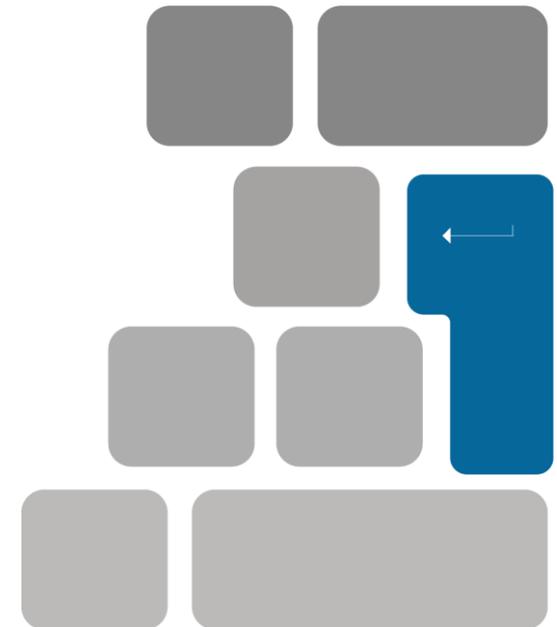




Online CBT for NHS Patients in Camden

Improving access to evidence-based mental health therapy



What we do

Technology-enabled therapy in real-time with a therapist

- Cognitive Behavioural Therapy - CBT
- One-to-One therapy in real-time via written (typed) conversations in a secure online environment developed specifically for the purpose
- Experienced BABCP accredited therapists provide assessments, step 2, 3 and 3+ treatment
- Strict clinical and information governance
- NICE approved patient pathway and recovery metrics
- Augment existing services, offering additional accessibility and patient choice
- **Appointments at any time of the day, including evenings and weekends**
- **No waiting lists – patients can be in therapy within 2 days.**



Proven effective by peer-reviewed research

THE LANCET

Therapist-delivered internet psychotherapy for depression in primary care: a randomised controlled trial

David Kessler, Glyn Lewis, Surinder Kaur, Nicola Wiles, Michael King, Scott Weich, Debbie J Sharp, Ricardo Araya, Sandra Hollinghurst, Tim J Peters

Summary

Lancet 2009; 374: 628-34

See Editorial page 587

See Comment page 594

Academic Unit of Primary Health Care, NIHR National

School for Primary Care

Research (D Kessler MD,

S Kaur BSc, Prof D J Sharp PhD,

S Hollinghurst MA,

Prof T J Peters PhD) and

Academic Unit of Psychiatry

(Prof G Lewis PhD, N Wiles PhD,

Prof R Araya PhD), Department

of Community Based Medicine,

University of Bristol, Bristol,

UK; Department of Mental

Health Sciences, Royal Free

Campus, London, UK

(Prof M King PhD); and Health

Sciences Research Institute,

University of Warwick,

Background Despite strong evidence for its effectiveness, cognitive-behavioural therapy (CBT) remains difficult to access. Computerised programs have been developed to improve accessibility, but whether these interventions are responsive to individual needs is unknown. We investigated the effectiveness of CBT delivered online in real time by a therapist for patients with depression in primary care.

Methods In this multicentre, randomised controlled trial, 297 individuals with a score of 14 or more on the Beck depression inventory (BDI) and a confirmed diagnosis of depression were recruited from 55 general practices in Bristol, London, and Warwickshire, UK. Participants were randomly assigned, by a computer-generated code, to online CBT in addition to usual care (intervention; n=149) or to usual care from their general practitioner while on an 8-month waiting list for online CBT (control; n=148). Participants, researchers involved in recruitment, and therapists were masked in advance to allocation. The primary outcome was recovery from depression (BDI score <10) at 4 months. Analysis was by intention to treat. This trial is registered, number ISRCTN 45444578.

Findings 113 participants in the intervention group and 97 in the control group completed 4-month follow-up. 43 (38%) patients recovered from depression (BDI score <10) in the intervention group versus 23 (24%) in the control group at 4 months (odds ratio 2.39, 95% CI 1.23-4.67; p=0.011), and 46 (42%) versus 26 (26%) at 8 months (2.07, 1.11-3.87; p=0.023).



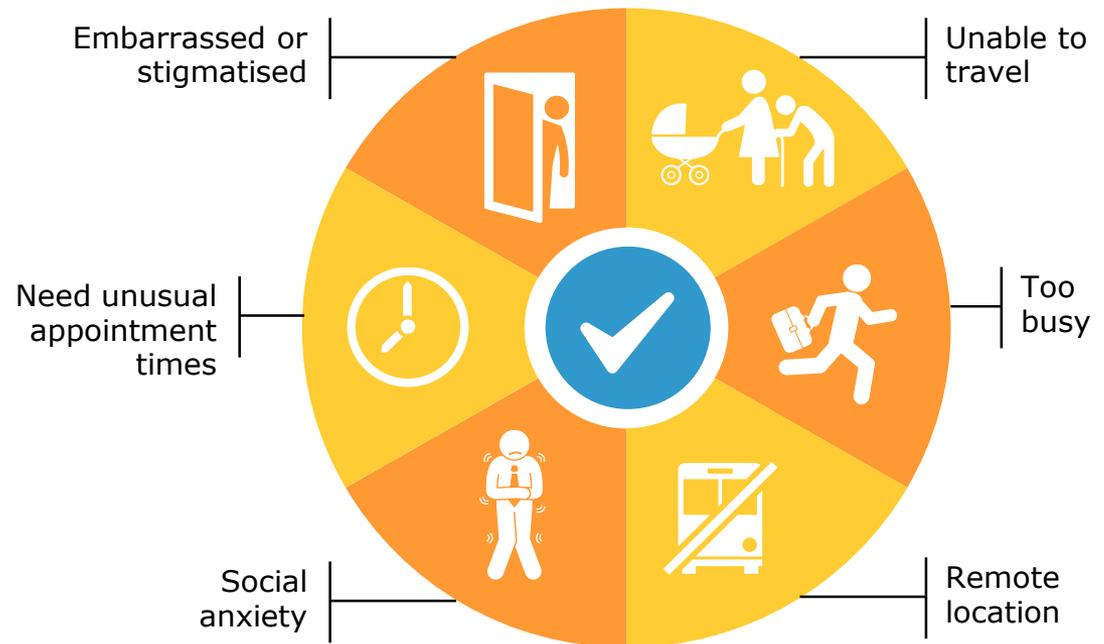
Ieso Online Talking Therapy – People who benefit

Convenient

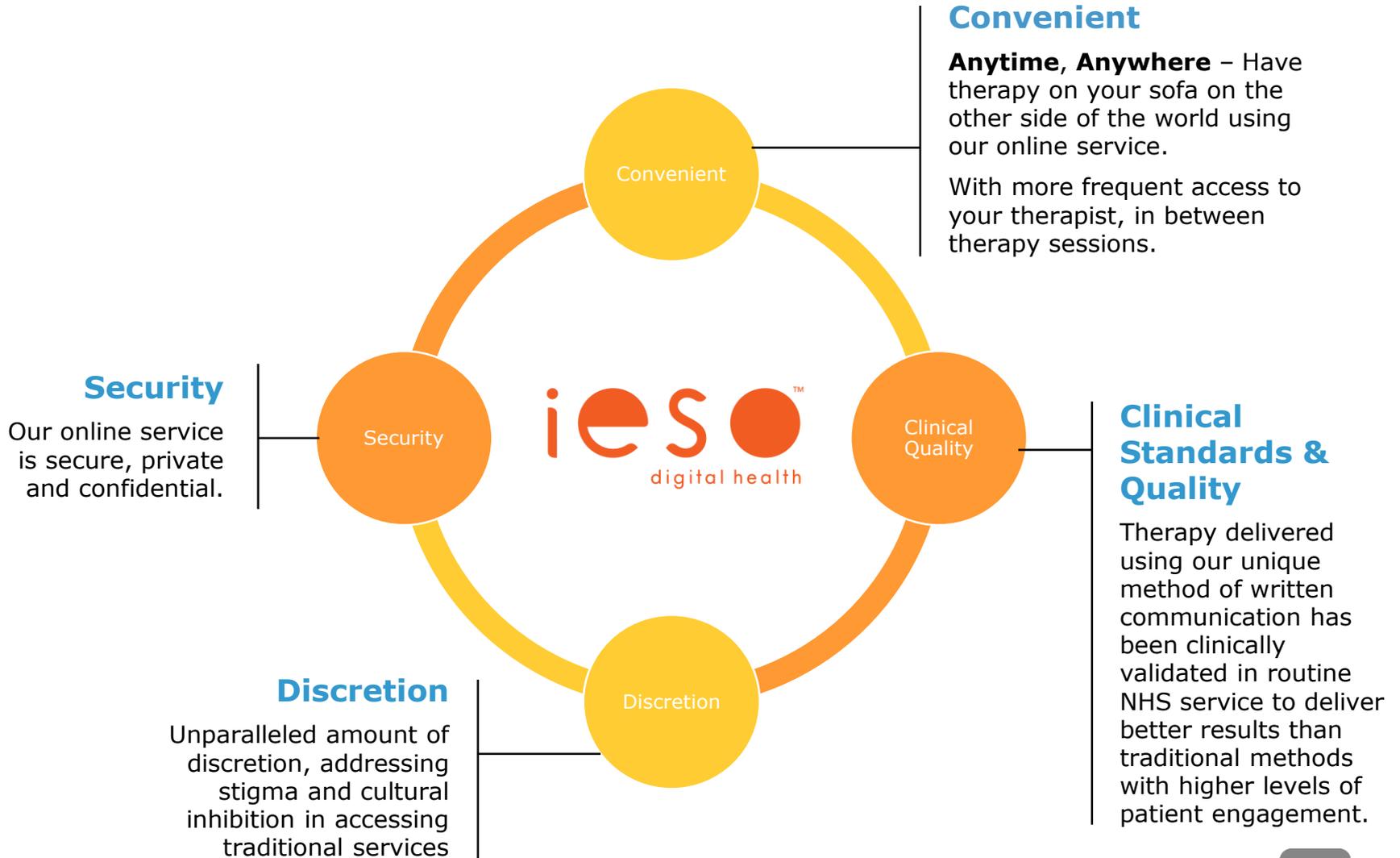
We can reach a greater cross section of the population, from men who are traditionally reluctant to try therapy, right through to new mums who can't leave the house, or those with physical mobility issues.

Improving access

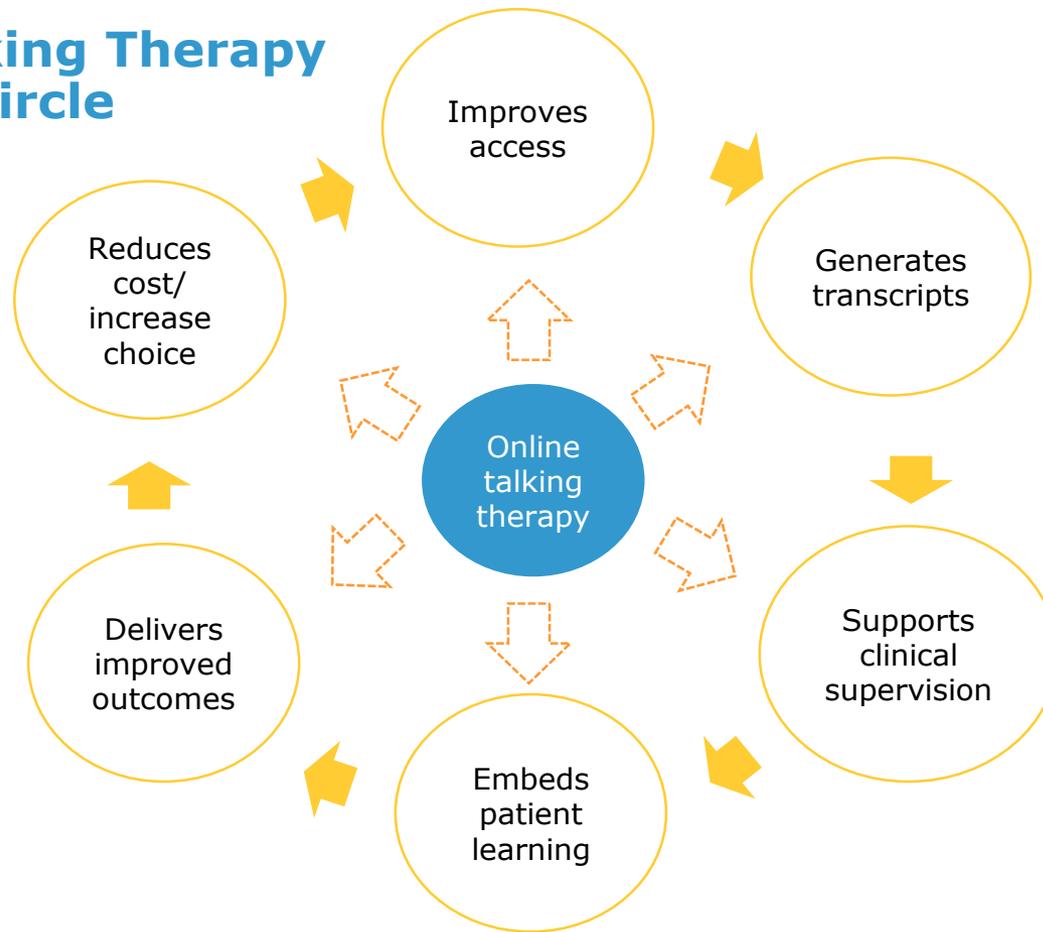
If our approach was adopted widely enough, we could help more people with mental illness, for example; those who are put off by long waiting times, restricted mobility, their working schedule, or simply silenced by stigma and cultural taboo.



Ieso Online Talking Therapy – Patient benefits



Ieso Online Talking Therapy – The virtuous circle



1.

Effective therapy where and when patients need it

2.

Full transcripts of therapy sessions are produced

3.

Transcripts used for clinical supervision and development

4.

Transcripts also available to patients indefinitely

5.

Patient experience and clinical outcomes benefit

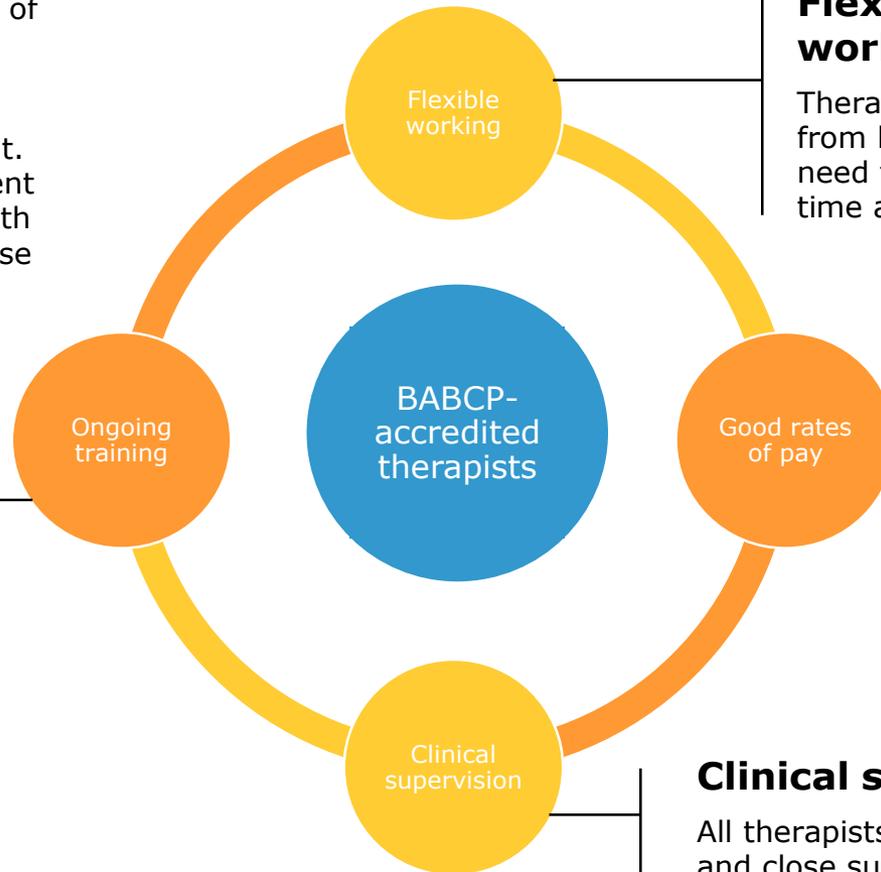
6.

Number of sessions required typically lower



Ieso Online Talking Therapy – benefits for therapists

Ieso Digital Health provides a unique model of working for therapists, with more flexibility and opportunities for professional development. Using uniquely transparent therapy data we work with our therapists to maximise the quality of care provided to patients.



Flexible working

Therapists can work from home, with no need to travel, saving time and money.

Good rates of pay

Ieso therapists are paid per hour for the therapy they provide.

Ongoing training

Ieso provides specialist training, using transcripts to enhance learning. In addition Ieso provides both mandatory and elective continuing professional development on a monthly basis.

Clinical supervision

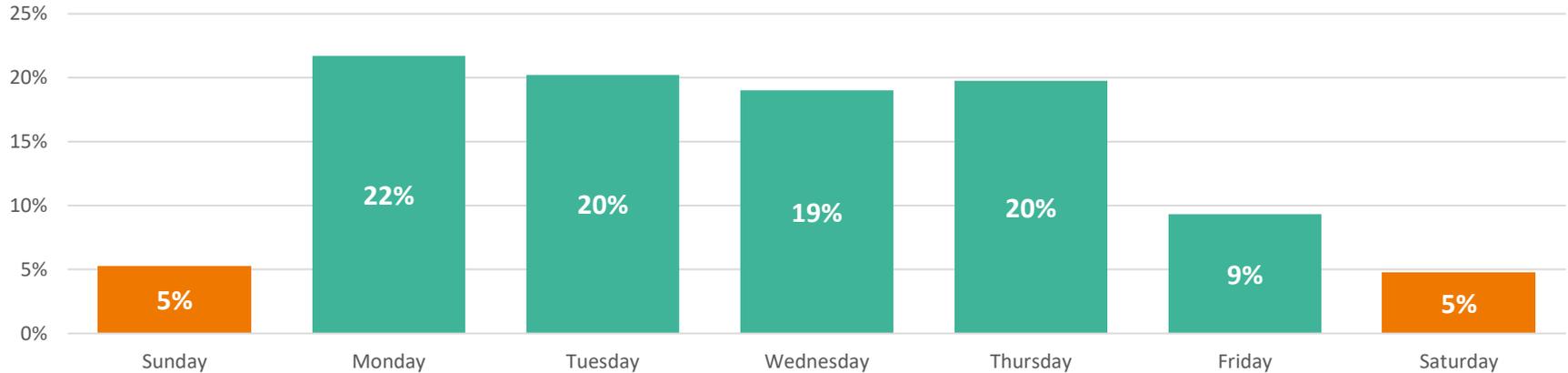
All therapists receive specialist induction and close supervision, support and monitoring during their first three months. After this period all therapist attend mandatory clinical supervision sessions.



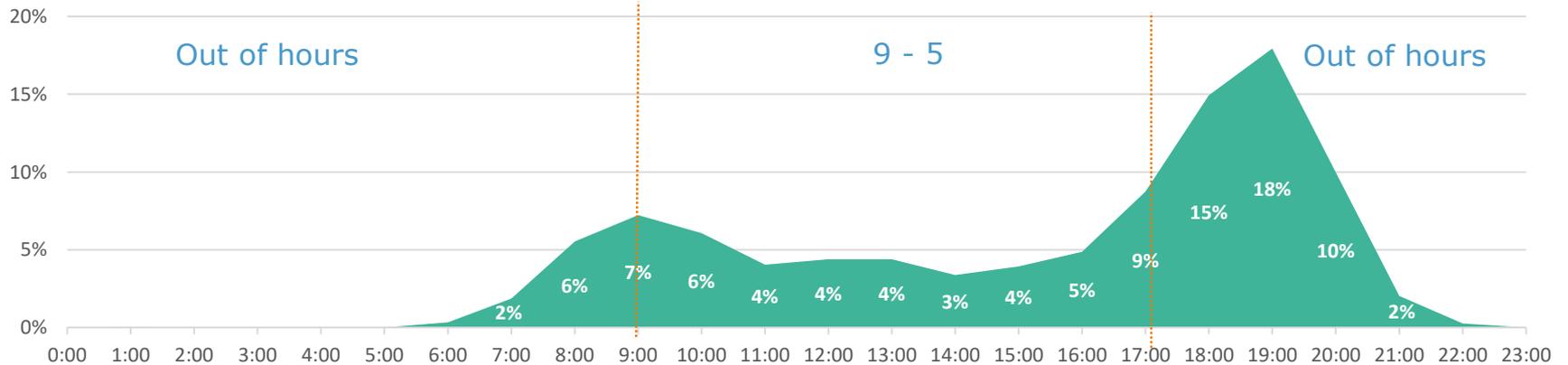
Direct referrals patient overview

- Based on an analysis of 18,151 attended appointments

Appointments by day



Appointments by time



62% of patients are treated outside of 9-5 office hours
&
10% are treated during the weekend

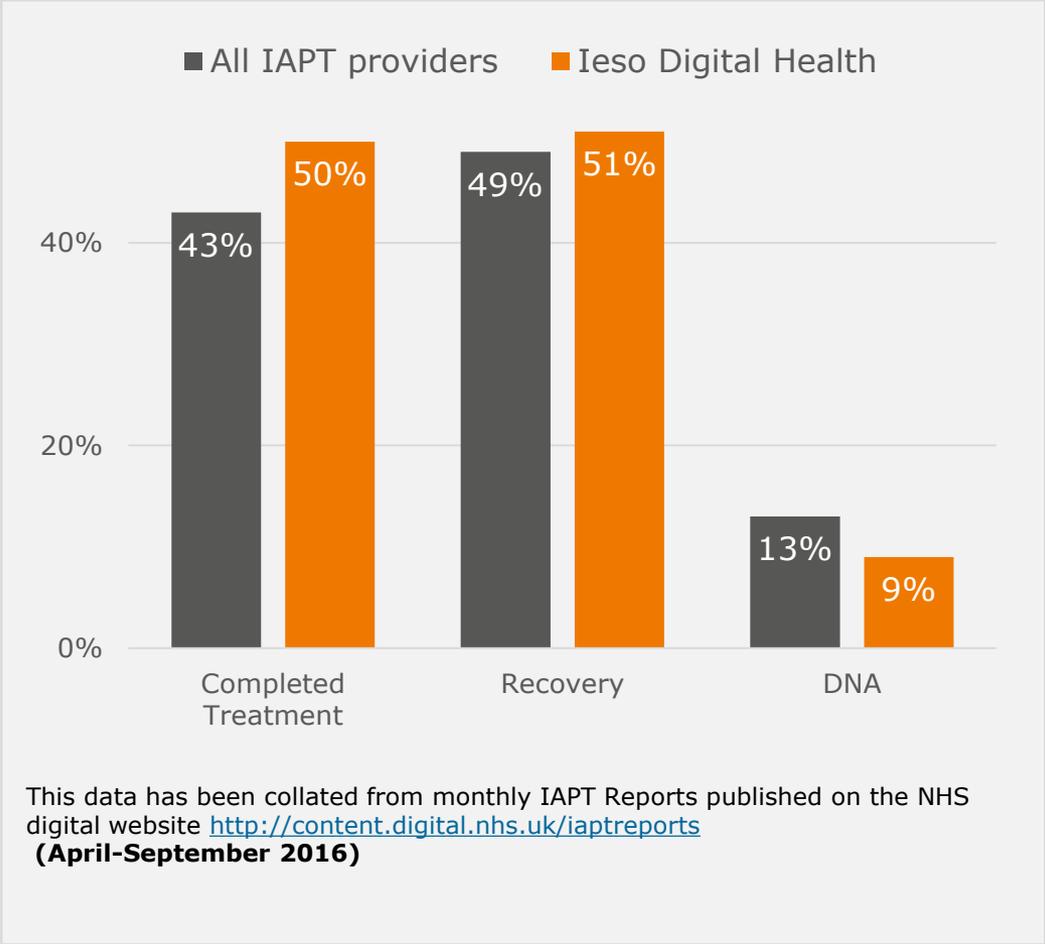
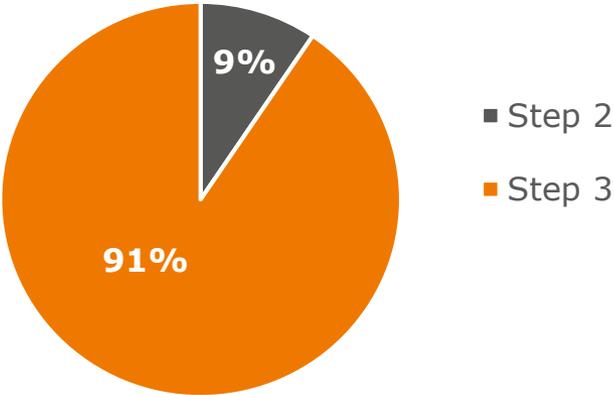


IAPT Service Outcomes

2016 Data



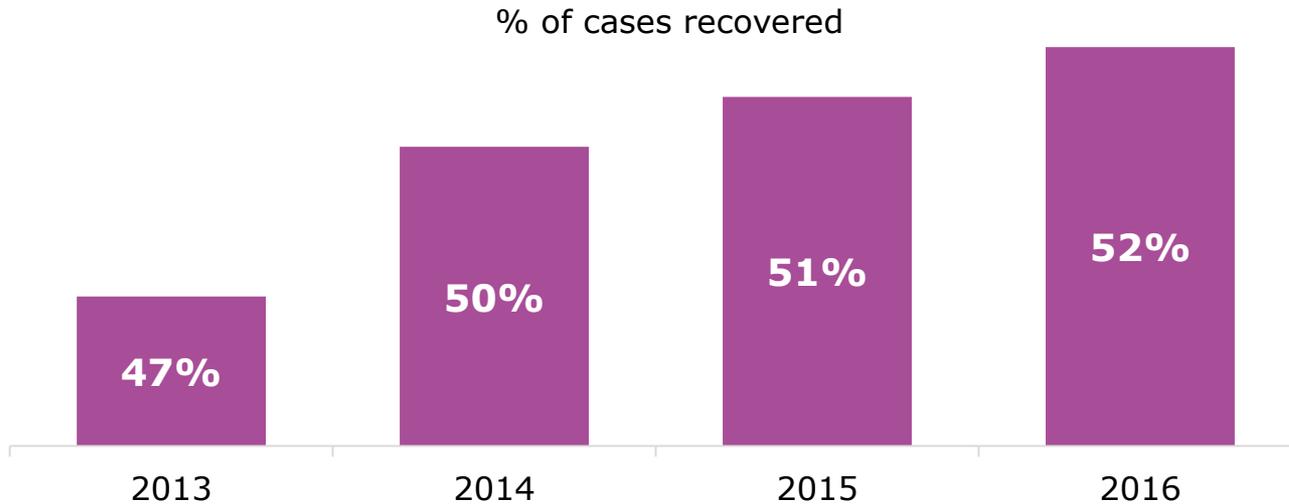
Step Distribution



“I had been wanting to seek therapy for a long time now but could not get up the courage to see and speak to a stranger in person.” Ieso Patient



Since 2013, Ieso has treated **>10,000 NHS patients** and has a proven track record of translating data into improved outcomes



Ieso recovery statistics for AQP contracts in the periods displayed. All periods the data was collected for have a predominantly step 3 severity cohort of ~80%* and case presented were a mix of IAPT suitable conditions

Using data analytics, Ieso Digital Health can:



Monitor performance outcomes and compare it with national outcomes



Track therapist performance data and offer personalised support and training based upon this



Offer a 'standing trial' platform for advancing understanding of theory driven improvements in clinical practice



Stepped Care Model / IAPT Appropriate Conditions

ieso treats patients within the stepped care model framework at

- Step 2 – Mild to Moderate
- Step 3 – Moderate to Severe
- Step 3+ – Severe

IAPT Appropriate Conditions

- Mild to Moderate Common health problems in patients 18 and over
- Mild, Moderate and severe Depression, Anxiety, and General Anxiety Disorder
- Post-natal depression, Perinatal Mental ill Health
- Adjustment Disorders, Health anxiety
- Agoraphobia, Panic disorders
- Bereavement, Loss and Terminal Illness
- Anger Management
- Long Term Health Conditions, Chronic pain and Managing Pain
- Coping with illness/chronic conditions / Adjustment to Physical ill Health
- Obsessive Compulsive Disorder (OCD)
- Single event trauma resulting in Post-Traumatic Stress Disorder (PTSD)
- Social Phobia
- Sleep



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

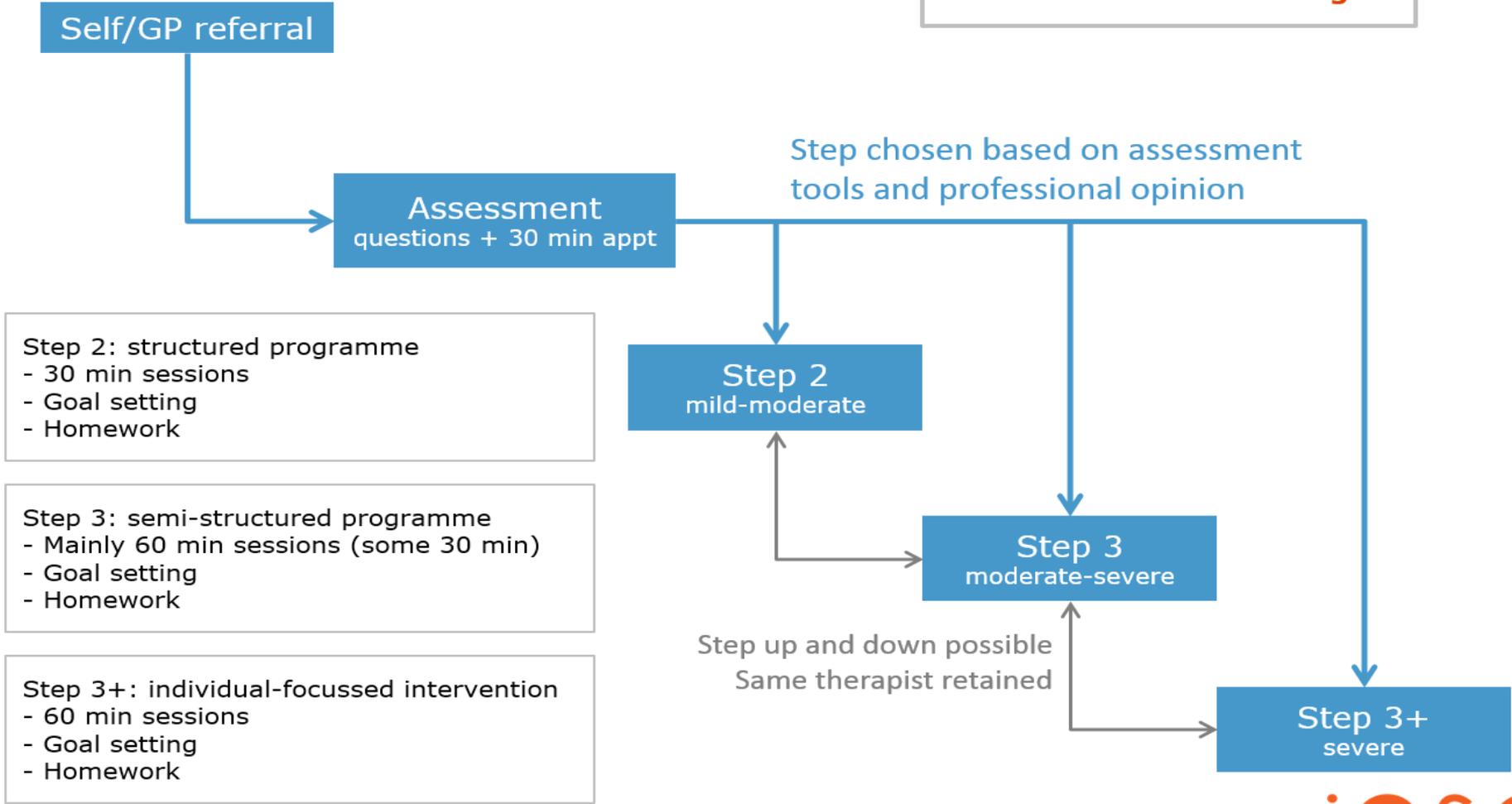
Step 4: Treatment of depression by mental health specialists

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

Indicative care pathway

Focus on individual cases
One therapist throughout
Communication at all stages



Patients must be aged 18 and over and live in Camden, and be registered with a GP in the borough. We offer Step 2 and 3 and 3+ interventions.

GP referral

The GP assesses the patient as suitable for online CBT

- The GP can refer the patient by completing and submitting a patient referral form (available on the GP website)
- Email referral form to Ieso at **referral.iesohealth@nhs.net**
- Alternatively, the GP can give the patient an Ieso leaflet and encourage them to self-refer

Self-referral

- Via **www.iesohealth.com/camden**
- Or call 0800 074 5560 between 9am and 5.30pm (UK time)

Is the patient suitable for online CBT?

- Is the patient appropriate for CBT?
- Does the patient have a mobile phone number?
- Does the patient have an email address?
- Does the patient have access to an internet enabled device?
- Does the patient feel comfortable communicating via email and typing?
- Are there any exclusion factors? (e.g. currently receiving psychological treatment elsewhere, known to secondary care services)
- Does the patient understand what internet enabled therapy is?

If you are unsure about the suitability for internet enabled CBT or would like to discuss the referral, please contact:

s.bateup@iesohealth.com



 **Alice Hughes**
Therapist

 **Goals**

You don't have any goals at the moment.
Please speak to your therapist about setting goals.

 **Help with this website**

- What is CBT?
- Online Therapy Guidelines
- How it works
- Setting Goals
- Noticing and Managing Suicidal Thoughts

Additional information

Please confirm the data we hold about you is correct.

[CONFIRM YOUR ACCOUNT](#)

You do not have any scheduled appointments.

Questionnaires to be completed 2

Self-Assessment Form

[FILL IN >>](#)

Alcohol questionnaire

[FILL IN >>](#)

Live therapy session

 Bertrand Spalding (test)

Home



Goals



Calendar



Therapist



Questionnaires



Participants

Felicity Wandsworth (test) ONLINE

Actions

Download transcript...

Started at 15:33 on 03 September

Live Session Thursday, 03 September (16:00 to 16:30 GMT Daylight Time)

Felicity Wandsworth (test)

15:34

Firstly let me encourage you to try to ignore typos and punctuation as working online in this way, that tends to only slow us down - sound OK?

15:34

ok

Bertrand Spalding (test)

Felicity Wandsworth (test)

15:35

Can i also check you are aware that everything we discuss is confidential. Legally and ethically, however, i would have to share information with emergency and medical services if there was some significant risk of harm to you or another person evident.

Felicity Wandsworth (test)

15:35

Does that seem understandable to you and do you have any questions about that?

Type your response here...

Send

Press enter to send messages



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Signed in as info.psychologyonline+bertrand@gmail.com



Improving access to evidence-based
mental health therapy

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