NHS
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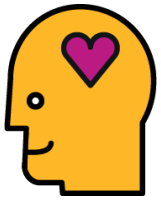
Talking Therapies

NHS Barnsley Talking Therapies

Formerly known as IAPT - improving access to psychological therapies

for anxiety and depression

Service delivered by South West Yorkshire Partnership NHS Foundation Trust



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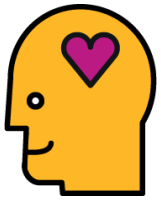
About our service

- The service was set up in 2008 as IAPT, it was re-branded nationally in 2023 to NHS Talking Therapies: for anxiety and depression.
- The team is based at Rose Tree Avenue, Cudworth
- We offer primary care talking therapies to people who have a Barnsley GP, are aged 16 + and have mild to moderate common mental health problems of Anxiety and/or Depression.
- We offer therapy face to face in various settings including our base, LIFT buildings, some community centres and Barnsley College. We also provide Virtual (MST) or over the telephone (step 2) sessions. We offer Courses, Workshops, Groups and Individual one to one treatment.
- We accept self-referrals online via our website / (potentially AI system in near future), over the phone or referrals from any professional involved in the persons care (with the person's consent).



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About our service

We offer a range of therapies to treat the following mental health conditions:

- Generalised anxiety disorder (GAD)
- Post Traumatic Stress Disorder (PTSD) single incident and complex
- Depression
- Body Dysmorphic Disorder
- Panic disorder (with or without agoraphobia)
- Health anxiety
- Phobias
- Obsessional Compulsive Disorder (OCD)
- Social anxiety

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Stepped care model – step 2

Focus of the intervention	Nature of the intervention
Mild to moderate depression; GAD; mild to moderate panic disorder; mild to moderate OCD; mild to moderate specific phobias.	**NICE approved low intensity psychological treatments for:** **Less Severe Depression:** Individual facilitated self-help, computerised CBT **GAD:** Individual non-facilitated and facilitated self-help, psychoeducational groups) **Panic disorder:** Individual non-facilitated and facilitated self-help, psycho-educational groups, Agoraphobia package (for Panic with Agoraphobia). **OCD:** Brief Individual LICBT (including ERP). **Phobias:** Graded Exposure programs **All problems = Understanding and Managing Wellbeing (psycho-education group)**

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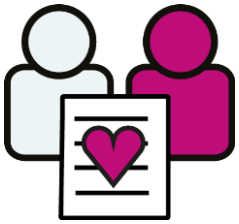
Stepped care model – step 3

Focus of the intervention	Nature of the intervention
• mild to moderate or persistent depression that has not responded to a low-intensity intervention • initial presentation of moderate or severe depression • GAD with marked functional impairment or that has not responded to a low-intensity intervention • moderate to severe panic disorder; • OCD with moderate or severe functional impairment; BDD with mild – moderate impairment • PTSD.	**NICE approved high intensity psychological treatments for:** **Depression:** CBT, Counselling for Depression and Couple Therapy for Depression **Generalised Anxiety Disorder (GAD):** CBT **Panic disorder:** CBT, **Obsessional Compulsive Disorder / Body Dysmporphic Disorder (mild impairment):** CBT (including ERP). **Post Traumatic Stress Disorder (PTSD):** Trauma-focused CBT, EMDR. **Health Anxiety:** CBT **Unresolved Bereavement**: Counselling **Phobias** – CBT **Social Anxiety**: CBT



How we manage referrals

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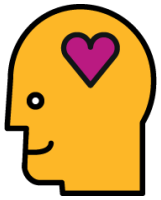
- Referrals come from GP's, any associated professional and self-referral.
- Clients' needs are identified on referral, and any potential high risks will be triaged by a duty clinician. Onward referral may made at this point if required.
- During a 45 minute suitability assessment, clients are considered for talking therapies treatment, as defined previously in the stepped care model
- Where talking therapies are not best suited, signposting or referrals are made to other trust services or external services e.g. Social Prescribing, BSARCS, IDAS, CAB, Social Care, Barnsley Bereavement, Recovery college, Drugs and alcohol services
- We work collaboratively with the ICU unit in BHNFT, offering therapy and support to clients and staff
- We work jointly with Barnsley College where we offer a full Talking Therapies service to students aged 16+ and staff members.



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Access to mental health service

Mild to moderate anxiety and depression	→	Barnsley Talking Therapies referral
Organic mental health	→	Memory services - GP
Concerns possible first episode psychosis	→	Early Intervention Team GP - self referral
Urgent and ALL other mental health needs	→	SPA GP/professional referral
Urgent out of SPA hours	→	IHBTT Out of Hours GP - 111

Services work together to meet people's need so will redirect.
If not sure, please ring and ask.

for anxiety and depression

Service delivered by South West Yorkshire Partnership NHS Foundation Trust

	NHS Talking Therapies	Primary Care Mental Health Team	CORE Team	Enhanced Team	Older Peoples' Community Mental Health
Summary	Mild to moderate severity anxiety / mood difficulties. Stable and motivated to engage in psychological therapy. Seen for individual or group interventions in clinic on weekly or fortnightly basis.	Mild to moderate severity difficulties that are likely to respond to brief work. Mainly low risks, although risks may increase for short periods. Reasonable engagement and motivation. Significant social factors likely to be relevant to presentation.	Long term chronic and complex difficulties, with some risky behaviours, that can be appropriately managed without multi-agency approach, although some multi-disciplinary working may be appropriate for short periods.	Complex and chronic presentation with risky and challenging behaviours such as uncontained emotional instability, ongoing impulsivity and chaotic engagement styles. Requirement for positive and sophisticated risk management approaches, high levels of support, multi-agency involvement etc.	Complex and chronic presentation with significant age related physical health challenges and / or frailty, full range of risks and engagement styles. Typically requires multi-agency and multi-disciplinary involvement.
Onset	Short / medium term presentation. Sometimes longer term difficulties may be suitable where there has not been Talking Therapies intervention previously, or where there has been with positive outcome.	Short / medium term presentation. Typically with identifiable triggers.	Typically longer term presentation – over 2 years. Onset may be more recent if severity is very high.	Typically longer term presentation – over 2 years, with a chronic history of risky and chaotic behaviours. Onset may be more recent if severity is very high.	Typically longer term presentation – over 2 years. Onset may be more recent if severity is very high.
Presentation	Mild to moderate severity. Moderate impact on functioning in one or more areas. Has the ability and motivation to engage in short term treatment.	Mild to moderate severity and complexity. Significant short term impact on functioning in one or more of work, social, relationships etc. Motivated to engage in	Moderate to very severe symptoms. Persistent difficulties that have significant impact on functioning in one or more of work, social, relationships etc. Previous unsuccessful	Severe – very severe with likely comorbidity. Chaotic and unpredictable episodes with significant impact on functioning across a number of domains.	Moderate to very severe, with possible comorbidity. Chronic presenting difficulties with physical health and ageing being a significant factor.

	NHS Talking Therapies	Primary Care Mental Health Team	CORE Team	Enhanced Team	Older Peoples' Community Mental Health
Diagnoses	Specific TT defined diagnoses, primarily covering anxiety and depressive disorders. Not psychotic disorders, personality disorders or eating disorders.	Suitability is not diagnosis dependent. However, full range of diagnoses may be suitable.	Suitability is not diagnosis dependent. However, full range of diagnoses may be suitable	Suitability is not diagnosis dependent. However, full range of diagnoses may be suitable.	Suitability is not diagnosis dependent. However, full range of diagnoses may be suitable.
Co-morbidity	Minimal co-morbidity.	Some co-morbidity possible, however, not to a level that would interfere with ability to engage in work.	Some co-morbidity likely, such as self-harm, substance misuse, depression, anxiety, eating difficulties, psychotic features etc	Co-morbidity likely e.g. substance misuse, eating difficulties, suicidality, psychotic features etc.	Co-morbidity possible e.g. substance misuse, eating difficulties, suicidality, psychotic features etc.
Risk	Low level of risk	Generally low or medium risk, may have had a recent episode of acute high risk, that is now passed.	Ongoing low / medium risks to self or others that can be managed through the individual's engagement with services, hence do not require multi-agency involvement. Short-term periods of increased risk managed through IHBTT.	Medium-high. Long term and frequent acute needs. Ongoing, repeated, impulsive behaviours over a significant period that puts individual or others at risk. Possible safeguarding issues. Often requires multiagency involvement for safe management of risks.	Full range of risks. Short-term periods of increased risk managed through IHBTT.
Engagement	Has the ability and motivation to engage in short term treatment, complete homework tasks etc.	Has the ability and motivation to engage.	Able / willing to attend appointments and set goals, but some difficulties maintaining appropriate relationships – either under or over-attachment, and / or some ambivalence / motivation issues around change.	Long term, ingrained difficulties that are hard to change. Extensive problems with maintaining appropriate relationships, reflecting on self, processing emotions, using positive coping skills, using social	Full range of engagement styles.

	NHS Talking Therapies	Primary Care Mental Health Team	CORE Team	Enhanced Team	Older Peoples' Community Mental Health
Social factors	No significant social factors that the individual is unable to resolve themselves.	May have significant short term social factors that substantially contribute to presenting mental health difficulties.	May have some short / medium-term social instability (e.g. domestic relationships, employment, housing, access to social support etc.)	Significant social factors both contributing to and caused by the mental health difficulties.	Relevant social factors likely, particularly age related, e.g. isolation, suitably supported housing, mobility etc.
Treatability	Good likelihood of positive treatment outcome.	Willingness to work jointly on clear, achievable short term goals.	Hard to treat. Possible poor motivation / ambivalence towards change, minimisation of issues, avoidance, psychological defences etc. Initial focus of work on developing shared understanding and stabilisation. Only once this is completed and individual is well engaged, motivated and willing to jointly manage risks should movement to more intensive interventions be considered.	Hard to treat. Possible poor motivation / ambivalence towards change, minimisation of issues, avoidance, psychological defences etc. Variable engagement, possible splitting of professionals.	Full range of treatabilities.
Other considerations	Service provision according to Talking Therapies Manual	Typically no more than 10 sessions offered.	Very chaotic, ongoing high risk presentations may need to be considered for step-up to Enhanced. Poor engagement and lower risks may indicate discharge, with potential for re-referral at later date.	Therapeutic risk taking likely to be relevant thus good MDT decision making required.	Physical health considerations / frailty linked to ageing that are relevant to the mental health presentation and that require specialist knowledge and skills.

Case Study

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- Melissa – pseudonym – 19 years old, Heterosexual Female – lives in Barnsley with her mother and 2 siblings
- Problem Descriptor - Generalised Anxiety Disorder (F41.1 in ICD-11*; 300.02 in DSM-5*). Onset = 1 year
- Unemployed, no further education, and in receipt of benefits. Rejected support to access employment or further education

MDS

PHQ9- 9 (mild)
GAD-7 – 16 (severe)
W&SAS – 20

DSM

PSWQ - 64 –
"currently have problems with worry and may benefit from treatment"

*American Psychiatric Association (2013); World Health Organisation (2020)

Case Study

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Problem Statement

"My main problem is feeling worried too much. I feel sad when I am worried. When I am worried I shake and feel so hot like my body is going to explode. I think "people won't like me" and that "they could not be nice to me". This means that I do not go out. When I do go out I avoid people.

Goal

"To not feel as worried all the time. If I felt less worried I would be around people more and do more fun things like shopping. "

*American Psychiatric Association (2013); World Health Organisation (2020)

Case Study - Formulation

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Situation – Leaving the house

"In my head"

"What if people with bad personalities say something not nice"

"Some people must not like the way I look"

"In my heart"

- Sad

"In my body"

- "like my body is going to explode"
- Shaking and tense muscles
- Heart speeds up
- Hot and sweaty

"What I do"

- Don't go out
- Avoid people

Signs of a potential diverse need:

- Demonstrated limited ability to distinguish between own thoughts, emotions and behaviour within CBT approach (Sauter et al, 2010)
- Basic literacy – "I really struggle to read and write so need pictures and easy words"
- Significantly reduced ability to understand new or complex information, and to cope independently
- Few or no standard school qualifications and no paid employment

Williams & Garland (2002)

Case Study - Intervention

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6 x 35 minute sessions of Worry Management - NICE guidelines (NCCMH, 2011).

GSH booklet in **Easy Read** produced by Barnsley Talking Therapies adhering to 'guidelines for producing easy read' (Department of Health, 2010)

Longer appointments and **more repetition** - crucially important for the effectiveness of treatment for people with learning difficulties to support retention of key information (McCabe et al, 2006)

Involvement of mother to support therapy - **social supports** are vital for people with learning disabilities to facilitate their learning of new skills and engagement in new activities in CBT (Dagnan & Chadwick, 1997)

Case Study - Outcome

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Outcome measures – PHQ9- 3; GAD-7 – 6; W&SAS – 10

Client met their goal – “I have been able to go Christmas shopping at a busy shopping mall with my mum without worrying as much”.

Employment support – agreed mutually a referral to employment support at session 5 – support with CV and interview skills

Onward referral to Adult Learning Disability service for diagnostic assessment

Employment Advice Service Offer

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- Clients can request a referral for EA from a clinician, at any time, once registered with the TT service, providing there is no risk identified.
- Once assessed by the EA team as eligible, clients are contacted by an EA, generally within 2 working days
- EA's carry out a thorough initial assessment with the client to identify employment needs and goals.
- Provided a total of 10 EA sessions, usually a fortnight apart (possibility to extend on a case-by-case basis).
- Structured reviews of support efficiency are carried out periodically throughout, or as required.
- Clients who do not require psychological support within BTT and only require employment support can be signposted to a variety of external employment support provisions.

Employment Advice Service Offer

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What we can offer

- Establishing job and career goals
- Identifying training and education needs
- Create a structured plan that puts clients in control of their employment journey
- Support with CV, covering letter, job searching, application and interview skills
- Explaining disclosures, requests for support and gaps in employment to employers
- Supporting employers to make reasonable adjustments
- Supporting clients to manage their health and relationships in work

What we can't offer

- Long term employment support
- Tribunal support (employment or benefit)
- Legal advice
- Completing benefit forms
- Workplace qualifications or training

Benefits of NHS Barnsley Employment Advice in Talking Therapies

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▪ Enhanced Clinical Outcomes

- Client's odds of reaching clinical recovery, 2.54 times greater compared to those who only received therapy.
- Increased levels of confidence, assertiveness, and motivation, leading to better overall mental health and problem-solving skills.
- Positive impact on reducing levels of anxiety and depression symptoms by the end of therapy.

▪ Positive Employment Outcomes

- Client's unemployment at the start of therapy - positive impact on entering the labour market. Clients already working - helped with job retention and navigating workplace difficulties, such as requesting reasonable adjustments.
- Clients who remained employed, the average number of days of productivity loss due to working while sick decreased significantly over 12 months with support.
- Support also led to "softer" outcomes - improved relationships at work and successful adjustments to job roles and responsibilities.
- Faster Job Attainment: Clients tend to attain employment faster, hold jobs longer, and work more hours

Benefits of NHS Barnsley Employment Advice in Talking Therapies

NHS Barnsley Talking Therapies

- **Systemic Benefits**

- Research in England found that completing a course of NHS TT associated with a sustained improvement in labour market outcomes, including increased likelihood of paid employment and higher earnings.

- People who completed a course and are now in employment are likely to need less support from mental health services in the future, including fewer hospital admissions.

- Freed-up Therapist Time: By having a dedicated employment adviser, therapists can focus more directly on providing psychological treatment, potentially reducing waiting times and therapist burnout.

In essence, the most recent research confirms the value of an integrated, holistic approach, where addressing employment issues is seen as a key component of mental health recovery, offering both personal and economic benefits.

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Questions Welcome

This document has been produced by the Trust NHS Barnsley Talking Therapies Team, barnsley.talkingtherapies@swyt.nhs.uk, Tel: 01226 644900 (Mon- Fri 9.00am – 5.00pm)