Open Letter on the Failings of NHS Talking Therapies

Bristol, North Somerset and South Gloucestershire 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 Long Term 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 including heads of Talking Therapy services, as well as healthcare scrutiny committees, campaigners and local press, 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.

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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 Bristol, North Somerset and South Gloucestershire (BNSSG) ICB's NHSTT services, only one third of the total number of 27,060 referrals and less than a half of the 20,445 who started therapy actually ***finished*** a course of treatment. Two-thirds of the people who applied for primary care talking therapies in BNS&SG dropped out.

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

Question 2: What happens to the 17,700 people in Bristol, North Somerset and South Gloucestershire who are looking for help but drop out of the service?

2. Talking Therapies meets none of its NHS targets

The NHS Long Term Plan [5] (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 Common Mental Health Disorders in the Bristol, North Somerset and South Gloucestershire ICB area was around 176,000 in 2021. NHSTT gave access to 20,445 adults in 2023-24, i.e. 11.6% of the prevalence – well below the 25% target. And only 3% of the estimated prevalence finished a course of treatment and recovered. *(https://rb.gy/qy2dlv)*

In the BNSSG area, Talking Therapies apparently met the 75% waiting time target in 2023-24 of a maximum 6 weeks. However, the average wait between the first and second session was 65 days by which time half its referrals had dropped out. 5,970 of the remainder waited over 6 weeks for a second session. Evidence for May 2025 puts waiting times for high intensity CBT at 13 months. (https://remedy.bnssg.icb.nhs.uk/adults/mental-health/talking-therapies-iapt/)

The reliable recovery rate for BNSSG ICB in 2023-24 was 55% of people who completed a course of treatment. However, the more meaningful statistic is for the recovery rate of people who entered treatment - about 25%.

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 Bristol, North Somerset and South Gloucestershire was £12.1 million *(https://www.england.nhs.uk/publication/nhs-mental-health-dashboard/)*. The average duration of a session that year was 58 minutes, and for a finished course of treatment 446 minutes or 7.7 sessions. If we divide the spend by the number of people who finished a course of treatment (9,360), the cost per session was around £168.

If we use this admittedly crude measure, NHS TT's claim to cost efficiency doesn't hold water. There are over 250 qualified practitioners based in BBNSSG who are currently offering counselling and psychotherapy for under £50 per session. By this comparison £168 could buy each patient three times the number of sessions. (*See https://www.counselling-directory.org.uk/?)*

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.

Noticeably, on the issue of one size fits all and lack of depth, Bristol, North Somerset and South Gloucestershire the vast majority of courses of therapy delivered in 2023-24 were CBT (6,000), psychoeducational peer support (2,000) and guided self-help by computer (245). Of people finishing a course of therapy, 28% saw no change or deterioration in their condition.

Through its private provider Vita Health, BNSSG talking therapy services offer online talking therapy via Silvercloud, a private company which is in partnership with US based data and cloud companies developing fully automated conversational AI therapy using millions of recorded NHS sessions. *(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.

While 59% of least socially deprived referrals finished a course of treatment and recovered, this was true for only 45% of the most socially deprived.

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

Inequalities of access by ethnicity are striking. For example, while 25% of white clients who entered therapy achieved recovery, only 17% of Black and 19% of all Asian clients who entered were recorded as recovered.

Question 9: What is Bristol, North Somerset and South Gloucestershire 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