Lies, Damned Lies, and IAPT Statistics

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SYNOPSIS

Improving Access to Psychological Therapies (IAPT) is in the final year of its four-year programme to treat 3.2 million people for depression and anxiety. While evidence has been accumulating of the programme's failures and shortcomings, the latest Department of Health report on IAPT's outcomes declares it a resounding success – and it has the numbers to prove it. Or does it?

Healthcare Today carried the following headline at the end of January this year: 'Figures from the Health and Social Care Information Centre (HSCIC) show fewer than 6% of referrals made under the Improving Access to Psychological Therapies (IAPT) programme in 2012–13 resulted in "reliable recovery"'. Shocking, surely? If this were physical health, wouldn't there be an outcry about wasted money and human resources? Shouldn't the confidence expressed by the National Institute for Health and Care Excellence (NICE) in CBT be a little disturbed?

However, the HSCIC report[1] itself claims this is a success story: '43% of patients completing a course of treatment under IAPT achieved recovery'. In its foreword, Lord Layard writes, 'the dataset… supports… the Department of Health's continuing commitment to parity of care between Mental Health and other Health services'. So, what is going on? Is it 6 per cent or 43 per cent? The answer lies in the opacity and manipulation of IAPT's evidence base, and in the politics of mental health.

According to the reported statistics, 43 per cent 'of those referrals that had completed treatment and were at "caseness" at their first assessment (127,060 referrals)' achieved recovery. However, this group of 127,060 represents only 14 per cent of the 883,968 new referrals during the year. The 51,900 patients who were deemed to have recovered were just 6 per cent of the total number of referrals.

The four-year vision for the IAPT programme published in February 2011, and repeated with every quarterly progress report, is for a total of 3.2m referrals, 2.6m completed courses of treatment (81 per cent of referrals) and 1.3m 'recoveries' (40 per cent of referrals) between 2011 and 2015. Compare this with the actual figures for 2012–13: 14 per cent of referrals completed treatment and 6 per cent of referrals recovered. Put another way, 94 per cent of referrals to IAPT failed to receive a successful course of therapy, and 86 per cent failed to complete any course of therapy at all. What happened to the 757,000 referrals who never completed a course of therapy?

The 'evidence base' obscures rather than clarifies the picture. We learn that of the 449,000 referrals who did not enter clinical treatment of any kind, 37 per cent were still on a waiting list at the end of the year. Half of this group (84,000) had been waiting for more than 90 days. The other 283,000 non-starter referrals just disappeared from the data. Who are they? Where did they go?

From a different starting point, we are told that 60 per cent of new referrals 'ended' during the year. This figure includes referrals who completed treatment and those who either never started or failed to complete. A quarter of this 60 per cent dropped out of the process 'unexpectedly', and another quarter 'declined the treatment offered'. Why? What happened to these people?

These are not new questions being asked of the IAPT statistical light show.

In November 2013, the *We Still Need to Talk* Coalition report[2] on access to the talking therapies suggested from the results of its own survey that 10 per cent of IAPT referrals had been on a waiting list for over a year, and that 50 per cent had been waiting for 90 days or more.

Tellingly, an article in *Pulse Today* in November 2013[3] reported an analysis of IAPT data for the previous year, 2011–12, by researchers from the University of Chester's Centre for Psychological Therapies in Primary Care (CPTPC; see the article by Griffiths et al. in this issue), which was published in two papers in the *Journal of Psychological Therapies in Primary Care*.

In the first paper, an analysis of IAPT data from the NHS

> Information Centre for 2011–2012, the team reported that the official figure for patients moving to recovery was 44%, based on those patients who were 'at caseness' to begin with and were considered to have completed treatment. However, when the researchers considered all patients entering treatment – those completing at least one session – the figure fell to just 22%. If the full quota of patients referred for IAPT was considered, the proportion of patients moving to recovery fell even further, to just 12%.

And one year later, the proportion of patients moving to recovery has apparently fallen even further – to just 6 per cent.

Apart from the raw numbers, the HSCIC report is full of obscure terminology and statistical niceties which seem to be designed to be incomprehensible to the uninitiated and to hide as much as they reveal. For example, how are we meant to understand a course of treatment consisting of just two sessions?[4] What is meant by 'reliable recovery' or 'reliable improvement' – and how are we meant to read the complex flow chart illustrating the relationship between the two? Not to mention the perplexing diagrams of the various types and stages of 'threshold to recovery'.

Nor can I get my mind around this caveat concerning which cases may or may not be counted to measure an outcome of 'recovery':

> Not all referrals that have ended are eligible to be assessed on outcome measures such as recovery. It is possible for patients to exit the service, or be referred elsewhere, before entering treatment, or without having the required number of appointments to determine the impact of IAPT services. As a result of this, in order to be eligible for assessment a referral must end with at least two treatment appointments, allowing any changes between those two (or more) appointments to be calculated. This is known as 'completed treatment', but may not be the same figure as the number of referrals with an end reason of completed treatment, as the method allows all referrals with the requisite amount of treatment appointments to be assessed (even if the end reason is that the patient dropped out or declined treatment).

It does not help my understanding to hear that Professor David Clark, a key proponent of the IAPT programme, criticized the Chester researchers by stating that it was inappropriate to consider everyone referred to the service, as many would not end up being treated, while those who did not complete treatment were people who had attended one session of treatment and advice, 'in many cases entirely appropriately'.

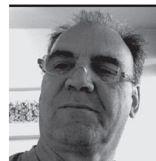
By comparison, I know where I am when the Department of Health academics who made the economic case for the IAPT programme reject the researchers' claims as based on 'flawed analyses', 'inappropriate' calculations and 'dubious assumptions'. This is what the political game of evidence-base is all about. It makes no differences what the numbers actually say. Statistics are essential to the political lie. In this case, in the pursuit of a familiar policy – contempt for mental health.

In a recent article in *Pulse Today* (June 2014), the real story of IAPT begins to see the light of day:

> Talking therapies are so overstretched they are 'bursting at the seams', with GPs turning to prescribe more antidepressants to combat the long waiting times.... Dr Felix Davies, a consultant psychiatrist who led one of the original Improving Access to Psychological Therapies (IAPT) pilots, said psychological therapy services are in an 'invidious position' due to big funding cuts and increasing expectations both in terms of the number of patients being referred and the range of psychological problems they deal with. [5]

In the foreword to the HSCIC report, Lord Layard, Labour's 'happiness czar', celebrates the data base of the IAPT project: 'This report skims the surface of the rich data source that is now available, and the possibility for new and more detailed reporting in the future is a truly exciting prospect.'

Ironically, the truth revealed by the data in the 2012–13 IAPT annual report is that the IAPT programme is a dismal failure and a disgraceful waste of resources, in pursuit of a cheap solution to the 'nation's unhappiness' – and it is justified only by the smoke and mirrors of statistical obfuscation.



Paul Atkinson is a Jungian psychotherapist in private practice in London. Political activism has flushed him out of his consulting room over the last few years, nicely timed to coincide with his state pension and the arrival of grandchildren. He is a member of the Alliance for Counselling and Psychotherapy and is currently helping to set up the Free Psychotherapy Network.

Notes and reference

1 See www.hscic.gov.uk/catalogue/PUB13339/psyc-ther- ann-rep-2012-13.pdf

2 See www.mind.org.uk/media/494424/we-still-need-to-talk_report.pdf

3 See www.pulsetoday.co.uk/20004942.article#.UvjkY3ktkTt

4 According to the Chester research group, in 2009–10, 81 per cent of low intensity and 63 per cent of high intensity IAPT treatment courses consisted of three or less sessions: www.chester.ac.uk/sites/files/chester/IAPT - Scrutinising IAPT Cost Estimates.pdf, p.147.

5 See http://www.pulsetoday.co.uk/clinical/therapy-areas/mental-health/gps-forced-to-prescribe-as-psychological-therapies-services-are-bursting-at-seams/1/20007033.article?&pageno=2&sortorder=dateadded&pagesize=10#.U6ckExZbTwl