Older adults access to IAPT

Applying behavioural insights to increase referrals

Report and recommendations

September 2017

Health
Innovation
Network
South London

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This report is from the Health Innovation Network, working with a behavioural scientist from Hill + Knowlton Strategies (H+K).

H+K is a leading international communications consultancy. Its approach is rooted in purpose and behavioural science.

This report was prepared by Dan Berry, healthcare specialist in H+K's in-house behavioural science team.

Dan previously established and led the behavioural insights team in the Department of Health, applying practical and scalable behavioural insights to numerous NHS challenges.

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About the Health Innovation Network

The Health Innovation Network is the Academic Health Science Network (AHSN) for South London, one of 15 AHSNs across England.

We connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the spread and adoption of innovations and best practice, using evidence-based research across large populations.

Working as catalysts of change across health and social care economies, we enable health improvements and economic growth.

Population
3.5 Million

Healthcare Workforce of
60,000+

55
Member Organisations

12
South London Boroughs

STPs   2 South West & South East London

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Summary

This report seeks to better understand, and then to address, low IAPT referral rates for older adults. This includes referral via a GP or other healthcare professional, or through direct referral – for instance if prompted from a voluntary or community sector organisation.

The report provides a toolkit of insights from behavioural science that can increase referrals. This toolkit draws on evidence to specifically design interventions that would be simple and cheap to apply.

The toolkit includes:
• The importance of sharing emotional and relatable patient stories – as well as facts
• The best way to describe to GPs the benefits of IAPT for older adults – and the benefits to the GP
• Prompts for who to engage in making more referrals – and when

Many of these interventions can be implemented right away at minimal cost and minimal risk of reducing referral rates. The Health Innovation Network is keen to partner with IAPT providers and their stakeholders to test and evaluate these new interventions to build the evidence base.

Workshop with South London IAPT services, commissioners and Voluntary sector partners

On 19 September 2017 the Health Innovation Network hosted a workshop for IAPT services providers, secondary mental health providers, commissioners, GPs and voluntary sector partners from across South London.

This was to identify and share best practice to increase referrals for older adults.

This included ideas around on-line IAPT, and opportunities to align with other services.

This report incorporates recommendations from the discussions at that workshop.

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Introduction to behavioral science

Behavioural science is the study of how people make decisions in real life.

People often behave in ways that are surprising and may seem irrational.
- Many of us do not eat as healthily as we know we should
- Many of us do not save enough for our retirement as we know we should
- GPs may not refer their older patients to IAPT even when they know the patient may benefit from the service and the GP is able to make the referral.

Behavioural science reveals that most human behaviour is driven by automatic, instinctive and intuitive thought processes. Even important decisions that we believe people make rationally are often automatic, influenced more by context than by consciously thinking something through.

This report identifies how we can apply insights from behavioural science to appeal to the automatic, emotional and instinctive ways we all make decisions – GPs, patients and voluntary sector partners.

Education and appealing to rational motivation typically fall short of making the desired impact. Instead, we use these behavioural insights to design new solutions to nudge action.

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Case study: reducing DNAs at Bart's Health NHS Trust

Bart's worked with the Department of Health and the Behavioural Insight Team to reduce DNA rates.

The challenge was to do this in a simple and low cost way.

We applied behavioural insights to the wording of the usual text message reminder. We tested these in a randomised controlled trial.

The most effective messages communicated the specific waste of a DNA: "not attending costs the NHS £160"

This reduced DNAs by 23% - at zero cost. It's since been implemented across the country and published in a peer-reviewed journal (1).

The challenge of increasing IAPT referrals for older adults

The IAPT programme is available to all adults in England. Access rates for older adults are low, even though older adults achieve higher recovery rates from IAPT than working age adults (2).

One reason for low access rates among older adults is low referral rates. This is either referral via a GP or other healthcare professional, or through direct referral – for instance if prompted from a voluntary or community sector organisation.

As with the rest of England, referral rates across South London vary enormously. This suggests that referral rates can be improved. In addition, while there are particular barriers and characteristics of IAPT services, other NHS services have similar access challenges for older adults and other specific population groups. We can learn from these.

This report seeks to better understand, and then to address, low IAPT referral rates for older adults.

This includes referral via a GP or other healthcare professional, or through direct referral – for instance if prompted from a voluntary or community sector organisation.

While the report does not focus on other access issues, such as the availability of convenient services after the point of referral, many of the factors impacting low referral rates may continue through the patient journey.

Behavioural biases impacting low referral rates

Numerous factors influence IAPT referrals for older adults. Unless we identify and tackle all of these we will continue to fall short of making the desired impact.

Some factors are more apparent. For instance, knowledge of the benefits of IAPT for older adults. Availability of services at convenient times and locations may also be a barrier.

But in addition are a set of less obvious cognitive or situational barriers ('biases') that are explained through the latest insights from behavioural science. These biases tend to be less noticed and sometimes unexpected – and therefore not addressed.

These behavioural biases include:

- **Availability bias**: We make judgements about likelihood based on how easily an instance comes to mind or from our own personal experiences – rather than facts. It may be hard for a GP to bring to mind one of her older patients who has benefited from IAPT

- **Status quo bias** : We prefer things to stay the same by sticking with a previous decision. We especially regret bad outcomes that result from actions more than bad outcomes from inaction. GPs who have low referral rates (inaction) may find this easier to continue than potentially risky new streams of referrals (action).

- **Limited mental bandwidth**: We are busy and easily distracted. We focus on what is in front of us, feels urgent, and comes easily to mind. We delay actions if they don't grab our attention. It is hard for GPs to focus on something like IAPT compared to more salient or urgent demands.

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Toolkit for increasing referrals

This is a toolkit of six sets of actions that can easily be implemented to increase IAPT referrals for older people. These are: social norms, timing, communicating risks and benefits, simplification, messenger, and telling stories.

About the toolkit:

- Each section defines the behavioural insight, provides an example of how this applies to IAPT referrals for older adults, and then sharing further suggestions. Each part of the toolkit also includes a case study example from a similar health challenge.

- Each of these insights can be applied to influence GPs, patient self-referral, or voluntary and community sector partners.

- This toolkit is informed by proven studies from the NHS and other sectors, though not IAPT referrals specifically. There is no known *published* research applying behavioural insights to IAPT referrals, either for all patients or specifically for older adults. We would like to help fill this important gap.

- This toolkit focuses on ideas that are simple and low cost to apply at scale. In some instances the toolkit may lead to more extensive or expensive interventions. It is especially important to test those before they are rolled-out.

This toolkit focuses on practical ways to increase IAPT referrals for older adults

However many of the insights will also apply to increasing referral rates for other population groups, including other groups who under-access IAPT.

The insights may also help tackle other access barriers, for instance during the period between an older adult being referred and their first appointment with a PWP.

For instance, this may help reduce drop-outs and DNAs.

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1: Share a positive social norm

- **Insight**: social proof is the powerful psychological concept that shows we instinctively copy the behaviour of others' around us, especially people we perceive as similar to us. Highlighting a positive social norm – communicating what other people do – can be a highly successful way of changing behaviour.

- **What this means for IAPT referrals**: GPs may perceive that few others refer older adults to IAPT, so may copy this negative social norm. This is a barrier. It also provides a solution i.e. we can specifically target outlier GPs to communicate their relative poor referral rates. This would work especially well if the comparison is easily relatable i.e. with local GPs who refer to the same IAPT providers.

- **Other applications of social norms**
  - Social norms can be shared in a number of ways. Ideally, show that everyone is *doing* something. If that is not possible, instead show that others' *believe* in something e.g. GPs *support* IAPT for older adults.
  - Don't normalise the bad. Raising awareness of the older adults IAPT referral problem might just make people realise everyone else is behaving badly. So if there is no way to communicate a positive norm, keep quiet about it!

Case study: using social norms to reduce prescribing

The challenge was to reduce unnecessary prescribing of antibiotics by GPs.

Public Health England and NHS were already doing a lot to tackle this challenge, including financial incentives and marketing campaign.

The new behavioural intervention was simply a letter to the highest prescribing GPs, telling them how their prescribing compares to GPs in their area.

This was evaluated via a RCT at 1,500 GPs' surgeries. This reduced prescribing by a sustained 3.3% at a total cost of only around £5,000 (3).

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2: Consider the best timing

- **Insight**: Behaviour happens in the moment. What influences us at one specific moment may be very different to another moment. This is especially relevant for when decisions and actions do not feel urgent and so can be delayed.

- **What this means for IAPT referrals**: there will be many times when an IAPT referral prompt is more effective than other times. For instance, a prompt at a specific moment when a GP can easily give a patient a referral leaflet, or when a GP or other clinician has even a brief moment to discuss IAPT.

- **Other applications of simplified processes and messages**
    - What prompts can you give referrers *at the moments* most amenable to making a referral. For instance, IT prompts triggered by certain Read codes?
    - Could IAPT referrals be prompted at other health services for older adults e.g. NHS Health Checks, flu and shingles vaccines, or cancer screening.
    - Do people other than GPs have a moment's more time to speak with older adults about IAPT? For instance, other surgery staff, district nurses, or social workers? Or outside of a medical setting at other times when older adults access services e.g. when applying for a Freedom Pass.

Case study: getting the timing right

A trial in two hospitals provided feedback to doctors of the price of a discretionary lab test at the exact time they decide if they wish to order the test.

This did not stop them ordering tests, nor give them any information they didn't already have access to. It just did it in a timely way.

Providing this feedback reduced use of the test by around a third, with no training and education programmes needed and no adverse events reported (4).

3: Carefully share risks and benefits

- **Insight**: We approach pleasure and avoid pain. This is rational decision-making- and is how NHS incentive payments are typically designed. But the way risks and benefits are designed and how they are described can significantly impact our behaviour, too. For instance if they feel personal, relevant and immediate.

- **What this means for IAPT referrals**: there is lots of persuasive data on the efficacy of IAPT for older adults; and lots of good performance data at a practice and provider level. But this should be shared with clinicians in persuasive formats. For instance, show the short-term benefits to GPs and other clinicians, perhaps in reducing 'revolving door' patients who present with physical health issues that may be associated with an underlying and untreated mental health issue.

- **Other applications of simplified processes and messages**
  - Communicate the short term benefits to GPs, patients and VCS partners e.g. in immediate peace of mind or sense of taking control over a condition. Rather than the longer term benefits of overcoming mental ill-health.
  - We typically feel the pain of a loss more than we feel the benefit of a gain of the same objective value. So describe low IAPT referrals as 'missing out' rather than higher referrals as a 'gain'.

Drinking alcohol in excess can increase the risk of a number of health problems. It can also lead to a number of short term and less acute health problems, such as dry and saggy skin.

This study tested if alcohol harm messages framed in terms of more immediate but less serious problems was more effective than a typical long term health harm message.

In a trial between Public Health England and an alcohol health charity, a dry and saggy skin message was 15% more effective in encouraging women to take action than a health harm message (5).

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4: Simplify information and processes

- **Insight**: the key insight from two decades of behavioural science research is the importance of keeping processes and messages simple. We are all busy and easily distracted, so grabbing someone's conscious attention is hard. Many of us think we know this, but we nonetheless commonly underestimate the impact that even minor hassle can have. We therefore often overlook this factor when we try to share comprehensive information.

- **What this means for IAPT referrals**: keep messages and processes really simple. Referral should be a one-step process with little hassle – as hassle is enough for us to put something off, perhaps forever. Do not try to communicate everything. Instead, grab attention and, once you have someone's attention, use that opportunity to communicate more.

- **Other applications of simplified processes and messages**
  - Keep written materials simple and short – whether these are for the public or for professionals. Long and complex materials often go unread.
  - If other promotional media are used, such as video, keep those to a few seconds i.e. edit down long videos to make a series of bite-sized clips.

Case study: using simple and timely prompts

Nine in ten people in England are happy to donate their organs after they die.

Yet less than a third express their wishes – even though NHS organ donor register is well understood and easy to join.

The UK government tested a simple solution – prompting people to join when they're doing something else. In this case it was when they're getting their driving licence or paying for their car tax online.

This simple prompt, at a moment when people can easily take action, has led to hundreds of thousands of additional organ donor registrations (6).

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5: Consider the messenger as well as the message

- **Insight**: The messenger is often as powerful as the message. The weight we give to information depends greatly on our automatic reactions to the messenger. Credibility, similarity and likeability all increase the power of the messenger with similarity often being most powerful.

- **What this means for IAPT referrals**: When communicating with GPs about the merits of IAPT referrals for older adults, consider if those communications can be perceived to come from another GP – perhaps especially from a relatable GP rather than a mental health lead or other specialist who is perceived as less relatable.

- **Other applications of the messenger effect:**
    – Use older adult IAPT service users as a messenger e.g. short and snappy testimonials in information to GPs alongside hard facts and figures.
    – New messengers can add to the authenticity of a message. For instance to briefly mention *and then overcome* any minor doubts e.g. "I thought I may be taking a slot for a younger person, but actually the service had capacity for me and people of working age"

Case study: Get Braids not AIDS

In research funded by the Department for International Development, female condom usage in Zimbabwe increased significantly when 1,000 hairdressers were trained in how to talk to their customers about how to negotiate their usage with their sexual partners and demonstrate how to use them correctly and consistently (7).

In addition, human factors research in the NHS has shown that nurses can sometimes comply unthinkingly with doctors' instructions, even if those instructions include errors.

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6: Use emotions and tell stories

- **Insight**: The act of experiencing emotion is a powerful influence on behaviour. We probably accept that consumers are impacted by emotions, for instance in TV adverts. But this is equally true of professionals in the workplace, who will be influenced by emotional responses to messages or patient stories. Moods and even fleeting emotional associations can influence us more than deliberatively weighing the pros and cons when assessing facts.

- **What this means for IAPT referrals**: while it is important to communicate facts to GPs and commissioners, we should *also* appeal to their emotional decision-making mechanisms. For instance, by using relatable case studies and stories of patient experiences.

- **Other applications of emotions and story-telling**
  - Use stories to communicate facts and figures. For instance, express performance data in terms of the number of additional older people accessing services *at a GPs' own surgery*. This is a more personally relatable and therefore impactful fact.
  - Consider all emotions, even fleeting emotions, that may be a barrier to IAPT referrals. For instance, is there an emotional association in not referring older adults (for instance in subconsciously prioritising working age adults). Or even a fleeting sense of boredom or irritation in the referral process.

Lifestyle health campaigns typically draw on emotional responses as well as facts and figures.

For instance, stop smoking campaigns often appeal to a sense of disgust from smoking, for instance with vivid images of tumours or cholesterol from cigarettes.

Plain cigarette packaging regulations deliberately mandate a standard drab shade of olive green to remove the previous positive emotional associations from snazzy colours and design (8).

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Next steps

The Health Innovation Network proposes to work in partnership with two IAPT providers and their stakeholders to implement and evaluate the outcomes of this toolkit. This will take approximately six months.

Providers will initially be selected on their interest stated in the 'Next Steps' feedback from the recent Health Innovation Network south London event, Improving Access to Psychological Therapies for Older Adults.

Further discussions will be held with these providers to scope time and resource commitment.

The evidenced outcomes of this work will be published and shared locally and nationally through the Academic Health Science Network. Speeding up the best in health and care, together.

Annex – more information about behavioural science

Behavioural science brings together psychology, neuroscience and economics to help us understand how people make decisions and actions in real life – and how to predict and influence these. This is a relatively new area of applied science.

Behavioural science reveals that the majority of our actions are driven by automatic, instinctive and intuitive thought processes. Even decisions we believe people make in a reflective and rational manner – weighing the pros and cons – are often influenced more by context than reasoned thought.

This certainly applies to the challenge of healthcare referrals. This decision is not necessarily taken in a fully considered and rational way in each instance. Instead it is influenced by a range of situational or cognitive biases that then inform GPs' habits or patients automatic associations with the choices they have.

There is broad consensus in psychology that people – all of us, all of the time – make judgements and decisions using two systems of thinking. Sometimes this is 'thinking' in the everyday way we use that term: deliberative, reflective and effortful. For example, like when multiplying 17 x 13. This type of thinking is hard and is tiring, so our capacity to engage in it is limited. It is difficult to spend even a few minutes focusing attention in a concerted manner.

Most of the time however we use another way of thinking, with much less involvement from our deliberative and effortful thought systems. Instead our minds operate in automatic mode. Our judgements and decisions are effortless, fast and outside voluntary control. For example, when multiplying 2 x 2 the answer 4 comes to mind automatically and without effort.

This automatic thinking is easy. And it is really useful. It allows us to make hundreds of judgements and decisions every day without wasting scarce mental effort. Rather than weighing the pros and cons of every judgement or decision, our automatic responses instead rely on cognitive biases or heuristics. These are either ingrained or learnt over time.

These usually serve us well. But these biases can sometime lead our decision-making astray.
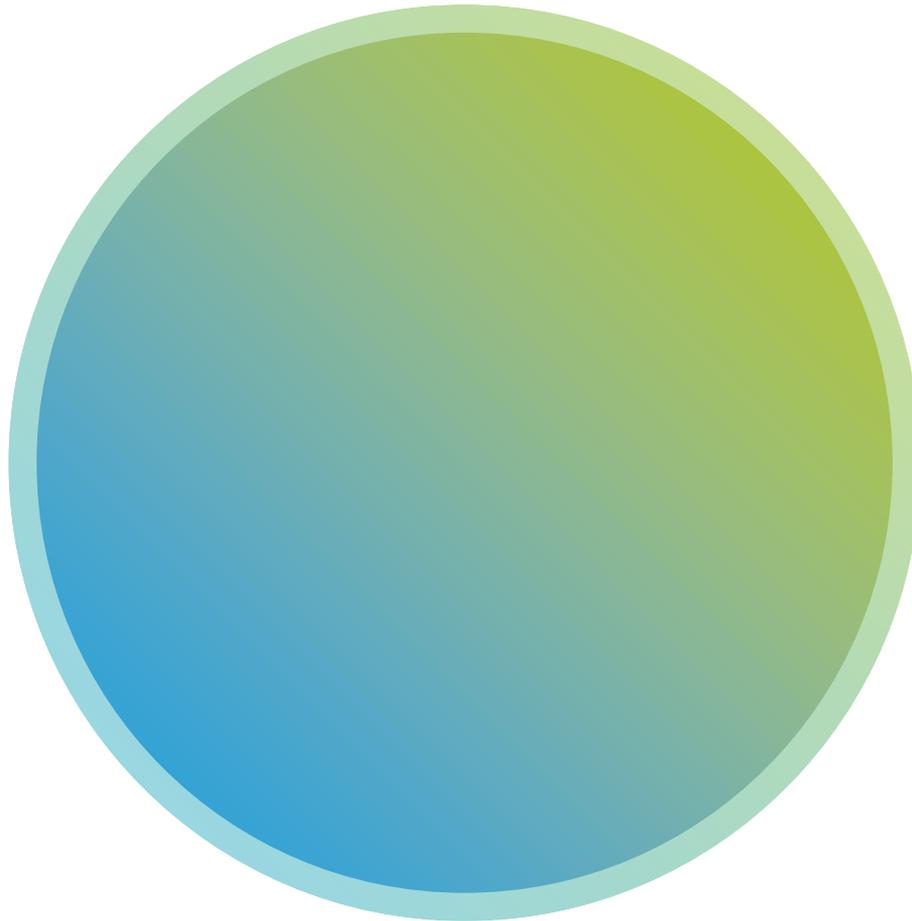
These processes of automatic thinking are not minor or scattered. These behavioural biases we all use all of the time are systematic, regular, and can have massive importance on our actions. Behavioural scientists have made major advances in recent years in understanding what these cognitive and related behavioural biases are and how they affect so many of our day to day decisions, judgements and behaviours.

Annex – notes from table discussions at HIN workshop

- Show that other GPs who refer more get a benefit to then e.g. more repeat appointments from 'revolving door' patients? Show this either as facts or, if those are hard to find from data, as anecdotes.
- For patients, use language that is less stigmatising and more positively slanted
- Use GP leads to feedback positive stories and outcomes, not just feeding back issues and problems
- Use comparative data to encourage healthy competition
- Share referral rare comparative data at locality meetings (for all practice staff)
- Use a relative as an example of someone why may need service and, in communicating this, makes a personal impact
- Educate front-line practice staff and give opportunistic info to patients as they access the GP surgery
- Use community taxi service, hairdressers, nail bars, religious organisations, coffee sleeves etc – go to where people already are and when they may have some time to engage with the message
- Use messages with 'people like me'
- Use practice staff – receptionists, practice managers etc. Use team meetings to discuss opportunities
- Locally specific data on GP referrals e.g. neighbourhood GPs are referring x and you are only referring y

- Testimonials of local older people who have accessed IAPT
- What would you (a patient) say to your neighbour or friend
- Piggybacking on promotional materials such as benefits to older people e.g. freedom passes.
- Promote by adding IAPT information into pharmacy bags.
- Use language to GPs and other medical staff that's more every day e.g. do you think your patients are worrying a lot? More everyday language for medical teams and patients.
- Share a rule of thumb that having a LTC / bereavement etc. is a trigger to check if the patient wants a talking therapy.
- Peer to peer encouragement – pass to a friend. Is it possible to trial an EMIS prompt when certain other triggers are coded e.g. age of patient, recent diagnosis, if bereaved.
- Create Facebook groups, or use Facebook advertising, to drive awareness. Show that anxiety and depression are common but that so is seeking help.
- See if people who have been through IAPT can act as more proactive advocates
- Myth busting in patient-facing materials "most patients get better"

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