## **Supplementary Files**

## **Appendix A- Demographic and Referral Characteristics in Full**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Demographic Characteristics of Overall Sample and by Opt-In Group* | | | | | | |
| Characteristic | Overall (*N*= 4026) | | Opted-in (*n*= 3335) | | Did not opt-in (*n*= 691) | |
|  | *n* | *%* | *n* | % | *n* | % |
| Age (*M, SD*) | 72.9 | 6.5 | 72.6 | 6.3 | 74.4 | 7.1 |
| Gender |  |  |  |  |  |  |
| *Female* | 2732 | 67.9 | 2264 | 67.9 | 468 | 67.7 |
| *Male* | 1294 | 32.1 | 1071 | 32.1 | 223 | 32.3 |
| Ethnicity\* |  |  |  |  |  |  |
| *White* | 3202 | 79.5 | 2820 | 84.6 | 382 | 55.3 |
| *Ethnic Minority* | 345 | 8.6 | 272 | 8.2 | 73 | 10.6 |
| *Missing* | 479 | 11.9 | 243 | 7.3 | 236 | 34.2 |
| Sexuality\* |  |  |  |  |  |  |
| *Heterosexual* | 2631 | 65.4 | 2342 | 70.2 | 289 | 41.8 |
| *Non-Heterosexual* | 63 | 1.6 | 52 | 1.6 | 11 | 1.6 |
| *Missing* | 1332 | 33.1 | 941 | 28.2 | 391 | 56.6 |
| Disability? |  |  |  |  |  |  |
| *Yes* | 1018 | 25.3 | 861 | 25.8 | 157 | 22.7 |
| *No* | 2520 | 62.6 | 2243 | 67.3 | 277 | 40.1 |
| *Missing* | 488 | 12.1 | 231 | 6.9 | 257 | 37.2 |
| Long Term Condition? |  |  |  |  |  |  |
| *Yes* | 2123 | 52.7 | 1819 | 54.5 | 304 | 44.0 |
| *No* | 1566 | 38.9 | 1390 | 41.7 | 176 | 25.5 |
| *Missing* | 337 | 8.4 | 126 | 3.8 | 211 | 30.5 |
| Relationship Status\* |  |  |  |  |  |  |
| *In a relationship* | 304 | 7.6 | 262 | 7.9 | 42 | 6.1 |
| *Not in a relationship* | 1524 | 37.9 | 1369 | 41.1 | 155 | 22.4 |
| *Missing* | 2198 | 54.6 | 1704 | 51.1 | 494 | 71.5 |
| English First Language? |  |  |  |  |  |  |
| *Yes* | 804 | 20.0 | 710 | 21.3 | 94 | 13.6 |
| *No* | 30 | 0.8 | 21 | 0.6 | 9 | 1.3 |
| *Missing* | 3192 | 79.3 | 2604 | 78.1 | 588 | 85.1 |
| IMDD (*Mdn,* Range*)* | 8 | 1-10 | 8 | 1-10 | 8 | 1-10 |

*Note.* IMDD= Index of Multiple Deprivation Decile. *M=* mean, *SD=* standard deviation, *Mdn*= Median. Characteristics marked with \* are those where the categories have been simplified to broader categories due to small sample sizes within subgroups. Male includes trans men and female includes trans women.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Referral Characteristics of Overall Sample and by Opt-In Group* | | | | | | |
| Characteristic | Overall (*N*=4026) | | Opted in (*n=* 3335) | | Did not opt in (*n=* 691) | |
|  | *n* | *%* | *n* | % | *n* | % |
| Referral Source\* |  |  |  |  |  |  |
| *Self* | 2490 | 61.8 | 2245 | 67.3 | 245 | 35.5 |
| *Other* | 1536 | 38.2 | 1090 | 32.7 | 446 | 64.5 |
| Locality |  |  |  |  |  |  |
| *East* | 1968 | 48.9 | 1593 | 47.8 | 375 | 54.3 |
| *West* | 2058 | 51.1 | 1742 | 52.2 | 316 | 45.7 |
| Previously Referred | 1760 | 43.7 | 1483 | 44.5 | 277 | 40.1 |
| Number of Previous Referrals (*M, SD)* | 1.0 | 1.6 | 1.0 | 1.6 | 0.9 | 1.5 |
| Text Messages Allowed | 2871 | 71.3 | 2533 | 76.0 | 338 | 48.9 |

*Note. M=* mean, *SD=* standard deviation. Characteristics marked with \* are those where the categories have been simplified to broader categories due to small sample sizes within subgroup

**Appendix B- Illustrative Quotes for Themes/Subthemes**

|  |  |
| --- | --- |
| Themes | Illustrative Quotes |
| The Process of Referral and Opt-In | |
| Communications | *So many times when you're on the phone these days when you're trying to contact people and contact services it’s really challenging at the moment. It's all pushbutton service. It's all, push one for this, two for that. You know like, you can't get through to people easily. And so I just looked at it and I just thought I can't be doing with this. (Pam)*  *And then we just decided, not that we’d had enough because that sounds a bit blunt but we just thought, lets leave that alone. We just didn’t want to go through all these communications again. (Frank)*  *It came out of the blue completely... The first I knew of it was when I found a letter laying on the mat saying that um I've been referred and I think it was asking if I'd like to make an appointment. (Paul)*  *They have assumed that I don't want an appointment. But what I'm saying is the letter arrives saying we haven't had any reply to our messages and I just thought, what messages?... What I'm saying is if you look at your telephone and you look at calls that you've missed, if it says private number and there's no voice message, there's no way that you can actually contact that number. You don't know who it's from. It could be Talking Therapies. It could be from something else. So you don't know? You don't know who's been trying to get in contact with you. (Pam)* |
| Tickboxes and Questionnaires | *You're presented with the questionnaire before you've actually spoken to anybody, maybe you just think, ohh you know are they going to just talk through these categories... You do have to feel an element of trust with that person, obviously, when you do set about, you know, talking about things. I think sometimes the questionnaire may be offputting in the initial stage (Pam)*  *I know you have so much of what you're doing is scripted, and I know that as soon as I mention depression and or suicide that you then go through your ten questions or checklists and things like that that you're obliged to do. And every time you do that, as soon as you fall back into the format, that's where you risk losing the credibility as a therapist. (Douglas)*  *I was really low but as soon as I got a mood questionnaire I thought I was wasting someone’s time...I wondered if I needed to talk to someone as it all hit me but then I thought actually I don't really need it...The questionnaire made it veer more into asking whether I was depressed and it didn't really fit me. (Survey Response)* |
| Missing the Personal Touch | *I think the first thing is get the 1:1 in first then go through the tick box, then come back to a 1;1, so you can fit the tick box in somewhere but if you do it at the front end, that's where you risk losing the uh, me. (Douglas)*  *For me it felt very important to see somebody face to face, and I feel that quite strongly about therapy and counselling because I think you you just miss so much by not being in the room with your client. Because um, such a such a vast amount just communicated through body language. (Angela)*  *A follow up call when you have cancelled to check whether you do need the appointment- lots of older people think they can’t do it so they cancel and it would be useful for someone to check in and ask why and support people to know that they can do it if they need to... Someone taking time to ring them back might encourage someone who has bottled out to try. It is so unknown and you think someone it wrong with you so that personal touch might help older people who are so much more used to talking to someone than using an online system might help get people through the door and feel reassured. (Survey response)*  *I really think the personal touch, or being able to drop in and make and appointment or ask some questions that gives someone the confidence to get that appointment online, would be so good. If I hadn't been able to ask my friend about what to expect I might not have felt as able to. (Survey Response)* |
| Talking Therapies is a Mystery | |
| Knowledge and Awareness of Talking Therapies | *I think its a fairly new thing and it would be useful to have more information about what to expect in an assessment- that you would be sent questionnaires, the types of questions that would be asked, that it would be private and confidential, what Talking Therapies actually were (it's a bit of a mystery), you need a bit of a guide. [Survey response]*  *If Talking Therapies got on the line and said, right we think we can help you, explain the situation, here's some case studies of how we've helped people in similar situations, would you like to have a look at those, think about it and then come back to us and say whether you'd like to have some help or not, I’d probably have gone with that. (Frank)* |
| Making information accessible | *I know it's explained on the website to a point, but it just depends how you've got there, because if you've gone to your GP and they referred you, then the first thing you'll get is an invitation to an appointment and maybe you don’t know what for... I wonder if maybe technology and would be an issue for older people, that's all. Either accessing it, understanding it... and you know, and people assume that people have got access to it. (Pam)*  *A leaflet with a guide to show you how to self-refer online, as well as the info about Talking Therapies, might be useful as if they aren't looking online actively they might not find it. It needs to be quite a continual thing. Women in my age group wouldn't think of googling or looking online for their mental health so they may not know where to look and how to find it. (Survey Response)*  *It needs to be in places other than doctors surgeries too, as people aren't going to the doctors as much. Adverts on TV could be good. Maybe GPs could send people texts with pointers and prompts to self refer if they need, like they did during COVID. (Survey Response)*  *If you can go into groups where people are looking for help... kinda go in as a speaker to come in and say, you know, I'm from Talking Therapies, we do this, we do that, does that apply to you? Can I help you? (Frank)* |
| Beliefs and Attitudes about Therapy | |
| Uncertainty about the Effectiveness of Therapy | *Talking to people can help you get through things and understand about yourself... I think its a great place to offload with someone listening as people don't always have someone to listen to them. Someone who can understand and help you understand more about yourself. (Survey Response)*  *They are reputed to have a reasonable success rate... so I can't speak for everybody else, and I'm sure there are lots of people who can benefit from it, and it may well be something that helps turn their mind to something uh more productive, helpful...I’m sort of only sort of underwhelmed by the um, you know the success it may have on me... You know, it's sort of puts me in a sort of positive frame of mind for the time it takes to have the call and I fear that, you know, when the call ends I just go back to being me... So far I haven't found a therapist who's managed to get me to change my mentality. (Douglas)*  *The person I had it with was lovely and she let me ramble on but, um, I I didn’t feel like I really let anything out... I was hoping it would make me feel a bit better but it didn’t you know. (Bob)*  *When you uh end up talking to somebody who has just completed their course and who has the rudimentary understanding of the clinical attitudes as opposed to qualified by experience of having done it over the years...old people will automatically start thinking ‘what does this young person think that they can do to help me?’ because they are simply too inexperienced. (Douglas)* |
| The Older Generation don’t go on about Mental Health | *For people of our age I think every time you hear mental health talked about, we sort of groan a little bit because it sounds like the things that we've always dealt with during our lives, you know, we'd have to... you know, we've had enough issues with our jobs our parents our children, the finances everything, our health, you know, all sorts of distressing things throughout our lives, and we never go on about mental health...*  *There’s this old-fashioned thing about, hold on, you know, you just sort yourself out. People help you, whatever. But you have to get on with things and cope at the end of the day. (Frank)*  *Whatever may be said about mental health being more openly talked about, I think definitely from my generation I think there’s definitely still an area of kind of shame that you’re not coping. That you should be able to cope. (Angela)*  *I wont talk to people about my mental health if I can help it. Um that’s like me admitting that I’ve got something wrong mentally and I wont do that... No one likes to admit they've got problems mentally um and I mean you think about it yourself, if you were a caller, would you like to admit to something like that? (Paul)*  *I think there is now more knowledge that it is okay to talk about things in 'younger' older adults, and knowing there is nothing wrong with you is really important. I think a bit more normalisation of this for older adults is important. (Survey response)* |
| Therapy isn’t for me | *I don’t have difficulties, you know we’ve all got difficulties but I don’t think I’ve got that heavy uh difficulties. (Paul)*  *My friend who has Talking Therapies is much worse than me and I thought I could see why she needed it but I didn’t as I’m not a depressive person. I thought I would be wasting someone’s time in an appointment for someone who really needed it. (Survey Response)*  *I think that, you know, after the COVID crisis, so many businesses and so many support services, the NHS, we keep hearing it on a daily basis, they’re all under pressure. And I just thought, well, they're obviously under pressure. (Pam)*  *I think the older people think that if they don't absolutely need it they don’t bother anybody. You know, it's sort of all not bothering people. (Susan)*  *I think um, my issues are very entrenched and probably quite complicated, and with Talking Therapies I do feel, due to the nature of them, they can only be fairly superficial with their help because, you know, you know you can’t, you don't have the resources to be seeing people you know for long in depth amounts of time. I think I was offered six sessions and because I think she felt that I had a need, I think she went on to, she may have gone on to 12. Um, but, you know, it's not it's not meant for long term, is it...I’'s a bit like just sort of watering a plant from the top, never getting into the into the roots. (Angela)*  *But with me I’m too stuck in my ways unfortunately, uh, I fear, to make a change (Douglas)* |
| Getting Older is a Barrier | |
| Physical and Cognitive Changes | *I've been aware of just the remarkable change to my memory capacity. Uh, short term stuff particularly and I get confused utterly between uh care providers and uh people trying to organize the care around me and for me and things like that. (Douglas)*  *I used to walk whole afternoons walking, but I won't do it anymore. I'm scared to do it in case I fall over (Paul)*  *We have so much going on as it is in that health area with my wife and myself and that’s why I didn’t follow up the referral in the end. I think I said, thank you very much, but I think we're fine (Frank)* |
| Life Changes are Overwhelming | *Suddenly life becomes very full of all the barriers to doing that and the things that distract you from that, all the other things that you have to manage in terms of your health and the environment that you're in and what's going on...I think the mindset of being 65+ is an important point because people’s lives are so different at that stage. By definition, they're retiring, and I mean people might carry on working, but even so. And then it's what's going on with their families. And, you know, your career is ending and you’ve spent all your life moving forward and planning, and having goals, and then all of a sudden you're retired and not everyone takes to that and finds a way of having a fulfilling life. And so there's a lot of that going on...I think there's maybe a need to have a perspective of what life is like for them, not saying it's awful, you know, it's a lot better than a lot of people a lot younger, but it is different. (Frank)*  *I've got my hands full now as it is and I just didn't have the mental capacity left or the energy to go down that route. (Frank)*  *I just had so much going on at the time. I remember that... My wife used to organise everything you know, bills, everything, I was just struggling to handle it at the time. I just wasn’t used to it I suppose...I’m very overwhelmed with everything at the moment, with life in general. (Bob)*  *I put myself last, I put everybody else before me, and I run around trying to sort of other people out all the time at my own expense. And I'm fully aware of that and I should make more time for myself, but I find it like I said very difficult to switch from being a carer to uh having doing stuff for myself and it takes so long that it's simply easier if I just chill out for an hour and then go back to doing whatever I have to do...*  *Everybody's saying ‘Oh, yeah you need to have a break, go do it’ well I can't do that because nobody is competent enough to come in and just take over from me without me having to have done everything already. [Douglas]*  *My caring roles seem to take over everything and I have little or no time or energy for anything else, despite the constant advice from all to ensure I have some 'me' time. (Survey Response)* |