



**T**he Improving Access to Psychological Therapies (IAPT) programme provides quick access to talking therapies to people who have common mental health problems. A programme of stepped care, IAPT treatment is tailored to an individual's clinical severity and stage of recovery<sup>1</sup>, and is delivered by either high intensity therapists, or psychological well-being practitioners (PWPs). Expenditure incurred in rolling out IAPT was expected to be offset by savings to the Exchequer in tax revenue through employment, job retention, and reduced reliance on social security benefits.

### The research

While recent evaluations highlight the IAPT programme's success in terms of clinical and employment outcomes<sup>2</sup>, little has been reported on programme costs, or cost-effectiveness. In order to understand this gap in knowledge, researchers from the Cambridgeshire and Peterborough CLAHRC undertook one of the first cost analyses of the IAPT programme in the UK.

Using routine treatment activity, clinical outcomes data, and actual public sector spending by five Primary Care Trusts (PCTs) in the East of England, the study looked at the costs associated with: a single session; a completed course of treatment; and recovery for four different treatment courses involving high intensity therapists or PWPs (low intensity therapists), or a combination of both.

### Findings

The analysis showed that there was an average of 7 sessions per treatment course per patient. The average cost per session was £138 across the four different treatment courses. The average cost of per treatment course (across the four different types) was £877.

The cost did vary considerably across the different treatment courses for the subset of patients who completed treatment, with an average cost (across PCTs) of £493 for low intensity therapy, £1514 for people who stepped up from low to high intensity therapy, £699 for those who stepped down from high to low intensity therapy, and £1416 for those receiving high intensity therapy only.

Total spend on each type of treatment course also varied considerably between PCTs, perhaps reflecting differences in population need, or the volume of services provided.

The study also looked at cost of recovery, defined as achieving the clinical cut-off on the PHQ9 and GAD7 routine assessment measures at the end of treatment. This study found that 55% of all individuals completing treatment 'recovered' with scores improving on average by several points<sup>3</sup>.

The cost per recovered patient ranged from just over £1000 for a patient receiving only low intensity therapy, to almost £3000 for a patient who required high intensity treatment, with an average across all different treatment courses of £1766.

### Conclusions and discussion

The approach used in this study is helpful in demonstrating heterogeneity in delivery and costing of IAPT services. Much variability across PCTs was observed which may relate, in part, to differing needs, service design, geographical and demographic factors. Nevertheless, as well as illustrating some predictable variation, the application of this costing framework to IAPT services can also highlight differences which may indicate possible areas for improvement, such as better outcomes for patients and potential efficiency gains. Different ways of delivering care may potentially achieve savings via increased treatment volume, for example with over-the-telephone<sup>4</sup> or group-based therapy.

Earlier identification of patient suitability for treatment, and follow-up of non-attenders or non-completers may allow for better use of resources - 20% of total treatment costs were spent on those who declined, dropped out, or were found unsuitable for treatment. Clinical follow-up/relapse prevention may also impact on health improvement outcomes.

### References

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