



# How to make IAPT / primary care psychology services work for men

Frances Mayes  
Senior Public Health Manager, SBC

Dr Jon Freeman  
Clinical Psychologist, LIFT Psychology

- Suicide audits in Swindon since 2006
- Suicide prevention strategies and action plans since then
- 2014 Adult Mental Health and Wellbeing JSNA

# Swindon Adult Mental Health Joint Strategic Needs Assessment

## Highest prevalence rates of various mental health conditions by sex

Females	Males
Eating Disorders	Autism
Mixed anxiety and depression	ADHA
Generalised anxiety disorder	Post traumatic stress disorder
Phobias	Panic disorder
Obsessive compulsive disorders	Personality disorder
Psychosis	Anti-social personality disorder
Boarder line personality disorder	
Self harm	
Bi-polar depression	

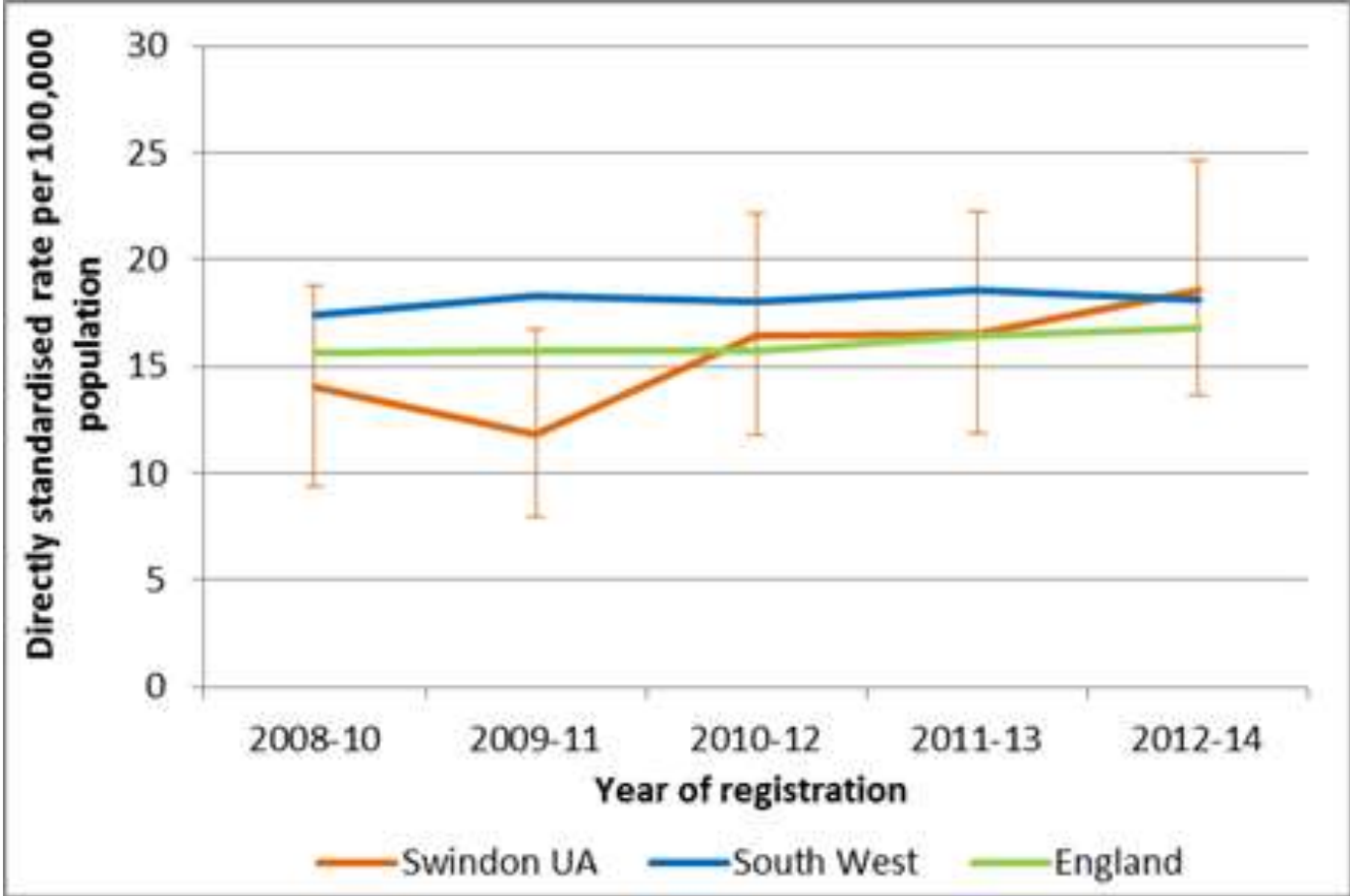
Figures taken from the Adult Psychiatric Morbidity Survey 2007

## Number of deaths by suicide in Swindon, aggregated by year of death 2006-2015, male and female totals

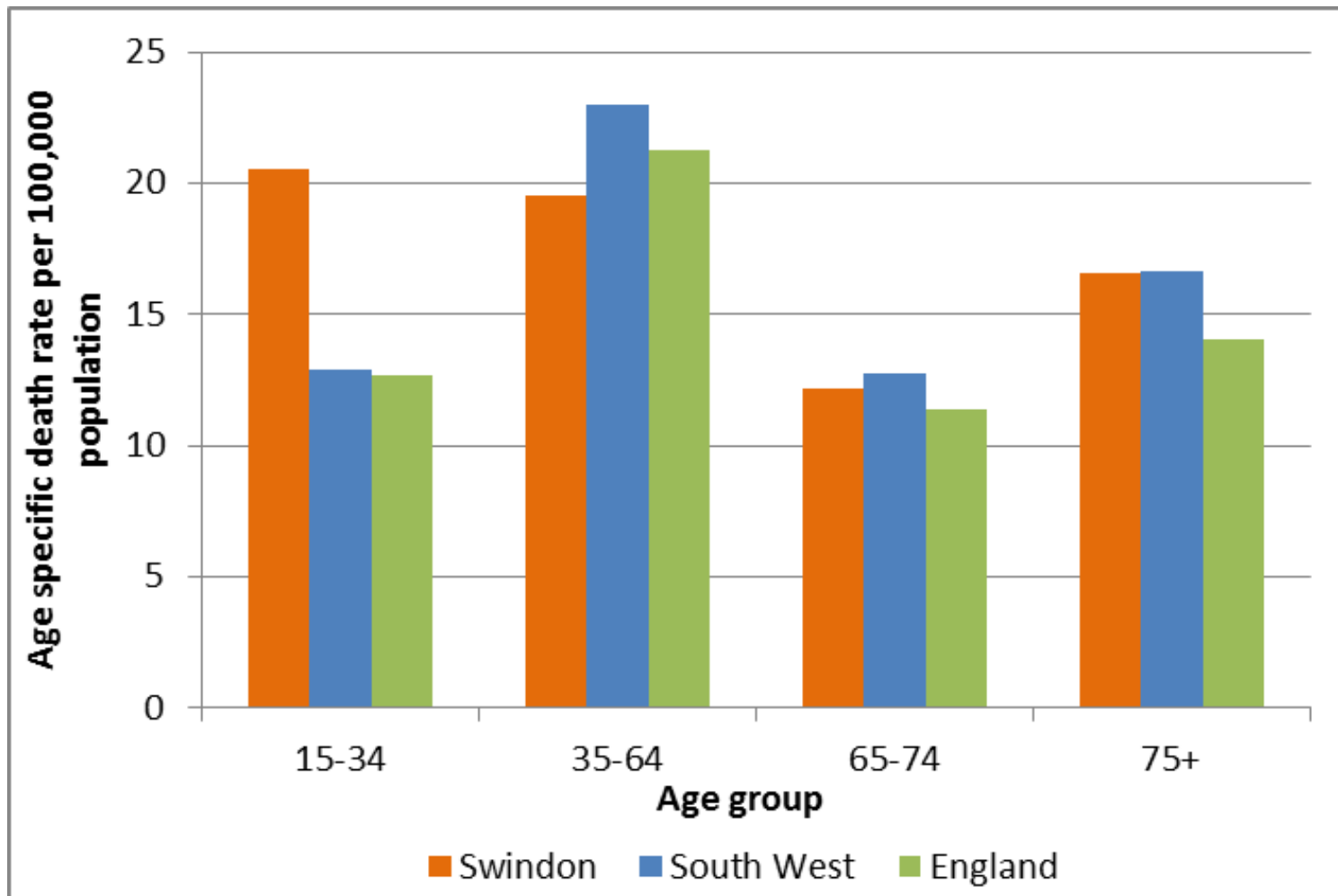
	Male	Female	Total
<b>2006-2015</b>	106 (73%)	39 (27%)	145

Source: PCMD

**Time trend for directly standardised suicide rate in males for deaths registered in England, South West and Swindon, 3 year averages, 2008 - 2014**



## Male, age specific suicide rate in Swindon, South West and England, deaths registered in 2012-2014.



Note: the size of the age ranges varies  
Source: HSCIC

- Zero Suicide Initiative in the South West
- Pledge to focus on suicide prevention in men
  - SOBS engaging with men project
  - Football fans in training
  - LIFT Psychology men only stress course

# History of the Service



Primary care psychology service - 1993

Community approach

Psychology Practitioner within each GP surgery

Variety of psycho-educational (CBT-based) courses for wide range of emotional and physical health difficulties

Opt-in (non-referral)

Don't exclude (except active risk & psychosis)

LIFT model (not assess/triage)

Rapid access

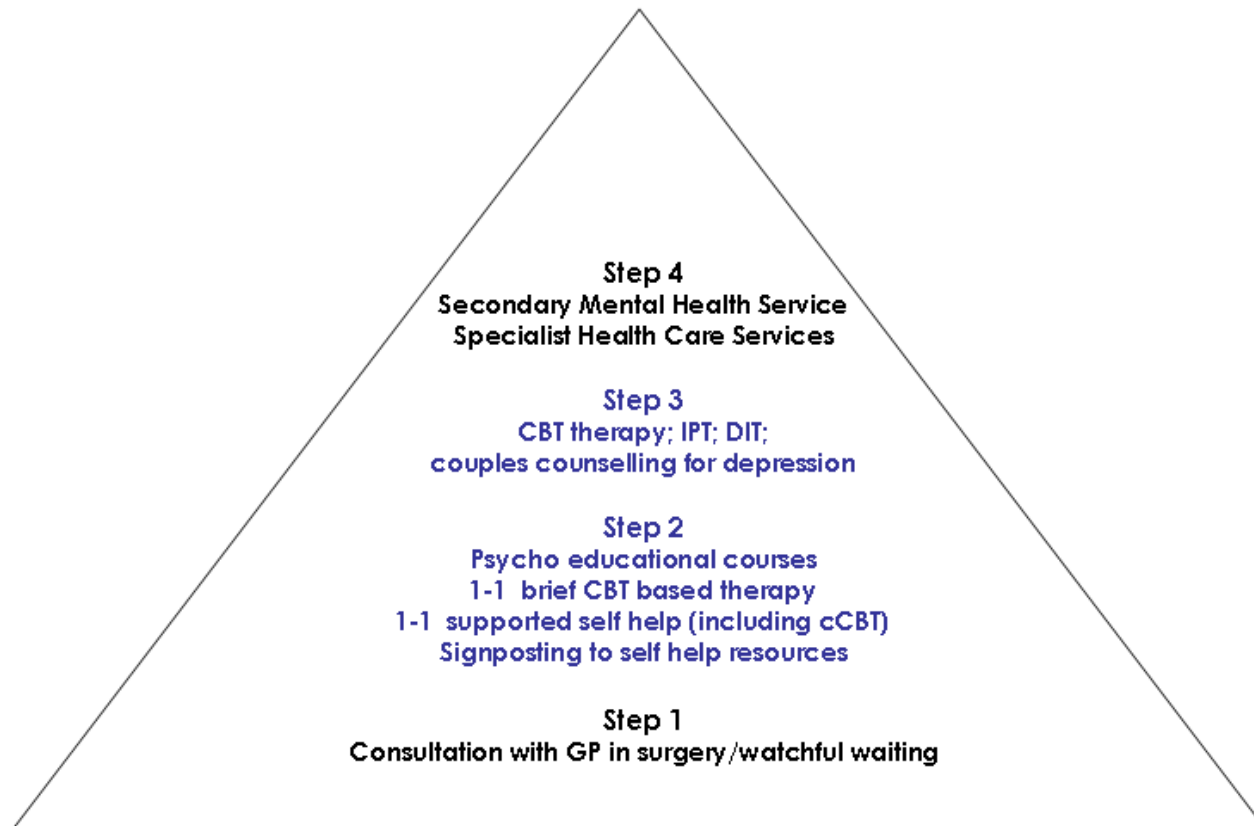
First wave IAPT site in 2008

LTC development from 2010





# Least Intervention First Time



# Exceptionally High Access Rate

(double the IAPT target)

**“A town on the couch”** (August 2013)

**Swindon Advertiser**

Last year, 2675 men accessed LIFT (36%)

- Integrated within primary care
- Opt-in / self-referral
- Can book directly onto a course
- Courses and 1:1s daytime and evening
- Breadth of self-management courses
- Community, non-stigmatising venues
- Self-management / coping skills focus
- Terminology (e.g. ‘courses’ ‘psychology’)
- Good links with / promote LIFT within wider services  
(e.g. Job Centre, GP surgeries, library, support groups, hospital, local employers)



# **Stress Workshop for Men**

4 x 2hr weekly sessions (coffee break in the middle)

Can book straight onto it (through our website or phone)

Facilitated group discussion

CBT-based coping techniques

- relaxation - communication - mindfulness - thoughts & expectations

3 workshops since July 2015

28 attended, of which 20 completed

3 dropped out after 1<sup>st</sup> week

3 - their first contact with the service

6 - signposted after initial appt with LIFT practitioner at GP

13 went on for further support in the service afterwards

2 returned to work (after being off sick due to stress) by the end of the workshop

PHQ-9 / depression	Pre-course (n)	Post-course (n)
Sub-clinical	9	7
Mild	5	5
Moderate	5	4
Moderately Severe	3	1
Severe	5	1
(missing)	1	10

pre-course, 50% fine / mild

post-course, 8 (out of a poss max 12) clinically improved



<b>GAD-7 / anxiety</b>	<b>Pre-course (n)</b>	<b>Post-course (n)</b>
Mild	10	9
Moderate	7	3
Moderately Severe	4	3
Severe	6	3
Missing	1	10

pre-course, half 'anxious'

post-course, 5 (out of a poss max 11) clinically improved

## Qualitative Feedback following the course

Rating of how well it met needs (0-8)?

7.3

Themes:

- important to have male facilitators
- less of a need to screen what saying
- wanted more!

*'It worked as a bloke thing. Male bonding made it comfortable to share'*

*'I feel there would be less talk about male bravado if there were females present'*

*'It's difficult to speak to women about feelings and emotions'*

**In summary...**

Men-specific course appears very accessible

Can be a way in for those who wouldn't ordinarily access / engage with  $\Psi$  support

Other IAPT services can do the same

Opt-in and being grounded within community / primary care helps

Importance of good multi-agency links

Limitations of IAPT MDS re: screening / measuring

Prevention, LIFT model, Rapid access



Thank you for listening

Questions?

[jon.freeman@nhs.net](mailto:jon.freeman@nhs.net)