

Open Letter on the Failings of NHS Talking Therapies

The Cheshire and Merseyside ICB Area

We are members of the Mental Health Action group, a collaboration of Keep Our NHS Public and the Socialist Health Association members campaigning to improve NHS mental health services. Our group comprises current and retired NHS psychotherapists and psychiatrists, social workers, mental health service users and carers. We are concerned that NHS Talking Therapies is a failing service, shielded behind a propaganda campaign of innovation, effectiveness and success. In fact, it is inefficient, ineffective and has consistently failed to meet the three main targets required of it by government.

There is a growing crisis of mental ill-health in the UK, with ever-more people suffering common mental health distress. At the same time, the NHS 10 Year Plan includes promises to reorganise community mental health services.¹ For both reasons, we argue it is now time for a critical review of the primary care psychological therapies currently being provided by the NHS in England.

We are therefore writing to ICBs in England, to heads of NHS and Private Provider Talking Therapy services, as well as to healthcare Scrutiny Committees, Healthwatch, health campaigners and local press, and MPs pointing to the failures of the service and consequent injury to people suffering mental health distress within their catchment areas.

We would like to hear back from you in response to the concerns and questions we outline below.

Yours sincerely,

Mental Health Action
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cc:

Cheshire and Merseyside ICB (email)
Joint Health Overview and Scrutiny Committee (email)
Healthwatch (email)
Cheshire and Merseyside Talking Therapies (by post)
IESO Digital Health Talking Therapies (email)
Cheshire and Wirral Partnership NHS Foundation Trust (by post))
Mersey Care NHS Foundation Trust (by post)
Local MPs (email)

1. NHS Talking Therapies (NHSTT) has an exceptionally high drop-out rate

According to NHSTT annual performance data,² across England as a whole only a third of all referrals completed a course of therapy in 2023-4.

Despite regular reports and academic papers on the dramatic failure of the service to meet the needs of its referrals, most recently the Nuffield Trust's report *Does the NHS talking therapies service have an attrition problem*³, there has been no improvement year in year out.⁴

In 2023-24 in Cheshire and Merseyside ICB's NHSTT services, only 40% of the total number of 78,785 referrals and 60% of 54,840 referrals who started therapy actually **finished** a course of treatment. More than half the people who applied for primary care talking therapies in Cheshire and Merseyside dropped out.

Question 1: Why is the drop out rate so high?

Question 2: What happened to the 46,490 people in Cheshire and Merseyside who were looking for help but dropped out of the service?

2. Talking Therapies meets none of its NHS targets

The NHS Long Term Plan⁵ (currently under revision) gives Talking Therapies (TT) three targets on *access, waiting times and recovery*.

- Give access to 25% of the 'adult community prevalence' of common mental health disorders (CMD) by 2023-24, a total of 1.9m people nationally.
- 75% of people asking for therapy should have their first treatment session within six weeks.
- 50% of referrals should recover.

The service meets none of these targets:

- The adult community prevalence of CMD in the Cheshire and Merseyside ICB area was around 432,000 in 2021. NHSTT gave access to 54,840 adults in 2023-24, i.e. 13% of the 2017 prevalence – well below the 25% target. Only a quarter of this 54,840 achieved recovery. [https://fingertips.phe.org.uk/search/common mental health disorders#page/1/gid/1/pat/15/ati/221/are/nE54000061/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1](https://fingertips.phe.org.uk/search/common%20mental%20health%20disorders#page/1/gid/1/pat/15/ati/221/are/nE54000061/iid/93495/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1)
- In Cheshire and Merseyside, Talking Therapies met the 75% waiting time target in 2023-24 of a maximum 6 weeks for a first session. However, the average wait between the first and second session was 41 days by which time half its referrals had dropped out. Of the 32,290 people who finished a course of therapy, over 14,915 had waited between 6 and 18 weeks for their second session.
- The recovery rate for the ICB in 2023-24 was 45% of people who completed a course of treatment. However, the more meaningful statistic is for the recovery rate of people who entered treatment - less than 27%.

Question 3: Why does NHS TT claim to meet its required targets when the claim is untrue?

Question 4: Why does it measure recovery in relation to completed treatment rather than treatment entry?

3. NHS Talking Therapies is not cost-effective

Evidence of the cost of NHS TT sessions is not in the public domain as far as we are able to find. It is difficult then to assess the efficiency of the service in comparison to any alternatives. There is no independent audit of the service, no accountability to CQC scrutiny for example.

In 2023-24, the annual TT funding for Cheshire and Merseyside ICB was £41.5 million (<https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/>). The median duration of a session that year was 54 minutes, and for a finished course of treatment 375 minutes or 7 sessions. If we divide the spend by the number of people who finished a course of treatment (32,290), the cost per session was around £183.

If we use this admittedly crude measure, NHS TT's claim to cost efficiency doesn't hold water. There are over 450 qualified practitioners based in Cheshire and Merseyside who are currently offering counselling and psychotherapy for under £50 per session (<https://www.counselling-directory.org.uk/>) By this comparison £183 could buy each patient close to four times the number of sessions.

Question 5: Why is there no independent audit of the TT service?

Question 6: What is the average cost of a completed course of treatment?

4. One size doesn't fit all – the denial of care

NHS TT provides variations of a single psychological theory and practice – cognitive behavioural therapy (CBT). Its therapies are short-term and offer technique rather than a relationship; a didactic rather than a therapeutic process. NHS CBT has been adapted to the requirements of measuring costs and targets, standardisation of practice and data collection, efficient through-put and the prioritisation of utilitarian values.

Online therapy along with mental health apps is increasingly replacing face-to-face contact, embedding the more utilitarian and non-relational qualities of CBT-based talking therapies.

Clients are “directed” how to think, and for many the approach will either not make a connection, or will fail to travel deeply enough to carry meaning - hence the drop-out rates.

Notably, on the issue of short-termism and lack of depth, Cheshire and Merseyside falls far below the national average in the ratio of low intensity to high intensity therapy provision. The ratio for England as a whole is 2:1. For C&M ICB, it's 8:1.

Cheshire and Merseyside ICB talking therapy services offer online talking therapy via the text-based digital service Ieso and the digital service Silvercloud. Ieso and Silvercloud are in partnership with US based data and cloud companies developing fully automated conversational AI therapy using millions of recorded NHS sessions - “talking” therapy with a machine. (<https://mentalhealthaction.uk/artificial-intelligence-and-the-future-of-nhs-talking-therapies/>) (<https://mentalhealthaction.uk/artificial-intelligence-and-the-future-of-nhs-talking-therapies/>)

Question 7: Why are only behavioural therapies offered by NHS TT?

Question 8: Why is there no longer term therapy available for people who need it?

5. NHS Talking Therapies fail to address inequalities of mental health care

The current service is an obstacle to responding more effectively to common mental ill-health in our diverse communities. The limitations of the service's standardised approach are demonstrated, for example, in its limited engagement with mental health inequalities around social deprivation, race and gender.

Far more women than men access the service. In 2023-24, about two thirds of all referrals in Cheshire and Merseyside ICB were women. What does this imply for mental health services for men?

As far as access is concerned, while around a half of the NHS target was achieved for the majority population of the ICB, only a quarter of the target was reached for the area's Asian population.

Question 9: What is Cheshire and Merseyside ICB doing about mental health inequalities in its area of responsibility?

Question 10: What plans does the ICB have to attune its TT services to the needs of its different communities and constituencies?

¹ <https://assets.publishing.service.gov.uk/media/6866387fe6557c544c74db7a/fit-for-the-future-10-year-health-plan-for-england.pdf>

² Unless otherwise noted, all statistics in this Open Letter have been compiled from the annual report on NHS Talking Therapies for 2023-24 available in the public domain from NHS Digital - <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-for-anxiety-and-depression-annual-reports/2023-24>

³ <https://www.nuffieldtrust.org.uk/news-item/does-the-nhs-talking-therapies-service-have-an-attrition-problem#:~:text=Referrals>

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services>