
An analysis of need and equity of service for IAPT in West Sussex

A Health Equity Audit

Public Health Research Unit

An analysis of need and equity of service for IAPT in West Sussex

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Executive summary

- This equity audit assesses the equity of provision of IAPT to different population groups, according to estimated need.
- 30% of people estimated to seek help for common mental illness in West Sussex were referred to IAPT in 2013/14. Of these, 37% were seen in IAPT and 26% completed at least two sessions.
- In terms of the overall West Sussex population, only 8% of those estimated to be suffering from a common mental illness completed 2 sessions of IAPT in 2013/14.
- Access to the service decreases with age, with 12% of need referred in men and women aged 65 to 74, and 7% of need referred in men and women aged 75 years and above.
- Overall males were referred 15% less than females according to estimated levels of need.
- Asians have lower rates of attendance than might be expected from population data.
- There is wide variation of referral to IAPT from GP practices across West Sussex.
- Recommendations include increasing IAPT capacity, improving recording within the service to better identify unmet need, improve retention within the service to ensure higher completion rates, and better engagement with population subgroups in which there is low uptake of the service.

Background

This equity audit estimates the mental health need and examines the equity of provision and access to the Improving Access to Psychological Therapy (IAPT) service in West Sussex.

Health inequity describes differences in access to services and engagement with health professionals as opposed to differences in health experiences and health outcomes (health inequality).

This report presents the findings of the mental health equity audit for IAPT services in West Sussex. Namely:

- An estimate of underlying need for IAPT.
- An audit comparing different population groups seen in IAPT with what is expected given the population structure of West Sussex.
- A comparison of the group that completes treatment to the group that does not.
- Recommendations to improve access and meet the needs of the population of West Sussex.

Improving Access to Psychological Therapy

The Improving Access to Psychological Therapies (IAPT) programme (1) implements NICE recommendations relating to psychological therapies for people suffering from depression and anxiety disorders. The programme aims to achieve (by 2015) “secure sustainable and equitable access for at least 15% of the local adult population in need of effective evidence-based psychological therapies and a 50% recovery rate amongst those completing treatment”. The population in need of the service was estimated from the prevalence figures provided in the Adult Psychiatric Morbidity Survey (APMS).

In West Sussex IAPT provision is provided by the Time to Talk service provided by West Sussex Community NHS Trust. The service is accessed via a referral from a health professional (usually GPs) and in West Sussex is organised into three localities: North East locality, covering Crawley, Mid Sussex, and Horsham; South locality, covering Littlehampton to Shoreham along the coastal strip; West locality, covering Bognor and the Chichester district area.

Table 1: Steps of care in IAPT programme. Source: Adapted from "Talking therapies: A four-year plan of action" (2).

Step	Illness	Therapy
1	Recognition of Problem	Assessment/Watchful waiting
2	OCD: Mild-Moderate	Guided self-help
2	Generalised anxiety disorder: Mild-Moderate	Computerised Cognitive Behavioural Therapy (CBT), guided self-help, psychoeducation groups
2	Panic disorder: Mild-Moderate	Computerised CBT, guided self-help, psychoeducation groups
2	Depression: Mild-Moderate	Computerised CBT, guided self-help, behavioural activation, psychoeducation groups
3	Obsessive Compulsive Disorder	CBT
3	Post-Traumatic Stress Disorder	CBT, Eye movement desensitization and reprocessing (EMDR)
3	Social Phobia	CBT
3	Generalised Anxiety Disorder	CBT
3	Panic Disorder	CBT
3	Depression: Mild-Moderate	Counselling, couples therapy
3	Depression: Mild, Moderate, and Severe	CBT, Interpersonal psychotherapy (IPT), Behavioural activation

Methodology

Estimating mental health need

IAPT is designed to treat a group of common mental illnesses (CMI). For this report, an estimate of the prevalence of these illnesses was generated by applying national estimates from the Adult Psychiatric Morbidity Survey 2007 (3) to mid-2011 ONS population estimates for West Sussex (4).

We assume that the number of people actively seeking help for their mental illness is 30% of the total prevalence stratified by age and gender. Bebbington et al (5) estimated this as the proportion of those with a mental illness that have sought help in the previous year in a study following the 2000 Adult Psychiatric Morbidity Survey. The Department of Health estimates that 40% of people with CMI will engage with IAPT so the number of help-seekers may in fact be higher than stated here.

Measuring the health equity of IAPT

Data on IAPT referrals between April 2013 and March 2014 were requested from Sussex Community NHS Trust.

Equity was measured by comparing estimated prevalence with the number of people seen in IAPT in 2013/14. We received information on age, gender, ethnicity, disability, and sexuality. Data on dates of referral, assessment, first treatment and discharge from the service were provided where available. Data on reason for discharge was also provided where available. Patient postcodes were transformed to LSOA information at source. All patient information was anonymised, communicated securely, and stored on secure encrypted servers for the duration of the analysis.

Assessing Need in GP practice populations

The West Sussex Mental Health Needs Assessment (4) contains prevalence estimates for each of the three Clinical Commissioning Groups (CCGs) in West Sussex. We used this to estimate need in each GP practice population, based on the size of the practice population. This was compared to the number of IAPT referrals per practice. (This information was provided separately as a list of referrals per practice since the individual-level data included only information about CCG.)

The need for IAPT in West Sussex

Table 2 shows the estimated prevalence of common mental illnesses by age in West Sussex. The number of help seekers is assumed to be 30% of this number. The table also provides 2011 mid-year West Sussex population estimates for each age group.

It is estimated that 16% of the West Sussex population aged over 18 years have a mental illness that could be treated using IAPT services.

Need approaches 20% in those aged between 55 and 64 years, but is almost as high in those aged 16 to 24 years (18%) and those aged 25 to 34 years (19%). Meanwhile need is around 10% in those aged 75 and over.

Table 2: The estimated prevalence of common mental illness (CMI) in West Sussex, by age.

Age	18-24	25-34	35-44	45-54	55-64	65-74	75+	All (18+)
CMI prevalence	10565	17185	18250	23855	14070	9715	8670	102685
Estimate of number of Help Seekers	3170	5155	5475	7155	4220	2915	2600	30805
Population	58000	91400	105500	119900	99800	91600	87600	653800

Source: Prevalence: WSPHRU Analysis. Population: ONS MYE 2011.

Table 3 summarises the headline figures.

Table 3: A summary of the population groups in West Sussex relating to need for IAPT

Population Group	Estimated number	Notes
West Sussex Population (>18)	653,800	
Total with CMD in West Sussex	102,685	16% of West Sussex population
Total help-seekers in West Sussex	30,805	30% of total CMD in West Sussex

Comparing need to current activity of IAPT

The number of unique referrals to IAPT services corresponds to the number of people referred to IAPT services in West Sussex in 13/14. Table 4 compares this to the estimated need for IAPT. 58% of help seekers with CMI were referred to IAPT in 2013/14. 64% of these (37% of all help seekers) were seen and 72% of these (26% of help seekers) completed at least two sessions.

Table 4: The percentage of people referred or seen in IAPT compared to need

	Population	Referred to IAPT	Seen in IAPT	Completing 2 sessions
People with CMD	102,685	17,563 (17%)	11,292 (11%)	8,144 (8%)
Help seekers	30,805	17,563 (58%)	11,292 (37%)	8,144 (26%)

In general, 2.7% of the West Sussex population aged 18 years and over is referred to IAPT. According to data for 2013/14 from the Health and Social Care Information Centre (HSCIC), 2.1% of the Surrey and Sussex population and 2.6% of the overall English population is referred to IAPT. This suggests referral to IAPT in West Sussex is around the national average and slightly higher than the regional average.

Equity of access of IAPT in West Sussex in 2013/14

Table 5 shows equity of access by age group. Estimated need is reported for 16-24 year olds and the referral data are for those aged eighteen years or over. Therefore use seven ninths of the calculated need in 16-24 year olds. As in previous tables, help seekers are assumed to comprise 30% of the need.

Table 5: Equity of access by age group

Age	Population	Estimated Need	Estimated Help Seekers	% Need in Population	Referred	% of estimated need referred	% of age group referred
18-24	58,000	10,565	3,170	18%	2,422	23%	4.2%
25-34	91,400	17,185	5,155	19%	4,089	24%	4.5%
35-44	105,500	18,250	5,475	17%	3,686	20%	3.5%
45-54	119,900	23,855	7,155	20%	3,539	15%	3.0%
55-64	99,800	14,070	4,220	14%	2,074	15%	2.1%
65-74	91,600	9,715	2,915	11%	1,155	12%	1.3%
75+	87,600	8,670	2,600	10%	598	7%	0.7%
Total	653,800	102,685	30,805	16%	17,563	17%	2.7%

Need is highest in 45-54 year olds (20%) but the greatest percentage of need referred is in 25-34 year olds (24%) and in 18-24 year olds (23%). Generally access (defined as the percentage of need referred) decreases with age to 7% of those ages 75 and above. Whilst access could improve across the entire age range (17% of need is referred), older people require better access to the service.

Table 6 shows equity of access by gender. In terms of numbers referred, twice as many women are referred to IAPT services in West Sussex compared to men. 18.3% of estimated female need is referred to the service compared to 15.6% of the male need. In Table 6 and those that follow, the column labelled relative gap compares percentage of need referred in all population sectors to a baseline of that with the greatest use. In terms of gender, we use females as the baseline (100%) while the male percentage of need is assessed relative to this (85%), so the relative gap between the sexes is 15%.

Table 6: Equity of access by gender

Gender	Estimated need	Estimated help-seekers	Individuals referred	% of Estimated Need Referred	Relative Gap
Male	36990	11097	5780	15.6%	85%
Female	64400	19320	11783	18.3%	100%

Table 7 shows equity of access by age and gender. As seen previously, the percentage of need referred is higher for females than for males, and highest (for both males and females) in the 25 to 34 years age group. In terms of numbers, as previously noted, estimated need is greatest for both sexes in the 45 to 54 years age group. For females, referrals in the 35 to 44 years and 25 to 34 years age group are higher than the greatest need baseline. However in all other groups for females and in no other age groups for males, the referral rate is lower than baseline. This suggests that while inequity of access is greater for males, inequity of access by age is greater for females. However, for both genders inequity of access is greatest in the oldest age group.

Table 7: Equity of access by age and gender

Age	Males					Females				
	Estimated Need	Help seekers	Individuals referred	% Need Referred	Relative Gap	Estimated Need	Help seekers	Individuals referred	% Need Referred	Relative Gap
18-24	4020	1206	765	19%	59%	6610	1983	1657	25%	74%
25-34	6450	1935	1266	20%	98%	10600	3180	2823	27%	126%
35-44	8030	2409	1215	15%	94%	10980	3294	2471	23%	110%
45-54	8160	2448	1290	16%	100%	14820	4446	2249	15%	100%
55-64	5260	1578	700	13%	54%	9290	2787	1374	15%	61%
65-74	2940	882	366	12%	28%	5830	1749	789	14%	35%
75+	2130	639	178	8%	14%	6270	1881	420	7%	19%

Table 8 shows equity of access by ethnicity. There is no information about ethnicity in the estimates of need so the IAPT referral information is compared to ONS 2011 census data on ethnicity. Note that these population figures are different from those used to estimate need. In this case, we compare the population subgroups using the largest population (White) as baseline. The referral data received coded ethnicity as White, Asian / Asian British, Black / Black British, Mixed, Other, and Unknown.

The percentage referred is less than 2% for all ethnic groups and referral rates are lowest in Asian subpopulations. The referral rate highest for "Other" subpopulations: this may be due to the small population size or due to misreporting of ethnicity information. As 31% of IAPT referrals contained no ethnicity information, it is important that collection of this data is improved.

Table 8: Equity of access by ethnicity. Source: ONS 2011 Census data. Note: White refers to all ethnic classifications that begin with "white" in the census (e.g. this includes "White Irish" and "White Other"), Asian refers to all ethnic classifications that begin with "Asian", and so on.

Ethnicity	ONS ('000s)	IAPT	% seen	Relative Gap
White	634.8	11991	1.9	100%
Asian / Asian British	22.1	243	1.1	58%
Black / Black British	5.6	92	1.7	88%
Mixed	6.7	121	1.8	95%
Other	2.2	88	3.9	208%

Table 9 shows equity of access by ethnicity and gender. The difference in equity of access by gender manifests across all ethnic groups considered, with more than twice as many referrals of females than males. Despite the fact that 69% of referrals have unstated or

unknown ethnicity, the gender split among these individuals is also almost 2:1 toward females. In both genders, referrals from Asian ethnic groups are lowest.

Table 9: Equity of access by ethnicity and gender

Ethnicity	Male				Female			
	Population ('000s)	IAPT referrals	% referred	Relative Gap	Population ('000s)	IAPT referrals	% referred	Relative Gap
White British	302.4	3786	1.25%	100%	332.5	8205	2.47%	100%
Asian / Asian British	10.7	78	0.73%	58%	11.4	165	1.45%	59%
Black / Black British	2.8	31	1.11%	89%	2.8	61	2.19%	88%
Mixed	3.3	34	1.04%	83%	3.5	87	2.51%	102%
Other	1.3	24	1.91%	152%	1.0	64	6.50%	263%
<i>Unknown / Not stated</i>	<i>N/A</i>	<i>1827</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>3201</i>	<i>N/A</i>	<i>N/A</i>

Table 10 shows the number of IAPT referrals by sexual orientation. 2.2% of all referrals are of individuals identifying as gay, lesbian or bisexual. In 2011 the ONS integrated household survey estimated that between 1.1% and 1.5% of residents in South East England identify themselves as gay, lesbian, or bisexual. This suggests that the referrals of gay, lesbian, and bisexual people to IAPT comprise between 3.9% and 5.4% of the underlying population. Compared to the overall population referral percentage of 2.7%, this suggests good equity of access in this population group. However, estimates of the gay, lesbian and bisexual population vary. The second National Survey of Sexual Attitudes and Lifestyles (NATSAL) found that 5.4% of men and 4.9% of women had ever had a same sex partner (6); in

this case referrals to IAPT are 1.1% of the underlying population and would demonstrate an inequity of access¹. This uncertainty underlines the importance of acquiring more data about the sexual orientation of people referred to IAPT. Currently 30.5% of referrals contain no information about sexual orientation.

Table 10: Number and percentage of IAPT referrals by sexual orientation

Sexual Orientation	IAPT Referrals	% Referrals
Heterosexual	11576	65.9%
Gay or Lesbian	270	1.5%
Bisexual	115	0.7%
Unknown or unsure	63	0.4%
Not stated	184	1.0%
(blank)	5355	30.5%

¹ The proportion of males and females reporting having had a same-sex partner in the previous five years is 2.6% for both sexes. This would put the IAPT referral rate at around 2.3%, which is also short of equitable access to the service.

IAPT Referral from GP practices

Data concerning the number of referrals per GP practice² for each of the three West Sussex CCGs was sent separately from the patient level data. The population aged 18 or over for per practice was calculated using JSNA figures. To estimate the need for each practice, the APMS prevalence of CMD for each CCG is applied to the practice population. For each CCG we present a table containing the number of referrals per practice, together with our estimate of need, and the number of referrals as a percentage of need. This information is also summarised in bar chart of referral rates and a funnel plot that highlights any practice that show large deviations from the mean referral rate for the CCG.

² Some practices operate multiple surgeries. We received data for surgeries and have not reassembled these figures for multi-surgery practices.

Coastal West Sussex CCG

Table 11: A summary of need and IAPT referrals for GP practices/sites in Coastal West Sussex CCG. The practices are sorted by estimate of need and have been anonymised. Source: supplied referral data, JSNA estimates of practice populations and CCG prevalence of CMI.

Practice	Need	Referrals	% of need	Practice	Need	Referrals	% of need	Practice	Need	Referrals	% of need
1	1779	502	28.2%	23	1198	329	27.5%	45	713	132	18.5%
2	1766	402	22.8%	24	1178	372	31.6%	46	687	234	34.1%
3	1654	417	25.2%	25	1153	274	23.8%	47	667	202	30.3%
4	1638	416	25.4%	26	1122	266	23.7%	48	667	6	0.9%
5	1578	444	28.1%	27	1115	232	20.8%	49	657	188	28.6%
6	1556	424	27.2%	28	1104	218	19.7%	50	654	153	23.4%
7	1527	221	14.5%	29	1086	317	29.2%	51	554	64	11.6%
8	1513	355	23.5%	30	1086	247	22.7%	52	516	64	12.4%
9	1504	365	24.3%	31	1085	240	22.1%	53	495	141	28.5%
10	1493	221	14.8%	32	997	268	26.9%	54	470	85	18.1%
11	1446	306	21.2%	33	995	266	26.7%	55	350	11	3.1%
12	1441	305	21.2%	34	926	262	28.3%	56	295	74	25.1%
13	1428	354	24.8%	35	884	258	29.2%	57	239	48	20.1%
14	1393	364	26.1%	36	875	170	19.4%	58	212	18	8.5%
15	1379	362	26.3%	37	820	246	30.0%	59	212	2	0.9%
16	1352	356	26.3%	38	814	129	15.8%				
17	1352	320	23.7%	39	813	236	29.0%				
18	1343	386	28.7%	40	811	175	21.6%				
19	1284	292	22.7%	41	799	167	20.9%				
20	1259	178	14.1%	42	780	138	17.7%				
21	1226	239	19.5%	43	739	133	18.0%				
22	1208	268	22.2%	44	715	131	18.3%				

Figure 1: Referrals as a percentage of estimated need per GP practice in Coastal West Sussex CCG

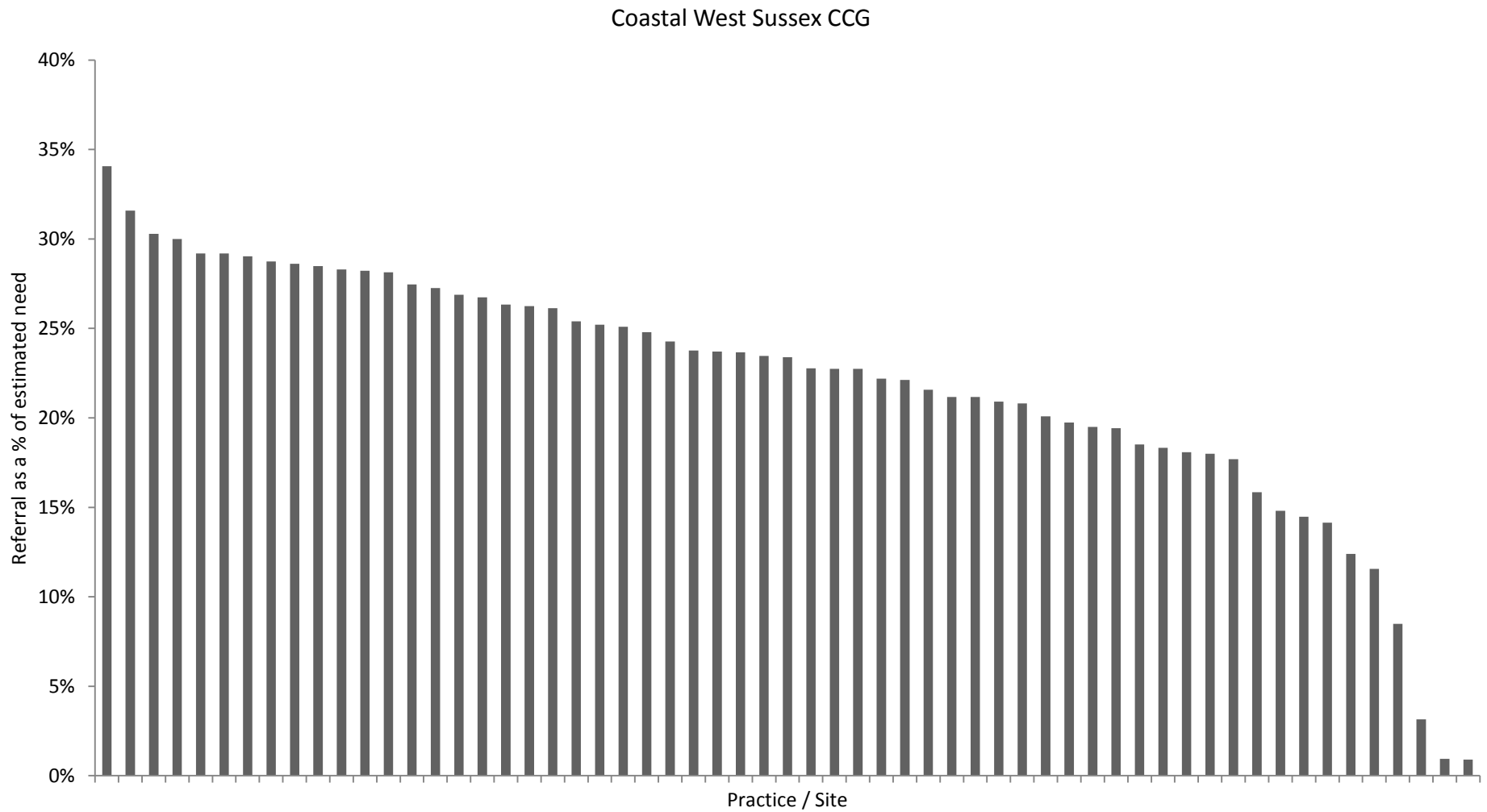
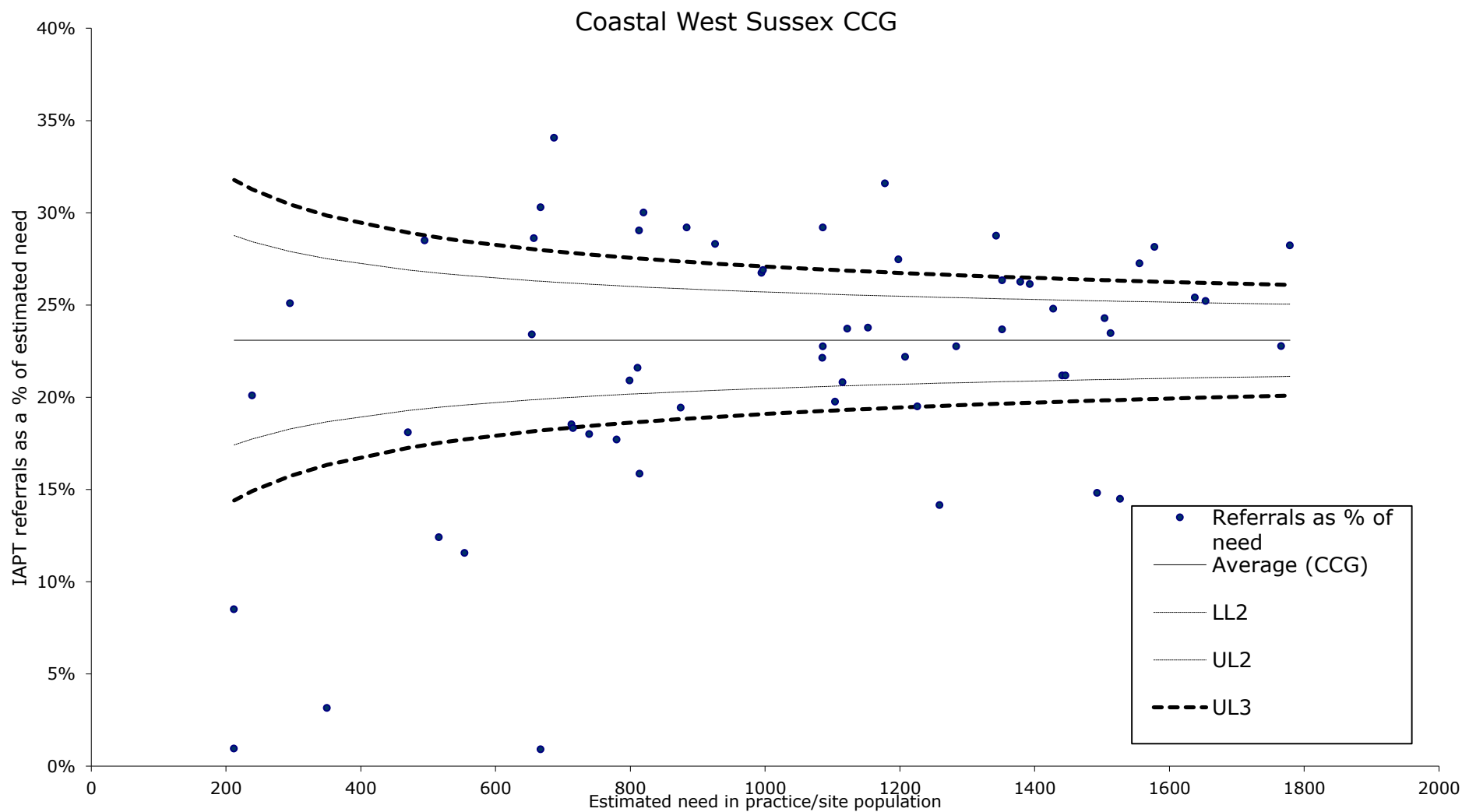


Figure 2: Funnel plot for practices/sites in Coastal West Sussex CCG. The percentage of need referred to IAPT services is plotted against estimated need for each practice. Also shown is the overall percentage of need referred to IAPT in the CCG (solid line), and 95% and 99.7% confidence intervals for the population mean based on estimated need (dotted and dashed lines, respectively).



Coastal West Sussex CCG observations:

- In Coastal West Sussex CCG there are 59 practices/sites. The percentage of need referred into IAPT in 2013/14 ranged from 34% to 1%.
- In Coastal West Sussex CCG, the average percentage of need referred into IAPT in 2013/14 was 23%.
- Sixteen practices have referral rates below the lower end of the 95% confidence interval for the average referral rate, making it likely that their referral rates are lower than the overall referral rate of the CCG.
- Of these, ten practices have referral rates below the lower end of the 99.7% confidence interval for the average referral rate, making it highly likely³ that their referral rates are lower than the overall referral rate of the CCG. These practices may be able to identify more people that might benefit from IAPT services, as there appears to be unmet need.
- Twenty four practices have referral rates above the upper end of the 95% confidence interval for the average referral rate, making it likely that their referral rates are higher than the overall referral rate of the CCG. Of these, twenty two are also above the upper end of the 99.7% confidence interval.

³ For reference, the probability that the population mean is outside of the 99.7% confidence interval is approximately 1 in 370.

Crawley CCG

Table 12: A summary of need and IAPT referrals for GP practices in Coastal West Sussex CCG. The practices are sorted by estimate of need.

Practice/site	Need	Referrals	% of need
1	1662	383	23.0%
2	1628	329	20.2%
3	1589	360	22.7%
4	1196	279	23.3%
5	1074	243	22.6%
6	1052	246	23.4%
7	1045	224	21.4%
8	1017	294	28.9%
9	822	248	30.2%
10	783	196	25.0%
11	717	181	25.2%
12	711	220	30.9%
13	324	67	20.7%

Figure 3 : Referrals as a percentage of estimated need per GP practice in Crawley CCG

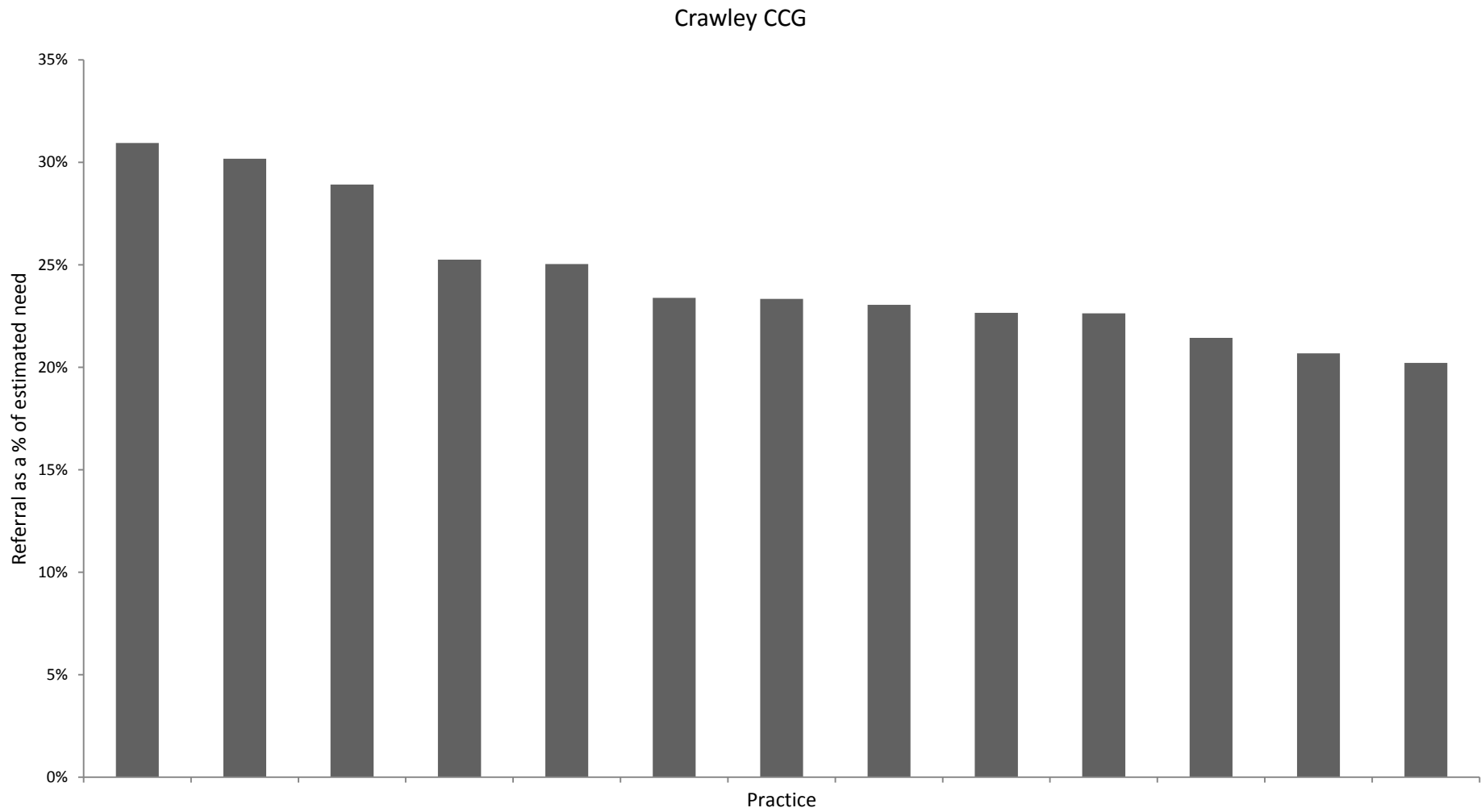
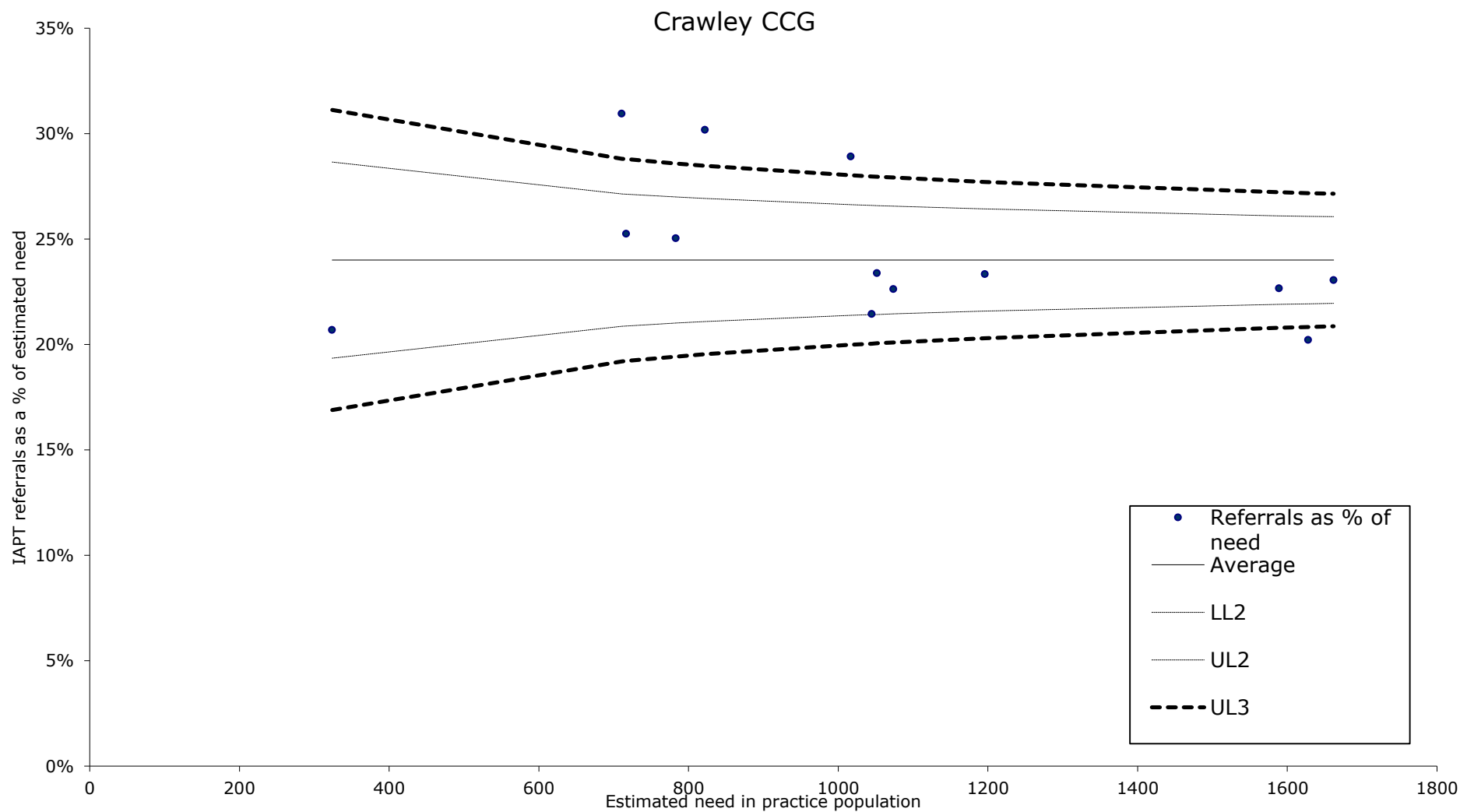


Figure 4 : Funnel plot for practices in Crawley CCG. The percentage of need referred to IAPT services is plotted against estimated need for each practice. Also shown is the overall percentage of need referred to IAPT in the CCG (solid line), and 95% and 99.7% confidence intervals for the population mean based on estimated need (dotted and dashed lines, respectively).



Crawley Observations:

- In Crawley CCG there are 13 practices. The percentage of need referred into IAPT in 2013/14 ranged from 31% to 20%.
- In Crawley CCG, the average percentage of need referred into IAPT in 2013/14 was 24%.
- One practice has a referral rate below the lower end of the 99.7% confidence interval for the average referral rate, making it highly likely⁴ that their referral rates are lower than the overall referral rate of the CCG. This practice should actively identify more people that might benefit from IAPT services, as there appears to be unmet need.
- Three practices have referral rates above the upper end of the 99.7% confidence interval for the average referral rate, making it likely that their referral rates are higher than the overall referral rate of the CCG.

⁴ For reference, the probability that the population mean is outside of the 99.7% confidence interval is approximately 1 in 370.

Horsham & Mid Sussex CCG

Table 13: A summary of need and IAPT referrals for GP practices in Horsham & Mid Sussex CCG. The practices are sorted by estimate of need.

GP Code	Need	Referrals	% of need	GP Code	Need	Referrals	% of need
1	2767	622	22.5%	13	998	243	24.3%
2	2300	439	19.1%	14	994	106	10.7%
3	1699	188	11.1%	15	931	205	22.0%
4	1682	317	18.8%	16	901	227	25.2%
5	1628	382	23.5%	17	895	132	14.7%
6	1475	232	15.7%	18	786	166	21.1%
7	1428	275	19.3%	19	779	185	23.7%
8	1381	242	17.5%	20	705	172	24.4%
9	1363	263	19.3%	21	609	109	17.9%
10	1297	186	14.3%	22	560	64	11.4%
11	1182	254	21.5%	23	420	43	10.2%
12	999	186	18.6%	24	247	4	1.6%

Figure 5: Referrals as a percentage of estimated need per GP practice in Horsham & Mid Sussex CCG

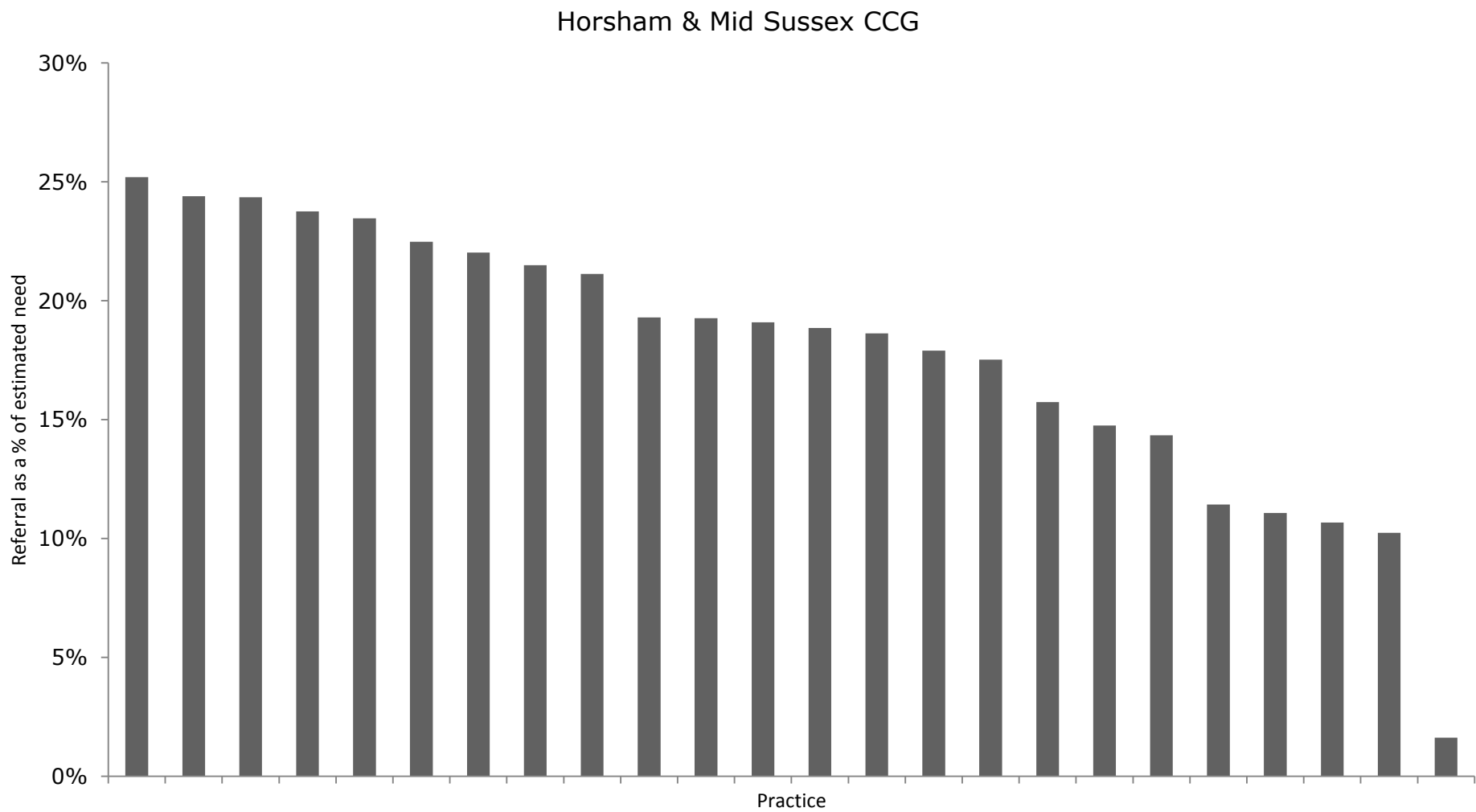
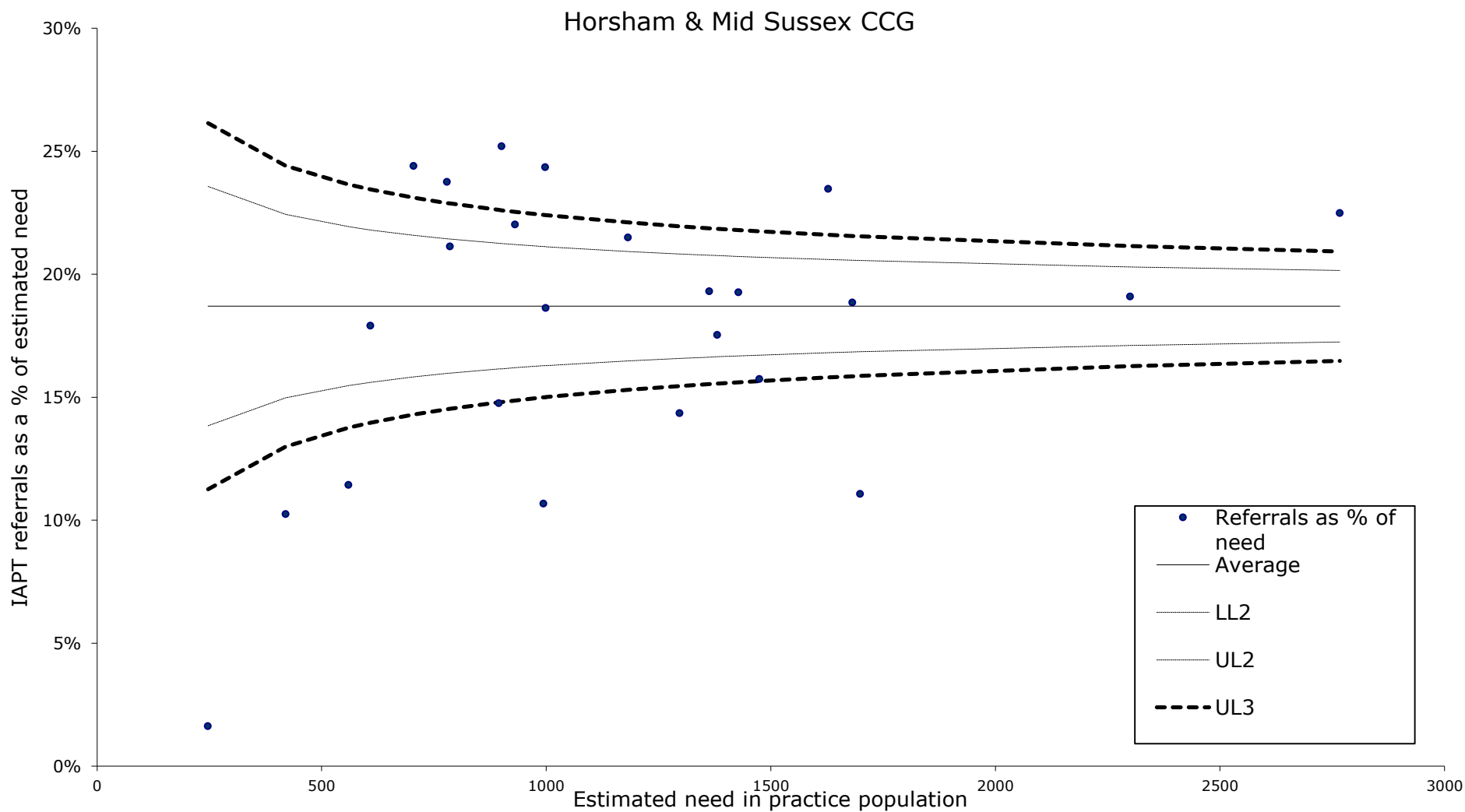


Figure 6: Funnel plot for practices in Horsham & Mid Sussex CCG. The percentage of need referred to IAPT services is plotted against estimated need for each practice. Also shown is the overall percentage of need referred to IAPT in the CCG (solid line), and 95% and 99.7% confidence intervals for the population mean based on estimated need (dotted and dashed lines, respectively).



Horsham & Mid Sussex Observations:

- In Horsham & Mid Sussex CCG there are 24 practices. The percentage of need referred into IAPT in 2013/14 ranged from 25% to 2%.
- In Coastal West Sussex CCG, the average percentage of need referred into IAPT in 2013/14 was 19%.
- Eight practices have referral rates below the lower end of the 95% confidence interval for the average referral rate, making it likely that their referral rates are lower than the overall referral rate of the CCG.
- Of these, seven practices have referral rates below the lower end of the 99.7% confidence interval for the average referral rate, making it highly likely⁵ that their referral rates are lower than the overall referral rate of the CCG. These practices should actively identify more people that might benefit from IAPT services, as there appears to be unmet need.
- Eight practices have referral rates above the upper end of the 95% confidence interval for the average referral rate, making it likely that their referral rates are higher than the overall referral rate of the CCG. Of these, six are also above the upper end of the 99.7% confidence interval

⁵ For reference, the probability that the population mean is outside of the 99.7% confidence interval is approximately 1 in 370.

Analysis of time spent in IAPT service

Who completes the process?

Of the 17563 individuals who received at least one IAPT referral, we found that 8105 distinct individuals had recorded dates of referral, assessment, first treatment and discharge. This subsample was compared to the remainder of the population.

This subsample is skewed toward people completing treatment. Of the 8105 individuals, 92% completed 2 or more sessions of treatment (the sample itself containing 92% of all referred individuals that completed 2 or more sessions of treatment) and 71.2% had “completed treatment” as their reason for discharge. These percentages are substantially greater than for all referrals: 46.4% of all referrals completed 2 or more appointments and 34.3% had completed treatment at discharge.

Are there differences between the subsample and the remainder of the referred population that could be regarded as inequities? Tests of association were performed on the referral population split between those in the subsample and those not, against gender, age, CCG, sexual orientation, ethnicity, and number of disabilities.

The gender ratio is approximately the same in the subsample as in the original sample, though there is an association between being male and not being in the subsample.

The subsample is skewed toward older individuals: 11% of the subsample is aged between 18 and 24, compared to 14% of the overall sample. 42% of the subsample is aged between 45 and 75, compared to 37% of the original sample. The chi-squared test is significant and shows an association between being aged 18-24 and not being in the sample, along with being aged between 45 and 65 and being in the sample.

The subsample contains more individuals of White ethnicity than might be expected. There are associations between being of Asian/Asian British ethnicity and not being in the subsample, though there are stronger associations with a referral pertaining to someone of unknown or unstated ethnicity not being in the subsample. This indicates that more complete records are needed in order to verify this analysis.

In terms of sexual orientation, people identifying as heterosexual or gay and lesbian are more likely to be in the subsample but mostly in place of people for whom the answer is left blank. This may indicate an association between completion of all dates and all of the demographic information, rather than an inequity in access to the subsample. This is borne out by more people in the sample identifying gay lesbian or bisexual than in the general population of South East England, as per the analysis of the referred population.

The disability information provided was recoded into the overall number of (categories of) disabilities reported. To avoid small cell sizes, individuals were categorised as having no, one, two, or at least three disabilities. People in the subsample are more likely to have a disability though the association is only significant for 1 or 2 disabilities, not 3 or more.

Using the dates provided we calculated five values: the time from referral to assessment, the time from assessment to first treatment, the times from referral and first treatment to discharge, and the time from referral to first treatment.

Table 14: Number of days between events in IAPT data

	N (persons)	Range (days)	Minimum (days)	Maximum (days)	Average (days)	Standard deviation
Referral to assessment	8105	130	1	131	22.41	12.848
Assessment to first treatment	8105	338	1	339	51.32	38.784
First treatment to discharge	8105	506	1	507	87.74	58.565
Referral to first treatment	8105	354	2	356	73.73	42.334
Referral to discharge	8105	527	21	548	161.47	72.093

Note that these values cannot be compared to waiting times per se as we have not been given information on whether the waiting time clock has been stopped (as can occur if a patient refuses two reasonable appointments).

Failure to engage

Given that the subsample with complete dates is skewed towards those individuals who complete treatment, those individuals who fail to engage with treatment should be investigated. As no dates apart from referral and discharge are given for the majority of the people discharged with "failure to engage" as the reason, we cannot say whether delays in receiving treatment are among the reasons for disengagement.

However we can compare people discharged for failing to engage with the remainder of the population. We see that there are significant associations ($p < 10^{-4}$) between failure to engage and being in a younger age group and being male.

There is also an association between failure to engage and non-recording of ethnicity and/or sexual orientation: this could be a correlation between record keeping processes and engagement, or simply that people who fail to engage do not have their complete details collected. Whether it is the record keeping that keeps people engaged or not, better recording of this information will be important for future audits.

Conclusions

- Around 16% of the Adult West Sussex population could have a condition amenable to IAPT.
- Around 58% of estimated need in West Sussex is referred to IAPT service.
- Around 8% of people with an eligible condition complete at least two sessions of IAPT in 2013/14.
- There is greater equity of access to IAPT in younger age groups.
- There is greater equity of access for females than for males.
- However, age-related inequity of access is greater for females than for males.
- There is inequity of access for Asian populations, while 29% of referrals contain no record of ethnicity.
- Whether or not Gay, Lesbian, and Bisexual people receive equitable access depends on estimates of the size of underlying population, though 31% of records contain no information on sexual orientation.
- Completion of treatment is more likely among people aged between 45 and 65 years, and less likely for people aged between 18 and 24 years.
- The majority of referrals without record of ethnicity or sexual orientation information are for individuals that fail to engage with the service. This presents a particular challenge for improving data collection but is essential for assessing equity of access to the IAPT service.

Recommendations

- Improve referrals to IAPT: 8% of people with a common mental illness in West Sussex were referred to IAPT for treatment in 2013/14, with a wide variation in referral rates across GP practices. Increased promotion of the service by GPs and focussed work with individual practices to increase awareness of likely demand in their practice populations will help the service to reach areas of unmet need.
- Improve recording within the service: Improving the completeness of information recording (specifically with respect to ethnicity and sexual orientation) will allow better identification of areas of unmet need. Evidence suggests that this effort could be focussed on individuals who fail to engage with the service.
- Improve retention in IAPT service: Analysis suggests that males and younger people are less likely to complete a full sequence of treatment in the IAPT service.
- Engage population subgroups with low uptake: Areas of unmet need include males, people over 65 years of age, and Asians. Work can be done to identify the barriers that prevent individuals from these groups from accessing the service.

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