



# Talking treatments

Many forms of talking therapy are now available on the NHS, although awareness and accessibility remains variable. Pharmacists can play a key role in raising awareness of, and signposting patients to, appropriate therapies, as **Sam Challis** explains

ONE IN FOUR of us will experience a mental health problem in any given year, which accounts for a large proportion of the people that pharmacists see. This also means that they have an important role to play in advising and supporting people around looking after their mental health. While in some cases medication is the right option for treating a mental health problem, for many the most effective approach to dealing with diagnoses like depression, anxiety or post-traumatic stress disorder (PTSD), will be one of the many forms of talking treatments.

Talking treatments are referred to by various names, including 'psychotherapy', 'counselling' and 'therapy', which all mean much the same thing. They can take the form of group or one-to-one sessions with a therapist and provide a regular time and space for people to talk about their troubles and explore difficult feelings with a trained professional. This can help to deal with specific problems, cope with a crisis, improve relationships, or develop better ways of living. The purpose of talking treatments is not usually to give advice, but to help people understand their feelings and behaviour better and potentially to change them.

Sessions usually take place once a week and can be either open-ended or time-limited. Most therapists at a GP practice are funded to offer a maximum of 12 sessions, sometimes six or eight, while most private therapists will take clients on for open-ended work.

There are lots of different ways for people to access therapy, many of which are free or at low cost.

Many GP surgeries provide a counselling and/or psychotherapy service. These are free of charge and

can be accessed via a GP. Unfortunately, the amount of choice and availability varies enormously across the country and we often hear from people that they have to wait for considerable amounts of time before being able to access therapy.

## Improving accessibility

The NHS in England is increasing the availability of talking treatments through its Improved Access to Psychological Therapies (IAPT) programme. These services can be accessed via GPs, although many IAPT services allow patients to self-refer.

Both these options will offer cognitive behavioural therapy (CBT), and most services will also offer other models of therapy. These are likely to include those therapies recommended by NICE, eg, interpersonal psychotherapy, psychodynamic therapy and eye movement desensitisation and reprocessing (EMDR).

If people are already in touch with psychiatric services, day hospitals or day centres, it's worth flagging up that they all offer potential opportunities to access therapy. Colleges and universities also provide talking treatments free of charge for their students. People can access these via their college or university student counselling services. Some workplaces offer therapy, either in-house or by referral to an employee assistance programme (EAP), often for free as part of employees' benefits package.

Many voluntary organisations, including Mind, offer free or low-cost talking treatments. Most voluntary sector talking treatment services operate a 'sliding scale' of fees (usually dependent on your financial situation) or offer 'affordable' therapy. Typically, a full fee would be around £35-40 per session, but some will charge an unemployed person just a few pounds.

Private practitioners may advertise through business or telephone directories, GP practices, alternative health clinics, libraries, or on the internet. People should check that they are accredited to one of the main professional bodies, such as the British Association for Counselling & Psychotherapy or the UK Council for Psychotherapy. Fees vary, and may be negotiable, with sessions usually costing between £40-100.

## Types of treatment

There are several types of talking treatment and each has its own way of working. Some therapists prefer to use one type over another, whilst others combine elements from a number of different therapies in their work.

It is difficult to assess exactly how effective talking treatments are compared with other services, as there has been relatively little research in this area until recently. Many forms of psychological therapy are, however, specifically recommended by NICE as effective treatments for a variety of mental health problems.

Client-centred or person-centred therapy has been recommended for depression, but can also help with other issues. Client-centred therapy is based on the principle that the therapist provides three 'core conditions' of empathy, unconditional positive regard (being warm/positive) and congruence (honesty and openness). This approach aims to allow people to feel differently about themselves and use this to help them make changes in their lives. Many therapists will use aspects of the person-centred approach in combination with other therapies such as CBT.

CBT is recommended by NICE for a variety of disorders, including depression, anxiety, phobias and obsessive compulsive disorder (OCD), schizophrenia and bipolar disorder. CBT focuses on how subjects think about the things going on in their life – thoughts, images, beliefs and



attitudes – and how this impacts on the way they behave and deal with emotional problems. It then looks at how they can change any negative patterns of thinking or behaviour that may be causing difficulties. In turn, this can change the way they feel.

Short-term psychodynamic therapy is recommended by NICE for treatment of depression. This theory also suggests that important relationships, perhaps from early childhood, set a pattern for how people relate to others later in life. Dynamic interpersonal therapy (DIT) is a new form of psychodynamic therapy that has been developed for the treatment of depression and is offered on the NHS via some IAPT services.

## Other forms of therapy

Although the main forms of therapy offered through IAPT are interpersonal psychotherapy and CBT, there are many other forms of therapy, including:

- Psychoanalysis
- Existential therapy
- Gestalt therapy
- Interpersonal psychotherapy (IPT)
- Personal construct therapy
- Rational-emotive behavioural therapy (REBT)
- Transactional analysis therapy (TA).

There are a few organisations that provide therapy specifically for people who have been through a particular experience, such as bereavement, domestic violence, or sexual abuse. Some offer free therapy or telephone counselling (often women only). Refuges for women and children escaping domestic violence sometimes also offer therapy (visit [womensaid.org.uk](http://womensaid.org.uk)).

Recent research by Mind, as part of the We Need to Talk coalition, found that one in 10 people had to wait over a year between being referred for talking therapy and having an assessment. Waiting this long can be incredibly damaging and our findings also showed that, while waiting for talking treatments, four in 10 people harmed themselves, one in six attempted to take their own lives, and at least six per cent of people ended up being admitted to hospital.

The government recently announced a major new five-year plan which, for the first time, sets out waiting time standards for talking therapies. IAPT services will need to ensure that, by 2015/16, 75 per cent of people begin treatment within six weeks of referral. This is still longer than the 28-day referral time that Mind is calling for, but is moving in the right direction.

Mind provides extensive information on all aspects of talking therapies through its website ([mind.org.uk](http://mind.org.uk)), infoline (0300 123 3393) and publications team ([pubs@mind.org.uk](mailto:pubs@mind.org.uk)). ●

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