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AN EVALUATION OF THE 'LET'S KEEP TALKING' SERVICE

DELIVERED BY THE PSYCHOLOGICAL THERAPIES UNIT CIC, LIVERPOOL, UK

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EXECUTIVE SUMMARY

Project Background

The onset of the coronavirus pandemic, March 2020 onwards, prompted the Psychological Therapies Unit (PTU), Liverpool, to set up and operationalise a new model of mental health service delivery, a telephone service for people in need, the 'Let's Keep Talking' service. The service is delivered by a combination of professional therapists and volunteers. All are trained in talking therapies, including and under the supervision of PTU Directors Steve Flatt and Suzi Curtis.

This service has been evaluated by a research team based in the University of Liverpool Management School (Professor Philippa Hunter-Jones, Chloe Spence and Dr Rachel Spence). The following report provides the findings of this evaluation. As the empirical data shows, this is a service model to be celebrated and invested in.

Project Aim

To undertake an evaluation of the 'Let's Keep Talking' service, a service established in response to the onset of COVID-19 and delivered on an entirely voluntary basis.

Project Objectives

1. To explore both the utility of the service in the current context and its long-term viability, identifying any elements which are working well and highlighting any areas for improvement from the perspectives of both clients and volunteers.
2. To explore the possible long-term viability of the service, establishing if clients and volunteers believe there is a place for the service in their post-pandemic lives.
3. To compare the 'Let's Keep Talking' service delivery model to others operating in the mental health service landscape.

Methodology

Once ethical approval for the study was secured from the University of Liverpool Central Ethics Committee, empirical data was collected via two researchers between the period October 2020 to January 2021. In line with the ethical approval for the study, virtual semi-structured interviews were conducted, primarily over the telephone, with a sample that included:

- Current and former clients (n=10)
- Volunteers (n=5)

Appendices 3 (clients) and 4 (volunteers) provides a summary of the indicative questions asked in these interviews.

For clients, the themes revolved around:

- Entering into service
- Experience/impact of the service
- Moving forward

For volunteers, the themes revolved around:

- Decision to volunteer
- Experience/impact of the service
- Moving forward

Findings

Collectively, the research identifies a variety of benefits of the 'Let's Keep Talking' service, with a high degree of consistency between client and volunteer accounts of these. Table 1 summarises these themes.

COLLECTIVELY, THE RESEARCH IDENTIFIES A VARIETY OF BENEFITS OF THE 'LET'S KEEP TALKING' SERVICE, WITH A HIGH DEGREE OF CONSISTENCY BETWEEN CLIENT AND VOLUNTEER ACCOUNTS OF THESE.

Table 1: Emergent Themes

Common Themes	Clients	Service Provider
Ease of initial access	✓	
Mitigation of Isolation	✓	✓
Collaboration and Flexibility		
● Frequency/Duration of Calls	✓	✓
● Respecting Boundaries	✓	
● Client-Led Service	✓	✓
● Flexibility from Volunteers' Perspective		✓
Goal Setting and Planning	✓	
Impact of Solution-Focused Approach		
● New (/More Positive) Perspective	✓	✓
● Focus on Future and Present Over Past	✓	✓
● Strengths and Resources	✓	✓
● Difficulties with/Limitations of SF Questions	✓	✓
Feeling Heard	✓	
Immediacy of Support	✓	✓
Something/Someone to rely on	✓	
Benefits of phone/virtual contact	✓	✓
Limitations of phone/virtual contact	✓	✓
Addressing deeper issues	✓	
Recommendations to others	✓	
Accessibility of volunteer support	✓	✓
Volunteer community		✓
Benefits to volunteers		✓
● Routine		✓
● Two-Way Process		✓
● Learning on the Job		✓
● General Wellbeing		✓

Table 2 identifies the benefits of the service when compared to the two (freely available) forms of mental health support which it most closely resembles: crisis helplines and talking therapies provided by the NHS.

Table 2: Comparative Benefits of the LKT Service

Benefits of LKT	NHS Therapy	Private Therapy	Crisis Helplines
Flexibility	✓		✓
Free	✓		✓
No eligibility assessment process			✓
No waiting lists	✓	✓	✓
No set limit re: length of sessions	✓		
No set limit re: no. of sessions	✓	✓	
Consistency of service provider		✓	

Conclusions

When asked whether they would continue to use Let's Keep Talking post-pandemic, clients largely fell into one of three categories:

1. Would continue using the service as a primary source of mental health support.
2. Would continue using the service but in conjunction with face-to-face therapy.
3. Would stop using the service and seek face-to-face therapy.

Clients and volunteers identified a number of benefits from subsequently engaging with the service, from which four overriding themes can be identified:

- accessibility and immediacy,
- collaboration and flexibility,
- the mitigation of isolation
- and trust

The solution-focused approach underpinning the service was associated with various benefits, with clients describing how this:

- helped to alter their perspectives,
- enabled them to think more optimistically or proactively,
- to recognise their strengths or resilience,
- and focus on their desired futures.

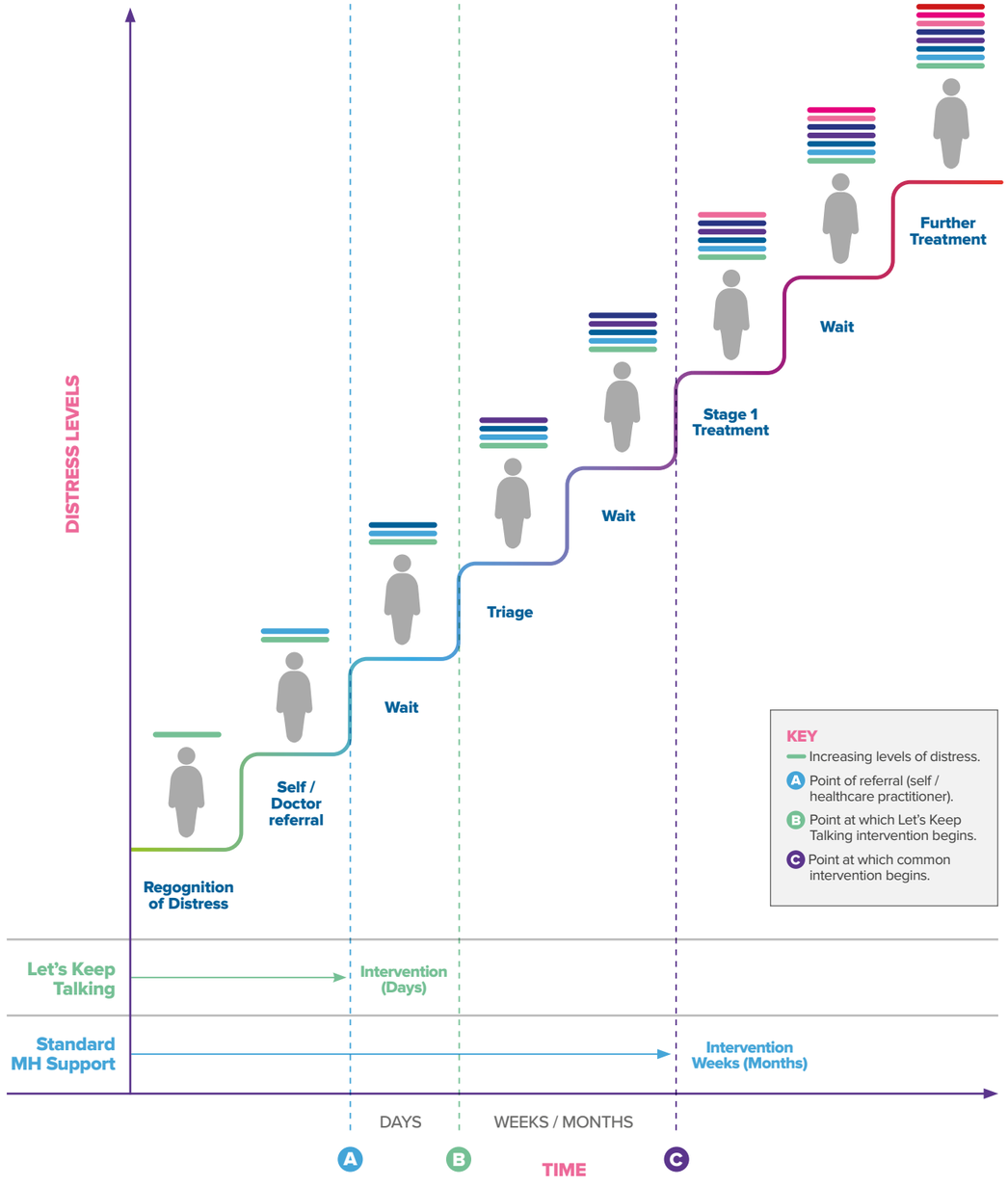
Figure 1 illustrates the impact of the service against the standard mental health service model applied across the geographical footprint. The 'Let's Keep Talking' service model has a number of specific features which make is particularly inclusive and innovative:

- It has the flexibility to be responsive to client needs in an all-important timely fashion.
- It is entirely free
- It does not operate an eligibility assessment process. It is open to all
- There are no long waiting lists
- There is no limit to the number of calls a client can receive
- Call length is dependent upon individual needs and preferences
- Calls are structured to enable client-centred conversations
- Clients receive calls from the same volunteer, unless they choose otherwise

No other mental health service model in the geographical footprint covered by the service offers this agility.

LET'S KEEP TALKING HAS AN IMPORTANT POST-PANDEMIC ROLE TO PLAY, PARTICULARLY IN LIGHT OF THE LENGTHY WAITING LISTS OF MOST MAINSTREAM MENTAL HEALTH SERVICES.

Figure 1: A Comparative Analysis of Mental Health Service Models



Recommendations

Let's Keep Talking has an important post-pandemic role to play, particularly in light of the lengthy waiting lists of most mainstream mental health services (e.g. Royal College of Psychiatrists, 2020). It offers an important service model:

- In its own right – able to respond to people with low mood with speed and agility
- As an intervention which provides support whilst clients are awaiting further specialist help.

Such is the impact of the service, three recommendations for moving this work forward warrant attention and support:

1. Seeking funding
2. Exploring opportunities for blended care
3. Revisiting the service communications strategy

INTRODUCTION

During the coronavirus pandemic, March 2020 onwards, the Psychological Therapies Unit (PTU) have been delivering a telephone service, 'Let's Keep Talking'. The service is delivered by a combination of professional therapists and volunteers. All are trained in talking therapies, including and under the supervision of PTU Directors Steve Flatt and Suzi Curtis. Interested individuals are able to refer themselves into the service by calling a phone number or emailing an email address, both provided on flyers distributed to relevant organisations and shared via social media (Appendix 1). They then speak with the service administrator (also a trained volunteer), who asks them a few basic questions about their hopes from the service. Their details are passed on to one of the callers to call at an agreed time.

The service is entirely free and open to anyone in need. There are no long waiting lists and no assessment process to determine eligibility. Clients are also not limited on the number of calls they can receive, and call length is dependent on their individual needs and preferences, though these are generally limited to a maximum of around 30 minutes. Calls are centered around chatting with clients about what is helping them to keep going and how they'd like to be coping, also allowing space for clients to talk openly about their issues without being told what to do (Appendix 2).

It is the primary aim of this research to produce an evaluation of the 'Let's Keep Talking' service. This evaluation seeks to provide direct insights into if and how this specific service is effective, and more broadly, contributes to an emergent research base regarding the delivery of mental health services during the global coronavirus pandemic (e.g. Johnson et al., 2021; Li et al., 2020; Thome et al., 2020).

Project Aim

To undertake an evaluation of the 'Let's Keep Talking' service, a service established in response to the onset of COVID-19 and delivered on an entirely voluntary basis.

Project Objectives

1. To explore both the utility of the service in the current context and its long-term viability, identifying any elements which are working well and highlighting any areas for improvement from the perspectives of both clients and volunteers.
2. To explore the possible long-term viability of the service, establishing if clients and volunteers believe there is a place for the service in their post-pandemic lives.
3. To compare the 'Let's Keep Talking' service delivery model to others operating in the mental health service landscape.

Contextual Backdrop To The Study

Long before the onset of the global COVID-19 pandemic, psychological researchers and practitioners were lamenting national and global 'epidemics' of mental illness, for which health services were already dangerously ill-equipped (e.g. Tucci & Moukaddam, 2017). Despite large-scale attempts to increase access to psychological therapies since 2008, through the Improving Access to Psychological Therapies (IAPT) programme (e.g. Clark, 2012), mental health services have retained low rates of successful penetration, with long waiting lists and reduced services in many areas due to the impact of austerity measures (e.g. Ali et al., 2017; Cummins, 2018; Stuckler et al., 2017). Furthermore, public mental health services in the IAPT era have been criticised for a 'one size fits all' approach, taking a narrow view of mental wellbeing and not allowing those with mental health issues to exercise real agency or choice (Dalal, 2018; McPherson, Evans, and Richardson, 2009; Morgan-Ayres, 2014; Newnes, 2016).

In addition to a general need for further and broader research into effective mental health service delivery, the specific question of the effectiveness of telehealth in delivering healthcare more generally mental has been a growing too. Questions relating to this form of healthcare delivery are highly pertinent during the current crisis, in which the importance of 'social distancing' to reduce the spread of the disease necessitates decreasing person-to-person contact as much as possible (e.g. Venkatesh and Edirappuli, 2020). Telehealth can also be beneficial in helping to overcome barriers associated with geographical location and time limitations (e.g. Perle and Nierenberg, 2013), and may also prove effective as a longer-term solution to some of the aforementioned issues within the current UK mental health system.

In addition to reducing the accessibility of face-to-face services, the COVID-19 pandemic is also believed to have negative implications for mental wellbeing across the country. During the first lockdown, one survey found that 24% of UK adults and 44% of young people (aged 18-24) reported experiencing loneliness during the lockdown period (Niedzwiedz et al., 2020), while the most recent predictive model developed by the Centre for Mental Health (in collaboration with the NHS) has estimated that up to 10 million people (almost 20% of the population) in England could require new or additional mental health support as a direct consequence of the crisis. The majority of these are expected to need support for anxiety, depression, or both, with a significant number also struggling with bereavement and/or trauma (O'Shea, 2020).

While this is not a complete picture, with evidence that effects of the pandemic on mental health have varied drastically in accordance with socioeconomic factors (McBride et al., 2020), the combination of additional economic stressors, isolation, and reduced access to mental health services faced by many suggest that this is nonetheless an important area of enquiry. Liverpool City Region, the geographical footprint underpinning this evaluation, has been particularly affected by both the chronic underfunding of mental health services and the government advice on shielding (Johnson and Aru, 2021; Tyrrell, 2021).

Structure Of The Report

The report is structured as follows. First, the methodology section outlines the research design, sample, and data analysis applied. The findings are presented next, broken down under fifteen sub-headings. Conclusions and recommendations follow which discuss the key themes emergent from the study in relation to the two project objectives, summarising key strengths, identifying issues, and proposing possible solutions and directions for moving forward.

THE SERVICE IS ENTIRELY FREE AND OPEN TO ANYONE IN NEED. THERE ARE NO LONG WAITING LISTS AND NO ASSESSMENT PROCESS TO DETERMINE ELIGIBILITY.

METHODS

Research Design

Objectives one and two:

Clients: After receiving full ethical approval from the University of Liverpool, researchers collaborated with the Let's Keep Talking team to gain access to participants. The service manager sent out texts to current and former clients, letting them know about the evaluation and asking if they would be interested in being interviewed. Those interested were asked to get in touch with one of the researchers, either via email or via a freephone number linked to their personal phone. Those who chose to participate were then sent a Participant Information Sheet (Appendix 5) and Consent Form (Appendix 7), either via email or (for those who did not use email) in the post. They were also asked to provide their availability for an interview, and to specify if they would prefer for this to take place over the phone or using a form of video software.

Volunteers: A brief overview of the study was sent to the Director of the Psychological Therapies Unit to share with all volunteers via email, including the email address of the researcher conducting the volunteer interviews. Volunteers were asked to contact this researcher if interested. A volunteer Participant Information Sheet and Consent Form (Appendix 6) was emailed to those who chose to participate, who were asked to sign and return the Consent Forms via email and to indicate how and when they would like to be interviewed.

All participants: were offered the right to withdraw from the study at any time and were assured by researchers that their responses would remain anonymous. After being interviewed, participants were emailed a debriefing sheet (Appendix 8), briefly summarising the nature and purpose of the study and providing a list of helplines they could contact should they experience ongoing distress related to the contents of the interview. The few who did not have access to email were verbally debriefed.

All participants: Empirical data was collected through semi-structured interviews with clients (n=10) and volunteers (n=5), all of which were conducted either over the phone or using video software (e.g. Zoom). Interviews were guided by sets of questions (see Appendices 3 and 4) but followed participants' leads in terms of the focus of the conversations. Client interviews lasted between 15 minutes and 1 hour 23 minutes. Volunteer interviews lasted between 35 and 55 minutes.

Objective three:

Desk research was conducted to compare and contrast the LKT service delivery model with other mental health service delivery models operational in the study footprint.

Sample

The majority of interviewees were female: eight out of ten in the case of clients and four out of five in the case of volunteers. Other demographic data was not collected.

Data Analysis

Each interview was audio recorded with permission, transcribed verbatim and then subjected to rigorous in-depth thematic analysis in order to identify common themes. Three researchers each conducted independent analysis, combining use of NVivo software with manual thematic analysis. Individual findings were compared and conclusions determined.

THE DESK RESEARCH WAS CONDUCTED TO COMPARE AND CONTRAST THE LKT SERVICE DELIVERY MODEL WITH OTHER MENTAL HEALTH SERVICE DELIVERY MODELS OPERATIONAL IN THE STUDY FOOTPRINT.

FINDINGS

First the key themes emerging in the semi-structured interviews conducted with both clients and volunteers are identified. The themes are broken down under fifteen sub-headings as follows. Responses are distinguished by C for clients and V for volunteers. Second the findings of the desk research into other service delivery models are presented and discussed.

Empirical Findings

Ease of Initial Access

Findings indicate that the different avenues open to individuals for accessing the service were leveraged, reinforcing the value of having different options to enhance accessibility of the service.

- 'I sent a text to one person and I sent an email (…) I did a kind of double-pronged approach' (C6).
- 'It was the GP, really, 'coz they – they recommended, err, they put my name forward to Talk Liverpool, and then the next thing I knew about it (volunteer) phoned me' (C9)

It was apparent from a client that certain modes of communication can better help cater to individual preferences too:

- 'So she kind of said to me, give them a ring – and I thought, oh my god, I can't ring them up – so that was why I initially emailed. It was easier for me. (laughs)' (C10).

Mitigation of Isolation

Isolation and loneliness were frequently identified as reasons for clients using the service. Some findings suggest isolation and loneliness were pre-existing issues, but had been exacerbated by the sudden disruption of existing structures and support networks:

- 'I've been really struggling with loneliness for years, actually – so, in that sense, the lockdown hasn't altered that much for me in terms of living alone and being lonely…but I did used to have (…) a structure, created my own structure going to different groups and things (…) and it all stopped at once' (C4).

Alternatively, isolation was found to be a concern for some individuals with other pre-existing issues:

- 'I'm an alcoholic and been in treatment now for about 12 months. Obviously isolation is a bad thing for us, so I wanted to avoid being in my own head too much' (C6).

The service could play an important role in reducing loneliness and helping clients feel supported and heard:

- 'It's sort of helped me (…) probably not feel as sort of out there on your own, if that makes sense' (C5).

From a volunteer's perspective, there was a sense of being in contact with individuals with a diversity of needs suggesting an extended reach to the service:

- 'I suppose originally I thought it might sort of appeal to people who were – either had pre-existing mental health problems that had been made worse by COVID or that it would be, like, people who were lonely and struggling on their own – that sort of end of things that people were dealing with. But yeah – I think it surpassed, like, the variation of people that I've spoken to has kind of surpassed that' (V5).

The issue of isolation was also important in motivating volunteers to be involved with the service, both within and beyond the lockdown context:

- 'I guess because – knowing that, for a period of 12 weeks at least, living on your own and not having a great deal of contact with people (…) was worrying me anyway – so this was a way of – I guess, from my perspective, creating opportunities to talk to people (…) but also recognising that that would be a problem for me and that would be a problem for other people too' (V2).
- [On whether she would stay involved in the service in the long term] 'Definitely. Because there's always gonna be people who are housebound and isolated, anxious (…) you know?' (V1).

However, some also highlighted concerns and difficulties reaching some of the most vulnerable groups:

- 'I'm still thinking, how do we reach more people? You know, people who are housebound – people who wouldn't normally reach out, I guess. You know, people who really are isolated and aren't using the services that would refer them' (V1).

Collaboration and Flexibility

Frequency/Duration of Calls

A dominant theme emergent within client interviews focused upon the frequency of calls permitted along with the length of time available for conversations. Both received very favourable responses. Clients favoured the flexibility of the quota of sessions and there were some insights suggesting an empathetic concern for other individuals' needs to access the service:

- 'It is good at the moment to know that you don't necessarily have to, you know, have this quota of, like, six or ten sessions (…) because I don't feel like I'm taking up somebody's space' (C2).

Clients welcomed the flexibility over the timing of the sessions, which in turn enabled them to gain a sense of control:

- 'With this service, the person would say, is this a good time, or do you want – and they'd also set, like, times – like, do you want me to call you next week or in a couple of weeks, or (…) you know. So, it wasn't sort of a regimented kind of, erm, weekly thing' (C2).
- 'After each session, he kept saying, when would you like a call again – so it was all on my terms' (C9).

This could also enable feelings of reassurance:

- 'The fact that the person reassured me that, well, there isn't a timescale, but, you know, it's just up to you when you feel (…) I found that kind of quite reassuring, really' (C2).

The ability to receive support at a time when it was most needed was also appreciated:

- 'I can just contact, you know, and say, I'm not feeling so good – he'll say, well, shall we have a chat? And I don't feel I'm taking somebody away – because at this time – this thing we're going through, I feel that there's people that need, like, the clinical psychologists, etcetera, much more than I do' (C7).

Clients welcomed being involved in the scheduling process, feeling empowered by their ability to influence the process:

- 'I think we started off a couple of times a week, and now she just kind of says, you know, would another call help you, and what day would you like? It's kind of (…) mutual agreement, sort of thing' (C10).

The flexibility of the access and booking service was also celebrated by those volunteering:

- 'I don't think there's any limitation. There's no limitation, I'm convinced, on how long you can work with people' (V1).

Some acknowledged that part of this flexibility was driven by the form of intervention being delivered, solution-focused practice:

- 'They're not under any pressure. That's very much the solution-focused – and they don't have to have a follow-up session, they could have a follow-up session, you know, in a week, two weeks, three weeks, whatever. There's no sort of you've got to have six sessions type aspect about it' (V2).

Respecting Boundaries

Clients welcomed the fact that their personal space and situation was respected:

- 'It wasn't intrusive' (C2).

There was also an appreciation evident for being able to converse with others who displayed a non-judgemental manner:

- 'Just being able to talk to somebody freely, without inhibitions, and for nobody to say, well, you should do this, you know, and you should do that' (C7).
- 'it is nice to have somebody, like I said, neutral at the end of the line' (C7).
- 'I think it's just someone impartial – kind of, they don't judge you, or (…) because they don't know anything except for what you tell them (…). Sometimes it's easier to talk to people that don't know about you than it is to talk to, like, your partner and your family and stuff' (C10).

Client-Led Service

Clients appreciated the ability of the volunteer to help them to realise their own strengths:

- 'I think just working with someone on the other end of the phone, who was quite interested – it wasn't someone who kind of would say, that's right or that's wrong. It was just someone who kept drawing your conversation out, to help you realise that (…) maybe you had the solutions within you, perhaps?' (C2).

Clients also appreciated the seemingly unscripted nature of the conversations:

- 'She just rings up and gives me space to speak and I can say whatever I like' (C4).

This was a welcome relief compared to previous therapeutic experiences:

- 'I thought, oh god, you know, he's gonna start asking loads of questions – you know, like the psychiatrist used to do, and then I used to get upset about it. But (…) erm (…) he didn't. (Volunteer) just let me talk' (C9).

Volunteers were also comfortable and supportive of taking the route that their client was signalling:

- 'The two clients I have now, neither of them wanted a solution-focused approach. One of them just wanted to be able to chat and not any kind of counselling format, and the other one wanted to be able to talk about goals and prioritising stuff that she needed to do, because of what was going on for her' (V1).

They were responsive to the individual circumstances that clients presented with:

- 'Those that have just wanted a call, for someone to talk to, or those who have wanted full-blown therapy' (V2).

Flexibility from Volunteers' Perspective

Volunteers identified multiple aspects of the arrangements which they celebrated for their flexibility. These included an ability to take on clients only when they felt ready and able to:

- 'I think the way that the sort of clients have been allocated has been quite flexible too – because I know at the very start of it, I didn't quite feel ready to sort of jump in, but other people were, so there was no pressure to take on clients until you were ready' (V2).

Notably apparent was attention within the service organisation towards a careful management of the volume of clients that volunteers work with:

- 'We don't ask people to do more than they want to do' (V3).

Volunteers also have information to guide conversations as and when is needed, but this is not prescriptive:

- '(Service manager) very carefully put together a script, but it's not a script that's algorithmic, it's not a script that you have to follow through. It's a series of questions that might be useful in the situation, but it's only there really as a guide to help people creating questions that might be useful, given the context of what they're working with' (V3).
- 'It was kind of nice having that – what's the word – script that could prompt you in the way you were thinking, and having on hand various other resources that I keep near where I am when I'm having a phone call, just in case' (V2).

An opportunity to input in to the most suitable supervision arrangement:

- 'It's (…) flexible, so everybody can suggest how they would like supervision to be' (V4).

Confidence in the opportunity to be appropriately trained and to be fully supported in delivering the service:

- '(Service manager) is very flexible about what goes on the agenda – she always canvasses everyone, you know, what they'd like on the agenda or what they'd like to do, would they like to do this kind of training or this kind of training. (Service manager) is (…) quite marvellous at trying to accommodate everyone' (V5).

Goal Setting and Planning

Clients celebrated the ability of the service to help them to find new ways to address situations and manage what felt like overwhelming problems:

- 'I think it made me sort of feel like I could sort of break down things that seemed like huge obstacles to smaller things that seemed more surmountable, and I think it made me sort of feel more, like, grounded, or more like I could tackle some of the things that were getting quite big in my head and stuff' (C2).

They welcomed an opportunity the service presented for them to work towards personal goals:

- 'Apparently, it's what they call a goal-led service, so you sort of set goals. In my case, I said I had a lot of difficulty reaching out and calling people, so that was the sort of goal that I've been working towards. I wasn't expecting to have (…) sort of trying to change me in a way, change my behavior, to be more proactive and help myself, I think' (C6).

They benefited in practical ways by thinking through ways of better managing the planning of tasks that were on their mind:

- 'As a measuring tool, I suppose – you know, yes I am improving a bit, I can do this, I can do that. And I made myself a plan then, so I could space out tasks, even if they were a week apart – because it was quite difficult to focus on anything at that point' (C8).

CLIENTS CELEBRATED THE ABILITY OF THE SERVICE TO HELP THEM TO FIND NEW WAYS TO ADDRESS SITUATIONS AND MANAGE WHAT FELT LIKE OVERWHELMING PROBLEMS.

Impact of Solution-Focused Approach

The service was underpinned by the delivery of a Solution-Focused intervention. This generated a number of positive responses from clients who benefited from this particular form of intervention.

New (/More Positive) Perspective

A number of clients commented on the value of positioning the intervention as forward looking, solution focused:

- 'Even some of the questions would be just simple things like, you know (…) I suppose it really made me think about, erm (…) that maybe things were kind of achievable, I could achieve things (…) it made me feel a bit more, erm (…) like I could set my sights a little bit higher' (C2).
- 'I think (…) it was looking at maybe some things that I'd always maybe looked at in a negative light, but from a more positive – because of the, kind of how the questions were put' (C2).

Notably, this differed from, and even exceeded, prior expectations of the service:

- 'it was kind of (…) a bit different to what I expected, really (…) I think it was more helpful, to be honest' (C2).

Clients could find the approach empowering, commenting:

- 'Talking to her helped, because she can help me to dig out a positive thing from a difficult situation' (C4).

It enabled them to appreciate the value of positive situations, not matter how small the positives may well be:

- 'Even on a bad day, count the good things, even if they're small' (C7).

It encouraged a reflexivity amongst clients, a recognition that even difficult experiences hold value in them:

- 'If things have gone bad, we look at them and think, well, what can we gain from that – you know, as a person' (C10).

Volunteers also spoke of the power that forward-looking conversations held for clients:

- 'It's always the questions are about what's been so terrible and what's making you feel so bad and all the rest of it, and to ask somebody about what might be helpful is a real head-bender. But, if you persist with it, most people begin to come up with things that actually they would prefer to do and you can get a sense that actually they're beginning to think slightly differently as well' (V3).

Acknowledging that they too had benefited from being involved in this form of intervention:

- 'It's actually changed my way of thinking about things – so it's actually having an effect on my brain, in terms of how I view situations that I have to deal with. So that's been an interesting by-product of it' (V5).

Focus on Future and Present Over Past

Clients appreciated the focus of conversations on the future and present over their past circumstances:

- 'More about the here and now, and (…) it was kind of (…) a bit different to what I expected, really' (C2).

They welcomed the opportunity to not dwell on past circumstances which they acknowledged were likely to generate poor mental health:

- '[Other counsellors] want to go into my past – 'cause I know – that's when I get more depressed. And this way, it's – look ahead to the future, be positive, which I try and be anyway' (C7).

And associated the intervention with the potential for generating hope despite difficult circumstances:

- 'It does help (…) give a route out of that – if people are feeling a bit hopeless about the future, it can help enlighten them and look at problems, and maybe give a bit of hope' (C8).

The particular form of intervention deployed was not necessarily explored within conversations, but rather conversations focused upon the subject matter, something which volunteers felt was a particular strength of the intervention:

- 'I suppose the overriding thing is – the client wouldn't necessarily know, but it's solution-focused, and so it's always about helping a client move to where they would like their lives to be and not focused on the problem and talking about the problem' (V4).

Strengths and Resources

Clients welcomed the uplifting discoveries that conversations unearthed about their own abilities and strengths:

- 'I think it probably made me realise, or made me feel more of a – more of a person that – that I could cope better than I thought I could, or I had more (…) there was more to me, really, than maybe I thought there was' (C2).

It allowed them to stop and think about ways that they once managed situations, building hope that they could deploy similar strategies again:

- 'It's helping me remember that, inside me, I have got a higher self – there's a stronger person inside me that hasn't been out to play much in recent years. It's helping me on that level, really, to remember that no, I have got some strength in me – emotional strength – and to deal with things' (C4).

It encouraged more of a reflective approach, getting clients to notice more of their everyday actions than previously might have been the case:

- 'I've really thought about, you know, what I do achieve in a day' (C7).

And shifted mindsets towards recognising opportunities rather than necessarily problems in everyday life:

- 'She's helped me to understand – I guess to understand myself more, kind of. If I think about things then I can do things, rather than thinking, no, I can't do that, I can't go any further' (C10).

The capacity of the intervention to unlock the inner potential within clients to find their own way forward was also celebrated by volunteers:

- 'Some people just want to sort of say what they want to say and reflect on that and abilities that perhaps they haven't recognised or have forgotten about themselves, that kind of shows them that yeah, I can do this, because I can already do this or I'm already doing this, I just need to do this. That's the beauty of solution-focus, because it's all about working with the person with their own skills' (V2).
- "It's a real buzz, you know, when you do see that the questions that you're asking are helping that person think about how they'd like their life to be different. It's – yeah, it's a real buzz" (V5).

Difficulties with/Limitations of SF Questions

For some clients the form of intervention was difficult to adjust to with clients feeling under pressure to think of solutions:

- 'I could see the rationale for being asked (…) you know, what path would you take, what would be the consequences of that, looking at alternatives. But sometimes I almost felt as if I had to kind of (…) make up an answer? I felt, just personally (…) under a kind of pressure to find an answer (…) And I think you do that with any question, don't you – sometimes you think, is this really relevant?' (C8).

Some clients preferred a more thorough examination of past issues which they believed needed resolving before future changes could be realised:

- 'I've always felt that there are issues I would prefer a sort of more in-depth – because I think solution-focused is helpful, but I see it more maybe as a practical thing, whereas I feel that I need to look at what's underpinning – because I suffer from anxiety, and I suppose I feel like I need to look at the reasons underpinning that and how to manage that' (C8).

Others felt that, while they had personally been able to benefit from the goal-led approach, this would not be the case for others in more acute states of distress, with one suggesting that this was only due to the therapy he had previously received:

- 'I think they might panic and think they're being pushed into something – at a time where they're feeling very vulnerable maybe, as well' (C6).

Such limitations were felt by volunteers too at times, one used to delivering other forms of intervention:

- 'I haven't, unfortunately, really been able to get into the solution-focused approach with clients. I don't know quite why – I think it's the nature of the issues, and because I kind of naturally slip back into what I'm used to, the approach I'm used to' (V1).

Another questioning whether they were suitably applying the principle of solution-focused practice:

- 'I think, reflecting, I need to look at my own efficiency of the use of solution-focus' (V2).

'SOME PEOPLE JUST WANT TO SORT OF SAY WHAT THEY WANT TO SAY AND REFLECT ON THAT AND ABILITIES THAT PERHAPS THEY HAVEN'T RECOGNISED OR HAVE FORGOTTEN ABOUT THEMSELVES.'

Feeling Heard

The simple act of having someone to talk with, and be listened to, proved to be a very powerful benefit of service engagement:

- ‘I’ve got neighbors who are living on their own. They’re men and they’re just drinking and doing drugs, and that’s how – that’s their way of coping. It’s a coping mechanism. But what can help you cope is being listened to and I love it. And it makes me feel well again, you know’ (C4).

The nature of the conversations held reassured clients that their worries were being heard:

- ‘This style of open-ended listening and unconditional acceptance that she is doing (…) non-judgemental, all those things that are part of counselling’ (C4).

The impartiality of the volunteer was celebrated, all too often clients feeling misunderstood in their personal environments:

- ‘I have found it helps just to talk to somebody, if you know what I mean. Because friends – quite often they don’t understand – you know, just pull yourself together, kind of thing. You can’t do that – and I do say to people now, don’t keep it to yourself, which is what a lot of people do – because you do find that stigma’s still attached to it’ (C7).

CLIENTS APPRECIATED THE CONSISTENCY AND RELIABILITY OF THE SERVICE, WITH RESCHEDULING RARELY BEING NECESSARY AND ALWAYS BEING EFFECTIVELY COMMUNICATED BY VOLUNTEERS.

Immediacy of Support

Timing mattered to both clients and volunteers. For clients, the timely responsiveness of the service was really appreciated:

- ‘They have been really good – really efficient’ (C1),
- ‘The fact that people can just contact them online or through the phone, and can get a phone consultation, virtually within days (…) is amazing’ (C1).

Particularly when compared to former experiences:

- ‘Normally, with some things, you have to wait, don’t you? Things in the past – sometimes you have to wait’ (C2).

The speed of contact was welcomed:

- ‘They contacted me pretty much the next day’ (C4)
- ‘It was no more than a couple of days. They were quite quick’ (C10),

and unexpected as clients recognised the volume of activity volunteers might already be involved in:

- ‘Not having to wait for months on end or, you know, you’re on a waiting list – because these private counsellors are quite (…) you know, they do sometimes have a list’ (C5).

Volunteers celebrated the immediacy of support possible, questioning whether such a model exists more generally:

- ‘I wasn’t aware of anywhere where people could say, hey, I need to talk to somebody, can they ring me? It’s mostly, erm (…) people having to reach out and go on waiting lists and (…) so on, rather than an immediate availability’ (V1).

They worked hard to follow-up referrals within a matter of days:

- ‘It’s that immediacy of it all, isn’t it, because I know that as soon as a client is mentioned and we give our availability – we get responses quite quickly, and often within days you’re making that phone call to make that first initial contact’ (V2)

and welcomed the ‘in the moment’ support the service offered, so contrary to more common experiences of waiting lists:

- ‘It’s got immediacy about it, so, like I said, there’s no waiting lists – so it’s a case of you can pick up the phone’ (V4).

Something/Someone to Rely On

Clients appreciated the consistency and reliability of the service, with rescheduling rarely being necessary and always being effectively communicated by volunteers when it was:

- ‘It was somebody who (…) always kind of – when they said they were gonna ring, they did ring, and they were very reliable as well, which helped a lot – because erm, sometimes in the past I’ve had things that have been cancelled or chopped and changed around’ (C2).
- ‘Calls were always regular. If there was anything a little bit delayed, (volunteer) always texted me and said, I’ll be ten minutes late, for whatever reason – that didn’t happen very often’ (C8).

Knowledge of forthcoming phone calls was also described as something that helped clients to keep going in their darkest times:

- ‘Whatever was going on, I always had that phone call to think, right, well, I’ve got the phone call, I can offload then (…) It was like a bit of a lifeline, that I held onto when I felt really lost’ (C1).
- ‘You knew – you were waiting for the next call, you know, the next day. It was, like, come on, give me a call, I need something to get me through the day’ (C3).
- ‘I’ve found it very useful – to know that there’s somebody there at the end of the line, if I do feel really down’ (C7)

Furthermore, consistent with the flexibility and lack of a quota for sessions, even after stopping calls clients still felt they could rely on the service to be there for them if needed:

- ‘Even (volunteer) said, you know, if at any time you feel like you want to chat, you’ve got my number – or you can call [Let’s Keep Talking] again, and somebody else will talk to you’ (C9).

Benefits of Phone Contact

For Clients

Identified practical benefits of phone (over face-to-face) contact included flexibility in hours and location:

- ‘You can have, like, sort of – you can’t have sort of difficult or unsociable hours, can you, face-to-face? (…) I think that’s the thing as well, that out-of-hours, where sometimes people can struggle late at night’ (C2).
- ‘It would be the travelling that would stop them having face-to-face therapy]’ (C7).

The ability to receive support from one’s own home was described as particularly beneficial for those who were mentally and/or physically unable to leave the house, even beyond the context of the pandemic:

- ‘I can get into a mindset where I don’t want to go out at all, so I suppose if I could stuck into that I might want to use it again then (…) [and] if I actually did become long-term sick, I think it might be a good thing to have then as well’ (C6).

Some also found it less intimidating opening up over the phone than in person:

- ‘I’ve found it easier (…) It’s sort of like, you don’t have to feel as self-conscious or anything like that’ (C5).
- ‘I found it easier talking on the phone, rather than sitting, like, face-to-face with somebody (…) [because of] knowing that I don’t personally know that person’ (C9).

For Volunteers

Volunteers identified similar benefits of working from home, in terms of the ability to be flexible and avoid the time and expense of commuting:

- ‘It’s more flexible for me because I can work from home. I don’t have to travel into Liverpool and have the cost of all of that. I can just chat to them on the phone’ (V4).

For those who were relatively inexperienced in solution-focused therapy, talking over the phone was also seen as beneficial in allowing them to spend more time honing their skills and reducing potential distractions:

- ‘And because it’s happening on a – an almost daily basis, so four out of five days of the week I’m doing calls, it seems to be happening at quite a speed as well, that perhaps in – in the real world may not have been possible’ (V2).
- ‘For me, as somebody who’s learning – [being on the phone] kind of helps me to really focus in on what the person’s saying and to have that space to think myself what it is I want to ask them next, without those interactions of being in the physical space together’ (V5).

Limitations of Phone/Virtual Contact

At the same time, both clients and volunteers also identified limitations of phone/virtual contact and, while this was greatly appreciated in the current context, a desire for face-to-face contact post-pandemic was frequently expressed. This was largely attributed to the importance of non-verbal communication:

- ‘I think [face-to-face] probably is a bit better, for me, personally – because erm, you’re – because, like, it’s eye contact and people’s, like, body language (…) because you’re actually seeing a real solid person’ (C2).
- ‘I think, as human beings, we’re far more used to the fact of seeing people and picking up on body gestures and stuff like that’ (C6).
- ‘I think you’re reading responses, aren’t you, and I think it’s easier to transmit empathy face-to-face – because you’ve got so many more cues that you can feel’ (C8).

Relatedly, some felt that phone contact was inherently unsuited to addressing more serious issues:

- ‘Anything more serious, erm, I think there’s face-to-face and speaking to your GP, going elsewhere might be better, because I don’t think (volunteer) – I’m not saying he can’t do it, but I don’t think you could do that on the phone, you know’ (C3).

While experiences of virtual supervision were generally very positive, some volunteers did feel that there was something missing from this that could not be remedied without face-to-face contact:

- ‘I just think there’s a – there’s an energy exchange missing that, in real life – you need each other’s energy, don’t you?’ (V5).

Another described the unique difficulties that could arise working from home:

- ‘I found that is – lines were quite – much more blurred. Because sometimes you do carry it home with you, but you can sometimes – on your journey, that impact becomes less and less, doesn’t it, as you’re moving away from it, but (…) if you’ve had some calls that day that have been, for example, quite traumatic, there isn’t that space between home and work that allows you to process. You’re processing in your own home’ (V2).

This volunteer described how the support of supervisors had been invaluable in reducing the emotional burden she felt, but also suggested that further training in this area could be helpful, as they had all had to adjust to this new way of working very quickly:

- ‘Once you’ve had a conversation, you can’t just let it go out the window, so to speak. But it’s been being aware that the supervisors are concerned about our whole wellbeing, our whole holistic development, and in providing that support for us’ (V2).
- ‘I think that [training] would be beneficial for some people who perhaps have not worked that way before. Erm (…) I guess we’re now living in a world where it was all kind of thrust on most of us, wasn’t it? So, maybe having a short discussion around, you know, the impact of this type of work at – working from home – could be quite beneficial to some people’ (V2).

Addressing Deeper Issues

There was a common perception that the service was unsuited to the most serious mental health issues, with some assuming that volunteers were not qualified to deal with these. Clients expressed beliefs that they would need to go elsewhere in times of crisis:

- ‘I wouldn’t put that on (volunteer) because I don’t think he’s qualified for that kind of counselling. That’s why I didn’t put it forward to him – because I thought he was just there to deal with the likes of people suffering with anxiety and not sleeping, but not – erm – if I were suffering from, you know, manic depression, I wouldn’t put that on him. I’d have to go elsewhere’ (C3).
- ‘Samaritans are there if you want to speak about a bereavement’ (C4).
- ‘I personally have got bigger problems I need to solve, which couldn’t have been solved by that service. And the difficulty is the anxiety takes over, so you can’t even approach those – those other skills, because it’s too fearful, you know?’ (C8).

In addition to being over the phone, some suggested they did not feel the calls would allow the time and space for them to go too deeply into their issues:

- ‘I’m careful not to talk about anything that’s too painful, because I know it is time-limited’ (C4).

One client was also thrown off when he tried to discuss a serious issue and found his caller was unwilling to talk about it:

- ‘I found it weird, because I was speaking about how my brother has PTSD – he’s an ex-soldier, and as a soldier he witnessed extreme violence and these things always leave a scar on people (…) And when I was speaking about this to (volunteer), he seemed to be freaking out about it (…) [and] he basically said he couldn’t talk about it anymore and wanted to change the subject. I thought that was really weird. I know he’s a volunteer, but I thought it was really strange. It made me feel bad about things’ (C6)

Recommendations to others

Although it was perceived that the service can be unsuited for more serious issues, several findings indicate that the service would be, or has indeed been, recommended to different individuals, due to the favourable impressions of the service:

- ‘I have recommended them to family, and I would recommend them on again’ (C1).
- ‘I’m sharing it again now – just letting people know, like, if they’re struggling, there’s someone out there who’ll listen to them, who’s not involved. That’s the main thing, isn’t it?’ (C1).
- ‘I have recommended them, actually, the service, because I’ve found it very helpful, and I look forward to those chats’ (C7).
- ‘I would very much recommend this. Because everybody suffers differently, and everybody looks at depression differently’ (C7).

There was a perception that this service is needed by people and can be advantageous in light of accessibility and in light of own experiences:

- ‘This service has been heaven-sent to me – absolutely heaven-sent. I needed it, and there must be a lot of other people who need it as well and are accessing it, and I think the fact that it’s been free is almost unbelievable to me (C4)’.

ALTHOUGH IT WAS PERCEIVED THAT THE SERVICE CAN BE UNSUITED FOR MORE SERIOUS ISSUES, SEVERAL FINDINGS INDICATE THAT THE SERVICE WOULD BE, OR HAS INDEED BEEN, RECOMMENDED TO DIFFERENT INDIVIDUALS, DUE TO THE FAVOURABLE IMPRESSIONS OF THE SERVICE.

Accessibility of Volunteer Support

Volunteers described feeling that the organisation director and service manager were both approachable, which was important especially for those with relatively little relevant prior experience:

- ‘(Director) and (service manager) are very approachable. You could call or text them at any time – they always come back to you’ (V4).
- ‘(Service manager) has always been very approachable, you know, if you’re stuck with anything with a client or you wanna pick her brains to get a – a different approach to use (…) she’s always there to ask questions of’ (V5).

As with clients entering into the service, speed of response was also important here:

- ‘Any circumstance that pops up (…) at the earliest possible time to have a conversation, whether it’s on the phone or on email, has been reciprocated. Worrying about things – that sort of – that side of things has sort of been taken care of quite nicely, because we’re not left with unanswered questions or, you know, any – I don’t feel like I’m in any situation that has been (…) left, if that makes sense’ (V2).
- ‘Fast response is the key, you know…it’s within the same day if not the same couple of hours’ (V3).

Volunteer Community

In addition to the ability to reach out directly to the director and service manager for help when necessary, volunteers described ongoing group communication and support, particularly through use of a WhatsApp group:

- ‘There is a WhatsApp group as well (…) that has been amazing for people – I know that, because it’s so active, and people are often sharing things on there and sharing links’ (V1).
- ‘The WhatsApp group is – as soon as you send a message, there would be somebody that would reply within minutes’ (V4).

Supervision sessions were depicted as highly beneficial and participatory, with all learning from each other rather than the session leader(s) taking a more authoritative approach:

- ‘I’ve been allowed to, you know, reflect a lot, both one-to-one but also in our group supervision – the Zoom meetings that we have – and learning from everybody else as well’ (V2).
- ‘We’re always open to more ideas and more ways of doing it. And that’s another thing that happens in the supervision sessions – people will stick their hand up and say what about (…)? And we’ll say okay, we’ll see what we can do, or sometimes we’ll task them with it and say okay, who do you know who might be helpful in this area? And we’ll try and get them’ (V3).
- ‘The ability to be in a group as well is really good, because you get to learn off other people and we all sort of input things that we all take away from – and even (service manager) and (director) say they learn stuff’ (V5).

Benefits to Volunteers

Routine

Like clients, some volunteers also viewed the calls as something to rely on, giving structure and purpose to their days/weeks during a time of great uncertainty:

- ‘I think I also found it beneficial for myself, in that it gave me a bit of routine in a time where routine perhaps kind of got thrown up in the air’ (V2).
- ‘It helped to (…) I guess have a focus to initiate something, you know, just to initiate making a call, which would then sort of trigger the rest of your day and things’ (V2).
- ‘This has given my week a structure, so even if I go down a bit I know that come – you know, I try to do, like, Monday, Wednesday, Friday, so I’ve got this nice, erm, pattern in the week that I – that I’ve got something to work towards, really’ (V5).

Two-Way Process

In addition to learning from each other, volunteers also described learning from their clients and from the experience of service delivery, leading them to view this as more of a mutually beneficial setup than some had initially expected:

- ‘I think it’s ended up being a much more 50/50 balance. I wasn’t kind of expecting to get quite as much reward back, if that makes sense’ (V2).
- ‘Perhaps even learning from my clients in some respects. You know, they might mention something, and you think oh, that’s a good idea’ (V2).
- ‘I think it’s been definitely a two-way street. I’ve seen people that I’ve worked with get a lot from it, and I’ve got the things I want from it in terms of carrying on to train and to practice’ (V5).

Learning on the Job

Relatedly, volunteers described accumulating knowledge through their experiences of service delivery, with new and valuable insights to take away from each call:

- 'It's a bit like a swiss roll or a jam roly-poly, where you're just going through all your days and gathering – a bit like a snowball, isn't it, where it's just getting bigger and bigger with all your experience' (V2).
- 'And you're always learning – you're always learning. Because no two clients are the same – no two experiences, no two calls are the same' (V4).

The steep, but satisfying, learning curve of learning on the job was contrasted with less practical forms of knowledge acquisition:

- 'As I'm speaking to clients, I'm constantly evolving how I practice SF and, you know, it's a process of learning still by doing – 'cause you can learn as much as you want on paper, but it's the doing of it and the being thrown in with a person who, you know, you don't know what they're gonna come out with' (V5).

General Wellbeing

In addition to gaining new skills and expertise, volunteers attributed overall increases in wellbeing to their involvement in the service:

- 'I hate to say this in a mental health context, where we're working with distressed people, but it's fun, you know – you actually – I feel I'm making a difference' (V3).
- 'It's great talking to all different kinds of characters and feeling that you are making a difference. So, personally – it's not about that, but that does happen, and it feels good to help other people, to put the phone down and think you've made a difference' (V4).

Interestingly, this was not a major motivation for volunteers getting involved in the service, but more of an unexpected positive side-effect:

- 'I guess my sort of overall starting thing was to provide something for someone else, and I hadn't really kind of given much thought to anything else – so to sort of – my own wellbeing, because I was able to provide something for somebody else, which is also a good sense of worth, isn't it?' (V2).
- 'I think, like, it's actually helped me with my mental health. I think that's something that, er, I didn't see would be a benefit from it' (V5).

THE PURPOSE OF 'LET'S KEEP TALKING' MAY (UNDERSTANDABLY) BE EQUATED WITH THAT OF CRISIS HELPLINES. HOWEVER, WHILE THIS CAN PLAY A CRITICAL ROLE IN THEIR OWN RIGHT, THEY DO NOT POSSESS SEVERAL OF THE FEATURES ASSOCIATED WITH 'LET'S KEEP TALKING'S' EFFECTIVENESS.

Desk Research Findings

Talk Liverpool

Talk Liverpool is an Improving Access to Psychological Therapies (IAPT) service provided by Merseycare, offering talking therapies to anybody aged 16 or over and registered with a Liverpool GP. Like 'Let's Keep Talking', Talk Liverpool accepts both self-referrals and referrals from GPs, other health and social care professionals, and third sector organisations. Since the onset of the COVID-19 pandemic, they have also started offering phone and online therapy.

Unlike 'Let's Keep Talking', however, there is typically a significant delay between a referral being made and the commencement of therapy. This is due to a combination of high demand for the service and the requirement for an assessment session predating the beginning of talking therapy. According to their latest statistics, there is an average wait of 16.76 days between referral and first assessment and an average wait of 5.6 weeks between the first assessment and starting treatment. It is also highlighted that waiting times are likely to be longer than average for those with specific requests regarding time, particularly for evening appointments (Talk Liverpool, 2021).

Figure 1 demonstrates the potentially detrimental effects of these waiting times, which are borne out both by the literature and by the comments of participants in this study. This is significant as the immediacy of support was repeatedly identified by interviewees as an advantage of 'Let's Keep Talking'. Longer time spent on waiting lists has also been associated with a deterioration in mental health, both anecdotally by clients in this study and according to larger-scale, quantitative research. A recent poll of 513 British adults diagnosed with a mental illness found that two fifths of those waiting for mental health treatment contacted crisis or emergency services regarding their mental health during the waiting period, while one in nine ended up in A&E (Royal College of Psychiatrists, 2020). The purpose of 'Let's Keep Talking' may (understandably) be equated with that of crisis helplines. However, while this can play a critical role in their own right, they do not possess several of the features associated with 'Let's Keep Talking's' effectiveness.

Crisis Helplines

Mental health crisis helplines are delivered by both the public sector and the third sector, at both local and national levels. Local NHS urgent mental health helplines are available across England, delivered in the Liverpool City Region by Mersey Care NHS Foundation Trust. There are a variety of crisis helplines delivered by the third sector, some of which tailor support to specific demographics and/or issues while others are open to anybody in distress. Perhaps the best known of these is the Samaritans, which was established with the specific purpose of reducing suicides but is open to anybody in distress or despair.

Crisis helplines possess several of the benefits of the 'Let's Keep Talking' service: they are flexible and free, with no assessment process and no waiting lists. However, as the name suggests, these are typically intended more as a lifeline for those in immediate need than as a consistent source of support. In the case of the Samaritans, for example, those who are considered to be making excessive use of the service can be placed on a care plan intended to discourage 'dependency', specifying a maximum number and/or limited duration of calls within a given period (day/week). Research into the experiences of Samaritans volunteers found that these frequent callers were associated with a sense of stigma or reduced credibility (Pollock et al., 2010).

Furthermore, due to the nature of the service, calls are received by whichever volunteer is on duty and available at the time. The development of the client/volunteer relationship and the building of trust over time were identified as important to 'Let's Keep Talking's effectiveness.

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The aim of this study was to undertake an evaluation of the 'Let's Keep Talking' service, established in response to the onset of COVID-19 and delivered on an entirely voluntary basis. The study pursued three key objectives:

1. To explore the utility of the service in its current context, identifying any elements which are working well and highlighting any areas for improvement from the perspectives of both clients and volunteers.
2. To explore the possible long-term viability of the service, establishing if clients and volunteers believe there is a place for the service in their post-pandemic lives.
3. To compare the 'Let's Keep Talking' service delivery model to others operating in the mental health service landscape.

This section summarises the key findings linked to the study objectives: key findings regarding the current utility of the service (Objective 1) are explored, followed by a summary and discussion of findings on long-term viability (Objective 2) and the benefits of the service in comparison to other providers (Objective 3). Drawing upon the benefits of the service identified within the primary data (Table 1), the section concludes by proposing some recommendations for how the service can respond to these findings.

Objective 1: Service utility in the current (pandemic) context

In terms of current utility, the service has attracted a range of clients with different experiences. Across clients, different modes for accessing support are used (e.g., via referral; or initiating access by contacting the provider through texting, phoning, or emailing). Clients and volunteers identified a number of benefits from subsequently engaging with the service, from which four overriding themes can be identified:

- accessibility and immediacy,
- collaboration and flexibility,
- the mitigation of isolation
- and trust

Interestingly, these themes were also applicable to volunteers' experiences of supervision and support. Mitigation of isolation as key outcome, especially in the lockdown context, was important to both clients and volunteers. Volunteers viewed their involvement in the service as detracting from the negative effects of lockdown. This was an unanticipated positive side effect of engaging with the project. Both clients and volunteers often viewed the calls as something to rely on, ameliorating negative emotions and giving some structure to their lives.

However, it was the other three categories of benefits: accessibility and immediacy; collaboration and flexibility; and trust that really set the service apart from competitors in the eyes of clients and volunteers. Several clients described a feeling of surprise at how quickly they heard back from the service, and the ongoing immediacy of support was described as crucial in ensuring that issues were dealt with as and when needed. In addition to quickly receiving support when they needed it, the flexibility of the service model meant that clients were also not pressured to continue with calls or with the same frequency of calls when this was no longer appropriate for them. Clients have the opportunity to mutually decide with the volunteer the pace in which the service is engaged with. Also appreciated was the ongoing relationship between client and a particular volunteer. This relationship enabled trust and is a distinct feature of the service when compared to similar providers, the Samaritans for instance, where each phone call is received by a different volunteer.

The actual content of the calls was similarly client-led, with clients generally feeling that their boundaries were respected and that they had a lot of control over the direction of the conversation. The solution-focused approach underpinning the service was associated with various benefits, with clients describing how this:

- helped to alter their perspectives,
- enabled them to think more optimistically or proactively,
- to recognise their strengths or resilience,
- and focus on their desired futures.

Volunteers took a similar view of the advantages of the model. In spite of this, members of both groups recognised that this was not always feasible or appropriate. The flexibility of the service delivery, allowing volunteers to bring in other counselling skills and clients to switch to another caller at any time, are other powerful strengths of this service model.

While all described benefitting from the service in some way(s), several clients felt that Let's Keep Talking was not well suited to addressing their deeper issues. This was partially due to the lack of face-to-face contact, a factor which was unavoidable in the lockdown context and will be discussed in terms of long-term implications in the subsequent section. However, for some clients there was also a general sense of confusion about the nature of the service, which appeared to contribute towards a belief that this was inappropriate for those with severe mental health issues. Though the project flyer (Appendix 1) does provide a description of the service, including the fact that all volunteers are trained in talking therapies, findings suggest it seems highly unlikely that all clients are reading this information, particularly those who are referred through other services.

Clients' expectations for the service often appeared to be based more on assumptions about the limited nature of voluntary telephone support in general than on any specific knowledge about Let's Keep Talking. While they were often pleasantly surprised by the nature and quality of conversations, assumptions about volunteers' lack of qualifications or preparedness contributed towards a reluctance to disclose more serious issues. Furthermore, the goal-focused nature of conversations was often associated with benefits but also, at times, with an assumption that this was inappropriate for those in great distress and struggling to think about the future.

Volunteers were generally very happy with training received but identified a few difficulties and areas for development. These included making the most effective use of solution-focused practice, within the context of telephone contact and a generally shorter timeframe than usual. There were also certain limitations associated with training and working from home, though these were largely recognised as unavoidable due to the pandemic and associated restrictions. In the case of working from home, it was suggested that slightly more discussion and guidance on the subject of blurred lines and boundaries could be beneficial, as all (including the director and service manager) had adjusted to this style of working quite quickly and with limited understanding of what this would entail.

Objective 2: Long-Term Viability of the Service

When asked whether they would continue to use Let's Keep Talking post-pandemic, clients largely fell into one of three categories:

1. Would continue using the service as a primary source of mental health support.
2. Would continue using the service but in conjunction with face-to-face therapy.
3. Would stop using the service and seek face-to-face therapy.

While a few clients actually preferred the telephone model, a large number did intend to seek face-to-face therapy when this was available, citing the importance of non-verbal communication and physical proximity in allowing them to fully open up.

This appeared related to the sense that the service was unsuited to addressing the most serious issues, as several clients described how it could be easier in some ways to talk on the phone, but that the vulnerability of face-to-face contact was sometimes needed. Nonetheless, the vast majority of clients either said they planned on continuing to use the service or, if they were no longer receiving calls, that they would get back in touch if they found themselves needing it again, should circumstances change.

A number of clients also would, or have, recommended the service to others, suggesting the potential for the service to expand its reach to others and receive more clients if the individual's resources (e.g., time available) are compatible with an interest in using the service.

In addition to the client-centred and solution-focused nature of the intervention itself, the identified benefits of telemental health, such as the ability to receive support at unsociable hours and the lack of travel requirements, meant that clients and volunteers alike anticipated this continuing to meet a vital need beyond the pandemic context. This was particularly true for those who were housebound due to mental and/or physical illness and/or extremely isolated, but also for those requiring support outside of the narrow confines of mainstream mental health services, or even people who may be deterred by the terms 'counselling' or 'therapy' but who simply wanted somebody to talk to.

All volunteers expressed enthusiasm for continuing to play a role in the service after the pandemic, referring to both an ongoing need for the service and the benefits they personally derived from being involved. Combined with the accessibility of support, these benefits may be crucial for ensuring the long-term viability of the service from a provider perspective, reducing the likelihood of volunteer burnout, which is often a major issue among mental health professionals (e.g. Johnson, Corker, and O'Connor, 2020).

Objective 3: Benefits of the Service in Comparison to Others

A crucial argument for the continuation of the Let's Keep Talking service is that this service model is not only viable but necessary, serving to fill an important gap in the mental health service landscape. Table 2 illustrates this by way of reference to the two (freely available) forms of mental health support which it most closely resembles: crisis helplines and talking therapies provided by the NHS.

Table 2: Comparative Benefits of the LKT Service

Benefits of LKT	NHS Therapy	Private Therapy	Crisis Helplines
Flexibility	✓		✓
Free	✓		✓
No eligibility assessment process			✓
No waiting lists	✓	✓	✓
No set limit re: length of sessions	✓		
No set limit re: no. of sessions	✓	✓	
Consistency of service provider		✓	

Recommendations

Let's Keep Talking has an important post-pandemic role to play, particularly in light of the lengthy waiting lists of most mainstream mental health services (e.g. Royal College of Psychiatrists, 2020). It offers an important service model:

- In its own right – able to respond to people with low mood with speed and agility
- As an intervention which provides support whilst clients are awaiting further specialist help

Such is the impact of the service, three recommendations for moving this work forward warrant attention and support:

1. Seeking funding
2. Revisiting the service communications strategy
3. Exploring opportunities for blended care

Seeking Funding

The research evidence indicates that the 'Let's Keep Talking' service plays a valuable role in the mental health service delivery ecosystem. The benefits of the service were experienced by both clients and volunteers and are summarised in Table 1.

Table 1: Emergent Themes

Common Themes	Clients	Service Provider
Ease of initial access	✓	
Mitigation of Isolation	✓	✓
Collaboration and Flexibility		
● Frequency/Duration of Calls	✓	✓
● Respecting Boundaries	✓	
● Client-Led Service	✓	✓
● Flexibility from Volunteers' Perspective		✓
Goal Setting and Planning	✓	
Impact of Solution-Focused Approach		
● New (/More Positive) Perspective	✓	✓
● Focus on Future and Present Over Past	✓	✓
● Strengths and Resources	✓	✓
● Difficulties with/Limitations of SF Questions	✓	✓
Feeling Heard	✓	
Immediacy of Support	✓	✓
Something/Someone to rely on	✓	
Benefits of phone/virtual contact	✓	✓
Limitations of phone/virtual contact	✓	✓
Addressing deeper issues	✓	
Recommendations to others	✓	
Accessibility of volunteer support	✓	✓
Volunteer community		✓
Benefits to volunteers		✓
● Routine		✓
● Two-Way Process		✓
● Learning on the Job		✓
● General Wellbeing		✓

Recommendations

Revisiting The Service Communications Strategy

There was some evidence that clients were confused as to the full scope of the service. The complete elimination of confusion and misunderstandings seems unlikely, particularly for elderly clients and those engaged in multiple, somewhat similar services. Nonetheless, efforts to provide greater clarity at the beginning of clients' service experiences may be beneficial here. Ensuring all clients are given a clear (possibly written and/or visual flowchart) overview of the nature and remits of the service, including its association with the Psychological Therapies Unit, may be beneficial in shaping more accurate and/or positive expectations of the service. As for the reluctance some felt about solution-focused practice, raising awareness of the fact that this style of questioning has been effectively used in a wide range of mental health contexts, combined with awareness of volunteers' training and experience, may help to reassure some clients. Clients already demonstrated awareness of the possibility of switching to another volunteer but could also be assured early on that they do not have to stick with solution-focused questioning if they do not find this helpful or feel any pressures.

Exploring Opportunities For Blended-Care

Overall, findings point towards the viability of a longer-term model of 'blended care' combining telehealth and face-to-face support (e.g. Wentzel et al., 2016). As Let's Keep Talking is a project of the Psychological Therapies Unit, who do provide face-to-face therapy in normal times, it may be that combining the two is an effective way to provide integrated ongoing support. Given sufficient time, funding, and collaboration, it may also be possible for Let's Keep Talking to build upon and increase their relationships with other organisations, in taking referrals from a wider range of sources and/or adopting a more active role in signposting clients to other organisations. Ultimately, some of the key strengths of Let's Keep Talking (accessibility, immediacy, and a collaborative/client-centred approach) may be able to contribute towards improving clients' experiences not only of individual mental health services but also of broader mental health systems.

ULTIMATELY, SOME OF THE KEY STRENGTHS OF LET'S KEEP TALKING (ACCESSIBILITY, IMMEDIACY, AND A COLLABORATIVE/CLIENT-CENTRED APPROACH) MAY BE ABLE TO CONTRIBUTE TOWARDS IMPROVING CLIENTS' EXPERIENCES NOT ONLY OF INDIVIDUAL MENTAL HEALTH SERVICES BUT ALSO OF BROADER MENTAL HEALTH SYSTEMS.

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APPENDICES

Appendix 1: PROJECT FLYER

A Working Conversations project for the Covid-19/ coronavirus crisis

During these difficult times when our social contact with each other is limited, we would like to make a small contribution to helping keep people feeling sane and connected.

We aim to do this through the simple act of talking, perhaps just for 10 or 15 minutes, on a regular basis, over the phone or, to anyone who is feeling isolated, frustrated or scared by their current situation, or who would like a chat about making the best of a difficult time.

If this sounds like you, please read on:

What will the calls be about?

The person who will be making the calls to you will be one of our team of volunteers, who are all trained in "talking therapies". They will focus on chatting with you about what's helping you to keep going, anything you've managed to do that's been good for you and how you'd like to see yourself coping in the near future. Of course, we know that people like to share their problems and that often just having another person to listen and understand, without telling you what to do, can be helpful. Therefore, we are also prepared to just listen, maybe ask a few questions and hopefully help you feel less alone with your difficulties.

How do I access the service?

You can arrange to start having calls by phoning, texting or emailing us (see end of this page.)

When you first contact us, we'll ask you a few basic questions to find out exactly what your hopes are from our service. We will then pass your number and details on to one of our volunteers, who will call you at an agreed time for your first conversation.

How long and how often will the calls be?

We will not put a limit on the number of calls you can have, and we hope to be able to call you as often is helpful for you, up to a maximum of one call per day. The length of calls will depend upon your needs and preferences, but we in general we expect calls to last between 10 minutes and an hour. You may prefer a shorter call on a daily basis, or a longer chat on a less frequent basis.

Will the calls be confidential?

Volunteers will not pass on the details of your call, beyond what they need to share for the purposes of supervision of their work. They would only need to go beyond this in the most urgent and serious circumstances, when they will seek your permission to share what you have told us.

Interested? Please call us on **0800 090 2470**, text Kate on **07894 612249** or email **suzi@psychological-therapies-unit.co.uk** (please include your phone number in the message)

Appendix 2: PROJECT INFORMATION

Additional information for potential users of the service, and 'referrers'

- The service is managed and supervised by Dr Suzi Curtis, Clinical Psychologist, and Steve Flatt, Registered Nurse and Accredited CBT practitioner
- Our volunteers are all trained in solution-focused brief therapy and, in some cases, in other forms of talking therapy or counselling; however, the conversations we offer are not intended to be, or to replace, structured therapy or counselling sessions
- Should callers request more in-depth therapy sessions, we have some capacity to offer these and will do so with the individuals concerned on a case-by-case basis; otherwise we will signpost them to local mental health services
- Volunteers have basic training in how to respond if an individual expresses suicidal thoughts, and will also refer on to Samaritans or other mental health services, if necessary
- Volunteers are not trained to, and will not, offer advice about medical matters, benefits, sick pay or similar; if callers have queries about these and are seeking information, we will aim to signpost them to the relevant source and we will be maintaining an up-to-date list of the services that are available during the current crisis;
- When callers first contact us we will ask them for the following information, to enable us to allocate them to the best volunteer for their needs:
  - the name they would like to be called by (we do not need full names)
  - their living situation (e.g. living alone, living with family, living in a care home, etc)
  - when they would like to have their call from one of our volunteers (which can be any time between the hours of 8:00am and 8:00pm, 7 days a week)
  - the phone number they would like us to call on
  - whether they would like us to leave a message – on an answering machine/voicemail or with another household member – if they are not able to pick up the call themselves for some reason
- The Psychological Therapies Unit is a registered Data Controller. We will store only very limited details of those who use this service (name, phone number, number and dates of calls and end of service assessment, if obtained after the client ceases to want calls). A copy of our Privacy Statement is available on request.

- Volunteers will keep details of calls confidential, barring the following situations, in all of which they will aim to discuss the information they will share with the caller first, and seek their consent:
  - the caller indicates that they are at imminent risk of harm from another person, are likely to harm themselves or another person or put themselves or another person at serious risk of harm;
  - the caller raises a question or issue for which the volunteer needs to seek advice from a supervisor.

Specific guidance for those wishing to seek calls for someone else

- We hope that most people who could benefit from the service will be able to make initial contact with us themselves, using the phone, text or email options we have made available. However, we recognise that some people may need others to make the initial request for calls from us; we are happy to accept these requests, on the understanding that the person who will be receiving the calls is aware of this and has expressed a wish to have this service.
- If you wish to request calls on behalf of another person, please use the phone, text or email options below, and let us know that you are contacting us on behalf of someone else. We may need to contact you before we can call them, to check on contact details, required time of day for the call, etc, and, where possible, to let you know when we plan to call them. After this, we will not be able to provide you with any information relating to the person's engagement with our service, unless and until they request that we do this.
- If you need to request further phone calls, after a person you referred to us has stopped using the service, please do this, once again, via the phone, text or email options provided below. Contact details for individual volunteers will not generally have been given out, but if you tell us that you are re-referring someone, we will try to allocate them to the same volunteer, if this seems appropriate.
- We hope that the guidance set out above is helpful to those who wish to use or refer others to the service. We have tried to have as few 'rules' as possible and have adopted only those that we see as essential to protecting the confidentiality of those who use our service, the wellbeing and safety of our volunteers and the integrity of our service.
- We believe that users of this service will benefit from the professional, friendly, reliable and flexible approach that our volunteers offer. Within our remit, we will do our best to accommodate the needs and preferences of all users of our service and will take the appropriate actions should we be aware of imminent risk of harm to them.

Appendix 3: INTERVIEW THEMES – CLIENTS

Entering into service

1. How did you find out about Let's Keep Talking?
2. How easy did you find it to access the service?
3. Do you have prior experience of accessing mental health services and, if so, how has LKT compared to these?

Experience/impact of the service

1. What were your expectations of the service, and has your experience been consistent with these?
2. How have you found the calls?
3. How, if at all, has having this service affected your life?
4. Is there anything you would recommend to improve the service?
5. Would you recommend the service/who to?

Moving forward

1. Do you think you would still use the service when things are 'back to normal', after the pandemic?

2). Why/why not?

Appendix 4: INTERVIEW THEMES – VOLUNTEERS

Decision to volunteer

1. How did you find out about Let's Keep Talking and what were your first impressions/expectations about the service?
2. What made you decide to volunteer?

Experience/impact of the service

1. How did your experience of volunteering compare to your expectations about the service? How helpful was the training in preparing you for this?
2. How did you find the experience of volunteering overall?
3. If applicable, how does this compare to your earlier experience in delivering mental health services?
4. How did you find the level of monitoring, supervision, and support throughout your experience of volunteering so far?
5. Did you encounter any difficulties? If so, how do you feel they were handled?

Moving forward

1. Do you intend to stay involved in the service when things are 'back to normal', after the pandemic?

Appendix 5: PARTICIPANT INFORMATION SHEET – CLIENTS

Project Title: An evaluation of the Let's Keep Talking telephone service.

Version 3: 08/09/2020

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends, relatives, and anybody else if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

What is the purpose of the study?

The aim of the study is to gain insight into the quality and nature of service users' experiences of the Let's Keeping Talking telephone service, delivered by the Psychological Therapies Unit, during the coronavirus pandemic. Findings will contribute towards the creation of an evaluation report and inform the ongoing development of the service.

Why have I been chosen to take part?

You have been contacted because you are a current or former service user at Let's Keep Talking.

Do I have to take part?

You do not have to participate in this study, and this will not affect your relationship with Let's Keep Talking and the Psychological Therapies Unit in any way. If you decide to take part, you are free to withdraw without giving a reason, at any time up to two weeks after an interview has taken place.

What will happen if I take part?

You will be invited to take part in a telephone interview, conducted by a researcher at the University of Liverpool. These interviews can be carried out either on the phone or using your preferred video software. Interviews will be digitally recorded and are expected to last roughly 30 minutes to an hour.

It is not the intention of this research to look in any detail at specific issues that led you to use the service, but rather to look at experiences of delivering and receiving the service. You are not encouraged to recall details of personal experiences or issues but to talk in general about the nature and quality of the service experience.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit".

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. Professor Pippa Hunter-Jones acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to **phj@liverpool.ac.uk**.

Confidentiality

The confidentiality of all information provided will be protected and won't be released without consent unless required by law. Confidentiality will only be broken if you disclose information suggesting that you are at direct risk of harming yourself or others, in which case we may need to contact the relevant authorities. In this case, the interview would be stopped and you would be informed about the issue.

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Audio Interviews.
How will my data be stored?	On the University of Liverpool M Drive, a location on the university computer system, which will be password-protected and accessed only by the project researchers.
How long will my data be stored for?	Audio data will be stored only until the interview has been written up, and so should be deleted around two weeks after interviews are completed. Data in the form of anonymised interview transcripts will be stored in the University of Liverpool Archive for ten years.
What measures are in place to protect the security and confidentiality of my data?	The interviews are anonymised and stored under password. All names and personal details will be changed. Information provided will not be released without consent unless required by law (i.e. if information is disclosed which raises serious concerns about your own or others' safety).
Will my data be anonymised?	Yes
How will my data be used?	Service evaluation report, conference, journal publications, applications for funding, marketing.
Who will have access to my data?	Only the named investigators (PI, CO-I's and Student Investigator) will have direct access to your data Fully anonymised transcript data will be accessible to other authorised university researchers for ten years following the study, after which point it will be destroyed entirely.
Will my data be archived for use in other research projects in the future?	Yes
How will my data be destroyed?	Audio data will be deleted (from University M Drive entirely) after interviews are written up. Interview transcript data will be removed from the university Archive and permanently deleted after ten years.

Expenses

It is not expected that there will be any costs associated with taking part in the project, as participants do not need to travel anywhere and should not have to pay anything for receiving the call. However, if there are any expenses you think you might incur, please bring this to the attention of Professor Pippa Hunter-Jones (**E: phj@liverpool.ac.uk**) and she will explore this further for you.

Are there any benefits in taking part?

The findings of this study will be fed back to the service in an evaluation report, which will inform the ongoing development of the service. In the longer term, it is also hoped that this data may contribute towards securing funding for Let's Keep Talking or related projects. However, there are no direct personal benefits to taking part in this research, and your decision about taking part will not affect the service you receive from Let's Keep Talking or any other service of the Psychological Therapies Unit.

Are there any risks in taking part?

Although this study is designed to focus on your service experience, rather than any personal details about your life, it is possible during the interview that sensitive and potentially distressing subjects could arise. However, you are under no obligation to share anything that you do not want to, and you are also free to end the interview or take a break at any point and for any reason.

After the interview, you will be emailed a debriefing sheet including a list of helplines you can call if you feel you need to talk to someone in the hours and days after the interview. Even if you are not currently receiving calls, you can also call Let's Keep Talking to arrange a call as soon as possible. The caller will be aware that interviews are taking place, although not with whom, and will be happy to talk to you about any distress or discomfort this has caused.

What will happen to the results of the study?

Findings will be published in a service evaluation report and potentially in an academic journal and conference papers at some point in the future. The evaluation report may also be referenced by the service in applications for funding and/or service marketing.

If you would like to be a sent a copy of the evaluation report, please indicate this in your consent form.

What will happen if I want to stop taking part?

You are free to withdraw from the study, without providing an explanation, at any point prior to the anonymisation of data. Your transcript will be anonymised two weeks after your interview.

If you do decide after being interviewed that you'd like to withdraw your information, please contact **Chloe.Spence@liverpool.ac.uk** as soon as possible and, assuming this is before data anonymisation, I will remove your data immediately and without asking any questions.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Professor Pippa Hunter-Jones (e: **phj@liverpool.ac.uk**), and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at **ethics@liv.ac.uk**. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study.

Who can I contact if I have any further questions?

Principal Investigator: Professor Pippa Hunter-Jones
Address: University of Liverpool Management School, Chatham Street, Liverpool, 7ZH.
Email Address: phj@liverpool.ac.uk

Research Assistant: Rachel Spence
Email Address: rachel.spence@liverpool.ac.uk

Student Investigator: Chloë Spence
Email Address: chloe.spence@liverpool.ac.uk

Appendix 6: PARTICIPANT INFORMATION SHEET – VOLUNTEERS

Project Title: An evaluation of the Let's Keep Talking telephone service.

Version 3: 08/09/2020

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends, relatives, and anybody else if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to.

Thank you for reading this.

What is the purpose of the study?

The aim of the study is to gain insight into the quality and nature of volunteers' experiences of delivering the Let's Keeping Talking telephone service during the coronavirus pandemic. Findings will contribute towards the creation of an evaluation report and inform the ongoing development of the service.

Why have I been chosen to take part?

You have been contacted because you are a volunteer at Let's Keep Talking.

Do I have to take part?

You do not have to participate in this study, and this will not affect your work with Let's Keep Talking and the Psychological Therapies Unit in any way. If you decide to take part, you are still free to withdraw without giving a reason, at any time up to two weeks after an interview has taken place.

What will happen if I take part?

You will be invited to take part in a telephone interview, conducted by a researcher at the University of Liverpool. These interviews can be carried out either on the phone or using your preferred video software. Interviews will be digitally recorded and are expected to last roughly 30 minutes to an hour.

It is not the intention of this research to look in any detail at specific issues faced by clients of the service, but rather to look at experiences of delivering and receiving the service. You are not encouraged to recall details of specific client interactions but to talk in general about the nature and quality of your experience volunteering.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit".

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. Professor Pippa Hunter-Jones acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to **phj@liverpool.ac.uk**.

Confidentiality

The confidentiality of all information provided will be protected and won't be released without consent unless required by law. Confidentiality will only be broken if you disclose information suggesting that you are at direct risk of harming yourself or others, in which case we may need to contact the relevant authorities. In this case, the interview would be stopped and you would be informed about the issue.

How will my data be collected?	Audio Interviews.
How will my data be stored?	On the University of Liverpool M Drive, a location on the university computer system, which will be password-protected and accessed only by the project researchers.
How long will my data be stored for?	Audio data will be stored only until the interview has been written up, and so should be deleted around two weeks after interviews are completed. Data in the form of anonymised interview transcripts will be stored in the University of Liverpool Archive for ten years.
What measures are in place to protect the security and confidentiality of my data?	The interviews are anonymised and stored under password. All names and personal details will be changed. Information provided will not be released without consent unless required by law (i.e. if information is disclosed which raises serious concerns about your own or others' safety).
Will my data be anonymised?	Yes
How will my data be used?	Service evaluation report, conference, journal publications, applications for funding, marketing.
Who will have access to my data?	Only the named investigators (PI, CO-I's and Student Investigator) will have direct access to your data Fully anonymised transcript data will be accessible to other authorised university researchers for ten years following the study, after which point it will be destroyed entirely.
Will my data be archived for use in other research projects in the future?	Yes
How will my data be destroyed?	Audio data will be deleted (from University M Drive entirely) after interviews are written up. Interview transcript data will be removed from the university Archive and permanently deleted after ten years.

Expenses

It is not expected that there will be any costs associated with taking part in the project, as participants do not need to travel anywhere and should not have to pay anything for receiving the call. However, if there are any expenses you think you might incur, please bring this to the attention of Professor Pippa Hunter-Jones (e: **phj@liverpool.ac.uk**) and she will explore this further for you.

Are there any benefits in taking part?

The findings of this study will be fed back to the service in an evaluation report, which will inform the ongoing development of the service. In the longer term, it is also hoped that this data may contribute towards securing funding for Let's Keep Talking or related projects. However, there are no direct personal benefits to taking part in this research, and your decision about taking part will not affect your work with Let's Keep Talking, or any other service of the Psychological Therapies Unit, in any way.

Are there any risks in taking part?

Although this study is designed to focus on your experience of delivering the service, rather than on specifics of calls, it is possible during the interview that potentially distressing subjects could arise in relation to upsetting client contacts. However, you are under no obligation to share anything that you do not want to, and you are also free to end the interview or take a break at any point and for any reason.

Also, due to the fairly small number of volunteers, there is a slight risk that something you say could make you identifiable. Because of this, you will be asked at the end of your interview if you would like to look over your transcript before it is anonymised, and if so this will be emailed to you as soon as possible after transcription. You can then decide if you would like to withdraw your data altogether or edit/withdraw specific content if you are concerned about identification.

After the interview, you will be emailed a debriefing sheet including a list of helplines you can call if you feel you need to talk to someone in the hours and days after the interview. This will also explain how to contact the researchers if you change your mind about editing or withdrawing your data, and the email will specify a deadline for doing so, based on the date of your interview.

What will happen to the results of the study?

Findings will be published in a service evaluation report and potentially in an academic journal and conference papers at some point in the future. The evaluation report may also be referenced by the service in applications for funding and/or service marketing.

If you would like to be a sent a copy of the evaluation report, please indicate this in your consent form.

What will happen if I want to stop taking part?

You are free to withdraw from the study, without providing an explanation, at any point prior to the anonymisation of data. Your transcript will be anonymised two weeks after your interview.

If you do decide after being interviewed that you'd like to withdraw your information, please contact **Chloe.Spence@liverpool.ac.uk** as soon as possible and, assuming this is before data anonymisation, I will remove your data immediately and without asking any questions.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Professor Pippa Hunter-Jones (e: **phj@liverpool.ac.uk**), and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at **ethics@liv.ac.uk**. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study.

Who can I contact if I have any further questions?

Principal Investigator: Professor Pippa Hunter-Jones
Address: University of Liverpool Management School, Chatham Street, Liverpool, 7ZH.
Email Address: phj@liverpool.ac.uk

Research Assistant: Rachel Spence
Email Address: rachel.spence@liverpool.ac.uk

Student Investigator: Chloë Spence
Email Address: chloe.spence@liverpool.ac.uk

Appendix 7: PARTICIPANT CONSENT FORM

Version 3: 08/09/2020

Research ethics approval number: 7807

Title of the research project: An Evaluation of the Let's Keep Talking Service.

Name of researcher(s): Chloë Spence, Professor Pippa Hunter-Jones, Rachel Spence, Steve Flatt.

Please initial box

1. I confirm that I have read and have understood the information sheet dated 08/09/2020 for the above study. ☐
2. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions. ☐
3. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time prior to anonymisation. I understand that following anonymisation, two weeks after interview, I will no longer be able to request access to or withdrawal of the information I provide. ☐
4. Audio recordings: I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purposes: service evaluation paper, academic journal articles, and conference papers. ☐
5. Legal requirements: I understand that the confidentiality of the information I provide will be safeguarded and won't be released without my consent unless required by law. I understand that if I disclose information which raises considerations over the safety of myself or the public, the researcher may be legally required to disclose my confidential information to the relevant authorities. ☐
6. I agree that my (anonymised) information can be quoted in research outputs such as a service evaluation paper, academic journal articles, and conference papers. ☐
7. The study findings will be published as a report; please indicate whether you would like to receive a copy. ☐
8. I agree to take part in the above study. ☐

Participant name _____

Date _____

Signature _____

Name of person taking consent _____

Date _____

Signature _____

Principal Investigator: Professor Pippa Hunter-Jones
Address: University of Liverpool Management School, Chatham Street, Liverpool, 7ZH.
Email Address: phj@liverpool.ac.uk

Research Assistant: Rachel Spence
Email Address: rachel.spence@liverpool.ac.uk

Student Investigator: Chloë Spence
Email Address: chloe.spence@liverpool.ac.uk

Appendix 8: DEBRIEFING SHEET

Project Title: An Evaluation of the Let's Keep Talking telephone service.

Thank you for taking part in this study.

It is the aim of this study to gain insight into clients' and volunteers' experiences of the Let's Keep Talking telephone service during the coronavirus pandemic. Findings will contribute towards the creation of an evaluation report and may also be referenced in future academic articles, funding applications, and/or service marketing.

All data will be anonymised within two weeks of an interview taking place and your individual data will not be accessible to anybody outside of the research team. If at any point in the next two weeks you decide you no longer want to be included in the study, please email Chloe.Spence@liverpool.ac.uk and we will delete your data with no questions asked. Also please feel free to get in touch if you have any questions about the study or decide you would like a copy of the evaluation report.

If taking part in this study has raised any concerns or issues, I would suggest contacting either Let's Keep Talking, your GP or mental health provider, or any of the helplines given below:

Suicide Prevention and General Support
Samaritans (for everyone):
Call: 116 123
Email: jo@samaritans.org.

Samaritans provide a 24-hour freephone service for anybody in distress or despair.

Papyrus Hopeline
(for children and young people up to 35 years):
Call: 0800 068 4141.
Email: pat@papyrus-uk.org.
Text: 07860039967.

Opening hours: 9am-10pm weekdays,
2pm-10pm weekends, and 2pm-10pm bank holidays.

Confidential advice and support to anybody under the age of 35 experiencing thoughts of suicide and anybody concerned that a young person could be thinking about suicide.

Bereavement Support
Cruse Bereavement Care
Call: 0808 808 1677.
Email: helpline@cruse.org.uk

Opening hours: Monday and Friday: 9:30am-5pm. Tuesday, Wednesday and Thursday: 9:30am-8pm.

Offers support for bereaved people, including those bereaved by pets.

Domestic Abuse
Men's Advice Line (for men)
Call: 0808 801 0327.
Email: info@mensadviceline.org.uk.

Opening hours: Monday-Friday, 9am-5pm.

A confidential helpline for men experiencing domestic abuse in any relationship. Helpline is free from most landlines and mobiles.

Refuge National Domestic Violence Helpline (for women)
Call: 0808 200 0247.
Offer free 24-hr support to all women experiencing domestic abuse.

A longer list of helplines addressing a wide variety of issues can be found at **www.samaritans.org/how-we-can-help/if-youre-having-difficult-time/other-sources-help/**.

Appendix 9: EXAMPLE TESTIMONIALS

1. Client

For five months during lockdown I have been receiving regular twice-weekly telephone calls from Suzi at the listening service. I am 66, live alone and have no family close by who can visit me. This service has made a huge difference, not just to my lockdown experience but also to my whole life. I have been able to start to change my attitude to my daily experience. Rather than concentrating on feelings of isolation and loneliness, a new habit is developing of thinking "what has worked well for me so far today". This positive focus is so much better for my mental and emotional health and I have noticed that I am looking more at the "light side of life" rather than the "dark side" which is such a comfort and encouragement in these difficult times.

Whether or not I am able to continue receiving the calls, this brilliant service deserves much support and encouragement as potentially it could go on to help many people who have been unable to find this sort of vital help.

2. Volunteer

Volunteering with the Let's Keep Talking phone service has been invaluable, not just for the people I've spoken with, but also for me, especially in coping with these strange times of Covid where we are all experiencing loss of some kind.I had been training in SF for some months before lockdown and was really enjoying the challenge of learning something new. I'd just started seeing a client when Covid struck and was sad at the prospect of having to stop. When Suzi and Steve very kindly suggested setting up this phone service so as to be a free service to help the community, I jumped at the opportunity to volunteer as it was a way to feel useful whilst also carrying on training.

I've suffered myself with the effects of a lot of loss in a short time in the past and it greatly affected my mental health. I'd had all sorts of therapy however after experiencing a one off session of SF for the first time a few years ago , I found it to be first one that truly helped me to realise my own strength and how I'd gotten through those losses and could again.The beauty of having an SF conversation is we don't offer any of our own experiences or ideas about what's best with the client, it's about the client identifying their own solutions by having an SF conversation with us. To do that I've been learning how to listen to clients and ask questions in such a way that they can hear themselves talk about what they want instead of what they're experiencing , or if it's something external, that they can't change, then how they'd like to be coping.

Frequently the questions help them to talk about times they've been coping or times when what they want instead has already been happening and what resources they've used to make that happen or used to get through. It sounds simple but it's challenging to learn. It's so rewarding though when I get to see people tap into their inner strengths and agency and see the shift, in not just their perspective but in how they carry out actions towards what they want in their life. Very quickly they start to notice the positive effect on themselves ,of the small actions they've taken, and so they take more small actions and on it rolls ...some have turned themselves around in just 3 sessions!

LKT also just offers a chat , I have one lady who is 86 , on her own isolating and dealing with an illness, she gets very lonely so we have a regular weekly one hour call. Even though it's more of a chat , I still use a lot of SF questions without her noticing a change in conversation, often eliciting details of how she copes. She tells me one thing that helps is her sense of humour and that's certainly true as we do laugh a lot together. She was nervous of going out when lockdown lifted and now she gets out at least once a week.

I've learnt a lot from her and all of the people I speak with about how we all have inner strength and resources we can draw on. Having SF conversations has changed the way I think about my own life. It's been a privilege to talk with them, they've helped me to feel useful and inspired me to keep learning and working towards my own preferred future, which is to be working with SF as a career.

3. Referrer (Social Prescribing Link Worker)

Let's Keep Talking has provided a valuable service to a number of my clients during and post the Covid-19 lockdown period. The service has supported individuals with anxiety, panic attacks, low mood and isolation to discuss their issues and move them forward to a place where they have the confidence to go out into the community again and engage in social activities.

The service is quite unique in that it provides regular contact with the same volunteer so that clients are able to build up trust with that person. In addition the flexibility of the service means that clients can choose the day of the week and time of day that suits them to have the telephone support.

THE SERVICE IS QUITE UNIQUE IN THAT IT PROVIDES REGULAR CONTACT WITH THE SAME VOLUNTEER SO THAT CLIENTS ARE ABLE TO BUILD UP TRUST WITH THAT PERSON.

Currently it is one of the only voluntary services I am aware to provide ongoing support to individuals in this way. Other services providing support with anxiety tend to a be one off phone call without the cohesion and follow up.

As a referrer I have found The Service Manager to be highly responsive to requests, setting up volunteers with clients quickly and meeting the clients needs regarding days and times. The communication with myself was excellent, either by phone or email. In addition, any concerns around clients were followed up in a confidential way.

Overall the service has been very professional and accessible. It has been well set up to cover so many areas of the country and it is a valuable resource for the community.

For further information about
this project please contact:
Professor Philippa Hunter-Jones

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