



Improving Access to Psychological Therapies (IAPT) in communities using Internet Interventions

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iapt

Improving Access to Psychological Therapies



Aims

- The English Improving Access to Psychological Therapies (IAPT) initiative plan and results 2008-2013
- A brief overview of the national curricula for practitioners who support Low Intensity CBT Interventions and cCBT
- The use of internet interventions to widen access to communities within the UK
- Future considerations for internet based interventions in England as a result of IAPT and new ways of working
- Challenges to implementation of internet based interventions

The Original Economic Case

Layard, Clark, Knapp & Mayraz (2007)
National Institute Economic Review, 202, 1-9.

Cost (per patient) £750

Benefits to Society

- *Extra output* £1,100
- *Medical costs saved* £300
- *Extra QALYs* £3,300
- **Total** **£4,700**

Benefits to Exchequer

- *Benefits & taxes* £900
- *Healthcare utilisation reductions* £300
- **Total** **£1,200**



The Coalition:
our programme
for government

25. PUBLIC HEALTH

The Government believes that we need action to promote public health, and encourage behaviour change to help people live healthier lives. We need an ambitious strategy to prevent ill-health which harnesses innovative techniques to help people take responsibility for their own health.

- We will give local communities greater control over public health budgets with payment by the outcomes they achieve in improving the health of local residents.
- We will give GPs greater incentives to tackle public health problems.
- We will investigate ways of improving access to preventative healthcare for those in disadvantaged areas to help tackle health inequalities.
- We will ensure greater access to talking therapies to reduce long-term costs for the NHS.

New Workforce: Psychological Wellbeing Practitioners (PWPs)



- Trained to deliver Low-Intensity CBT Interventions
- Support cCBT
- Telephone/Email/1:1/Group
- Department of Health national curriculum: 6 month 4 module training (Richards, 2008; Richards, Chellingsworth & Farrand, 2011)

Training Resources



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14:53 72%

PC-MIS > Supervisor > Case > Notes

THE UNIVERSITY of York PATIENT CASE - MANAGEMENT INFORMATION SYSTEM

Home Cases Reports Supervisor Alerts Tools Help QUICK SEARCH

WILSON, Mary (Mrs)
 D.o.B. 29-Oct-1968 In Treatment
 Assigned to Bob Greth

Current Contact Previous Contacts Notes Details Assessment Graphs Summary Letters IAPT Pathway

Stepped up to formal CBT? On By

Classification: Initial Assessment

Bob Smith 14-Dec-10 PCT

General
 Triage
 Initial Assessment
 Problems & Goals
 Past History
 Treatment Plan
 Employment
 Continuation
 G.P.
 Supervisor
 SMS (Text Message)

Save Note Spelling

Add Documents
 Edit Document Details
 Documents

Appointment Notes Uploaded: 22 Jun 2012 by Sue Thompson Handwritten notes
 Scanned Document Uploaded: 22 Jun 2012 by Sue Thompson Scanned pdf document
 Screening Document Uploaded: 15 Apr 2010 by Telephone Demo Worker Patient Screening Document

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W&SAS Average Scores

Category	Score
First W&SAS	10.5
Last W&SAS	8.5

IAPT Phobia Q1 Average Scores

Category	Score
First IAPT Phobia Q1	3.23076923076923
Last IAPT Phobia Q1	2.5

IAPT Phobia Q1 First Score

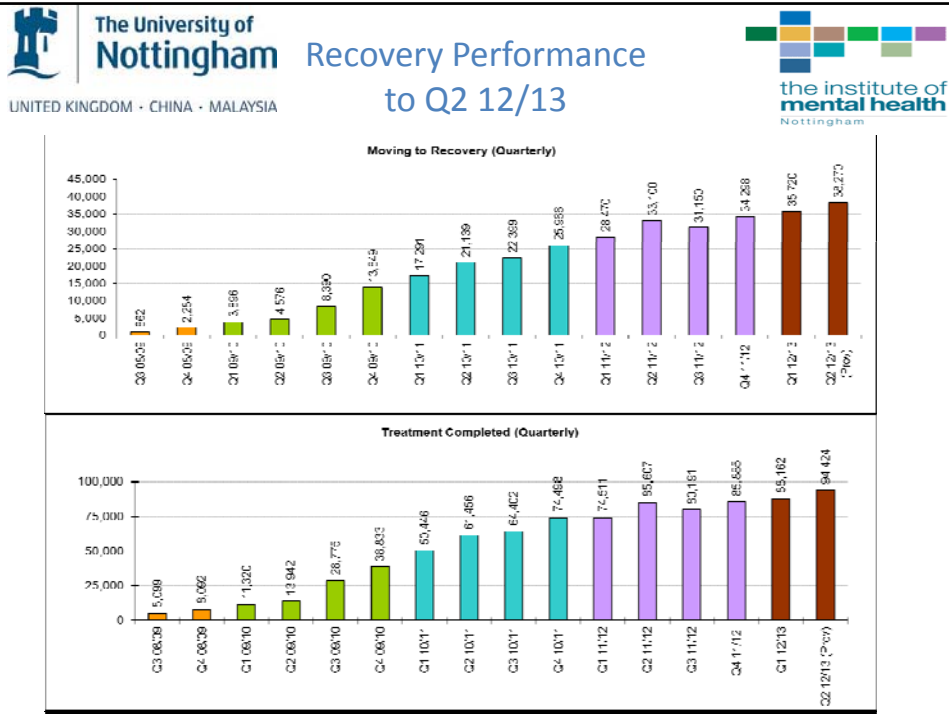
Score	Frequency
2	1
3	3
4	6
5	3
6	1
7	1
8	0

IAPT Phobia Q1 Last Score (%)

Score	Percentage
2	28.57%
3	14.29%
4	14.29%
5	14.29%
6	0.00%
7	14.29%
8	0.00%
Missing Data	14.29%

IAPT Phobia Q2 First Score

Score	Frequency
2	1
3	2
4	1
5	5
6	4
7	1
8	0



Progress: Achievements So Far

Since October 2008 nationally:

- An IAPT service in every Primary Care Trust
- 1,577,220 have entered treatment
- 959,621 have completed treatment
- 358,833 have reached recovery
- 63,653 have moved off of sick pay and benefits
- Current Recovery rate 44.4%, highest 46.1% (Q1 2012/13)
- Meeting 63% of 2014-15 target prevalence, highest 67% (Q2 2012/13)

(latest verified figures to 31 December 2012)

Examples of Computerised Packages



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IN 4 EASY STEPS
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ARE YOU STRONG ENOUGH TO KEEP YOUR TEMPER?
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WORRY BIX
All you need to get anxiety


FACE IT

FIX IT

FORGET IT



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Challenges to IAPT

- Data Quality
- Any Qualified Provider (AQP)
- Payment by Results (PbR)
- Mental health tariff of payment
- Reduction of IAPT Programme Board in Department of Health
- Access for marginalised groups
- Language barriers and need for more translated resources



Challenges to Computerised Interventions

- NHS/Service IT difficulties
- Governance issues regarding 'new' technologies
- Winning the hearts and minds of clinicians
- On going training and support for packages
- Cost prohibitive in tariff for some packages
- More free to access packages needed
- More 'live' and real time packages required with instant sending of resources



Thank You