Barnsley Community Mental Health Allocation Framework

	NHS Talking Therapies	Primary Care Mental Health Team	CORE Team	Enhanced Team	Older People's 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. Typically first or second episode. May be appropriate for people with more chronic difficulties where TT has been effective previously.	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 short term treatment	Moderate to very severe symptoms. Persistent difficulties that have significant impact on functioning in one or more of work, social, relationships etc. Previous unsuccessful treatments at lower level of service provision	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.

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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. Difficulties with reflecting on self, processing emotions, using positive coping skills, using social support etc.	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 support, accessing other agencies etc.	Full range of engagement styles.
CPA	Not CPA	Not CPA	Generally no CPA – standard care with lead professional	Full CPA	Both CPA and non-CPA

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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.