



Realising the mass public benefit of evidence-based psychological therapies (the IAPT story)

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IAPT was created to address an Injustice

New Prospects for Mental Health

- Clinical guidelines (NICE) recommend evidence-based, short-term (up to 14-20 sessions) psychological therapies as first line interventions for common mental health problems (depression and the anxiety disorders) in adults of all ages.
- Surveys showed the public prefers psychological therapies to medication in 3:1 ratio

BUT

- In 2007 less than 5% of adults in UK with anxiety or depression had an evidence-based psychological therapy.
- Waits to start treatment often over a year
- In no country was the public getting what it wanted

The IAPT Solution

- Train a large number (currently approx. 10,000) psychological therapists using National evidence-based curricula. Competence standards.
- Deploy in *stepped care* services for depression and anxiety disorders.
- Measure and report clinical outcomes for ALL patients who receive a course of treatment (*unique public transparency*)
- Based on sound economic and clinical arguments



Layard



Clark

The IAPT Arguments

- Untreated anxiety and depression depress GDP by 4% (presenteeism and absenteeism).
- Can train therapists in routine services to deliver treatments effectively
- Can monitor outcomes in everyone to demonstrate treatments are working (new session by session system)
- Minimal net cost (savings to NHS and Treasury exceed delivery cost for an *average* of 10 sessions)



PERGAMON

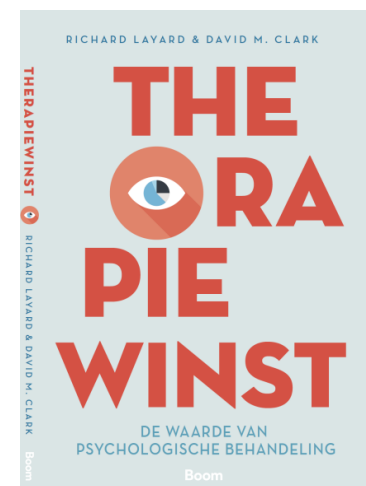
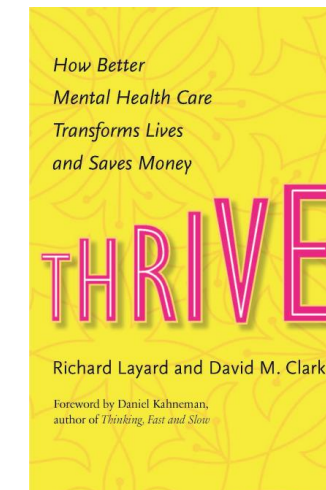
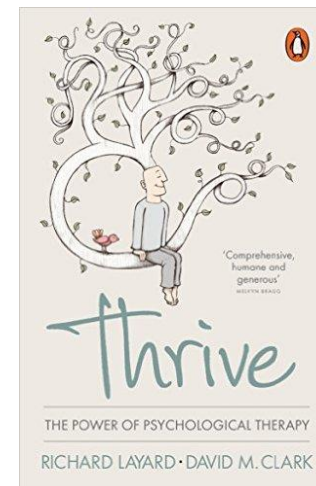
Behaviour Research and Therapy 40 (2002) 345–357

**BEHAVIOUR
RESEARCH AND
THERAPY**

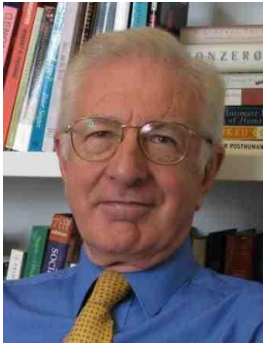
www.elsevier.com/locate/brat

Community based cognitive therapy in the treatment of post-traumatic stress disorder following the Omagh bomb

Kate Gillespie ^{a,*}, Michael Duffy ^a, Ann Hackmann ^b, David M. Clark ^c



Advancing the Argument for IAPT



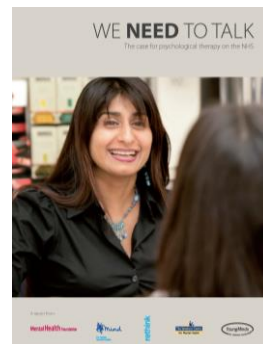
Layard



Clark



Observer



Charities



Andrew Marr Interviews

Putting the case



No 10 Event



Blair



Brown



Cameron & Clegg



May



Johnson

2005 Talk to Prime Ministers' Office

Labour Election Manifesto

2005-2007 Two Pilot sites

2006 Pamphlets

2007 National Launch (Labour). **£33m**

- “ground breaking service”
- “waits reduced to a few weeks”
- “at least 50% will recover”

2010 *All political party Election Manifestos*

2011 IAPT Expanded (Coalition)

2015 *All political party Election Manifestos*

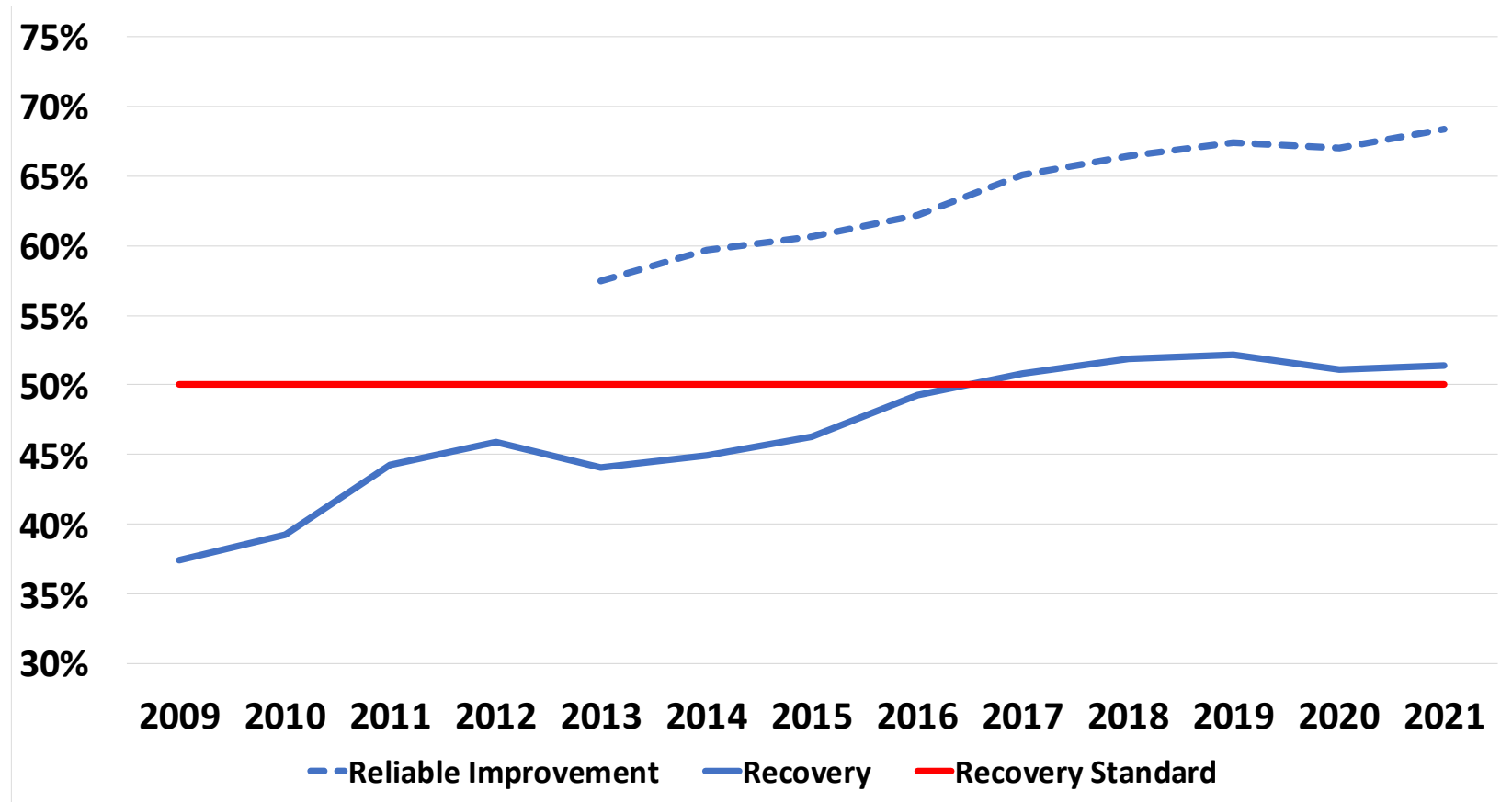
2016 Expanded (Conservative)

2019 Expanded (Conservative)

2022 **£670m**

- Started small in 2008
- Now over 1million access services each year
- 660,000 have a course of treatment
- Average wait to assessment is 20 days
- Paired (pre-post) outcome measures for 99%
- Clinical outcomes are now broadly in line with expectation from NICE guidance

IAPT So Far (2022)



“world beating”



“For better mental healthcare in Canada: look to Britain”

Patient Satisfaction is High (2020/21 Annual Report)

Satisfied with your assessment?

- 93% completely or mostly, <1% not at all

Staff listened & took my concerns seriously?

- 98% at all or most times, <1% never

Helped you understand and address your difficulties?

- 91% at all or most times, < 1% never

Got the help that mattered to you?

- 92% at all or most times, <1% never

Why getting complete outcome data matters

Breakdown of outcome by age

Age	Recovery	Reliable Improvement
18 - 25	44%	64%
26 - 64	52%	68%
65 - 74	61%	71%
74 - 89	63%	69%

High Intensity Treatments

CBT 57% of Hi treatments

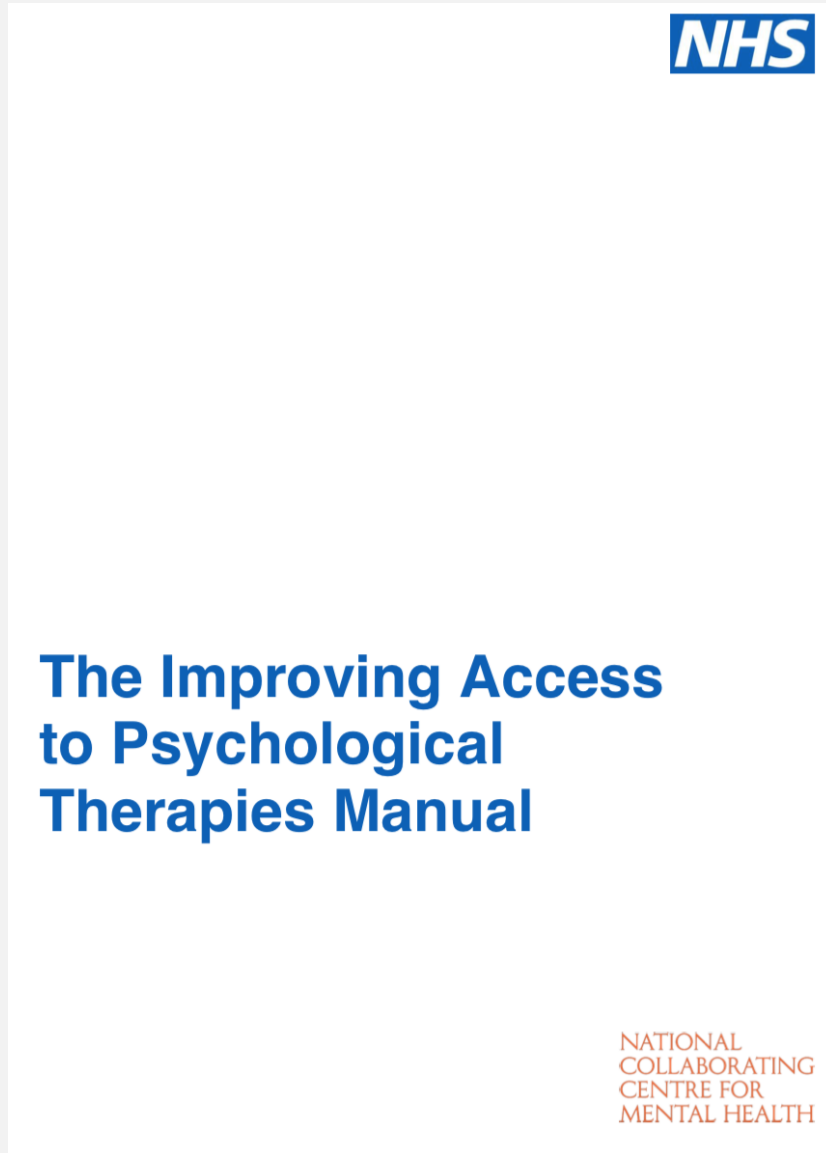
Other treatments

- Counselling
- EMDR
- Couples therapy
- Mindfulness
- Interpersonal Psychotherapy
- Brief Psychodynamic

Choice of NICE treatments
(2 or more) available in
93% of services.

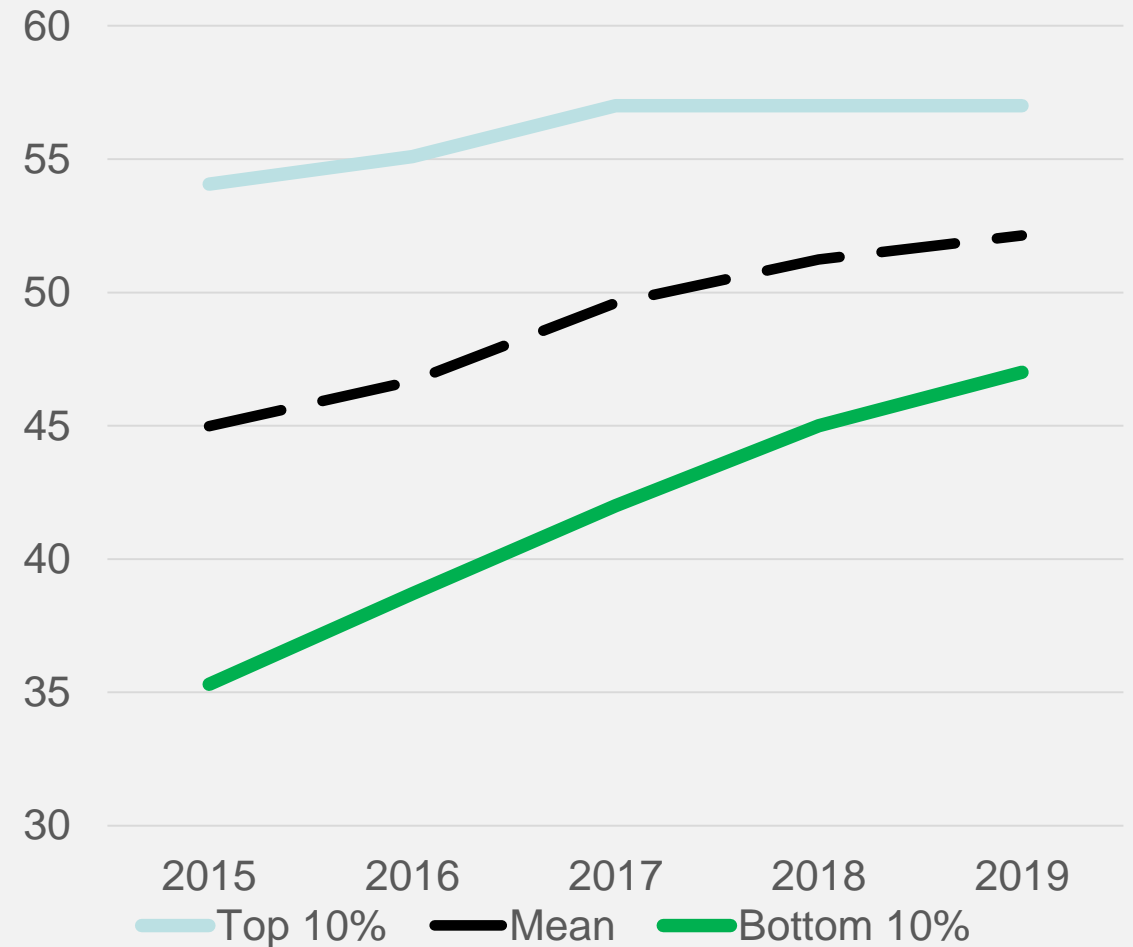
Therapy	Services (CCGS)
CBT	209
Counselling	179
EMDR	110
IPT	92
Couples	72
Mindfulness	52
Brief Psychodynamic	37

Lessons from the IAPT dataset



Available at www.england.nhs.uk

IAPT recovery rates (%) across time (CCG mean, plus top and bottom deciles)



Examples of learning from outcome data

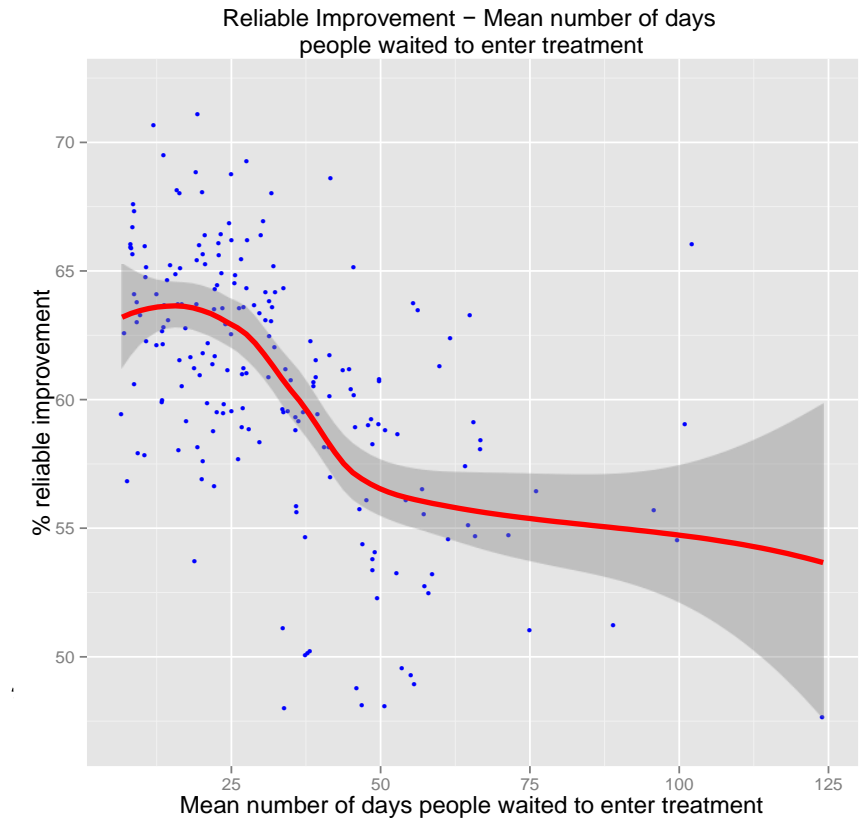
Gyani et al (2013) *Behav Res Ther*, 51, 597-606

- Importance of providing NICE recommended treatment

Clark et al (2018) *Lancet*, 391, 679-686

- Services with better outcomes characterized by:
 - High problem descriptor completeness
 - Short average waits (< 6 weeks) to start treatment
 - Low DNA rates
 - High step-up rates
 - Higher average number of sessions
 - Less good outcomes in more socially deprived areas

Average Waiting Time



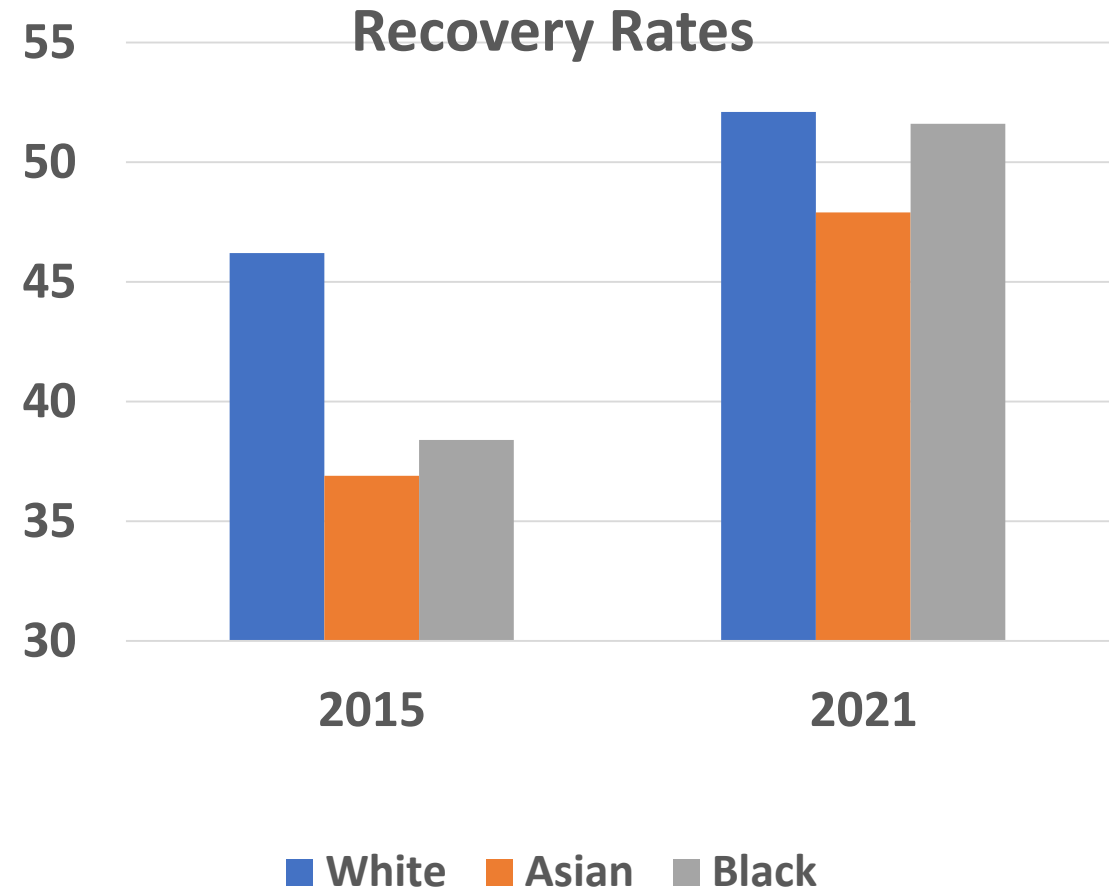
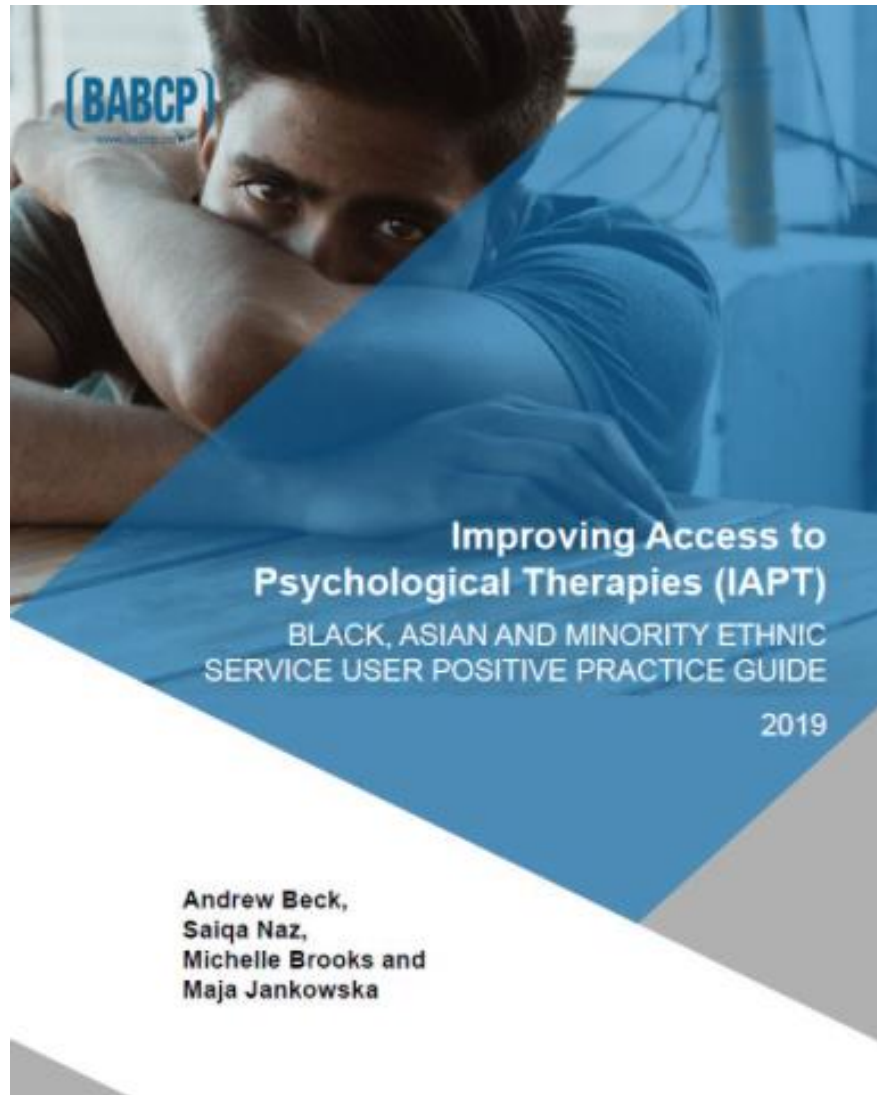
Optimal outcomes depend on having the right treatment in the right type of service.

Can the *Lancet* organization model explain improvement in the outcomes of IAPT services between 2016 to 2019?

Factor	2016	2019	
Recovery (%)	46.3	52.1	P<.001
Reliable Improvement (%)	62.2	67.4	P<.001
Problem descriptor completeness (%)	75.1	94.2	p <.001
Average number of sessions	6.4	6.9	p <.001
Average wait (days)	31.1	20.1	p <.001
DNA (%)	11.8	10.6	P <.001
Step-Up rate (%)	50.2	54.0	P <.001

$R^2 = .53$ for reliable improvement & $.55$ for recovery

Reducing Inequalities

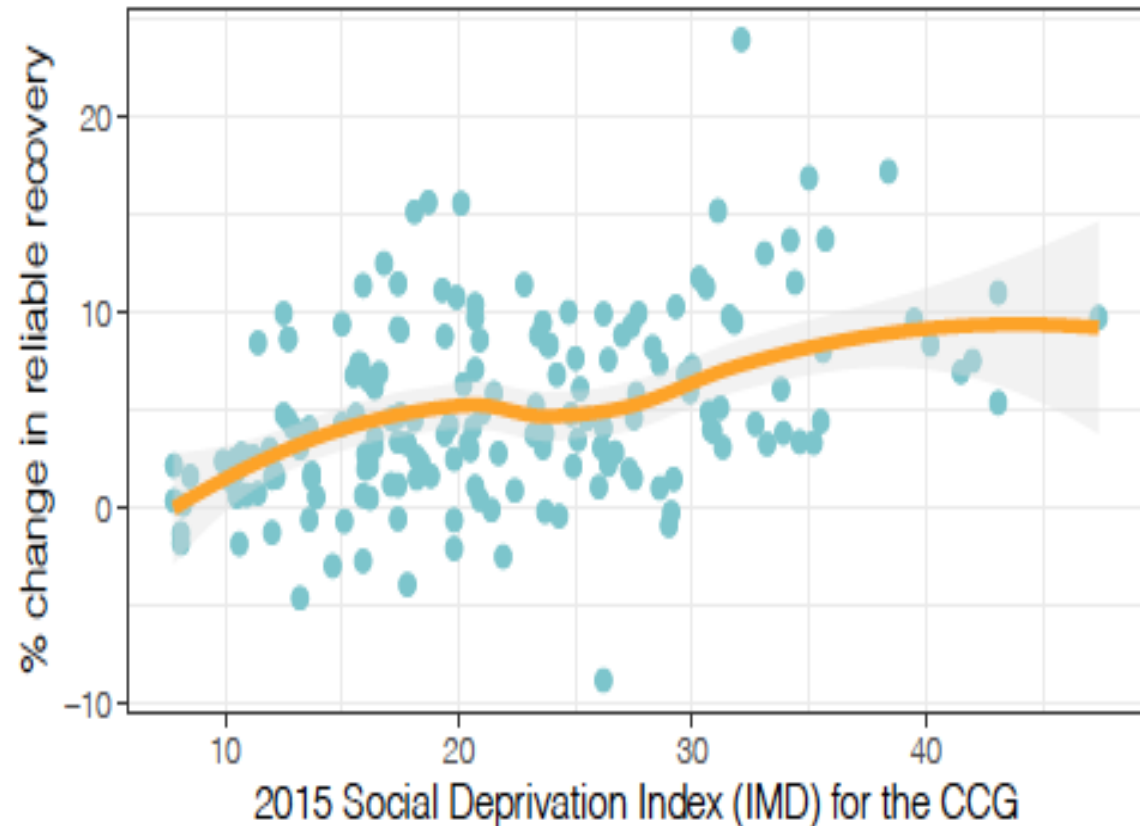


Finessing the adverse effects of social deprivation

CCG	Recover (%)	Improve (%)
Windsor	56.1	70.0
Slough	58.2	72.0

Social Deprivation (IMD)

- Windsor 4th percentile
- Slough 68th Percentile
- Both served by a single high quality IAPT service



Improvement in IAPT service outcomes 2016-2019 as a function of local social deprivation

Finessing the adverse effects of social deprivation

- *Lancet paper found effect of social deprivation is much attenuated when one controls for service quality factors.*
- *Windsor, Ascot and Maidenhead CCG is one of least deprived areas in the country (4th percentile)*
- *Slough is one of most deprived areas (68th percentile).*
- Both CCGs served by single, high quality IAPT service with deprivation initiatives.

CCG	Recover (%)	Improve (%)
Windsor	56.1	70.0
Slough	58.2	72.0

IAPT-Long-Term Conditions (LTC)

Background

- 40% of people with depression or anxiety also have a long-term physical condition (diabetes, COPD, cardiovascular problems, etc)
- Mental and physical health interventions are rarely co-ordinated
- Treating mental health problems would reduce physical healthcare costs

The Solution

- Pilot integrated IAPT services bringing together mental and physical health pathways
- Demonstrate cost savings
- Phased National Rollout, starting 2018
- Now IAPT-LTC is available in approx. 75% of CCGs

	LTC	No LTC
Recovery	48%	53%
Improvement	65%	68%

Reinforcing the economic case for IAPT-LTC

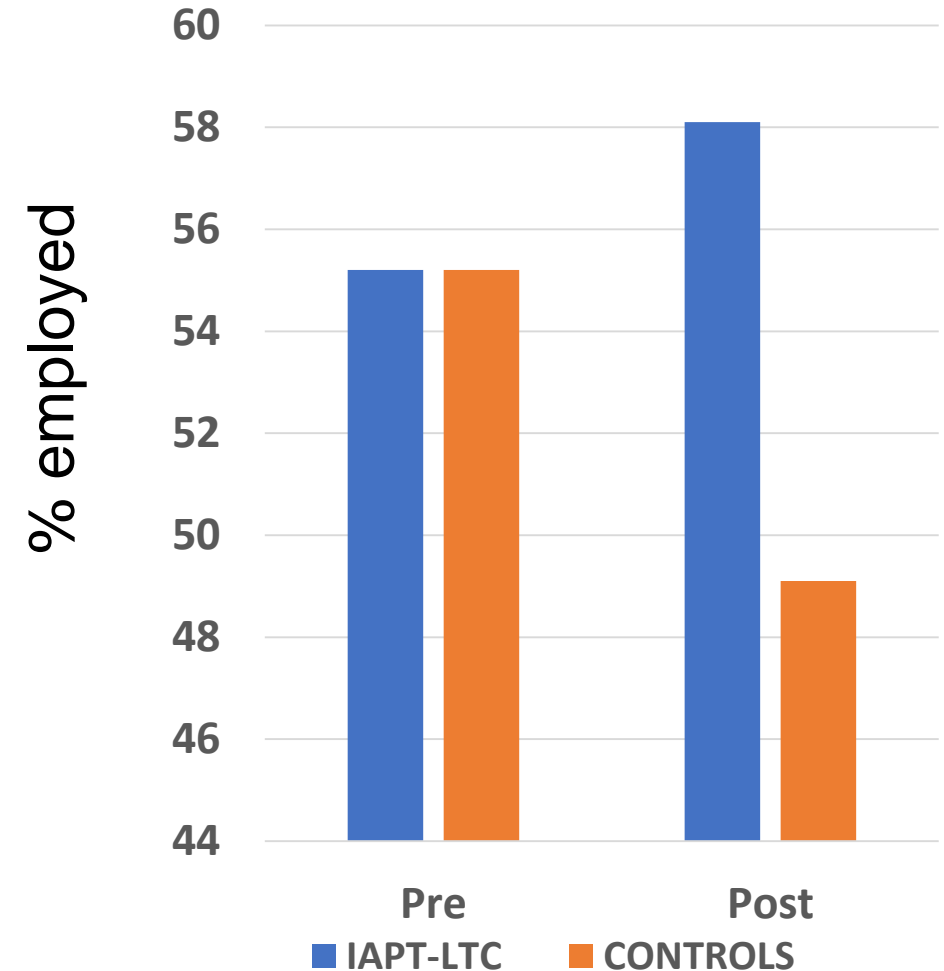
Toffolutti et al (2021) *J. Health Services Research & Policy*

- Phased implementation of IAPT-LTC in different areas of Thames Valley (stepped wedge design)
- IAPT-LTC
 - reduces secondary healthcare costs by £360 per patient in first 3 months of treatment
 - Increases transition from unemployed to employed by 9% compared to controls

Gruber et al (2022) *Social Science & Medicine*, 294, 114675

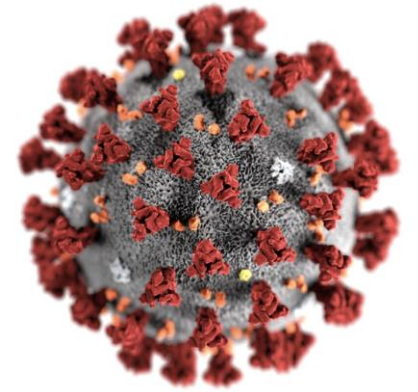
- IAPT treatment reduces risk of later hospital admission (COPD, Diabetes, CVD)

IAPT-LTC now helping people with long-COVID

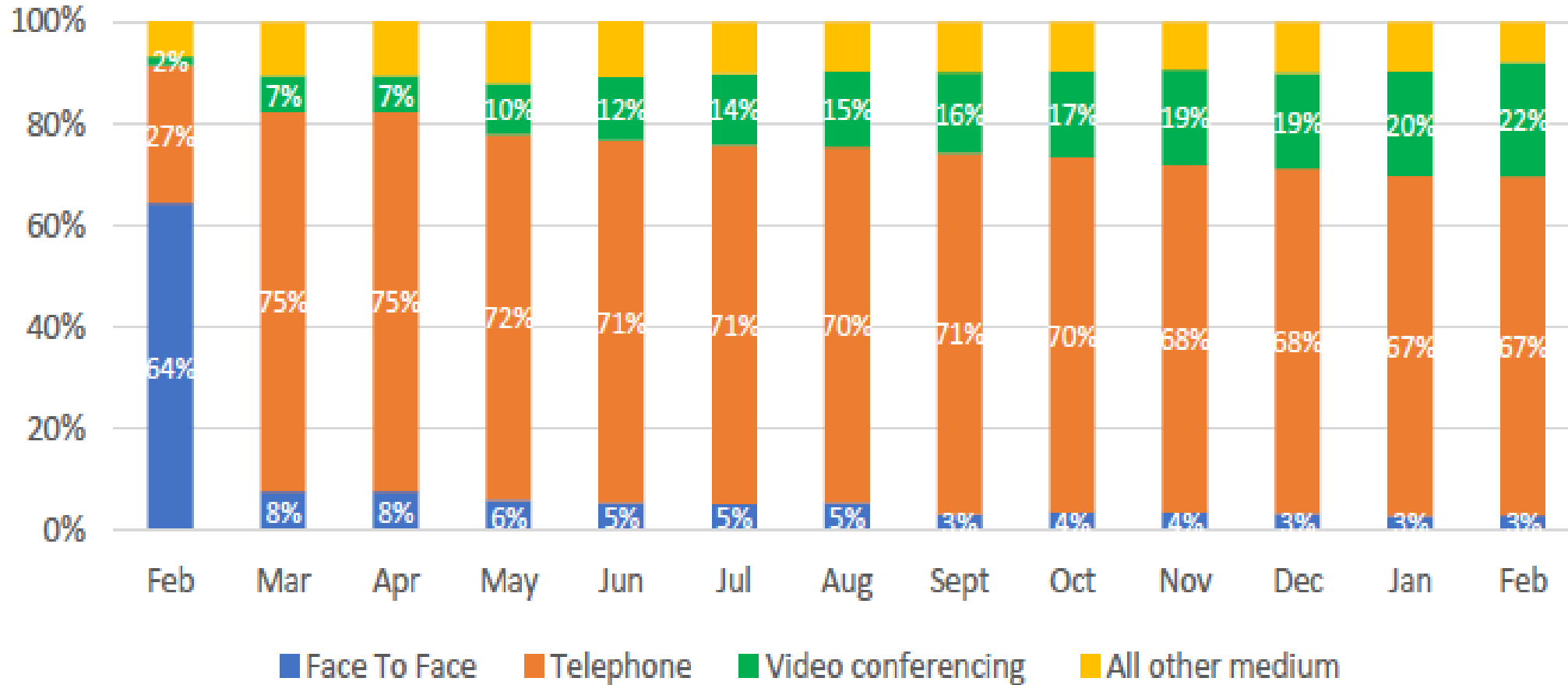


IAPT Response to COVID

- IAPT not included in any pandemic plans
- BUT services quickly moved to remote treatment delivery & remote data entry via upgraded online portals (SMS access)
- OxCADAT helped provide training via webinars (up to 1900 attendees) & website resources
- Uncharted territory but the rich data set allowed us to learn and should help us benefit from a few silver linings in the future



Consultation Medium for IAPT Appointments



Video
Up 1000%

Phone
Up 148%

Other
Up 14%

Face 2 Face
Down 95%

Remote (video) delivery resources

www.oxcadatresources.com

Covid-19 page

Webinars on remote treatment of:

- PTSD
- Traumatic bereavement
- Social Anxiety Disorder

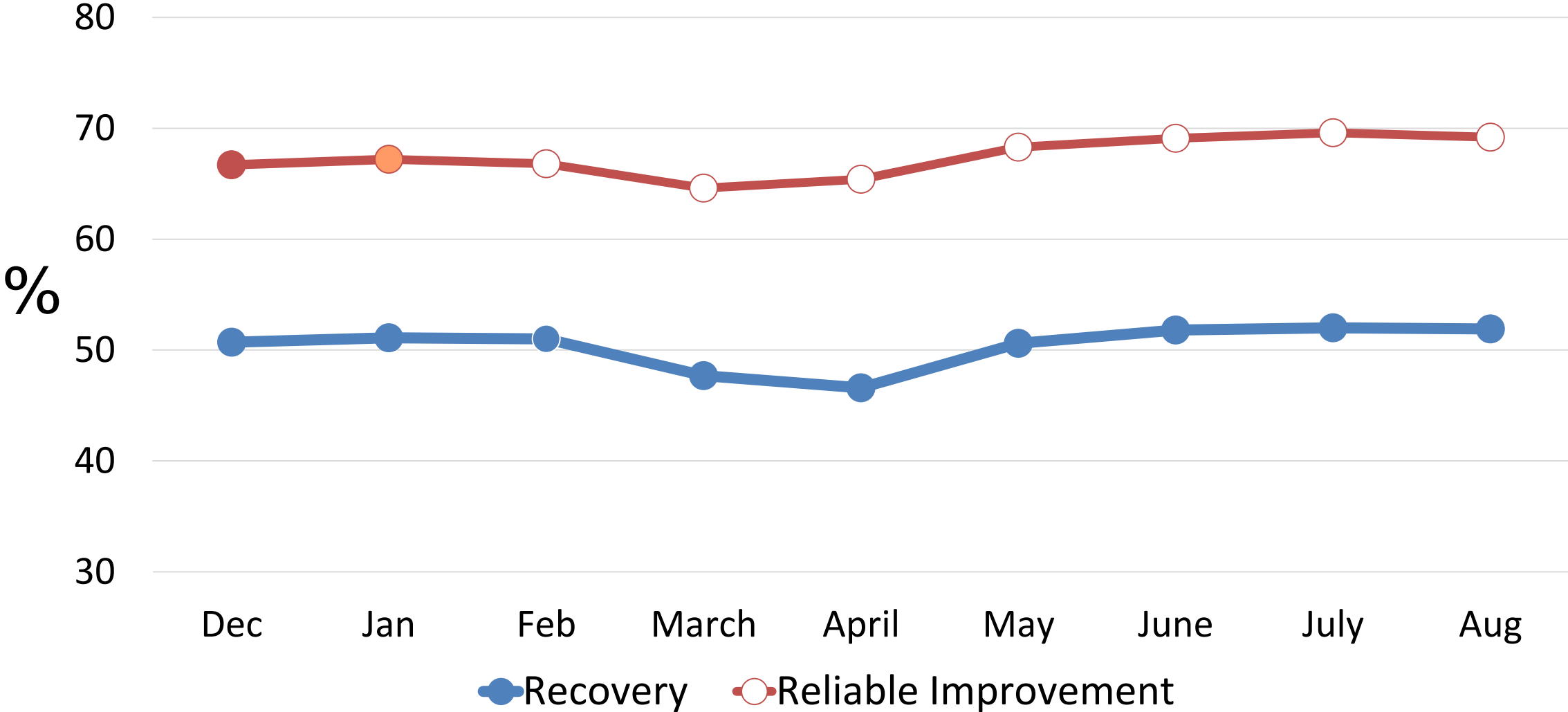
Written Guides on

- PTSD following ICU
- Panic disorder
- Social Anxiety

Video clips



IAPT Outcomes before and during COVID



Video therapy will be more prominent in the future BUT we also need to return to face-to-face

Patients

- Some refused remote
- Some don't have suitable and safe home setting
- Survey suggests many would prefer F2F if given the choice

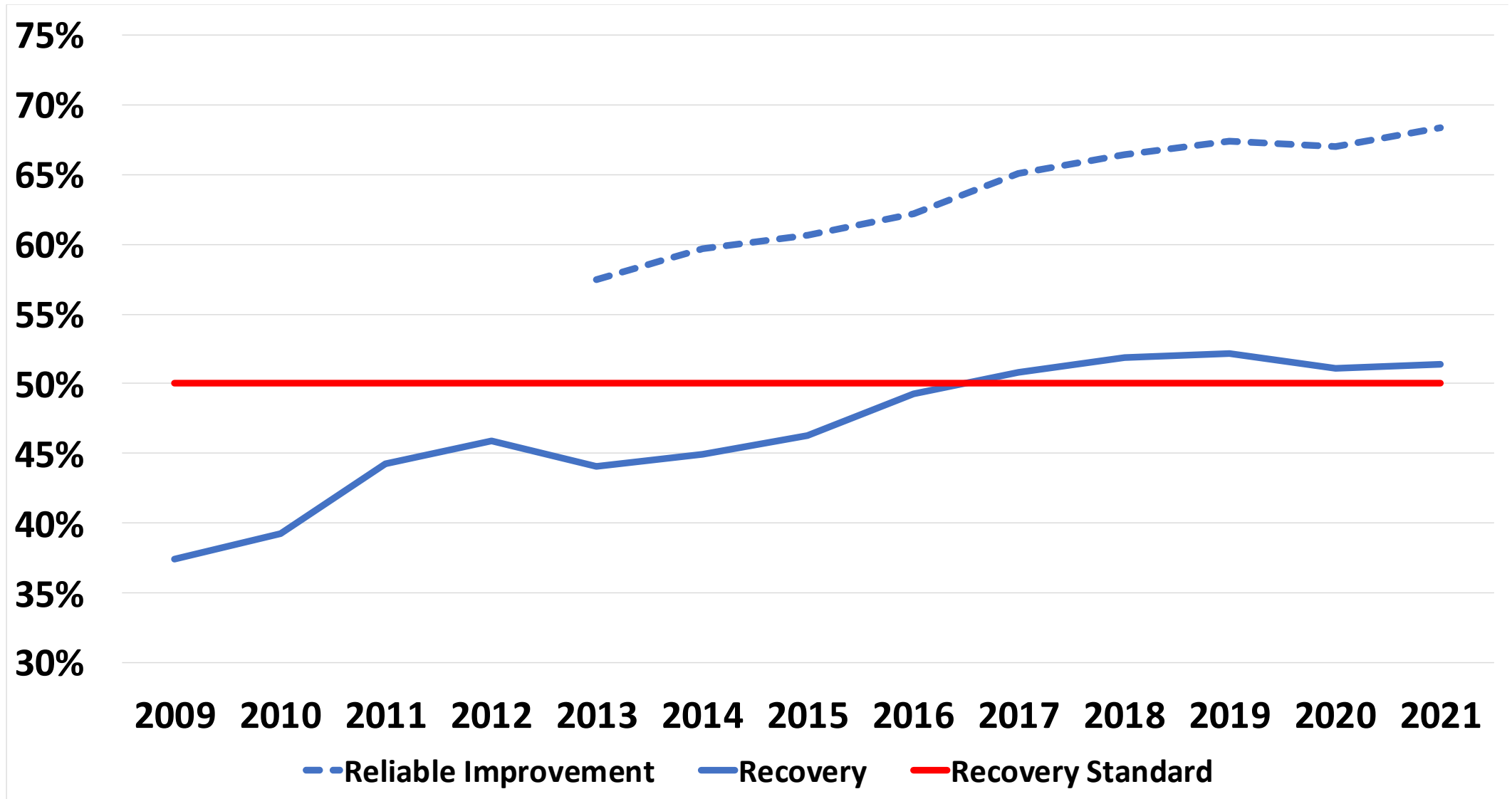
Therapists & Services

- Support from colleagues
- Social interactions
- Supervision & Governance

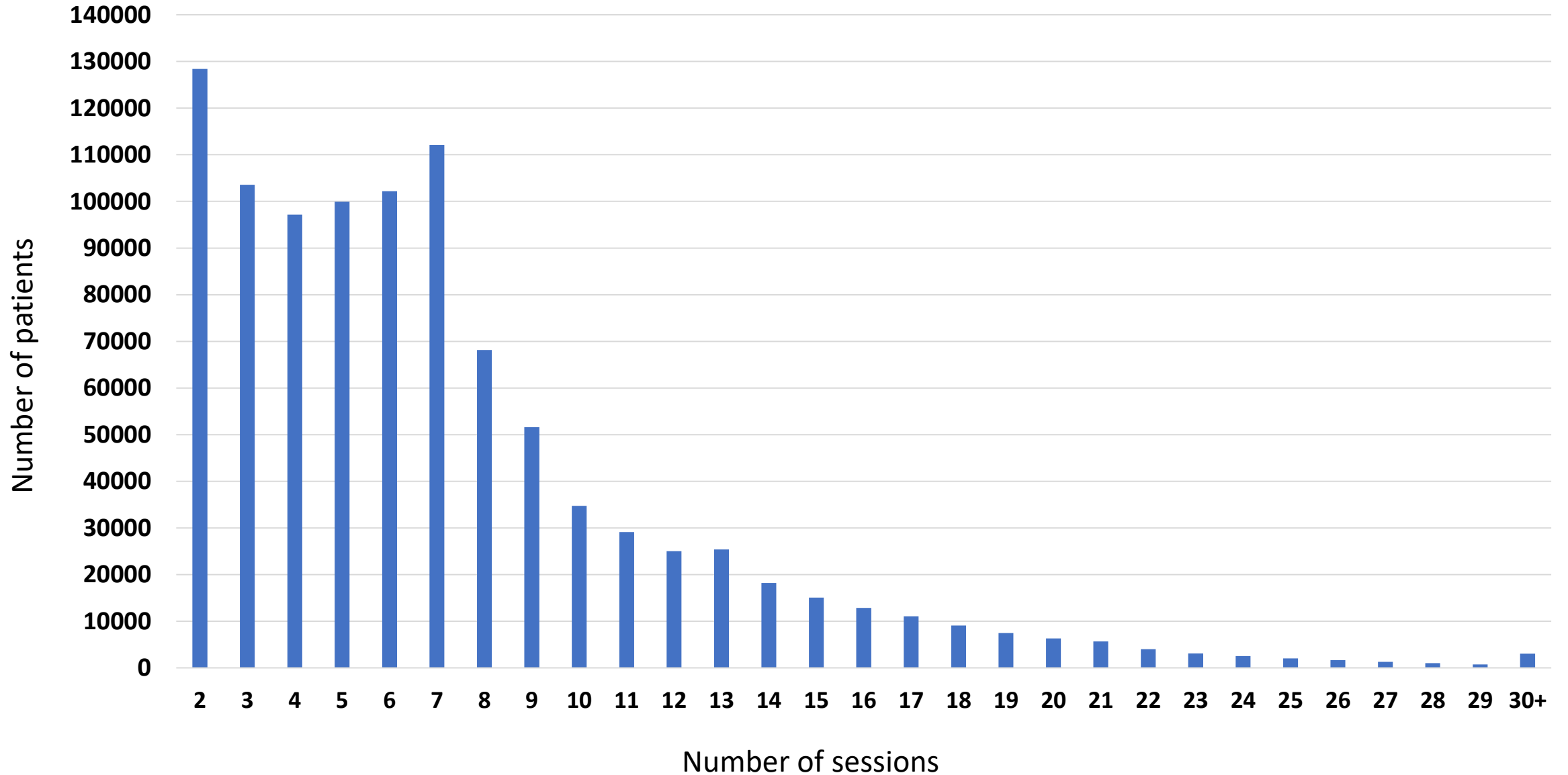
Patient choice will be honoured
(waits no longer for F2F than
remote)

Can IAPT Outcomes still improve?

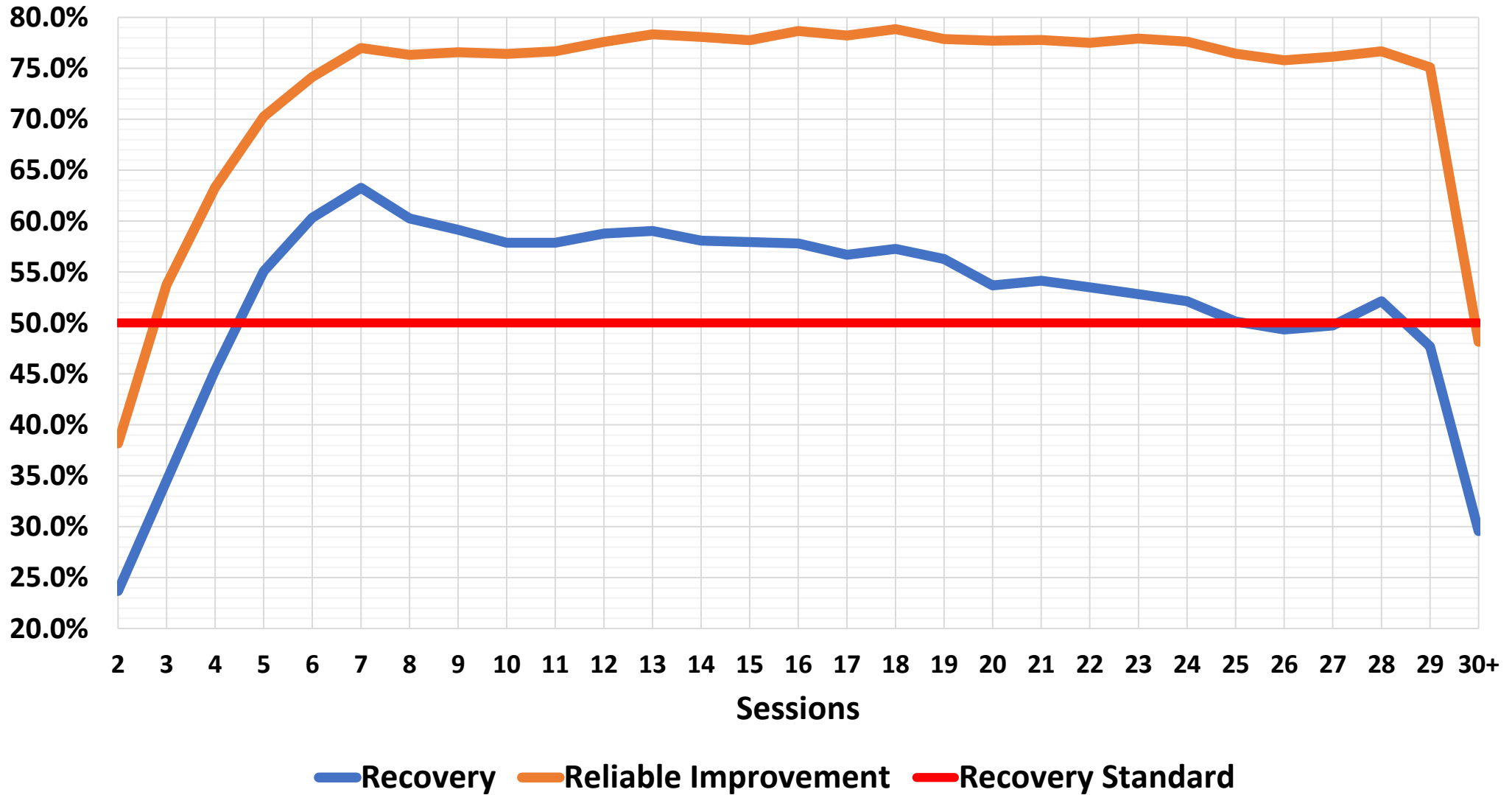
IAPT Outcomes year by year



Number of sessions for the 1 million cohort of people treated in IAPT



Recovery and Reliable Improvement rates for patients having varying numbers of sessions (1 million patient cohort)



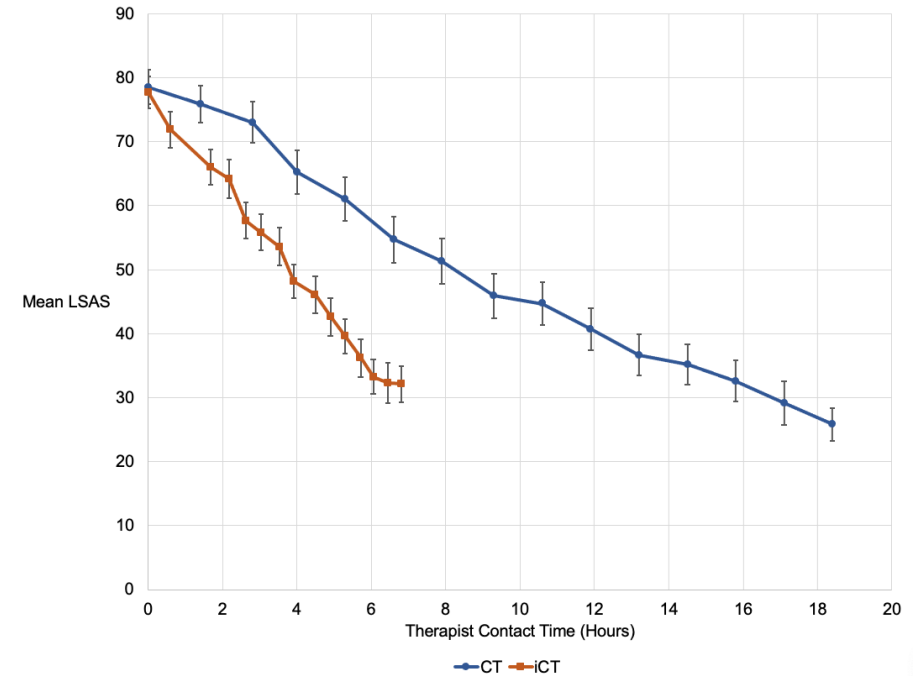
Identifying who benefits least and improving their outcomes

- The massive dataset allows replicable analysis of personal and clinical characteristics that predict better and worse outcomes with current treatment.
- Saunders (2016, 2020) identified a latent profile (LP7) with a very low recovery rate (approx. 20%)
- LP7: particularly high depression & anxiety, on welfare benefits, some phobias
- Oxford IAPT services network identifies LP& at intake
- Patients offered help from an employment advisor (EA) at the same time as their psychological therapy
- Recovery rates substantially higher among those who take up EA offer.
 - Psychological therapy & EA. 47%
 - Psychological therapy only. 27%
- Difference remains after controlling for intake symptoms and personal characteristics
- Analysis by Graham Thew (Oxford)

Ongoing & Future Developments

Internet therapies

- The key skills in CBT are presented in online modules that can be accessed from home 24 hours a day. Therapists provide support by messaging & short video or phone calls.
- Some are as effective as traditional face-to-face delivery, while requiring much less therapist time.
- Content delivery is very consistent
- Internet cognitive therapy for social anxiety disorder achieves similar outcomes in RCTs and in IAPT services
 - *Oxford RCT* 63% recovery, 84% improved
 - *IAPT services* 60% recovery, 81% improved
- 91% of patients say they “are more able to live the life they would like to live”



Digital delivery of therapy: virtual reality for overcoming fears

- Exposure to feared stimuli is an essential component of CBT
- BUT some relevant stimuli not readily available
- SOME patients are too scared to engage
- VIRTUAL REALITY many help here (but format requires different way of working).

International Perspectives on IAPT



“world beating”

and stimulating similar developments in other countries

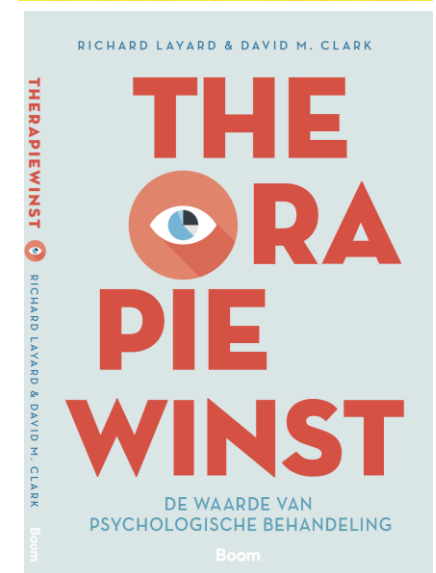
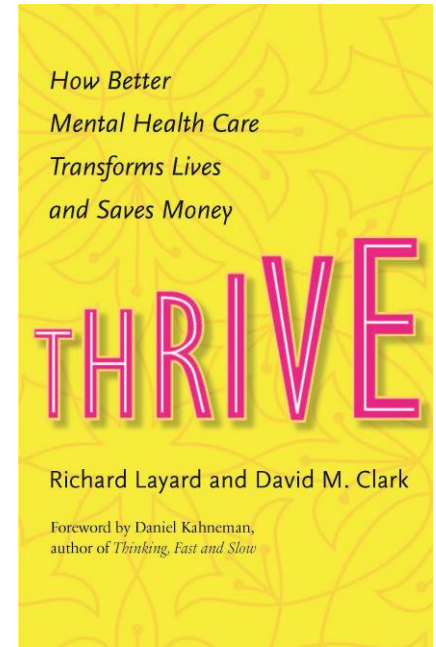
- Norway (*Prompt Mental Health Care*)
- Ontario (*Structured Psychotherapy Program*)
- Australia (*New Access*)
- Israel (*National Pilot*)
- Finland (*Therapies to the Frontlines*)

The New York Times

“ The world’s most ambitious effort to treat depression, anxiety and other common mental health problems”



“For better mental healthcare in Canada: Look to Britain”



Some Lessons from IAPT

- Importance of clinical guidelines (*NICE*)
- Outcome data on ALL & publish service performance
- Pay attention to economics
- National Training Programme / Standards
- IT systems that support outcome monitoring, supervision, national reporting, web/mobile phone entry
- Recovery focused clinical leadership
- Create an innovation environment

Questions?