

What can I expect from accessing mental health services at Harrow Talking Therapies?

Initial Assessment

- The purpose of this is to discuss your main difficulties regarding your mental health currently, as we have received a referral from your GP or you referred yourself for therapy.
- You will first go through the mood questionnaires that you will be asked to complete prior to your assessment, and then move onto having a full discussion about your current difficulties.
- In this discussion, you can expect the therapist to ask you questions about the onset of your difficulties, or any potential triggers/symptoms that you may have noticed. This discussion is entirely judgement-free – be as open and honest as you want to be as this is a safe space to discuss your difficulties.
- The assessment will approximately last 45 minutes.
- At the end of the assessment, the therapist will ask you what your expectations are for therapy - this will be where you can discuss your goals.
- The therapist will then briefly discuss the different treatment options that we provide at the service and you can choose what form you would like to receive, for example 1:1 or online therapy.
- It is common to have a different therapist for your treatment. However, if you would like to have the same therapist who assessed you, please make this known during your assessment.

Groups

- Alongside 1:1 or online support, we also have group workshops.
- However, this is not group therapy – so you won't be sharing your experiences with the whole group. These groups are designed to be educational where the therapist will be teaching you techniques and strategies to manage your wellbeing.

Attendance

- It is important for you to attend all your appointments when you are in therapy.

- If you do not attend, or cancel more than 2 appointments, we will assume you do not wish to engage in therapy at this moment and will discharge you back to the care of your GP.

CBT v. Counselling

- In IAPT we offer two types of treatment. These are called **CBT** and **Counselling**
- When you have your initial assessment, the therapist will discuss both of these options with you, giving you the opportunity to think which might be better suited
- CBT and Counselling offer support in different ways, we have outlined this below:

CBT

- CBT is a talking therapy that helps you manage your problems by changing the way you think and behave
- CBT does not remove your problems but helps you manage them in a more effective way
- It encourages you to examine how your actions and thoughts affect how you feel
- CBT is based on the idea that the way you think about a situation affects how you feel and act. In turn, your actions influence the way you think and feel. Therefore, it is necessary to change both thinking (cognitions) and action (behaviours) at the same time
- CBT is an active therapy and you will have tasks to complete in between sessions, trying out different ways of thinking and acting
- The aim is for you to develop the skills to become your own therapist
- CBT can be used for many different situations, including:
 - Depression
 - Anxiety
 - Panic
 - Phobias
 - Social Anxiety
 - Health Anxiety
 - Perfectionism
- You will have up to 6 sessions of CBT and each session lasts for 30 minutes.

Counselling

- Counselling is a type of talking therapy that allows you to talk about your problems and feelings in a confidential environment
- Counselling helps you to understand any issues that might be causing you distress
- Counselling provides a safe and regular space for you to talk and explore any difficult feelings
- The aim is to encourage reflection and exploration of underlying issues, as well as providing a listening, supportive, and containing environment
- A counsellor will not give you advice but instead will help you to find your own insight and understanding of your problems
- Counselling can be used for many different situations, including:
 - Coping with bereavement
 - Relationship breakdowns
 - Exploring sexual identity
 - Depression
 - Childhood difficulties

Step 2 v. Step 3

- Once it has been determined what type of treatment would be most beneficial, the therapist will then think about what level of treatment would also be most beneficial
- In IAPT we have two steps of treatment, the first is called Step 2 and the second is called Step 3
- We will always try to start our clients at the step that is going to be most beneficial for them
- Step 2 treatment will include helping people to develop new skills to help manage common mental health difficulties like worrying, panic, and depression symptoms, and is most often used if an individual is experiencing these symptoms for the first time
- Step 3 treatment will include helping people who might have more long-term difficulties, such anxiety related to specific things (e.g. social situations or health), perfectionism, or low self-esteem.
- At Step 2 you will be working with a Psychological Wellbeing Practitioner (PWP)
- At Step 3 you will either be working with a Cognitive Behaviour Therapist or a Counsellor depending on which treatment you have chosen
- At Step 2 and Step 3 we work with individuals who are presenting with mild to moderate anxiety (including social anxiety, health anxiety), depression, panic, stress, PTSD, and OCD as well as other mild to moderate presentations

Step 4

- In some instances, you may be stepped up to Step 4 for further treatment
- Step 4 is called the Community Mental Health Team and provides more specific and long-term support
- An individual might be stepped up to Step 4 if they have more severe mental health difficulties, for example if they are hearing voices, have experienced multiple and/or complex traumas, are experiencing severe and unmanageable mood swings, or if they are in crisis

Stepping Out

- In some instances, you may be stepped out of the Talking Therapies service
- When you are stepped out this involves signposting or referring to local services, often that provide more specific support
- An individual might be stepped out of the Talking Therapies service if they are experiencing specific difficulties in their life, for example alcohol or drug misuse, relationship difficulties, practical day to day difficulties such as finances or housing

Confidentiality

- Everything that you discuss during your appointments remains entirely confidential between you and the IAPT service
- All information and data is stored on a secure computer system that can only be accessed by the service. No other NHS services can access this system
- It is common practice that we keep your GP up to date with your care. This means that your GP is copied in to any letters that we send to you so they are aware of your treatment plan
- However, if you do not feel comfortable with your GP knowing full details about your treatment then there are two options:
 - Your GP will receive a very basic letter simply outlining that you have been assessed and are accessing treatment, have been assessed and are not accessing treatment, and a final letter outlining that you have completed treatment
 - Your GP does not have to receive any letters unless we have any concerns about your personal safety
- The only time we would ever breach confidentiality, and contact your GP, is if we have any concerns about your personal safety or the safety of those around you



- In these situations, we have a duty of care to act to ensure you are safe. This may involve speaking to your GP or speaking to any other relevant professionals, such as the crisis team
- If we ever have to breach confidentiality we would be informing you of what steps we were taking and why
- We do not disclose any information to any outside parties, including parents, siblings, family, or friends
- We may ask you for an emergency contact number. This is in case we are unable to get through to you and we have any concerns about your safety. This is the only time we would use an emergency contact number