

Is it time for a sea change in the uptake of online psychological therapies?

by Chris Eldridge, Director of Operations at Mayden

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Summary

The Chief Medical Officer (CMO) has set a challenge to find innovative ways to deliver Improving Access to Psychological Therapies (IAPT) services in the face of increasing demand.¹ As stated by the CMO, IAPT does not currently have the capacity to meet the needs of the population, and it is predicted that demand will continue to grow in the coming years.²

Online therapies may have a significant role to play in addressing the resource challenges facing talking therapies. This paper considers whether the time has come for a major step change in the use of online therapies in addition to existing IAPT services.

¹ ² Annual Report of the Chief Medical Officer. 2013 [accessed 29 January 2015]. Available from: <https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health> p.74.

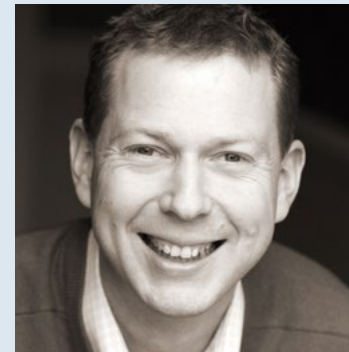
About Mayden

Mayden specialises in innovative, flexible cloud-based software solutions for the healthcare industry. Mayden is driven by a mission to provide systems that can support and improve the way services are delivered by staff and experienced by patients.

Mayden is the company behind **IAPTus**, the market leading psychological therapy patient management system which is used by over 5000 therapists across 80 organisations, covering 70% of the UK's IAPT services.

The company was recently awarded a development contract from SBRI Healthcare to work with the NHS to eliminate some of the barriers to IAPT's uptake of these new technologies.

About the author



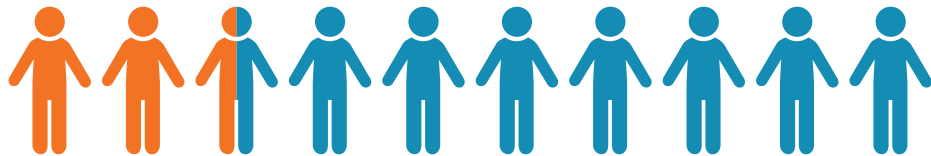
Chris Eldridge is the Director of Operations at **Mayden**. His expertise lies at the intersection of healthcare and technology. Chris has been working for over a decade to develop lean approaches that can improve the delivery of products and services.

For the past five years Chris has been focussed on understanding the IAPT programme's particular needs as providers of high-volume primary care mental health services. This understanding has informed the development of **IAPTus**.

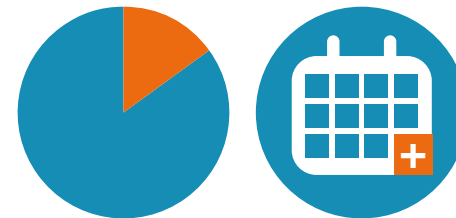
The challenge

The Improving Access to Psychological Therapies (IAPT) programme has achieved a great deal since its launch in 2008. However, as respected GP magazine Pulse commented, the programme has been “a victim of its own success”, with demand dramatically outweighing capacity.³

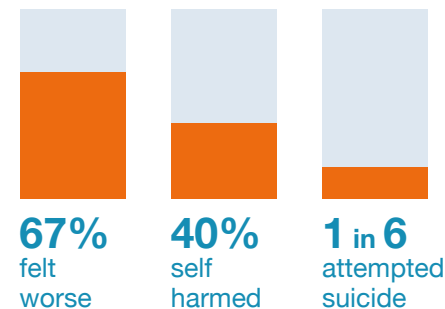
About a quarter of the population will experience some kind of mental health problem which would benefit from psychological therapy – such as anxiety or depression – in the course of a year.⁴



IAPT services currently have the capacity to meet just 15% of that demand.⁵ Of those individuals referred to IAPT services, 10% currently wait over a year for treatment.⁶



In a recent survey of patients who have attempted to access therapy in the last two years, 67% deteriorated, 40% harmed themselves and 1 in 6 attempted to take their own life while waiting for treatment.⁷



³ Pulse. Talking therapies a victim of their own success, says DH; 2014 [accessed 5 Feb 2015]. Talking Therapies a Victim of Their Own Success, says DH. Lind, S. Pulse, 2014. Available from: <http://www.pulsetoday.co.uk/clinical/therapy-areas/mental-health/talking-therapies-a-victim-of-their-own-success-says-dh/20005528.article>

⁴ Mental Health Foundation. Mental health statistics [accessed 5 Feb 2015]. Available from: <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>

⁵ Department of Health. Three year report: The First Million Patients. 2012 [accessed 5 Feb 2015]. Available from: <http://www.iapt.nhs.uk/silo/files/iapt-3-year-report.pdf> p.12.

⁶ ⁷ Mind. An Urgent Need: We Need to Talk's manifesto for better talking therapies for all. 2014 [accessed 5 Feb 2015]. Available from: <http://www.mind.org.uk/media/1178860/we-need-to-talk-briefing-september-2014.pdf> p.2.

National figures show that at present, 23% of patients fail to attend or cancel their therapy session. **Regionally this figure is as high as 40%.**⁸

There is a relationship between waiting times and DNA (Did Not Attend) rates; the longer the waiting list, the longer a patient has to wait for an appointment and the more likely they are to DNA. Likewise, the further a patient lives from their treatment centre, the more likely they are to DNA.⁹

Demand for IAPT services continues to grow year on year, resulting in longer waiting lists and increased waiting times. It's a vicious circle: long waiting times cause DNAs to increase which waste valuable appointment time and in turn, increase waiting lists.

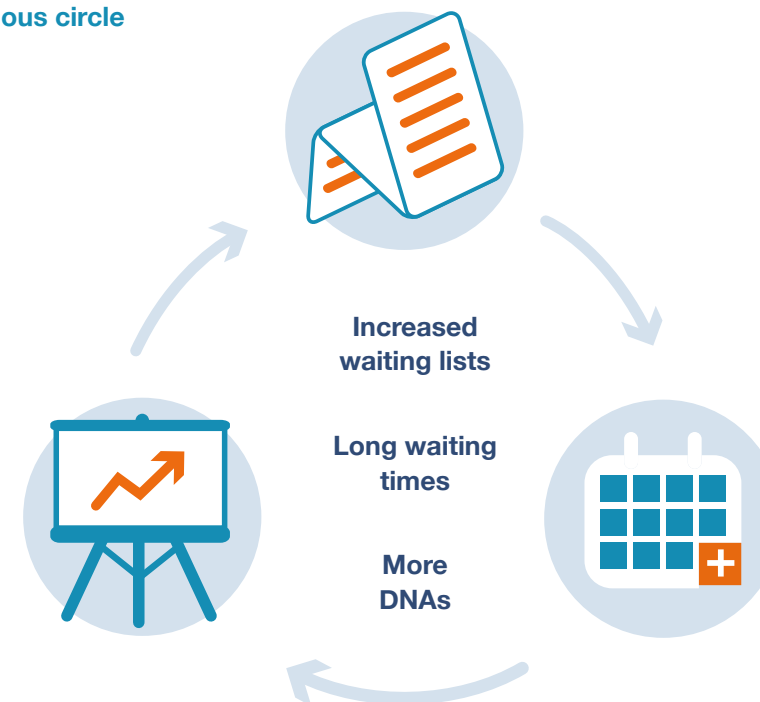
And the pressure is expected to continue to build. The Mental Health Foundation estimates that by 2030 there will be around 2 million more adults in the UK suffering with mental health problems.¹⁰

“Cost pressures require that more is done for less and providers therefore must find innovative ways to deliver services.”

Annual Report of the Chief Medical Officer, 2013¹¹

Given the scale of the challenge, IAPT services will be compelled to look at their models of care differently. **Has the time come to try something new?**

A vicious circle



⁸ HSCIC. Quarterly Improving Access to Psychological Therapies Dataset Report. Final Quarter 1 2014/15 provider summary statistics and related information, England, Experimental Statistics. 2015 [accessed 5 Feb 2015]. Available from: <http://www.hscic.gov.uk/catalogue/PUB15678/iapt-q1f-2014-15-exp-prov-summ-stats.xls> line 6.

⁹ NHS Institute for Innovation and Improvement. DNAs: Reducing Did Not Attends. 2013 [accessed 5 Feb 2015]. Available from: http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/dnas_-_reducing_did_not_attends.html

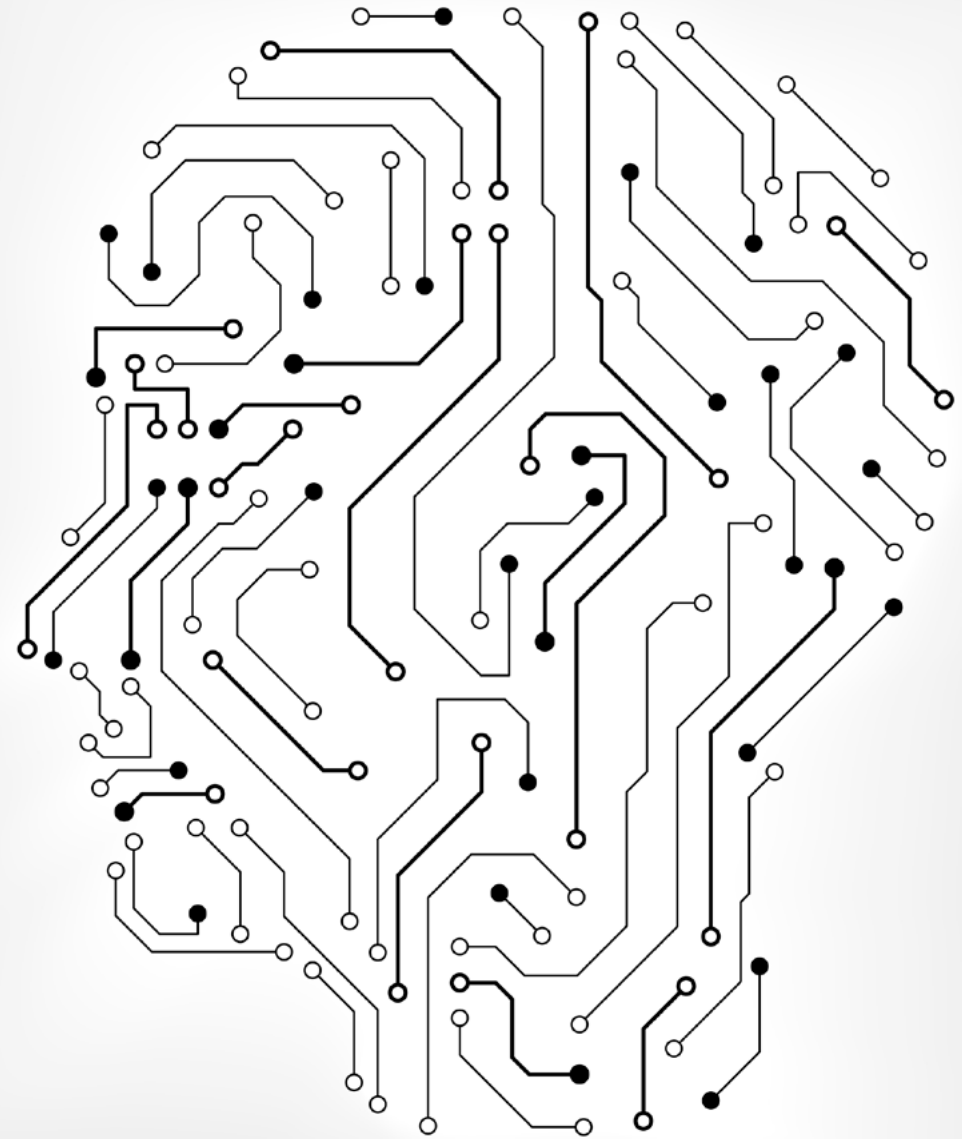
¹⁰ Mental Health Foundation. Starting Today: The future of mental health services; 2013 [accessed 5 Feb 2015]. Available from: <http://www.mentalhealth.org.uk/content/assets/PDF/publications/starting-today.pdf?view=Standard> p.2.

¹¹ Annual Report of the Chief Medical Officer. 2013 [accessed 29 January 2015]. Available from: <https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health> p.74.

Digital potential

“Technology has the potential to transform mental health service delivery through earlier detection and diagnosis and by making effective interventions available to more people. [...] There is also a strong economic case for innovative and preventative approaches to mental health, with increasingly robust evidence suggesting that costs can be reduced by improving outcomes and increasing quality and productivity.”

Annual Report of the Chief Medical Officer 2013¹²



¹² Annual Report of the Chief Medical Officer. 2013 [accessed 29 January 2015]. Available from: <https://www.gov.uk/government/publications/chief-medical-officer-cmo-annual-report-public-mental-health> p.74.

The term *online therapies* covers a range of talking therapies which facilitate treatment through the use of technology. These fall into two broad categories:

1

Interventions with remote therapist contact, using technologies such as messaging and video conferencing in real or delayed time.

2

The patient independently (with little to no contact with a therapist) uses technology-based interventions such as cCBT (computerised Cognitive Behavioural Therapy) on the web via their computer, mobile phone, and/or tablet.

Most online therapies have zero waiting time, and all are considerably cheaper than face-to-face therapy.

By their nature, online therapies require less involvement on the behalf of a therapist and as such, they can help to reduce long waiting times for treatments, as well as expanding options for hard-to-reach groups, such as those who live long distances from treatment centres.*

The primary benefit in the use of these therapies will be to **reduce waiting lists by treating more patients more quickly.**

Online therapies can also reduce costs, or enable more patients to be treated within existing resources. IAPT sessions delivered face to face are estimated to cost between £50 and £100 per session, with a typical average cost per course of treatment of around £500. Online therapy courses by many of the existing established providers cost between £20 and £100.

There is also an argument to be made that **patients using online therapies become empowered to engage with their treatment** and their progress, and are therefore more focussed on achieving the outcomes they seek.

“Present and emerging technologies offer opportunities for us to transform the way we engage in, and control, our own healthcare.”

Professor Sir Bruce Keogh KBE, National Medical Director, NHS England, 2014¹³

Research as to the effectiveness of **online therapies shows varying results, and online therapies have been shown in some studies to be as effective as in-person therapy.** A recent paper looking into the efficacy of online therapies stated:

“ It seems safe to conclude that **guided self-help and face-to-face treatments for depression and anxiety have comparable effects**, and that there is no evidence that one or the other is significantly larger than the other.”

Cuijpers, P., Donker, T., et al. Psychological Medicine, 2010¹⁴

A number of online therapy systems have been subjected to randomised control trials to demonstrate their efficacy and several are now NICE approved.¹⁵

The National Collaborating Centre for Mental Health was commissioned to carry out the UK's first comprehensive systematic review of online therapies and computer applications for the prevention and treatment of mental health problems and substance misuse in children. They determined that “evidence establishes ‘proof of concept’ for e-mediated and computer-based therapies.”¹⁶

¹³ NHS England. Sir Bruce calls for support for technology enabled care services programme; 2014 [accessed 5 Feb 2015]. Available from: <http://www.england.nhs.uk/2014/09/23/tecs-programme/>

¹⁴ Cuijpers, P., Donker, T., et al. Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A meta-analysis of comparative outcome studies. *Psychological Medicine*. 2010, 40(12), 1943–1957. [accessed 5 Feb 2015]. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/20406528>

¹⁵ Computerised cognitive behaviour therapy for depression and anxiety. National Institute for Health and Clinical Excellence, 2006. pp.1943-1957 [accessed 5 Feb 2015]. Available from: <http://www.nice.org.uk/guidance/ta97/resources/ta97-computerised-cognitive-behaviour-therapy-for-depression-and-anxiety-information-for-the-public2>

¹⁶ Minded. e-Therapies: Evidence Review; 2014 [accessed 5 Feb 2015]. Available from: <https://www.minded.org.uk/pluginfile.php/1287/course/section/579/e-Therapies%20link1-%20leaflet.pdf> p.2

Toward a solution

If online therapy can contribute so much to IAPT, why is it not already being widely used?

Lack of awareness

Online therapy providers have struggled to raise their profile and IAPT services and commissioners are not necessarily familiar with the spectrum of online services now available.

Limited choice

Until quite recently there were limited options available for high quality, proven and cost effective online therapy provision.

Security concerns

Both the general public and providers have concerns that working with external parties could make personal information vulnerable.

Lack of joined-up service

There has been no easy way to link the work done with an online therapy system with NHS patient management systems that would enable therapists to remain aware of patient progress.

Uncertain procurement routes

Mechanisms may not be in place for commissioning online treatment capacity by IAPT services or commissioners.

Quality concerns

No kitemarking system has previously existed to help services to confidently identify quality online therapy providers.

Each of these obstacles, however, is beginning to be addressed such that the time may finally have come to affect a sea change in the use of online therapies.

During the last 3 years, the number of providers of online therapy has widened significantly, and genuine choice now exists for services and patients.

IAPT services are typically tendered every 3 years and commissioners are increasingly seeking innovative approaches by service providers to widen access, reduce waiting times and manage costs. The NHS Commissioning Assembly recently issued CCGs with a toolkit for commissioning technology enabled care services such as online talking therapies.

Tim Kelsey of NHS England has set out a vision for a kite-marking system, which would authenticate and validate approved health-related apps, providing peace of mind to both prescribing clinicians and to patients accessing treatment.

As the company behind **IAPTus**, the market leading patient management system for IAPT, we at **Mayden** are also now looking at how our applications might be adapted to overcome some of these barriers to use of online therapies.

We see that one of the most significant barriers is a lack of integration and security concerns regarding the exchange of data between online therapy platforms and the patient management systems of service providers.

With support from the NHS and a government backed SBRI research initiative, we hope to further develop **IAPTus** to create an environment where a range of online therapy options can be reviewed, selected, arranged and clinical records shared securely and seamlessly between referring service and online therapy provider.

“By making the most of the opportunities presented by e-mental health, we can address some of the biggest future resource challenges facing the mental health sector.”

Mental Health Network NHS Foundation, Jan 2013¹⁷

¹⁷ Mental Health Network NHS Confederation. E-mental health: what's all the fuss about? 2013; 12 [accessed 5 Feb 2015]. Available from: <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/E-mental-health.pdf>

Conclusion

“Technology enabled care services can be an effective tool in supporting people to manage their own health and enabling better coordination of care, personalisation and prevention. Technology alone can’t deliver a transformation in care, but when embedded in a wider package of care and new ways of working, the combined innovation can have a powerful impact on improving patient outcomes and reducing inequality.”

Dr Peter Melton, Co-Chair NHS Commissioning Assembly, 2015¹⁸

The current and growing problem with waiting lists for IAPT services, the evidence base around the efficacy of online therapies, and this national call to make more use of available technologies in healthcare all make online therapy a compelling option that requires greater consideration. As barriers to uptake are now being addressed, we conclude that the time is now right for a sea change in the uptake of this form of therapeutic intervention.

“[Technology] is the future of healthcare. Twenty years from now, we will use technology to access our health services as a matter of course. That future is fast approaching as technologies constantly evolve, adapt and improve.”

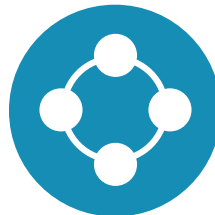
Professor Sir Bruce Keogh KBE, FRCS, FRCP, 2014¹⁹



Providing more patient choice



Allowing more patients to be treated



Enabling joined up care



Reducing waiting times

¹⁸ NHS Commissioning Assembly. Technology Enabled Care Services: Resource for Commissioners NHS Commissioning Assembly; 2015 [accessed 5 Feb 2015]. Available from: http://www.commissioningassembly.nhs.uk/dl/cv_content/157329 p.4.

¹⁹ NHS England. Sir Bruce calls for support for technology enabled care services programme; 2014 [accessed 5 Feb 2015]. Available from: <http://www.england.nhs.uk/2014/09/23/tecs-programme/>

Have your say

The IAPT community's views and feedback are highly valued by **Mayden**. We welcome views on the subject of engaging technology to address the resource challenges facing the IAPT programme. During the coming months **Mayden** will be talking with stakeholders from across IAPT and the wider mental health community. We seek to understand fully the barriers and how we can engage with service providers to create a platform through which online therapy can become a genuinely valuable addition to traditional methods of delivering therapy.

Find out more and contribute your ideas to the conversation on [LinkedIn](#), [Twitter](#), or by contacting **Chris Eldridge, Mayden's Director of Operations** chris.eldridge@mayden.co.uk

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