May 2020

TALK
FOR
HEALTH

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The Problem

> "*Excessive use of medications causes more harm than good, and must be abandoned.*"
>
> (United Nations 2017)

- **1 in 4 experience mental distress per year** in UK

- **75% of them get no help**

- NHS talking **therapy reaches only 16%** of people who need it

- **Only 37% of the 16% complete therapy**[1].

- Two thirds of completers see improvement. However **half of them relapse within a year**

- **Most sufferers end up on pills. One in six UK adults is on anti-depressants,** which over the long term are **causing more harm than good** (United Nations, 2017)

- **What to do?**

The solution

"Mental health is produced socially: it therefore requires social, as well as individual, solutions"

(World Health Organisation, 2011)

"Psychosocial interventions, not medications, should be the first-line treatment options"

(United Nations, 2017)

"When a flower doesn't bloom you fix the environment in which it grows, not the flower."

Alexander Den Heijer

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Is a psychosocial **solution** that will transform this scenario

"A major social revolution is required. Individual psychotherapy is available to a small number only. No mass disorder has ever been eliminated by treating one person at a time."

Albee (1999)

"I would see most of therapy as evolving into a social skill that everyone develops."

(Bates, 2005)

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A Psychotherapist-led Social enterprise delivering an innovative peer counseling programme in the community

Teaches lay people peer counselling skills and enables them to set up ongoing groups.

A viable solution to the problem of not enough therapy to meet need. Equips communities with the skills of therapeutic talk.

Groups become a preventive, wellbeing practice:

Part of your 'psychological 5 a day'.

Based on a killer fact

AUTHENTIC TALKING
AND EMPATHIC LISTENING
BETWEEN ORDINARY PEOPLE
CAN BE AS EFFECTIVE
AS THERAPY
(Jacobson & Christensen 1994)

And a few other killer facts too

Having skills and opportunities to share feelings with supportive others improves mental health and prevents mental illness

(Cooper, 2008, p. 75).

Effective therapeutic talk does not rely on professionals

(Christensen and Jacobson, 1994).

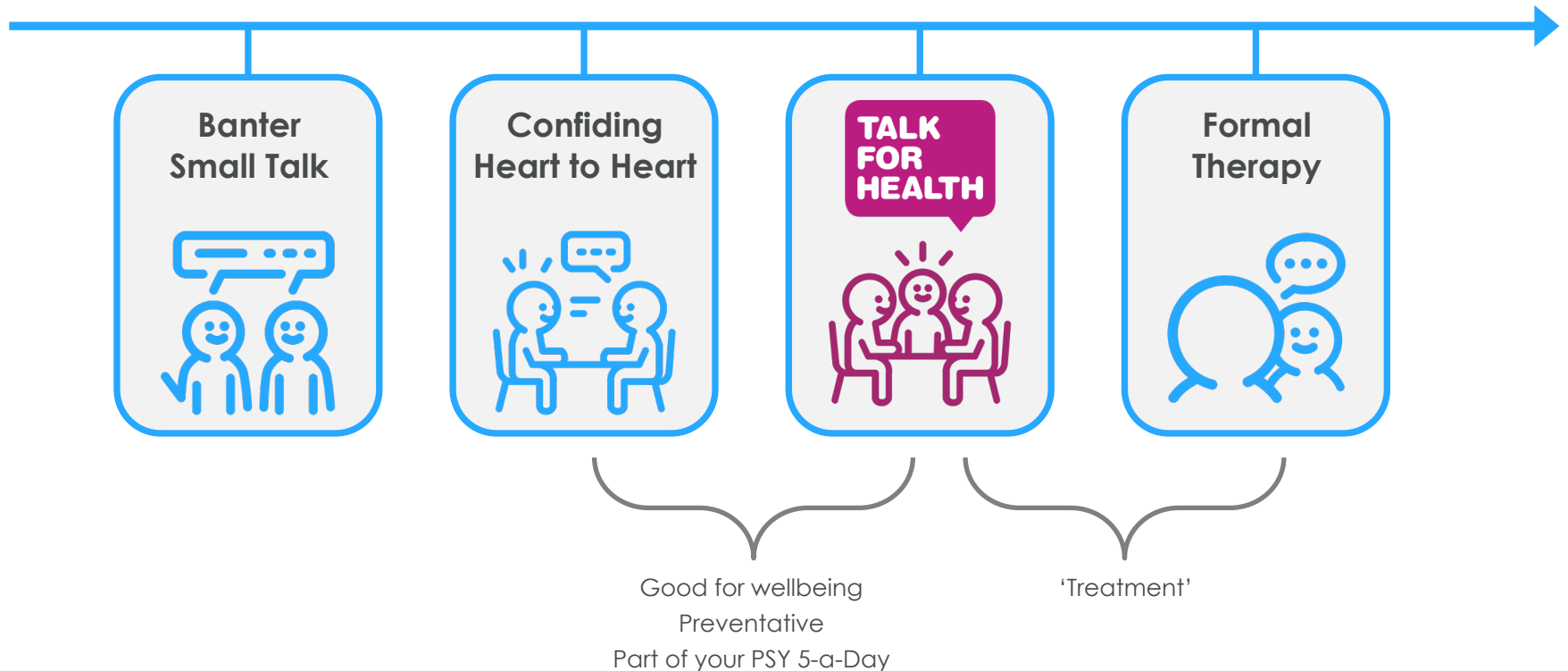It is good for mental wellbeing to give as well as receive support
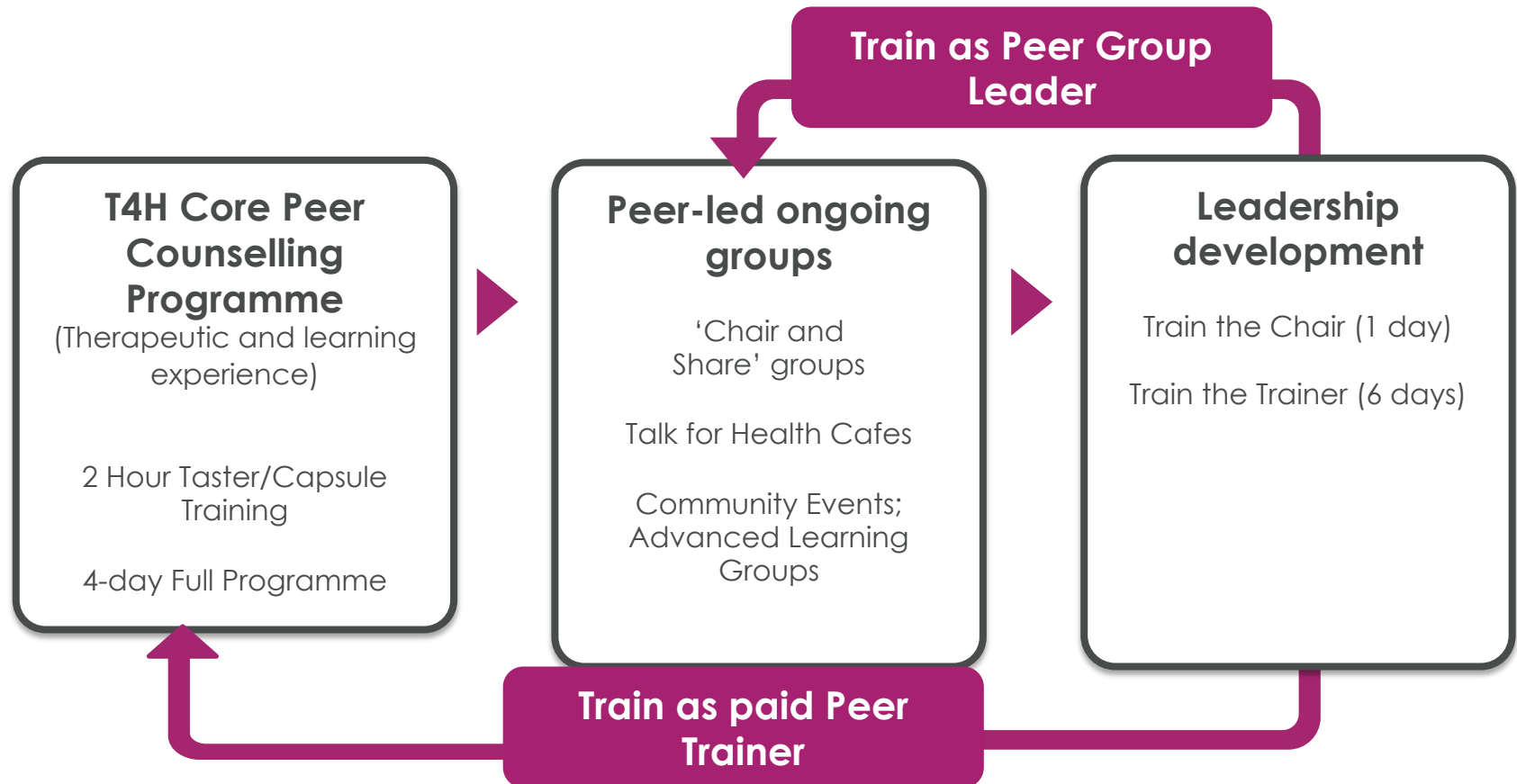
(Riessman, 1990).

Strong bonds amongst small groups in the community are good for wellbeing and combat loneliness (a cause of mental illness).

(Forsythe & Forsythe, 2014, RSA 2015)

Therapy as community skill – it's just a type of talk

Social impact to date

Talk for Health (n = 687)	NHS talking therapies (IAPT Dataset – NHS Digital June 2019)
91.5% who start T4H4 day programme complete it with mean satisfaction score 4.7 out of 5	**36,4%** who enter treatment complete it [1]
71% of participants with clinical distress achieve statistically significant wellbeing gains. The **effect size large**[2] (statistics based on the ORS scale)	**67.4%** attain reliable i.e. statistically significant improvement (measured with GAD-7 & PHQ-9)
59% Of those who complete initial T4H programme are of BME ethnicities. 43% are non-white BME	**17.2%** Of those who complete treatment are of BME ethnicities. No figures re non-white
Lasting impact achieved via **ongoing social connectedness** **RSA Evaluation 2015**	Relapse after NHS low intensity CBT therapy is high. **Over 50% in low intensity CBT relapse** within 12 months[4]

Talk for Health relieves depression long term
n = 71 pre training (B), n = 68 post training (T), n = 34 at 3 months , n = 29 at 6 months

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Effect estimated via Cohen's d is large (d =.8)

25.00

20.00

15.62

15.00

10.04

10.00
Clinical threshold
9.56
9.48

5.00

0.00

B   T   FU 3m   FU 6m
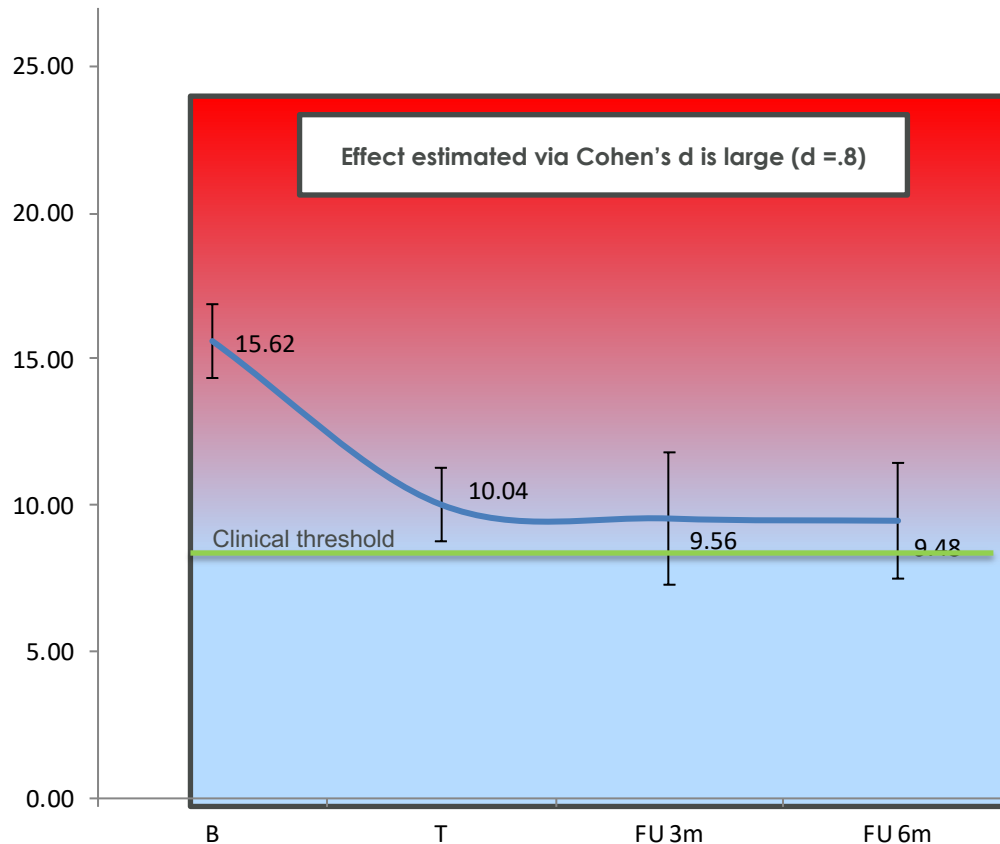
Key: B = before programme; T = after programme (6 weeks later);
FU 3m = 3 month follow up; FU 6m = 6 month follow up

PHQ-9 (Patient Health Questionnaire)

The PHQ-9 is a scientific scale for measuring depression, used in the NHS.

It is a 27 point scale. Scores above 10 show the person is moderately to severely depressed.

What is the effect of Talk for Health?

Participants' average score before the programme is 15.6 i.e. moderately to severely depressed.

The average score after the programme is 9.44 i.e. no longer depressed.

This change has a large effect size.

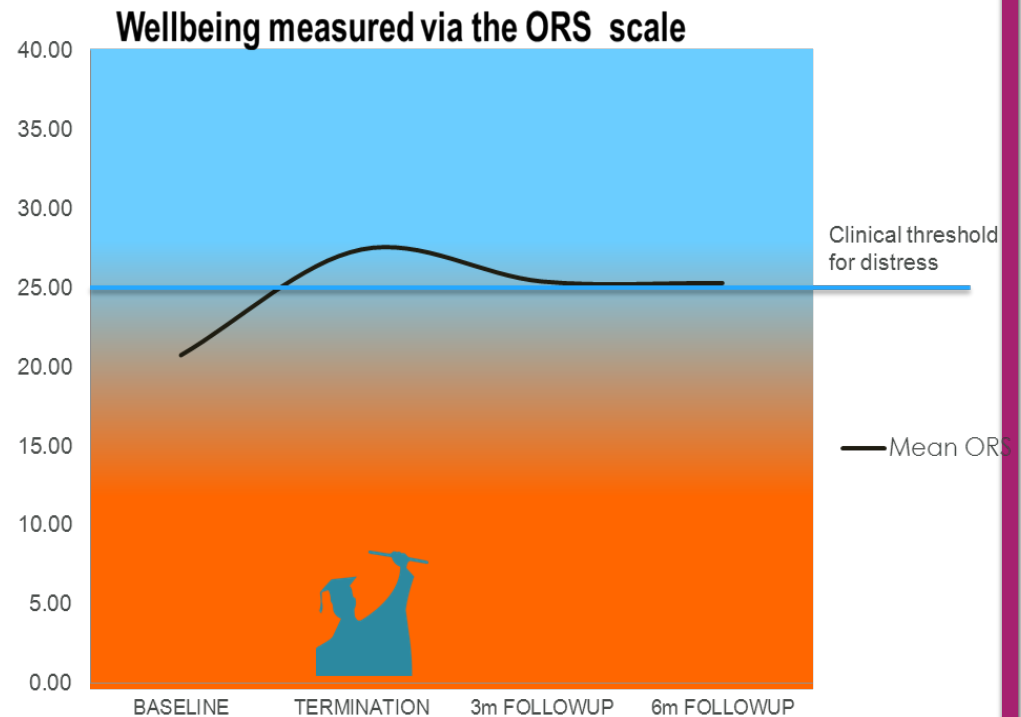 It is well maintained over time.

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ORS (Outomes Rating Scale)

The ORS is a scientific way of measuring the wellbeing effects of talking therapies

It is a 40 point scale where a score of under 25 registers clinical distress.

Results amongst 687 participants show that participants see a large rise in wellbeing after the 4-day Talk for Health programme, and remain free of clinical distress over the long term.

Wellbeing measured via the ORS scale

Clinical threshold for distress

—— Mean ORS

40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00

BASELINE   TERMINATION   3m FOLLOWUP   6m FOLLOWUP

What % of participants see a wellbeing improvement?
(ORS – Outcomes Rating Scale. N = 687)

BEFORE
34 % of participants have good wellbeing

AFTER
71% of participants have good wellbeing
(6 weeks later)
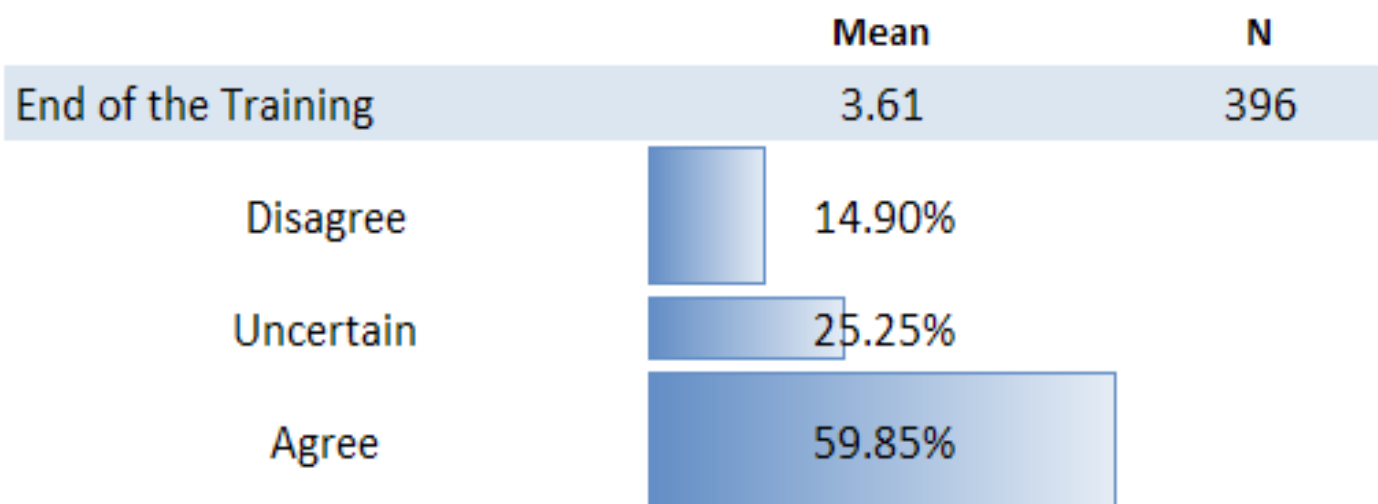
T4H programme

■ Poor Wellbeing
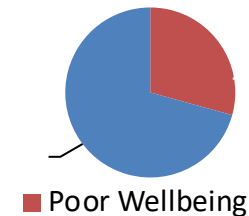
■ Poor Wellbeing

Results amongst 687 participants show that only 34% of incoming participants have good wellbeing.

After the 4-day day Talk for Health programme, 71% enjoy good wellbeing.

The average rise in wellbeing scores is large, and well maintained after 6 months.

60% feel less lonely after the Talk for Health programme

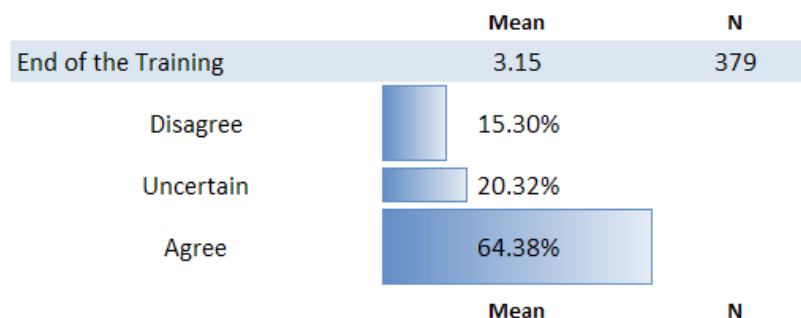I feel less lonely since doing Talk for Health

	Mean	N
End of the Training	3.61	396

Disagree	14.90%
Uncertain	25.25%
Agree	59.85%

The Talk for Health programme improves confidence to find educational/volunteering opportunities

Talk for Health has helped me with the confidence to look for/take up other educational opportunities

	Mean	N
End of the Training	3.15	391

Disagree	11.51%
Uncertain	18.16%
Agree	70.33%

Mean	N
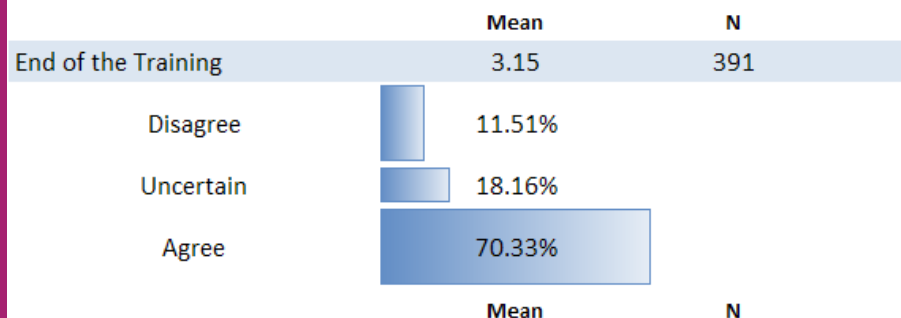
Talk for Health helped me with the confidence to look for/take up volunteering opportunities

	Mean	N
End of the Training	3.15	379

Disagree	15.30%
Uncertain	20.32%
Agree	64.38%

Mean	N

Talk for Health has helped me with the confidence to look for or get paid work

	Mean	N
End of the Training	3.15	312

Disagree	25.64%
Uncertain	23.08%
Agree	51.28%
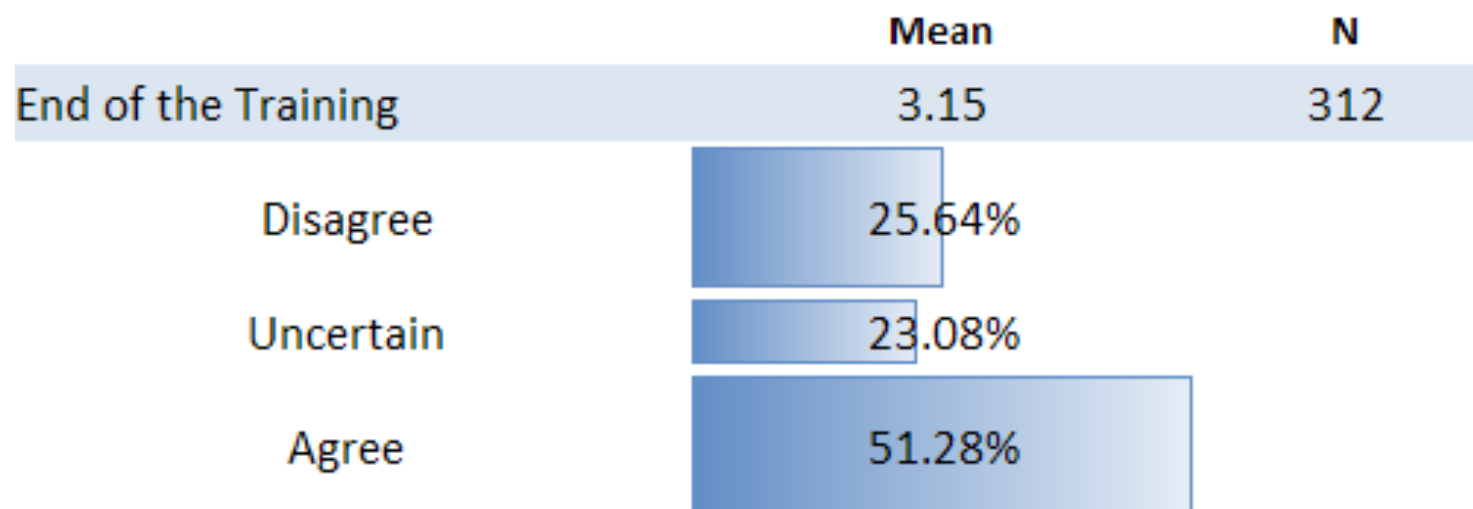
Experts say

"[Talk for Health] is the very bed-rock of developing community asset and needs to be supported, nurtured and grown. Opportunities such as this require minimal funding compared with the tsunami of cost to the system if we continue to depend on the historical medical model. Initiatives such as 'Talk for Health' are a vital way forward."

Jo Sauvage, Chair, Islington CCG

"T4H has the potential to make a great contribution to social well-being by bringing the skills and knowledge of the counselling and psychotherapy field into the wider community. T4H offers an accessible and exciting pathway towards greater psychological wellbeing for all."

Mick Cooper, Professor of Counselling, University of Roehampton

"Clinical Commissioning Groups (CCGs) should set aside funding for interventions [like T4H] – which improve wellbeing, build resilient communities, and create savings."

Endorsed by leading academics in RSA report: 'Community Capital: The Value of Connected Communities (2015)'

All of this is free in Islington and Camden

To come on a Taster or Café simply email
info@talkforhealth.co.uk

Funders and commissioners please email
nicky@talkforhealth.co.uk

- We would like to expand our reach and we have a robust model for replicating in other Boroughs
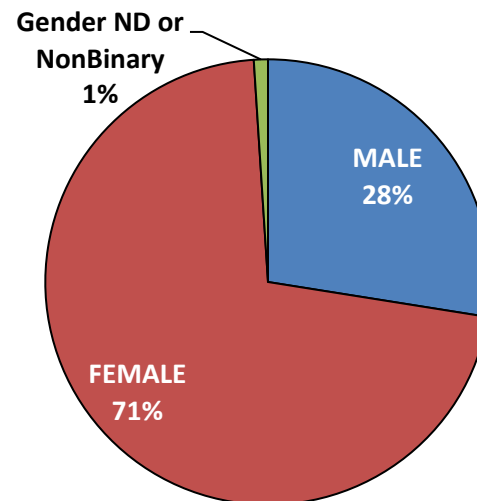
Thank-you!

Appendix: Demographics

n = 589

Gender – n = 687

GENDER	N
MALE	189
FEMALE	491
Gender ND or NonBinary	7
TOTAL	687

Gender ND or NonBinary 1%
MALE 28%
FEMALE 71%

Male/female & age distribution
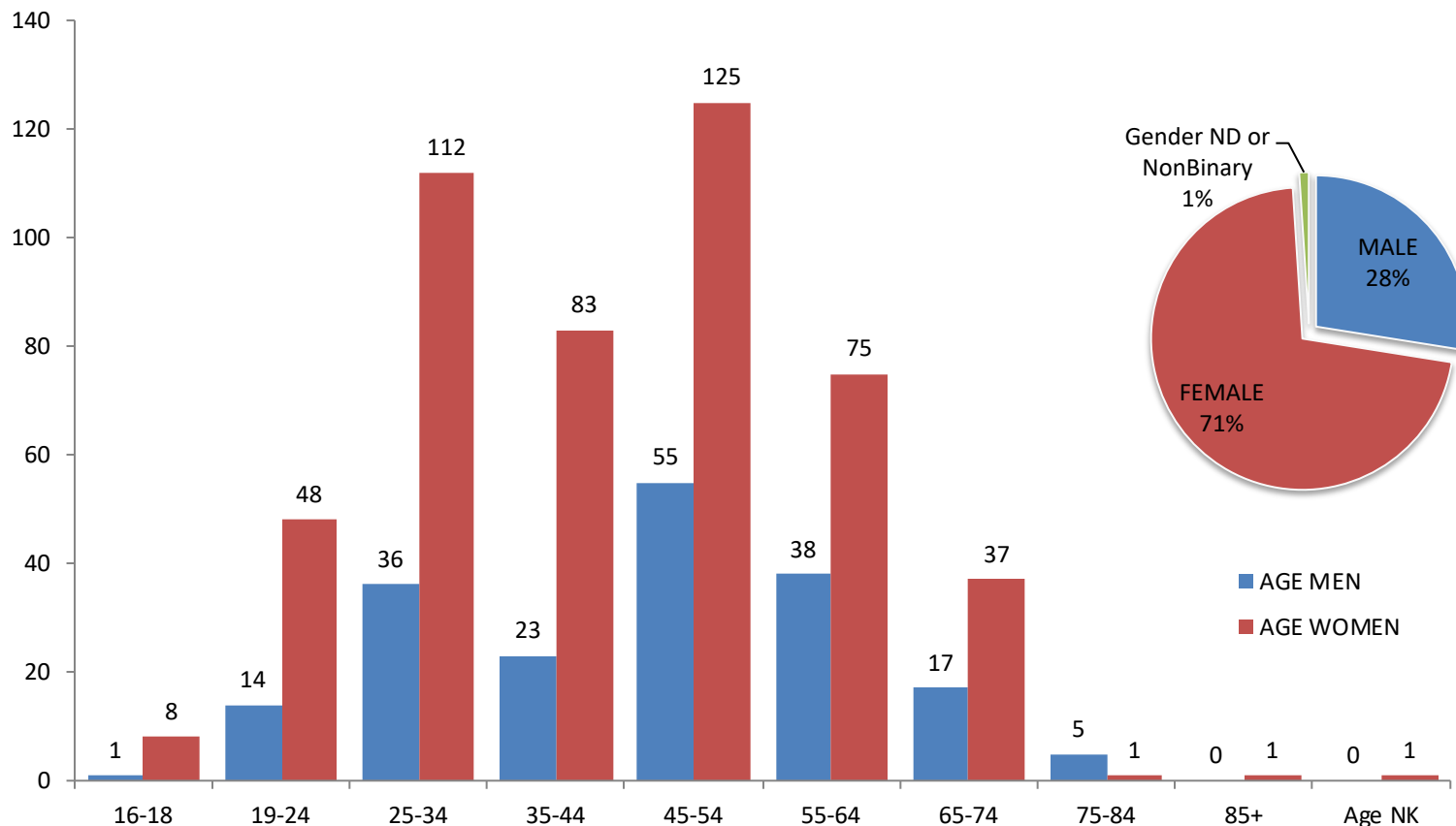
	Total (N)
MALE	189
FEMALE	491
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Ethnicity

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Main pie chart labels:
- Bangladeshi
- White Irish
- Black African
- Black British
- Black Caribbean
- Chinese
- Indian
- Middle Eastern Countries (incl. Turkey)
- Other Asian
- Other Black/African/Carib. background
- Other Ethnic Group
- Other Mixed Background
- Other White
- Pakistani
- Prefer not to say
- White and asian
- White and Black African
- White and Black Caribbean
- White British

Small pie chart labels:
- Not disclosed 3%
- White english/irish 41%
- BME 43%
- Other white (europe/america) 13%

Employment Status

- Volunteering 4%
- nd 2%
- Unfit For Work 9%
- Employed 33%
- Unemployed 16%
- Retired 10%
- Selfemployed 12%
- Looking after Home 2%
- Education 12%

Incidence of long term health conditions (LTC's)
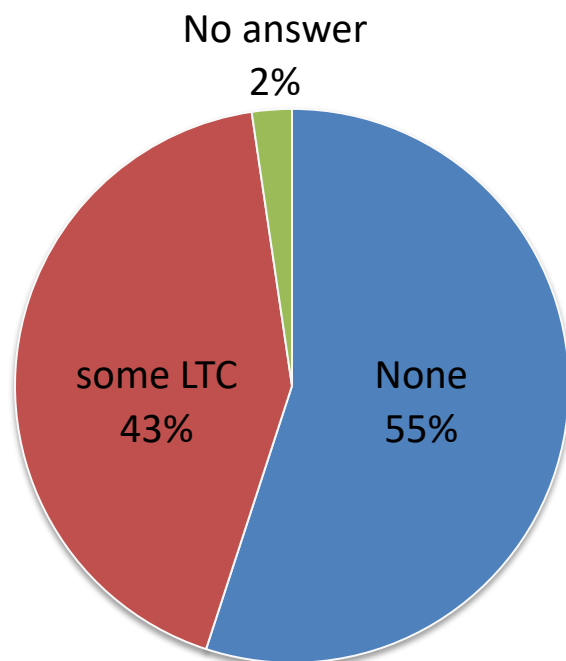
Long Term Condition

	N	%
None	378	55.0%
some LTC	293	42.6%
No answer	16	2.3%
Tot	687	100.0%

Pie chart:
- No answer 2%
- some LTC 43%
- None 55%

Breakdown of long term conditions

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Non disclosed 4%

Psychiatric 3%

Heart/hypertension 11%

Chronic pain/ arthritis 31%

Physical LTC - Other 22%

Respiratory syndromes 9%

Osteoporosys 2%

Sight/hearing impaired 5%

ME 4%

MS 3%

Diabetes 6%
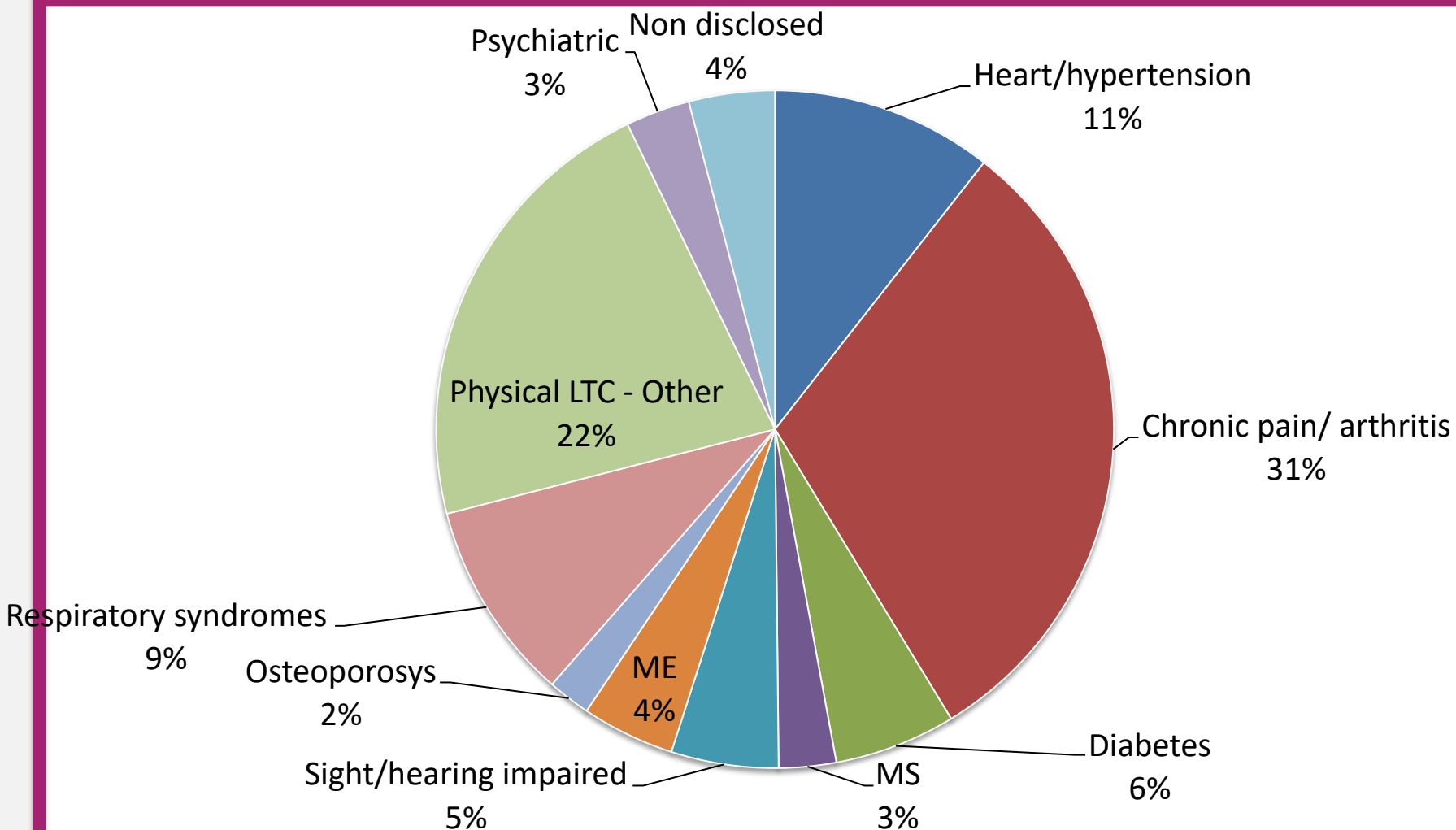
Other includes: HIV, cancer, thyroid related, endometriosis, variety of skin diseases and digestive system diseases