

2014 Adult IAPT Workforce Census Report

Name:	2014 Adult IAPT Workforce Census Report
Date:	12.1.2015
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Revision History

Version	Revision Date	Summary of Changes
6.0	January 2015	<ul style="list-style-type: none"> Exec Summary included Appendix E edited
5.8	December 2014	<ul style="list-style-type: none"> HEE Revisions as final sign off
5.7	December 2014	<ul style="list-style-type: none"> Appendix E added Recommendations edited following ACT meeting
5.6	December 2014	<ul style="list-style-type: none"> HEE requested edits
5.5	November 2014	<ul style="list-style-type: none"> Exec Summary moved to separate document
5.4	November 2014	<ul style="list-style-type: none"> trainees to appendix D education commissions in appendix C
5.3	November 2014	<ul style="list-style-type: none"> Additional exec summary items
5.2	November 2014	<ul style="list-style-type: none"> Revised & finalised figures based on excluding trainee
5.1	November 2014	<ul style="list-style-type: none"> Additional narrative
5.0	November 2014	<ul style="list-style-type: none"> Additional definitions
4.1	November 2014	<ul style="list-style-type: none"> Revised format Training Annex
4.0	November 2014	<ul style="list-style-type: none"> Inclusion of separate training section
3.1	October 2014	<ul style="list-style-type: none"> Appendix edits
3.0	October 2014	<ul style="list-style-type: none"> National Advisor inputs Programme Board Edits
2.0	September 2014	<ul style="list-style-type: none"> Revised format HEE Executive Summary HEE Recommendations
1.0	September 2014	<ul style="list-style-type: none"> Removal of 'direct' comparison between 2012 & 2014

Approvals

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Executive Summary

The 2014 workforce census achieved a 95% response rate and provides a snapshot of the size and shape of the IAPT workforce at April 2014 in England. There was a total IAPT workforce capacity of 5561.1 WTE¹ plus 405.1 WTE vacancies. There was an IAPT qualified therapist workforce of 4315.8 WTE (qualified HITs, PWPs and four modalities therapists). In addition to the IAPT qualified therapists there were 1104.7 WTE non-IAPT qualified counsellors & therapists and 118 WTE employment support workers.

Detailed comparison of the 2012 and 2014 workforce census results is difficult due to changes made to the workforce categories (and the guidance on completion) and changes in commissioning structures and boundaries. However, the top-line analysis implies that qualified CBT (HITs & PWPs) and non-CBT four modality therapists have increased in numbers whilst the number of non-IAPT qualified counsellors & therapists have remained static.

The total funded establishment workforce (Including vacancies) was 5966.9 WTEs. 4167.4 WTE (70%) were qualified CBT therapists (HIT or PWP) carrying 405.1 WTE vacancies. The qualified HIT workforce has a total funded establishment of 2521.4 WTE including 173.6 WTE vacancies. This group represents 42% of the workforce. The qualified PWPs workforce has a total funded establishment of 1646 WTE including 231.5 WTE vacancies. This group represents 28% of the workforce. 195 WTE of the total 1646 WTE were senior PWPs. There were 231.5 WTE trainees.

A total of 553.5 WTE (9%) of the workforce are trained to provide the four non-CBT modalities of therapy for the treatment of depression, made up of 262.4 WTE (4.4%) providing Counselling for Depression, 139.5 WTE (2.3%) WTE providing Interpersonal Psychotherapy, 85.5 WTE (1.4%) providing Brief Dynamic Interpersonal Psychotherapy and 66 WTE (1.1%) providing Couples Therapy for Depression. In addition to this capacity, there are HITs who are also trained to provide the four modalities of therapy. These therapists are not included in the WTE calculations but do appear in the headcount of those trained to provide the four modalities of therapy in table 2.

A total of 1104.7 WTE or 19% of the workforce have not completed accredited IAPT training, this includes counsellors and therapists who may have been working within general practices since before the inception of the IAPT programme and have not completed IAPT accredited training. Employment Support Staff (Employment Support Co-ordinators and Employment Advisors) total 118.1 WTE and make up 2% of the IAPT workforce.

There is a headcount of 2118 supervisors in the IAPT service. 1560 individuals have completed the IAPT approved supervisor training course. There are 113 people who exclusively provide supervision and they provide on average 1 day per week supervision; equating to 23 WTE exclusive supervision.

The 2014 IAPT workforce census provides a good indication that the government target of 6,000 newly trained IAPT practitioners will be close to being met in 2015 given that there were 4,316 practitioners in post, 637 WTE vacancies plus a further 749 trainees in post in April 2014. There are also a further 750-800 training places planned for following academic year. Repeating the census exercise in April 2015 will be crucial in determining whether the level of E&T commissioning planned has been delivered and is now sustaining the workforce in steady state.

The non-CBT therapy workforce is heavily concentrated in counselling with a potential under representation of Dynamic Interpersonal Therapy, Interpersonal Psychotherapy and Couples Therapy for Depression. Counselling comprises of 262 WTE IAPT trained and 640 WTE 'other counsellor trained' totalling 17% of the IAPT therapy workforce (table 21). However, when we examine the total four non-CBT high intensity therapies workforce the dominance of counselling is prominent at 76% (Table 23).

¹ 1 WTE equals 37.5 hours per week

The reasons preventing a more equitable distribution of the therapist workforce need to be explored. There are 1105 WTE non-IAPT qualified counsellors & therapists in the workforce and a proportion of this group could complete an IAPT certified training course.

Consideration may need to be given to collecting additional information on the numbers of employment support and advice workers including those who are working in contracted-out non-IAPT employment support services.

Qualified HITs and PWP's are more likely to be full-time than the non-CBT four modalities workforce. Non-IAPT qualified counsellors & therapists are the most likely to be part-time with a part-time rate of 69%.

The census information on vacancies and other specific workforce intelligence from service commissioners and providers should be used to:

- Inform provider/LETB discussions around retention and turnover of staff in the annual planning discussions. Training data may help to inform estimates of turnover and more detailed local data collections may be necessary.
- support the work of E&T commissioners to agree strategic investment plans by identifying non – IAPT qualified staff who could benefit from IAPT training courses and factor them into local strategic investment plans,
- Inform the 2016/17 and future IAPT education commissioning process.

Service commissioners and providers should, with Public Health support, consider using the census data on the composition of the IAPT workforce to assess whether it:

- reflects local demography,
- is capable of offering effective choice of therapy,
- is matched to present and anticipated increases in volumes of demand, including in relation to the skill-mix within teams

NHS England and HEE should repeat the census collection on 30 April 2015 and in future years until such a time as the work of the HSCIC hosted Psychologists and Psychological Therapists Workforce Group has been completed to ensure workforce data returns are mandatory and can be carried out routinely, and the Electronic Staff Record demonstrates the composition of the psychological therapy workforce.

Introduction to the IAPT workforce

The Improving Access to Psychological Therapies (IAPT) programme supports the NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders. The programme was created to offer patients more effective and routine first-line treatment, combined where appropriate with medication which traditionally had been the only treatment available.

The IAPT programme expects to train approximately 6,000 new high and low intensity cognitive behavioural therapy (CBT) workers by 2015. This training is commissioned annually from Higher Education Institutions using the IAPT low and high intensity curricula. Qualified psychological wellbeing practitioners (PWP) are trained to provide high volume, low intensity CBT-based interventions at Step 2, including guided self-help. Qualified High Intensity Therapists (HIT) are trained to provide CBT to people with moderate to severe depression and anxiety disorders. In addition there are non-CBT modality therapists who deliver four evidence therapies after a short programme of training. High intensity CBT workers are eligible for accreditation as a CBT practitioner by the British Association of Behavioural and Cognitive Psychotherapies (BABCP). Therapists trained in the four modalities are eligible for accreditation by the relevant professional body, and PWP can be registered with the British Psychological Society or accredited by the BABCP.

Employment Advisors and Employment Co-ordinators in IAPT work directly with individuals who are in employment as well as people who are out of work and on health-related benefits. They provide practical advice and appropriate interventions to help these individuals to either retain employment or enter the workplace (either for the first time or after a period on health-related out-of-work benefits).

In addition there are a number of non-IAPT qualified counsellors and practitioners working to deliver a range of interventions as part of the overall IAPT service. A number of these staff had been working in general practice before the introduction of the IAPT programme and are now contributing to the wider service.

Introduction to the 2014 census

This paper presents the results of the IAPT Workforce Census undertaken in 2014. The first IAPT Workforce Census was conducted in 2011, and repeated in 2012, to gain more insight into the profile of those IAPT workers who were contributing to the IAPT minimum data set and operating within a stepped care model in NHS commissioned IAPT services - a qualified and competent workforce, able to provide NICE approved and evidence based psychological therapies. This 2014 census gives details of the composition of the workforce as at 30 April 2014. There were changes made to the data collection form in 2014 and this, together with changes to commissioning boundaries, means that direct detailed comparisons with the 2012 data are not possible. Top level comparisons have however been drawn.

NHS England designed a data collection template for completion by IAPT providers to capture information on the size and composition the IAPT workforce. Completed census returns were collected, validated, collated and analysed by the IAPT team at NHS England and Health Education England.

Despite significant improvements in the completeness and accuracy secured in the 2014 data collection, the results of this census should not be seen as an authoritative statement of progress in delivering government commitments with regard to the IAPT workforce. Rather, it was an attempt to provide a structured approach to gathering data on the composition of the IAPT workforce as at April 2014. Given the response rate of 95% of the service providers asked to respond it is likely to be a reliable picture, but needs to be repeated over a number of years to provide confidence about the validity and reliability of the data captured.

Discussions are being held with the Health and Social Care Information Centre and NHS England to ensure that future returns are included within the Minimum Data Set, with completion of returns becoming mandatory for providers of IAPT services commissioned by NHS bodies.

2014 Census Categories

- Qualified and Trainee CBT High Intensity Therapist (HIT)
- Qualified, Senior & Trainee Psychological Wellbeing Practitioner (PWP)
- Therapists delivering Counselling for Depression
- Therapists delivering Couples Therapy for Depression
- Therapists delivering Brief Dynamic Interpersonal Therapy
- Therapists delivering Interpersonal Psychotherapy
- Non IAPT qualified counsellors & therapists
- Employment Support (co-ordinator & advisor)
- Supervisors treating clients
- Supervisors who do not treat clients but provide supervision only

2014 Census enhancements

The IAPT team defined the workforce categories to facilitate accurate data collection and to reduce any ambiguities which had been known to impact upon the accuracy of returns in 2012. Respondents were given enhanced assistance and support to provide clarity on census categories when required. Careful validation of all returns, with advice from national advisors where necessary, has added to the confidence that HEE and NHS England have in the data presented in the 2014 census report.

To ensure accuracy and avoid double counting, supervisors were captured as:

- practitioners who provide both therapy and supervision,
- staff who provide supervision only (i.e. non-practitioner).

2014 Census Response

A list of respondent providers was compiled based on information provided by Clinical Commissioning Groups (CCGs) in response to a request in the latter part of 2013 to identify *all* commissioned IAPT providers. A total of 255 returns were collected, representing a response rate of approximately 95% of those contacted.

The enhanced data quality checks and data cleansing undertaken by NHS England prior to analysis and direct liaison with identified IAPT providers has resulted in improved coverage of services compared to the 2012 census.

The number of returns collected for the 2014 census was greater than the total number of services supplying Minimum Data Set (MDS) returns. This may have resulted from IAPT service providers operating across more than one CCG area submitting more than one return, plus returns from a few small provider organisations who do not make MDS submissions directly.

Census returns were received from provider organisations grouped according to Local Education and Training Boards (LETBs) as follows:

Table 1: Census returns by region

LETB Region	Count of returns
Health Education East Midlands	15
Health Education East of England	20
Health Education Kent, Surrey, Sussex	29
Health Education North Central and East London	14
Health Education North East	21
Health Education North West	44
Health Education North West London	12
Health Education South London	11
Health Education South West	24
Health Education Thames Valley	6
Health Education Wessex	9
Health Education West Midlands	27
Health Education Yorkshire and Humber	21
Multiple LETB regions	2
Grand Total	255

National 2014 Workforce Census Results

The total workforce at 2014 is 5561 Working Time Equivalent (WTE), excluding trainees. There are 405 WTE vacancies giving a total funded establishment of 5967 WTE.

Table 2: Workforce table

	WTE	Vacancies WTE	Total Funded Establishment WTE	Workforce Composition
Qualified CBT High Intensity Therapist (HIT)	2347.9	173.6	2521.4	42%
Qualified Psychological Wellbeing Practitioner (PWP)	1230.9	220.1	1451.0	24%
Senior Qualified Psychological Wellbeing Practitioner (PWP)	183.6	11.4	195.0	3%
<i>Total PWP (inc Senior)</i>	<i>1414.5</i>	<i>231.5</i>	<i>1646.0</i>	<i>28%</i>
<i>Total Qualified CBT workforce (HIT & PWP)</i>	<i>3762.3</i>	<i>405.1</i>	<i>4167.4</i>	<i>70%</i>
Therapists delivering Counselling for Depression	262.4	n/a	262.4	4.4%
Therapists delivering Couples Therapy for Depression	85.5	n/a	85.5	1.4%
Therapists delivering Brief Dynamic Interpersonal Therapy	66.0	n/a	66.0	1.1%
Therapists delivering Interpersonal Psychotherapy	139.5	n/a	139.5	2.3%
<i>Total Four non-CBT HIT modalities</i>	<i>553.5</i>	<i>n/a</i>	<i>553.5</i>	<i>9%</i>
<i>Total IAPT Qualified Therapists (HIT, PWP & four non-CBT modalities)</i>	<i>4315.8</i>	<i>n/a</i>	<i>4720.9</i>	<i>79%</i>
Non IAPT qualified counsellors & therapists	1104.7	n/a	1105.0	19%
Employment Support (co-ordinator & advisor)	118.1	n/a	118.0	2%
Supervision only	22.6	n/a	23.0	0.4%
Total	5561.1	405.1	5966.9	100%

Table 2 excludes 746 WTE trainees in post, and an additional 59 WTE trainee vacancies. If trainees are included the total workforce rises to 6307 WTE and the total funded establishment (including trainee vacancies) to 6772 WTE. Information on trainees can be found in Appendix D.

In addition to the individuals who exclusively provide supervision, other experienced therapists will also provide supervision (especially in the four non-CBT modalities). 1560 practitioners have completed IAPT supervisor training.

2014 IAPT Workforce composition

HIT (42%) & PWP (28%) represented the majority of the total IAPT workforce (excluding trainees).

Non-IAPT qualified counsellors and practitioners made up 19% of the total workforce and therapists providing the four non-CBT modalities made up 9% of the workforce.

Table 3: 2014 IAPT Workforce configuration

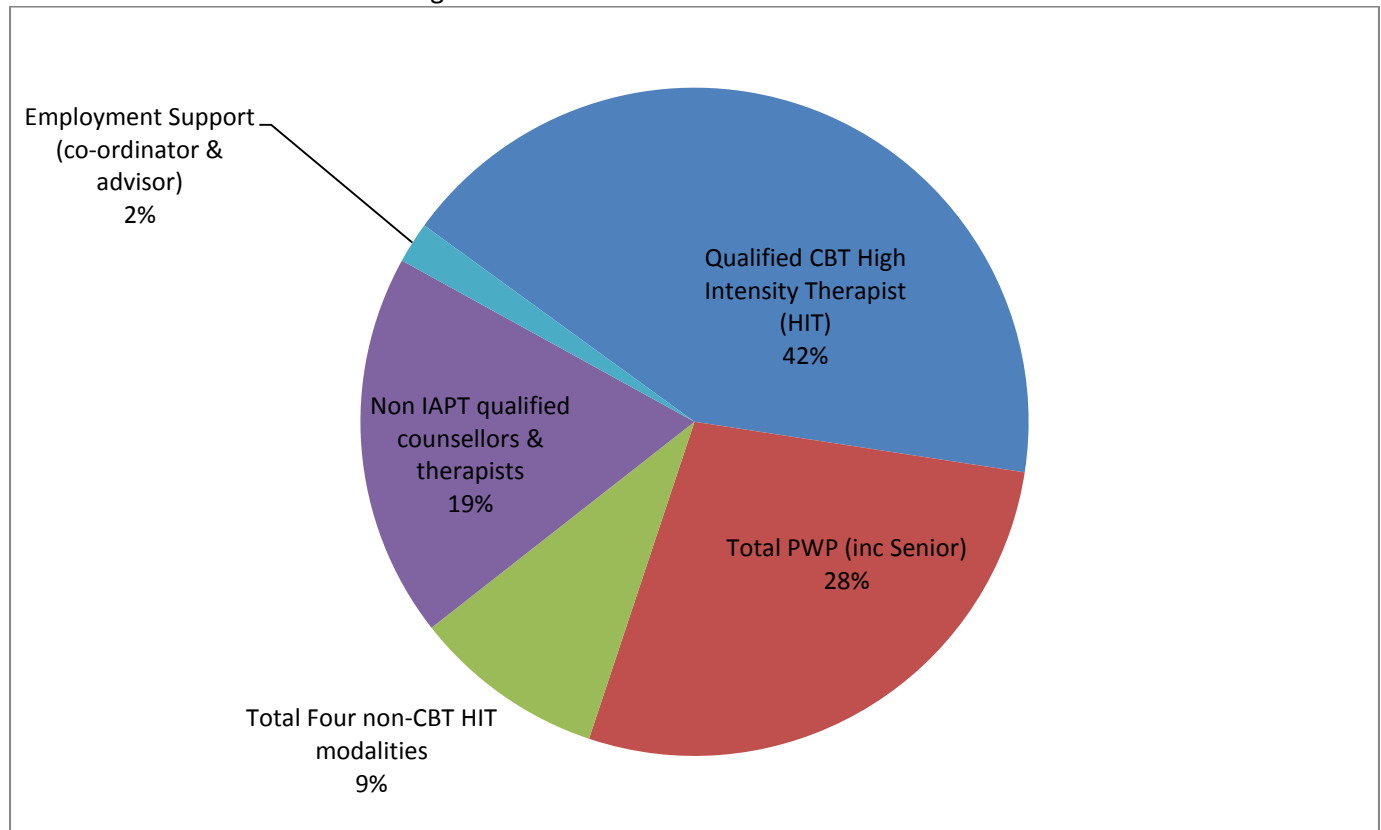


Table 4: 2014 IAPT Workforce Participation rate

There is a significant imbalance in the numbers of practitioners of therapies across the four modalities with Counselling for Depression over represented and Brief Dynamic Interpersonal Psychotherapy (DIT) and Couples Therapy for Depression under represented.

Qualified HITs and PWP's are more likely to be full- time than the non-CBT four modalities workforce. Non-IAPT qualified counsellors & therapists are the most likely to work part-time (69%).

Table 4: Participation rate

	Part Time Headcount	Full Time Headcount	Total Headcount	Part-time rate
Qualified CBT High Intensity Therapist (HIT)	916	1827	2743	33%
Qualified Psychological Wellbeing Practitioner (PWP)	312	1050	1362	23%
Senior Qualified Psychological Wellbeing Practitioner (PWP)	43	160	203	21%
<i>Total CBT workforce (HIT & PWP)</i>	1271	3037	4308	30%

4308 people in the IAPT workforce are qualified to deliver CBT equating to a capacity of 3762.3 WTE

	Part Time Headcount	Full Time Headcount	Total Headcount	Part-time rate
Therapists delivering Counselling for Depression	295	183	478	62%
Therapists delivering Couples Therapy for Depression	83	57	140	59%
Therapists delivering Brief Dynamic Interpersonal Therapy	75	37	112	67%
Therapists delivering Interpersonal Psychotherapy	110	92	202	54%
<i>Total Four non-CBT HIT modalities</i>	563	369	932	60%

932 people in the IAPT workforce are qualified to deliver the four modalities of non-CBT therapy equating to a capacity of 553.5 WTE

	Part Time Headcount	Full Time Headcount	Total Headcount	Part-time rate
Non IAPT qualified counsellors & therapists	1225	556	1781	69%

1781 people in the IAPT workforce are non-IAPT qualified counsellors and therapists, representing an establishment of 1104.7 WTE.

Table 4 gives a breakdown of part-time working patterns, and includes individual HITs who may be delivering more than one modality of therapy. A headcount grand total is not included because it would double count HIT therapists who also provide a non-CBT modality of therapy.

2012 – 2014 Workforce comparison

Detailed comparison of 2014 workforce census with that of 2012 is unreliable due to operational changes and commissioning responsibilities : workforce categories, guidance on completion of the census forms, commissioning structures and boundaries. However, the top-line analysis suggests that qualified CBT (HITs & PWPs) and non-CBT four modality therapists have increased in numbers whilst the number of non-IAPT qualified counsellors & therapists have remained static.

Table 5: 2012 – 2014 IAPT Workforce number comparison

	2014 WTE Funded Establishment	2012 WTE	Variance
Qualified CBT High Intensity Therapist (HIT)	2521	2019	502
Qualified Psychological Wellbeing Practitioner (PWP)	1451	1176	275
Senior Qualified Psychological Wellbeing Practitioner (PWP)	195	136	59
Therapists delivering Counselling for Depression	262	123	139
Therapists delivering Couples Therapy for Depression	86	75	11
Therapists delivering Brief Dynamic Interpersonal Therapy	66	42	24
Therapists delivering Interpersonal Psychotherapy	140	93	47
Non IAPT qualified counsellors & therapists	1105	1110	-5
Employment Support (co-ordinator & advisor)	118	121	-3

The composition of the workforce in 2012 and 2014 appears to be broadly similar.

The most significant changes between 2014 and 2012 are the growth in the four non-CBT modality trained practitioners (+2.2%) and reduction in non IAPT qualified counsellors and therapists (-3.5%).

Table 6: 2012 – 2014 IAPT Workforce composition comparison (total funded establishment WTE)

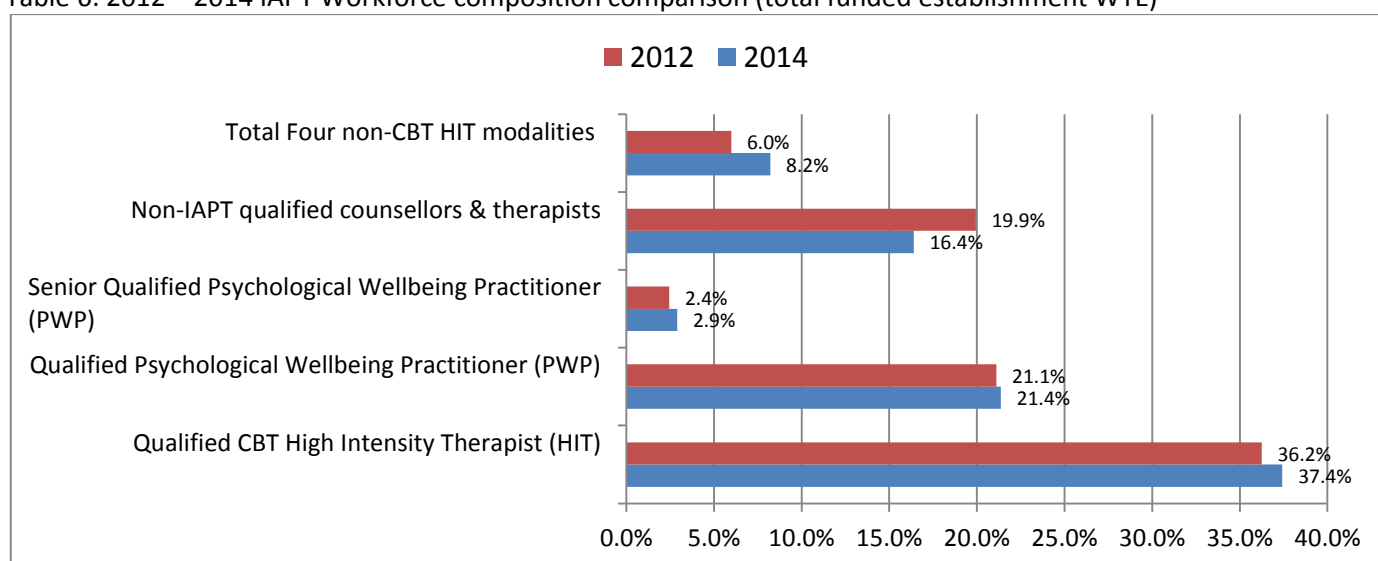
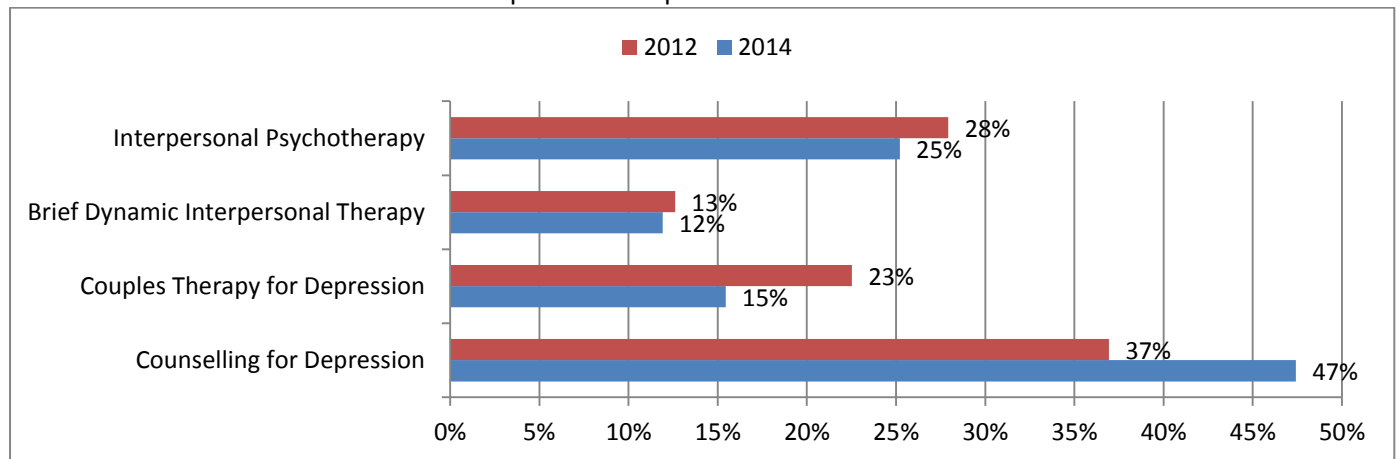


Table 7: Four non-CBT HIT modalities composition comparison



The table above shows a large increase in counselling for depression (+10%) compared with the other non-CBT HIT modalities. The proportion of the workforce delivering Couples Therapy for Depression has experienced the largest reduction (-8%) as a proportion of those delivering the four non-CBT HIT modalities.

Workforce group analysis

High Intensity Therapists

There was a reported total funded establishment of 2521 WTE classified as High Intensity Therapists, of which 2348 WTE posts were filled. Qualified HITs make up 37% of the total workforce.

Nationally 174 WTE post were vacant (7%). On average 33% of the workforce worked part-time. There were a total of 310 WTE trainees in post across the country.

Table 8: 2014 High Intensity CBT Therapists

	Total Funded Establishment WTE	WTE	HIT Vacancies WTE	HIT Vacancy Rate	HIT Part-time total rate
Health Education East Midlands	206	194	12	6%	40%
Health Education East of England	235	222	13	6%	29%
Health Education Kent, Surrey, Sussex	235	213	22	9%	40%
Health Education North Central and East London	183	170	12	7%	34%
Health Education North East	208	202	6	3%	19%
Health Education North West	384	352	32	8%	27%
Health Education North West London	86	82	4	4%	26%
Health Education South London	123	113	9	8%	39%
Health Education South West	127	120	7	6%	39%
Health Education Thames Valley	62	56	6	9%	34%
Health Education Wessex	199	179	20	10%	24%
Health Education West Midlands	237	224	14	6%	28%
Health Education Yorkshire and Humber	196	179	17	9%	31%
National Providers	42	42	-	-	-
Total	2521	2348	174	7%	33%

Psychological Well Being Practitioners

There was a reported total funded establishment of 1451 WTE classified as Psychological Wellbeing Practitioners (PWP), of which 1231 WTE posts were filled. Qualified PWPs make up 24% of the overall IAPT workforce.

Nationally 220 WTE post were vacant (15% vacancy rate). On average 23% of the workforce worked part time. There were a total of 436 WTE trainees in posts across the country.

Table 9: 2014 Psychological Wellbeing Practitioners

	Total Funded Establishment WTE	WTE	PWP Vacancies WTE	PWP Vacancy Rate	PWP Part-time total rate
Health Education East Midlands	108	93	15	14%	33%
Health Education East of England	135	119	16	12%	24%
Health Education Kent, Surrey, Sussex	84	66	18	21%	30%
Health Education North Central and East London	130	101	28	22%	19%
Health Education North East	91	84	7	7%	10%
Health Education North West	270	218	53	20%	29%
Health Education North West London	41	38	3	7%	21%
Health Education South London	57	48	9	15%	14%
Health Education South West	96	85	11	12%	23%
Health Education Thames Valley	38	31	7	19%	11%
Health Education Wessex	87	82	5	6%	18%
Health Education West Midlands	144	118	26	18%	14%
Health Education Yorkshire and Humber	171	149	23	13%	28%
Total	1451	1231	220	15%	23%

In addition to the qualified PWP workforce there are a further 203 WTE who have not successfully completed an accredited PWP programme or PWP “top up” training. These staff may be able to enhance their role with the benefit of accredited PWP training, and are represented in the non-IAPT qualified staff grouping.

Senior PWPs

In addition to the PWP workforce there are were 184 WTE filled posts at Senior PWP level (against a funded establishment of (195 WTEs). Senior PWPs represent 3% of the total workforce.

Table 10: 2014 Senior PWPs

	Total Funded Establishment WTE	WTE	Senior PWP Vacancies WTE	Senior PWP Vacancy Rate	Senior PWP Part-time total rate
Health Education East Midlands	13	12	1	8%	30%
Health Education East of England	22	18	4	18%	21%
Health Education Kent, Surrey, Sussex	10	9	1	10%	34%
Health Education North Central and East London	9	8	1	11%	17%
Health Education North East	14	13	1	7%	11%
Health Education North West	39	38	2	4%	28%
Health Education North West London	1	1	0	0%	20%
Health Education South London	9	9	0	0%	18%
Health Education South West	16	16	0	0%	22%
Health Education Thames Valley	10	10	0	0%	12%
Health Education Wessex	18	18	0	0%	17%
Health Education West Midlands	18	17	1	5%	17%
Health Education Yorkshire and Humber	16	15	1	6%	28%
Grand Total	195	184	11	6%	23%

The emergence of the Senior PWP role may be indicative of a progression route available to some PWPs and the response of service managers seeking to match skills to local need.

Four non-CBT Modalities

The classification of the four non-CBT modality workforce was refined in 2012 to specifically identify this workforce and make it distinct from others providing NICE approved therapies.

The four non-CBT modality therapists represent 9.3% of the total IAPT workforce.

Table 11: 2014 Four non-CBT Modalities

	WTE	Total IAPT Workforce Composition %
Therapists delivering Counselling for Depression	262	4.4%
Therapists delivering Couples Therapy for Depression	86	1.4%
Therapists delivering Brief Dynamic Interpersonal Therapy	66	1.1%
Therapists delivering Interpersonal Psychotherapy	140	2.3%
Total Four non-CBT HIT modalities	553	9.3%

The original IAPT plan was to establish a workforce with therapists trained in one of the four modalities representing between 8-16% of the WTE workforce. The census returns demonstrate that the numbers of four modality therapists are within the desired range, with the highest proportion delivering counselling for depression. There is significant variation across the country which needs to be reviewed as part of local investment planning by Health Education England Local Education and Training Boards (LETBs).

Table 12: 2014 Four Modalities by region

	Counselling for Depression WTE	Couples Therapy for Depression WTE	Brief Dynamic Interpersonal Therapy WTE	Interpersonal Psychotherapy WTE	Total WTE
Health Education East Midlands	30	3	8	24	64
Health Education East of England	8	7	2	5	22
Health Education Kent, Surrey, Sussex	4	6	7	14	30
Health Education North Central and East London	12	18	4	10	44
Health Education North East	9	5	0	19	34
Health Education North West	44	7	8	13	71
Health Education North West London	19	1	10	1	30
Health Education South London	4	7	7	8	25
Health Education South West	31	6	4	11	51
Health Education Thames Valley	1	1	2	5	9
Health Education Wessex	11	8	6	12	37
Health Education West Midlands	44	9	7	13	73
Health Education Yorkshire and Humber	45	7	1	5	58
National	3	1	1	0	4
Grand Total	262	86	66	140	553

Employment Support

The Census requested the numbers of Employment Support Co-ordinators and Employment Advisors (see Table 11 below). Employment support totalled 142 staff representing 1.7% of the workforce. This group has a part-time working rate of approximately 35%.

It should be noted that the census does not capture employment services which may be sub-contracted out to voluntary sector providers, nor does it identify where this role may be performed by others in the IAPT workforce such as PWP.

A potential area for concern is that approximately 65% of IAPT providers don't have any employment support staff.

Table 13: Employment Support by Region

	Employment Support Co-ordinator WTE	Employment Support Advisor WTE	Employment Support Co-ordinator HC	Employment Support Advisor HC	PT rate Employment Support Co-ordinator	PT rate Employment Support Advisor
Health Education East Midlands	2	4	2	5	0%	0%
Health Education East of England	1	23	1	27	0%	56%
Health Education Kent, Surrey, Sussex	0.2	5	1	9	100%	73%
Health Education North Central and East London	4.9	4	7	6	43%	50%
Health Education North East	1	6	1	6	0%	0%
Health Education North West	2	4	2	6	0%	67%
Health Education North West London	0.5	13	1	13	100%	8%
Health Education South London	4	14	5	18	40%	39%
Health Education South West	1.4	6	3	6	67%	50%
Health Education Thames Valley	1	3	1	3	0%	33%
Health Education Wessex	3	7	3	8	0%	25%
Health Education West Midlands	1	3	1	3	0%	0%
Health Education Yorkshire and Humber	0	3	0	4	N/A	25%
Total	22	96	28	114	32%	38%

Non IAPT qualified counsellors & therapists

Other counsellors and therapists (not delivering IAPT accredited therapy) and unqualified PWP practitioners represented 19% of the workforce, the third-largest group in the IAPT service. Most are likely to be experienced individuals who were employed as GP practice counsellors before the start of the IAPT programme and have been incorporated into the service without the benefit of the IAPT specific training.

‘Counsellor (Other)’ category was defined as “counsellors with a recognised counselling qualification but not qualified in Counselling for Depression”.

The category ‘Other therapists’ was defined as “workers who provide high or low intensity intervention and are funded from the IAPT service budget and employed in a fully compliant IAPT service”. This definition was refined to include another cohort of the IAPT workforce; those employed for a limited period in an IAPT service, contributing to the minimum data set, but can be employed for less than a year on secondment or similar contractual arrangements.

Table 14: Non-IAPT qualified counsellors & therapists

	Counsellor (Other) WTE	Other Therapists WTE	PWP non- IAPT qualified. or course unaccredited WTE	Total non- IAPT qualified WTE
Health Education East Midlands	58	4	14	76
Health Education East of England	44	3	3	50
Health Education Kent, Surry, Sussex	111	12	16	139
Health Education North Central and East London	8	4	5	17
Health Education North East	89	27	9	126
Health Education North West	114	73	5	192
Health Education North West London	24	0	4	27
Health Education South London	18	24	28	69
Health Education South West	41	35	59	134
Health Education Thames Valley	7	2	4	13
Health Education Wessex	37	29	3	69
Health Education West Midlands	43	22	39	103
Health Education Yorkshire and Humber	48	25	17	90
Grand Total	640	262	203	1105

Supervisors

Not all supervisors have completed an IAPT approved supervisor training course. There were a total of 1560 supervisors who had completed an approved IAPT training course. There were 113 supervisors providing supervision only which represents 23 WTE.

There was a ratio of 3.4 therapists to every IAPT training course accredited supervisor.

Table 15: Supervisors

LETB	IAPT approved supervisors	Supervisors who also provide therapy	IAPT approved supervisor only rate	Supervisor to Therapist ratio
Health Education East Midlands	121	172	70%	3.3:1
Health Education East of England	175	179	98%	2.5:1
Health Education Kent, Surry, Sussex	105	149	70%	4.5:1
Health Education North Central and East London	121	159	76%	2.8:1
Health Education North East	127	149	85%	3.5:1
Health Education North West	185	347	53%	4.8:1
Health Education North West London	32	58	55%	4.9:1
Health Education South London	63	123	51%	4.1:1
Health Education South West	104	145	72%	3.6:1
Health Education Thames Valley	29	35	83%	4.2:1
Health Education Wessex	122	126	97%	3.1:1
Health Education West Midlands	179	218	82%	2.8:1
Health Education Yorkshire and Humber	192	252	76%	2.5:1
National	5	6	83%	8.3:1
Grand Total	1560	2118	74%	3.4:1

Recommendations

Counselling provision dominates the non-CBT workforce with a potential underrepresentation of DIT, IPT and couples therapy. The reasons for this distribution of the therapist workforce may need to be explored to inform future local commissioning plans.

There are 1105 WTE non-IAPT qualified counsellors & therapists in the workforce who would be eligible for some IAPT certified training courses. This may represent a currently untapped resource which merits further investigation.

Consideration may need to be given to collecting additional information on the numbers of employment support and advice workers, including those who are working for non-IAPT providers that are contracted out.

The Census indicates that although the government target to achieve a total of approximately 6,000 additional trained CBT workers (high-intensity therapists and psychological wellbeing practitioners) over the six-year roll-out period is being met, these figures are not reflected in the total number of trained CBT workers currently employed. There may be a number of reasons for this apparent discrepancy: employed in a different role within NHS mental health services, joined private sector organisations, left the profession. Further work may be necessary to identify reasons for failing to retain or employ trainees, which will inform future commissioning decisions. In addition, further work will be necessary to explore how this workforce can be further developed to meet waiting time and access targets, as well as providing early interventions in psychosis.

The census information on vacancies and other specific workforce intelligence from service commissioners and providers should be used to:

- inform provider/LETB discussions around retention and turnover of staff in the annual planning discussions - more detailed local data collections may be necessary.
- support the work of E&T commissioners to agree strategic investment plans by identifying non – IAPT qualified staff who could benefit from IAPT training courses and factor them into local strategic investment plans,
- Inform the 2016/17 and future IAPT education commissioning process.

Service commissioners and providers should, with Public Health support, consider using the census data on the composition of the IAPT workforce to assess whether it:

- reflects local demography,
- is capable of offering an effective choice of therapy,
- is matched to present and anticipated increases in volumes of demand, including in relation to the skill-mix within teams

NHS England and HEE should repeat the census collection on 30 April 2015 and in future years until such a time as a more effective and routine means of capturing workforce data is in place to track the composition of the psychological therapies workforce.

Potential Census 2015 enhancements

- Improved validation & locked cells
- Capture demographics of the workforce
- Refining information collection about the “Non-IAPT qualified workforce”
- Collect information on leavers
- Capture information on secondary qualifications
- Improve understanding of the composition of the employment support workforce
- Free text area to capture concerns narratively
- Improved alignment of services to region, LETB and CCG

Appendix A: IAPT Qualified High Therapists

Psychological Wellbeing Practitioner²

PWPs are trained to identify and assess common mental health disorders and devise a shared treatment plan with a patient that is both personalised and evidence based. They are skilled in delivering psychological interventions whose specific content is less intensive than high intensity treatments.

PWPs are specifically trained and skilled in 'common' as well as 'specific' therapeutic factors, so they know how to establish, develop and maintain therapeutic alliances with patients, and can respond to and deal with real or potential ruptures in the alliance.

Although PWPs are skilled in face-to-face work with patients, they often deliver their treatment through a range of alternative delivery systems such as the telephone or web based support. Telephone delivery can be the main contact method in some services.

High Intensity Therapists

High intensity interventions are usually delivered by therapists who will have received several years of specific training and supervision in a particular therapeutic approach, and will usually have been trained in a recognised health care professional role (e.g. counsellor, nurse, psychologist, psychiatrist, social workers etc.) and may be registered with an appropriate professional body (e.g. BABCP, BACP, UKCP).

Interventions are delivered face-to-face, usually over a one hour session with an individual client, couple or a group. High intensity interventions usually consist of between 12 and 20 therapeutic sessions, but the recommended number will depend upon the nature of the psychotherapeutic intervention and the disorder being treated. They must hold generic therapeutic competences, together with specific competences and techniques around particular approaches and disorders, and metacompetences concerning the overall deployment and appraisal of therapeutic work with the client.

² <http://www.iapt.nhs.uk/silo/files/psychological-wellbeing-practitioners--best-practice-guide.pdf>

Appendix B: IAPT services offer five types of high intensity therapy for the treatment of depression

1. Cognitive Behavioural Therapy

CBT is a short-term, goal-oriented psychotherapy treatment that takes a hands-on, practical approach to problem-solving. Its goal is to change patterns of thinking or behaviour that are behind people's difficulties, and so change the way they feel. CBT works by changing people's attitudes and their behaviour by focusing on the thoughts, images, beliefs and attitudes that we hold (our cognitive processes) and how this relates to the way we behave, as a way of dealing with emotional problems. CBT is an evidence based approach so it is only offered for the treatment of problems that have been shown to improve with CBT in published research trials.

The duration and frequency of CBT interventions are dependent upon the nature of the disorder being treated. Individual CBT comprises usually up to 16–20 sessions over 3 to 4 months, but may be extended according to outcomes of treatment. People with moderate to severe depression may have two sessions a week at the start of treatment. Group CBT comprises usually 10 to 12 sessions over 12 to 16 weeks. Group CBT consists of a course of sessions run by two therapists working with groups of 8–10 people.

2. Counselling for depression

IAPT offers a particular type of counselling for people with mild to moderate depression. Typically people receiving counselling for mild to moderate depression might receive between six and eight sessions over six to eight weeks. In cases of moderate to severe depression, up to 20 sessions of counselling are recommended. In most NHS depression services people with mild to moderate depression are likely to be seen once a week for 35 minutes, while those with moderate to severe depression will be seen for 50 minutes.

3. Couples therapy for depression

Couples therapy can help people with their relationship and the emotional difficulties that sometimes flow from problems between partners. IAPT offers a particular intervention that has been developed to help people with depression where their partner wishes to be involved in the therapy. There may be some variation in the number of sessions offered according to the way local service are run, but it is recommended that couples have up to 20 sessions of therapy over a period of six months.

4. Brief Dynamic Interpersonal therapy (DIT)

DIT is a simple, short-term (16 sessions), semi-structured individual therapy protocol for mood disorder. It is now offered at Step 3 within the Improving Access to Psychological Therapies (IAPT) programme. The National Institute for Health and Clinical Excellence (NICE) guidelines for depression state that brief psychodynamic therapy is one option that can be considered for depressed patients either when the patient has not responded to CBT interventions, or where the patient actively opts for a psychodynamic approach.

5. Interpersonal Psychotherapy for depression (IPT)

Interpersonal Psychotherapy (IPT) is time-limited and structured. Its central idea is that psychological symptoms, such as depressed mood, can be understood as a response to current difficulties in relationships and affect the quality of those relationships. Typically, IPT focuses on: conflict with another person, life changes that affect how you feel about yourself and others, grief and loss, difficulty in starting or maintaining relationships. A course of IPT may involve 16 to 20 sessions.

Improving Access to Psychological Therapies

Appendix C: Education Commissions

The IAPT Implementation Plan committed the NHS to deliver 3,600 new psychological therapists (60% HIT, 40% PWP) by 2010/11 and deploy them, along with existing experienced clinicians, in new psychological treatment services for depression and anxiety disorders operating on stepped care principles.

Talking Therapies – four year plan of action plan called for an expansion of 2400 extra new trainees to a total of approximately 6000 by 2015 and a proportionate increase in every region in training for psychological therapists who deliver other NICE-approved and evidence based modalities of therapy for treating depression.

In order to meet the capacity and capability requirements associated with addressing the key mandate commitments for access and recovery, between inception in 2008 and the conclusion of the current phase of development in 2015, the IAPT programme expects to train approximately 6,000 high intensity cognitive behavioural therapy therapists (HIT) and Psychological Wellbeing Practitioners (PWP). During the course of the programme this training has been commissioned annually by Health Education England from Higher Education Institutions using the IAPT HIT and PWP national curricula.

Table 16: IAPT Recovery Plan 2014/15

	Total commissions	Replacement Commissions	Planned 14/15 commissions	Planned (actual)total trained by end of 2014/15
2012/13 (Inherited figures)				(4,995)
2013/14 (Filled commissions)	956	206	750	(5,745)
2014/15 (Planned commissions)	756	200	556	6,301

Table 16 shows by the end of the financial year 2014/15 6,301 HIT and PWP training places are planned to be commissioned. The target of approximately 6,000 trained high and low intensity cognitive behavioural therapy (CBT) workers should be exceeded with the planned expansion of additional education commissions in 2014/15.

In addition, the IAPT programme has trained existing staff, including HITs, to provide NICE approved and evidence based psychological therapies for the treatment of depression. The additional four modalities of therapy provide service users with a choice of therapies to meet their needs.

Table 17: Historical non-CBT education commissions

Year	Counselling for Depression	Couples Therapy for Depression	Brief Dynamic Interpersonal Therapy	Interpersonal Psychotherapy	Total
2010/11	52	44	69	76	241
2011/12	42	94	25	84	245
2012/13	114	76	50	149	389
2013/14	266	85	93	91	535
Totals	474	299	237	400	1410

Data sources: Prior to 13/14 IAPT Regional Teams (DH Plan), HEE Commissioning data from Local Education and Training Boards

The census captured HIT & PWP trainee's information. This data is taken from a different source from that included in appendix C, and represents intake over different periods of the academic year.

Table 18: Trainees

	WTE	Vacancies WTE	Total Funded Establishment WTE
Trainee Psychological Wellbeing Practitioner (PWP)	436	30	466
Trainee CBT High Intensity Therapist (HIT)	310	29	339
Total	746	59	805

Table 19: Trainee Locality WTE

	HIT	PWP
Health Education East Midlands	14	16
Health Education East of England	24	44
Health Education Kent, Surrey, Sussex	46	34
Health Education North Central and East London	19	32
Health Education North East	11	36
Health Education North West	49	71
Health Education North West London	16	15
Health Education South London	17	16
Health Education South West	18	34
Health Education Thames Valley	10	24
Health Education Wessex	29	51
Health Education West Midlands	47	37
Health Education Yorkshire and Humber	10	26
Total	310	436

Table 20: 2012 – 2014 Trainee comparison

	2014 WTE Funded Establishment	2012 WTE	Variance
Trainee CBT High Intensity Therapist (HIT)	339	304	35
Trainee Psychological Wellbeing Practitioner (PWP)	466	372	94
Total	805	676	129

Appendix E: Choice of Therapies

Table 21: All Therapists

		WTE	Percentage total
a	Therapists delivering Counselling for Depression	262.4	5%
b	Therapists delivering Couples Therapy for Depression	85.5	2%
c	Therapists delivering Brief Dynamic Interpersonal Therapy	66	1%
d	Therapists delivering Interpersonal Psychotherapy	139.5	3%
e	Qualified CBT High Intensity Therapist (HIT)	2347.9	43%
f	Qualified Psychological Wellbeing Practitioner (PWP)	1230.9	23%
g	Senior Qualified Psychological Wellbeing Practitioner (PWP)	183.6	3%
h	Counsellor (Other)	640	12%
i	PWP non-IAPT qualified. or course unaccredited	203	4%
j	Other Therapists WTE	262	5%
	Total	5420.8	100%
<i>a+h</i>	<i>Counsellors</i>	<i>902.4</i>	<i>17%</i>

Counselling comprises 262 WTE (5%) IAPT trained and 640 WTE (11%) 'Other counsellor trained', making 902.4 WTE or 17% of the total IAPT therapy workforce.

Table 22: High Intensity Therapists only

		WTE	Percentage total
a+h	Counsellors	902.4	25%
e	CBT	2347.9	66%
b	Therapists delivering Couples Therapy for Depression	85.5	2%
c	Therapists delivering Brief Dynamic Interpersonal Therapy	66	2%
d	Therapists delivering Interpersonal Psychotherapy	139.5	4%
	Total	3541.3	100%

Counselling comprises 902.4 WTE or 25% the High Intensity Therapist workforce.

Table 23: Non-CBT High Intensity Therapies only

		WTE	Percentage total
a+h	Counsellors	902.4	76%
b	Therapists delivering Couples Therapy for Depression	85.5	7%
c	Therapists delivering Brief Dynamic Interpersonal Therapy	66	6%
d	Therapists delivering Interpersonal Psychotherapy	139.5	12%
	Total	1193.4	100%

Counselling comprises 902.4 WTE or 76 % the non-CBT High Intensity Therapist workforce.