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New Psychotherapist

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New Psychotherapist
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Welcome

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CATHARINE ARNOLD
Catharine read English at Cambridge and holds a postgraduate diploma in psychology. She was UKCP Writer in Residence 2020 and has completed a history of UKCP due out this year. Catharine's series about the history of London includes *Bedlam, London and its Mad*, reflecting her interest in the history of psychological treatments.

How are you feeling right now? Anxious? Sad? Given the current state of the world, that's hardly surprising. We're all aware that there's a second pandemic of mental anxiety in the aftermath of COVID-19. Sadly, many who approach their GP are offered anti-depressants as a treatment of first resort, despite the fact that a recent survey[1] showed that 75% of GP patients said they would prefer 'talking therapies'. In this issue, we investigate why anti-depressants are being prescribed in record numbers and campaign for more employment opportunities for UKCP-trained practitioners to provide talking therapies within the NHS (page 14).

Next, we hear from psychotherapists about their lived experience of working in general practice (page 22), and explore how working with the mind-body connection is crucial to supporting patients with depression and anxiety (page 28). Finally, we look at the development of social prescribing and why psychotherapists need to be involved (page 34).

Many people report severe withdrawal symptoms while trying to quit antidepressants. This has become such an issue that politicians across the board have set up an All-Party Parliamentary Group (APPG) on prescribed drug dependency. Head of its secretariat, UKCP therapist Dr Anne Guy, tells us about her journey from medical insurance underwriter to psychotherapist and then campaigner in our Spotlight feature on page 56.

This issue's political interview is with Dr Dan Poulter MP, an NHS doctor and campaigner who changed disciplines from obstetrics and gynaecology to psychiatry when he witnessed the scale of the mental health crisis. Dr Poulter's approach illustrates that many practitioners are now more receptive to talking therapies than their predecessors (page 48). Meanwhile, UKCP's Professor Brett Kahr recalls the bad old days and reflects on the more positive current situation (page 40).

Finally, have you ever noticed that music or visual art can lift your mood? On page 52, Arts for the Blues, a UKCP research project, examines this phenomenon.

CATHARINE ARNOLD
Editor

(1.) ncbi.nlm.nih.gov/pmc/articles/PMC4156137/

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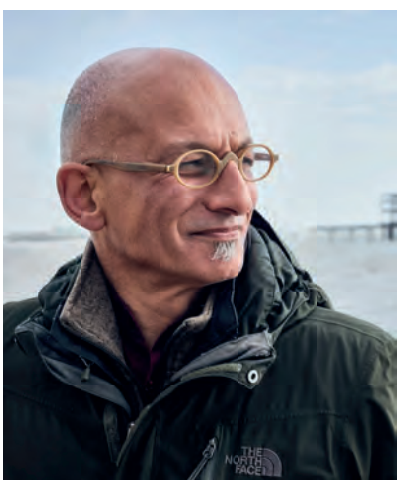

44 Chair of UKCP, Syed Azmatullah – Azmat – on the future of the organisation

On the cover

This issue, we focus on working with frontline prescribers

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Bulletin

ISSUE 80 / SUMMER 2022

News, CPD, reviews and member updates – here's what's happening in the profession now

Climate change is leading to anxiety

3.3–3.6
billion people live in 'contexts that are highly vulnerable to climate change', according to the IPCC

40
people are affected psychologically for every one person affected physically by a disaster, says a report by the Grantham Institute

REPORT

Climate change challenge to mental health

For the first time, the UN's climate science body has spotlighted the mental health challenges caused by rising temperatures and extreme weather events, in its landmark assessment of climate risks and humankind's ability to adapt to them

According to the Climate Change News website, the Intergovernmental Panel on Climate Change (IPCC) says some impacts are already 'irreversible' and that 3.3–3.6 billion people live in 'contexts that are highly vulnerable to climate change' – a total that is projected to rise.

The report notes there is 'very high confidence' that climate change has adversely affected the mental health of people in the assessed regions (Africa, Asia, Central and South America, Small Islands and the Arctic).

Mental health challenges, including anxiety, stress and post-traumatic stress disorder (PTSD), are predicted to increase as temperatures continue to rise and people experience more extreme weather events, the IPCC scientists said. Children, adolescents, elderly people and those with underlying health conditions are particularly vulnerable to mental health risks associated with climate change.

According to Gesche Huebner, lecturer in sustainable and healthy built environments at University College London, 'It is a huge step that we see mental health mentioned for the first time in the most influential report on climate change. Climate change is the biggest mental health threat in the decades to come.'

According to a report by Imperial College's Grantham Institute on Climate Change and the Environment, people with a pre-existing mental illness, particularly psychosis, have a two to three times higher risk of death during heatwaves than people without.

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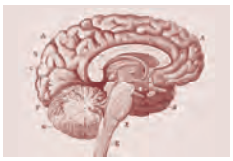


Closer than ever
Professor Brett Kahr follows the improving relationship between GPs and psychotherapists
Page 40

Mental health outcomes associated with high temperatures include suicide, psychiatric hospital admissions, and experiences of anxiety, depression and acute stress. Hotter temperatures can impact blood flow, affect how well medication works, worsen sleep and increase conflict in society.

'Feeling anxiety or despair about climate emergency isn't a sign that someone is "mentally ill". It is a normal and human reaction to a highly distressing situation'

Exposure to extreme weather events, such as floods and hurricanes, can lead to a wide range of mental health problems, including depression and PTSD, according to the IPCC report.

UKCP CEO Professor Sarah Niblock is a member of the Climate Cares Advisory Board and UKCP practitioners have taken part in research and events.

'Feeling anxiety or despair about climate emergency isn't a sign that someone is "mentally ill",' she says. 'It is a perfectly sensible, normal and human reaction to a highly distressing situation. The roots of environmental destruction are social and relational, so we're urging the government to invest in high-quality psychotherapeutic support not only to address the rising rates of depression and anxiety particularly among the young, but to also foster resilience and optimism. These are vital conditions for finding urgent solutions to reverse catastrophic damage.'

www.climatechangenews.com/2022/03/02/ipcc-report-spotlights-mental-health-impacts-caused-by-climate-change

POVERTY

Human cost of living crisis

According to the Resolution Foundation, UK household incomes are facing the biggest decline since the mid-1970s, with more children driven into poverty and the attendant risks to mental health, while a new report from the Institute for Fiscal Studies contains research about inequality and the COVID crisis in the UK.

'The pandemic has pushed up inequalities on several dimensions,' according to *Inequality and the Covid crisis in the United Kingdom*. 'School closures particularly disrupted the learning of poorer children, leading to lower attainment. Mental health worsened for those groups (women and younger adults) who had poorer mental health pre-pandemic.'

According to UKCP Policy and Public Affairs Manager Adam Jones, 'the aftershocks from the pandemic, a cost-of-living crisis and the fallout from Russia's invasion of Ukraine are taking their toll. Among other things, this carries major mental health consequences. There has never been a more important time to invest in high-quality mental health support, including psychological therapies, for now and for the future. We continue to call on the government to urgently review its targets, both around the number of people accessing mental health services and the speed at which the mental health workforce is expanded – as well as removing needless barriers to the NHS employment of psychotherapists and counsellors.'

'There has never been a more important time to invest in support'

theguardian.com/business/2022/mar/14/cost-of-living-rise-uk-poorest-households-resolution-foundation

research-information.bris.ac.uk/en/publications/inequality-and-the-covid-crisis-in-the-united-kingdom

The cost of living crisis will worsen mental health

Looking forward
The new Chair of UKCP, Syed Azmatullah, discusses his vision for the future
Page 44

MENTAL HEALTH SERVICES

Mental health waiting lists 'dangerously long'

Health service leaders say that the NHS is unable to cope with the large and growing number of people in need of mental health treatment, posing a risk to patients

Millions of patients affected by the second pandemic of mental health problems face dangerously long waits for mental health care, according to NHS leaders and doctors.

The COVID-19 crisis has sparked a dramatic rise in the numbers of people experiencing mental health problems, with 1.6 million waiting for specialised treatment and another eight million who cannot get on the waiting list but who would benefit from support, the heads of the NHS Confederation and the Royal College of Psychiatrists told the *Guardian* newspaper in spring of this year.

Specialist mental health services in some parts of the country are so overwhelmed they are 'bouncing back' even the most serious cases of patients at risk of suicide, self-harm and starvation to the GPs who referred them, prompting warnings from doctors that some patients are likely to die as a result. With national levels of depression almost doubling since the start of the pandemic, there is an outcry for the NHS to produce a comprehensive plan to respond to the soaring demand for mental health care. 'We are moving towards a new phase of needing to "live with" coronavirus but for a worrying number of people, the virus is leaving a growing legacy of poor mental health that services are not equipped to deal with adequately at present,' said Matthew Taylor, the chief executive of the NHS Confederation, which represents the whole of the healthcare system in England.

According to Adam Jones, UKCP Policy and Public Affairs Manager, further investment in mental health care is critical. 'There is already a mental health crisis in the UK, evidenced by record referral numbers and prescription rates. However, we know all too well from the aftermath of the 2007–08 financial crisis that the true impact of major economic and social circumstances on mental health services is not felt immediately. It is likely to get worse.'

The reluctance of the government to commit to further spending in the recent Spring budget statement was disappointing, says Jones. It was 'particularly concerning that the government took no steps to protect the income of people on Universal Credit or in receipt of a state pension, creating further uncertainty and hardship for those on the lowest incomes.'

There are 1.6 million people waiting for treatment

theguardian.com/society/2022/feb/21/england-second-pandemic-mental-health-issues-nhs-covid

UKRAINE

SUPPORTING UKRAINIAN COLLEAGUES

Despite their devastating experiences, Ukrainian psychotherapists have reached out to UKCP for assistance in treating the victims of war. According to CEO Professor Sarah Niblock, 'they have asked organisational and individual members to email us whatever you can offer via communications@ukcp.org.uk. Ideas might include free therapy sessions, use of a Zoom room, online library, or a training session.' Meanwhile, an initiative led by Emmy van Deurzen, UKCP's first Chair (1993–95) saw the New School of Psychotherapy and Counselling offer emotional support service to those affected by the war in Ukraine, with the service operated by UKCP members. Niblock also appealed to members to let UKCP know of any other initiatives you would like UKCP to promote regarding conflicts and humanitarian crises in other parts of the world as well as Ukraine.

TRAINING

UKCP MEMBER WINS AWARD

UKCP member Juliet Grayson has been awarded Most Supportive Relationship Therapist (Wales) in the Global Health and Pharma (GHP) Magazine Mental Health Awards 2022. This award recognises consistently high standards of training delivery and course content that Grayson, William Ayot and the team Therapy and Counselling offer counsellors and the general public.

Grayson whose approaches include body-based psychotherapy (see article on page 28), said:

'It's amazing to have our work appreciated in this way. We are very grateful to not only have been nominated, but to have actually won in our category. Therapists and trainers do not usually get recognised in this way. Thank you!'

Research latest

A summary of current UKCP research

Love in the time of COVID

Professor Divine Charura (York St John University) and Ellen Dunn (UKCP) have conducted a mixed methods study on love and mattering (being significant to another person) in the time of COVID-19. This study explored COVID-related anxiety, help-seeking behaviour and mattering, as well as compassion, affection, closeness and commitment in love relationships. Key findings include participants who were unemployed or had not completed higher education being more likely to feel they didn't matter. Women and those without a degree in higher education also were statistically less likely to feel that others care about what they have to say. Furthermore, older participants were less likely than younger participants to identify with several positive relationship measures, including feelings of affection and closeness. A stable, committed relationship may have played a role in mitigating anxiety resulting from COVID-19, with those in a committed relationship less likely to have high COVID-19 anxiety, compared with those who were recently divorced or single. Qualitative analysis revealed a division between participants who characterised the impact of pandemic on relationships as increasing the intensity and appreciation of their partner, with others citing relational burnout and loss of connection.

This study also explored how the pandemic impacted relationships, with some citing intensified feelings of appreciating love, while others felt a sense of entrapment and relational burnout. As one participant wrote, 'Being so secluded for months on end has inhibited communication and personal expression, making the closeness felt before lockdowns be partially undone…'

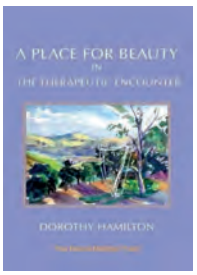
When asked how they conceptualised love, participants described acceptance, care, commitment, and connection. 'Love is when people show care for others. Love isn't just romantic, it's protection, caring, a mutual agreement to care and enjoy each other.'

'Love is when people show care for others'

Reviews

Psychotherapists review new and recent work in their own fields, and recommend essential additions to your bookshelves

A Place for Beauty in the Therapeutic Encounter



Dorothy Hamilton has searched within the theoretical and clinical contents of psychoanalysis to bring into view those areas in which beauty can be found and in which its appreciation and application can have real clinical value. She shows a deep involvement with her subject and has presented it in a way that can be truly useful for psychotherapists. Of course, much will depend on the readiness of the psychotherapist to be open to the possibilities of engaging with beauty as a shared experience with their patient.

We are shown how the experience of beauty can be found ranging through the joyfulness in the mother-infant interaction, the maternal reverie that Hamilton says underlies her theme; the sad beauty in the poetry of one who has suffered; and the beauty contained within the psychoanalytic method itself.

I enjoyed the aesthetic of the author's own writing and descriptions, to the extent that the quotations from others sometimes felt like unwelcome interruptions. They do, though, show the considerable research and scholarship that has provided the soundness of tradition to build upon. Hamilton writes in her most fluent style theoretically when referring to Meltzer. She is, also, indebted to Bion and Meg Harris Williams.

This is an excellent and worthwhile work. As well as offering the practitioner new possibilities in their clinical approach, it exists as a treatise on beauty itself.

Details

- **Reviewed by:** Lindsay Wells, psychoanalytic psychotherapist and supervisor in private practice
- **Author:** Dorothy Hamilton
- **Publisher:** Harris Meltzer Trust
- **Price:** £18.99
- **ISBN:** 9781912567782

Sexual Addiction: Psychoanalytic Concepts and the Art of Supervision

This short, fascinating case study is written by a supervisor overseeing his supervisee's work with a woman presenting with sexual addiction. It follows the evolution of both client-therapist and therapist-supervisor relationship. The process also involves the transformation, led by the supervisor, of the psychotherapist into a psychoanalytic position, with the client moving from weekly sessions to four times a week and the therapist adopting a much more psychoanalytic presence.

For an integrative psychotherapist like me, it was a fascinating read, especially where the interpretations reached deeply into symbolism. It made me wonder if maybe I wasn't trying hard enough to do something similar with my own clients; but it also made me wonder if these interpretations were sometimes more of an arbitrary exercise in developing an extended narrative, invoking symbolic and metaphorical interpretations by way of validation.

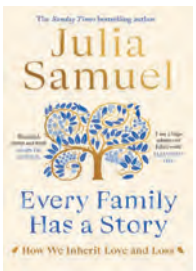
However, there's no doubting the author's experience, knowledge and mastery of his craft; I found much to learn. There were new concepts to me, such as 'built-in transference', and there were intriguing ideas, including the role pets can play in a client's transference as they deal with childhood adversities. The book made me reconsider my clients, wondering about new ways to understand their stories and our therapeutic relationship – and any book that takes a therapist to this place of curiosity and new ideas is a book well worth reading.

Details

- **Reviewed by:** Nick Campion, integrative psychotherapist
- **Author:** Vamik D Volkan
- **Publisher:** Phoenix
- **Price:** £17.99
- **ISBN:** 9781912691388

Every Family Has a Story: How We Inherit Love and Loss

Julia Samuel's warm and accessible book explores how therapy can help us adapt to the events that make up our families' stories



Details

- **Reviewed by:** Jo Lucas, integrative psychotherapist and supervisor and UKCP trustee.
- **Author:** Julia Samuel
- **Publisher:** Penguin Life
- **Price:** £11.99
- **ISBN:** 978-0241480625

The author's premise is that humans learn best through stories. Julia Samuel tells us the stories of eight families to illustrate her suggestions that families matter, that most families hold stories of the events and people that make up their past, that they have a significant impact on us all, and that we live in and probably need to live in, relationships that are reciprocal and within a community. The stories illustrate the impact of the legacy of trauma, which 'has no language… it sits on high alert in our bodies ready to be ignited many decades after the original traumatic event.' Samuel describes therapy as helping us to learn to adapt, grow and change despite what went wrong, rather than trying to fix that wrong. She describes the many different family patterns that have developed, how they are co-created and how they impact on the individuals involved. These ideas set the tone for the book which is written with great warmth and openness both for therapists and for general readers.

GENERATIONS

Samuel bases her approach on the research indicating that when 'a traumatic event isn't addressed and processed in one generation, it continues through the generations until someone is prepared to feel the pain.' Her solution is that we need to recognise that 'our psychological wounds did not start with us,' and are not a result of personal failure.

CLEAR LINKS

Samuel provides clear links between the family stories and the interventions she makes and refers to the theory behind and the research supporting her actions. She is open about her own process, and the need to be aware of and responsive to that, without letting it get in the way of the work she is doing. Samuel notes how she learns and changes through this work, as for example, she recognises how her attitude to same-sex parenting shifted while she was working with one of the families, becoming more open to finding out more about the issues they face. This leads her to mull over the impact of difference, and how that impacts on us. She shares her thinking about 'mistakes' and what may with hindsight have been a better approach to a situation.

The ease with which Samuel embeds comments about her process into the narrative makes it helpful both for therapists and lay readers alike, and she includes helpful suggestions for new and experienced therapists around issues such as boundaries and supervision. Samuel also illustrates that therapy can take many shapes and forms and that this is best guided by the needs and preferences of the people involved. I would like to acknowledge the generosity of the people she worked with in being willing to share their experiences, and to name their obstacles so openly. I thank them for making this such a rich book.

Have your say
Tell us what you think of this issue. Email editor@ukcp.org.uk

Unlocked: Online Therapy Stories

Details

- **Reviewed by:** Katharine Graham, integrative psychotherapist
- **Author:** Anastasia Piatakhina Giré
- **Publisher:** Confer Books
- **Price:** £16.99
- **ISBN:** 9781913494421

Giré is a Paris-based screenwriter-turned-psychotherapist, fluent in four languages, offering online therapy to clients throughout the world.

Unlocked is written for therapists and anyone interested in how people change. The ten stories are inspired by real clients living in Riyadh, New York, Venice, the UK and Paris. Each story charts the relationship the therapist has with the client, all set during COVID lockdowns, and almost entirely online. With an undoubted storytelling ability, she takes us into the world of the therapist, accompanying her as she journeys with each of these clients.

Giré doesn't offer a lot of theory, or how to work effectively with video. What she does do is to take you into the feeling of what it is like to be working in this way, the loss of control, the risk, the opportunities, the unlocking of boundaries. So, we enter into peoples' living rooms, bathrooms, bedrooms. We are taken outside, to childhood homes, an old school, to shelter under damp trees and windy cliffs. And we feel her powerlessness as she is taken on screen, for a drive to a clifftop, wondering what will happen.

It is a very readable book: Giré writes beautifully, and very visually, and it is easy to imagine her clients as they appear to the therapist on the screen. I would recommend this book to anyone curious about how relational therapy supports transformation and healing, and especially if you are concerned that online work may not be adequately relational.

PODCASTS WE'RE LISTENING TO

THE FUNNY SHRINK

The creativity of the New York Institute for Gestalt Psychotherapy (NYIGT) spans decades. So, starting the new year with a bang, it was no surprise when the Institute welcomed Mike Cotayo for an online workshop exploring laughter and therapy. I was fortunate to attend.

Mike, a therapist and comedian, has a strong, holding presence on Zoom and in the podcast that he started with co-host Frank King, aka the 'Mental Health Comedian' in 2020.

'The Funny Shrink' is a straight-talking discussion about humour and mental health. Reminiscent of Ben Elton in the Eighties Channel 4 show *Friday Night Live*, when he invited radical New York comedians to stage, Mike and Frank bring personal experiences, and at times the humour can be dark. No subject is off-limits.

Suicidal ideation and prevention are mentioned often. A guest describes early sexual abuse. Subjects seldom discussed in men's mental health are brought into light.

The beauty of 'The Funny Shrink' is how it supports the development of frank conversations. I found the podcast inclusive and diverse, addressing issues across the gender spectrum relating to mental and physical health, rape and sexual violence, trauma and resilience.

At times, the sound echoed a little. This only added to its charm, transporting me back to C4's *Manhattan Cable* in the Nineties (remember that?). 'Mental illness' rather than 'mental health' is mentioned, a cultural difference in terminology, I think.

Thank you, NYIGT for introducing me to the 'Funny Shrink'. Your creativity and their candour have much to offer.

Details

- **Reviewed by:** Claire Spiller, UKCP-accredited Gestalt psychotherapist, Associate Member of the New York Institute for Gestalt Therapy and PhD student at the Metanoia Institute
- **Creator:** Mike Cotayo
- **Available:** podcasts.apple.com/us/podcast/the-funny-shrink-podcast/id1530019476

WORKING WITH *frontline prescribers*

ACCORDING TO A RECENT STUDY[1], 75% OF PATIENTS WOULD PREFER TALKING THERAPIES FOR ANXIETY AND DEPRESSION, BUT GPS CONTINUE TO PRESCRIBE HIGH LEVELS OF ANTIDEPRESSANTS. HOW CAN PSYCHOTHERAPISTS AND POLICY-MAKERS ENCOURAGE FRONTLINE PRESCRIBERS TO OFFER THE TALKING CURE INSTEAD OF MEDICATION?

BY **CATHARINE ARNOLD**

GPs receive no mandatory practice-based training in mental health, despite more than 40% of all appointments involving mental health, with demand rising[2]. Of all GPs who finished their training in 2017, less than half (46%) completed an optional psychiatry placement[3]. Another issue is that, according to MIND's annual Big Mental Health Survey, lack of GP training risks leaving people in the dark about side effects of psychiatric medication. People prescribed medication for their mental health aren't being given enough information about side effects by their GP, with one in three people saying they would have liked side effects explained.

In addition, many GPs face pressures from stress, overwork and the demands of Clinical Commissioning Groups (CCGs), on the one hand, and patients on the other, as well as having limited prescribing pathways. So, how can frontline prescribers encourage patients to take the talking cure as opposed to medication, bringing about a cultural shift for GPs and service users?

One major factor appears to be the lack of training for GPs in mental health issues. Dr Zoe Watson, a GP locum working in London and south-east England, says that 'GPs and doctors in general are trained to, and expected to, constantly learn and update their knowledge and clinical practice throughout their clinical careers. In contrast to other jobs, there is not as much emphasis on "mandatory" training. It is more that [training] is an expected part of probity and clinical practice – you are expected to maintain up-to-date knowledge as part of your medical practice.

'So, in terms of "mandatory" training in mental health, then the broad answer is yes, all GP trainees will have to show their understanding of the diagnosis and treatment of all mental health conditions before they exit GP training. In terms of ongoing "mandatory" training, this would depend on whether there had been significant changes to how certain mental health conditions are being managed within the practice's CCG area.'

Dr Elizabeth Scott (not her real name), a GP with 30 years' experience, is based at a large practice in the Midlands. She explains her experience of training as part of her CPD (continuous professional development).

MENTAL HEALTH UPDATE

'We do get training, or we did pre-COVID. There was a protected time every month when we'd get updates as part of our CPD.' So, would training in talking therapies be part of this? 'That would come under the mental health update,' says Scott. 'When CBT first came in, we had to have people tell us what they do, and why.'

There are two obvious drawbacks to this approach, the first being that GPs may not choose to take further non-mandatory training and the second being that, while the majority of GPs have been informed about CBT and can now direct patients to self-refer via IAPT, there are few opportunities for patients to access other forms of talking therapy or for GPs to learn about them.

Watson says one major issue is that 'access to high-quality, long-term intensive psychotherapy on the NHS is virtually non-existent. Waiting lists are very long, patients become frustrated and will come back to us repeatedly to ask for further help, and we are rather limited in what else we can offer them.'

The strict demarcations governing mental health services in the UK add to the misery for patients who do not quite fit into the appropriate categories.

'When we refer to mental health services, patients often end up being bounced back to us as "not suitable" for the service,' she says. 'If they have complex mental health problems, for instance, or if there is a co-existing drug/alcohol dependence issue.'

Patients who do qualify for CBT via IAPT are often frustrated by the experience.

'Some patients will end up with six sessions of CBT from six different

References and reading

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therapists and are then spat out the other end feeling just as bad as they did before they went in,' says Watson. 'So, patients return to us, begging for something to be done – and will inevitably be handed a prescription for antidepressants. Because we have literally got no other options.'

Scott always offers talking therapy first, although the only one available at present is via IAPT. She would welcome the opportunity to learn more about other forms of psychotherapy, but is restricted in what she can prescribe by the NHS guidelines. Self-referral to IAPT has lightened the load for GPs, she says, but at the same time something has been lost in the doctor-patient relationship. 'Years ago, before IAPT, you'd have a chat with the patient, or maybe phone them back, and then refer them for counselling, and if that didn't work, maybe it was time for a tablet.'

Watson has a similar attitude. 'I wholeheartedly agree with the sentiment of talking therapies before tablets,' she says, 'and in my own clinical practice,

'Some patients end up with six sessions of CBT from six different therapists and are then spat out the other end feeling just as bad as they did before they went in'

I will always present the options to patients, talking through each option in detail, pros and cons – and I will absolutely never simply hand over the little green slip for Citalopram (Celaxa) without at least offering and explaining the benefits of talking therapies.'

Both doctors admit that they are shocked by the number of antidepressants being prescribed.

'I am absolutely astonished by the number of people who are on SSRIs [selective serotonin reuptake inhibitors],' says Scott, 'and often the SSRIs are not successful, and six months later patients are still struggling. Their problems are not resolved and they frequently come back.'

There is also the issue of prescription drug dependency with antidepressants.

Scott agrees. 'Yes! That's another reason for not starting them in the first place. They can be difficult to get off or the patients come off them and they feel bad again and they have to restart taking them.'

Both GPs are highly critical of the long-term implications and side effects of SSRIs. Speaking in hindsight, Scott admits she was horrified by the side effects of Fluoxetine (Prozac). 'If we had known what it could do, we would never have prescribed that drug,' she says.

Are tired, stressed or older GPs more likely to prescribe medication for anxiety and depression?

'Older ones might, because they came through that route,' says Scott, 'while the newer, brighter, bushy-tailed ones have been trained not to, so it's a generational thing in terms of prescribing.'

One intriguing element in all this is that antidepressant prescribing is not audited.

'The other drugs that people are prescribed are audited by the CCG, to see whether you're an outlier or not,' says Scott. 'So, for instance, if you prescribe too many of a certain sort of antibiotic it's not deemed good practice. Poor prescribing can be over or under, but antidepressants aren't audited.'

Asked for the professional response to the problem of over-prescribing, Professor Martin Marshall, Chair of the Royal College of GPs, said: 'Evidence shows that antidepressants can be a very effective treatment for patients with mental health conditions such as depression. However, we know that in general patients don't want to be on long-term medication – and GPs don't want that for our patients, either.'

So, bearing in mind the demand for talking therapies, how can psychotherapists and policy-makers bring this about and create better patient choice?

PRESCRIBING PATHWAYS

Adam Jones, UKCP Policy and Public Affairs Manager, says: 'We need better prescribing pathways to shift the emphasis away from medication towards psychotherapy. Patient choice doesn't just equal medication or CBT. Patient choice should mean access to a number of different types of psychotherapy and then medication.

Case study

Helping patients with prescription drugs problems

One of the disadvantages of antidepressants is that withdrawal can be a difficult and painful process, another argument for favouring talking therapies over medication.

UKCP has co-created with the APPG (All-Party Parliamentary Group for Prescribed Drug Dependence) a guide for psychotherapists working with clients taking or withdrawing from psychiatric medication[4]. The APPG has done a great deal to highlight the issue of prescription drug dependence. It has put pressure on the government to have a strategy to reduce this, create services for patients who are withdrawing and promote psychological therapy alternatives to medication.

Anne Guy was instrumental in setting up the APPG and creating the Guide for Therapists[5] working with patients with prescription drugs issues (*see also Spotlight, page 56*).

'It is essential that while we are working hard to create services to help people come off these drugs, we want to try to ensure that fewer people go on them in the first place,' she says.

'It's not about being anti-drug, it's about promoting informed consent so that people fully understand the potential benefits and the potential harms of any medications that they are offered.

'When somebody goes on a prescription for anti-depressants, there should be a plan for them coming off as well. So there needs to be better management around the entire process.

'With any SSRI, 50% of people are likely to experience withdrawal reactions and of those half will experience severe withdrawal.

'If antidepressants are prescribed, the review should be taking place within 14 days because some of the worst side effects can happen really quickly, particularly increased suicidal ideation.

'You can see that it's hard for a GP to feel like they're just doing nothing, but it's about educating the prescribers. They need to be better educated as to the potential harm of these medicines. After all, for doctors the chief imperative is "first, do no harm".

'The importance of highlighting that withdrawal can last months and years and not just weeks is absolutely essential.'

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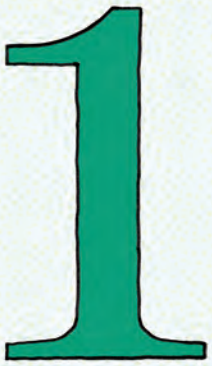

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The levels of prescription drug dependence are worryingly high. We don't just need a shift to greater provision of talking therapies, but specialist services for people struggling to come off antidepressants and other psychiatric drugs.'

One solution would be better training and awareness for GPs. UKCP CEO Sarah Niblock says: 'I'd like to tour medical schools across the UK to build greater awareness of the benefits of prescribing psychotherapy. It reduces the need for follow-ups and prescription medication, saving time and money across the system. It places patient care firmly back in patients' own hands, enabling greater patient choice and involvement, shared decision-making and supported self-management.'

Help is also at hand from UKCP itself, with our psychotherapists prepared to educate GPs and policy-makers about the benefits of psychotherapy. Otherwise, Watson says, the future looks bleak: 'I think that to really get on top of the ongoing and worsening mental health pandemic, the government needs to invest in high-quality, long-term psychotherapy options across the country. The whole system needs a rethink and rejig. What we are doing now isn't working for anyone – doctors, patients or therapists. We are drowning, trying to treat the worsening mental health of the nation in an increasingly strained and underfunded mental health system. We can't go on like this.' ●

'I'd like to tour medical schools across the UK to build greater awareness of the benefits of prescribing psychotherapy'

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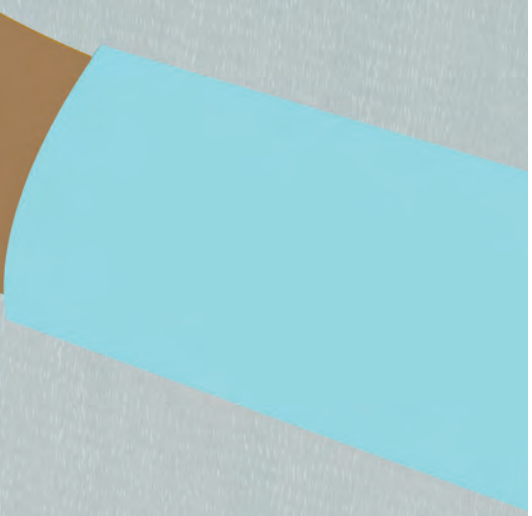

BETTER TOGETHER

WHEN PSYCHOTHERAPISTS WORK ALONGSIDE GPS, OUTCOMES FOR PATIENTS IMPROVE. THREE UKCP MEMBERS TELL **CATHARINE ARNOLD** THEIR EXPERIENCES

Psychotherapists play a vital role in general practice, making them easy to access by service users, and the arrangement can work to the advantage of all parties. At present, only 17% of UKCP members work in the NHS[1], but, with increasing demand for talking therapies, this figure may soon rise. What is it like for psychotherapists working alongside GPs in general practice, and what are the outcomes for patients? Here, three members share their experiences.

Emma (who asked for her name to be withheld) works in private practice as a psychotherapist and has a contract with a GP practice for seven sessions a week.

Emma's work at the practice began two years ago when her predecessor retired after 27 years and nominated Emma as her successor.

'I went to see them based on the fact that they'd been so happy with this counsellor before, and I'd been recommended.' The GPs already had a positive attitude to therapists and what they can and cannot provide.

'She'd really educated them about the fact that sometimes she would have to say no. There were some patients where she knew that working with them wasn't very helpful. I think in other circumstances GPs are trying to give patients that they're really struggling with to the counsellor and the counsellor finds it really difficult to refuse the referral. But that's not the case with this practice at all.'

Dr Christian Buckland's career in general practice began in 2010, as a result of volunteering. He approached a practice and asked if he could work with them.

'I said "as there are a lot of people on really long waiting lists, I might be able to offer some of those at your practice some counselling so they can be seen more quickly". I worked there for close to two years on a voluntary basis and then when I moved into private practice they asked if they could send me private clients. This was all part of a steep learning curve, but provided essential experience for anyone who wants to work in the NHS or with medical practitioners.

PART OF A TEAM

'Talking therapies are just one component of what a medical practice can offer. At the practice you are part of a team. It gives you the skills: you learn what to do in an emergency, understand the medical model and gain the tools and language to interact with the NHS, and you learn about safeguarding and referrals.'

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‘A lot of these people trust their GP. Coming to the practice works for them’

David Humphreys is a consultant systemic psychotherapist and a Winston Churchill Fellow 2016. His experiences of working in general practice provide an interesting historical perspective as he first went to work in a GP practice in 1997. The move was inspired by ‘an increasing appreciation that primary care was often the first port of call for people with mental health issues’. At the time, this approach was considered unusual.

Humphreys says that back then, ‘for GPs, apart from local community mental health services, accessible psychotherapy or counselling provision was inconsistent in availability and quality.’

Different practices have different requirements. Emma works for a rural practice, with a radius of around 100 square miles and 8,000 patients. Does the rural setting produce different problems from an urban one?

Emma says, ‘A lot of these people trust their GP. I don’t think they would make it to an outside service for counselling but coming to the practice works for them. A lot of male farmers, in particular, I don’t think would have engaged elsewhere.’ Depression is a common problem in the farming community, and Emma can understand why. ‘Hours sat on a tractor in a field is a lot of time to think, isn’t it?’

Emma believes she sees about half the patients who present with mental health issues.

REFERRAL CRITERIA

‘I tried to ask the GPs what their criteria was for referring outward to me, and they couldn’t quite answer. I suspect that anybody who looks a bit like they would get rejected by primary care or by IAPT services would come to me, so people with substance abuse issues, trauma, some of the EMDR patients, and urgent referrals. So, it does mean that we’re offering a bit more of a service. We can support people who would struggle to get support through other statutory services, and they’ve really benefitted from it.’

Humphreys found his GP practice ‘forward thinking and innovative’. At the time, he was working as a joint manager at a family therapy centre. The GP practice ‘offered me the opportunity to contract with them. I hesitated before making the move, concerned about the economic viability of working as a full-time independent psychotherapist.’ Then the decision was made for him – local authority spending cuts closed the family therapy centre.

‘I could have joined CAMHS but, following a workshop on medical family therapy run by Susan McDaniel, I decided I wanted the opportunity to work across the lifespan using a biopsychosocial approach, and I believed that primary care was a context in which that was possible.’

For 10 years, between 1997–2007, before IAPT, Humphreys provided a resource for referrals across the lifespan, from four to 93 years old.

‘The GPs referred in and were satisfied with the service I provided. I used a brief systemic approach, working with people in a variety of combinations, individuals, couples and families.’

At the outset of Buckland’s career, GPs referred comparatively low-risk patients, but gained trust in his professional opinion, so that he acquired a triage role.

‘Me working in the surgery gives the GPs an alternative to the treatment plan. They see a patient who is crying, they don’t know what to do, and they send

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‘Having a GP and a psychotherapist is like having parents – two people overseeing care’

them to me, as their in-house counsellor.’ This allows Buckland to develop a therapeutic alliance with the patient.

‘I’ll say, “we’ll work six sessions; I’ll tell your GP we’re working together” and they feel listened to and cared for. Having a GP and a psychotherapist or psychologist is like having parents – two people overseeing care’. The alliance ensures that the treatment plan is going well and extends to ensuring continuity of care for the patient. ‘The GPs trust me, and I trust them. They will intervene if necessary, for instance if I suspect that a patient’s life is at risk, because they trust my judgment, because I have written to them about one of their patients.’

Emma’s experience of working at a GP practice has been positive, but this could change when the current incumbents retire.

PRESCRIPTION MEDICATIONS

‘In some respects, it’s lovely, because there’s just an understanding that psychotherapy works, and the partners don’t mind, they just know it works, which is maybe how it used to be 30 years ago. But now we need the money to justify the funding.’

I asked Emma if she had noticed any reduction in the prescription of anti-depressant medication since she arrived at the practice.

‘I would say that, because this GP practice has already had a counsellor in for a long time, they don’t do that stereotypical thing where patients have been prescribed medication for a long time without talking therapy. So, most people are offered talking therapy first and there are a number of people referred to me who have decided to try counselling before they try medication and then decide they don’t need the medication.’

Unfortunately, no evidence is available on prescribing levels, because ‘in terms of those stats, they just don’t collate them’. Emma is not required to fill in any paperwork, ‘no call forms, no PHQ9 [for assessing depression] and GAD7 [for assessing anxiety] so they can collect data’. Emma concludes that the practice receives the funding to pay for her services primarily because of the geographical area that those patients are in, ‘because most primary care services would have to really put together a number of reports and they don’t, apart from how many patients they’ve seen each month’.

I asked Buckland if he felt his appointment made any impact on the number of prescriptions issued for antidepressants. This, he said, was difficult to quantify, but his role undoubtedly gives GPs an additional choice besides anti-depressants and IAPT and increases patient choice.

Twenty-five years after his first appointment, Humphries is still working in GP practices.

‘For me, it’s one of the best and most interesting places to work,’ he says, ‘even more so during the ongoing pandemic.’ But he finds the overall picture discouraging. ‘Family therapy in England seemed to lose interest in primary care, despite an increasing evidence base on the efficacy of a systemic approach. I’m not sure why this is. In the US there are clear training pathways to medical family therapy, which “interweaves the biomedical and psychosocial by utilising systems theory and interdisciplinary collaboration”’[2].

Emma feels she has made a good impact on her practice.

‘It’s been really helpful to the GPs to have somebody on side who they can talk to about their patients, and it’s meant that we’ve been able to hold some patients that really would slip between statutory services.’

It appears that working in a GP practice can be a satisfying and positive choice for a psychotherapist. But, as ever, funding is still a critical factor, and there is an increasing need to fund more talking therapists in the NHS. ●

What do you think?
Share your thoughts and opinions by emailing: **editor@ukcp.org.uk**

References and reading

- (1) UKCP (2020). *A snapshot of how our members work*. [online]. Available at: psychotherapy.org.uk/news/a-snapshot-of-how-our-members-work [Accessed 25 March 2022].
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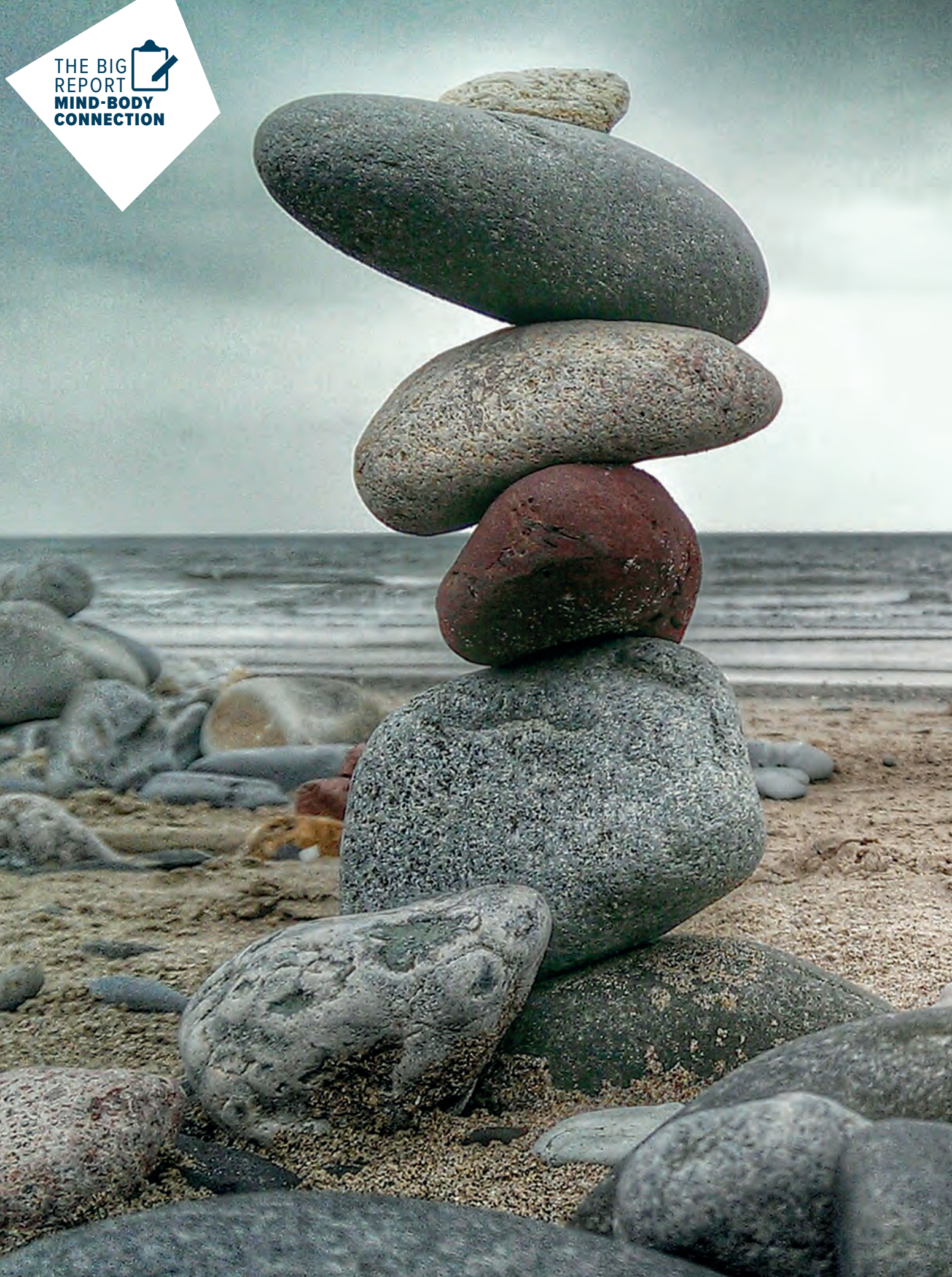

WORKING AS ONE

UNDERSTANDING THE MIND-BODY CONNECTION CAN EMPOWER PATIENTS TO IMPROVE THEIR HEALTH. **HAZEL DAVIS** FINDS OUT MORE

UKCP psychotherapists work in myriad ways – often cutting-edge – to help people live healthier lives and fight not only mental but also physical symptoms without the need for medication. If more GPs worked with and referred 'frequent attender' patients to psychotherapists rather than issuing prescriptions by default, it could dramatically relieve stressed surgeries which are overwhelmed by high patient numbers in the wake of COVID.

New research cited in the *British Medical Journal*[1] finds that 'frequent attenders' see their GP five times more than other patients and account for four in 10 appointments. Notably, these patients typically present with mental health issues, receive more prescriptions of psychotropic medication, have more medically unexplained physical symptoms and more chronic medical conditions, costing the NHS significant sums. Other studies[2] illustrate the interaction between the body, mind and brain, how they interact and affect each other, and how 'the brain initiates [and] the body influences'.

Psychotherapists have always been aware of the link between mental and physical health, particularly the ways unaddressed trauma can manifest in physical symptoms. In *Studies on Hysteria*[3], Sigmund Freud's patient had lost the use of both her legs, even though there was nothing physically wrong with her. Freud wrote that the patient had expressed her mental trauma in her legs. He allowed the patient's mind to recall the traumatic incident during therapy, and she, over time, regained the use of her legs.

PERSISTENT PHYSICAL SYMPTOMS

While GP training typically centres on treating illness medically, approaches such as core process psychotherapy and psycho-spiritual psychotherapy could offer a lasting lifeline to patients with persistent, unexplained physical symptoms.

Mindfulness-based core process psychotherapy is a UKCP-accredited training that synthesises Buddhist understandings of the body-mind with 'Western' developmental models and theories. Buddhism says that the answers we need in our search for the causes and the easing of suffering arise within 'this fathom long body' and nowhere else. Core process enquires deeply into the nature of embodiment through the moment-to-moment embodied relational experience between a client and therapist. Siobhan McGee, a director of the Karuna Institute which delivers training at the forefront of orthodox and complementary healthcare, said: 'Central to this enquiry is the moment-to-moment embodied relational experience between a client and therapist. This opens the way to exploring both the content of the mind and its relationship to embodied processes embedded in the nervous system and therefore to the whole territory of trauma.' The mindfulness aspect of the work helps patients to relate to difficulty and pain with self-compassion, the ideal conditions to beckon healing.

Psychodynamic research[4] has also shown an impact on developing brain circuits in patients with attachment trauma. Findings suggest that early attachment trauma, such as abuse, abandonment or neglect in infancy, impairs amygdala function to such an extent that adults lack the language to describe their emotions and it can affect physical health, such as through sleep disorders, eating disorders and addiction. Other research[5] appears to confirm the theory that mental health affects physical health, by examining the way in which mental health problems and general life stress may cause physical diseases, such as coronary heart disease, cancer, diabetes and autoimmune disorders, with research findings suggesting that psychological treatment not only improves psychological symptoms but can have an independent effect on physical health and disease.

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- Participate in the annual review of IAP policy documents for placements to ensure that these are up-to-date.
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and Diane Boyden-Pesso, is a body-based therapeutic approach, designed to reconcile the unacknowledged trauma damaging the mind-body relationship. It aims to help the client to access the hidden emotional processes and limiting patterns that continue to influence their present-day emotions, attitudes, expectations and decisions. Its practitioners believe it can provide insight into how we can transform our health by changing dysfunctional patterns and behaviours via psychotherapy. It is designed to heal past emotional deficits using unique processes called 'structures' and 'microtracking'. These help clients to create 'new memories', designed to provide symbolic fulfillment of the basic developmental needs of place, nurture, support, protection and limits. Many aspects of PBSP theories and techniques have parallels in recent neuroscience findings about mirror neurons, a type of brain cell that fires when we act and see someone else perform the same action, beckoning understanding and empathy.

HYPOTHETICAL MEMORY

According to UKCP psychotherapist Juliet Grayson, PBSP helps the client to create a 'new hypothetical memory' of how a traumatic event could have been – or, more importantly, how it should have been – in the client's past. 'We can do this in one-to-one therapy using the client's imagination,' Grayson says, 'or, and I prefer to do this, using a group of people. The client is invited to imagine the kind of parents they needed as a child. Having others present allows the client to pick a real person to take the role of the mother-that-they-needed-back-then or the father-that-they-needed – often referred to as the Ideal Mother or Ideal Father.' This approach allows the therapist and client to co-create an actual experience in the here and now of how it should have been. The client can hear what they have been longing to hear, and even be held, comforted or supported in the way their body needs. The therapist then helps the client to plant this 'new memory' back into the past and link it to an image of themselves as a young child. The new experience is then stored in the client's long-term memory, alongside their 'real' history. Grayson, author of *Landscapes of the Heart: the working world of a sex and relationship therapist*, says that the creation of these alternative body-mind experiences and memories enables the client to review and redesign their unhelpful patterns. 'This changes their thinking and the way they interpret things, which leads to more pleasure, satisfaction, meaning and connectedness in their daily life.'

While PBSP is a recent development, yoga and meditation have provided a source of insight and comfort for thousands of years. Regular attendees have testified to the life-enhancing quality of yoga for years, and now therapists have spotted the potential of this approach when working with victims of trauma.

BODY, BREATH AND MOVEMENT

Lorna Evans is a UKCP-accredited psychotherapist and trauma-informed yoga teacher working with charities including Changing Lives, and with the NHS. Her work focuses on the importance of body, breath and movement, using science to explain this to other clinicians and clients. While some are sceptical of the benefits of yoga, Evans explains that the points where the mind and the body come together are why she trained as a therapist: 'We talk a lot about trauma being trapped in the body. Bodies feeling frozen and

'The client can hear what they have been longing to hear, and even be held, comforted or supported in the way their body needs'

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numb is a survival response – being numb might be the safest place to be for many of our clients.' This numbness can often be diagnosed as chronic illness or result in chronic illness and, says Evans, 'People feel safe staying in that numb place, they take the medication or (self)medicate with alcohol, sex, work or food.'

REGULATING NERVOUS SYSTEMS

'What we do know is that we can regulate the nervous system,' says Evans, 'and the breath is the doorway to the nervous system. We know that by inhaling for four and exhaling for six we quickly begin to activate the parasympathetic nervous system, which helps bring us back to the here and now, which is very important when working with anxiety, trauma and depression.' This immediate process, she says, gives clients something they can immediately take away, without needing to rely on weeks and weeks of unpacking. 'It gives them a tool to stay well,' she says.

According to Evans, there has never been a better time for a greater understanding of the mind-body connection. She often sees patients with such acute symptoms that they present at their local A&E, many believing they are having a heart attack. In many cases, these symptoms, including vomiting and diarrhoea, racing pulse and dry mouth, are all common symptoms of anxiety, caused by increased adrenaline and cortisol in the body. The solution is to give people the information they need to understand their own body's reaction to external triggers.

Evans practises a 'safe' form of trauma-informed yoga. 'Mainstream yoga can be triggering for someone with a trauma history or anxiety,' she explains, 'as there can be frequent touch, a commanding tone, with little understanding of the triggering or dissociative potential of metaphorical language, and yoga props, such as straps and blocks or partner work. Trauma-informed yoga uses invitational language, encouraging people to practise making choices, whilst noticing their body with present movement awareness, to keep them in the here and now'.

McGee, Grayson and Evans are just three of the many UKCP practitioners who work at the intersection of mind and body. There are many highly qualified UKCP psychotherapists and psychotherapeutic counsellors who could offer these resources. Enabling GPs to refer frequent attenders to UKCP therapists would allow patients to access alternative forms of support and take the strain from the overwhelmed GPs. ●

What do you think?
Share your thoughts and opinions by emailing:
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SOCIAL CONNECTIONS

SOCIAL PRESCRIBING HAS BECOME AN INCREASINGLY POPULAR TREATMENT OF CHOICE FOR PEOPLE EXPERIENCING MENTAL HEALTH ISSUES. BUT WHAT IS IT, AND HOW CAN PSYCHOTHERAPISTS BE PART OF THE CONVERSATION? **BY HAZEL DAVIS**

In Victorian times, physicians would prescribe melancholic patients a change of air. Fast forward to today and social prescribing has gained momentum as a key component of the NHS Universal Personalised Care Plan, designed to benefit up to 2.5 million people by 2023/24[1]. While UKCP welcomes investment in social and relational solutions, given the strong evidence for their positive impact on mental wellbeing, we urge commissioners to make full use of the existing high-quality experience and expertise within the psychotherapy profession.

Listed on the menu of treatment options in the recent NICE guidelines[2], social prescribing includes exercise, reading and enjoying the great outdoors. It also includes talking therapies. It enables local agencies to refer people to a link worker, who will take a holistic approach to the health and wellbeing of the client, as opposed to medication. Link workers may, for instance, connect people with community groups and statutory services for practical and emotional support.

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.

But the reality can be quite different and extremely challenging for link workers, in the experience of UKCP psychotherapist Anne Guy. 'Social prescribing link workers in many places are overwhelmed by people

'Social prescribing can never be a replacement for other interventions'

with emotional distress,' she says. 'They're not bad enough to be caught by the local mental health system.' Link workers, she says, 'are often completely unprepared and unable to deal with the number of people. All they can do is give them access to a walking group or a leaflet about a choir.'

UKCP's Chief Executive Prof Sarah Niblock concurs: 'Social prescribing is not and can never be a replacement for other interventions, including talking therapies, for people living with underlying trauma. The term "prescribing" is also quite misleading as it implies "treatment" when in reality, high-quality talking therapies are needed.' Emerging evidence[3] shows that psychotherapy alongside these approaches can prove beneficial. Niblock adds: 'Clients can clearly benefit from social/relational activities, but the NHS should use highly trained and experienced psychotherapists to make assessments, as many of the presenting mental and systemic issues require thorough investigation going beyond what could reasonably be expected within occupational health or social work.'

Sara Godoli is an integrative psychotherapist in private practice and a social prescribing link worker for a partnership project between Mind-in-Camden and the NHS. 'Social prescribing is so much more than taking a knitting class or joining a choir,' she explains. 'Social prescribing's main scope is to look at people from the lens of what are currently called "the wider determinants of health". These are the social and (reluctantly) economic dimensions of people's lives which a GP has no time to engage with and/or no expertise in.' Social prescribing link workers know, says Godoli, that 'somebody's mental health can't be addressed on its own if the individual is struggling with abusive neighbours, or they are in debt or they haven't processed grief or trauma. Social prescribing link workers look at someone's health in the broadest sense.'

'Being part of a community is the first step to regaining their mental health'

Godoli agrees with UKCP that social prescribing needs to be undertaken in an informed, holistic way, using the expertise of mental health professionals. 'Being referred to social activities in the community can happen only if all the other hidden aspects of the individual's life are heard, acknowledged and addressed, even if not resolved, in some way,' she says. Godoli is adamant that psychotherapeutically-informed social prescribing can offer – and is offering – real continuity of support much needed by many people. 'You can refer someone to the right service to help with filling in forms for the Personal Independence Payment (PIP), but the contact with such organisations has only been possible because of the psychotherapist link worker's collaborative work with clients.'

BENEFITS OF NATURE

One recent development is green social prescribing. According to a recent government paper[4], people who visit nature regularly feel their lives to be more worthwhile, while there is emerging evidence of a positive association between greater exposure to outdoor blue spaces (lakes, rivers, etc.) and benefits to mental health and wellbeing, while the University of Exeter is conducting ongoing research to support the evidence needs of Green Social Prescribing practitioners[5].

Psychotherapists are finding ways to optimise the benefits of being in nature alongside high-quality therapeutic intervention in creative ways to ensure it is effective when working with client groups such as middle-aged men, who are far less likely than women to access psychological support, even when suicidal. Lou James, a UKCP family psychotherapist, is the founder of space2grow[6], a small mental health charity in Farnham, Surrey. This community garden has been set up to benefit the mental health and wellbeing of the local community through horticulture, conservation and, notably, conversation. Local social prescribers from GP practices and mental health charities refer their clients here to take part in activities such as gardening, cooking and 'Men in Sheds'. Everything takes place outdoors or in the 'Talking Shed', with the therapeutic

Case study

Social prescribing at Liverpool FRESH CAMHS

Barbara Smith, a child psychotherapist working for Liverpool FRESH CAMHS at Alder Hey Children's Hospital, says 'Social prescribing in its purest form is a signposting activity. It's non-clinical and pro-social.'

Smith has been instrumental in setting up a social prescribing process at the service. 'We have a two-pronged approach,' Smith explains. 'One is a community-based model for young people, where we've teamed up with a local youth service to offer urban camping, sports, therapeutic art and digital activities. We've launched and recruited two posts and we're reaching 120 young people.' Then there's the in-house model that aims to target those young people who won't come out of their bedrooms, let alone go into the community. 'Many of them live with ADHD and autism,' says Smith. 'They don't want to sit in a room with a therapist. It's this anxiety that's got them into mental health services in the first place.' For these young people, says Smith, 'the model of pluralism in counselling applies; if you want to know what works for people, ask them'.

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conversation happening side-by-side with the patient or service user, rather than in a traditional consulting room. It might be over a cup of tea, while rolling out some pastry or digging a hole. 'Especially after the pandemic, so many people, young and old, feel very isolated,' says James. 'Being part of a community is the first step to regaining their mental health. Being outdoors makes a huge difference too.'

Jay Patient, Service Leader for Be Well, Social Prescribing for Manchester, sees social prescribing as a unique approach to provide support for individuals experiencing a wide range of challenges.

'In particular, social prescribing has a focus on strengthening community connection and in my experience where this works best is when providers of social prescribing are embedded within the local community themselves and work in harmony with alternative services around them,' says Jay. 'This can only happen when all parties are talking to each other and striving to work together and not against.'

But bridging the awareness gap for all parties still needs work. UKCP has two working groups in progress; one will create social prescribing guidance for GPs and the other will provide advice for the public on how to speak to their GP about accessing psychotherapy. Adam Jones, UKCP Policy and Public Affairs Manager, says 'We rightly focus much of our attention on increasing and diversifying mental health services in the UK. However, another critical aspect of increasing access to psychotherapy – and other non-medical interventions – is increasing awareness of what is available, both among clinicians and service users. That's why we are creating this guidance: for the public, to create greater awareness of what therapy is available, both within and outside of the NHS, and how to access it. And, for GPs, to highlight the genuine choice they can provide to patients struggling with their mental health.'

Niblock is hopeful that once GPs and other agencies become more aware of the breadth of ways in which psychotherapists work with individuals and groups in a vast array of clinical contexts, not just in the therapy room, they will better understand the vital need for their expertise. ●

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THE BIG REPORT
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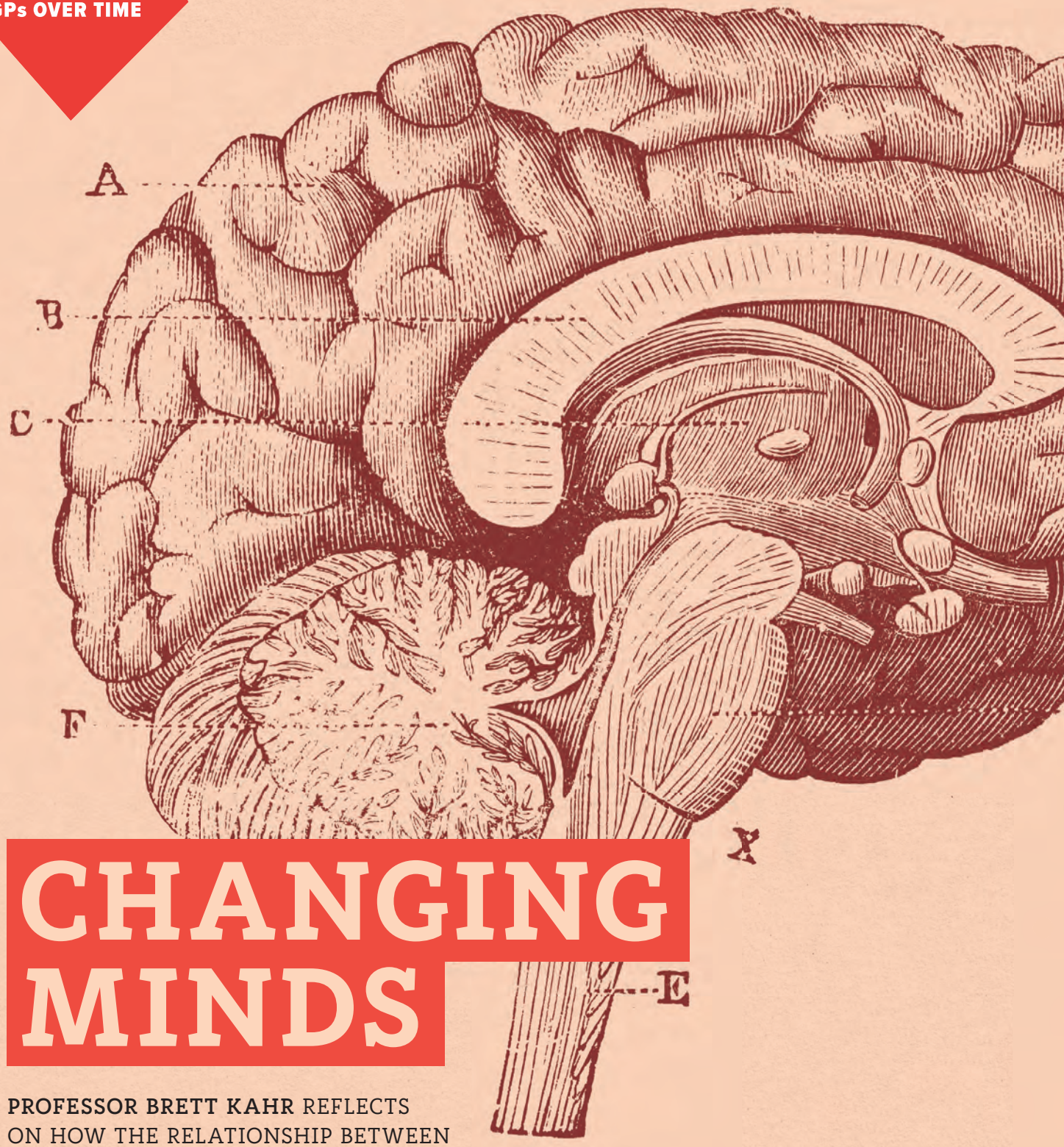

CHANGING MINDS

PROFESSOR BRETT KAHR REFLECTS ON HOW THE RELATIONSHIP BETWEEN GPS AND PSYCHOTHERAPISTS HAS DEVELOPED OVER THE YEARS

Since the creation of psychoanalysis in the late 19th century, most medical practitioners have regarded talking therapies with suspicion. Some had dismissed the work of Freud as little more than pornography and *Schweinereien*[1] – 'pig-like filth'.

As time passed, some physicians did embrace psychoanalysis and psychotherapy but, due to the loathing of this non-pharmacological, non-surgical approach to treatment, many still experienced hatred towards our profession. Indeed, when, in 1965, the Irish-born psychoanalyst Dr Brendan MacCarthy submitted his postgraduate MD dissertation, colleagues told him to remove any reference to his training at London's Institute of Psychoanalysis from his CV, as the external examiner Professor Fisher had vowed never to grant a higher degree to anyone in that profession[2]. MacCarthy persevered and eventually became Director of the London Clinic of Psychoanalysis and President of the British Psycho-Analytical Society.

In the late 1970s, as a first-year student of psychology, at a reception at my university I began to chat to an esteemed medical researcher. When this man (who received a knighthood and a Nobel Prize) discovered my interest in the work of Sigmund Freud, he huffed: 'But surely you must know that 50% of everything that Freud wrote is nothing more than common sense, and the other 50% is wrong.' In spite of many physicians having told me that I should not waste my time pursuing psychotherapy training, I did, and still enjoy the privilege of undertaking such work to this day.

REFERRALS FROM GPs

During the early years of my practice in London, I didn't receive a single psychotherapeutic referral from a GP. Most would simply prescribe antidepressants.

In 1993, Professor Robert Bor, a noted clinical psychologist and systemic family therapist (and a founding registrant of UKCP), invited me to meet his colleague at the Royal Free Hospital Medical School, Dr Margaret Lloyd, one of the leading teachers in the Department of General Practice and Primary Care, who wished to integrate psychological knowledge more formally into the curriculum for first-year medical students. Dr Lloyd, a protégé of the great general practice specialist, Dr John Horder (who had worked with the venerable psychoanalyst Dr Michael Balint [1957] and who eventually became President of the Royal College of GPs), held a long-standing interest in psychology and in helping these future physicians to develop greater communication skills. Dr Lloyd launched this new strand of medical training in which students would attend seminars hosted by a GP and a psychotherapist.

I had the opportunity to collaborate directly with Dr Lloyd, and, over nearly a decade, she and I hosted monthly seminars for the trainees at the Royal Free Hospital Medical School. At first, the students regarded the inclusion of a psychotherapist as unusual, and of little use – understandably so in view of the fact that, until then, their training had focused on medical diagnosis and on pharmacological and surgical treatments. But, as the years unfolded, this hesitation waned as the notion of enhancing doctor-patient communication skills became increasingly ensconced within the medical faculty. Indeed, Dr Lloyd underscored to the trainees that physicians who interacted poorly with their patients would be more likely to be subjected to lawsuits. Eventually, the students embraced the importance of learning more about psychology and psychotherapy and the art of listening.

During my time as a tutor, I delivered talks on a range of topics, including, 'Taking a Sexual History', 'Breaking Bad News', 'Dealing with Angry Patients', 'Living with Disability', 'Conflict with Consultants', 'Working with Culturally Different Patients', and more. These sessions provided trainees – mostly 18, 19 and 20 years old – with a confidential

PROFESSOR BRETT KAHR
is Senior Fellow at the Tavistock Institute of Medical Psychology in London and Visiting Professor at Regent's University London, as well as Honorary Director of Research at the Freud Museum London. A founding registrant of UKCP, he recently became an Honorary Fellow. Kahr's latest book is *Freud's Pandemics: Surviving Global War, Spanish Flu, and the Nazis.*

space in which they could express their anxieties about communicating with older patients from divergent backgrounds. Many of these young people had never experienced family bereavement, and most had never engaged in sexual activity; hence, they often confessed that dealing with fully or partially naked and dying patients caused them immense fear. Fortunately, the sessions facilitated with Dr Lloyd offered them a chance to vocalise these concerns and to experience greater catharsis and insight.

Dr Lloyd's model of teaching has now become standard practice. It has pleased me that, over the years, several of my students from the 1990s trained as psychiatrists and then as psychotherapists. One of my first students, now a consultant psychiatrist who works with geriatric patients through a psychodynamic lens, has told me that if he had not had the opportunity to learn about psychotherapy at the outset, he would, in all likelihood, have chosen to specialise in a more traditional branch of medicine.

Dr Lloyd (subsequently Professor Lloyd) and Professor Bor chronicled much of this pioneering work in *Communication Skills for Medicine*, originally published in 1996[3], and in a fourth edition in 2019. This classic book includes chapters on working with adults and children[4] as well as those from different cultural backgrounds[5], drawing on the expertise of fellow psychotherapist and UKCP registrant Dr Zack Eleftheriadou.

As my career has unfolded, I have seen an enormous attitudinal shift towards the psychological profession. In the early days, most GPs had little interest in psychotherapy or psychoanalysis. But, more recently, I have received a growing number of referrals from GPs, keen for their patients to benefit from the opportunity to discuss personal matters in depth, many of which cannot readily be resolved in a GP office in a matter of minutes. In the last few years, in particular, I have not only received requests from GPs to offer consultations to their patients, but, also, many GPs themselves have reached out, keen to undergo psychotherapy in order to deal with their own, often burdened, private lives.

In the wake of coronavirus, collaboration between GPs and psychotherapists must become even more normalised as we recognise that everyone will require both sturdy medical care and reliable psychological support. ●

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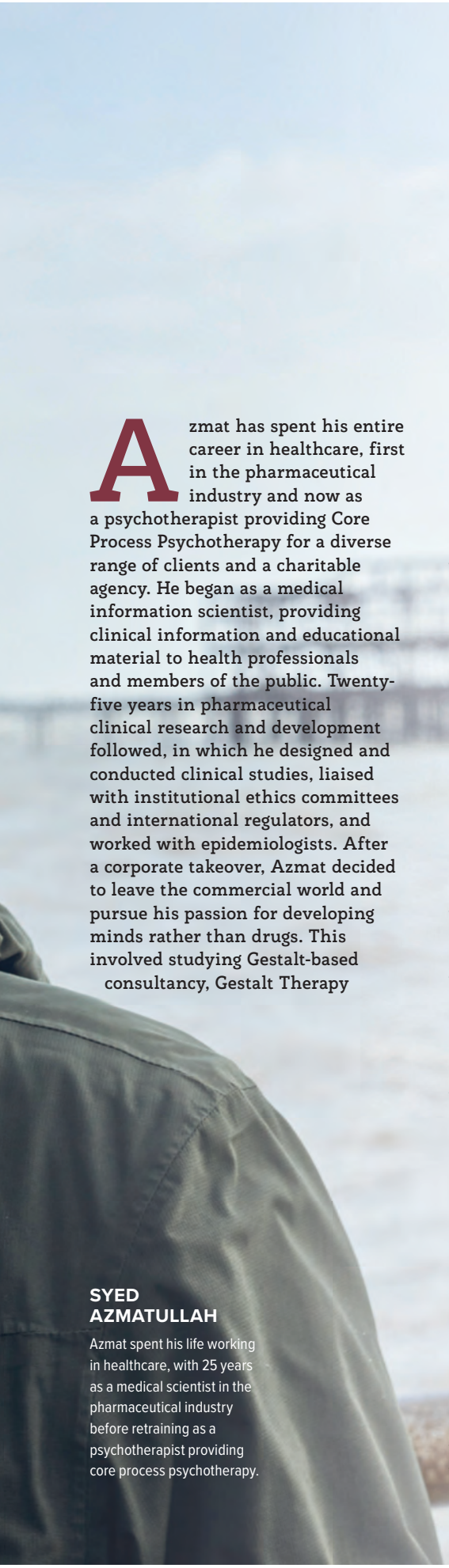
‘We need to work **together** to face the big **challenges**’

SYED AZMATULLAH, KNOWN AS AZMAT, WAS ELECTED AS CHAIR IN NOVEMBER 2021. HERE, HE TALKS TO CATHARINE ARNOLD ABOUT HIS VISION FOR THE FUTURE OF UKCP

Photographer: Joseph Branston



SYED AZMATULLAH

Azmat spent his life working in healthcare, with 25 years as a medical scientist in the pharmaceutical industry before retraining as a psychotherapist providing core process psychotherapy.

Azmat has spent his entire career in healthcare, first in the pharmaceutical industry and now as a psychotherapist providing Core Process Psychotherapy for a diverse range of clients and a charitable agency. He began as a medical information scientist, providing clinical information and educational material to health professionals and members of the public. Twenty-five years in pharmaceutical clinical research and development followed, in which he designed and conducted clinical studies, liaised with institutional ethics committees and international regulators, and worked with epidemiologists. After a corporate takeover, Azmat decided to leave the commercial world and pursue his passion for developing minds rather than drugs. This involved studying Gestalt-based consultancy, Gestalt Therapy and Core Process Psychotherapy, qualifying with an MA in Mindfulness-based Psychotherapy. He has been in private practice since 2017.

Could you tell us a little about how your 'East meets West' heritage and training has influenced your practice?
My father was born in India, in Madras as it then was, my mother was born in Southampton, and I was born in Pakistan, but came to the UK at the age of three and grew up here. So, I have this interesting parental situation where my father was a committed Muslim and my mother was a committed Christian. I found value in both, but I also found a sort of home in Buddhism. For me, Buddhism was not so much a religion as a philosophical way of living. Buddha himself was like the archetypal psychotherapist because he was overall concerned with the nature of suffering and how you move away from it.

What are your top priorities for UKCP?
Right now, I find myself in the middle of a discussion about how we move forward in an organisation which is more integrated and collaborative than it has been up until now. We are having fundamental discussions about the nature of our constitution and how we relate to each other within the organisation. UKCP has brought together 10 different colleges with different philosophical orientations as to how they practise, so each college has its own particular lens for looking at the mind. We're now at a point where we want to retain the depth of inquiry that each college is able to access, but try to find the synergies across the colleges so that the whole is greater than the sum of the parts. It is critical that we are able to use these different lenses to see the human mind in different ways, which build new understandings that we haven't accessed up to now.

We really have to look ahead because we're here as a charity, we're here for the public good. I would describe us a matrix organisation whereby we have the colleges, but we have thematic interfaces which really try to bring together different approaches. During the pandemic, we realised how much we are all interdependent and that we really need to work together to face some of these big challenges that are coming our way.

How do you intend to address equality, diversity and inclusion (EDI) at UKCP?
EDI is a really interesting area for many reasons. It links into this bigger picture about how we support society going through a difficult change period. Part of that is that we need to see the world with many different lenses. By working with people who see the world differently, we expand our understanding of possibilities. Working with different cultures, gender identities, physical abilities and disabilities or mental abilities and disabilities really expands our understanding of how the future may evolve. For me, diversity brings with it the possibility of opening up potential to a greater extent than if we stay within our particular safe milieu. It takes us to a much more informed position of how we can stay resilient and navigate future challenges.

What are your thoughts on UKCP's relationships and collaborations with other bodies within the mental health sector?
There is a chairs' meeting periodically between the chair of UKCP, the British Association of Counselling and Psychotherapy (BACP) and the British Psychotherapy Council (BPC)

Azmat: 'In UKCP we have 11,000 of the country's most capable and experienced explorers of the human mind'

to exchange thoughts and ideas about the profession, and I think that's valuable. We don't have a formal regular meeting with MIND, but we probably should. I think it's an important organisation for us to have close links to. As a society, we are increasingly challenged. We will need to work with other colleagues in other professional organisations to see how we are going to respond collectively.

How do you see the value of research to UKCP?

I come from a research background – for 25 years I worked in pharmaceutical research and development. I found that when you went into hospital clinics or GP practices, doors would open if you were there saying, 'Look, we want to do this piece of research and we want to include you in this, and we really value your opinion and your input into what are we seeing with this particular drug development or therapeutic approach.' So, for me, research is about connecting things and involving people in the wider community. There are different ways of conducting research and we shouldn't model ourselves on pharmaceutical development. For example, we're not looking at randomised controlled clinical trials. We can't work like that, but we can do research. We just need to get away from the idea that it's the sort of research that NICE wants to see or is used to seeing.

How do you view the role of psychotherapy in the public sector and what this means for the profession as a whole?

If one compares the development of UKCP with the development of a human being, the early years focus on developing self-regulation and attaining certain levels of education. These early years are characterised by a framework for self-discipline and control. We have now reached the point of adult maturity in which we can innovate, lead and embed our enterprise in the fabric of the nation. In UKCP we have 11,000 of the country's most capable and experienced explorers of the human mind. The potential of the human mind is not down to its size but the way in which it is organised. If we can organise UKCP so that our array of diverse minds can resonate collectively, the sum will not just be greater than the sum of the parts, it will be an essential means of supporting society to overcome the existential crises on the horizon. ●

Timeline

AZMAT'S CAREER JOURNEY

1979 BSc (Hons) Pharmacology, Manchester University.

1983 PhD in Pharmacology, Manchester University.

1983-1998 Head of Clinical Operations across European subsidiaries, Head of Medical Affairs with responsibility for pharmacovigilance, Schering Health-Care Ltd, UK.

1998-2001 Head of Global Clinical Development Transformational Change Project, Schering AG, Berlin, Germany.

2001-2004 Head of Clinical Operations, Europe and rest of the world, Schering AG, Berlin, Germany.

2006-2008 Head of Global Project-Management Specialised Therapeutics, Bayer Pharmaceuticals, USA.

2009 Advanced Diploma in Professional Development, Gestalt Therapy Theory Studies, London Metropolitan University. Gestalt Centre Diploma in Organisational Development and Executive Coaching, BACP, UKCP, The Grove, London.

2016 MA in Mindfulness-based Psychotherapeutic Practice, Karuna Institute and Middlesex University. Member of the Teaching Faculty of the Karuna Institute, Devon. Co-Chair of HIPC Equality, Diversity and Intersectionality Committee. Co-Chair of Association of Core Process Psychotherapists Ethics, Equality and Diversity Committee Member of the Board of Trustees, UKCP.

DR DANIEL POULTER
Conservative MP for Central Suffolk and North Ipswich

A doctor who retrained as a psychiatrist, Poulter has expressed support for junior doctors and criticised the expansion of IAPT at the expense of other talking therapies.

‘Stigma **remains** a **barrier** to people **accessing** mental health **support**’

DR DANIEL POULTER MP TALKS TO CATHARINE ARNOLD ABOUT TRAINING TO BE A DOCTOR AND THE ROAD TO WESTMINSTER

Photographer: Joseph Branston

Unlike many of today's parliamentarians, Dr Daniel Poulter did not set out to become an MP. Instead of the familiar path from PPE (Philosophy, Politics and Economics) at the University of Oxford to PPS (Parliamentary Private Secretary) in the House of Commons, Poulter began his student career reading Law at the University of Bristol.

'I originally studied law and I wanted to become a tax barrister,' Poulter tells me. 'But one of my housemates was a medical student, who went on to become an army medic, and I became interested in what he was studying. That, and my own experience of learning about various ethical and legal aspects of the law relating to medicine, made me conclude that I wanted to be a doctor more than I wanted to be a lawyer.'

After completing his law degree, Poulter trained at Guy's and St Thomas' medical school, now part of King's College, London.

'I specialised in obstetrics and gynaecology because it was an important mix of all medical disciplines,' he says. Poulter's medical career began during the challenging era recently depicted in Adam Kay's book and television series, *This is Going to Hurt*.

PSYCHOLOGICAL DIMENSION

'There were truths in that programme about how the NHS labour wards, in particular, were run, with staff shortages and working many hours before the [Working Time Directive] restrictions were introduced. I'm lucky enough not to have had a catastrophic mistake, but that wasn't true of many of my contemporaries. But there's no greater privilege than bringing new life into the world and that's one of the things that I most miss about it.'

On the labour wards, Poulter realised that there was a psychological dimension to medicine. A number of the mothers he cared for needed psychological support, and this contributed to his decision to train in mental health. Another insight arrived when Poulter, newly qualified, was working on the south coast. He began volunteering with the Seaview Project, which treated people with drug and alcohol dependence. This led to an interest in addiction psychiatry, 'an area that doesn't get much attention or funding'. It showed that life experiences are closely linked to mental health outcomes and he was inspired by 'caring for people who had hit rock bottom' to consider becoming a psychiatrist.

This experience also contributed to Poulter's decision to stand for public office, first as a councillor, then as an MP. Subsequently, the doctor who had worked with homeless people turned his expertise to a very different client group – elected members of the House of Commons. But the two groups had more in common than might be supposed. In 2019, Poulter carried out the first study of psychological wellbeing among parliamentarians at Westminster with a team from King's College, London. Analysis of information given by 146 MPs who filled in the General-Cognitive Health (GCH) 12 questionnaire showed that 62 (42%) had 'less than optimal mental ill health' while another 49 (34%) had 'probable mental ill health' and 77% did not know how to access in-house mental health support.

'It had occurred to me that there were a number of unusual things about being an MP,' Poulter says, enumerating the stresses and strains which include 'living away from home half the week, being separated from family, friends and support networks, and the challenges of the role itself, receiving multiple emails a day, some of them abusive, the abusive nature of social media, and a public-facing job which has an adversarial aspect.'

The team also found that most MPs didn't understand or know what help and support was available to them in terms of occupational health.

While MPs do have the whipping system, the role of party whips is to ensure that MPs vote the right way in the lobbies. Far from turning to their whips for sympathy, MPs were reluctant to confide their problems in case the information was used against them.

HARMFUL BEHAVIOURS

The team also published an audit questionnaire of the alcohol consumption of MPs, which was equally interesting in its findings.

'It was found that compared to other comparative groups, MPs drank more, and there were more harmful levels of alcohol and potentially dependent levels of alcohol consumption. We took the results to the then Deputy Speaker, Lindsay Hoyle, who is now Speaker of the House. The result was to increase the MPs' awareness of the occupational health support available on site and also increase the resources available to that service so that MPs who were in distress could get the help available to them more easily when they needed it.'

One aspect of the elected members' reluctance to seek help for mental health issues or alcohol dependency may have been shame.

'Stigma and self-stigma remain a barrier to people accessing mental health support, particularly in the workplace,' says Poulter. 'That said, much has been done in recent years to reduce stigma by people sharing their own experiences of poor mental health – in particular, the Royal Family. However, I would like to see employers do more to provide occupational health support for employees who may need it. Supporting mental health at work is good for the

'I would like to see employers do more to provide occupational health support for employees'

employee and for the employer, who will see more productive staff and improved recruitment and retention.' Employers could make more use of the psychotherapy workforce through employee assistance programmes and other initiatives.

PRESCRIBED MEDICATION

In addition to alcohol dependency, anti-depressant prescribing reached record levels in England last year, and the number of people prescribed medication far outweighs the number referred for talking therapies. Does Poulter think that psychiatric medication is overprescribed and should psychotherapy and counselling be made more widely available?

'Medication should not be the first thing we reach for,' says Poulter. 'It should be further down in the arsenal of a doctor. If we can find ways of helping people, through psychological support as a first option, that has to be better than starting someone on medication.

'But there are some illnesses where this isn't possible, for example, floridly psychotic conditions. There, the priority is going to be to medicate, then you have the therapeutic opportunity to work with somebody appropriately with psychotherapy. But the other important factor about antidepressants is that it's not just about starting them, it's about stopping them as well. Sometimes they can have side effects and can be difficult to stop.'

Given that, as the former Parliamentary Under Secretary of State for Care Quality, Poulter's ministerial responsibilities included patient choice, what role does he think patient choice has in helping people with mental health conditions?

'It is difficult to talk about improving patient choice when community mental health services have been hollowed out over the past 20 to 30 years,' says Poulter. 'My main focus would be improving the provision of community mental health services, including access to psychotherapy.'

Of course, one way to increase provision would be to make better use of the psychotherapists who are still significantly underused in NHS mental health services. How does Poulter think the NHS could make better use of this workforce?

'There are two parts to this,' says Poulter. The first is ensuring that there are enough trained psychotherapists. UKCP has an existing workforce of psychotherapists and ensuring they have access to top-up training to allow them to work in the NHS could play a part. Poulter goes on, 'In secondary care, more training in modalities such mentalisation-based therapy would be helpful to support patients with personality disorder presenting with extreme emotional liability and poor impulse control. Secondly, psychotherapists and counsellors could be better used to support and train other mental health staff, including key workers, to give brief supportive interventions to patients.'

Timeline

DR DANIEL POULTER'S CAREER JOURNEY

2006 Member of Hastings Borough Council (Conservative).

2008 Deputy leader of Reigate and Banstead Council.

2010 Member of Parliament for Central Suffolk and North Ipswich.

2011 Appointed Parliamentary Under Secretary of State at the Department of Health.

2015 Expressed support for protests by doctors and others against the Conservative government's proposed changes to the junior doctors' contract, October 2015. Released a video in which he described junior doctors as 'the backbone of our NHS' and called for staff to be 'properly rewarded'.

2018 Became a member of the Royal College of Psychiatrists.

2021 Criticised the expansion of IAPT at the expense of other talking therapies in *The Guardian*.

CREATIVE HEALING

RESEARCH INTO HOW ARTS-BASED INTERVENTIONS CAN IMPROVE OUTCOMES HAS INSPIRED THE DEVELOPMENT OF ARTS FOR THE BLUES. **VICKY KARKOU** DESCRIBES THE PROJECT'S AIMS AND ACHIEVEMENTS

Participants gave consent to be included

Evidence suggests that arts-based interventions are more accessible and attractive for people who find it difficult to talk about their problems or who are seeking an alternative to talking therapies. This could include adults and children from diverse backgrounds, refugees and migrant communities, and those struggling with loneliness and isolation.

In the UK, one in six adults meet the criteria for mental ill health, with depression and anxiety being the most common mental health problems. Treatment options remain limited to mainly medication and talking therapies such as cognitive behavioural therapy (CBT), with limited access to other forms of psychotherapy, including creative psychotherapies. However, those with mental health issues argue that creative activities and arts psychotherapies are helpful, despite these therapies being limited within the NHS. The lack of such forms of psychotherapy is even more present in the north-west, an area with marked socioeconomic deprivation and high levels of mental health problems.

EVIDENCE-BASED INTERVENTIONS

In response, a research team from Edge Hill University, the University of Salford and Greater Manchester NHS Trust looked at existing research to inform the development of an evidence-based creative psychotherapy intervention.

The team researched counselling for depression (a structured form of person-centred psychotherapy), short-term psychodynamic psychotherapy and CBT, as well as dance movement psychotherapy and other arts psychotherapies. Research in creative interventions such as creative writing, visual art, dance and music were also identified. From these published pieces of research (76 publications in total), that were either client-reported or therapist-led outcome studies, we identified helpful factors[1]. The results, alongside experimentations in the study[2], workshops and focus groups with staff and service users in the NHS[3], and workshops and focus groups with the public[4], formed the basis for the development of a new model called Arts for the Blues[5].

In the new model, we synthesised the long list of helpful factors into eight key ingredients, all facilitated through creative means:

- encouraging active engagement
- learning skills
- developing relationships
- expressing emotions
- processing at a deeper level
- gaining understanding
- experimenting with new ways of being
- integrating useful material.

The model is delivered in primary health settings, schools and charities and is currently growing its evidence. For example, thanks to funding from Liverpool Clinical Commissioning Group, we ran a 12-week programme with MIND, a large national mental health charity. Funding from UKCP has allowed us to capture clients' experiences of participating in this work in a film, available at: vimeo.com/626449926. The film was showcased at the World Health Organization (WHO) Healing Arts event in New York in November 2021.

Dr Joanna Omylinska-Thurston, counselling psychologist in IAPT services in the NHS and co-founder of the Arts for the Blues model, clarifies: 'Normal therapy works on a "let's sit and talk" basis and uses a lot of thinking and having to explain yourself. We wanted to create something in which people could express themselves in different ways.'

Dr Scott Thurston, a poet and performer from the University of Salford and the third co-founder of the model, explains: 'In an Arts for the Blues session, we may be talking for a period of time, we may be writing, we may be using movement, we may be drawing or painting. There are all these ways in getting to our underlying experience... I think that the more

Authors

PROF VICKY KARKOU is a Professor of Arts and Wellbeing at Edge Hill University, and an arts and humanistic psychotherapist registered with UKAHPP and ADMP UK. She is co-founder of the Arts for the Blues model, leading on several research projects on this and related topics. She is also director of the Research Centre for Arts and Wellbeing: sites.edgehill.ac.uk/rcaw

TANIA KONSTANT is an art psychotherapist and a trained Arts for the Blues psychotherapist. She is currently working with survivors of childhood sexual abuse, developing creative and body-based psychotherapeutic approaches that support her clients toward recovery.

DR JOANNA OMYLINSKA-THURSTON is a counselling psychologist with IAPT, Greater Manchester Mental Health NHS Trust and a lecturer in counselling and psychotherapy at the University of Salford. She is co-founder of the Arts for the Blues model and clinical lead.

CLAIRE QUIGLEY is a drama therapist who graduated in 2019 from the University of Derby and a trained Arts for the Blues psychotherapist. Claire is a Neuro-Dramatic-Play (NDP) practitioner and is also an associate tutor at Edge Hill University.

DR SCOTT THURSTON is a poet, dancer, educator, trainee counsellor and co-founder of the Arts for the Blues model, leading on the artistic components of the work.

opportunities we give to people to encounter themselves, the richer the psychological process becomes.'

PLAYFUL GAMES

Claire Quigley, psychotherapist trained in the Arts for the Blues model, who facilitated the group at MIND, offers insights into the therapists' intentions: 'Quite early on we wanted to offer playful games, we wanted to slowly encourage more embodiment within the process, but knew that this takes time and trust with each other.'

Clients attending the Arts for the Blues 12-session therapy at MIND reported on what encouraged them to engage in the therapeutic process:

Lesley: 'Because you are doing things and you don't have to think about what you are doing, it's almost like... it hooks you in ...'

Paul: '... it is not judgmental.'

Lyvia: '[Creative engagement] makes you talk about things which you wouldn't talk about before.'

'Research in creative interventions such as visual art, dance and music were also identified'

Both Claire and Tania Konstant, the second facilitator of the group and a trained Arts for the Blues psychotherapist, incorporated the key ingredients of the model and responded to the needs of the group in a flexible way. By the end of the process, Tania reported: 'I've seen shifts in people's ability to be more themselves and accept others, feel accepted by others and this is [an additional] magical ingredient, I think', highlighting the power of creativity and the arts to encourage rich experiences beyond what was planned and expected.

By the end of the therapy process, clients felt that:

Karen: 'I actually feel like me now. I found an inner strength...'

Simon: 'It's so helpful in daily life and I really hope the NHS listens to it...'

Lyvia: 'It really works! It's better than Clonazepam and Valium.'

As a research team, we are currently building capacity, adapting and modifying the model to suit different client groups and ages. We have substantial evidence of the value of the work with children and growing evidence with mothers and babies, students in higher education and clinical staff in the NHS. So far, we have also trained over 100 psychotherapists in the UK and internationally.

Prof Vicky Karkou, co-founder of the model and a dance movement and humanistic psychotherapist, argues that 'the Arts for the Blues model has been used with adults and with children in person and online with overwhelming responses and evaluation results so far'. She also explains: 'We are trying to create communities of practice where well-researched and safe uses of the arts and creative psychotherapies become easily accessible to all.'

Recently, we have received additional funding from the Arts Council to develop an immersive performance co-designed with service users, artists and psychotherapists that will encourage creating connections between people's experience of therapy and the need for psychological support among the public. We have also received funding from the Arts and Humanities Research Council to scale up the project in the north-west of England. We are therefore excited to work collaboratively with NHS Trusts, galleries, theatres, concert halls and non-governmental organisations, offering opportunities for the spread and adoption of this model in the region prior to a national and international expansion. More developments are due to come as this project is gaining momentum, having attracted the attention of the Arts and Health office of WHO International.

Arts for the Blues: *A New Evidence Based Creative Psychological Therapy for Depression:* ***artsfortheblues.com***
UKCP-funded film: *artsfortheblues.com/arts-for-the-blues-film*

What do you think?
Share your thoughts and opinions by emailing:
editor@ukcp.org.uk

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‘The power of listening can transform somebody’s experience’

ANNE GUY’S CAREER TOOK AN UNLIKELY PATH TO PSYCHOTHERAPY, AND NOW – AS SECRETARIAT COORDINATOR OF THE ALL-PARTY PARLIAMENTARY GROUP ON PRESCRIBED DRUG DEPENDENCE – SHE HAS FOUND FULFILLING AND IMPORTANT WORK

Anne Guy is an integrative psychotherapist and secretariat coordinator of the All-Party Parliamentary Group on Prescribed Drug Dependence (APPG). She is lead editor and co-author of the APPG’s Guidance for Psychological Therapists, designed to help therapists to broaden their knowledge about psychiatric drugs, particularly withdrawal, which has been downloaded over 20,000 times and is being translated into Spanish, Italian, Swedish, Japanese and Greek. Here, she talks to Catharine Arnold about her career.

I understand that you began your career as an insurance claims manager in healthcare?
I drifted into a career in health insurance. It was the 1980s, I was a graduate trying to find a job and BUPA were hiring at the time. When I first joined BUPA, you would pick somebody’s file off the shelf, and it would be thick with all the claims that they had made over 40 or 50 years. You could trace somebody’s entire medical history through these files, and I was interested in the human dimension of that kind of work.

When did you decide to train as a psychotherapist?
I was thinking, ‘I want to do something that’s more meaningful on a one-to-one basis in people’s lives. Could I do something in the field of therapy? Can I actually listen to all of this stuff?’ So, I volunteered with Samaritans for three years and discovered, yes, I can listen to it, and actually the power of listening to potentially transform somebody’s experience if only for that moment was huge.

Afterwards, you were made redundant and decided to work for WWF (the World Wildlife Fund) part time while training as a psychotherapist at Roehampton University, first studying for an MSc and then converting it to a psychotherapy doctorate...
So not a clear and obvious career path, but as you get older, there’s more thought about what is worthwhile. Helping somebody one-to-one, you can actually tell the difference you are making. Not all of the time, but in a far more demonstrable way than in most corporate jobs.

You recently quoted Pete Sanders’ line, ‘if we think sick, we will see sick.’ Does this mean you have distanced yourself from the medical model?
I did my doctorate around the medical model because it has been of interest to me since my first career. My first placement was working in a GP surgery. Here I was, a counsellor sitting in a GP’s room, and there’s all this medical equipment around and this examination table. When you’re potentially talking to somebody who might have some kind of childhood sexual abuse history, to be sitting next to a medical examination table can be really upsetting. So, I used to take the posters off the wall, put all the medication paraphernalia on the examination table and draw the curtain round it. I’d try to demedicalise the room as far as I could. So, I’ve had an interest in how the medical model comes into therapy, whether you want it or not. None of the psychotherapeutic models see any physiological basis for emotional distress, they’re all based on psychological causes for emotional distress, so why we get caught up in the medical model is a very interesting phenomenon.

Photographer: Joseph Branston

LEFT: Anne Guy: 'Helping somebody one-to-one, you can actually tell the difference you are making'

How did you come to be involved in the APPG?
I joined the team very explicitly in an administrative capacity to start off with. I've got really strong project management skills and organisational skills, so I've been able to use them in creating the guidance for therapists, bringing the right people together, building the relationships to create the team and defusing concerns.

Can you tell us about the Public Health England (PHE) review of prescribed drugs?
We have made amazing progress, largely down to our previous chair, Sir Oliver Letwin. Two of the PHE review's recommendations were about creating services – a 24-hour dedicated helpline, which is now being looked into by the DHSC, and local NHS services to support people to reduce or come off their prescribed drugs when ready. I and a colleague are part of an advisory group to the NHS project that has been drafting the commissioning framework for these services, which should be published this summer. There's still no additional money promised to enable services to be created, though, so the APPG is still working to raise awareness of this need. The job isn't done until the services are actually in place.

Do you think there is sufficient public awareness of prescription drug dependency?
It's very easy for what's happening with antidepressants to be overshadowed by the opioid crisis, and we have to work hard to emphasise the sheer scale of the number of people who are likely to be dependent upon antidepressants. It's such an under-recognised problem. But the evidence is now becoming clearer as to what withdrawal looks like, how to help people withdraw safely and how to get that information into the public domain. It's a very live field.

What does the future hold? What plans do you have for developing your practice and your approach to psychotherapy?
It almost feels like I'm now in stage three of my career. I'm getting more people approach me to support them through their withdrawal so there's an increasing overlap between my psychotherapy practice and the APPG work. It all feels important and it's something I can make a difference to. How often do we get to say that? ●

Timeline

ANNE GUY'S CAREER JOURNEY

1982-1985	BA (Hons) in Philosophy and Sociology, Warwick University.
1986-2000	Management positions with private medical insurers, including BUPA and Standard Life Healthcare.
2006-2007	Certificate in Counselling Skills.
2007-2012	PsychD in Counselling and Psychotherapy, University of Roehampton.
2007-2009	Head of Fundraising Services WWF-UK, Godalming.
2009	Starts private practice.
2010-2012	Research Assistant at: University of Roehampton; Universities Psychotherapy and Counselling Association; Research Centre for Therapeutic Education.
2012-2015	Lecturer and Programme Convenor, University of Roehampton, lecturing on both the UKCP-accredited MSc Counselling and Psychotherapy and the BSc Integrative Counselling.

On Screen

*Psychotherapist **Gareth Mason** peers through the eyes of Max Liebermann – a doctor with a penchant for sleuthing in the heart of the Habsburg Empire*

Vienna Blood

Max Liebermann

Sigmund Freud was an avid fan of Sherlock Holmes long before criminal psychologists were created to bridge the gap between their two vocations. Both professions team up in *Vienna Blood*, a BBC series that pairs a young Jewish psychoanalyst, Max Liebermann (played by Matthew Beard), with Detective Inspector Oskar Rheinhardt (Jürgen Maurer). Together they investigate a series of grisly murders in the grand and genteel capital of the Austro-Hungarian empire in the early 1900s. It showcases the old world of Europe at its complacent peak shortly before the destructive madness of World War I.

Max Liebermann (*right*) and Detective Inspector Oskar Rheinhardt team up to investigate a series of murders

Photo: Petro Domenigg/2019 Endor

Liebermann's psychological insights echo the evolving work of his mentor, Freud, and he uses them to unmask the real culprits behind more obvious suspects. When he investigates the other-worldly demise of a medium, he unflinchingly pursues a rational explanation while his peers are infected by superstitious doubt. As a doctor, he harms his professional prospects by specialising in the maligned new science of psychoanalysis, but for Liebermann the authentic life cannot be denied.

He has an empathy towards less-privileged minorities, deepened by convulsions of anti-Semitism with which he and the Jewish community are increasingly confronted. While his family is notionally accepted by society, their cultural differences mark them out as honorary members whose position is conditional on them supporting the status quo. Perhaps this experience helps Liebermann challenge the convenient labelling of a class of 'mad, bad' from whom we separate ourselves and to whom we deny compassion. For the alleged villains are plucked from the ranks of the traumatised, uneducated, impoverished and unloved – scapegoats for the dark and powerful forces which society chooses not to see as the true enemies within.

'He's a stubborn, singular character who rejects taking the paths expected of him'

Liebermann's phlegmatic response to the animal passions of others demonstrates a resigned acceptance of human weaknesses, inevitably putting him at loggerheads with a Judeo-Christian world still reeling from Darwin's religious heresy. He's a stubborn, singular character who rejects taking the paths expected of him, an existentialist who refuses to play his role in bad faith. He breaks off his engagement to the beautiful Clara, with whom he makes a perfect match in the eyes of his doting parents – a scandal he amplifies by instead pursuing the complex and elusive Amelia, a former patient in whom he recognises a kindred spirit. He doggedly pursues her despite the obstacles placed between them by society. If everyone else thinks he's mad, or at least maddening, he acts as if he has no choice.

Liebermann's wistful demeanour often seems out of sync with the more mercurial emotions of those around him. Perhaps it betrays the curse of knowing too much.

Series 1 and 2 of Vienna Blood *are available on BBC iPlayer*

What have you seen on screen that is ripe for therapeutic analysis? We'd love to hear your ideas. Email editor@ukcp.org.uk

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In this workshop we will learn when it can be beneficial to offer family therapy; its efficacy in comparison to other alternatives; what considerations and differences there are in family therapy; how it can be an alternative to child and adolescent therapy (working with the child on their own).
The workshop will be didactic and experiential in content and is aimed at counsellors, psychotherapists, educators or healthcare professional who are faced with issues that are caused by dysfunction in the family.
Tutor: Susie Hewitt, TSTA, MSc, UKCP/BACP
Monday 19th September 2022. Cost £145
Venue: Manchester Institute for Psychotherapy

Transactional Analysis 202 - Methods and Application of Transactional Analysis
This 5 day workshop is for people that have already attended the TA101 or use TA in their workplace or clinical practice.
The course is aimed specifically at people who use TA in their work as a psychotherapist, counsellor, social worker and mental health professions.
The course content is concerned with clinical methods and application of TA and therefore its delivery will be practical and experiential in nature. The course carries a Post Graduate certificate.
***Tutor: Bob Cooke**, TSTA, UKCP. Venue: MIP*
Dates: 21st October, 11th, 18th & 25th November & 2nd December 2022 (Fridays). **Cost** £945.

Launching & Expanding Your Private Practice 1 Day CPD Workshop
This workshop will encourage you to consider if Private Practice is the right choice for you; the reasons why; how to launch a successful private practice. You will look at key questions & considerations before embarking on private practice, how to market & run private practice & look at working ethically and safely. The workshop is aimed at Counsellors & therapists who are considering setting up or have recently set up a Private Practice.
Tutor: Susie Hewitt, TSTA, MSc, UKCP/BACP
Monday Monday,10th October 2022
Venue: Manchester Institute for Psychotherapy
Cost: £145

Certificate in Trauma
This is a 5 day course (30 hours) spread over a period of 5 modules. The aim is to enable people working with both children and/or adults to be able to respond effectively to their clients trauma. We will consider effects of trauma on the brain, mid, body, behaviours and subsequent motivation.
***Tutor: Karen Burke MSc-UKCP. Cost** £945*
Dates: *Mondays:* 7th, 14th, 21st, 28th November & 5th December 2022.
Venue: Manchester Institute for Psychotherapy

TA101 2 day workshop - Cost: £225
This 2 day course is primarily for anyone interested in Transactional Analysis at a clinical level and is a prerequisite to go onto the 4 year diploma in transactional analysis. 1st/2nd August 2022, 5th/6th September 2022 and 12th/13th December 2022.

Certificate in Supervision
This is a 5 day course (30 hours) spread over a period of 5 modules. We will look at the meaning of Supervision as it applies in your field of work, whether you work individually or in a group setting in psychotherapy, counselling, or in the areas of social work, nursing, clinical psychology or indeed any of the caring professions.
Tutor: Bob Cooke TSTA UKCP. **Cost:** £945
Dates: **Nov/Dec 2022**: Mondays - 7th, 14th, 21st, 28th November & 5 December.
This is an Online course in Nov/Dec.

January/Feb 2023 Dates: 6th, 13th, 20th, 27th January & 3rd February. **Venue: Manchester Institute for Psychotherapy**

***Supervision Conference - Saturday 27th May 2023* - "Supervision in the 21st Century"**
This One Day Supervision Conference is hosted by the Manchester Institute for Psychotherapy. There will be a series of morning & afternoon workshops in the area of supervision, past, present and future. Keynote speakers are yet to be decided though the conference will be opened by Bob Cooke, TSTA (UKCP). This conference is the first of its kind in Manchester and hopefully will be an annual event where we can bring the foremost thinkers & practitioners in the area of supervision and supervision training.
Cost: £80 per delegate, includes refreshments & lunch. **Time**: 9.30 to 5.30 pm.
Venue: The Life Centre, Sale, Manchester.

For further details please see our website at www.mcpt.co.uk

Youtube channel Bob Cooke & See our new therapy podcasts - https://podcasts.apple.com/us/podcast/the-therapy-show-behind-closed-doors/id1570789126?uo=4. *Personal website for Bob Cooke: www.bobcooke.org*

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Using Compassionate Inquiry, you'll be able to help your clients overcome addiction, anxiety, codependence, ADHD, and other difficult mental health challenges. So they can have healthier, more fulfilling relationships with themselves and others.

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