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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
09/10/2026

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[X] Statistical analysis plan
[X] Results
[_] Individual participant data

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?
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Contact information

Type(s)
Public

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Additional identifiers

Integrated Research Application System (IRAS)
298615

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

Primary study design
Interventional

Study design
Multicentre cluster randomized trial

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?
Results article		26/05/2026	09/10/2026	Yes	No
HRA research summary			28/06/2023	No	No
Other publications	Qualitative process evaluation study	20/03/2026	23/03/2026	Yes	No
Other unpublished results		09/10/2026	09/10/2026	No	No
Plain English results		26/05/2026	09/10/2026	No	Yes
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