

Bucks Talking Therapies: Supporting people with mild to moderate mental wellbeing needs

Mandy Stephens - Senior Psychological Wellbeing Practitioner
Dr Charlie Wykes— Clinical Psychologist & Senior Locality lead (North)
Camerom Begley- Senior Psychological Wellbeing Practitioner



for anxiety and depression

Service provided by Oxford Health NHS Foundation Trust

BTT: the Buckinghamshire Talking Therapies Service

Team of Psychological Wellbeing Practitioners (PWP) and Psychological Therapists

- ❖ Delivering NICE compliant therapies
 - ❖ Integrated service addresses employment & social concerns promotes return to normal functioning and improved mental wellbeing.
 - ❖ Referrals – Primary Care Professionals & Self Referral
 - ❖ Accessible remotely & via Primary Care/Community Venues
 - ❖ Operate stepped care model
 - ❖ Session by session outcomes monitoring
 - ❖ Integrated care pathways – mental & physical health
 - ❖ Choice
- 

Stepped Care Model

Step 4 – Secondary Care (e.g. CMHT)

Eating Disorders, Drug & Alcohol, severe OCD, severe depression, Bipolar disorder, psychosis

Step 3 – Primary Care (High Intensity Therapy)

Moderate to severe depression, mild to moderate anxiety, OCD, social phobia, PTSD

Step 2 – Primary Care (Low Intensity Therapy)

Mild to moderate depression or anxiety

Step 1 – Active monitoring (often GP)

Psychological problem identified, PHQ-9 and GAD-7 completed at least 5 weeks apart
Patient direct to self-help materials

(M) How many come to us?

- Increase in need
 - 2020-21: 8700 entered treatment
 - 2023-24 10698 entered treatment
 - 2024-25 11343 is our target
- Mild to severe depression / low mood
- Common anxiety disorders including:
 - OCD
 - Social Anxiety
 - Phobias
 - Generalised Anxiety Disorder
 - Post-traumatic Stress Disorder (PTSD)
 - Panic
 - Health Anxiety
- People with long-term health conditions or employment difficulties who also have anxiety and/or depression

How fast to treatment?

- From initial referral to assessment – less than a working week
 - From assessment to step 2 treatment – days to a week or so
 - From step 2 treatment or assessment to step 3 treatment – weeks to a few months – longer waits usually because of limited availability of client (eg 3 PM on a Friday only = likely long wait)
- 

For Specialist services

- Active **risk of harm to self/ current suicidal intent** or recent suicide attempt or still in crisis.
- Active **risk of harm to others** or recent history of **violence**.
- **Complex needs** requiring multi-disciplinary input or longer-term psychological input (or currently being seen in AMHTs, EIS, Older Adults CMHTs, Complex Needs Service, or receiving Specialist Psychological therapy, or who have recently dropped out of this appropriate care.)
- Factors that will make engagement in brief psychological interventions likely to be ineffective, unhelpful, contravene NICE guidance and/or requiring MDT input:
 - A diagnosed Personality disorder, bipolar disorder, or psychosis
 - Complex PTSD (type 2) as the primary problem
 - A primary problem of eating disorders or substance misuse
 - Significant psychosocial or physical health factors
 - Where ongoing home visits are required.

Examples of what we offer (NICE recommended)

- **STEP 2:**

- Supported Computerised CBT (cCBT)
- Psycho-educational courses covering a range of topics
- 1-1 telephone or MS Teams or F2F Work – guided self-help

- **STEP 3:**

- Bespoke ICT packages for Social Anxiety and PTSD
 - Remote (MS Teams), F2F or Group
 - Cognitive Behavioural Therapy (CBT) for Anxiety Disorders & Depression
 - Interpersonal Psychotherapy (IPT), Dynamic Interpersonal Therapy (DIT) or Counselling for Depression (CfD) for depression
 - Couples Based Psychotherapy for Depression (in partnership with **Relate**)
 - Eye-movement Desensitisation & Reprocessing (EMDR) therapy
 - Mindfulness Groups
- 

(CW) Interaction - physical and psychological health

- ❖ 30% of the population have one or more Long Term (physical Health) Condition
 - ❖ People with LTC/MUS are 2/3 times more likely to have a MH problem
 - ❖ Mental health needs of people with LTC/MUS are often overlooked
 - ❖ People with LTC/MUS are under -represented in MH services
 - ❖ 70% of money spent on health and social care
 - ❖ Co-morbid LTC and MH raise costs of health care by at least 45%
 - ❖ Recovery from both physical and mental health problems is closely linked
- 

How can Psychological Intervention help with LTC?

- ❖ Facilitate adjustment to new diagnosis
 - ❖ Treat anxiety or depression triggered by LTC
 - ❖ Treat impact of pre-existing mental health problems on management of LTC
 - ❖ Improve treatment adherence
 - ❖ Reduce unhelpful behaviours that might impact on physical health
- 

(CB) A Typical Client Journey Through BTT



REFERRAL



ASSESSMENT



TREATMENT



**DISCHARGE
PLANNING**



**POST-DISCHARGE
SUPPORT**

Referral

By telephone

Our self-referral telephone number is: 01865 901 600.

Our telephone opening hours are:

- Monday to Thursday: 7.00am to 7:30pm
- Friday: 7.00am to 5.00pm.

Please note that our phone lines are not open on Bank Holidays.



Healthcare professional referral

We also accept referrals from your GP and other healthcare professionals

You can refer patients on their behalf by following this link:

[Primary health care professional referral](#)



By text

Text TALK and your name to: 07798 667 169.

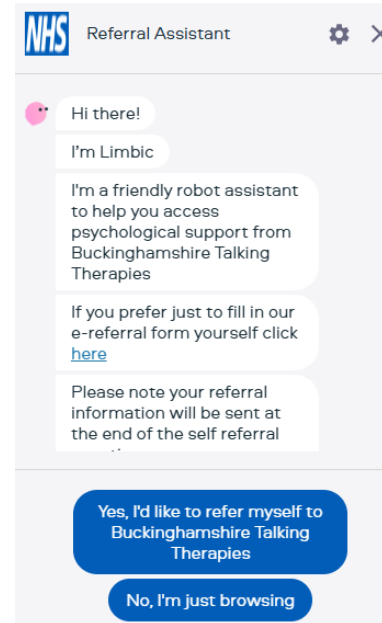


Via our website

Please complete our online [self referral form](#)

➔ [Self-refer online](#)

[Limbic self-referral assistant](#)



The screenshot shows a chat window titled "Referral Assistant" with the NHS logo. The chat history includes a greeting "Hi there!", the user's name "I'm Limbic", and a message from the assistant: "I'm a friendly robot assistant to help you access psychological support from Buckinghamshire Talking Therapies". The assistant then offers a link to the e-referral form: "If you prefer just to fill in our e-referral form yourself click [here](#)". A final message states: "Please note your referral information will be sent at the end of the self referral ...". At the bottom, there are two blue buttons: "Yes, I'd like to refer myself to Buckinghamshire Talking Therapies" and "No, I'm just browsing".



Assessment

- Otherwise known as a 'Brief Screening Assessment' or BSA for short.
 - Typically done over the telephone or face to face by request.
 - The assessment takes between 45 minutes to an hour to complete.
 - Completed with one of our trained therapists.
 - Within the assessment, we will confirm your current circumstances e.g home address, GP surgery, NOK etc, complete a standard risk assessment and, importantly, explore your current mental health difficulties and determine whether we are the right service to support you with your goals.
- 

Treatment

Typically, most people start therapy at Step 2 (Low Intensity Interventions)

Pure Self-Help



- Self Help Guides
- 4 Week review

CCBT



- Silvercloud
- Highly personalized Programmes
- 6 online reviews with a clinician.

Psychoeducational Course



- NOT GROUP THERAPY
- Low Mood and Stress & Anxiety Management
- 2 hours a week for consecutive 6 weeks
- Online and face to face

Guided Self-Help



- 1:1 sessions with either a trainee or qualified PWP.
- 30-minute sessions for 6 weeks.
- Telephone, digital or face to face.

(CW) Treatment at step 3

Groups for low mood, worry, low self esteem, OCD, mindfulness and stabilisation for trauma work

1-1 evidence-based therapy – 50-minute sessions (usually) in person or over MS Teams

CBT

EMDR or CBT for trauma

A range of non-CBT interventions for depression where interpersonal factors are contributing – DIT, IPT, Counselling for Depression, Couples Counselling for Depression

Typically, 12 sessions, may be up to 20

Therapy usually requires home tasks – trying out new ways of behaving, noticing and challenging thinking styles that are no longer helpful, being willing to enter feared situations with therapist support

(CB) Discharge Planning

- Towards the end of your treatment, your clinician will begin to introduce the idea of how you can maintain progress after treatment.
- You may consider having a review call in 4 weeks time to see how you manage without support.
- At Step 3 this may be at 3 months
- You may feel confident in being discharged directly back into the care of your GP.

Whatever the decision, the door is always open to re-refer yourself at any point in the future.



Post Discharge Support

- Clients who have completed their treatment with BTT will be offered the opportunity to join our Peer Support Groups.
- These groups are facilitated by our trained Peer Support Worker and focus around sharing your own lived experience of mental health and learning from other's shared experiences.
- Topics are chosen by the participants and have included living with depression / anxiety, overcoming loneliness and living with a long-term health condition
- These are run every 4 weeks digitally and every 8 weeks in person in Aylesbury.



Our People Bank

- Service user involvement is essential to support NHS Buckinghamshire's Talking Therapies improvement and development.
- We are on the lookout for ex-service users who wish to be involved with:
 - Consultation of new materials
 - Recruitment
 - Training
 - Service promotion / evaluation



(M) Specific Groups we support at BTT

- Older adults.
 - Clients with Long Term Conditions- Long Term conditions Self management Course & Moving more with a LTC Course.
 - Pulmonary Rehabilitation Clients- community based with specialist nurses.
 - Perinatal/Postnatal Adults –Post Natal Wellbeing Group. Fathers also supported.
 - Substance Use Clients – drug, alcohol & other substances. Links to One Recovery Bucks.
 - Neurodivergent Clients.
 - Weight Management with Weigh Forward Bucks.
- 

How do we support these Groups:

- All clinicians are trained to provide support and consider the needs for individual groups.
 - Adaptations to therapy considering individual needs.
 - Links to specialist services and liaising with involved services for example Health Visitors or GP's.
 - Specialist work streams for advice & support within BTT team.
 - Signposting and Referrals to other services for support.
- 

Way Through Employment Support

Employment specialists can offer:

We support clients to Retain and Regain Employment

Our Retain Service supports people who are experiencing difficulties due to anxiety, depression or other common mental health issues, to retain employment. We aim to support you to maintain your employment when problems arise whether you are currently in work or off sick. Bullying and harassment

Our Regain Service supports people who are unemployed but who want to return to employment or training.

Support is provided in a variety of ways including virtually via Microsoft Teams, telephone, email, face to face (subject to needs and Infection Prevention Control protocols) and group workshops.



(CW) TT Staff Training and Competencies

- Workforce majority - trainee and qualified Psychological Wellbeing Practitioners (PWP), and CBT therapists, Relational Therapists
 - ❖ Various levels of training in assessing and treating common mental health conditions
 - ❖ Top up training for LTCs, and working with older people
 - ❖ Cognition with relation to ageing process, and adapting sessions for those with cognitive impairment
- No specific training in neurological conditions including psychological sequelae
- Not trained or expected to use/interpret cognitive screening tests



- Questions and discussion

