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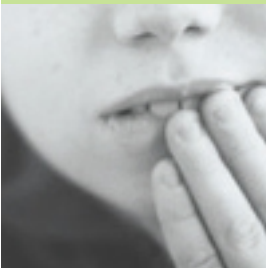


Choosing Talking Therapies?

Choosing talking therapies?

This booklet is for anyone who is depressed or unhappy, or who has emotional problems they cannot sort out on their own. It tells you about the psychological help – or talking therapies – that are available for adults on the National Health Service (NHS). It explains what talking therapies are and what they aim to do. It will help you ask the right questions and to make the right choices for yourself.

The information in this booklet is based on evidence from research studies on psychological therapies. They have been turned into guidelines for GPs on treatment options for people with emotional difficulties or mental health problems. The booklet also includes evidence and quotes from service users; this comes from research by the Mental Health Foundation. To find out more about the research behind this booklet, see Factsheet 1, at the back.



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What are talking therapies and could they help me?

Talking therapies involve talking and listening. Most of us want somebody to talk to, who listens and accepts us, especially when we are going through a bad time. Sometimes it is easier to talk to a stranger than to relatives or friends. Some therapists will aim to find the root cause of your problem and help you deal with this, some will help you change your behaviour or negative thoughts, while others simply aim to support you. Therapists are trained to listen attentively and to help you find your own answers, without judging you.

“It was as if she was turning over pages or something, making it all so much simpler in my mind, somehow”

People go for talking therapies for a whole range of reasons. It may be that somebody has died or left, or that you have become depressed or isolated. You may be unable to sleep, or are having panic attacks. Perhaps you have had a psychiatric diagnosis and are already having treatment. Or you may be simply trying to understand yourself better.

“It was someone listening to what I was saying without criticising me, listening to my problems and making me see them in a different way”

You may find a supportive counsellor or therapist can help you through a crisis or a difficult patch in your life. Or, you may find it more helpful to talk after the crisis has passed, to think about what happened and why. Some people find talking therapy can help them deal with rarer problems such as high and low mood swings, or to cope with hearing voices. Talking therapy can help you stay well, or help you notice when you are under pressure. It is most likely to help if you want to explore your feelings and change your behaviour.



“It helped me to understand my feelings of frustration and anger”

Talking therapies do not offer magic solutions, it can be hard work and progress can be slow or painful. It may not be the right time for you to talk, or talking about things may make you feel worse at first (see ‘Risks’ page 12). What you feel able to cope with is the most important thing, and this can change over time. More research with service users is needed in order to understand which talking therapies people find helpful and why.

There are many kinds of talking therapy, with a lot of overlap between them (see ‘Different Approaches’, page 6, and Factsheet 1 for more details). Therapists have different types of training, so their approach and way of working will vary. Research has shown that how you get on with the individual therapist is more important than the type of therapy you get. If you and the therapist can work well together, trust and respect each other, it is more likely to work for you.

“I wanted to talk to somebody of my own culture and my own age and they have children and problems...they should understand what I am going through.”

You might want to see a therapist from a similar background or culture, or you might prefer a female or male therapist. Although a good therapist will not impose their values or prejudices on you, at present, most therapists and counsellors are white and middle class. Your GP should take your preferences and feelings about the therapist into account when arranging your talking treatment, but you may have a limited choice on the NHS in your area. Talking therapies are also available from voluntary organisations, groups run by and for people from black and minority ethnic communities, women’s organisations and groups for people with specific issues (see Factsheet 3).

Who are talking therapies for?

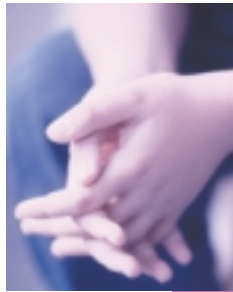
Talking therapies are for all sorts of people. They can help if you are working class or middle class, old or young, heterosexual, gay or lesbian, black or white or from an ethnic minority community. They may also help if you are on medication, or have had a ‘psychotic’ diagnosis, such as schizophrenia or manic depression.

People who have been sexually abused can find talking therapy particularly helpful if it is offered at a time when they are ready for it. People who have experienced discrimination or racism can also benefit, especially if the therapist is trained to deal with these issues. Your GP should discuss with you the option of talking therapies regardless of your background or your particular difficulty.

“I think a lot of patients wanted counselling. They wanted to talk but there was no-one there to talk to”

If you see your GP or a psychiatrist for an emotional or mental health problem you may be prescribed drugs such as anti-depressants to help with the symptoms. But people often say they would like talking therapy as well as or instead of drugs; a chance to talk about yourself and your problems in the context of your life.

You can ask your GP for talking therapy regardless of any diagnosis you have been given or any medication you are on. Say if you want it instead of drugs, or if you want to try a combination of drugs and talking therapy. Most therapists will be happy to work with you while you are taking medication. There is no reason why medication and talking therapy should not be used together. Some research has found that a combination of drugs and therapy works better than either on its own.



“You have more of a feeling you are in control of your own recovery. It feels far more positive and as if you are actually achieving something without the help of drugs”

In an ideal world, all mental health service users should be offered some form of talking therapy, or simply the opportunity to talk to someone, as a main part of their treatment. You should be given the option of talking therapy regardless of your diagnosis or your age, sex, social class or ethnic group. People with complex and long term mental health problems, and those whose troubles may appear less severe, have an equal need to talk.

There is a stigma around talking therapy, and some people feel it is a sign of weakness to go for this type of help. Seeing a therapist doesn't mean you are self-indulgent or going mad; don't let these sort of prejudices stop you trying it. It can take strength to be prepared to look at yourself and your situation.

How and where can I get talking therapies on the NHS?

Talking therapies are available free on the NHS either at your GP's surgery, at a hospital, or from a local community mental health team. What is available on the NHS will vary a great deal from place to place. There will often be a waiting list as NHS therapy is in short supply in some areas. Seeing your GP is the first step – you will usually need a referral letter to a NHS counsellor, psychologist, psychotherapist or psychiatrist (see Factsheet 2).

You should be offered the type of help best suited to you and your problem, but GPs vary in their approach to and knowledge about mental health problems. Whether or not you are offered talking therapies and what type of help you get may depend on your GP's knowledge of what is available as well as where you live. Make sure you say if you want talking

therapies and, if you have a preference for a particular type of therapy, let them know (see 'Different Approaches' page 6).

Choice may be limited on the NHS, but if you feel the therapy or therapist is not right for you, or that you need more sessions, you should go back to your GP and ask for another referral. You can get NHS talking therapy more than once. Ask your GP for follow up or booster sessions to keep well.

If your GP is unwilling to refer you for talking therapy, you may have to find out yourself what is available in your area and push hard to get it. If you find another GP who is willing to refer you, you may want to consider changing. For advice on changing your GP contact your health authority, Community Health Council (CHC) or NHS Direct (see Factsheet 3).

“I knew when I was a nurse that people did have psychotherapy, so I started finding out... So I asked for it, I had to fight quite hard to get it.”

You may be put on a waiting list for NHS services. Your first appointment will be for an assessment and you may have to wait after that for treatment. If you are refused talking therapy, ask for an explanation. Talk to your GP, who may be able to refer you to another service.

If you are put on a waiting list, check your position on it – it might help if you know you are moving up. If you have a long wait you may want to think about other options. Your GP may refer you to a local voluntary organisation for counselling (see 'outside the NHS', below) or you can approach them yourself. These groups may ask you to make a donation according to your means, but no-one is turned away if they cannot pay.

TALKING THERAPIES OUTSIDE THE NHS

There are many voluntary organisations providing low cost or free counselling services. Some, like Cruse (bereavement care) or the Eating Disorder Association are focused on a specific problem, others like Mind or Relate, can help with a wide range



of difficulties. (See Factsheet 3 for details). Some employers provide counselling for their employees, and student counsellors provide a service at many colleges or universities. Many talking therapists work privately. They can be expensive, but some will offer a sliding scale based on your income. Ask about this. Talk to several therapists before you decide which one is right for you. Make sure they are members of a recognised professional body such as the UK Council of Psychotherapy, or the British Association for Counselling and Psychotherapy (see Factsheet 3).

OTHER SOURCES OF HELP

If you cannot get talking therapy, or you feel it is not right for you, there are other types of help or support available for people who have emotional problems. Many voluntary organisations run support groups and self-help networks where you can meet people who have similar experiences. Many people find that physical therapies such as massage, and other alternative or complementary therapies such as hypnotherapy or acupuncture can help the symptoms of a whole range of emotional problems. If you have anxiety or insomnia, learning relaxation or breathing techniques using self-help tapes or yoga classes can help. All these approaches can be used alongside talking therapies. (See Factsheet 3 for details of voluntary organisations, self help groups and complementary/alternative therapy organisations.)

Talking Therapies: Different Approaches

There are a number of different sorts of talking therapy. The most common in the NHS are counselling, cognitive-behaviour therapy and psychoanalytic or psychodynamic psychotherapy, but there are many others. Qualified professionals in the NHS who provide talking therapies include psychologists, psychiatrists, counsellors and psychotherapists. Social workers and nurses may also offer them (see Factsheet 2).

It can sometimes be difficult to work out what sort of therapy you are being offered, by what sort of therapist. As well as having had different training, therapists develop their own individual style of working. Some will use a mixture of approaches with the same person or change their approach depending on the needs of person, whereas others will specialise in one kind of therapy.

The boxes below describe the main types of talking therapies used in the NHS, and include research evidence on specific problems they can help. If a particular therapy has been found to work for your problem, it is worth trying that approach first, but bear in mind that there are gaps in the research. A particular therapy might work for you even if there is no evidence yet, to back it up. What seems to matter most is your relationship with the therapist; if you feel you can trust and work well with them, it is more likely to help you.

“I had a year with a psychotherapist... Her distance was very damaging to me and felt like torture when I was in high distress.”

Your GP should bear in mind what type of approach appeals to you when referring you on for treatment, and if you have some choice of therapist, you may get more out of it. If you don't want the therapy offered or if you try it and it doesn't help, they should try to find you an alternative therapy or therapist.

The number of sessions you get is also important. NHS therapy usually lasts between six and twenty sessions. For many people such short or medium term help is enough to help them feel better and more able to cope. But longer term therapy may be needed for lasting change and for complex problems.



COUNSELLING

Counselling helps you to look at problems you are facing now. It may focus on a specific problem like bereavement or post-natal depression or on a decision, crisis or conflict. You are encouraged to talk about the feelings you have about yourself and your situation, and the counsellor helps you find ways to tackle them. Counselling on the NHS is usually short or medium term. Longer term counselling may go deeper and be more like psychotherapy. Many GPs now employ counsellors in their surgeries and mental health professionals such as psychologists or social workers may also offer counselling. Voluntary organisations like Cruse and Relate offer low-cost or free counselling for specific problems (see Factsheet 3 for contact details).

WHAT IS IT FOR?

Counselling can help both ordinary problems of living and life crises. It can help you stay well and prevent mental health problems. There is evidence that counselling can help people who are adjusting to life events such as bereavement, post-natal depression, illness, disability or loss. Users say supportive counselling can help you through a difficult time, and it can help you become aware of and guard against too much stress in your life.

COGNITIVE BEHAVIOUR THERAPY

Cognitive behaviour therapy (CBT) aims to help people change patterns of thinking or behaviour that are causing problems. Changing how you think and behave also changes how you feel. It is a structured approach – you agree goals for treatment with your therapist and try things out between sessions.

Cognitive behaviour therapy is usually provided by an NHS psychologist, but doctors, nurses, counsellors and social workers may also use it. You may need to check that the person you are referred to has been trained in CBT. Sessions are usually weekly, and last an hour. An average number of

sessions is 10-15. You can pay to see a psychologist privately for behavioural or cognitive therapy (see Factsheet 2).

WHAT IS IT FOR?

More research has been done on cognitive behaviour therapy than on other therapies and it has been shown to work for a variety of mental health problems. This evidence doesn't mean it is better than other therapies, but simply that others have not been studied so closely. In particular, it can help depression, anxiety, panic attacks, phobias, obsessive compulsive disorder and some eating disorders, especially bulimia. Some studies have shown it can help long term fatigue or pain. It may also help schizophrenia, other psychoses and manic depressive illness.

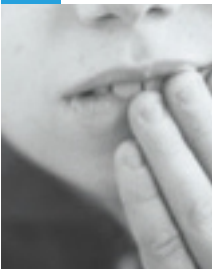
PSYCHOANALYTICAL AND PSYCHODYNAMIC THERAPIES

These involve a therapist listening to your experiences, exploring connections between present feelings and actions and past events. It aims to help you understand more about yourself and your relationships. Therapists have different approaches and different styles of working – some may seem detached and analytical while others seem friendly and supportive. Some will take the lead with questions, while others will follow your train of thought. Psychoanalytic and psychodynamic therapy may often continue for a year or more, but can sometimes be short term. It is usually one-to-one, but sometimes psychotherapy groups are available where a therapist aims to help group members understand themselves and others better.

NHS psychotherapists normally work in a hospital or clinic where you will see them as an outpatient. Private psychotherapists often work from home (see Factsheet 2).

WHAT IS IT FOR?

Psychoanalytic/psychodynamic therapy can help people get to know themselves better, improve their relationships and get more out of life. It can be especially useful in helping



people with long term or recurring problems get to the root of their difficulties. However, some people, for example, those who feel vulnerable or who are experiencing psychosis, can find psychotherapy unhelpful or distressing.

There has been less research on psychoanalytic psychotherapy, but there is some evidence that it can help depression and some eating disorders.

Other therapies on the NHS include cognitive analytic therapy, interpersonal psychotherapy and systemic therapy. Humanistic and experiential psychotherapies, art therapy, music and drama therapy are also sometimes available. Ask your GP for guidance. Even more therapies are available from voluntary organisations and private therapists (see Factsheet 1 for books and leaflets explaining the different approaches in detail).

Most therapy will be on a one-to-one basis with just you and the therapist. You may be offered couple therapy if you are having problems in a relationship. Family therapy may be offered when the whole family is in difficulty. Group therapy is where 8-12 people meet together with a therapist.

"I liked the group therapy... because you can pull yourself out there, and there is always someone there who will feel the same or support you in some way."

What can I ask and expect from my therapist?

Therapists do vary. Some are simply better at their job than others, or they may be better for some people and some problems than others. If you have severe or complex mental health problems your GP should refer you to a skilled and experienced therapist.

NHS practitioners are likely to be qualified and belong to a professional body (with a code of ethics and practice, complaints

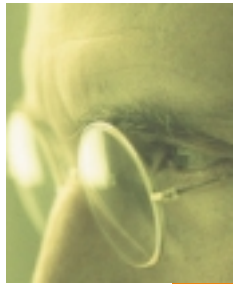
and disciplinary procedures), although some will be in training or newly trained. They may be good at their job, but you may want to know about their experience. It is especially important to ask about the training and experience of private therapists as training courses can last anything from a week to several years. It is also important to check which professional body they belong to.

"The counsellor did not seem sympathetic or appeared to be 'barking up the wrong tree', ...in my opinion, misinterpreting the problem"

Your first one or two meetings should involve you and the therapist getting to know each other and deciding if you can work together. You may not be offered a choice of who you see on the NHS, but you can still ask questions. The more information you have about what to expect, the less likely you are to be disappointed. This can form an oral (or written) contract between you and your therapist. A good therapist will expect questions and be happy to answer them (if not, see 'Warning signs' page 14).

POSSIBLE QUESTIONS FOR YOUR THERAPIST

- What kind of therapy do you offer and what is it trying to achieve?
- How long is a session and how often are they held?
- How long might therapy last for and how does it end?
- How long before I should expect to feel some benefit from therapy?
- Can I contact you between sessions if I need to?
- What training have you had, how many years have you been practising?
- What professional organisation do you belong to?
(See Factsheet 3, for details of professional bodies)
- Have you had experience of working with people with similar problems to mine?



- Is therapy confidential and when might confidentiality be broken? (see below)
- In what circumstances might you refer me to another professional?
- How much do I pay per session, and is there a cancellation fee? (for non-NHS therapists)

You may have different questions. Always ask if something is unclear. If you feel uncomfortable asking your therapist directly, ask your questions in a letter.

CONFIDENTIALITY CONCERNS

You may be worried that you could be labelled as mentally ill in your medical records if you have talking therapy. Or that this information may be passed to a future employer in a medical reference.

Therapists who work for the NHS have a duty to keep personal information about you confidential. But they will keep records, and they will share basic information with your GP, and any other NHS professionals involved in your care. They should ask your permission before giving information to anyone outside the NHS such as family members, or an employer. If you are seeing a therapist privately, their professional body may require them to tell your GP you are seeing them. Otherwise, a therapist will break confidentiality very rarely, for example, if a child is at risk, or if there is immediate danger to yourself or others.

If you are concerned, check with your therapist exactly what information will be passed to others. If you feel your confidence has been broken you should use the NHS complaints procedures (see page 14), or contact the relevant professional body (see Factsheet 3).

Risks of talking therapies

There are risks: focusing on your problems can make you feel worse, and therapy can sometimes affect your relationships with your friends and family in a negative as well as a positive way. Strong feelings may come up in therapy and you may feel vulnerable or angry. You may become dependent on your therapist and have strong feelings of attachment to him or her. It is the therapist's job to understand these feelings, to help you to deal with them as they arise, and not to take advantage of your vulnerability or neediness.

It is not unusual to feel worse before you feel better. But you should not consistently feel unheard, humiliated or used. Remember that therapy is supposed to be for your benefit. You can stop it if it is not helping you or if the approach is not right for you. A good therapist will regularly check that you are getting something out of it and will suggest ending therapy if you are not. Trust your instincts and feelings, and consider ending therapy if you continue to feel worse. Keeping a diary of your thoughts and feelings during therapy can help you to judge your own progress.

“At the time I found it very difficult to handle. Too many issues from my abused past came tumbling out all at once.”

What to do if you have concerns

You may feel that your therapist doesn't really understand or listen to you or that you can't work with him or her. Try talking to your therapist – there may be real misunderstandings between you that can be dealt with. If this is not possible, ask your GP to refer you to somebody else.

Most people experience no problems, but there have been a few cases of therapists who take advantage of people emotionally, sexually and (for people who pay for therapy),



financially. A sexual relationship between client and therapist is never right – it is the therapist's job to make sure this does not happen. Other problems could include the therapist breaking confidentiality, seeing clients with problems outside their experience, being unreliable or imposing their own personal values on you.

If you feel unhappy about something, and talking to your therapist doesn't work, it may help to try another therapist. If you feel they are negligent or abusive, you should end therapy and consider making a complaint. Contact your local community health council (CHC) or a support group such as Prevention of Professional Abuse Network (POPAN) to talk through your concerns (see factsheet 3 for contact details). They can also help you if you decide to make a complaint (see 'Complaining' below).

"I suffered emotional abuse and disbelief of my past experiences. Took a long time to get over the effects."

WARNING SIGNS

A therapist or counsellor should not

- be defensive, upset or angry when you ask questions or end therapy
- visit you at home uninvited or arrange to meet you socially
- make close physical contact without your consent
- ask you inappropriate questions about your sex life
- be unpredictable or threatening in their behaviour
- talk frequently and in detail about their personal life
- regularly go over the allocated time for therapy sessions.

COMPLAINING ABOUT YOUR THERAPIST

If you are seeing a therapist on the NHS you can use the NHS complaints procedure (see below). Your therapists' professional body will also have a complaints and disciplinary procedure. If you are seeing a therapist privately, find out which professional body (if any) they belong to and complain to them (see factsheet 3 for a list of professional bodies).

NHS COMPLAINTS PROCEDURE

- First discuss your concerns with the person concerned or other staff members at the practice, clinic or department where you are being seen – they should try and sort the problem out.
 - If you are not satisfied, ask to speak to the manager of the service
 - If the matter is not resolved, or if you prefer to complain in writing, write to the manager of the service or the Chief Executive (if it is a NHS Trust or hospital). They should acknowledge your letter promptly and investigate your concerns.
 - If you are still not satisfied, discuss the matter with your local Health Authority.
- If you have exhausted the complaints procedures open to you and are still not satisfied you can complain to the Health Services Ombudsman (see Factsheet 3).

ENDING THERAPY

If therapy is abusive or damaging you should end it quickly. Otherwise, it is not a good idea to end therapy abruptly. Tell your therapist you want to finish therapy so that you can discuss it and have a positive ending. Your therapist should tell you in advance when your sessions will finish, or if they are leaving their job. They should help you prepare for therapy ending. This will usually include arranging a final goodbye session.

If the therapist gets upset or tries to keep you in therapy, then alarm bells should ring. If you decide to end therapy quickly, you might want to go to a final session, taking somebody you trust with you.

"Therapy can be very damaging if the person leaves the area or stops seeing you. They break your trust and it can be very difficult to ever trust people again."



Conclusion: Do talking therapies work?

You may find big changes have taken place in the way you think and behave as a result of talking therapies. You may understand yourself better or you may feel more able to deal with difficult times. Or, you might be disappointed, perhaps even feeling worse than before.

Talking therapies are more likely to work if you feel comfortable and at ease with your counsellor, psychotherapist or group leader. So, finding the right person for you is as important as finding the right type of therapy. Users of talking therapies say that over and above just talking, they need to feel listened to, accepted and understood by their therapist. Feeling safe and believed is also important. Many people say that talking therapies do not make their problems go away, but that they feel better able to cope with them.

“It was helpful because I learnt a lot about myself that I didn’t know... it helped me accept myself for what I am and not think of what I’d like to be, really.”

FACTSHEET 1

FACTSHEET 1: Further Information

RESEARCH BASE FOR THIS BOOKLET

This booklet is based on a Department of Health publication called; *Treatment Choice in Psychological Therapies and Counselling: evidence based clinical guideline*, published in February 2001.

For free copies, contact: Department of Health Publications, PO Box 777, London SE1 6XH or Email doh@prolog.uk.com. Quote reference 23454 when ordering or visit the website at: www.doh.gov.uk/mentalhealth/treatmentguideline

The views of mental health service users referred to in this booklet and the quotes used, come from research by the Mental Health Foundation. The relevant research projects are called *Knowing our own minds* and *Strategies for Living*. Contact the Mental Health Foundation at: 20-21 Cornwall Terrace, London NW1 4QL. Tel: 020 7535 7439 or visit their website at www.mentalhealth.org.uk

BOOKLETS/LEAFLETS FOR MORE INFORMATION

There are many leaflets and books which tell you about specific emotional and mental health problems, and give you more information about the different types of talking therapies available. Some are listed below. See Factsheet 3 for relevant organisations, many of whom produce their own information.

- *Counselling and Psychotherapy: is it for me?* British Association for Counselling and Psychotherapy (BACP) booklet (see Factsheet 3, page 25 for BACP phone number and website)
- The '*Understanding*' series of booklets available from Mind focus on specific problems. There are individual booklets on a range of problems including depression, manic depression, anxiety, phobias, obsessions, schizophrenia, eating distress, postnatal depression, paranoia, personality disorder, dual diagnosis, post traumatic stress, seasonal affective disorder and self harm. Also from Mind, *Understanding Talking*

Treatments, and Getting the best from your counsellor or psychotherapist. Factsheets are available on: *Cognitive Therapy, Counselling and Psychotherapy* and an *A-Z of Complementary and Alternative Therapies*.

The booklets cost £1 each (see Factsheet 3 for Mind's address and website)

BOOKS

- *Who Can I talk to? The User Guide to Therapy and Counselling*, Judy Cooper and Jenny Lewis (Headway Books, 1995).
- *A Complete Guide to Therapy*, Joe Kovel, (Penguin Books, 1992)
- *One to One: Experiences of Psychotherapy*, Rosemary Dinnage (Penguin, 1992)
- *Talking Cures: A guide to the psychotherapies*, Phil Barker (Nursing Times Books, 1999)

FACTSHEET 2: People who can help

Listed below are the people you are likely to see on the NHS who may offer talking therapies. Details of the professional bodies for these people are given in Factsheet 3.

COMMUNITY PSYCHIATRIC NURSE (CPN)

CPNs are nurses with training in mental health who work with people diagnosed as having mental health problems. Their role is broad and may include giving medication (for example, depot injections), or emotional support. CPNs may have had counselling training, but their skills and experience will vary.

To see a CPN you will need a referral from your GP. Some CPNs are attached to GPs surgeries, some are members of community mental health teams, and others are hospital based. The UKCC for Nursing, Midwifery and Health Visiting is the regulatory body for nurses, including CPNs (see page 26, Factsheet 3).

COUNSELLOR

Counselling training can vary from several weeks to several years. A fully qualified counsellor should have a counselling Diploma (2 years part time training) and formal counselling experience as defined by the British Association for Counselling and Psychotherapy. Many GPs now employ NHS counsellors in their surgeries. You will normally be referred by your GP.

If you see a counsellor privately, make sure they are members of the British Association for Counselling and Psychotherapy (see page 25 Factsheet 3). Many of the user organisations listed in Factsheet 3 offer counselling for specific problems. They may have their own training courses, codes of practice and complaints procedures.

PSYCHIATRIST

A psychiatrist is a medically trained doctor, who has had further training in the diagnosis and treatment of mental health problems. You will be referred by your GP for an assessment by a psychiatrist. They may prescribe drugs, or they may refer you to a psychologist or a psychotherapist for talking therapies. Psychiatrists who have had training in psychotherapy are called consultant psychotherapists.

Psychiatrists usually work in hospitals, but can be part of community mental health teams. Like all doctors, Psychiatrists must be registered with their professional body, the General Medical Council who will investigate complaints and discipline doctors (see page 25, Factsheet 3).

PSYCHOLOGIST

Psychologists study the science of human behaviour at university. A 'clinical' psychologist will also have had further training in clinical psychology; this enables them to work with people with mental health problems. Clinical psychologists are not doctors and cannot prescribe drugs, but offer a range of psychological treatments including behaviour therapy, cognitive behaviour therapy, counselling and psychotherapy. They are usually based in hospital settings or specialist centres, but some work in general practice and some work privately.

'Counselling' psychologists have a masters or doctoral degree in counselling psychology and have had further training in counselling. In the NHS they often work in GP's surgeries. For a list of chartered clinical and counselling psychologists (working in the NHS and private practice), contact the British Psychological Society (see page 25, Factsheet 3).

PSYCHOTHERAPIST

Psychotherapy training usually takes at least three years; as part of it trainee psychotherapists have psychotherapy themselves. There are a number of different schools of psychotherapy – some therapists will stick to one approach and others will use a mixture.

NHS psychotherapists normally work in a hospital or clinic; you will need a referral from your GP to see them. Private psychotherapists often work from home. If you go to a private psychotherapist, make sure they are registered with the British Confederation of Psychotherapists (BCP) or The UK Council of Psychotherapy (UKCP) (see page 26, factsheet 3).

OTHERS:

A wide range of people can offer help, support and encouragement for people with emotional difficulties. These include art, drama or music therapists, social workers, occupational therapists, advocates or alternative/complementary therapists. See page 23, Factsheet 3 for relevant professional organisations.

FACTSHEET 3 : Organisations who can help

VOLUNTARY AND USER ORGANISATIONS

Mind (National Association for Mental Health).

Tel: 08457 660 163 (outside London);
020 8522 1728 (inside greater London)
Info-line for information and support.

Tel: 020 8221 9666

Mail Order Service for leaflets or books.

Website: www.mind.org.uk

Diverse Minds Unit (based at Mind HQ above)

Tel: 020 8215 2220.

Information and advice on mental health issues including counselling organisations for black and minority ethnic people.

United Kingdom Advocacy Service (UKAN)

Tel: 0114 275 8171.

Network and support for user-led groups involved in advocacy in the mental health system.

E-mail: ukan@can-online.org.uk

Manic Depression Fellowship (MDF)

Tel: 020 7793 2600. Website: www.mdf.org.uk

National Schizophrenia Fellowship (NSF)

Tel: 020 8974 6814. Website: www.nsf.org.uk

Eating Disorders Association

Tel: 01603 621414. Website: www.edauk.com

Fellowship of Depressives Anonymous

Tel: 0870 774 4320 Website: www.depressionanon.co.uk

SAD (Seasonal Affective Disorder Association)

Tel: 01903 814942. Website: www.sada.org.uk

Hearing Voices Network

Tel: 0161 834 5768. Website: www.hearing-voices.org.uk

National Self-harm Network

(PO Box 16190, London NW1 3WW)

E-mail: nshn@dividedwefall.fsnet.co.uk

National Phobics' Society

Tel: 0870 7700 456. Website: www.phobics-society.org.uk

Carers National Association

Tel: 020 7490 8818. Carers line: 0808 808 7777

Website: www.carersuk.demon.co.uk

Triumph over Phobia (TOP UK)

Tel: 01225 330353.

Website: www.triumphoverphobia.com

Depression Alliance

Tel: 020 7633 0557.

Website: www.depressionalliance.org

Association for Post Natal Illness

Tel: 020 7386 0868.

Website: www.apni.org

Cruse (Bereavement Care)

Tel: Helpline: 0870 167 1677.

Website: www.cruselochaber.freeuk.com/canhel.html

Parentline (helpline for parents under stress)

Tel (voice): 0808 800 2222 : Textphone: 0800 783 6783

Website: www.parentline.co.uk

Relate (Relationship Counselling)

Tel: 01788 573241.

Website: www.relate.org.uk

Prevention of Professional Abuse Network (POPAN)

Tel: 020 7622 6334. Supportline: 0845 4500300.

Website: www.popan.org.uk

Young Minds (for children, young people and their families)

Tel: 020 7336 8445.

Parents' Information Service

0800 018 2138.

Website: www.youngminds.org.uk

Project for Advice, Counselling and Education (PACE)

Tel: 020 7700 1323.

Low cost/free counselling for lesbians and gay men.

E-mail: pace@dircon.co.uk

PROFESSIONAL ORGANISATIONS**British Association for Counselling and Psychotherapy (BACP)**

Tel: 01788 578328

for lists of UK counsellors and psychotherapists.

Website: www.counselling.co.uk

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Tel: 01254 875277

for information on CBT and a list of trained psychotherapists.

Website: www.babcp.com

British Confederation of Psychotherapists (BCP)

Tel: 020 8830 5173

for a list of trained psychotherapists.

Website: www.bcp.org.uk

General Medical Council (GMC)

Tel: 020 7580 7642

for a register of doctors, complaints and disciplinary procedures.

Website: www.gmc-uk.org

British Psychological Society (BPS)

Tel: 0116 254 9568

for a directory of chartered psychologists and complaints about psychologists.

Website: www.bps.org.uk

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)

Tel: 020 7637 7181

for nurses' code of conduct, disciplinary procedures, complaints etc.

Website: link from www.chi.nhs.uk

UK Council of Psychotherapy (UKCP)

Tel: 020 7436 3002

for information about psychotherapy and UK psychotherapists.

Website: www.psychotherapy.org.uk

British Complementary Medicine Association (BCMA)

Tel: 0845 5977

for organisations and individual practitioners of alternative and complementary medicine.

Website: www.bcma.co.uk

Institute for Complementary Medicine (ICM)

Tel 020 7237 5165

for organisations and individual practitioners of alternative and complementary medicine.

Website: www.icmedicine.co.uk

British Association of Art Therapists (BAAT)

Tel: 020 7383 3774

for information about art therapy.

Website: www.baat.org

OTHER SOURCES OF HELP

NHS Direct

Tel: 0845 46 47

for healthcare advice and information.

NHS Direct Online

Website: www.nhsdirect.nhs.uk

Samaritans

Tel: 0845 7909090 (national number)

for confidential emotional support for people in crisis 24 hrs a day. Look in your phone book under S, for the local branch.

Website: www.samaritans.org.uk/

Mental Health Foundation

Tel: 020 7535 7439

Website: www.mentalhealth.org.uk

Contact 2001: a directory for mental health

A booklet listing over 160 organisations providing help and information nationwide. Copies available free of charge from:

PO Box 777, London SE1 6XH, or email doh@prolog.uk.com

Also available on the Department of Health website at

www.doh.gov.uk/mentalhealthcontact/index.htm

Health Services Ombudsman

Tel: 0845 015 4033 or 020 7217 4051

for last resort complaints.

Website: www.ombudsman.org.uk

LOCAL INFORMATION AND HELP

Many of the user organisations on pages 23 and 24 have local branches.

Local Mind groups

Tel: 020 8519 2122

A network of local groups operate throughout the country.

Some offer counselling and support.

for details of your local group.

Website: link from www.mind.org.uk

Association of Community Health Councils for England and Wales (ACHEW)

A patient watchdog organisation for information and support.

Look in the business section of your local phone book

under 'Community'.

Website: www.achcew.org.uk

Citizen's Advice Bureau

Listed in the business section of your local phone book.

Website: www.nacab.org.uk

Health Authority

Your local health authority will send you information about doctors in your area, and offer information and support about making a complaint. Look under Health or the useful numbers section of your local directory or phone book.

This booklet was produced on behalf of the Department of Health by a working group of user organisations in mental health, convened by the British Psychological Society Centre for Outcomes Research and Effectiveness, and was written by Geraldine Cooney. User organisations involved in producing the booklet were Afiya Trust, Depression Alliance, Diverse Minds, Mental Health Foundation, National Phobics Society, and Triumph over Phobia, with the assistance of the College of Health and Centre for Health Information Quality. A larger number of organisations participated in consultation meetings or in commenting on drafts of the booklet including AWAAZ, Black Womens Mental Health Project, Cruse, Eating Disorders Association, Fellowship of Depressives Anonymous, First Person Plural, First Steps to Freedom, Jewish Association for the Mentally Ill, Manic Depression Fellowship, Mind, Mood Swings Network, National Schizophrenia Fellowship, National Voices Forum, Obsessive Action, PACE, PAX, POPAN, Seasonal Affective Disorders Association, Threshold, Ubulu, UKAN and Vietnamese Mental Health Services Association.