



Report to the Scrutiny & Policy Development Committee 24th February 2016

Report of: Tom Ayers, Service Director, Sheffield Health and Social Care FT

Subject: Sheffield Improving Access to Psychological Therapies (IAPT)

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Summary:

- To provide a description of the Sheffield IAPT service
- To provide an overview of what is currently offered by the IAPT service
- To inform of the enhancements to the current service model that are currently being developed
- To illustrate the outcomes of the service and benefits to patients

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	X

The Scrutiny Committee is being asked to:

This report has been produced at the request of the Committee to inform the Committee of the current position relating to the provision of IAPT services to the people of Sheffield. The Committee is asked to note the content of the report and provide feedback on the services outlined.

Category of Report: OPEN

Report of the Improving Access to Psychological Therapies Services

1.0 Summary

- 1.1 Sheffield IAPT is fully integrated in GP practices, as well as offering a central self-referral team. This is a key strength for the people of Sheffield as IAPT and GPs can work collaboratively in a shared care approach for the benefit of the people of Sheffield close to home.
- 1.2 In addition to core IAPT business, Sheffield IAPT also provides psychological therapies for people suffering with Long-term Conditions (LTC) and Medically Unexplained Symptoms (MUS) which is a ground breaking initiative to increase the parity of esteem between physical and mental health. Sheffield IAPT was one of the few IAPT sites nationally that was awarded pathfinder site for LTC.
- 1.3 The Sheffield IAPT service is exceeding two out of three of the National IAPT standards and is in line with the national average on the third standard of recovery. Patient satisfaction is high and service users are engaged in service improvements and service developments, a service-user engagement group has been established to ensure that this is done consistently. There is a clear vision for the IAPT service and a mission statement that was co-created by staff and service users, that involves offering patients the right treatment at the right time at the right place.
- 1.4 The service maintains links with the National IAPT team for support, guidance and sharing best practice, due to commitment to continuous service improvement. Due to a successful joint bid between the service and commissioners for monies attached to the new waiting times standards; the service has had the opportunity to develop a new website and new interventions to increase patient choice and promote self-referral to reach more people. The new website will be launched in May 2016 and will promote self-help as well as allowing patients to book themselves on to first line psychological interventions increasing rapid access in to the service. There will be a public event on 19th May for the public to drop in and experience taster sessions and a formal event for GPs and other key stakeholders to experience and learn about the enhancements to the current service model as the service aims to further increase patient choice and patient satisfaction.

2.0 What is IAPT?

- 2.1 The Improving Access to Psychological Therapies (IAPT) programme supports the implementation of the National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. The programme began in 2006 with demonstration sites in Doncaster and Newham which followed with a National implementation plan in 2008. From 2011 the focus of the National IAPT programme expanded following the publication of Talking Therapies: a four year plan of action, supporting No Health without Mental Health, the cross Government mental health strategy for people of all ages.

- 2.2 Sheffield IAPT commenced in October 2008 and is commissioned to provide evidence-based psychological therapies for mild to moderate common mental health problems; anxiety and depression. IAPT only received the first two years of the three year plan of funding uplift agreed by the local needs assessment in 2008. However, Sheffield IAPT has continued to develop and innovate to fulfil the vision of the people of Sheffield receiving the right treatment at the right time, in the right place with the right staff. Work has been done to improve waiting times in order to improve patient experience.
- 2.3 Sheffield IAPT offers a wide range of interventions. The IAPT National team comments that Sheffield IAPT “offers a wider range of NICE- recommended treatments and is advanced in the provision of IAPT services for LTC and MUS. A wide range of group therapies are offered.” A range of psychological therapies are available; Guided self- help from a Psychological Wellbeing Practitioner (PWP), Cognitive Behavioural Psychotherapy (CBT), Acceptance and Commitment Therapy (ACT) for LTC and MUS in 1-1 work or therapeutic groups, Eye movement Desensitisation and Reprocessing (EMDR) for Post-Traumatic Stress Disorder (PTSD), Behavioural Activation for Depression delivered in 1-1 work or group, Mindfulness Based Cognitive Therapy (MBCT) in group work (Relapse prevention for Depression), Counselling: including Counselling for Depression (CfD) and Couples Therapy for Depression (CTfD).
- 2.4 IAPT offers a range of options in the delivery of psychological therapy: 1-1 work, Healthy Living Workshops, therapeutic groups at step 3, psycho-educational courses and mixed models of delivery. Patients can choose on-line CBT, email support, Skype, Face time and telephone work. Patients can choose to be seen at their GP practice or self-refer to the Access team. There are locations across the City where patients can attend the variety of Healthy Living Workshops, groups and courses that are available.
- 2.5 IAPT currently employs 137 staff (see appendix 1 for staffing structure). This includes all clinicians, the IAPT senior team that lead the service, Employment Advisors and the three admin staff that support the service. IAPT provides psychological therapy for 109 GP practices across the city.
- 2.6 The IAPT Mission statement below was created by engaging IAPT staff and service users in translating what achieving the IAPT standards means to them to create a narrative behind what the ‘targets’ are trying to achieve. To connect with NHS values and the purpose of the work delivered focusing on making a real difference in the lives of the people of Sheffield.

The IAPT mission statement:

"We aim to provide people, who commonly experience problems such as stress, anxiety and depression with access to our service at the right time when they need it most. We will provide the right talking treatments with the right staff at the highest quality and aim to empower people to make informed choices and changes to improve well-being and live fulfilled lives."

2.7 Long Term Conditions and Medically Unexplained Symptoms

Over the next 5 years the NHS must drive towards an equal response to mental and physical health and towards the two being treated together, with parity of esteem by 2020.” NHS Five Year Forward View, 2014.

IAPT Sheffield is involved in ground breaking work closing the gap between physical and mental health, moving beyond parity of esteem to integration. IAPT is supporting physical health’s dual trained practitioners testing out integrated care delivery, whilst staff in IAPT have moved in to the fourth year of working with LTC and MUS as core business within IAPT. IAPT and Primary Care Health and Medical Psychology (PCHaMPs) have worked in partnership to extend the application of IAPT stepped care interventions for people with LTC and MUS. CBT therapists have been trained in Acceptance and Commitment Therapy (ACT) in order to more effectively work with LTC and MUS. Psychological Wellbeing Practitioners (PWPs) have been trained in motivational interviewing and pacing.

All IAPT staff receive clinical supervision from Health Psychologists on a monthly basis and PCHaMPs offer a step 4 intervention within the IAPT service. IAPT Sheffield has been a LTC/MUS pathfinder site, phase 1 and 2 and Sheffield CCG commissioned the continuation of this work. Currently on offer:

- Living well with Pain Healthy Living Workshop
- Living well with Pain 6 week course
- LTC workshop
- LTC 6 week course
- Step 3 ACT, therapeutic group.
- Dedicated telephone line for people with LTC/MUS
- Skype/ face time

A respiratory group is currently being developed and will be piloted.

2.8 Employment Adviser Service

Sheffield IAPT offer an employment adviser service (IAPT EA).

National Context

The need for helping and supporting people whose mental health is being affected by their job has been identified as a key issue to maintaining good mental health and reducing health inequalities. Two reports set the context on this issue: The Layard report in 2006 outlined the need for NICE approved mental health provision for the wider population suffering from mild to moderate mental health conditions. The Carol Black Review in 2009 gave an overview of the cost of work related ill health and made the case for improving help and support for employees to keep them healthy and in work.

Local Context

The local Joint Strategic needs assessment emphasises the need to recognise good employment as a contributor to good health, and the Health and Wellbeing

Strategy recognised this by creating a specific ‘Work Programme’ on employment, disability and health to move the agenda forward.

A piece of work commissioned by an SCC (Sheffield City Council) knowledge group tasked with driving this agenda recognised a shortage in, and the importance of, employment retention services in the City. Following on from this study a ‘health, disability and employment plan was approved by both the Health and Work Leads (the Leader of SCC and the Chair of the CCG) and the Cities Employment Task Force chaired by the Portfolio member for Employment and Skills. This plan outlined the costs of workplace absenteeism and health related unemployment on the City and set out plans for reducing this, including actions to reduce the numbers of people, ‘in work but off work’. In work support plays a key role in this plan. Equally, anything which serves to focus existing mental health recovery services such as IAPT more towards increasing the client’s sustained employment (and therefore productivity) is a key element of the overall plan.

Local Health and Social Care integration plans seek to address the need to reduce care service dependency. Reducing the risk of people falling into long term unemployment is therefore also relevant and important in this agenda. Supporting these agendas the IAPT Employment Adviser Service (IAPT EA) was started in 2009 to support clients seen within the Sheffield IAPT service who are suffering from a mental health condition who were at risk of losing their jobs, who needed support to remain well and in work or return to work after a period of sickness absence. The adviser was and continues to be funded through IAPT Sheffield and recruited and employed by Sheffield Occupational Health Advisory Service (SOHAS). SOHAS is a long standing charity that provides the city’s job retention service based in primary care (the Workplace Health Programme), which focuses on a wide range of physical and mental health workplace health issues and is funded by the city council.

The IAPT EA service is based on a best practice job retention approach, which support the outcomes identified by the Carol Black review. The service is focussed on early intervention with the aim of seeing clients within 2 weeks of referral, a stepped intervention approach and time unlimited access for the client. Clients are seen at 6 GP surgeries and at the IAPT central office. Each client on average has two contacts with the IAPT EA, which can include face-to-face appointments, email advice or a telephone consultation, with each face-to-face appointment lasting 45 – 60 minutes.

The types of help and support given to clients can include:

- Return to work planning and support for the employee and employer
- Advice about disputes at work including, grievances, disciplinary action and discrimination
- Strategies to remain well and in work or to enable the client to tackle this with their employer.

The service is successful in delivering its main outcomes. All clients who use the service are surveyed and asked what had happened to them after they had been given support. The outcomes are consistent and very similar to the Workplace Health Programme.

These include:

- 70% said the intervention improved conditions at work and helped them to return to work after sickness absence.
- 70% of clients said that the intervention reduced their visits to GP and/or IAPT worker.
- 80% said the intervention improved their health.
- 95% or more satisfaction rate with the intervention.

The service provided also has an important financial outcome for clients. The majority of clients who are off sick at the time they meet the IAPT EA are not covered by a company sick pay scheme and have to rely on statutory sick pay if they are off from work (see appendix 2 for an IAPT EA case study).

2.9 Partnership working

Where appropriate, IAPT has seen 16 and 17 year olds due to the gap in provision and has no upper age limit. 87% of older adults using IAPT are doing so having not accessed older people's statutory services.

Partnership working is fundamental to the success of IAPT. Working in collaboration with GPs is a key strength of IAPT Sheffield compared to other IAPT sites, as is the strong partnership with the University of Sheffield. IAPT has developed links with Community Mental Health Teams (CMHTs) and Specialist Psychotherapy Service (SPS). With the reconfiguration of the CMHTs, IAPT is engaging in joint work where appropriate with assessment teams in order to improve patient outcomes and patient experiences of both services. IAPT and SPS are working together on care pathways to improve the patient journey through community services. IAPT have also worked in partnership with statutory and non-statutory organisations to provide a joined up approach for individuals accessing the housing sector and mental health services.

Work has been carried out to improve relationships between services, information sharing and reciprocal training for staff to ensure understanding of how individuals can access each service quickly and at the time they need it most. SOAR have a social cafe for individuals needing support around a variety of social problems alongside social interaction and the IAPT service have formed strong relationships with SOAR to help promote this option and ensuring appropriate patients from IAPT are able to access it. In addition to this IAPT is working with CHILYPEP to improve access for younger people as well as developing group work with the older adult CMHTs.

IAPT Sheffield is working closely with the new substance misuse service. An IAPT CBT therapist is currently seconded to substance misuse to provide psychological therapy and PWPs are developing a guided self- help training programme for substance misuse staff. Closer working links is beneficial for patients to avoid falling through the gaps between services.

Black and Minority Ethnic Groups:

- 73% of patients seen in the IAPT service over the last year were White.

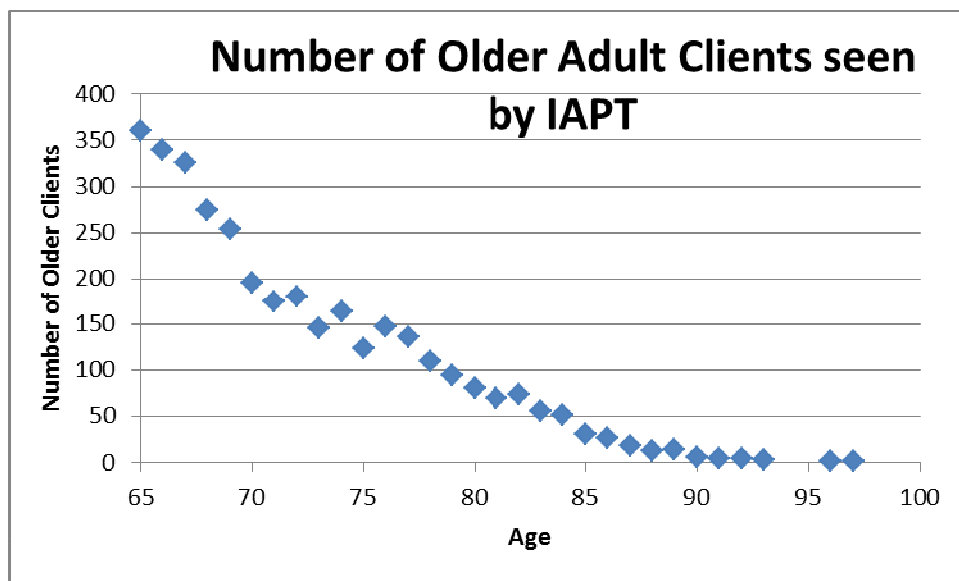
- 11% of patients are confirmed to be from BME.
- 16% refused to answer or this information was unavailable.

The Sheffield IAPT service recruited bilingual staff, uses interpreters, trained emotional wellbeing workers in IAPT that have now become core staff in order to increase engagement with BME groups. In order to improve did not attend (DNA) rates for BME groups work has been undertaken jointly to look at the reasons why people DNA from languages backgrounds of Urdu, Somali and Arabic. The Sheffield IAPT service has undertaken different projects to work jointly with local communities in order promote engagement and improve access to BME groups and this work will continue.

Older Adults:

Sheffield IAPT have two older people’s champions in IAPT as well as two younger adults champions in the service. Sheffield IAPT is seeing equal to if not more older people than older adult’s service. The IAPT service is assisting with the development of an 8 week older peoples Generalised Anxiety Group across both services.

Number and age range of Older Adult Clients Seen in the IAPT service:



3.0 Continuing to innovate: What next?

- 3.1 Due to the successful joint bid between commissioners and Sheffield IAPT for additional monies for the financial year 2015-2016; the opportunity has arisen to enhance the service model whilst working hard to reduce waiting times. The service model from April 2016 onwards is outlined in appendix 3. The enhancements include:
- 3.2 Local improving wellbeing session citywide, that offer 4 sessions of evidence based interventions over a one month period equating to 8 hours treatment in total to give an adequate therapeutic dose. One low mood based improving

wellbeing sessions and one anxiety and worry based improving wellbeing sessions will be offered. In addition both courses will encompass sessions on relapse prevention, nutrition and physical activity. In addition these sessions will also be run centrally in the evening and online in the future. These sessions will replace the Healthy Living Workshops in order to give patients a higher therapeutic dose of treatment.

- 3.3 Stress control, a psycho-educational course that is currently run on Monday day-time and Tuesday evening will be added to by running an additional course Thursday evening. This will enable the service to meet demand whilst offering more choice and more evening work to give greater flexibility.
- 3.4 A new and enhanced computerised cognitive behavioural therapies package (cCBT) will replace the current cCBT package to offer a wider range of step two interventions for common mental health problems than is currently offered. cCBT hubs alongside the voluntary sector will be developed to improve access to interventions that use technology for disadvantaged groups or those that need further assistance and support with technology.

3.5 Technology

A new website is currently being developed that will offer more functionality and self-help promotion to improve wellbeing. It will provide service users with the opportunity to book online for all the self-referral options for rapid access.

Skype appointments will be available to further improve choice and access.

Online groups could reduce barriers around access, particularly people with LTCs/MUS. Evening groups to be run to improve choice and access to the service to suit a range of lifestyles.

A Patient portal will be developed that will enable patients to complete all outcome measures online, new technology will allow this to be automatically be uploaded on to the Trust Patient Management system. This will create efficiency savings but also improve patient experience by maximising clinical time.

An animation is being created for the website to engage more people in what the IAPT service is and how it can help. YouTube clips are being developed to provide patients and referrers with a snap shot of some of the interventions on offer to improve engagement.

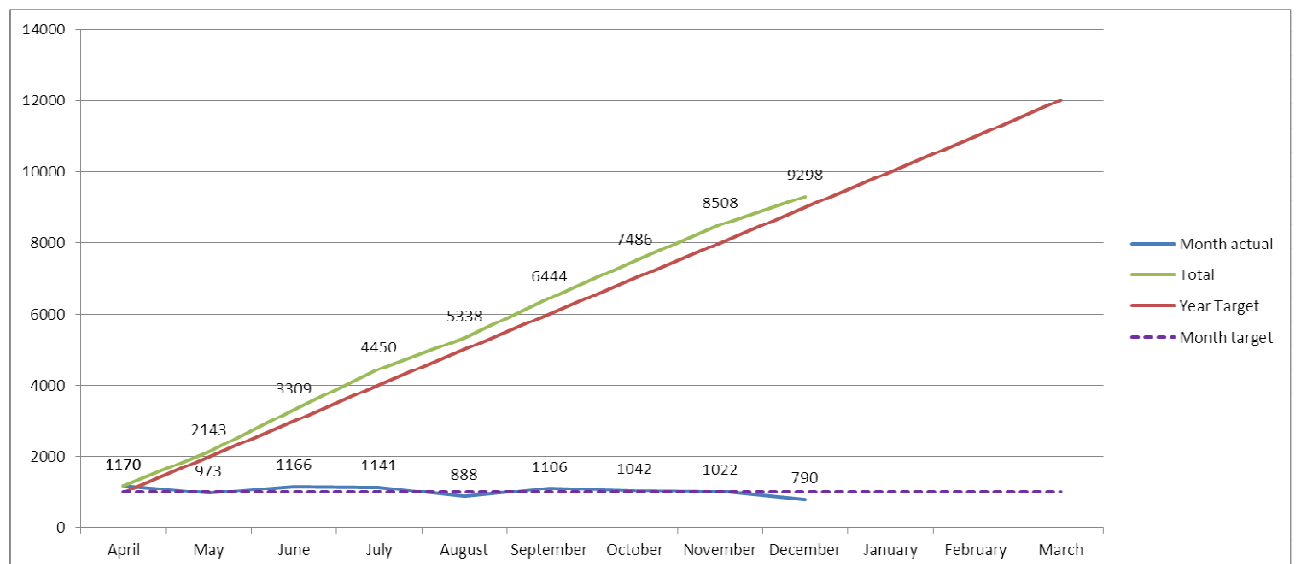
4.0 Outcomes: Making a difference in people's lives

- 4.1 In the financial year 2014-2105, 13, 136 new patients were seen in the IAPT service.
- 4.2 IAPT services are expected to meet three national IAPT standards:

1. 15% of the mental health prevalence is seen each year. As Sheffield IAPT were exceeding this target a stretched target of 18% was set which equates to 12, 000 new patients each year receiving an IAPT treatment.
2. The new waiting times standards: 75% of people are treated within 6 weeks and 95% of patients are treated within 18 weeks. Due to the improvement work that the service has done to reduce waiting times a stretched target of 80% of patients treated within 6 weeks was set. Over the last year a significant amount of data quality work has been done which has involved working with the National IAPT team to review and upgrade our data systems and processes as the excellent local performance was not reflecting in the national reports. The local and national alignment of data has been improving each month as data quality issues resolve.
3. The third national IAPT standard is that 50% of patients will meet clinically significant recovery. The national average for all IAPT sites is approximately 44.5% the Sheffield IAPT service December 2015 recovery rates were 44.7% As the Sheffield service model is GP based with an open door ethos, there is not a strict exclusion criteria. Therefore complexity and severity may impact on recovery rates. The service is currently undertaking deeper analysis of this, as December recovery rates showed that 58% of patients demonstrated clinically significant reliable improvement and 66% of patients seen with mild to moderate mental health problems recovered.

IAPT Standard: Access to treatment

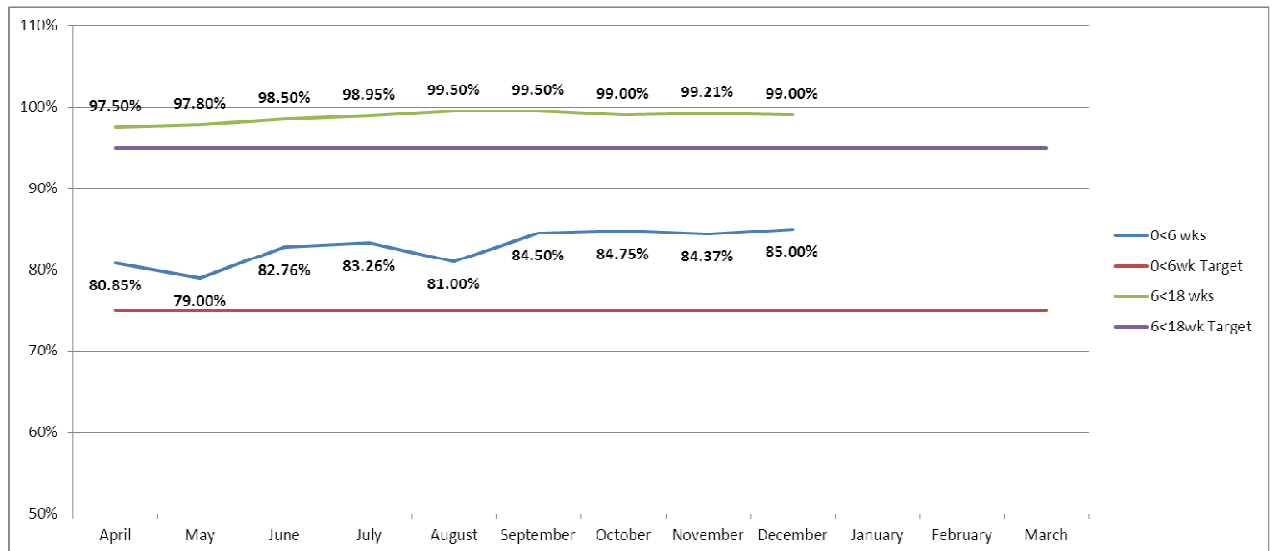
Target: 18% Access to treatment= 12, 000 new patients entering treatment each year (The national standard is 15%)



IAPT Waiting times

National Target: 75% treated within 6 weeks, 95% treated within 18 weeks.

Local target: 80% treated within 6 weeks, 95% treated within 18 weeks from referral to first treatment appointment.



4.3 Sheffield IAPT needs to meet a yearly target of 89 patients moving back to work off sickness benefits. Sheffield IAPT is exceeding this target as over the last year 376 IAPT patients have moved off sick benefits.

4.4 The Friends and Families Test (FFT) showed that 98.3% of patients were extremely likely or likely to recommend Sheffield IAPT. See appendix 4 for qualitative FFT feedback.

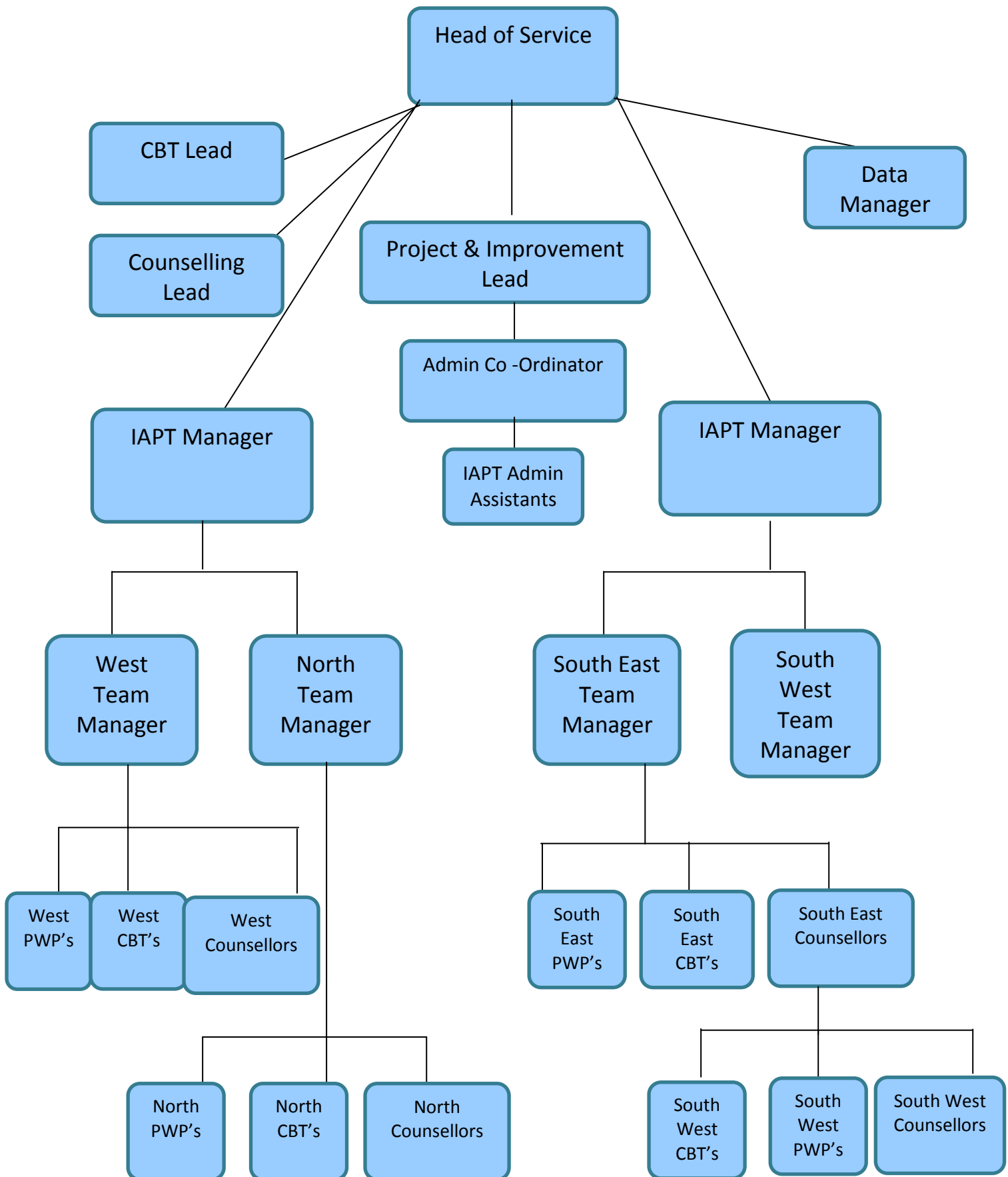
4.5 Patient feedback is systematically collected formally and informally as patients send thank you cards to individual staff and the service. See appendix 5 for further examples of patient feedback:

“An excellent service - it has been a life line for me and I know that the way I deal with situation now has really improved. The therapist has been brilliant and made such a difference. I can talk to her about any problems that I have and feel that she understands and helps me work through them. This has made a big difference because without this service I would have been stuck in my depression and hopelessness. I have been trapped and things are becoming much clearer.”

5.0 Comments

This report has been produced at the request of the Committee to inform the Committee of the current position relating to the provision of IAPT services to the people of Sheffield. Therefore, the Committee is asked to provide feedback on the services outlined in this report.

Appendix 1: IAPT Structure



Appendix 2: Employment Adviser Case Study

The Situation

Tom works for a large bank. He has chronic depression and was struggling to meet his targets and function, as he had been doing at work. Recent changes within his workplace due the recession had meant that his job role had changed and his targets increased. Tom had some training to support him but felt it didn't 'sink in'. He was referred to see an IAPT EA by his IAPT Cognitive Behavioural Therapist.

The Intervention

The adviser initially corresponded with his employer to make some suggestions about how they could support Tom at work and what the EA could do to support them as his employers. The employer was receptive and invited the adviser for a meeting with Tom, his manager and HR. They discussed what adjustments under the Equality Act 2010 could be made and it was agreed that HR and his manager would go away and investigate the feasibility of the adjustments suggested.

It was decided that they would try to have an open dialogue between Tom and his manager about how his depression affects him and whether any further adjustments would need to be made – to be reactive to Tom's condition and the needs of the business. Tom had some 1:1 training in small chunks, which he was able to retain and use effectively in his work. The EA would also be in place to support Tom's manager in the future.

The Result

The bank made some adjustments with regards to Tom's targets, in addition to the other interventions detailed above. Tom's manager now has a better understanding of his depression and they meet regularly to ensure they are both happy with Tom's progress. Tom has stayed reasonably well in work, has had not time off sick and his targets have been met in comparison to his colleagues.

Appendix 4:

Friends and Family Test Feedback Examples

- Cannot recommend highly enough, excellent. The work they do is invaluable to such people as myself.
- The service has benefited me greatly and I am now in a much better place. Thank you.
- I would never have got through the loss of both of my parents without help from your team. Thank you. x
- Considerate, kind, well informed staff.
- The care, understanding and empathy amongst both staff and clients has been an exceptional experience.
- The service I have received has been nothing but brilliant.
- Understanding, caring, offering realistic changes for recovery and future mental health. Thank you. x
- Very warm personable approach. I was...offered choices/options to help me regain control and achieve well being.
- I was listened to with empathy and understanding.
- Very professional and very friendly and understanding.
- Great service, personable and practical help.
- I found the Stress Control course to be very helpful and useful. I feel less anxious and I am much better at handling my panic attacks thanks to the advice and tips learnt during the course.
- Good course, appropriate for my situation. Thank you.
- I have found this very useful and had a great therapist. I felt that the therapy was really tailored to my specific needs.
- I have made a very speedy and dramatic recovery, couldn't image feeling as good as this 6 months ago.
- The knowledge and techniques I have learnt have helped me to analyse my problems and I am confident that I will cope with difficult situations in the future.
- The therapy sessions have helped to start turning my life around.
- It's nice to feel supported and that you're not alone and that there is help out there.
- Thank you for all the help.
- Thank you for helping me start to live again.
- I am forever grateful for the assistance I've had.
- Gave me just the right amount of treatment for me to utilise and use for the rest of my life.

Appendix 5:

Feedback from Service Users

“The therapist is marvellous, she has helped me so much, I would recommend her at a very high standard. She is a credit to your company. I felt so at ease with her.”

“Consummate professionalism. Probably the most useful intervention into my way of being that I have ever experienced. Good people.”

“The treatment I am getting is brilliant. Don't know what I would have done. My therapist is great and I believe very much that my treatment will help me in the future.”

“My experience was helpful in all aspects of my life and the person concerned was lovely and kind.”

“Find my counselling sessions helpful and my counsellor easy to talk to and understanding and non-judgemental.”

“Without IAPT intervention I would not be here to complete this form.”

“Working with my therapist helped me overcome so much. Couldn't ask for a better service.”

“Very good. Made me understand my problems and therapist gave good advice on steps to take to overcome the difficulties.”

“My therapist is very good. I found it useful that she had a range of techniques/therapies to offer and not just forcing me down one route. She took the time/effort to see what suited me/my problems best.”

“Excellent service so far. Really helpful to move my life forward.”

“IAPT has helped me so much during the past few months. I came back for a review and was offered more help and support due to feeling low again. The explanations have helped me in so many ways.”

“I have come so far and couldn't have done this without the help from my IAPT worker.”

“I feel the help I have received has been exceptional.”

“Excellent service and received help much quicker than is usual. Many thanks.”

“Very helpful service and was planned around my working hours which was v. useful.”

“I have found that it has really helped me in many aspects of my everyday life much more than I thought possible.”

“I find this service very useful and helpful towards my wellbeing.”

“Extremely helpful and has made my life a lot better to manage.”

“The service helped me learn to understand myself and my feelings better. It helped me realise the abuse I suffered was not my fault or down to my personal weaknesses. The IAPT worker was easy to talk to and listened and tried to get me to understand the meaning of what I was saying. This has improved my decision making and built my confidence back up.”

“Did not know which way to turn till this service was offered so feel very grateful.”

“I have experienced that talking to my counsellor and getting my thoughts and feelings out in the open these are controllable and not as frightening and scary as they seem. My counsellor has the patience and understanding you need and I know what she has done for me has been a tremendous change to my wellbeing. I would say to anyone do not try to do this on your own it is impossible. Help is there so use it. I feel the achievement these sessions have given to me is awesome and I thank the people that they are available to do this. I have confidence and believe in myself once again so I say many, many thanks.”

“Excellent service. Found it really helpful + easy to access.”

“My IAPT counsellor is a very gifted individual and in my opinion, very suited to this type of valued work. She has suggested useful and effective strategies to help me manage my anxiety. I feel very comfortable talking to her.”

“The therapist was very welcoming and very approachable, she reassured me with sufficient information re confidentiality etc. The therapist offered some very practical solutions that were simple for me to takeaway and try to build on. She was able to identify and help me to understand some of the feelings I experiencing, a good start which encourages me to feel more positive.”

“I am extremely grateful to the IAPT services, my counsellor and my GP for the referral. I was feeling at rock bottom and may have even given up on making a go at my life if it weren't for my counsellor. I would like to say that the support, the services and the counselling has enabled me to deal with my problems. My counsellor needs a very special recognition because I believe that I am alive only due to the help she gave me. I may have given up! Thank you.”

“I have had 2 appointments up to now, with the IAPT service. Both sessions have been very helpful. I hope that future sessions will be as helpful. I find my clinician very easy to talk to and the information she gives me very informative.”

“All the therapists I met were courteous, understanding and helpful. I was never made to feel stupid and that my problem was trivial. I am entirely satisfied with my treatment and feel that I have benefited.”

“It's brilliant that I got this service through my doctor. I really appreciate the help I received.”

“My therapist was excellent. I am extremely grateful for the help I received. It is a fantastic and much needed service for people in a similar situation to myself, thank you.”

“Working with my therapist was a pleasant, relaxing experience. She put me at ease from the start and I felt comfortable with her. She made me understand a lot about depression and how it affects different people differently and made me understand why I was feeling the way I was about my own personal circumstances. The therapist is a credit to her profession and I would recommend anyone who has been or is in a similar situation to myself to seek out or ask for help from IAPT.”

“Invaluable without IAPT, I would be still really struggling with my disorder.”

“The sessions I have had with the therapist have been extremely beneficial. Through sessions I have been able to put things into perspective and I have gained the ability and confidence to be able to do things that I felt I couldn't do before.”

“My therapist has helped me enormously, I don't know where I would be without her help. She has a fantastic way of explaining situations and helping me put my therapy into place. I have learnt a number of techniques that I can put into practice in the future. I am incredibly grateful for her help and always will be. Thank you!”

“It has been a great experience for me, because it came at the right time in my life. Thank you very much for the IAPT service.”

“I found the service very good and am keen to see it promoted in the future. I feel as a single person the NHS has provided through IAPT a life line for me at a difficult time. Thank you.”

“If it wasn't for my therapist I wouldn't be here!! He has helped me too cope and trying to move on and referred me to the right people. I cannot thank him enough.”

“My therapist was kind and listened and helped me through one of the most traumatic times of my life, without her I couldn't have done it. Thank you for the service.”

“My therapist has helped me change my life. The sessions are an incredible help and I am so thankful and grateful.”

Appendix 6

Glossary of acronyms used in the report

ACT	Acceptance and Commitment Therapy
CBT	Cognitive Behavioural Psychotherapy
cCBT	Computerised Cognitive Behavioural Therapies
CCG	Clinical Commissioning Group
CfD	Counselling for Depression
CHILYPEP	The Sheffield Children and Young People's Empowerment Project
CMHT	Community Mental Health Team
CTfD	Couples Therapy for Depression
DNA	Did Not Attend
EMDR	Eye movement Desensitisation and Reprocessing
FFT	Friends and Families Test
IAPT	Improving Access to Psychological Therapies
IAPT EA	IAPT Employment Adviser Service
LTC	Long Term Conditions
MBCT	Mindfulness Based Cognitive Therapy
MUS	Medically Unexplained Symptom
NICE	National Institute for Health and Clinical Excellence
PCHaMPs	Primary Care Health and Medical Psychology
PTSD	Post-Traumatic Stress Disorder
PWP	Psychological Wellbeing Practitioner
SCC	Sheffield City Council
SOHAS	Sheffield Occupational Health Advisory Service
SPS	Specialist Psychotherapy Service

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