



# Resource impact summary report

Resource impact

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The guidance covers 2 digitally enabled therapies that can be used as treatment options for adults with depression while further evidence is generated on their clinical and cost effectiveness. The therapies should be used with support from a trained practitioner or therapist in NHS Talking Therapies for anxiety and depression services. These technologies can be used once they have Digital Technology Assessment Criteria (DTAC) approval and an [NHS Talking Therapies for anxiety and depression digitally enabled therapies assessment from NHS England](#). The technologies are:

- Deprexis (Ethypharm Digital Therapy)
- Space from Depression (SilverCloud).

As the guidance is an early value assessment, the resource impact tools are not directing organisations to assess the cost of full rollout of these technologies. If there is an unmet need, these technologies could be a solution. Organisations may therefore wish to identify the potential resource impact.

The prevalence of depression of adults in England is 6.7 million, which is more than 15,000 people per 100,000 population. Each year an estimated 2.7 million adults will experience an episode of depression ([NICE, 2022](#)). An estimated 453,000 people are referred to NHS Talking Therapies for depression annually ([IAPT, 2022](#)). Under-treatment of depression is widespread, because many people are unwilling to seek help for depression and detection of depression by professionals is variable.

Standard care is the comparator and is the treatments offered for a new episode of less severe depression or more severe depression as described in [sections 1.5 and 1.6 in NICE's clinical guideline on depression in adults: treatment and management](#). These treatments are delivered by NHS Talking Therapies for anxiety and depression services.

Digitally enabled therapies are an alternative mental health treatment that can provide better access to care. Some mental health support teams will already be aware of, and using these technologies, however practice is likely to vary across different settings.

The economic modelling on Deprexis and Space from Depression showed that they could be cost-effective options for people with less severe depression. For more severe depression, only Deprexis could be included in the model. The results showed that Deprexis and generic computerised cognitive behavioural therapy with support could be cost-effective options for people with more severe depression. But the technologies are less likely to be the most cost-effective treatment option when compared with other standard care treatment options.

Figures below outline an estimated capacity impact per 1,000 patients using indicative time. Please note these may vary by practice, technology or therapy provided by standard care.

- For digitally enabled therapies for depression technologies, we estimate that therapists need to be provide around 1,200 hours of contact time per 1,000 patients based on each technology having an equal market share.
- Contact time may vary by technology with total contact time over the course of treatment ranging from 60 to 90 minutes.
- In standard care we estimate that therapists need to provide around 8,000 hours of contact time per 1,000 patients equivalent to 8 hours per patient. This is based on all patients having less severe therapy treatments.
- Assuming outcomes are equal this provides a capacity benefit of circa 6,800 hours equating roughly to over 4 whole time equivalents (WTE's) saved per 1,000 patients.

Where this approach to helping adults manage their condition is adopted, it may require additional resources to implement, which may be significant at a local level. Benefits derived from using the technologies may help mitigate additional costs.

Due to a lack of robust data on current practice and other variables such as whether digitally enabled therapies are an appropriate treatment option, the size of the resource impact will need to be determined at a local level. A local resource impact template has therefore been produced to assist organisations estimate the resource impact.

Depending on current local practice, areas which may impact resources include:

- Software costs of the technologies.
- Capacity to deliver the guided element is needed from trained practitioners in NHS Talking Therapies for anxiety and depression services.
- Time required for training to support.
- Other costs such as IT equipment may be needed for those who do not have access to smartphones, tablets, or a computer.

Implementing the guidance may:

- Reduce waiting times and improved access to care in a timely manner. Early intervention may reduce the need for more intensive treatment later.
- Improve access to mental health services by offering greater flexibility, more choice and self-management through remote online interventions. Key considerations on the value of digitally enabled therapies are usability, ability to engage with users and effectiveness when compared with standard care.
- Better health outcomes and care experience.
- There may be some reduction in the requirement for supporting standard care from mental health teams. This can be assessed locally in the template.

Services for people with depression are commissioned by integrated care boards. Providers are NHS mental health trusts, third sector organisations and commercial providers.