Guidelines on who we see in NHS Talking Therapies

Our essential intent:

NHS Talking Therapies (NHS TT), for anxiety and depression in Camden and Islington (formerly known as iCope) aims to offer a range of goal-focused, evidence-based, psychological interventions to people with common mental health problems who are likely to benefit from them. We aim to offer accessible, high quality, interventions that are effective (as demonstrated by at least 50% of our service users reaching recovery on standard outcome measures.)

Who we see:

NHS TT sees adults (17.5 years and older) with anxiety disorders, depression, or primary insomnia at all levels of severity (mild, moderate, or severe) who wish to engage with a structured psychological intervention.

Mental health teams working together:

Community mental health transformation sees the development of new ways of bringing together primary and secondary care with local communities, to support people with mental health conditions. Throughout this transformation it is important that we as NHS Talking Therapies services remain in line with the evidence base and only provide support to those with depression or anxiety disorders that will benefit from the uni-professional interventions offered. If a service user would benefit from more intensive or multi-disciplinary input, they should be referred to the core team in the first instance.

Inclusion and Exclusion Criteria:

There are some groups of people for whom the interventions we can offer in NHS TT are not suitable; the information below outlines the criteria used to aid clinical decisions regarding if we are the right service to work with someone:

People with multiple/complex needs

NHS TT is not suitable for people requiring multi-disciplinary team (MDT) input/ care coordination. This will include people requiring MDT input to manage severe and current social problems alongside their significant mental health needs.

NHS TT will not see people who require secondary care (specialist) mental health services and are on the waiting list for that service.

People who are suitable for secondary care (specialist) mental health services but who won't attend/ engage with them should not be seen in NHS TT. They will need to be referred to local Core teams.

NHS TT will not be suitable for people presenting with active suicidal risk or risk to others. They will generally be referred to Crisis Response Teams.

Engagement

NHS TT can work with people who are motivated enough to engage with the service. Frequent DNAs and erratic engagement will not lead to successful treatments and, if this is happening, it is normally a sign that someone is not able to make use of the service and they will be discharged.

Some service users can present with multiple problems (including Persistent Physical Symptoms) and may present frequently to GPs and be quite difficult for the practice to manage. They may require quite intensive work with the practice to develop a management plan and may be appropriately referred to local Core Teams linked to primary care. This may also be true for service users who have significant interpersonal difficulties.

NHS TT works with people who want to, and are able, to engage in structured psychological treatment. It does not provide general long term 'support' and people being referred for this will not be taken on by the service. Psychological Wellbeing Practitioners (PWPs) do offer 'community linking' – where they can provide a brief, low intensity psychological intervention along with some community signposting to help people access local services. If a service user wants/ would benefit from pure community linking they should be referred directly to social prescribing.

NHS TT will not work with people who are currently receiving talking therapy elsewhere.

People who have had previous treatment with NHS TT

NHS TT will see people who have had previous treatment in the service. If people have had previous successful or partially successful treatment, then it may be appropriate to offer a top-up intervention; treatment with a different focus (new problem), or treatment for recurrence of a previous problem.

People who have had repeated referrals to NHS TT or similar services and have had several unsuccessful attempts at treatment may not be appropriate for the service. If they have not engaged, or treatment has been unsuccessful and there is no reason to assume the situation has changed this time, then they may not be offered further treatment. Some people may benefit from assessment or treatment with a specialist treatment team outside NHS TT and this will be considered if appropriate.

Trauma and Post Traumatic Stress Disorder

Trauma can manifest itself in a range of difficulties such as Post Traumatic Stress Disorder (PTSD) and/or depression and anxiety disorders. NHS TT can work with people who have experienced traumatic life events but do not have PTSD, if the main presenting difficulties fit within the remit of NHS TT (e.g., are related to anxiety and/or depression and they are able to engage in a structured intervention).

For those with PTSD symptoms, NHS TT predominantly works with people who have experienced a single incident trauma. The main treatment available for PTSD is trauma-focused Cognitive Behavioural Therapy (tfCBT).

NHS TT also has some limited resource for treating people who have PTSD symptoms for up to 3 discrete traumatic events. Such treatment is dependent on the service user being relatively stable, safe and at a place in their life where they are able to engage in time-limited and structured trauma-focused therapy. Those presenting with PTSD to multiple incidents of trauma (typically four or more traumas) are likely to be more suitable for treatment within specialist trauma services: the Traumatic Stress Clinic (TSC) or

Tavistock Trauma Service. It can be difficult to establish which specialist service is suitable, when this is the case, such referrals will be discussed with those services.

These specialist services are also likely to more appropriate for CPTSD cases where people are significantly impacted by interpersonal difficulties, emotion dysregulation, negative self-concept (e.g., feelings of worthlessness/guilt, a weakened sense of self and/or that their personality has changed because of trauma, and chronic sense of emptiness), and have reexperiencing symptoms to more than 3 separate events.

Emotionally Unstable Personality Disorder

NHS TT is not suitable for people with complex emotional needs and/or a current diagnosis of a personality disorder. This also includes Emotionally Unstable Personality Disorder sometimes referred to as borderline personality disorder (BPD), where the major presenting problems are related to the personality disorder (e.g., interpersonal difficulties, emotional dysregulation, active self-harm).

NHS TT can work with people who have EUPD traits or where the personality disorder problems are mild (e.g., the person has a historical diagnosis, but their presentation has since changed), if the focus of the work is around anxiety or depression. If they already have a diagnosis, please do refer to the core team in the first instance for review.

Please note that NICE BPD guidelines state:

'Do not use brief psychological interventions (of less than 3 months' duration) specifically for borderline personality disorder or for the individual symptoms of the disorder, outside a service that has the characteristics outlined' (i.e., structured treatment programme, team approach)

Substance misuse

NHS TT can work with harmful or hazardous drinkers and/or recreational drug users presenting with anxiety or depression if they are able to attend sessions on a regular basis and are motivated to limit/reduce their substance use and do not need additional support to reduce this.

NHS TT is not suitable for people with severe substance misuse problems (e.g., dependent alcohol problems) where that needs to be the focus of the intervention. However, if the service user engages with local SMS services for initial work around their substance misuse, this can then be followed by a referral back to NHS TT for work focused on anxiety and depression.

Learning disabilities and neurodiversity

NHS TT will work with people who have mild learning disabilities and/or are neurodiverse if the focus of the work is anxiety or depression and the person is able to engage with a structured psychological intervention.

Anger

People presenting with problems relating to anger may be seen in NHS TT if this is associated with anxiety or Depression rather an underlying personality disorder. If this is not the case, the service user should be signposted to other services or resources dealing specifically with anger management problems.

Eating Disorders

People who meet diagnostic criteria for an eating disorder are not seen in NHS TT and should be referred to specialist eating disorders services. NHS TT can work with people who present with less severe eating problems in the context of depression or anxiety.

Bipolar

In general, NHS TT will not be suitable for people with a diagnosis of bipolar disorder. However, under the following circumstances they may be seen in NHS TT:

- when they are not allocated to a care co-ordinator / keyworker within one of the community psychosis teams: (but they may be seeing a psychiatrist) AND
- they are currently stably depressed with no symptoms of hypomania/mania and no psychiatric admissions for the past year AND
- they wish to engage in psychological therapy focused on their depression or other associated difficulties (e.g., anxiety) AND
- there has been no significant recent or planned change in current medication regime AND.
- they do not express a wish to work specifically on issues directly related to their hypomania/mania (e.g. identifying early warning signs of relapse into mania, managing shame associated with previous relapses, etc).

If these conditions do not apply AND there is a significant negative impact of the bipolar disorder on the client's functioning AND the client's distress is at clinical levels of severity, they should be referred to the appropriate secondary care service with a request for the care package to include an assessment for psychological therapy.

If the above conditions do apply and the client is under the care of a secondary care service, and the referrer wishes to refer to NHS TT, then they should discuss the referral in the first instance with one of the psychologists in their service. If, after this discussion, the referral seems appropriate, the referrer can make the referral to the relevant NHS TT clinical lead (and copy in the local psychologist for information). Any disagreements at this stage should be escalated to a senior psychologist within secondary care and NHS TT.

Psychosis

In general, NHS TT will not be suitable for people with a diagnosis of psychosis. However, under the following circumstances, they may be seen in NHS TT:

- when they are not allocated to a care co-ordinator / keyworker within one of the community psychosis teams: (but they may be seeing a psychiatrist) AND
- they are currently mentally stable and have been for some time, i.e., they either have no residual psychotic symptoms, or any residual psychotic symptoms are stable, and they have had no psychiatric admissions for the past year AND

- they are depressed and/or anxious and wish to engage in psychological therapy focused on their depression, anxiety, or other associated difficulties AND
- there has been no significant recent or planned change in current medication regime AND.
- they do not express a wish to work specifically on issues directly related to their psychosis (e.g. identifying early warning signs of relapse into psychosis, managing voices or unusual beliefs, addressing issues directly linked to previous episodes of psychosis).

If these conditions do not apply AND there is a significant negative impact of the psychosis on the client's functioning AND the client's distress is at clinical levels of severity, they should be referred to the appropriate secondary care service with a request for the care package to include an assessment for psychological therapy.

If the above conditions do apply and the client is under the care of a secondary care service, and the referrer wishes to refer to NHS TT, then they should discuss the referral in the first instance with one of the psychologists in their service. If, after this discussion, the referral seems appropriate, the referrer can make the referral to the relevant NHS TT clinical lead (and copy in the local psychologist for information). Any disagreements at this stage can be escalated to a senior psychologist within secondary care' / community psychosis service and NHS TT.