



## Evaluating increased access to psychological services in the UK and Australia: The IAPT and Better Access programs

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Education, income and cost are factors that impact the use of specialized psychotherapy services. To date, both the United Kingdom (UK) and Australia (AU) have implemented significant policy responses to current knowledge about the cost-effectiveness of psychological therapies. They have participated in the introduction of publicly funded psychological therapies in their respective Medicare systems with the Increasing Access to Psychological Therapies (IAPT – UK, 2007) and the Better Access (AU, 2006) programs. So far, evaluations have shown considerable use of these services in the population with significant health improvements.

See our blog titled *Increased access to psychological therapies* as well as the March 2010 edition of *Quintessence* for more information on these programs.

### The IAPT and Better Access programs

A recent evaluation study on the one-year recovery rates, in 31 sites across the UK, reported data on over 19,000 **IAPT program** participants. The study showed improved clinical outcomes and recovery rates for depression and anxiety, using the PHQ-9 and GAD-7, which ranged between 27% and 58% with the median reaching 42%<sup>1</sup>. It was also noted that participants with increased severity in the PHQ-9 and GAD-7 were less likely to recover. However, their symptom improvement was greater than participants with moderate levels of severity. The report also indicated that sites adhering to NICE recommendations and offering a higher number of sessions were associated with better outcomes. Following the program's reported success, the UK Government announced in February 2011 that it would invest £400 million in IAPT over the next four years and extend it to include children and adolescents, older adults and their caregivers, people with chronic physical problems, and those with severe mental illness<sup>2</sup>.

A recent study by Pirkis et al.<sup>3</sup>, revealed that more than 90% of the **Better Access** program participants were diagnosed with depression and/or anxiety, and 80% presented high or very high levels of psychological distress (compared with 10% of the general population). It was also shown, as reported in numerous epidemiologic surveys, that 50% of participants had no prior history of mental health care. With regards to treatment and clinical outcomes, the results showed statistically significant improvements (from pre- to post-treatment) in mean levels of psychological distress measured with the K-10, and in symptoms related to depression, anxiety and stress measured with the DASS-21. Authors highlighted (i) the clinical improvements in patients in the Better Access program and (ii) that the program may be meeting the population's unmet mental health needs through increased access to psychological services.

### User-focused evaluation of the IAPT program in London

A recent report in the UK focused on the experience of IAPT users<sup>4</sup>. The objectives of the report were to assess the following:

- How do service users experience IAPT services?
- What are the effective elements of IAPT services from the service user perspective?
- What do IAPT services do well?
- What improvements could be made to enhance the experience of service use?
- What individual and contextual factors influence the experience of service use?

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The study included 116 participants from three IAPT services across London who completed the survey. Briefly, results showed a high level of satisfaction with the IAPT services received. As for wait times, the majority of patients accessed the service within an average of two weeks. However, a third of participants waited over two months, which proved to be distressing for some and the immediate mental health need had sometimes passed by the time support was available. Participants preferred a more person-centred approach to therapy that considered individual needs over a more generic or 'text-book' approach. Other important issues raised included access to services and facilities in a welcoming and non stigmatising atmosphere and setting. Given the limited number of sessions within the IAPT program, the importance of preparing clients for the end of therapy was also underlined.

Based on their findings, the authors made 12 recommendations for delivering a person-centered IAPT service:

- 1 Further promotion of the IAPT service would raise awareness among both the public and GPs and would serve to improve access.
- 2 More contact and information is needed to support individuals waiting to access the service.
- 3 Accessible resources should be made available to patients prior to, and during therapy.
- 4 Flexible therapy within the IAPT model should be provided to address individual patient needs.
- 5 Open communication for patients is needed from the start, as well as improved accommodation of personal circumstances and preferences.
- 6 More attention should be paid to training therapists on how to communicate with patients about the number of sessions available.
- 7 More flexibility should be given when arranging appointments, and additional appointments outside standard working hours are needed to accommodate patients who are in employment.
- 8 Procedures for re-accessing the service if needed should be made as simple as possible.
- 9 Weekly measures should be discussed within the therapy and used for the immediate and ongoing benefit of patients.
- 10 Recent plans to extend IAPT to younger and older patients, and to patients with diagnoses of severe mental illness are supported by the evaluation, but there is a need for further training.
- 11 Stigma awareness training for all staff, including reception staff, would help to promote good practice and establish a welcoming environment.
- 12 There is an appetite for more user involvement among patients, but creative approaches may be needed to make it possible for people to get involved.

## Conclusion

Given the gap between access to psychotherapy in Quebec and the demonstrated effectiveness of the IAPT and Better Access initiatives, it would be beneficial to implement a program promoting public access to psychotherapy that is based on those in the UK and Australia.

## Bibliography

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