

Croydon NHS Talking Therapies (formerly known as IAPT) is a primary care service providing short-term, change oriented psychological treatment for people presenting with common mental health problems. The majority of treatments provided by the service are based on cognitive behavioural therapy (CBT) following the [stepped care model](#), although other primary modalities are available, including:

- Integrative counselling
- Eye Movement Desensitisation & Reprocessing therapy (EMDR)
- Behavioural Couples Therapy for Depression
- Interpersonal Psychotherapy (IPT)

**Inclusion criteria:**

a) Aged 17 and over

b) Registered with a GP in Croydon or live in Croydon & do not require access to secondary care mental health services

c) Presenting with clinically significant symptoms of:

- Mild to moderate depression
- Post-traumatic stress disorder (PTSD)
- Generalized anxiety disorder
- Panic disorder
- Agoraphobia
- Social anxiety
- Health anxiety
- Obsessive compulsive disorder
- Body dysmorphic disorder
- Specific phobias
- Habit disorder e.g. skin picking, hair pulling
- Insomnia or otherwise disturbed sleep without a medical aetiology e.g. sleep apnoea as the primary issue
- Mild non-substance addiction e.g. to pornography, gambling, gaming

or significant emotional distress associated to:

- A long-term physical health condition e.g. diabetes, COPD, coronary heart disease
- Persistent physical symptoms e.g. irritable bowel syndrome, persistent pain, chronic fatigue syndrome
- Adjusting to a major life event

d) Ready & willing to engage with therapy and can attend regularly as a life priority

**Priority groups:**

The following patient groups should be prioritised for treatment:

- a) Presenting with higher risk of suicide or self-harm;
- b) Experienced a major local or national trauma incident e.g. a terror attack;
- c) Veterans, or partners/dependants of veterans;

- d) Women or partners of women who are pregnant or with young children under two years of age;
- e) Over 65 years of age;
- f) Presented during COVID-19 restrictions who needed but were not able to access face-to-face support & chose to refer back once this was available again;
- g) At high risk of losing employment or dropping out of education.

### **Exclusion criteria**

Croydon NHS Talking Therapies Service will not provide treatment for people with complex and/or chronic difficulties, requiring secondary care assessment and input (CIPTS / Assessment & Liaison / specialist tertiary care services) e.g.

- Treatment-resistant, recurrent or atypical depression
- Bipolar disorder;
- Severe treatment resistant anxiety disorders
- Complex PTSD (e.g. arising from childhood sexual abuse, multiple and/or varied traumas);
- Significant co-morbidity of disorders;
- Psychological problems associated with complex personality and interpersonal dysfunction, including those with a confirmed primary diagnosis of personality disorder
- Significant risk of self-harm or harm to others, where secondary care assessment and input may be needed (A&L, Home Treatment Team). Patients with recent suicide attempts that have not had a period of stabilisation.
- Alcohol or other substance dependence, or misuse at a level that impairs ability to benefit from psychological therapy;
- Psychotic disorders e.g. schizophrenia
- Problems with an organic aetiology e.g. dementia, brain injury
- A primary diagnosis of Autistic Spectrum Disorder (including Aspergers Syndrome), without significant co-morbidity
- A primary diagnosis of an eating disorder
- People who are unable to attend regular appointments, work collaboratively, or make arrangements to engage with therapy in such a way as to facilitate progress e.g. with childcare, work, other life commitments.

Referrals will also not be accepted for patient who have already been referred to or are waiting to be assessed by other mental health services.

Croydon NHS Talking Therapies Service *may* accept referrals with a view to offering a brief triage to facilitate onward referral to services providing treatment for the above exclusion criteria (e.g. CIPTS). This would not be the case for when a direct referral could be made by the referring professional themselves. All such, all referrals to the service are considered for screening to determine the appropriate care pathway.