

**NAPT**  
NATIONAL AUDIT OF  
PSYCHOLOGICAL THERAPIES



# **NAPT Report 2011 for Wales**

# Table of Contents

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Table of Contents.....	2
List of Tables.....	3
List of Figures.....	4
Data collection.....	6
Response rates for the data collection tools.....	8
Audit Findings.....	14
Contextual service data.....	14
Standard 1: Access to services.....	26
Standard 2: Waiting to assessment.....	29
Standard 3: Waiting to treatment.....	30
Standard 4: Therapy in line with NICE guidance.....	31
Standard 5: Recommended number of sessions or recovery.....	35
Standard 6: Therapist training.....	36
Standard 7: therapeutic alliance.....	45
Standard 8: service user satisfaction.....	48
Standard 9a: Outcomes – data completeness.....	52
Standard 9b: Outcomes – recovery and improvement.....	54
Standard 10: Attrition rate.....	56
Final Summary.....	57
Key Findings.....	57
Taking action to improve services.....	58
The future of NAPT.....	59

## List of Tables

---

Table 1: Dates for submission of audit questionnaires.....	6
Table 2: Therapist questionnaire response rates .....	8
Table 3: Response rate for service user survey .....	11
Table 4: Level of service provision in England and Wales .....	15
Table 5: Age range of service users seen by participating services in England and Wales .....	17
Table 6: Size of participating services in England and Wales.....	18
Table 7: Managing sector by service level .....	19
Table 8: Age range of patients by service level .....	19
Table 9: Level of care by service size.....	20
Table 10: Patient level: Data completeness for age, gender, ethnicity (n=1539) .....	26
Table 11: Age.....	27
Table 12: Gender.....	27
Table 13: Ethnicity .....	28
Table 14: Patient level: Percentage of patients in Wales for each primary diagnosis .....	31
Table 15: Patient level: Diagnosis of anxiety and depression with NICE guidance .....	33
Table 16: Level of training by high intensity therapy for therapists.....	39
Table 17: Level of training by high intensity therapy for therapists.....	41
Table 18: Service level: Mean, standard deviation and range for ARM-5 score for Welsh services.....	45
Table 19: Service level: Mean, standard deviation and range of percentage of patients with a green flag for Welsh services (N= 21).....	46
Table 20: Patient level: Responses to the Access section of the service user questionnaire for all patients in Wales .....	48
Table 21: Patient level: Responses to the Outcomes section of the service user questionnaire for all patients in Wales .....	50
Table 22: Service level: Percentage of patients by service with a pre and post score on at least one outcome measure .....	52
Table 23: Service level: Percentage of patients by service who made clinical improvement / recovered (n=9) .....	54
Table 24: Service level: Percentage of patients by service who 'dropped out/ had an unscheduled discontinuation (n=9) .....	56
Table 25: Summary of this service's performance against the audit standards compared with other participating services.....	57

## List of Figures

---

Figure 1: Number of therapists nominated by service (n=44) .....	9
Figure 2: Response rate by service for therapist's questionnaire (n=44) .....	10
Figure 3: Number of patients per service in retrospective audit.....	11
Figure 4: Number of service user questionnaires returned by service.....	12
Figure 5: Response rate by service for service user questionnaire. ....	13
Figure 6: Level of service provision (n=48) .....	14
Figure 7: Managing sector of service (n=48) .....	16
Figure 8: Age range of service users seen by participating services (n=48) .....	16
Figure 9: Size of service (n=48) .....	18
Figure 10: Professional group by size of service .....	21
Figure 11: Professional group by level of service .....	22
Figure 12: Number of therapies delivered (n=48) .....	23
Figure 13: Access to therapies in a language other than English (n=48) .....	24
Figure 14: Service level: Percentage of patients by service with ethnicity complete (n=22).....	26
Figure 15: Service level: Percentage of patients by service meeting Standard 2 i.e. wait to assessment <=13 weeks (n=20) .....	29
Figure 16: Service level: Percentage of patients by service meeting Standard 3 i.e. wait to treatment <=18 weeks (n=20).....	30
Figure 17: Service level: Percentage of patients by service with a NICE diagnosis of anxiety or depression who had the recommended therapy (n=16).....	<b>Error!</b>
<b>Bookmark not defined.</b>	
Figure 18: Service level: Percentage of patients by service who have the NICE recommended number of sessions or who recover (n=14) .....	35
Figure 19: Professional group of therapists.....	36
Figure 20: Therapists' membership of professional organisations .....	37
Figure 21: Level of high intensity training by therapy for therapists.....	38
Figure 22: Level of high intensity training by therapy for therapists.....	40
Figure 23: Breakdown of qualifications for therapists.....	41
Figure 24: Percentage of therapists who have had or are currently receiving formal training for at least one therapy type.....	42
Figure 25: Percentage of therapists who have had or are currently receiving formal training for at least one NICE recommended therapy type.....	43
Figure 26: Distribution of mean scores for Welsh services (n=21) .....	46
Figure 27: Service level: Percentage of patients by service with a green flag (ARM-5 score $\geq 28$ ) .....	47
Figure 28: Service level: Percentage by service of positive responses for Access (n=23) .....	49
Figure 29: Service level: Percentage by service of positive responses for Outcomes (n=23) .....	51
Figure 30: Service level: Percentage by service of patients with at least on pre and post outcome measure (n=22) .....	53

Figure 31: Service level: Percentage of patients by service who made clinical improvement / recovered (n=9) ..... 55

Figure 32: Service level: Percentage of patients by service who 'dropped out/ had an unscheduled discontinuation (n=9) ..... 56

# Data collection

## The data collection schedule

It was decided to carry out a phased data collection in order to allow services sufficient time to prepare and submit data for each aspect of the audit. *Table 1* presents the time lines for data submission of the individual audit questionnaires.

**Table 1: Dates for submission of audit questionnaires**

May-October 2010	Tool 1: Service Context Questionnaire
July-December 2010	Tool 2: Therapist Questionnaire
September 2010 – February 2011	Tool 3: Retrospective Audit of Patients who Ended Therapy
Census date in October - November 2010	Tool 4: Service User Survey

## Methods for data submission

### Tool 1: the service context questionnaire

Services were asked to submit the data from the service context questionnaire online.

### Tool 2: the therapists' questionnaire

Services were asked to submit the data from the therapists' questionnaire online. Therapists who had not responded to the questionnaire within a set period of time were sent a reminder email.

### Tool 3: the retrospective case note audit

The case note audit could be submitted using several options:

- Online submission with a separate questionnaire for each client
- Services could request a specially formatted Excel spreadsheet that could be completed including all eligible clients
- Services that used data collection systems such as IAPTUS, CORE-IMS and PC-MIS were able to extract data using a bespoke data extraction

report. This was particularly relevant for IAPT services that already collect a large amount of data through their IT systems. The project team liaised closely with the companies who run the IAPTUS, PC-MIS and CORE IMS systems, which developed bespoke data extraction reports that could be run by the services. These enabled the relevant data fields to be extracted into an Excel spreadsheet relatively quickly and easily. The Excel spreadsheet could then be emailed to the project team for analysis. This process avoided duplication of data collection.

- A small number of participating services which use their own bespoke IT systems also chose to extract data from their system in a similar way, with the help of an IT person in their organisation.

All services in Wales submitted their data using the excel spreadsheet or online.

## Response rates for the data collection tools

N.B. All charts and tables include Welsh services only unless otherwise indicated. Please refer to the national report for comparison with all other participating services. When making such comparisons, it is important to note the small size of the Welsh dataset.

The charts comparing service performance on Standards 1 – 10 include only those services with 6 or more cases submitted for the Standard.

### Response rates for the service context questionnaire

All 48 participating services submitted the service context questionnaire.

### Response rates for the therapist questionnaire

The variation in number of therapists nominated by each service in Wales ranged from 1 to 35 (see *Figure 1*). The mean number of therapists nominated per service was 23. All services nominated at least one therapist, but only 43 services returned data.

**Table 2: Therapist questionnaire response rates**

	<b>Number of Therapists</b>	<b>Number Responded</b>	<b>Response Rate (%)</b>
Number of Cases	396	244	62

The therapist questionnaire was completed by 62% of the therapists nominated by the participating services (see *Table 2*). The response rate varied from 0 to 100% between services.

During the data collection phase, some organisations nominated more than one service under the same service code. For the purpose of this analysis, these services were merged. These data were used to measure standard 6.

**Figure 1: Number of therapists nominated by service (n=44)**

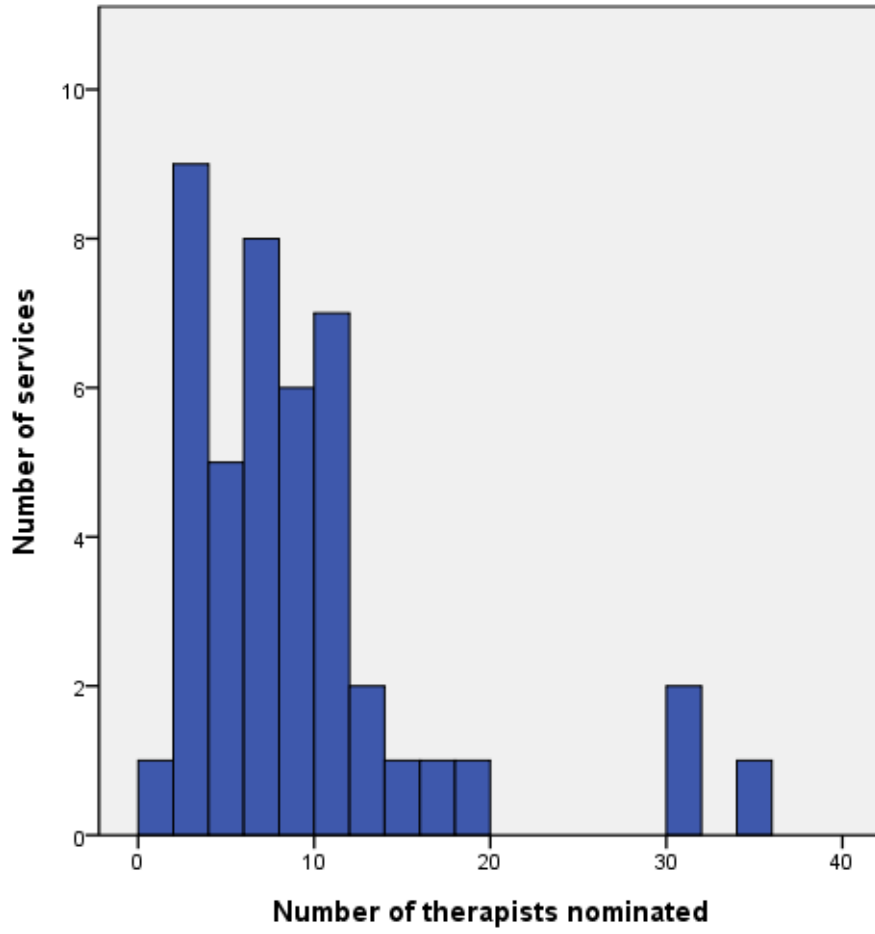
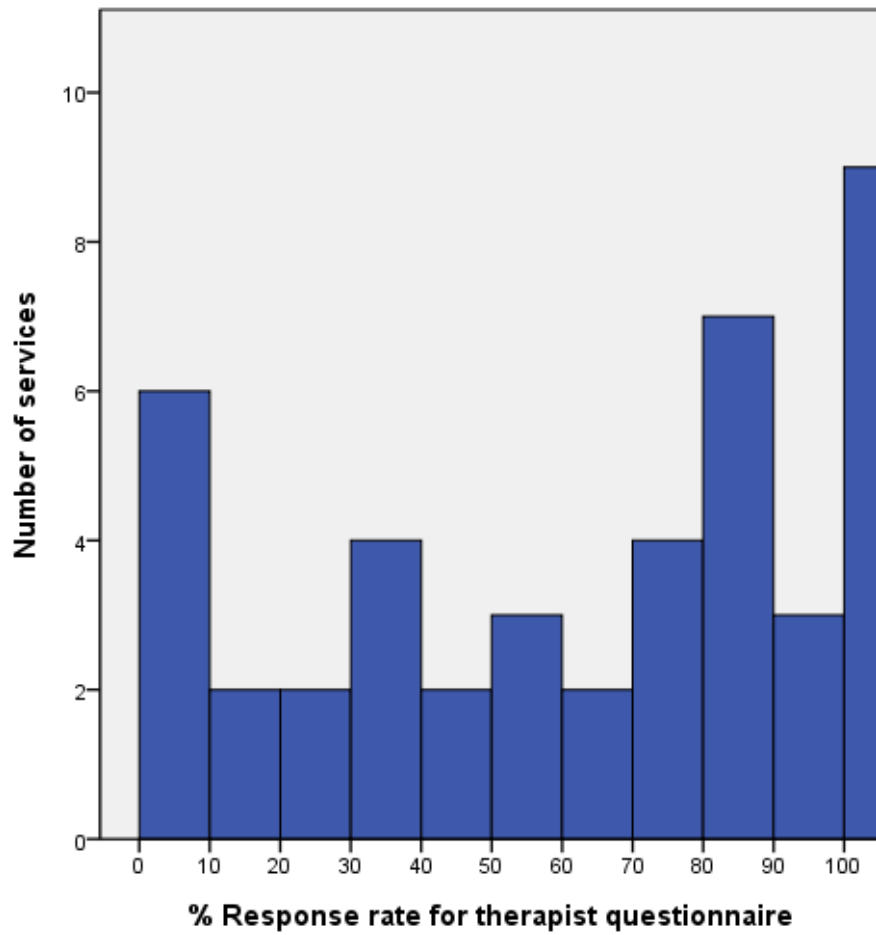


Figure 2 shows the spread of response rates for services that were included in the therapist questionnaire analysis.

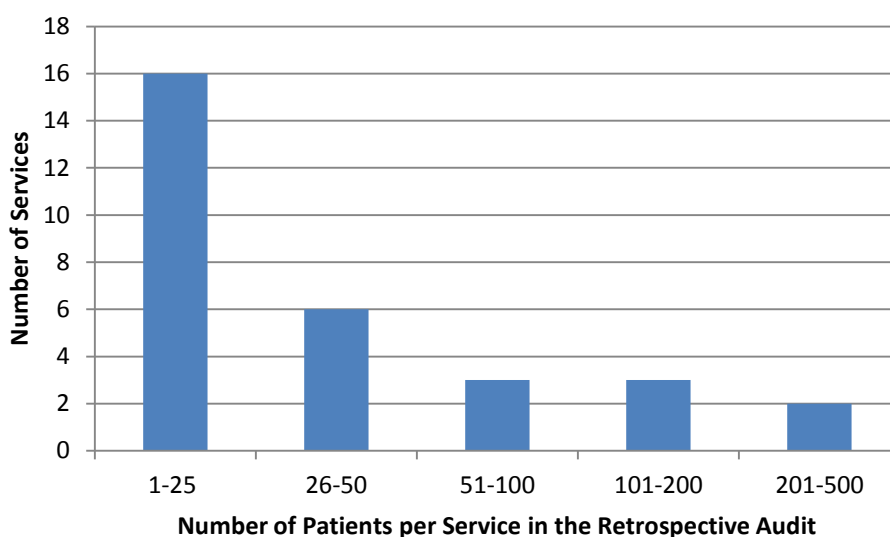
**Figure 2: Response rate by service for therapist's questionnaire (n=44)**



### Response rates for the retrospective case note audit of people having completed therapy

Twenty-nine (60%) services in Wales took part in the retrospective part of the audit. Following data cleaning procedures, a total of 1,539 cases were included. These data were used to measure standards 1, 2, 3, 4, 5, 9 and 10.

**Figure 3: Number of patients per service in retrospective audit (n=29)**



### Response rates for the service user survey

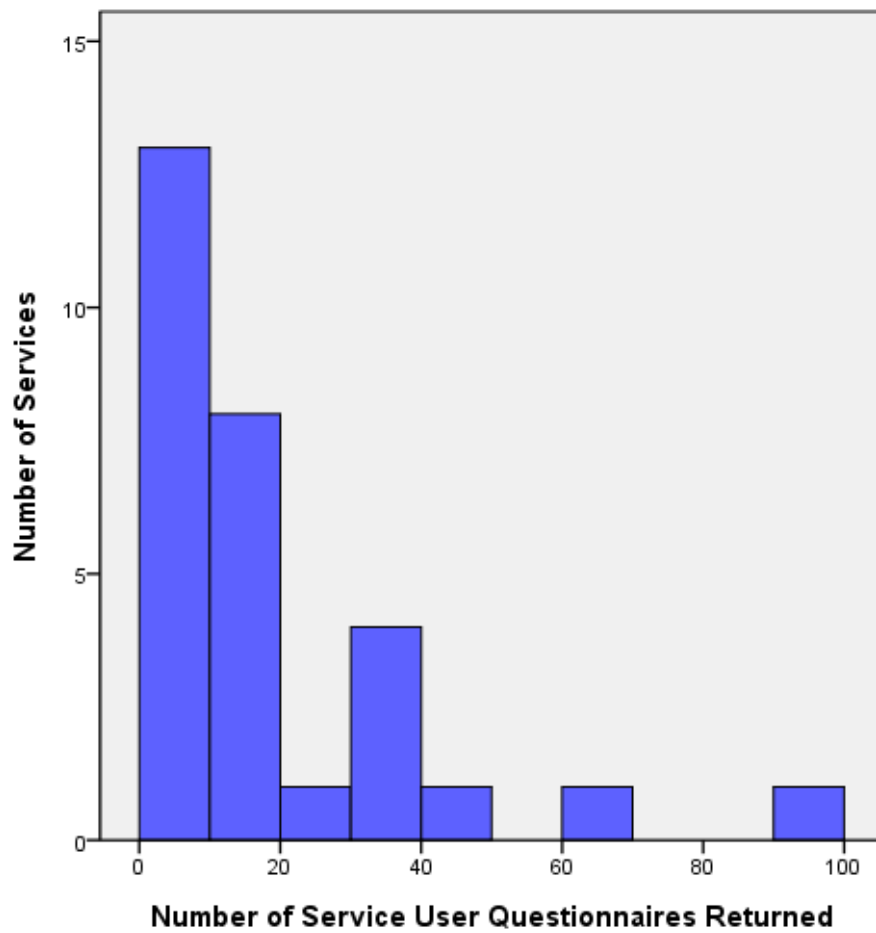
Of the 48 services in Wales, 36 submitted data for the service user questionnaire. For the purpose of the response rate calculation, services with missing information (e.g. unspecified number of questionnaires posted out) were excluded (n=7). For the remaining 29 services where it was possible to calculate response rates, 24% of service users completed and returned their forms by the deadline. Services missing response rate data were included in the rest of the analyses.

**Table 3: Response rate for service user survey**

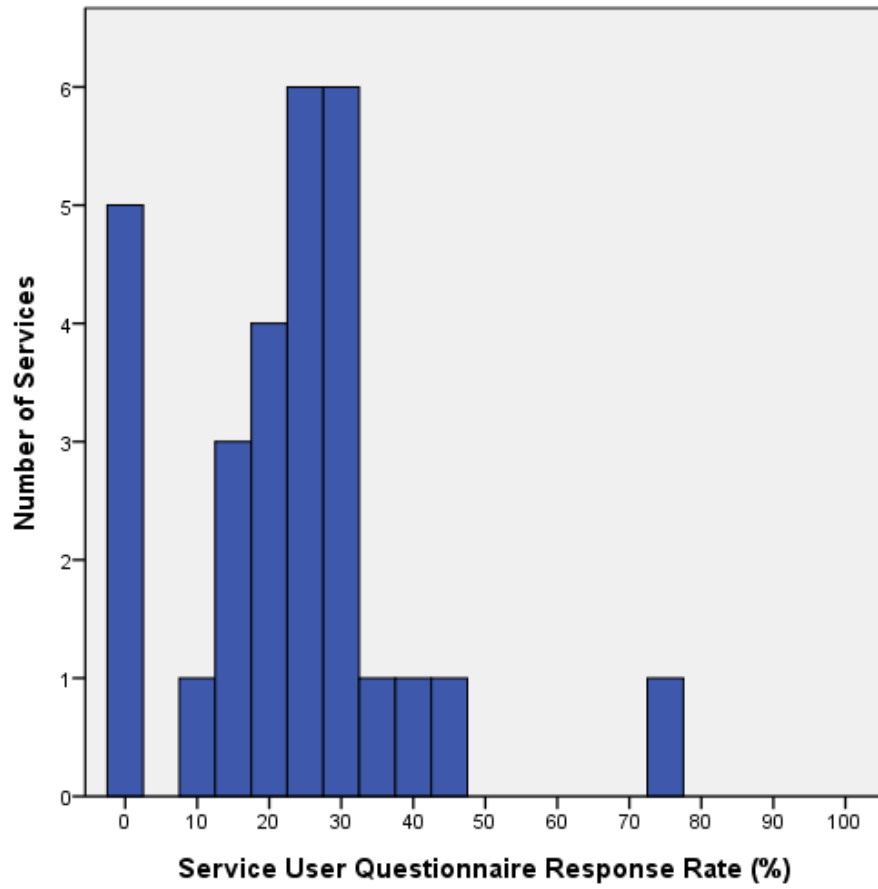
	<b>Number Sent Out</b>	<b>Number Returned</b>	<b>Response Rate (%)</b>
Number of Cases	1811	512	28

These data were used to measure standards 7 and 8. The response rates were also broken down by service and the results can be seen overleaf.

**Figure 4: Number of service user questionnaires returned by service (n=29)**



**Figure 5: Response rate by service for service user questionnaire (n=29)**



# Audit Findings

## Contextual service data

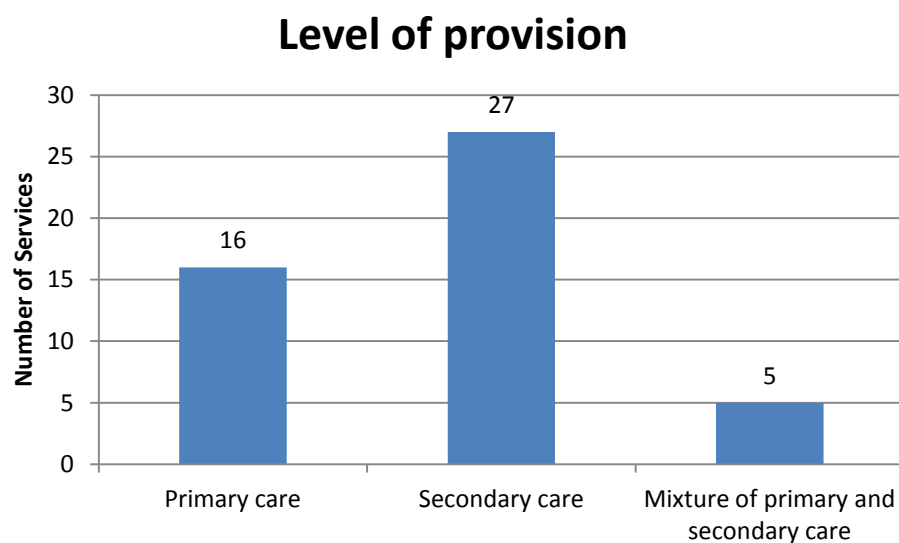
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All 48 participating services were asked to provide contextual information about their service, which is presented in the following section.

### Level of provision

Figure 6 gives an indication of the level of service provision. The level of provision was mostly secondary care (56%), with a small number of services being a mixture of primary and secondary care.

**Figure 6: Level of service provision (n=48)**



Figures for mixed level of care were quite similar in both England and Wales; however, Wales had a higher percentage of secondary care only services and fewer primary care only services (see *Table 4* overleaf).

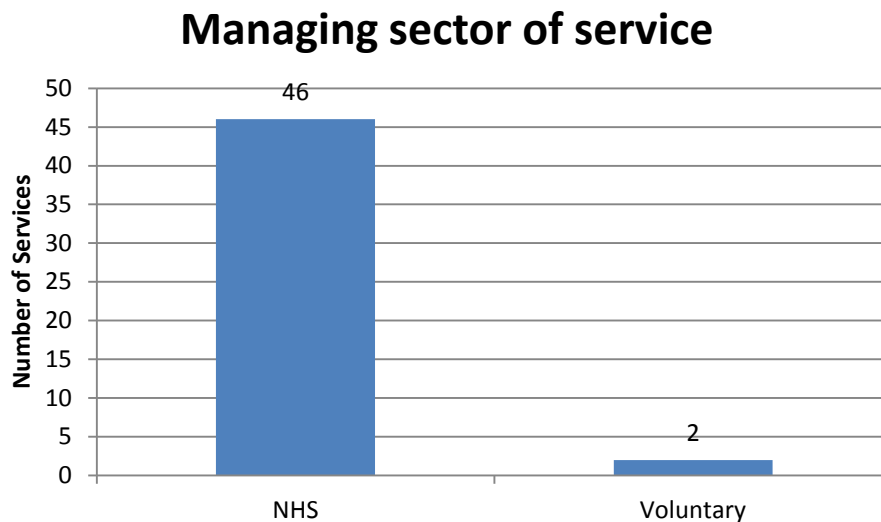
**Table 4: Level of service provision in England and Wales**

	<b>England N (%)</b>	<b>Wales N (%)</b>
Primary Care	131 (42)	16 (33)
Secondary Care	142 (46)	27 (56)
Mixture of Primary and Secondary Care	36 (12)	5 (10)

## Managing sector

Data on the managing sector to which services belonged was also collected. As *Figure 7* shows, the NHS managed most of the participating services in Wales.

**Figure 7: Managing sector of service (n=48)**



## Age range of client group

*Figure 8* indicates the age range of service users accepted in the services in Wales. Just under half of the services (48%) accepted both working age and older adults for psychological therapy.

**Figure 8: Age range of service users seen by participating services (n=48)**

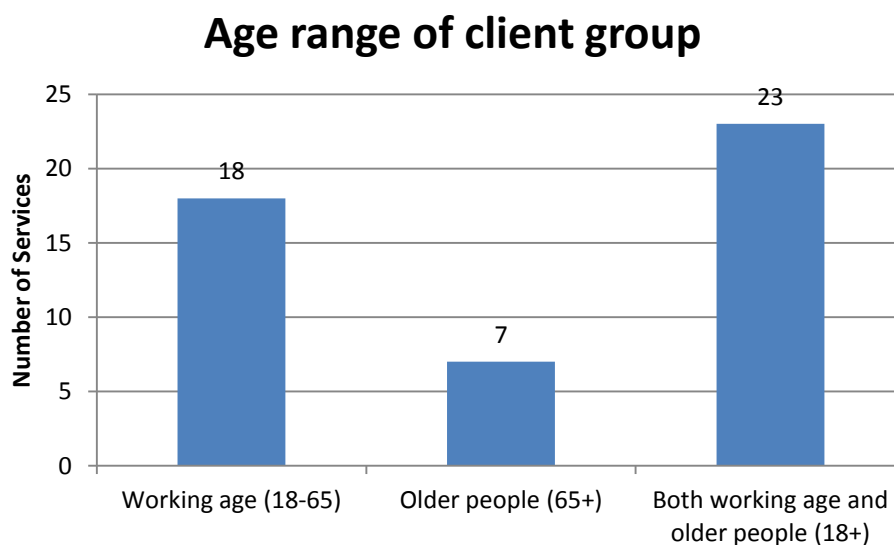


Table 5 shows that there were a similar proportion of services for working age adults in England and Wales. However, Wales had a higher proportion of services specifically for older people (15% compared to 7%) and a lower proportion of services that provided care for both working age (18-65) and older people (65+), (48% in Wales compared to 57% in England).

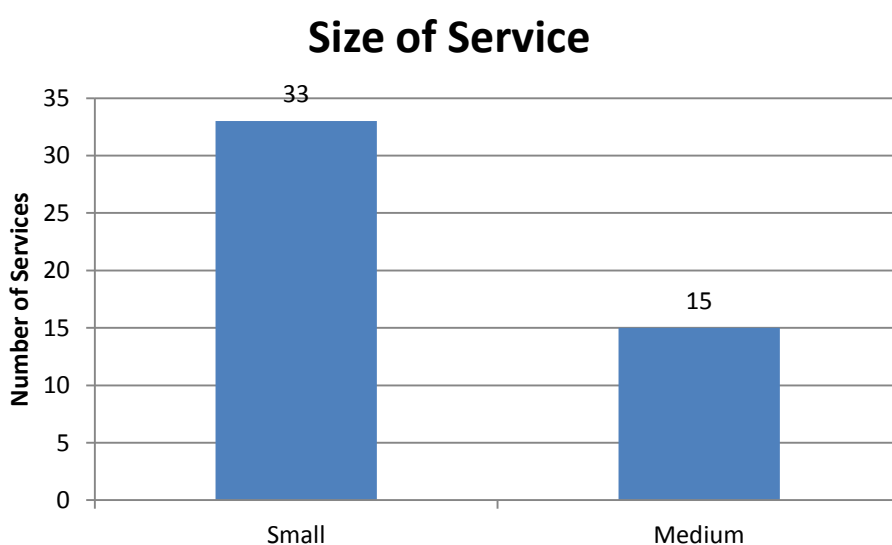
**Table 5: Age range of service users seen by participating services in England and Wales**

	<b>England N (%)</b>	<b>Wales N (%)</b>
Working Age (18-65)	109 (35)	18 (37)
Older people (65+)	22 (7)	7 (15)
Both Working Age and Older People (18+)	178 (57)	23 (48)

## Size of service

Figure 9 illustrates the size of the services involved in the audit in Wales. Services were categorized based on the number of Whole Time Equivalent (WTE) staff delivering therapy for anxiety and depression. Services are considered to be of small size if they employ fewer than eight WTEs, of medium size if they employ 8-20 WTEs and large if they employed over 20 WTEs who deliver therapies for anxiety and depression. As can be seen from the graph below, just over two-thirds (69%) of participating services were classified as small.

**Figure 9: Size of service (n=48)**



A larger proportion of services in Wales were classified as small (<8 WTEs) when compared to England (69% in Wales compared to 41% in England) and there were no large services in Wales.

**Table 6: Size of participating services in England and Wales**

	England N (%)	Wales N (%)
Small	126 (41)	33 (69)
Medium	88 (29)	15 (31)
Large	95 (30)	- (0)

Please note that the table above should be viewed in the context of population size and local catchment areas.

## Configuration of services

As can be seen in *Table 7* the majority of participating services were either NHS managed secondary care services (27/48, 56%) or NHS managed primary care services (14/48, 29%).

**Table 7: Managing sector by service level**

	Primary	Secondary	Mixed	Total
NHS	14	27	5	46
Voluntary	2	-	-	2
Total	16	27	5	<b>48</b>

When considering age group with service level (*Table 8*), the largest group of participating services were secondary care services providing treatments for working age adults (13/48, 27%) and primary care services providing treatments for both working age and older adults (12/48, 25%). All services dedicated to older people were within secondary or mixed care. There were no primary care services dedicated to older adults. However, 75% (12/16) of primary care teams described themselves as accessible to both working age and older adults.

**Table 8: Age range of patients by service level**

	Primary	Secondary	Mixed	Total
Working Age (18-65)	4	13	1	18
Older People (65+)	-	6	1	7
Both (18+)	12	8	3	23
<b>Total</b>	16	27	5	<b>48</b>

As can be seen from *Table 9*, the majority of smaller services (17/33, 51%) fall under secondary care. Most medium services also fall under secondary care (10/15, 67%).

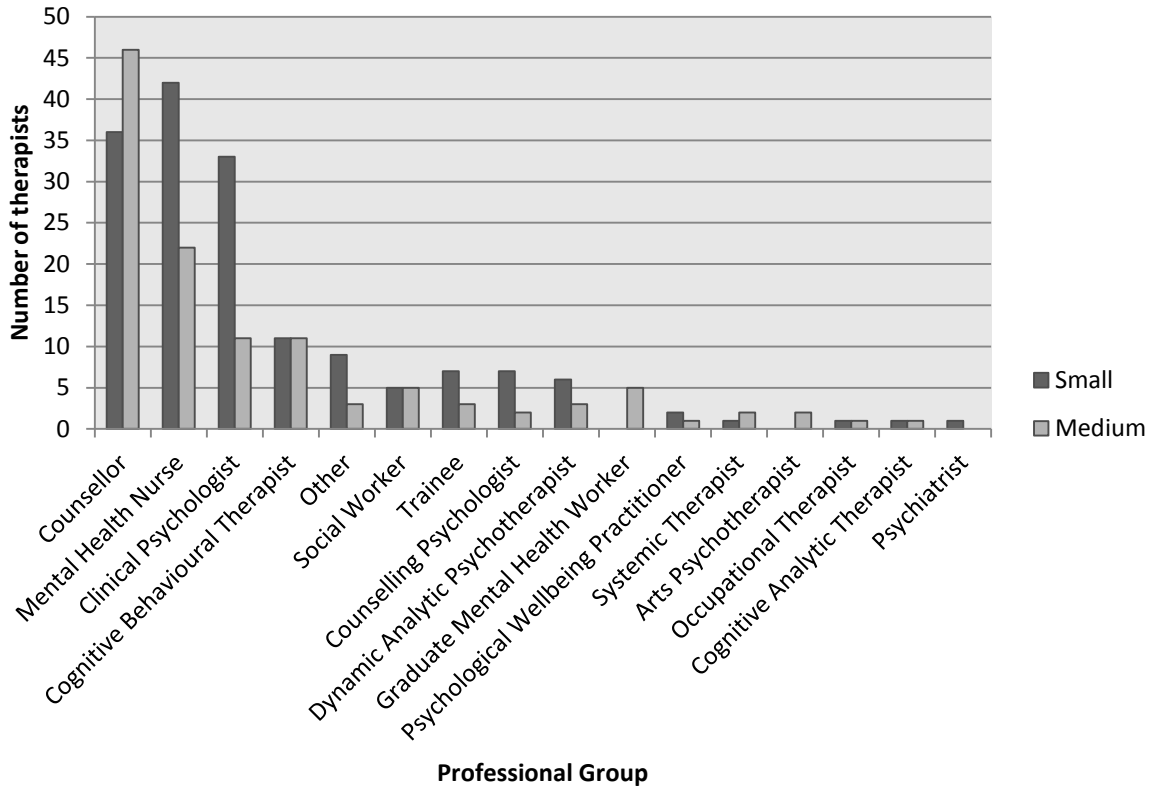
**Table 9: Level of care by service size**

<b>Service Size</b>			
<b>Service Level</b>	Small	Medium	<b>Total</b>
Primary	12	4	16
Secondary	17	10	27
Mixed	4	1	5
<b>Total</b>	33	15	<b>48</b>

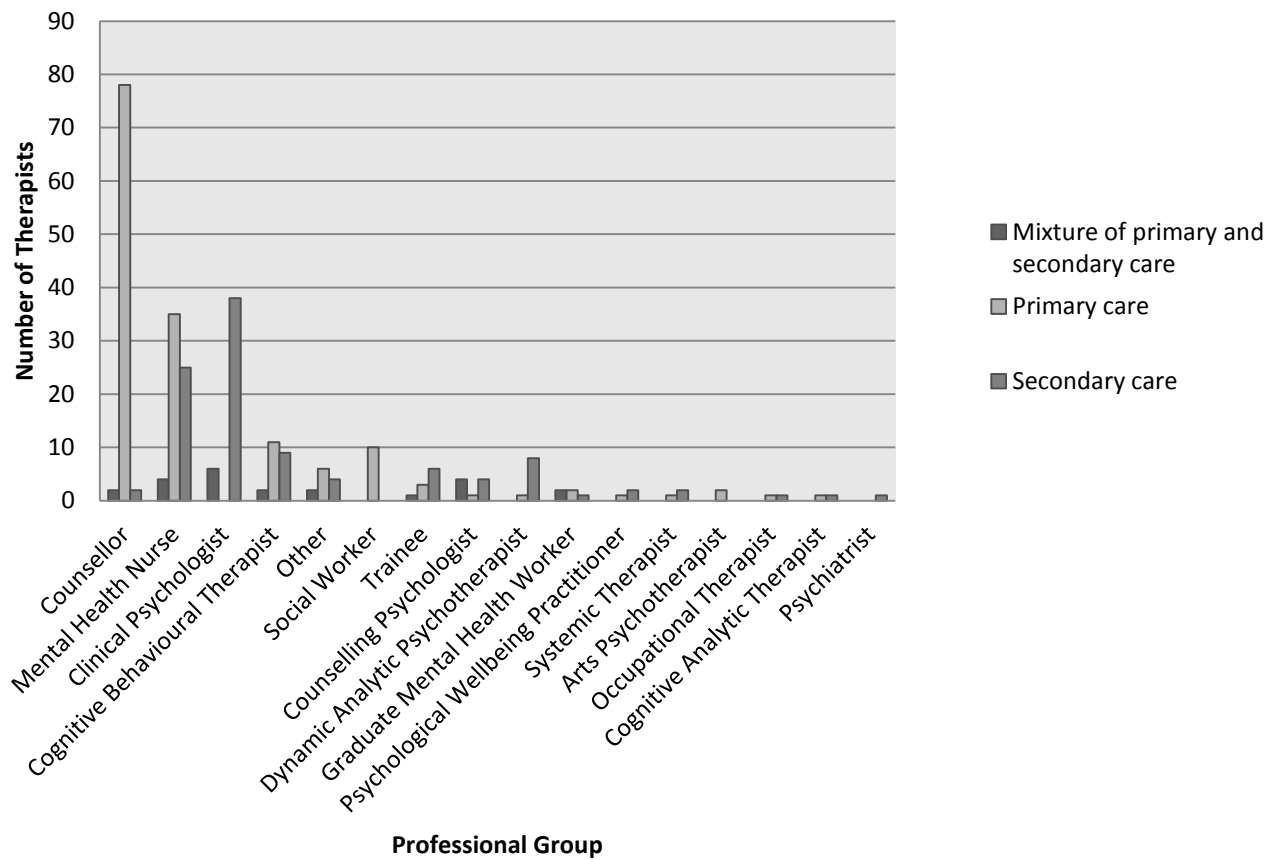
## The most common professional groups

Figures 10 & 11 present the professional groups of therapists broken down by size of service and level of service.

**Figure 10: Professional group by size of service**



**Figure 11: Professional group by level of service**

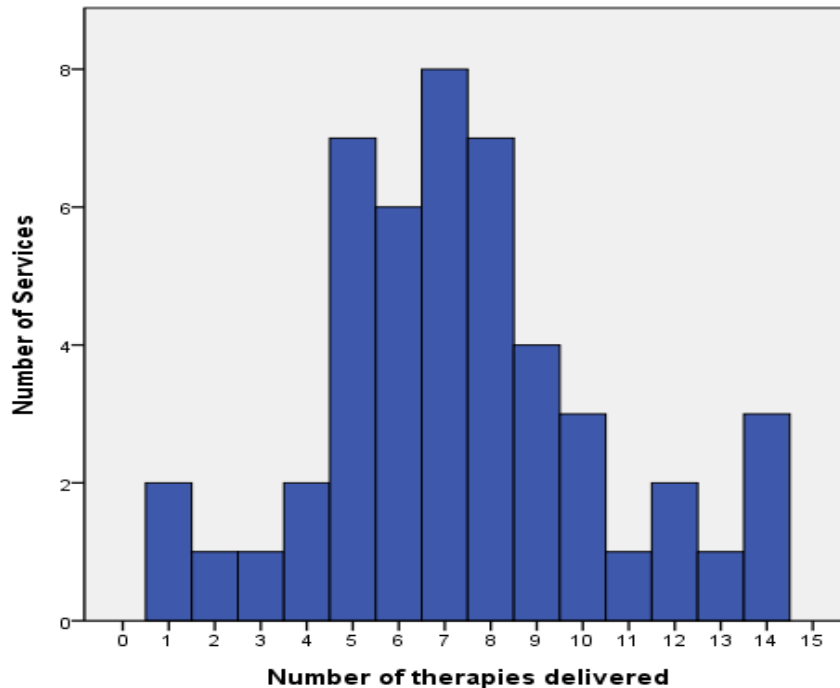


The charts above indicate that counsellors, mental health nurses and clinical psychologists were the most common professional groups. Counsellors were more likely to work for medium-sized primary care services and mental health nurses in small primary care services. Clinical psychologists were most likely to work in small secondary care services.

## Number of therapies delivered per service

Figure 12 indicates the number of therapies delivered by services. The mean number of different therapies offered by services was 7.3.

**Figure 12: Number of therapies delivered (n=48)**



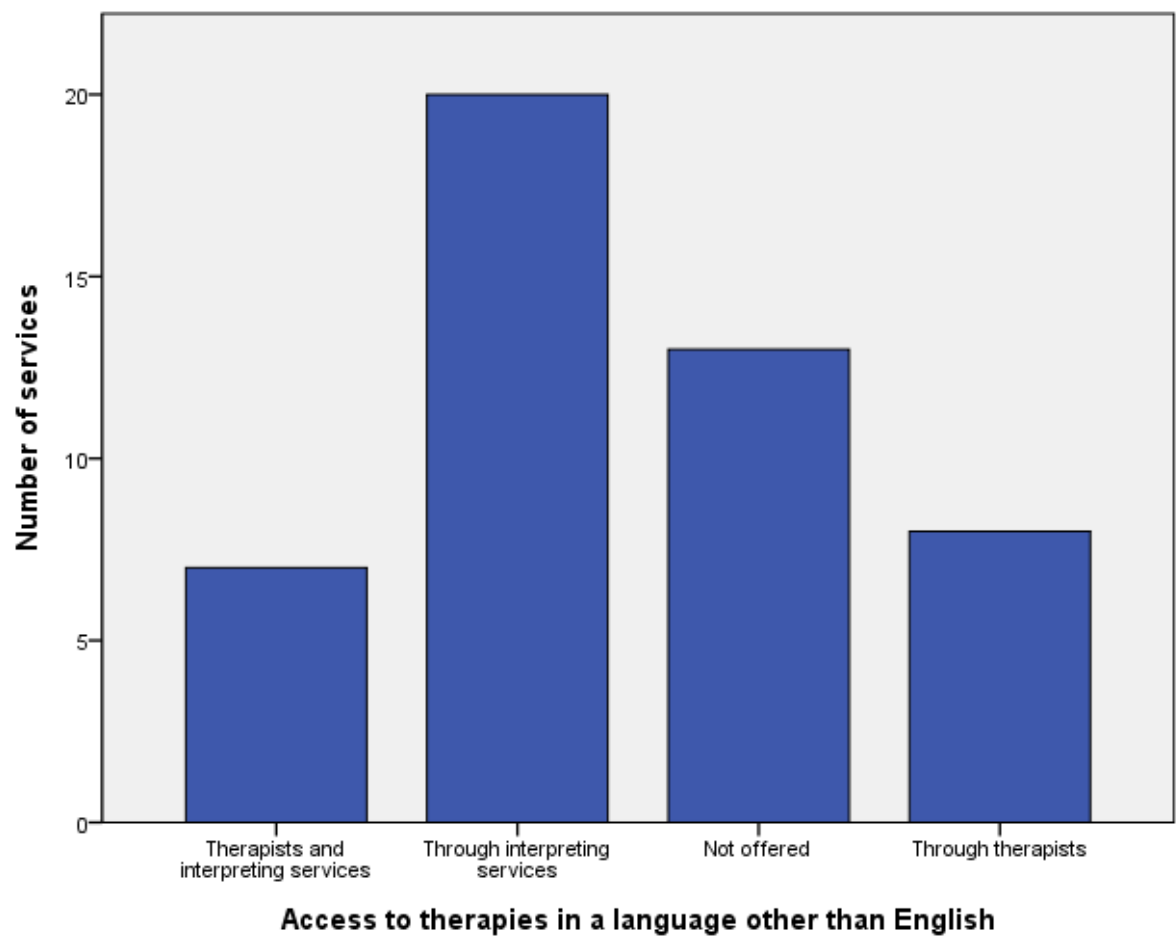
NB: All low intensity therapies have been grouped together to represent one therapy.

A full list of therapies included can be seen in *Table 16* on page 39.

## Therapies available in different languages

Figure 13 indicates the number of services offering therapies in a language other than English and how they can be accessed. Where therapies through other languages were available they were more likely to be offered via interpreting services (20, 42%). Overall, 35 (73%) services offered access to therapy in another language either through therapists, interpreting services or both. There were 13 (27%) services that offered no access to therapy in another language.

**Figure 13: Access to therapies in a language other than English (n=48)**





# Standard 1: Access to services

## 1a. Data completeness

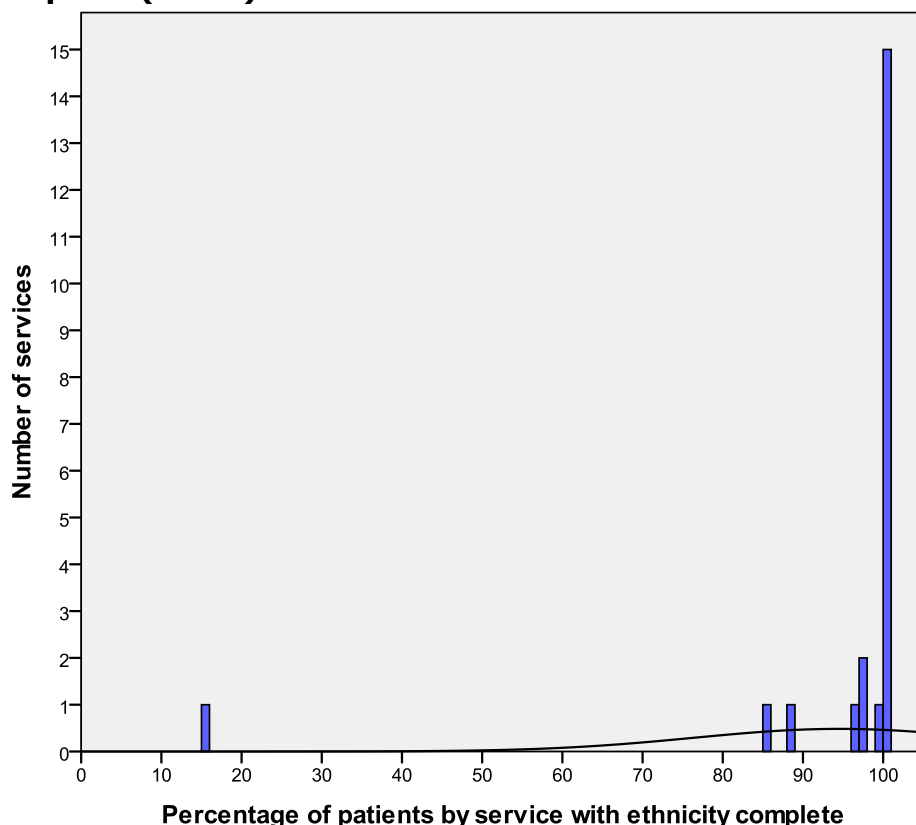
The total number of cases used to measure this standard in Wales was 1,539 (compared to 48,424 in England). In Wales, there were 22/48 services which submitted sufficient data ( $\geq 6$  cases) to allow comparison with other services.

Overall, this standard was met for 98% of patients in Wales for age; 97% for gender and 95% for ethnicity.

**Table 10: Patient level: Data completeness for age, gender, ethnicity (n=1539)**

Demographic data	Data complete N (%)	Missing N (%)
Age	1510 (98)	29 (2)
Gender	1494 (97)	45 (3)
Ethnicity	1465 (95)	74 (5)

**Figure 14: Service level: Percentage of patients by service with ethnicity complete (n=22)**



## 1b. Representativeness

The tables below show the breakdown of all patients in Wales by age, gender and ethnicity.

**Table 11: Age**

<b>Age Group</b>	<b>N</b>	<b>%</b>
18-24	172	11
25-34	324	22
35-44	355	24
45-54	340	23
55-64	212	14
65-74	77	5
75+	30	2
<b>Total</b>	1510	

**Table 12: Gender**

<b>Gender</b>	<b>N</b>	<b>%</b>
Male	473	32
Female	1021	68
<b>Total</b>	1494	

**Table 13: Ethnicity**

<b>Ethnic Category</b>	<b>N</b>	<b>%</b>
White - British	1402	93
White - Irish	6	0
White - Any other	27	2
Mixed - White and Black Caribbean	8	1
Mixed - White and Black African	2	0
Mixed - White and Asian	-	-
Mixed - Any other mixed background	5	<1
Asian or Asian British - Indian	6	<1
Asian or Asian British - Pakistani	1	v
Asian or Asian British - Bangladeshi	-	-
Asian or Asian British - Any other Asian background	2	<1
Black or Black British - Caribbean	-	-
Black or Black British - African	1	<1
Black or Black British - Any other Black background	-	-
Chinese or Other Ethnic Group - Chinese	2	<1
Chinese or Other - Any other Ethnic Group	3	<1
<b>Total</b>	1465	

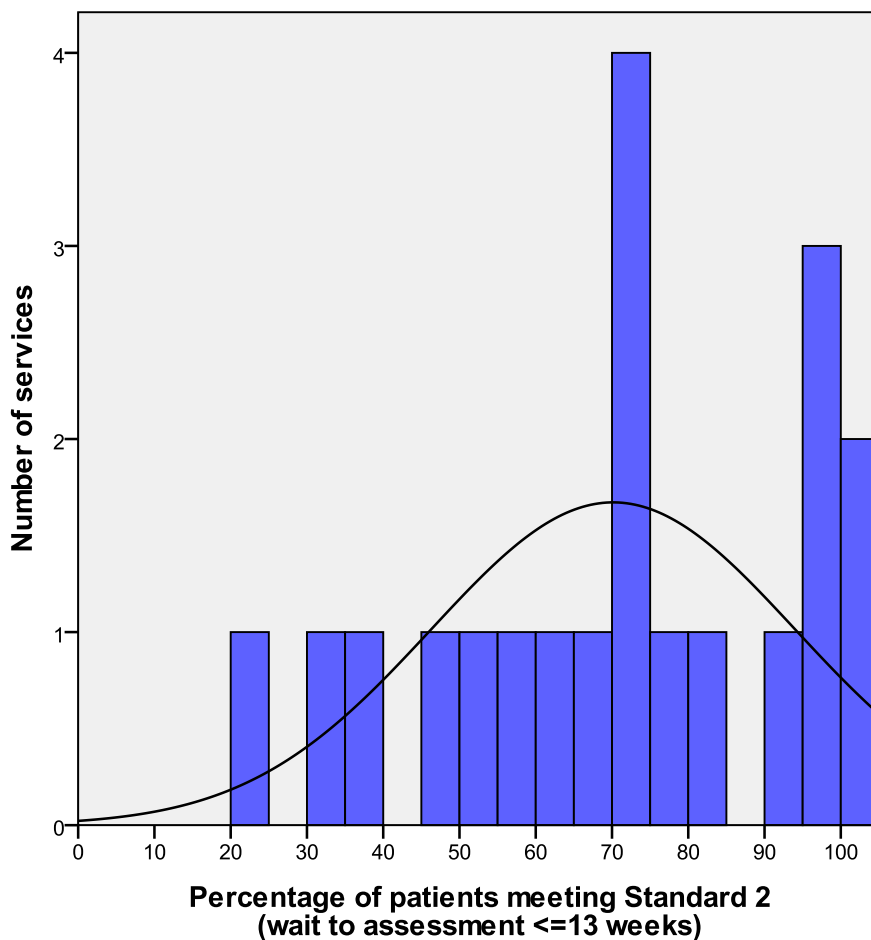
Whether or not this standard has been met for individual services will need to be locally determined; services will need to consider their results in light of their target population and local demographics.

## Standard 2: Waiting to assessment

The total number of cases used to measure this standard in Wales was 1,430 (compared to 45,512 in England). There were 20 Welsh services which submitted sufficient data to allow comparison with other services.

Overall, this standard was met for 70% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 71%.

**Figure 15: Service level: Percentage of patients by service meeting Standard 2 i.e. wait to assessment  $\leq 13$  weeks (n=20)**

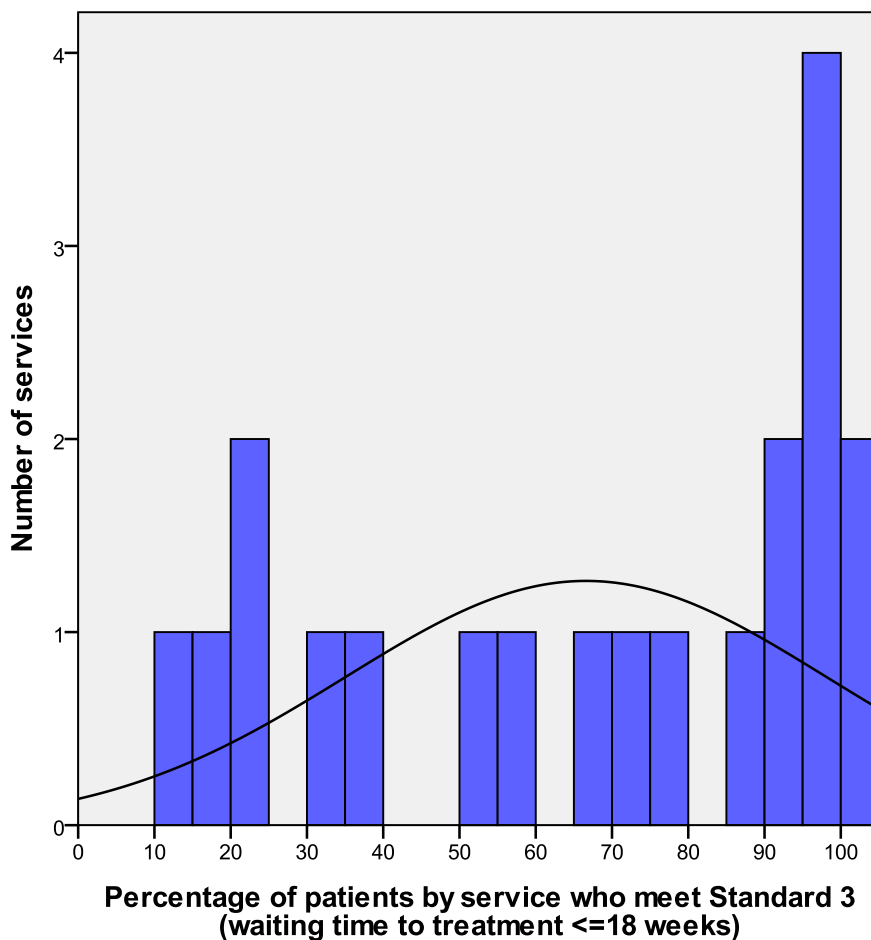


## Standard 3: Waiting to treatment

The total number of cases used to measure this standard in Wales was 1,271 (compared to 43,938 in England). There were 20 Welsh services which submitted sufficient data to allow comparison with other services.

Overall, this standard was met for 75% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 75%.

**Figure 16: Service level: Percentage of patients by service meeting Standard 3 i.e. wait to treatment  $\leq$  18 weeks (n=20)**



## Standard 4: Therapy in line with NICE guidance

**Table 14: Patient level: Percentage of patients in Wales for each primary diagnosis**

<b>Primary Diagnosis of anxiety or depressive disorder covered by a NICE guideline</b>	<b>N</b>	<b>%</b>
Depressive episode	382	28
Recurrent or chronic depression	153	11
Generalised anxiety disorder (GAD)	235	17
Obsessive compulsive disorder/ Body dysmorphic disorder	35	3
Panic disorder/agoraphobia	42	3
Post-traumatic stress disorder (PTSD)	29	2
<b>Primary diagnosis of other disorders</b>		
Social phobia	19	1
Simple phobia	7	1
Health anxiety	27	2
Schizophrenia	5	<1
Bipolar affective disorder	2	<1
Dementia	-	-
Alcohol misuse	2	<1
Drug misuse	1	v
Mixed anxiety and depression	247	18
Adjustment disorder	19	1
Eating disorder	3	<1
Personality disorder	5	<1
Somatoform disorder	-	-
Any other disorder	153	11
<b>Total</b>	<b>1366</b>	

Of all patients in Wales, there were 1366 cases (89%) with a diagnosis and 173 cases (11%) without a diagnosis.

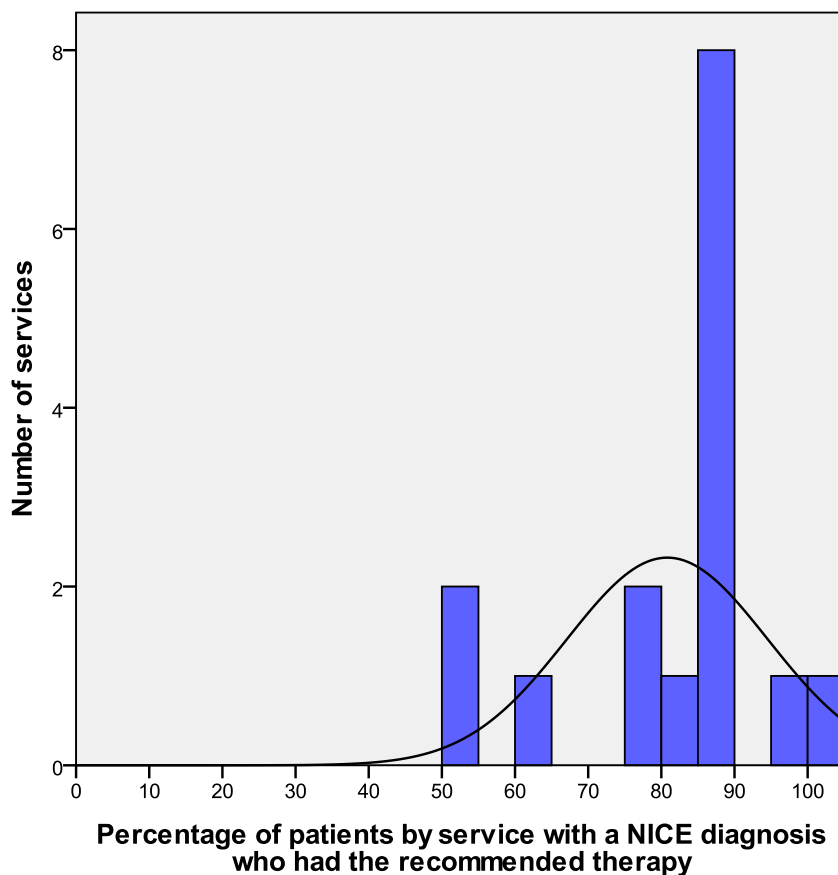
There were 876 cases in the Welsh dataset with a primary diagnosis of depression or anxiety which has a NICE guideline.

The total number of cases used to measure this standard in Wales was 690 (compared to 13,871 in England); this includes all patients that had therapy for an anxiety and/or depressive disorder for which there is a NICE guideline. The remaining 186 patients with anxiety and/or depression did not have a therapy session/therapy type noted.

There were 16 Welsh services which submitted sufficient data to allow comparison with other services.

Overall, this standard was met for 75% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 86%.

**Figure 17: Service level: Percentage of patients by service with a NICE diagnosis of anxiety or depression who had the recommended therapy (n=16)**



## NICE-recommended treatment by diagnosis

The table below shows what percentage of patients with a primary diagnosis of anxiety or depression covered by a NICE guideline, have therapy in line with NICE guidance.

**Table 15: Patient level: NICE- recommended treatment by diagnosis**

Primary Diagnosis	Total N receiving therapy	N receiving NICE therapy	% receiving NICE therapy
Depressive Episode or Recurrent or chronic depression	386	357	93
Generalised anxiety disorder	215	105	49
Obsessive compulsive disorder/ Body dysmorphic disorder	27	23	85
Panic disorder/agoraphobia	38	27	71
Post-traumatic stress disorder	24	7	29
<b>Total</b>	<b>690</b>	<b>519</b>	<b>75</b>

### Conclusions

1) It appears that GAD and PTSD have low NICE adherence partly due to data recording being non-specific, and partly because non-NICE recommended therapies are given e.g. counselling.

e.g. For GAD:

133/215 (62%) received counselling

65/215 (30%) received 'High intensity integrative' therapy – the data did not specify which therapies this included, therefore it was not possible to say whether it was in line with NICE guidance

37/215 (17%) received person-centred therapy

For PTSD:

15/24 (63%) received counselling

5/24 (21%) received 'High intensity integrative' therapy – the data did not include the specific therapies this included, therefore it was not possible to say whether it was in line with NICE guidance

2) On the other hand, Wales has a higher percentage of people than in the complete dataset receiving NICE-recommended therapy for depression (93% vs 82%).

Counselling, which is a NICE-recommended therapy for depression, is again commonly used. The breakdown of most common NICE-recommended and non-NICE recommended therapy for depression is as follows:

#### All NICE-recommended

Counselling individual – 198/386 (51%)

Cognitive Behavioural Therapy (CBT) individual – 169/386 (44%)

Guided Self Help individual – 57/386 (15%)

Mindfulness-based Cognitive therapy individual and group – 20/386 (5%)

Psychodynamic therapy individual – 18/386 (5%)

Structured exercise individual – 8/386 (2%)

Behavioural activation individual – 8/386 (2%)

IPT individual – 6/386 (2%)

Couples therapy - 3/386 (<1%)

Computerised CBT (cCBT)- 0/386 (0%)

#### Most common non-NICE recommended

Person-centred therapy – individual – 93/386 (24%)

Support in adherence of medication – individual – 62/386 (16%)

'High intensity integrative' – 60/386 (15%)

Signposting – individual – 42/386 (10%)

Problem-solving – individual – 38/386 (10%)

Pure Self Help individual – 29/386 (8%)

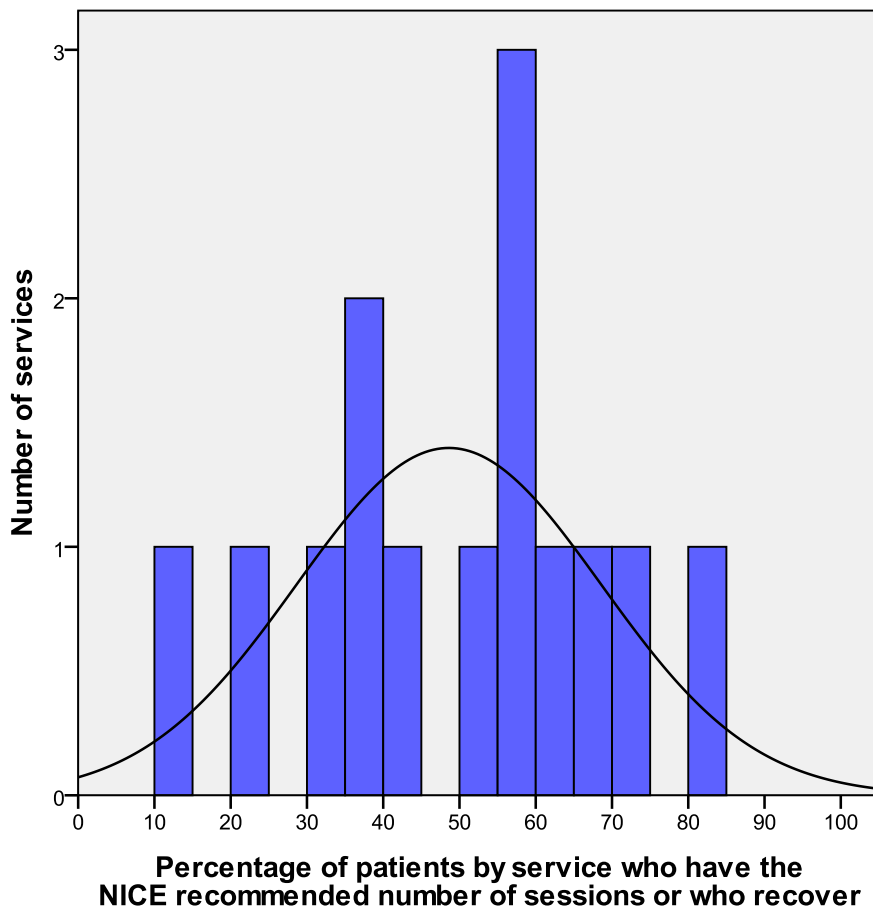
Solution-focused – individual – 26/386 (7%)

## Standard 5: Recommended number of sessions or recovery

The total number of cases used to measure this standard in Wales was 434 (compared to 7,296 in England). There were 14 Welsh services which submitted sufficient data to allow comparison with other services.

Overall, this standard was met for 50% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 53%.

**Figure 18: Service level: Percentage of patients by service who have the NICE recommended number of sessions or who recover (n=14)**

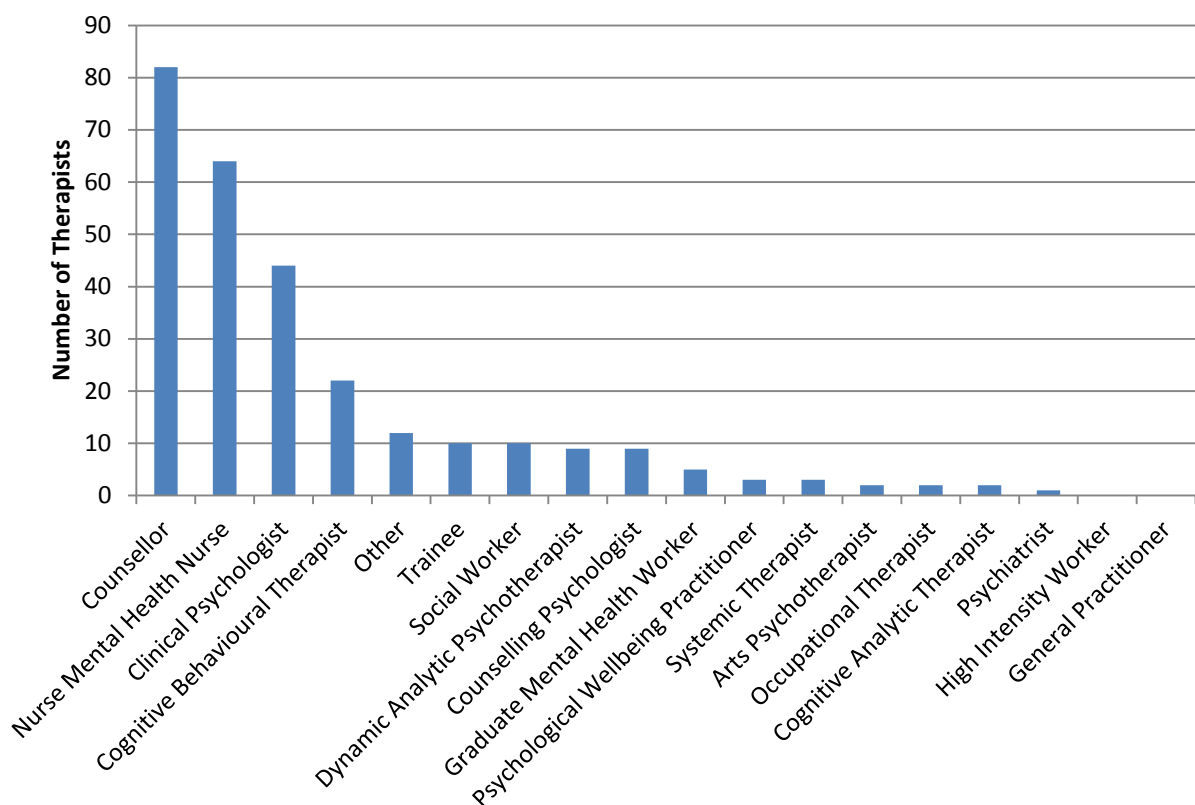


## Standard 6: Therapist training

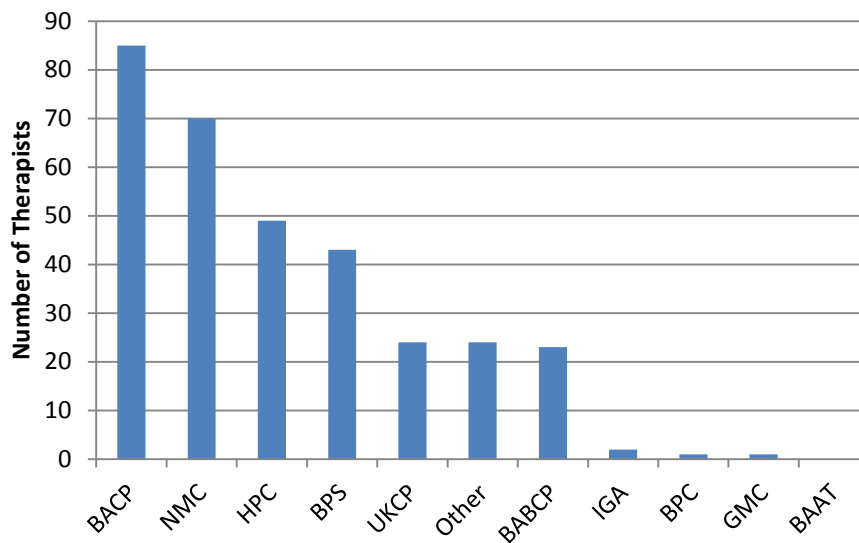
396 therapists were nominated by service audit leads and a total of 244 (62%) completed the questionnaire in Wales. Completion rates per service ranged from 0 – 100%. The spread of response rate by service can be seen in *Figure 2*.

As can be seen from *Figure 19*, the most numerous professional groups were counsellors, mental health nurses, clinical psychologists and cognitive behavioural therapists. Psychiatrists were the smallest professional group delivering psychological therapies for anxiety and depression.

**Figure 19: Professional group of therapists**



**Figure 20: Therapists' membership of professional organisations<sup>1</sup>**



243 (99%) of therapists were registered with at least one professional body. Therapists were asked to list all organisations of which they were members. *Figure 20* illustrates that the most commonly reported professional bodies were the British Association for Counselling and Psychotherapy (BACP), the Nursing and Midwifery Council (NMC), Health Professions Council (HPC) and the British Psychological Society (BPS).

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<sup>1</sup> Professional organisations listed are:

BAAT- British Association of Art Therapists

BABCP- British Association for Behavioural and Cognitive Psychotherapies

BACP- British Association for Counselling and Psychotherapy

BPC - British Psychoanalytic Council

BPS- British Psychological Society

GMC- General Medical Council

HPC - Health Professions Council

IGA - Institute of Group Analysis

NMC - Nursing and Midwifery Council

UKCP- United Kingdom Council for Psychotherapy

## Therapies delivered and level of training

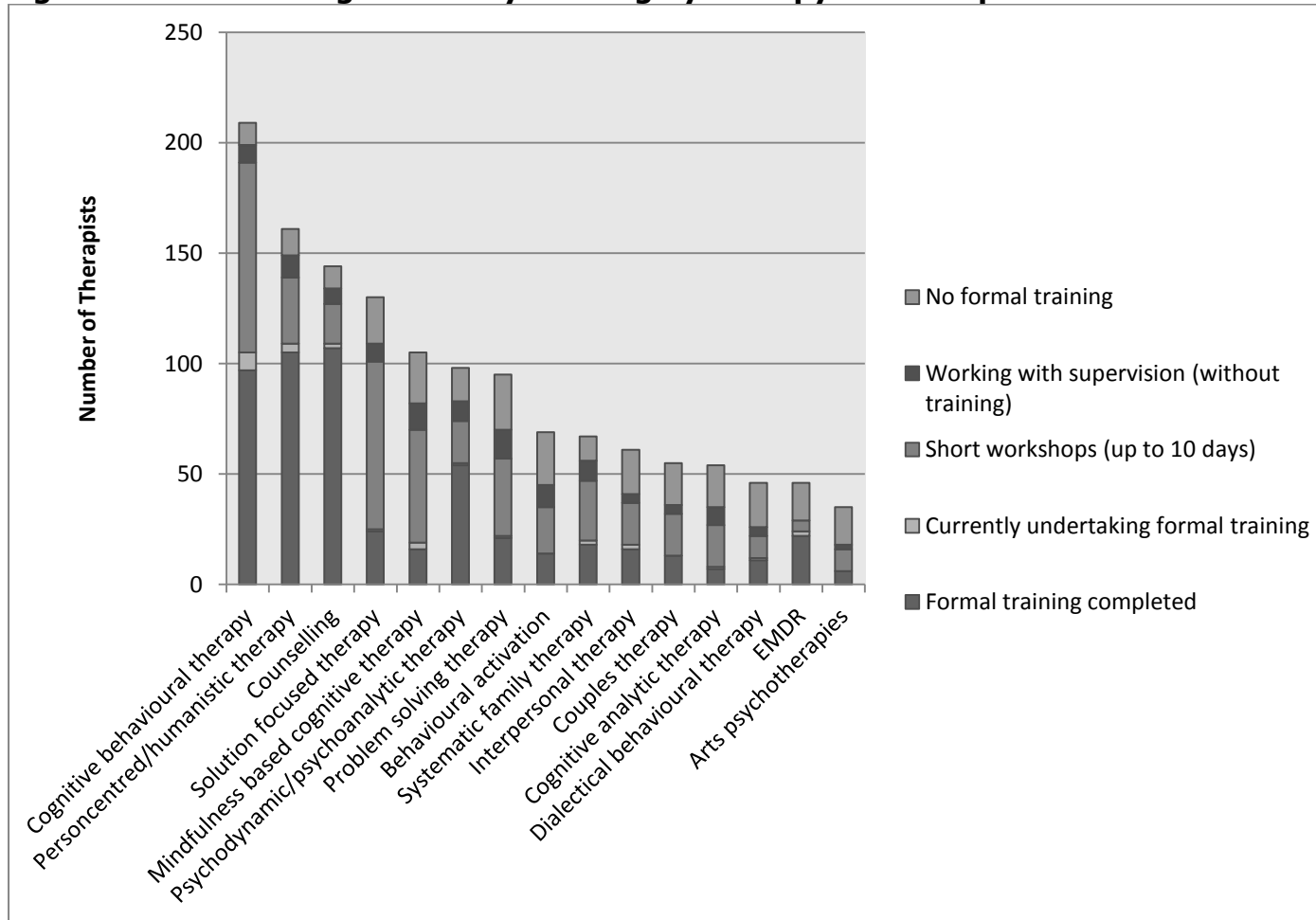
### High intensity therapies and level of training

Figure 21 and Table 16 map the type of high intensity therapy being delivered against the highest qualification that the therapist has attained for delivery of that particular therapy.

The type of high intensity therapy is presented in order of the number of therapists delivering the intervention, showing that the majority of therapists who completed the questionnaire deliver Cognitive behavioural therapies (86%) and only a small proportion of therapists provide Arts psychotherapies (14%).

Therapists were most likely to have completed formal training in counselling, person-centred therapy, psychodynamic therapy, CBT and EMDR (Table 16).

**Figure 21: Level of high intensity training by therapy for therapists**



**Table 16: Level of training by high intensity therapy for therapists**

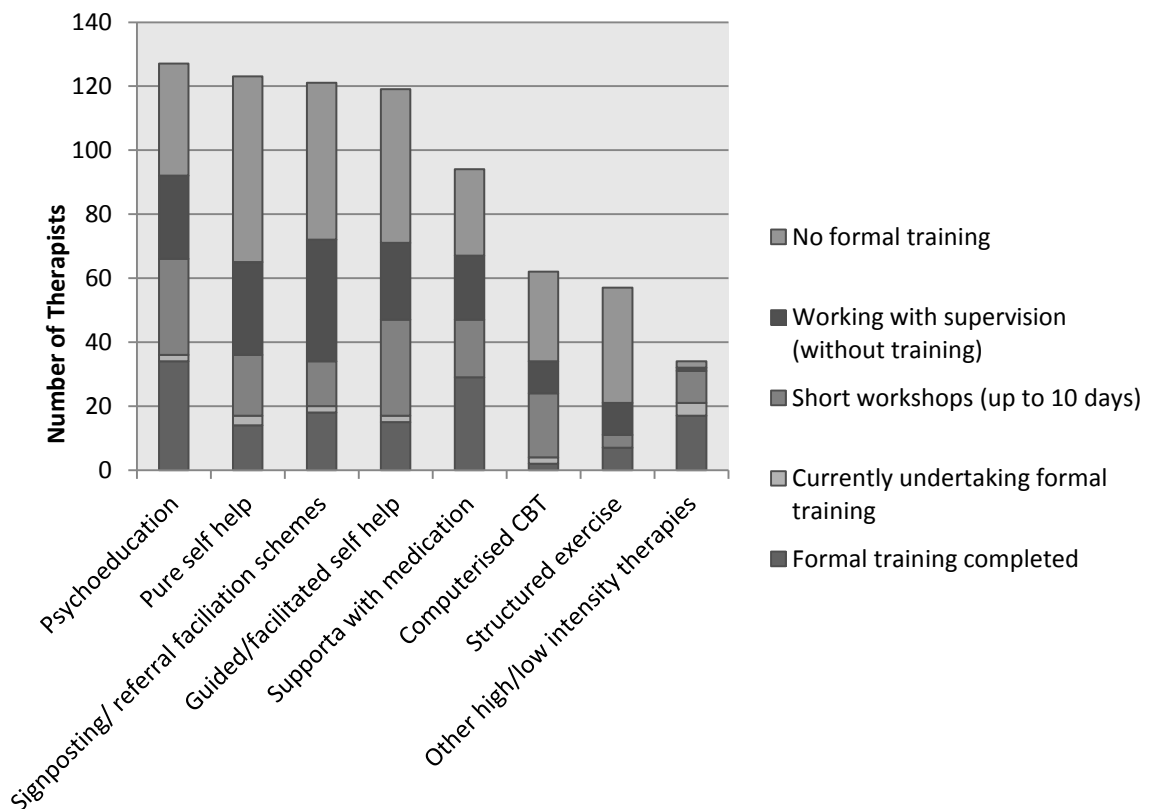
	Formal training completed		Currently undertaking formal training		Short workshops (up to 10 days)		Working with supervision (without training)		No formal training		Grand Total
	n	%	n	%	n	%	n	%	n	%	
Cognitive behavioural therapy	97	46	8	4	86	41	8	4	10	5	209
Person-centred / humanistic therapy	105	65	4	2	30	19	10	6	12	7	161
Counselling	107	74	2	1	18	13	7	5	10	7	144
Solution focused therapy	24	18	1	1	76	58	8	6	21	16	130
Mindfulness based cognitive therapy	16	15	3	3	51	49	12	11	23	22	105
Psychodynamic/p sychoanalytic therapy	54	55	1	1	19	19	9	9	15	15	98
Problem solving therapy	21	22	1	1	35	37	13	14	25	26	95
Behavioural activation	14	20	0	0	21	30	10	14	24	35	69
Systematic family therapy	18	27	2	3	27	40	9	13	11	16	67
Interpersonal therapy	16	26	2	3	19	31	4	7	20	33	61
Structured exercise	7	12	0	0	4	7	10	18	36	63	57
Couples therapy	13	24	0	0	19	35	4	7	19	35	55
Cognitive analytic therapy	7	13	1	2	19	35	8	15	19	35	54
Dialectical behavioural therapy	11	24	1	2	10	22	4	9	20	43	46
EMDR	22	48	2	4	5	11	0	0	17	37	46
Arts psychotherapies	6	17	0	0	10	29	2	6	17	49	35

## Low intensity therapies and level of training

Figure 22 and Table 17 map the type of low intensity therapy being delivered against the highest qualification that the therapist has attained for delivery of that particular therapy.

Therapists were most likely to have completed formal training for support with medication, and other high/low intensity therapies. Structured exercise, pure self help, signposting/ referral facilitation schemes, guided/facilitated self help and computerised CBT were the interventions most likely to be delivered without any formal training. When comparing the data it appears that therapists delivering low intensity therapies are more likely to be working under supervision without any training than those therapists delivering high intensity therapies, as might be expected.

**Figure 22: Level of high intensity training by therapy for therapists**



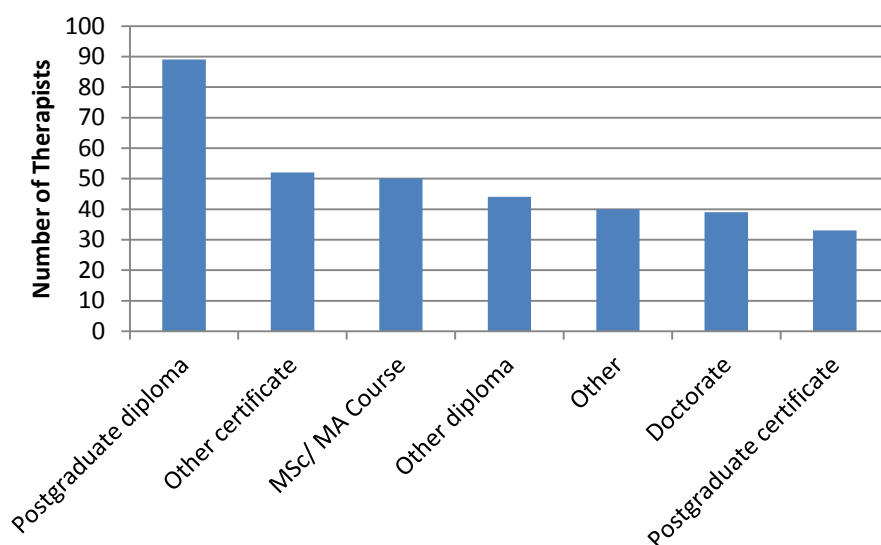
**Table 17: Level of training by high intensity therapy for therapists**

	Formal training completed		Currently undertaking formal training		Short workshops (up to 10 days)		Working with supervision (without training)		No formal training		Grand Total
	n	%	n	%	n	%	n	%	n	%	
Pure self help	14	11	3	2	19	15	29	24	58	47	123
Signposting/ referral facilitation schemes	18	15	2	2	14	12	38	31	49	40	121
Guided/facilitated self help	15	13	2	2	30	25	24	20	48	40	119
Support with medication	29	31	0	0	18	19	20	21	27	29	94
Computerised CBT	2	3	2	3	20	32	10	16	28	45	62
Structured exercise	7	12	0	0	4	7	10	18	36	63	57
Other high/low intensity therapies	17	50	4	12	10	29	1	3	2	6	34

## Therapist qualifications

Therapists were asked to specify the level of training received for each of the therapies they deliver (see above). *Figure 23* shows the breakdown of reported qualifications for therapists in Wales. The most frequently reported qualification was a postgraduate diploma.

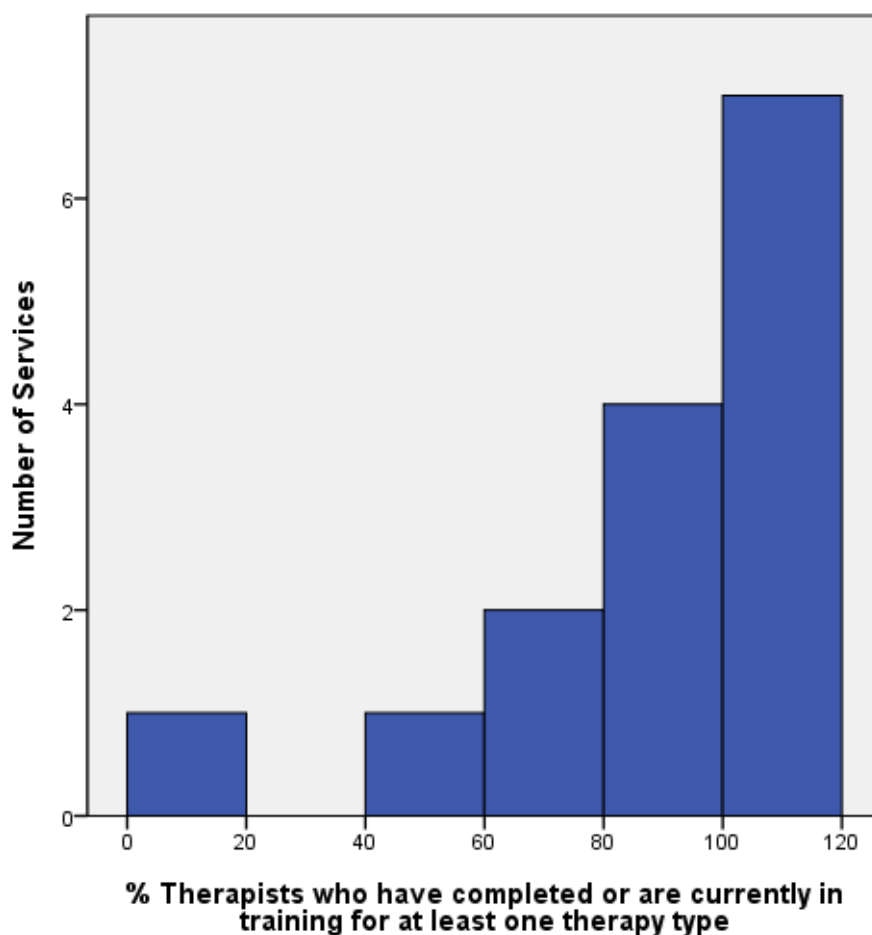
**Figure 23: Breakdown of qualifications for therapists**



When looking at the number of therapists who had received formal training in at least one therapy type, services with fewer than six therapists were excluded. This left 15 services, which are shown in *Figures 24 and 25*.

At least one therapist in all 15 services examined had received formal training in one therapy type. In 7 of these services, all therapists who completed the Therapists Questionnaire had received training in at least one type of therapy or were currently undertaking formal training.

**Figure 24: Percentage of therapists who have had or are currently receiving formal training for at least one therapy type (n=15)**

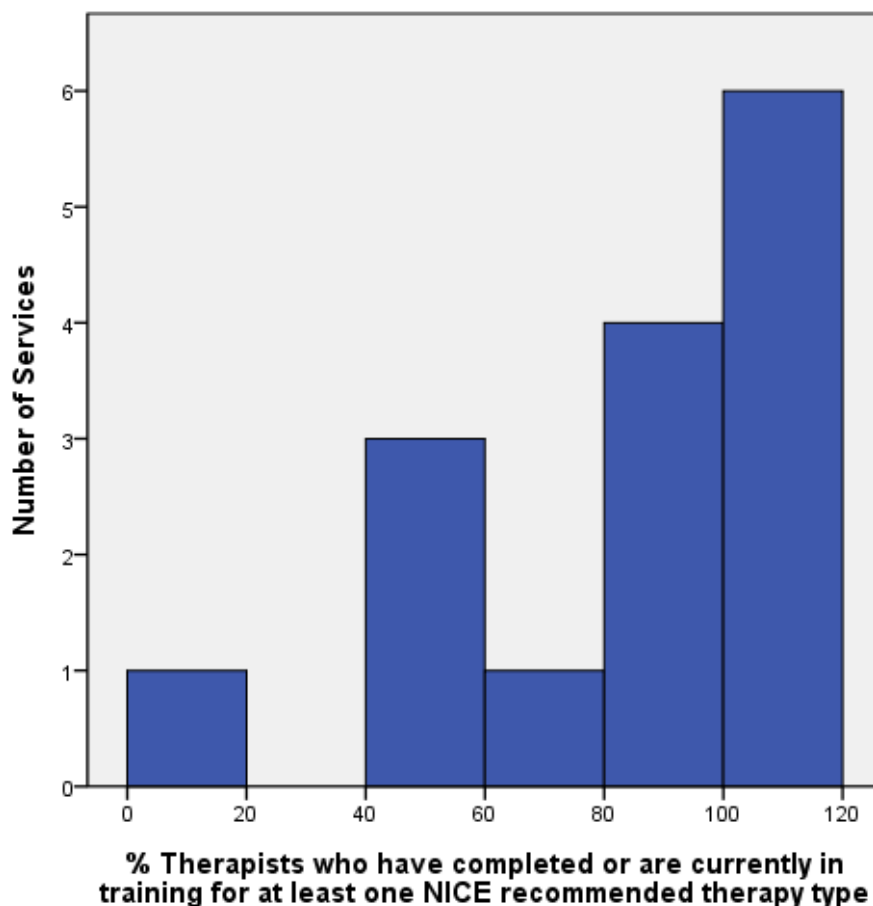


It should be noted that all therapists had completed some form of training, or were receiving training, for at least one type of therapy that they reported providing. This included: formal training, short workshops and working under supervision.

## Training in NICE recommended therapies

Figure 25 shows the percentage of therapists who have received formal training or are currently receiving formal training in a NICE recommended therapy. These therapies include: cognitive behavioural therapy, behavioural therapy, interpersonal therapy, behavioural activation, couples therapy, counselling, computerised CBT, guided self-help, structured exercise, psychodynamic psychotherapy, mindfulness-based cognitive therapy, eye movement desensitization and reprocessing, pure self-help and psycho educational groups. In 3 services, 100% of therapists had completed or were in the process of completing formal training in a NICE recommended therapy.

**Figure 25: Percentage of therapists who have had or are currently receiving formal training for at least one NICE recommended therapy type (n=15)**





## Standard 7: therapeutic alliance

A total of 478 service users in Wales completed the ARM-5 (Agnew Relationship Measure), which is a brief five item questionnaire that aims to measure the therapeutic relationship; compared to 9,697 in England. There were 21 services in Wales which submitted sufficient data to allow comparisons with other services.

Each individual case was assigned a flag to help identify whether the service user reported a very positive therapeutic alliance (green), a moderately positive therapeutic alliance (amber) that may require some attention, or a weak therapeutic alliance (red) that requires investigation and action.

As the purpose of this standard was primarily to ensure at least a positive alliance, a score below neutral (i.e.,  $\leq 19$ ) was deemed a red flag, equivalent to a score at the 10th percentile. In addition, we identified scores above the 10th but below the 20th percentile as an amber flag in order to provide an early indicator regarding a less than positive alliance. Accordingly, the resulting cut-off scores were as follows:

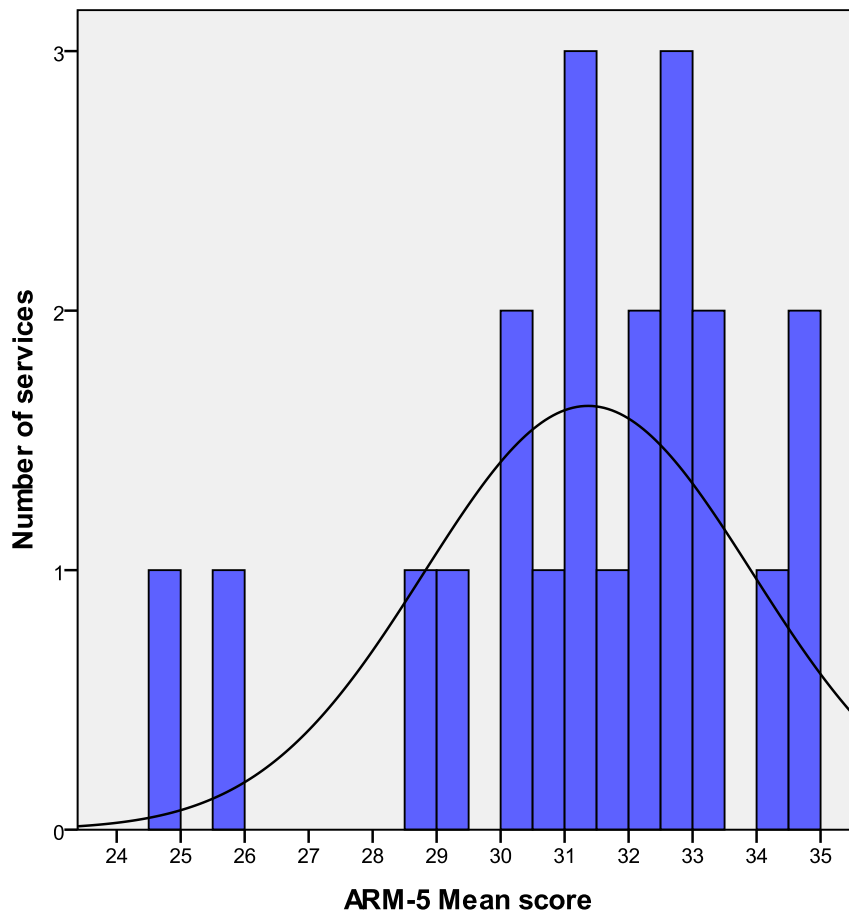
- Red:  $\leq 19$
- Amber: 20-27
- Green:  $\geq 28$

This standard was met for 87% of patients in Wales. At a service level, the median percentage of patients receiving a green flag was 86%.

**Table 18: Service level: Mean, standard deviation and range for ARM-5 score for Welsh services (N= 21)**

Mean	Std. deviation	Median	Range of mean scores
31.4	2.6	31.6	25 - 35

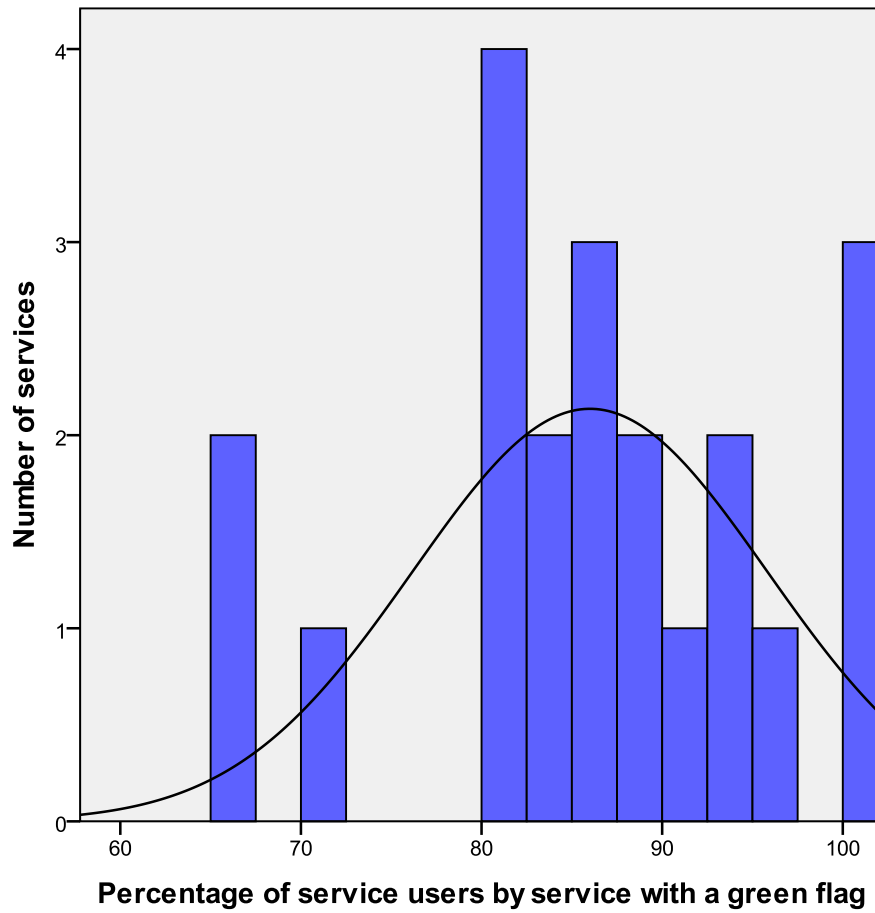
**Figure 26: Distribution of mean scores for Welsh services (n=21)**



**Table 19: Service level: Mean, standard deviation and range of percentage of patients with a green flag for Welsh services (N= 21)**

Mean	Std. deviation	Median	Range of percentages
86.0	9.8	86.4	66.7 - 100

**Figure 27: Service level: Percentage of patients by service with a green flag (ARM-5 score  $\geq 28$ ) (n=21)**



## Standard 8: service user satisfaction

A total of 512 service users in Wales returned the service user questionnaire (compared to 10,457 service users in England). There were 23 Welsh services which submitted sufficient data to allow comparisons with other services. The questionnaire measured access therapy services and outcomes of therapy. The questions asked can be seen in *tables 20* and *21*

As indicated in *Table 20*, 85% of responses to the Access section were positive.

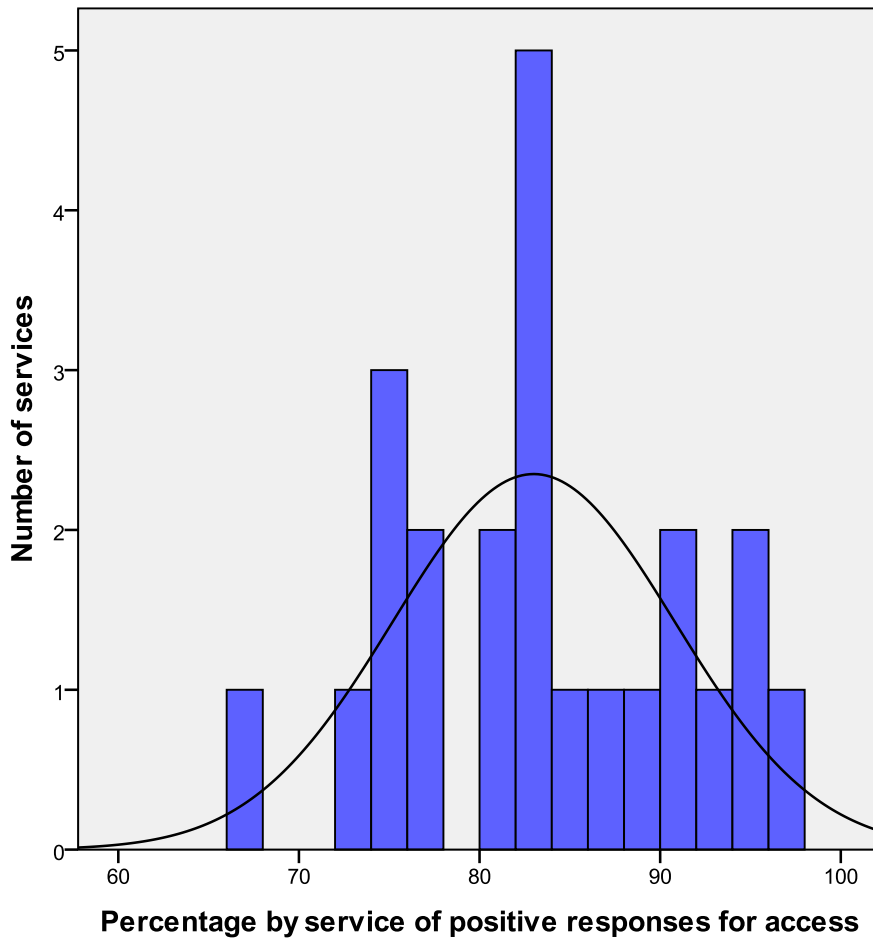
At a service level, the median percentage of positive responses to the Access section was 83%.

The aspects of access that had the highest levels of satisfaction were the time and location of the appointment. The lowest levels of satisfaction were in relation to the waiting time for treatment to start; whether the service user was referred at the right time; and the information given to the service user before commencing therapy.

**Table 20: Patient level: Responses to the Access section of the service user questionnaire for all patients in Wales**

Questions in the Access section	"Yes" N (%)	"No" N (%)	No response N
<b>1. I was referred for talking treatment at the right time for me</b>	408 (81)	93 (19)	11
<b>2. The waiting time for my talking treatment to start was reasonable</b>	340 (68)	157 (32)	15
<b>3. My appointment was scheduled on a day/time that was convenient to me</b>	484 (97)	16 (3)	12
<b>4. I was able to get to my appointment location without too much difficulty</b>	482 (96)	19 (4)	11
<b>5. I received enough information about my talking treatment before it began</b>	400 (81)	92 (19)	20
<b>Total</b>	<b>2114 (85)</b>	<b>377 (15)</b>	<b>69</b>

**Figure 28: Service level: Percentage by service of positive responses for Access (n=23)**



As indicated in *Table 21*, 93% of responses to the Outcomes section were positive.

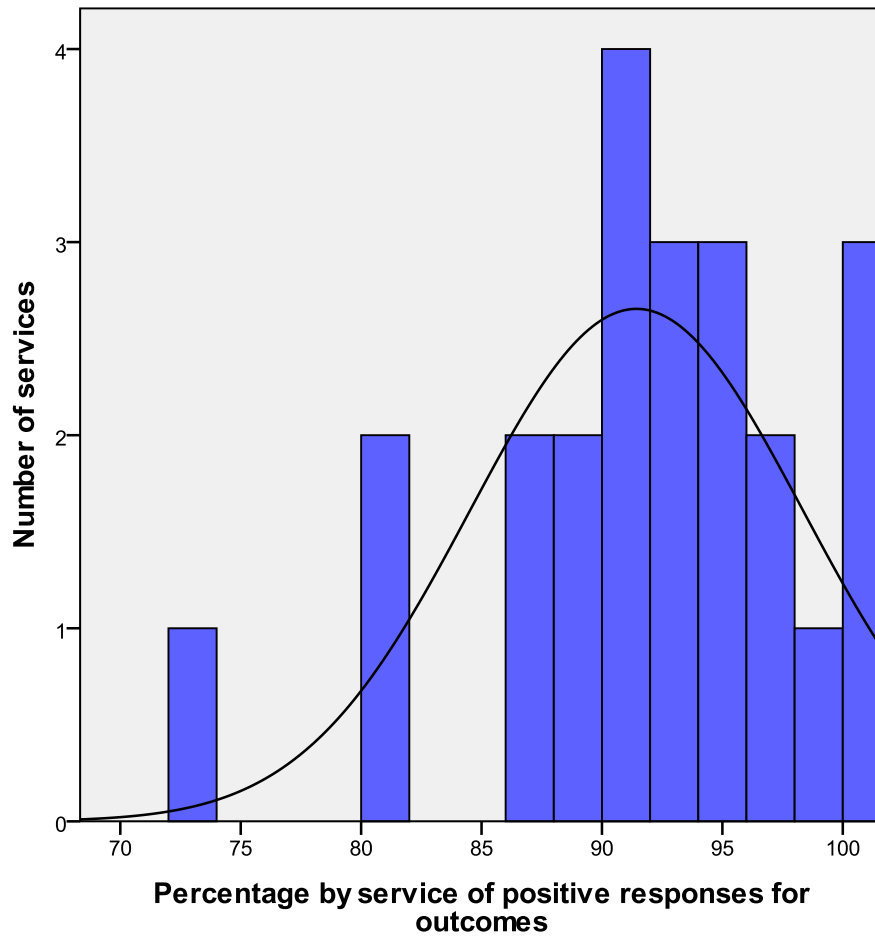
At a service level, the median percentage of positive responses to the Outcomes section was 93%.

The highest level of satisfaction was in relation to whether the service user would take up the treatment again if needed; and having a better understanding of difficulties experienced. The aspect that service users were least satisfied with was the number of sessions that they were receiving.

**Table 21: Patient level: Responses to the Outcomes section of the service user questionnaire for all patients in Wales**

<b>Questions in Outcomes section</b>	<b>"Yes" N (%)</b>	<b>"No" N (%)</b>	<b>No response N</b>
<b>1. This talking treatment helps me to understand my difficulties</b>	482 (96)	18 (4)	12
<b>2. I am getting the right kind of help</b>	455 (93)	34 (7)	23
<b>3. I am receiving the right number of sessions of talking treatment</b>	401 (86)	68 (14)	43
<b>4. If I have a similar difficulties in the future, I would take up this talking treatment again</b>	471 (96)	22 (4)	19
<b>5. This talking treatment helps me cope with my difficulties</b>	460 (95)	23 (5)	29
<b>Total</b>	<b>2269 (93)</b>	<b>165 (7)</b>	<b>126</b>

**Figure 29: Service level: Percentage by service of positive responses for Outcomes (n=23)**



## Standard 9a: Outcomes – data completeness

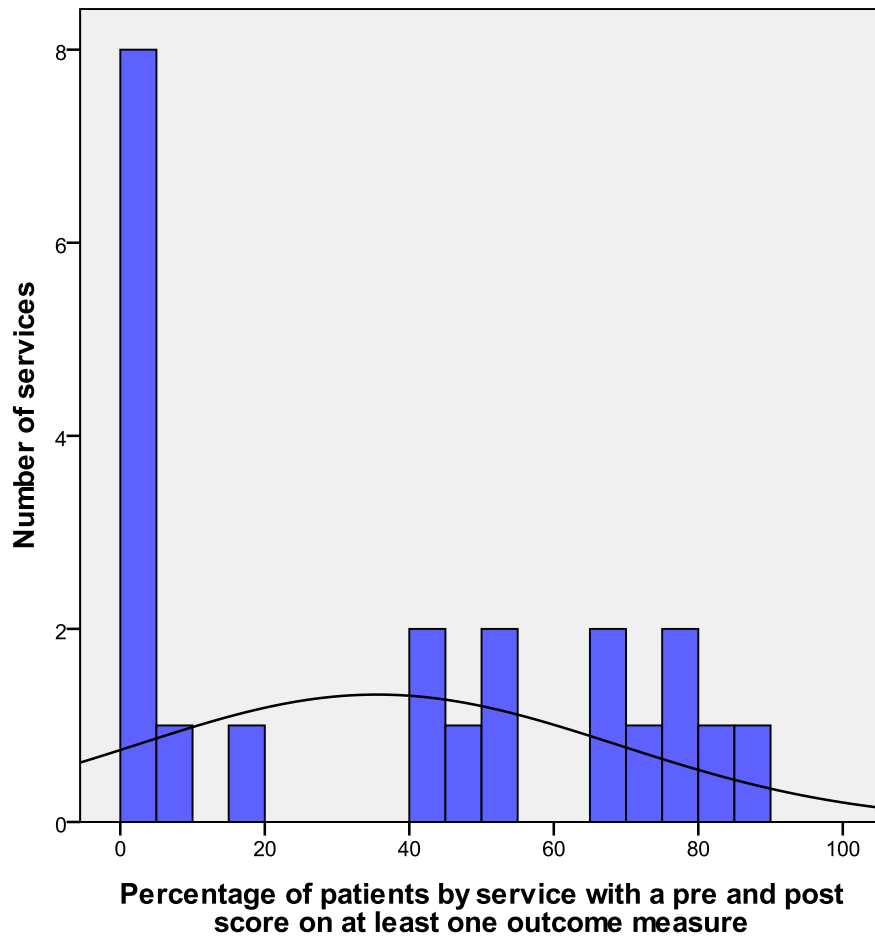
The total number of cases used to measure this standard in Wales was 1,368 (compared to 40,640 in England). There were 22 Welsh services which submitted sufficient data to allow comparison with other services.

Overall, this standard was met for 45% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 43%.

**Table 22: Service level: Percentage of patients by service with a pre and post score on at least one outcome measure (n=22)**

Mean	Std. deviation	Median	Range of percentages
35.5	33.3	42.9	0 - 86

**Figure 30: Service level: Percentage by service of patients with at least on pre and post outcome measure (n=22)**



## Standard 9b: Outcomes – recovery and improvement

The total number of cases used to measure this standard in Wales was 466 (compared to 28,437 in England). There were 9 Welsh services which submitted sufficient data to allow comparison with other services.

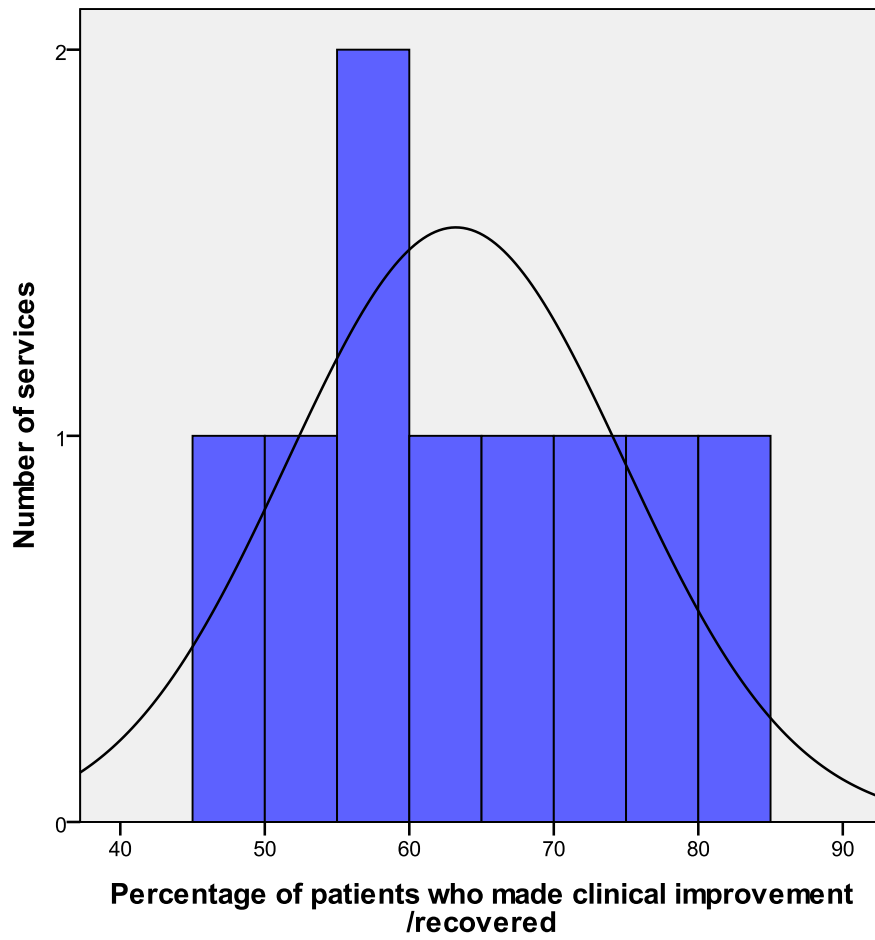
Overall, 62% of patients in Wales recovered; 16% made reliable improvement but did not recover, and 22% neither recovered nor made reliable improvement. The median recovery rate for participating services in Wales was 64%.

The higher recovery rates than overall dataset may be partly due to lower data completeness and method of data submission being mainly by Excel spreadsheet or online; it is possible that outcome measures were not recorded for those patients who did not do well.

**Table 23: Service level: Percentage of patients by service who made clinical improvement / recovered (n=9)**

Mean	Std. deviation	Median	Range
63.2	11.7	64.0	45 - 81

**Figure 31: Service level: Percentage of patients by service who made clinical improvement / recovered (n=9)**



## Standard 10: Attrition rate

The total number of cases used to measure this standard in Wales was 1,527 (compared to 47,498 in England). There were 21 Welsh services which submitted sufficient data to allow comparison with other services.

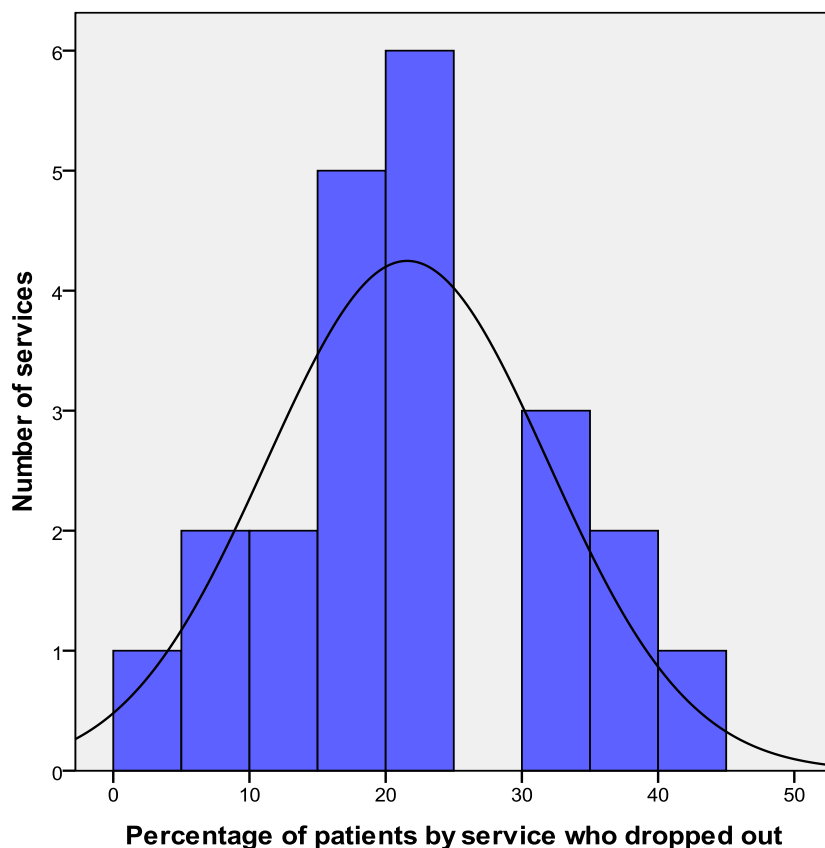
21% of patients in Wales dropped out or had an unscheduled discontinuation. The median attrition rate for participating services in Wales was 21%.

**Table 24: Service level: Percentage of patients by service who 'dropped out/ had an unscheduled discontinuation (n=9)**

Mean	Std. deviation	Median	Range
21.6	10.3	20.6	0 - 40

Figure 32 below includes all services who submitted 6 or more cases for this standard.

Figure 32: Service level: Percentage of patients by service who 'dropped out/ had an unscheduled discontinuation (n=9)



# Final Summary

## Key Findings

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The table below summarises the performance of Welsh services on each of the audit standards:

**Table 25: Summary of this service’s performance against the audit standards compared with other participating services**

Standard	Key findings
1a: Access to services – data completeness	This standard was met for 98% of patients in Wales for age; 97% for gender and 95% for ethnicity.
1b: Access to services – representativeness	Whether or not this standard has been met will need to be locally determined; the data presented in this report should be considered in light of each service’s target population and local demographics.
2: Waiting to assessment	This standard was met for 70% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 71%.
3: Waiting to treatment	This standard was met for 75% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 75%.
4: NICE-recommended therapy	This standard was met for 75% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 86%.
5: Recovery or NICE recommended number of sessions	This standard was met for 50% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 53%.
6: Therapists’ qualifications	84% of therapists had received formal training in one therapy type.

7: Therapeutic alliance	This standard was met for 87% of patients in Wales. At a service level, the median percentage of patients reporting a positive therapeutic alliance was 86%.
8: Patient satisfaction with treatment	Access: 85% of responses to the Access section were positive. At a service level, the median percentage of positive responses to the Access section was 83%.  Outcomes: 93% of responses to the Outcomes section were positive. At a service level, the median percentage of positive responses to the Outcomes section was 93%.
9a: Outcomes – data completeness	This standard was met for 45% of patients in Wales. At a Welsh service level, the median percentage of patients meeting the standard was 43%.
9b: Outcomes – comparability with other services	62% of patients in Wales recovered; 16% made reliable improvement but did not recover, and 22% neither recovered nor made reliable improvement. The median recovery rate for participating services in Wales was 64%.
10: Attrition rate	21% of patients in Wales dropped out or had an unscheduled discontinuation. The median attrition rate for participating services in Wales was 21%.

## **Taking action to improve services**

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The NAPT project team will be providing further resources to participating services, including action planning workshops and an online resource.

## The future of NAPT

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In June 2011, the National Audit of Psychological Therapies secured funding from the Healthcare Quality Improvement Partnership (HQIP) for a further two years. From October 2011-2013, the following activities will take place:

- The NAPT team will continue to disseminate findings and recommendations from the baseline audit. This will include the promotion of local and national action planning.
- The team will undertake a re-audit in late 2012 to measure change in the 18 months since the baseline audit.

Regular updates will be available in our newsletter and on [www.rcpsych.ac.uk/napt](http://www.rcpsych.ac.uk/napt)