

Understanding and Describing Mental Health Problems – the use of Problem Statement Summaries and Diagnostic/ Problem Categories in the IAPT Programme and the Implications for PWP Training and Practice¹

Introduction

Central to the effective delivery all interventions in the Improving Access to Psychological Therapies (IAPT) programme is a proper understanding of the nature of the problem that an individual presents with. This comprises (a) some understanding of the development of the problem, (b) the experience (including symptoms) of the problem and the impact on a person's functioning, and (c) the likely trajectory of the problem (whether or not an intervention is available). Some people may seek help from an IAPT service having previously experienced the problem and with a clear idea of all the above and what intervention they think will be of help to them. Others may be struggling to describe their experience and feel that they have little idea of how the problems came about and may be very fearful that nothing will ever change.

In order to enable a person to develop this understanding a Psychological Wellbeing Practitioner (PWP) will draw on the knowledge that they have developed through training and practice about (a) the nature and range of problems presented, (b) the likely course of such problems, and (c) what the evidence on effectiveness indicates will be the intervention that will be most likely to be beneficial. A PWP will need to combine this knowledge with information gained from the person to help them develop an effective treatment plan. This means that the initial contact(s) with the IAPT service for a person with depression or an anxiety disorder will involve some form of assessment² which typically aims to achieve three key objectives:

- A shared understanding of the problem rooted in the person's own experience
- An understanding of person's expectation of how the problem can be resolved
- A discussion of, and agreement on a plan for an intervention

Each of these three elements will be discussed below and their implications for PWP training and practice considered, after which the method for arriving at an accurate characterisation of the problem and associated symptoms will be described along with their integration into an overall treatment plan.

¹ Document written by a working group convened by University College London under the aegis of the national IAPT team/ NHS England/Department of Health. Originally included as appendix 7 of the PWP Training Review.

² For the purposes of the paper it is assumed that it will have already been determined that the person has a problem which is treatable within an IAPT service.

A shared understanding of the problem

PWP training and practice is focused on the delivery of a range of low intensity interventions in which the role of the PWP is to act as a facilitator or coach, and so enable a person to develop the skills and knowledge to effectively manage their own problems. It follows that such an approach requires that the understanding of the problem is couched in terms that are understandable to the person and therefore 'owned' by them. In helping a person develop a summary statement of their understanding of their problem a PWP will have drawn on their knowledge of the typical patterns or clustering of problems. This might mean for example offering information that a particular cluster of physical symptoms are typical of what many people experience when they are anxious and not an indication that they are shortly to experience a heart attack. Similarly, a PWP may help a person understand that their poor concentration can be explained by the anxiety or low mood they are experiencing rather than the brain tumour they worry they may have, despite the reassurance they have received from their doctor. In these two examples, the PWP draws on what is known about symptom clusters and their impact on function to help a person set out their understanding of the problem. In doing so the PWP will draw on knowledge gained from established diagnostic groups (in the examples above, panic disorder and depression) but without necessarily using diagnostic terms.

It follows for this that if a PWP is to increase an individual's understanding they will themselves need to have a good understanding of the development of and impact of depressive and anxiety symptoms on functioning generally, as well the typical development pathways and presentation of problems associated with particular problem presentations or diagnostic groupings.

How the problem might be resolved

The resolution of any problem requires both an understanding of the problem as set out above and knowledge of what is effective in the treatment of the problem. For a PWP this knowledge about effectiveness needs to cover both high and low intensity IAPT interventions as many PWPs often undertake the initial triage assessment so assess a number of people who will require a high intensity intervention. The evidence base which guides treatment choice is based almost entirely on diagnostic categories and so it is through an understanding of the specific diagnostic groups within the broader category of depression and anxiety disorders that a PWP informs a person about which interventions are likely to be effective. This is particularly so where some disorders such as PTSD where there are currently no effective low-intensity interventions and other disorders where low-intensity interventions are not the first choice for treatment, as is the case with social anxiety disorder (here low-intensity interventions are only to be considered if a person is not able to engage with a high-intensity interventions).

Therefore, if a PWP is to be effective in helping a person using IAPT services decide which is the best treatment option for them, the PWP needs to have (a) good understanding of the common diagnostic categories that inform treatment choice, (b) be able to recognise the subjective experience, key symptom clusters and functional problems associated with a particular symptom cluster or diagnosis, and (c) the ability to use this knowledge to support a person in developing an understanding of and goals appropriate to the problem they are experiencing.

A plan for an intervention

Building on the shared understanding of the problem and what is likely to be an effective treatment, the PWP will develop in collaboration with the person an agreed intervention plan. In broad terms this plan falls into two categories; firstly, the development of a problem statement summary and associated treatment goals, and secondly, a decision to refer for a high intensity intervention for a problem such as PTSD, moderate to severe depression or social anxiety disorder where the evidence indicates that a low-intensity intervention is unlikely to be effective. In both cases, knowledge of the cluster of symptoms or diagnostic groups will inform the plan. In the first case this could include the specific content of a treatment plan, the duration of the plan and the likely outcome. In the second case, a PWP will need to provide a rationale for stepping up and being able to provide information, albeit limited information, on the nature of the intervention.

Therefore, in helping a person to plan out an intervention a PWP needs (a) good understanding of the relationship between problem or diagnostic group and the implications of this for the delivery of treatment and (b) an ability to support the patient in developing understanding of this relationship

Characterising the problem

The core assessment methods to facilitate the development of a problem statement summary and its integration into a plan for intervention are well developed and will not be discussed in any detail here. However, the assessment of presenting problems to inform treatment choice, in particular the recognition of diagnostic or problem categories across the range of depressive and anxiety disorders is not as well developed. This is of considerable concern because lack of knowledge in this area may lead to the limited identification of a disorder or problem as can be seen from the above discussion an understanding of diagnostic or problem groups is essential to effective treatment planning. An understanding of symptom clusters and diagnostic groups not only informs the treatment plan but may also help a person to gain a better understanding of their problem.

The existing screening prompts³ (shown in Figure 1 below) provide a means by which a PWP can obtain a good indication of the diagnostic category which best captures the problems a person may be facing. However, the use of this tool does not provide sufficient information to determine a possible diagnosis or problem characterisation. It will need to be supported by additional information on the past history or development of the problem, other information gained during the assessment (including data from psychometric measures such as the PHQ-9 and the GAD-7) and from discussion with clinical supervisors.

Therefore, during training and subsequently in clinical practice PWPs need to be able to (a) use the screening prompt (or other valid assessment tools) both as a stand-alone instrument and when integrated into a fuller assessment to support the recognition of a range of common mental health problems, and (b) use this information, along with other information collected in the course of the assessment, to determine an indicative diagnosis or problem description to inform treatment planning.

Integrating problem statement summaries with diagnostic/ problem categories

Problem statement summaries are central to the effective delivery of the low-intensity interventions and for the basis of any treatment plan. Effective diagnostic (or problem) categorisation can inform both the summary and the treatment plan and in some cases (e.g. PTSD) determine whether or not such a low-intensity plan will be developed. It is therefore important that for all people presenting to an IAPT service an assessment is undertaken to ascertain which diagnostic (or problem) category best characterises a person's difficulties. In some cases this will necessitate a full assessment by a high intensity colleague but most assessments can be undertaken by PWPs. This requires the development not only of clear learning objectives for trainee PWPs but also clarity of the role of clinical supervisors in supporting PWPs in integrating diagnostic categories into their work. In some cases the use of diagnostic terms may be useful both in helping a person understand their problems and communicating the nature of the problems to others, including other health professionals. The use of terms such as diagnosis is not as important as an accurate characterisation of the problem (indeed for some staff and clients this may raise some difficulties) which links to the evidence base and which facilitates the identification and delivery of the most effective treatment.

³ The IAPT Data Handbook: Guidance on recording and monitoring outcomes to support local evidence-based practice Version 2.0 March 2011

Implications for PWP training and supervision of the use of diagnostic/problem categories

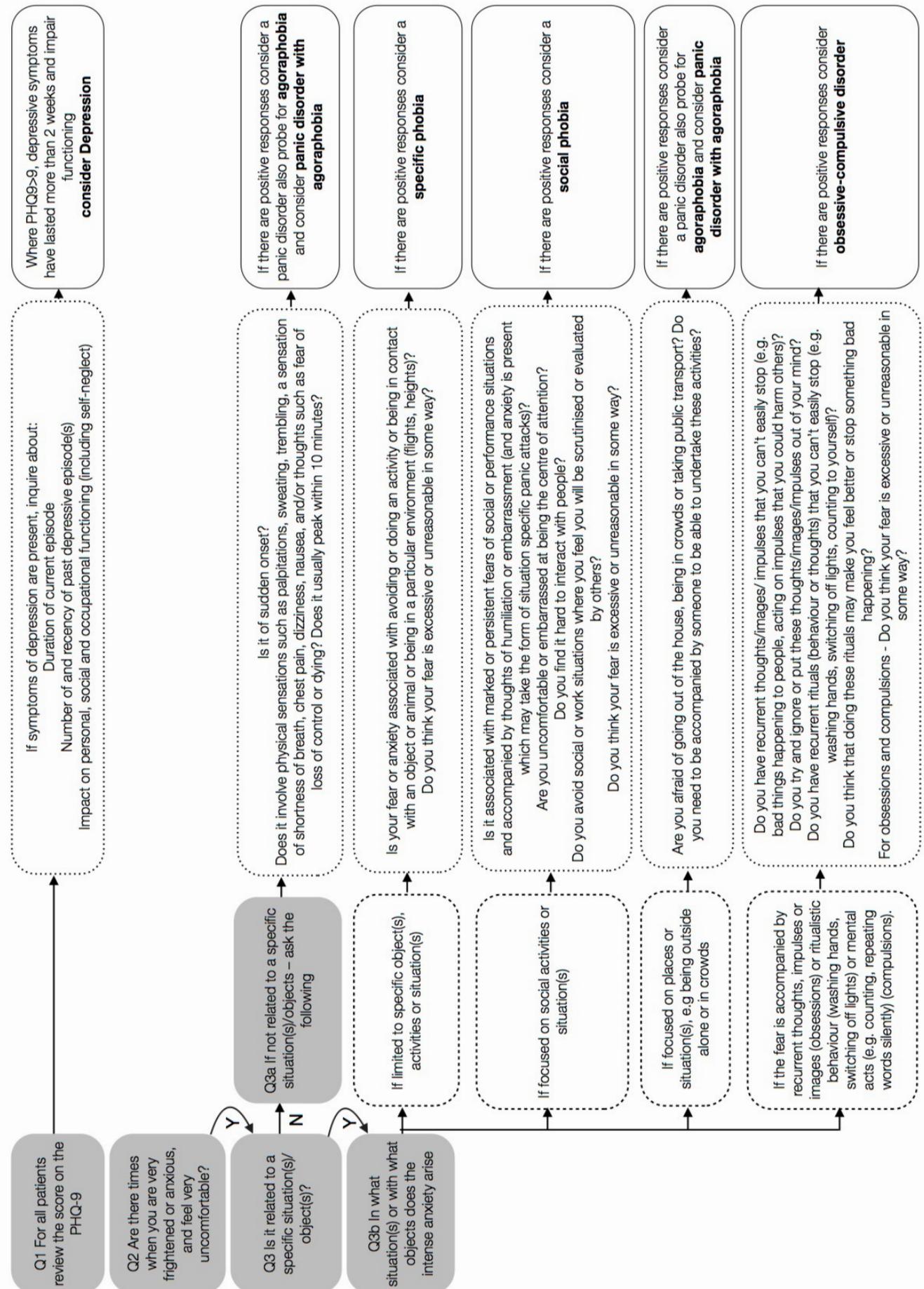
It follows from the discussion above that the training and supervision of PWPs has to adequately equip them to arrive at an accurate characterisation of a person presenting problems. This need to be integrated into both the assessment and intervention modules of the curriculum and will include:

- Knowledge of the types of presentations associated with common mental health disorders including symptoms and functional problems
- Knowledge of the evidence based treatments for common mental health disorders
- An ability to undertake an assessment using formal assessment tools to identify common mental health disorders and arrive at an accurate diagnosis or problem characterisation
- An ability to communicate the outcome of the assessment to a client in terms which facilitate their understanding of the nature of the problem and the possible treatment options

To support the development of this knowledge and skills training courses should:

- Ensure trainees are fully aware of the presentations of common mental health disorders including associated symptoms and functional problems and the evidence based treatments for them
- Use role play and simulation (using appropriate assessment tools) to develop trainees skills and knowledge in problem/diagnostic characterisation and the communication of the outcome of the assessment to clients
- Ensure that supervisor training programmes develop supervisor skills and knowledge in supporting PWPs in problem/diagnostic characterisation and its communication to clients

Figure 1: IAPT Screening Questions



IAPT Screening Questions Continued

