

# Executive Summary

## Barriers to accessing free or low cost talking therapies for disabled people in Gloucestershire



**Inclusion Gloucestershire**

**June 2025**

# Executive Summary

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In our Big Survey 2022 (Inclusion Gloucestershire 2022), many disabled people reported barriers to accessing appropriate or accessible support for lower level mental health concerns. Our Big Survey, along with other research identifies that disabled people are disproportionately impacted by poor mental health and wellbeing (Longhurst & Full, 2023, Chinn et al., 2014; Baou et al., 2023). This research study was conducted to look further into the barriers that disabled people in Gloucestershire face in accessing talking therapies that are either free or low cost.

This was a co-produced, emancipatory research study conducted by disabled people with lived experience of accessing talking therapy services. Semi structured interviews were conducted with 14 disabled people aged over 18 who had accessed or attempted to access talking therapy support in Gloucestershire within the past 5 years.

The findings identify the barriers participants experienced under the following three themes:

## **‘Providing reasonable adjustments’,**

This reveals how not receiving or being offered reasonable adjustments can create a barrier for accessing therapy and getting the most benefit from it, due to lack of

understanding and accessibility. Key examples of this include:

- Not being asked about reasonable adjustments
- Lack of physical access for wheelchair users
- Being refused reasonable adjustments
- Refusal to provide different methods of delivering therapy (group/face to face etc) or different types of therapy
- Therapists not experienced or qualified to work with someone with their disability
- Being refused a service due to an (inactive) serious mental illness

### **‘Treating disability as important in therapy’**

This looks at how disability was often not addressed, was forgotten about or not given any significance during therapy despite participants foregrounding their diagnosis and the relevance it has in their lives. Key examples of this include:

- Very little or no time spent talking about their disability/reasonable adjustments
- Not sharing disability or reasonable adjustment information with people taking over their therapy
- Therapists forgetting someone had a disability
- Presumptions/limiting beliefs or unrealistic expectations of patients

**‘The impact of living with a disability’** explores ways in which day-to-day living with a disability can impact on the likelihood of being able to do certain things, health is

constantly fluctuating, and many of these factors may impact whether someone is able to attend a therapy session. Key examples of this include:

- Being penalised or treated as untrustworthy for not being able to attend sessions due to fluctuating conditions
- Being refused therapy due to a lack of stability in their life because of being reliant on carers
- Inability to accommodate transport barriers
- Having a low income meaning that even income related/low cost therapy is unaffordable

On the basis of these findings, the following **recommendations** are made for talking therapy service providers and commissioners:

1. Have a positive and 'can do' attitude to providing reasonable adjustments. Let the patient know you want to be able to provide a service that meets their needs.
2. Ask patients about their need for reasonable adjustments before the first appointment and again at the assessment stage. They may be needed in order to attend the first appointment, don't presume that it is as easy for them to attend appointments like non-disabled people.
3. Assessment processes should include a collaborative exploration around reasonable adjustments with the patient. Don't rely on the disabled person to always tell you everything you need to know. It would be important

to let patients know what might be expected of them in therapy so they can explain what reasonable adjustments they need to make the most of it e.g. there will be a workbook you need to complete at home, is that something you need support to do? Do you have support? Do you mind the person supporting you knowing about what you write in the workbook as it could be personal?

4. Avoid simply asking patients 'do you need reasonable adjustments?'. Not everyone is familiar with the term. Ask questions about specific things, for example; are there likely to be any disability or health related reasons that you cannot attend every session? What can we do to make the room/talking therapy sessions accessible for you? If I have to give you any written information, how can I make it accessible/understandable for you?
5. Ensure reasonable adjustments are recorded and shared with anyone providing the service, as a priority. Treat them as a necessary part of providing a service to disabled people, rather than an add on or a preference.
6. Ensure that alternative ways of delivering therapy are possible such as online, in groups, face to face.
7. Do not include appointments missed due to disability or health related reasons in 'three strikes and you're out' rules.
8. Complete a risk assessment with the patient if there is a valid reason to believe there may be a risk in delivering

face to face therapy. Ensure that controls are put in place to minimise any risk that is identified. Don't refuse to provide a service on the basis of a diagnosis.

9. Ensure there is clarity within services about being able to provide talking therapies to people with a diagnosis of a serious mental illness who are seeking help with lower lever mental health concerns. Can they receive a service if the condition is controlled? Is specialist training really needed for the therapist?
10. Provide clarity to patients about whether a serious mental illness will prevent them from accessing talking therapies and why.
11. Provide clear, accessible information on websites and other promotional material about how your service is accessible to disabled people. This will make them feel reassured about the service they can receive and that they will be welcomed. Information could include; what skills do therapists have to work with people with certain conditions e.g. Autism? What is the physical accessibility of your building like? Will you have conversations about their reasonable adjustments? Will you accommodate their need to rearrange sessions due to disability/health related reasons? Etc
12. Ensure you have options for receiving a referral e.g. phone, paper, email. Only being able to accept referrals one way, such as the website, will mean that this will not be accessible to a number of disabled people. Don't presume they will have someone to do it for them.

13. Provide information about your service, referral forms and workbooks in alternative formats, for example audio versions and Easy Read.
14. Improve understanding and confidence in providing a service to disabled people. This should include awareness of conditions including Autism, neurodiversity, Dissociative Identity Disorder and 'invisible' conditions, disability equality, limiting and ableist beliefs, reasonable adjustments, The Equality Act 2010, trauma and disability and the impact of living with a disability on an individual's life, mental health and wellbeing. Disabled people themselves are the best source of this information and any training should be user-led by Experts by Experience.
15. Consider changing the language used to describe when disabled individuals cannot complete part of the therapy due to reasonable adjustments not being provided. 'Not engaging' places blame with the disabled person.
16. Ensure that flexibility is provided as a reasonable adjustment to disabled patients in order to fit in with a condition or life which is not predictable or controllable.
17. Consider the ability to provide transport bursaries for those who can only use power wheelchair accessible taxis to access your service.

18. Ask disabled patients about the impact of travel barriers on their ability to attend and engage with therapy and provide reasonable adjustments to accommodate this. This could include appointments coinciding with transport availability, options for closer venues or online appointments if transport provides too many challenges.
19. Use a straightforward way to prove eligibility for discounted or low cost therapy. This will relieve some of the administrative burden that disabled people repeatedly face.
20. Commissioners to consider the ability to provide a greater range of options for free talking therapies that are accessible to all disabled people.
21. Commissioners to work with services to improve their accessibility to disabled people in the ways covered in this report, in order to minimise the likelihood of there being no suitable, accessible service for them.



# References

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