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Improving Access to Psychological Therapies

NHS

Enhancing Recovery Rates in IAPT Services and the LTC/MUS Expansion Programme.

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IAPT So Far

- Transformed treatment of anxiety & depression
- Stepped care psychological therapy services established in every area of England. Self-referral.
- Approx 16% of local prevalence (900,000 per year) seen in services
- Around 60% have course of treatment (approx 540,000 per year)
- Outcomes recorded in 97% of cases (pre-IAPT 38%)
- Very strict (depression & anxiety) recovery criteria
- Nationally 49% recover and further 16% improve.
- Results broadly inline with the research literature
- BUT considerable variability in outcomes

Outcome Variability

- Recovery rate: **49%** (range 30% to 71%)
- Reliable Improvement: **64%** (24% to 73%
- Reliable deterioration: **6%** (3% to 11%)

Enhancing Service Recovery rates

How?

- Lessons from analysis of national data
- Service innovation projects *(Oxford AHSN)*
- Clinical Leadership
- Public Health England Fingertips Tool.

IAPT Year 7

A wealth of information in NHS Digital (HSCIC) 3rd Annual Report (2014/15) gives a highly nuanced account of the performance of each CCGs IAPT service.

Patient Experience Questionnaire: Tables 17a, b, c

Post Assessment Questions	YES (%)
Given information about options for choosing a treatment?	92.3
Did you have a treatment preference?	77.6
Were you offered your preference?	77.8 YES (4.2 NO 14.4 n/a)
Satisfied with your assessment?	73.7* (23.8 NO)

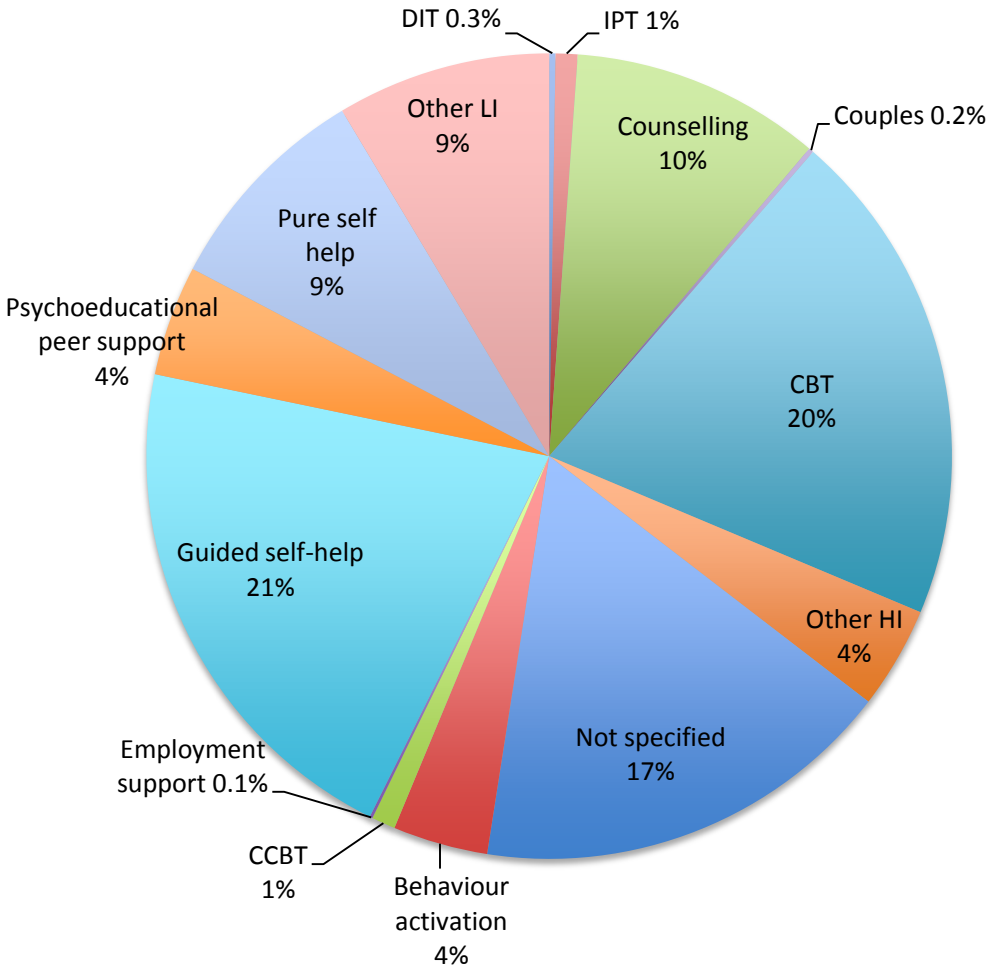
Between 57,000 and 74,000 responses, which is less than 10%.
* Completely or mostly satisfied

Post-treatment Questions	% Most or All Times
Staff listened to you and treated concerns seriously?	96.7
Service helped you better understand and address your difficulties?	91.5
Felt involved in making choices about your treatment and care?	93.3
Got the help that mattered to you?	91.4
Have confidence in your therapist and their skills?	95.8

Clearly, very positive but note that PEQ was only completed by 11% (50,937) of patients who had finished a course of treatment

Which Therapies are available?

Therapy Type	CCGs
CBT	211
Counselling	180
IPT	141
Couples	95
DIT	77
Employment Support	59
Other Hi	185



85% of CCGs offer CBT and Counselling (universal offer)

96% of CCGs offer at least 2 High intensity therapies, 75% offer at least 3, 48% offer at least 4 of 5 High intensity therapies

But capacity for Couples, IPT and DIT needs to increase (plans in place)

Recovery Rates are still higher when therapists stick to NICE recommended treatments

Self-help treatment for Depression:

Guided 50% vs Pure 36% ($p < .0001$)

Generalized anxiety disorder treatment

CBT 55% or Guided Self-help 59%

vs

Counselling 46% (ps<.0001)

Predictors of CCG level variation in Reliable Improvement

(beta regression in R)

Predictor	significance
Problem descriptor completeness (%)	**<.05**
Average number of sessions	**<.05**
Average wait time	**<.001**
DNA rate (% of sessions)	**<.001**
Percent of patients who get a course of treatment	**<.001**
Social deprivation of CCG	.170

Predictors of reliable improvement

Average waiting time

Average number of sessions

Recovery and Number of Sessions by Problem Descriptor (Tables 9e & 4)

Problem Descriptor	Recovery Rate (%)	Range (%)	No of Sessions
Specific Phobia	62.7	33 - >90	7.8
GAD	55.2	22 – 84	6.4
Panic Disorder	53.0	23 - >90	6.7
OCD	47.6	24 – 88	9.4
Mixed Anx & Dep	44.5	16 – 90	6.2
Depression	44.6	18 – 62	6.5
Social Phobia	43.6	24 – 88	8.4
PTSD	37.5	19 – 71	8.5
Agoraphobia	36.2	19 - >90	7.3

Under recognition of Anxiety Disorders by GPs and other professionals (APMS 2016)

Professional diagnosed CMD, by CMD in past week (as identified by CIS-R)

	CMD in past week, as identified by CIS-R			
	Depression	Phobias	OCD	Panic disorder
Ever diagnosed with CMD by professional (self-reported)	%	%	%	%
Depression	70.0	72.1	83.0	43.8
Phobia	5.9	7.2	6.0	–
OCD	7.1	7.9	13.2	–
Panic attacks	42.7	45.5	41.9	22.3
Bases	*284*	*201*	*103*	*43*[a]

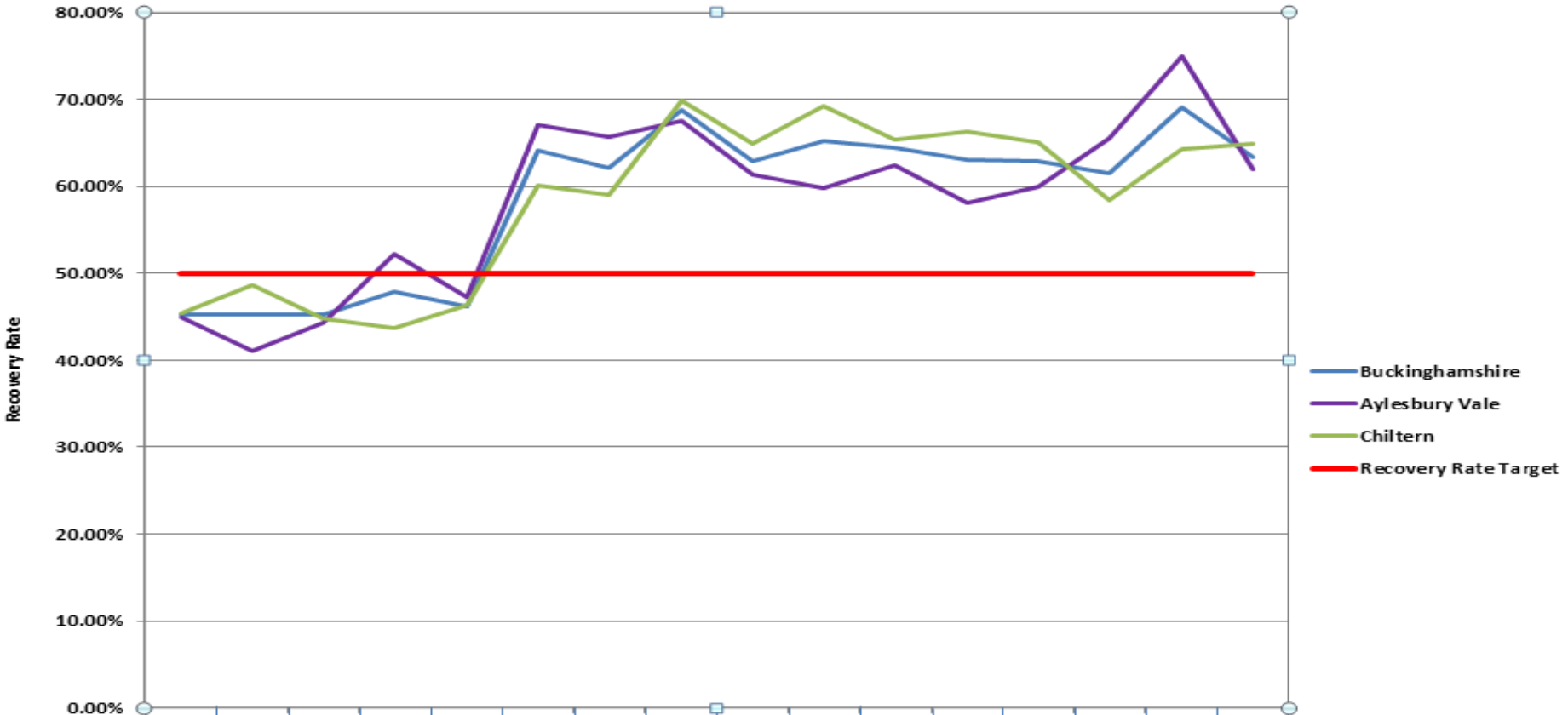
[a] *Note small base for panic disorder.*

IAPT Year 8
(4th Annual NHS Digital Report 18th Oct 2016)

Further granularity in CCG level reports

- Means and SDs for PHQ, GAD, WSAS at pre and post treatment & effect sizes.
- Hidden waits (session 1-2, step 2-3).
- Patient Experience Questionnaire (data completeness & breakdown of responses)
- Appropriate use of ADSMs

Plan, Do, Study, Act. An Example of using data to improve outcomes (John Pimm, Bucks IAPT service)



	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Buckinghamshire	45.32%	45.26%	45.32%	47.83%	46.24%	64.09%	62.16%	68.71%	62.91%	65.22%	64.42%	63.06%	62.90%	61.57%	69.11%	63.36%

Oxford AHSN

IAPT Network

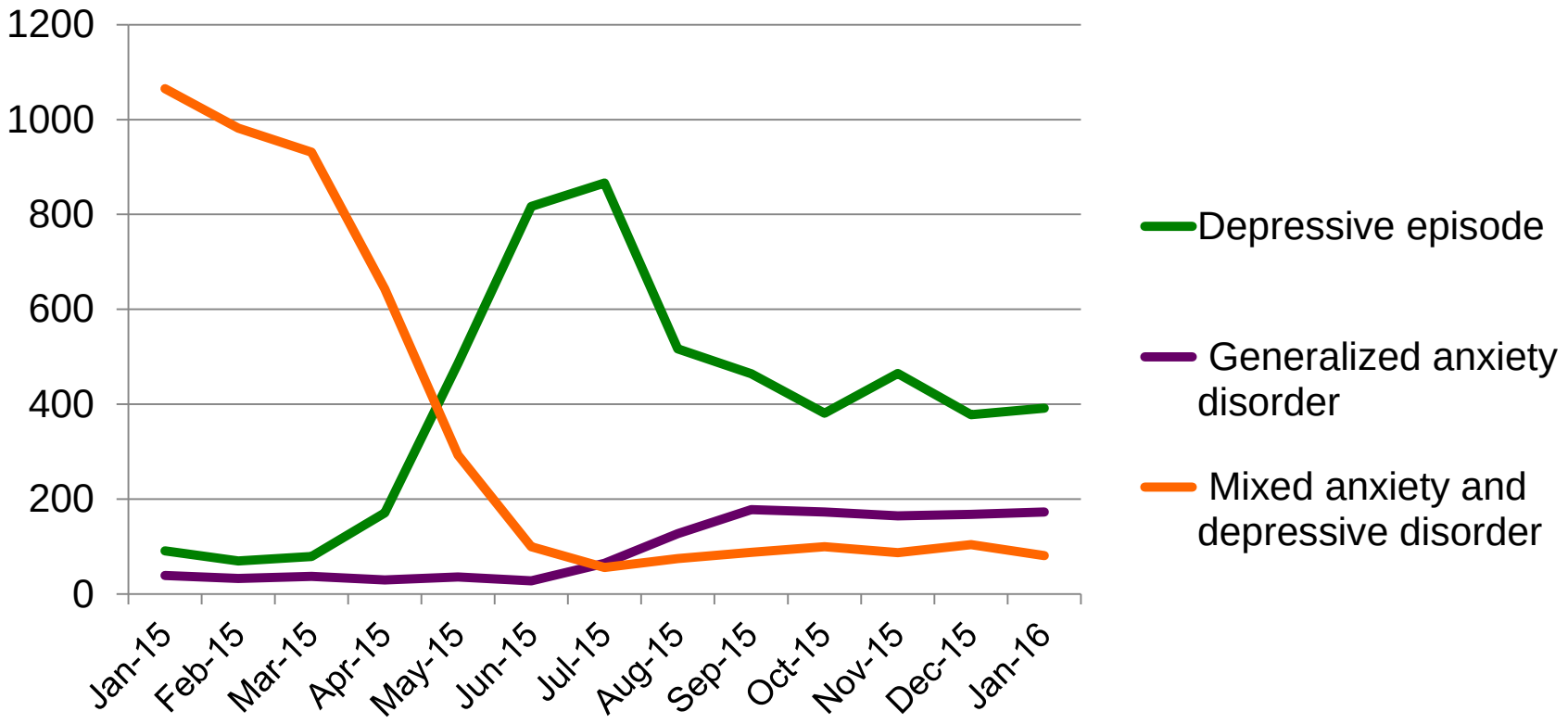
- Covers 7 IAPT services, 13 CCGs.
- treat >25,000 per year
- formed in Jan 2014
- Aim to increase overall recovery rate by 5%
- Achieved 10% increase (46% to 56%)
- Quarterly workshops sharing knowledge & planning innovations.

Local Collaborative Networks

Items covered in workshops

- Paired outcome data completeness.
- Assessment procedures (screening instruments, workshop on getting right problem descriptor, mixed anxiety & depression problem).
- In-depth look at recovery by clinical condition
- Local CPD workshops for clinicians
- Analyses of local data & profiles data

Improving use of problem descriptors (ICD-10 codes) in a service



Is IAPT triage missing some disorders?

(Cernis, Pimm & Clark, 2016)

Problem Descriptor	PWP Triage	PDSQ Screener
Major Depression	48%	63%
Generalized Anxiety Disorder	29%	56%
Social Anxiety Disorder	7%	52%
Mixed Anxiety & Depression	6%	-
Somatization	-	43%
Panic Disorder	2%	42%
Post-traumatic Stress Disorder	1%	40%
Agoraphobia	1%	37%
Obsessive-Compulsive Disorder	1%	35%
Health Anxiety	<1%	35%

Improving Recovery rates: clinical leadership, staff supervision and CPD

- NHSEngland workshop with some high recovery rate services

- A consistent theme
  - Leadership focused on recovery and reliable improvement data in an inquisitive and staff supportive manner
  - Staff get personal feedback benchmarked against service average or other therapists
  - Personalized CPD programmes for staff

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The IAPT Profiles Tool.

Google "Common mental health disorders profiles tool"

Common Mental Health Disorders

Area type: CCG

Areas grouped by: Region

Benchmark: England

Area: NHS Bath And North Ea

Search for an area

Region: South West

Indicator: Average IAPT treatment dosage: Mean number of attended treatme

Compared with benchmark: Lower | Similar | Higher | Not compared

Data quality: Significant concerns | Some concerns | Robust

Average IAPT treatment dosage: Mean number of attended treatment appointments for those referrals finishing course of treatment (in month)

Dec 2015

Mean

Export chart as image

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Area	Value	Lower CI	Upper CI
England	6.5	-	-
South West region	-	-	-
NHS Bristol CCG	8.4	-	-
NHS South Gloucestershi...	8.1	-	-
NHS South Devon And Tor...	7.1	-	-
NHS Somerset CCG	6.8	-	-
NHS Northern, Eastern A...	6.4	-	-
NHS Gloucestershire CCG	6.0	-	-
NHS North Somerset CCG	5.7	-	-
NHS Kernow CCG	5.3	-	-
NHS Swindon CCG	5.1	-	-
NHS Bath And North East...	4.9	-	-
NHS Wiltshire CCG	4.7	-	-

Source: IAPT

Common Mental Health Disorders

Area type: CCG | Areas grouped by: Region | Benchmark: England

Area: NHS Ashford CCG | Region: South East

Search for an area

Compared with benchmark: Lower | Similar | Higher | Not compared

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• a note is attached to the value, hover over to see more details

Export table as image

Indicator	Period	England	South East region	NHS Eastbourne, Hailsham And Seaf...	NHS Hastings And Rother CCG	NHS Crawley CCG	NHS Bracknell And Ascot CCG	NHS Coastal West Sussex CCG	NHS South Reading CCG	NHS West Kent CCG	NHS Windsor, Ascot And Maidenhead...	NHS Wokingham CCG	NHS Horsham And Mid Sussex CCG	NHS High Weald Lewes Havens CCG	NHS Thanet CCG	NHS Surrey Heath CCG	NHS Slough CCG	NHS Newbury And District CCG	NHS Milton Keynes CCG	NHS North & West Reading CCG	NHS Dorset CCG	NHS Chiltern CCG
Recovery rate for social phobias: % of referrals finishing a course of treatment who are "moving to recovery" (annual)	2014/15	43.6	-	88.2	60.7	60.0	59.3	58.6	57.7	55.8	55.6	53.8	53.3	53.3	50.0	50.0	50.0	46.2	46.2	45.5	43.7	
Recovery rate for specific phobias: % of referrals finishing a course of treatment who are "moving to recovery" (annual)	2014/15	62.7	-	61.5	72.7	*	55.6	77.6	66.7	*	60.0	92.3	87.5	87.5	*	*	75.0	100	*	66.7	56.2	
Recovery rate for obsessive compulsive disorder: % of referrals finishing a course of treatment who are "moving to recovery" (annual)	2014/15	47.6	-	41.2	37.8	41.0	52.4	55.8	60.9	42.0	61.5	73.7	50.0	43.5	33.3	41.7	50.0	88.2	50.0	31.6	64.0	
Recovery rate for panic disorders: % of referrals finishing a course of treatment who are "moving to recovery" (annual)	2014/15	53.0	-	70.0	50.0	57.9	61.7	59.6	48.3	53.3	62.9	71.0	60.6	71.4	*	50.0	63.3	57.7	*	78.9	57.6	
Recovery rate for post-traumatic stress disorder: % of referrals finishing a course of treatment who are "moving to recovery" (annual)	2014/15	37.5	-	25.0	42.9	25.6	66.7	41.7	*	50.0	*	58.3	47.4	*	*	*	42.4	45.5	50.0	40.0	48.5	

Common Mental Health Disorders

Area type: CCG | Areas grouped by: Region | Benchmark: England

Area: NHS Ashford CCG | Region: South East

Search for an area

Compared with benchmark: Lower | Similar | Higher | Not compared

Data quality: Significant concerns | Some concerns | Robust

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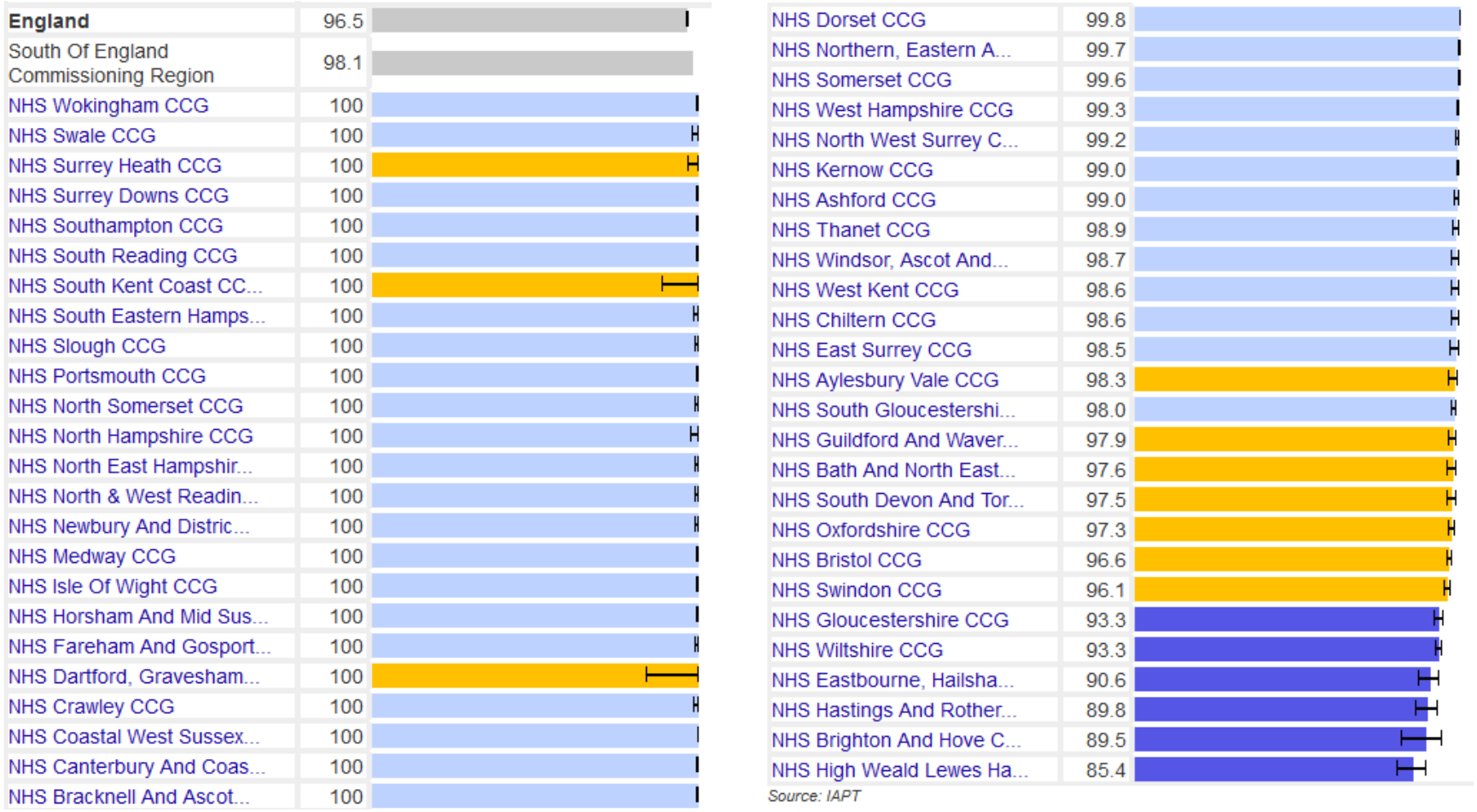
Export table as image

Indicator	Period	England	South East region	NHS Coastal West Sussex CCG	NHS Dorset CCG	NHS Oxfordshire CCG	NHS South Kent Coast CCG	NHS West Kent CCG	NHS Thanet CCG	NHS Canterbury And Coastal CCG	NHS Horsham And Mid Sussex CCG	NHS Medway CCG	NHS Portsmouth CCG	NHS Crawley CCG	NHS Bracknell And Ascot CCG	NHS Windsor, Ascot And Maidenhead...	NHS Wokingham CCG	NHS South Reading CCG	NHS Dartford, Gravesham And Swanl...	NHS Newbury And District CCG	NHS Ashford CCG	NHS North East Hampshire And Farn...
Referrals receiving CBT: Number of referrals finishing a course of treatment who received CBT (HI therapy) (Annual)	2014/15	189162	-	2470	3615	1615	685	2015	690	825	1155	1330	940	660	690	655	550	480	450	375	700	
Referrals receiving counselling: Number of referrals finishing a course of treatment who received counselling (HI therapy) (Annual)	2014/15	76259	-	1785	1515	1420	995	835	660	560	540	515	375	345	305	300	285	270	265	260	260	
Referrals receiving couples therapy: Number of referrals finishing a course of treatment who received couples therapy (HI therapy) (Annual)	2014/15	2051	-	*	65	*	30	10	20	10	*	15	10	*	5	*	*	5	5	*	10	
Referrals receiving interpersonal psychotherapy: Number of referrals finishing a course of treatment who received interpersonal psychotherapy (HI therapy) (Annual)	2014/15	5461	-	65	25	25	30	10	*	10	5	*	45	*	*	5	10	5	10	*	10	
Referrals receiving brief psychodynamic psychotherapy: Number of referrals finishing a course of treatment who received brief psychodynamic psychotherapy (HI therapy) (Annual)	2014/15	2423	-	*	25	40	305	20	*	20	*	105	20	*	5	5	*	*	70	*	*	

NHS England

Paired data completeness: % of completed treatments (in quarter) with paired PHQ9 and ADSM scores



Source: IAPT

Data quality: Significant concerns | Some concerns | Robust

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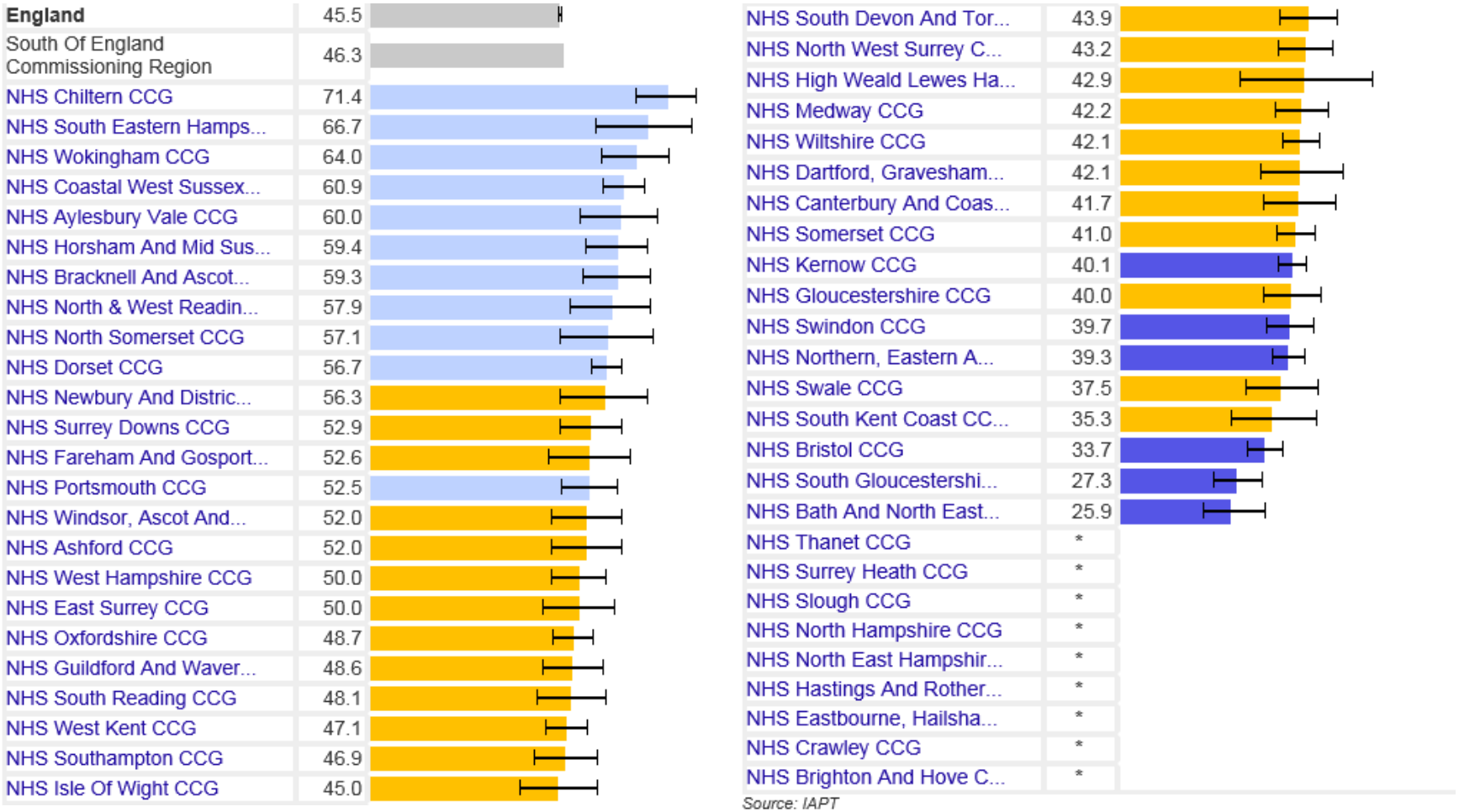
Benchmark: England

NHS England

IAPT recovery: % of people (in month) who have completed IAPT treatment who are "moving to recovery"



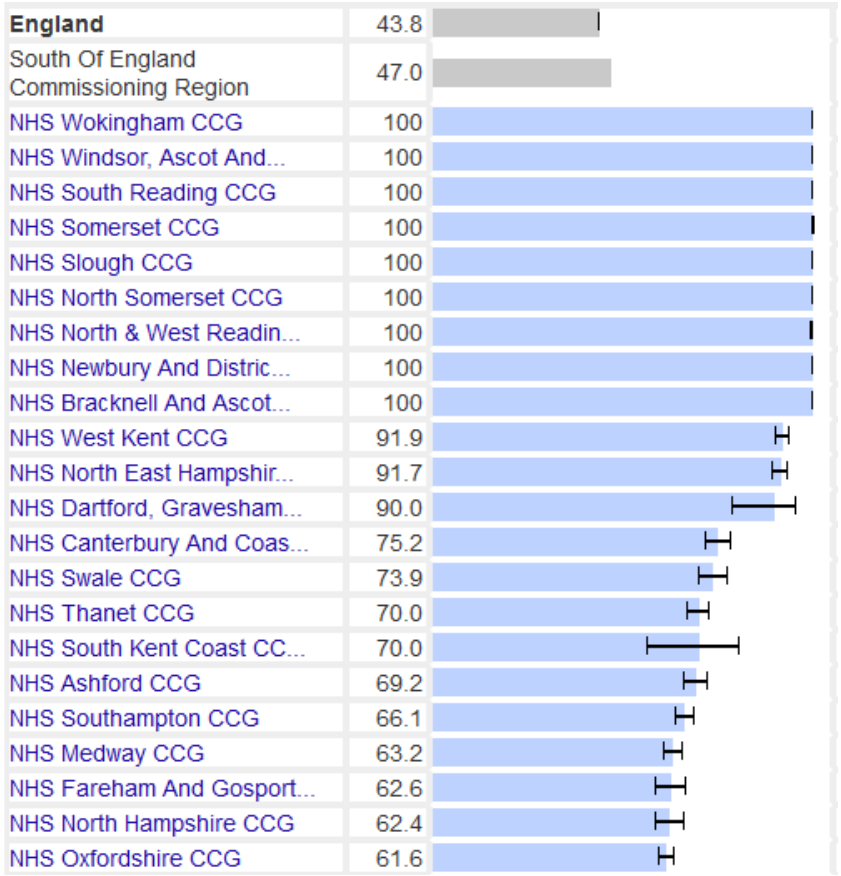
Source: IAPT

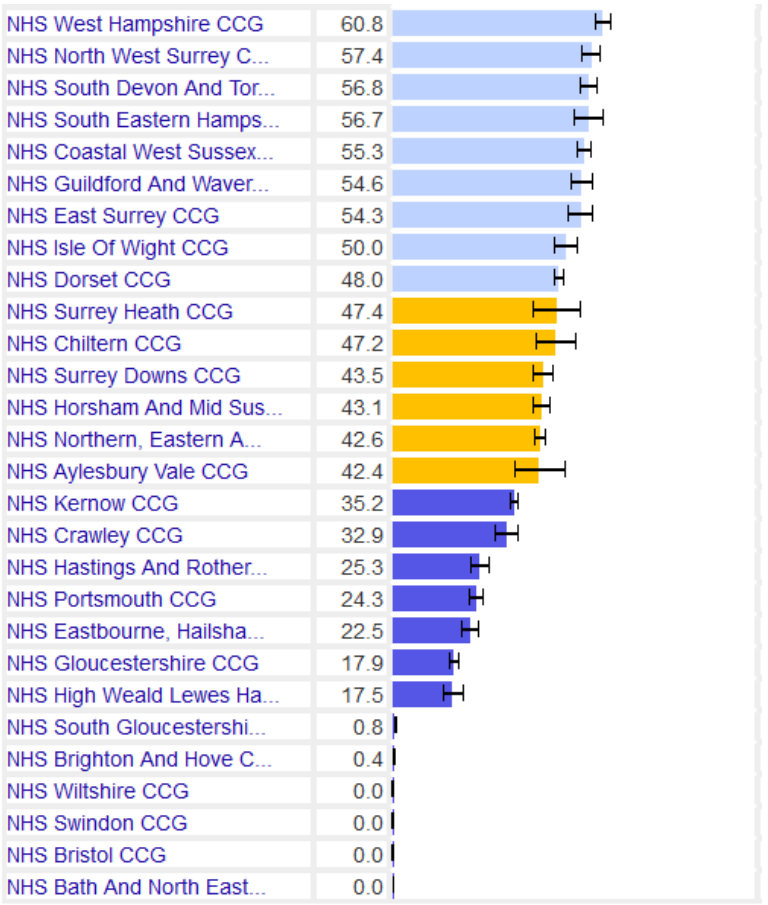
Compared with benchmark: Lower | Similar | Higher | Not compared

Benchmark: England

NHS England

IAPT problem descriptor completeness: % (in quarter) of IAPT referrals with an ICD-10 code





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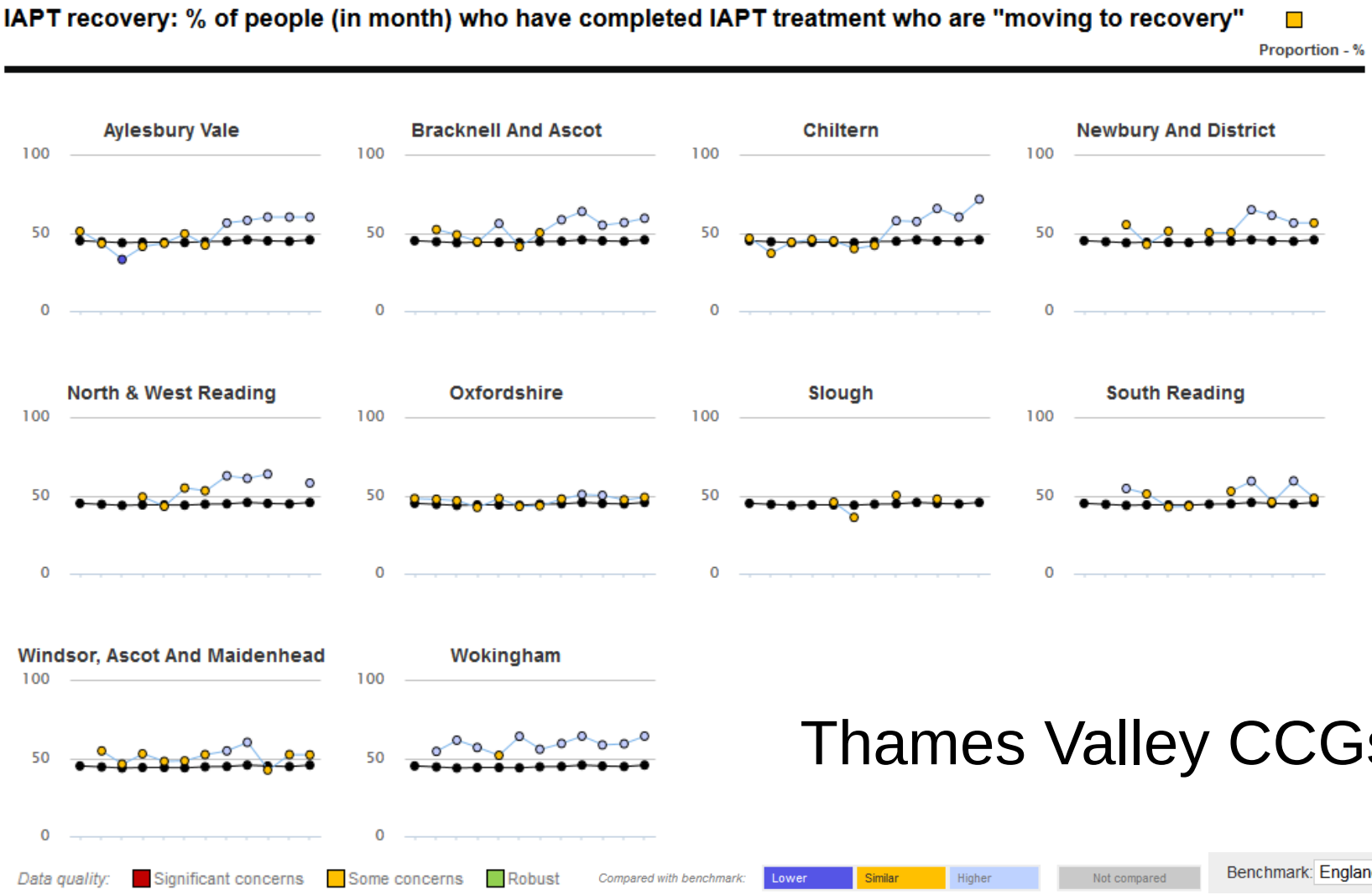
Benchmark: England

NHS England



Thames Valley CCGs

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Plans for further expansion of IAPT in this parliament (up to 2020).

Next Steps

IAPT Expansion will:

•Focus on anxiety & depression in context of long-term physical health conditions and medically unexplained symptoms (MUS). Create co-located physical and mental health services.

•Continue to expand choice of therapies (including mindfulness).

•Greater use of digital platforms to maximize geographic reach, deliver therapy in people's homes when they have time to work on their problems

- *Internet therapy programmes with asynchronous therapist support*
- *Video conferenced therapy sessions*
- *Typed therapy sessions*
- *Blended care*

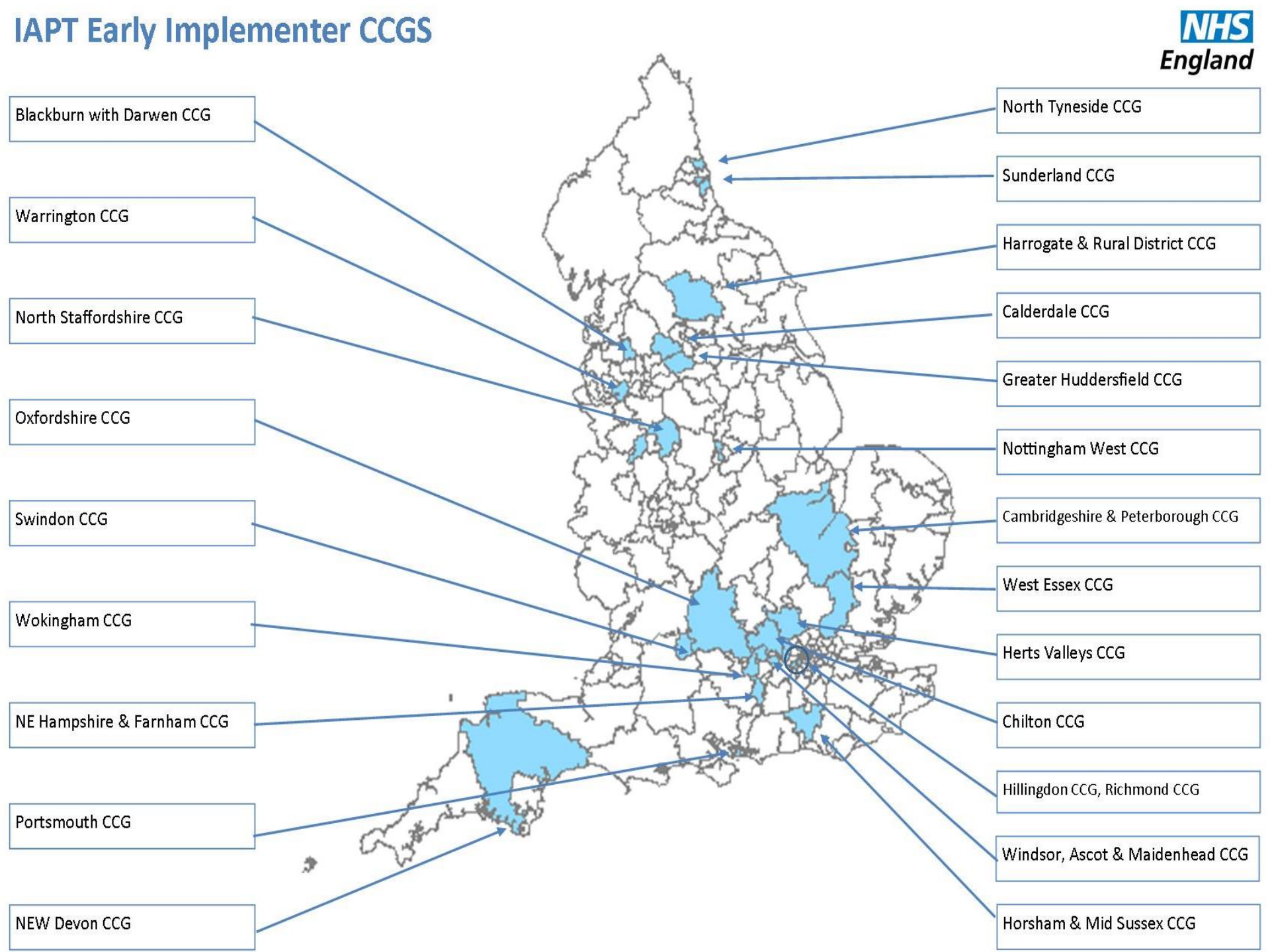
•Expansion of employment advisors

New IAPT LTC/MUS services

- Co-located physical and mental healthcare.
- NICE-recommended therapies, properly trained therapists.
- IT systems support outcome monitoring for all.
- Collection of health utilisation and physical outcome data, as well as mental health outcomes.
- Suitable accommodation.
- All IAPT's existing quality standards.

IAPT Early Implementer CCGS

NHS England



Lessons from the research literature and IAPT to date

LTCs (1)

- People with depression and/or anxiety disorders who also have LTCs are under-represented in IAPT
- Treating their mental health problems reduces physical health care costs by around 20% and mainly pays for itself (Layard & Clark, 2014)
- Best outcomes are achieved with adapted treatments that take into account the LTC and are embedded in its care pathway (LTC Pathfinder Results). **Hence the need for a CPD programme for IAPT Hi and Li clinicians**

Lessons from the research literature and IAPT to date

LTCs (2)

The most common LTCs that are likely to be seen in new integrated IAPT services

- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Cardiovascular disease (CHD)
- Musculoskeletal problems, Chronic pain.

Lessons from the research literature and IAPT to date

MUS (1)

- Medically unexplained symptoms are common. Individuals with persistent and distressing MUS can be severely disabled and are frequent users of the NHS

- RCTs have shown that psychological therapies are effective. The therapies are mainly based on CBT principles and build on the core competencies of the IAPT workforce but include additional procedures. **Hence the need for CPD training.**

Lessons from the research literature and IAPT to date

MUS (2)

The main categories of MUS that we expect to treat in IAPT:

- Irritable bowel syndrome *(High intensity CBT)*
- Chronic Fatigue Syndrome *(Hi CBT & GET)*
- Chronic Pain *(CBT in integrated pain management)*
- MUS not otherwise specified *(Broad based CBT)*

Engagement in treatment can be a challenge, but many of the key principles have already been touched upon in HI training of health anxiety and panic disorder

- Positive evidence for psychological modulation
- Right terms (symptom management) Reduced reassurance

Lessons from IAPT programme, including LTC/MUS: process (1)

- Getting outcome data on *everyone* is critical. It helped core IAPT go from 38% recovery (2009) to 49% now.
- LTC/MUS pilots fell below this standard, but didn't use all core IAPT's data procedures (session by session, data view in every supervision, IT system support, digital input).
- LTC/MUS services will collect some additional data on the perceived impact of the LTC and healthcare utilization
- Services need to be clear from the beginning about what they will collect, when, why, and how data completeness is monitored.

Lessons from IAPT programme, including LTC/MUS: process (2)

- Structured and rigorous project management is needed for a programme of this scale

- Continuity and consistency in leaderships, organisations and relationships are important in ensuring delivery

- The quality of the evaluator and the national relationship with them affects the quality of the evidence produced: so early and careful consideration of impact analysis and how it is commissioned is needed

Proposed Outcomes Measurement for Anxiety Disorders and Depression in context of Long Term Conditions (LTC)

- In LTC interventions, measures of a person's perception of the impact of the LTC on the person's life and wellbeing will be used
- These will be collected pre and post treatment, they will be informative but will not be used to calculate recovery
- Recovery will be calculated using the PHQ-9 and the relevant disorder specific measure (defaulting to the GAD-7 if the latter is not available)

Proposed Measures for Long Term Conditions

Condition Anxiety Disorder and/or depression with:	Mental Health & Disability Measures (weekly measures)	Impact of LTC (pre & post treatment)
Diabetes	PHQ-9, GAD-7, ADSM, Work & Social Adjustment Scale (WSAS)	Diabetes Distress Scale
COPD	PHQ-9, GAD-7, ADSM, WSAS	COPD Assessment Test (CAT)
CHD	PHQ-9, GAD-7, ADSM, WSAS	Minnesota Living with Heart Failure
Any other LTC	PHQ-9, GAD-7, ADSM, WSAS	

Proposed Outcomes Measurement for Medically Unexplained Symptoms (MUS)

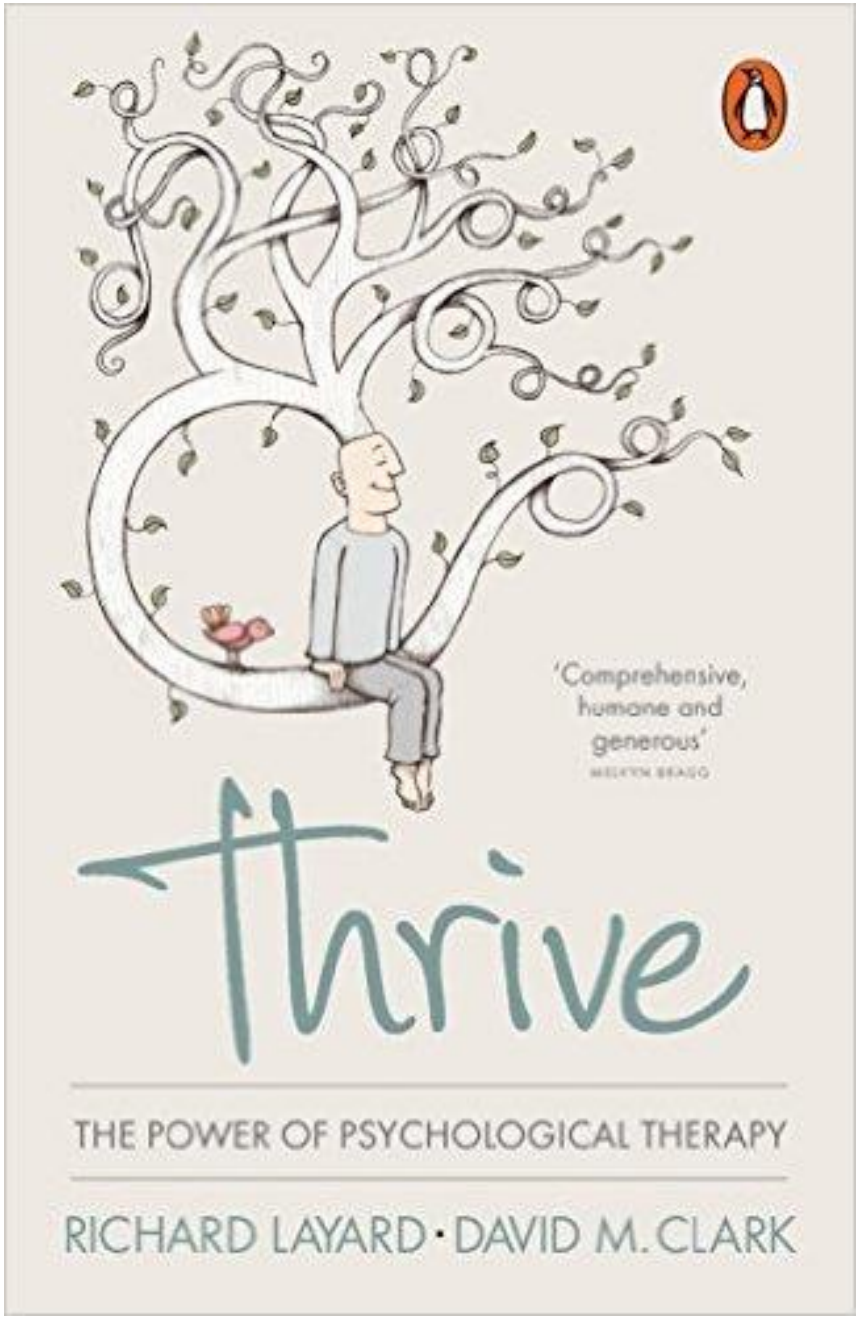
- In MUS interventions, MUS specific measures will be incorporated into the session-by-session outcome measures
- These will be used, alongside the PHQ-9, to calculate recovery. If the MUS specific measure is missing, GAD-7 will be used.

Proposed Outcomes Measurement for Medically Unexplained Symptoms

Medically unexplained symptoms	Mental Health & Disability Measures (weekly measures)
Chronic Fatigue Syndrome	PHQ-9, GAD-7, Chalder Fatigue Questionnaire (11 items)
Irritable Bowel Syndrome	PHQ-9, GAD-7, Francis IBS Symptom Severity Scale (5 items), WSAS
Chronic Pain, including Fibromyalgia	PHQ-9, GAD-7, Brief Pain Inventory
MUS not otherwise specified	PHQ-9, GAD-7, PHQ-15, WSAS

Further Reading?

Thrive provides a detailed account of the clinical and economic arguments for IAPT, including those underpinning the LTC/MUS and digital expansions.



Thank You