Health and Social Care

YOU IN MIND

You in Mind - Talking Yourself Well

A Guide to Mental Health Psychological Therapies

Equality Statement

In line with Section 75 of the Northern Ireland Act 1998, Psychological Therapies Services will be provided and available to all irrespective of gender, ethnicity, political opinion, religious belief, disability, age, sexual orientation, and dependant, marital status. The services are designed to diagnose, treat and improve the well-being of all those people requiring mental health care.

Psychological Therapies Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Psychological Therapies Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may-be experiencing inequalities in health and well-being outcomes.

This Guide can be provided in alternative formats including: written information in the preferred language and/or an accessible format and interpretative services can also be provided by Trusts.

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Contents

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1.0 Purpose and Context

The case for improving access to Psychological Therapies is well evidenced and researched. The Bamford Strategies, the Department of Health, Social Service and Public Safety (DHSSPS) Psychological Therapies Strategy, the revised Mental Health Services Framework and Mental Health National Institute for Health and Care Excellence (NICE) Guidance all make a compelling argument for delivering evidence based psychological therapies.

This message is further reinforced in Transforming Your Care (2011). Transforming Your Care aims to shift investment into care that works, and which delivers a better outcome. Central to this objective is the emphasis on prevention and early intervention. Improving access to psychological therapies is a fundamental component of recovery and is critical to the successful implementation of the Stepped Care Model for people with mental health problems.

In June 2010, the Department of Health, Social Services and Public Safety (DHSSPS) launched its strategy for the development of Psychological Therapy Services. The strategy recommends the development of psychological therapies "as a core component of mental health and learning disability services" (DHSSPS, 2010). The strategy requires Health and Social Care (HSC) Trusts to:-

1. Improve access to evidenced based psychological therapies by embedding these therapies into all mental health care pathways.
2. Standardise service models and integrate the delivery of psychological therapy services across primary care and secondary mental health care services.
3. Provide information on the all those therapies as recommended by NICE Clinical Guidelines.
4. Match a person's need with the right level of intervention.
5. Provide accredited training in line with NICE approved psychological therapies.
6. Provide supervision and support practitioners to undertake session by session measurement and routinely capture outcomes by using validated outcomes tool.

It is within this context that this guidance has been developed and is designed to strengthen and embed psychological therapies into practice across all Mental Health Services.

2.0 How to read this document

This Guide should be read in conjunction with the new You in Mind Regional Mental Health Care Pathway. http://www.hscboard.hscni.net/mentalhealth/

It is also important that practitioners also read the relevant National Institute for Health and Care Excellence (NICE) Clinical Guidelines in the development of Personal Well-being Plans.

This document provides a model for understanding the provision of psychological therapies at all levels of need and severity with respect to psychological well-being. The model is predicated on a whole systems approach to mental health and encompasses Primary Care, Specialist Mental Health Services and Community/ Voluntary provision. It is based on matching an individual needs to specific steps of care and therapies as outlined in Section 4.0.

The document also includes a condition specific mental health psychological therapist matrix, which guides practice and referrals from primary care to specialist services.

It is important to note that for more specialist conditions many of the therapies documented in this guide will apply. Specialist treatment however, will be detailed in separate treatment/ condition-specific care pathways.

HSC Trusts will be required to embed this guidance across Mental Health Services including all services commissioned and provided by community, voluntary and independent sectors.

3.0 Guiding Principles and Improving Outcomes

3.1 Guiding Principles

The development and implementation of this guide is based on four core principles:-

1. Person Centred Approach - any psychological intervention needs to be personalised and reflect a persons preferences. People who need psychological therapies should have the opportunity to make informed decisions about their care and the types of intervention available. At the heart of person centred care is an understanding that decisions about care options should be co-produced. Co-production is a fundamental partnership principle.

2. Recovery Strengths Based Approach - “Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are on-going or recurring symptoms or problems”. (Shepherd, Boardman and Slade 2008)

3. Goals Oriented Approach - which focuses on delivering outcomes in line with best evidence, and personal expectations and which enable long term sustainable recovery.

4. Improving Experience and Outcome Based Approach - at the core of this guide is the drive to improve the experience of care and outcomes for individuals with mental health needs. The following key outcomes are sought:-

- Improved access to information about all those therapies which can help recovery;
- Involvement of the person and/or their families, and/or friends or nominated carer in all stages of the care process, from consultation, through to the formulation of needs and development of the Personal Well-being Plan;
- Positive impact on psychological social social/educational/ occupational settings.
- Improved experience of therapy, support arrangements and of community life;
- Individual goals are met;
- Higher levels of individual and family satisfaction;
- More personal control;
- Improved quality of life;
- Included as a valued and respected member of society.

4.0 Definitions, Thresholds and the Stepped Care Model

4.1 Definitions

The term Psychological Therapies is an umbrella term for a range of approaches, while therapies differ, all psychological therapies will require the person to talk with a therapist who has specialised training.

The focus of psychological therapy will often be on a particular issue that causes distress or difficulties in daily functioning, with the aim that treatment helps with symptoms, increases a person's understanding of their issues and/or enhances a persons overall well-being.

The following table outlines the range of therapies which are available across primary and/or secondary care mental health services. The choice of therapy will depend on the individuals presenting needs and the evidence of effectiveness in responding to the specific needs.

4.2 Overview of Key Psychological Therapies

Therapy Type	Therapy Description	Therapy Can Help
Bibliotherapy and Computerised Cognitive Behavioural Therapy (Self-directed Self- Help Based Approaches)	**Computerised Cognitive Behavioural Therapy (CBBT)** is designed the help resolve unhealthy thinking, behaviour and emotional responses to life events. Computerised CBT is provided through a website, CD or DVD. **Bibliotherapies** are self-help resources such as books, audio tapes, pamphlets, play scripts, journals, poems, songs, and stories adapted from cinema and television. These resources are educational in nature, and help create personal insights, facilitate understanding, support healthy lifestyle and assist in the restructuring of thinking, therefore enabling self-discovery and personal growth. These therapies can be offered on their own or alongside other psychological treatments and interventions.	NICE recommend these types of therapy for the treatment of mild anxiety, mild depression, mild obsessive compulsive disorders, relationship problems, managing emotional response to health care problems, dealing with difficult adverse life events, stress and in addressing unhealthy life style habits which contribute to poor emotional health.

Therapy Type	Therapy Description	Therapy Can Help
Humanistic – Person Centred Counselling	**Humanistic therapies** are an umbrella term for several therapies that focus on human development and personal growth. Often used to refer to person-centred counselling, it can also refer to Gestalt Therapy, Existential Therapy and Transactional Analysis. These types of therapy recognise the variety of human needs and tend to focus on the person rather than the problem. Humanistic therapy adopts the position that the person often holds the key to solving their own particular problems. Person-centred counselling tends not to follow an agenda or involve set tasks, but instead involves active listening from the therapist creating space to speak about their feelings and their problems and to reflect. For this type of therapy individual experience is the main focus and helps person to increase their personal understanding and resolve difficulties.	Humanistic Therapies/Person Centred Counselling can be used to treat a range of personal problems such as depression, bereavement, anxiety and substance misuse.
Cognitive Behavioural Therapies (CBT)	**Cognitive Behavioural Therapy (CBT)** is one of the best researched therapies and views problems as arising from beliefs and patterns of behaviour which are learnt across the course of a person's life. This type of therapy looks at unhelpful thoughts, emotions and behaviours, and aims to overcome any problems that arise from these. CBT focuses on the here and now by exploring the cycles and patterns of behaviour that keep a problem going. CBT can help the person overcome difficulties by restructuring thinking, behaviour and emotional responses.	NICE recommend this type of therapy for treating a range of problems including depression, anxiety, panic disorders, phobias, obsessive compulsive disorder, addictions, grief and managing long-term illnesses. There is also evidence for the effectiveness of adapted CBT-based programmes in the treatment of complex disorders such as Psychosis, Schizophrenia, Bi Polar Disorders, Post-Traumatic Stress Disorder and Bulimia Nervosa.

Therapy Type	Therapy Description	Therapy Can Help
Psychodynamic / Psychotherapy	**Psychodynamic Psychotherapies** refer to a set of approaches that see problems as a result of the link between the present and past. It looks to help understand intense unmanageable feelings that people may not even be aware of. This type of therapy can explore early childhood experiences and sees how these have influenced a person's development. This model works towards understanding the underlying cause of a particular problem. Psychodynamic therapy involves helping the person to understand of the interactions between a person's thought patterns, behaviours and emotions and improves personal awareness of what is happening consciously and unconsciously. It can also involve investigating patterns of conflict, blocks to personal growth or unresolved difficulties that may cause distress. Treatment is generally conducted over a longer period (over a year) and is less likely to be structured. This type of therapy can also focus more on the feelings and what is happening within the therapy room (i.e. the process) and will involve provision of interpretations or critical insights that a person maybe overlooking.	NICE recommends psychodynamic therapy for people experiencing depression and other deep seated complex mental health problems. There is evidence for it being effective in treating a range of other problems especially when other structured therapies have not worked in the past.

Therapy Type	Therapy Description	Therapy Can Help
Dialectic Behaviour Therapy (DBT)	**Dialectic Behaviour Therapy (DBT)** is a version of CBT combined with meditation techniques developed for disorders where people suffer from extreme mood swings, intense feelings interpersonal conflict and experience impulsive behaviours. This approach follows CBT's goal of tackling unhelpful ways of thinking and behaving, but also includes techniques about being able to tolerate intense distress and working towards self-acceptance. DBT also uses mindfulness and meditation techniques to enable the person to learn to focus their attention on what is happening in the current moment and learning strategies to deal with difficult emotions, developing self-care skills, as well as learning to be able to interact better with other people.	NICE recommends DBT for persistent binge Eating Disorder and for people with Personality Disorders and for those who are suicidal and self-harm.

Therapy Type	Therapy Description	Therapy Can Help
Interpersonal Therapy (IPT)	**Interpersonal Therapy** explores interconnection between a person's thoughts and feelings and how they relate to other people. IPT focuses on issues that develop between people in a social context. It is particularly suited for people who have repeated difficulties with social interactions or relationships. In particular, IPT is tailored towards exploring changes in life (e.g. retirement, changes in health), bereavement and loss, conflicts with other people, and how people maintain relationships. The focus of the therapist will be in the present, and therapy usually involves exploring communication style, practicing skills using role plays or learning problem solving strategies.	NICE recommends this for people with Eating Disorders various forms of depression, anxiety grief reactions, as well as those who experience interpersonal and communication difficulties.
Mindfulness Based Therapies	**Mindfulness Based Therapies** combine psychological therapies with meditation. The approach enables greater psychological and personal self-awareness, and helps the person to better manage negative thoughts and feelings so that they have much less impact and influence over behaviour. Other versions of this treatment include mindfulness based stress reduction and mindfulness-based cognitive therapy.	NICE recommends this treatment in prevention of recurring depression and when used in conjunction with other therapies aid mental health recovery.

Therapy Type	Therapy Description	Therapy Can Help
Eye movement Desensitisation and Reprocessing (EMDR)	**Eye Movement Desensitisation and Reprocessing (EMDR)** is a therapy which involves stimulating the brain through eye movements and evidence shows that this makes distressing memories feel less intense.	NICE recommends this treatment for Post-Traumatic Stress Disorder. It is used for a range of traumas, including past sexual, physical or emotional abuse, adverse life events, accidents and injuries, phobias, addictions and fear of performing in public.

Therapy Type	Therapy Description	Therapy Can Help
Systemic Therapies - Family and Couples Therapies	**Systemic therapy** (sometimes known as couples therapy or family therapy) looks at how people interact with each other, in family or relationship. Unlike other forms of therapy that usually only work with an individual, systemic therapy works with couples or entire families. Systemic therapy looks at the various perspectives of the people involved in the family/relationships and explore those interpersonal dynamics which contributing to personal problems. The therapy helps to build a shared understanding of complicated relationships, and use these to work towards finding solutions. This kind of therapy can be helpful in resolving deep seated interpersonal conflicts through identifying and understanding thinking and behavioural patterns which give rise to unhealthy emotional responses.	NICE recommends family therapy for Anorexia Nervosa, Depression, families of people with Addictions, Schizophrenia, Bi-Polar Disorders. NICE recommends 'couples therapy' if partners have tried individual therapy and this has not helped. Research also suggests that systemic therapies are effective in dealing with family based problems around disruptive behaviour such as conduct disorder, drug abuse and marital distress and for addressing the intergenerational impact of trauma.
Motivational Interviewing	**Motivational Interviewing (MI)** is a way of talking about things you may be sensitive about that doesn't feel threatening. The therapy focuses on your hopes and ambitions and problems that could stop you reaching your goals.	NICE recommends this for people with a mental health problem who have problems with alcohol or substance misuse.

Therapy Type	Therapy Description	Therapy Can Help
Cognitive Analytic Therapy (CAT)	**Cognitive Analytic Therapy (CAT)** integrates aspects of CBT and psychodynamic therapies to provide a problem focussed approach. The therapy explores early life experiences and persons relational style. The therapy analysis the reciprocal roles, behaviours and feeling when people have adopted conflicting positions. CAT adopts a collaborative framework with the persons and helps identify and create understanding of patterns of unhelpful behaviours, as well as how sequences of events or thoughts can lead to the development of problems. Once these have been recognised, the person is facilitated to learn new, more helpful methods of coping.	The evidence base for CAT is not as wide as other therapies, but there is emerging support for its effectiveness in treating anxiety, eating disorders, mood swings and interpersonal difficulties, and other conditions where interpersonal interactions may play a role.

Therapy Type	Therapy Description	Therapy Can Help
Solution Focused Brief Therapy (SFBT)	**Solution Focused Brief Therapy (SFBT)** is about focusing on solutions, rather than on problems. Solution-Focused Therapy, is future-focused, goal-directed, and enables the person to build on personal strengths to overcome problems. The therapy helps the person to formulate new life goals and contends that people are equipped with the skills to create change in their lives and that people already know, on some level, what change is needed in their lives. The therapy helps the persons explore times in their life when the present problem(s) were less detrimental or more manageable, and identify those factors which were different and using these factors enable the person to create the necessary circumstances for personal and psychological recovery. The therapy using a series of coping style questions and through incremental goals setting, measurement, positive reinforcement, affirmation and validation. The person is **encouraged to** do more of what is working and less of what is not working.	This therapy can help with a wide range of common mental health problems and can be used in combination with a range of other psychological therapies.
Creative Therapies	**Creative Therapies** are for some people who find the words to talk about their problems difficult. Creative therapies such as art, music, drama and creative writing can be used to help a person to unlock their thoughts and feelings, create personal understanding, and enables discussion and resolution of problems.	These therapies can help with a wide range of common mental health problems and can be used in combination with a range of other psychological therapies for the treatment of more complex mental health problems.

Therapy Type	Therapy Description	Therapy Can Help
Group Therapies	**Group Therapies** can be provided to treat a range of issues from lifestyle choices to very specific issues such as substance misuse, depression, anger or loss. For the most part group therapy is provided to people with similar needs with the objective that they will learn, find solutions together and help each other to recover. Group therapy has a number of objectives; instil hope by helping participants to see that they are not alone and that recovery is possible; promotes interpersonal relationships, social cohesion/ responsibility; and enables the development of healthy choices through education and expert learning and development as a group.	NICE recommends group therapy for people with Obsessive Compulsive Disorder and can help people with depression, panic disorder, social anxiety, substance abuse. More generally on improving social skills, helping people deal with a range of lifestyle issues and behaviours. This type of therapy is can also be offered in conjunction with other psychological therapies.

Therapy Type	Therapy Description	Therapy Can Help
Life Style Coaching and Mentoring Therapies	**Life Style Coaching and Mentoring Therapies** focus on identifying personal strengths, goals, ambitions and explores how a person's current health and mental health choices maybe contributing to their problems. The therapy uses motivational and solution focused approaches to help the person make changes. The coaching process involves reviewing lifestyle patterns, habits, physical health, personal goals, occupational ambitions, and personal successes, and relationships transitions, economic and social circumstances. By examining the interplay of these factors the person develops an insight into the behaviours and issues which are contributing to their problems The Life Coach helps the person to refocus their life's goal and facilitates personal growth through using a range of psychosocial education and behavioural activation strategies in order to help the person to make real and lasting change.	These therapies can help with a wide range of common mental health problems and can be used in combination with a range of other psychological therapies for the treatment of more complex mental health problems.

Therapy Type	Therapy Description	Therapy Can Help
Acceptance and Commitment Therapy (ACT)	**Acceptance and Commitment Therapy (ACT)** focuses on helping the person to accept what is out of their personal control, and commit to reasonable action that improves the quality of their lives. The therapy helps the person develop psychological flexibility by being mindful of the present and realigning reaction, action and behaviours with healthy values. The therapy helps the person learn new thinking patterns to rectify interacting thoughts, images, emotions, and memories and enables the person to manage thoughts without having to struggle with them.	These therapies can help with a wide range of common mental health problems and can be used in combination with a range of other psychological therapies for the treatment of more complex mental health problems.

4.3 Levels of Need and Intensity along the Stepped Care Model

A stepped care approach enables care to be tailored in accordance with a persons needs.

The Stepped Care Model therefore supports the coherent reorganisation of services into steps which enables the effective management of care across primary, secondary and specialist psychological services.

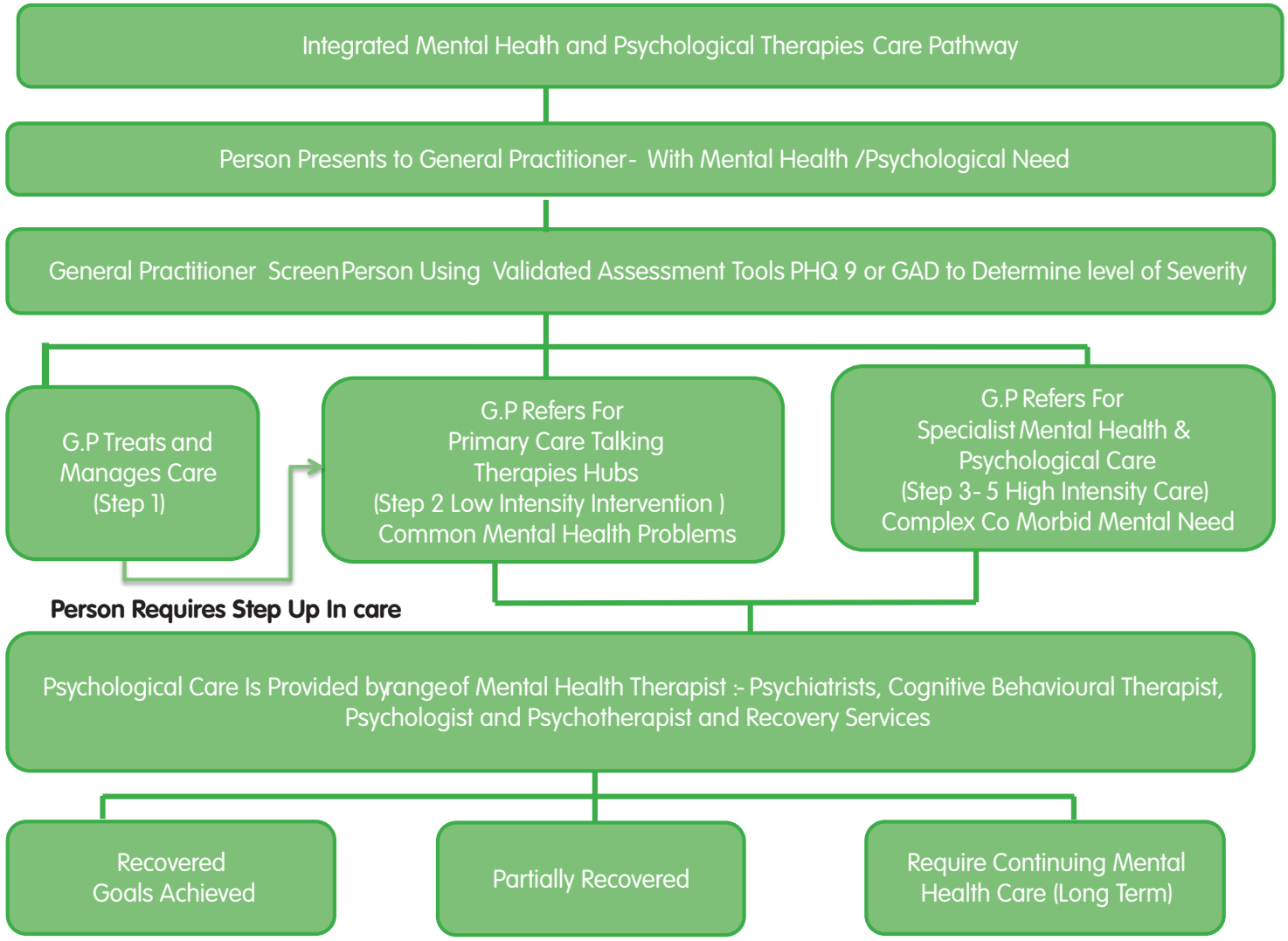
The guidance has been designed using a stepped care approach which enables the matching of therapies with a persons level of need/complexity.

The stepped care needs model supports the development of systems of care which promotes earlier intervention, streamline access points, enables consultancy and co-working across mental health services and effective case management.

Levels of Need, Interventions and Supports

Step	Level/Category of Need	Level of Intervention	Type of Support
Steps 1 and 2	**Low** A Low/moderate impact on personal functioning. Occasional distress in one or two activities in one or more areas of functioning.	**Low Intensity Interventions** Addressing mild/moderate mental health difficulties which have a limited impact on functioning. Interventions can involve between 1-8 sessions of care	• Self Directed Support • Community Support • Lifestyle Adjustment • General Practitioner • Low Intensity Psychological Therapies
Steps 3 and 4	**Medium** B Moderate/high impact on personal functioning. Unable to carry out several activities in one or more vital areas of functioning.	**High Intensity Interventions** Require a comprehensive assessment of mental health needs. Interventions can involve between 8-20 sessions of care.	• Specialist Mental Health and Psychological Therapy Services
Steps 4 and 5	**High** C D High/severe impact on personal functioning. Severely distressed unable to carry out majority of activities. Severe levels of need.	**Highly Specialised Interventions** For complex and co-morbid mental health needs. Interventions can involve more than 20 sessions of care and may last for more than 1 year.	• Highly Specialist Mental Health and Psychological Therapies.

5.0 Psychological Therapies Care Pathway



6.0 Condition Specific Psychological Therapies Matrix (NI)

Section 6.0 sets out the Condition Specific Psychological Therapies Matrix detailing the levels of psychological need, the intervention within the stepped care model, clinical examples and therapeutic providers, with respect to separate clinical conditions.
(N.B - Level of need and urgency should be adjusted for women in pregnancy or the postnatal period. Thresholds for non-drug treatments, particularly psychological treatments are likely to be lower, and prompt and timely access to treatments should be ensured).

Glossary

AN:	Anorexia Nervosa
ASD:	Autism Spectrum Disorder
BA:	Behavioural Activation
BCT:	Behavioural Couples Therapy
BDD:	Body Dysmorphic Disorder
BED:	Binge-Eating Disorder
BMI:	Body Mass Index
BN:	Bulimia Nervosa
BPD:	Borderline Personality Disorder
CAT:	Cognitive Analytic Therapy
CBT:	Cognitive Behavioural Therapy
CCBT:	Computerised Cognitive Behavioural Therapy
DBT:	Dialectical Behaviour Therapy
DSM-IV:	Diagnostic and Statistical Manual of Mental Disorders 4th Edition
EMDR:	Eye Movement Desensitisation and Reprocessing
ERP:	Exposure and Response Prevention
FFT:	Family Focused Therapy
FI(s):	Family Intervention(s)
GAD:	Generalised Anxiety Disorder
GP:	General Practitioner
ICD-10:	International Classification of Diseases - Version 10
IPSRT:	Interpersonal and Social Rhythm Therapy
IPT:	Interpersonal Psychotherapy
MBCT:	Mindfulness-Based Cognitive Therapy
MBT:	Mentalisation-Based treatment
MET:	Motivational Enhancement Therapy
MH:	Mental Health as in Mental Health Services
NICE:	National Institute for Health and Clinical Excellence Guidelines
OCD:	Obsessive Compulsive Disorder
PD:	Panic Disorder
PTSD:	Post-Traumatic Stress Disorder
SFT:	Schema-Focused Therapy
SIGN:	Scottish Intercollegiate Guidelines Network
STEPPS:	Systems Training for Emotional Predictability and Problem Solving (CBT-based)
TFP:	Transference-Focused Psychotherapy

Stepped Care Needs Matrix

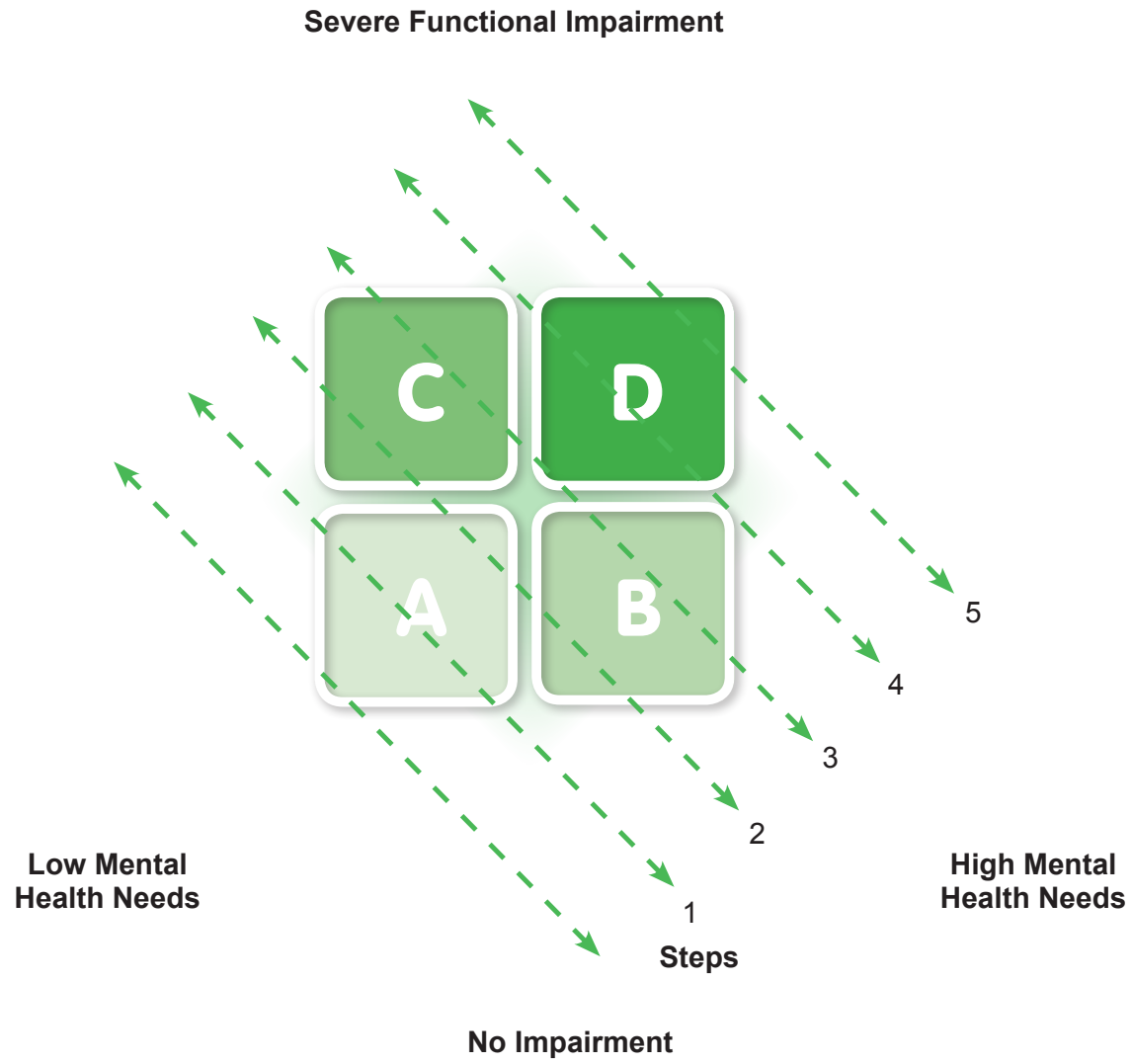


Figure 1:

The Stepped Care Model (diagonal arrow): relationship with mental health needs (horizontal axis) and level of impairment (vertical axis). The levels/steps range from 1-5 as individual needs increase commensurate with severity of difficulties.

This model provides a framework for organising mental health care by adopting a whole systems approach in matching presenting need with the least necessary intervention to achieve patient centred outcome. Category Descriptors for Levels of Need can be found in **Appendix 1.**

Category Descriptors for Levels of Need

Category A (Low Mental Health Needs/Low Impairment) – for example, discrete difficulties, short duration. In statistical terms Category A will constitute the largest number of individuals requiring psychological services. This category remains the prerogative of primary care and/or community services. Focus on psycho-education, self-help and skill acquisition. (Step 1and 2).

Care pathways will need to accommodate the likelihood that people will move between Categories B, C and D depending on their stage of recovery. In other words, this is a dynamic process within the mental health system and service delivery may occur through different steps in any one episode of mental health difficulties.

Category B (High Mental Health Needs/Low Impairment) – for example, increased level of distress and degree of risk; acute presentation; individuals requiring early intervention services. Intervention needs to be timely to reduce potential for long term/ enduring mental illness/impairment. (Transient Step 4 and 5).

Category C (Low Mental Health Needs/High Impairment) – for example, long term stable presentation. Individuals who may require intermittent secondary care services (and at times require specialist expertise). Intervention has focus on enhancing functional capacity and maintaining self-reliance. Focus on community resources for support to reduce crises. Management of long term condition for example, Expert Patient Model. (Step 3 and 4).

Category D (High Mental Health Needs/High Level of Impairment) – for example, SMI/enduring difficulties/disabling symptoms such as mood disorders. Level of risk. May also include acute mental illness where level of functioning is temporarily impaired but will improve. Likely to require an infrastructure of support and intervention from specialist services. (Step 4 and 5).

Stepped Care Model Explained

Step 1:

Low impact
on Personal Functioning

Self Directed Help - Health and Well-being Advice and Support for Mild Emotional Problems.

Support involves self-directed therapies such as CCBT, Education, Bibliotherapy, Making lifstyle adjustments.

Step 2:

Low – Moderate Impact
on Personal Functioning

Primary Care Talking Therapies

Support at this level usually involves responding to common mental health problems such as anxiety, stress and depression.

Talking Therapies will include a combination of Counselling, Low Intensity CBT, Interpersonal Therapy, Mindfulness, Solution Focused, Brief Therapy, Life Coaching and Creative Therapies.

Step 3:

Moderate High Impact on Personal Functioning

Specialist Psychological Therapies

Support at this level usually involves responding to mental health problems which are disrupting daily functioning. Talking therapies will be delivered by Psychologists, Family Therapist, CBT Therapist and other specially trained practitioners.

Talking Therapies will include High Intensity CBT, Family/ Couples Therapy, EMDR DBT, Cognitive Analytic Therapy and Acceptance and Commitment Therapy, and include all those therapies delivered at Step 2.

Step 4:

High Impact
on Personal Functioning

Condition Specific Psychological Therapies

Support at this level usually involves providing care in response to complex comorbid mental health needs.

High intensity Talking Therapies are delivered as in Step 3 and may include access to Psychotherapies and highly specialist/ specific programmes of recovery delivered by a combination of Highly Metal Health Specialists.

Step 5:

Server Impact
on Personal Fuctioning

Highly Specialist Therapies

Support at this level usually provided in response to highly complex mental health needs. Therapies involves highly specialist Psychological and Psychiatric Care. Compbination of High Intensity Talking Therapies are provided to address personal and social risks.

6.1 Panic Disorder

Panic Disorder (PD) is characterised by recurring, unforeseen panic attacks followed by at least 1 month of persistent worry about having another attack and concern about its consequences, or a significant change in behaviour related to panic attacks. Panic Disorder can be diagnosed with or without agoraphobia. Panic Disorder varies in severity and complexity and can follow a chronic or remitting course. Where possible, the goal of intervention should be complete relief of symptoms (remission) with associated improvements in functioning and a lower likelihood of relapse.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Limited impact on personal and social functioning.	Self Help Materials Psycho Education Groups Life Style.	NICE CG 113 All other relevant NICE Guidelines	• Self Help Third Sector.
A B **Step 2**	Negatively impacts some aspect of the individual's social and personal functioning.	In addition Step 1offer CBT (up to 8 sessions).		• Primary Care Therapy Hubs.
B C **Step 3**	Limited impact on personal and social functioning.	In addition to steps 1-2 offer CBT (16-20 sessions). Short Pharmacological interventions, as per NICE guidance Recovery College Support.		• Specialist Mental Health Services. • Recovery College.
C D **Step 4-5**	Severely impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's wellbeing and personal safety. Individual presents with other complex co- occurring mental health needs.	May requires High intensity MDT Input CBT (20+ sessions). Other therapies for example. Psychotherapy, Pharmacological Intervention and Safety Planning.		

6.2 Anxiety (Generalised Anxiety Disorder)

Anxiety (Generalised Anxiety Disorder) is a common disorder, a central feature of which is excessive worry about a number of different events associated with heightened tension. Typically the worries are widespread, involve everyday issues and have a shifting focus of concern. The affected person finds the worries difficult to control, and this can result in decreased occupational and social functioning. GAD can exist in isolation but more commonly occurs with other anxiety and depressive disorders.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Limited impact on personal and social functioning.	• Self Help Materials • Psycho Education Groups • Life Style.	NICE CG 113 All other relevant NICE Guidelines	• Self Help Third Sector. • Primary Care Therapy Hubs.
A B **Step 2**	Symptoms of distress remain after Step 1 interventions have been completed.	In addition Step 1offer CBT (up to 8 sessions).		• Primary Care Therapy Hubs. • Self Help Third Sector.
B C **Step 3**	Significantly disrupts the Individual's daily functioning, preoccupied and intrusive thoughts. Moderate level of emotional distress which may compromise personal wellbeing and safety.	• In addition to steps 1 & 2 offer CBT (16-20 sessions). • Short Pharmacological Support as per NICE guidance. • Recovery College Support.		• Specialist Mental Health Services. • Recovery College.
C D **Step 4-5**	Severely impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's wellbeing and personal safety. Individual presents with other complex co- occurring mental health needs.	May requires High intensity MDT Input CBT (20+ sessions). Other therapies for example. Psychotherapy, Pharmacological Intervention and Safety Planning.		

6.3 Obsessive Compulsive Disorder/Body Dysmorphic Disorder

Obsessive Compulsive Disorder (OCD) is characterised by the presence of either obsessions or compulsions, but commonly both. The symptoms can cause significant functional impairment and/or distress.

Body Dysmorphic Disorder (BDD) is characterised by a preoccupation with an imagined defect in one's appearance, or in the case of a slight physical anomaly, the person's concern is markedly excessive.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Recent onset of obsessional thinking and/or compulsive behaviours. Limited impact on personal and social functioning.	Low intensity interventions: Brief individual or CBT (including ERP) using structured self-help materials. Brief individual CBT (including ERP) by telephone. Group CBT (including ERP) (note, the patient may be receiving more than 10 hours of therapy in this format).	NICE CG 31 All other relevant NICE Guidelines	• Self Help Third Sector. • Primary Care Therapy Hubs.
A B **Step 2**	Symptoms of distress remain after Step 1 interventions have been completed.	In addition Step 1 offer individual or group CBT (up to 6- 8 sessions). Recovery College Support.		• Primary Care Therapy Hubs. • Self Help Third Sector. • Recovery College.
B C **Step 3**	Significant impact on individual's daily functioning, preoccupied and high levels of emotional distress which may compromise personal wellbeing and safety.	In addition to steps 1 and 2 offer CBT (10+ sessions). Pharmacological interventions in line with NICE guidelines. Recovery College Support.		• Specialist Mental Health Services.
B C **Step 4-5**	Severely impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's wellbeing and personal safety. Individual presents with other complex co-occurring mental health needs.	May requires High intensity MDT Input CBT (20+ sessions). Other therapies for example. Psychotherapy, Pharmacological Intervention and Safety Planning.		

6.4 Schizophrenia

Schizophrenia is a major psychiatric disorder, or cluster of disorders, characterised by psychotic symptoms that alter a person's perception, thoughts, affect, and behaviour. Typically there is a prodromal period often characterised by some deterioration in personal functioning. The prodromal period is usually followed by an acute episode marked by ha llucinations, delusions, and behavioural disturbances. Following resolution of the acute episode, usually after pharmacological, psychological and other interventions, symptoms diminish and often disappear for many people, although sometimes a number of negative symptoms may remain. This phase, which can last for many years, may be interrupted by recurrent acute episodes, which may need additional intervention.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
D **Step 1-2 Recognition**	For those at ultra-high risk for developing psychosis.	• Brief individual or group CBT including Exposure and Response Prevention (ERP – up to 10 hours). • Self-help materials.	NICE CG 82, 178 All other relevant NICE Guidelines	• Primary Care Therapy Hubs.
C D **Step 3-4**	Moderate or high impact associated with persistent residual symptoms.	• CBT (16+ sessions for 6 months). • Family Interventions (minimum 10 planned sessions). • Supported Employment		• Specialist Mental Health Services.
B C D **Step 5**	Severe impact on individual's daily functioning, likely to be of concern to others. Individual may be treatment resistant	• CBT (16+ sessions for 6 months). • Family Interventions (minimum 10 planned sessions). • Consider art therapies. • Keep psychological therapies under review.		

6.5 Bipolar Disorder

Need Category Description	Impact	Recommended Intervention	Guideline Reference	Provider
D **Step 1-2 Recognition**	Symptoms of overactive disinhibited behaviour. Refer urgently individuals without a diagnosis with mania or severe depression who are at risk to self or others. Refer urgently an individual with bipolar disorder with acute symptoms of mania or depression.	• Assessment required. • Structured exercise, goal-directed activities, social support. • Safety planning for patients at risk.	NICE CG 38 All other relevant NICE Guidelines	• Primary Care Therapy Hubs. • Referral to Specialist Mental Health Services
B C **Step 3-4**	Significant impact on individual's daily functioning, preoccupied and high levels of emotional distress which may compromise personal wellbeing and safety.	• Structured exercise, goal-directed activities, social support. • Safety planning for patients at risk. • If symptoms persist, follow advice for moderate/severe depression. • CBT (16-20 sessions) • Family focused therapy (FFT). • Group Psychoeducation. • Interpersonal and Social Rhythm Therapy (IPSRT). • Befriending/social support.		• Specialist Mental Health Services
D **Step 4-5**	Severely or chronically impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's wellbeing and personal. Individual may be treatment resistant.	• Individuals with severe depression without psychotic symptoms follow Steps 3 and 4. • Individuals with acute mixed symptoms should be monitored weekly, particularly for suicide risk.		• Specialist Mental Health Services.

6.6 Depression

Depression is a broad and heterogeneous diagnosis, characterised by depressed mood and/or loss of pleasure or interest in most activities. Severity of the disorder is determined by both the number and severity of symptoms and the degree of functional impairment. In addition to depressed mood and loss of enjoyment/interest, there are other cognitive, emotional and somatic changes. Cognitive symptoms can include hopeless thoughts and suicidal ideas as well as concentration difficulties and indecision. Additional emotional symptoms include feelings of guilt or worthlessness. Anxiety is another emotional symptom that often co-occurs with depression although is not a diagnostic criterion. For a diagnosis symptoms need to be present for at least 2 weeks (although often persist for months) and cause disruptions to the person's ability to care for themselves and cope at work, school/college or in their relationships.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Limited impact on personal and social functioning. Less than 5 depressive symptoms. Risk is low.	• Self-help materials. • Computerised CBT. • Structured exercise. • Recovery College Support.	NICE CG 90,91,28	• Self Help Third Sector. • Primary Care Therapy Hubs. • Recovery College.
A B **Step 2**	Moderate impact on personal and social functioning.	• Self-help materials. • Computerised CBT. • Structured exercise. • Recovery College Support.		• Primary Care Therapy Hubs.
B C **Step 3**	Significant impact on individual's daily functioning, preoccupied and high levels of emotional distress which may compromise personal wellbeing and safety.	• CBT, IPT or BA with supplementary written materials (8-16 sessions). • Keep under review • Pharmacological interventions in line with NICE guidelines. • Relapse prevention – consider Mindfulness (8 2hourly weekly groups).		• Specialist Mental Health Services. • Recovery College.

6.6 Depression

Need Category Description	Impact	Recommended Intervention	Guideline Reference	Provider
B C **Step 4**	Severely impacts on all aspect of personal, social, physical, psychological and occupational functioning which significantly compromises the individual's well-being and personal safety. Individual may present with other complex co- occurring mental health needs. Individual may be treatment resistant.	• CBT, IPT, BA or BCT with supplementary written materials (up to 20 sessions). • Keep under review • Pharmacological interventions in line with NICE guidelines. • If individual declines antidepressant medication, consider counselling (6-10 sessions) or psychodynamic therapy (16-20 sessions).	All other relevant NICE Guidelines	• Specialist Mental Health Services.
D **Step 5**	Severely impacts on all aspect of personal, social, physical, psychological and occupational functioning which significantly compromises the individual's wellbeing and personal safety. Individual may present with other complex co- occurring mental health needs. Individual may be treatment resistant.	• May requires high intensity MDT Input, including healthcare • CBT, IPT, BA or BC (20+ sessions) . • Pharmacological interventions in line with NICE guidelines. • Safety Planning. • Integrative approaches to address multiple needs.		• Specialist Mental Health Services.

6.7 Borderline Personality Disorder

Borderline personality disorder (BPD) is characterised by significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour. There is a pattern of sometimes rapid fluctuation from periods of confidence to despair, with fear of abandonment and rejection, and a strong tendency towards suicidal thinking and self-harm. Transient psychotic symptoms, including brief delusions and hallucinations, may also be present. It is also associated with substantial impairment of social, psychological and occupational functioning and quality of life. People with borderline personality disorder are particularly at risk of suicide. (NICE CG78 January 2009).

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A B **Step 1 Recognition**	Symptoms of persistent risk-taking behaviour including self-harm, emotional instability.	• Refer to Mental Health Services for assessment.	NICE CG78 All other relevant NICE Guidelines	• Primary Care Therapy Hubs.
B C **Step 2-3 Crisis Mngt**	For an individual with an existing diagnosis who presents to primary care in crisis.	• Offer follow up appointment. • Refer to Mental Health Services.		• Mental Health Services. • Specialist Mental Health Services.
B D **Step 4**	Significant impact on individual's daily functioning, preoccupied and high levels of emotional distress which may compromise personal wellbeing and safety. Individual may present with other complex co-occurring mental health needs.	• In addition to steps • 1 & 2 offer CBT (30+ sessions over 1 year). • SFT (twice weekly over 3 years). • DBT (twice weekly for 1 year). • Do not use brief Interventions (less than 3 months). • Consider pharmacological interventions only in treatment of co-occurring conditions and in line with NICE guidelines.		• Specialist Mental Health Services.
D **Step 5**	Severely or chronically impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's well-being and personal safety. Individual presents with other complex co- occurring mental health needs. Individual may be treatment resistant.	• MBT (2/3 times weekly over 18 months) • Consider pharmacological interventions only in treatment of co-occurring conditions and in line with NICE guidelines. • Follow NICE Self Harm CG 16 to manage episodes of self-harm or attempted suicide.		

6.8 Alcohol Problems

Acute alcohol withdrawal: the physical and psychological symptoms that some people can experience when they suddenly reduce the amount of alcohol they consume when they have previously been drinking excessively over a prolonged period of time.

Alcohol dependence: A cluster of behavioral, cognitive and physiological factors that typically include alcohol cravings, a high tolerance and preoccupation with alcohol. It is also associated with an increased rate of significant mental and physical disorders.

Alcohol-use disorders: These cover a wide range of mental health problems as recognized within DSM-IV and ICD-10, including hazardous and harmful drinking and alcohol dependence.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A B **Step 1-2**	Limited impact on personal and social functioning.	• Brief interventions (10 – 45 minute sessions). • Written materials. • Structured CBT.	NICE CG 100, 115 All other Relevant NICE Guidelines	• Self Help Third Sector. • Primary Care Therapy Hubs. • Community Addiction Services.
B C **Step 3**	Significant impact on individual's daily functioning. Regular pattern developing with increased frequency of episodes. Avoidance behaviours.	• As per Step 1.		• Community Addiction Services.
B D **Step 4**	Severe impact on individual's daily functioning, preoccupied and high levels of emotional distress which will compromise personal well-being and safety.	• CBT/Family Therapy/Coping Skills/Social Behaviour Network Therapy/Positive Reinforcement Approaches. • Signpost to AA attendance.		
D **Step 5**	Severely or chronically impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's well-being and personal safety. Individual may be treatment resistant.	• As per Step 4.		

6.9 Substance Misuse

Substance/Drug Misuse: here relates to opioids, stimulants and cannabis. The patterns of use vary for these drugs, with cannabis the most likely to be used in the UK. Cocaine is the next most commonly used drug in the UK, followed by other stimulants such as amphetamine. Opioids, although presenting the most significant health problem, are used less commonly. A large proportion of people who misuse drugs are polydrug users and do not limit their use to one particular drug. Opioid misuse is often characterised as a long-term, chronic condition with periods of remission and relapse. Although abstinence may be one of the long-term goals of treatment, it is not always achieved.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A D **Step 1**	Limited impact on personal and social functioning.	• Motivational based brief intervention. • Self-help materials. • Recovery College Support.	NICE CG 51,52 All other relevant NICE Guidelines	• Self Help Third Sector. • Primary Care Therapy Hubs. • Recovery College.
B C **Step 2**	Use of cannabis with co-occurring anxiety and/or depression. Use of stimulants with co-occurring anxiety. Use of benzodiazepines with co-occurring panic disorder.	• Individual and/or Group CBT (up to 10 sessions).		• Primary Care Therapy Hubs. • Self Help Third Sector. • Community Addiction Services.
B D **Step 3**	Significant impact on individual's daily functioning. Regular pattern developing with increased frequency of episodes. Avoidance behaviours present. High levels of emotional distress.	• Contingency management. • Behavioural Couples Therapy.		• Primary Care Therapy Hubs. • Community Addiction Services.

6.9 Substance Misuse

Need Category Description	Impact	Recommended Intervention	Guideline Reference	Provider
B D **Step 4**	Significantly impacts on a lot of personal, social, psychological and occupational functioning which may compromise the individual's well-being and personal safety.	• CBT.		• Primary Care Therapy Hubs. • Community Addiction Services.
C D **Step 4**	Significantly impacts on a lot of personal, social, psychological and occupational functioning which may compromise the individual's well-being and personal safety and safety of others. Individual may be treatment resistant.	• CBT/Family Therapy/Coping Skills/Social Behaviour Network Therapy/Positive Reinforcement Approaches • Signpost to AA attendance		

6.10 Eating Disorders

Eating disorders include anorexia nervosa, bulimia nervosa, or other related (or 'atypical) eating disorders (mainly binge eating disorder).

Anorexia Nervosa (AN) is a syndrome in which the individual maintains a low weight as a result of a pre-occupation with body weight, construed either as a fear of fatness or pursuit of thinness. In younger people, the diagnosis may be made in those who fail to gain weight during the expected growth spurt of puberty, as they can become underweight without weight loss.

Bulimia Nervosa (BN) is characterised by recurrent episodes of binge eating and secondly by compensatory behaviour (vomiting, purging, fasting or exercising or a combination of these) in order to prevent weight gain. Binge eating is accompanied by a subjective feeling of loss of control over eating. Self-induced vomiting and excessive exercise, as well as the misuse of laxatives, diuretics, thyroxine, amphetamine or other medication, may occur.

Binge Eating Disorder (BED) is characterized by episodes of binge eating, but individuals do not try to control their weight by purging. BED may have an effect on the individual's social life and relationships.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Limited impact on personal and social functioning. Occasional distress in one or two specific situations	• Self-help materials and primary care advice • Recovery College support	NICE CG 9 All other relevant NICE Guidelines	• Self Help Third Sector • Primary Care Therapy Hubs • Recovery College
A B **Step 2**	Symptoms of distress remain after Step 1 interventions have been completed.	• In addition Step 1 follow evidenced-based self-help programme for BN and BED		• Primary Care Therapy Hubs • Self Help Third Sector
B C **Step 3,4 & 5**	Significant impact on individual's daily functioning, Regular pattern developing with increased frequency of episodes. Avoidance behaviours present. High levels of emotional distress.	• For AN –CBT/IPT/CAT/MET/ • FIs adapted for EDs • For BN – CBT (16-20 sessions) • For BED - CBT		• Specialist Mental Health Services.

6.10 Eating Disorders

Need Category Description	Impact	Recommended Intervention	Guideline Reference	Provider
B D **Step 4**	Significant impact on individual's daily functioning, Regular pattern developing with increased frequency of episodes and preoccupation. Significant impact on the individual's wellbeing and personal safety. Individual may be treatment resistant.	• Follow Step 3 for Psychological Interventions and will involve Combined Therapies (CBT/IPT/CAT/FI). Acute medical or inpatient mental health interventions may also be required.	NICE CG 9 All other relevant NICE Guidelines	
D **Step 4**	Chronic impact on individual's daily functioning wellbeing and personal safety. Regular pattern developing with increased frequency of episodes and preoccupation. Individual may be treatment resistant.			

6.11 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum

The term **Autism Spectrum Disorder (ASD)** is used to cover conditions termed autism, atypical autism and Asperger's Syndrome. These are complex developmental disorders, behaviourally defined, that include a range of possible developmental impairments in reciprocal social interaction and communication, and also a stereotyped, repetitive or limited, behavioural repertoire. ASD may occur in association with any level of general intellectual/ learning ability and manifestations range from subtle problems of understanding and impaired social function to severe disabilities.

ICD-10 and DSM-IV have similar symptom criteria for diagnosis, based on a triad of impairments, with the behaviours being discrepant relative to the individual's mental age. The diagnostic criteria for ASD continue to develop, and they are likely to change with future revisions. Currently, for a diagnosis of Asperger's Syndrome, there has to be no clinically significant general delay in language (speech or words and phrases by specified times) and no clinically significant general delay in cognitive development. There is not consistent evidence that the separation of Autism and Asperger Syndrome is meaningful in terms of outlook, and it should be noted that clinical usage may not always reflect the definitions in classification systems. For example, the name Asperger's Syndrome may be used as a clinical diagnosis for some individuals who speak well later, but did in fact have early language delay.

Signs that an adult might have an ASD include: social isolation, anxiety or depression; lifelong difficulties, particularly in relation to the social aspects of life and employment; unusual conversational style, tone, content and eye contact; rigidity of thought and behaviour; strong special interests and, unusual sensory responses.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1-2**	Limited impairment and impact on an individual's safety.	• Referral to ASD service for assessment, as per NICE CG.	NICE CG 142 All other relevant NICE Guidelines	• ASD Adult Services

6.11 Autism: recognition, referral, diagnosis and management of adults on the autism spectrum

Need Category Description	Impact	Recommended Intervention	Guideline Reference	Provider
C **Step 3**	Significant impairment in functioning. Individual is preoccupied by their difficulties. May experience anxiety or depression.	• Referral to ASD service for assessment, as per NICE CG. • Co-occurring mental health conditions addressed as per NICE CG		• ASD Adult Services
B C **Step 4**	Significant impact on individual's daily functioning, preoccupied and high levels of emotional distress which may compromise personal wellbeing and safety.	• Provide individualised care to support daily functioning, for example, structured learning, leisure and supported employment programmes. • Co-occurring mental health conditions addressed as per NICE CG.		• ASD Adult Services. • Specialist Mental Health Services.
C D **Step 5**	Severely or chronically impacts all aspect of personal, social, psychological and occupational functioning which significantly compromises the individual's well-being and personal safety, and that of others. Individual may present with other complex co- occurring mental health needs. Individual may be treatment resistant.	• Consider anger management programmes, psycho-social interventions for challenging behaviour, based on functional analysis. • Co-occurring mental health conditions addressed as per NICE CG.		• Primary Care Therapy Hubs. • Community Addiction Services.

6.12 Post Traumatic Stress Disorder (PTSD)/Dissociative Disorders

Post-Traumatic Stress Disorder (PTSD) can develop in people of any age following a stressful event or situation of an exceptionally threatening or catastrophic nature. PTSD does not usually develop following generally upsetting situations such as divorce, loss of job or failing an exam. Effective treatment of PTSD can only take place if the disorder is recognised. PTSD is treatable even when problems present many years after the traumatic event. Symptoms typically associated with PTSD are re-experiencing, avoidance, hyper-arousal and emotional numbing. Persistent re-experiencing of the traumatic event may occur through flashbacks, nightmares, repetitive and distressing intrusive images or sensory impressions. In children, these symptoms may include: re-enacting the experience, repetitive play or frightening dreams without recognisable content. Persistent avoidance of stimuli associated with the trauma can be indicated by avoidance of people, situations or circumstances resembling or associated with the event as well as thoughts feelings and conversations associated with the trauma.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1-2**	Limited impact on personal and social functioning in one or two areas and on personal safety.	• Watchful waiting for 1 month. Follow up contact recommended after this time.	NICE CG26 All other relevant NICE Guidelines	• Primary Care Therapy Hubs.
B D **Step 3**	Significant impact on individual's daily functioning as increase in frequency of episodes. Individual is preoccupied and experiences high levels of emotional distress which may compromise personal wellbeing and safety.	• Trauma-focused CBT.		• Primary Care Therapy Hubs. • Self Help Third Sector. • Mental Health Services.
B C **Step 4**	Highly significant impact on individual's daily functioning as increase in frequency of episodes. Individual is preoccupied and experiences high levels of emotional distress which may compromise personal well-being and safety.	• CBT (8-12 sessions). • Eye Movement. Desensitisation and Reprocessing (EMD).		
C **Step 5**	Severe and enduring impact on all aspect of an individual's personal, social, psychological and occupational functioning which significantly compromises their well-being and personal safety. Individual may present with other complex co-occurring mental health needs. Individual may be treatment resistant.	• May requires high intensity MDT input. • Pharmacological interventions in line with NICE guidelines. • Integrative approaches to address multiple needs.		

6.13 Self Harm

Self Harm is 'self-poisoning or self-injury, irrespective of the apparent purpose of the act'. Many acts of self-harm are not directly connected to suicidal intent. They may be an attempt to communicate with others, to influence or to secure help or care from others or a way of obtaining relief from a difficult and otherwise overwhelming situation or emotional state. The methods of self-harm can be divided into two broad groups: self-poisoning and self-injury. Self-harm can occur at any age but is most common in adolescence and young adulthood. Overall, women are more likely to self-harm than men. Certain psychological characteristics are more common among the group of people who self-harm, including impulsivity, poor problem-solving and hopelessness. Also, people who self-harm more often have interpersonal difficulties.

Need Category Description	*Impact*	*Recommended Intervention*	*Guideline Reference*	*Provider*
A **Step 1**	Occasional distress in one or two specific situations or places with limited impact on personal safety.	• Self-help materials. • Comprehensive assessment of need should be carried out. • Recovery College Support.	NICE CGs 16, 133 All other relevant NICE Guidelines	• Primary Care Therapy Hubs.
A B **Step 2**	Moderate impact on individual's daily functioning as increase in frequency of episodes. Individual is preoccupied and experiences some level of emotional distress.	• Self-help materials/self-help groups. • Consider CBT/Psychodynamic/ Problem-solving therapy. • DBT.		• Primary Care Therapy Hubs. • Self Help Third Sector. • Mental Health Services.
B C **Step 3,4 & 5**	Significant impact on individual's daily functioning as increase in frequency of episodes. Individual has difficulty tolerating anxiety and displays avoidance behaviours. Individual is preoccupied and experiences levels of emotional distress.	• CBT (6 sessions). • Treat associated mental health conditions in line with NICE guidelines • DBT.		• Specialist Mental Health Services.

7.0 References

This guidance has been developed taking account of best practice strategies and guidance.

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