iCope
NHS Talking Therapies Service

Guidelines on who we see in iCope

Our essential intent:

iCope psychological therapies is part of NHS talking therapies for anxiety and depression (formerly known as IAPT). We aim 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- inclusion and exclusion criteria

The iCope service 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. Usually, these people will fall into mental health clusters 2, 3 or 4.

There are some groups of people for whom the interventions we can offer in iCope are not suitable and the information below outlines the criteria used to aid these clinical decisions.

People with multiple/complex needs

iCope 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.

iCope can work with a small number of people at clusters 5+ if there is a clear focus for a psychological intervention for anxiety or depression, without needing MDT input.

iCope 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 iCope. They are likely to be referred to local Core teams.

iCope 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

iCope 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.

iCope 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 intervention (over the course of a few sessions) to help people access local services offering a more general supportive function. Service users can also be referred to social prescribing if they would benefit from this type or support.

People who have had previous treatment with iCope

iCope 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 iCope 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 iCope and this will be considered if appropriate.

Trauma and Post Traumatic Stress Disorder

iCope can work with people with single incident Post Traumatic Stress Disorder (PTSD). iCope will sometimes be able to work with people who have PTSD to more than one event, if the service user is relatively stable, safe and at a place in their life where they are able to engage in structured CBT for PTSD. Those presenting with PTSD to multiple incidents of trauma will often be referred to the Traumatic Stress Clinic.

iCope is not suitable for people presenting with complex PTSD involving 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/or having reexperiencing symptoms to more than 3 separate events.

iCope 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 iCope (e.g., are related to anxiety and/or depression and they are able to engage in a structured intervention).

Emotionally Unstable Personality Disorder

iCope is not suitable for people with complex emotional needs and/or a current diagnosis of Emotionally Unstable Personality Disorder (EUPD), 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).

iCope 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.

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

iCope 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.

iCope 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 iCope for work focused on anxiety and depression.

Learning disabilities and neurodiversity

iCope will work with people who have mild learning disabilities and/or are neurodiverse if the focus of 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 iCope 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 iCope and should be referred to specialist eating disorders services. iCope can work with people who present with less severe eating problems in the context of depression or anxiety.

Bipolar

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

- 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 community psychosis team 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 'R&R' psychiatry only, and the referrer wishes to refer to IAPT, then they should discuss the referral in the first instance with one of the psychologists in their local R&R team. If, after this discussion, the referral seems appropriate, the referrer can make the referral to the relevant IAPT clinical lead (and copy in the local psychologist for information). Any disagreements at this stage should be escalated to a senior psychologist within 'R&R' / community psychosis services and IAPT.

Psychosis

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

- 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 R&R team 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 'R&R' psychiatry only, and the referrer wishes to refer to IAPT, then they should discuss the referral in the first instance with one of the psychologists in their local R&R team. If, after this discussion, the referral seems appropriate, the referrer can make the referral to the relevant IAPT clinical lead (and copy in the local psychologist for information). Any disagreements at this stage can be escalated to a senior psychologist within 'R&R' / community psychosis service and IAPT.

Signed off by Senior Management Team on 20/10/23, review date set for 19/04/24