

Greater Glasgow and Clyde Division of Psychotherapy Response to Mental Health Strategy for Scotland 2011–15 Consultation Document.

Question 1

We are in broad agreement with the need to offer faster access to Psychological therapies which are evidence based, safe and effective. However we are concerned that the need for patient choice is not overlooked as we are aware that there is good evidence to suggest that there is not a simplistic relationship between mode of therapy and diagnosis. One size does not fit all and there is a danger that an overreliance on Matrix tables whilst ignoring the text will lead to inappropriate development of psychological therapy services which do not meet the needs of all of the population. The Matrix is a useful tool but there is a danger that it is being used in a way in which it is not intended. We are aware of many instances in which it has been used in a prescriptive, not an advisory way. There is a danger that it is understood as encompassing all patients seen in mental health services and not as a summary of the research evidence to date. There are many patients who will not fit into the research studies in the Matrix as their condition does not fulfil RCT criteria. There is a real danger that the needs of these patients will become ignored.

Is there evidence that treating those at the low intensity tier of psychological therapy services prevents less complex patients becoming more complex ones or are these two different populations of patients?

Whilst the implementation of the Dementia Strategy will involve some redesign of services there will also need to be sufficient numbers of qualified staff to diagnose and treat patients with dementia, train and provide consultation to other involved services, medical and non medical and provide leadership to services providing for patients with dementia. This will involve their being sufficient numbers of trained Consultant Psychiatrists in Old Age Psychiatry. With the increasing numbers of elderly people there will be an increased demand on these services.

Questions 4 and 5

Increasing the training that undergraduates get in Psychiatry and giving more foundation doctors experience in Psychiatry will go some way to changing the experience that people with mental health difficulties receive in the NHS services. We know that trainee doctors are often put off a career in Psychiatry by the stigmatising attitudes shown by senior colleagues in other specialties and this might be a place to start changing attitudes from within the profession.

Question 7

There is an area of potential difficulty in the transition from child to adult services. Closer links with adult mental health during the transition from child to adult services might improve user experience. It might also be that this is an area in which new services are developed.

Question 9

Staff delivering Mental Health Services need to be psychologically literate and have access to reflective practice in order to have an understanding of the potential impact of their work on their own mental well being and vice versa. The presence of Medical psychotherapists in services delivering mental health can help to focus the organisation on the provision of a healthy working environment for staff and patients alike

Question 11

Services need to be increasingly alert to the presence of personality disorder and the impact this has on morbidity and service utilisation and cost. There are very few dedicated services for Personality Disordered Patients and they generally do not have quick access to treatments.

We need more dedicated services for patients with personality disorder.

As the summary of the evidence base in psychological services it is really important that the Matrix is updated regularly and it is not clear at the moment who 'gate-keeps' the content. There are a number of different professions involved in the delivery of psychological therapies and the content and updating of the Matrix needs to be tightly regulated with input from all of these professions including Psychiatry and Medical Psychotherapy.

There also needs to be more emphasis on the role of medical Psychotherapists in the training of all Psychiatrists and other members of the Multi Disciplinary teams.

Question 24

Minority and high risk groups.

The Homeless population is one area where there is a significant gap in services. Research carried out in Edinburgh on 140 consecutively presenting chronic homeless people showed - (amongst other statistics):

30% had a previous severe head injury, > 50% had an ongoing chronic mental illness, 70% had a diagnosable personality disorder and 40% had spent some time in prison. This demonstrates significant unmet need in this population. There is also significant unmet need for services for Personality Disorders and all prisoners. There are likely significant overlaps between all these groups and similar difficulties in engaging and maintaining them in treatment programmes. This calls for particular training in risk management, the assessment and treatment of co-morbid mental illness, organic disorder and personality disorder which necessitates combined pharmacological and psychological treatments and the coordination of services from both health and other areas. Medical Psychotherapists have this training and will be needed to develop and maintain such new services.

Question 28

In terms of **psychological** therapy it will be important to know what modality psychological therapists are trained in not just how many there are. This will include staff from a range of professions including psychiatry, psychology, nursing and AHPs. A range of therapists are needed who can deliver therapies to an accredited level. It is important to note that recent changes in the psychiatry curriculum mandate that psychiatrists train in the provision of psychological therapies throughout their entire six year training period. This brings with it increased demand on Medical Psychotherapists for supervision, coordination and organisation of such work and it would appear that not all boards have access to this which has potential impact on training placements.

Q30

We need to at the least maintain the numbers of Medical Psychotherapists who provide formal supervision to psychiatric trainees and other mental health workers across a range of therapeutic modalities as well as providing consultation to staff and organisations.