



Large scale roll-out of evidence-based psychological therapies through the UK Talking Therapies Program (*formerly known as IAPT*): clinical & economic benefits

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NHS Talking Therapies for Anxiety & Depression (formerly known as IAPT)

- Clinical guidelines (NICE) recommend empirically supported short-term (up to 14-20 sessions) psychological therapies as first line interventions for common mental health problems (depression and the anxiety disorders).
- Secondary prevention interventions, based on acquisition of new skills
- Surveys showed the public prefers psychological therapies to medication in 3:1 ratio
- 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. 10,800) psychological therapists using National evidence-based curricula. Competence standards.
- Deploy in **new, additional** *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



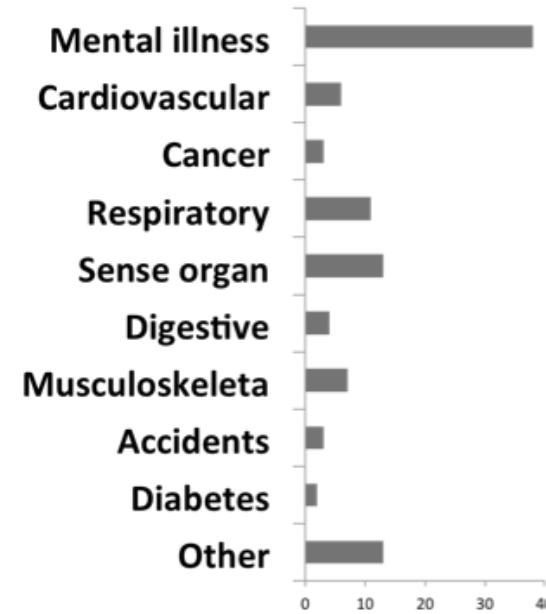
Layard



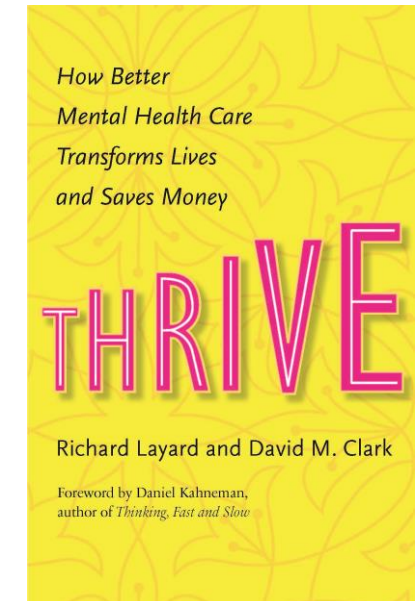
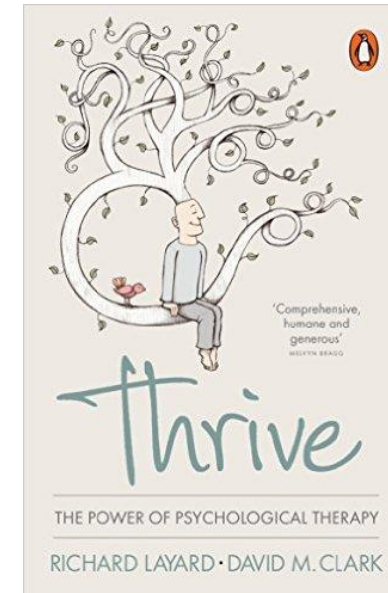
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The IAPT Arguments

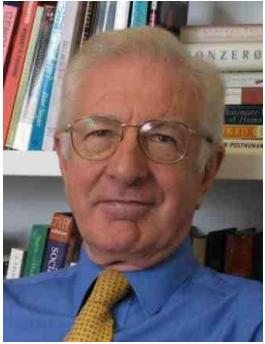
- Mental illness is the biggest health problem in rich countries
- Untreated anxiety and depression depress GDP by 4% (presenteeism and absenteeism).
- Can train therapists in routine services to deliver treatments effectively
- Can monitor outcomes in everyone to demonstrate treatments are working (new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



Percent morbidity due to:



Advancing the Arguments



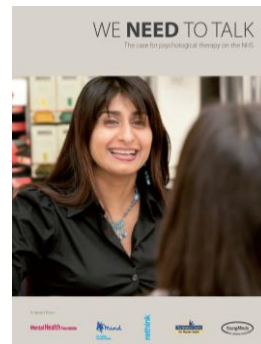
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Observer



Charities



Andrew Marr Interviews

Putting
the case



No 10 Event



Blair



Brown



Cameron & Clegg



May



Johnson



Sunak

2005 Talk to Prime Ministers' Office

Labour Election Manifesto

2005-2007 Two Pilot sites

2006 Pamphlets

2007 National Launch **\$ 42 million**

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

2010 *All party Election Manifestos*

2011 IAPT Expanded (Coalition)

2015 *All party Election Manifestos*

2016 Expanded

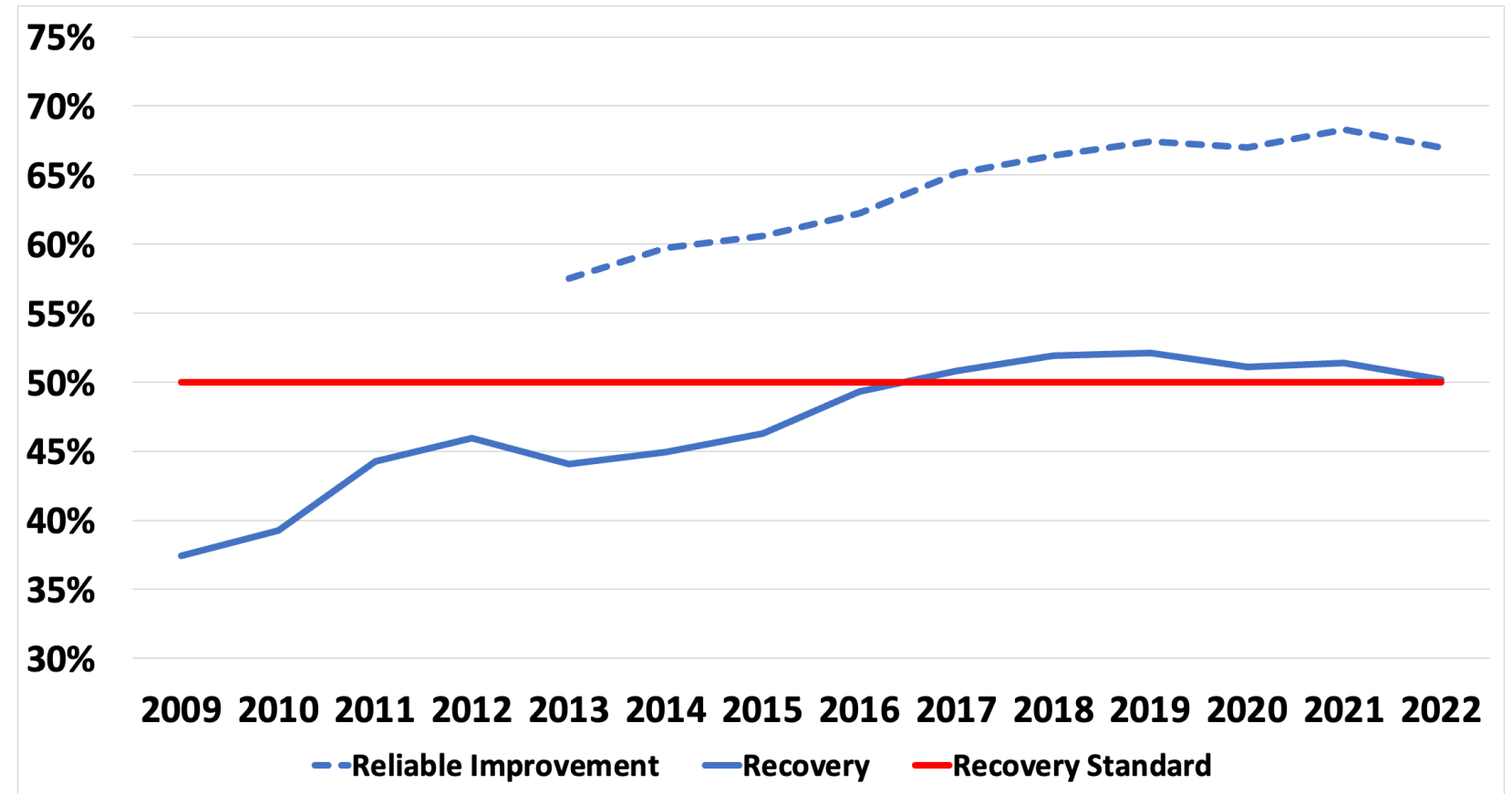
2019 Expanded

2024 Expanded

\$ 1.2 billion

- Started small in 2008 (93,000 treated)
- Now over 1million access services each year
- 670,000 have a course of treatment each year
- 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

NHS Talking Therapies for Anxiety & Depression So Far (2022)



nature
International journal of science

THE GLOBE AND MAIL

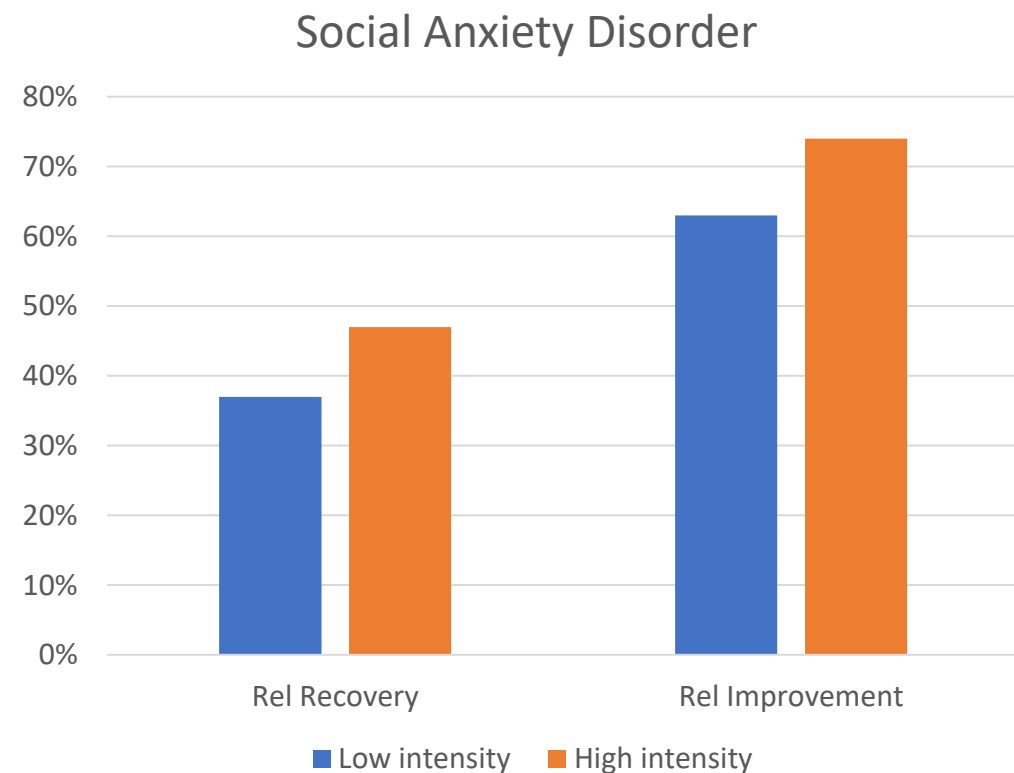
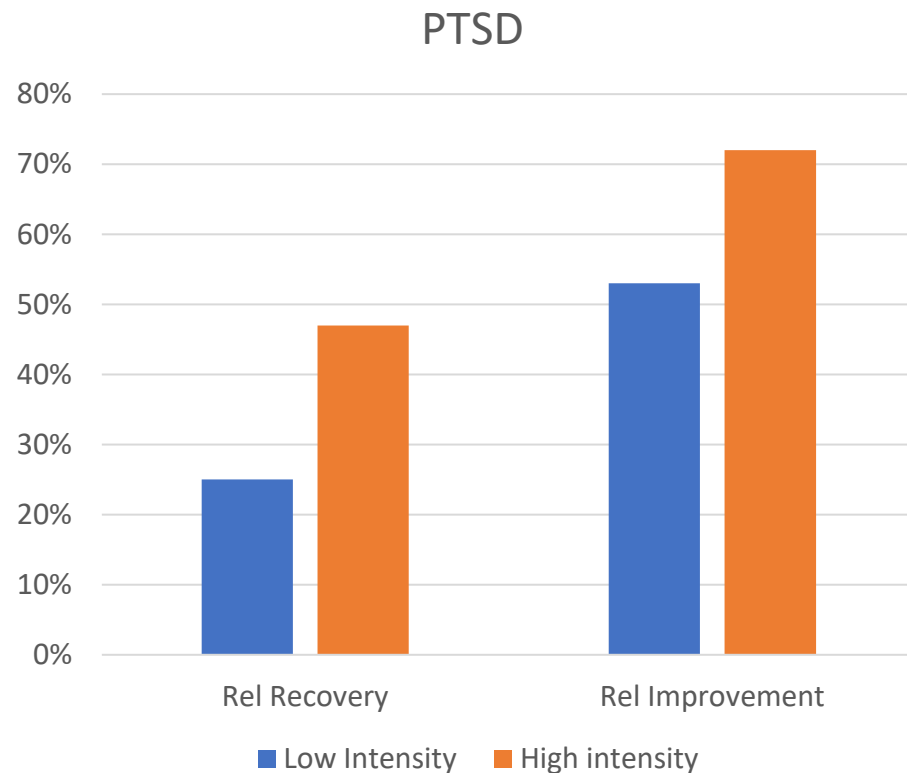
“world beating”

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

Importance of giving NICE recommended treatment

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

- First year. CBT vs counselling in depression (=) and GAD (>)



Saunders (2023) Multivariate analyses of 36 months of data

Some characteristics of services with better outcomes

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 (*wait from 1st to 2nd session subsequently became a significant predictor*)
 - Low DNA rates
 - High step-up rates
 - Higher average number of sessions
 - Less good outcomes in more socially deprived areas *

Average Waiting Time



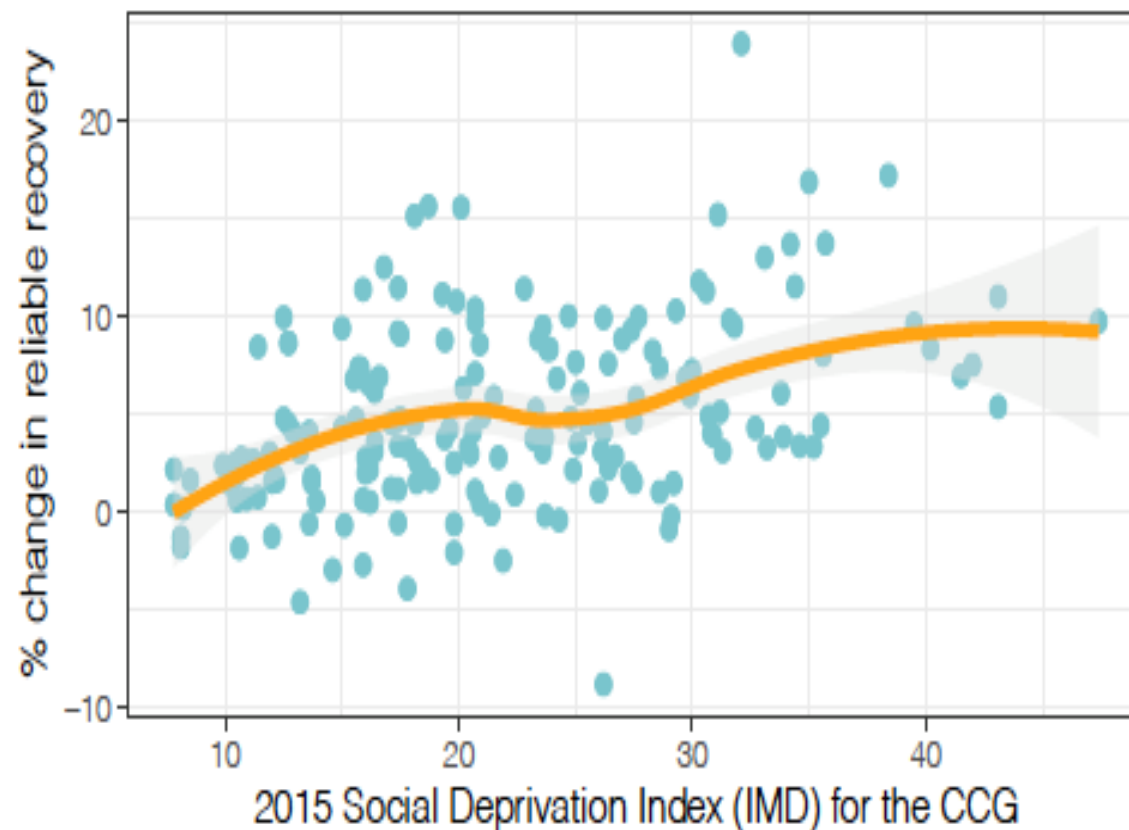
Optimal outcomes depend on having the right treatment in the right type of service.

Finessing the adverse effects of social deprivation

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

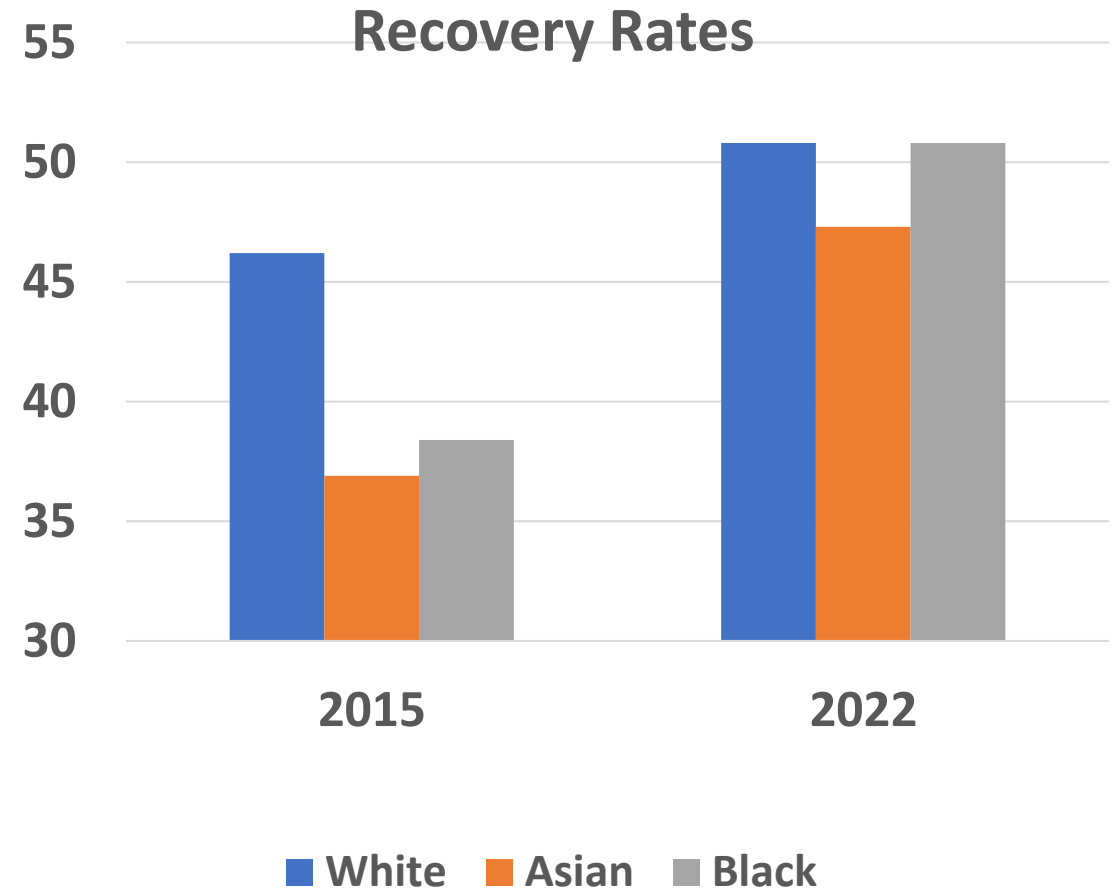
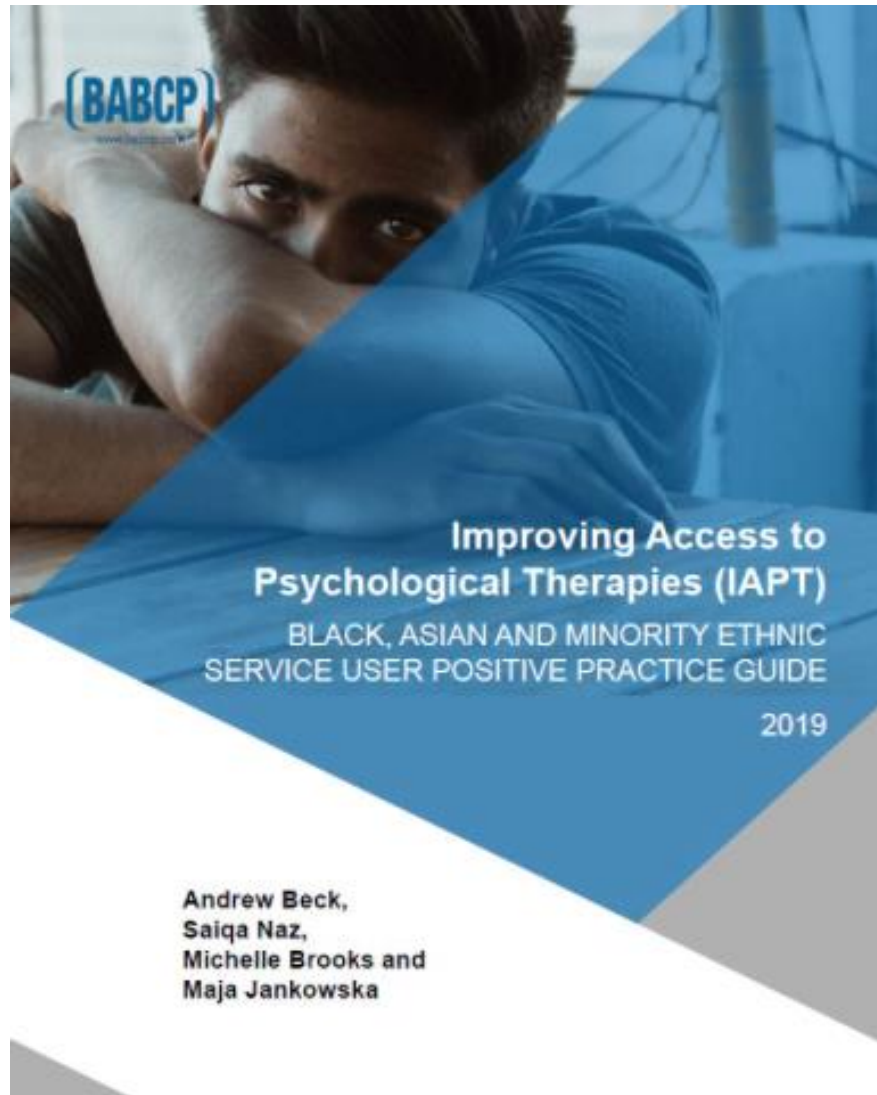
Social Deprivation (IMD)

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



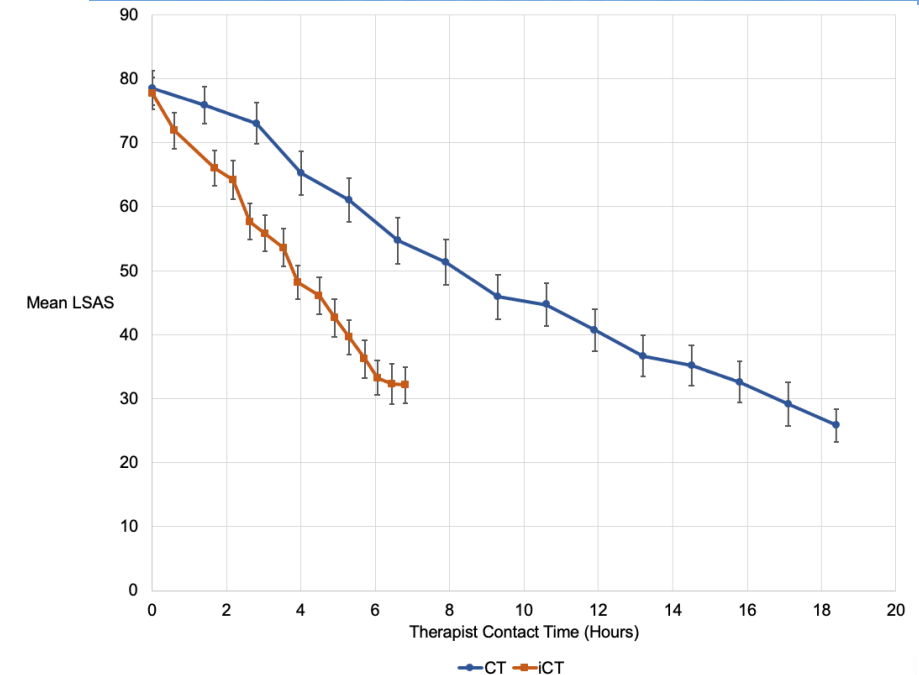
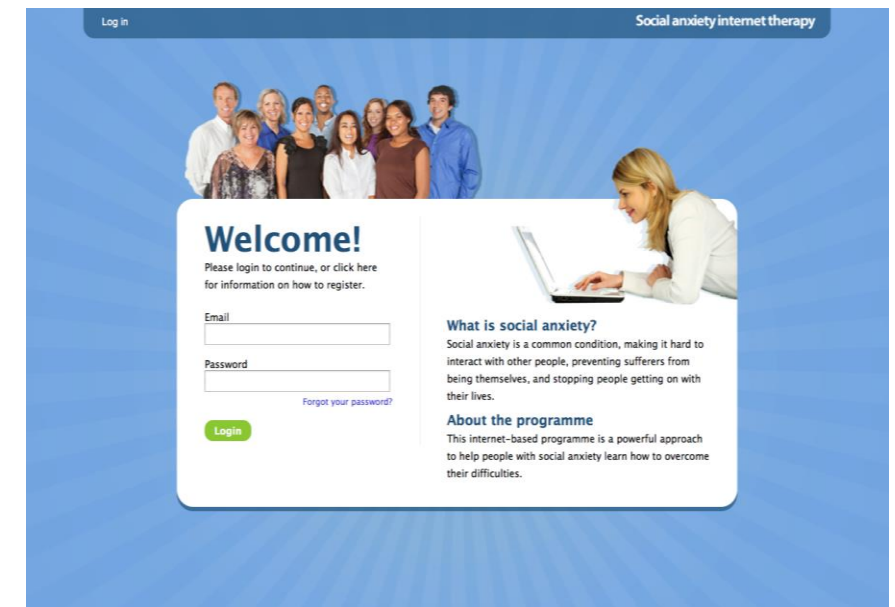
Improvement in IAPT service outcomes 2016-2019 as a function of local social deprivation

Reducing Inequalities



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”



Clark et al (2023) *Psychological Medicine*, 53, 5022-33

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

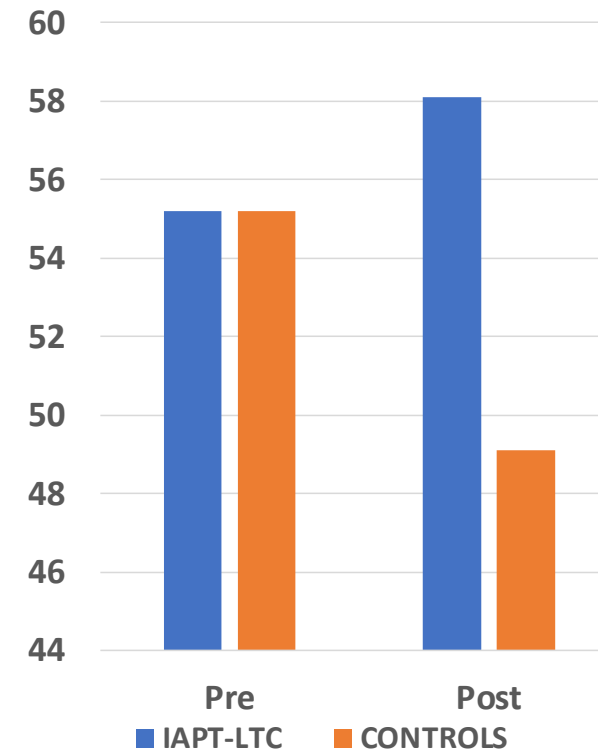
The Solution

- 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

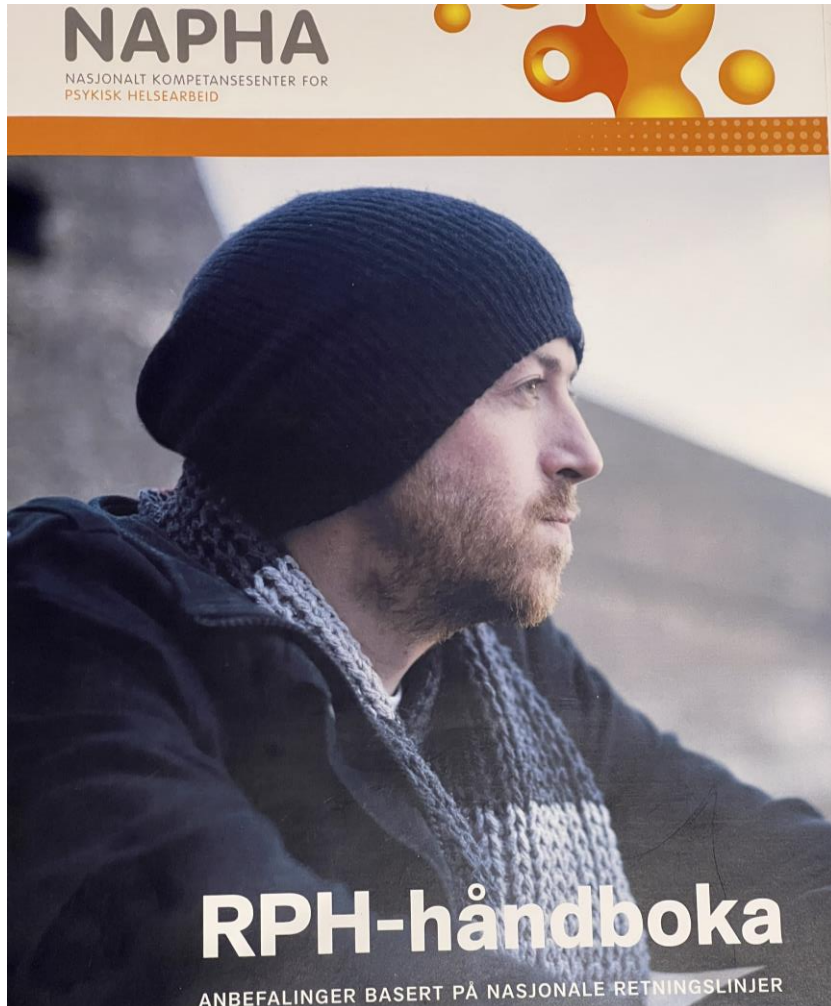
	LTC	No LTC
Recovery	48%	53%
Improvement	65%	68%

Data linkage studies demonstrate wider benefits of NHS TT in UK

- NHS TT has a beneficial effects on physical health and reduce NHS costs.
 - NHS TT treatment reduces subsequent risk of hospital (out-patient and in-patient) admission ([Gruber et al, 2022](#); [Toffolutti et al, 2021](#))
 - Successful NHS TT treatment of depression reduces adverse cardiovascular events (including heart attacks and strokes) over next 3 years ([ElBaou et al, 2023](#))
- Treatment in NHS-TT – LTC services helps keep people in work ([Toffolutti et al, 2021](#))



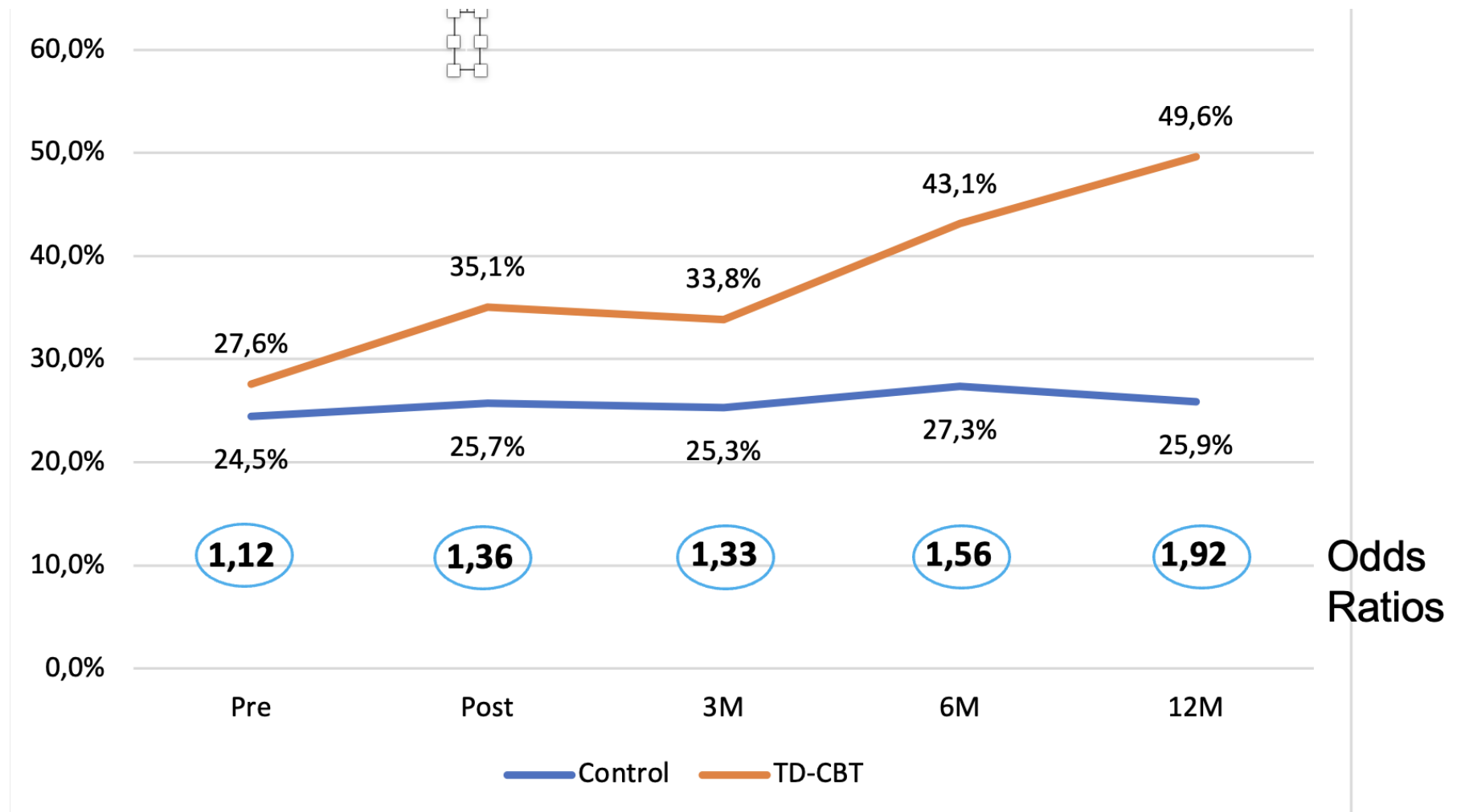
And elsewhere.....



- Norway now has multiple IAPT-like services (called Prompt Mental Health Care: PMHC).
- Clinical trial randomized patients to PMHC or usual primary care. Much higher recovery rates in PMHC ([Knapstad et al, 2020, Psychother Psychosom, 80, 90-105](#))
- Patients followed up for 3 years afterwards ([in prep](#))
- PMHC patients were:
 - More likely to be employed and not receiving welfare benefits
 - Had a higher average income
- Conclusion: The NHS TT model helps grow the economy (Benefit to Cost ratio approx. 4 overall and approx. 10 for individuals who recover from their mental health problem).
- [Other countries \(Australia, Ontario, Finland, Spain\)](#)

% of patients with income > \$26,000

Cano-Vindel et al (2022) PsicAPP trial



22nd November 2023



Jeremy Hunt.
Chancellor of the Exchequer

UK Government announces funds (approx \$703 million) to further expand NHS TT workforce

Based on the clear demonstration the treatment in NHS TT services help grow the economy

Expansion allows more people to have treatment and an increase in the average number of sessions (as economic benefits are strongly related to clinical outcomes)

Questions?