# IAPT and EAP service provision

## A comparative analysis of key performance data

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Report commissioned by Andrew Kinder, Vice-Chair, UK Employee Assistance Professionals Association

Analysis conducted by Barry McInnes, Therapy Meets Numbers www.therapymeetsnumbers.com

# A comparative analysis of Improving Access to Psychological Therapies (IAPT) and Employee Assistance Programme (EAP) service provision's key performance indicators (KPI's)

This analysis explores the relative performance of IAPT and EAP services across a range of key indicators of psychological therapy service quality.

**Caveat statement**

There are caveats about the comparisons. The IAPT programme deals with a wider range of cases on the mental health spectrum than an EAP, and the data on the EAP side is now quite dated. But overall the analysis demonstrates some principles around how EAPs are a highly effective complement to the NHS. They widen access, making sure more people are seen more quickly and before symptoms worsen, especially for mild to moderate mental health conditions. Most of all, EAPs are playing their part in keeping people in work through the most difficult of times.

**Andrew Kinder, Vice-Chair, UK Employee Assistance Professionals Association**

# A comparative analysis of Improving Access to Psychological Therapies (IAPT) and Employee Assistance Programme (EAP) service provision's key performance indicators (KPI's)

This analysis explores the relative performance of IAPT and EAP services across a range of key indicators of psychological therapy service quality.

The KPI's explored are:

- Waiting times
- Proportion of clients/patients starting therapy
- Session utilisation
- Proportions of clients/patients completing therapy
- Client/patient outcomes

The data sources used in this analysis are (unless otherwise stated):

- Annual report on the use of IAPT services, England 2019-20 https://bit.ly/3fkmUyn
- Mellor-Clark J et al. 2013. Benchmarking key service quality indicators in UK Employee Assistance Programme Counselling: A CORE System data profile. Counselling and Psychotherapy Research, 13, 1.

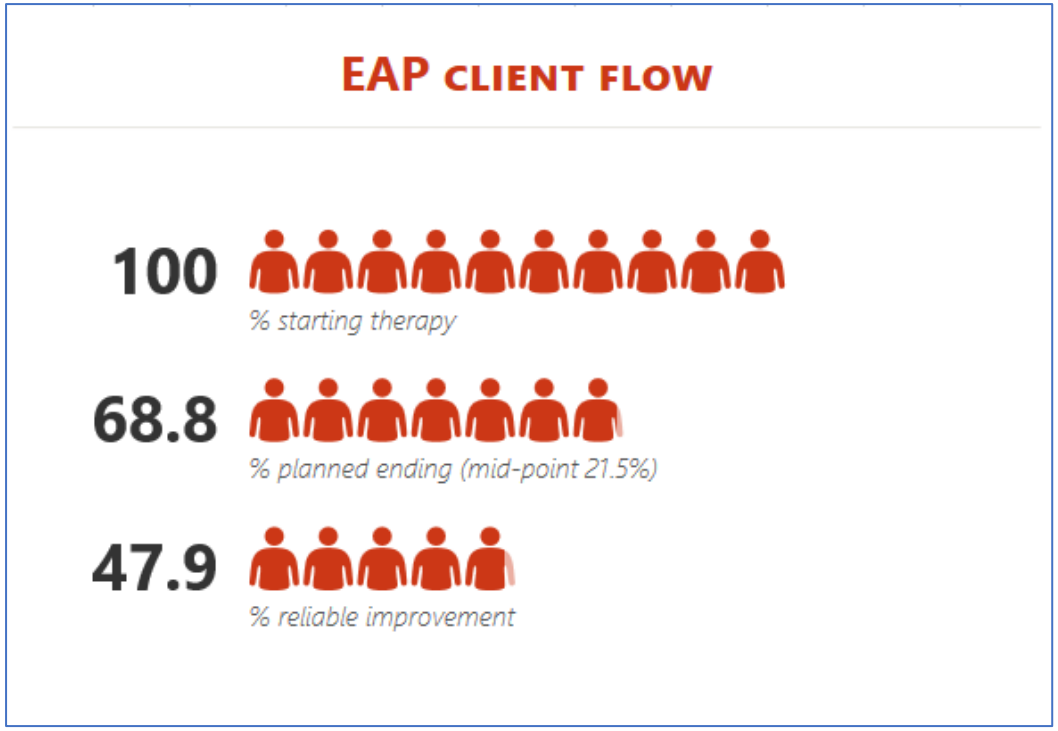
# A comparative analysis of Improving Access to Psychological Therapies (IAPT) and Employee Assistance Programme (EAP) service provision's key performance indicators (KPI's)

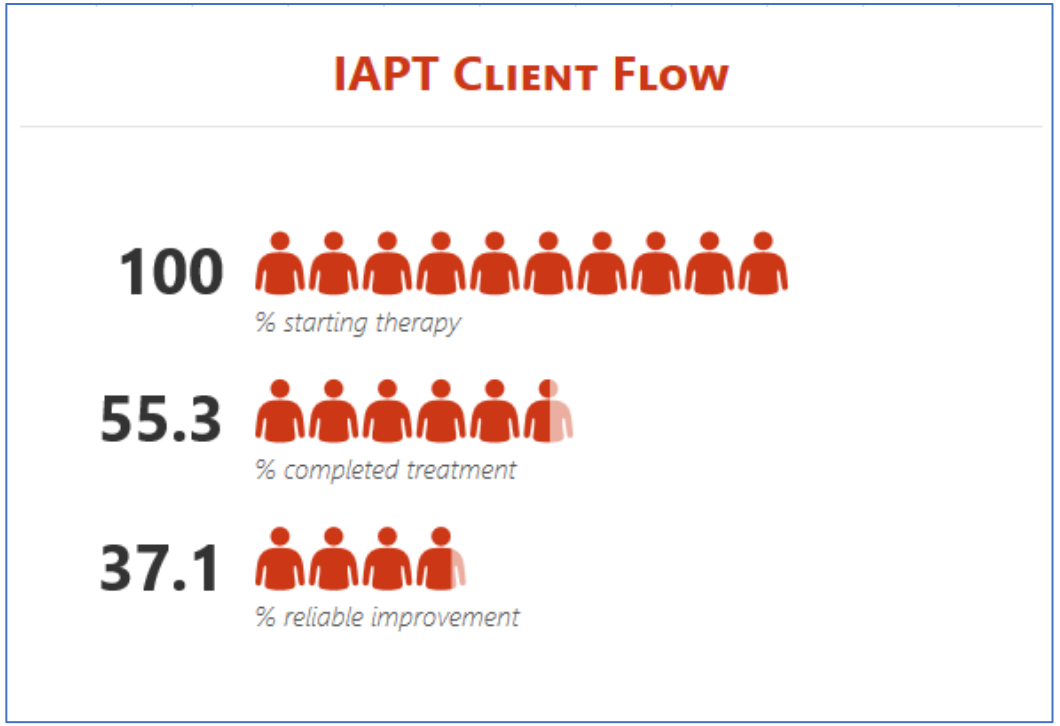
## Outline

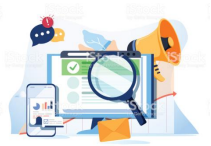
# Overall client flows, based on:

**IAPT: 1,647,716** referrals that ended in the **2019 – 20** period
**EAP's: 28,746** clients across **six** participating EAP services

The images below show, from the point at which they enter therapy (shown as 100%), the proportions of clients that reached a planned end to therapy (EAP clients), or were recorded as completing treatment (IAPT clients), and the proportions that achieved a reliable improvement. (**Note:** For the purposes of this analysis these ending/completing data are treated as broadly comparable).



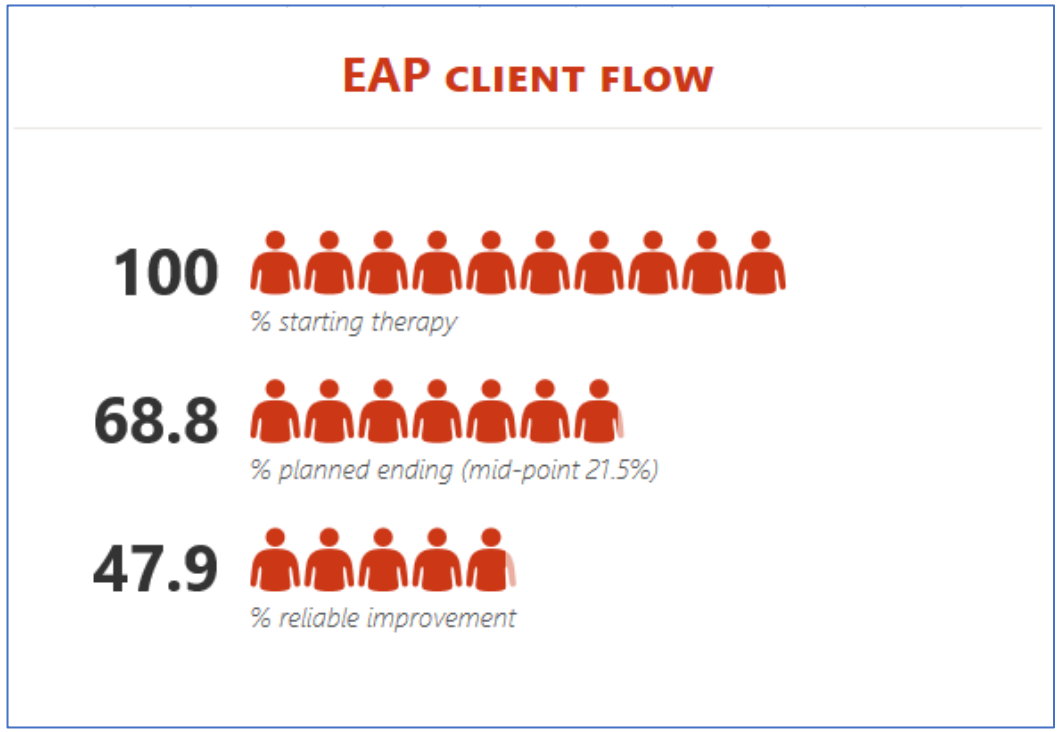



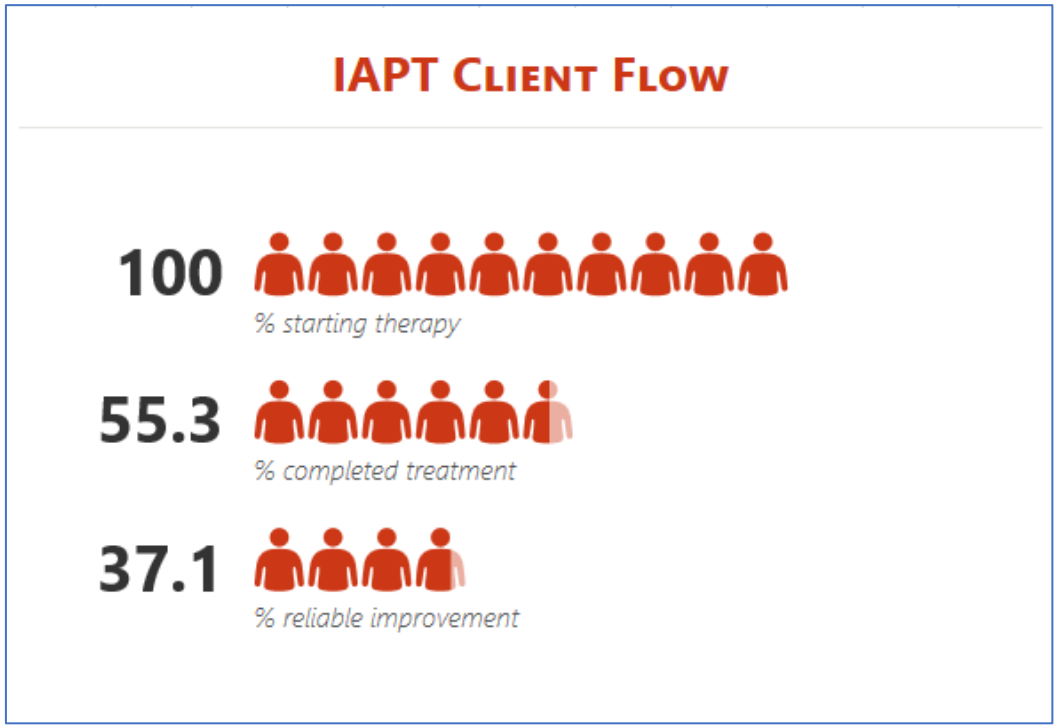


# Overall client flows (2)

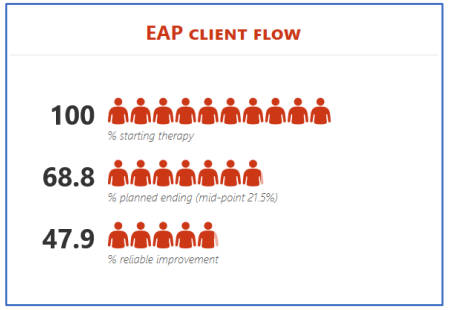
68.8% of EAP clients that started therapy are calculated to have reached a planned ending to their therapy. The proportion of clients starting therapy that achieved a reliable improvement is 47.9%.

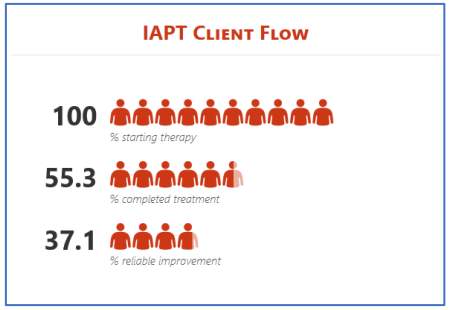
For IAPT clients the proportion completing therapy is lower than for EAP clients at 55.3%, and the proportion of those achieving reliable improvement is also lower at 37.1%.



# Overall client flows (notes)




**100% starting therapy:** Based on 25,803 clients that were accepted for therapy

**68.8% planned endings:** Based on a 21.5% unplanned ending rate (mid-point of between 'declared' and 'estimated' unplanned ending rate) for 22,622 clients that were accepted for therapy and with assessment dates =/>9months before the date of data collection. Using this calculation gives a planned ending n= 17,759; unplanned ending n= 4863.

**47.9% reliable improvement:** Based on 70.5% of 17,520 with valid pre- and post-CORE-OM's showing reliable improvement (n= 12,352)

**100% starting therapy:** Based on 1,095,739 clients a) having one treatment appointment only, and b) finishing treatment (2 or more sessions)

**55.5% planned endings:** Based on 606,192 recorded as completing treatment (i.e. having two or more treatment sessions)

**37.1% reliable improvement:** Based on a published rate of 67.0%, some 406,149 of 606,192 clients completing treatment would have reached the criteria for reliable improvement

# Waiting times

IAPT: The average waiting time to enter treatment was 22.9 days. 87.4% waited less than six weeks for their first treatment appointment and 98.4% were seen within 18 weeks

EAP's: The average waiting time from referral to first assessment date was 8.8 days

For IAPT clients, only referrals having finished a course of treatment are assessed against measures of waiting time and outcomes. The waiting time data highlighted here is drawn from 606,192 referrals that finished a course of treatment in the year, based on the time elapsed between the referral date and their first attended treatment appointment.

The EAP waiting time average is drawn from 27,437 clients and is based on the time elapsed between the referral date and the first recorded assessment date. In EAP services the referral date is most commonly the point at which the client makes first contact with the EAP and receives an initial assessment. The first assessment date is the point at which the client has contact with the therapist to whom they are referred and is thus seen as the first therapy appointment.

# Starting therapy/treatment

IAPT: Of the 1,126,404 clients that underwent initial assessment, 97.3% are recorded a starting a course of therapy.

EAP's: Of the 27,891 clients with a recorded outcome of their assessment appointment 92.5% were accepted for therapy

A total of 1,126,404 IAPT clients were seen by services and are therefore assumed to have undergone some form of assessment of their needs. They were categorised as either having been seen but not treated (30,665), having received one treatment appointment only (489,547) or finishing treatment (i.e. receiving two or more treatment sessions; n = 606,192).

Of the 1,126,404 clients that underwent some form of assessment, a total of 1,095,739 clients either received one treatment session only, or finished treatment having received two or more sessions. This represents 97.3% of those that underwent an initial assessment of their needs.

A total of 27,891 EAP clients had a recorded outcome of their assessment appointment. Of these, a total of 25,803 (92.5%) were recorded as having been accepted for therapy.

# Session utilisation

IAPT: Across all forms of treatment, clients finishing treatment received an average of 6.9 sessions

EAP's: The average number of sessions attended by clients that came to a planned end of therapy was four.

Across all the treatment types offered by IAPT, clients that completed a course of treatment received on average 6.9 sessions. Data for the previous year (2018 – 19) has shown that referrals that moved to recovery  attended 7.6 sessions on average. [1]

Within EAP services the average number of sessions used by clients that completed therapy was four. In total, 96% of clients that completed therapy used five or fewer sessions.

1. NHS Digital News: Talking therapies: New statistics show an increase in referrals, numbers starting treatment and recovery rates during 2018-19 https://digital.nhs.uk/news-and-events/latest-news/iapt-2018-19


# Completing treatment/reaching planned ending

**IAPT**: Of the 1,095,739 clients that started treatment in the year, 55.3% completed treatment

**EAP's**: Of 22,662 valid cases, between 73% and 84% reached a planned end to their therapy.

A total of 1,095,739 clients either received one treatment session only, or finished treatment having received two or more sessions. 489,547 (43%) of those received one session only and are not counted as having completed treatment.

The EAP therapy completion rate was drawn from clients who were accepted for therapy or a trial period of therapy, and whose assessment date was more than nine months before the data collection date (whose cases could therefore be assumed to be closed).


# Completing treatment/reaching planned ending (2)

**IAPT**: Of the 1,095,739 clients that started treatment in the year, 55.3% completed treatment

**EAP's**: Of 22,662 valid cases, between 73% and 84% reached a planned end to their therapy.

The ending type (i.e. planned v. unplanned) was not recorded for all EAP clients. Data was missing, on average, in 5.5% of cases. Hence, two rates of unplanned ending were calculated: the 'declared' rate of 16% (where ending type was specified) and the 'estimated' rate of 27% (calculated to compensate for missing data). It is likely that the true rate of unplanned ending is higher than the declared rate, and somewhere between the declared and estimated rates.

Even using the conservative estimated rate of unplanned ending for EAP clients, it can be seen that a significantly higher proportion complete their therapy.

# Outcomes

**IAPT**: Over all treatments, 67.0% of referrals completing treatment showed a reliable improvement

**EAP's**: For clients with valid pre-and post-therapy data, the rate of reliable improvement was 70.5%

Across IAPT services, 94.0% of clients completing therapy were over the clinical cut-off on one or both of the PHQ-9 and GAD-7 measures at the outset of their treatment. Among EAP clients, for those with valid CORE-OM data, 87.5% scored over the clinical cut-off at assessment.

Across all IAPT treatments the recovery rate was 51.1% and the rate of reliable improvement was 67.0%.

From a total of 17,520 EAP clients with valid pre-and post-therapy data, the mean pre- and post-therapy CORE-OM scores were 17.4 and 8.8 respectively. The mean rate of reliable improvement was 70.5%.

# Outcomes (2)

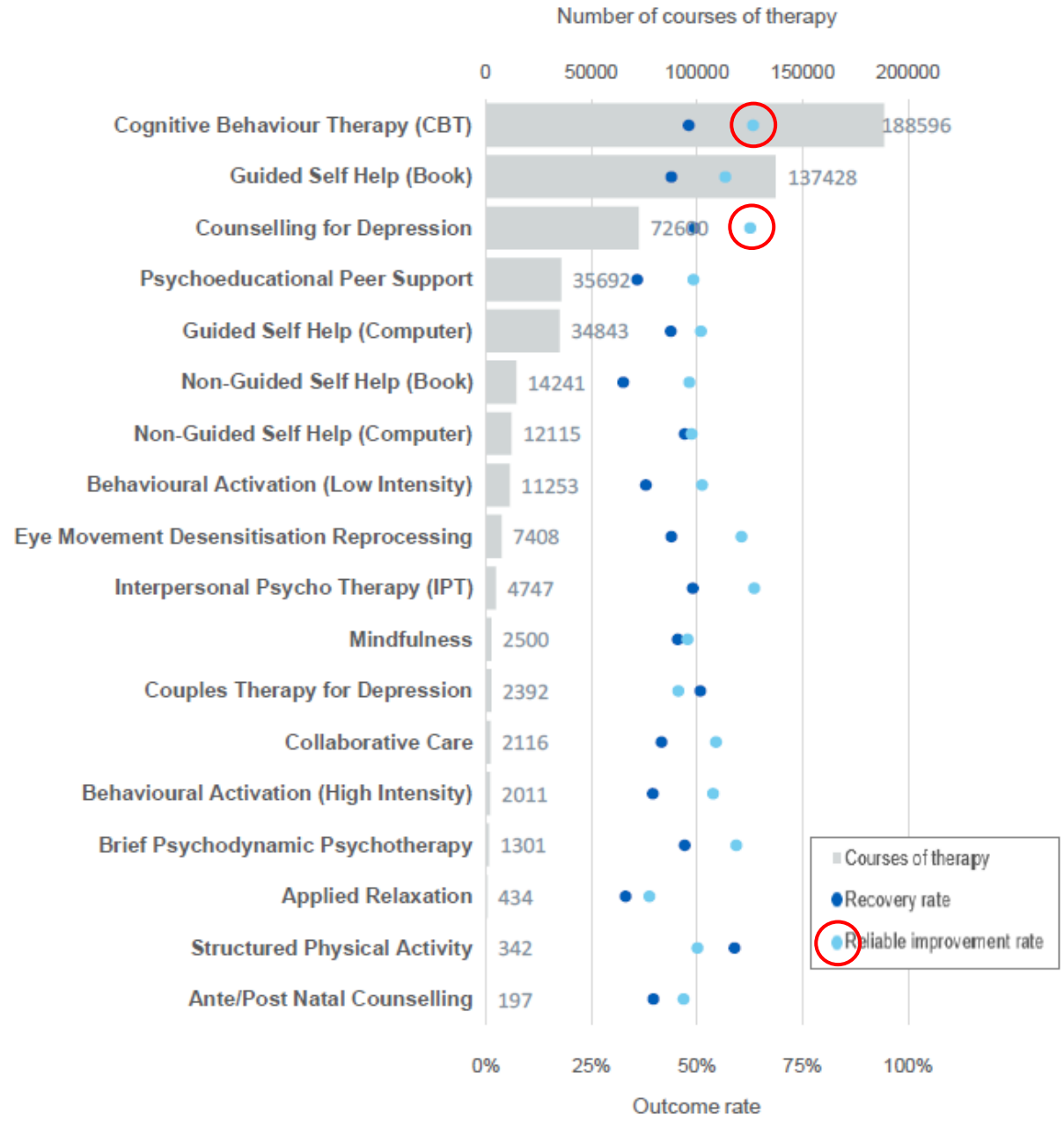
The chart adjacent shows the relative rates of recovery and reliable improvement for IAPT therapies for 2018-19. [1,2]

The reliable improvement rates for the two most common therapies (CfD and CBT) were 62.6% and 63.3% respectively.

As can be seen from the chart they are among the interventions with the highest rates of recovery and improvement.

1. Comparative data is not available for the year 2019 - 20
2. https://files.digital.nhs.uk/8F/46FF3A/psyc-ther-1819-out-ther-rep.pdf

**Figure 5: Number of courses of each therapy and therapy-based outcomes rates, England, 2018-19**



# Outcomes (3)

The table below shows (where calculation is possible) the respective effect sizes and rates of recovery, reliable recovery, deterioration and no change for IAPT delivered Counselling for Depression (CfD), CBT, and EAP delivered therapy interventions for 2018 – 19. [1]

The respective effect sizes for CfD and CBT were between 0.9 and 1.0. The effect size for EAP delivered therapy interventions was 1.43.

| | | Effect size - PHQ-9 | Effect size - GAD7 | Effect size - CORE-OM | Recovery | | Reliable Recovery | | Reliable Improvement | | Deterioration | | No reliable change | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | n | % | n | % | n | % | n | % | n | % |
| IAPT | Counselling for depression (CfD) outcome scores | 1 | 0.9 | - | 32,150 | 49.3 | 30,017 | 46.1 | 45,470 | 62.6 | 3,952 | 5.4 | 22,734 | 31.3 |
| | Cognitive behaviour therapy (CBT) outcome scores | 0.9 | 1 | - | 82,423 | 48 | 77,983 | 45.4 | 119,436 | 63.3 | 10,374 | 5.5 | 57,079 | 30.3 |
| EAP's | All therapy interventions | - | - | 1.43 | - | - | - | 52.1 | - | 70.5 | - | 1.6 | - | 27.9 |

1. Comparative data is not available for the year 2019 - 20

# Appendix 1
# Interventions offered by IAPT and EAP services

IAPT is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE) primarily for treating people with depression or anxiety. Services typically offer a wider range of interventions (adjacent) than those offered by EAP's.

CBT and Guided Self Help (Book) accounted for 61.5% of all therapies delivered in 2018 – 19. Counselling for Depression (CfD) and CBT are the two most common forms of psychological therapy offered by IAPT services.

**Table 1: Number of therapy types[1] submitted for each attended treatment appointment by therapy type[2], 2018-19, England**

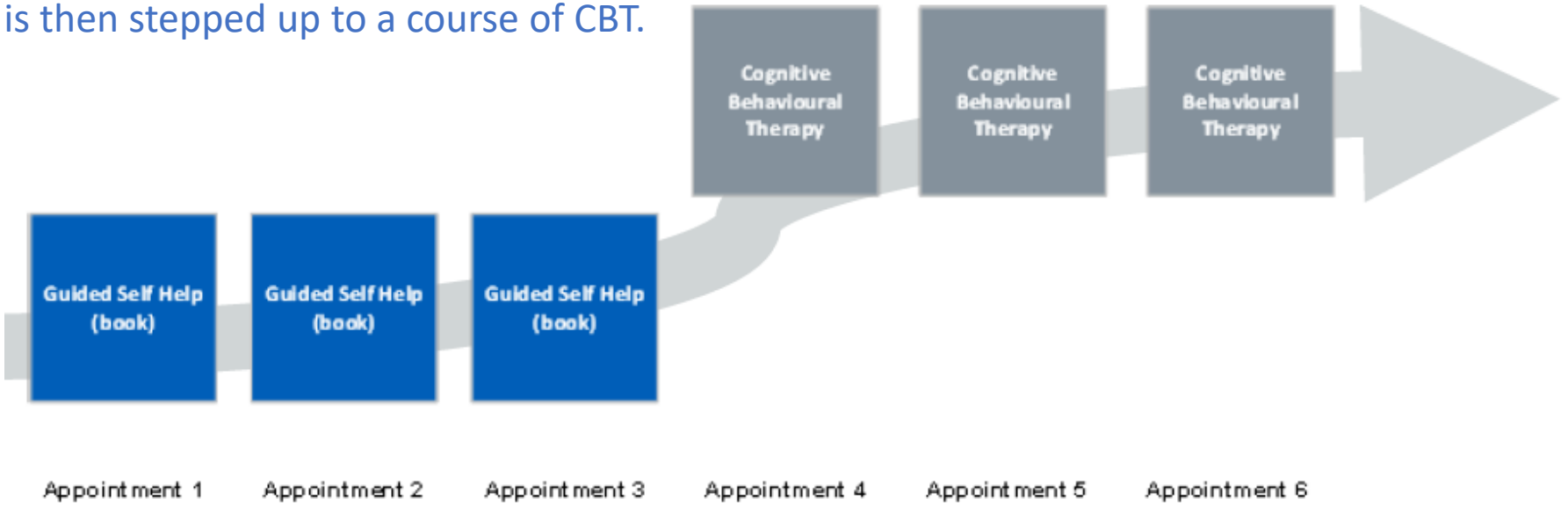
| Therapy type | Number of therapy types recorded in appointment | | | |
|---|---|---|---|---|
| | 1 | 2 | 3 | 4 |
| **Total[3]** | **3,260,920** | **43,997** | **2,170** | **878** |
| Guided Self Help (Book) | 667,701 | 10,925 | 550 | 73 |
| Non-guided Self Help (Book) | 97,167 | 5,441 | 328 | 36 |
| Guided Self Help (Computer) | 143,137 | 15,466 | 506 | 63 |
| Non-Guided Self Help (Computer) | 38,511 | 15,693 | 252 | 59 |
| Behavioural Activation (Low Intensity) | 45,644 | 3,819 | 581 | 27 |
| Structured Physical Activity | 751 | 1,248 | 88 | 12 |
| Ante/post natal counselling | 860 | 230 | 8 | 3 |
| Psychoeducational peer support | 172,494 | 1,622 | 595 | 36 |
| Applied relaxation | 1,241 | 488 | 209 | 730 |
| Behavioural Activation (High Intensity) | 6,385 | 2,597 | 254 | 686 |
| Couples Therapy for Depression | 20,612 | 687 | 20 | 17 |
| Collaborative care | 15,230 | 643 | 24 | 1 |
| Counselling for Depression | 466,109 | 7,153 | 696 | 153 |
| Brief psychodynamic psychotherapy | 11,473 | 632 | 161 | 7 |
| Eye Movement Desensitisation Reprocessing | 55,289 | 3,188 | 39 | 1 |
| Mindfulness | 10,497 | 1,427 | 625 | 793 |
| Cognitive Behaviour Therapy (CBT) | 1,464,534 | 16,053 | 1,291 | 793 |
| Interpersonal Psycho Therapy (IPT) | 43,285 | 682 | 283 | 22 |

https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2018-19

# Appendix 1 (2)
# Interventions offered by IAPT and EAP services

In IAPT, a course of treatment is defined as having attended at least two sessions of a discreet treatment (e.g. CBT or guided self help. A referral is defined as a single continuous period of care, within which one or more discreet courses of treatment are delivered to the patient.

IAPT operates what is known as a stepped care model. Thus, for many patients with mild to moderate symptoms of anxiety or depression, a low intensity intervention is first recommended with other, higher intensity therapies offered if necessary. In the example shown below the patient starts their referral with a course of guided self-help and is then stepped up to a course of CBT.




https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2018-19

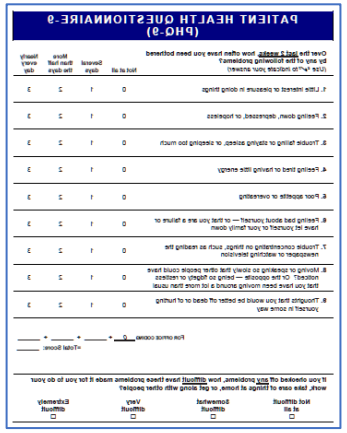
# Appendix 1 (3)
# Interventions offered by IAPT and EAP services

Across EAP services and therapists the most common therapeutic approaches recorded were:

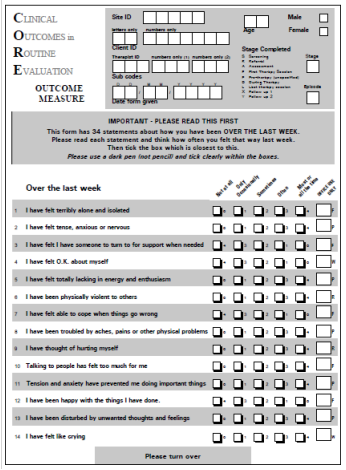
- Integrative (38%)
- Person-centred (32%)
- Structured/brief (35%)
- Cognitive-behavioural (23%)
- Psychodynamic (9%)

Data on therapy type was recorded for 24,639 clients with approximately half of clients (51%) receiving more than one type of treatment.

# Appendix 2
# Outcome measures and outcome definitions



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)



CLINICAL OUTCOMES in ROUTINE EVALUATION

OUTCOME MEASURE

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
*Please use a dark pen (not pencil) and tick clearly within the boxes.*

Over the last week

1 I have felt terribly alone and isolated
2 I have felt tense, anxious or nervous
3 I have felt I have someone to turn to for support when needed
4 I have felt O.K. about myself
5 I have felt totally lacking in energy and enthusiasm
6 I have been physically violent to others
7 I have felt able to cope when things go wrong
8 I have been troubled by aches, pains or other physical problems
9 I have thought of hurting myself
10 Talking to people has felt too much for me
11 Tension and anxiety have prevented me doing important things
12 I have been happy with the things I have done.
13 I have been disturbed by unwanted thoughts and feelings
14 I have felt like crying

Please turn over

The primary measures of outcome used by IAPT services are the GAD-7 and PHQ-9, which are measures of the severity of anxiety and depressive symptoms respectively. GAD-7 is a seven-item measure with a scoring range of 0 – 21, and a cut-off or 'caseness' threshold of 8 or above. For any change in GAD-7 scores to be considered reliable it should exceed four points.

PHQ-9 is a nine-item measure with a scoring range of 0 – 27 and a caseness threshold of 10 or above. For any change in PHQ-9 scores to be considered reliable it should exceed six points.

The outcome measure used in the EAP study was the CORE Outcome Measure (CORE-OM). This is a 34-item measure addressing the domains of subjective well-being, problems/ symptoms, functioning and risk. The scoring range of the CORE-OM is between 0 – 40, with the clinical-cut-off being set at 10. A change in scores of 5 or more points constitutes reliable change.

# Appendix 2 (2)
# Outcome measures and outcome definitions

It is important to recognise that IAPT and the CORE methodology on which the EAP study is based use different terminology for some categories of change in clients scores.

- **Recovery:** In IAPT, patients are considered **recovered** if their scores for depression and/or anxiety are above the clinical cut-off on either GAD-7 or PHQ-9 measures at the start of treatment and are below the cut-off for both at the end of treatment. In the CORE methodology this movement from above to below the clinical cut-off is termed **clinical change**.

  In the CORE methodology, **recovery** occurs when a client's scores have changed both clinically and reliably, in other words when they have moved from above the clinical cut-off to below it, and additionally, the change is sufficient to be reliable. In the IAPT methodology this is termed **reliable recovery**.

- **Reliable change:** The term **reliable change** carries the same meaning in both IAPT and CORE methodologies i.e. a statistically significant level of change on the relevant measure, as outlined above, but not a change which crosses the clinical cut-off for that measure.

https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2018-19

# Appendix 3
# Waiting time addendum

Significant concerns have surfaced in the media which focus on variations in IAPT waiting times. To illustrate:

- While 89.4% of those finishing a course of treatment in 2018/19 waited less than 6 weeks for their first treatment, waiting times varied substantially across England, from 4 days in Basildon and Brentwood to 61 days in Manchester. [1]
- In most areas, patients waited longer between their first and second treatments than they waited for their first treatment. [1]
- Waiting times for the second session (i.e. the first session of actual treatment) are increasing. Of the patients who went on to have a second session, half had waited more than 28 days from their first appointment for it. [2]
- One in six patients - nearly 95,000 - waited over 90 days, a doubling in number in just three years. [2]
- The average wait between referral and second session is now more than two months

Less is known about how waiting times may contribute to the high levels of drop-out after initial assessment, as published waiting times are based on referrals that finish treatment. Given that only 36% of referrals that ended in 2018 – 19 finished a course of treatment, however, it is possible that the significant and growing gaps between assessment and treatment are a contributory factor.

1. https://commonslibrary.parliament.uk/research-briefings/sn06988/
2. https://www.bbc.co.uk/news/health-50658007 `

# Appendix 3 (2)
# Waiting time addendum

Dr Richard Vautrey (British Medical Association GP Committee chair) called the worsening waiting time situation “totally unacceptable” and highlighted its wider impact on general practice – “It’s not then surprising that fewer courses of treatment are completed if patients are frustrated by delays in accessing them, and this also has a ripple effect for GPs who have to plug the gap with extra work.” [1]

The extent to which stepping-up patients from low to high intensity treatments contributes to increased waiting times (and also drop-out) is unclear. Data from the 2nd UK National Audit of Psychological Therapies published in 2018, [2] however, shows that most patients receiving either CBT or CfD first start with a lower intensity treatment. For CBT, of all patients that received CBT, 75% started with a lower intensity treatment. For CfD, the proportion is 69%.

Up to three-quarters of patients receiving these treatments, therefore, move from lower to higher intensity interventions. There is a dearth of data on waiting time to the first treatment appointment for the high intensity treatment where stepping up occurs. The high proportions of patients that are stepped-up, however, suggests that starting on a low intensity treatment represents a barrier to patients accessing the help they need in a timely and streamlined manner.

1. http://www.pulsetoday.co.uk/clinical/clinical-specialties/mental-health/number-of-patients-completing-iapt-drops-as-longer-waiting-times-rise/20039702.article
2. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-018-1899-0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