

Evaluation of service user experiences of talking therapy services

Summary of findings

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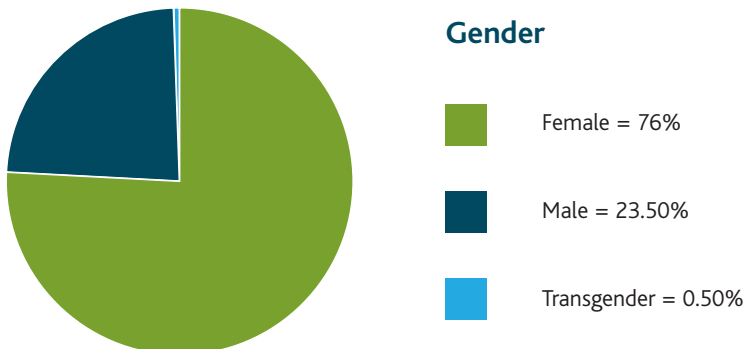
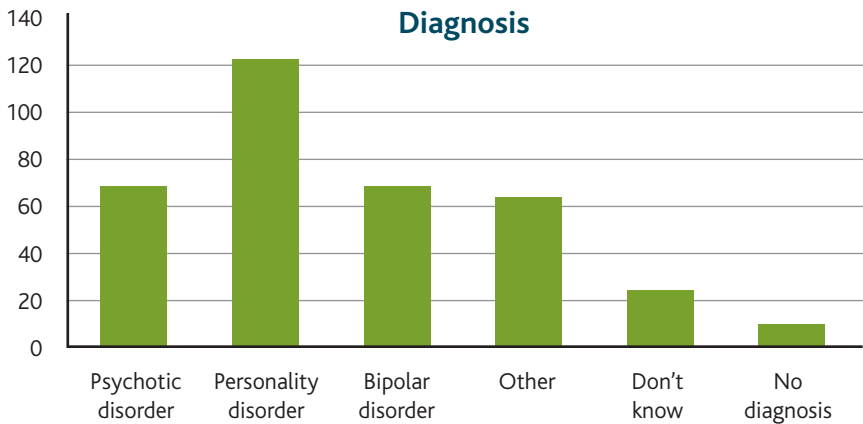


The aim of our evaluation was to capture the perspectives of those using services in six sites delivering an NHS England funded programme known as IAPT for Severe Mental Illness (IAPT for SMI), and also to capture the views of those who did not go on to receive therapy.

Our approach included working with three peer researchers, who all had personal experience of severe mental illness, to deliver the evaluation based upon bespoke questionnaires for each site and follow-up interviews.

We heard the views of 305 people through questionnaires and 61 of these people were interviewed to gain more detailed feedback.


Participant Characteristics (all 305 people surveyed)



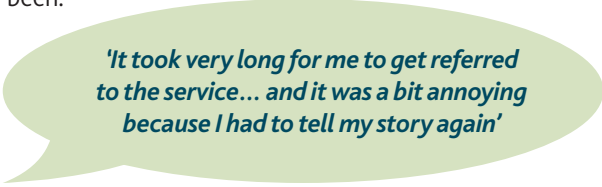
Accessing services

Referral Process

The three most common routes of referral were GP, psychiatrist and another mental health professional. The qualitative data highlighted many accounts of positive experiences with GPs in relation to the referral process. However, a few found the referral process frustrating, and felt that it wasn't as quick or straightforward as it could have been:



Overall feedback about accessing the services was positive, but waiting times were most likely to be negatively experienced.



'It took very long for me to get referred to the service... and it was a bit annoying because I had to tell my story again'



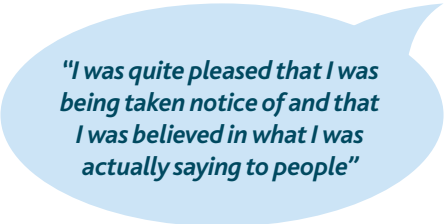
Waiting time from referral to being assessed

Satisfaction with waiting time varied considerably. Many were satisfied with the waiting time though those who dropped out were generally less satisfied about the wait for therapy. The interview data showed that a long waiting time was generally experienced negatively and often contributed to people not continuing to therapy. Waiting times could be particularly unsettling to this group, many of whom indicated that they had been in distress and needed urgent help.

Assessment Process

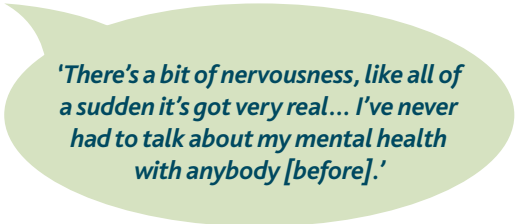
71% of those who went on to receive therapy were satisfied with the assessment process while only 53% of those who didn't receive therapy were satisfied. The qualitative data revealed a range of experiences of the assessment process:

Some people found the experience of meeting the therapist for the first time reassuring, or even empowering:



"I was quite pleased that I was being taken notice of and that I was believed in what I was actually saying to people"

However, many people, particularly those who did not go on to receive therapy, were daunted or frightened at the prospect of having an assessment:



'There's a bit of nervousness, like all of a sudden it's got very real... I've never had to talk about my mental health with anybody [before].'

Expectations of the service

Initial expectations and motivations

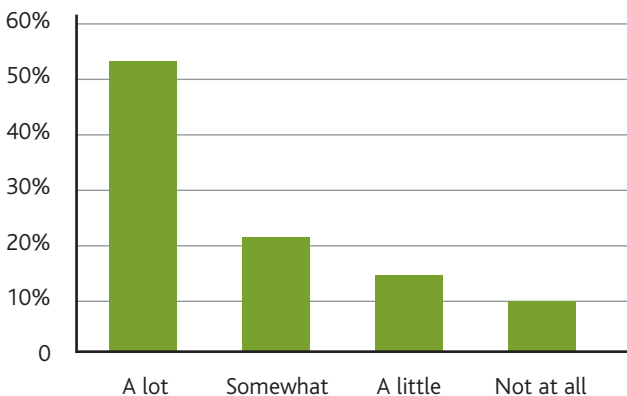
People had a range of motivations for accessing the service, including someone to talk things through with, a way to identify some underlying issues, a way to improve their relationships with others, or a way to become better at coping.

Expectations varied too. Some people were very optimistic, or at least hoped, that the service could 'change your life', while others were sceptical about whether it would do any good. For some, there were feelings of disappointment when they realised that achieving goals could be hard work.


Did the service meet your expectations?

Participants who had received therapy were asked to comment on whether therapy had met their expectations. Figures varied between the six services evaluated.

Those saying that the service had met their expectations a lot ranged from **21%** in one service to **68%** in another.



Did our service meet your expectations? (n=226)



People's expectations of the service varied greatly. Most people felt that the service had met their needs.

Reasons for not engaging in or discontinuing therapy

Some survey participants did not engage with therapy or 'dropped out' after a few sessions. We asked them why. The most common reason given was that they did not feel it would be helpful. Other reasons included: not being offered therapy following the assessment, feeling that the therapy would not meet their needs, changing personal circumstances, therapists leaving and no replacement being provided, and having to wait too long.



Experiences of the services

(participants who received therapy = 241)


Provision of therapy

Most participants received individual, face-to-face therapy, although nearly half received group therapy (either on it's own or in addition to individual therapy). A small minority received telephone or computer therapy.


Satisfaction with the way therapy was delivered varied between services from **0% to 32%** claiming they were dissatisfied, or **51%** and **97%** claiming they were either satisfied or very satisfied.

Information, communication and clarity

84% of those who received therapy were happy with the way the service communicated with them. Some services were described as highly organised. However, people who were unhappy described experiencing the services as badly structured with poor communication standards and lack of staff continuity.



'The psychologist communicated by email, which was good.'



People were overwhelmingly satisfied with all aspects of therapy / treatment.

Number of sessions offered

Across the six services, **77% were happy** with the number of sessions offered

Again, this varied between services with a range of **between 50% and 96%** satisfied or very satisfied with the number of sessions that were offered to them.

Practicalities of accessing therapy

80% were satisfied with the accessibility of the service. This varied between the sites, with a range **between 68% and 93%**. Distance and travel were frequently cited as challenges, or barriers to access, as was the timing of the sessions, which were not always compatible with work or childcare. However, we also heard a few accounts of services going the extra mile to accommodate personal circumstances, such as work commitments. There were also a number of reports of unsuitable or inappropriate premises, which made the service feel less accessible to clients.

Therapeutic relationships

Many people reported very positive relationships with their therapists, and highlighted that they had good rapport, that the therapist was empathetic, kind, and a good listener – in one person's words, 'we spoke the same language'.



83% agreed or strongly agreed that their therapist understood them



77% agreed or strongly agreed that their therapist had helped them to develop skills

Endings and follow-up

Ending therapy is often challenging and the interviews revealed that those who were part-way through therapy were nervous about what would happen at the end.

67% of participants felt satisfied or very satisfied with the planning for the completion of therapy. This varied between services, with a **range of 31% - 82%**.



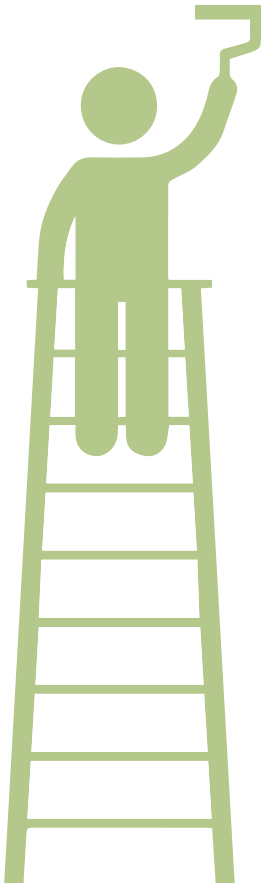
'I'm a bit worried about leaving because after a year, it's quite embedded into your routine and I'm going to miss the people and that opportunity to talk and to learn.'

Impact for clients

Participants who did engage with therapy

Our findings suggest that most people who had engaged with therapy felt that the IAPT for SMI service they had accessed had made a positive impact on their lives.

Many people reported feeling broadly happier and more positive, and were confident that the therapy had improved their mental health and general wellbeing.



Most people who had accessed the service felt that it had a positive impact on their lives.



'Before, I was looking around for ways to kill myself, but now I'm looking around for ways to improve my flat'

Overall, **52%** of participants felt the service had helped them a lot. Only **8%** felt that it had not helped them at all. **78%** of people who identified as having either a psychotic disorder or bipolar disorder felt satisfied with the service, compared with **59%** of people who identified as having a personality disorder.

Some of the reasons for having a more negative experience included struggling with the ending of the therapy, feeling that the therapy prevented progress and 'kept me in the same place for years', and feelings of disappointment or guilt when hopes and expectations were not fulfilled or met.

Suggestions for improvement

Based on our findings we identified twelve recommendations for improving the IAPT for SMI services

1	Simplification of the referral process.
2	Clear information about what to expect from therapy, including: commitment required from service user, types of therapy on offer and choices people have about their therapy; timings and number of sessions; endings and planning ahead for completion.
3	Information around, and promotion of, ongoing peer support available locally.
4	Information and clarity around diagnosis; and Personality Disorders in particular.
5	Reduction in waiting times and the provision of clear information about waiting times at the outset.
6	Good communication, information and support from IAPT service, and other services, agencies and organisations, during the waiting period.
7	Flexibility and accommodation of individual needs regarding the delivery of the therapy e.g. face to face, group work, male or female therapist.
8	Good organisation, communication and 'customer service' throughout.
9	Strong improvement of therapeutic relationship through providing a validating atmosphere and non-judgemental approach. Self-disclosure may sometimes help with this.
10	Strong boundaries on the part of the therapist during group sessions.
11	Ease of access regarding practical considerations such as work / childcare commitments and travel problems.
12	Increased follow-up support.

Conclusion

Our evaluation looked at six different IAPT for SMI services: one worked with people with bipolar; three worked with people with personality disorder; two worked with people with psychosis. In the full report we include more detail on the individual services.

Overall, the six services were positively received, though there was variation across the sites. The sites have all been supportive of this evaluation and feedback is ongoing. This means that actions to address the points raised in the evaluation will be considered in each locality.

The full report that we have written for NHS England is now available to download on our website:

www.mcpin.org/iaptsmireport



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