
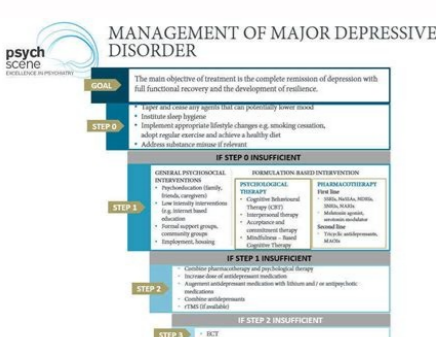


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**Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: The IAPT experience**

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**Abstract**  
The Improving Access to Psychological Therapies (IAPT) programme is a large-scale initiative that aims to greatly increase the availability of NICE recommended psychological treatment for depression and anxiety disorders within the National Health Service in England. This article describes the background to the programme, the arguments on which it is based, the therapist training scheme, the clinical service model, and a summary of progress to date. At mid-point in a national roll-out of the programme progress is generally in line with expectation, and a large number of people who would not otherwise have had the opportunity to receive evidence-based psychological treatment have accessed, and benefited from, the new IAPT services. Planned future developments and challenges for the programme are briefly described.

**Introduction**

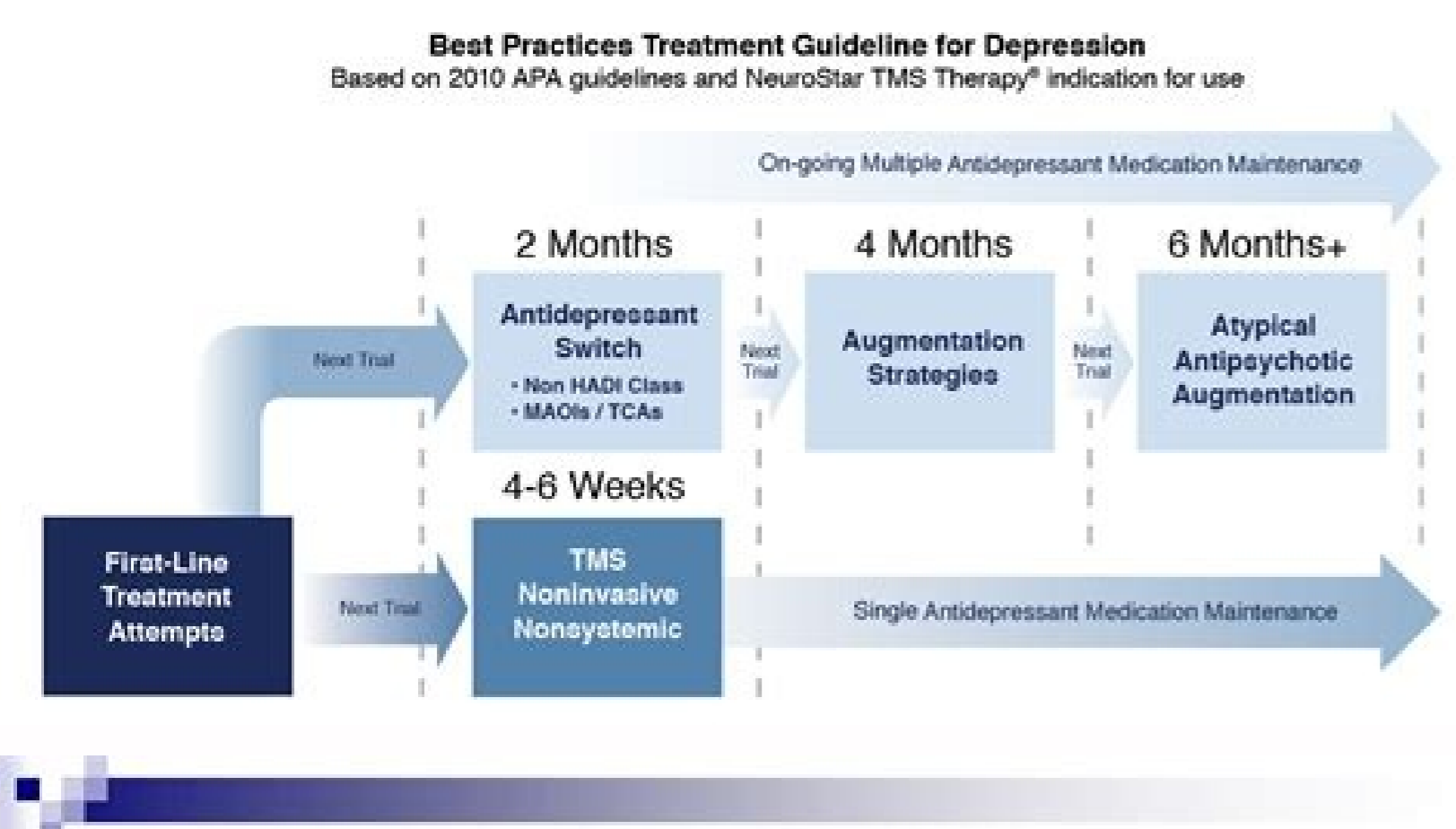
On World Mental Health Day in October 2007 the UK government announced a large-scale initiative for Improving Access to Psychological Therapies (IAPT) for depression and anxiety disorders within the English National Health Service (NHS). Between 2008 and 2011 at least 3,600 new psychological therapists will have been trained and employed in new IAPT clinical services offering the evidence-based psychological therapies that are recommended by the National Institute for Health and Clinical Excellence (NICE). A further cohort of around 2,400 new psychological therapists should be trained between 2011 and 2014, so that the services will have sufficient therapist capacity to offer treatment to at least 15% of people in the community with depression and/or anxiety disorders. The training follows national curricula and initially particularly focused on cognitive behavioural therapy (CBT), as this was where the manpower shortage was considered greatest. As the programme matures, training in other NICE recommended treatments for depression is also being made available. The clinical and other outcomes of patients who access the services are carefully monitored. This article describes the background to the programme, provides an overview of the training initiative and clinical service model, presents a summary of progress to date (early 2011), and anticipates future developments.

**Motivating circumstances**

The IAPT programme had its roots in a wide range of clinical and policy developments. However, two developments deserve particular mention. First, starting in 2004, NICE systematically reviewed the evidence for the effectiveness of a variety of interventions for depression and anxiety disorders. These reviews led to the publication of a series of clinical guidelines (NICE, 2004a, 2004b, 2005a, 2005b, 2006, 2009a, 2009b, 2011) that strongly support the use of certain psychological therapies. CBT is recommended for depression and all the anxiety disorders. Some other therapies (interpersonal psychotherapy, behavioural couples therapy, counselling, brief dynamic therapy) are also recommended (with varying indications) for depression, but not for anxiety disorders. In the light of evidence that some individuals respond well to 'low-intensity' interventions (such as guided self-help and computerized CBT) NICE also advocates a stepped-care approach to the delivery of psychological therapies in mild to moderate depression and some anxiety disorders. In moderate to severe depression and in some other anxiety disorders (such as post-traumatic stress disorder) low-intensity interventions are not recommended and instead it is suggested that patients should at once be offered 'high-intensity' face-to-face psychological therapy. Table 1 summarizes the current NICE recommendations.

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**NICE Depression Guideline: Trials**

- Trials of psychological treatment for depression included in NICE review → N=49
- Excluded: 3x German language, 1x unpublished → N=45 (100%)
- Trials using non-symptom measures → n=28 (62%)
- Trials using QOL/functioning measures → n=20 (44%)
- Trials reporting QOL/F outcomes → n=12 (27%)

**NICE guidelines on the treatment of depression**

- For **severe depression**, a combination of an antidepressant and CBT is recommended
- For **treatment-resistant depression** recommended strategies include augmentation with lithium, an antipsychotic or a second antidepressant
- Patients with two prior episodes and functional impairment should be treated for at least **2 years**
- The use of **ECT** is supported in severe and treatment-resistant depression



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