About this guide

The following information we hope will be of help to GPs and other health professionals when they are deciding where to refer their patients for help with mild to moderate mental health difficulties. It has been written by Katy Grazebrook with input from the IAPT GP Leads and Greenwich Mind. Secondary mental health services have been consulted on the contents.

If you would like to give us any comments about how to improve this, or other things we should add, please let us know by contacting katy.graebrook@oxleas.nhs.uk

If you would like us to come and talk at your practice meeting – please invite via Katy Grazebrook (as above) or your practice based therapist.

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1. The Greenwich Time to Talk - service context.

The Greenwich Time To Talk (GTTT) service has been commissioned by NHS Greenwich, to deliver evidence-based psychological therapies for Common Mental Illness (i.e. anxiety and/or depression) for adults aged 18 and over, and who live in Greenwich or have a Greenwich GP. The service was specifically commissioned to bring together existing psychotherapy, counselling and primary care mental health services by developing a centralised referral and triage system.

Cognitive Behavioural Therapy as an effective evidence-based therapy would be made available in Greenwich, as there had been very limited availability prior to GTTT, and is part of the Government’s ‘Improving Access to Psychological Therapies’ (IAPT) programme.

NHS Greenwich also commission services from Independent Counsellors, Greenwich Mind, and Metro, and Secondary Care services from Oxleas Mental Health Services.

Greenwich Time To Talk provide a ‘single point of access’ to the counsellors and CBT practitioners directly employed within the GTTT service as well as the Independent Counsellors who are hosted by 4 GP practices.
2. Summary of NICE guidelines and Criteria for Greenwich Time to Talk

NICE guidelines recommend CBT for the different anxiety disorders and depression. Counselling is recommended for depression, Interpersonal therapy is recommended for depression, and Behavioural Couple’s therapy is recommended only for people with major depression where the relationship may be contributing to the maintenance cycle.

NICE recommend a ‘stepped care’ approach where people are offered the least intensive intervention first and ‘stepped up’ as appropriate. GTTT offer services at Step 2 and Step 3 as described below.

**Step 2/3 - Assessment and Information intervention (1 – 3 sessions)**

**Step 2** - Provides evidence based psychological therapies in the form of supported self-help, psycho-educational groups and Computerised CBT (cCBT). The recommended treatment dose for Step 2 is 1 – 6 individual sessions (face to face or over the telephone) and 6 – 8 sessions for groups.

**Step 3** - Provides evidence based psychological therapies in the form of individual cognitive behavioural therapy or counselling. GTTT delivers NICE guideline recommended treatments for the recommended treatment dosage; 6 – 8 sessions of counselling, and 6 – 18 sessions of individual CBT. Depression, PTSD, complex OCD and social phobia treatment may last for 12 – 18 sessions.

The team consists of Psychological Well-being Practitioners (Step 2), counsellors and cognitive behavioural psychotherapists (Step 3). There are **no** psychiatrists, social workers or other mental health professionals in the team.

**Step 0 and Step 1 –** Watchful waiting (to see if problems persist) and signposting (for practical help/social problems) are meant to be provided by GPs and other professionals in contact with the patient.

**Step 4 and Step 5 –** Treatment for more complex presentations of Anxiety and Depression and other more complex disorders and severe mental illness are provided by Secondary Care Mental Health Services. Access to psychiatrists is only available at Step 4 or 5.

Clients referred to the GTTT service may receive up to 3 treatment interventions consecutively, according to the Stepped care model recommended in the NICE guidelines for anxiety and depression:

- Step 2/3 Extended assessment (intervention = psycho-education, self-help material and/or signposting).
- Step 2 intervention – individual or group psycho-education, guided self-help, supported cCBT
- Step 3 intervention – individual or group CBT, or counselling
Criteria for Greenwich Time to Talk:

**Depression**
The patient has symptoms of mild to moderate depression characterised by feeling down, depressed or hopeless and having little interest or pleasure in doing things. There may be marked self-critical thoughts, guilt, or concern that others will judge them as worthless or useless with obvious avoidance of situations or responsibilities leading to social isolation. They may have thoughts that life is not worth living and suicidal ideas. All of these symptoms may be accompanied by low energy, changes in appetite, weight or sleep pattern, and poor concentration.

**Anxiety**
The patient has symptoms of obvious but mild to moderate anxiety characterized by intense bouts of fear and apprehension about ‘catastrophic predictions’, avoidance of situations or triggers of anxiety, or worry about several areas most of the time. In all the cases of anxiety there should be an element of ‘abnormal fear’ or ‘catastrophising’ beyond how most other people would interpret the situation.

*Panic attacks* – Intermittent intense bouts of fear with marked physical sensations where the person is convinced they are about to die, go mad or lose control with marked avoidance of situations associated with the panic attacks.

*Agoraphobia* – unfounded fear triggered by external stimuli and marked avoidance of going out.

*Simple phobia* – fear associated with a specific trigger, marked avoidance of the trigger (blood, needles, heights, dogs, birds, public toilets etc.)

*Social phobia* – fear of being judged negatively by others in specific situations e.g. eating in public, attending social events, public speaking, marked avoidance of such situations.

*Generalised Anxiety Disorder* – fear/worry about several areas most of the time, over-arousal, irritability, poor concentration and sleep.

*Health Anxiety* – unfounded fear or worry about physical illness, frequent checking of bodily functions and reassurance seeking from GP and others.

*Obsessive Compulsive Disorder* is characterised by the presence of either obsessions or compulsions, but commonly both. An obsession is an unwanted intrusive image or urge that repeatedly enters the person’s mind. Compulsions are repetitive behaviours or mental acts that the person feels driven to perform. These can be either overt and observable by others, such as checking that a door is locked, or a covert mental act that cannot be observed, such as repeating a certain phrase in one’s mind. Symptoms can cause significant functional impairment and/or distress.

*Post Traumatic Stress Disorder* symptoms occur after a life-threatening or traumatic event, and may be following chronic long lasting traumas such as sexual or physical abuse. Symptoms are characterized by…..
Re-experiencing – flashbacks, nightmares, repetitive and distressing intrusive images or sensory impressions.
Avoidance – avoiding people, situations or circumstances resembling or associated with the traumatic event.
Hyperarousal – hypervigilance for threat, exaggerated startle response, sleep problems, irritability and difficulty concentrating.
Emotional numbing – lack of ability to experience feelings, feeling detached from others people, giving up previously significant activities, amnesia for significant parts of the event. Depression, drug or alcohol misuse, anger
Unexplained physical symptoms (resulting in repeated attendance at GP).

Single event traumas are treatable in a primary care setting. Multiple or complex traumas (such as gang rape, war atrocities, witness to murder etc), or people with dissociative symptoms, need to be treated in specialist services. If there is a layering of trauma (e.g. experienced childhood sexual, emotional or physical abuse, or domestic violence and additional single event trauma) then the client will not be treatable in primary care.

Immediate risk - Where the patient presents with considerable immediate risk to self or others due to their mental health (e.g. children in their care), please consider urgent referral to the secondary mental health service at Ferryview/QE. *We are not able to see people urgently as we are not a crisis service, and it is highly likely that there will be a wait before they receive treatment. If you think that the client is too high risk for this, then you should refer them to specialist mental health services for crisis support. If they need crisis support but are not at risk of suicide, then Greenwich Mind Crisis Counselling service may be of benefit.*

*Actively suicidal – assess and refer to A&E or Rapid response, do not send to GTTT.*

**Assessment and Shared Care (ASC) Team** provides the Rapid Response Service – 020 8319 5500
Monday to Friday 9 to 5
3. Who will benefit most from the psychological therapy service at GTTT?

The service is designed to be most effective for people with diagnosable problems which are not too entrenched/severe. This may be a difficult judgement call, people need to be more than emotionally distressed due to social circumstances or recent life events and yet not so severely effected that their difficulties are impacting on several areas of their life, resulting in a complex presentation requiring psychiatric and/or multi-disciplinary input.

The following may be helpful in making this assessment:

- They have a first presentation of anxiety or depression.
- The symptoms have lasted for more than 3 months.
- You are thinking about prescribing an anti-depressant or anxiolytic.
- Your assessment reveals that social difficulties are not the main problem.
- Your assessment reveals that there are no signs of symptoms indicative of severe mental health problems (hallucinations, delusions, over-valued ideas, mania, repeated major depression, repeated self-harm/suicide attempts, emotional lability or repeated interpersonal relationship problems).
- The presence of an anxiety disorder may be impacting on their everyday functioning, but they are not housebound.
- The person does not need a psychiatric opinion and there are no other complexities such as neurological queries.
- The person does not have a long psychiatric history, where several interventions (including medication) have already been tried.
- The person has not already received treatment from secondary care mental health services or had an inpatient psychiatric admission.
- The person has not recently attempted suicide (in last 3 – 6 months).
- The person does not have a problem of drug or alcohol use which will interfere with therapy or is maintaining their difficulties.

Important factors:

- The person must want to do something about their difficulties.
- The difficulties need to be within the person's control e.g. their view about the situation is more hopeless or fearful than another person in the same situation, therefore we have something ‘psychological’ to work with, rather than intractable social problems.
- The person needs to be organized enough to attend appointments regularly.

The client is more likely to engage if:

- They have seen the GP at least 2 times about their mental health problem.
- The GP is able to talk to the client about the benefits of psychological therapy (but not give them unrealistic expectations).
- The client still has the problem at the time they are offered an appointment.

Clients are expected to attend their appointments on a regular basis and do ‘homework’ in between sessions. They are expected to be motivated to help themselves and read the material given and think about what was talked about in the session, and to try out different ways of behaving in between sessions. They need to be able to tolerate distress, as therapy will require people to come out of their comfort zone.
4. Services for people who do not meet the criteria for GTTT

Watchful Waiting
The majority of patients recover from emotional distress within 3 months without any intervention from services (Sobell 2000).

- GPs/other professionals, in their routine contact with patients listen to and advise patients (i.e. provide problem solving and emotional support).
- Help the patient identify people who could provide them with emotional support by asking them if there is anyone else they could talk to.
- Signpost to practical sources of help or problem specific support agencies (housing, benefits, domestic violence, bereavement, parenting, caring responsibilities, etc).
- If the client does not have friends/family and no ‘specified problem’ that another agency may help with – please suggest phone support such as Greenwich Mindline (Tel 020 8853 1735).
- GPs/other professionals undertake ‘watchful waiting’, whereby they see the patient again 1-3 months later to see if ‘natural recovery’ has occurred.
- GPs/other professionals may consider discussing services available at: Greenwich Mind, other voluntary sector counselling organisations, or private therapists.

If you are worried about the impact of the person’s difficulties on their children, please refer to Children’s Social Services Initial Response and Assessment Service (IRAS) on Tel 020 8921 3172.

Emotional Distress caused by….

**Difficult life events** such as bereavement, relationship breakdown, domestic violence/bullying, worry about problems being experienced by family members/friends etc, please refer to Cruse, Relate, TRYangle (domestic violence), Women’s Aid, Mankind, or general counselling organisations such as Greenwich Mind. The PCT commission services from Cruse and Greenwich Mind to help with these difficulties.

**Significant social stressors** such as debt/money problems, homelessness or insecure housing, immigration status worries, asylum seekers, please advise the patient about appropriate services that will be able to offer practical help and advice, e.g. Citizens Advice and Greenwich Council.

**Drug or alcohol use** to a significant degree (problematic use/dependency), please refer to drug/alcohol services (Greenwich Addiction Service, CRI). These services will then refer on to Greenwich Time to Talk once these issues are being addressed and drugs/alcohol are only being used as a coping strategy for anxiety symptoms, rather than as a result of habit or addiction problems.

If the person is using alcohol or substances but this is **not** significant or problematic, and where they also have diagnosable anxiety or depression, it would be appropriate to refer to GTTT.

**Post Traumatic Stress Disorder (PTSD)** If the person has experienced a single event trauma such as a Road Traffic Accident or Assault, they should be referred to Greenwich Time to Talk. If the person is in the process of litigation, it may be helpful for them to discuss
their psychological treatment needs with their solicitor. They may be given an advance for therapy. There are many private therapists who are specialists in this area.

Severe trauma or multiple event trauma (gang rape, witness to murder, war atrocities, torture, long term sexual or physical abuse) or if there is a layering of trauma (e.g. experienced childhood sexual, emotional or physical abuse, or domestic violence and additional single event trauma) then the client will not be treatable in primary care. Complex PTSD requires appropriate medication prescription by a psychiatrist, and the back-up of a multi-disciplinary team to work safely with such patients, as psychological treatment is likely to de-stabilise the patient for a while before significant gains can be made. Please consider referring to secondary care. The client may be referred on by secondary care to the Specialist Trauma Service at the Maudsley.

**Childhood Sexual, Physical or Emotional Abuse** - Signpost to Survivors Groups, Voluntary Sector organisations such as Family Matters (www.familymattersuk.org) or 1 in 4 (www.oneinfour.org.uk). Unless your assessment reveals that the person has signs of other psychiatric disorders (emotionally labile, significant/dangerous self-harm, voices etc) in which case refer to Secondary Care. The client is unlikely to benefit from short-term therapy. Long term psychotherapy is not available at GTTT, but is available via the charities above and other psycho-dynamic counselling and psycho-therapy organizations. If someone divulges sexual abuse, you should assess for current risk to other children from the abuser and refer to social services child protection team as appropriate.

**Relationship difficulties** people presenting with marital/co-habiting relationship difficulties should be referred to voluntary sector organizations such as Relate or the 'Her centre', domestic violence agencies, Citizens Advice or private therapists. Greenwich Time to Talk do not work with people with relationship problems unless the client has major depression and the marital relationships is impacting on the treatment of this (as in NICE guidelines for Depression).

**Parenting problems** this can be a major cause of stress and worry, but it does not constitute a mental health problem. Please signpost to agencies that help with these difficulties such as Sure Start, Family Matters, Greenwich Families Information Service (020 8921 6921).

**Anger control problems** Treatment is not currently available at Greenwich Time to Talk for anger control problems. If the client has a forensic history of assault where anger control is a significant factor, refer to Secondary Care. Otherwise Voluntary sector organisations such as MIND. If irritability and anger control are occurring as part of a depression or anxiety presentation then they may be appropriate for GTTT.

**Post Natal Depression (PND)**. Please assess severity and risk to child and refer to Child services and secondary care psychiatry as necessary. The patient will already be involved with Health Visiting services. Refer to Greenwich Time to Talk for help with Depression if there are no risks to the baby/other children.

**Bereavement** Distress, low mood and impairment of functioning are all normal after a bereavement/significant loss. These reactions do not constitute a mental health problem, unless they are prolonged (> 1 yr), are accompanied by no improvement and a continued
inability to ‘get on with ones’ life’, in which case, this may be indicative of ‘Complex Bereavement’.

If bereavement occurred less than 1 year ago please signpost to appropriate voluntary sector organization such as CRUSE, SANDS (for Still-births).

If the client is presenting with Complex Bereavement refer to Greenwich Time to Talk.

**Personality Disorder** This is indicated by repeated presentations for anxiety, depression, addictions, insomnia etc, accompanied by repeated inter-personal relationship problems and a lack of awareness about repeating patterns of behaviour that contribute to them feeling ‘stuck’, the patient will probably acknowledge that they have ‘always been like this’. As a GP (or other health professional) the pattern will only emerge over time with repeated presentations for similar crisis/relationship/mental health problems. Such people may benefit from focused treatment for an Axis 1 problem (panic, anxiety, depression), but they are unlikely to respond as well as other clients without personality problems. The recommended treatment for personality disorders is ‘Schema therapy’ or ‘Mentalisation based approaches’ – both are long term therapies and are not available at GTTT.

If the patient has a formal diagnosis of personality disorder (particularly emotionally unstable or borderline) they may be considered by secondary care, particularly if their difficulties are causing a significant degree of distress leading to impairment of functioning. However, if they are functioning well they may benefit from long term therapy offered by some voluntary psychotherapy services such as the Westminster Pastoral Foundation. The client will **not benefit** from the short-term therapy available at GTTT and should not be referred to GTTT.

**Hearing voices**, **over valued ideas that others do not share, paranoia etc** - these symptoms may be indicative of early or established psychosis (Schizophrenia). Please refer to secondary care.

**Secondary Care Mental Health Patients**

If the client is currently attending a Secondary care mental health service, or has an appointment in the future, they are **not eligible** for GTTT. In this situation, if the patient is asking for psychological therapy they should discuss this with their care co-ordinator or Dr and ask to be referred internally to the secondary care psychology service.

- If the client has been discharged from Secondary care services but is presenting with a relapse of their condition, please re-refer to Secondary care.
- If the client has been discharged from Secondary care services for a substantial period of time (> 1 yr), has been functioning well and is now presenting with a **new mild to moderate** problem of anxiety or depression refer to Greenwich Time to Talk.
- If the client has been discharged from Secondary care services but has a diagnosis of a **personality disorder** they may present frequently in your GP practice. It is unlikely that they will benefit from a referral to Greenwich Time to Talk. If they have a diagnosis of a Personality Disorder it is likely that they experienced childhood trauma and should be signposted to appropriate voluntary sector organisation, or Greenwich Mind Crisis Counselling for help with the current crisis, or to Private Therapists.
If the client has received a multi-axial diagnosis from a psychiatrist, the **only** ones eligible for GTTT are:

Neurotic, stress-related and somatoform Disorders **(only if mild to moderate severity):**
- F40 – Phobic anxiety disorders
- F41 – Other anxiety disorders
- F42 – Obsessive – compulsive disorder
- F43 – Reaction to severe stress and adjustment disorder
- F45 – Somatoform disorders (e.g. hypochondriacal disorder)

Mood (affective disorder), but only:
- F32.0 – Mild depressive episode
- F32.1 – Moderate depressive episode
- F33.0 – recurrent depressive episode mild
- F33.1 – recurrent depressive episode moderate

**Any** other diagnoses are **not eligible** for a primary care psychological therapy service. If the multi-axial diagnosis reveals problems in more than one area e.g. Axis I clinical disorder (as above) plus Axis II (personality disorder) or Axis IV (psychosocial problems) then the person is considered to have co-morbid problems and is unlikely to be eligible for a primary care psychological therapy service.

If you are in doubt about whether a referral is appropriate, please call and ask to speak to a Step 3 clinician to discuss the presenting problems and risk issues.
5. Services available at Greenwich Mind

All Greenwich Mind Counselling Services are very much an integrated part of Greenwich Mind's service provision, and clients and counsellors alike are encouraged to integrate with the other services the organisation offers, including self esteem groups, group therapy, service user’s drop in etc.

MindLine
MindLine provides a telephone counselling service during all weekdays and on Tues and Thurs evenings (3 hours) and Saturdays between 10am-1pm. Telephone counsellors are available to support callers through emotional times and, if necessary and appropriate, to signpost to other Greenwich Mind services and other relevant agencies.

Crisis Counselling
Aimed at people living in the Borough of Greenwich experiencing crisis and where counselling is identified as a suitable/helpful intervention. The service offers a space to talk with a counsellor for one to six sessions. Clients self refer via MindLine. The counselling currently takes place at Greenwich Mind’s Ormiston Road centre. The overarching aim of the Crisis service is to reduce risk to people in crisis and to strengthen people’s ability to manage emotional difficulties & mental distress, and to refer on to suitable services if and when necessary, such as the Generic, Asian or African & African Caribbean counselling at Mind.

Generic Counselling
The service is for at people living in the Borough of Greenwich. The counselling offer is up to 24 sessions of counselling. Counselling takes place during the week both in the daytime and evenings. People can be referred via crisis counselling, group work or other services

African and Caribbean Counselling
Offers short term, long term, and crisis counselling to people of African and Caribbean heritage, people of mixed heritage and peoples affiliated with this group. The services works with diversity in the black community, which has often not been recognised by mainstream society, recognising that the black community is as diverse as any other community and embrace this. Counselling offered in languages such as Yoruba, Twii, Jamaican patois, English as well as other European languages. The service offers support around mental health issues pertinent to the black community including marginalisation, racism, institutional racism and cultural shock, black on black racism, homophobia within the black community, economic deprivation, inter generational cultural differences, gendered violence, inter generational trauma and Post Traumatic Stress, as well as generic counselling issues such as anxiety, depression, abuse, mental illness, stress. Also provided is a quarterly women’s self esteem group and will shortly provide a men’s self awareness group. There are satellite counselling services in Woolwich and Plumstead and plans to include Thamesmead in the near future. See Greenwich Mind website for updates or call main office number 020 8532395

Asian Counselling
The Asian Counselling Service, offers short term, long term, and crisis counselling to the Asian community living in the Borough of Greenwich above the age of 18. Counselling can be offered in Asian languages. You can see a Counsellor who can speak your mother tongue. Services offered in Hindi, Urdu, Panjabi, Bengali, Tamil, Parsi, Japanese and Chinese. There is understanding of the cultural influences and feelings people bring, such as, feeling sad,
depressed, feeling stress, anxiety, loneliness, feeling of loss and bereavement, feeling suicidal, relationship difficulties or just wanting to talk about their life. An Asian Group service is also offered

**Cognitive Behavioural Therapy (CBT)**
Aims to provide Cognitive Behavioural Therapy through individual counselling, group work and crisis counselling for Greenwich Mind service users. Greenwich Mind offer up to six individual CBT sessions each week to clients, some of whom may be in crisis. This service also provides groups, using CBT techniques, over a period of 8/12 weeks, with one using structured therapy and the other being a targeted psycho education intervention. This service also provides and supervises self-help CBT interventions, such as Computerised CBT, where relevant and appropriate. People can self-refer via Mindline.

**Clinical Groups**
There are a number of groups happening, including Women’s therapy group, general therapy group, art, relaxation. People can access these groups by contacting the centre to see if there are places available.

**Other Greenwich Mind Services**
Social Groups
Drop-In
Advocacy
6. Private Psychological Therapists Information

Some patients do not want to see a therapist in an NHS service.

Fortunately there are a wide range of counsellors and psychotherapists who work in the private sector. A lot of counsellors and psychotherapists work in the voluntary sector or NHS, and have a private practice as well.

**What to look for in a private therapist:**
Protection of the Public is assured by ‘accreditation’ as a counsellor or psychotherapist by a nationally recognized Professional Body e.g. BACP, BABCP, BPC, UKCP (details below).

Accreditation as a counsellor or psychotherapist is the ‘kite mark’ for appropriate standards of qualification and professional and ethical practice. There is no ‘statutory regulation’ of this sector yet, although the Health Professions Council are in the process of preparing to regulate them.

1. You should ask your prospective therapist if they are accredited as a counsellor or psychotherapist or CBT therapist.
2. You should ask them which professional body they are accredited by.
3. You should contact the professional body and check that the individual is accredited by them.

Some counsellors and psychotherapists will be working in the voluntary sector while they accrue the required level of experience to become accredited – so they may say that they are ‘working towards accreditation’. If this is the case you should ask them which professional body they are a member of (it should be one of those listed below). Such membership requires all members to sign up to a ‘code of conduct’ and agree to abide by ‘professional and ethical standards’ even while they are training.

**Accrediting bodies:**

The **British Association for Behavioural and Cognitive Psychotherapy** (BABCP) accredit Cognitive Behavioural Psychotherapists (CBT therapists). ([www.babcp.com](http://www.babcp.com))

The **United Kingdom Council for Psychotherapy** (UKCP) accredit psychotherapists from lots of different modalities. ([www.ukcp.org.uk](http://www.ukcp.org.uk))

The **British Psychoanalytic Council** (BPC) accredit psycho-analytic psychotherapists ([www.psychoanalytic-council.org](http://www.psychoanalytic-council.org))

The **British Association for Counselling and Psychotherapy** (BACP) accredit counsellors ([www.bacp.co.uk](http://www.bacp.co.uk))

The **British Psychological Society** (BPS) calls their accreditation system ‘chartership’ and you would need to look for Chartered Clinical Psychologists or Chartered Counselling Psychologists. Applied Psychology is a statutorily regulated profession, so all applied psychologists have to be registered with the Health Professions Council (HPC).
Health Professions Council (HPC) for registered Clinical or Counselling Psychologists, Art psychotherapists (includes drama therapists). (www.hpc.org.uk)

How to find a private therapist:
- Ask your GP, they may know of local counsellors or psychotherapists who work privately.
- The professional bodies produce directories of accredited therapists – contact the Professional bodies listed above. Many have website facilities called ‘find a therapist’ or something similar.
- Many private therapists advertise in the ‘Yellow pages’ with the logo of the professional body to show that they are accredited.
- Some Health Insurers have their own list of private therapists who are registered with them.

How much will it cost?
Counsellors charge a minimum of £40 per 50 minute session
Psychotherapists charge a between £60 - £150 per 50 minute session
Cognitive Behavioural Psychotherapists charge between £60 - £150 per 50 minute session.
Clinical psychologists or psychiatrists offering therapy charge between £100 - £250 per 50 minute session.

Counsellors and psychotherapists ‘in training’ or ‘working towards accreditation’ will charge less than this.
Some practitioners have a ‘sliding scale’ of charges based on a client’s ability to pay – so tell them about your ability to pay and ask if they have any reduced rates.

Most counsellors would expect to see their clients for a minimum of 6 sessions, to allow for any therapeutic work to be done.
Most CB Psychotherapists would expect to see their clients for 6 - 20 sessions, depending on the complexity of the problem.
Most psycho-dynamic psychotherapists would expect to see their clients for 6 – 30 sessions, sometimes up to several years and sometimes up to 3 times a week.

Many ‘Not for profit’ or voluntary organizations offer counselling and/or psychotherapy for free or for a small charge. E.g. Mind, Westminster Pastoral Foundation.

What to do if you have private health insurance:
Contact your health insurer and tell them that you need to see a therapist for treatment of your mental health problem, and ask them if this is covered in your policy.

Some health Insurance companies will need you to have seen a psychiatrist who has recommended psychological therapy as the required treatment. Either your GP or your health insurer may be able to refer you to a private psychiatrist.

Your insurer may give you the name of a therapist registered with them in your local area.
Questions to ask a prospective therapist:

- Do you have experience of working with people with similar difficulties to me?
- Which professional body are you accredited with?
- What is your accreditation number and full name (so that you can check)?
- How much do you charge?
- When do you have availability?
- If you are looking for a therapist with particular skills e.g. CBT for Panic attacks, EMDR for Post traumatic stress disorder, ask them if they have these skills and how many clients they have treated in this way.

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