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APPTS
ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

the british psychological society

LEARNING FROM LIVED EXPERIENCE

SERVICE USER FEEDBACK ACROSS FIVE YEARS OF APPTS REVIEWS

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Artwork on the front cover of this report was created by Chantelle, a service user from an APPTS member service.

Foreword

APPTS is a quality improvement network collaboratively managed and delivered by the British Psychological Society and the Royal College of Psychiatrists. Collaboration is at the heart of APPTS' success, and learning is multidirectional. The peer review process- through which individual services become accredited by APPTS and join the network through being assessed against set standards- leads not only to quality improvement in individual services, but also to improvements across the network as examples of innovation and good practice are gathered and shared. This in turn fosters a dynamic quality improvement culture, whereby the standards needed to gain and maintain accreditation continue to rise. Member services truly work together to further a collective aim of improving the psychological well-being of individuals accessing community psychological therapies services. A cornerstone of APPTS' collaborative learning is its working together with service users. APPTS' processes themselves are co-produced. Service users hold equal voices to APPTS staff and clinical representatives on the Accreditation Committee and Advisory Group and are involved as equal partners in event planning and network development. Crucially, on peer review days a service user representative attends as a member of the peer review team, to evaluate evidence and conversations through the lens of accessing a service; from the perspective of an individual who knows from a different angle to clinicians what safe, effective care feels like. Service users are also interviewed on peer review days on their experiences of using the service, and a survey is sent to them as part of the service's self-review. Feedback from these channels forms a valued and integral part of the peer review and accreditation process. In the current report, data from service user surveys from the past five years have been collated and analysed to enable shared learning across the network. The collective lived experience of service users has powerfully demonstrated what is working well already, as well as areas across member services which remain open opportunities for further development and quality improvement.

Megan, Service User Representative, APPTS

Artwork created by Heather, a service user of a psychological therapy service.

Acknowledgements

APPTS gratefully acknowledges the invaluable contributions of individuals with lived experience who have informed this report. We also thank the member services referenced throughout the report for the use of their data, as well as all service users who took the time to share their feedback.

We further extend our appreciation to our Advisory Group and Accreditation Committee for their ongoing support and commitment to the programme.

Introduction

Who we are and what we do

The Accreditation Programme for Psychological Therapies Services (APPTS) works with services in the UK whose primary function is to provide psychological therapies to improve the psychological wellbeing of adults in the community. Our members include services from the NHS, third sector, private organisations. APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society.

APPTS conducts peer review assessments of psychological therapy services against a set of quality standards to understand how services operate, highlighting examples of good practice as well as areas for improvement. As part of the APPTS review process, surveys are collected from both service users and therapists; data from service users has been used to inform this report.

Purpose of this report

We hope that both psychological therapies services and service users will find this report to be a valuable overview of how similar services are supporting individuals and of the experiences reported across the UK, including shared achievements and areas for further development. We also hope that this report amplifies the voices of service users who have accessed psychological therapies, helping to drive up quality improvement which is an essential aim of APPTS.

Methodology

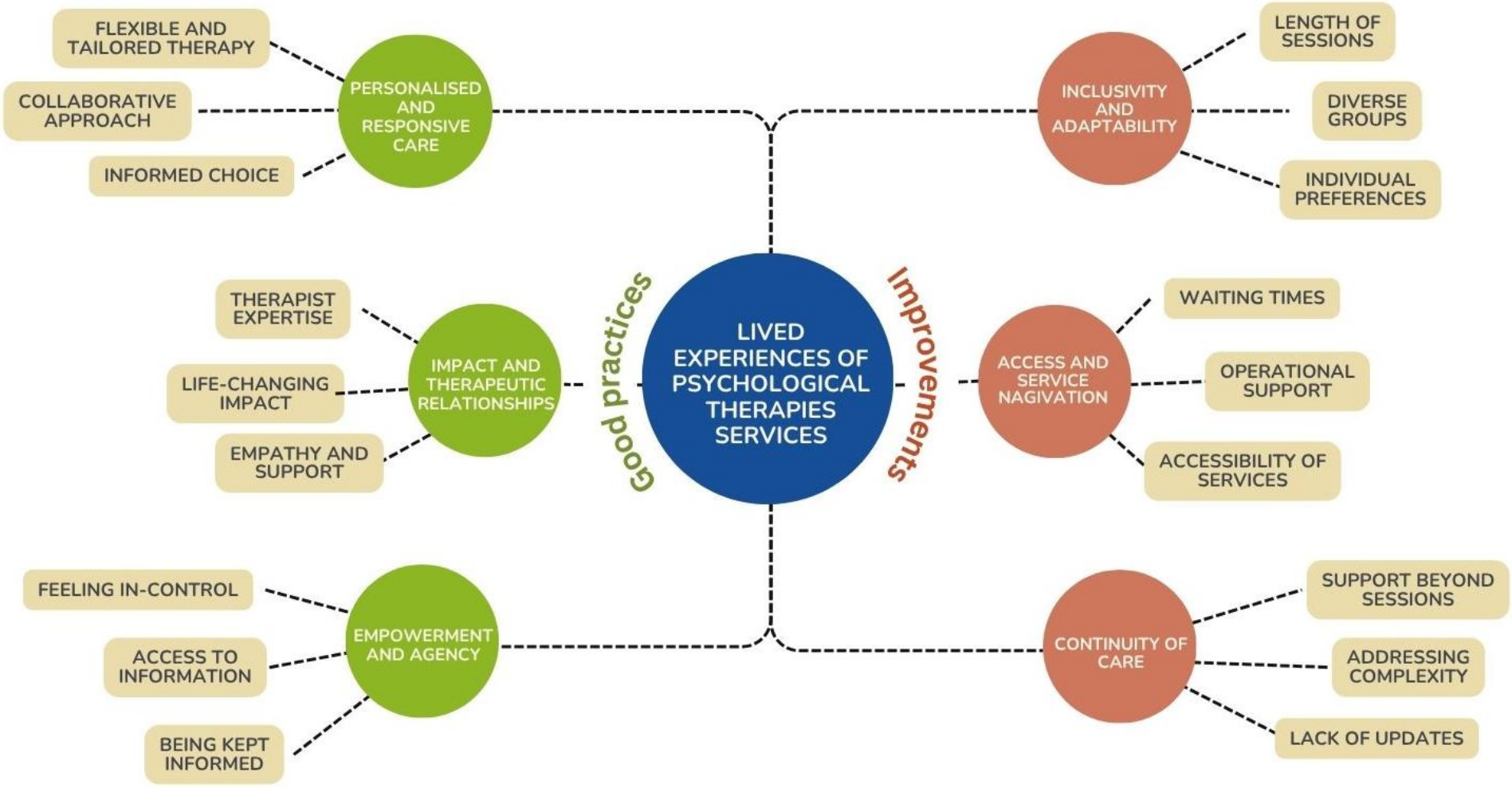
Member services distributed surveys to service users as part of collecting evidence for accreditation reviews conducted between 2020 and 2025. Responses were collected and collated into a single dataset for analysis. To ensure consistency, questions have been changed or removed over time were excluded from the analysis, leaving only those asked across all relevant years.

The analysis was conducted in two parts. The first section employed a quantitative approach, examining response distributions (Agree, Disagree, Unsure) and trends over time for each question and service. This included calculating percentages, identifying patterns, and highlighting areas of strength and concern. The second section focused on two open-ended questions, which were analysed using thematic analysis to identify recurring themes and insights from qualitative feedback.

When analysing the feedback regarding improvements to the APPTS member services, five key themes were identified: Accessibility of the Service, Personalised and Inclusive support, Quality and Consistency of Care, Support Beyond Sessions, and Operational Support, which was an underlying theme at the heart of service user feedback. Notably, the most frequent response from service users highlighted no improvements were needed to the service and member services should continue to provide the same level of care for their clients.

Key findings at a glance

The figure below summarises service users' overall experiences of the psychological therapies service, highlighting both positive aspects and areas for improvement. Feedback on what service users valued and what they felt could be enhanced was analysed and organised into three overarching themes for good practice and three corresponding themes for improvement.



Themes of good practice

This section highlights examples of good practice identified through service user feedback broken down into three key themes:

Theme 1:
PERSONALISED AND RESPONSIVE CARE

Theme 2:
IMPACT AND THERAPEUTIC RELATIONSHIPS

Theme 3:
EMPOWERMENT AND AGENCY

THEME 1

PERSONALISED AND RESPONSIVE CARE

Flexible and tailored therapy

Service users (SUs) emphasised the importance of therapy being adaptable to their individual needs, highlighting how flexibility enhanced their overall experience. They valued having options, such as choosing between online and face-to-face sessions, access to structured therapy, and the ability to establish routines to help manage worries. Therapists were described as adaptable, adjusting their approaches to suit each individual, accommodating group sessions where appropriate, and allowing changes to appointment times. This flexibility and respect for individual circumstances fostered trust and supported sustained engagement. Supporting feedback included:

LINKED TO STANDARD C7

Service users are provided with information about reasonable adjustments and access needs, including method of delivery, time of day, venue and any communication and/or language needs.

"I was given a choice between online and face-to-face therapy."
"The therapist adapted the approach accommodating group sessions."
"I was able to change times of appointment and they were respectful of individual need."

Collaborative approach

Service users described therapy as a collaborative process, where their input and experiences were valued. Therapists worked alongside individuals to shape sessions, review progress and adjust approaches based on what was effective. This ongoing collaboration helped build trust, with therapists noted for *"noticing what was and wasn't working"* and adapting strategies accordingly. The sense of working together towards shared goals supported engagement and meaningful progress through therapy.

LINKED TO STANDARD C5

Service users are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning.

Informed choice

Choice and autonomy were key aspects of positive experiences. Service users valued being actively involved in decisions about their care, including therapy format, structure and goals. Clear explanations of available options and approaches supported informed decision-making, contributing to a sense of ownership over their therapeutic journey and increasing confidence in the care they received.

LINKED TO STANDARD C6

Service users are provided with information and choice about the service and the type of therapy they will receive and are supported to make an informed decision.

THEME 2

IMPACT AND THERAPEUTIC RELATIONSHIPS

Therapist expertise

Service users identified therapist expertise as central to achieving positive outcomes. Therapists were consistently described as skilled, knowledgeable, and proactive, with the ability to *"set goals"* and *"develop new tools"* to support progress. Their professional competence, combined with structured approaches and ongoing review, contributed to effective and responsive care.

LINKED TO STANDARD C1

Staff members treat service users and carers with compassion, empathy, dignity and respect.

Life-changing impact

Therapy was widely perceived as transformative, with many service users expressing strong gratitude for the support received. Several described the service as life-saving, with one noting it *"changed their life"* and that they *"wouldn't be here if it wasn't for the service."* For some, therapy was their only connection to the outside world and helped them *"not feel alone,"* significantly reducing isolation. These experiences highlight the profound and lasting impact of psychological therapies services.

Empathy and support

Empathy and respect were highlighted as key strengths of the therapeutic relationship. Service users reported that therapists *"created a safe place"* and *"showed empathy and respect,"* which enabled them to feel heard and understood. This supportive environment fostered trust and openness, forming the foundation for meaningful engagement and progress.

LINKED TO STANDARD C2

Service users feel listened to and understood by staff members.

THEME 3

EMPOWERMENT AND AGENCY

Feeling in control

Service users reported a growing sense of control over their treatment and personal wellbeing. From early sessions, they felt listened to and validated, which contributed to increased confidence and autonomy. Many described gaining the *"confidence to take back power,"* reflecting a shift towards greater self-agency and ownership of their recovery.

Access to information

Clear and accessible information was an important element of the service experience. Service users valued being given information about the service, including during waiting periods, which reduced uncertainty and supported continued engagement. Transparency around processes and expectations helped individuals feel more prepared and supported throughout their journey.

LINKED TO STANDARD R12

The service can provide information in a range of formats to suit individual needs. *Guidance: The service can access key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.*

Being kept informed

Therapy sessions were described as well-structured, with clear communication throughout. Service users noted that *"session outlines [were] explained" and "objectives [were] explained,"* helping them understand the purpose and direction of their care. This clarity enabled active participation, supported informed decision-making, and reinforced a sense of partnership in the therapeutic process.

Quotes from service users

The therapist I had was understanding and emphatic and felt was treated with respect and dignity.

The service provide to me was extremely beneficial and I certainly do not believe I would be in the same good place I am today without it.

Each session had a goal and I was left with things to work on which we reviewed next session over all I was felt to feel I was in control and by my last session was ready to leave the process much better than I began my therapist I cant thank enough I have since moved forward with his words in my mind.

My therapist came from a different backgrounds from me but was able to relate with me and guide me through my thoughts and complex problems and help me find and discover the root of my hurt.

It was very useful for me to discuss my problems in a safe supportive neutral environment. My therapist demonstrated great empathy and sympathy for the difficulties I faced.

As well as getting help from the service I enjoyed every session. I also appreciated the follow-on service. All of the staff were exceptionally helpful and interested in my progress.

This therapy was extremely helpful for me and for a very first time in my life I believe it made huge difference and I am able to deal with every day life much better.

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Areas for improvement

This section outlines areas for improvement identified through service user feedback. It highlights the following key themes:

Theme 1:
INCLUSIVITY AND ADAPTABILITY

Theme 2:
ACCESS AND SERVICE NAVIGATION

Theme 3:
CONTINUITY OF CARE

THEME 1

INCLUSIVITY AND ADAPTABILITY

Length of sessions

A key concern raised by service users was the perceived inadequacy of session length and frequency. Many expressed a desire for longer or more sustained therapy, reporting difficulty fully exploring their concerns within the time available. Sessions were sometimes described as rushed, which could undermine the therapeutic relationship and leave individuals feeling vulnerable or unsupported.

LINKED TO STANDARD E5

The number of sessions is informed by the evidence base and individual need.

Some service users noted they had accepted less intensive options (e.g. digital or computerised self-help) due to long waiting times, despite preferring more comprehensive one-to-one support. This created a sense of being "stuck" between limited service provision and the inability to afford private care, suggesting that access to appropriate therapy may increasingly be influenced by financial means. These findings highlight the importance of balancing access with sufficient depth and quality of intervention.

LINKED TO TALKING THERAPIES-13

The service should provide a genuine choice of in person and remote delivery of high intensity therapies, such that waiting times for treatment are equitable irrespective of the delivery method chosen by the service user.

Diverse groups

Service users identified a need for services to be more inclusive and responsive to diverse needs. This included better support for individuals with neurodivergent conditions, long-term physical health conditions, and complex mental health presentations. Some participants reported accessing non-specialist therapy due to long waits for more appropriate specialist provision, highlighting a trade-off between timeliness and suitability of care.

LINKED TO STANDARD R4

If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.

Concerns were also raised around cultural and linguistic accessibility, with calls for greater staff diversity and increased availability of interpreter services. These experiences suggest that services may benefit from strengthening inclusive practice and ensuring that care is both appropriate and equitable across different groups.

Individual preferences

LINKED TO STANDARD R11

Therapeutic contracts cover frequency of appointments and take into account service user needs and preferences

A recurring theme was the perception of a "one-size-fits-all" approach. Some service users described therapists as overly scripted or rigid, which reduced the sense of personalisation and understanding. Others highlighted the need for greater flexibility in relation to individual preferences, including therapy style and approach.

In addition, service users raised concerns about inflexible appointment times and locations, particularly for those balancing work or personal commitments. Limited availability of evening or adaptable appointments not only restricted access but, in some cases, contributed to anxiety and disengagement. These experiences highlight the need for services to better accommodate individual circumstances and preferences in delivery.

THEME 2

ACCESS AND SERVICE NAVIGATION

LINKED TO STANDARD C4

The service provides service users with clear information about waiting times, including: • Regular updates on any changes to the start date; • Details of how to access further support while waiting for therapy to commence.

Waiting times

Waiting times were the most frequently cited concern and were widely perceived as a significant barrier to accessing care. While some service users acknowledged systemic constraints such as funding and staffing limitations, others described feeling forgotten during long waits.

For some individuals, delays led to disengagement or the decision to seek private therapy, raising concerns about equity of access. Prolonged waiting periods were also linked to declining trust in mental health services, emphasising the need for improvements in both access and user experience during this phase.

Operational support

LINKED TO STANDARD L2

There has been a review of the staff and skill mix of the team within the past 12 months to identify gaps in the team and develop a balanced workforce to meet local need. *Guidance: This includes consideration of the demographics of the staff team and ways of addressing constraints on choice*

Service users frequently highlighted broader systemic challenges underpinning many of their concerns. These included workforce shortages, limited funding, and resource constraints. While there was recognition that services were operating under pressure, participants emphasised that meaningful improvements, such as reduced waiting times, increased session availability, and more personalised care, would require greater investment.

This theme reflects the importance of operational capacity in enabling high-quality service delivery and suggests that without system-level support, improvements in accessibility and quality may remain limited.

Accessibility of services

Accessibility was also shaped by communication and service navigation. Many service users reported a lack of clear, accessible information when entering therapy, whether through GPs, online resources, or at initial sessions. Some found explanations insufficient, leaving them confused, while others felt overwhelmed by excessive information at a time of distress.

These contrasting experiences highlight the need for flexible, user-centred communication strategies that are clear, accessible, and appropriately paced. Suggestions included the use of digital psychoeducation tools and improved information-sharing throughout the pathway. Additionally, difficulties in contacting services and technical issues (e.g. during remote sessions) further impacted accessibility and engagement.

THEME 3

CONTINUITY OF CARE

Support beyond sessions

A consistent concern was the lack of support beyond scheduled therapy sessions, particularly following discharge. Many service users described feeling abandoned when therapy ended, with some expressing anxiety about managing independently.

LINKED TO STANDARD E9

The service supports the sustainability of improvements and provides clear information to service users on how to access further support after they have been discharged.

Service users suggested follow-up options such as check-ins or "banked" sessions that could be accessed after discharge. While these approaches may raise considerations around dependency, they were viewed as potential preventative measures to reduce relapse and support ongoing recovery. This highlights the importance of extending support beyond formal intervention periods.

Addressing complexity

Service users raised concerns about the ability of services to adequately support complex needs. This included challenges related to medication management, conditions such as bipolar disorder or misophonia, neurodivergence, and cultural considerations.

LINKED TO STANDARD R7

Gaps in local service provision are identified and steps are taken to improve availability of appropriate treatment options for people with unmet needs, either within the service or by highlighting the need for the development of alternative services.

In some cases, therapists were described as lacking flexibility or depth of response, contributing to feelings of being unheard or misunderstood. These experiences suggest a need for enhanced training, clearer pathways for complex cases, and improved alignment between service provision and individual needs.

Lack of updates

A lack of consistent communication throughout the care journey, particularly while on waiting lists, was a significant concern. Service users described feeling forgotten due to limited updates, which contributed to distress and uncertainty.

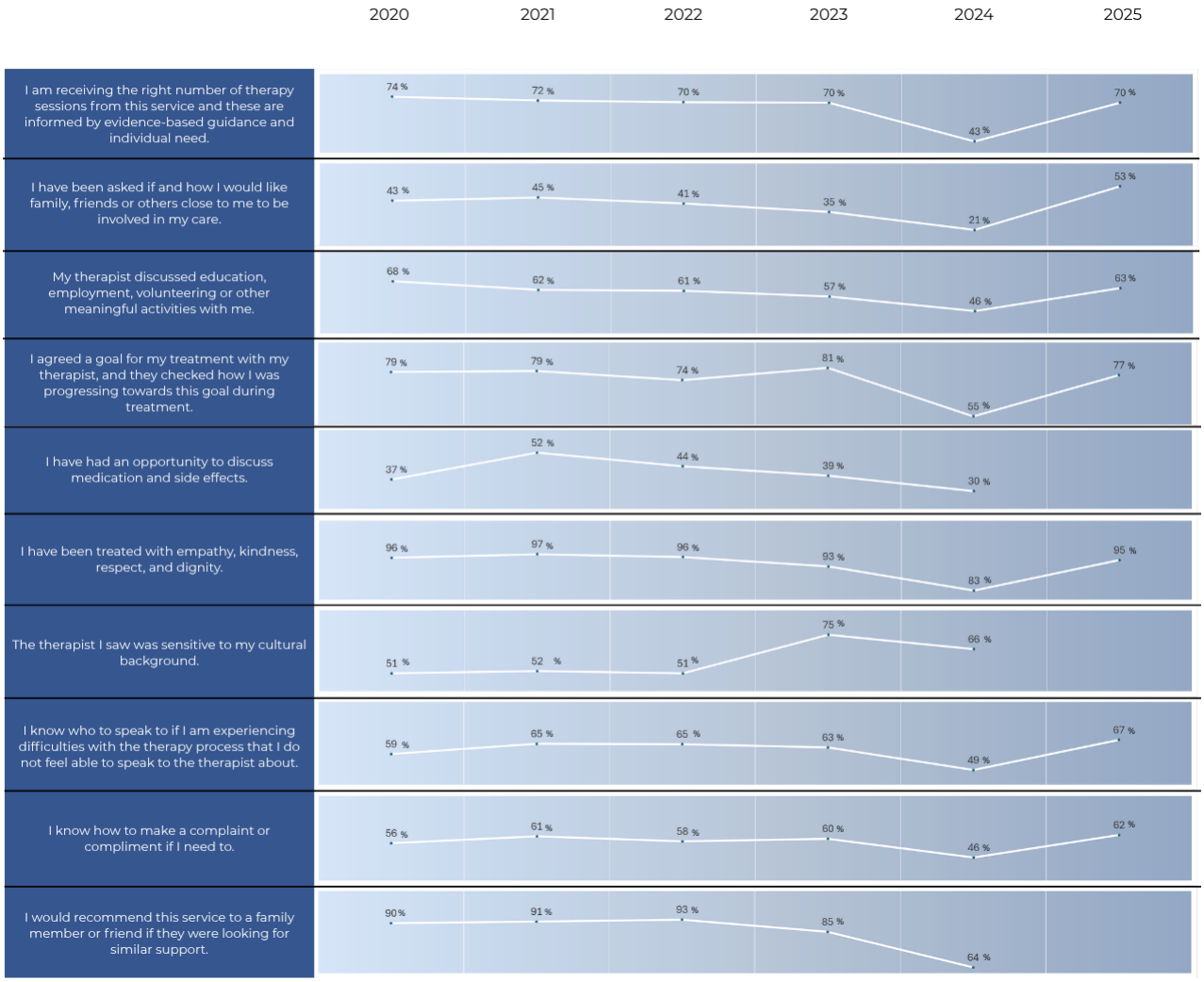
During therapy, unclear treatment goals and a lack of structured plans also affected perceptions of progress. Difficulties contacting services further compounded frustration and disengagement. These findings highlight the need for more consistent, proactive communication to ensure that service users feel informed, supported, and connected throughout their care.

LINKED TO STANDARD C8

Service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process which they do not feel able to speak to the therapist about.

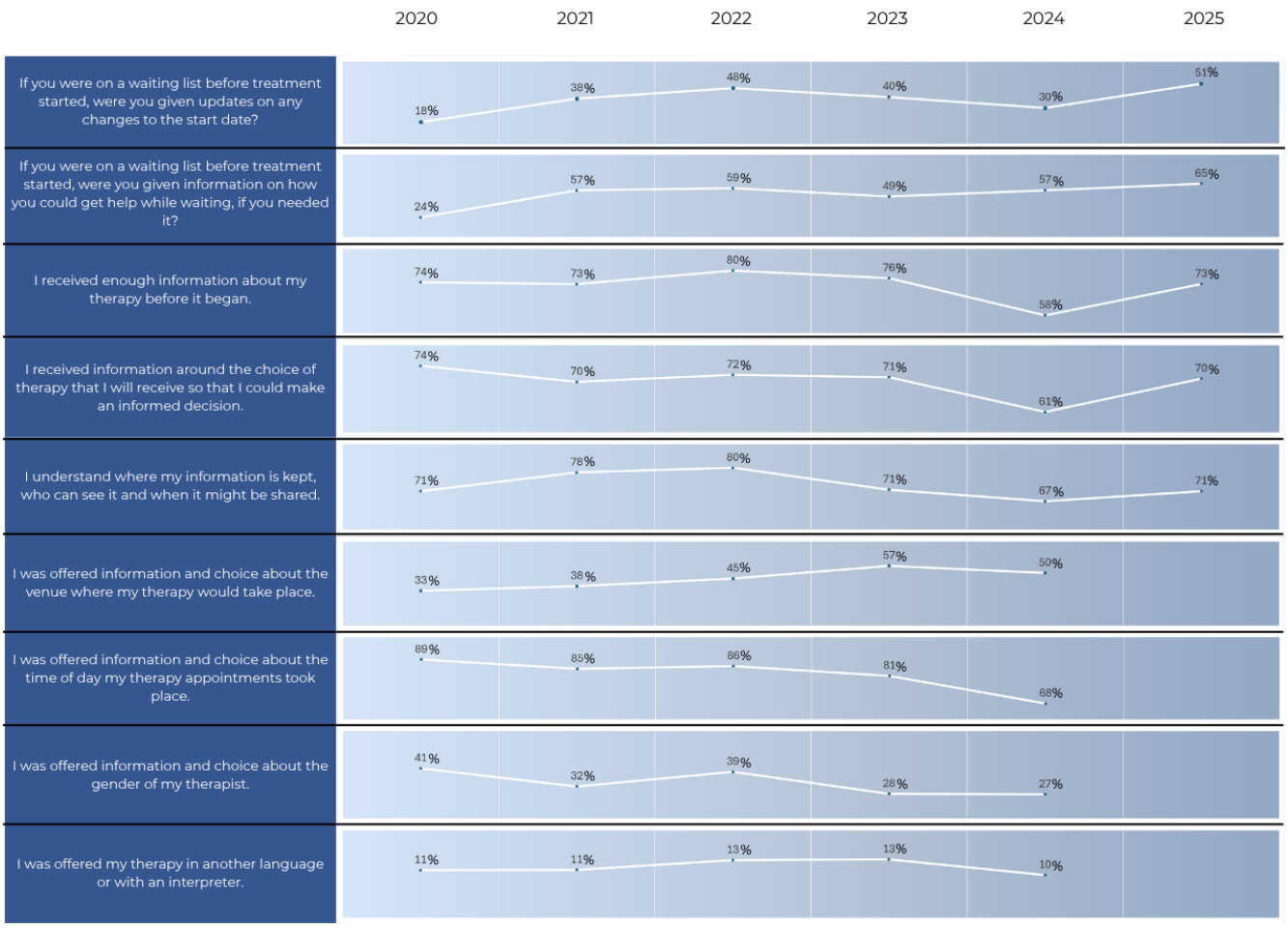
Year-on-year trends

For most questions service users show consistency over the years with a majority of respondents showing agreement to positive engagement with services around cultural sensitivity, and willingness to recommend the service. Other questions that showed consistent response across the years were around receiving information before therapy, being able to make an informed decision, where their information is being kept, choice of time, right number of therapy sessions, discussions on education and employment, goal setting, and making complaints. Most notably, when asked if services treated them with empathy and respect, service users constantly showed a majority agreement every year, with this being the most agreed to point every year. It should be noted that some survey questions were removed from the 2025 survey, which is why there may be gaps in the data across certain years.



Some questions showed fluctuating responses with dips and rises in agreement from service users. For example, getting updates on the waiting list or information and choice of therapist gender showed rises and dips in agree statements as well as other responses

such as ‘disagree’ and ‘unsure’. This would suggest that there could be inconsistencies across services in their internal communication processes that may result in differing responses.



In 2024 there was a consistent decline across most questions, including those that historically scored highly (e.g., empathy and respect fell from ~95% to 87.71%). Questions about family involvement saw the steepest declines, with family involvement dropping to 32.51%. The 2024 decline appears systemic, affecting nearly all questions. The sharp rise in Disagree and Unsure suggests increased dissatisfaction

Quantitative analysis

Across all questions since 2020, the majority of responses remained positive with Agree accounting for over 60% of answers from 2020-2025. For some questions, service users were almost consistently unanimous in their positive experience, for example, questions such as ‘I would recommend this service to a family member or friend if they were looking for similar support’ or ‘I agreed a goal for my treatment with my therapist, and they checked how I was progressing towards this goal during treatment’ showed a majority agreed with these statements consistently over the 5 years. This suggests that, overall, service user satisfaction has remained relatively stable with a slight upward trend.

Discussion

This report summarises concerns raised by service users across APPTS member services, particularly in relation to accessibility, individualised therapy, post therapy support, consistency of care, and operational systems. Based on these themes, APPTS recommends several considerations for services to integrate into their quality improvement initiatives in order to enhance service user experience within psychological therapy services.

Improving communication with service users may be an effective starting point for addressing many of the reported issues. Services should aim to provide clear and timely updates, including realistic and transparent information about waiting list positions, as well as a single point of contact to make it easier for service users to ask questions and access information. Directing service users to waiting well initiatives, psychoeducation resources, community support options, and crisis contact information during long waiting periods may also promote autonomy and reduce distress or mistrust. Services should also try being more proactive with waiting-list engagement either through automated texts, monthly check-ins or update letters, giving service users reassurance that their mental health is being prioritised and addressed. When service users decline remote therapy, services should seek to understand the reasons for this. Common barriers may include personal preference, lack of confidence with technology, digital poverty, privacy concerns, or limited access to private space. Offering reassurance or support with using remote platforms may help address these barriers and subsequently reduce pressure on face to face waiting lists.

Reducing the mismatch between what service users anticipate and what therapy actually entails may enhance engagement, satisfaction, and acceptance of support. This should include clear information about session length, frequency, and realistic duration of treatment, as misunderstandings in these areas can lead to frustration or a sense that therapy is insufficient. It is also important to address the potential risks of becoming overly reliant on therapy; receiving an excessively high number of sessions without a clear therapeutic purpose may inadvertently foster dependency rather than promoting autonomy, therefore services should balance the evidence base as well as individual need and remind service users that they can re-refer if they feel further work is needed after a consolidation period. Managing expectations should therefore emphasise the collaborative nature of psychological therapy and the work required from service users between sessions in terms of completing homework and practicing therapeutic skills to empower service users to become their own therapists.

Service users also reported that therapy sessions were not sufficiently flexible around work and other life commitments. While services should reasonably accommodate external responsibilities, difficulties attending appointments may also reflect the lower prioritisation of mental health compared to physical health.

Improving service user mental health literacy may help address this by increasing help seeking behaviours and promoting the importance of attending sessions. Services should consider strengthening or more actively promoting any existing psychoeducation tools, workshops, or community based resources, which could support service users to better prioritise their mental health and reduce the need for extensive scheduling flexibility.

Furthermore, several comments reflect inequalities tied to socioeconomic position. Long waiting lists disproportionately affect individuals who cannot afford private therapy, potentially widening gaps in mental health outcomes. Some participants expressed feeling forced into digital or low intensity interventions (e.g., SilverCloud or computerised CBT) due to long waits for one to one therapy, even when these formats were not well suited to their learning style, digital literacy level, or clinical needs. Additionally, inflexible scheduling is an issue that particularly affects people in shift work, low control jobs, or caring roles highlighting structural inequalities beyond the therapy room.

Services should also consider implementing additional training on race and cultural awareness, diversity, and neurodivergence. Increased understanding in these areas is crucial for building trust, and a lack of training or overestimation of existing knowledge can contribute to breakdowns in the therapeutic alliance. Additionally, given that some service users found that information provided to them was too overwhelming at the time, while contrastingly some found they weren't given enough information regarding therapy, it could speak to the difference in readiness, literacy, neurodivergence and culture between service users. Consequently, this highlights the need for services to find ways to better their communication with service users using the recommendations set out above.

These patterns suggest that not all service users experience psychological therapy services in the same way, and that structural factors may shape access and engagement. For example, users from minority ethnic backgrounds described difficulties relating to cultural or linguistic misalignment with therapists, including a lack of interpreter availability or limited cultural understanding during sessions. Similarly, neurodivergent service users emphasised the need for clearer communication, more tailored session pacing, and greater sensitivity to sensory or cognitive needs where rigid or scripted therapeutic approaches may unintentionally exclude or overwhelm individuals. Such experiences indicate that a standardised model of delivery, while efficient, may not always be appropriate for service users whose needs fall outside the "typical" therapy structure. A more holistic, person-centred approach would be beneficial, for example recognising that behaviours such as avoiding loud, busy places may look like safety behaviours but are in fact necessary for an individual to meet their own neurodivergent needs. A formulation which accommodates for this consideration has been created by a clinician with support from the APPTS team is available on request.

Regarding support beyond regular therapy sessions, some service users suggested the introduction of Bank sessions. These optional sessions could provide an opportunity to monitor progress, support the tapering process at the end of therapy, or help bridge the transition to self management. An alternative option could be adopting interventions such as Self Management after Therapy (SMArT), a brief relapse prevention approach that helps equip service users with strategies to maintain progress and prevent relapse. This may be particularly beneficial for individuals at higher risk of relapse or those who find abrupt endings to therapy challenging, while also promoting independence and reducing future return rates. However, services should avoid providing service users with an abundance of 'bank' session, as it could start to trend towards dependency on the service.

Although this analysis provides valuable insight into service user experiences across APPTS member services, several limitations should be acknowledged. Firstly, participation in the survey was voluntary, which may introduce response bias, as individuals with particularly positive or negative experiences are more likely to complete feedback forms. The dataset also represents only those who remained engaged with services long enough to respond, meaning the perspectives of people who disengaged early, declined therapy, or were unable to access support are underrepresented. Additionally, variations in sample size across years and services limit the extent to which direct comparisons or generalisations can be confidently made.

There are also methodological constraints. Changes to survey questions over time meant that only a subset of items could be included in the longitudinal analysis, reducing the span of trends examined. The thematic analysis was based on open ended responses, which, while rich in detail, varied widely in depth and completeness, and may reflect experiences at emotional peaks rather than overall engagement. Furthermore, differences in service models, staff resources, and local contexts were not controlled for, which may explain some inconsistencies in trends particularly the notable dip in 2024 responses. These limitations suggest that findings should be interpreted with caution and ideally complemented by further service level evaluation.

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