



Psychological Therapies

1. Method
2. Availability and Awareness
3. Choice and Rights
4. Holistic/Community Based Services and Social Inclusion
5. Recommendations
6. Summary

1. Method

VOX members were asked to respond to a questionnaire which explained the development of psychological therapies in Scotland and asked if people could suggest three improvements to the provision of psychological therapies that they believed would make a difference. The responses below are a summary of the key themes which emerged from the 23 questionnaires we received.

2. Availability and Awareness of Psychological Therapies

Many of VOX's members stated that they required a greater provision of psychological therapies to lessen waiting times for appointments, and to ensure that help can be given at the time of need. It was felt that this may in the long term lead to less need as people may not go on to develop chronic and severe conditions.

Members felt that early intervention should be provided at local health centres, and that GP's should be encouraged to invest more in psychological therapies.

One suggestion was that we should extend targets that limit the prescribing of anti-depressants (time and quantity), increase the 'talking therapies' capacity of communities and introduce targets for the provision of therapies.

It was also suggested that availability could be increased if other lower grade health professionals skills are utilised and developed e.g. nursing and other health care staff, leaving more complex interventions to psychologists.

3. Choice and Rights

More awareness needs to be raised about the choice of treatments available; one member suggested that choice shouldn't be underestimated stating "taking back control of life's direction is integral to recovery". Members stated that Cognitive Behavioural Therapy (CBT) shouldn't be the only option. Psychotherapy or arts based therapies were identified by some of our members as therapies they feel would help them. Members did not always feel that negative thinking was the cause of their problems, and felt strongly that they wanted to be able to play an active role within the choice of treatment. Furthermore the importance of person centred approaches was highlighted on a number of occasions.

"Those with mental health problems should be listened to and respected when it comes to what therapies and support we think we need"

One specific area where members felt that there was a lack of choice was for those with dementia, where it was felt that there should be more than just counselling available.

Members also wanted more choices in the way services are delivered, for example it was suggested that self directed support should be able to be used for accessing psychological therapies.

4. Holistic/Community Based Services and Social Inclusion

It was felt that less complex needs could be more appropriately dealt with in community based settings; they don't necessarily have to be provided by a psychologist/counsellor.

Other ideas for improving psychological therapies included "a one stop shop" for psychological therapies which offers a range of wellbeing therapies and initiatives. This was felt to be less stigmatising than a more clinically focused service.

Other community based support our members felt would be beneficial focused on the problems that lie beneath the symptoms which are seen. One member stated

"Patients can go through a hospital system without actually addressing the cause of the problems. Solution focused practice should be more widely utilised by a range of people not just health professionals"

There was also a suggestion that the wellbeing and inclusion of those with mental health problems should be considered;

“Gardening skills, arts and crafts and volunteering can be just as important”

A breadth of initiatives was therefore felt to be of importance. Finally community based capacity building work was also felt to be important as it would allow people within communities to be more aware of how to access and provide appropriate support to maintain mental wellbeing.

5. Recommendations

The following key areas which were mentioned by our members are suggested as key areas for improvement in relation to psychological therapies. (Sorry we have more than three)

- ❖ **targets for the provision of therapies**
- ❖ Members having an **active role** within their treatment
- ❖ Don't always need a psychologist/counselor, e.g. **develop the skills of other health care staff and possibly other staff/community members.**
- ❖ Solution focused practice to improve **underlying problems** may be helpful
- ❖ **A range of mental wellbeing and inclusion initiatives** should be provided.

6. Summary

To summarise the 23 VOX members who responded focused on the lack of availability and awareness of psychological therapies. Members feel as though there is a lack of choice and control over what they receive, and feel that community and holistic approaches can be helpful to those with less severe mental health problems.

There was also a feeling that some lower grade staff members have skills which could be developed to improve the availability of psychological therapies for those with less severe conditions.