

Psychotherapy in the NHS: 25 FAQs for service users

What is Psychotherapy?

Psychotherapy treatment involves listening and talking, and understanding the relationship between the people involved.

Each psychotherapy session provides the opportunity to find space to tell your story, and be listened to. The important part of this is establishing a healing relationship with the therapist or the therapist and other members of a group.

Will it work for me?

Many people feel a great deal of benefit from psychotherapy, some even after comparatively few meetings. Like any other treatment or life experience, psychotherapy may not be suitable for everyone. Each individual has to make up their own mind about whether therapy is helpful for them. The initial consultations aim to help people think about this, in collaboration with a therapist.

Clinical experience shows that if you are motivated and set yourself realistic goals, psychotherapy is likely to be of benefit.

What is "psychodynamic" therapy?

Psychodynamic psychotherapy is based on listening and talking. It involves exploring past conflicts in relation to your current problems in order to make change possible. It can be used in different formats: for example, group, individual, couple and family. Therapists come from a range of theoretical backgrounds, and therefore the exact nature of treatment offered will depend on who you work with.

Does it mean that I am 'ill' if I'm in psychotherapy?

Regardless of how you were referred, psychotherapy aims to treat people with long histories of serious emotional difficulties. These are linked to personal development, often over many years, and sometimes right from early childhood.

The symptoms you may be referred with might have led to you having been diagnosed with mental illness. The aim in psychotherapy is to look more deeply into the emotions, conflicts and distress behind these diagnoses.

How long will it take?

The length of treatment will be determined by what you are offered following assessment. A brief course of psychotherapy would last about three months, and a course of group therapy or long term individual therapy can last for a couple of years. Stays in intensive programmes such as "therapeutic communities" or "partial hospitalization" are generally between nine and eighteen months. The benefits of psychotherapy can continue long after the treatment period itself has finished.

How often are the sessions?

Most psychotherapy in the NHS is once weekly, although it can be up to three times per week in certain circumstances. For the intensive programmes, attendance is daily or several times weekly.

How long does each session last?

Individual psychotherapy sessions normally last fifty minutes, and group therapy meetings are for one and a half hours. Some specialised groups are for longer than this.

What benefit should I feel afterwards?

Research has shown that psychotherapy is effective in reducing symptoms, improving relationships and self esteem. However, as each person is an individual it is difficult to generalise at the beginning as to which benefits a person may feel. The exploration and the journey is often as important as the goal.

Does it usually work?

A great deal of research has been done in the last few years to demonstrate that psychotherapy is effective. However, it only works as a catalyst with the person undergoing treatment. This means that in order to be effective, the "work" is not done to you - but *by* you and *with* you.

What can go wrong?

It may uncover underlying problems that are not amenable to psychotherapeutic treatment. These may then mean that decisions have to be made about discontinuing therapy and other treatment that might then be necessary. During the course of therapy it may be tempting to use less helpful coping skills, such as alcohol and drugs, that have been familiar to you in the past.

How will I feel during therapy?

It is possible that you may feel worse before you feel better, and some people find their psychological distress is reflected in physical symptoms such as headaches or stomach pains. Therapy requires an uncovering of painful feelings and memories. This can be experienced as a relief but it may also stir up uncomfortable feelings.

How much will I have to do myself?

Therapy is an active process, like a journey of self exploration. The therapist can offer guidance, but the ultimate responsibility for changing is with you.

How will it affect people close to me?

Your view of yourself and others may alter considerably through therapy. As you change, your relationships will change too - and it can disrupt the equilibrium of current intimate relationships. You need to bear this in mind before you start, and you may want to discuss it with those close to you. As this is a common experience, your therapist will be familiar with it and will be willing to discuss it with you.

Can I stop if I feel it's not working?

It is always possible to leave therapy, though the pressure to remain may seem stressful at times. Some people have to have several "goes" at therapy before they succeed. Talk about your difficulties with your therapist before you decide to stay or leave.

Ultimately, if you want to stop, it is up to you.

If it doesn't work what else can I do?

Looking at why it may not be working with your therapist is often an important thing to discuss. However, psychotherapy is only one treatment option and it does not suit everybody. In collaboration with your therapist and GP, psychotherapy services will normally make recommendations about referring you on to a more suitable form of treatment, if this is likely to be helpful.

Is individual therapy "better" than group therapy?

Individual therapy is often more comfortable to contemplate starting. However, for many psychological difficulties, group work can be more effective. The aim of the full psychotherapy assessment which you attend following your referral is to assess whether individual or group treatment is indicated, and this will depend on your problems and background. It is quite common to be offered a few sessions of individual therapy, followed by joining a group.

What about holidays and cancelled sessions?

Continuity in therapy is important, and holidays need to be planned in advance with this in mind. Therapists will endeavour to give you plenty of notice of their holidays and other absences. Of course we realise that sometimes circumstances may prevent your attending, and psychotherapists normally ask that you give us as much notice as possible of a cancellation. Occasionally, psychotherapists need to cancel sessions, and they will give as much notice as possible. Any feelings stirred up by breaks in your therapy are an important part of the process, and can be discussed with your therapist.

How long will I have to wait?

There are often two waits before you start regular therapy. The first is after you are referred and before you attend an assessment appointment. The second is after the assessment appointment, while you are waiting for an available space. Because of the excess demand on most psychotherapy services, both of these waits are often months rather than weeks. If you feel you have been waiting a long time and need to know where you are on the waiting list, you can phone service secretaries and they will find out whereabouts you are on the list.

Will I need to stop medication?

This depends on what sort of treatment is being offered. If you are going to join a therapeutic community, there are often clear guidelines about medication - which might mean stopping all tranquillisers and anti-depressants. For out patient treatment, arrangements are more variable, and it is something you should discuss with your therapist, and also the other professionals responsible for the prescription of your medication. Sometimes there is a need to combine medication and psychotherapy over a period of time, and this decision should be discussed by everyone involved. Psychotherapy services do not usually prescribe medication.

What do I do in an emergency or crisis?

As psychotherapy is not an emergency service, you will need to use your normal network of support. This could include family and friends in the first instance, but also other agencies - such as your GP or Samaritans - depending on what you need at the time. It may be important to bring the difficulties you experienced to the attention of your therapist at the next session. For members of intensive treatment programmes, there are special arrangements for receiving support out of hours.

What kind of records are kept?

Psychotherapy files are often kept separate from other hospital notes. They contain your initial referral letter, any questionnaires you have completed and returned, any letters you send and copies of any letters sent to you. There will also be a summary of your assessment and a letter to the referrer about it. Notes from the process of your treatment, including your attendance and content of the sessions, may also be recorded in the file. A discharge letter is normally sent to your referrer and/or GP once your treatment is complete, and a copy of this is kept in the file. Any correspondence with other professionals will also be retained. If there are details you do not wish to have recorded in your file, do discuss this with your therapist.

What are other professionals involved in my care told about me?

All therapists receive supervision, and the necessary details about the therapy will be discussed in this. Supervision is a process which helps the therapist to think about what is going on, and maintains the safety of the therapeutic relationship.

The general rule all psychotherapists operate is "whom you see and what is said is confidential" and all supervisors, researchers, therapists and other staff are made fully aware of this.

However, it is also important that you are aware of the therapists responsibility on this matter, and therapists and staff employed in the NHS adhere to a Code of Practice which dictates that any information disclosed to the department is treated in the utmost confidence. However, your therapist is obliged to act on any information which indicates a risk to your safety or the safety of others. You should have the opportunity to discuss this issue during your initial contact.

Who will be treating me?

Therapists employed in the NHS are mental health professionals with a range of core professional backgrounds. They may be either medical (psychiatrists), or non-medical (nursing, psychology, occupational therapy or others). They will normally have a specialist psychotherapy training in addition to their core professional background, or be in a training course and receiving supervision.

Who do I complain to if I am not satisfied with the service I receive?

In the first instance you should discuss this with the therapist. If you are not satisfied with the outcome of that, you need to write to the manager of the service. If you do not feel your complaint is then being satisfactorily dealt with, you need to write to the NHS Trust's General Manager. All complaints in the NHS are taken seriously, but if you are not happy with the internal process there are statutory procedures through an ombudsman.

How can I find out more about psychotherapy?

There are many psychotherapy resources available in books and on the internet. However, not all this information is of good quality and much of it may not be relevant to you. There is no substitute for discussing it with professionals involved in your care.