Evaluation of online therapy within IAPT services at scale through integration

Alison Sturgess-Durden, Director, Mayden
Judith Chapman, Clinical Head of Service and Clinical Director, Berkshire IAPT service
Improving Access to Psychological Therapy (IAPT)

- Mild to moderate common mental health disorders
- National minimum dataset
- Session by session recording of PROMS
- 70% of all IAPT referrals in 2015 recorded in iaptus
Improving Access to Psychological Therapies

- 1.2 Million patients referred to IAPT in 2015
- Meeting 15% of need
- Waiting time standard
- Less than 1.5% of IAPT referrals used cCBT
Support for online therapy

Technology has the potential to transform mental health service delivery through earlier detection and diagnosis and by making effective interventions available to more people.*

* Chief Medical Officer's Annual Report 2013
Benefits of online therapy

- More patient choice
- Reduce waiting times
- Measurable outcomes
- More patients treated
- Joined up care
Barriers to uptake

N3

Digital Care Record

Public

cCBT
Making the digital care record work hard to support uptake of online therapies
Online therapy provider partners

Big White Wall

minddistrict

CCBT Ltd

SilverCloud

ieso

digital health

Wellmind Media
Comparative analysis
Comparative analysis
Online therapy - evaluation opportunities

- Near real time analysis of digital therapies outcomes
- Patient level (integrated care record)
- Population level (large sample sizes)
- Compare modalities - online, f2f, blended
- Rapid evaluation of new interventions (‘online RCTs’)

Diagram:

1. Development
2. Digital product development
3. Evaluation
Delivering online cCBT at Step 2 in Talking Therapies (IAPT)

Judith Chapman, Clinical Head of Service and Clinical Director
The challenges

▪ Is online a lesser treatment than F2F?
▪ How to bust this myth?
▪ Do we have agile enabled workforces?
▪ How will we expand our reach effectively?
▪ What does service evaluation show?
▪ What do our clients say?
Stages of Implementation

1. Set up a SilverCloud Working Party
   - Involving Senior Management, PWP leads and PWPs
   - Responsible for developing SilverCloud pathways and guidance
   - Conducting training

2. Develop protocols and guidance for using online sessions
   - Diary management for online sessions (allocated time etc.)
   - Risk management in online sessions
   - Processes for disengagement

3. Provide training
   - Focus on content, processes, expectations of PWPs and case studies/role plays
Stages of Implementation

4. **Set clear expectations for usage**
   - Set targets for number of clients on SilverCloud for each PWP in the first 3 months of using this
   - Monitor in line management

5. **Keep it on the radar**
   - Regular training based on learning from use so far
   - Communication to the team about levels of usage
   - Feedback on SilverCloud data to the team
Our outcomes

- **Number of clients on SilverCloud**
  - 40% of all step 2 clients

- **Engagement Rate**
  - As effective as individual Guided Self Help
  - Transparency supports engagement & follow up

- **PWPs can hold significantly higher caseloads**
  - Wait times being met
Berkshire Healthcare Recovery Rates for SilverCloud based online Therapy

<table>
<thead>
<tr>
<th>Year</th>
<th>Recovery Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014/15</td>
<td>50%</td>
</tr>
<tr>
<td>2015/16</td>
<td>60%</td>
</tr>
<tr>
<td>2015/16 (Completed Only)</td>
<td>90%</td>
</tr>
</tbody>
</table>

National Average

Support Compassion Hope
Ratio of Female to Male Clients by Entry Route

- All Service Users: 65% Female, 35% Male
- Silver Cloud Users: 58% Female, 42% Male
- Online Access: 50% Female, 50% Male
We’d welcome your ideas on the evaluation opportunity...

alison.sturgess@mayden.co.uk

@iaptustweets