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# Enhancing the quality of telephone psychological treatments for anxiety and depression: testing an intervention to help services

**Submission date**
28/05/2021

**Recruitment status**
No longer recruiting

**Registration date**
01/09/2021

**Overall study status**
Completed

**Last Edited**
23/01/2026

**Condition category**
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[X] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

## Plain English summary of protocol

Background and study aims
Depression and anxiety cause substantial difficulties for people who experience them. The NHS has created a world-leading psychological therapy service, called 'Improving Access to Psychological Therapy (IAPT)', to help people with these conditions.
To help people access IAPT, many thousands of sessions are delivered by telephone. Telephone-delivered treatments are helpful and are recommended by the National Institute for Health and Care Excellence for depression and anxiety.
In this study the researchers want to improve the way that psychological interventions are delivered over the telephone. They have explored IAPT data to understand which groups of people have the greatest difficulties with telephone-delivered treatments. They have worked with patients and professionals to understand their experiences of telephone treatments and the types of challenges they face.
They have developed an intervention to help services improve the quality of telephone treatments. This intervention includes professional training, educational materials to help patients understand telephone-delivered treatments, and best-practice guidelines and workshops for IAPT teams.
This study will compare services that receive the intervention with those that do not. The researchers will test whether the introduction of the intervention means that more patients finish telephone treatment, and whether this has benefits for their health. They will talk to patients and professionals about their experiences of telephone treatments following the intervention. This will address the following questions:
1. Does the EQUITy intervention improve treatment engagement and cost-effectiveness of treatment compared to usual IAPT care?
2. How acceptable is the EQUITy intervention to patients and professionals?

Who can participate?
1. Any IAPT service (NHS or third sector) that supports patients at Step 2 over the telephone
2. Patients aged 18 years and over with depression or anxiety accessing telephone-delivered

Step 2 treatment
3. IAPT service team members (service managers, service leads, supervisors, practitioners, administrators) will be invited to attend the team workshop
4. All practitioners providing psychological treatment by telephone will be invited to attend the telephone training sessions

What does the study involve?
IAPT services are randomly allocated to receive the EQUITy intervention or continue with the usual IAPT services. The EQUITy intervention is a service quality improvement intervention that seeks to build on existing services and does not involve the introduction of a new treatment. The intervention is made up of three components:
1. Guidelines for services and team workshops
2. Practitioner telephone training
3. Resources for patients

Patient outcomes (at both intervention and control services) are collected from the routine IAPT data set for sessions attended, and 6 and 12 months by the research team after they enter the study. In the intervention services patients at each service who were referred to telephone treatment will be invited to take part in a telephone interview (up to 60 minutes) to discuss their experience of accessing telephone treatment following implementation of the EQUITy intervention within their service. Service team members will also be invited to participate in a telephone interview or discussion group in relation to their experience of implementing the intervention.

What are the possible benefits and risks of participating?
Although the researchers cannot guarantee (to patients, professionals and services who participate) that the study will have personal value, the information all participants provide may help improve the delivery, quality, engagement and outcomes of telephone treatments in the future.

Where is the study run from?
The University of Manchester (UK)

When is the study starting and how long is it expected to run for?
May 2021 to February 2026

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Dr Judith Gellatly
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# Contact information

### Type(s)
Public

### Contact name
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Scientific

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# Additional identifiers

**Clinical Trials Information System (CTIS)**
Nil known

**Integrated Research Application System (IRAS)**
298615

**ClinicalTrials.gov (NCT)**
Nil known

**Central Portfolio Management System (CPMS)**
50002

# Study information

**Scientific Title**

Enhancing the quality of psychological interventions delivered by telephone (EQUITy): a cluster randomised trial of a service quality improvement intervention

## Acronym
EQUITy

## Study objectives
The EQUITy intervention will help services improve the quality of telephone treatments.

## Ethics approval required
Old ethics approval format

## Ethics approval(s)
Approved 25/08/2021, North West - Preston Research Ethics Committee (Barlow House, 3rd Floor 4 Minshull Street, Manchester, M1 3DZ, United Kingdom; +44 (0)207 104 8364, +44 (0)207 104 8156, +44 (0)207 104 8181; preston.rec@hra.nhs.uk), ref: 21/NW/0218

## Study design
Multicentre cluster randomized trial

## Primary study design
Interventional

## Study type(s)
Treatment

## Health condition(s) or problem(s) studied
Anxiety and/or depression

## Interventions
Current interventions as of 27/11/2023:
This is a cluster randomised trial, so randomisation will take place at the service level. Half (11) of the services will be allocated to the intervention arm and will receive the EQUITy intervention, the other half (11) will be allocated to the control arm and will continue with treatment as usual.

The EQUITy intervention includes workshops for IAPT teams, practitioner telephone training, educational materials to help patients understand telephone-delivered treatments, and service guidelines to enhance practice.

Services will be involved in the trial for 12 months (recruitment of follow-up patient sample by 9 months), with patient follow-ups being conducted by the EQUITy research team up to 12 months.

Previous interventions:
This is a cluster randomised trial, so randomisation will take place at the service level. Half (13) of the services will be allocated to the intervention arm and will receive the EQUITy intervention, the other half (13) will be allocated to the control arm and will continue with treatment as usual.

The EQUITy intervention includes workshops for IAPT teams, practitioner telephone training, educational materials to help patients understand telephone-delivered treatments, and service guidelines to enhance practice.

Services will be involved in the trial for 6 months, with patient follow-ups being conducted by the EQUITy research team up to 12 months.

### Intervention Type
Behavioural

### Primary outcome(s)
1. Depression measured using the Patient Health Questionnaire 9 (PHQ-9) at baseline, 6 and 12 months
2. Anxiety measured using General Anxiety Disorder-7 (GAD-7) at baseline, 6 and 12 months

### Key secondary outcome(s))
Current secondary outcome measures as of 14/10/2021:
1. Treatment engagement and cost-effectiveness of treatment measured using the EQ-5D-5L and Economic Patient Questionnaire (EPQ) at 6 and 12 months
2. Patient-therapist relationships measured using the Agnew Relationship Measure (ARM-5) at 6 months
3. Acceptability of the EQUITy intervention to patients and professionals (Psychological Wellbeing Practitioners (PWPs), service leads, managers, supervisors) will be collected via qualitative interviews and discussion groups (professionals only) at weeks 16-24

Previous secondary outcome measures:
1. Treatment engagement and cost-effectiveness of treatment measured using the EQ-5D-5L and Economic Patient Questionnaire (EPQ) at 6 and 12 months
2. Acceptability of the EQUITy intervention to patients and professionals (Psychological Wellbeing Practitioners (PWPs), service leads, managers, supervisors) will be collected via qualitative interviews and discussion groups (professionals only) at weeks 16-24

### Completion date
28/02/2026

## Eligibility

### Key inclusion criteria
Current participant inclusion criteria as of 11/02/2022:

Services:
1. Any IAPT service (NHS or third sector) that supports patients at Step 2 over the telephone will be eligible
2. Services will need to be providing at least 20% of their treatment sessions using the telephone and have enough referrals likely to allow for a sample of 100 patients for the enriched sample
3. Multiple IAPT services within the same Trust will be included if they work independently to each other

Professionals:
All professionals working within the IAPT teams in services that are recruited will be eligible to

take part (Service Leads, Managers, Psychological Wellbeing Practitioners (PWPs), Administrators)

Patients:
Patients will be recruited via the services that are recruited into the trial. Patients who meet the following criteria 1-3 below will be eligible.
1. Adults aged 18+ years
2. Experiencing anxiety and/or depression
3. All patients who are allocated to receive telephone therapy

_____

Previous participant inclusion criteria:

Services:
1. Any IAPT service (NHS or third sector) that supports patients at Step 2 over the telephone will be eligible
2. Services will need to be providing at least 20% of their treatment sessions using the telephone and have enough referrals likely to allow for a sample of 100 patients for the enriched sample
3. Multiple IAPT services within the same Trust will be included if they work independently to each other

Professionals:
All professionals working within the IAPT teams will be eligible to take part (Service Leads, Managers, Psychological Wellbeing Practitioners (PWPs), Administrators)

Patients:
1. Adults aged 18+ years
2. Experiencing anxiety and/or depression
3. All patients who are allocated to receive telephone therapy

## Participant type(s)
Mixed

## Healthy volunteers allowed
No

## Age group
Mixed

## Lower age limit
18 years

## Upper age limit
100 years

## Sex
All

## Total final enrolment

1423

### Key exclusion criteria
Current exclusion criteria as of 27/11/2023:
Services:
IAPT sites where telephone referral level would feasibly generate a participant sample of 100 over a period of up to 6-9 months.

Patients:
Does not meet inclusion criteria

Professionals – workshop and training sample:
No individuals working within the IAPT teams will be excluded from taking part. The decision as to whether to attend will be made by individuals or the sites (who may have to take into account practitioner workloads etc).

Professionals – post-intervention qualitative interviews/discussion groups:
No individuals who attended the workshop or training will be excluded from taking part in an interview, the decision to take part will be for each individual to make.

Previous exclusion criteria:
Services:
IAPT sites where telephone referral level would feasibly generate a participant sample of 100 over a period of up to 6 months.

Patients:
Does not meet inclusion criteria

Professionals – workshop and training sample:
No individuals working within the IAPT teams will be excluded from taking part. The decision as to whether to attend will be made by individuals or the sites (who may have to take into account practitioner workloads etc).

Professionals – post-intervention qualitative interviews/discussion groups:
No individuals who attended the workshop or training will be excluded from taking part in an interview, the decision to take part will be for each individual to make.

### Date of first enrolment
26/07/2021

### Date of final enrolment
30/06/2024

## Locations

### Countries of recruitment
United Kingdom

England

**Study participating centre**
**University of Manchester**
Oxford Road
Manchester
England
M13 9PL

# Sponsor information

**Organisation**
University of Manchester

**ROR**
https://ror.org/027m9bs27

# Funder(s)

**Funder type**
Government

**Funder Name**
National Institute for Health Research

**Alternative Name(s)**
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**
Government organisation

**Funding Body Subtype**
National government

**Location**
United Kingdom

# Results and Publications

**Individual participant data (IPD) sharing plan**
The datasets generated during and/or analysed during the current study will be stored in a publically available repository.

## IPD sharing plan summary

Stored in publicly available repository

## Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| HRA research summary | | | 28/06/2023 | No | No |
| Protocol file | version 11 | 16/10/2023 | 27/11/2023 | No | No |
| Protocol file | version 12 | 23/06/2025 | 23/01/2026 | No | No |
| Statistical Analysis Plan | version 9 | 21/07/2025 | 18/11/2025 | No | No |
| Study website | | 11/11/2025 | 11/11/2025 | No | Yes |