

Unit :
Mental Health Context
 Psychological Therapies and
 Common Mental Health
 Problems
 27 February
 Session 2

Review Assessment

To present a case study in a peer seminar group.

- You will be given a case scenario to analyse on the subject of mental health. Your presentation analysis will need to make reference to the following learning outcomes

Unit Overview/Oral Presentation

1. How signs and symptoms associated with mental distress are recognized.
2. What psychopharmacological interventions are commonly used in the treatment of mental health problems.
3. What can be the impact that prescribed medication may have on the therapeutic relationship and process of psychotherapy.

4. Critically evaluate ways in which government policies and recommendations such as those in the National Institute for Health and Clinical Excellence (N.I.C.E.) guidelines may impact on mental health service provision and client well-being (this may also refer to the WG mental health initiative).

5. Critically appraise a range of psychological services and interventions available to clients.

- 6. Comment on the importance of inter-professional and multi-agency approaches to mental health.
- 7. Apply consistently a comprehensive, in-depth and research-informed body of knowledge to your work.

Depression and the NHS (NHS, 2015)

- Treatment for depression usually involves a combination of medicines, talking therapies and self help;
- Type of intervention reliant on upon severity of symptoms;
- Categories are: mild, mild to moderate and moderate to severe depression.
- All dependent upon diagnosis from GP or other health professional via clinical interview

Mild Depression



- 'Wait and see' – in cases of mild depression, it may improve by itself. In this case, the individual will be seen again by a GP after two weeks to monitor progress. This is known as 'watchful waiting'.
- Exercise – there is evidence that exercise may help depression and it is one of the main treatments for mild depression. GP may also refer to a qualified fitness trainer.
- Self-help groups – talking through feelings can be helpful. This could either be with either a friend or relative, or the GP may suggest a local self-help group. GP may also recommend self-help books and online cognitive behavioural therapy (CBT).

Moderate Depression



- Talking therapy – for mild depression that isn't improving, or moderate depression, the GP may recommend a talking treatment;
- There are different types of talking therapy for depression, including cognitive behavioural therapy (CBT) and counselling.
- GP can refer patients for talking treatment or in some parts of the country there is a self-referral system.....

Moderate to Severe/Severe Depression



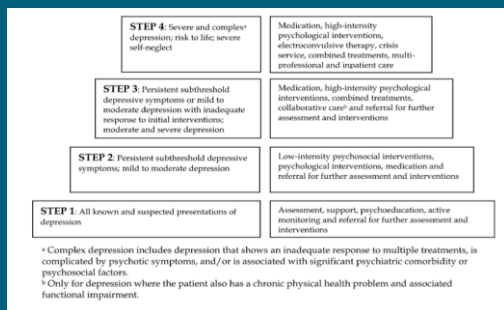
- Antidepressants- There are almost 30 different kinds of antidepressant. They have to be prescribed by a doctor, usually for depression that is moderate or severe.
- Combination therapy- GP may recommend a course of antidepressants plus talking therapy, particularly if the depression is quite severe. A combination of an antidepressant and CBT usually works better than having just one of these treatments.
- Mental health teams - for severe depression, there will be a referral to a mental health team made up of psychologists, psychiatrists, specialist nurses and occupational therapists. These teams often provide intensive specialist talking treatments as well as prescribed medication.

National Institute for Health and Care Excellence (NICE)

- Espouse the benefits of a 'stepped care' model
- The model provides a framework in which to organise the provision of services supportive of patients, carers and practitioners in identifying the most effective interventions
- In stepped care, the least intrusive, most effective intervention is provided first. If this is not effective or the person declines, they should be offered an appropriate intervention from the next step.....

NICE National Institute for Health and Care Excellence

NICE: 'Stepped Care' Model



Anxiety and the NHS



- Anxiety and depression are often found to be co-morbid (occur together), therefore it can often be difficult to separate the two;
- The following information applies to NHS provision for Generalised Anxiety Disorder (GAD). If there is depression with GAD, this will usually be treated FIRST before any specific treatment for GAD begins.....

Anxiety and the NHS Initial Treatment



- An individual self-help course for a month or two, to see if it can help the individual learn to cope with anxiety. This usually involves working from a book or computer programme alone, with only occasional contact with a doctor;
- Alternatively, there are group courses a few other people with similar problems meet with a therapist every week to learn ways to tackle anxiety;
- If these initial treatments don't help, the next step is a more intensive psychological treatment or medication.

Anxiety and the NHS

Psychological treatments will usually be advised before medication. These include:

- CBT and
- Mindfulness.....



Anxiety and the NHS Medication



- Used only when other methods have not been effective.

Medications include:

- Selective serotonin reuptake inhibitors (SSRI's)
- Serotonin and noradrenaline reuptake inhibitors (SNRIs)
- Pregabalin
- Benzodiazepines

Bipolar



- If you have bipolar disorder, you will have periods or episodes of:
- **depression** – where you feel very low and lethargic
- **mania** – where you feel very high and overactive (less severe mania is known as hypomania)

Depression Symptoms may include:

- feeling sad and hopeless, lacking energy, difficulty concentrating and remembering things, loss of interest in everyday activities, feelings of emptiness or worthlessness, feelings of guilt and despair, feeling pessimistic about everything, self-doubt, being delusional, having hallucinations and disturbed or illogical thinking, lack of appetite, difficulty sleeping, waking up early, suicidal thoughts

Mania Symptoms included:

- feeling very happy, elated or overjoyed
- talking very quickly
- feeling full of energy
- feeling self-important
- feeling full of great new ideas and having important plans
- being easily distracted
- being easily irritated or agitated

Cont.

- being delusional, having hallucinations and disturbed or illogical thinking
- not feeling like sleeping
- not eating
- doing things that often have disastrous consequences, such as spending large sums of money on expensive and sometimes unaffordable items
- making decisions or saying things that are out of character and that others see as being risky or harmful

Patterns of Depression and Mania

- If you have bipolar disorder, you may have episodes of depression more regularly than episodes of mania, or vice versa.
- Between episodes of depression and mania, you may sometimes have periods where you have a "normal" mood.
- The patterns are not always the same and some people may experience:
- **rapid cycling** – where a person with bipolar disorder repeatedly swings from a high to low phase quickly without having a "normal" period in between
- **mixed state** – where a person with bipolar disorder experiences symptoms of depression and mania together; for example, overactivity with a depressed mood

Treatment

- **Treatment for bipolar disorder aims to reduce the number and severity of the episodes of depression and mania that characterise the condition. In doing so, a person can live as normal a life as possible.**

Combination of Treatments

- **medication to prevent episodes of mania, hypomania (less severe mania) and depression** – these are known as mood stabilisers and are taken every day on a long-term basis
- **medication to treat the main symptoms of depression and mania** when they occur
- **learning to recognise the triggers and signs** of an episode of depression or mania
- **psychological treatment** – such as talking therapies, which help you deal with depression and provide advice on how to improve relationships
- **lifestyle advice** – such as doing [regular exercise](#), planning activities you enjoy that give you a sense of achievement, and advice on [improving your diet](#) and [getting more sleep](#)

NICE and NHS Resources

- <http://www.nice.org.uk/Guidance/CG38>
- <http://www.nhs.uk/Conditions/Bipolar-disorder/Pages/Treatment.aspx>

Schizophrenia and the NHS (SZ)

- Schizophrenia is usually treated with a combination of medication and therapy appropriate to each individual. In most cases, this will be antipsychotic medicines and cognitive behavioural therapy (CBT).
- People with schizophrenia will usually receive help from a community mental health team (CMHT), which will offer day-to-day support and treatment.
- Many people recover from schizophrenia, although they may have periods when symptoms return (relapses).



Schizophrenia and NICE (SZ)

The National Institute for Health and Care Excellence (NICE) has produced guidelines outlining how people with schizophrenia should be cared for. NICE recommends anyone providing treatment and care for people with schizophrenia should:

- work in partnership with people with schizophrenia and their carers;
- offer help, treatment and care in an atmosphere of hope and optimism;
- take time to build supportive and empathic relationships as an essential part of care.

Resources

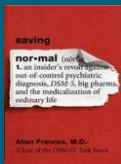
- Paris, J., (2013) *The intelligent Clinician's Guide to the DSM-5*. Oxford: Oxford University Press
- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders
- DSM 5
- <http://www.dsm5.org/Pages/Default.aspx>

Resources

- ICD 11 fact and revision
- <http://www.who.int/classifications/icd/revisions/icd11faq/en/>
- ICD
- <http://www.who.int/classifications/icd/en/>
- Allen Frances (Over diagnosing) <https://www.youtube.com/watch?v=yuCwVnzSjWA>

Resources

- Frances, A., (2013). *Saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*. New York: William Morrow.



RESOURCES

- NICE Common Mental Health Problems
- <https://www.nice.org.uk/guidance/cg123/ifp/chapter/Common-mental-health-problems>
- NICE (National Institute for health and care excellence)
- <http://www.nice.org.uk/>
- NICE Clinical Guidelines
- <http://www.rcpsych.ac.uk/workinpsychiatry/nccmh/niceclinicalguidelines.aspx>

- Rethink --- Talking treatment/NICE
- <https://www.rethink.org/diagnosis-treatment/treatment-and-support/talking-treatments/nice>
- Welsh Government Psychological Therapies
- Mental Health Measures(2010)
- <http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

RESOURCES

- WHO Pharmacological treatment in mental disorders in primary health care
- http://www.who.int/mental_health/management/psychotropic/en/

Critiquing the Medical Model

- Morrall, P., 2008. *Trouble with Therapy*. Maidenhead: McGraw-Hill Open University Press
 - David Elkins – Journal Article
- The Human Elements of Psychotherapy: A Nonmedical Model of Emotional Healing**
- Barker, P. 2010. *Mental Health & Ethics*. London: Routledge. **eBook**
