Riuscire a ottenere un beneficio di massa tramite l'offerta di terapie psicologiche: l'esperienza del programma inglese *Improving Access to Psychological Therapies* (IAPT)
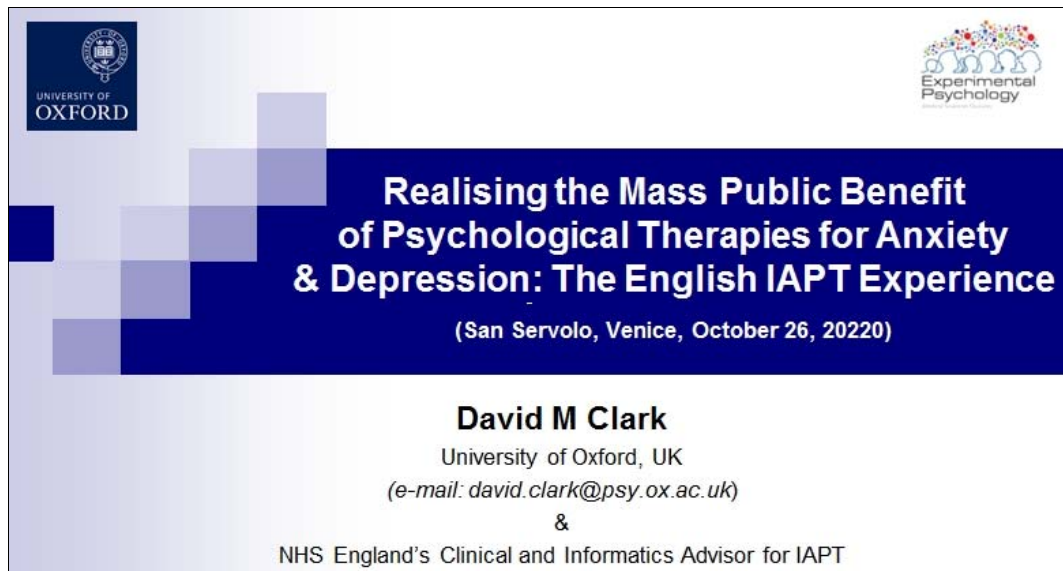
Realizing the mass public benefit of psychological therapies: The English IAPT experience

David M. Clark

Oxford Centre for Anxiety Disorders and Trauma, Department of Experimental Psychology, *University of Oxford*, The Old Rectory, Paradise Square, Oxford OX1 1TW, UK, e-mail <david.clark@psy.ox.ac.uk>

Diapositive

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).

- Surveys showed the public prefers psychological therapies to medication in 3:1 ratio

BUT

- In the UK 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.

- Provide regular clinical supervision and continuing professional development for clinicians

- Measure and report clinical outcomes for ALL patients who receive a course of treatment (*unique public transparency and opportunity to learn*)

- Based on sound economic and clinical arguments

Layard   Clark

The IAPT Arguments

- Untreated anxiety and depression depress gross domestic product (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)

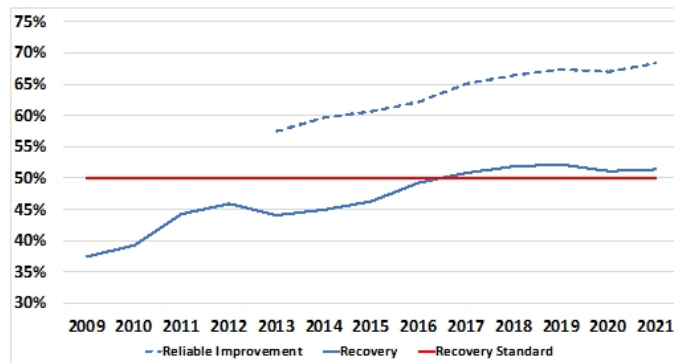- Minimal net cost (savings to NHS and Treasury exceed delivery cost for an *average* of 10 sessions)

Community based cognitive therapy in the treatment of post-traumatic stress disorder following the Omagh bomb
Kate Gillespie, Michael Duffy, Ann Hackmann, David M. Clark

IAPT So Far (2022)

- 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

Chart axis: 75%, 70%, 65%, 60%, 55%, 50%, 45%, 40%, 35%, 30% — years 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

- -Reliable Improvement   —Recovery   —Recovery Standard

nature "world beating"   **THE GLOBE AND MAIL** "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

High Intensity Treatments

CBT: 57% of High Intensity Treatments

Other treatments:
- Counseling
- EMDR
- Couples therapy
- Mindfulness
- Interpersonal Psychotherapy (IPT)
- Brief Psychodynamic Therapy

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

Slide 1

Lessons from the IAPT dataset

NHS

The Improving Access
to Psychological
Therapies Manual

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Available at www.england.nhs.uk

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

Top 10% — Mean — Bottom 10%

Slide 2
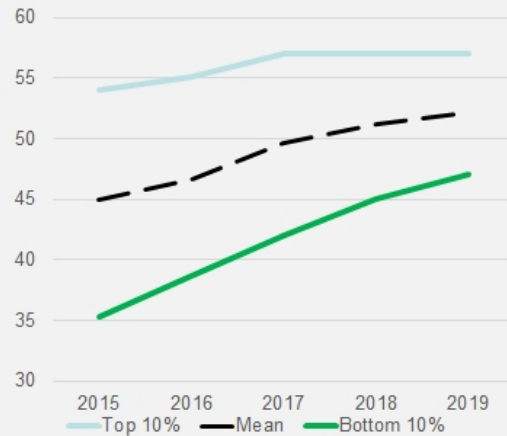
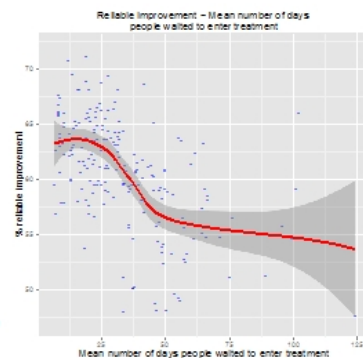# Examples of learning from outcome data

Gyani et al. (2013). Behav. Res. Ther., 51: 597-606
- Importance of providing NICE recommended treatment
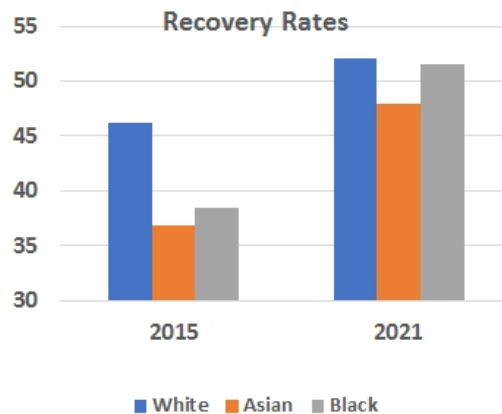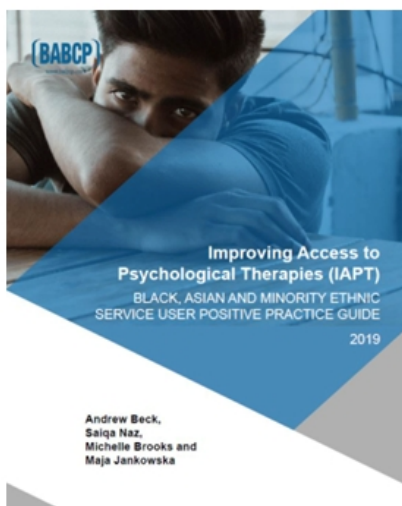
Clark et al. (2018). Lancet, 391: 679-686
- Services with better outcomes characterized by:
  - High problem descriptor completeness
  - Short average waits (< 6 weeks) to start treatment
  - Low rates of missed sessions
  - High step-up rates
  - Higher average number of sessions
  - Less good outcomes in more socially deprived areas

Average Waiting Time

Reliable Improvement – Mean number of days people waited to enter treatment

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

Slide 3

Reducing Inequalities

BABCP

Improving Access to
Psychological Therapies (IAPT)
BLACK, ASIAN AND MINORITY ETHNIC
SERVICE USER POSITIVE PRACTICE GUIDE
2019

Andrew Beck,
Saiqa Naz,
Michelle Brooks and
Maja Jankowska

Recovery Rates

■ White ■ Asian ■ Black

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
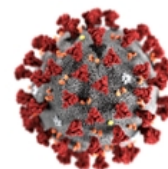- Both served by a single high quality IAPT service
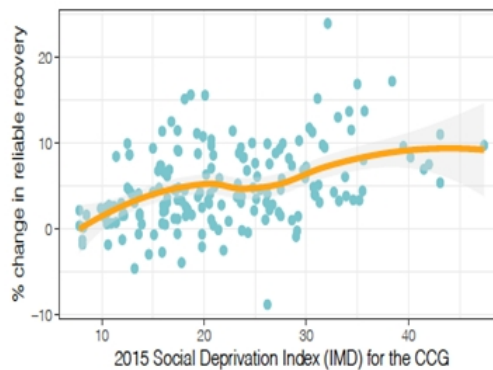
Improvement in IAPT service outcomes 2016-2019 as a function of local social deprivation

---

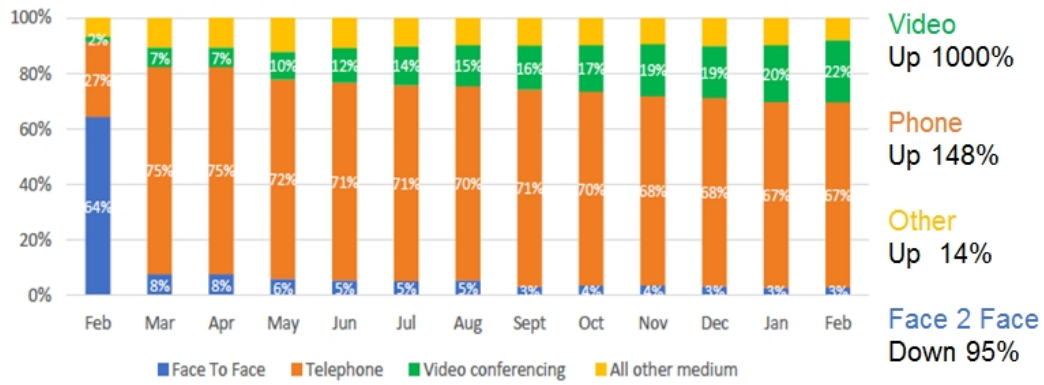## Identifying who benefits least and improving their outcomes

- 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 (approximately 20%)

- LP7: particularly high depression & anxiety, on welfare benefits, some phobias

- Oxford IAPT services network identifies LP7 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)

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 (https://oxcadatresources.com)

- 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, 2020

Video
Up 1000%

Phone
Up 148%

Other
Up 14%

Face 2 Face
Down 95%

Legend: ■ Face To Face ■ Telephone ■ Video conferencing ■ All other medium

---

Remote (video) delivery resources

www.oxcadatresources.com

COVID-19 page

Webinars on remote treatment of:
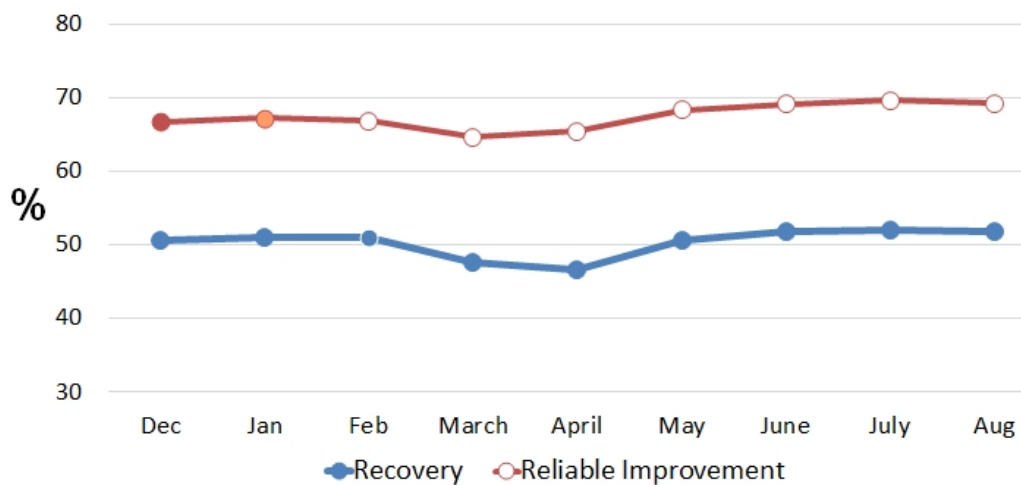- PTSD
- Traumatic bereavement
- Social Anxiety Disorder

Written Guides on
- PTSD following ICU
- Panic disorder
- Social Anxiety

Video clips

IAPT outcomes before and during COVID-19

Legend: ● Recovery ○ Reliable Improvement

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 in available in approximately 75% of CCGs

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

Reinforcing the economic case for IAPT-LTC

Toffolutti *et al.* (2021). *Journal of Health Services Research & Policy*, 26, 4: 224-233.

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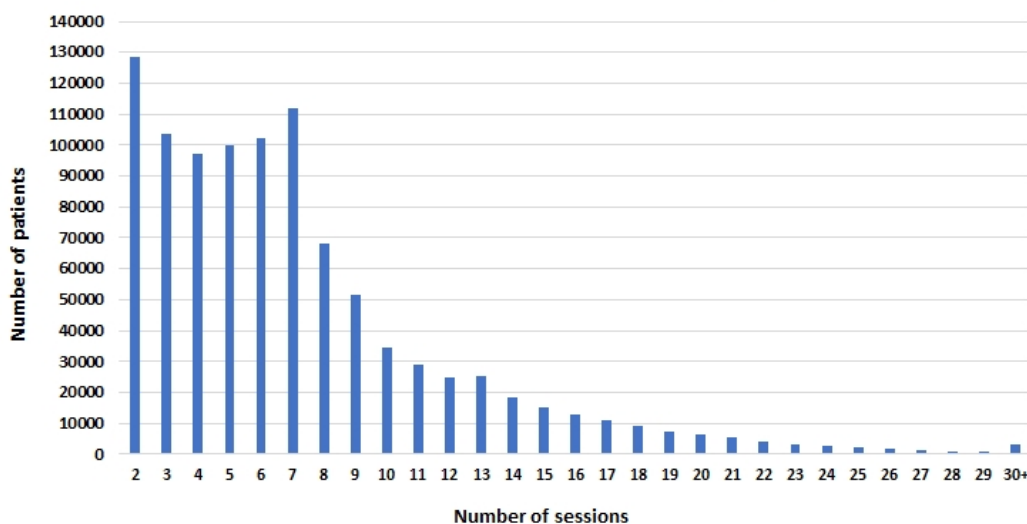
Gruber *et al.* (2022). *Social Science & Medicine*, 294, 114675

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

IAPT-LTC now helping people with long-COVID
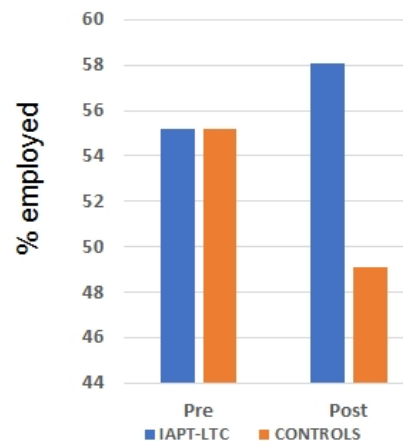
### Number of sessions for the 1 million cohort of people treated in IAPT

Outcomes for patients having varying numbers of sessions (1 million patient cohort): data suggest that increasing average sessions per service from 8 to around 10 should further improve outcomes
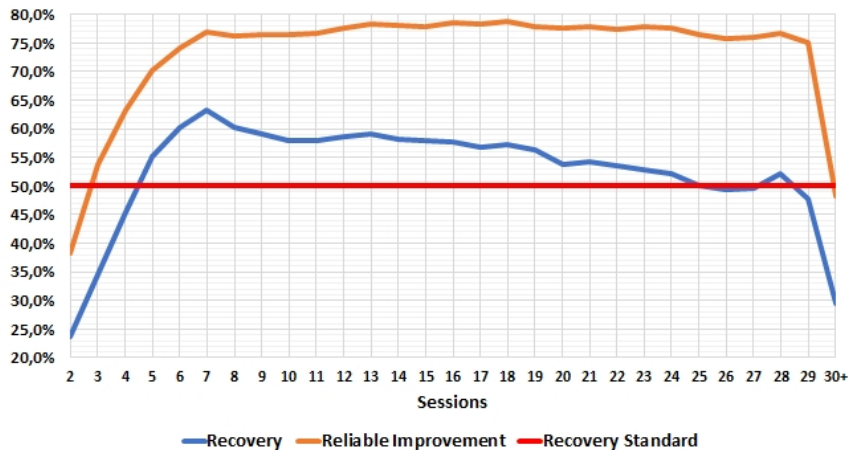
Internet therapies

- 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"***
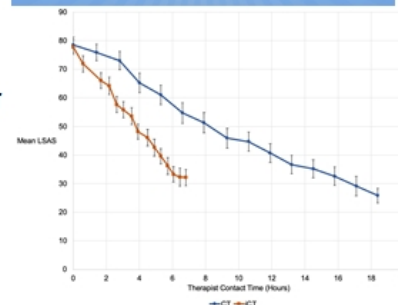
Some Lessons from IAPT

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