About the We need to talk coalition

The We need to talk coalition is a group of mental health charities, professional organisations, and service providers that believe in the effectiveness of psychological therapies. Together, we are calling for the development and improvement in the range of psychological treatments provided by the NHS. We want to see:

- A full choice of evidence-based psychological therapies made available to all
- Therapy made available within 28 days of requesting a referral, or sooner if it is a mental health emergency
- Equality of access to therapy for everyone in England

Summary

When you experience a mental health problem, early access to the right type of psychological therapy can make a huge difference to your recovery and prevent the problem getting worse.

The Government’s Improving Access to Psychological Therapies (IAPT) programme has helped millions access therapies on the NHS, but demand for mental health treatments is rising and far too many people are still not getting the treatment they need, when they need it.

Our ‘We Still Need to Talk’ report details the responses of over 1,600 people who have either used or tried to access psychological therapies through the NHS in England in the last two years.

What are the issues now?

While there have been some improvements since we last researched the issue in 2010, there remain particular issues around:

- Waiting times
- Choice of treatment
- Equality of access
Waiting times

Timely access to good quality psychological therapy is essential. Waiting too long for help can lead to poor recovery, relationships falling apart and job losses. We found that one in 10 people have been waiting over a year to receive treatment and over half have been waiting over three months. Things have improved since 2010 (when one in five people were waiting over a year), but it remains unacceptable that so many people wait such a long period, with huge detriment to their health.

The NHS Constitution provides no guaranteed access to psychological therapies and no maximum waiting times. We believe that psychological therapies should be available to everyone who needs them within 28 days of referral.

"I had a complete breakdown, was unable to work and was hospitalised. If therapy had been available when I needed it, I believe I could have been helped to manage the illness and not reach the stage where everything fell apart."

Choice of treatment

Being offered a choice about the type of treatment you receive, as well as when and where you receive it, helps recovery. Yet almost 3 out of 5 people weren’t offered a choice and there is still a disproportionate focus on Cognitive Behavioural Therapy over other therapies. Different therapies work well for different people, so it’s crucial that everyone is able to choose the type of therapy that’s right for them.

We also found:

- Three quarters of people were not given a choice in where they received their treatment
- Half felt the number of sessions weren’t enough
- 11 per cent said they had to pay for treatment because the therapy they wanted was not available on the NHS

The current Mandate to the NHS Commissioning Board does not stipulate what the entitlement is to choice, and with the current bias towards a few types of therapy, not everyone is getting the help they need.
Equality of access

Access to talking therapies is patchy across the country, but some groups of people are consistently under-served: black and minority ethnic communities, people with severe mental illness, as well as other vulnerable groups find it harder to access psychological therapies on the NHS.

We also found that many people are not offered talking therapies as a treatment option. 40 per cent of people said that they had to request psychological therapies rather than being offered them. After having an assessment for psychological therapies, one in ten people were then not offered such therapies.

“There are cultural barriers. You worry about how you are going to be perceived and whether you can trust the other person. What is their reaction to you going to be? In how much detail in English can you describe your feelings. There is a language barrier.”

How could IAPT further improve?

The IAPT programme has done a great deal to improve the lives of many people with mental health problems. However its implementation has not gone far enough and its full potential has not been reached. We need to see commitments from Government, NHS England, NICE and local commissioners to improve the scale and scope of the IAPT programme across the country.

Establish waiting times

There must be equivalent waiting times standards for mental health to those in place for physical health – 28 days for talking therapies, and sooner if it is an emergency. NHS England and Government must urgently establish and deliver these standards and enshrine them as a right in the NHS Constitution.

Guarantee choice of treatment

Therapy works best when people have a say in their treatment. People should be given a full and informed choice when accessing psychological therapies and should expect to be offered whichever therapy they need. All NHS-funded services should be able to offer choice on the type of therapy, the therapist, appointment times and the location of treatment. In order for progress to be made on this, choice should be stipulated in the Mandate.
Locally, primary care practitioners should be better trained to ensure that they can provide accurate information about the range of treatment options. CCGs should ensure there is more than one provider so that choice can be met.

Ensure access for all

IAPT should reach out to marginalised groups who could benefit from treatment but find it hard to access. Commissioners must engage with their local community to assess the scale of need for talking treatments and services should be commissioned once providers have demonstrated there is sufficient diversity and cultural appropriateness within the services being offered.

Nationally, Government and NHS England should commit to a wider roll out of services for older people; children and young people; people with severe mental illness and long term conditions; and people who are homeless and with co-occurring substance dependency.

What can MPs do?

- Call on the Minister and NHS England to invest more in psychological therapies to meet rising demand and introduce maximum waiting time standards urgently.
- Encourage your party’s policy makers to prioritise mental health and access to evidence-based psychological talking therapies in its manifesto.
- Speak to local commissioners, providers and Health and Wellbeing Boards to find out what psychological therapies are available in your constituency. Find out whether your Health and Wellbeing Board’s Joint Strategic Needs assessment has considered the local demand for talking therapies.

We need to talk coalition members:

Mind, Rethink Mental Illness, Centre for Mental Health, Mental Health Foundation, British Association of Counselling and Psychotherapy, British Psychological Society, British Psychoanalytic Council, UK Council for Psychotherapy, Royal College of Psychiatrists, Young Minds, TTCR, New Savoy Partnership, Tavistock Centre for Couple Relationships