

## Guidelines on who is appropriate for iCope

The iCope service sees adults with anxiety disorders or depression of 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 not suitable for treatment with iCope and the information below outlines the criteria used to aid these clinical decisions.

- 1) 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 sees people with Post Traumatic Stress Disorder (PTSD), but those presenting with complex PTSD – eg multiple traumas or trauma in the context of past sexual abuse or war - will be referred to the Traumatic Stress Clinic.

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 TAP (in Camden) or Practice Based Mental Health Teams (in Islington).

- 2) People presenting with active suicidal risk or risk to others will not be suitable for iCope – will generally be referred to Crisis Response Teams.
- 3) People with a current diagnosis of Borderline Personality Disorder (BPD) where the major presenting problems are related to the personality disorder (eg interpersonal difficulties, emotional dysregulation, active self harm) will not be suitable for iCope.

iCope can work with people who have BPD traits or where the personality disorder problems are very mild (possibly a historical diagnosis?), if the focus of the work is around anxiety or depression.

Please note that NICE BPD guidelines state that for BPD:

‘Treat comorbid depression, post-traumatic stress disorder or anxiety within a well-structured treatment programme for borderline personality disorder’

‘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' (ie structured treatment programme, team approach)

4) 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:

- if they are not under care-coordination
- are currently stably depressed with no recent symptoms of hypomania/mania
- wish to engage in psychological therapy focused on their depression
- 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).

(See R&R criteria)

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:

- if they are not under care-coordination
- 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)
- they are depressed and/or anxious and wish to engage in psychological therapy focused on their depression or anxiety
- 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).

(See R&R criteria)

In these cases referral to iCope will often be after discussion with R&R psychology colleagues to establish where it is most appropriate for the person to be seen.

5) 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.

Some people may benefit from assessment or treatment with a specialist treatment team outside iCope and this will be considered if appropriate.

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.

There are some situations where interpersonal problems make treatment engagement very difficult. People in this situation may often have multiple problems (sometimes including Medically Unexplained 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 TAP (Camden) or the Practice Based Mental Health Team (Islington).

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. PWP's do offer 'community links' – 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.

iCope is able to 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 that is happening people are unlikely to be able to use the service at that time, so will be discharged.

- 6) 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 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, the service works closely with local SMS services who can provide an overall management plan for those who may need initial work around their substance misuse. This can then be followed by iCope interventions around anxiety and depression.
- 7) iCope will work with people who have mild learning disabilities, ADHD or ASD if the focus of work is anxiety or depression and the person is able to engage with a structured psychological intervention.
- 8) People presenting with problems relating to anger may be seen in iCope if this is associated with anxiety or depression. If this is not the case they will be signposted to other services or resources dealing specifically with anger management problems.
- 9) People who meet diagnostic criteria for an Eating Disorder are not seen in iCope and will 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.