



# Realizing the mass public benefit of evidence-based psychological therapies: science, politics and economics.

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&

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(formerly known as IAPT)

# ***NHS Talking Therapies for Anxiety & Depression (formerly known as IAPT) were created to address an Injustice***

## **New Prospects for Mental Health**

- Clinical guidelines (NICE) recommend evidence-based, short-term (up to 14-20 sessions) psychological therapies as first line interventions for common mental health problems (depression and the anxiety disorders).
- Surveys showed the public prefers psychological therapies to medication in 3:1 ratio

## **BUT**

- In the UK 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

# NHS Talking Therapies (IAPT) Programme

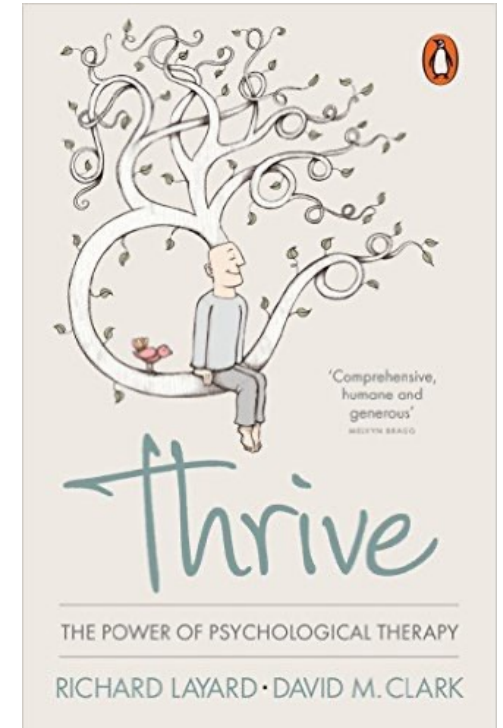
## Public promise

In the new services patients will:

- Get NICE recommended psychological treatment
- Delivered by trained therapists
- Outcomes monitored and publicly reported (*for transparency & to drive innovation through learning*)

## Arguments to government

- Can train a workforce and deliver therapies at scale.
- Minimal net cost (*savings to Health Service and Government exceed delivery cost for an average of 10 sessions*).



Brown



Cameron & Clegg



May



Johnson

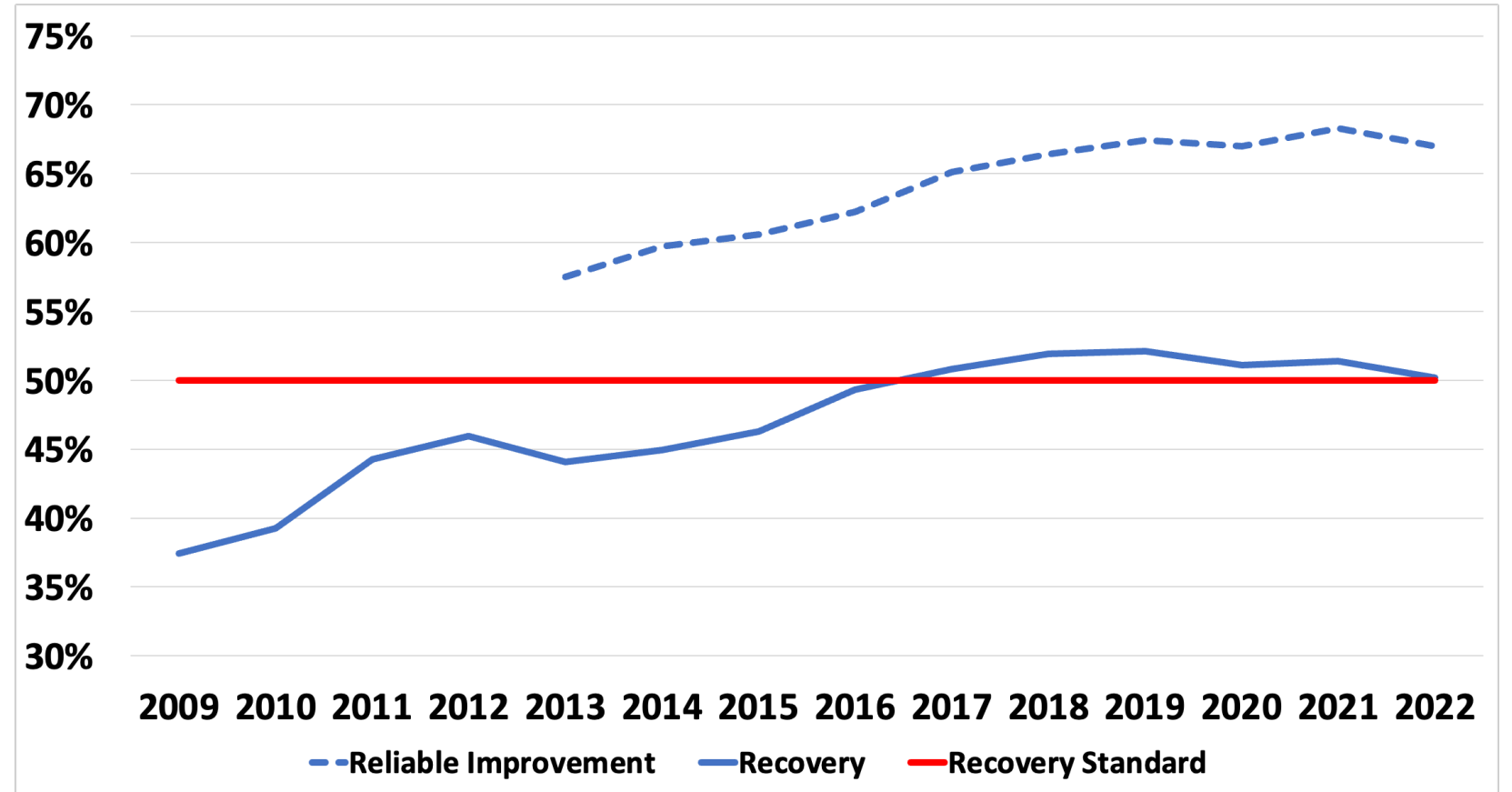


Sunak

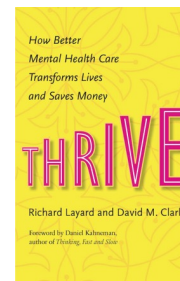
**Consistent political support**

- Started small in 2008 (93,000 seen) **£33m**
- Now 670,000 have a course of treatment each year **approx. £900m**
- Paired (pre-post) outcome measures for 98%
- Clinical outcomes are now broadly in line with expectation.
- Inspiring similar services in other countries / provinces (*Norway, Ontario, Australia, Finland, Spain, Italy*).

# NHS Talking Therapies So Far (2023)



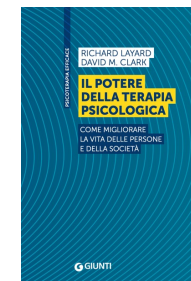
“world beating”



North America



Dutch



Italian

*Thrive* also being translated into Japanese and Korean.

# Keys to success

- National training curricula with competence based assessment.
- New jobs entirely focused on delivering therapy
- Regular clinical supervision
- Outcome monitoring, reporting and learning:  
The magic ingredient

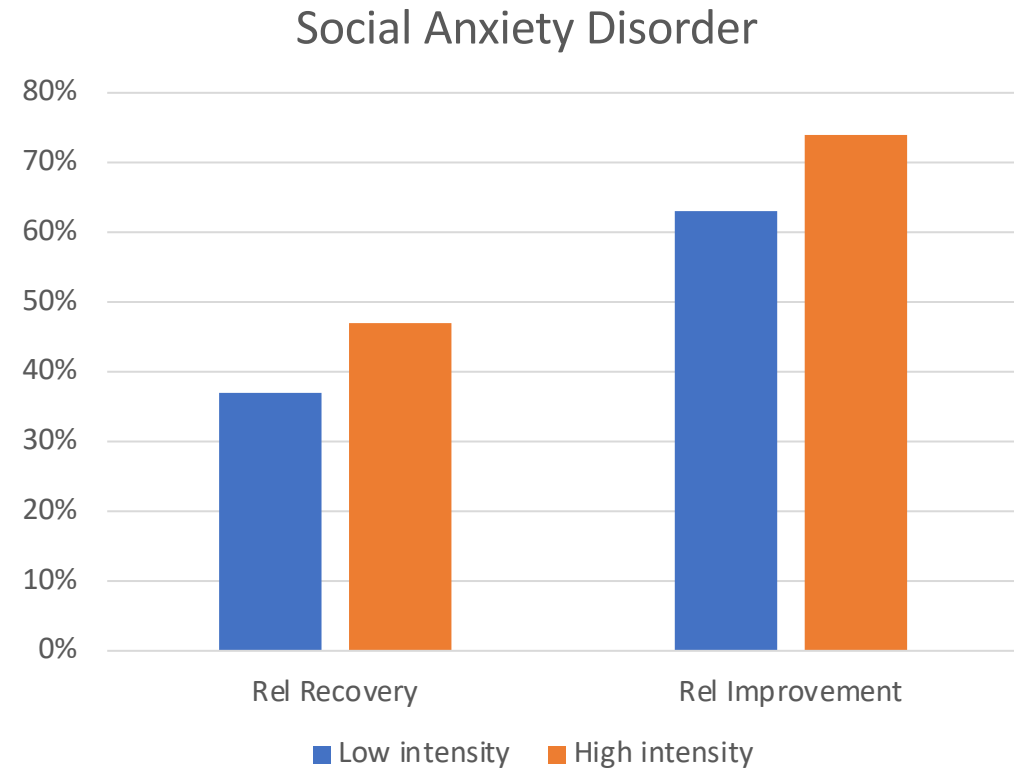
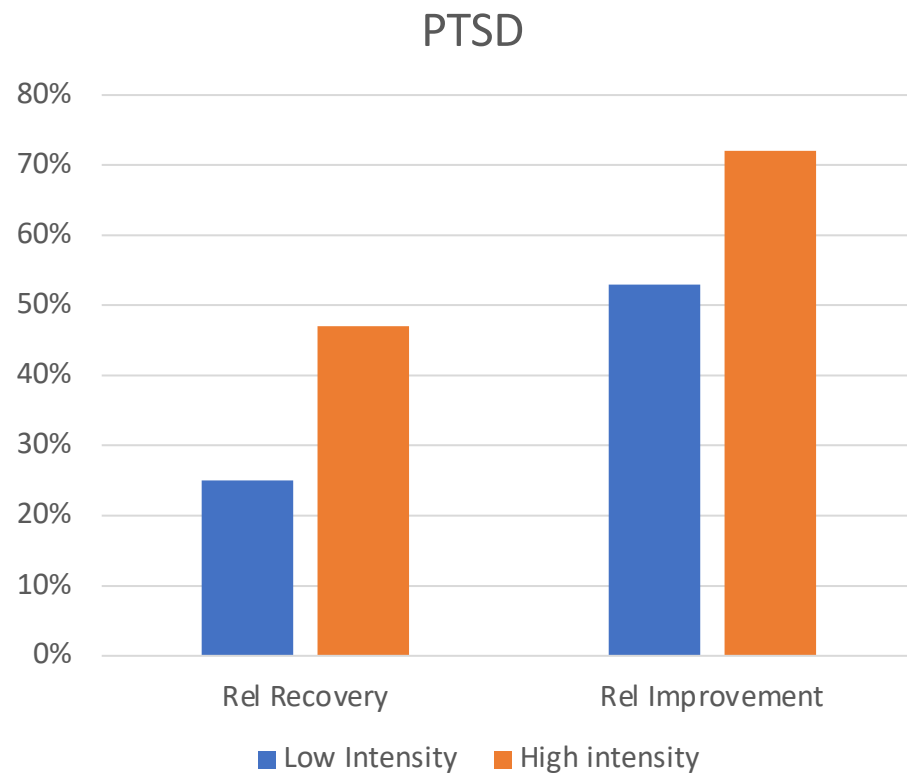
# Outcome Data: The Magic ingredient

- **Initially** outcomes (recovery < 40%) below expectation (at least 50%), despite excellent therapist training.
- **Without** collecting data on everyone, outcomes would still be below expectation and clinicians/ services would be blissfully ignorant.
- **BUT** each year 85,000 people whom we could get to recover would still be symptomatic
- **WITH** outcome data we were able to learn how to improve our services and meet our 50% recovery target. We are now pushing beyond that.
- Lessons learned from the data and other benefits include:
  - Importance of NICE guidance
  - Optimal ways of organizing services
  - How to finesse adverse effects of social deprivation
  - How to reduce ethnic inequalities
  - Identifying poor responders & improving their outcomes by changing what we offer them.
  - Introducing digital therapies
  - Demonstrating the benefits of psychological therapies for physical health and economy
  - Securing extra funding
  - Help other countries to improve their services

# 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 (>)



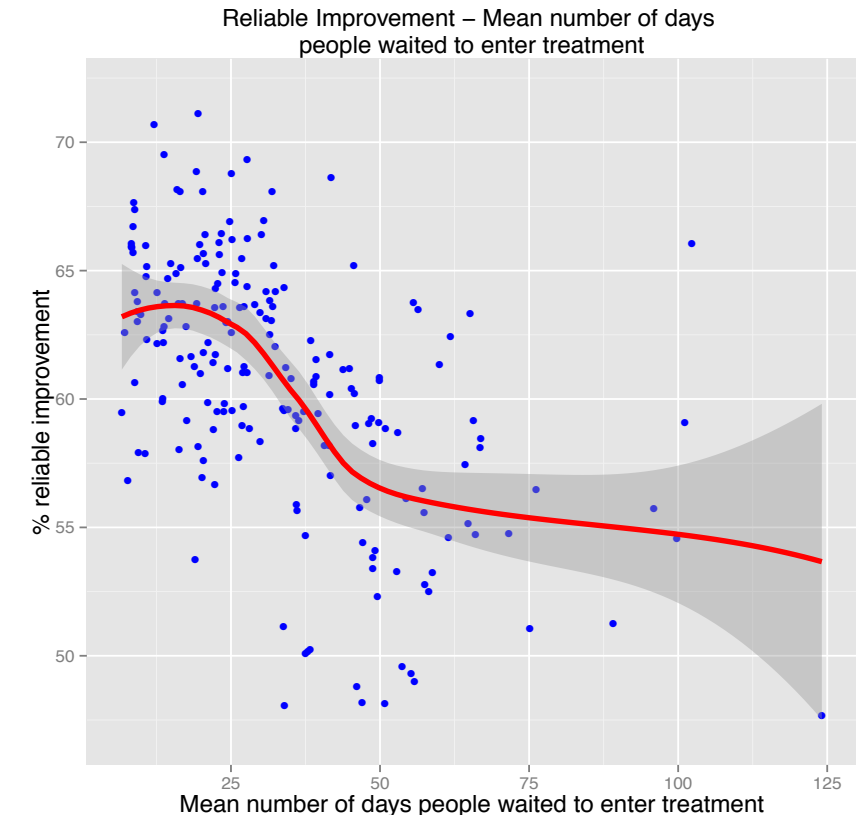
**Saunders (2023)** Multivariate analyses of 36 months of data

# 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 1<sup>st</sup> to 2<sup>nd</sup> 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



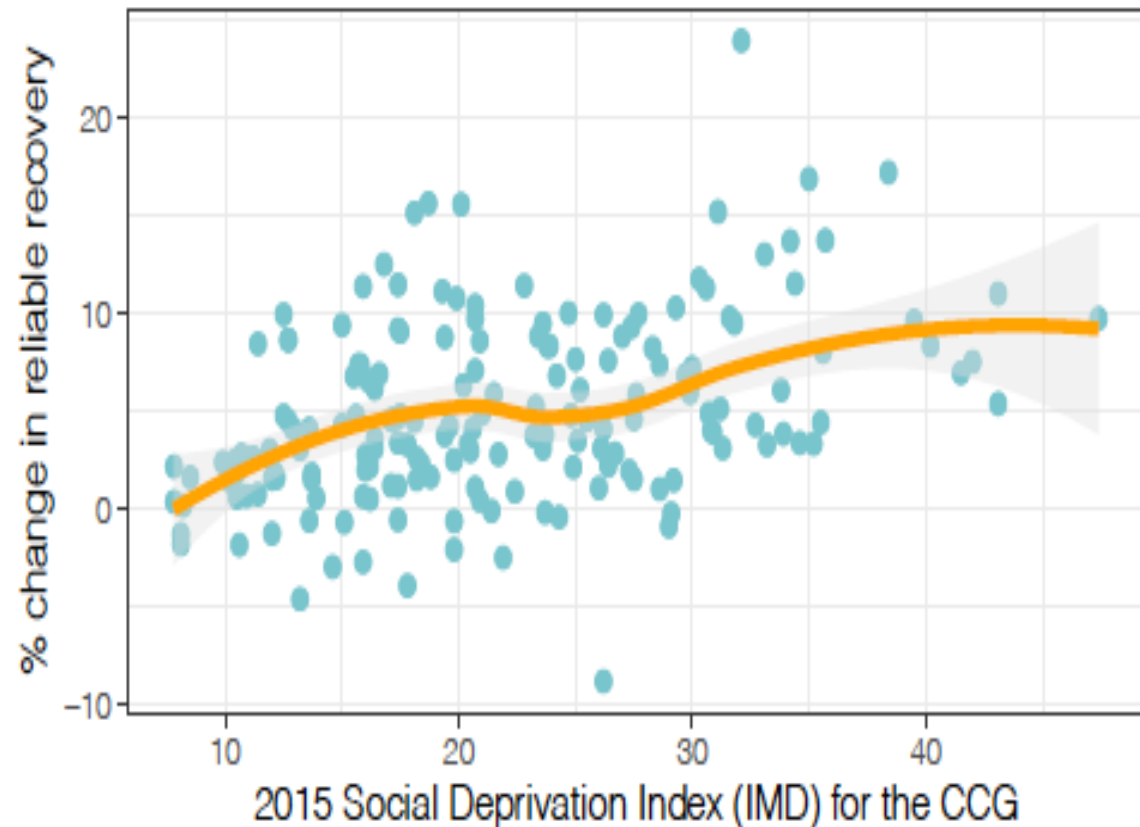
Optimal outcomes depend on having the right treatment in the right type of service.

# Finessing the adverse effects of social deprivation

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

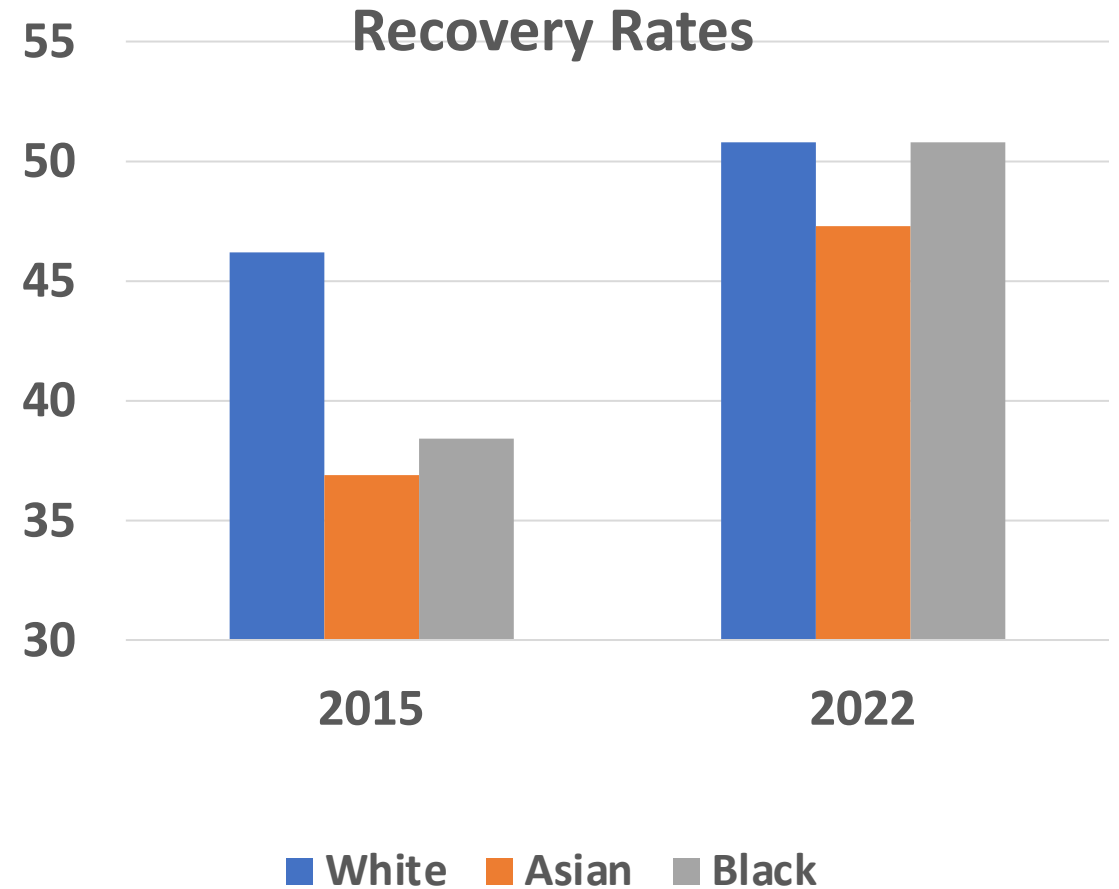
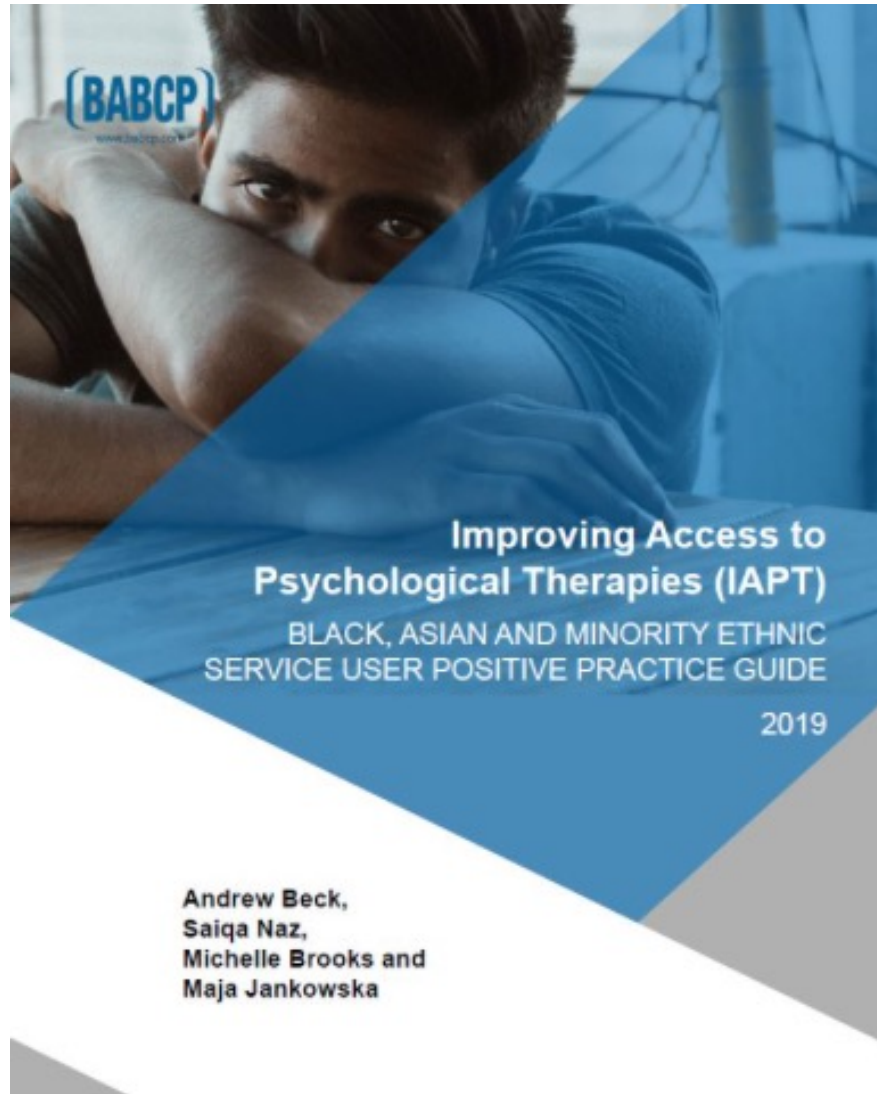
## Social Deprivation (IMD)

- Windsor 4<sup>th</sup> percentile
- Slough 68<sup>th</sup> 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

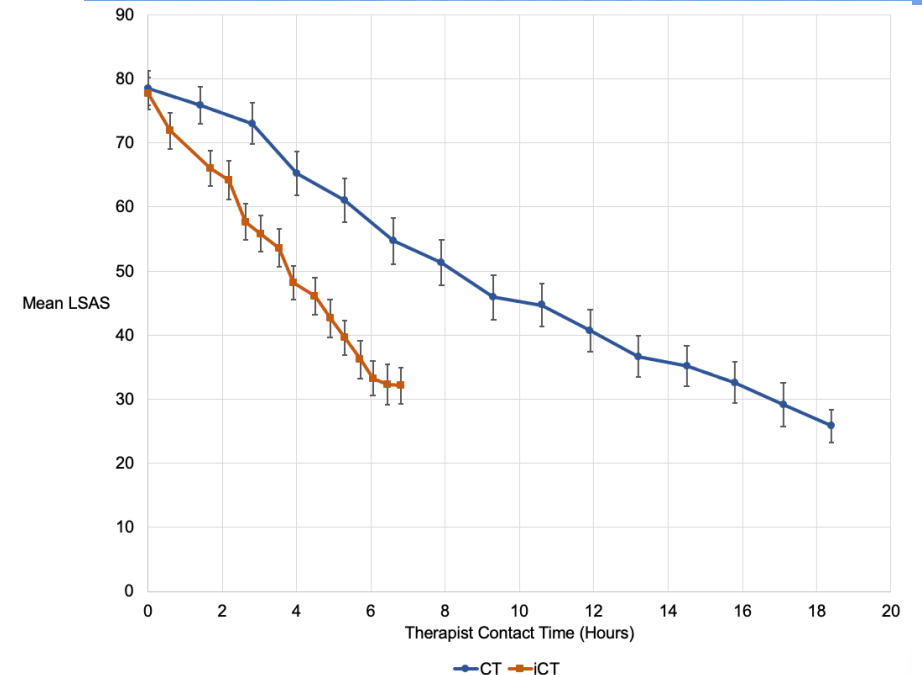


# Identifying who benefits least and improving their outcomes

- The massive dataset allows replicable analysis of personal and clinical characteristics that predict better and worse outcomes with current treatment.
- Saunders (2016, 2020) identified a latent profile (LP7) with a very low recovery rate (approx. 20%)
- LP7: particularly high depression & anxiety, on welfare benefits, some phobias
- Oxford IAPT services network identifies LP7 at intake
- Patients offered help from an employment advisor (EA) at the same time as their psychological therapy
- Recovery rates substantially higher among those who take up EA offer.
  - Psychological therapy & EA. 47%
  - Psychological therapy only. 27%
- Difference remains after controlling for intake symptoms and personal characteristics
- Analysis by Graham Thew (Oxford)

# 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”



# Free therapist resources

[www.oxcadatresources.com](http://www.oxcadatresources.com)



- Website covers face-to-face and remote delivery of cognitive therapy for panic disorder, social anxiety disorder, & PTSD
- Used by therapists in 176 countries

Webinars and workshops on treatment of:

- PTSD
- Traumatic bereavement
- Panic Disorder
- Social Anxiety Disorder

Written Guides and Manuals

Questionnaires to guide therapy

Short video clips illustrating specific procedures

# How to get complete outcome data

## Session by session

## Demonstrate value

### *Therapists*

- Train how to use session by session measures to guide therapy.
- Review in *every* supervision session.

### *Patients*

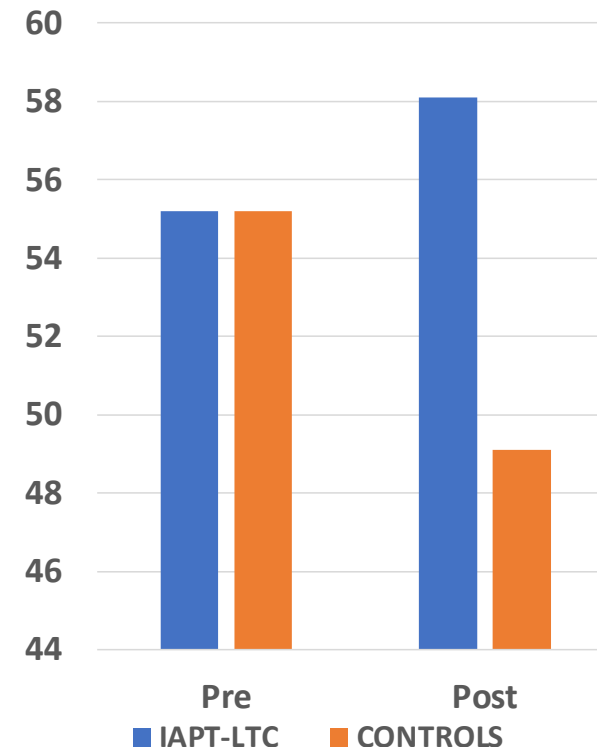
- See graphs of progress
- Therapists show they are interested in and using the measures

- **Make data entry easy for patients and therapists** (web portal/mobile phone entry).
- **Don't waste valuable session time completing questionnaires**
- **Use Smart metrics**

	<b>Routine</b>	<b>Smart</b>
Patients treated	1,000	1,000
Pre-post scores	500	500
Recorded recoveries	250	250
Recovery metric	50%	25%

# 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](#))
  - Successful NHS TT treatment of depression ([John 2023](#)) or anxiety ([Stott, 2023](#)) is associated with reduced rate of dementia over next 8 years
- Treatment in NHS-TT – LTC services helps keep people in work ([Toffolutti et al, 2021](#))



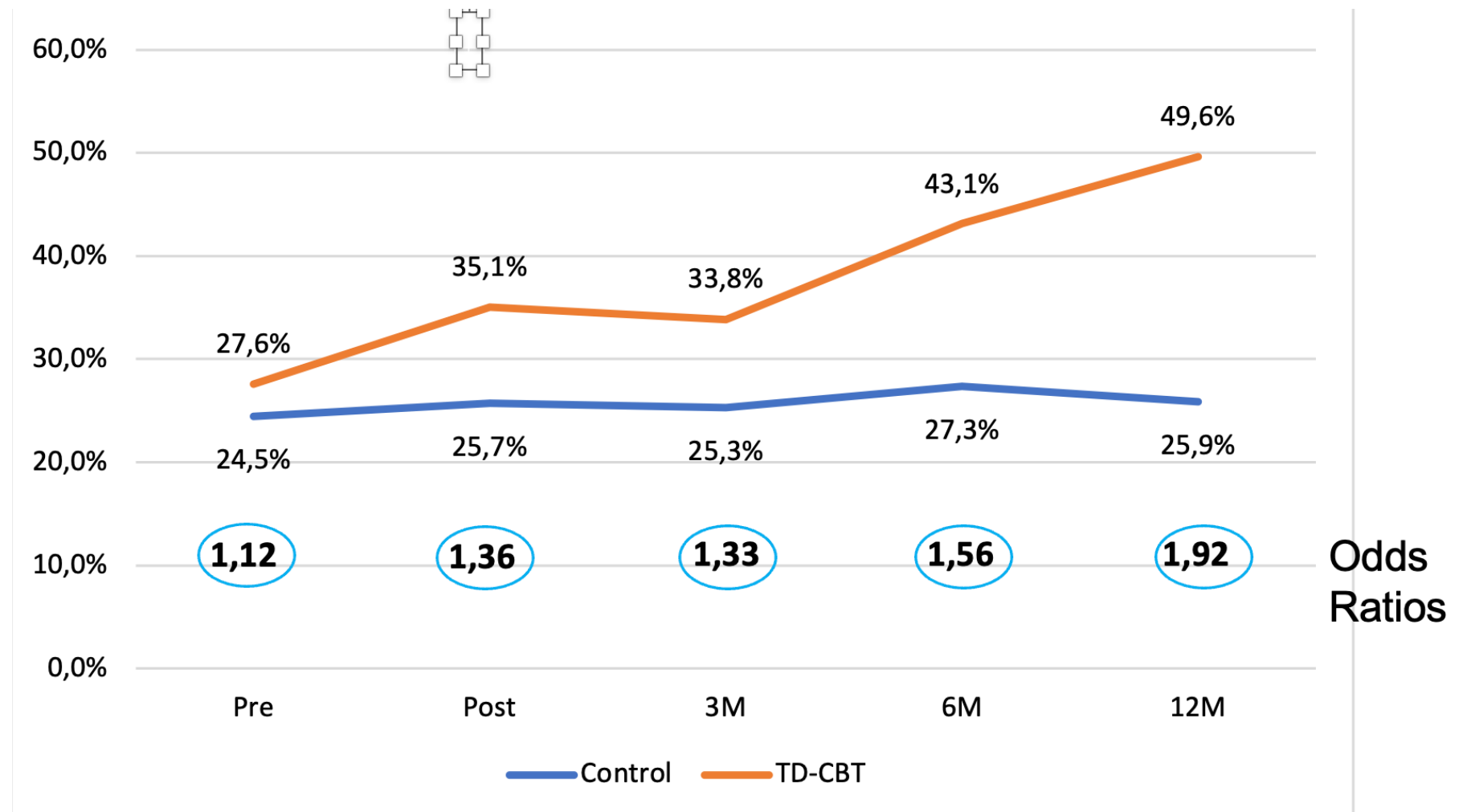
# And elsewhere.....



- 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 (under review)
- 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 > euro26,000

Cano-Vindel et al (2022) PsicAPP trial (Spain)



22<sup>nd</sup> November 2023



**Jeremy Hunt.**  
Chancellor of the Exchequer

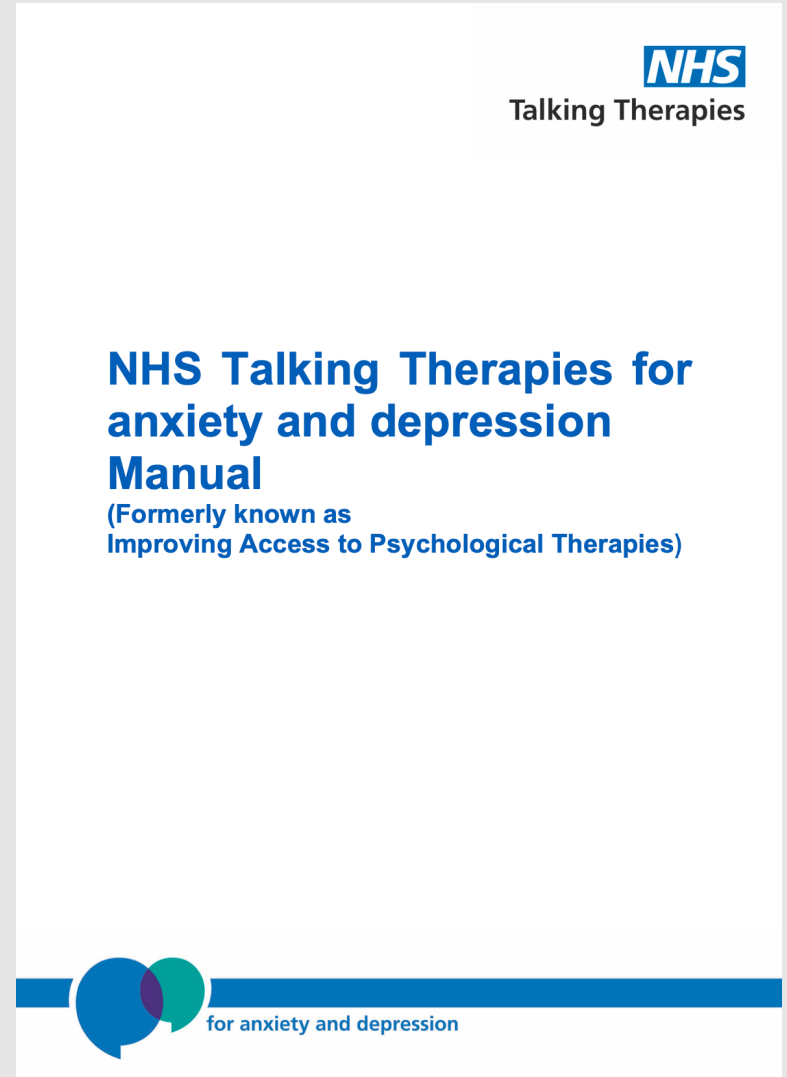
UK Government announces funds (approx £580 million) to further expand NHS TT workforce over next 5 years

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*)

# Some Lessons from NHS Talking Therapies

- Importance of clinical guidelines (*NICE*)
- National Training Programmes with trainees working in a coherent psychological therapy service.
- Pay attention to economics
- Outcome data on ALL & publish service performance
- IT systems that support outcome monitoring, supervision, national reporting, web/mobile phone entry
- Recovery focused clinical leadership
- Create an innovation environment



Available at [www.england.nhs.uk](http://www.england.nhs.uk)

Questions?