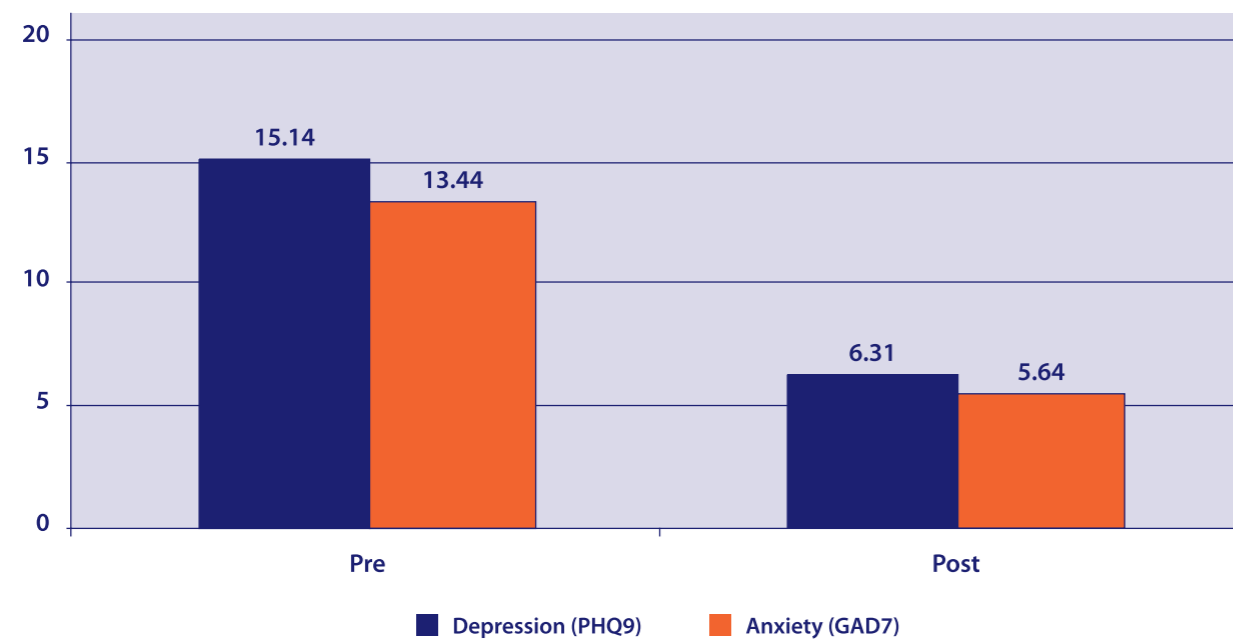


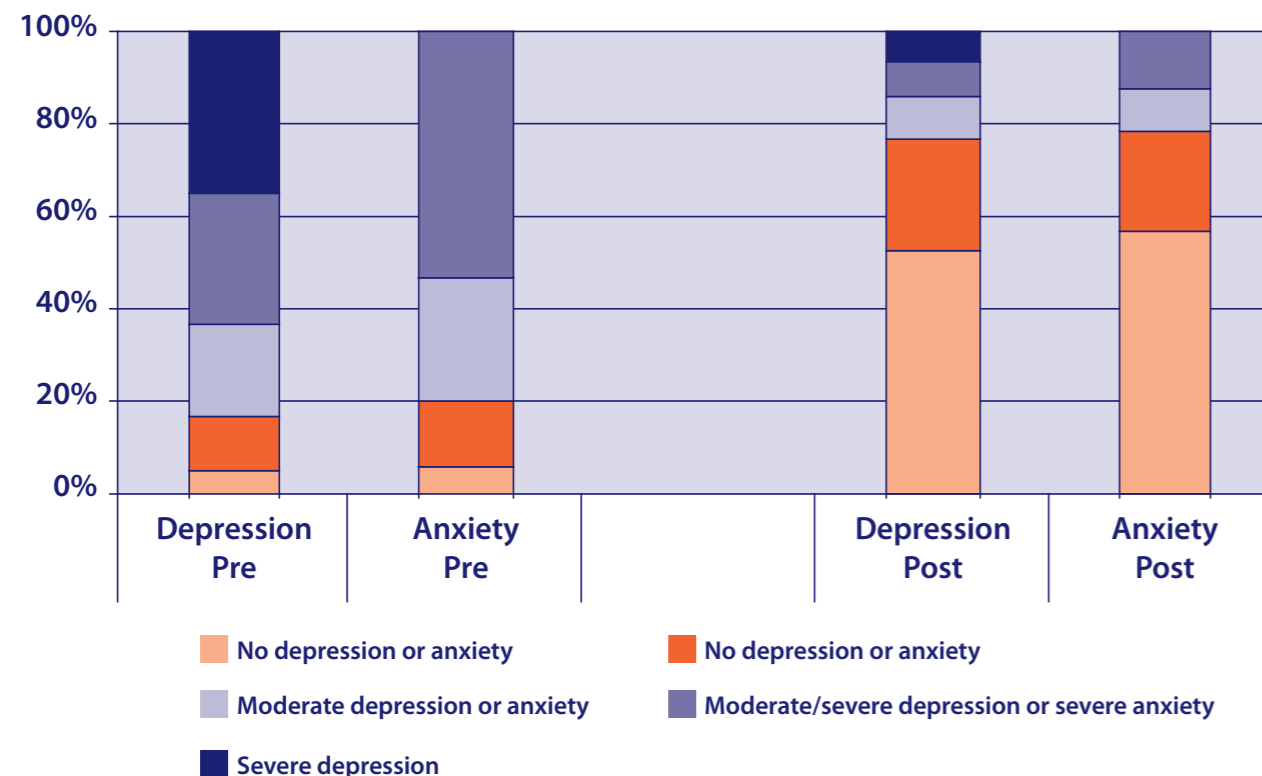
Right Results

Improvement: patients improved substantially on measures of depression and anxiety – the service achieving large clinical ‘effect sizes’ of 1.4



Remission: before treatment, 80% of patients had a diagnosis of depression. After treatment this proportion fell to 23%. For anxiety, these figures are 78% and 22%.

Recovery: 78% of patients experienced substantial ‘recovery’ from depression or anxiety – indicated by a 50% reduction in their symptoms. The proportions of patients in the most severe categories fell dramatically.



Improving Access to Psychological Therapies in Doncaster: Evidence from the First Year

The IAPT Demonstration Site in Doncaster aimed to improve access to psychological treatment for high-volumes of people with common mental health problems such as anxiety and depression in an efficient and equitable manner, ensuring outcomes for patients were as good as those from clinical research.

The new service was a combination of ‘collaborative care’ and ‘stepped care’. We employed a mix of new case workers and therapists to support patients through Cognitive Behaviour Therapy (CBT) based Recovery Programmes for depression or anxiety or to receive formal CBT. 75% of our work was conducted using the telephone. Case workers were supervised using a unique evidence-based IT system called PC-MIS.

Right Numbers: we received almost 4000 referrals in 12 months. Depression was the reason for referral in 94% of patients. 86% of people also had an anxiety problem. Two thirds of people had severe or moderately-severe depressive symptoms.

Right Services: patients received an average of 4.5 sessions each, in an average time of 2.5 hours. We treated 74% of people using the Depression Recovery Programme and 42% with the similar programme for anxiety. Only 4% of patients received formal CBT.

Right Time: patients were contacted within 48 hours of referral. On average, patients had to wait no more than 20 days before their treatment began.

Right Results: the majority of patients significantly improved. Only 23% of patients remained depressed or anxious after treatment. Even where depression or anxiety remained, 78% of patients experienced substantial reductions in severity of symptoms.

This report is a brief summary of the findings from the first year of operation of the Improving Access to Psychological Therapies Doncaster Demonstration Site. Report prepared by Professor David Richards, University of York and Dr Rupert Suckling, Doncaster PCT.

Background

Worldwide, mental health problems are both common and disabling. Anxiety and depression make up 97% of the total volume of mental health problems in society. At least 50% of the days lost to disability are caused by anxiety and depression. Only 24% of people with common mental health problems receive any treatment for their difficulties, mostly in the form of medication (20%). Only 9% receive therapy or counselling and only 1% of people receive an evidence-based psychological treatment as recommended by NICE.

Aim of the Doncaster IAPT Demonstration Site

- To improve access to psychological treatment in primary care
- To manage high-volumes of patients through this system
- To ensure the system improves access in an efficient and equitable manner.
- To ensure patients achieve outcomes as effective as those from clinical trials
- To ensure patient preferences for a choice of patient-centred treatments are respected
- To provide guidance on service organisation and staffing to the DH IAPT programme

How we did it

We combined two approaches:

Collaborative Care:

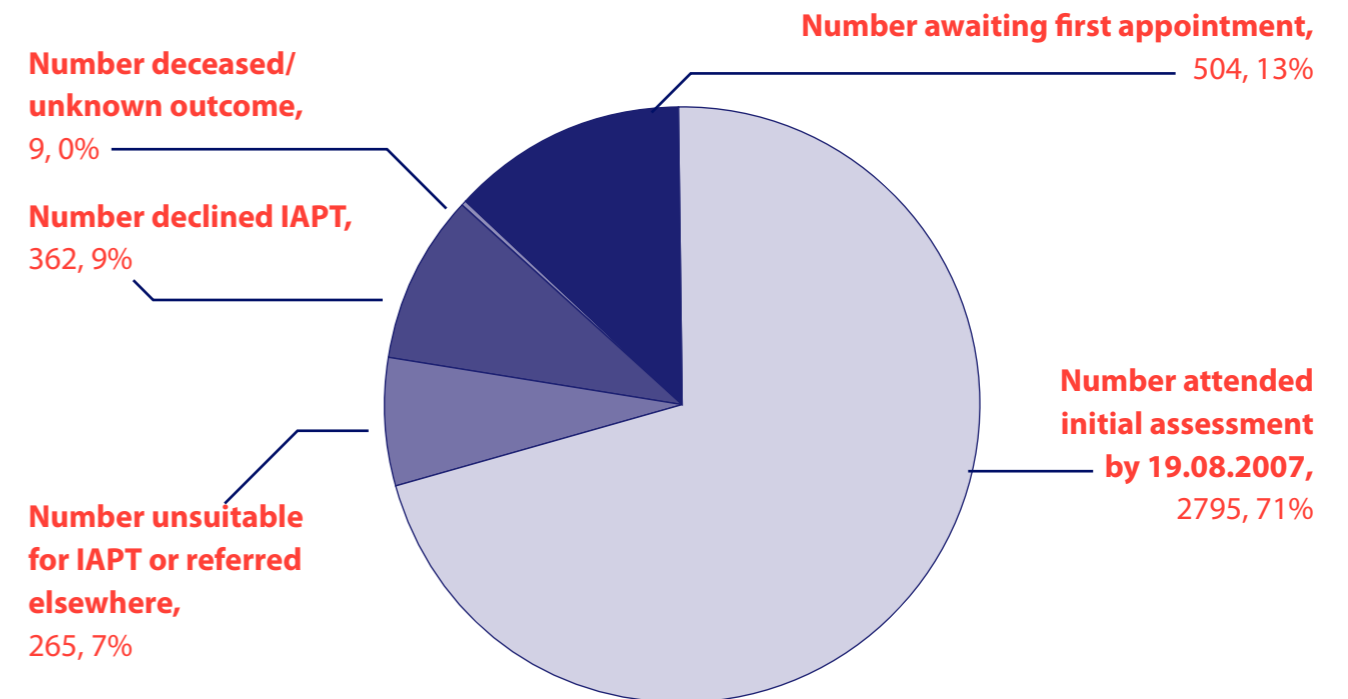
We employed new workers or 'case managers' to deliver clinical services. We trained them specifically to help patients with a structured treatment plan including supporting CBT materials. We developed our clinical methods to be delivered over the telephone and provided case managers with supervision from mental health experts. We also employed some traditional CBT therapists

Stepped Care:

We designed our services so that almost all patients receive 'low-intensity' forms of CBT first. We designed special Recovery Programme for Depression information and treatment materials for patients. We designed a unique evidence-based information technology system (PC-MIS©) to support clinical decision making by case managers and therapists. We ensure that all patients are discussed by case managers and supervisors regularly. We put in place systems to allow patients to be 'stepped up' to therapy quickly and efficiently if required.

Right Numbers

3994 patients were referred to the service in the first year.



Referrals average more than 300 per month. Depression is identified by GPs as the primary problem in 94% of referrals. Anxiety is identified as the secondary problem in 85.6% of referrals. A diagnosis of anxiety or depression is confirmed in 88% of referrals after assessment. The population referred have very significant mental health problems – 63% of referrals have moderately/severe or severe depression and 53% have severe anxiety. Symptoms of anxiety and depression have been present for more than six months for 70% of referrals when assessed.

Right Services

Workers in the service undertook 10,702 individual clinical appointments. The low-intensity Recovery Programme for Depression was received by 74% of patients, 42% of patients receiving a similar self-help programme for anxiety. Medication advice was given to 35% of patients. Only 4% of patients were stepped up to formal CBT. On average patients received 4.5 contacts lasting a total of 2 hours 25 minutes. Face-to-face appointments lasted an average of 52 minutes, telephone contacts an average of 24 minutes.

Right Time

Where possible, all people referred were contacted within 24-48 hours by a duty manager to discuss the service. Average waiting times for treatment to begin was 20 days.