



The Improving Access to Psychological Therapies (IAPT) programme aims to provide quick access to cost-effective talking therapies, primarily Cognitive Behaviour Therapy (CBT), to people who have common mental health problems. IAPT targets depression and anxiety disorders which are the commonest mental health problems seen in general practice, causing an enormous health burden at the population level.¹ There are estimated to be 685,000 people in the East of England region with depression and/or anxiety disorder,² but less than a quarter will be able to access treatment. People with common mental health problems have been subject to a long and uncertain wait for NHS treatment, and so the introduction of IAPT services takes a significant step towards widening access to mental health services. In the East of England, IAPT has been commissioned by seven primary care trusts (PCTs) since 2008 and is offered in a variety of locations from GP surgeries to community venues. By offering GPs an appropriate and rapid service for their patients and empowering people with skills to self-manage their own mental health, it is hoped that quicker improvement and sustainable recovery for patients will be achieved.

Policy context

In 2004, the National Institute for Health and Clinical Excellence (NICE), issued guidelines for the treatment of people with depression and anxiety.³ The guidelines recommended that patients with anxiety disorders and depression should have the option of CBT. In 2006, Lord Layard published a major report proposing a Primary Care Psychological Therapy Service for the treatment of mild to severe depression and anxiety disorders, to be delivered in every part of the country.¹ Since then, a national workforce of 3,400 new cognitive behavioural therapists have been recruited, with a commitment from the Government to training an additional 2,400 by 2014/15. In 2011, the Department of Health published Talking Therapies: A Four Year Plan of Action as a supporting document to the Mental Health Strategy: No Health Without Mental Health.

The research

Two methods of delivery of talking therapies that have been developed are face to face (FTF) and over the telephone (OTT). These methods of low intensity CBT have been adopted in the East of England IAPT service delivery model, and this research compares the clinical and cost-effectiveness of FTF with OTT delivery using anonymised data from the IAPT assessment database collected by IAPT therapists since the programme was implemented in 2008.

Findings

Our research found that all outcomes improved regardless of whether the therapy was delivered OTT or FTF, except for people with more severe illness where FTF was superior. The cost per session for OTT was found to be less expensive than FTF.

Conclusions

This piece of research provides evidence that better access to psychological therapies could be achieved for people

with common mental disorders by using talking therapy over the telephone which is as clinically effective as face to face therapy in persons receiving less intensive psychological interventions. Because OTT is less expensive, its use could result in considerable cost savings for the NHS.

Impact

Patients may be unable to access health services due to transport problems, work commitments and physical disability, among many reasons. So increasing availability of talking therapies over the telephone will make mental health services more accessible to patients. On the back of these findings, the Strategic Health Authority has implemented a regional training programme to ensure East of England therapists are competent at telephone contact with patients.

Research partner

This project is a collaboration between the Cambridgeshire and Peterborough CLAHRC and the East of England Strategic Health Authority.

Please cite this research as:

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