NHS Cornwall and Isles of Scilly Talking Therapies for anxiety and depression

Formerly Improving Access to Psychological Therapy (IAPT) service.

The NHS Cornwall and Isles of Scilly Talking Therapies service is actively working to develop strong relationships with professionals across a broad range of mental health care pathways, as well as social care, to ensure that people with needs that are either not appropriate or too complex for the NHS Talking Therapies services receive the necessary care in the right place.

# What are NHS Talking Therapies services?

NHS Talking Therapies services provide evidence-based treatments for people with depression and anxiety disorders, and comorbid long-term physical health conditions or medically unexplained symptoms when integrated with physical healthcare pathways.

# Key principles of NHS Talking Therapies services

## Evidence-based psychological therapies at the appropriate dose

Therapies recommended by the National Institute for Health and Care Excellence (NICE) are matched to the mental health problem, and the intensity and duration of delivery is designed to optimise outcomes.

## Appropriately trained and supervised workforce

High-quality care is provided by clinicians who are trained to an agreed level of competence and accredited in the specific therapies they deliver, and who receive weekly outcomes-focused supervision by senior clinical practitioners with the relevant competences who can support them to continually improve.

## Routine outcome monitoring on a session-by-session basis

The person having therapy and the clinician offering it have up-to-date information on the person’s progress. This helps guide the course of each person’s treatment and provides a resource for service improvement, transparency, and public accountability.

# Stepped care model

Services are delivered using a stepped-care model, which works according to the principle that people should be offered the least intrusive intervention appropriate for their needs first. Many people with mild to moderate depression or anxiety disorders are likely to benefit from a course of low-intensity treatment delivered by a psychological wellbeing practitioner.

Individuals who do not fully recover at this level should be stepped up to a course of high-intensity treatment. NICE guidance recommends that people with more severe depression and those with social anxiety disorder or post-traumatic stress disorder should receive high-intensity interventions first.

# Who are NHS Talking Therapies services for?

NHS Talking Therapies services provide support for people aged over 16 years old with depression and anxiety disorders that can be managed effectively in a uni-professional context. NICE-recommended therapies are delivered by a single competent clinician, with or without medication, which is typically managed by the GP, though there may be some circumstances when medication is managed within secondary care.

The newly developed NHS Cornwall and Isles of Scilly Talking Therapies long term conditions services focus on people who have long term conditions in the context of depression and anxiety disorders.

The NHS Cornwall and Isles of Scilly Talking Therapies service provides a Talking Therapies long term conditions service as follows:

* diabetes (type 1 and 2 and prediabetes)
* cardiovascular related problems
* irritable bowel syndrome (IBS)
* chronic obstructive pulmonary disease (COPD)

# Identifying if clients are ready for NHS Talking Therapies service treatment

Clients who are ready to engage and recover from psychological treatment in the NHS Talking Therapies service will have several shared characteristics.

Clients will:

* be in the ‘starting blocks’ (prepared to work on their difficulties, not pre-contemplative)
* have optimism in the therapy process
* be able to form a therapeutic relationship and evidence stable relationships in their lives outside of therapy
* be able to recognise and talk about their feelings and thoughts
* accept their personal responsibility for change
* be able to focus on outcomes that resolve their current difficulties
* despite their fears and reservations about therapy, still able to engage and commit to the process
* present with a low level of risk to self and others
* will not have presented to mental health services, in crisis, with active suicidal intent / planning / preparation for a minimum of 2 months.
* will have a period of 12 months being asymptomatic, in relation to any previously diagnosed severe mental illness e.g psychosis, bi-polar or EUPD.

# NICE-recommended psychological therapies

NICE-recommended psychological therapies form the basis of NHS Talking Therapies interventions. This is a key principle of NHS Talking Therapies because adherence to evidence-based interventions optimises outcomes. The NHS Talking Therapies service provides the following NICE recommended psychological therapies:

Counselling for depression targets the emotional problems underlying depression along with low self-esteem and excessive self-criticism, which often maintain depressed mood.

Interpersonal psychotherapy helps you communicate better with others and address problems that contribute to your depression.

Couples therapy for depression treats depression in individuals within their couple relationship.

Mindfulness-based cognitive therapy helps you focus on your thoughts and feelings as they happen, moment by moment. Mindfulness-based cognitive therapy is used to help prevent depression coming back, and to help some types of anxiety and stress.

Cognitive behavioural therapy is based on the idea that thoughts, feelings, what we do, and how our bodies feel, are all connected. If we change one of these, we can alter all the others. When we are low or upset, we often fall into patterns of thinking and responding which can worsen how we feel. Cognitive behavioural therapy works to help us notice and change problematic thinking styles or behaviour patterns so we can feel better. It is a collaborative therapy, and it is not something that is done to someone, it is a way of working together with a cognitive behavioural therapist on mutually agreed goals.

# Referrals that will be directed to another provider

| **Client’s presentation** | **Refer to** |
| --- | --- |
| Younger than 16 years old | [CAMHS](https://www.cornwallft.nhs.uk/camhs/) |
| Requires a diagnosis (emotionally unstable personality disorder, bipolar, psychosis, schizophrenia) | [Integrated community health teams via single point of access](https://www.cornwallft.nhs.uk/integrated-community-mental-health-teams/) |
| Presenting with a relapse in symptoms (bipolar, psychosis, schizophrenia, high risk depression) | [Integrated community health teams via single point of access](https://www.cornwallft.nhs.uk/integrated-community-mental-health-teams/) |
| Requires specialist support as is a victim (male or female) of sexual violence and domestic abuse | [First Light](http://www.firstlight.org.uk/) |
| Requires help with relationships, sex life, family life, parenting, separation, and divorce | [Relate](https://www.relate.org.uk/) |
| Requires support with grief or bereavement | [Cruse](https://www.cruse.org.uk/) |
| Level of drug or alcohol misuse interferes with the person’s ability to attend and engage in therapy sessions (NICE guidelines recommend treatment for drug or alcohol misuse first) | [We are with you](https://www.wearewithyou.org.uk/services/cornwall-truro/) |
| Client presents with complex issues requiring more substantial and multi-professional package of care:   * moderate-to-severe risk of harm to self and others * frequent, escalating, unscheduled contact across a range of services, chaotically and/or in crisis, including mental health, social services, emergency department, criminal justice system * poor or unsafe coping skills and a need for external controls or containment in times of stress * no stable attachments in the community, other than with services and immediate family (which will be conflictual and highly volatile) * treatment to date involved many pharmacological and psychological treatments tried previously without success * experiences of conflictual relationships with health and social care professionals and difficulties engaging and participating in treatment (high levels of anxiety elicited in carers, relatives, and professionals, who may feel overwhelmed and/or deskilled) | [Integrated community health teams via single point of access](https://www.cornwallft.nhs.uk/integrated-community-mental-health-teams/) |
| Presents with clear plans or intent to act on suicide thoughts, or recent suicide attempt within a two month period as NHS Talking Therapies services are not best placed to meet the patient’s needs | [Crisis team via 24/7 helpline](https://www.cornwallft.nhs.uk/mental-health-crisis-cornwall/) |
| Has a diagnosed mental health condition which is associated with a serious risk of harm to themselves or others | [Forensic Community Mental Health team](https://www.cornwallft.nhs.uk/forensic-mental-health-team) |
| Suspected of committing an offence and have mental health needs, learning disabilities, drug and alcohol problems or another identified vulnerability (request referral from criminal justice agency) | [Criminal Justice Liaison and Diversion team](https://www.cornwallft.nhs.uk/criminal-justice-liaison-diversion-team) |
| Diagnosed or suggestive of personality disorder | [Complex Emotional Difficulties team via single point of access](https://www.cornwallft.nhs.uk/complex-emotional-difficulties-team-) |
| Experiencing their first episode of psychosis | [Early Intervention in Psychosis](https://www.cornwallft.nhs.uk/early-intervention-in-psychosis) |
| Has a clinical diagnosis of an eating disorder | [Eating Disorder service](https://www.cornwallft.nhs.uk/eating-disorder-service) |
| Has symptoms of adult attention deficit hyperactivity disorder as the primary problem and for whom it has a significant effect on their functioning | [Adult Attention Deficit Hyperactivity Disorder service](https://www.cornwallft.nhs.uk/adhd-service) |
| Has a learning disability which makes it difficult to access other health services | [Adult Community Learning Disabilities team](https://www.cornwallft.nhs.uk/adult-community-learning-disabilities-team) |
| Has anger-related difficulties that are not secondary to a primary diagnosis of depression or anxiety | [Stop Anger southwest anger management services](https://www.stopanger.co.uk/) |

# References

* [NHS Talking Therapies, for anxiety and depression](https://www.england.nhs.uk/mental-health/adults/iapt/)
* [NHS England adult IAPT programme service standards](https://www.england.nhs.uk/mental-health/adults/iapt/service-standards/)
* [NICE IAPT](https://www.nice.org.uk/about/what-we-do/our-programmes/nice-advice/iapt)
* [The NHS Talking Therapies Manual](https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/) Gateway reference: 08101. Version number: 6. Updated: February 2023. First published: June 2018. Prepared by: The National Collaborating Centre for Mental Health. Classification: Official.