

# Space from Depression for treating adults with depression

Medtech innovation briefing

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## Expert panel conclusions

- Therapist and Improving Access to Psychological Therapies (IAPT) service feedback on Space from Depression (SilverCloud) was generally positive. The evaluation data and user feedback showed that it was an effective treatment for some users.
- The IAPT expert panel therefore concluded that the **case for adoption is partially supported** for Space from Depression. They noted that Space from Depression is suitable for use in IAPT services when:
  - there is monitoring to identify and help people who stop engaging with the service
  - there is flexibility about how much the therapist and service user can communicate
  - there are clear plans to help service providers put Space from Depression into practice.

## Panel discussion

### Patient choice and flexibility

The panel noted that it is hard to predict which service users may get the most benefit from Space

from Depression, so it is essential to:

- ensure that people can choose what kind of treatment they would like to have
- put Space from Depression in the stepped-care model, so people whose symptoms do not improve are given the option to try other types of treatment or a higher intensity therapy if needed
- monitor people's progress and act quickly if they stop engaging with Space from Depression, and try to encourage them to re-engage.

The panel highlighted this gap in understanding and noted that further research in this area would be useful.

## Therapist contact

The panel stated that the company (SilverCloud) may wish to consider offering therapists more flexibility in how, and how often, they can contact the service user. This could include adding regular telephone contact or the capacity for ad-hoc messaging, based on the needs of each person.

## Service planning

Evaluation data showed that the effectiveness of Space from Depression varied widely between Improving Access to Psychological Therapies (IAPT) services. The panel noted that the IAPT services that achieved good recovery rates with Space from Depression spent time planning service provision and helping therapists to offer and use Space from Depression efficiently. The Haringey IAPT service, which used Space from Depression before the evaluation took place, showed the highest recovery rates of the 3 IAPT services involved in the evaluation. SilverCloud has stated that outcomes within each service improve over time, because the product can be firmly established in the service, staff can get used to it, and problems can be identified and resolved.

Service providers that are new to Space from Depression, or those with lower recovery rates than anticipated, may wish to consult other IAPT service providers. This will help to identify any potential changes to their service planning that may improve effectiveness and efficiency.

## Service user access

The panel discussed the responsibility of IAPT services to ensure equal access to care across the community. The panel noted feedback from IAPT services about particular groups of people whose

access to treatment may be improved through digitally enabled therapy. These included people who do shift work, those with caring responsibilities, and people living in rural areas who would need to travel a long distance to reach an IAPT service. The panel suggested that SilverCloud could consider if it can use the potential of digital therapy to reduce inequalities in healthcare.

Digital therapies in general may currently be unsuitable for people with learning difficulties or people with visual impairments that would prevent them from reading text.

## The assessment

### The technology

The technology evaluated in this report is Space from Depression (SilverCloud), an online programme used to treat depression, delivered with support and guidance from a therapist, as an alternative to face-to-face cognitive behavioural therapy (CBT).

Space from Depression was assessed by NICE as part of [NHS England's assessment of digitally enabled psychological therapies for Improving Access to Psychological Therapies IAPT](#). In 2018, an IAPT assessment briefing was published on [Space from Depression for treating depression in adults](#). This reported the results of assessments of therapeutic content, digital technological factors, clinical evidence and resource impact. The [NICE IAPT expert panel](#) considered these assessments and recommended that Space from Depression should progress to the evaluation in practice phase of this programme.

### Evaluation data

The evaluation in practice was designed to gather real-world activity data to help understand how well Space from Depression worked in routine use in IAPT services, in terms of clinical outcomes and resource use.

The evaluation took place at 3 IAPT services in Lincolnshire, Warrington and Haringey (see table 1). In total, 526 people finished a course of digital treatment with Space from Depression and 6,440 people completed a course of non-digital treatment. People were considered to have completed a course of treatment if the therapist recorded 2 treatment sessions with them.

**Table 1 Number of people with depression in each IAPT service who finished a course of non-digital treatment or Space from Depression**

IAPT service	Number of people who finished a course of non-digital treatment	Number of people who finished a course of digital treatment with Space for Depression
Lincolnshire Steps 2 Change	3,162	187
Warrington Talking Matters	817	224
Haringey Let's Talk IAPT	2,461	115
Total	6,440	526

SilverCloud gave training to all therapists using Space from Depression within the evaluation. Therapists were asked to follow the recommended Space from Depression treatment protocol.

Therapists were asked to offer Space from Depression to all people with depression with a PHQ-9 score less than 20, unless they had learning difficulties or their level of English language was not high enough to read the course material and feedback from therapists, or complete written homework.

## Parameters

The evaluation data considered by the panel was:

- starting and finishing PHQ-9 scores (with effect sizes)
- recovery rates
- reliable improvement
- reliable deterioration
- service user feedback

- user demographics
- therapist feedback
- summarised responses from IAPT service exit interviews
- figures showing the average number of appointments and total therapist time taken.

Comparators for the outcome data were within-service data for people having standard care options for depression, and national outcome data for people having guided self-help using books, and all treatments, from the [IAPT annual report](#).

Also, a summary of the economic evaluation from an academic-in-confidence manuscript of a new randomised controlled trial on Space from Depression was considered.

Key outcomes from the evaluation in practice are summarised below. A full description of the evaluation and a report of the data and feedback generated through this evaluation is available on request from the [IAPT project team](#).

## Change in PHQ-9 values

Depression severity was measured using the PHQ-9 outcome measure (see table 2). GAD-7 values were also collected, to measure severity of anxiety symptoms. To compare, the national average starting and finishing PHQ-9 values are shown for people having guided self-help (using books) in IAPT services, and for people having any treatment in IAPT services.

Across the 3 services, the change in PHQ-9 values was -3.7 for people who had Space for Depression, compared with -6.6 for people who had standard care. For comparison, the national change in PHQ-9 values for people having guided self-help (using books) was -5.0, and people having any treatment was -7.1.

**Table 2 PHQ-9 values before and after treatment across 3 IAPT services**

Type of treatment	Lincolnshire PHQ-9 (SD)	Warrington PHQ-9 (SD)	Haringey PHQ-9 (SD)	Average of 3 services PHQ-9 (SD)
Standard care: before treatment	15.5 (3.3)	15.7 (3.3)	16 (5.3)	15.7 (4.2)

Type of treatment	Lincolnshire PHQ-9 (SD)	Warrington PHQ-9 (SD)	Haringey PHQ-9 (SD)	Average of 3 services PHQ-9 (SD)
Standard care: after treatment	9.2 (6.2)	10 (6.5)	8.6 (6.3)	9.1 (6.3)
Standard care: change before and after	-6.3	-5.7	-8.2	-6.6
Space from Depression: before treatment	14.7 (3.4)	12.5 (4.3)	13.1 (3.3)	13.4 (3.9)
Space from Depression: after treatment	11.2 (5.9)	9.4 (5.2)	7.7 (4.7)	9.7 (5.5)
Space from Depression: change before and after	-3.6	-3.1	-5.4	-3.7

Table abbreviations: SD, standard deviation.

## Recovery rates

Recovery was calculated as the percentage of people whose problem descriptor (a description of a person's mental health condition used by IAPT services) was depression and who had both:

- a PHQ-9 score above 9 and/or a GAD-7 score above 7 before treatment
- a PHQ-9 score below 9 and a GAD-7 score below 7 by the end of treatment.

Across the 3 services, the average rate of recovery was 45.9% for people who had Space for Depression and 55.1% for people who had standard care. For comparison, the national recovery rates for people with depression having guided self-help (using books) was 40.8% and people with depression having any treatment was 52.1% (see table 3).

**Table 3 Recovery rates for people treated with Space from Depression or standard care in 3 IAPT services**

Type of treatment	Lincolnshire	Warrington	Haringey	Average of 3 services	Guided self-help	Any treatment
Standard care	55.0%	51.4%	58.9%	55.1%	40.8%	52.1%

Type of treatment	Lincolnshire	Warrington	Haringey	Average of 3 services	Guided self-help	Any treatment
Space from Depression	38.5%	34.1%	65.1%	45.9%	–	–

## Reliable improvement rates

Reliable improvement (see table 4) was calculated using PHQ-9 and GAD-7 scores. It was measured as the percentage of people who had completed a course of treatment and had either a 'reliable improvement' in both their PHQ-9 and GAD-7 scores, or had a 'reliable improvement' in one of these measures and no 'reliable deterioration' in the other measure. These were calculated like so:

- on the PHQ-9 scale, a reliable improvement is a decrease of 6 or more points, and a reliable deterioration is an increase of 6 or more points
- on the GAD-7 scale, a reliable improvement is a decrease of 4 or more points and a reliable deterioration is a decrease of 4 or more points.

Across the 3 services, the average rate of reliable improvement was 46.9% for people who had Space for Depression and 68.2% for people who had standard care. For comparison, the national reliable improvement rates for people having guided self-help (using books) was 55.6% and people having any treatment was 67.4%.

**Table 4 Reliable improvement rate for people treated with Space from Depression or standard care in 3 IAPT services**

Type of treatment	Lincolnshire	Warrington	Haringey	Average of 3 services	Guided self-help	Any treatment
Standard care	67.6%	65.0%	72.0%	68.2%	55.6%	67.4%
Space from Depression	47.6%	34.8%	58.3%	46.9%	–	–

## Reliable deterioration rates

Reliable deterioration was calculated as the percentage of people who had completed a course of treatment and had either a 'reliable deterioration' in both their PHQ-9 and GAD-7 scores, or had a 'reliable deterioration' in one of these measures and no 'reliable improvement' in the other

measure.

Across the 3 services, the average rate of reliable deterioration was 8.5% for people who had Space from Depression and 7.0% for people who had standard care. For comparison, the national reliable deterioration rates for people having guided self-help (using books) was 7.9% and people having any treatment was 5.8%.

**Table 5 Reliable deterioration rate for people treated with Space from Depression or standard care in 3 IAPT services**

Type of treatment	Lincolnshire	Warrington	Haringey	Average of 3 services	Guided self-help	Any treatment
Standard care	7.7%	8.0%	5.2%	7.0%	7.9%	5.8%
Space from Depression	8.6%	10.7%	6.3%	8.5%	–	–

## Feedback from service users and therapists

### Service users

Service user feedback was gathered from the 5 standard questions asked of all service users in the IAPT patient evaluation questionnaire (PEQ5) with 5 additional questions added for people using digital therapies. Service user responses to the multiple-choice questionnaire and free-text responses were discussed. Service user feedback on Space from Depression from 134 people (27%) across the 3 sites included very positive responses from some people and very negative responses from others. It showed that some users were dissatisfied with the low level of therapist contact and felt isolated and unsupported. Others felt that this care model was ideal for them and that it offered flexible therapy and adequate support. Two-thirds of responders (66.3%) reported being completely or mostly satisfied with their online treatment. Fifty-one responders gave free-text comments, 24 of these gave positive feedback and 27 gave negative feedback.

### Therapists

Twenty-one out of 26 therapists taking part in the evaluation gave feedback. Seventeen of these gave largely positive feedback. Twenty responders said that they totally or mostly agreed that Space from Depression was easy to use. Eighteen totally or mostly agreed that they were happy to offer Space from Depression to their patients. Negative responses showed some concern about the training given by the company, the ability for supervisors to review therapists' work, and being



unable to see how long the patients had spent using the programme.

## IAPT services

IAPT service exit interviews helped to show what effect Space from Depression had on services, and services' perspectives on the evaluation. Services reported that Space from Depression was well liked by therapists who enjoyed using it. Space from Depression gave some variety to the therapists' workload and enabled homeworking, which helped with retention of staff. Concerns were raised around the level of communication between therapist and user in the Space from Depression protocol. Services expressed that they would like to use occasional telephone contact alongside the online feedback, as this helped users to stay engaged with the programme. There was some frustration that therapists could only view messages from users on the day of fixed review appointments. These appointments were usually set to be weekly, but their frequency could be changed by the therapist. Therapists felt that the capacity for ad-hoc messaging would be beneficial, although this is not needed for all service users. SilverCloud has stated that increasing the level of communication between therapist and user could increase the therapists' workloads, and would not align with face-to-face therapy, where there is not normally communication between appointments.

## Resource impact

### Number of appointments

The evaluation recorded the mean number of appointments in a course of treatment using all standard care options and Space from Depression.

**Table 6 Mean number of appointments per course of treatment with standard care or Space from Depression**

Type of treatment	Lincolnshire	Warrington	Haringey
Standard care (SD)	7.3 (4.8)	6.4 (4.5)	8.8 (5.4)
Space from Depression (SD)	7.1 (3.1)	4.7 (1.6)	5.2 (1.8)

Table abbreviations: SD, standard deviation.

### Total therapist time taken

The total amount of time taken for a course of treatment was recorded. The standard care figures

included a 45-minute assessment appointment, which was not included in the figures for Space from Depression. Table 7 shows the therapist time figures adjusted to remove the 45-minute assessment appointment from the standard care figures.

**Table 7 Adjusted mean therapist time taken per course of treatment in minutes**

Type of treatment	Lincolnshire	Warrington	Haringey	Average of 3 services
Standard care	222.1	154.4	312.2	229.6
Space from Depression (SD)	132.6 (68.8)	50.5 (30.5)	112.0 (57.9)	92.8 (64.7)

Table abbreviations: SD, standard deviation.

The adjusted therapist time values were used to recalculate the cost per treatment of Space from Depression. An average IAPT service would pay around £24 per licence (at 0% VAT), which gives 1 user access to the programme for 1 year. In addition to the licence cost, the cost of 92.8 minutes of therapist time (band 5 psychological wellbeing practitioner) was calculated to be £54. This cost was compared with the expected costs for other standard care options (see table 8).

**Table 8 Cost of Space from Depression compared with standard care**

Type of treatment	Cost of standard care	Cost of using Space from Depression	Difference in cost
Guided self-help (3 to 6 sessions)	£59	£54	£5 saved
Group CBT	£97	£54	£43 saved
Workshop CBT	£8	£54	£46 cost
Face-to-face, individual CBT	£560	£54	£506 saved
Antidepressant medication for 6 months (weighted average cost based on minimum daily dose)	£110	£54	£56 saved

Table abbreviations: CBT, cognitive behavioural therapy.

## Expert panel comments

### Quality of data

The panel raised some concerns about the quality of data from the evaluation and noted that this limited the strength of their conclusions. In particular, the panel noted the low number of people in the evaluation who used Space from Depression.

### Recovery data

The panel noted that outcomes data varied between the 3 services evaluated, showing that how the Improving Access to Psychological Therapies (IAPT) service sets up and uses Space from Depression affects how well it works. The panel also noted that when compared with guided self-help, Space from Depression showed similar levels of recovery and reliable deterioration, and lower levels of reliable improvement, likely as a result of the Space from Depression group having lower baseline depression scores.

### User feedback

The panel noted that only 27% of people having Space from Depression, and 35% of people having non-digital standard care, submitted responses to the user feedback questionnaire. Given this low response rate, the outcomes of the survey were somewhat uncertain. But, in general, user feedback was slightly more positive about standard care than Space from Depression.

### Resource impact

The panel noted that the number of appointments used for Space from Depression was similar to that seen for standard care, but that the overall therapist time taken was lower. The standard deviation of the therapist time values was large, showing that the range of total therapist time was very wide. Also, the standard care comparator group included a wide range of treatments and this made comparisons between the 2 groups difficult.

## Development of this briefing

This briefing was developed by NICE for NHS England. The [Improving Access to Psychological Therapies \(IAPT\) process and methods statement](#) sets out the process NICE used to select this topics, run the evaluation in practice, and how this report was developed, quality-assured and

approved for publication.

## Expert panel members

- Professor Tim Kendall (chair), national clinical director for mental health, NHS England and NHS Improvement.
- Ms Lauren Aylott, lay member.
- Professor Peter Bower, professor of health services research, Manchester University.
- Professor Chris Hollis, professor of child and adolescent psychiatry, University of Nottingham.
- Dr Ifigeneia Mavranouzouli, senior health economist, University College London.
- Dr Nicholas McNulty, primary care psychologist, South London & Maudsley NHS Trust.
- Dr Georgina Ruddle, acting associate director mental health, maternity and children, and interim transforming care partnerships lead, NHS Wiltshire Clinical Commissioning Group.
- Professor Steve Pilling, professor of clinical psychology and clinical effectiveness, University College London.
- Mrs Toni Wilkinson, clinical director for planned and scheduled care and head of IAPT, Sheffield Health and Social Care NHS Foundation Trust.

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