

# National Audit of Psychological Therapies for Anxiety and Depression (NAPT)

## Background

NAPT aims to promote access, appropriateness, acceptability and positive outcomes of treatment for those experiencing depression and anxiety.

## Methods

Data were collected using four different tools:

- Service Context Questionnaire
- Therapist Questionnaire
- Retrospective Case Note Audit
- Service User Survey

These tools were piloted on 27 services prior to the main audit. 357 service took part in the national audit.



## Participants

**England:** 309 services across 111 organisations collected data for the audit.  
**Wales:** All Local Health Boards signed up for participation in the audit. In total, 48 services across 8 organisations took part.

## Key Findings

Waiting time standards, were met for 85% of patients for whom data were returned

90% of patients reported a positive therapeutic alliance with their therapist.

The type of therapy provided is in line with NICE guidance for 83% of patients

Nearly 49% of patients with both pre and post treatment measures had recovered by the end of therapy

70% of patients did not receive the minimum number of treatment sessions that NICE recommends.

Some psychological therapy services are poor at recording the ethnicity and diagnosis of the patients they treat.

A number of therapists are delivering therapies for which they have received no specific training.

## Recommendations

- Services should gather more specific information about why patients who have not recovered, end therapy when they do. Where appropriate, services should act on these findings.
- Therapist training requires further exploration. Services managers should consider the skill mix and training of employed therapists at an individual and service level.
- Service user concerns need to be discussed with all relevant stakeholders in order to identify changes that need to be made. The two areas of greatest dissatisfaction (waiting time for treatment to start and the number of sessions that they were receiving) need to be given particular consideration as these were also backed up by other findings.
- Obstacles to recording ethnicity and diagnostic data need to be further explored with a view to identifying effective strategies for attaining high completion rates. Examples of good practice should be shared across services.
- Reasons for non-adherence to NICE recommendations on the duration and type of therapy should be investigated.
- Services need to improve the ways that they collect outcome data. This should be addressed in local action plans and discussed at a national level.
- Local reports will alert each participating team to any standards in which they are an outlier and encourage teams to take action.
- The reaudit should assess whether local action has increased the extent to which standards have been met.

## Service user involvement

- Service users have been involved in the design of the audit, including the service user questionnaire;
- Service user organisations are represented on our steering group, helping us to engage service users in the audit process;
- Service users provided direct feedback about their experiences through the service user questionnaire. For more details, see [www.rcpsych.ac.uk/napt](http://www.rcpsych.ac.uk/napt)



## Future of NAPT

- In June 2011, the National Audit of Psychological Therapies secured funding from the Healthcare Quality Improvement Partnership (HQIP) for a further 2 years from November 2011 to:
- Disseminate findings and recommendations from the baseline audit.
  - Promote local and national action planning.
  - Undertake re-audit in late 2012 to measure change in the 18 months since the baseline audit.