

Access to Psychological Services Ireland

(APSI)

Dr. Pádraig Collins

Sláintecare...

“establish a universal single tier service where patients are treated on the basis of health need rather than on ability to pay.”

“mental health services remain under-resourced, and overly reliant on medication rather than psychological and counselling services”

“re-orientating the model of care towards primary and community care where the majority of people’s health needs can be met locally”

Scale of need...

- Internationally we know that **1:10** will suffer from a common mental disorder at any one time. Ireland has reported depression prevalence rates of depression= 4.8%, anxiety disorder =6.3% (WHO, 2017).
- Similar results in studies of psychological distress - 12% had scores indicative of psychological distress (Tedstone et al. 2008) 11% reported MH problem in last year (NOSP, 2007).

Scale of need...

- In decade prior to APSI, Roscommon's suicide rates was always significantly above the national average (NOSP, 2014).
- Roscommon GPs clear in their expressed desire for psychology support at a primary care level (Ni Shiothcháin & Byrne 2009).

*Help will always be given to
those who ask for it...*

(Dumbledore in Harry Potter,

And more recently...
Trinity College Dublin)

Our vision

From:

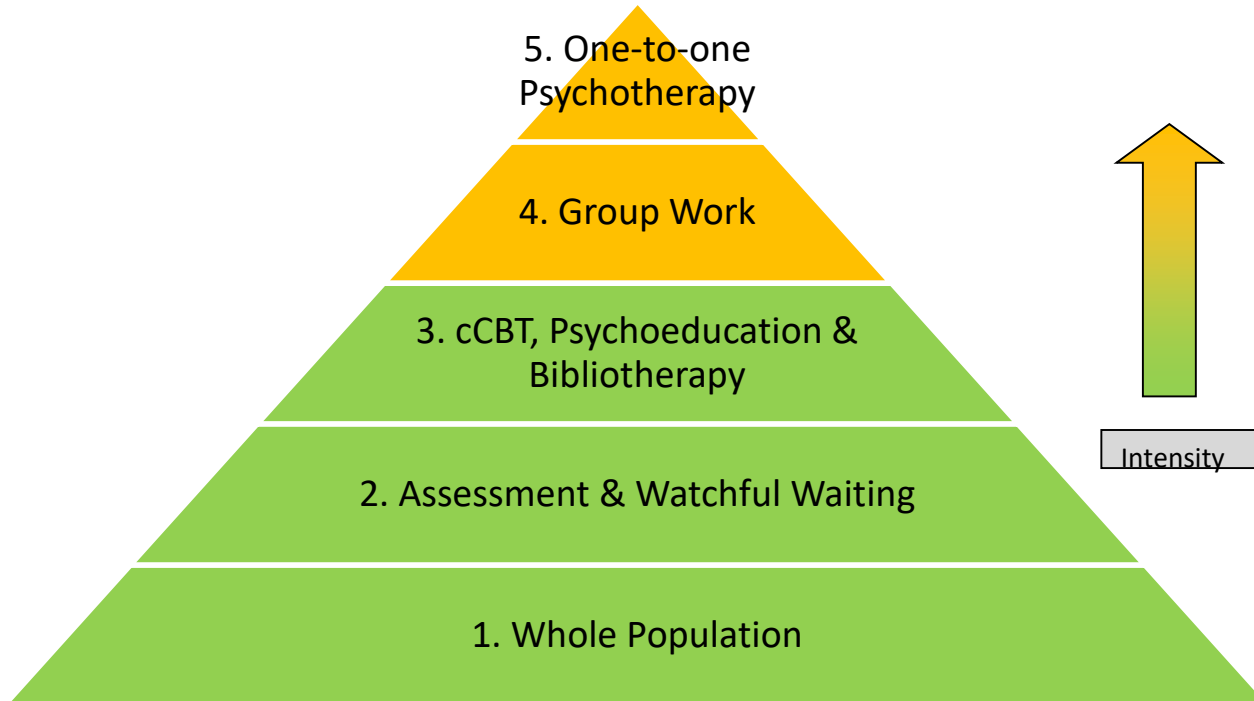
- No HSE primary care psychology service of any kind for adults in county Roscommon.

To:

- Evidence-based psychological treatment, free at the point of contact to all, at a base local to you, accessible within days, with or without a referral.

What is APSI?

APSI: A Stepped-Care Psychology Service



APSI Locations



Services provided

Walk-in and Self referral = “Open referral net”

Or GPs /Other Primary care /Secondary care



48hr contact (upon receipt of the referral)



Assessment - cCBT, Guided self-help, brief CBT-informed 1:1, and group based interventions /

Signposting and Community Engagement

- ***Staffed by 5 Assistant Psychologists overseen by a Senior Clinical Psychologist***

But does it Work ??

What is the scientific evidence (clinical outcomes)?

Is it really accessible?

What volumes are involved?

Is it cost effective?

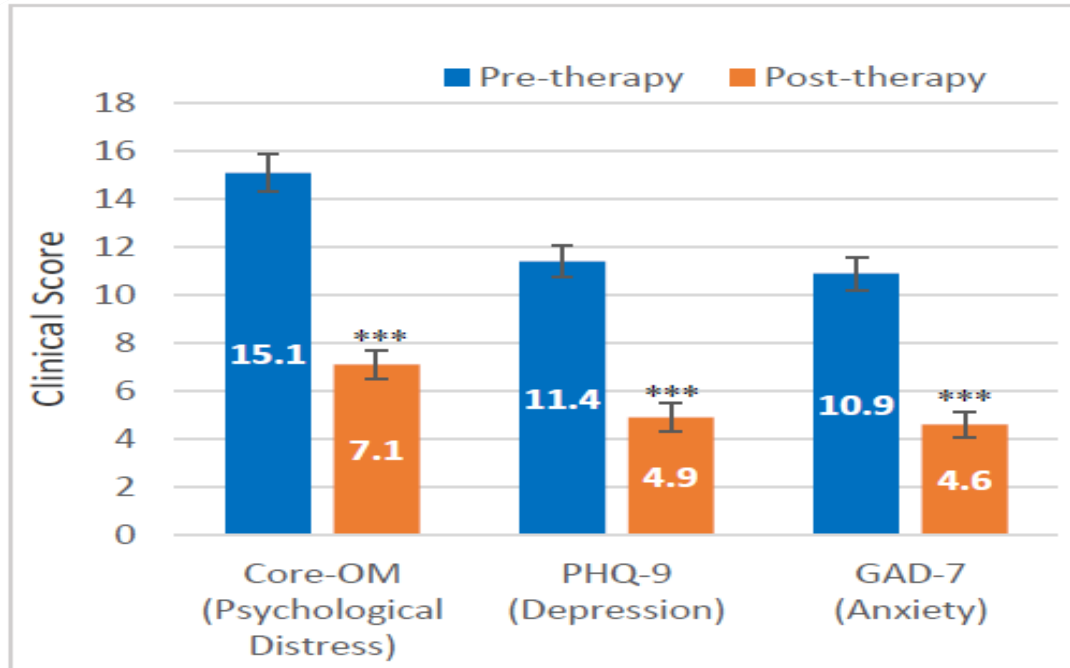
What do referrers make of it?

Is it Recovery-focused?

What are the views of those who use the service?

Does APSI work?

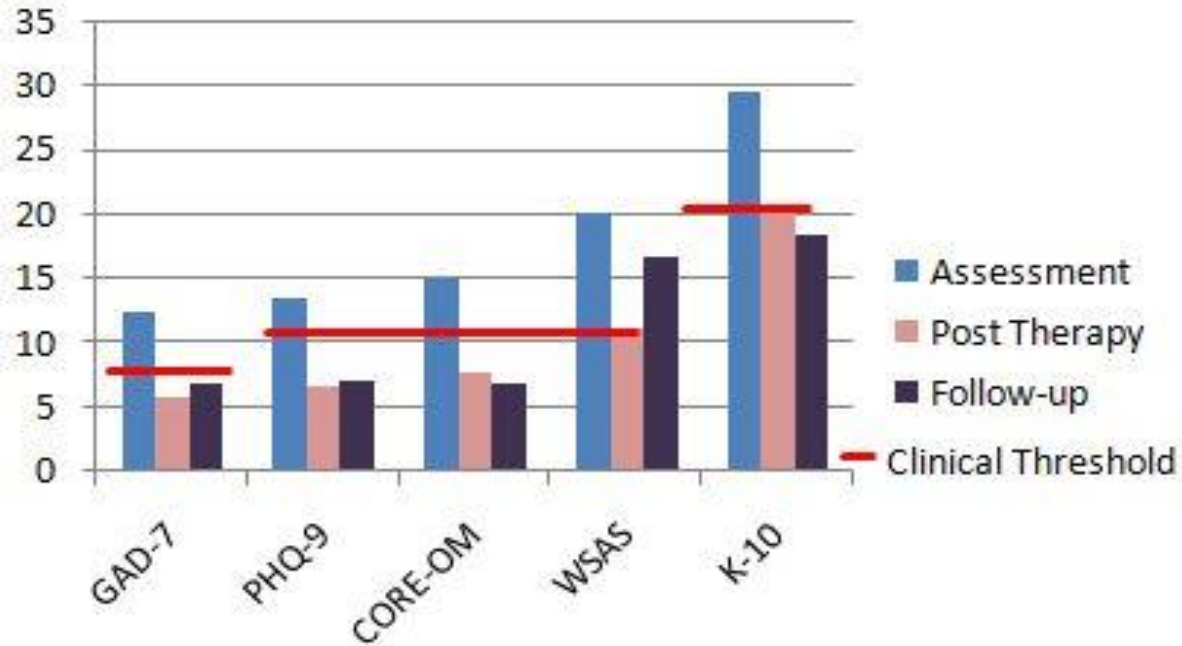
Clinical Outcomes Evaluation Year One



***** = Statistical and clinically significant improvement.**

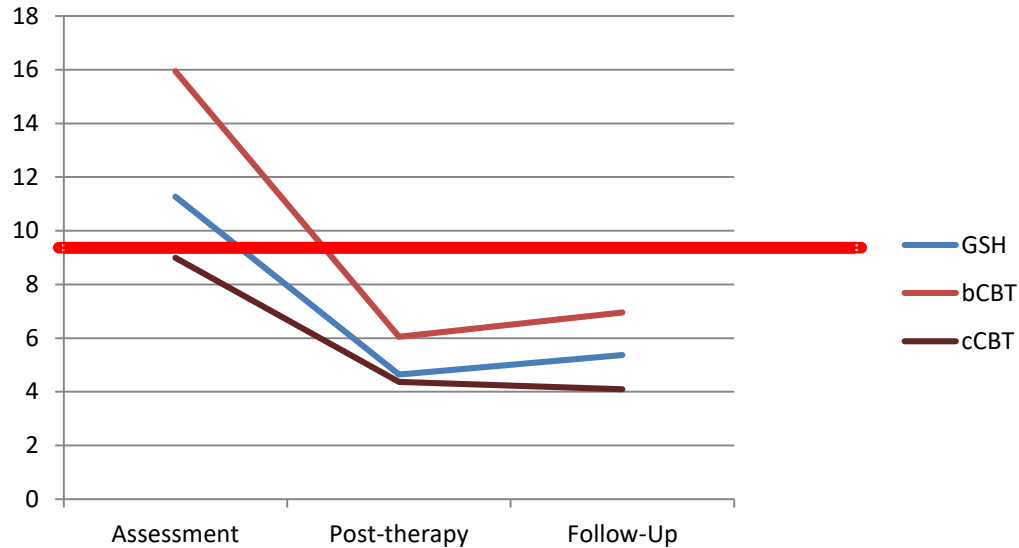
Year Two

- Brief CBT



Year Three

- Depressive symptomatology PHQ-9



Accessibility and volume...

- ❖ 5 years on, where APSI is located the service continues to run without waiting lists.
- ❖ In 5 years of funded operation the referral numbers are over 3,000 (3,057 to date).

The adult population of Roscommon is 47,969 .

Is it cost-effective?

- Significant international evidence of the cost effectiveness of early provision of psychological treatment (JCPMH, 2013).
- Emerging APSI service-level evidence of significant reduction in **primary care appointments** ($Z = -2.295, p < .05$) and use of **anti-depressants** following treatment ($Z = -2.54, p < .05$).

Views of referrers...

Satisfaction with outcome of treatment (GPs)?

95% 'very satisfied' (53%) or
'satisfied' (42%) with outcome.

Satisfaction with outcome of treatment (Sec Care)?

82% 'very satisfied' (27%)or 'satisfied' (55%)

***“Fantastic service with quick access for clients
who benefit immensely from same”***

“Excellent service. We are spoilt rotten”

Is it Recovery-focussed?

Core to our values
Core to our actions

***All service users on discharge given the opportunity
to feedback on their experience***

***All service users invited to join the APSI
'consumer panel'***

What do service users say? (2017 and 2018 systematic audits)

High levels of satisfaction with service (82% 'very satisfied', 16.2% 'satisfied'). Key points:

- ***“Practitioner was kind, good listener, understood my worries, extremely helpful and encouraging.”***
- ***“The treatment actually seemed to work”.***
- ***“Locality of the service, how quick I was seen.”***
- ***“Didn’t have to worry about finding the finance for it.”***

Sharing what we know...

- Published papers
 - 2010: Prevalence of psychological distress at GP surgeries.
 - 2012: Evaluation of pilot primary care service.
 - 2013: Evaluation of pilot service year 2 + cCBT evaluation
 - 2014: Evaluation of brief CBT + RCT of cCBT intervention.
 - 2015: Evaluation of funded service Year 1.
 - 2017: Evaluation of Service User satisfaction with service.
 - 2019: Evaluation of funded service Years 2-3.
- Papers in submission / pending
 - 2020: Clinical evaluation of funded service year 4-5 + Referrer satisfaction levels + service user satisfactions levels

Making a difference more broadly...

- ❖ APSI was an important model for the use of Assistant Psychologists in delivering stepped-care psychological treatment.
- ❖ Now 114 new Assistant Psychologist roles have been created nationwide for child and family services.
- ❖ Training created for APSI practitioners was the template for the national training programme used for Assistant Psychologist nationwide.

Some 'take-home' points...

- **APSI bridges an important gap** in the services.
- **Rapid assessment and intervention**, at **local** bases, **free** at the point of contact, with or without a formal referral.
- Allows service users the opportunity to '**step up and down**' depending on clinical need or be signposted to other services.

A Unique and Valued Service

- Focuses on **empowering service users** through the use of collaborative interventions and consumer panel.
- **Manages high volumes**, with a ‘no waiting list approach’ using a stepped-care model.
- High levels of **service user and referrer satisfaction**.
- Shown over 5 years that it can **consistently make a difference**, when needed, for a highly vulnerable group.

APSI Elsewhere?

Challenges and
Opportunities

Challenges

- **Funding Model**– ‘Ringfencing’ as per Sláintecare

“Earmark/ringfence funds to health care priorities, such as expanded primary and social care, palliative care, and mental health” (pg.26)

- National and local leadership required.
- Integration with pre-existing services, prioritising development where need greatest.

Opportunities

- Highly scalable – already Senior Psychologists currently in role in each county – 100s of Psychology students graduate every year.
- Already a commitment in Sláintecare to “Develop public psychology services in primary care”.
- High levels of evidence that we have a model that works in Ireland.

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those who ask for it...*

(APSI)



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Thank You !

Dr. Pádraig Collins
APSI Clinical Lead Roscommon