



A stepped care approach to mental health

Stepped care is a broad and responsive primary care adult mental health service provision model, write Conal Twomey and Michael Byrne

A VISION FOR CHANGE highlighted the under-development of our mental health services.¹ One rural survey has found that although one in three GP adult attendees (n = 273) presented with psychological distress, just 11% were in receipt of mental health services.² Moreover, an Economic and Social Research Institute (ESRI) national survey found that just 20% of those who had consulted their GP about mental health problems in the previous year (n = 255) attended secondary care.³ Furthermore, another rural survey showed that 97% of GPs (n = 34) wanted mental health services to 'share the burden of care'.⁴

*A Vision for Change*¹ proposed the provision of integrated, recovery-focused care that is delivered in the community, primarily by multidisciplinary community mental health teams (CMHTs). Although there has been 'slow progress' in the implementation of this policy, recent developments have been more encouraging. As outlined in the Programme for Government⁵ €35 million has been 'ring-fenced' for the implementation of *A Vision for Change*.¹ As per the Health Service Executive (HSE) National Service Plan 2012, the National Counselling Service (NCS) will provide a primary care counselling service. Based on a pilot service in the North East region, this service will offer time-limited (but extendable) counselling to adults with medical cards presenting in primary care with non-complex mental health difficulties.⁶

Funded by the Programme for Government⁵ and building upon an existing three-year local pilot programme, is the roll-out of more comprehensive 'stepped care' adult mental health services in County Roscommon. This paper profiles this initiative, beginning with a description of what stepped care entails.

Stepped care

Stepped care is a broad and responsive primary care adult mental health service provision model. Its purpose is to maximise efficiency in terms of resources and costs. This may be achieved by providing as a first treatment option the least intensive (and most accessible) intervention that is likely to result in a significant health gain.⁷ However, if lower intensity interventions are not suitable and/or effective, higher intensity interventions (that are less accessible) are then provided.

'Layered care' comprises a modified version of stepped care that is preferred by some service providers, whereby multiple layers of treatment are simultaneously provided and access to higher-intensity interventions is determined by clinical assessment rather than a rigid stepped hierarchy.⁸

The UK's National Institute for Health and Clinical Excellence (NICE) recommends a stepped care model for the treatment of both mild-to-moderate low mood and anxiety. Thus for such presentations, lower intensity interventions such as computerised CBT (cCBT) and psycho-education are recommended as a first option prior to referral to higher intensity interventions such as one-to-one psychotherapy and pharmacotherapy.^{9,10} Informed by NICE's stepped care guidelines, and with a goal of significantly increasing public access to evidence-based psychological therapies in the treatment of depression and anxiety, the UK's National Health Service (NHS) began to roll out the Improving Access to Psychological Therapies (IAPT) initiative in 2008.¹¹ Progress reports on the initiative have been encouraging. As of March 2011, 3,660 new CBT workers have been trained, at least 50% of the adult population in the UK now have service access, and more than 350,000 people have completed therapy with 120,000 moving to 'recovery'.¹²

Piloting stepped care in Ireland

Many HSE psychology services across Ireland have traditionally provided partial layered or stepped care primary care services for adults with mild-to-moderate mental health presentations. To illustrate their value-for-money, in the future these services will begin to more formally evaluate their effectiveness (eg. improved service user outcomes).

Building upon an existing three-year local pilot programme,¹³ the Roscommon Psychology Services will work with local stakeholders (eg. the NCS, secondary care mental health services, Jigsaw, voluntary groups) in providing an integrated primary care adult mental health service (see *Table 1*). This service provision model was informed by the IAPT initiative,¹¹ NICE's best-practice guidelines,^{9,10,14} the STEPS programme run by the NHS in Glasgow,¹⁵ and research demonstrating the efficacy of lower intensity interventions such as brief therapy,¹⁶ cCBT¹⁷ and bibliotherapy¹⁸ and their applications in primary care.¹⁹

Although in existence for the past three years in Roscommon, the newly-acquired funding will enable a more complete and robust delivery of stepped care beginning with low-intensity 'whole population' mental health interventions that are accessible to the general public. Next, for those who engage with on-site mental health services, first-line interventions will be responsive, low-intensity and high throughput in nature. If required, service users will then progress onto higher intensity interventions, up to and including one-to-one time-limited psychotherapy. The latter



Table 1

Elements of the stepped care model	
Element	Description
Step 1. Whole population	
General mental health cCBT	A freely accessible cCBT programme that focuses on general mental health (eg. 'Transform your beliefs') will be developed for the HSE
Self-help booklets	Previously available psycho-educational handouts will be developed into a more formal series of self-help booklets
'Ask the Psychologist' health promotion	Health promotion will entail the regular submission of articles to local newspapers and the provision of information to local media outlets (eg. local radio)
Public talks and large scale group work	Public talks and large-scale group workshops that target specific mental health topics will be provided. These will be similar to the Glasgow primary care mental health team's popular 'Stress Control' programme ¹⁵
Mental health training	Group workshops, staff training and online training modules (eg. on the training hub HSE-LanD) ²⁰ will be provided
Step 2. Assessment and watchful waiting	
Referral pathway	A formalised referral forum and pathway will be established in collaboration with the NCS and other stakeholders
'Drop-in' clinic and 'call-back' services	The service already provides a drop-in clinic in which service users can receive information and/or refer themselves for mental health interventions. Supplementing this, a 'call-back' service, whereby service users can directly speak with a practitioner, will be provided
Step 3. Psycho-education, bibliotherapy and cCBT	
Psycho-education	The service will provide presentation-specific psycho-education in the form of written materials (eg. leaflets) and online information
Bibliotherapy	As launched in 2009, in collaboration with local libraries, the service will continue to prescribe, and encourage other health professionals to prescribe, bibliotherapy
cCBT	Highly evidenced and free-to-use cCBT programmes such as MoodGYM ²¹ will be used for non-complex psychological difficulties. HSE-owned cCBT programmes that are adaptable over time will also be developed and piloted
Step 4. Group work	
Group work	Problem-specific CBT-based skills programmes will be provided on-site (eg. low mood and anxiety group work sessions)
Step 5. One-to-one psychotherapy	
One-to-one psychotherapy	For those with medical cards, this final step (before secondary care) will be provided by the NCS, and will consist of time-limited counselling For non-GMS patients, the Roscommon Psychology Service will continue to provide time-limited (predominantly cognitive behavioural) therapy

Note: cCBT= Computerised CBT; RCT= Randomised controlled trial

will be provided by the NCS (for medical card holders) and by the Roscommon Psychology Services (for those without medical cards).

Conclusion

While the national roll-out of the NCS Primary Care Counselling Service is a welcome development, an exclusive reliance on one-to-one therapies in primary care may preclude service users from benefiting from more immediate and cost-effective interventions.²² Stepped care potentially encompasses a broader, more responsive and better value-for-money primary care adult mental health service provision model.

While one-to-one therapy is an option, it also provides a range of lower-intensity interventions. Its piloting in Roscommon in an integrated manner will be evaluated to ascertain what benefits accrue to all stakeholders, including

service users. It also will potentially help realise a key ambition of both *A Vision for Change*¹ and the Mental Health Commission,²³ namely the empowerment of service users to manage their own recovery within their communities.

GPs and primary care service managers who are interested in adopting a stepped care approach are encouraged to contact their local principal psychologist manager. They are also welcome to contact the second author of this article (email: michael.byrne@hse.ie) for assistance – for example bibliotherapy reading lists are freely available on request. 

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References on request