Psychological Therapies

Additional analyses of therapy-based outcomes in IAPT services (England 2017-18 experimental statistics)

Published 9 May 2019

This publication describes patient outcomes in IAPT in terms of courses of therapy given. It supplements the 2017-18 annual Psychological Therapies publication.

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

Key findings

In 2017-18:

- Cognitive Behavioural Therapy and Guided Self Help (Book) together accounted for almost two thirds of all courses of therapy given (62%);
- 9 times out of 10 (89%) a course of therapy was delivered as a discrete course;
- Interpersonal Psychotherapy, Brief Psychodynamic Psychotherapy and Couples Therapy for Depression had the highest mean treatment appointments (all above 8).
- Of therapies with more than 5,000 courses, the highest rates of therapy-based recovery and improvement\(^1\) are for Cognitive Behavioural Therapy (47.4% and 62.4%) and Counselling for Depression (47.0% and 61.5%).

\(^1\) Rates based on the 2016-17 IAPT cohort.
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This is an Experimental Statistics publication

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

Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

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

Improving Access to 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 delivering those services to patients. These data are received by NHS Digital and published in monthly and annual reports\(^2\).

This report is based on the annual period 1st April 2017 to 31st March 2018 and supplements the annual Official Statistics publication\(^3\). It looks at patient outcomes in terms of individual courses of therapy given, and this makes it distinct from the usual assessment of patient outcomes in the Official Statistics, which is based on outcomes for patients’ entire referrals.

Main findings

Courses of therapy given

In 2017-18:

- Cognitive Behavioural Therapy and Guided Self Help (Book) together accounted for almost two thirds of all courses of therapy given (62%);
- Over 9 in 10 courses of Collaborative Care, Guided Self Help (Book) and Non-Guided Self Help (Book) were given as the first treatment. Conversely, almost half of courses of Behavioural Activation (High Intensity) and Eye Movement Desensitisation Reprocessing were given as the second or subsequent treatment;
- 9 times out of 10 (89%) a course of therapy was delivered as a discrete course;
- Interpersonal Psychotherapy, Brief Psychodynamic Psychotherapy and Couples Therapy for Depression had the highest mean treatment appointments (all above 8).

Therapy-based outcomes

- Of therapies with more than 5,000 courses, the highest rates of therapy-based recovery and improvement\(^4\) are for Cognitive Behavioural Therapy (47.4% and 62.4%) and Counselling for Depression (47.0% and 61.5%).

1. [https://www.nice.org.uk/](https://www.nice.org.uk/)
2. See [https://www.digital.nhs.uk/iaptreports](https://www.digital.nhs.uk/iaptreports)
4. See Appendix C for an explanation of these terms.
Assessing outcomes by therapy type

The Improving Access to Psychological Therapies programme is centred around particular treatments for depression and anxiety disorders, as recommended by NICE. Since the IAPT programme treats individuals, the focus of NHS Digital’s Official Statistics has been to report activity based around referrals to services. This publication instead reports activity based around individual courses of therapy.

What is a course of IAPT therapy?

When a patient is referred to an IAPT service, they are first assessed for suitability and to identify suitable treatment(s). For many patients with mild to moderate symptoms of anxiety or depression, a low intensity intervention is first recommended with other, higher intensity therapies offered if necessary. This is known as a stepped care model. Appendix A summarises which therapies are recommended for particular conditions.

Figure 1: example IAPT patient journey

Figure 1 shows an example patient journey. In this example a single, continuous spell of care has taken place (known as a referral), but with two distinct therapies given – Guided Self Help first followed by a “step-up” to Cognitive Behavioural Therapy.

Why look at courses of therapy?

It is common for two or more therapies, like those shown in Figure 1, to be given to a patient in a single, continuous spell of care. Since the reporting of outcomes in the Official Statistics reports is based on referrals, it is not possible in such circumstances to evaluate the effectiveness of each individual therapy given to the patient. That is, to what extent did each therapy contribute to the patient’s overall outcome?

Findings presented in this report and data published in the accompanying tables are based on distinct courses of therapy, not
distinct referrals. For further details about the definition of a distinct course of therapy, see Appendix B.

**What courses of therapy are patients receiving?**

**Number of courses of therapy by therapy type**

Figure 2 below shows the total number of courses of each therapy given to patients in 2017-18, as well as the extent to which each therapy was offered as the first, second or subsequent treatment in the referral.

**Figure 2: Number of courses of each therapy type and relative position in pathway, England, 2017-18**

Cognitive Behavioural Therapy was given most frequently in 2017-18, accounting for over a third (36%) of all courses of therapy in the year.

Cognitive Behavioural Therapy and Guided Self Help (Book) together account for nearly two thirds (62%) of all courses of therapy in the year.

Over 9 in 10 courses of Collaborative Care, Guided Self Help (Book) and Non-Guided Self Help (Book) were given as the first treatment.

See Table 1 of the accompanying data tables for further details.

For further details about NICE-recommended IAPT therapies, see the IAPT Manual published at [https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/](https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/)
Conversely, almost half of courses of Behavioural Activation (High Intensity) and Eye Movement Desensitisation Reprocessing were given as the second or subsequent treatment.

**Number of discrete and overlapping courses of therapy**

Some courses of therapy are given to the patient as a discrete course; that is, there are no other therapies given to the patient at the same time. Conversely, some courses of therapy are given to the patient alongside another type of therapy.

Figure 3 shows the proportion of courses of therapy that are given as a discrete course (i.e. with no other therapies given at the same time) and that are given concurrently with another type of therapy.

**Figure 3: Proportion of courses of therapy that are given discretely and concurrently, England, 2017-18**

![Proportion of courses of therapy](chart)

9 times out of 10 (89%) a course of therapy was delivered as a discrete course.

There is variation between how each specific type of therapy was delivered; Counselling for Depression, Cognitive Behavioural Therapy, and Guided Self Help (Book) were most often delivered as a discrete course, whilst Ante/Post-Natal Counselling, Applied Relaxation and

See Table 2 of the accompanying data tables for further details.
Behavioural Activation (High Intensity) were most often delivered alongside another therapy. Structured Physical Activity was the only therapy delivered more often alongside another than as a discrete course.

**Mean treatment appointments by therapy type**

The number of appointments expected to be given in a course of each therapy differs according to the type of therapy.

**Figure 4: Mean number of treatment appointments for courses of each therapy, England, 2017-18**

![Mean Treatment Appointments](image)

Figure 4 shows that the mean treatment appointments for high intensity therapies was generally higher than for low intensity therapies. In particular, Interpersonal Psychotherapy, Brief Psychodynamic Psychotherapy and Couples Therapy for Depression had the highest mean treatment appointments (all above 8). Some therapies that are recorded as high intensity, such as Collaborative Care and Applied Relaxation, have comparatively lower means (both below 4).

See Table 3 of the accompanying data tables for further details.
**Therapy-based outcomes**

In routine monthly psychological therapies reporting, patient outcomes are measured in terms of three measures: reliable improvement, recovery, and reliable recovery\(^5\).

In this analysis, the construction of these measures has been approximated using the patient questionnaire scores recorded at the start and end of the course of therapy and the problem recorded at the start of the course. This approximation is referred to here as “therapy-based” recovery or improvement, and is not comparable with other measures of recovery, reliable improvement or reliable recovery presented elsewhere in the IAPT Official Statistics reports.

For a full explanation of how patient outcomes have been calculated in this analysis and how they differ from standard outcomes measures, see Appendix C.

Figure 5 (overleaf) shows the number of courses of each therapy type for referrals that have completed a course of treatment in 2017-18, as well as accompanying recovery and reliable improvement rates.

See Tables 4a to 4r of the accompanying data tables for further details.

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\(^5\) For an explanation of these terms, see the *Guide to IAPT Data and Publications*, available from [https://www.digital.nhs.uk/iaptreports](https://www.digital.nhs.uk/iaptreports).
Figure 5: Number of courses of each therapy and therapy-based outcomes rates, England, 2017-18

Figure 5 shows that, of therapies with more than 5,000 courses in 2017-18, the highest rates of therapy-based recovery and improvement are amongst Cognitive Behavioural Therapy (47.4% and 62.4%) and Counselling for Depression (47.0% and 61.5%). Therapy-based outcomes rates for some therapies should be read with caution as they were far less frequently delivered in 2017-18.
Appendix A – NICE-recommended IAPT therapies


<table>
<thead>
<tr>
<th>Therapy</th>
<th>Depression</th>
<th>Depression with LTC</th>
<th>Generalised Anxiety Disorder</th>
<th>Panic Disorder</th>
<th>Obsessive-Compulsive Disorder</th>
<th>Post-Traumatic Stress Disorder</th>
<th>Social Anxiety</th>
<th>Chronic Fatigue</th>
<th>Irritable Bowel Syndrome</th>
<th>Medically Unexplained Symptoms</th>
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<tr>
<td>Guided Self Help (Book)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Non-guided Self Help (Book)</td>
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<td>Guided Self Help (Computer)</td>
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<td>Behavioural Activation (Low Intensity)</td>
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<td>Structured Physical Activity</td>
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<td>Couples Therapy for Depression</td>
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<td>Collaborative care</td>
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<td>Counselling for Depression</td>
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<td>Brief psychodynamic psychotherapy</td>
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<td>Cognitive Behaviour Therapy (CBT)</td>
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<td>Interpersonal Psychotherapy (IPT)</td>
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Appendix B – definition of a course of therapy

When a patient is referred to an IAPT service, they are first assessed for suitability and to identify suitable treatment(s). For many patients with mild to moderate symptoms of anxiety or depression, a low intensity intervention is first recommended, with other, higher intensity therapies offered if necessary. This is known as a stepped care model. Appendix A describes what therapies are recommended for particular conditions.

Figure 1: example IAPT patient journey

Figure 1 shows an example patient journey through an IAPT service. In this example, the patient has received six appointments in total; three where Guided Self Help (Book) was administered as a treatment and three where Cognitive Behavioural Therapy was administered. This patient would be considered to have finished a single course of treatment according to the standard definition in the Official Statistics; but has received two distinct courses of therapy.

A patient has received a course of therapy if the following criteria are met:

- The referral has finished a course of treatment in 2017-18 (see footnote 4);
- There are at least two appointments where the therapy type (e.g. ‘Cognitive Behavioural Therapy’) is recorded and where the appointment also conforms to the following:
  - It is attended;
  - It is a treatment appointment;
  - It occurs between the referral received date and the referral end date.

The start of the course of therapy is taken to be the first treatment appointment chronologically where that therapy is recorded and the end of the course of therapy is the last such appointment. This is regardless of whether other therapy types were also recorded in the same appointment or in other appointments between the start and end.

A referral can have one or more courses of therapy – any referrals finishing treatment in the year but having one or no appointments with recorded therapies are not included in this analysis.

For a full technical definition of a course of therapy, see the ‘Constructions’ tab of the accompanying Excel data tables, published at https://www.digital.nhs.uk/pubs/iaptfeb19.

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Appendix C – calculating therapy-based outcomes

Comparisons with other published outcomes measures

Outcomes in IAPT are measured in terms of three measures: reliable improvement, recovery, and reliable recovery. For an explanation of these terms, see pages 19-24 (section 6.1) of the ‘Guide to IAPT data and publications’, available from www.digital.nhs.uk/iaptreports.

Importantly, outcomes are only calculated for referrals that meet the definition of having finished a course of IAPT treatment (see page 26 of the above document) and have therefore been discharged by the IAPT service.

This makes the calculation of outcomes by therapy type in this report different from the patient outcomes measures described above, and for this reason comparisons should not be made between these two types of outcome measure. Though the same cohort of patients is used (referrals finishing a course of treatment in 2017-18), an important distinction is that not all courses of therapy in this analysis will be immediately followed by the patient being discharged from the service. To illustrate this, consider the example pathway in Figure 1 above. The first course of therapy in this pathway is ‘Guided Self-Help (Book)’ but at the point at which this course of therapy ends, a second begins, and subsequently any outcome measures calculated for the first course of therapy only will not consider any subsequent change (positively or negatively) in the patient’s condition as a result of the second course of therapy.

Deriving patient questionnaire scores to use in therapy-based outcomes

Therapy-based outcomes in this analysis are only calculated where there are two or more PHQ-9 scores and two or more ADSM scores that occur between the start and end of the course of therapy (see Appendix B). Other scores in the referral pathway that were recorded before the course of therapy started or after it ended are not considered.

Deriving the problem descriptor to use in therapy-based outcomes

Patients can attend IAPT services with a range of conditions, both mental and physical. However, the IAPT dataset has the provision to record a single ‘problem descriptor’; this is the primary, or main, condition from which the patient is suffering, and should reflect what the IAPT service is treating the patient for – that is, a problem for which the IAPT service is able to treat them.

Problem descriptors are also used to inform which Anxiety Disorder-Specific Measure (ADSM) is used to assess outcomes. In standard outcomes reporting, the last recorded problem descriptor is used for this purpose. However, in consultation with key stakeholders it has been agreed to use the first problem descriptor recorded during the course of therapy for this analysis, as this reflects the rationale behind a particular therapy being given (in accordance with NICE guidelines).

For clarity, this means that the problem descriptor recorded in the same submission as the appointment marking the start of the course of therapy is used, and the ADSM used in the calculation of therapy-based outcomes is then chosen on the same basis as in standard outcomes from this point (see page 48 of the ‘Guide to IAPT Data and Publications’ for further details).