



Case Study : Older people face barriers to Talking Therapies.



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Article

Older adults are underrepresented in Talking Therapies (formerly known as IAPT) services in the UK, which is a national improvement priority for the NHS. A service in the south of England found that many older adults referred to Talking Therapies did not opt in for assessment. This study aimed to examine the characteristics of those who did not opt in and to understand their experiences, with a view to making recommendations to support future engagement.

Analysis of 8, predominantly female participants showed that being older, from an ethnic minority background, having a previous referral, being unable to receive text messages, and being referred by a GP (rather than self-referring) were all associated with a greater likelihood of not opting in.

Surveys and interviews revealed several barriers, including impersonal and confusing service processes, limited awareness of Talking Therapies, beliefs about therapy, and age-related physical and cognitive changes. Thematic analysis, guided by the COM-B model, informed several recommendations—such as making information more accessible, improving personal connection in service procedures, and addressing practical obstacles.

Improving data collection and feedback from those who do not opt in is crucial for evaluating and guiding future service improvements.

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Links to Specification

5.1.4 Treatments

- For schizophrenia and the **other disorder**, students should be familiar with two treatments for each disorder: one from biological and one from **psychological**.

5.2.4 The use of interviews in clinical psychology.

- To include an example study.

5.2.5 Within the methods mentioned here:

- Analysis of qualitative data using thematic analysis.

5.6 Issues and debates.

- The use of psychological knowledge within society.

Recommended revision and research activities:

- 1) What are the symptoms of unipolar depression according to DSM and ICD?
- 2) What similarities and differences are there between the two classification systems in terms of diagnosing unipolar depression?
- 3) Find out more about a talking/psychological therapy for unipolar depression.
 - How is it carried out?
 - What are the benefits of the talking/psychological therapy and what are the limitations?

Challenge task: How can the results of this study be used to ensure more older people with depression engage with talking therapies?

Exam style questions*

1. Describe how a thematic analysis was conducted in the Older people face barriers to Talking therapies study. (3)
2. Explain one weakness of the sample used in phase 2 of the Older people face barriers to Talking therapies study. (2)
3. Explain one strength and one weakness of the use of a semi-structured interview in the Older people face barriers to Talking therapies study. (4)

[\(Click here to view Model Response sections\)](#)

Additional questions for which the content of the article can be used as part of a response

Evaluate one psychological therapy for one disorder other than schizophrenia. (8 marks).

Evaluate the practical issues in the design and implementation of research from clinical psychology (8).

*Exam style questions are not necessarily the exact format of those that will appear in the qualification examination papers but are written to elicit student responses that meet the assessment criteria, which are exemplified by the answers provided. The length of response in the answers is not indicative of expected student responses, and are provided to support centre teaching, student practice and self-assessment.





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Model Response - [Click here to return to question page](#)

Exam style questions:

1. Describe how a thematic analysis was conducted in the Older people face barriers to Talking therapies study. (3)

The researchers read each person's transcript several times noting down keywords and phrases used by the older people who had not engaged with talking therapy. They then created themes such as the process of referrals and opt in based in their initial readings of the transcripts. The researchers then placed keywords and phrases in the relevant themes, such as the communication was 'another process that wasn't working well'.

2. Explain one weakness of the sample used in phase 2 of the Older people face barriers to Talking therapies study. (2)

The study used a biased sample as all of the participants were white and English speaking, so the sample about not engaging in talking therapies, therefore this lowers generalisability as the results are not representative of other ethnicities who may have different reasons for not engaging in talking therapies.

3. Explain one strength and one weakness of the use of a semi-structured interview in the Older people face barriers to Talking therapies study. (4)

One strength is that semi structured interviews are flexible if the participant gives an interesting response, such as why they didn't engage in taking therapy. This would provide more insight and detail about the older person's reasons for not opting in, allowing useful applications to be developed from these findings.

A weakness of semi-structured interviews is that there is a lack of standardisation, as one of the participants could have been asked a different question such as why they didn't feel like talking. Therefore, the research would be difficult to replicate to test the consistency of the findings in finding the reasons why older people may not engage with talking therapy.

Marks awarded and commentary

Q1: this response gains all 3 marks as it is an accurate description of a thematic analysis in relation to the named study, which is referred to in every marking point. The researchers read each person's transcript several times noting down keywords and phrases used by the older people who had not engaged with a talking therapy. (1). They then created themes such as the process of referrals and opt in based in their initial readings of the transcripts.(1). The researchers then placed keywords and phrases in the relevant themes, such as the communication was 'another process that wasn't working well'. (1).

Q2. This response gains all 2 marks. It gets 1 mark for identifying a weakness of the sample used All 8 of the participants were white and English speaking, so the sample about not engaging in talking therapies is biased (1). It then goes on to justify the weakness as the results are not representative of other ethnicities who may have different reasons for not engaging in talking therapies (1).

Q3. This answers gets all 4 marks. 2 marks for the strength and 2 marks for the weakness, both of which are linked to details from this study. It gets 1 mark for identifying the strength, one strength of a semi-structured interview is that the researchers can adapt their questions based on what the older person has previously said about why they did not engage in a talking therapy son they can get more detail (1) and a mark for justifying the strength, for example they could get more detail about why an older person may have felt the therapy was not for them so increasing validity (1). It also gets a mark for identifying the weakness, a weakness of semi-structured interviews is that no interview is the same as only one person could be asked about why they did not feel like talking about themselves (1) and a further mark for justifying the weakness, which means that the interviews could not be replicated so other researchers may find older people have different reasons for not engaging in therapy reducing reliability.(1).





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Model Responses - ([Click here to return to question page](#))

Additional questions for which the content of the article can be used as part of a response

Evaluate one psychological therapy for one disorder other than schizophrenia. (8 marks).

AO1: At the beginning of cognitive behavioural therapy clients with unipolar depression may be told how their thought patterns lead to their depression and behaviours. The therapist listens to the client's core beliefs about themselves to understand what the client is thinking and the processes involved.

AO3: cognitive behavioural therapy may not be an effective treatment for people aged over 65 from a non-English speaking ethnicity. Prosser et al. (2024) found that older adults who did not opt in to a talking therapy, were significantly more likely to come from an ethnic minority background and not have English as their first language. Therefore may not communicate effectively, reducing the success of the therapy.

Evaluate the practical issues in the design and implementation of research from clinical psychology (8).

AO1: One practical issue when researching clinical psychology is that of generalisability, the researchers need to get a large diverse sample that included a variety of ages and ethnicities for example, to make it representative of those with mental health.

AO3: Prosser et al. (2024) did not have a generalisable sample in phase 2 of their study as they only had 8 participants out of a potential 60 participants fill in the questionnaire and complete an interview. These were mainly female, all white and mainly at the younger age of the age range studied so the sample is not representative of those aged over 65 who were referred to a talking therapy. It was especially not representative of the majority who opt out of a talking therapy, so there is a practical issue gain a large enough sample for research into mental health

Level awarded and commentary.

Evaluate one psychological therapy for one disorder other than schizophrenia. (8 marks).

The first paragraph demonstrates accurate and thorough knowledge and understanding about cognitive behavioural therapy (AO1) Other similarly structured paragraphs may focus on how often the therapy is conducted and in what setting, the challenging of maladaptive thoughts and replacing them with adaptive thoughts, the downward arrow technique and the use of homework within cognitive behavioural therapy.

The AO3 paragraph displays a well-developed, logical evaluation in the form of an issue with the effectiveness of the therapy using the results of the study to support the conclusion that the therapy has reduced effectiveness. Other similarly structured paragraphs that use supporting studies, alternative therapies, studies that show it is not effective and other issues with the therapy would lead to a level 4 response overall..

Evaluate the practical issues in the design and implementation of research from clinical psychology (8).

The AO1 shows a thorough understanding of a practical issue in the form of generalisability and why it might be difficult to get a representative sample, and it is linked to research in clinical psychology. Other practical issues could include issues with reliability, the type of data collected, and validity.

The AO3 is well-developed and logical and explains why this case study had a practical issue with the generalisability of their results. It uses details from the study to explain why it was not a representative sample, as well as how small it was. Further paragraphs with this level of details and explanation would enable the answer to get level 4, as long as there was a balance between issues that had and had not been resolved and conclusions related to the issue and debate in the question would need to be formed..

