

# The use of digital solutions in alleviating the burden of IAPT's waiting times

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Received 30 July 2021

Accepted 29 January 2022

## Abstract.

**BACKGROUND:** Previous reports have shown that there are long waiting times to commence therapy in the community-based mental health programme, IAPT (Improving Access to Psychological Therapies).

**OBJECTIVE:** This study aimed to explore both causes and potential solutions to alleviate the burden of these waits.

**METHODS:** A Systematic Literature Review (SLR) and Semi-Structured Interviews (SSIs) were conducted to identify causes and effects of these waits. Consequently, meaningful recommendations were made and tested with the aim of improving IAPT's waiting times.

**RESULTS:** SLR and SSIs revealed high 'Did Not Attend' (DNA) rates and a lack of support between initial appointments as being both a cause and effect of long waits. The identified issues were tackled with the development of an app design. Expert interviews and a mass survey fuelled the iterative process leading to a final prototype. Notable features included: therapist profile page, smart appointment reminders and patient timeline. Positive feedback was received from university students and ICS Digital, with scope to trial the app within Manchester CCG.

**CONCLUSIONS:** In the long run, the app aims to indirectly shorten waiting times by addressing treatment expectations and serving as an IAPT companion along the patient journey, thus reducing anxiety and consequently DNAs.

Keywords: Anxiety, depression, waiting times, CBT, Improving Access to Psychological Therapies (IAPT), non-attendance

## 1. Background

Improving Access to Psychological Therapies (IAPT) is a primary care mental health service, which provides evidence-based talking therapies for patients with depression and/or anxiety. Patients can either be referred to IAPT from their GP or self-refer directly, from which they enter the waiting list for assessment and treatment. Although the waiting times reported by IAPT show that 89.4% wait less than 6 weeks for their first appointment and 99% wait less than 18 weeks [1], these figures do not consider the wait between the 1st and 2nd appointment. This is especially relevant as the first appointment is often an introductory assessment, and the second appointment is when the therapy commences. A report has shown

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that waiting times for the second appointment was more than double the waiting times for the introductory assessment in two-thirds of Clinical Commissioning Groups (CCGs) [2]. The 'We need to talk' coalition reports that one in ten people have been waiting over a year to receive treatment, and these long waits for psychological therapies may be exacerbating patients' mental health problems [3]. Unfortunately, there is limited support available for such patients during their wait. Although the mental health application (app) market is saturated, an app which increases engagement and provides support for patients during their wait may be beneficial.

## 2. Method

A Systematic Literature Review (SLR) was performed to assess the causes and effects of long waiting times in IAPT. Following this, qualitative data collection in the form of Semi-Structured Interviews (SSIs) were carried out with 8 Psychological Wellbeing Practitioners (PWPs) from 8 IAPT sites across London. These interviews aimed to gain further insight into the source and impact of the long waiting times. Thematic analysis was carried out on the SSI transcripts, using latent and semantic approaches to establish the main concepts within the data. Due to the flexible nature of thematic analysis, Clarke and Braun's six-step model enabled a structured approach to generating themes [4].

Consequently, meaningful recommendations were made and tested with the aim of improving IAPT's waiting times. The primary intervention was a digital app, designed to tackle both causes and effects of the long waits. The initial prototype was outlined and explored iteratively in 7 psychiatry expert interviews and a survey of 102 university students who were recruited through a targeted social media advertising drive. The survey was carried out in 3 phases using the design thinking model [5]. After surveying each subset of 34 students, their feedback was reviewed, and the app was fine-tuned accordingly before gathering further feedback from the next subset. These improvement cycles were key for highlighting which features to focus on for optimum patient support. This collaborative, patient-focused process ultimately facilitated the development of the final prototype (Fig. 1). Moreover, an important consideration was the immense financial pressure on the NHS, with limited resources for the increasing demands of mental health [6]. Hence, the app's features were also aligned to a goal of financial sustainability, in which the upfront costs would be recovered by increasing engagement and reducing "Did Not Attend" (DNAs) within IAPT.

## 3. Results

The SLR and SSIs highlighted two main issues; high DNAs are both a cause and effect of long waiting times, and patients are not well-supported whilst waiting for their appointments (Fig. 2). The app was designed to tackle these issues, functioning as a therapy adjunct that accompanies the patient throughout their IAPT journey.

### 3.1. Addressing DNA rates

Three main causes of DNAs were also identified:

- (1) Patients referred to IAPT have unrealistic expectations of the treatment they will receive due to poorly established understanding.
- (2) Patients often feel apprehensive leading up to their first appointment.

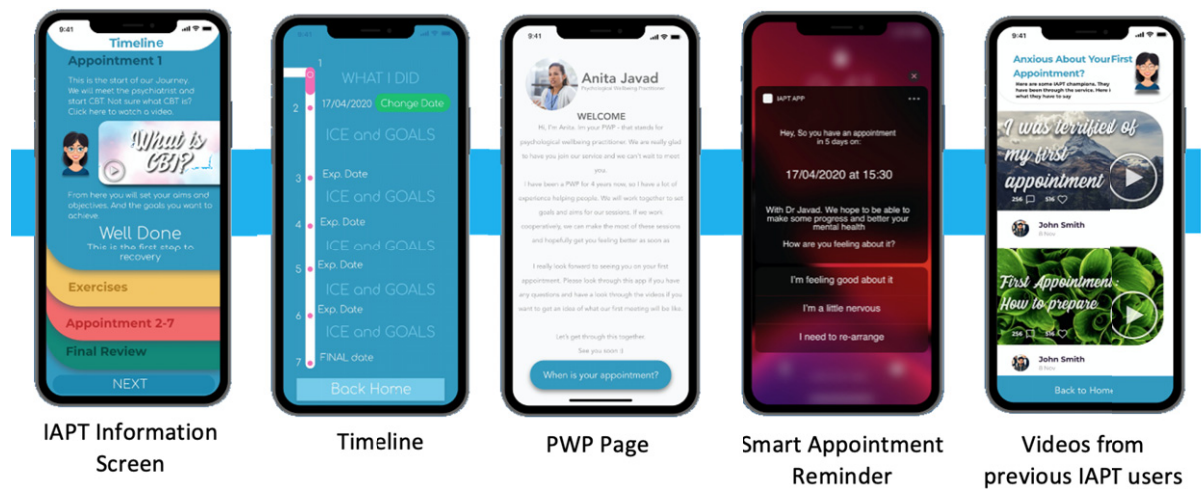


Fig. 1. Selected screenshots of the application.

### (3) Patients may simply forget to attend appointments.

Firstly, interviews revealed that many patients fall victim to misconceptions about IAPT and expect counselling over cognitive behavioural therapy (CBT), leading to some dropping out of treatment. To address this, the initial set-up of the app includes a comprehensive explanation of CBT using videos and text. Having been educated on what CBT entails, if patients do not want CBT, the app enables them to explore other treatment modalities or cancel the appointment. Once the app has been set up, patients are shown a series of screens outlining the timeline of their IAPT journey. Informing patients will reduce the chances of disappointment from unmet expectations and subsequent DNAs.

Another reason for DNAs was that patients can feel too nervous about their appointment and not attend. This was reiterated in surveys conducted on students for feedback on the app, in which 75.2% of respondents cited that they would feel nervous before their appointment. Therefore, the app gauges how patients feel 2, 5 and 7 days before the appointment, helping them feel more mentally prepared. For example, if the patient was to feel nervous, then the app could put them at ease by suggesting videos from previous IAPT users. The feature was well-received, with 85.1% of survey respondents citing that the videos would help them attend their appointment if they felt nervous.

Lastly, patients may forget to attend their appointments. Although IAPT offers a simple text reminder, the app uses staggered and engaging reminders as research shows that this yields better attendance [7].

### 3.2. Provision of support whilst waiting for appointments

The SSIs also revealed that patients can feel forgotten whilst waiting, making them more likely to disengage [8]. Thus, the app has a timeline feature to track ideas, concerns, and expectations. It also fulfils the need for transparency by showing patients where they are on their journey and what will happen at each stage, which 77.2% of survey respondents found to be useful.

Interviews with therapists revealed that patients often have a fear of the unknown. Additionally, qualitative feedback within the student surveys suggested that there was a need for a positively framed welcome message from the PWP's. This gave rise to the design of a PWP introduction screen, to help patients put a face to their PWP and reassure them of their PWP's expertise. Thus, this was incorporated into

Theme: Patients' experiences of waits		
Code	Quotes	Participant ID
1. Waiting times are long	"a lot of frustrations from clients about how long they have to wait."	PWP 1
	it can be quite frustrating for them when they come to the assessment and they don't understand why they've had to wait for six weeks.	PWP 6
2. Lack of support during wait	some people are waiting six to eight weeks from their referral to when they then have their assessment. And that is a really long time because within that period they don't get to talk to anyone and therefore they don't get any support in that time.	PWP 6
3. Waiting times for treatment make assessment void	It can be a good six months before I see my first patient after their assessment but a lot would have changed since the assessment. So I would usually take them through another problem statement, summary and outline their goals again because a lot can change in six months.	PWP 5

Fig. 2. Excerpt from full thematic analysis of PWP interviews focussing on core themes of patients' experiences of waits, patient expectations and DNAs.

the app, with the aim of helping patients overcome motivational challenges and encourage attendance [9]. Furthermore, it allows for some PWP-patient interaction prior to the appointment which has been shown to increase attendance [8]. Overall, survey results were promising, with 79.2% of respondents citing that the PWP profile would make their first appointment easier to attend. Thus, patients may feel more motivated to attend their appointment having overcome this initial barrier.

Overall, surveying 102 students revealed that 85.3% would find the app useful whilst waiting. This is substantial, considering one in five students suffer from a mental health condition in the UK [10]. Due to COVID-19, active IAPT users could not be recruited for feedback on the app, limiting the representativeness of the results. For this quality improvement project, convenience sampling of university students allowed access to a sample of potential IAPT users for preliminary user feedback. This provided a foundation for the first phase of iterations of the prototype prior to receiving further user feedback from active IAPT users in the future. Another limitation is currently the app is appropriate for English-speaking people but to increase inclusion, we envisage in making the app available to read in different languages.

<b>Theme: Patient expectations</b>		
<b>Code</b>	<b>Quotes</b>	<b>Participant ID</b>
4. Patients are not informed of waiting times	The wait for CBT is probably over a year and we're told not to tell them of waiting times.	PWP 7
	these patients are coming with this expectation that they're going to be seen quite quickly because of the IAPT label but we're not meeting that expectation	PWP 5
5. Patients are not well informed about CBT	a lot of people don't know the difference between CBT, low-intensity CBT and counselling. And a lot of people think that they'll come into a session and they need to go into their past traumas and lie down. That takes up time and intervention.	PWP 3
	People don't generally know that our service is based on CBT, which I would say is something that could be and should be really included in that kind of referral information, because normally I would kind of get to the end of an assessment and then say, oh, you know, did you where there are services based on CBT and then a lot of the time they would say no.	PWP 6
	People get confused whether they're going to get counselling or CBT, they have no idea.	PWP 5
6. Patients expect to be seen by highly trained practitioners	Helping them to understand, like what IAPT is first and foremost and then taking them through that journey of, you know, managing their expectations would actually really help because I think they'd expect to see some very high, highly experienced practitioners as soon as they've waited like six months.	PWP 5

Fig. 2 (Continued).

7. Patients tend to expect one-to-one therapy, not group sessions	But it's not necessarily the idea that patients or clients have when they come into it, they have this whole idea of, saying I want a therapist. So you have to sell the group to people and some clinicians in the service were better at selling the groups than others	PWP 4
8. Patients expect face-to-face therapy to be more effective than digital therapies	Patients prefer going to face to face therapy because they think it's going to be better but they don't realise that there's research showing that the effectiveness of online therapies is basically the same as face-to-face treatment. So, we need to make patients aware of all this before they go on the waiting list	PWP 8
9. GPs find it difficult to manage patients' expectations	some GPs also don't really know what we do. So I think then it makes it really hard for them to tell a patient what to expect because, you know, I've had this - it happens at least once a week where somebody is like "my GP's referred me here for counseling"... when it's not what we do, or "my GP just	PWP 6
	gave me this card and told me to call you" - and they just don't really know what to expect.	
10. Managing expectations can reduce DNAs	Lots of patients think appointments will always be counselling. It's not. If we make it clear and get them to understand, it would reduce the problem of DNAs.	PWP 7

Fig. 2 (Continued).

Theme: DNAs		
Code	Quotes	Participant ID
11. DNAs worsen waiting times	DNA that definitely happens a lot and that obviously causes a lot of blockages and so longer waiting times. That causes a bottleneck point at the beginning of someone's referral pathway.	PWP 4
	We're just left with a bunch of wasted appointments.	PWP 8
12. Long waits can cause DNAs	And if somebody is waiting for six weeks for an assessment, things can really change in that time. It might be that they feel better and they don't need the assessment anymore, which is great, but also means that that assessment session could have been booked somebody else	PWP 6
	There's lots of different issues with the waiting being longer and people are not turning up because of how long it has been, definitely.	PWP 1
13. DNA policies	In some services, they would call a patient to check if they're attending. Then if the patient didn't pick up, they call again and put them back on the list. These patients might not even end up attending so you need to have a policy for chasing up patients.	PWP 7

Fig. 2 (Continued).

#### 4. Conclusion

Overall, the app's therapist profile page, smart appointment reminders and IAPT timeline were best received. Given the gap in the market for an app that increases patient engagement and patients' understanding of IAPT, future scope is promising with ICS Digital expressing interest to partner on the development and Manchester CCG keen to trial the app, providing an opportunity for direct engagement

with the service users. In the long run, the app's main aim is to shorten waiting times through reducing DNAs, but in the meantime, feedback from students and experts instils confidence that it can serve as a reliable IAPT companion, making these waits a little more bearable.

### Conflict of interest

None to report.

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