

GMMH Trafford Talking Therapies (NHS Talking Therapies Service)

Individuals who are 16+, registered with a Trafford GP and with presentations which fall into the following categories will be accepted for initial contact within the service unless meeting exclusion criteria:

- Depression
- Generalised Anxiety Disorder
- Social Anxiety
- Specific Phobias
- Health Anxiety
- Panic Disorder
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder
- Anger – where the anger can be deemed to relate to emotional dysregulation.
- Low self-esteem
- Adjustment disorders
- Difficulties with stress

Exclusion

- Excessive substance/alcohol use which may pose a barrier to meaningful engagement with therapy e.g. daily use or excessive quantity.
- Presenting with a primary problem of an Eating Disorder for which they are seeking help.
- Currently in receipt of on-going input from secondary care mental health services e.g. Community Mental Health Team or Home Based Treatment Team.
- Currently actively engaging with therapy at time of referral.
- Seeking diagnosis or psychiatric input as primary focus.
- Are unable to work collaboratively using therapy and/or cannot consider their difficulties from a psychological viewpoint.
- Do not see themselves as having responsibility for the process of change.
- Have had repeated previous contact with psychological therapy services for the same/similar presentation, with no apparent benefit.
- Present with levels of risk that require a multi-disciplinary intervention or where the management of the risk becomes/would be the primary focus of the intervention.
- Present with levels of chronicity/complexity indicative of the need for secondary care intervention, via a multi-disciplinary context and/or where extensive liaison with others would be required.
- Present with levels of current life/social circumstances that indicate it will not be possible to work on their psychological difficulties.
- Primary psychosexual difficulties.
- Unable to tolerate intensity of emotion that may be raised by the process of a therapy.
- Difficulties which indicate that a short-term intervention may be counter-productive, such as where issues of abandonment will be problematic to manage.
- Adjustment reactions, which could be considered to be a 'normal' reaction to life events.

Inclusion

- Able to see themselves as having an active role in engaging with therapy and is motivated to work on change.
- Able to identify a meaningful specific goal that they would like to work on.
- The individual's difficulties would be likely to respond to a short-term intervention, without the need for co-ordinated, multidisciplinary working.

Referrals will always be considered on a case by case basis at point of entry to the service.

Overview of process

NHS Talking Therapies services operate a stepped care model.

All referrals received by the service are screened by the Senior Psychological Wellbeing Practitioners.

If appropriate they are then placed forwards for a brief telephone appointment (20-30mins) to go through the following information: standard questionnaires, prescribed medication, drug and alcohol use, past/current service involvement, risk assessment, main presenting problem, goals for therapy, next steps/outcome.

Options

Step 2: Low Intensity Cognitive Behavioural Therapy

Can be offered via online computerised Silver Cloud programme or 1:1 either remote or face to face.

Step 3: High Intensity Cognitive Behavioural Therapy and Counselling

Both offered 1:1 either remote or face to face.

Step 3+: Psychological Therapy

1:1 remote or face to face.

The service also runs several groups including: Compassion Focused Therapy Group and Managing Emotions Group.

Clinicians at each step may also be trained in other therapies and these may be offered to clients as appropriate follow further assessment, this includes 1:1 Compassion Focussed Therapy (CFT) and EMDR.

Decision regarding outcome discussed within service and with the client.

Priority Status/Expedite requests.

As a non-urgent primary care mental health provider, we are unable to prioritise/expedite referrals unless they fall within strict criteria:

Clients within the perinatal period (has a child under the age of 2)

Military Veterans

Referrals direct from Home Based Treatment Team (HBTT)

Clients who are a healthcare worker

If a client does not fall within these categories we are unable to expedite their referral regardless of request from GP and if requests are received we will write to outline the above policy.