Good Practice Case Study

LGBT Foundation

**Introduction**

Over the past two decades, the LGBT Foundation has been a central port of support for lesbian, gay, bisexual and transgender individuals across Greater Manchester. As part of our mission to empower LGBT people to reach their full potential, we deliver a range of in-reach, out-reach and net-reach services aimed at improving the health and wellbeing of our service users.

In 2015, we were commissioned by North, Central and South Manchester CCGs to develop an Improving Access to Psychological Services (IAPT) service as part of our Talking Therapies Programme. In doing so, we set out to be one of the first organisations in England to develop an LGBT specific IAPT service, delivering therapeutic interventions in adherence with NICE guidelines, IAPT requirements and meeting the needs of the communities we support.

**The Challenge**

As a third sector organisation, we faced a challenge common to many - voluntary and - public sector organisations; limited access to financial resources. This represented a real obstacle for a medium size charity such as ours.

Developing a new service involved creating an infrastructure in line with standards that had been developed with large scale services in mind. Services which would have access to more financial resources and larger teams. We were therefore aware from the outset that a big part of this task would be to develop and embed our IAPT work in an innovative manner.

We agreed that provision of LGBT affirmative stepped care interventions that met both the requirements of NICE guidelines and the needs of the communities we support would underpin the development of the service

The guidelines we had access to were not always adaptable to a third sector organisation, we therefore identified the need to shape clinical policies and procedures to better support a community based context.

Feedback from service users accessing the existing counselling service highlighted the negative experiences that some of our clients faced when accessing a mainstream IAPT service. This was often due to the limitations of awareness within those services in relation to issues experienced by LGBT people and/or the language utilised within those services which clients found heteronormative and/or gendernormative. We would therefore focus on providing an inclusive experience for all our clients.

**How It Worked**

The intelligence gathered through several years of delivering talking therapies to lesbian, gay, bisexual and trans individuals enabled us to identify trends in the issues presented by our client group. Depression and anxiety are reoccurring issues experienced by individuals accessing the service, therefore, NICE approved interventions in line with the stepped care model would have benefitted our client group.

Following partnership and consultancy work with local IAPT providers we learnt more about the IAPT model and were therefore able to create a delivery model that would enable us to embed Step two and Step three interventions within our Talking Therapies Programme.

We developed the infrastructure for the service in 2015-2016, including Information Governance Toolkit (Level 2) compliance in line with our contractual requirements and the development of specific roles within the organisation to enable operational management of the service. We were successful in securing a role for a trainee High Intensity Therapist, a qualified Counselling Psychologist highly experienced in delivering LGBT affirmative therapy.

Roles for a Psychological Wellbeing Practitioner (PWP) and IAPT Step 3 Counsellors were also created in line with the service delivery model presented.

As part of our development work, the organisation became part of the Common Mental Health Providers Group, which includes third sector providers across Manchester. The group was extremely important in the development work and we shared our approach to creating policies relevant to our organisation and services.

The infrastructure also included the development of an IAPT database, to enable us to submit our activity for the national data set. As we did not have the funds to build our system, we opted to have a system sharing agreement in place with a larger third sector IAPT provider which would allow us to submit our data set.

During the first quarter of 2016 we began recruiting for our IAPT workforce, (One PWP and two IAPT Counsellors delivering Step 2 and Step 3 interventions respectively), and focused on the promotion of our service utilising our Communications channels and programmes of work connected to a variety of healthcare professionals.

On July 1st 2016, we officially launched our service delivering Step 2 work as well as CfD and IPT interventions. During the following quarter, we focused on further promotion and external partnership work with local colleges, universities and social groups to increase service user engagement. During this time, we collated sufficient service user feedback to evaluate the first two quarter of client activity. We were also able to review the CBT models that had been implemented to work specifically with LGBT clients. We felt that our data started to evidence the effectiveness of the service and the benefits for our service users accessing it.

**Impact**

The planning stage of our IAPT development work had a significant impact across the organisation. The volume of the work entailed within the Information Governance Toolkit enabled us to consider our practice across all strands of our work. We strengthened our practice and adapted policies that had originally been designed to provide guidelines in a solely clinical setting. For instance, we created a Transfer and Discharge Policy that reflected the needs of our clients and the context or our community based organisation.From an operational perspective, we expanded our knowledge of frameworks on a national context.

We also had the opportunity to contribute to wider IAPT networks such as the North West IAPT Leadership and Innovation Forum and bring our experience of working with a minority group (and groups of minorities within the minority). We shared good practice on some of the theory and language utilised in client work as well as sharing knowledge on creating a well-structured and safe pathway for our service. We have been able to make contributions to faith group networks and illustrate the needs of LGBT people.

One of the greatest challenges continues to be the limitation in the resources available to us, for instance, not having our own database for our IAPT work is having an impact on the way we collate, analyse, monitor and report on our activity.

We are working in partnership with Greater Manchester and Eastern Cheshire Strategic Clinical Network to deliver some training on best practice in IAPT work with LGBT individuals, focusing on BAME individuals and faith groups; this represents a significant achievement as we will be able to share best practice with other professionals which will also be of benefit to other minority groups.

The Talking Therapies Programme client waiting list has seen a drastic decline and by Quarter 3 all clients self-referring or being referred to the service are assessed within 6 weeks from the referral date and entering treatment shortly after assessment.

The most important impact for our organisation is the one the service has on clients, which is best described by some of the feedback we have received:

*“It’s a great start into understanding CBT and seeing things in a new light.”*

*“You can be open and honest without fear of being judged. My life has changed completely during the time between my first and last sessions. Thanks to the service I have found so much confidence in myself and know that I can move on with my life and be happy in my own skin.”*

Practitioners have found GAD7 and PHQ9 forms useful tools to utilise in the sessions and clients have engaged well in the process, at times asking to see the difference in their own score. The scores collected from our service delivery indicate that the average clients’ recovery rates are consistently above 50%.

**What Next?**

Given the rapid growth of our IAPT service, we are keen to expand our partnership work with local providers and healthcare professionals. We would like to showcase the models we have developed to address the needs of LGBT communities.

Our service delivery model includes a groupwork component which has been piloted over the past two financial quarters; this included a self-esteem course, mindfulness workshops and stress management groups. We are due to deliver a focus group during this financial quarter and an online survey to get more feedback on our IAPT groupwork to further develop this strand of work.

We would welcome the opportunity to contribute to guidelines for best practice in relation to work with LGBT individuals utilising both the research we have conducted over the years evidencing the needs of the communities we support (highlighting the needs of people whose intersectionality increases the risk of discrimination and whose mental health will therefore be affected at a higher rate), and developing services that meet the needs of the people we want to support.

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