The Strategy Unit.

Adherence to Talking Therapies Evaluation

Case studies

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Note

These case studies are based on qualitative research conducted for the Adherence to Talking Therapies evaluation and so reflect what participants in that research told us. Current service standards and policy for NHS Talking Therapies are set out in the NHS Talking Therapies manual. Section 6.4.4. states that *"Services should ensure that changes to practice are fully in the interest of providing effective treatment, and do not just aim to improve performance on national standards"* and sets out examples of practices that that may appear to improve individual metrics but are not beneficial for patients. If there is any discrepancy between practices reported in these case studies and the standards and policy set out in the manual, it is the manual that should be regarded as best practice.

Case study 1: Tower Hamlets Talking Therapies

Service background

- Tower Hamlets Talking Therapies is provided by East London Foundation Trust. The service is for adults aged over 18 who are experiencing common mental health conditions including anxiety disorders and depression.
- The service offer includes several therapeutic modalities including high-intensity cognitive behavioural therapy (CBT), low-intensity CBT such as guided self-help, and counselling for depression. Patients can also receive support for conditions such as phobias and post-traumatic stress disorder (PTSD). The service also offers tailored therapy for people with long-term physical health conditions and the perinatal population. Therapies are delivered in groups, individually (telephone or in-person) and digitally via an online platform
- The service's current did-not-attend (DNA) rate is approximately 12%[1]. Interviewees reported that patients are more likely to drop out in the time period between initial assessment and treatment, but some patients may also disengage after attending a limited number of sessions. Interviewees reported reasons for low patient engagement with therapy which include:
  - Feeling forgotten about between assessment and treatment
  - Not having an accurate understanding of what the therapy involves and how it could help
  - Low motivation to start therapy
  - Competing priorities, leading to lack of time to commit to the therapy.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

In an effort to improve patient engagement with therapy, the service recently developed a series of pre-therapy workshops which provide information about CBT and counselling[2]. The workshops were developed by clinical staff from the service and informed by feedback from the service's patient participation group. The workshops run once a fortnight in line with the current level of demand. Further details about the workshops are given in Table 1.1.

[1] DNA rate reflects the proportion of sessions booked, which were not attended by patients.
[2] For best practice guidance on implementation of workshops and group-based interventions, please refer to section 6.4.4. of the NHS Talking Therapies manual (Taking a broader perspective).

Table 1.1 Interventions delivered by Tower Hamlets Talking Therapies

Intervention	Description	Start date of the intervention
Counselling pre-therapy workshop	The pre-therapy workshop for counselling is aimed at people who are waiting to receive counselling. The aims of the workshop are to: • increase patient motivation and engagement during the waiting time between assessment and treatment • reduce misalignment between the patient's expectations of therapy and the service offer • reduce anxiety around attending therapy • encourage patients to be open about any difficulties and challenges they are having with counselling, so that they can have a discussion with their counsellor, rather than dropping out of treatment. The workshop is an hour long and takes place every 2 weeks, online. It is delivered by two counsellors on rotation every 12 weeks. It covers several topics including the following: • what will be covered during counselling • what patients can expect from counselling • what is expected of patients and how they can maximise what they get from counselling • therapy ending • questionnaires and what they are used for.	April 2025

Intervention	Description	Start date of the intervention
	Up to 20 patients are booked onto each pre-therapy workshop, and the attendance rate is around 40-50%. At the workshop patients are also provided with a 'Making the most of your counselling' workbook, in which they can: • reflect on their reasons for seeking counselling and how change might occur • reflect on the stage they are currently at with the Cycle of Change • set Specific, Measurable, Achievable, Relevant and Time-Bound (SMART) goals (with guidance) • make notes about the workshop and any questions they might want to ask their counsellor.	
CBT pre-therapy workshop	The pre-therapy workshop for CBT has a similar structure and format to the counselling pre-therapy workshop, but the content has been tailored to CBT. For example, instead of focusing on counselling the beginning of the workshop focuses on what CBT is, the model it uses, what to expect from CBT, and what is expected from the patient during CBT.	September 2025

Enablers, challenges, and key learning points

Enablers

- Interviewees reported that the format and structure of the pre-therapy workshop help to facilitate attendance, as they are delivered regularly (every fortnight) and each workshop is only around an hour long. In addition, the service has designed the content of workshops to be as accessible as possible by communicating the information in simple and easy to understand terms, without jargon. This information has also been reviewed by the patient participation group.

Learning: An intervention that is delivered regularly and for a relatively short duration can provide more opportunities for attendance.

Challenges

- In addition, the current form of the pre-therapy workshops may not be accessible to people who face barriers in accessing or using IT or people whose first language is not English

Learning: An intervention that is delivered online may offer convenience and be available to a greater number of people, which may improve engagement. However, it may also exclude some groups, for example people who do not have access to an internet-connected digital device such as a laptop and the IT skills to join an online meeting.

- The therapists who run the pre-therapy workshops have reduced time for clinical work and delivery of therapy sessions, compared to therapists not running the pre-therapy workshop.

Learning: An intervention to increase engagement with Talking Therapies requires therapist time and this needs to be balanced with their duty to provide therapy to patients.

Outcomes

Outcome measurement

The service regularly monitors their routine outcomes: this includes a monthly report of DNA rates as well as patient-related outcomes such as the Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Assessment (GAD-7), and recovery rates. The service works towards a key performance indicator (KPI) of 48% for reliable recovery, and the current rate is 50%.

Observed outcomes

Patients

- Interviewees reported that initial feedback from patients about the pre-therapy workshops has been positive

- Preliminary local data shared by the service (collected from April to September 2025) showed that 54% of those who attended the counselling pre-therapy workshop completed[3] treatment, compared to 46% of those who did not attend the pre-therapy workshop. These results suggest that attending the pre-therapy workshop had a positive effect on adherence. For example, after attending the pre-therapy workshop, the patient's expectations of therapy may have been more aligned with their experience which meant they were more likely to complete therapy. However, another interpretation may be that patients with greater motivation were already more likely to attend the pre-therapy workshops and may have therefore been more likely to complete treatment
- Also, among patients who attended a counselling pre-therapy workshop, the recovery rate was 68%, relative to 54% for patients who did not attend a pre-therapy workshop.

Expected outcomes

Patients

- At the time of interviews, outcome data for the CBT pre-therapy workshop was not available, as the CBT workshop was still in the early stages of implementation
- Interviewees reported that over time they expect the counselling and CBT pre-therapy workshops to:
    - Improve patient engagement and reduce drop-out from therapy
    - Improve reliable recovery rates.

Future

- The service team have plans to continue delivering the counselling and CBT pre-therapy workshops as part of the pilot and gathering feedback from patients who have attended, as well as the patient participation group. The results will inform the roll-out of additional pre-therapy workshops for other types of therapy offered by the service.
- At the time of writing, the team have plans to begin piloting a pre-therapy guided self-help workshop for Bengali-speaking patients (the largest cohort without English as a first language). If this is successful, the service would consider whether to scale this up across the service.

[3] Completion refers to when a patient is discharged from the service following completion of the agreed number of sessions.

Case study 2: NHS Talking Therapies Hampshire

Service background

- NHS Talking Therapies Hampshire offers support to young people aged 16-18 and adults aged 18+ who are based in Hampshire.[4] The service offers face-to-face and remote Step 2 and Step 3 therapy[5], Eye Movement Desensitisation and Reprocessing (EMDR), CBT, Interpersonal Therapy (IPT); Behavioural Couples Therapy, Counselling for Depression, peri-natal support, mood management webinars, SilverCloud[6] and an employment service
- The team is made up of Psychological Wellbeing Practitioners (PWPs), CBT therapists, clinical and counselling psychologists and employment advisors
- The service's attendance rate (percentage of appointments attended out of all booked clinical appointments) for Step 3 is between 75% and 77%, whereas for Step 2 it is approximately 65% of total booked clinical appointments.

An intervention to increase engagement with and adherence to NHS Talking Therapies

About the intervention

- The intervention introduced in NHS Talking Therapies Hampshire is a therapy agreement for Step 3 therapy which is offered to patients before they start treatment
- The team set up the intervention in response to challenges therapists had reported in relation to patient disengagement during in-person and remote therapy. This included non-attendance

[4] At the time of data collection, Hampshire's offer excludes Southampton and Portsmouth, however the service is in the process of undergoing a merger which will increase the area covered.
[5] Step 2 and Step 3 therapy are different intensities of therapy offered as part of a stepped care model, where patients start with the lowest intensity treatment that is most appropriate for their needs and can increase to a higher intensity if needed. Step 2 therapy is a lower intensity therapy designed for moderate symptoms and may consist of guided self-help or group therapy, whereas Step 3 is a higher intensity type of treatment which is for more severe or persistent symptoms and includes one to one CBT. For further information, see https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/

[6] SilverCloud is an online self-help programme using CBT.

of sessions, or patients being distracted during remote sessions that they were joining from home, which indicated that they were not engaged in treatment

- The team began developing the therapy agreement in November 2022, with input from patients, clinical managers and therapists, and started implementing it with patients in November 2023. Two versions were developed to support both online and in-person therapy
- Interviewees reported that before accessing NHS Talking Therapies services, patients may not know what to expect from the service. Therefore, the service's therapy agreement aims to promote a collaborative approach to therapy. It outlines mutual expectations of the patient and therapist, responsibilities and boundaries by providing an overview of what patients can expect from therapy, whilst also outlining how patients can gain the most from therapy. It also details expectations around confidentiality and data protection, and the service's policy on missed sessions. It also includes contact details for the service and emergency or crisis support services. The therapy agreement is discussed with the patient in the first session and referred to throughout treatment as needed. An example copy of the therapy agreement is included in Appendix 1.
- After some time implementing the therapy agreement, the team made some improvements to it:
  - In April 2024, the team conducted a quality improvement (QI) project to review the effectiveness of the therapy agreement. This included questionnaires given to staff to understand how they were using the therapy agreement. From the staff feedback it was identified that there were some inconsistencies around when in the patient journey the therapy agreement was provided to patients. In response to this feedback, the service now sends the therapy agreement to patients directly alongside their initial therapy invitation letter to centralise the process, reduce the admin burden on therapists and maintain consistency across the service
  - The team also gathered feedback via discussions with patients to understand their views about what improvements could be made to the therapy agreement. In response to this feedback, the team made changes to the agreement to enhance the accessibility of the document. This included reformatting its structure, reducing its length, making information more concise and replacing specialist clinical terms with plain English. The team also added a problem-solving section, which allows space for therapists to record any notes about discussions they have had with patients about potential barriers to engagement and how these can be addressed.

- In April 2024, the service created adapted versions of the therapy agreement which were tailored for additional patient groups: 16-18 year olds; patients accessing group therapy and patients with long-term health conditions
- The agreement is currently embedded into routine practice for the service and there are plans to expand its use in other patient cohorts.

Enablers, challenges, and key learning points

Enablers

- An important enabler identified by interviewees was staff enthusiasm and interest in making changes to improve the service. Staff involved in designing and implementing the therapy agreement credited their team as key to the successful piloting of the intervention and in inspiring wider change in the service
- The team have produced a guidance document for therapists on how to set boundaries and have difficult conversations with patients. This has supported the effective implementation of the therapy agreement and the overall goal of improving patient engagement with the service
- The service has focused on continually collecting feedback from patients and staff on what creates barriers to engagement in sessions. This has enabled the service to integrate these themes into the therapy agreement on an ongoing basis. In particular, interviewees reported that the QI process implemented to improve the therapy agreement was useful in refining the intervention and enhancing accessibility of the document for patients.

Learning: Collecting and responding to feedback has been key in improving delivery of the intervention for both staff and patients.

Challenges

- Development of the therapy agreement has been an additional responsibility alongside the regular duties of the team. They have therefore needed to manage capacity carefully to balance their workload.

Outcomes

Outcome measurement

Hampshire's Talking Therapies service is data-focused which means that they regularly monitor routine data. This includes:

- Regular monitoring of measures relating to patient engagement and adherence to treatment, including DNA rates, treatment completion rates, and monitoring patient engagement on an individual level

- A dashboard which allows them to track DNA rates at therapist level
- Training for new managers about data monitoring, to support them to understand key metrics for the service, which includes recovery rates and DNA rates. Interviewees noted that this training had helped managers understand the impact of patient engagement on these metrics
- Reporting metrics to several governance bodies in the NHS Trust including the recovery task and finish group and waitlist task and finish group
- Frequent review and analysis of patient experience questionnaire (PEQ) responses and incident reports to assess how they can improve the service.

Confounding variables:

- The service has highly prioritised improving engagement and waiting list times. For this reason, interviewees reported that there are several initiatives being rolled out across the service which could also be impacting patient engagement with Talking Therapies such as the readiness to engage questionnaire process and varying use of third-party therapists.

Observed outcomes

Service

Interviewees reported that when comparing the attendance rates to patients in Step 2 therapy, Step 3 patients showed an improved attendance rate when compared to the period before implementation of the agreement.

Staff

As part of a QI process, following implementation of the therapy agreement, the team sent out a questionnaire to staff in one of the service's clinical teams to understand how they were using the agreement, to inform changes to it. The same questionnaire was sent out following the QI process, and analysis of the findings showed:

- An increase from 60% to 100% of therapy agreements being sent out to patients prior to their first session, therefore reducing the administrative burden on therapists
- Reduction of time spent discussing therapy agreement at first session, enabling the therapist to allocate more time to assessing patient difficulties, a central priority in the first session
- Increase from 92.9% to 95% of number of therapists discussing content of the therapy agreement throughout the course of therapy as a reference point. This supports discussions between therapists and patients about the attendance policy, and any barriers to engagement which may arise during therapy.

Future

- Based on the impact of the agreement on patient engagement, the service has plans to scale up the use of the therapy agreement and begin offering it to patients who are starting Step 2 therapy
- The service is also piloting a 'readiness to engage' project which aligns with the therapy agreement to support collaborative discussions between patient and therapist about the patient's readiness and motivation to engage in therapy. The aim would be to support problem-solving of any barriers and to encourage patients to take ownership of their mental health
- The service has plans to enhance accessibility of the therapy agreement by seeking feedback from patients. The accessibility of the therapy agreement will be improved by converting it into an easy-read version with visuals
- In the future, staff discussed that they would like to automate the therapy agreement to be sent out to patients through the service's iaptus platform[7] ahead of their first session
- As the service has plans to merge with Southampton and Portsmouth, this will likely result in changes to the patient population, and the therapy agreement will be translated into additional languages to meet the needs of that population.

[7] iaptus is an electronic patient record system used by NHS Talking Therapies services. This includes reference to the abbreviation IAPT (Increasing Access to Psychological Therapies) which is the former name of NHS Talking Therapies.

Case study 3: TALKWORKS Devon NHS Talking Therapies

Service background

- The TALKWORKS Devon NHS Talking Therapies service is for adults aged 18 and over with depression and a range of anxiety disorders living in Devon
- The service primarily offers CBT, but also counselling for depression, EMDR and IPT. The service uses a stepped care model, with treatments available from Step 1 (psychoeducation) through to Step 3 (high intensity therapy)
- The service covers a large geographical area and consists of 12 geographically based teams (with clinical staff such as PWPs and psychological therapists) and one central team which provides operational, communications, and business management support.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

- Since December 2022, the team at TALKWORKS Devon have implemented several interventions (see Table 1.2) with the aims of increasing access to NHS Talking Therapies for eligible patients and reducing disengagement with therapy

- These interventions have been informed by information previously collected by the service. For example, routine service data showed that DNA rates had been increasing, which prompted the team to explore the topic of disengagement in more depth. The service worked with a local university to conduct a research study about reasons for non-attendance of appointments. They found that the main reasons were a) uncertainty about what to expect from the appointment, such as what the appointment might entail, and b) unforeseen personal circumstances, unexpected events, or childcare and other commitments which meant that the patient was no longer able to attend the scheduled appointment.

Table 1.2 Interventions delivered by TALKWORKS Devon

Intervention	Description	Start date of intervention
Website FAQ page and testimonials	The communications team created a comprehensive FAQ page on the service's website, detailing what to expect from therapy and answering anticipated questions from prospective patients. This also includes testimonials from patients who have had therapy at the service.	December 2022
Short animation and video	The team commissioned a one-minute animation and a one-minute video. These describe what to expect at the first appointment for therapy.	January 2023
Video of assessment	The team commissioned and coproduced a fifteen-minute video detailing what to expect from an assessment, including what types of topics will be covered. This is shown from the perspective of patients who are accessing therapy at the service, whether this is by phone, video call or in-person. Several staff from the service participated in the video.	December 2023
What to expect from therapy guide	A guide explaining what to expect from therapy, targeted at people who may have anxiety from uncertainties about what to expect.	2023
Updated letters	Standard letters to patients were updated and reworded to amend their tone and to clarify expectations for therapy.	April 2023
Online booking system	Patients can book appointments in line with their own availability and can reschedule appointments if they are no longer able to attend at the scheduled time. The aim of this is to increase flexibility of appointment booking for	2023

Intervention	Description	Start date of intervention
	patients and to reduce non-attendance due to unforeseen personal circumstances.	
Preceptorship and training of PWPs	The service offers a twelve-month preceptorship programme for newly-qualified PWPs to support them to transition from a trainee to a fully fledged PWP who has an understanding of different aspects of therapy. The programme includes training about the therapeutic relationship and how to encourage engagement with therapy. PWPs are also encouraged to use the Capability, Opportunity, Motivation and Behaviour (COM-B) behaviour change framework with patients to assess their capability and motivation to engage with therapy.	2021

All of the interventions are embedded into routine practice apart from the animation video which has mainly been superseded by the other materials.

Enablers, challenges, and key learning points

Enablers

- The service has worked on ensuring that they publicise the service in ways that ensures that their inclusion criteria are clear and people who are eligible for the service are referred, as they associate this with an increased chance of engagement. With this in mind, service staff have been attending meetings and events with key stakeholders such as primary care networks, GP practices, and physical health services in secondary care where some of the patients may benefit from NHS Talking Therapies for comorbid mental health problems. Interviewees suggested that it would be helpful to have national resources to raise awareness of NHS Talking Therapies services, to increase access by eligible patients
- Through several of the interventions the team have focused on communicating clearly about what to expect from therapy, even before treatment begins. The aim of this is to enable patients to make an informed decision about whether or not to engage with therapy.

Learning: clearly and transparently communicating expectations, in a variety of different ways (written, video, animation), may reduce uncertainty about what to expect from treatment,

therefore allow the patient to decide early on about whether they would like to engage with treatment.

Outcomes

Outcome measurement

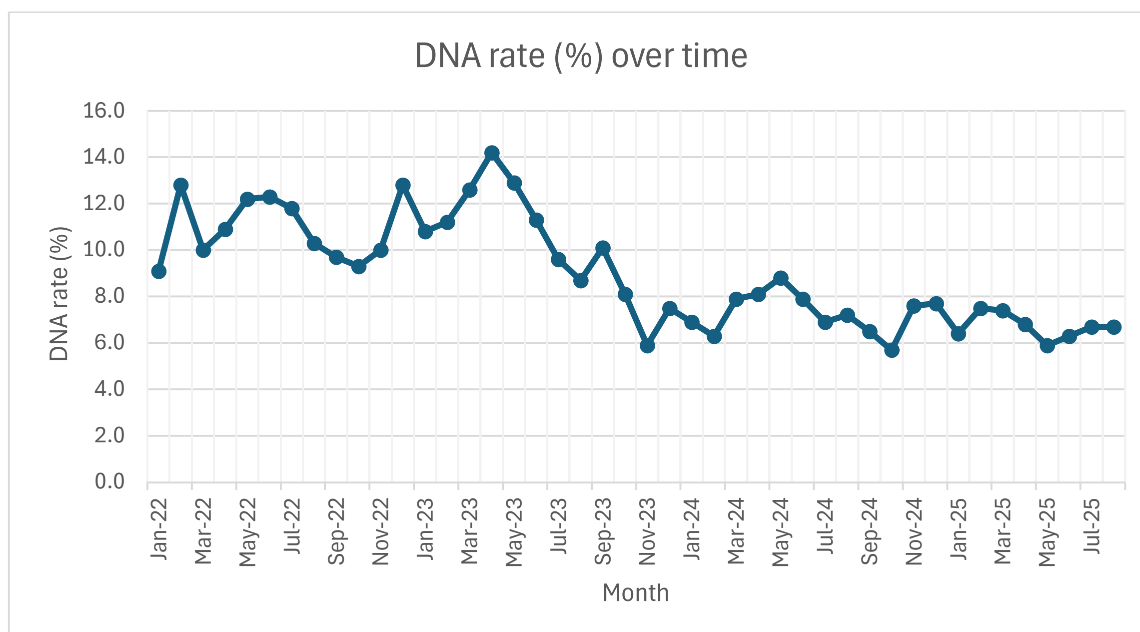
- The team regularly measure routine service activity data and patient outcomes. Specifically, the service has three main KPIs. These are: the number of patients entering treatment, waiting times, and recovery rates. DNA rates are also reviewed monthly to monitor whether disengagement with treatment has changed over time
- The patient outcomes are measured using routine questionnaires measuring anxiety and depression, such as the PHQ-9 and the GAD-7. These questionnaires are used to calculate recovery rates following treatment
- Although drop-out rates are not part of the service's KPIs, they have support from an in-house analyst to monitor detailed data in relation to adherence and drop-out. For example, they are able to track how many people drop out after being stepped up to high intensity (Step 3) treatment, with a view to reducing this figure and therefore the burden of multiple assessments
- The regular monitoring of the service activity and outcome data allows the service to track and understand whether the interventions are working and whether any further amendments are needed. Interviewees reported that the service works in an iterative, data-driven way to plan interventions.

Observed outcomes

Patients

- Routine data from the service (see Figure 1.1) shows that although there have been fluctuations in the did-not-attend (DNA) rate from month to month, overall there has been a reduction in the DNA rate since the interventions were introduced.

Figure 1.1 Changes in DNA rate over time



- Due to the service's increased focus on transparency about the service offer and service eligibility criteria, interviewees reported that they expect this to improve access to the service by those eligible, as well as improved engagement with the service.

Service

- Interviewees reported that the service is more able to provide personalised treatment, and that that as a result of training and preceptorship, staff feel more confident in tailoring treatment to suit specific patients and providing therapy in a culturally competent manner.

Future

- Interviewees reported that for future interventions, particularly the development of any patient-facing communications, they plan to involve their panel of Experts by Experience on a more regular basis. This will allow them to ensure that the materials are suitable for patients
- Interviewees reported that the service works in an iterative way, and they plan to continue to use the interventions and change them as needed in response to data and feedback.

Case study 4: Talking Therapies Portsmouth

Service background

- Talking Therapies Portsmouth is for people aged 16 and over who are experiencing common mental health problems and are registered with a GP in the Portsmouth area
- The service offer includes: CBT, counselling for depression, EMDR, IPT, couples counselling for depression, and Dynamic Interpersonal Therapy (DIT)
- The service has 142 staff which includes clinical leads, PWPs, High Intensity therapists, trainee clinical psychologists (on placement), and administrative staff.

An intervention to increase engagement with and adherence to NHS Talking Therapies

About the intervention

- The Readiness for Therapy questionnaire (RTQ) was developed by Dr Mahdi Ghomi and has since been validated[8]. The aim of the questionnaire is to improve engagement with therapy, reduce drop-outs, and improve recovery rates. In February 2025, therapists began using the full version of the RTQ with patients in the service. It consists of 12 statements, each on a Likert scale of agreement or disagreement, with the following options: strongly agree, agree, undecided, disagree and strongly disagree. The statements cover topics such as readiness to change, cognitive flexibility, commitment to attend therapy, commitment to homework or practicing what has been learned in therapy, willingness to take ownership of their role in therapy, and willingness to learn how to tolerate difficult thoughts and feelings
- Rather than administering the RTQ routinely with all patients in treatment, it was agreed via discussion with the team that therapists will only use the RTQ on a case-by-case basis, where it is seen as most appropriate, and as early as possible in therapy. This might be for example if the therapist has noticed that a patient is not completing homework, appears to be disengaged, or is missing sessions. If a patient is identified as suitable for the RTQ, therapists are encouraged to complete it with the patient, as it can then be beneficial to use it as the basis for a conversation about engagement and readiness for therapy. It may also be suitable

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[8] See Ghomi M. et al., (2020) 'Development and validation of the Readiness for Therapy Questionnaire (RTQ)'. *Behavioural and Cognitive Psychotherapy*. Available at: https://doi.org/10.1017/S1352465820000764. [Accessed: 20th February 2026]

as a tool for patients who have completed group therapy and are transitioning to individualised therapy, as it can be used as a review in between the two therapy types

- In addition to using the RTQ, the service has a particular focus on drop-outs, which builds on previous work done by Dr Mahdi Ghomi and Dr Aisan Ghaemian from the service to explore reasons for discontinuing therapy[9]. On a monthly basis the team monitors the number of drop-outs each month, and therapists from the service are assigned to contact people who have dropped out to ask for feedback about the service and explore their reasons for dropping out. This may include continuation or opening another referral if the patient dropped out due to a miscommunication, or if another type of therapy is identified as being more suitable.

Outcomes

Expected outcomes

- As the team has only recently started using the RTQ in the service, the questionnaire has only been completed by 8 patients, which is a very small proportion of the total number of referrals being received by the service each month. The team expect that over time, the information and data being gathered from both the RTQ and the monthly reviews of dropouts can be used to inform future work about engagement and adherence to therapy, as well as ways to improve the service.

Future

- The team have plans to continue using the RTQ. They would also find it helpful to gather feedback from patients and therapists about the experience of using the RTQ and to monitor service data to understand whether the use of the RTQ has led to any changes in outcomes such as engagement and improved scores in the regular outcome measures of anxiety, depression, functional impairment, and phobias
- The team regularly share learning about the RTQ and dropout reviews with other services, and plan to continue this in the future
- The team reported that they would find it beneficial to scale up the use of the RTQ by testing it across multiple NHS Talking Therapies services.

[9] See Ghaemian A., et al. (2020) 'Therapy discontinuation in a primary care psychological service: why patients drop out'. *The Cognitive Behaviour Therapist*. 13:e25. Available at: https://doi.org/10.1017/S1754470X20000240. [Accessed: 20th February 2026]

Case study 5: NHS Plymouth Talking Therapies

Service background

- The NHS Talking Therapies service in Plymouth is delivered by Livewell Southwest, a community interest company (CIC). The service is open to people aged 16 and over registered with a Plymouth-based GP, who are experiencing common mental health problems (such as depression, anxiety and PTSD)
- The service offers CBT, computerised CBT, trauma-focused CBT, EMDR, counselling for depression, and employment advice. Depending on patient preference and staff availability, patients can access therapy face-to-face, via telephone or via video call
- The team is multidisciplinary, consisting of PWPs, High Intensity therapists, clinical managers, administrative staff and employment advisors
- The team at NHS Plymouth Talking Therapies have recently carried out interventions and service improvements aimed at improving adherence and engagement with Talking Therapies, and these are described below.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

The team at NHS Plymouth Talking Therapies have delivered adherence interventions which can be grouped into two key areas: therapy contract and waiting list co-ordinator. These are described in Table 1.3.

Table 1.3 Interventions delivered by Plymouth

Intervention	Description	Start date of intervention
Therapy contract	Around 4 years ago, the service introduced a therapy contract for patients and therapists to use in treatment. The aim of this was to encourage engagement and adherence with therapy by explicitly setting out what is expected from treatment. They also aimed to support patients to make an informed decision about starting treatment. The contract covers what is expected of patients (such as attendance of sessions, completion of homework, and completion of outcome measures), as well as what the patient can expect from the therapist (for example, confidentiality of information shared during sessions). The contract is used as a basis for a conversation about expectations of therapy and is usually completed with the patient at the beginning of therapy. The contract makes reference to the service's attendance policy, which pre-dates the therapy contract. The attendance policy states that when a patient does not attend two sessions, the therapist will contact the patient to arrange a review conversation with them, to discuss whether they are ready to engage with treatment or if they should be discharged. There is flexibility in applying the attendance policy for people who may need to cancel or reschedule appointments at short notice due to additional needs or circumstances. On the other hand, if patients are having difficulties attending appointments because of personal circumstances, therapists are able to support them by signposting or referring them to other services, such as debt advice or housing support. The service can also refer into their in-house employment advisors for	2021

Intervention	Description	Start date of intervention
	employment support which can run alongside therapy. If personal circumstances become an obstacle preventing patients from engaging with therapy altogether, the team aims to protect any gains made in therapy so far, by making it easy for the patient to refer themselves back into the service when they are ready.	
Waiting list coordinator	The service recently began piloting a waiting list coordinator role, with the aim of improving efficiency of appointment allocation and to improve patient experience. Their role is to proactively monitor the waiting list and therapist diaries, and to match availability of appointment slots with patients' availability and preferences in relation to the type of treatment (for example, face-to-face vs online treatment) or therapist characteristics (such as gender). A key part of this role is liaising with patients to identify their availability and preferences in relation to treatment, as well as any personal circumstances which may mean that they have to delay starting treatment. Although the waiting list coordinator role was scaled down temporarily due to limited staff availability, there are plans to reinstate the role at full capacity and to continue with the pilot.	2024

Outcomes

Outcome measurement

- The team monitor activity data and outcomes in line with nationally mandated KPIs for NHS Talking Therapies services (for example KPIs related to completed treatments, waiting times and recovery outcomes). In addition, the team regularly undertake analysis of the service's routine activity data and benchmark it against the national average for NHS Talking Therapies services. If the analysis shows any anomalies in the data, this information is used as a basis for service improvement. For example, if the service's DNA rate increases in relation to the national average, the service will conduct more in-depth analysis of this data to identify possible causes and targets for service improvement. For example, this may include analysis of DNA rates by therapist, and discussion with therapists about any differences in DNA rate and implementation of the attendance policy. It may also include a review of data quality and monitoring of how DNAs are recorded on the system.

Future

- The team have plans to continue with using the interventions described in this case study. As the waiting list coordinator pilot is still in progress, this will continue and the team plan to evaluate the impact of this role at the end of the pilot
- The team anticipate that in the near future, engagement and adherence with treatment will become more of a focus nationally with the release of the upcoming productivity pack, and may have associated KPIs
- In addition, the team plan to continue their work on increasing the number of appropriate referrals into the service, with the aim of improving engagement with treatment. They will do this by raising awareness about the service within the broader mental health system, and improving the information provided on the service's website about the eligibility criteria for referrals and what the service offers.

Case study 6: TalkPlus, North East Hampshire & Farnham

Service background

- TalkPlus is an NHS Talking Therapies service operating in North-East Hampshire and Farnham, serving a population of approximately 200,000 people
- The service offer includes CBT, counselling for depression, couples therapy for depression, employment support, integrated care for long-term physical health conditions, and group-based courses on various topics (such as mindfulness-based cognitive therapy for depression, anxiety and pain). The service uses a stepped-care model[10]. Therapy is delivered via a variety of modalities including face-to-face sessions, telephone, video, and online formats
- The TalkPlus team consists of clinical psychologists, CBT therapists, counsellors, PWPs, administrative staff, and a data analyst
- The DNA rate has gradually declined over recent years: it was 5.2% in 2022–2023, 5.0% in 2023–2024 and 4.5% in 2024–2025. The rate for financial year 2025–2026, at the time of interviewing, was 4.8%.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

Interviewees described several interventions that the team introduced between 2024 and 2025. The aim of these interventions was to reduce DNA rates, improve patient engagement, and manage waiting lists more effectively. The interventions can be grouped into two key areas: patient engagement and waiting list management. These are described in Table 1.4.

[10] For further information, see NHS England (2025) *NHS Talking Therapies, for anxiety and depression*. Available at: https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/ . [Accessed: 20th February 2026]

Table 1.4 Interventions delivered by North East Hampshire and Farnham

Intervention type	Intervention	Description	Start date of intervention
Patient Engagement	Admin Team Training	The team introduced training for their administrative staff focusing on effective engagement with patients, with a focus on understanding the new KPI (90% of patients receiving their second session within 90 days). The training covered the importance of timely booking of second sessions, using a variety of methods for contacting patients (phone and SMS reminders), managing DNAs and cancellations, and increasing access to appointments by offering patients the use of the service's online booking system, as well as making phone and video appointments available as an alternative to face-to-face appointments. The training is now embedded as part of the induction for new admin staff.	April 2024
	Waiting List Video	The service developed a video for patients who have been on the waiting list for 14 days. The video sets expectations of treatment and explains the importance of responding to contacts from the service, as well as what happens if they cancel or miss appointments. Interviewees reported that the video has a friendly tone and is easy to understand.	December 2024

Waiting List Management	One-at-a-time sessions	The service introduced 'One-at-a-time' sessions[11], a light-touch therapy approach consisting of a single session, for self-referred patients who may not need a full course of treatment at that time. By engaging with these patients early, the service aimed to prevent missed sessions and dropouts caused by long waiting times. Another aim was to manage the waiting list by freeing up space for other patients who were waiting for a full course of treatment.	April 2024
	Updated DNA Policy	The service recently updated their DNA policy, which meant emailing patients who had missed their session to ask them to get in touch with the service within 7 days (previously patients were notified via letter and given 14 days to respond). Interviewees reported that these changes allowed for quicker reallocation of missed slots to other patients and helped to reduce long waiting times for treatment. The team also introduced a new discharge and planning process to manage disengagement, which consists of up to two attempts to contact patients who have missed an appointment up to two times, via phone, text message, or email. Service staff then send a letter to patients which notifies them that they will be discharged if they do not contact the service within 28 days. This process has been embedded into routine practice and interviewees reported that it helps to manage the waiting list.	March 2025

[11] For NICE-recommended low-intensity interventions for anxiety and depression, refer to section 3.2 of the NHS Talking Therapies Manual.

Outcome measurement

- TalkPlus have a comprehensive set of outcome measures and KPIs that are tracked regularly. This includes routine service-related data such as waiting times, DNA rates, access and activity levels, as well as patient-related outcomes such as recovery and reliable improvement rates, and questionnaires of patient experience
- The service uses business intelligence methods (dashboards via Power BI) to track their routine service data. The process is automated and updated on a regular basis, allowing the team easy access to live data. Regular reviews of data are built into the governance of the team, with KPIs discussed in weekly team meetings, and detailed breakdowns of data being included within monthly reports. In this way, the service's regular and comprehensive data monitoring allows them to take a responsive, data informed approach to service improvement.

> **Learning:** Live access to data on service activity such as DNA rates allows the service to closely monitor outcomes which can inform targeted interventions on issues such as disengagement.

Observed outcomes

Patients

- Recent routine service data indicates that more patients can access treatment promptly. Over the past 12 months, the service has consistently exceeded their KPI target, with an average of 93.4% patients being seen for their second session within 90 days
- Interviewees reported that waiting times have also reduced over time since the admin training and DNA policy were introduced
- Research has shown that attending 5 or more sessions is associated with a higher likelihood of reliable recovery[12]. Therefore, it may be expected that interventions targeting adherence would lead to an increase in this measure. Data provided by the service (see Figure 1.2) shows that since the interventions were introduced, there have been some slight changes over time for the proportion of patients being discharged after attending 5 or more sessions. This is also the case for the proportion of patients ending treatment after attending only two to four sessions. However, as these changes are very small and cover a short period of time, it is difficult to attribute the changes to the specific interventions outlined in this case study, and further data would be needed.

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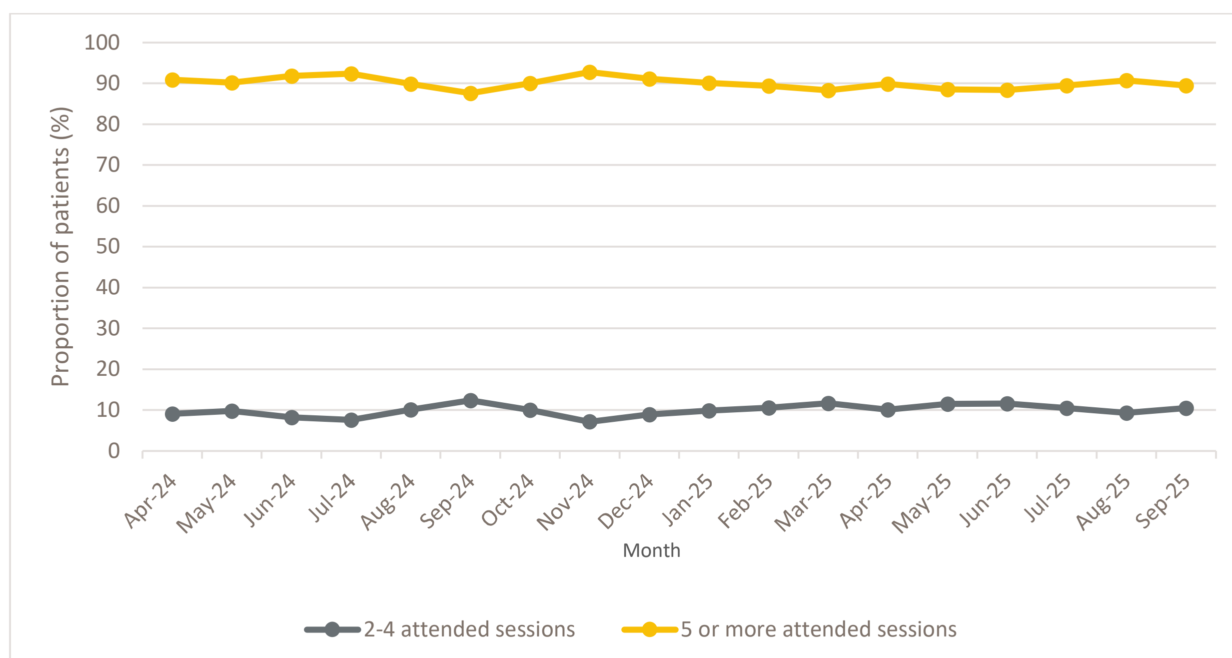
[12] For further details, see Clark, D. et al., (2018) 'Transparency about the outcomes of mental health services (IAPT approach): an analysis of public data', *The Lancet*, 391(10121), pp. 679-686. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32133-5/fulltext [Accessed: 20th February 2026]

Figure 1.2 Number of patients reaching 2-4 treatment sessions or 5 or more treatment sessions at the point of discharge (April 2024 – September 2025)



Staff

- Interviewees reported that there are now fewer missed appointments, which has led to less wasted clinical time. The management of the waiting list allows more of their empty appointment slots to be filled
- Interviewees reported that the admin training was a major success, in that it improved staff understanding of KPIs and led to noticeable changes in patient engagement. Interviewees also reported that they had noted increased levels of confidence among admin staff in managing waiting lists and contacting patients about missed appointments.

Service

- The service has seen a steady reduction in DNA rates, particularly since the introduction of the interventions
- Interviewees reported that they have noticed an increase in the service's recovery rates and their reliable improvement rates have improved since the admin training and the DNA policy change were introduced.

Health System

- Interviewees reported that the interventions may also have had a positive impact on the wider health system, in that earlier access to Talking Therapies may reduce demand on other services such as GPs and mental health practitioners in primary care. The service cited their analysis of health utilisation data (July 2023–July 2024) which showed a £900,000 reduction in the costs related to patients' use of other health services following treatment in their NHS Talking Therapies service.

Future

- The team plans to continue using the interventions outlined above, as the data indicates that they are working well. The team do not anticipate any risks in continuing to use the interventions
- The service has an active pool of Experts by Experience and volunteers who have contributed to service development, and there are plans to continue involving them more in future work, such as during the development of future patient information videos.

Case study 7: NHS TT Dorset, known as Steps2Wellbeing

Service background

- Steps2Wellbeing is the Dorset NHS Talking Therapies service which is part of Dorset Healthcare University NHS Foundation Trust. The service is commissioned for people aged 18 and over registered with a GP in Dorset and Southampton City
- The service offer includes CBT, guided self-help (GSH), computerised CBT, psychoeducational courses for Step 2, therapy groups for Step 3, counselling for depression, (CfD), DIT, IPT, EMDR, and Mindfulness-Based Cognitive Therapy (MBCT). They also offer an employment support service
- The team at Steps2Wellbeing is multidisciplinary, including PWPs, High Intensity Therapists (HIT), which includes both CBT therapists and counsellors delivering NICE-approved modalities, Employment advisors (EA), Peer support practitioners (PSP) and a business management team including roles focused on data and project management.

Designing an exploratory survey to explore reasons for disengagement and drop out

- Although the service's DNA rate has been consistent over time at around 8-9%, in 2024, the team identified disengagement as a strategic priority area of focus for their service. This led the team to design an exploratory survey to obtain feedback from patients about reasons for drop out and disengagement. They aimed to gather data to identify areas of focus for future service improvements or interventions to improve engagement and reduce disengagement and drop out
- The team began administering the survey in 2024. It is sent to any patients who get booked into an assessment but don't attend, those who attend an assessment but then do not engage in an offered treatment, and those who drop out of treatment once they have started it.
- The survey consists of both closed and open-ended questions and is administered online. All survey returns are anonymous. Patients are asked about which part of the pathway (initial referral, assessment or start of treatment) they got to before dropping out. They are also asked about their reasons for dropping out, and given options to choose from (for example, their symptoms resolved, they felt too unwell to engage with therapy, they found another source of support, they had difficulties with technology, or they had life circumstances which became a higher priority than therapy). There is also an option to choose 'Other' as an option and to give further details about their reasons for dropping out.

Survey findings

- The survey is still in the early stages of implementation. Given that it is being sent to patients who have disengaged from the service rather than those that have a positive experience of the service it is not surprising that the response rate has been low. However, this is expected to increase over time as the survey continues to be administered on a monthly basis to all patients who drop out or disengage. The key preliminary findings from the survey's open-text comments are described in Table 1.5, along with suggestions for possible interventions to improve engagement.

Table 1.5 Early survey findings: reasons for disengagement and drop out from therapy

Survey finding about reasons for disengagement	Interventions to reduce disengagement
Lack of flexibility when booking appointments: Some patients reported that they found the booking process inflexible, as appointments were only available at certain times during the week, which was especially challenging for people who had work commitments.	The service has extended opening hours (early mornings and late evenings) and can offer appointments via different modalities (phone, video call etc) if the patient cannot attend in person. The service plans to speak with the wider team about potential ways to increase flexibility of appointment booking. For example, where patients usually have a regular weekly appointment slot, they could rebook for a different time if needed and if this supported them to not drop out of therapy. Therapists could also make patients aware of the extended opening hours and availability of alternative treatment modalities.
Potential misunderstanding about expectations of treatment: some of the survey responses highlighted a possible lack of understanding about what is involved in therapy. For example, not anticipating that treatment would involve efforts to change behaviour, not understanding the reason for the regular questionnaires, viewing questionnaires as a formality, or not anticipating that homework is a key collaborative part of the treatment.	The service plans to work on its patient-facing communication to clarify expectations of treatment. This includes a series of videos which are being produced for patients which provide information about the service offer and what to expect from treatment. The team have produced virtual tour videos of some of the buildings where the treatment takes place. The COM-B framework is used with patients to discuss their readiness and motivation for treatment, which could also be used as a way to clarify expectations The service has changed its processes and now use an Artificial Intelligence (AI) tool called Wysa which acts as a 'digital front door' to the service. The patient is guided through a set of questions with the

Survey finding about reasons for disengagement	Interventions to reduce disengagement
	help of a chat bot so that they collect as much relevant information at the beginning of the patient journey, to reduce the amount of information patients need to provide in an assessment. For example, before their assessment, patients are asked to complete an online form which includes detailed questions about demographic characteristics and the patient's main reason for referring themselves to the service. After having completed these questionnaires before an assessment, more time can be given in the assessment to gather individual information and address any concerns and offer more information about potential treatment options.
Long waiting times: some patients described having to wait a long time for treatment, which led them to drop out. Others described that they experienced a worsening of symptoms while on the waiting list.	The assessment process includes a thorough risk assessment and discussion with the patient which includes a safety plan and information about who to contact in a mental health crisis. When patients are on the waiting list, the service contacts them at regular intervals to acknowledge their wait and to remind them about who to contact if they are experiencing a mental health crisis. All patients on the waiting list can access the SilverCloud CCBT platform, but it is unclear how many patients are aware of this offer. This is an area that the service could potentially address in the future. The service gathers data to monitor how many people access SilverCloud whilst waiting for treatment The service has ongoing processes and policies for managing the waiting list to reduce waiting times.

Survey finding about reasons for disengagement	Interventions to reduce disengagement
	There is also an attendance policy which includes the following processes: • The usual policy is for patients to be discharged after not attending two sessions or cancelling two or more sessions at short notice, unless there are special circumstances for the missed appointments (for example perinatal patients with young children, or patients with a long-term health condition) • If a patient does not attend a session, the team calls them and then sends a letter informing them that they will be discharged if they do not respond within 14 days • Patients are made aware in advance that any missed sessions will not generally be made up • If a therapist goes on long-term sick leave, the service attempts to reallocate their patients to another therapist promptly to avoid them having to go back on the waiting list or having a long interruption in treatment • Where possible, therapists are encouraged to fill empty appointment slots from cancelled appointments. The aim of this is to increase the number of patients going through the service, which should reduce waiting times for other patients.

Survey finding about reasons for disengagement	Interventions to reduce disengagement
Need for clearer communication: some patients reported that they found the letters from the service unclear	The team are in the process of reviewing and amending the letters that are sent out to patients, to ensure that they are clear and more patient-centred.
Accessibility barriers: some patients found aspects of the service (such as the online systems and paperwork) complicated and difficult to access. Some patients who were neurodivergent or required trauma-specific support felt that CBT was unsuitable for them.	The service offers reasonable adjustments to patients based on need, for example home visits for patients unable to attend the clinic, and encourages face-to-face appointments where this would be more accessible to the patient such as patients with a learning disability, hearing needs, and perinatal patients. In addition to face-to-face treatment the service offers Talking Therapies via telephone calls, video calls, CCBT online and text-based (typed) CBT, which hopefully increases accessibility for people wishing to engage in treatment. The service offers flexibility with appointment booking for patients who may need this approach due to their health condition or other commitments (e.g. patients with young children, patients with long-term fluctuating health conditions). The service aims to ensure all staff are working in a trauma informed way with patients in both assessments and treatments. The service previously ran training for its therapists about Neurodiversity. They plan to run this training again in future, particularly for staff who have recently joined the service. This may help the service to be more accessible for neurodivergent patients.

Future

- The team have plans to continue administering the survey to gather further information about reasons for disengagement and drop-out from the service. This may include making refinements to the survey to add extra questions as needed
- They plan to continue analysing the data from the survey and routine service activity data at regular intervals to identify key themes about disengagement which can inform future service improvements. This may also include a review of data collection and data recording mechanisms to ensure data quality.

Case study 8: Dr-Julian

Service background

- Dr-Julian is a non-NHS Mental Health service provider that supports multiple NHS Talking Therapies services. Dr-Julian provides increased capacity to Mental Health and Psychological Therapies, enabling integrated care systems to either access the Dr-Julian service as a block contract provider or subcontracted provider to support existing services. NHS services can refer patients into Dr-Julian to reduce patient waiting lists, achieve Key Performance Indicator targets, and reduce pressure on the NHS
- Dr-Julian's digital platform offers a range of Talking Therapies, in alignment with the NHS Stepped Model of care. Modalities offered include CBT, Counselling, EMDR, IPT at Step 3, Low Intensity interventions at Step 2, and Specialist Psychological interventions at Step 4
- The team consists of 28 head office staff including clinical lead roles, a supervisory and clinical leadership team and a customer service team. Dr-Julian is supported by approximately 400 self-employed therapists in their network.

An intervention to increase engagement with and adherence to NHS Talking Therapies

About the Dr-Julian service

- The Dr-Julian service is based online and is a platform that allows patients to book appointments to consult with a therapist virtually through video or voice call. Patients are also assigned additional resources such as written information and videos to support them between sessions. Some of the key features of the Dr-Julian platform designed to improve patient engagement and adherence are:
  - Personalised therapist matching: The platform offers a matching tool patients can use to find a therapist that best suits their needs, condition, language, cultural preferences and therapy type
  - Flexible appointment management: Patients can choose and book appointment times that best suit their availability
  - Automated confirmation emails: Patients are sent personalised new appointment booking confirmations, appointment reminders, and confirmation of appointment changes
  - Personalised resource library: Patients have access to a library of resources such as articles, self-help guides and videos specifically assigned to them by their therapist or counsellor.
- The Dr-Julian service was founded in 2016 with the aim of offering a digital platform to enable enhanced patient choice and encourage better engagement with NHS Talking Therapies

services. The Dr-Julian service has contracts with a number of NHS Talking Therapies services across England. Contracts vary, with some services allocating a particular number of their patients to the Dr-Julian service per month whereas other services flex their use of the service, dependent on need

- Since its introduction, the service has introduced several features including enhanced personalisation of the resource library and the ability for therapists to check if patients are accessing resources. The service has also introduced a mobile app. Patients are also able to view their previous responses to patient experience questionnaires (PEQs) that are used to collate and monitor patient feedback and patient satisfaction.

Enablers, challenges, and key learning points

Enablers:

- Therapists collect PEQs frequently, to regularly make improvements to benefit both patients and therapists using the platform

Learning: Collecting patient feedback regularly can help to inform service improvements.

- Interviewees reported that the service's patient-centred approach (for example including therapist matching, flexible appointment booking, and personalised resources) was a key enabler for enhancing patient engagement with the service
- Participants reported that the service has the flexibility to be brought into NHS services to increase provision and relieve pressure on waiting lists as needed, but this does not need to be permanent. This is flexible both for Dr-Julian and the referring NHS services.

Challenges:

- Participants identified that system budgets had been a key challenge for the platform. As the service operates outside of the NHS, the Dr-Julian team must develop relationships with systems to communicate and highlight the benefits of the service in order to secure funding for service provision.

Outcomes

Outcome measurement

- Dr-Julian has a dashboard which tracks metrics including but not limited to: DNA rates[13]; recovery rates[14] and short notice cancellation (under 48 hours). The platform has pre-configured reports which allows the team to track clinical metrics, and specific service KPIs
- The platforms reporting technology also collects and tracks patient feedback and outcomes through a PEQ that is sent to patients at the end of treatment. It also is informed by patient feedback left on a third-party review website
- Dr-Julian uses automatic management information reporting which provides insight on tracked metrics. Data is transferred by secure software to systems that are integrated with the Dr-Julian platform including iaptus (electronic patient record for NHS Talking Therapies) and PCMIS (digital case management system).

Confounding factors

- Participants highlighted that a key challenge in understanding system data is that each NHS service that subcontracts to Dr-Julian as a service can use Dr-Julian's metrics to support their own outcomes. However, this makes it challenging to establish which outcomes in a service are a result of the system's Talking Therapies services and which are associated with Dr-Julian.

Observed outcomes

Participants described a number of outcomes they have observed as a result of the Dr-Julian service. These are detailed below.

Patients

- Third-party review website reviews from patients and PEQ data found improved patient experience and engagement with the service.

Service

- The platform's dashboard and management information reports show that:

[13] Calculated by the total number of appointments that were not attended without any prior warning
[14] Calculated in accordance with NHSE Talking Therapies outcome measurement. For further information on how recovery rate is calculated, see NHS Digital (2025) *NHS Talking Therapies Monthly Statistics including Employment Advisors, Performance August 2025*. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-monthly-statistics-including-employment-advisors/performance-august-2025/outcomes [Accessed 20th February 2026].

- Recovery rates for the service vary between 53-59% regularly, which is higher than the national target of 50%. However as previously mentioned, the service is a subcontractor of other services, with their outcomes often being pooled, which means interpreting outcomes is challenging
- The platform’s DNA rate is less than two percent and the short notice cancellation rate is on average less than eight percent.

Future

- There are plans to continue to develop Dr-Julian as a service, offering out new resources, and building on the present offer in response to patient feedback. Additionally, there are plans to expand the service, licensing the platform out to other healthcare providers to use independently.

Case study 9: Kent and Medway NHS Talking Therapies service

Service background

- The Kent and Medway NHS Talking Therapies service is for people aged 17.5 years and over living in the Kent and Medway area who are experiencing common mental health problems
- The service uses a stepped care model. This includes a Step 2 service offer which is delivered by PWPs and consists of group webinar programmes, SilverCloud, (a guided online CBT self-help programme) and one-to-one therapy. In addition, a Step 3 service is delivered by CBT therapists and counsellors, and includes CBT, counselling for depression, dynamic interpersonal therapy, EMDR, NHS Talking Therapies for Couples, and employment support
- The NHS Talking Therapies service in Kent and Medway is delivered by *VitaHealth Group* which subcontracts the partner organisation *WithYou,* allowing both organisations to provide a Talking Therapies service covering the entire Kent and Medway area. This arrangement started in April 2024 when the overarching Kent and Medway service was created by merging together various local providers. This led to the new service starting with an inherited waiting list of around 10,000 patients, which was higher than expected. The team applied several measures focused on reducing the backlog. This included recruiting additional staff and investing in training and clinical supervision with a focus on patient engagement and waiting list management. The service has continued prioritising patient engagement and adherence to treatment.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

The team at Kent and Medway have carried out several interventions to improve engagement and adherence with Talking Therapies, which are described in Table 1.6.

Table 1.6 Interventions to improve engagement and adherence to Talking Therapies at Kent and Medway

Intervention	Description	Start date of intervention
Increasing access to and engagement with the SilverCloud platform	As part of a national NHS England (NHSE) initiative for increasing access to digitally enabled therapy, the team at Kent and Medway Talking Therapies designed a short-term (100-day) project to increase access to SilverCloud, a computerised CBT service for Step 2 therapy-eligible patients which is provided with guided support from a therapist. The team consulted with PWPs via a survey and focus groups to explore their understanding of eligibility for SilverCloud. They also obtained feedback from service users about SilverCloud to explore their reasons for drop out, with the aim of reducing it from 43%. The team used the learning from the survey and focus groups to design and deliver training workshops with staff about SilverCloud. The aim of these workshops was to understand perceptions about eligibility for SilverCloud and to address any misconceptions. The service's target was to increase the rate of access from 8% to 12% of patients eligible for Step 2 therapy.	January 2025
Partnership working with Age UK to increase access and engagement with Talking Therapies by older people	In line with NHS Talking Therapies Older Adults Positive practice guidance, The service has recently established a partnership with the charity Age UK, with the aim of increasing access and engagement with the service by older people. Interviewees reported that this demographic group access therapy at lower rates than other age groups, but are more likely than younger age groups to recover once they are in	April 2025

Intervention	Description	Start date of intervention
	treatment. This partnership includes four Age UK sites across Kent and Medway and has funded the following: • Age UK staff and volunteers actively supporting referrals of older people to the Kent and Medway Talking Therapies service if they are in need of mental health support. This is supported by training and webinars about the types of therapy that the service offers, and ongoing guidance from Kent and Medway Talking Therapies about the referral process, what the service offers, and how long the waiting times are. There is also a dedicated referral pathway to Kent and Medway Talking Therapies for older adults from Age UK services across different areas in Kent (this includes the Age UK services in Kent Rivers; Hythe, Lyming and Ashford; Maidstone, Sevenoaks and Tonbridge; and North West Kent) • A mental health community outreach worker for older adults who works with relevant community groups and stakeholders to increase awareness of the Kent and Medway Talking Therapies service • The Kent and Medway Talking Therapies team offering face-to-face appointments at Age UK premises • Weekly befriending calls for older adults on the waiting list for Talking Therapy, delivered by Age UK	

Intervention	Description	Start date of intervention
	• A dedicated laptop located at one of the Age UK sites which is solely for use by patients to access online tools such as SilverCloud, or to take video calls as part of therapy.	
Using a digital referral assistant	The service recently began using the Limbic Access AI digital referral assistant for their referrals into the service. This is an online tool which is integrated into the self-referral process on the website. The aim of using this tool is to offer a more detailed triage process which asks prospective patients about their reasons for taking up therapy and their readiness for therapy. If they identify themselves as not currently being ready for therapy, due to another primary presenting issue (such as problems with drug and alcohol use, or housing needs), the service signposts the individual to an alternative service which may be better placed to offer them support for that specific need. The individual is also advised about how to refer themselves back into treatment in future if needed. Interviewees reported that this triage process allows them to focus on appropriate referrals to the service, and these individuals may be more likely to complete treatment in a timely way.	May 2025
A CBT-based app to support patients who are on the waiting list for treatment	The team recently began implementing the Limbic Care app. This is a digital app-based intervention which is given to patients following their referral into the service. This is also being used by other Talking Therapies services across the country. The aim of the app is to improve engagement and reduce dropout between assessment and treatment as well as reducing stigma about therapy. The app uses a combination of psychoeducation and information to clarify expectations about therapy, particularly in	September 2025

Intervention	Description	Start date of intervention
	relation to therapy being a collaborative approach which requires completion of homework and readiness for change. In addition to expectation-setting it also includes access to exercises and tools based on CBT, which patients can access at any time, and conversational support via an AI chat facility. Together the content of the app is intended to socialise patients to the types of concepts and exercises they will be using when they start therapy and allow them to begin using these tools should they wish.	

Enablers, challenges and key learning points

Enablers

- The partnership between Kent and Medway Talking Therapies and Age UK is beneficial to both organisations as it allows the service to improve access to Talking Therapies for older adults, and the charity can signpost older adults to the service if they need support. Patients can access therapy directly via the Age UK premises, which may support engagement with and adherence to treatment, due to the location being a familiar setting, and the charity being an established stakeholder for the older adult cohort of patients.

Learning: Offering NHS Talking Therapies in a familiar non-NHS setting may support engagement with and adherence to treatment.

Challenges

- Digital therapy modalities require access to a digital device and the internet, which may be challenging for some people.

Learning: As part of the Age UK project, the service has made available a laptop for people who may have difficulties with accessing a digital device or internet, which may help to reduce digital exclusion.

Outcomes

Observed outcomes

- The SilverCloud project showed mixed outcomes:
    - The service met their goal of increasing access to SilverCloud from 8% to 12% for patients eligible for Step 2 therapy
    - The drop-out rate for SilverCloud did not change from 43% during the project but this is a focus for the future. The service recently began a follow-up piece of work aimed at reducing the drop-out rate. This involves PWPs delivering engagement calls to patients while they are waiting for treatment. It is expected that the direct contact with patients will reduce levels of drop out during the waiting period.
- The Limbic AI digital referral assistant is being used by the majority of self-referrers (73%), with a 93% completion rate. Around 13% of patients who are triaged through the system identify themselves as unsuitable and are therefore signposted to other sources of support.

Expected outcomes

Patients

- The Limbic Care app is still in the early stages of implementation in the service. Interviewees reported that they expect the use of the app to lead to a reduction in drop-out rates for patients on the waiting list for treatment, and an increase in the number of completed courses of treatment
- The Age UK project is in the early stages of implementation and there are plans to evaluate the outcomes at the end of the project. The project is expected to increase access to and engagement with the service by older adults.

Future

- The team have plans to continue with the interventions described in this case study and to monitor outcomes to assess their effectiveness and impact.

Case study 10: NHS Cornwall and Isles of Scilly Talking Therapies

Service background

- NHS Cornwall and Isles of Scilly Talking Therapies is for patients aged 16 and over who are registered with a GP in Cornwall and the Isles of Scilly. The service includes access to a range of NHS Talking Therapies for patients experiencing mental health difficulties, such as low mood, stress and anxiety. Therapies offered include low-intensity CBT, high-intensity CBT, individual and couple's counselling for depression, IPT and EMDR
- A key part of the service offer is psychoeducational group workshops, which the service refers to as 'courses' in an attempt to avoid any confusion with group therapy. Courses are available on a range of topics including anxiety, low mood, sleep problems, and PTSD
- These courses run at different times during the day, including evenings. Patients can self-refer to the service or be referred by a GP or another healthcare professional
- Delivering remote (online, video or telephone) therapy has become common for the service since the COVID-19 pandemic. Interviewees reported that overall, the DNA rate[15] is around 10-12%. They also reported that most disengagement occurs early on: drop-outs are most likely after the initial assessment and before treatment begins. A smaller proportion of patients disengage after only attending the first therapy session.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the interventions

The service has implemented several approaches to help improve patient engagement and adherence to NHS Talking Therapies, including a pre-course engagement call, patient leaflet and information sheets and an online patient portal (See Table 1.7).

[15] DNA rate reflects proportion of sessions/appointments booked, which were not attended by patients. Some patients who miss a session or a few sessions may attend future sessions and continue to engage with their treatment. However, some patient may miss a session and stop attending any future sessions. Therefore, DNA rate is not identical to disengagement (permanently dropping out of treatment after a limited number of sessions).

Table 1.7 Description of interventions

Intervention	Description	Start date of intervention
Pre-course engagement call	The aim of the pre-course engagement call is to support the patient to engage with the treatment. The service developed the content and approach for the call based on their knowledge and day-to day experiences of barriers to engagement, which included misconceptions and concerns about attending the courses. This may include a common misconception that the courses are the same as group therapy and therefore necessitate sharing personal information with others. However, there is no pressure to do so. The pre-course engagement call takes place one week prior to the start of the course. In the call the therapist provides information and answers any questions the patient may have about the course.	2021
Talking Therapy leaflet and information sheet	The service developed a leaflet and information sheet about each of their courses which are emailed to patients. The leaflet aims to provide information to patients about what they can expect from the course. In addition, the information sheet includes information about the course content and a list of frequently asked questions. It is emailed out to patients. They have made a number of iterative improvements to the documents based on feedback from patients.	2022
Online patient portal	The service recently implemented an online portal which enables patients to both book and reschedule their own assessment appointments. Patients are sent a text message with a link to the portal. Administrative staff from the service have attended training in how to use the portal.	September 2025

Enablers and challenges

Enablers

- Interviewees reported that service staff found it helpful to have guidance on how to conduct the pre-course engagement call, as well as having protected time to carry out the calls.

Challenges

A number of challenges were reported in relation to the one-to-one pre-course engagement call and the informational materials:

- Therapists schedule time to deliver pre-course engagement calls, but as they are not pre-booked with patients, there is a high rate of non-response. This can require multiple follow-up calls to attempt to reach the patient, which can be time-consuming
- In addition, interviewees reported that it can be challenging to deliver the pre-course engagement calls when there is limited capacity across the team due to staff being on leave. Delivery of the calls then becomes an additional demand on their time
- Further, one of the interviewees reported that even if patients express willingness and motivation to engage with therapy during the pre-course engagement call, this does not always translate to their attendance at therapy sessions, as patients may still miss sessions
- Interviewees reported that patients already receive a large amount of information and communications from the service about their treatment. This may affect the extent to which patients engage with the leaflet and information sheet, as evidence from previous surveys by the service shows that many patients do not read all the documents from the service.

Outcomes

Outcome measurement

- The service collects patient feedback about the courses via a survey on Microsoft Forms, which contains a variety of open-ended and closed questions. They also collect routine data on the usage of the online patient portal

- The service has regular monthly update meetings, where DNA rates are reviewed and discussed. The service is currently investigating key factors related to DNA rates through local data, including a patient experience questionnaire. This includes investigation of factors such as caseness, waiting times, and severity/type of mental health condition.

Challenges with monitoring outcomes

- Interviewees reported that the service is implementing several interventions simultaneously to support engagement and it is therefore challenging to attribute changes in engagement to a

specific intervention. Specifically, data currently collected cannot not clearly show the specific effects of the pre-course engagement calls on disengagement or adherence

- Interviewees also reported that the patient feedback collected via Microsoft Forms is anonymised, so the team cannot follow up with individual patients about their responses.

Observed outcomes

Service

- Although the online portal is still in the early stages of being implemented, the service has been able to monitor how many appointments have been booked using the portal. So far, the data shows that there are high rates of usage of the portal by patients.

Expected outcomes

Patients

- Interviewees reported that they expect the continued use of the portal will increase patient access to appointments, and patient autonomy and engagement, due to the increased choice in booking appointments in line with their own availability. It is also expected to increase efficiency and reduce staff workload by reducing the need for printed opt-in letters for booking appointments
- Interviewees reported that the impact of the pre-course engagement calls is not being measured specifically. However, they noted that as a result of the calls, therapists might be able to identify patients who are not willing to attend and who may disengage from therapy, at an earlier stage and before they begin treatment. This may be helpful information for therapists as they can offer alternative therapy options that patients may engage better with (such as one-to-one therapy). This may in turn affect engagement with therapy
- Interviewees reported that the leaflet and information sheet could improve patient understanding of what the treatment will involve, why they have been booked onto that particular therapy course and how it could help them. The information may also help to reduce uncertainty and patient anxiety about attending therapy. This may in turn affect engagement with therapy.

Future

- The service is considering a number of changes to the interventions that are currently being implemented to improvement engagement

- The service is considering the possibility of expanding the functionality of the online patient portal. For example, enabling patients to book their first treatment session via the portal

- The service plans to involve their lived experience team and Experts by Experience in future adaption of the Talking Therapy course leaflets and information sheets
- There are also future plans to pilot the use of a "Readiness for Therapy Questionnaire[16], which contains six questions measuring a patient's readiness for change to help establish a patient's likelihood of engagement. The questionnaire can be completed at the beginning of the patient journey, at the referral stage and before being booked onto a therapy course, to help identify whether or not patients are ready to engage with therapy.

[16] See Ghomi M. et al., (2020) 'Development and validation of the Readiness for Therapy Questionnaire (RTQ)'. *Behavioural and Cognitive Psychotherapy*. Available at: https://doi.org/10.1017/S1352465820000764. [Accessed: 20th February 2026]

Case study 11: North East London Foundation Trust

Service background

- North East London Foundation Trust (NELFT) Talking Therapies offers support to adults aged 18 and over in the four boroughs of Havering, Barking and Dagenham, Redbridge and Waltham Forest
- The service offers Step 2 and Step 3 therapy; EMDR, CBT IPT, Behavioural Couples Therapy, Counselling for Depression and SilverCloud[17]. NELFT also offers an employment service which can be used by any patient accessing Talking Therapies in NELFT
- The team is made up of PWPs, CBT therapists, clinical and counselling psychologists and counsellors and is supported by the community engagement team.

Interventions to increase engagement with and adherence to NHS Talking Therapies

About the intervention

- NELFT identified challenges in their service relating to disengagement and long waiting times in the Talking Therapies service. The service was operating with a 12-month waiting list which patient surveys highlighted was a source of patient dissatisfaction
- Additionally, analysis of service engagement data highlighted inequalities in access to the service. Three groups were identified as being less likely to engage with NELFT Talking Therapies: Black males, South Asian females and individuals with caring responsibilities
- NELFT have therefore introduced several interventions to address challenges with outreach, disengagement and long waiting times for therapy. These interventions are described in Table 1.8.

[17] An online self-help programme using CBT

Table 1.8 Interventions to improve engagement and adherence to Talking Therapies at North East London Foundation Trust

Intervention	Description	Start date of intervention
Community engagement team	The service introduced a new team to work across the four boroughs of North East London to encourage engagement with the Talking Therapies service, particularly aiming to increase engagement with the three key groups who are less likely to access the service. The community engagement team interact with members of the public in the community, attending events such as university Fresher's week and holding information sessions in community settings such as gyms in the area. Their main aims are to speak to members of the community to understand the barriers for people accessing the service, and to challenge the public's misconceptions about what the service can and cannot offer support with.	September 2024
Groups-first policy[18]	The team recently introduced a new policy which prioritises offering group therapy sessions ahead of one-to-one therapy when it is viewed as suitable. Though the service previously offered group therapy, they made the decision to introduce the policy to address the 12-month waiting list the service had. The policy allows for more patients to be seen at once.	August 2025
Miniature Welcome Pack	The miniature welcome pack (Appendix 2) offers a more condensed version of the service's usual welcome pack for patients, including key information patients need to know about the service's Talking Therapies offer. It explains what patients should expect from the service and group therapy, a cause of disengagement for the service. It aims to improve patient	April 2025 (Havering) August 2025 (all NELFT boroughs)

[18] For best practice regarding group-based treatment please refer to the NHS Talking Therapies manual, particularly section 8.1.3 (Offering a choice of delivery).

	engagement by addressing patient misconceptions. The miniature welcome pack was first introduced in Havering and then rolled out to the other three boroughs in NELFT.	

Enablers and challenges

Enablers

- Staff in the service were praised by their colleagues in responding to changes introduced to the service caused both the interventions introduced and by wider NHS system changes impacting the service’s capacity.

Challenges

- Interviewees reported that they commonly encounter situations where patients have been told by GPs that the service would provide them with counselling, but upon entering the service they are offered CBT or another type of therapy depending on what is most suitable for their needs. Interviewees perceived this to be a contributing factor of patient disengagement with the service leading to patients not attending appointments. In addition, although the groups-first policy was introduced to reduce waiting times, interviewees suggested that in fact they have observed an increase in the DNA rate since the introduction of the policy. This may be due to a misunderstanding about what the service provides, as patients may not be expecting to be referred into group therapy, particularly as the service has recently changed its focus to groups first rather than individual therapy. To address these possible misconceptions and to clarify what the service provides, the team have produced the miniature welcome pack (see Table 1.8) which informs patients of what they can expect from the service. It also explains why they have been offered group therapy as a starting point for therapy instead of individual therapy[19]
- At the time of data collection, NELFT did not have a fully staffed service and demand for the service exceeded the number of staff available to support patients, contributing to additional strain on the service to manage patient waiting times. Capacity challenges have also affected work in the community engagement team, where the team has events, they would like to attend, but they are unable to due to limited staff availability.

Outcomes

Outcome measurement

- NELFT is a data-driven service which means that the team regularly monitor service activity and outcomes. They have various KPIs including: DNA rates, access to service, recovery rates and access to/engagement with the service broken down by demographic characteristics such as

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[19] Exceptions are in place for patients where it would not be suitable for them to take part in group therapy. For example, a patient needing an interpreter.

ethnicity. The team have support from an in-house data analyst to track performance of their service against its KPIs

- Interviewees noted that KPIs for the service can sometimes conflict with each other. For example, there is a KPI for patients needing to be seen within a shorter timeframe, as this is associated with improved recovery rates. However this is challenged by another KPI to increase the overall number of patients seen by the service, which adds pressure to waiting lists and makes it challenging for the service to meet both targets at the same time
- The community engagement team is also collating data on work done they have done, including which organisations they have interacted with and summaries from the conversations that have taken place. They report back to working groups in the system, including the health inequalities working group and the patient and carer race and equality framework to report on any barriers to service access they have identified through their outreach work. Together, this data will be used to support a case for sustaining the team beyond its current funding period.

Observed outcomes

Service

- Since the introduction of the groups-first policy, the service's DNA rate has increased from an average of 9-10% to 18%. Interviewees reported that this was likely due to patients' apprehension about accessing group therapy instead of one-to-one therapy. However, the service has chosen to prioritise reducing their wait time
- Interviewees reported that the recovery rate for the system was 50%, however, data for October showed a drop below 50% in all services and they are working to rectify this.

Expected outcomes

Interviewees also discussed what outcomes they expected to achieve from implementation of interventions:

Patients

- Interviewees expect the waiting time for accessing the Talking Therapies service to reduce.

Service

- The community engagement team is expected to improve access to and engagement with the service by the local community, particularly for the three groups who were targeted for outreach.

Future

- The service will continue to focus on reducing its waiting times, with plans to assess the effectiveness of the groups-first policy against the service's KPIs in early 2026

- Currently, plans to continue with the community engagement team are uncertain as they are on a fixed term contract until February 2026. Sustaining the community engagement work is subject to the team receiving additional funding beyond this point.

Appendix 1: Therapy agreement (Face to Face)Hampshire

Therapy agreement to support you with your face to face therapy

We understand that it can be difficult to ask for help when you are finding things difficult. We have put this information together which includes what we ask from you so that you can get the best out of your therapy with us.

We ask that you

Commit to regular therapy and view it as a priority. It is important that you attend your sessions regularly to gain the most benefit. If you think this will be difficult for you, we are happy to discuss this at your first session.

Attend sessions on time There may be good reasons why appointments cannot be attended. Where possible we ask for at least 48 hours' notice if you are unable to attend due to illness or crisis. This allows us to offer your appointment to someone else.

Participate Minimise the chance of being distracted by other activities. Such as putting your mobile phone on silent. We cannot continue with a session if you are under the influence of substances or intoxicated.

Complete any agreed tasks or activities between sessions. You are offered a set number of sessions and it is important to make the most of this time to support your recovery.

Record sessions Please discuss with your therapist if you would like to record your session. We ask that you do not live stream or upload sessions online.

Respect Commit to behaving and responding in a respectful way. The NHS has a zero-tolerance policy to violence, verbal abuse or aggression.

We will

Provide evidence-based treatment as recommended by the National Institute for Health and Care Excellence (NICE) guidelines.

Work with you to improve your mental health and wellbeing. We will regularly review your progress to make sure that you are receive the right level of support.

Be on time and do our best not to cancel or rearrange appointments. We will give you as much notice as possible if this happens.

Communication Think about how best to make contact, whether this is phone, email or by text. Email and text are only used to confirm appointments and send materials to support you.

We value your feedback Please discuss any concerns with your therapist or contact the service directly. You can also use our website for this https://www.italk.org.uk/contact-us/feedback-complaints/

NHS Hampshire and Isle of Wight Healthcare NHS Foundation Trust

NHS Talking Therapies Hampshire is delivered in partnership between Hampshire and Isle of Wight Healthcare and Solent Mind

Mind Solent

NHS
Talking Therapies
Hampshire

Attendance Policy

There is a high demand for our service. We understand that life can get in the way sometimes and that sessions might need to be cancelled at short notice. However, as consistency and momentum are important to support you with your mental wellbeing and recovery, if there are **three cancellations** during treatment, this will result in your referral being closed. Unless there are exceptional circumstances these will be included in the number of sessions offered.

If you do not attend a scheduled appointment without giving us notice on **two separate occasions** your referral will be closed to the service. After the first missed appointment you will be offered another session on the same day and time the next week. If you do not attend or if we do not hear from you within **seven days** your referral will be closed.

If you are unable to attend, please contact us by calling the number on your invite letter or email hiowh.tth.step3admin@nhs.net.

If you would like to consider therapy again you can refer yourself through our website https://www.italk.org.uk/self-referral or phone 02380 383920.

Our therapists

Are trained and regularly supervised to provide your psychological treatment. As part of this, we regularly record therapy sessions. Recordings may be shared with supervisors to support ongoing professional development and the treatment is appropriate for you. We will always ask for your consent for this.

Keeping you safe

We are not a crisis or emergency service and phone lines and emails are not checked outside working hours of 9-5pm or at weekends. If your situation has worsened, we advise you to contact your GP to discuss this.

If you need urgent support

Call NHS 111, 999 or attend A&E at your local hospital.

Call Samaritans on 116 123 or email jo@samaritans.org

Text "shout" to 85258 (crisis service) or text "YM" if under 19

Confidentiality

All staff in our service have a legal duty to keep information about patients confidential. We keep your GP up to date on your progress but if you would prefer us not to please let us know. Our service collects information about patients to make sure that the care is effective, good quality, and meets your needs.

We handle your personal information in line with the General Data Protection Regulation (GDPR) guidance. Patient records are held electronically on our computer system which forms part of the wider NHS Southern Health Foundation Trust patient record system across health and social care.

NHS
Hampshire and
Isle of Wight Healthcare
NHS Foundation Trust

NHS Talking Therapies Hampshire is delivered in partnership between Hampshire and Isle of Wight Healthcare and Solent Mind

mind
Solent

Talking Therapies
Hampshire

All staff in our service have a legal duty to keep information about patients confidential. Sometimes we may need to share relevant information with family or healthcare staff to look after your wellbeing. We will never share your information with anyone unrelated to your care.

In urgent situations we must share information about our patients with other agencies even without their consent. For example if there is a concern that you or someone else is at risk of serious harm.

To be completed at first treatment session

Initially we will have __six__ sessions up to _______ minutes long. Your progress will then be reviewed frequently so we can decide together on how best to proceed.

We discussed the following ways to support your regular therapy

____

____

Agreed cancelled sessions

____

____

You can share information on my care with

I would like you to share with…………………………………………………………………………

I would NOT like you to share with………………………………………………………………………

I consent to my sessions being recorded Yes/No

I have read and I understand this information

Name: Signature: Date:

Therapist's name: Signature: Date:

NHS Hampshire and Isle of Wight Healthcare NHS Foundation Trust

NHS Talking Therapies Hampshire is delivered in partnership between Hampshire and Isle of Wight Healthcare and Solent Mind

Mind Solent

Appendix 2: Miniature Welcome pack (NELFT)

Talking Therapies

Your guide to NHS Talking Therapies

www.talkingtherapies.nelft.nhs.uk

Welcome to Talking Therapies

We are here to support you with difficulties such as anxiety, depression, stress, low self-esteem, and other common mental health problems.

Due to high demand for our service, waiting times for one-on-one therapy have become longer. To make sure people can start supporting sooner, our service is now a Groups-First Service.

This means most people will begin their therapy journey in a group, or through SilverCloud (our online CBT programme). Groups are proven to be effective, and many people find them just as helpful as individual therapy.

Why Groups?

It's normal to feel unsure about joining a group. Many people feel nervous at first, but they soon realise the benefits:

Quicker access
Groups are usually available within weeks, not months

You are not alone
Sharing experiences with others helps you feel understood

Practical skills
Learn CBT tools and strategies you can use straight away

Supportive environment
Run by trained NHS therapists, safe and confidential

Proven results
Over 56% of people who completed a group recovered.

"The workshops were beneficial. I learnt strategies to manage my anxiety and now feel much more in control."

What to Expect

Led by a trained therapist.
Confidential and supportive.
Sessions are structured, like individual therapy.
Focus on practical strategies for managing thoughts, feelings, and behaviours.
Most groups run for 6–10 weeks.
Available online or face-to-face.

Our current groups

CBT skills based groups

Cognitive Behavioral Therapy (CBT) is a type of therapy that helps you notice unhelpful thoughts and behaviors and replace them with healthier ones. It teaches practical skills you can use in everyday life to feel better and cope more effectively.

Counselling Based Groups

Counselling-based groups bring people together in a safe, supportive setting to share experiences, explore challenges, and learn new coping skills. Guided by a trained facilitator, these groups encourage open conversation, mutual support, and personal growth while reminding participants they are not alone.

- Depression
- Worries
- Stress
- Panic
- Depression for South Asian Women
- Anger management
- Older Adults
- Carers group for Dementia
- ADHD
- Long Terms Conditions
- Managing Pain
- Relapse Prevention

- Obsessive Compulsive Disorder
- Social Anxiety
- Health Anxiety
- Post Traumatic Stress
- Counselling for Bereavement
- Reclaiming Life after Domestic Violence
- Counselling for Depression
- Mens BAME
- Low Self Esteem
- Low Self Esteem for Black Women
- Low Self Esteem for South Asian Women
- Carers
- Perinatal
- Menopause
- Mindfulness

Patient Therapy Journey

Crisis support

If you feel unable to keep safe:

Call 999 or go to your nearest Emergency Department

Call 111 and choose option 2 for urgent mental health help

Call 0800 995 1000 (Mental Health Direct)
Call 116 123 (Samaritans)

Thank you for reading

You now have an understanding of what you can expect whilst in treatment with Talking Therapies and we wish you success in your treatment with us.

If you have any concerns or questions please do not hesitate to contact us.

How can I get in touch?

Call us on: 0300 300 1554
Visit the Website: https://www.talkingtherapies.nelft.nhs.uk/

Zero Tolerance Statement

At Havering Talking Therapies, we are committed to providing a safe and respectful environment for both patients and staff. We operate a zero-tolerance policy towards abusive, threatening, or violent behaviour. Any form of verbal or physical abuse directed at our staff will not be accepted and may result in restrictions to your care or removal from the service. We kindly ask all patients to treat our staff with the same courtesy and respect that they would expect to receive from us.

www.talkingtherapies.nelft.nhs.uk

The Strategy Unit.

The Strategy Unit

Tel: 0121 612 1538

Email: strategy.unit@nhs.net

Web: www.strategyunitwm.nhs.uk

Twitter: @strategy_unit

Midlands and Lancashire
Commissioning Support Unit

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