Talking Therapies Plus
Evaluation Report

Executive Summary

Talking Therapies Plus (TT+) is a community-based mental health support programme providing flexible, person-centred therapeutic support to adults experiencing anxiety, depression, trauma and bereavement. This summary draws on analysis of the reporting dataset for the project delivery period.

The data indicates **strong demand and wide engagement** across the local system. A combination of self-referrals and professional referrals suggests TT+ is both **accessible to residents and trusted by NHS and local authority partners**. The project received **1,058 referrals,** of which **824** entered treatment.

Overall, the dataset is consistent with TT+ operating as intended: widening access, engaging people facing complex barriers, and supporting measurable improvement for participants who completed support, using proportionate levels of therapeutic input.

Telephone, online/video and face-to-face delivery (including home visits where required) **enabled engagement from people who may otherwise struggle to attend appointments** due to anxiety, disability, caring responsibilities or transport barriers. This reflects good practice in accessibility and trauma-informed delivery.

Where both baseline and end-of-intervention outcome measures were recorded, **participants showed meaningful improvement**, particularly in anxiety (GAD-7), with **many moving out of severe clinical ranges by discharge**.

The evidence shows that TT+ evolved into a **critical community-based safety-net** within the local mental health system. The programme consistently supported people who were:

- experiencing needs beyond "low-level" intervention, and
- unlikely to access or remain engaged with NHS Talking Therapies.

Rather than representing mission drift, this shift reflects **system responsiveness**, with TT+ filling a gap between prevention, statutory thresholds, and crisis services. Its success in engaging excluded groups highlights the importance of flexibility, trusted delivery partners, and reasonable adjustments in reducing mental health inequalities.

The data shows clear evidence that:

- TT+ primarily supported people with **moderate to high mental health needs**, despite its original low-level design. Recorded presenting need was predominantly **moderate to high**, despite the original low-level design

intent—indicating TT+ acted as a gap-bridging, community safety-net during long waits or where statutory routes were not accessible or acceptable.

- The project successfully engaged communities **under-represented in statutory mental health services**, including racially minoritised groups, migrants, people requiring interpreters, and those with significant accessibility barriers.
- Flexible, community-based delivery was essential to achieving this reach.

These findings offer strong justification for **continued investment in, and refinement of, community-anchored therapeutic models** as a core component of a responsive mental health system.

Taken together, the evidence supports TT+ as an inclusive, clinically beneficial programme that strengthens the wider mental health system by providing an accessible route to timely support and helping reduce pressure on statutory pathways.

Project Aims

The Talking Therapies Plus (TT+) project was designed as a **low-level mental health intervention**, intended to provide early support to adults experiencing mild anxiety and depression. The project aimed to prevent escalation to higher-intensity services and reduce pressure on statutory mental health pathways.

A secondary and explicit objective was to reach individuals **known to be excluded from, or unlikely to engage with, NHS Talking Therapies**, including:

- people from racially minoritised (BAME) communities,
- migrants and Eastern European communities,
- individuals requiring interpreters or language support, and
- people with specific accessibility needs affecting engagement with statutory provision.

Access and referral pathways

TT+ operated a Single Point of Access (SPA) to ensure referrals were managed consistently and directed to the right support first time. The SPA team received referrals and contacted the person referred to complete a triage, enabling

identification of presenting needs, risk factors and severity. Following triage, individuals were allocated to the most appropriate delivery partner and/or signposted or referred on to other services where this better met need or risk profile.

Once allocated, the delivery partner made initial contact with the service user to introduce the service, confirm suitability, and agree the date, time and format of the first session (face-to-face, telephone or online). The date of this first session is recorded as the 'enter treatment' date.

From **referral date** to **enter treatment** (first session) date, the **average waiting time was 38 calendar days**. Waiting times reflected both clinical prioritisation (including risk considerations identified at triage) and delivery capacity across partners.

The project started in October 2024. During this first quarter referral rates were lower. By quarter 2 our referral rates increased, and since January 2025 have remained consistent with an average of 74 referrals per month until February 2026 when we closed referrals. Referrals were received through a **balanced mix of self-referrals and professional pathways**, indicating that TT+ functions effectively both as an accessible front-door offer and as a trusted alternative pathway.

Referral sources included:

- Self-referrals (largest single route)
- NHS pathways (including GP and NHS Talking Therapies)
- Consortium and VCS partners (e.g. Kaleidoscope, Breakthru CIC, Ideal for All, Cruse, Kuumba)
- Local authority services (Sandwell Council, Adult Social Care)
- Community and wellbeing services (Family Hubs, carers organisations, housing and welfare services)

This referral spread reflects strong cross-system confidence in the TT+ model.

29% of total referrals did not progress into entering treatment. The main reason for not entering treatment was that the individual did not engage or respond to contact attempts. We attempted to contact people a minimum of three times and through a range of methods (with consents in place). 3% of people referred were not suitable for the service, and 8% declined the service. This means that **the demand on our**

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Single Point of Access is far higher than referral figures or entering treatment figures suggests.

Presenting level of mental health need

Evidence from clinical outcome measures

Analysis of recorded **baseline PHQ-9 (depression)** and **GAD-7 (anxiety)** assessment scores demonstrates that **most individuals accessing TT+ presented with moderate to severe mental health needs at point of entry**, rather than low-level distress.

Where baseline PHQ-9 scores were recorded:

- Many participants scored within **moderate (10–14), moderately severe (15–19), or severe (20–27)** ranges.
- A significant number of individuals entered the service with scores in the **high-teens or above**, indicating clinically significant depression.
- Only a small minority presented with scores consistent with minimal or mild depression.

Similarly, baseline GAD-7 scores show:

- Frequent presentation at **moderate (10–14) or severe (15–21)** anxiety levels.
- Severe anxiety was a common feature, including presentations associated with trauma, panic, agoraphobia, and inability to leave the home.

These patterns are observed consistently across referral routes and delivery partners.

Implications for the low-level design assumption

The dominance of moderate to high scores on standardised clinical measures provides clear evidence that **TT+ was not primarily accessed by a low-need population**. Instead, the service operated in practice as a **gap-bridging intervention**, supporting people whose needs had already escalated beyond early-intervention thresholds.

This divergence suggests the presence of:

- unmet demand within statutory services,

- delayed access to NHS Talking Therapies, and
- structural or practical barriers preventing earlier engagement elsewhere.

The evidence indicates that TT+ adapted to real-world need by responding proportionately, rather than restricting access to preserve a low-level threshold.

Reach to groups excluded from or unlikely to engage with statutory services

Engagement from racially minoritised communities

Ethnicity data recorded within the dataset demonstrates substantial engagement from people identifying as:

- Black British (Caribbean and African),
- British Asian (including Indian, Pakistani, Bangladeshi and Other Asian backgrounds),
- Mixed ethnic backgrounds, and
- Other ethnic groups not routinely well-represented within NHS Talking Therapies.

These groups appear throughout the data across providers and referral routes, indicating that engagement was **not confined to specialist organisations alone**, but embedded within the wider TT+ offer.

This provides strong evidence that TT+ achieved its aim of improving access for racially minoritised communities who experience systemic barriers in statutory mental health services.

Engagement from migrant and Eastern European communities

The dataset shows clear and repeated engagement from **migrant and Eastern European communities**, evidenced by:

- recorded ethnicity as *White – Any Other White Background*,
- frequent referrals linked to the **European's Welfare Association**, and
- recorded language barriers affecting engagement.

These patterns indicate that TT+ consistently reached communities known to experience lower uptake of NHS Talking Therapies and higher reliance on trusted community-based services.

Language and interpreter needs

TT+ records include explicit reference to:

- non-English first languages (including Polish, Urdu, Punjabi, Bengali and Farsi/Persian),
- interpreter needs or language accessibility barriers, and
- routing of support through culturally specific providers.

The presence of these indicators within CharityLog provides direct evidence that **people requiring language support were able to access and engage with TT+**, rather than being excluded at referral or assessment stage.

Accessibility and reasonable adjustments

The dataset contains extensive qualitative evidence of engagement from individuals with significant **accessibility needs**, including:

- physical disabilities and mobility impairments,
- chronic illness and fatigue,
- neurodivergence (including autism and ADHD),
- severe anxiety preventing travel,
- caring responsibilities limiting availability.

This is further supported by delivery data showing high utilisation of:

- telephone-based support,
- online/video sessions, and
- home-based interventions where required.

These adaptations demonstrate that TT+ **designed delivery around participant need**, rather than excluding those unable to engage with traditional clinic-based models.

Intervention model

TT+ delivered **primarily one-to-one therapeutic support**, with delivery formats tailored to individual need and accessibility:

- Face-to-face sessions in community settings
- Telephone-based counselling

- Online/video sessions
- Home visits where required

This flexibility supported engagement for people with anxiety about leaving home, mobility limitations, or caring responsibilities, and reduced the risk of exclusion.

Session Statistics

For cases recorded as "Interventions/support Complete" support was typically delivered over **6–13 sessions**, with the **average completion clustered around 8–10 sessions**, demonstrating appropriate intensity rather than over-extension.

Higher session counts were associated with trauma, bereavement and multiple presenting needs.

Clinical outcomes (PHQ-9 and GAD-7)

Depression (PHQ-9)

Where both pre- and post-intervention scores were recorded:

- The **majority of participants showed a reduction in PHQ-9 score**
- Many moved from:
    - Severe → Moderate or Mild
    - Moderate → Mild or Minimal
- Several cases reduced to single-digit or zero scores

Anxiety (GAD-7)

GAD-7 outcomes were particularly strong:

- Most participants entered service at **moderate to severe anxiety levels**
- Post-intervention scores frequently reduced to:
    - Mild levels
    - Zero or near-zero
- Improvement was evident across face-to-face, telephone and online modalities

Overall impact

The TT+ programme demonstrates:

- Strong access and uptake across diverse communities
- Effective, inclusive delivery models
- Clinically meaningful improvements for those completing support
- Reduced reliance on onward NHS Talking Therapies referrals
- Clear alignment with prevention, early intervention and health inequalities priorities

Service Satisfaction Questionnaire Results:

In addition to clinical outcomes, we asked individuals to complete a service satisfaction questionnaire. The results from the completed questionnaires are listed below:

- I felt listened to and understood - 98.5%
- I felt supported - 98.9%
- I felt less anxious because of the support - 93.3%
- I felt able to speak openly - 99.3%
- The person who supported me was respectful and non-judgemental - 99.6%
- The person who supported me was professional and knowledgeable - 98.5%
- I was satisfied with the service I received - 98.5%
- It's made a positive difference to me - 97.4%
- My mental wellbeing has improved - 92.2%
- I would recommend it to others - 99.3%

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Appendix A: Methodology, data quality and limitations

Data source

- CharityLog export: *TT+ Mar.xlsx*
- Includes all recorded referrals and case outcomes within the reporting period

Inclusion for outcome analysis

- Session counts and clinical outcomes assessed only for cases marked "Interventions/support Complete"
- PHQ-9 and GAD-7 change analysis includes only cases with both pre- and post-scores recorded

Handling of missing data

- Records marked "No Score" or "Not Completed" were excluded from score-change calculations
- No assumptions or inferred improvements were applied
- Analyses of change is limited to cases with paired pre- and post-scores.
- Findings should be interpreted as indicative of impact where engagement occurred, rather than implying a universal effect across all referrals.

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Appendix 2: Anonymised Case Study

Client No: 3026

"I was in a desperate situation, needing intervention to prevent me from trying again to end my life. I'd taken 100 tablets and a full litre of brandy and was told by the hospital **I took enough tablets to put down a horse**. I was referred to you by Russell's Hall hospital, after being admitted following an intentional overdose.

In 2020, I had an eye operation, which affected me - I have a hereditary eye condition, where all the men lose their sight. My son was getting into trouble and my wife had an affair and left me. This was the catalyst to my mental health deteriorating. I had also experienced childhood trauma as my father used to beat me.

I came to you because I wanted to stay alive and to learn how to cope with my mental health problems. I needed to be able to rationalise what I was thinking, to make sense of what and why I was thinking the way I was. I wanted to get to the bottom of it, otherwise I would have stayed stuck.

I needed support in how to manage my mental illness. **The support I have been given has kept me alive**, helping me to manage with the problems and issues that I have. I have learnt to express my emotions. I can rationalise what I can control and what I can't control. I've learnt to understand "is what it is". I can only deal with what I can control. That's the biggest lesson I have learnt. The major benefit is that I am still here, as I know for a fact if I hadn't have had this support, I wouldn't be. It's funny how we have supercomputer up there (brain) but it only takes a couple of things to send it haywire.

Since receiving your support, I'm not so overwhelmed by things. My expectations of how other people react has changed, because I realise they don't think the same as me. I was setting myself up to fail thinking people think the same as me.

It has helped me to **accept what I can't control and has given me peace of mind.** If I don't expect too much from others, then I can't be disappointed.

Hopefully I will continue in the way I am going - being able to process things better and to improve my mental state. I can tell things are getting better because I can rationalise things.

I can't thank you enough. Because of your intervention and support, my children and grandchildren still have me around. **Without your help, I wouldn't be here. I'm still going to around in another 20-30 years**. A big thank you and the rest of the team too, you have become my guardian angels"