NHS
Eileanan Siar
Western Isles

ieso
digital health

Internet-enabled psychological therapies: Reaching new populations to turn isolation into connection

Andrew Smithsimmons | Clinical Lead | ieso digital health

Alison Robertson | Head of Psychology | NHS Western Isles

From symptoms to signs of disconnection

- Hierarchy & humiliation
- Inequality & entrapment
- Status & respect
- Insecurity & defeat
- Helplessness & hopelessness
- Inner homelessness
- Distress & doublethink
- Marketing & materialism

Reconnecting: to values

- Kasser (2003) intrinsic / extrinsic motives
- Materialism's impact on:
  - Relationships,
  - Self-monitoring,
  - Insecurity
  - Other life areas
- Diversion from what's good about life
- Internalised oppression
- Connecting to what matters (together)

Reconnecting: to other people

- Cacciopo (2008) loneliness has same impact as physical assault and obesity and precedes depression and anxiety

- Stone Age brains

- Focus on others

- Social anxiety, self-esteem and self-confidence

- Collective struggle

Reconnecting: to nature

- Ratey (2015) Moving together through landscape
- Surviving hostile habitats & mindfulness
- Perspective & inner dialogue
- Children spend less time outdoors than prisoners
- Captivity & defeat
- Green spaces and stress (Thomson et al, 2012)
- Nature, emotion and cognition in depression (Berman et al, 2012)
- Impact of exercise on anxiety & mood (Strohle, 2009)

Reconnecting: to suffering

- Felitti (2014) Relationship between trauma and eating problems and depression

- Meta-Analyses

    Obesity, Denese & Tan (2014)

    Depression, Nanni et al (2012)

Obstacles

- Geography
- Physical health
- Severity
- Financial poverty
- Boundaries
- Poverty of time

Reaching out to the majority

1. **Scotland's 2011 Census**

   Of all people who experienced a common mental health problem in the previous year, 75% could not, did not or chose not to access mental health services as currently configured in face-to-face clinics during office hours.

2. **IAPT England is about to upscale from 15%-25% of prevalence**

3. **Increasing access requires:**
   - More clinicians (therapists) in traditional patient pathways
   - More therapists in novel pathways that transcend boundaries
   - More evidence-based psychological support that does not depend on therapists.
   - Data-science to personalize care and support quality control
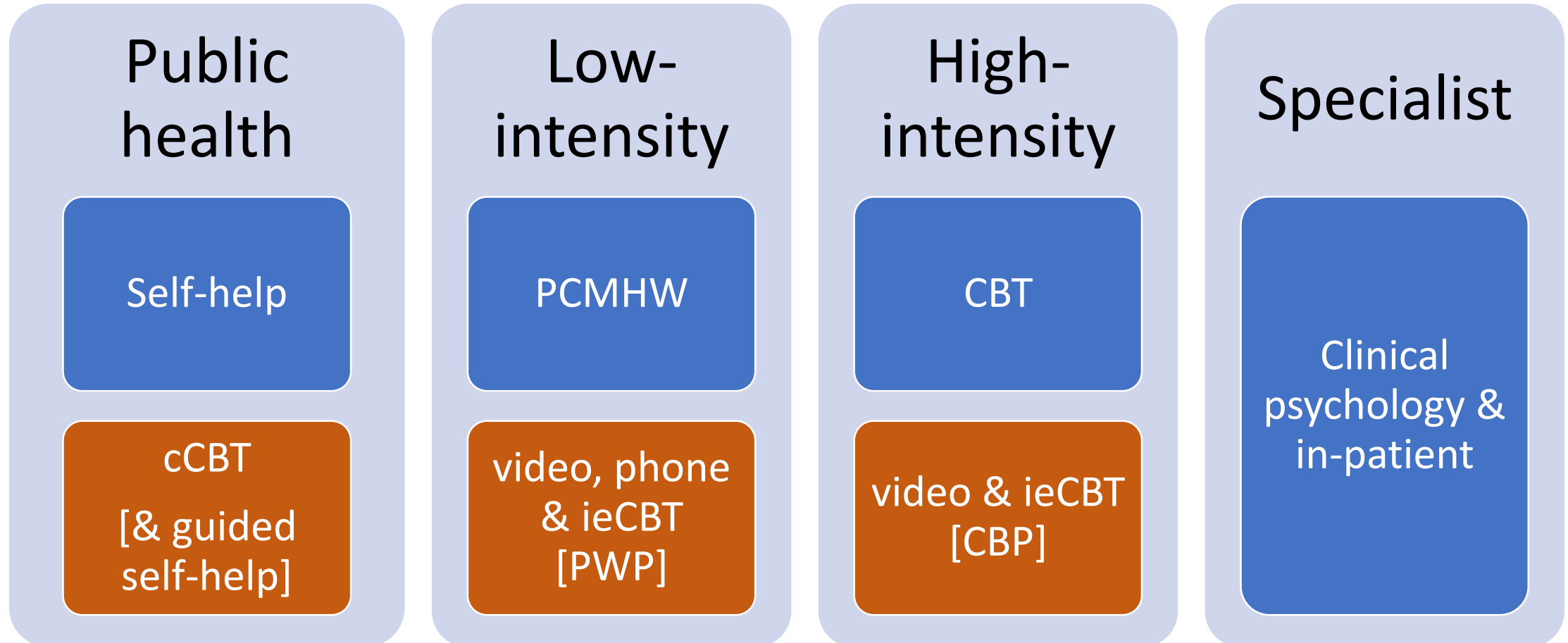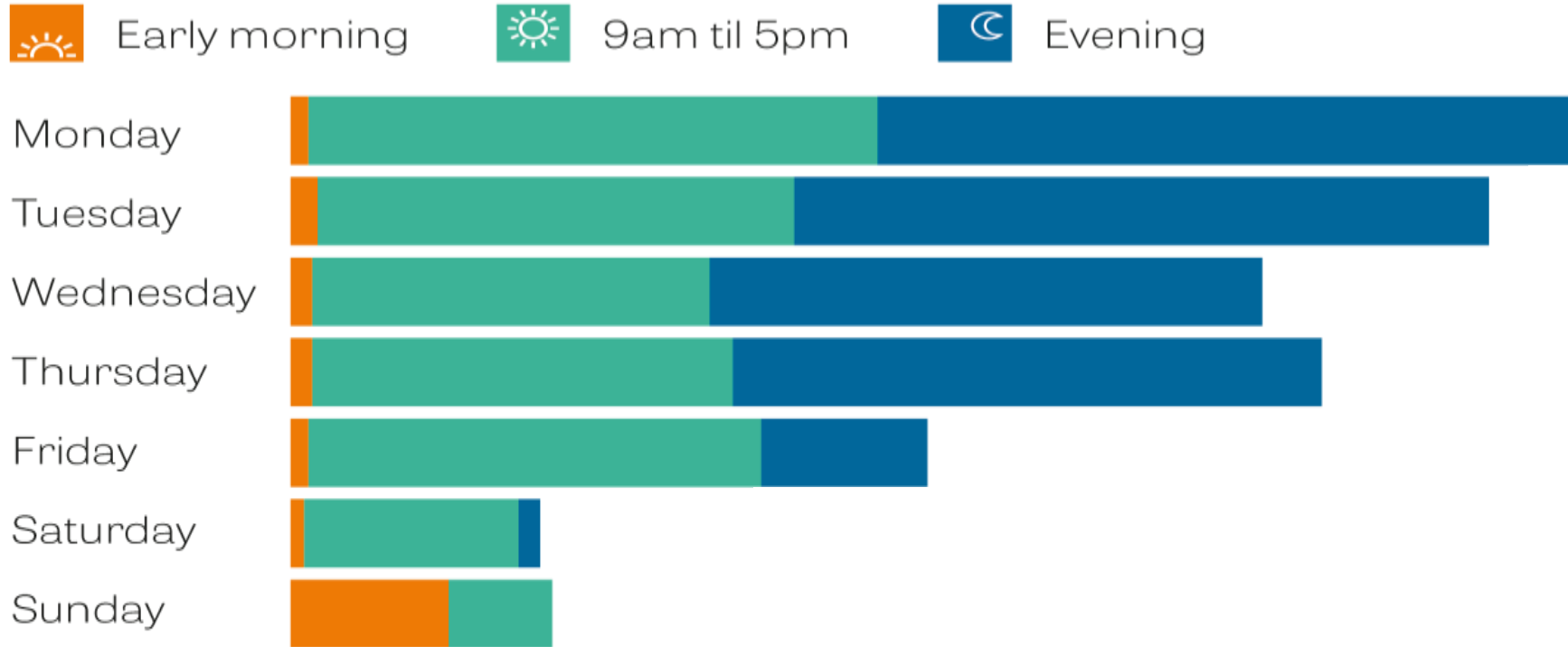
Strengths of ieCBT

Patient-focused

- Accessibility
- Online disinhibition
- Solipsistic introjection
- Transcripts (supporting new learning)
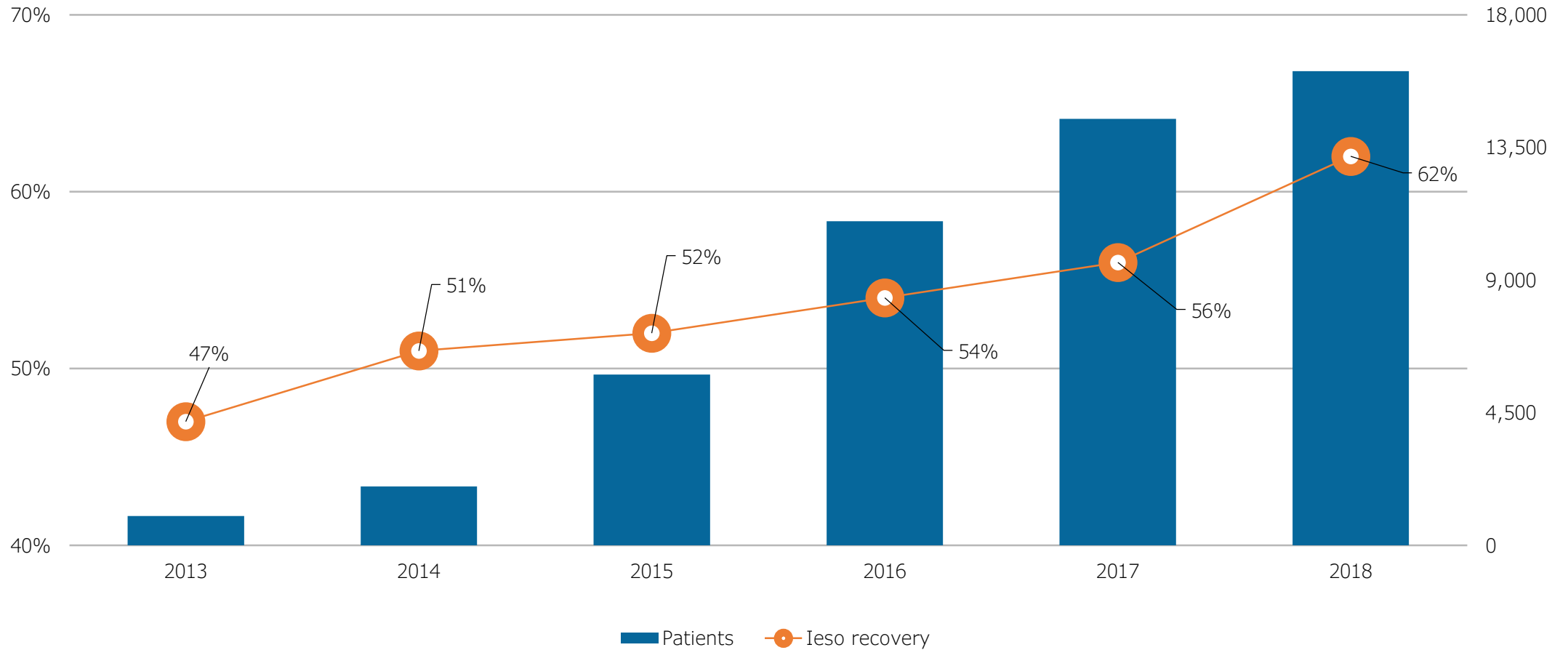- Between session input (supporting praxis)

Service-focused

- Supervision
- Fidelity to the model
- Data science (for patients, therapists, supervisors and trainers)

Accessibility

Routine outcome measurement

Change: Requires real partnerships

From Caithness to Barra: 1989-2019

The Rural NHS Psychologist's Perspective

- 1989 newly developed Highland service
- Community based clinics in Caithness andSkye
- Overnight trips fun when you are young
- Several clinics only offered monthly
- 1990 telemedicine Dave Peck Inverness-Skye
- Watched with interest - it was a very long day to Skye and back
- Currently travel to Benbecula from Stornoway for a monthly clinic –
- Reduced treatment integrity – most outcomes based on weekly sessions.

Clinical Psychology & Telemedicine

Freir, V., Kirkwood, K., Peck, D. & Zeffert, S. (1999) Telemedicine for clinical psychology in the Highlands of Scotland. *Journal of Telemedicine and Telecare* 5(3):157-61.

Telemedicine may be useful in the delivery of clinical psychology services in the Highlands of Scotland, where geographical size and socio-demographic factors can hinder service delivery. The Highlands have a population of 210,000 at a density of approximately 8 people/km2, one of the lowest in the European Union. Despite a general lack of formal evaluation of telemedicine, especially in mental health, descriptive studies and patient satisfaction reports give grounds for optimism. There are several current applications of telemedicine in the Highlands, including **cognitive-behavioural therapy,** a comparative evaluation of **neuropsychological assessments**, and the **treatment of children and their families**. The projects are being formally evaluated and early results are encouraging.

Clinical Psychology Planning Report

Remote and Rural areas:

In 1998, the SCPMDE/CAPISH survey indicated that Borders and Highland had the poorest ratio of trained psychologists per head of population. At that time, the three "Island Boards" (Orkney, Shetland and Western Isles) had no psychology establishment at all. *Since then, innovative work by psychologists has been undertaken to explore the use of telemedicine with links to services in neighbouring Health Boards* such as Grampian and Highland. The need for workforce solutions tailored to the needs of those areas is essential to achieve greater equity of access to services across Scotland.

https://www.isdscotland.org/wf_psychology/clinicalpsychologywfp.pdf

2017

- About to start in NHSWI – a new service.
- CBT available in Stornoway and a bit in southern islands
- Colleague contacts me to suggest we discuss possible pilot with Drew from ieso
- January 2017 looked at website
- May 2017 met and found it hard to see why it would not be a useful part of a menu of options for people in NHSWI

Benefits

- Assuming outcome data is as good as it looks
- Accessible – not dependent on a ferry
- Less tiring – no 4 hour drive required
- Flexible – a number of people work on the mainland
- More anonymous – it's a really small world
- More consistent – NHS service part time with no dedicated admin
- Self referral route reduces reliance on GP to identify need – v low rate of referrals to date

Concerns

- Privatising (sense check with HOPS; collaboration with NHS24; went through formal procurement)

- Takes people from NHS workforce

- 4G?

- Not everyone will want to use live messaging

- Does it work?

- We won't be able to sustain funding – but at least 100 people will have received a service who might not otherwise have had the chance

July 17

- Waits over 12 months for CP, 6 months for CBT but none south of Stornoway.
- Referral rates remain the lowest in the country although they have risen pre-ieso
- 120+ referrals in first 10 weeks of ieCBT
- No complaints although initial information sharing glitches
- Challenge to face re integrating data for isd reporting

Patient testimonials

"Being able to refer myself was very helpful. I knew I needed the help but I found it impossible to ask my doctor out of embarrassment. When you struggle to even leave the house, being able to sit in the comfort of your own space and talk to someone is so useful and reassuring. I finally felt like someone was listening to me and they cared. I'm so grateful I found the service."

"My therapist was excellent and took the time to understand my problems and give me the help I needed at an extremely distressing time. Her guidance, techniques and support were fundamental to the improvements I have made in my mental health."

"I couldn't have asked for a more positive experience. My experiences with other services left me feeling as though it wasn't for me. This was targeted, structured and addressed my presenting problems effectively."

Thank you

Dr Alison Robertson, consultant clinical psychologist, head of psychology, NHS western isles.

alisonrobertson2@nhs.net

Andrew Smithsimmons, cognitive-behavioural psychotherapist, clinical lead, ieso digital health.

a.smithsimmons@iesohealth.com