prospect model

NHS Lothian

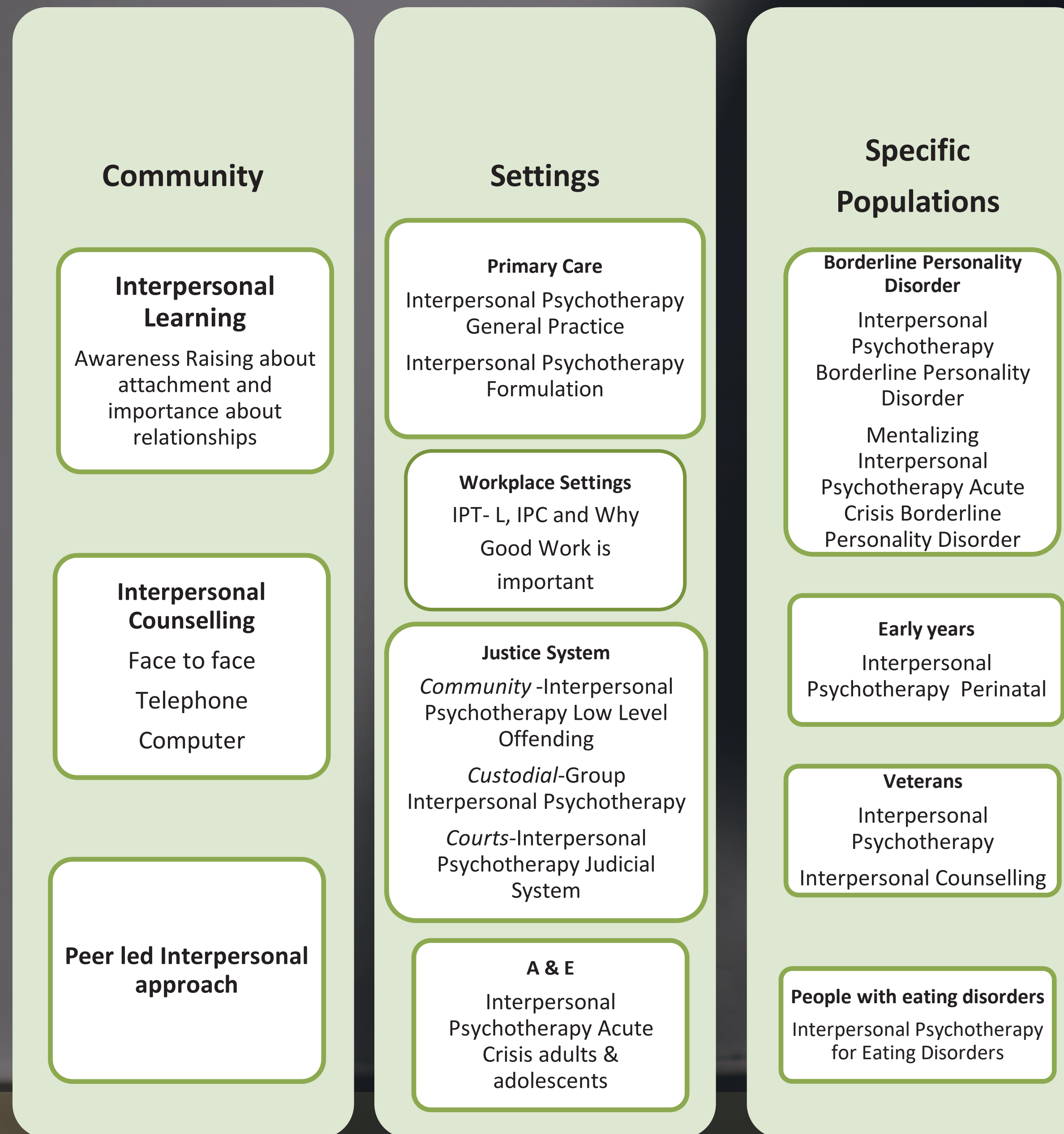# Delivery of Interpersonal Psychotherapy (IPT) in Scotland: The Prospect Model

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The Prospect Model (Graham and Irvine 2016) is a matched care model for the provision of the evidence-based 'Interpersonal Psychotherapy' (IPT) for people with differing profiles (symptoms, characteristics and level of need) delivered across a range of settings. IPT is a pragmatic, brief, focused intervention that aims to improve wellbeing and reduce symptoms by improving relationships.

Progress to date includes the development and adaptations of manualised training and delivery

- Comprehensive **IPT-L** and **IPC** training programme with a specific focus on why work can be good for us -Scottish Parliament workforce

- **IPT** (16 sessions) Major Depressive Disorder - **9 staff trained** to deliver IPT to a Veteran population

- **IPT-Brief** (IPT-B: 8 sessions) Major Depressive Disorder in Primary Care

- **Interpersonal Counselling** (IPC: 6 sessions) face to face and telephone for distress – **89 staff trained**

- **Telephone Interpersonal Counselling** (t-IPC: 6 sessions) staff trained in delivering IPC via the telephone only - **6 NHS 24 staff trained**)

- **IPT Acute Crisis**: (IPT-AC: 4 sessions) **65 staff trained**, NHS Lothian, NHS Fife, and NHS Greater Glasgow and Clyde. Analyses of RIE cohort to date show a significant reduction in core distress and depressive symptoms after 4 sessions of IPT Acute Crisis and readmission rates are reduced and engagement with treatment is high.

- **IPT: Low Level Offending** (IPT LLO: 12 sessions) for women with depression in contact with criminal justice system.

- **IPT General Practice** (IPT GP) **8 GPs trained** in a 10 minute IPT informed GP consultation

- **IPT Formulation** (IPT-F) a 20 minute IPT Clinical Psychology formulation consultation in Primary Care.

- **Interpersonal Learning**: (IPT-L) a 3 hour workshop for frontline staff - **175 staff trained**.

- **IPT Judicial**: (IPT-JS) Intensive one day intervention for acute distress which halts court proceedings - **6 senior staff** deliver this intervention.

- **(M)IPT AC BPD: Acute Crisis** in those with borderline personality disorder **2 mental health nurses** testing this adaptation

- **Perinatal Informed IPT**: (IPT-PI) Development work on a brief intervention (2-3 sessions) that facilitates social support during the ante and postnatal period.

The model supports recent policy developments in Scotland: "A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections" (December, 2018); The Scottish Government's Mental Health Strategy 2017 -27; 'A blue print for Scottish General Practice: A strategy for a safe, secure and strong general practice in Scotland' (2015).

Prospect Model of Care: Interpersonal Psychotherapy

Key areas for delivery

Community

Interpersonal Learning
Awareness Raising about attachment and importance about relationships

Interpersonal Counselling
Face to face
Telephone
Computer

Peer led Interpersonal approach

Settings

Primary Care
Interpersonal Psychotherapy General Practice
Interpersonal Psychotherapy Formulation

Workplace Settings
IPT- L, IPC and Why Good Work is important

Justice System
Community -Interpersonal Psychotherapy Low Level Offending
Custodial-Group Interpersonal Psychotherapy
Courts-Interpersonal Psychotherapy Judicial System

A & E
Interpersonal Psychotherapy Acute Crisis adults & adolescents

Specific Populations

Borderline Personality Disorder
Interpersonal Psychotherapy Borderline Personality Disorder
Mentalizing Interpersonal Psychotherapy Acute Crisis Borderline Personality Disorder

Early years
Interpersonal Psychotherapy Perinatal

Veterans
Interpersonal Psychotherapy
Interpersonal Counselling

People with eating disorders
Interpersonal Psychotherapy for Eating Disorders

The Prospect Model elements: low level interventions which are protocol driven interventions aimed at distress; higher intensity interventions which are short-term standardised psychological therapies aimed at more severe lasting illness; and highly specialised interventions which are individually tailored interventions aimed at highly complex/ enduring illness.

Focus on IPT-Acute Crisis (Delivered in the RIE, ED by Mental Health staff

(MH & alcohol liaison nurses: Joyce Follan, Catherine Moar, Claire Bashford & Psychiatry: Dr Vikki Argent)

A characterisation of the cohort was carried out to aid refinement of patient selection, both by improving implementation of existing criteria and advising on additional selection criteria. A predominantly young (mean age=37.32, range 18-66), female demographic was seen.

1. Characterisation of the cohort

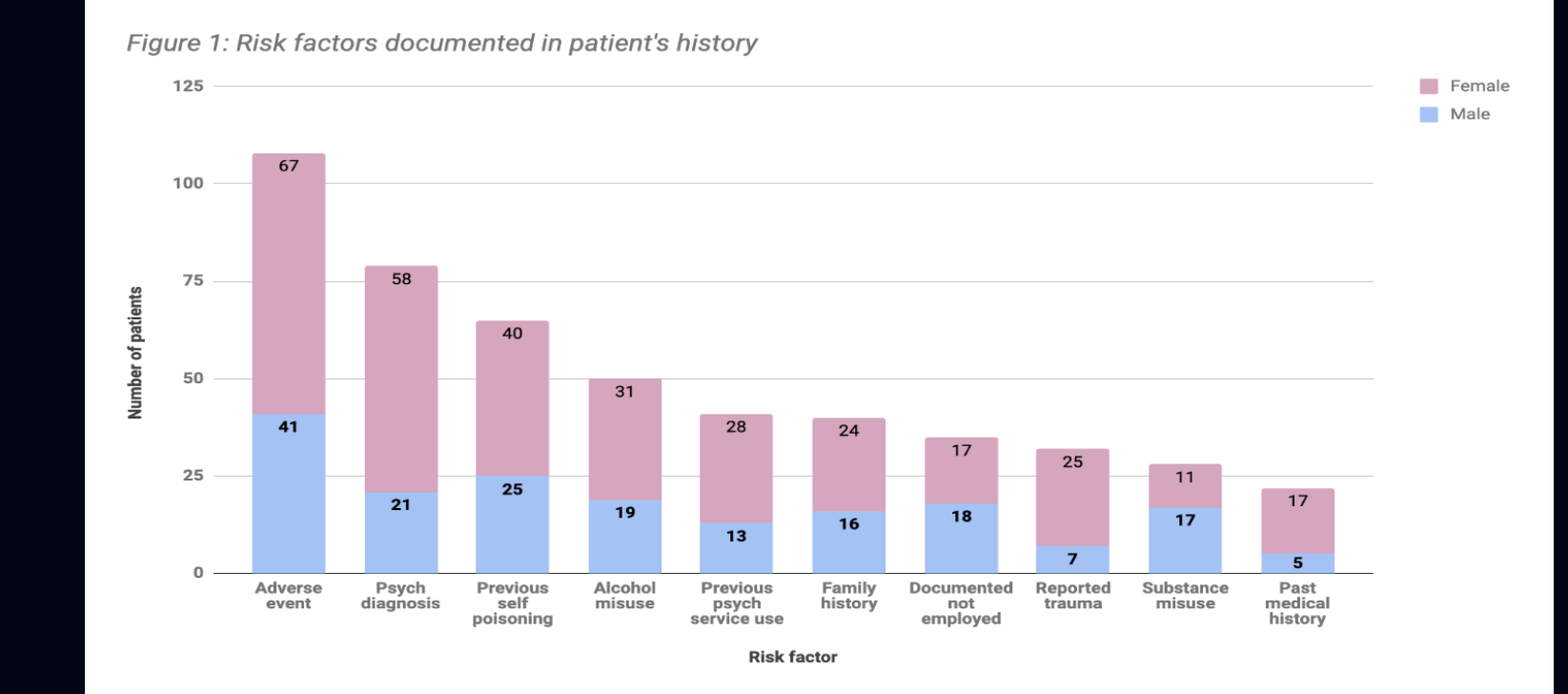
Figure 1: Risk factors documented in patient's history

Figure 1 illustrates common risk factors identified in the IPT-AC patient cohort characterisation of 115 patients. Common adverse events included relationship disputes or breakup and family tensions.
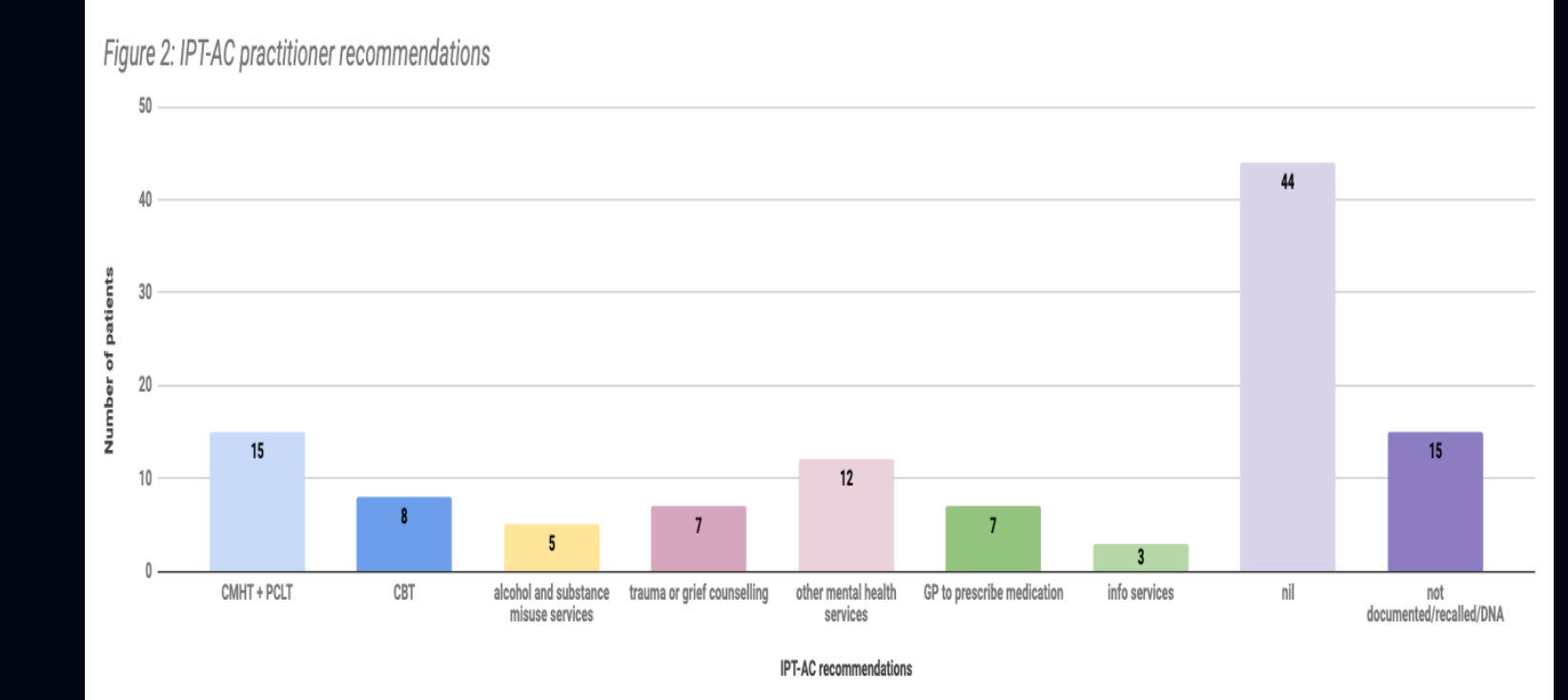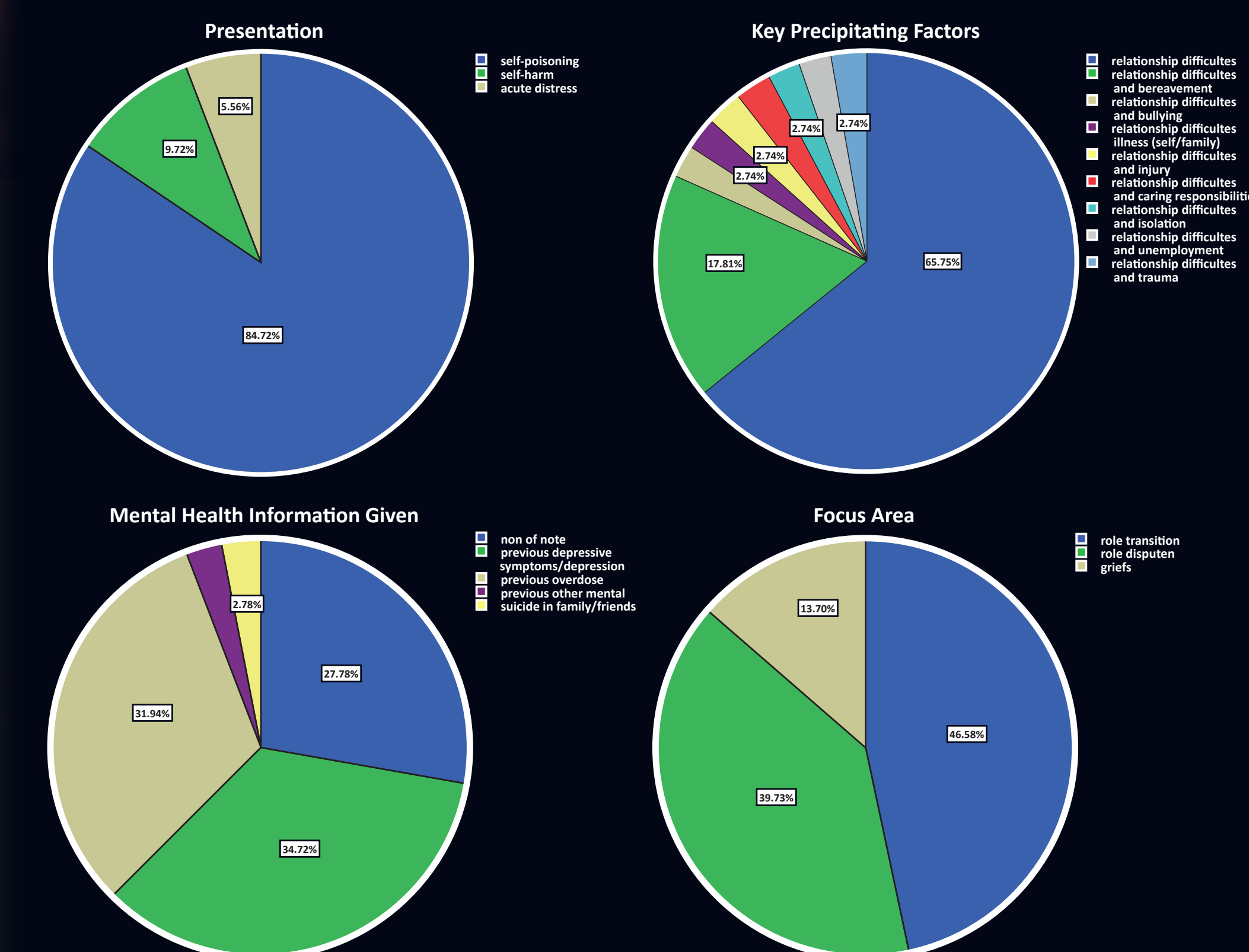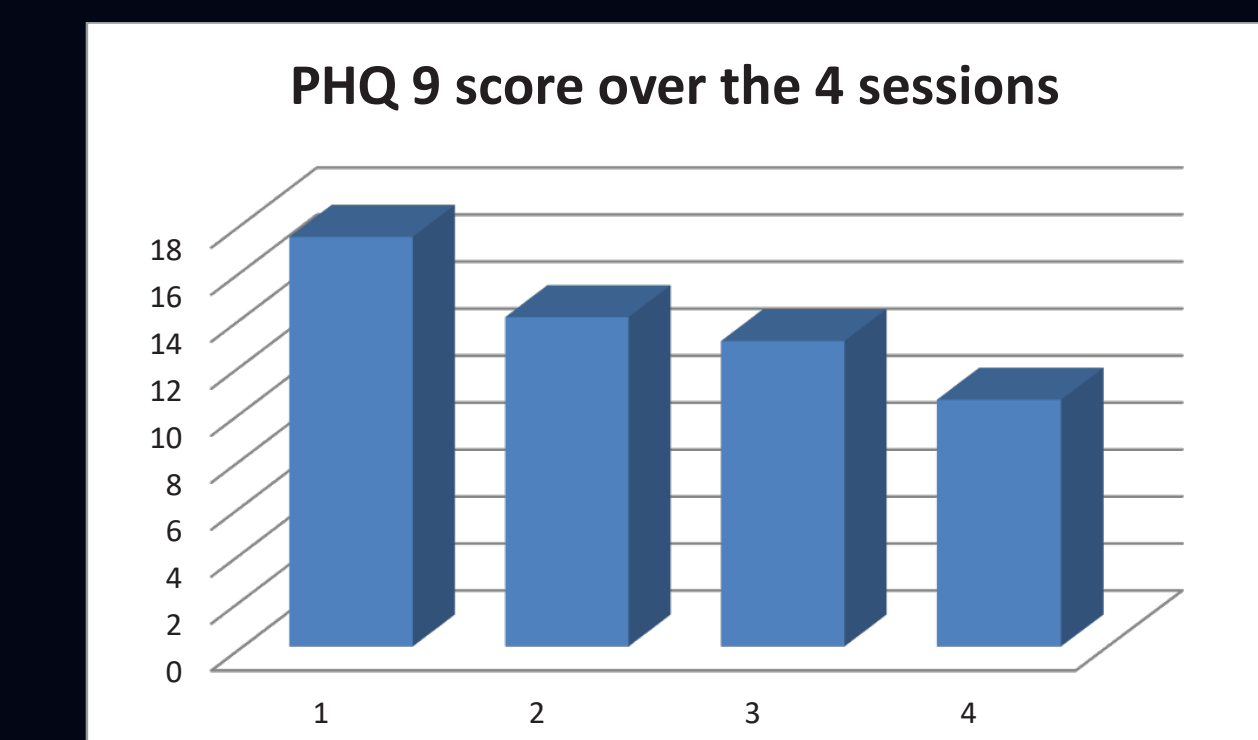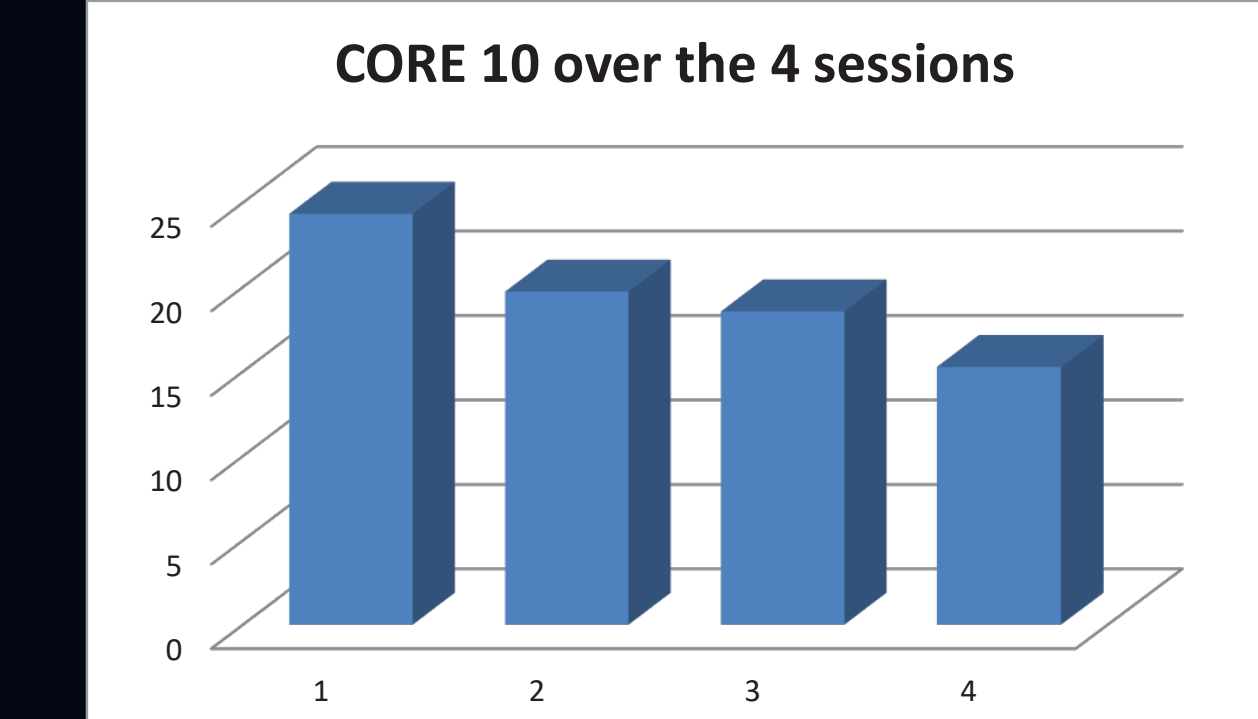

Figure 2: IPT-AC practitioner recommendations

Figure 2 outlines the different branches of mental health services that patients went on to engage with post IPT-AC. 'Other' includes IHTT, stress and anger management etc.

2. Data for Patients Completing IPT AC (n=74)
Four sessions of IPT-AC is associated with a **significant reduction** in depressive symptoms and core distress when pre and post treatment scores compared (Core-10 and PHQ-9, p=<0.0001).

CORE 10 over the 4 sessions

PHQ 9 score over the 4 sessions

Presentation

Key Precipitating Factors

Mental Health Information Given

Focus Area

Photo credit: filadendron/Getty Images image posed by a model