**19 Mental health treatment**

What is psychological therapy?

* Psychological therapy is a unique relationship with key characteristics that distinguish it from other relationships.

Models of psychological therapy

* There are a number of well-established models of psychological therapy, each with its own theoretical understanding and techniques.
* Those who practise psychological therapies are well qualified and usually, though not always, have a core profession like psychology, psychiatry, or social work behind them.

Psychodynamic therapies

* Psychoanalysis is the most intensive, long-term, and traditional form of therapy.
* Psychoanalysis is interpretive, with the analyst interpreting dreams, and most importantly the transference relationship between analyst and patient with the aim of achieving patient insight.
* Psychoanalytic psychotherapy is similar to psychoanalysis but slightly less intensive and long term, and is more flexible in its range of techniques.
* Brief psychodynamic therapy has the same basis as long-term psychotherapies but uses shortcuts to achieve insight.
* There is now a sound evidence base for psychodynamic therapies, including evidence for long-term effectiveness in real-life settings; however, questions remain over its cost-effectiveness.

Behavioural therapies

* These are based on learning theory, and aim to alter behavioural responses by classical or operant conditioning.
* Exposure therapies involve eliminating responses, most commonly to an anxiety- provoking stimulus. This can be carried out in physical or virtual reality.
* Operant therapies like contingency management use reinforcement to encourage desired behaviour.
* Behaviour therapies are effective at eliminating single symptoms but they raise difficult ethical issues at times because of the distress involved in some treatments and the power the therapist has over patients.

Cognitive therapies

* These are based on the idea that cognition is closely linked to emotion and behaviour and can form the basis of psychological intervention.
* In REBT the therapist identifies and vigorously challenges patterns of irrational or unproductive thinking.
* In CT the therapist is less confrontational and uses scientific testing to demonstrate the irrationality of negative patient cognitions.
* Most cognitive therapists now practise CBT, a blend of techniques from REBT and CT with behavioural techniques like exposure.
* Third-wave CBT uses mindfulness techniques to teach patients to accept and move on from cognitions rather than change them.
* CBT is the most recommended psychological treatment according to NICE and has a large evidence base; however, CBT has sometimes been conflated with EST, empirically supported therapy, when actually several therapies are equally well supported.

Client- or person-centred therapy

* Rogers proposed a simpler and kinder view of human nature and a correspondingly simple and warm set of therapeutic techniques.
* Client-centred therapy makes use of the core conditions of empathy, congruence, and unconditional positive regard to foster personal growth in clients. These ideas have been incorporated into most modern therapies.
* Client-centred therapy is probably of some help to clients but it has a small evidence base and there is evidence that its usefulness is limited by its limited range of techniques.

Systemic therapy

* This is most commonly carried out with families and is distinguished by its view of problems as existing between members of groups like families rather than in the individual.
* Systemic therapy uses techniques like circular questioning to highlight differences in the way different family members see situations.
* Modern systemic therapists also look at ways in which individuals subscribe to the dominant narratives of the family.
* Systemic family therapy is supported by NICE and there is good evidence for its effectiveness; however, the use of co-therapists and reflecting teams make systemic therapy expensive in comparison with brief individual therapies like CBT.

Outcome research: examining the benefits of therapy

* Research has shown that, broadly, psychological therapies do have positive effects on patients/clients.
* There is a tension between effectiveness and efficacy as models of outcome research, and different therapies lend themselves more to one or the other as well as to different kinds of patient and symptoms.
* Overall, however, in spite of their very different understanding of the mind and different techniques, there is no clear advantage to any one form of therapy. This is called the equivalence paradox.
* One answer to the equivalence paradox is the notion of common factors. The idea is that the benefits of therapy are due to elements common to all therapies.
* Some ‘therapies’ and ‘therapeutic techniques’ are likely to be harmful. An example is critical incident debriefing.
* Therapy also exists in a cultural context, and one reason for therapeutic failure is the mismatch between therapeutic technique and the cultural values of and/or pressures on the client.

Pharmacotherapy

* A number of drugs are used to treat psychological symptoms, including anxiolytics, antidepressants, and antipsychotics.
* These may be effective in reducing symptoms but are associated with unpleasant side effects.
* There is a serious problem of establishing how effective drugs like these are because of non-publication of negative results and exaggerated marketing by drug companies.

Other biological treatments

* Alternative biological treatments include ECT, TMS, and psychosurgery. These appear to be moderately effective where other treatments have failed; however they tend to carry risks and side effects.

Psychosurgery

The future of treatment is probably integrative