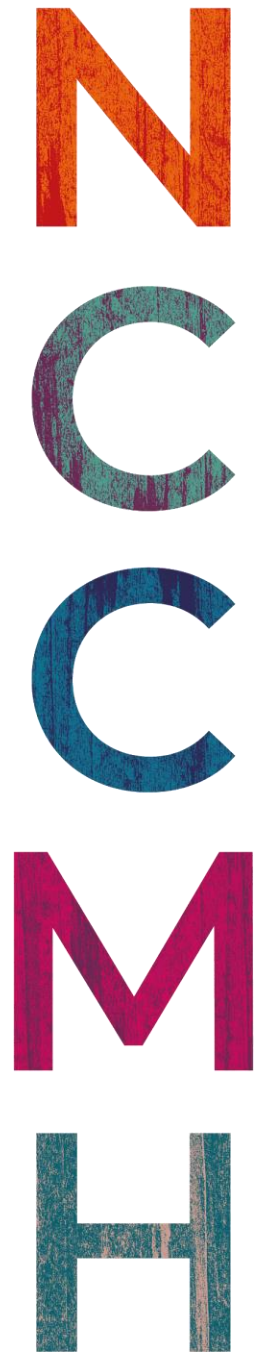


# Ethnic Inequalities in the IAPT Programme: A Policy Review

Launch Event

1 November 2023



# ‘IAPT’→‘NHS TTad’

- NHS Talking Therapies for Anxiety and Depression (NHSTTad) services were formerly named ‘Improving Access to Psychological Therapies’ and was referred to as ‘IAPT’ for the purpose of this work



# Summary of *Ethnic Inequalities in Improving Access to Psychological Therapies Programme: A Policy Review Findings*



# Key findings (1)

- In comparison with White British people, with the exception of Chinese people, people from minoritised ethnic groups (including non-British White people):
  - experienced worse outcomes, although this has narrowed in recent years
  - waited longer for assessment
  - were less likely to receive a course of treatment following assessment

NOTE: The most recent aggregated IAPT data from NHS Digital, for which we could not access individual patient data, appears to show further improvements for a number of minoritised ethnic groups. This highlights some positive action taken by IAPT services in narrowing the gap for minoritised ethnic groups, and it is hoped these positive findings will continue in the coming year(s)

# Key findings (2)

- There were differences between minoritised ethnic groups. Of note:
  - ‘Bangladeshi’, ‘Pakistani’ and ‘Other Asian’ (not including ‘Indian’ and ‘Chinese’) ethnic groups, as well as people from ‘Mixed White’ and ‘Black Caribbean’ ethnic groups, and ‘Other Ethnic Group’, have worse outcomes than other minoritised ethnic groups.

# Key findings (3)

- Inequalities in outcome for people from minoritised ethnic groups are associated with:
  - increased symptom severity at initial assessment
  - living in areas with higher levels of deprivation, and higher unemployment
  - waiting longer for assessment, waiting longer between treatment.



# Key findings (4)

- The IAPT Black, Asian and Minority Ethnic Service User Positive Practice Guide (PPG), published in 2019 was well received by services, but:
  - does not appear to be used consistently across services
  - commissioners did not report good knowledge of the PPG's recommendations when compared with IAPT staff and leads.
- It appears that positive action taken by IAPT services in line with the PPG works to narrow the gap for some minoritised ethnic groups (such as people from Black African communities for whom good outcomes can be realised if the right approach is taken to support better access and engagement)

# Presentation of the Policy Review Findings

**Laura-Louise Arundell**, Lead Researcher and Developer, NCCMH

**Abiola Johnson**, Patient and carer representatives, NCCMH

**Satwinder Kaur**, Patient and carer representatives, NCCMH

**Prof. Steve Pilling**, Academic Director, NCCMH



# Summary

- This review tells a story of some progress and improved outcomes for minoritised ethnic groups, but with continued inequalities including between different minoritised ethnic groups.
- The review also found intersectional differences (for example, when other demographic characteristics, such as gender, socioeconomic status and age were taken into account)
- The Positive Practice Guide is better understood by services than it is by commissioners, but more should be done to implement its recommendations

# What we did

- Analysis of the IAPT national data set (2015/16-2021/22) and patient level data (2015/16-2018/19)
- Focus groups with a) people from minoritised ethnic communities who use IAPT Services, and b) therapists providing treatment in IAPT services
- Surveys of IAPT clinical leads and service commissioners
- Rapid literature review

# Reflections Cultural Competence

Abiola Johnson  
Lived Experience  
Advisor



*'There's not much element or focus on cultural competency, and the complex needs of communities. Because like for example, if I say I'm South Asian, it's not simple as that. Then you'll have micro communities, microaggressions, and things like that... you won't understand and all the forms and the assessments and the therapies are technically White Eurocentric. So you're like, how does that apply to me?'*

**– IAPT service user**

*'Just having that representation within the counselling service that IAPT offers, it's always wonderful to see somebody like yourself represented in the person that you're speaking to, just because you don't need to explain all the nuances. It's not that the therapist might not understand. It's just you feel as though you have to explain lots of different things and it becomes a teaching session rather than a counselling session.'*

**– IAPT service user**



## Reflections

## Cultural Identity

Satwinder Kaur  
Lived  
Experience  
Advisor

## Language and Cultural Disconnect

*'...you won't understand and all the forms and the assessments and the therapies are technically White Eurocentric, So you're like, how does that apply to me*

**IAPT service user**



THE LIMITS  
OF MY LANGUAGE ARE  
THE LIMITS  
OF MY WORLD

...

*Ludwig Wittgenstein*

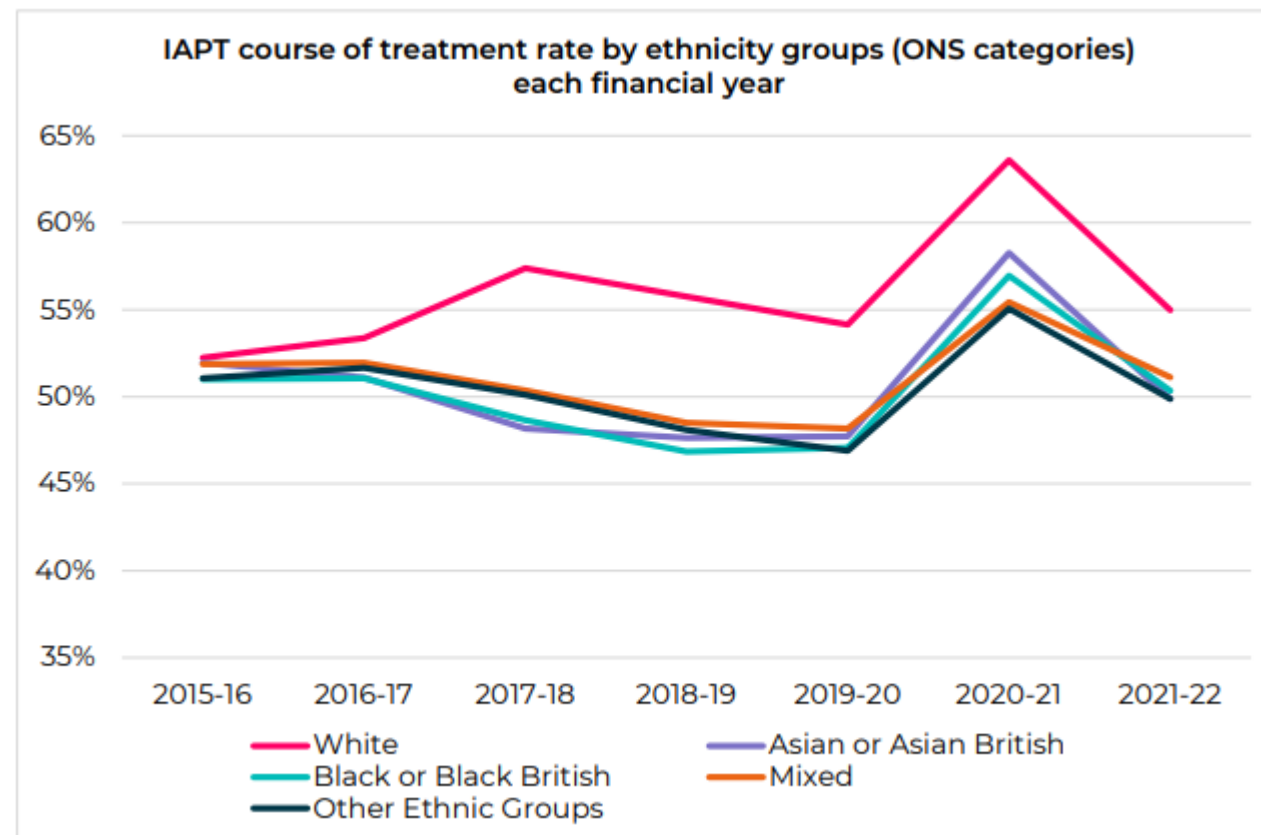
*'I think there's a big [...] disconnect between us, both kind of the language and our own awareness of what we offer as services, and what is known in the communities as well. And I think overcoming some of those cultural barriers [...]-* **Therapist**

## Lost in Translation

*'This is what clinicians need to be aware of. You think you got a professional interpreter, but mental health is not talked about in the minorities, minority communities with them words don't actually exist' -* **IAPT service user**

# Findings: Analysis of the national IAPT dataset data (2015/16 – 2021/22)

- Publicly available IAPT national data showing all referrals between 2015/16 and 2021/22.
- Proportion receiving treatment (2 or more treatment sessions) by high-level ethnicity categories shows gap between 'White' and all other categories

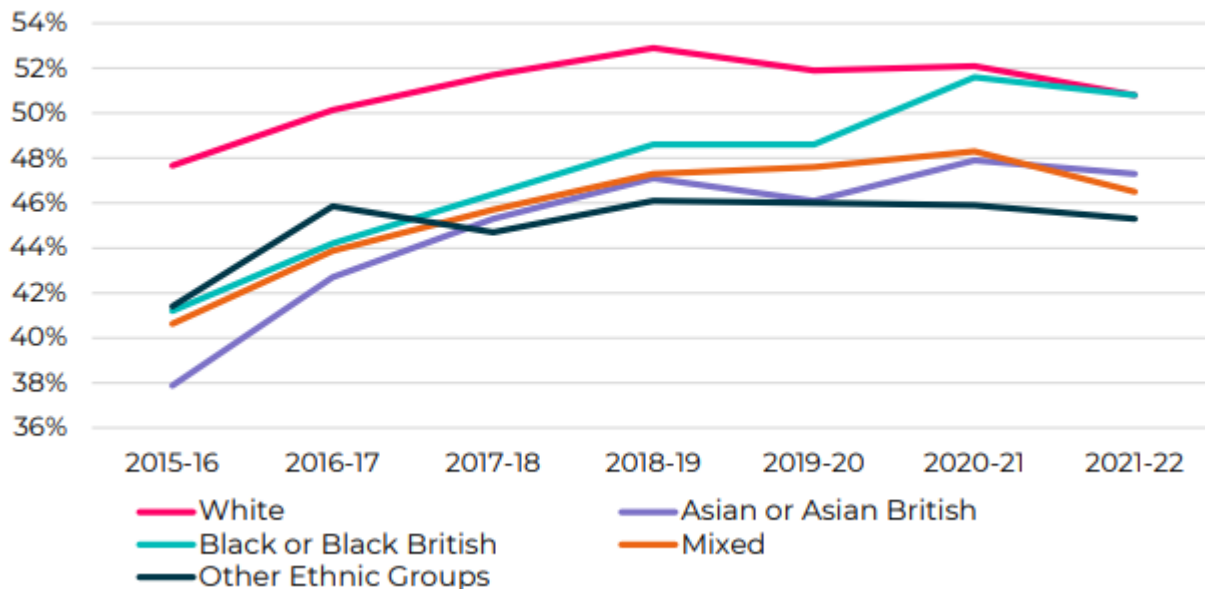




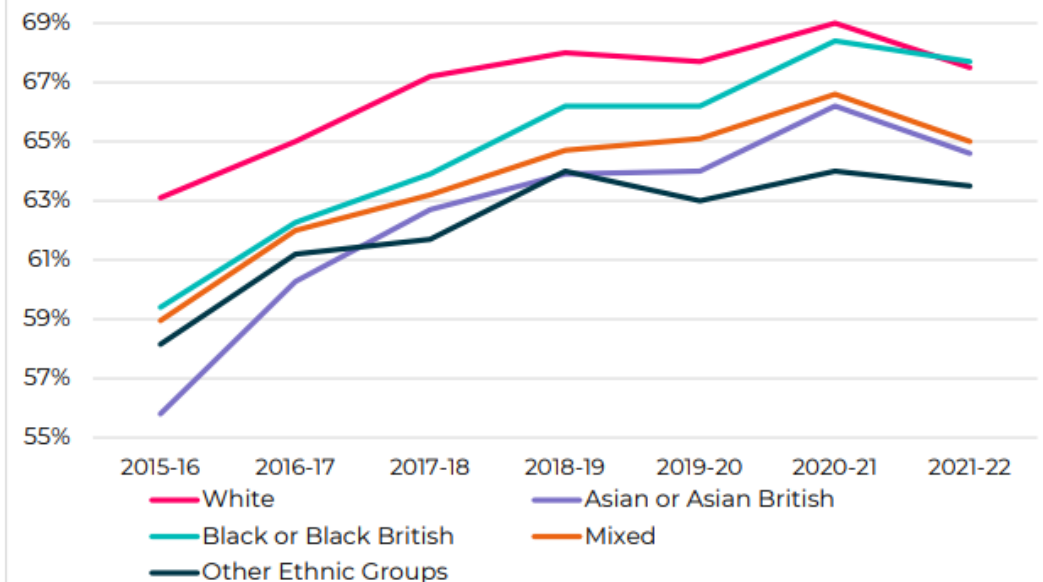
# Findings: Analysis of the national IAPT dataset data (2015/16 – 2021/22)

- Publicly available IAPT national data showing recovery and reliable improvement rates between 2015/16 and 2021/22.
- All high-level ethnicity categories have improved, and the gap between 'White' and 'Black or Black British' people has disappeared
- All other groups show lower levels of improvement

IAPT recovery rate by ethnic group (ONS categories)



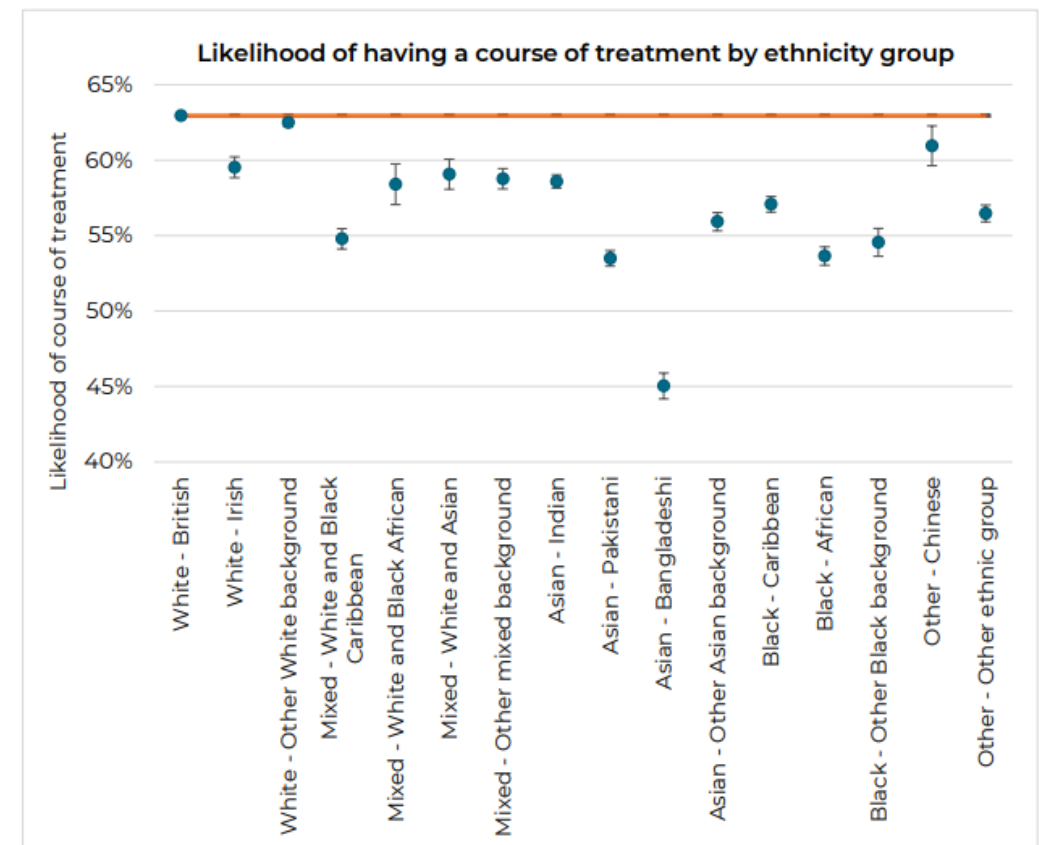
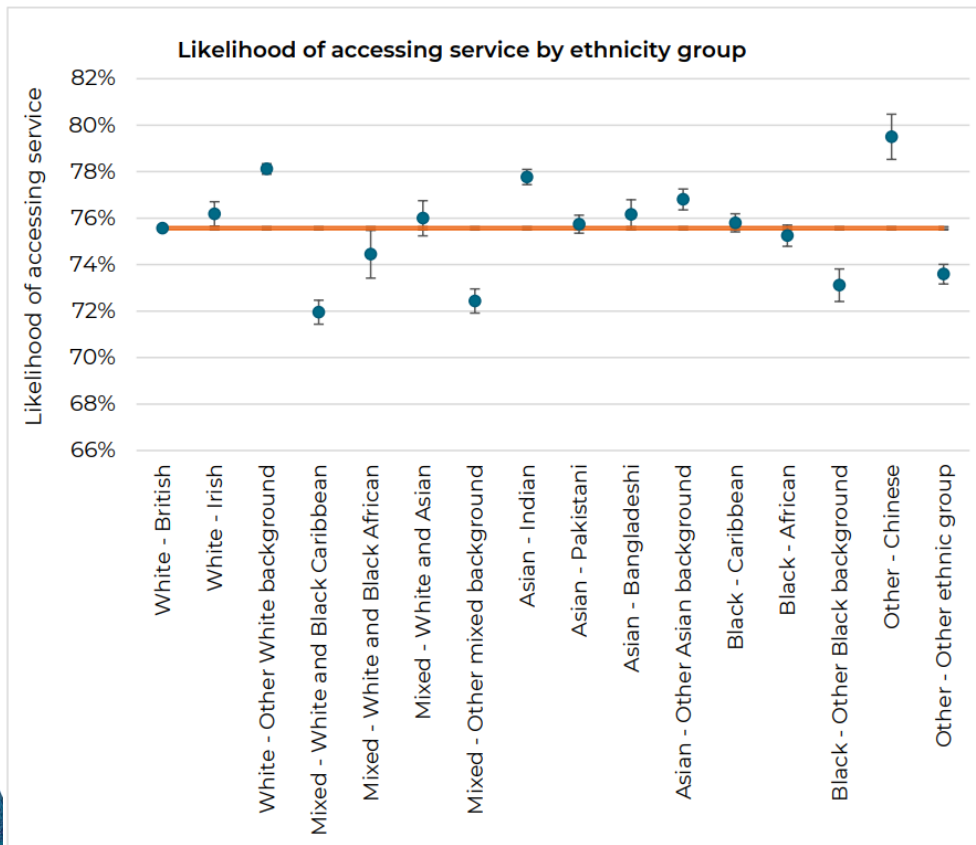
IAPT reliable improvement rate by ethnic group (ONS categories)





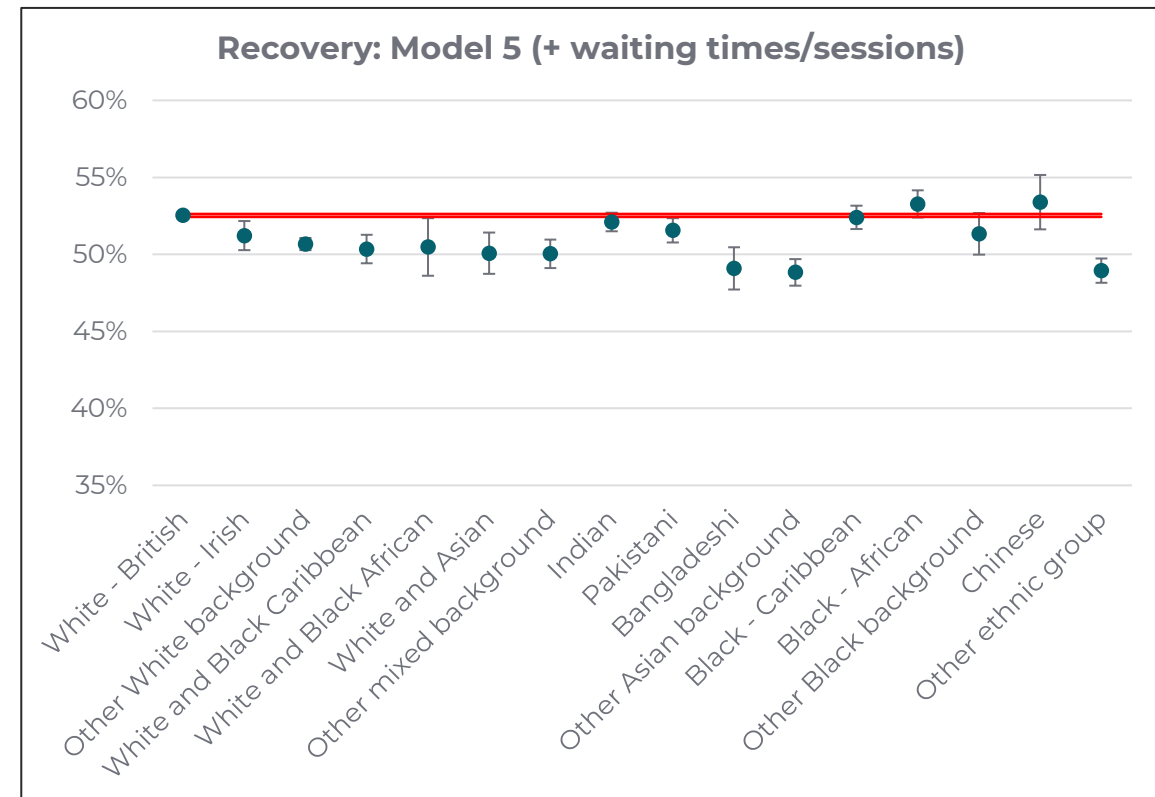
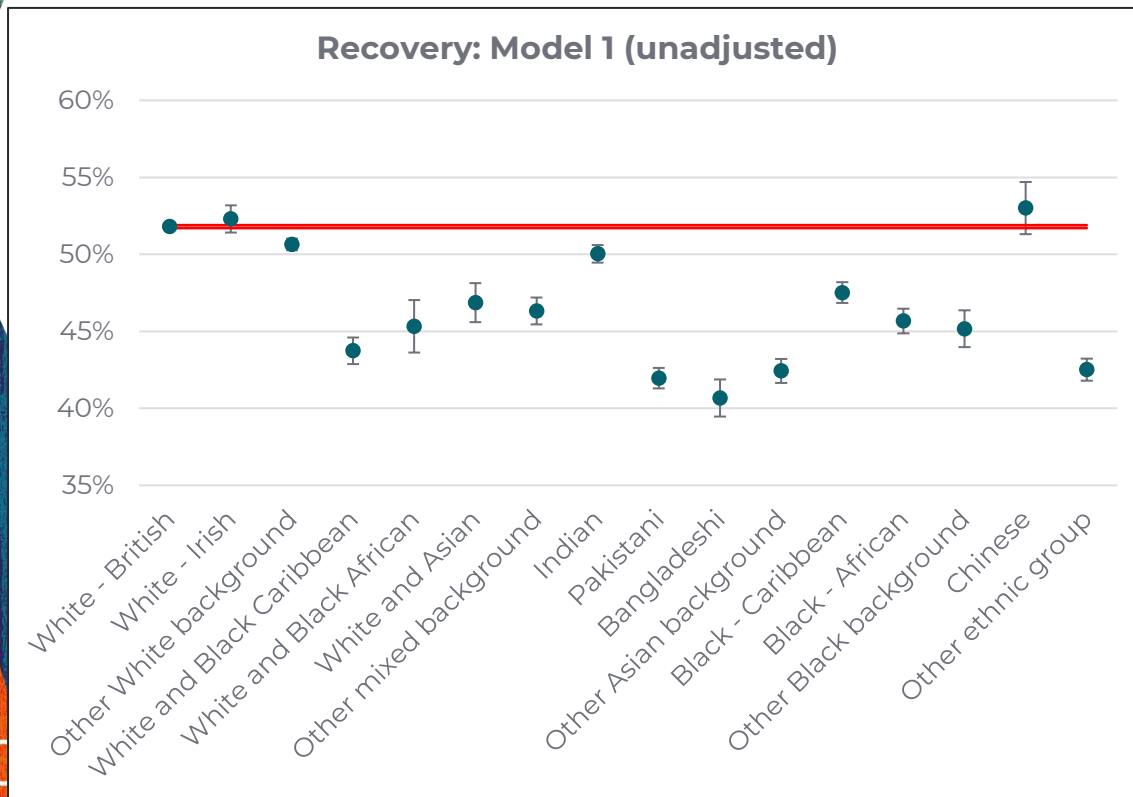
# Findings: Analysis of the individual IAPT patient data (2015/16 – 2018/19)

- National data available from all referrals between 2015/16 and 2018/19.
- First compared rates of access (formal assessment after referral) and receiving treatment (having 2+ treatment sessions) between ethnic groups.



# Findings: Analysis of the individual IAPT patient data (2015/16 – 2018/19)

- Observed rate of recovery (scoring below symptom threshold) higher for White British group, Irish and Chinese ethnic groups.
- When statistically adjusting for sociodemographic, initial severity, waiting times and number of sessions received, some differences attenuated, highlighting targets for service improvement which might reduce observed differences.



# Findings: Focus Groups

We asked participants about **ACCESS, TREATMENT DELIVERY & THE SERVICE**

Participants considered these things to be important	Service users	Therapists
Provision of clear, accessible and timely information about the IAPT service, including explanation of exactly what the service can offer inc. setting expectations	✓	✓
Service promotion, information provision and outreach work with communities	✓	✓
Making information about IAPT as accessible as possible (e.g., language translation needs)	✓	✓
Helping people to understand waiting times and prevent drop-out due to long waits	✓	✓
IAPT therapists showing cultural awareness and sensitivity; accommodation of culture and religion where appropriate	✓	✓
Accommodation of preferences for therapists with certain characteristics e.g., ethnicity, gender	✓	✗
Flexibility over session timing, location and delivery method (e.g. face to face or video call) to suit individual needs	✓	✓
Better provision of therapy in different languages e.g. by recruiting more diverse therapists to the service/ Diversity of the workforce reflecting the population served and especially the need for diversity in leadership positions (e.g., equal promotion opportunities)	✓	✓



# Findings: surveys with clinical leads and commissioners of IAPT services

- In general, clinical leads reported having good knowledge, whereas commissioners report lacking knowledge about the PPG.
- **55% of the 41 clinical leads surveyed** rated their knowledge of the Positive Practice Guide as 'good' or 'excellent'. In comparison
- **None of the 11 commissioners** surveyed rated their knowledge of the PPG as 'good' or 'excellent'
- Implementation levels differ between services, and support may be required to facilitate the integration of aspects of it into services.

# Recommendations

All recommendations should be implemented in collaboration with people who use NHS Talking Therapies for anxiety and depression

- Influencing system leaders to respond to the findings of this report, understand and use their local data, and identify the resources needed to implement these recommendations
- Implementing the IAPT Black, Asian and Minority Ethnic Service User Positive Practice Guide
- Meeting the aims of the Patient and Carer Race Equality Framework (PCREF), through:
  - Community engagement
  - Providing culturally sensitive care
  - Advancing equality
- Workforce: ensuring a diverse and skilled workforce through:
  - Training and competence
  - Recruitment and retention