STEPPS EI in a primary care setting

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Primary care and IAPT

- National programme since 2009 to deliver psychological therapies for mild to moderate common mental health problems
- Massive national change in primary care MH services
- East Sussex and B&H – IAPT plus PCMHPs
- National IAPT KPIs linked to 15% of MH population into treatment, everyone to enter into treatment within 6 weeks, 50% to recover on PHQ-9 and GAD-7 or other ADSM.
- What about the 50% who don’t recover?

Service experience of this client group and what we currently offer

- More complex (as measured on PHQ/GAD)
- Multiple referrals, multiple interventions
- Refer in crisis, poor engagement
- Poor outcomes in IAPT *(Goddard et al 2015),*
- Childhood trauma and comorbid personality traits *(Hepgul 2017)*
- Enhancing choice of interventions outside of IAPT compliant modalities
- Brief interventions by PCMHPs
- Intervention for prevention

STEPPS EI compared to STEPPS

- 13 sessions in 3 modules (1,6,6) compared to 20 sessions
- No weekly reinforcement sessions
- Referral criteria excludes BPD/EUPD diagnosis – primary care appropriate
- Screening based on the McLean Screening Instrument (*Zanarini et al 2003)* and other IAPT measures compared to Millon inventory
- QuEST self-rating scale and IAPT measures
- BPD reframed as emotional intensity difficulties
- STEPPS EI delivered by primary care mental health practitioners
- Development led by Renee Harvey

Exclusion /inclusion criteria in primary care

- Illicit substances including alcohol to excess
- Co-morbidity – on-going physical health problems which impact on the ability to attend / participate in the course
- Specific diagnosis of EUPD or features of other personality disorders, including Antisocial, Avoidant or Narcissistic. These presentations are not suitable for a primary care STEPPS EI course.
- History of long term severe and enduring mental health problems - mood disorders, psychosis, schizophrenia
- Active impulsive behaviour which poses high risk to self and others, the client must be able to manage their own risk
- Motivation / engagement
- Tolerance of groups/courses
- Literacy
- Therapy history

Measures

- Patient health questionnaire (*PHQ-9; Kroenke, Spitzer, & Williams, 2001)*
- Generalised anxiety disorder assessment (*GAD-7; Spitzer, Kroenke, Williams, & Lowe, 2006)*
- Work and social adjustment scale (*W&SAS; Mundt, Isaac, Shear, & Greist, 2002)*
- QuEST - Quick Evaluation of severity over time (*Pfohl & Blum 1997, 2012)*

Participants

- Qualitative feedback from group evaluation – benefit of the group, managing crisis in the group, skills rather than therapy focused, pot charts
- Kelly https://youtu.be/0N2N2R2bhiU
- Opportunities for peer involvement
- Facilitator training and feedback

East Sussex groups

Stepps EI group attrition data 2016-17			
	Module 1	Module 2	Module 3
Group 1	13	11	8
Group 2	5	5	0
Group 3	16	13	9
Group 4	11	8	4
Group 5	11	11	7
Group 6	7	8	7
Group 7	14	14	10

Learning from the East Sussex groups

- Referral criteria review underway
- Timing of the group
- Use of language
- Friends and family sessions
- Fear and commitment of the facilitators
- Implementation in an already pressured workforce
- Male:female, 2-3 facilitators

Challenges in the groups

- Reinforcers
- Managing the group process for facilitators
- Training and supervision requirements for facilitators and referrers

Future research…

- A review of the STEPPS EI Manual in primary care settings – outcomes
- Review of care pathways in and out of STEPPS EI - after multiple interventions in IAPT (including low intensity stress management workshops, high intensity one to one CBT for depression or anxiety disorders)
- Limited literature on people presenting with subthreshold BPD yet significant in IAPT population (Hepgul 2017, Goddard 2015)

References

- Goddard, E., Wingrove, J., & Moran, P. (2015). The impact of comorbid personality difficulties on response to IAPT treatment for depression and anxiety. *Behaviour Research and Therapy*. doi:10.1016/j.brat.2015.07.006

- Hepgul, N., King, S., Amarasinghe, M., Breen, G., Grant, N., Grey, N., … Cleare, A. J. (2016). Clinical characteristics of patients assessed within an Improving Access to Psychological Therapies (IAPT) service: Results from a naturalistic cohort study (Predicting Outcome Following Psychological Therapy; PROMPT). *BMC Psychiatry*, *16*(1). https://doi.org/10.1186/s12888-016-0736-6

- Karukivi, M., Vahlberg, T., Horjamo, K., Nevalainen, M., & Korkeila, J. (2017). Clinical importance of personality difficulties: diagnostically sub-threshold personality disorders. *BMC Psychiatry*, *17*. https://doi.org/10.1186/s12888-017-1200-y

- Referral screening based on the - MacLean Screening Tool for BPD Zimmerman, M., Multach, M. D., Dalrymple, K., & Chelminski, I. (2017). Clinically useful screen for borderline personality disorder in psychiatric out-patients. *The British Journal of Psychiatry*, *210*(2), 165–166. https://doi.org/10.1192/bjp.bp.116.182121