



Changing the future of mental health

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Online cognitive behavioural therapy (CBT) is helping patients access timely support.

Ieso's case study from Sussex will demonstrate how this strategy helped an Improving Access to Psychological Therapies (IAPT) service increase capacity, reduce wait times and improve patient choice.

We provide one-to-one online CBT

With 600+ PWPs and BABCP-accredited high-intensity therapists we can deliver therapy at a time and place that suits our patients.



One-to-one therapy between patient and therapist; within days of referral.



Online disinhibition¹ and giving people their preferred treatment is associated with better outcomes², along with reinforced learning with therapy via reading and writing versus speaking and listening.



Device-agnostic with 65% of treatment completed out of normal working hours reaching previously hard-to-reach populations.



No limit on session numbers, with access to therapy transcripts at any time, for life; reinforcing learning.



Case Study – Sussex Predicament

- Population 150,000
- WTE 10 CBT therapists, 5 Counsellors, 6 PWPs
(adjust for sickness etc)
- Good recovery and improvement (top 10 out of 220+ CCGs)
- Meeting access rates (but steadily increasing 15% moving to 22%)
- So what was the problem....

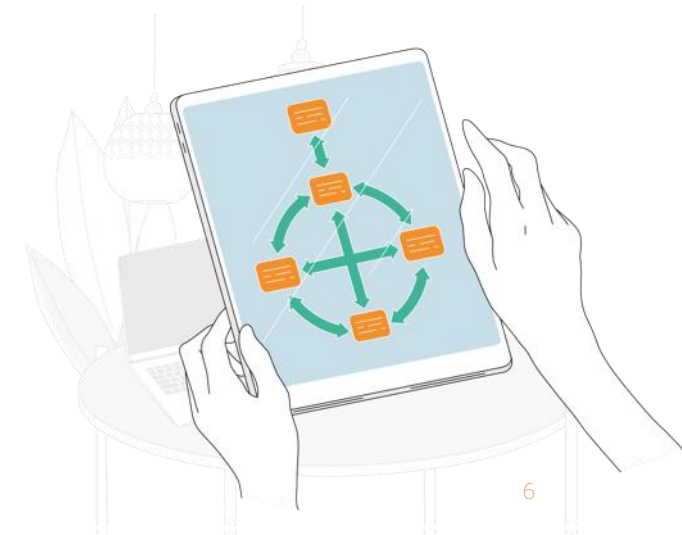




This led to wait lists developing
300+ patients waiting for CBT

Capacity analysis

- Number of attended treatment slots (12 mths) 4,454
- Average number of sessions 11.8
- Patients moved monthly - Average 31.5



How to catch up with demand?

- Backlog of 300 patients on waitlist for CBT
- Often adding over 40 a month to the waitlist
- Throughput averages just over 30
- It would take over 9 months to clear backlog – if you could stop time
- Bad for patients and bad therapists morale



Solution options

1. Reduce Number of sessions per patient – but need effective therapy dose
2. Increase treatment options – but still remain effective and economical
3. Offer overtime / evening and weekend appts – avoid burnout





Some resistance to alternative modalities.

Face to Face doesn't suit everyone.

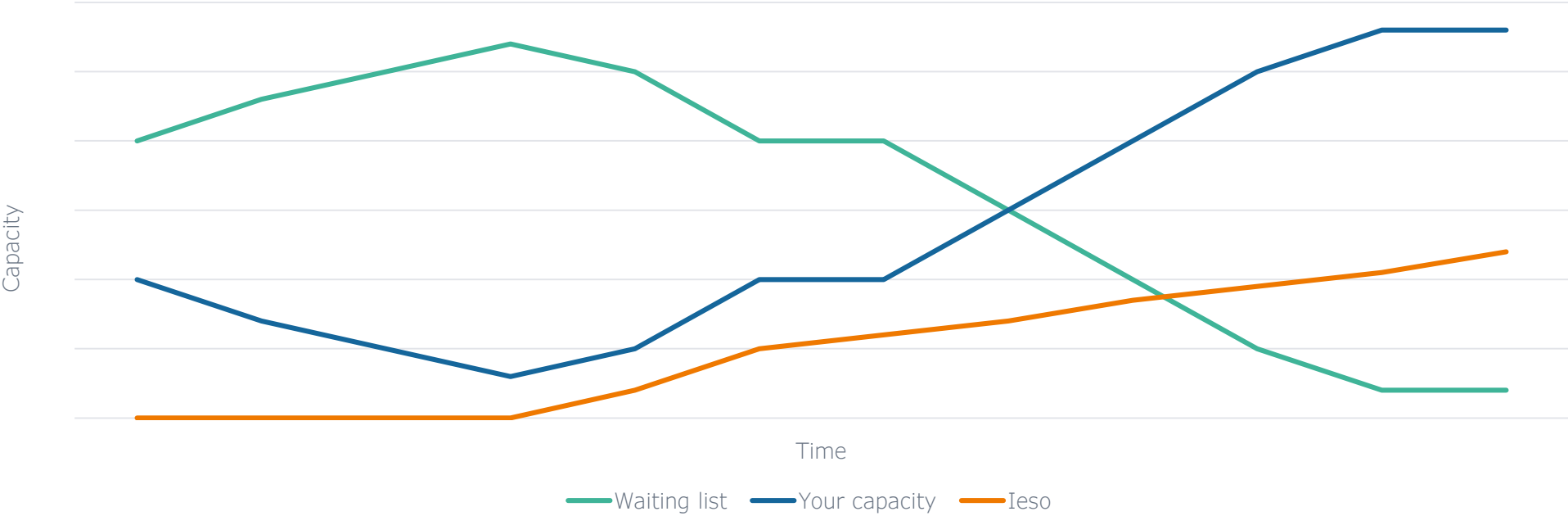
Solution - Squeezing the tube at both ends

- **Phase 1:** Waitlist project – IESO contacted everyone on the list (15%+ uptake)
- However, over time the waitlist crept back up again
- **Phase 2:** Targeted waitlist project + referrals from assessment to IESO
- Helped to clear the backlog and add future capacity



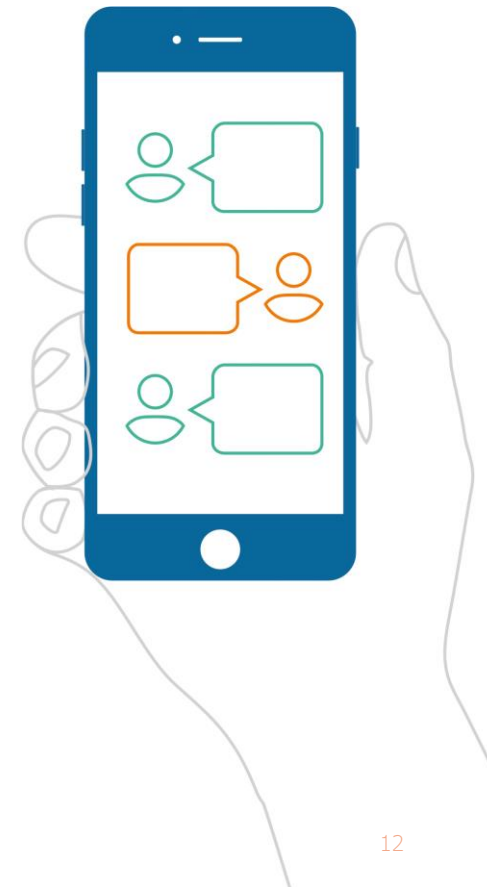
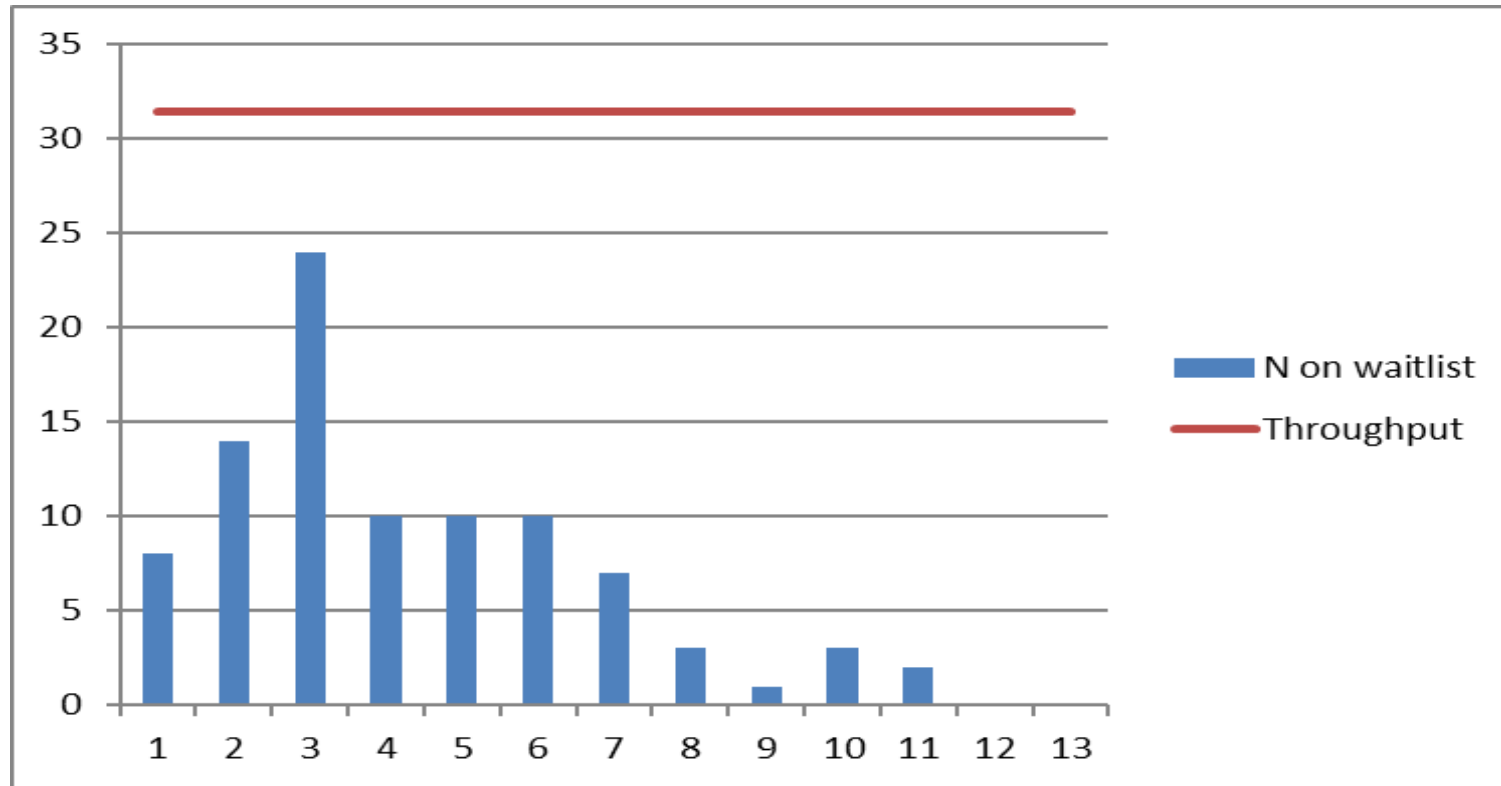
Ieso used from assessment to focus the resources on waiting lists

Refer suitable patients to Ieso, freeing up therapists to focus on waiting list patients; often more in need of face-to-face therapy.



After 6 months of Phase 2 programme

Backlog down to 3 months.....



Waiting list management

Use digital as a patient choice to avoid the build-up of waiting lists.



Suggest a digital intervention through Ieso as an option to patients on waiting lists.



With little to no waiting list, patients are typically in treatment within days of referral.



Ieso will work with the service to contact all patients on the list.



Standard waitlist management report plus quarterly reporting (MDS).

Service referrals

Give patients the choice of digital from assessment and get them into treatment in a matter of days.



Refer suitable patients at Step 2, Step 3 and Step 3+ to Ieso straight from assessment; ensuring patients are typically in treatment within days.



Ieso deploys a fully funded clinical mentor to provide continuous education about IAPT (to GPs) and Ieso to relevant referrers to ensure maximised potential take-up by appropriate patients.

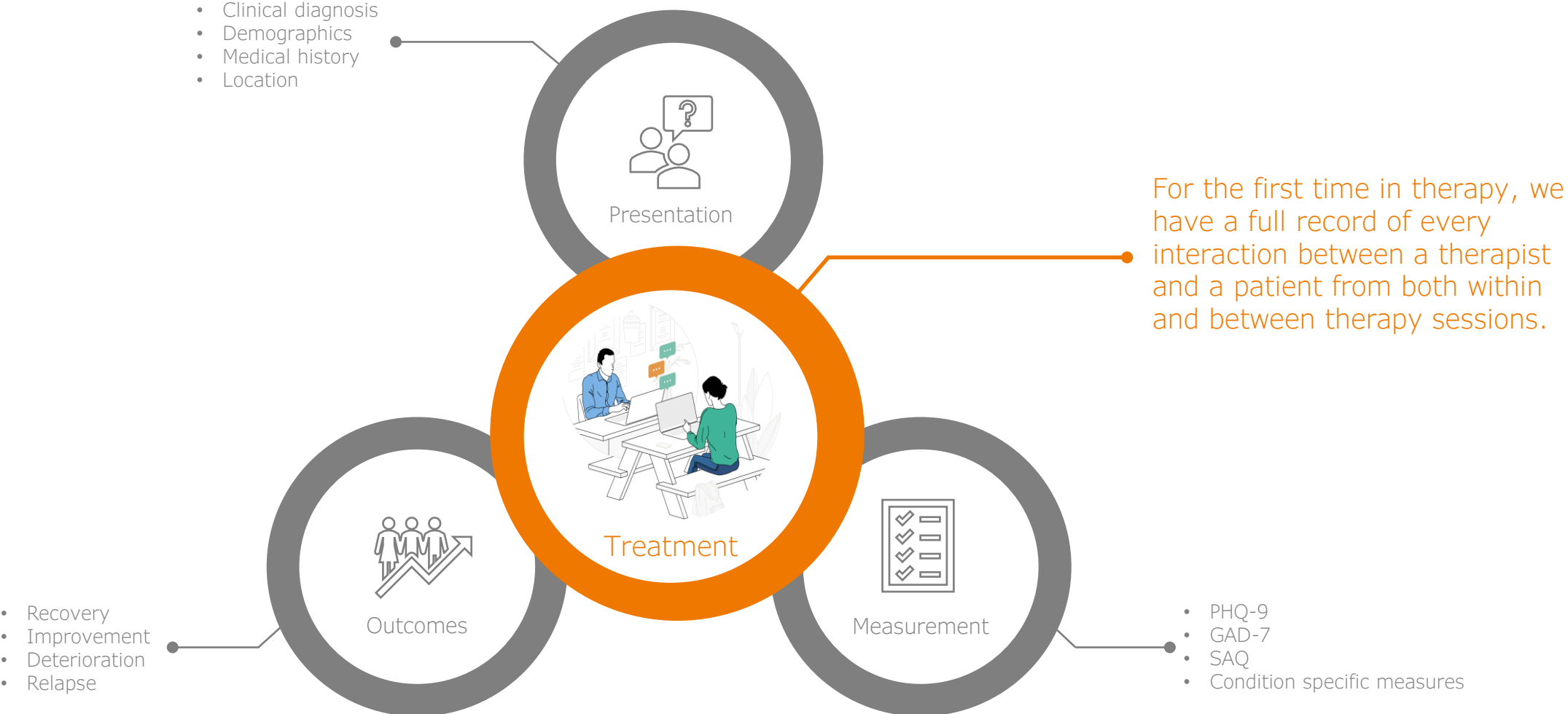


Start referring patients to Ieso following mobilisation and contract signature; typically within 6-8 weeks.



Standard monthly and quarterly reporting (MDS).

Our therapy platform facilitates a unique data set



Trust in our experience

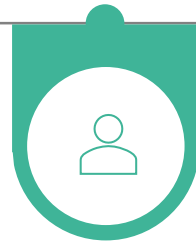
We work alongside traditional therapies. Offering technology is about increasing access and choice.



Available in
Over 70
CCG areas



Available to
12.3 million
people in
England



43,000+
patients
treated



213,000
hours of
therapy
completed.



65% of
treatment out
of normal
office hours.



600+
clinicians.



Questions



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