In February 2019 there were:

- **137,647** referrals to talking therapies
- **88.6%** started treatment within 6 weeks
- **93,098** referrals started treatment
- **6.9** sessions of treatment on average
- **46,212** referrals completed course of treatment
- **53.6%** referrals moved to recovery

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This statistical release makes available the most recent Psychological Therapies (IAPT) monthly and quarterly data, including activity, waiting times, and outcomes such as recovery.

IAPT is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety.

www.digital.nhs.uk enquiries@nhsdigital.nhs.uk

Author: Community & Mental Health team, NHS Digital
Responsible Statistician: Paul Jennings

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Main findings</td>
<td>4</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>5</td>
</tr>
<tr>
<td>Recovery</td>
<td>5</td>
</tr>
<tr>
<td>Further breakdowns for recovery</td>
<td>6</td>
</tr>
<tr>
<td>Reliable improvement and reliable recovery</td>
<td>7</td>
</tr>
<tr>
<td><strong>Waiting times</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>10</td>
</tr>
<tr>
<td>Further breakdowns for activity</td>
<td>11</td>
</tr>
<tr>
<td><strong>Further information</strong></td>
<td>12</td>
</tr>
<tr>
<td>Key resources</td>
<td>12</td>
</tr>
<tr>
<td>NHS Digital IAPT webpages</td>
<td>12</td>
</tr>
<tr>
<td>Low numbers and suppression</td>
<td>12</td>
</tr>
</tbody>
</table>
This is an Official Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service.

All official statistics should comply with the UK Statistics Authority’s Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.


This product may be of interest to the Department of Health and Social Care (DHSC), IAPT services, commissioners and members of the public interested in information about activity and outcomes regarding NHS-funded IAPT services for adults in England.
Introduction

Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE)¹ for treating people with depression or anxiety.

The IAPT programme is supported by a regular return of data generated by providers of IAPT services in the course of delivering those services to patients. These data are received by NHS Digital and published in monthly reports.

This report summarises activity in the IAPT programme for February 2019². It shows key information about activity, patient outcomes, and waiting times.

Main findings

Information about the IAPT programme is based broadly on three areas:

- **Activity**: such as how many referrals were received, treated, or ended in the month, or how many appointments took place;
- **Waiting times**: how long referrals waited to be seen or treated by providers of IAPT services;
- **Outcomes**: whether referrals measurably improved as a result of a course of IAPT therapy.

Activity

137,647 new referrals were received in February 2019.
93,098 referrals entered treatment in the month.
124,318 referrals ended (for any reason) in the month.

Waiting times

Of the 46,212 referrals that finished a course of treatment in February 2019, 88.6% waited less than 6 weeks and 98.8% waited less than 18 weeks to enter treatment.

Outcomes

43,351 referrals finished a course of treatment in February 2019 having started at caseness³, of which 23,243 (53.6%) moved to recovery.

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¹ [https://www.nice.org.uk/](https://www.nice.org.uk/)
² All historical IAPT publications can be found at [http://www.digital.nhs.uk/iaptreports](http://www.digital.nhs.uk/iaptreports).
³ ‘Caseness’ is the term used in IAPT to define a clinical case of anxiety or depression. See the ‘Guide to IAPT data and publications’ published at [http://www.digital.nhs.uk/iaptreports](http://www.digital.nhs.uk/iaptreports) for details.
Outcomes

Outcomes in IAPT are measured in terms of three measures: reliable improvement, recovery, and reliable recovery. For an explanation of these terms, see the ‘Guide to IAPT data and publications’, available from www.digital.nhs.uk/iaptreports.

Recovery

Recovery in IAPT is measured in terms of ‘caseness’ – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (‘at caseness’) and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition.

The Government target is that 50% of eligible referrals to IAPT services should move to recovery.  

Calculating recovery rates

\[
\text{Number of referrals that moved to recovery} \\
\hline
\frac{\text{Number of referrals that finished a course of treatment}}{\text{Number of referrals that finished a course of treatment and started treatment not at caseness}} \\
\times 100
\]

In February 2019, this calculation is performed as follows:

\[
\frac{23,243}{(46,212 - 2,861)} \times 100 = 53.6\%
\]

Sub-national recovery rates are published in the Monthly Activity Data File as column ‘RecoveryRate’.

---

Further breakdowns for recovery

Each quarter, more detailed data are published about recovery. The most recent quarterly data, Quarter 3 2018/19, shows the following:

<table>
<thead>
<tr>
<th>Recovery rates for those who finished a course of treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
</tr>
<tr>
<td>51.2%</td>
</tr>
<tr>
<td>female</td>
</tr>
<tr>
<td>52.8%</td>
</tr>
<tr>
<td>male.</td>
</tr>
<tr>
<td>Working Age and older people</td>
</tr>
<tr>
<td>50.7%</td>
</tr>
<tr>
<td>aged 18 to 64</td>
</tr>
<tr>
<td>65.8%</td>
</tr>
<tr>
<td>aged 65 and over.</td>
</tr>
<tr>
<td>White British and BME</td>
</tr>
<tr>
<td>49.2%</td>
</tr>
<tr>
<td>of BME ethnicities</td>
</tr>
<tr>
<td>52.4%</td>
</tr>
<tr>
<td>of White British.</td>
</tr>
</tbody>
</table>

Further breakdowns and measures can be found at:

Reliable improvement and reliable recovery

In addition to recovery, there are two other measures of outcome in IAPT; reliable improvement and reliable recovery.

A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measured by the difference between their first and last scores on questionnaires tailored to their specific condition.

A referral has reliably recovered if they meet the criteria for both the recovery and reliable improvement measures. That is, they have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment, and there has also been a significant improvement in their condition.

Figure 1: Percentage of eligible referrals having recovered, reliably improved, and reliably recovered, March 2018 to February 2019, England

The above chart compares recovery, reliable improvement, and reliable recovery rates. Consistently, a higher proportion show reliable improvement than move to recovery; this is because reliable improvement only looks at the scale of change, and not whether the referral has moved below the clinical caseness threshold. Reliable recovery, which requires both recovery and reliable improvement, is the most stringent measure and therefore has the lowest rate.

For further information about these measures, see the ‘Guide to IAPT data and publications’, available from www.digital.nhs.uk/iaptreports.
Calculating reliable improvement rates

\[
\frac{\text{Number of referrals that showed reliable improvement}}{\text{Number of referrals that finished a course of treatment}} \times 100
\]

In February 2019, this calculation is performed as follows:

\[
\frac{31,609}{46,212} \times 100 = 68.4\%
\]

Sub-national reliable improvement rates are published in the Monthly Activity Data File as column ‘ImprovementRate’.

Calculating reliable recovery rates

\[
\frac{\left(\frac{\text{Number of referrals that both moved to recovery and showed reliable improvement}}{\text{Number of referrals that finished a course of treatment}} - \frac{\text{Number of referrals that finished a course of treatment and started not at caseness}}{\text{Number of referrals that finished a course of treatment}}\right)}{\text{Number of referrals that finished a course of treatment}} \times 100
\]

In February 2019, this calculation is performed as follows:

\[
\frac{22,133}{(46,212 - 2,861)} \times 100 = 51.1\%
\]

Sub-national reliable recovery rates are published in the Monthly Activity Data File as column ‘ReliableRecoveryRate’.

Further breakdowns for reliable improvement & reliable recovery

Each quarter, more detailed data are published about reliable improvement and reliable recovery. The most recent quarterly data, Quarter 3 2018/19, can be found at:

http://digital.nhs.uk/pubs/iaptdec18
Waiting times

One of the stated targets of the IAPT programme is that for referrals finishing a course of treatment in the month, 75% enter treatment within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment.

Figure 2: Percentage of referrals entering treatment within 6 and 18 weeks, March 2018 to February 2019, England

![Graph showing percentage of referrals entering treatment within 6 and 18 weeks]

Figure 2 above shows that, nationally, waiting times measures have consistently been above the target, particularly the proportion seen within 6 weeks.

Calculating waiting times rates

\[
\text{Number of referrals that finished treatment and waited less than 6 weeks to enter treatment} \times 100 \div \text{Number of referrals that finished a course of treatment}
\]

In February 2019, this calculation is performed as follows:

\[
\frac{40,958}{46,212} \times 100 = 88.6\%
\]

Sub-national waiting times rates are published in the Monthly Activity Data File as columns ‘FirstTreatment6WeeksFinishedCourseRate’ and ‘FirstTreatment18WeeksFinishedCourseRate’.

Activity

As well as outcomes and waiting times, NHS Digital also publishes a wide range of information about activity in the IAPT programme within the month.

Figure 3: Number of referrals received, entered treatment, ended, and finished a course of treatment, March 2018 to February 2019, England

Figure 3 shows the relative volumes of referrals that were received, entered treatment, ended, and finished a course of treatment in each month.

There is a degree of seasonality in these volumes, with slightly less activity around December.

It is important to note that these numbers are not based on the same group of referrals as each other. A referral that was received in February 2019 did not necessarily enter treatment in this month, and is less likely again to have ended in the month.

The number of referrals that finished a course of treatment is a subset of all referrals that ended in the month. In February 2019, 37.2% of referrals that ended had finished a course of IAPT treatment. Referrals can end having had different levels of contact with the service; these are shown in Figure 4 below.
Further breakdowns for activity

Each quarter, more detailed data are published about activity. The most recent quarterly data, Quarter 3 2018/19, shows the following:

**Of those who finished a course of treatment**:6

<table>
<thead>
<tr>
<th>Sex</th>
<th>65.7% female</th>
<th>34.1% male.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Age and older people</td>
<td>91.7% aged 18 to 64</td>
<td>7.1% aged 65 and over.</td>
</tr>
<tr>
<td>White British and BME</td>
<td>16.5% of BME ethnicities</td>
<td>78.2% of White British.</td>
</tr>
</tbody>
</table>

Further breakdowns and measures can be found at:

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6 Percentages for each variable will not sum to 100% as a subgroup was either not recorded or was recorded using an invalid code for some records.
Further information

Key resources
For an explanation of all measures in the Monthly & Quarterly Activity Data File CSVs, see the IAPT Metadata Document and the Guide to IAPT data and publications.
For the specification of the IAPT dataset, see the IAPT v1.5 Technical Output Specification.
For the Public Health England Common Mental Health Disorder Profiling Tool (‘Fingertips tool’), see http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders.
For the IAPT Manual, see the NHS IAPT website with supporting information:
https://www.england.nhs.uk/mental-health/adults/iapt/

NHS Digital IAPT webpages
For resources related to monthly IAPT publications and links to all historical IAPT publications:
http://www.digital.nhs.uk/iaptreports
For resources related to the IAPT dataset:
http://www.digital.nhs.uk/iapt

Low numbers and suppression
In order to protect patient confidentiality in IAPT publications, any figures based on a count of less than 5 referrals is suppressed by replacing the number with an asterisk (*).
In order to prevent suppressed numbers from being calculated through differencing other published numbers from totals, all sub-national counts have been rounded to the nearest 5.
Rates are presented as percentages and are based on unrounded numbers. In publications from November 2016 (August 2016 final data), changes to the suppression methodology were introduced. Sub-national rates are now rounded to the nearest whole percent to prevent disclosure. National rates are rounded to one decimal place.