

## **IAPT Service Inclusion Criteria**

*The below criteria relates to the Primary Care Psychological Therapies Division within the Greater Manchester Mental Health NHS Foundation Trust, where services are provided to adults aged 18+ in Bolton; Salford; Trafford and Manchester (north, central & south).*

This document outlines the criteria for people entering the service to address common mental health disorders. The aim is to provide clear and explicit principles which focus on entry rather than exclusion. Current NICE guidelines for IAPT services emphasise the need for clinicians, managers and commissioners to work together in designing stepped care service delivery which:

- provides the least intrusive, most effective intervention first
- has clear and explicit criteria for the thresholds determining access to and movement between the different levels of the pathway
- does not use single criteria such as symptom severity to determine movement between steps
- monitors progress and outcomes to ensure the most effective interventions are delivered and the person moves to a higher step if needed.
- has robust and effective means for measuring and evaluating the outcomes associated with the agreed therapeutic goals

## **General inclusion criteria**

- There should be a reasonable prospect of reliable improvement from an evidence based, brief intervention. The client should have the ability to identify focused IAPT goals and work towards them in a limited time frame.
- The client should demonstrate commitment and have sufficient motivation to devote time, energy, thought and emotions to the therapeutic process. This includes a curiosity to understand their difficulties, rather than just wanting them removed.
- The client should be capable of taking personal responsibility for and ownership of their difficulties, (they are not mandated, reluctant or coerced to attend).
- The client should be able to attend regularly, and be contained by weekly or bi – weekly appointments.
- The client should have the ability to establish a collaborative and contractual relationship with the therapist, and the ability to reflect on experiences and feelings, i.e. psychological mindedness.
- The client should have capacity to manage the potential distress involved in managing psychological difficulties.

## **Priorities**

Clients will be prioritised for treatment when they meet the following criteria:

- Safeguarding/Child Protection
- Pregnant/Perinatal/Postnatal
- Ex-Services (when the reason for referral is directly linked to this)
- Other: Prioritising for any reason other than the above must be with the agreement of the Service Manager.

## **Risk**

The client should demonstrate the capacity and resources to manage the potential heightened distress involved in addressing psychological difficulties. A collaborative and fluid process of risk assessment must inform treatment where risk is established.

## **Psychometric measures and diagnosis**

PHQ and GAD scores are referenced as practical thresholds which guide rather than dictate referrals, this also applies to clients moving between steps. Whilst initial diagnoses are necessary for formal entry into treatment, they should influence rather than prescribe the treatment pathway. Informed client choice on the range of therapies offered should be the cornerstone of the initial assessment.

## **Step 2 inclusion criteria**

Step 2 interventions will typically be appropriate for **1<sup>st</sup> presentation** of difficulty, single-strand in nature with PHQ/GAD scores above caseness (PHQ9: 10 or more, GAD7: 8 or more) and usually below 15 for each measure, the onset of the problem being less than 2 years.

### **PWP & E-therapy:**

- Mild/moderate depression
- Mild/moderate anxiety (including 1<sup>st</sup> presentation social anxiety)
- Stress
- Mild/moderate difficulties with anger
- Mild/moderate difficulties with self esteem
- Sleep problems
- Mild OCD, early onset, low impact

### **Step 2 Counselling**

- 1<sup>ST</sup> presentation (or onset of under 2 years) of low mood, depression and/or anxiety
- Likely to achieve meaningful recovery (PHQ9: 9 or less, GAD7: 7 or less) with 6 sessions of goal-focused therapy
- Clients for whom a CBT-based approach has not been successful, or is unlikely to be helpful

### **Mindfulness**

- Clients who struggle with racing thoughts, poor focus, concentration
- Clients suffering from long term health conditions - Fibromyalgia, ME, Chronic Pain, Osteoarthritis, etc.
- Clients who express interest toward mindfulness over other approaches e.g. anti-depressants, CBT, or Counselling
- Client relapse prevention post Step 3 counselling or CBT intervention

## **Step 3 inclusion criteria**

Step 3 interventions will typically be appropriate for multiple-strand presentation of difficulty, with PHQ/GAD scores above caseness (PHQ9: 10 or more, GAD7: 8 or more) and usually above 15 for each measure, the onset of the problem typically being more than 2 years or persistent in nature.

### **Step 3 Counselling**

Counsellors at Step 3 offer a range of approaches, including Counselling for Depression, Interpersonal Psychotherapy, Person-Centred Counselling and Integrative Therapy. Interventions typically address the following multiple or single strand presentations, with PHQ/GAD scores usually above 15:

- Depression
- Relationship issues, including abuse and attachment
- Anxiety – especially if about a life event, rather than GAD, PTSD, OCD or phobias
- Bereavement – especially more complex cases such as multiple losses, or bereavement by suicide
- Loss – this covers much of our work; manifested in various ways
- Moderate/severe difficulties with self-esteem
- Workplace bullying
- Significant life changing events
- Adjustment issues

### **Step 3 CBT**

Step 3 offer protocol lead interventions for the following conditions, with PHQ/GAD scores usually above 15:

- Moderate to severe Depression
- Moderate to severe GAD
- Panic
- Agoraphobia
- Health Anxiety
- OCD
- BDD
- Specific Phobias
- Hoarding
- PTSD
- Social Anxiety
- Long Term Health Conditions

**Step 3+** – Where services have working partnerships with step 3+ providers in other NHS organisations, it is recognised that there will be local inclusion/exclusion criteria in place, practitioners should familiarise themselves with these.

It is recommended to consider the prevailing view that therapy is less likely to help those presenting with emotionally unstable personality disorder or whose risk management is not stable.