



TALK FOR HEALTH

October 2020

tomorrow's
company

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1



Who am I?

2



What is
Talk for
Health?

Underlying
evidence

What it is

Results

3



Talk for
Workplace
Health

4



What you
can do
and why
now

- Psychotherapist; (believe I am) still human
- Experiences of moving through mental darkness. These are part of being human, as is resilience
- Founder & CEO of Talk for Health (T4H)
www.talkforhealth.co.uk
- Previous career in commercial research e.g. Unilever, BA, Diageo, MoJ



Social Enterprise

Delivers therapy-
derived mental
health
programmes

Talk for Health core programme

Community peer counselling
programme – funded by NHS
since 2014



- Pay-per-place version coming soon
- Book + video version

Talk for Workplace Health

2 x 2-hour workshops



- Personal wellbeing
- Collective wellbeing

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

75% get no help
(Mental Health
Foundation
2018)

**NHS therapy
reaches only
16%**
(NHS digital 2019)

**1 in 6 UK adults
on anti-
depressants,
causing more
harm than good**
(United Nations, 2017)

Awareness-
raising/anti-
stigma - great.
But huge unmet
**demand for
solutions**

“We have been sold a myth that the best solutions for addressing mental health challenges are medications and other biomedical interventions”. (United Nations 2017)



“Mental health is produced socially: it requires social solutions”

(World Health Organisation, 2011)

“Psychosocial interventions, not medications, should be the first-line treatments”

(United Nations, 2017)

“Psychologists should stop taking the role of experts and start giving Psychology away by teaching their skills and knowhow

(Miller, 1969. Presidential address to American Psychological Association)

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

(Bates, 2005)

We deliver a
Psychotherapist-
designed, group peer
counseling programme

A viable solution to a
problem: not enough
therapy



Teaches lay people
peer counselling skills
over 4 days and
enables them to set up
ongoing groups.

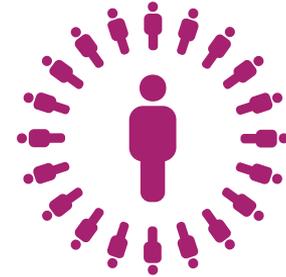
**Groups become a preventive,
wellbeing practice: Part of your
'psychological 5 a day'.**



Therapeutic talk doesn't
need professional therapists
(Christensen & Jacobson 1994)



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



Intimate bonds in a
community are good for
wellbeing & combat
loneliness (a cause of
mental illness).

(Forsythe & Forsythe, 2014, RSA 2015)

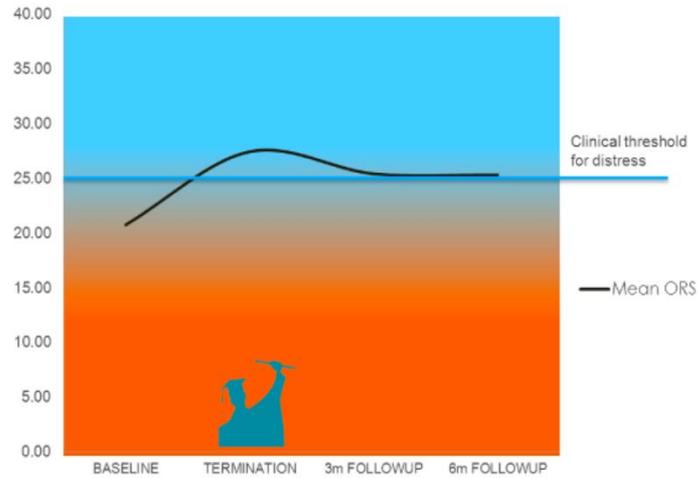
Core peer counselling training – 26 hours over 6 weeks



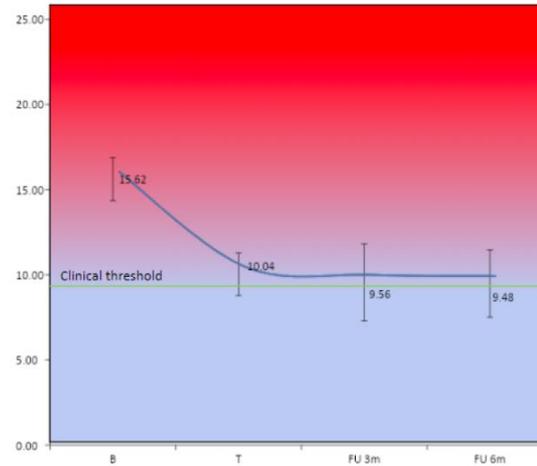
After training - ongoing groups

All follow clear protocol and are chaired by volunteers.

Each person shares, and the others feed back using T4H peer counselling guidelines.



Graph 1: ORS Wellbeing over time from baseline to 6-month follow up.



Graph 2: PHQ-9 Depression over time from baseline to 6-month follow up.

- Thriving at Work contribution
- R&D > T4WH based on:
 - Go beyond stigma-busting/MHFA
 - Obstacles re 4-day prog in workplaces
 - Focus on proactively building wellbeing culture
 - Prevent 'emotional harm' at pain points e.g. line management

Core T4WH offering: 2 x 2-hour workshops

1

Personal Wellbeing Toolkit (2-hours)

Teaches key, evidence-based ways to take care of **personal wellbeing** at work and participants make their own plan

And as part of EAP's

- Book + video core T4H
- Pay-per-place core T4H – launching soon

2

Collective Wellbeing Toolkit (2-hours)

Teaches **collective wellbeing comms** habits. To reduce emotional harm and produce happier culture

To enhance wellbeing, we need more line managers with emotional intelligence."

Sir Cary Cooper
Professor of Organisational Psychology and Health

The trainers created an excellent atmosphere. Really thought-provoking material.

I would love to see this implemented in all workplaces.

I liked that it was short and to the point; delivery was excellent

Engaging, inspiring and practical.

“Very insightful - a good opportunity to reflect on how I have been impacted and have impacted others in the way I communicate.”

1

There was a problem before the pandemic

2

Now depression rates have doubled (ONS 2020)

3

Many of your staff are at risk:

- Economic uncertainty
- Isolation
- Lack of purpose and meaning

4

A great time to rethink, upskill, and build a happier workplace

5

And you will help subsidise T4H's community offering

“Employers who invest in proactive wellbeing measures see a return on investment in reduced sickness days, and higher employee retention”

HM Government 2017

Stay in touch!

- www.talkforhealth.co.uk
- Contact nicky@talkforhealth.co.uk
- Donate to our Crowdfunding campaign going live later this week
<https://tinyurl.com/y3gv65bx>
- Come on a Talk for Health core programme free. Next one: 4 Fridays starting 9 October. Sign up: <https://www.eventbrite.co.uk/o/talk-for-health-8118804576>
- Follow us on Twitter @Talk4health

THANK-YOU

Reserve slides

Social
inequalities



Job
insecurity



Individualism,
competitiveness



Loneliness,
isolation



“Loneliness and isolation remain the key predictors for poor psychological and physical health.”

(The Mental Health Foundation, 2016)

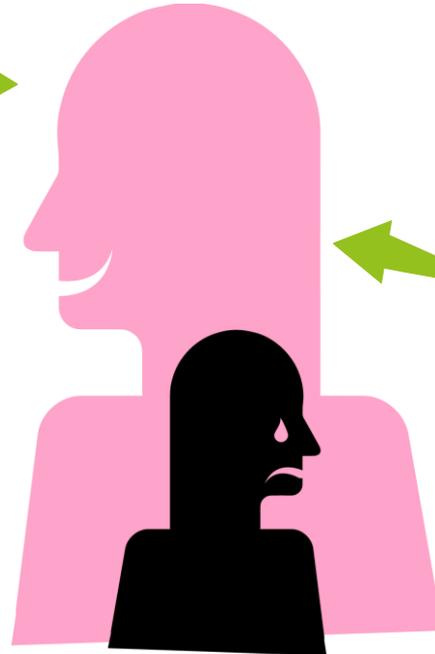
If we cannot show who we are we cannot connect.

If we cannot connect we become 'mentally ill'

Look confident



Look successful

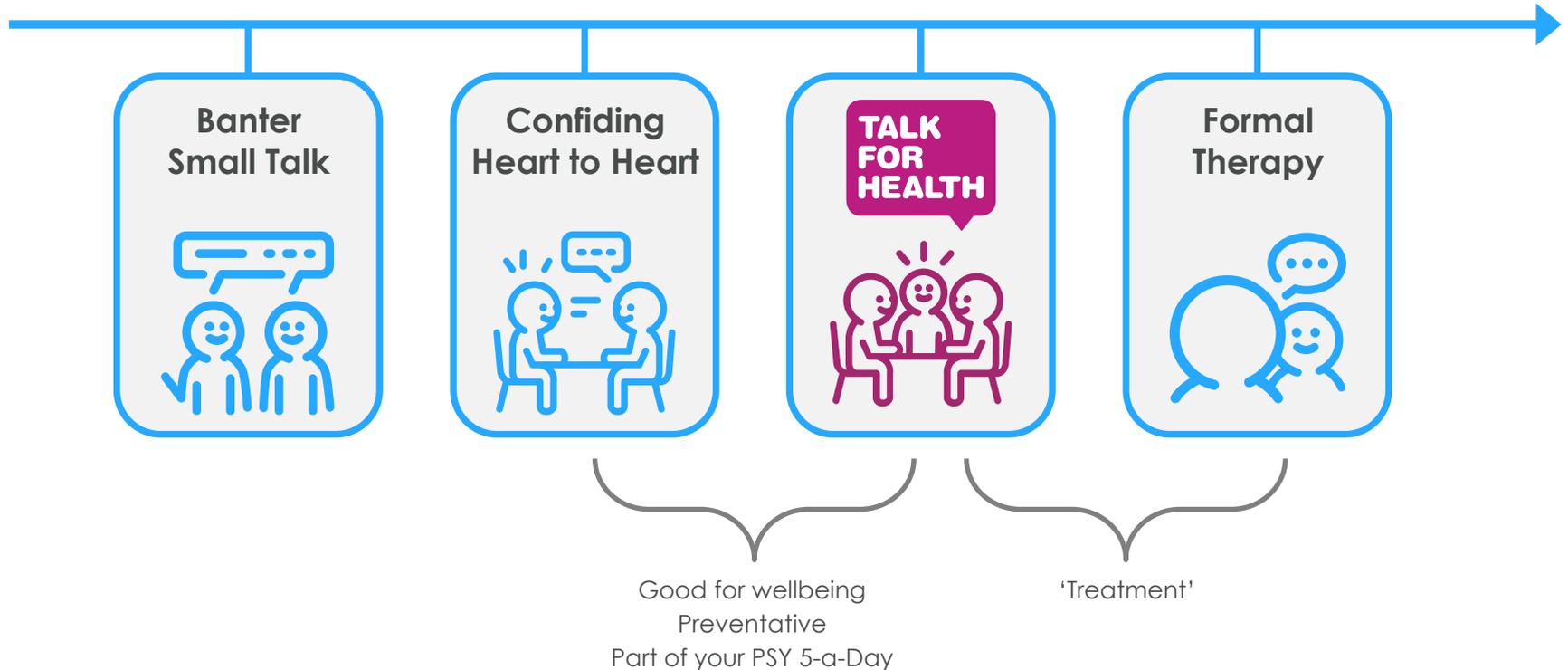


Don't show vulnerability

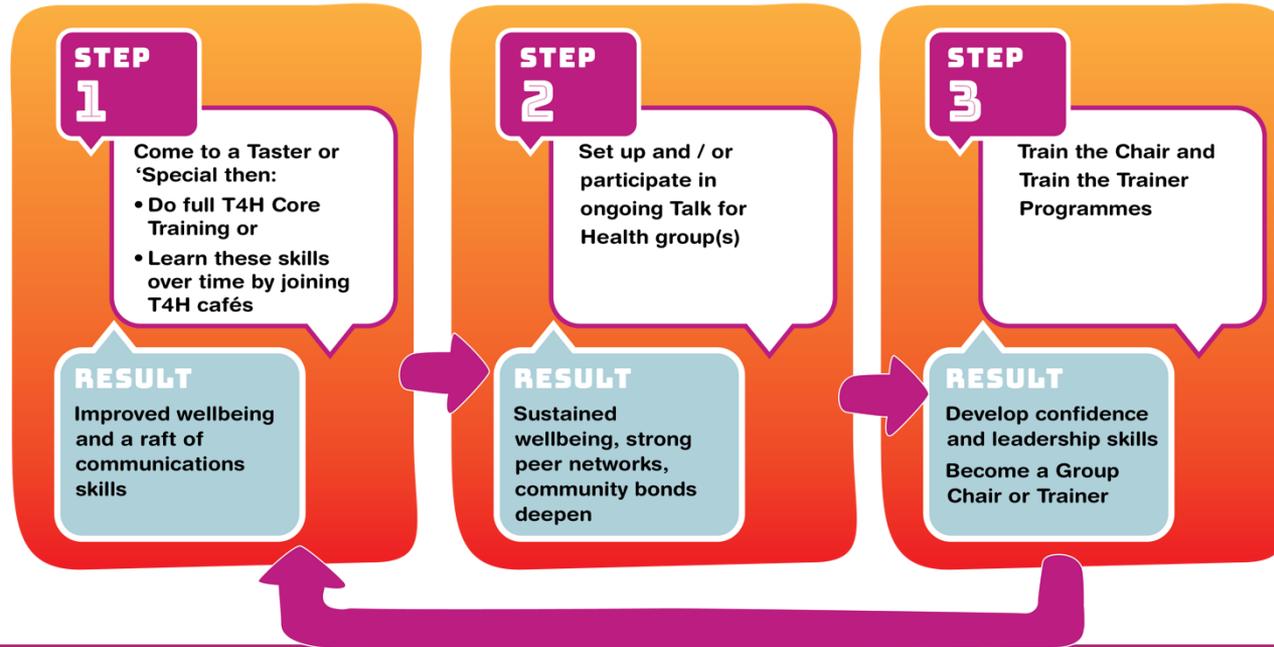
People hide 'the real me', depriving them of emotionally nutritious relationships that sustain mental health

"In most organisations everyone is doing a second job no-one is paying them for: covering their weaknesses, trying to look their best and managing others' impressions."

(An Everyone Culture, Kegan & Lahey)



HOW IT WORKS



T4H works as well as therapy to lift wellbeing & is longer-lasting

It's also a preventive, wellbeing practice:

Part of your 'psychological 5 a day'

Talk for Health (n = 687)		NHS talking therapies (IAPT Dataset – NHS Digital June 2019)	
who start T4H programme complete	91.5%	36.4%	who start treatment complete it ¹
of participants with clinical distress get large wellbeing improvement – (measured with ORS)	71%	67.4%	get wellbeing improvement (measured with GAD-7 & PHQ-9)
of BAME origin	59%	17.2%	of BAME origin
Lasting impact RSA Evaluation 2015		Relapse rates high. Over 50% in low intensity CBT relapse within 12 months ⁴	



“Should be available to everyone. Being open and feeling connected are key to life.”

“We look so different on the surface, but we’re the same underneath. It’s such a relief. I am not alone.”

“I credit Talk for Health for a lot of the happiness I feel now. I don’t bottle things up anymore.”

“It trained us as empathic listeners able to take therapeutic talk into the world for free. We need more like this.”

“Requires minimal funding compared with the tsunami of cost if we continue to depend on the medical model. Initiatives such as 'Talk for Health' are a vital way forward.”

Jo Sauvage, GP Chair, Islington CCG

“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)'

