions process (UG/PG)<br>Halls registration to local GPs<br>Apply for DSA funding/MH mentoring | Assessment of impact on study<br>Summary of reasonable adjustments (SORA)<br>International student orientation programme | Special exam arrangements, drop-ins<br>Interruption & return to study, Issues reported to the family<br>1st point of access UC Student Mental Health & Wellbeing |
| GP/NHS processes | Local GP registration processes<br>Local IAPT self referrals (60% of IAPT referrals) | Referrals to alcohol services<br>GP contact to patient after attending A&E | |
| Operational pain points | Need to identify and pick up more people<br>More focus on PG & int students needed | Increasing access in young people to services (a wider issue)<br>Patients sit with UCL & GPs on waiting lists for a long time | Students not registering with GPs<br>Complexity of London services |
| Systems or tools used | UKAS form<br>Applicant support questionnaire<br>Portico | GP systems | |
| Key stats for each step (volumes, etc) | 30k students live inside London<br>7k live outside London | 4-500 referrals from friends p/a<br>½ of UCL students registered at Ridgmount (50% out of max 60%) | Est 8k mental health issues in the UCL population*<br>Est 11k substance misuse issues*<br>C700 attempted suicides p/a* (*max potential) |

*Maximum potential need/estimated disorder prevalence based on analysis of UCL student population v Adult Psychiatric Morbidity Survey 2014. These figures should be treated with caution and further research is underway to provide more accurate estimates.


UCL services
GP/NHS services
Current Process
Using Services
Services for students
UCL Student & Psychological Counselling services
Drop by evening drop in services
Student Funding Advice
Student Union Advice & Guidance
Transition Mentors
Gendered Intelligence
Online CBT
Maytree
Nightline
Rape Crisis
Local peer support in depts
Mental Health & ASD
Mentoring
Specialist Study Skills
Personal Safety Advisors
Occ Health (PhD Students)
Study Abroad
Care First (Global Assistance Programme)
Personal Tutors in depts
The Listening Place
Therapeutic and Psychiatric Support
Transgender service
Brandon Centre
Tavistock Centre
Talking therapy
NHS Psychotherapy
Books on referral
Online services
Adult complex needs early intervention service
Eating disorder services
NHS:
iCope
Ieso
Ypcs
Crisis
GP
Psychiatry: assessment & treatment
ADHD & Autism services
Bereavement, sexual assault
Cross-cultural support
Mental wellbeing: The Hub, Catch-22, The Hive
Student pain points
Students not meeting threshold for Crisis teams
Staffing levels in Crisis teams
Changing care thresholds, multiple teams
Long waiting lists for long term NHS care & other services (e.g. ADHD)
Telling the same story repeatedly
Pressure from academic demands
Adaptive intervention in students not always effective
Pros & cons to diagnosis (not always helpful)
Changing access thresholds
UCL process step
Referral to GP and NHS services
Identifying & managing students with caring responsibilities
Signposting & practical support (preventative & reactive)
Access to reasonable adjustments
Safeguarding (processes & group)
Case conferences
GP/NHS process steps
Local GP registration processes
Local NHS/IAPT self referral
Referral to alcohol services
GP contact to patient after attending A&E
Operational pain points
Diverse services with diverse goals
Communication between services
Slight duplication UCL & NHS
Trying to measure impact of services
Registering with a local GP in halls has issues as students move on
Adaptive interventions not always effective
Increasing prevalence of MH issues
Limited data on prevalence of MH issues
Systems or tools used
Applicant support questionnaire (UG & PG)
Portico
GP systems
Key stats for each step (volumes, etc)
1800 drop ins p/a (SMH&W)
Self referrals 60% of IAPT referrals
70% of international students are Chinese (often 1st presentation of MH issues)
SLA for affiliate students < 6months

1. Greater co-ordination of GP registry at intake (think of UCL East).
2. GP Practices understanding the student journey and their varying needs across it.
3. A culturally sensitive service.
4. An agreed model of dealing with issues at drop-in sessions.
5. Use the best point of triage (this could be multiple points).
6. Awareness and education campaign is needed.
7. Develop SSW Business Partners.
8. Understand Faculty breakdown and particular pressure points.
9. No one size fits all and needs change over time.
10. Explore collaboration with the Institute of Education and the 'Kinder Curriculum'.
11. More integrated care and communication across services.
12. More robustness in assessment.
13. Having a shared understanding of each organisation's goals.
14. Understanding and evaluating the goals and effectiveness of each service in the network.
15. NICE guidelines should be used in the design and delivery of care pathways, assessment, triage and treatment.
16. Reduce referrals so we don't lose people.
17. Co-design improved services with students.

These principles need further development.

Please share with the group any information you have on the following:

- A list and number of resources available with capacities (where possible with figures).
- Current pathways (establishing current common pathways with numbers).
- Current systems for managing mental health information about individual students.
- How do we categorise MH problems in students (categories of students according to need).
- Any effectiveness data (what do we know about what works).
- Describe the current role of academic and professional staff.

1. Share external consultancy review of UCL services (Denise Long).
2. Conduct audit of existing UCL, Ridgmount, other GP and NHS services including (Wendy Appleby, Claire Elliot, Peter Fonagy):
    1. the function of the service;
    2. Data on effectiveness;
    3. Resources required;
    4. Links to other services.
3. Review the Ridgmount model and agree how best to utilise or expand it (Wendy Appleby, Claire Elliot).
4. Feed back the outcome from the forthcoming meeting scheduled with PHE and the Camden CCG (Denise Long).
5. Complete research projects to gather data on the student population's needs (Peter Fonagy, Laura Gibbon, Steve Piling).
6. Agree Design Principles (All).
7. Share Faculty breakdown data of issues (Barry Keane).

# Appendix 10: Update on legal considerations

**<u>Steps Model – Update on legal considerations</u>**

Monday 9 December 2019, 13.00-14.00

**Meeting notes** *<u>[notes to be confirmed by attendees]</u>*

Present: Natasha Lewis (NL); Denise Long (DL); Laura Gibbon (LG – notes )

<table>
<tr><td>1</td><td>Legal issues<br><br>NL said that from a legal perspective there are two issues:<br>(1) Clarifying what Camden & Islington NHS Foundation Trust expect from UCL<br>(2) How UCL can protect itself against claims it is a healthcare provider<br><br><u>Clarifying what Camden & Islington NHS Foundation Trust expect from UCL</u><br>NL said that the placement contract previously provided would not be the best basis for establishing the relationship between the Trust and UCL. NL suggested an example contract between Camden & Islington NHS Foundation Trust and organisations where clinics are held may be more appropriate (e.g. guaranteeing that iCope policies governing lone working etc will be adhered with).<br><br>LG said that the primary care mental health model is such that clinicians are often based in a range of settings in the community. iCope would ensure any clinic space they use is suitable and safe (iCope have visited Euston House and are satisfied with this). Staff take responsibility for ensuring they follow iCope policies (e.g. cancelling a session if their safety cannot be guaranteed at the setting in question). iCope have robust processes in place to support clinical work in the community (e.g. a duty supervisor is always on call, so that staff who are not at the service base can report risk). LG added that either she or another member of a staff with an employment or honorary contract with Camden & Islington NHS Foundation Trust will be on site when Trainees are seeing clients at UCL, for additional support if needed.<br><br><u>How UCL can protect itself against claims it is a healthcare provider</u><br>NL is seeking external advice about this matter and expects to have this this advice next week (w/c 16 December). NL suggested there may be several ways this could be made clear to students (e.g. displaying an NHS poster in the room; iCope staff wearing NHS lanyards; Trainees never communicating with students using their (the Trainee’s) UCL email or wearing a UCL lanyard in the session.<br><br>LG said that the Trainee Clinical Psychologists are on placement and ready to start seeing people at Euston House in January. NL said that she does not expect either of these issues to prove complex to resolve.<br><br>ACTION: NL will follow these issues up with Steve Pilling (SP).</td></tr>
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| 2 | **Potential scenarios which may have legal implications**<br><br>(1) DL raised a concern that UCL Trainees may access support with SSW, and a member of SSW staff may become aware of issues potentially impacting on other UCL students (e.g. if the member of staff were concerned about the Trainee's fitness to practice).<br><br>NL advised that the usual protocols should be followed in this situation, but that the staff member may need to make clear to any Trainees seeking support of the proximity of their service to the placement provider.<br><br>**ACTION**: DL to look into this issue with the GDPR team<br><br>(2) LG asked whether SSW expects to be told about any risk which iCope staff members become aware of during the course of the workshops<br><br>DL advised that iCope staff can complete a 'Student of concern' form if they are concerned about risk. When these forms are received, SSW inform the student's next of kin, initiate welfare checks in Halls of Residence, and consider whether the student is fit to study.<br><br>**ACTION**: LG to inform iCope colleagues about this process |
|---|---|

# Appendix 11: Project guidance, support and oversight group membership

| **Health and Wellbeing Strategy Steering Group** |
|---|
| Convened by SSW (secretariat) |
| Remit: Oversee the implementation of the strategy, including implementation of the Steps Model (Objective 4), from the perspective of UCL |
| Membership:<br><br>Prof Deborah Gill (Co-Chair), Pro-Vice-Provost (Student Experience) & Director of UCL Medical School<br>Rothna Akhtar/Aatikah Malik (Co-Chair), UCLU Welfare and International Officer<br>Denise Long, Director, SSW<br>Lina Kamenova, Deputy Director, SSW<br>Natalie Humphrey, Head of SSW (Disability, Mental Health and Wellbeing)<br>Mitesh Vagadia, Head of SSW (Development and Projects)<br>Wes Durdle, SSW Manager (Communications and Projects)<br>Dr Barry Keane, Acting Head of Student Psychological and Counselling Services, SSW<br>Charlotte Bradley, Chaplain and Interfaith Adviser<br>Alex McKee, Head of Student Engagement & Communication<br>Dr Alex Standen, Associate Director (Early Career Academic and Research Supervisor Development), UCL Arena<br>Ben Colvill, Deputy Director, Doctoral School<br>Zak Liddell, Head of Education and Student Experience, MAPS<br>Olga Thomas, Vice Dean, Faculty Tutor - Faculty of Laws<br>Dr Mike Rowson, Faculty Tutor – Faculty of Population Health Sciences<br>Max Hill, Director of Occupational Health & Wellbeing<br>Karen Smith, Head of Workplace Wellbeing<br>Thalia Anagnostopoulou, Learning Innovation Manager, Organizational Development<br>Karen Barnard, Director, UCL Careers<br>June Hedges, Head of Liaison and Support Services, Library Services<br>Kirsty Walker, Director of Media Relations, Communications and Marketing<br>Katy Redfern, Head of Access, SRS Access and Admissions<br>Helen Fisher, UCL East Operations Lead & TOPS Faculty Lead<br>Nick McGhee, Deputy Director, Casework and Governance – SRS Academic Services<br>Katie Price, Associate Director, Communications - VP Office (Education and Student Affairs)<br>Dr Carl Sayer, Reader in Geography, Personal Tutor<br>Prof Anthony David, Director & Sackler Chair of the UCL Institute of Mental Health<br>Prof Peter Fonagy, Head of the Division of Psychology and Language Sciences at UCL; CEO of the Anna Freud National Centre for Children and Families<br>Laura Gibbon, Teaching Fellow, UCL Division of Psychology and Language Sciences<br>Frederike Lemmel, Student, UCL Division of Psychiatry<br>Dr Claire Elliott, GP, Ridgmount Practice<br>Jane Brett-Jones, Senior Public Health Strategist, PHE<br>Tracy Parr, Director of Transformation, Healthy London Partnership |

| **NHS Integration Operational Group** |
|---|
| Convened by PaLS (secretariat) |
| Remit: Provide a forum for colleagues from UCL, UCLU and relevant NHS services to come together to consider how models of partnership working can be implemented at UCL. |
| Membership:<br><br>Steve Pilling (Chair), Head of Clinical, Education and Health Psychology, UCL<br>Student representative [to be recruited]<br>Wendy Appleby, Registrar, UCL<br>Claire Elliott, GP Partner, Ridgmount Practice<br>Laura Gibbon, Teaching Fellow, PaLS, UCL<br>Lina Kamenova, Deputy Director, Student Support and Wellbeing<br>Barry Keane, Acting Head, UCL Student Psychological & Counselling Services<br>Judy Leibowitz, Clinical Lead, iCope, NHS<br>Denise Long, Director, Student Support and Wellbeing<br>Aatikah Malik, Welfare and International Officer, UCLU<br>Karen Smith, Head of Workplace Wellbeing, Workplace Health, UCL<br>Simon To, Leadership Development & Change Manager, UCLU |

| **Advisory Board** |
|---|
| Convened by PaLS (secretariat) |
| Remit: Provide strategic guidance for partnership working between the NHS and universities in London |
| Membership:<br><br>Prof Mike Roberts (Chair), General Manager of UCLPartners<br>Student representative [to be recruited]<br>Prof David Clark CBE, National Clinical & Informatics Advisor for IAPT & University of Oxford<br>Prof Peter Fonagy, Head of Division, PaLS, UCL<br>Prof Deborah Gill, Pro-Vice-Provost (Student Experience) & Director of Medical School, UCL<br>Prof Tim Kendall, National Clinical Director for Mental Health at NHS England<br>Dr Vincent Kirchner, Medical Director, Camden and Islington NHS Foundation Trust<br>Prof Stephen Pilling, Head of Clinical, Educational and Health Psychology, PaLS, UCL<br>Prof Sasha Roseneil, Dean of Faculty of Social Science, UCL<br>Fiona Ryland, Chief Operating Officer, UCL<br>Sir David Sloman, NHS Regional Director for London<br>Prof Alan Thompson, Dean of Faculty of SLMS, UCL<br>Rosie Tressler OBE, Chief Executive Officer, Student Minds |

Appendix 12: Camden IAPT ('iCope') Operational Policy

# ICOPE: CAMDEN PSYCHOLOGICAL THERAPIES SERVICE

## OPERATIONAL POLICY (2016)

## 1. INTRODUCTION

1.1 In October 2007, the Department of Health announced a £170 million expansion of psychological therapies to provide better support for people with mental health problems such as anxiety and depression (Improving Access to Psychological Therapies – IAPT). In 2008, Camden was selected as one of 34 expansion sites across England to begin the roll-out of IAPT nationwide. Camden has developed the iCope: Camden Psychological Therapies Service (iCope) as part of the local implementation of the IAPT programme.

1.2 iCope Camden Psychological Therapies Service (iCope) will provide NICE- recommended treatment for anxiety and depression. The service will provide good quality, evidence based, high and low intensity interventions within the stepped care framework recommended by NICE. In common with all IAPT services, a key focus of the service will be on the provision of high quality CBT interventions (The full range of IAPT interventions and the framework for their delivery can be found in Appendix 1.)

As a key objective of the service is to improve access it is intended that services will be:

- delivered close to people's homes wherever possible
- in a range of community settings
- closely aligned with GP practices to ensure good integration with primary care.
- accepting of self referrals

1.3 The service has further specific aims including:

- increasing accessibility for specific groups who have often been under-represented in psychological therapies services, such as older adults, vulnerable young men, black and minority ethnic groups (including the provision of specialist Bengali and Somali workers).

- ensuring that associated social problems are identified and addressed wherever possible.
- working closely with organisations providing employment support within Camden to help patients to find and sustain appropriate employment (Twinings and Hillside Clubhouse provide support to clients at our team bases and other community venues).
- working closely with the wide range of voluntary organisations within Camden to help address psychosocial problems and promote social integration (we have specific named staff who liaise and link with particular voluntary organisations).
- Meeting the psychological needs of individuals with long term conditions and medically unexplained symptoms for whom psychological problems are part of an individual's presentation
- Working with service users in various forums to ensure that our psychological treatments are accessible to them and useful in terms of their content, our website and published materials are highly relevant, and that we draw on their contributions with respect to recruitment and operational policy where appropriate.

iCope will liaise with other mental health service providers in Camden to develop clear referral pathways for the service and seek to reduce both deficits in service provision and duplication of services.

1.4 The National Institute for Clinical Excellence (NICE) guidelines for the management of depression, anxiety (panic disorder and generalized anxiety disorder) and Obsessive-Compulsive Disorder (OCD), but not the Guidelines for Post-Traumatic Stress Disorder, recommend using a stepped care model. The steps and the interventions required vary across conditions, but the principle is that patients receive the least burdensome effective treatment necessary for their recovery. Within stepped care, the progression of patients from low intensity interventions through to higher intensity interventions is based on a mixture of increased need and past experience of treatment. As the NICE Depression Guidelines outline (see diagram in Appendix 2), it is expected that many patients will have had access to lower intensity treatments prior to receiving treatments from higher intensity steps. For example, many patients with moderate/severe depression will benefit from brief psychological interventions and this may reduce the burden of more intensive treatment on the patient and the service providers and commissioners.

## 2. INTERVENTIONS & ELIGIBILITY CRITERIA

In line with the current IAPT framework for the delivery of services, the following interventions will be offered:

2.1 *Low intensity interventions* - guided self-help; computerised cognitive behavioural therapy (CCBT); medication support; psycho-educational groups (including for insomnia); workshops (including stress and relaxation, assertiveness, introduction to self-esteem,

perfectionism); support with accessing local community resources including employment support and exercise on prescription; pure self-help (Books on Prescription).

2.2 *High intensity interventions* – Individual Cognitive Behavioural Therapy (CBT); group based CBT interventions, such as specific behavioural activation groups for depression and group based protocols for Generalised Anxiety Disorder (GAD); behavioural couples therapy; EMDR; Interpersonal Psychotherapy (IPT), Dynamic Interpersonal Therapy (DIT) and counselling for specific disorders; as outlined in current NICE guidance.

2.2a The service will also provide limited intensive home based treatment for individuals who are unable to access psychological therapy for reasons of their psychological difficulties prevent them from leaving their own home. This is delivered by the Behavioural Treatments Clinic.

2.2b The service provides group-based interventions for specific diagnostic categories in order to potentiate existing individual therapies. This includes a Post-Traumatic Stress Disorder (PTSD) group in order to efficiently introduce individuals to positive coping strategies to symptoms of PTSD and to allow for effective engagement in future individual PTSD work.

2.3 iCope will provide a service for the population of Camden (registered with a Camden GP or resident in Camden if they have no GP) and is available to adults aged 18 or over, with no upper age limit. The service will accept a wide range of referral sources, including primary care, self- referral, employment support services, social services and the voluntary sector.

2.4 Inclusion factors

The service is appropriate for people with depression and anxiety disorders (including obsessive compulsive disorder (OCD), PTSD, GAD and panic disorder) of all levels of severity. It is anticipated that the majority of patients will have had the disorder for at least three months, because natural recovery rates are high in recent onset cases. Exceptions, however, will be made to this if social functioning is at risk, for example in cases of post-natal depression or when employment is at risk. As co-morbidity is the norm in many common mental disorders, such individuals will accepted by the service.

2.5 Exclusion factors

The following patients will generally not be appropriate for the service:

- People requiring multidisciplinary mental health care
- People who are a serious risk to themselves or others
- People who have acute psychosis
- People with a primary problem of substance dependence
- People with a primary problem of eating disorder

- People who are registered with a non - Camden GP. In such cases people will be signposted to a service in the Borough that they are registered. If they are not registered with any GP the service will see them if they are resident in Camden and will support them to register with a Camden GP. Cross Borough payments will be applied to people referred to iCope by Camden and Islington Foundation Trust who do not have a Camden GP, or they will have the option of having their referral forwarded to the local IAPT service in the Borough they are registered in.

If people referred to the service are not suitable for iCope then they will be given information about where they can access appropriate support.

**3. ORGANISATION OF ICOPE**

3.1 The service comprises of two teams, each covering a designated locality as set out below:

- North Camden (West Hampstead, Kilburn, Haverstock and Gospel Oak); based at South Wing, St Pancras Hospital
- South Camden (Kentish Town, Crowndale and Hunter Street); based at the Hunter Street Health Centre

These teams comprise both Psychological Wellbeing Practitioners (PWP) (offering low intensity interventions) and Psychological Therapists (offering high intensity interventions). Each team has a designated team base and where possible this is located within its locality. Staff are linked to designated GP practices and offer clinical sessions in GP practices and other community settings within the locality as well as at team bases. The service has clinical sessions in a range of community settings as well as primary care venues to increase choice and improve access.

**4. REFERRAL PATHWAYS – PRIMARY CARE AND SELF REFERRALS**

4.1 Each GP practice in Camden will have a named PWP (providing low intensity interventions) and Psychological Therapist (providing high intensity interventions). In line with the stepped care model, referrals with anxiety and depression where psychological treatment is indicated will generally be referred to the PWP initially unless;

- the patient has had previous experience of trying low intensity interventions for the presenting problems that were not helpful.
- A complex mental health assessment is required
- There is significant concern about risk
- There is no evidence for the efficacy of low intensity interventions for the presenting problem (e.g. PTSD).

4.2 All referrals will be screened briefly (paper / electronic triage) by a member of the team to check their suitability for a low intensity intervention, or whether they need to be offered a high

intensity intervention or referred on to another service. If appropriate the patient will be offered a structured assessment by a PWP (often over the telephone). Following this the appropriate low intensity intervention may be offered by the PWP, or if necessary the person will be 'stepped up' to a more high intensity intervention following the assessment.

4.3 A review will be carried out by the PWP at completion of the low intensity intervention and at this point the person may be discharged, an additional low intensity intervention may be offered, they may be stepped up to a high intensity intervention within iCope if needed, or they may be referred on to another appropriate service.

4.4 Primary care teams can refer directly to psychological therapists if required (see criteria mentioned above for those patients who might be referred directly to more intensive therapy). Again an electronic/ paper triage will assist in identifying people who should be referred to a low intensity intervention or in fact referred on to another service. If appropriate a high intensity intervention will be offered.

4.5 There will be close liaison between the PWP and psychological therapist within individual practices and they will work closely with others in the primary care team, including GPs, practice nurses, practice based counsellors and other primary care based mental health teams to ensure good co-ordination of care.

4.6 The service accepts self referrals and it is anticipated that these will increase as the service develops, associated with targeted mental health promotion activities to improve access for particular vulnerable groups who tend not to access services via primary care, and the development of our service website.

4.7 Self referrals will come in to the service via telephone, website or email and will be received at one of the team bases. Walk in self-referrals will not be encouraged, however people coming directly to team bases will be informed about the self-referral routes, and given the option of completing a paper version of the website self-referral form if they prefer. This will be processed in the same way as a website self-referral. Referrals received by telephone and emails will be acknowledged immediately and allocated to the worker based in the surgery. PWPs will triage referrals (including checking Carenotes) within 2-4 days (to decide if they are appropriate for a step 2 assessment, or need to be stepped up for assessment, or referred on to another service at this stage). Suitable new referrals will be contacted as soon as possible to arrange a telephone assessment (the time scale for this initial contact will be 1-4 weeks). A supervisor will be available for telephone advice for PWPs. Any referrals indicating risk will be discussed with the duty supervisor and the client contacted the same day (if judged necessary)

to assess current risk and to advise on appropriate crisis services where appropriate. If referrals are not suitable for iCope then they will be referred on or advised about other services. The telephone assessment will help to decide whether they are most appropriately seen for treatment by a PWP or a psychological therapist. If suitable to be seen by a PWP treatment options will be discussed and treatment potentially started during the telephone assessment. The person's GP will be informed about the telephone assessment, by letter, email or a note on EMIS. If the person cannot be contacted to arrange the telephone assessment they will be sent an opt-in letter, and their GP will be cc'd into this letter or a note added onto EMIS in the GP practice. If the person requests for their GP not to be informed about the referral, then the PWP will explain that the GP will not be contacted if the person does not wish this, but they will also be told of the limits of confidentiality in the case of risk.

4.8 Following the telephone assessment, people suitable for a step 2 intervention may start treatment (e.g. be booked onto a step 2 group or workshop, arrange a face to face appointment to start guided self-help sessions at their GP practice), alternatively they may make an appointment for a face to face assessment to further assess and discuss treatment options. For referrals seen as suitable for step 3 assessment (either after paper triage, or telephone assessment) a face to face assessment with a step 3 worker will be offered within 6 weeks of referral where possible. GPs will be kept informed of treatment plans via email or notes on EMIS if the person is in agreement with this (with the exception of risk issues, which will always be communicated to the GP and other relevant teams.)

4.9 Other referral sources: as well as self referrals iCope can receive referrals from other services such as employment services, community groups, or other Trust services. It is recognised that it will take time to modify well established referral pathways and for a time there may well be referrals coming through for psychological therapists and more specialist services that could benefit from more low intensity interventions initially, and some referrals coming to PWPs who need a more high intensity intervention. It is anticipated that discussion and liaison with referrers will help to refine referral pathways over time. Regular feedback will be sent to referrers and GPs about the outcome of interventions offered.

4.10 PARTNERSHIP ORGANISATIONS

iCope works in partnership (Camden Psychological Therapies Partnership) with four local voluntary sector organisations to provide a range of therapy services as part of the Camden IAPT service. The Trust has a subcontracting arrangement with each partner organisation.

These organisations are described briefly below. Contact details for these organisations can be found in Appendix 3.

- **The Camden, City, Islington and Westminster Bereavement Service** – a charity providing free bereavement counselling for adults.
- **Women and Health** - a charity offering an integrated health service to women, including a wide range of complementary therapies, counselling, health-based workshops and classes.
- **Nafsiyat** – an organisation which provides intercultural psychotherapy and counselling.
- **Age UK Camden** – the Camden branch of a national organisation working to meet the needs of people in later life. The service offers a range of support, including a counselling service for Camden residents over the age of 55.

Each of the partnership organisations has both a high intensity and a low intensity link worker who provides a designated contact for that service, for the purposes of discussing both clinical and broader service issues. Link workers will meet individually with partnership organisations as appropriate, and representatives from all of the partnership organisations are invited to attend a monthly partnership meeting with iCope managers.

Partnership organisations use the shared information system (IAPTUS) and when appropriate referrals can be passed directly to the partner organisations via IAPTUS. Referrals can be made in this way by both LI and HI workers. When a case is referred to a partnership organisation, the relevant organisation will be advised of this via email, with the email giving details of the client IAPTUS number. Information and assessment reports can then be accessed securely by the relevant worker in the partner organisation. Partner organisations can also make referrals to iCope in this way. Clients can also self-refer to our partner organisations.

## 5. REFERRAL TIMESCALES AND WAITING TIMES

5.1 On receipt of referral the initial paper triage to decide on suitability of the referral and to allocate to a PWP or psychological therapist will occur as soon as possible (preferably within 3 days).

5.2 Assessment should take place within a maximum of 4 weeks of referral. Following assessment patients will be allocated to a LI intervention (from a PWP) or to a HI intervention (from a psychological therapist), in accordance with the NICE guidelines for depression and anxiety disorders. (Patients may be referred for concurrent help with social problems identified during the assessment, such as employment or finances). Some people may be referred on to other services following assessment where appropriate (eg substance misuse services, psychodynamic psychotherapy services)

5.3 Treatment should begin within six weeks of referral. In many cases this will be much quicker as usually treatment will be initiated at assessment when this is carried out by the relevant clinician. Shorter waits for pregnant women will be needed to comply with NICE guidelines. Any veterans referred to iCope will also be prioritised as suggested by the IAPT Veterans Positive Practice Guidelines. Clients may be prioritised for this reason or for other clinical need as identified by the team

5.4 A formal review will occur on completion of low intensity interventions or after approximately 6 sessions for high intensity interventions to clarify whether it is appropriate to continue the intervention, step people up or down or refer to another service. Relapse prevention will be addressed as part of treatment and where appropriate follow up and booster sessions will be offered.

**6. ICOPE STAFFING AND HOURS OF OPERATION**

6.1 The iCope; Camden Psychological Therapies Service will consist of the following staff:

- Clinical Lead
- Team Managers
- Clinical Coordinators
- Psychological therapists
- Senior Psychological Wellbeing Practitioner (PWP)
- Psychological Wellbeing Practitioners

- Performance and business manager
- Administrators

Long Term Conditions (LTC) posts

- LTC Coordinator
- Psychological Therapist
- Psychological Wellbeing Practitioners

The service will also offer supervised placements to the following:

- Trainee Clinical Psychologists
- Trainee Counselling Psychologists
- Trainee Counsellors
- Trainee High Intensity Therapists
- Trainee PWPs

- Undergraduate and Postgraduate Psychology students

Numbers of placements offered will vary according to demand and supervision availability.

6.2 The service will be available Mondays to Fridays 9am-5pm (excluding bank holidays) and will also offer a range of early morning and evening individual and group/workshop sessions in GP practices and team bases, to improve access – especially for people who work from 9am-5pm.

**7. MANAGEMENT AND SUPERVISION**

7.1 Each team has a management team comprising a Team Manager, two Clinical Coordinators and a senior PWP. The management team is responsible for:

- Coordinating the work of the team and ensuring that referrals are dealt with according to agreed protocols
- Ensure data is routinely inputted onto clinical information system (IAPTUS)
- Ensure that supervision systems are working for team members
- Overview of clinical sessions and allocation of workers to practices
- Line management of clinical staff in the team

7.2. Supervision for all clinical staff is in line with Trust guidelines for supervision of psychologists, the current iCope supervision policy and course requirements for trainees on low intensity (LI) and high intensity (HI) courses, and involves both group and individual supervision.

**8. TRAINING AND DEVELOPMENT**

8.1 Staff will attend training courses that are mandatory for Trust staff. They will adhere to the range of Trust policies concerning their continuing professional development appropriate to their posts.

8.2 Trainees on HI and LI courses will carry out requirements of the courses and will receive support and supervision from the service to do this.

8.3 Specific training in the use of IAPTUS and Carenotes will be provided for all staff.

**9. THE DELIVERY OF PSYCHOLOGICAL INTERVENTIONS**

9.1 PWPs - It is expected that PWPs will spend about 65% of their time in direct patient contact (face to face and telephone contacts). Trained PWPs will be able to do five sessions per week

in GP practice or community settings and a further 1.5 sessions of telephone-based clinical work from the team base.

9.2 PWP trainees will gradually increase the number of patients seen during the course of first year. By the end of the first year they will be doing four sessions in clinical settings (community or primary care sessions) and also carrying out clinical work on the telephone from the team base.

9.3 It is expected that psychological therapists will be spending about 60-70% of their time in direct patient contact – that is about 6-7 sessions per week. More experienced psychological therapists will be spending more of their time in supervision and other management tasks and will therefore have a somewhat lower proportion of patient contact. Psychological therapist trainees will gradually increase the amount of clinical work they take on during the course of the training year.

9.4 There is a requirement for iCope staff particularly PWPs to liaise with local voluntary and specialist mental health services to facilitate patient access to appropriate services; this will involve active promotion of the service.

9.5 The iCope service will aim to increase the awareness of mental health difficulties by assisting in the provision of teaching programmes and awareness raising events for other primary care colleagues and patients, as part of their responsibility to mental health promotion.

**10. MONITORING, EVALUATION AND GOVERNANCE STRUCTURES**

10.1 The data outlined in the IAPT minimum data set will be collected using the IAPTUS system. Team administrators/clinicians will record information in the referral letter, email or the record of telephone referrals. The PWP/Psychological Therapists assessing the patient and the person providing the intervention will record data on IAPTUS following each contact. Staff will be made fully aware of the importance of data collection, will be provided with support to teach them how to collect the data and will be fully informed of the targets for data completion and how the service is progressing against these.

10.2 IAPT Reporting Arrangements**:** IAPT KPIs are the agreed mechanism for demonstrating national progress against the outcomes of the IAPT programme and for reporting to commissioners. IAPTUS is used to collect the minimum data set for IAPT services in Camden. The agreed IAPT minimum data set is collected as anonymised data and uploaded by the Trust on a monthly basis to the Health and Social Care Information Centre (HSCIC). In addition regular reports from the clinical database are produced for monitoring reports to the Trust and commissioners as part of regular performance monitoring arrangements.

A range of data quality checks will be carried out on a regular basis by members of the admin and management team. These will ensure that the data quality is adequate for flow to the HSCIC and for monthly/quarterly reporting to the Trust and Commissioners.

10.3 The IAPT Communications Group works in partnership with the Camden and Islington NHS Foundation Trust Communications team to oversee publicity and promotion for the service. The objectives of the Communications Group are:

- To maintain and update the iCope Website (www.icope.nhs.uk)
- To develop and distribute promotional material (e.g. booklets and posters)
- To promote referrals into the service from under-represented groups, such as Older Adults, Young Men, and BME groups (priority groups include Somali/ Bangladeshi and the Irish community).
- To develop and maintain links with Camden CCG and Camden Council (including Public Health), and collaborate on health promotion initiatives
- To promote iCope within Camden and Islington NHS Foundation Trust
- To raise awareness of iCope within community and voluntary organisations, including employers and employment services.
- To raise awareness of iCope through the local and national media
- To consider the use of social media to promote the service

The Communication Group is comprised of Low Intensity and High Intensity workers in iCope, a Team Manager, the Clinical Lead, and members of the Communications team in Camden and Islington NHS Foundation Trust. The Group meets quarterly to ensure progress towards the above objectives.

IT support for the iCope website, including hosting arrangements, is provided by the Camden and Islington NHS Foundation Trust IT team. Website maintenance is conducted by members of the Communications Group, via the Wordpress content management system.

10.4 Use of electronic patient record systems such as Carenotes, IAPTUS, and EMIS, are regularly utilised to maximise documentation and appropriate communication of clinical information to and from relevant stakeholders and as an adjunct to managing risk as appropriate.

10.5 Regular meetings within the service take place in order to ensure ongoing service improvements, support good practice and share and discuss future developments and directions of the service. These will include,

- Two-weekly Camden and Islington IAPT management meetings – required attendance from Trust Head of IAPT, Islington Clinical Lead, Team Managers, Service Managers, Admin Manager, Islington IAPT Consultant Psychiatrist and other staff members if invited.
- Monthly Camden management meetings – required attendance from Trust Head of IAPT, Clinical Lead, Team Manager, Admin Manager, Clinical Coordinators, IAPT Service Manager and Senior PWPs.
- Weekly team meetings – required attendance from all team members.
- Monthly PWP forum - required attendance from all PWPs
- Weekly PWP referral and allocation meetings - required attendance from PWPs.

All the above meetings will be minuted with notes available to all staff. If staff members are not able to attend a mandatory meeting then they are expected to read the meeting minutes on their return to the office.

10.7 Integrated Governance Framework with Partner Organisations

Camden Psychological Therapies Partnership has an agreed Integrated Governance framework, which is overseen and monitored by Camden & Islington NHS Foundation Trust (C&I), as Lead Provider in the contract.

Key components and principles of clinical governance of the partnership, within and across organisations, are:

- Use of NICE and IAPT guidance in choice of interventions
- Clinical supervision
- Clinical audit
- Routine outcomes monitoring and benchmarking
- Complaint and incident monitoring
- Clinical Risk Assessment & Patient Safety

All staff working within the Camden Psychological Therapies Partnership follow both the clinical policies established for the service as a whole and those of their respective organisation and participate in the clinical governance procedures established by their organisation in accordance with the agreed framework.

C&I, as the lead provider, has overall responsibility for the quality of the services provided. In accordance with this lead responsibility, C&I is responsible for establishing clinical polices and standards for the Camden Psychological Therapies Partnership, within the framework set out in the commissioner service specification and contract for the service

Each partnership organisation is responsible for delivering the services it provides for the partnership in accordance with the overall clinical policies and standards established by C&I. The partnership organisations have responsibility for the clinical governance of the specific services which they are subcontracted to provide. In addition to clinical governance reporting within its own organisation, each partnership organisation provides clinical governance reports, as required, to C&I as the lead provider, regarding how the organisation is meeting the clinical standards established for the service.

C&I is responsible for monitoring the quality of the service as a whole, through clinical governance reports submitted by each organisation and through whole service audits. Whole service audits use the common information system for the service into which clinical staff from all partnership organisations enter service user clinical and activity information.

## SUB-APPENDIX 1

### Stepped Care Model of Delivery – based on NICE guidelines

| Staff | Disorder | Intervention |
|---|---|---|
| **Step 3**: High Intensity Interventions (Psychological Therapists) | Depression – mild Moderate and severe | CBT, IPT, |
| | Depression – mild to moderate | Counselling, Couples Therapy |
| | Panic disorder[1] | CBT |
| | GAD[1] | CBT |
| | Social Phobia[1] | CBT |
| | PTSD[1] | CBT, EMDR |
| | OCD[1] | CBT |
| Step 2: Low Intensity Interventions (PWPs) | Depression – mild to moderate | CCBT, Guided Self-Help, Behavioural Activation, Exercise on Prescription, Psychoeducational Groups, Pure self help, medication support |
| | Panic disorder – mild to moderate | CCBT, Guided Self-Help, Pure Self-Help[2] |
| | GAD – mild to moderate | CCBT, Guided Self-Help, Pure Self-Help[2], Psychoeducational Groups |
| | PTSD | n/a |
| | Social Phobia | n/a |
| | OCD – mild to moderate | Guided Self-Help |
| **Step 1**: Primary Care/IAPT service | Recognition of problem | Assessment/Watchful waiting |

[1]For these disorders high intensity interventions are effective across the full range of severity of the disorder, for example they may be used for in some disorders such as panic disorder where no benefit from a low intensity interventions has occurred or where low intensity interventions are not likely to be effective (PTSD).

[2]Pure self-help is likely to be of benefit only in milder recent onset cases and in most instances guided self- help is to be preferred.

## SUB-APPENDIX 2

### The stepped care model

The recommendations in this guideline are presented within a stepped care framework that aims to match the needs of people with depression to the most appropriate services, depending on the characteristics of their illness and their personal and social circumstances. Each step represents increased complexity of intervention, with higher steps assuming interventions in previous steps.

**Step 1:** Recognition in primary care and general hospital settings

**Step 2:** Treatment of mild depression in primary care

**Step 3:** Treatment of moderate to severe depression in primary care

**Step 4:** Treatment of depression by mental health specialists

**Step 5:** Inpatient treatment for depression

| | Who is responsible for care? | What is the focus? | What do they do? |
|---|---|---|---|
| Step 5: | Inpatient care, crisis teams | Risk to life, severe self-neglect | Medication, combined treatments, ECT |
| Step 4: | Mental health specialists, including crisis teams | Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk | Medication, complex psychological interventions, combined treatments |
| Step 3: | Primary care team, primary care mental health worker | Moderate or severe depression | Medication, psychological interventions, social support |
| Step 2: | Primary care team, primary care mental health worker | Mild depression | Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions |
| Step 1: | GP, practice nurse | Recognition | Assessment |

## Appendix 13: Guidelines on who is appropriate for iCope

The iCope service sees adults with anxiety disorders or depression of all levels of severity (mild, moderate or severe) who wish to engage with a structured psychological intervention. Usually these people will fall into mental health clusters 2,3 or 4.

There are some groups of people not suitable for treatment with iCope and the information below outlines the criteria used to aid these clinical decisions.

1) iCope is not suitable for people requiring multi-disciplinary team (MDT) input/ care coordination. This will include people requiring MDT input to manage severe and current social problems alongside their significant mental health needs.

   iCope can work with a small number of people at clusters 5+ if there is a clear focus for a psychological intervention for anxiety or depression, without needing MDT input.

   iCope sees people with Post Traumatic Stress Disorder (PTSD), but those presenting with complex PTSD – eg multiple traumas or trauma in the context of past sexual abuse or war - will be referred to the Traumatic Stress Clinic.

   iCope will not see people who require secondary care (specialist) mental health services and are on the waiting list for that service.

   People who are suitable for secondary care (specialist) mental health services but who won't attend/ engage with them should not be seen in iCope. They are likely to be referred to TAP (in Camden) or Practice Based Mental Health Teams (in Islington).

2) People presenting with active suicidal risk or risk to others will not be suitable for iCope – will generally be referred to Crisis Response Teams.

3) People with a current diagnosis of Borderline Personality Disorder (BPD) where the major presenting problems are related to the personality disorder (eg interpersonal difficulties, emotional dysregulation, active self harm) will not be suitable for iCope.

   iCope can work with people who have BPD traits or where the personality disorder problems are very mild (possibly a historical diagnosis?), if the focus of the work is around anxiety or depression.

   Please note that NICE BPD guidelines state that for BPD:

   'Treat comorbid depression, post-traumatic stress disorder or anxiety within a well-structured treatment programme for borderline personality disorder'

   'Do not use brief psychological interventions (of less than 3 months' duration) specifically for borderline personality disorder or for the individual symptoms of the disorder, outside a service that has the characteristics outlined' (ie structured treatment programme, team approach)

4) In general iCope will not be suitable for people with a diagnosis of bipolar disorder.

   However, under the following circumstances they may be seen in iCope:

- if they are not under care-coordination

- are currently stably depressed with no recent symptoms of hypomania/mania
- wish to engage in psychological therapy focused on their depression
- do not express a wish to work specifically on issues directly related to their hypomania/mania (e.g. identifying early warning signs of relapse into mania, managing shame associated with previous relapses).

(See R&R criteria)

In general iCope will not be suitable for people with a diagnosis of psychosis. However, under the following circumstances they may be seen in iCope:

- if they are not under care-coordination
- are currently mentally stable and have been for some time, (i.e. they either have no residual psychotic symptoms, or any residual psychotic symptoms are stable)
- they are depressed and/or anxious and wish to engage in psychological therapy focused on their depression or anxiety
- they do not express a wish to work specifically on issues directly related to their psychosis (e.g. identifying early warning signs of relapse into psychosis, managing voices or unusual beliefs, addressing issues directly linked to previous episodes of psychosis).

(See R&R criteria)

In these cases referral to iCope will often be after discussion with R&R psychology colleagues to establish where it is most appropriate for the person to be seen.

5) iCope will see people who have had previous treatment in the service. If people have had previous successful or partially successful treatment then it may be appropriate to offer:

a top-up intervention; treatment with a different focus (new problem) or

treatment for recurrence of a previous problem.

Some people may benefit from assessment or treatment with a specialist treatment team outside iCope and this will be considered if appropriate.

People who have had repeated referrals to iCope or similar services and have had several unsuccessful attempts at treatment may not be appropriate for the service. If they have not engaged or treatment has been unsuccessful and there is no reason to assume the situation has changed this time then they may not be offered further treatment.

There are some situations where interpersonal problems make treatment engagement very difficult. People in this situation may often have multiple problems (sometimes including Medically Unexplained Symptoms) and may present frequently to GPs and be quite difficult for the practice to manage. They may require quite intensive work with the practice to develop a management plan and may be appropriately referred to TAP (Camden) or the Practice Based Mental Health Team (Islington).

iCope works with people who want to and are able to engage in structured psychological treatment. It does not provide general long term 'support' and people being referred for this

will not be taken on by the service. PWPs do offer 'community links' – where they can provide a brief intervention (over the course of a few sessions) to help people access local services offering a more general supportive function.

iCope is able to work with people who are motivated enough to engage with the service. Frequent DNAs and erratic engagement will not lead to successful treatments and if that is happening people are unlikely to be able to use the service at that time, so will be discharged.

6) iCope will work with harmful or hazardous drinkers presenting with anxiety or depression (offers step 2 interventions).

iCope is not suitable for people with severe substance misuse problems (eg dependent alcohol problems) where that needs to be the focus of the intervention. However, the service works closely with local SMS services to provide an overall management plan for people who may need initial work around their substance misuse and then easy access to iCope for interventions around anxiety and depression.

7) iCope will work with people who have mild learning disabilities, ADHD or ASD

if the focus of work is anxiety or depression and the person is able to engage with a structured psychological intervention.

8) People presenting with problems relating to anger may be seen in iCope if this is associated with anxiety or depression. If this is not the case they will be signposted to other services or resources dealing specifically with anger management problems.

9) People who meet diagnostic criteria for an Eating Disorder are not seen in iCope and will be referred to specialist Eating Disorders services. iCope can work with people who present with less severe eating problems in the context of depression or anxiety.

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