

## EXECUTIVE SUMMARY

One in four people suffer from mental health problems, so mental health problems are a major national and international challenge.

Psychotherapy is an effective intervention for a wide range of mental health problems in people of all ages. The average success rate for treated cases ranges from 65 to 72%.

Psychotherapy conducted within psychoanalytic, humanistic and integrative; cognitive-behavioural; constructivist; and systemic couple and family therapy traditions is effective. Recovery rates for different forms of psychotherapy are very similar.

The effects of psychotherapy are nearly double those of placebos and the overall magnitude of the effects of psychotherapy in alleviating psychological disorders is similar to the overall magnitude of the effect of medical procedures in treating a wide variety of medical conditions.

About 1 in 10 clients deteriorate as a result of psychotherapy.

Client recovery is dependent upon the delivery of a high quality psychotherapy service, which may be maintained through quality assurance systems. Therapists must be adequately trained, have regular supervision and carry reasonable caseloads.

Psychotherapy has a significant medical cost-offset. Those who participate in psychotherapy use fewer other medical services at primary, secondary and tertiary levels and are hospitalized less than those who do not receive psychotherapy.

Psychotherapy can reduce attendance at accident and emergency services in frequent users of such services with chronic psychological problems.

Clients who have more rapid access to psychotherapy (and who spend little time on waiting lists) are more likely to engage in therapy.

Certain common therapeutic processes or factors underpin all effective psychotherapies and these have a far greater impact than specific factors in determining whether or not clients benefit from psychotherapy.

Common factors include those associated with therapy process, therapists and clients.

The following client characteristics have been associated with therapeutic outcome: personal distress; symptom severity; functional impairment; case complexity; readiness to change; early response to therapy; psychological mindedness; ego-strength; capacity to make and maintain relationships; the availability of social support, and socio-economic status (SES).

The following therapist characteristics have been associated with therapeutic improvement: personal adjustment; therapeutic competence; matching therapeutic style to clients' needs; credibility; problem-solving creativity; capacity to repair alliance ruptures; specific training; flexible use of therapy manuals; and feedback on client recovery.

There is a dose-effect relationship in psychotherapy. In adult outpatient psychotherapy 20-45 sessions are necessary for 50-75% of psychotherapy clients to recover.

The therapeutic relationship or alliance is the most important single common factor in psychotherapy. In a good therapeutic alliance the therapist is empathic and collaborative and the client is co-operative and committed to recovery.

Effective therapy involves the common procedures of problem exploration and reconceptualization; provision of a credible rationale for conducting therapy; generating hope and the expectation of improvement; and mobilizing clients to engage in problem resolution. This may be achieved by providing support and encouraging emotional expression; by facilitating new ways of viewing problems; and by helping clients to develop new ways of behaving adaptively.

For certain specific disorders such as schizophrenia, multimodal programmes in which psychotherapy and psychotropic medication are combined are more effective than either alone.

Psychotherapy alone or as an element in a multimodal programme is effective for the following specific problems of adulthood: depression; bipolar disorder; anxiety disorders;

psychosomatic disorders; eating disorders; insomnia; alcohol and drug abuse; schizophrenia; personality disorders and related identity and self-esteem issues, and issues arising from childhood sexual, physical and emotional abuse; relationship problems; psychological problems associated with older adulthood; adjustment to physical illnesses; and coping with chronic pain and fatigue.

Psychotherapy alone or as one element of a multimodal programme is effective for the following specific problems of childhood and adolescence: sleep problems; enuresis; encopresis; attention deficit hyperactivity disorder; oppositional defiant disorder; conduct disorder; drug abuse; depression; anxiety disorders; eating disorders; paediatric pain problems; adjustment to chronic medical conditions; adjustment problems following major life transitions and stresses including parental separation, bereavement, and physical, sexual and emotional child abuse and neglect; and adjustment problems associated with developmental disabilities including intellectual disability and autistic spectrum disorder.

## RECOMMENDATIONS

1. For mental health problems and psychological adjustment problems associated with physical illness and major life stresses, evidence-based approaches to psychotherapy, such as those reviewed in this report, should be provided by appropriately trained and supervised professional psychotherapists to children, adolescents and adults.
2. Psychotherapy alone or as an element in a multimodal programme delivered by a multidisciplinary team should be available for adults with the following specific problems: depression; bipolar disorder; anxiety disorders; psychosomatic disorders; eating disorders; insomnia; alcohol and drug abuse; schizophrenia; personality disorders; relationship problems; psychological problems associated with older adulthood; adjustment to physical illnesses; and coping with chronic pain and fatigue. Evidence-based psychotherapeutic approaches should be used. These are detailed in the body of the report,

and are consistent with international guidelines for best practice such as those produced by the National Institute of Clinical Excellence (NICE) in the UK.

3. Psychotherapy alone or as one element of a multimodal programme delivered by a multidisciplinary team should be available for the following specific problems of childhood and adolescence: sleep problems; enuresis; encopresis; attention deficit hyperactivity disorder; oppositional defiant disorder; conduct disorder; drug abuse; depression; anxiety disorders; eating disorders; paediatric pain problems; adjustment to chronic medical conditions; adjustment problems following major life transitions and stresses including parental separation, bereavement, and child abuse and neglect; and adjustment problems associated with developmental disabilities including intellectual disability and autistic spectrum disorder. Evidence-based psychotherapeutic approaches should be used. These are detailed in the body of the report, and are consistent with international guidelines for best practice such as those produced by the National Institute of Clinical Excellence (NICE) in the UK and the American Academy of Child and Adolescent Psychiatry.
4. Psychotherapy should be offered as rapidly as possible, with short waiting times. This is because clients who do not access services rapidly, are less likely to engage in therapy when it is offered, to deteriorate and later require more intensive services.
5. Psychotherapy should be offered in primary, secondary and tertiary care settings. This recommendation is consistent with the policy document— *A Vision for Change 2006*. Report of the expert group on Mental Health Policy, Dept. of Health & Children 2006. In primary care settings, relatively brief psychotherapy may alleviate psychological difficulties before they become chronic intractable problems, requiring intensive services. In secondary and tertiary care, specialist psychotherapy may be offered, often as part of multimodal intervention programmes, to address chronic, complex psychological difficulties.

6. Within the HSE and other health service organizations, service delivery structures should be developed to facilitate the development of psychotherapy services in primary, secondary and tertiary care. This recommendation is consistent with the policy document– *A Vision for Change 2006*. Report of the expert group on Mental Health Policy, Dept. of Health & Children 2006.
7. Because psychotherapy has the potential to cause significant harm in a small proportion of cases, it is recommended that psychotherapy only be offered by those appropriately trained and qualified, and that all qualified psychotherapists practice within the limits of their competence, and in accordance with a well-defined professional ethical code of practice.
8. Psychotherapists employed in the HSE and other organizations that offer psychotherapy services, should be registered with the Irish Council for Psychotherapy (and statutorily registered, when this option becomes available).
9. Psychotherapy training should be offered by programmes accredited by the Irish Council of Psychotherapy. These programmes should meet the European Certificate of Psychotherapy standards set by the European Psychotherapy Association (which represents more than 100,000 psychotherapists across Europe). These standards include a commitment to the practice of psychotherapy in an ethical manner, following training of sufficient depth and duration to allow the mastery of complex skills and the personal contribution of the psychotherapist's personality and preoccupations to the therapeutic endeavour.
10. Psychotherapists should engage in regular clinical supervision appropriate to the modality of psychotherapy being offered.
11. Within the HSE and other organizations where psychotherapy is practiced, reliable systems and structures for offering and receiving supervision should be developed.
12. Psychotherapists should engage in continuing professional development to keep up to date with developments in the field.
13. Within the HSE and other organizations where psychotherapy is practiced, reliable systems and structures for offering and receiving continuing professional development should be developed.
14. Psychotherapy services within the HSE and other organizations should be routinely evaluated to determine their effectiveness.
15. Partnerships between psychotherapy services within the HSE and other organizations on the one hand, and university departments with expertise in psychotherapy service evaluation on the other, should be developed to facilitate the evolution of psychotherapy services in Ireland, and to engage in research on the development of more effective forms of psychotherapy for vulnerable subgroups of clients who have difficulty benefiting from current approaches to psychotherapy.
16. Many of the recommendations listed above require considerable resources, and so the final recommendation is that a system for funding the development of psychotherapy services in Ireland be developed and implemented. Such a system would need to specify how psychotherapy services fit into the HSE and other organizations; what the work contracts, salaries and career structures for psychotherapists should be; how psychotherapy training, supervision, and continuing professional development will be managed and funded; and how psychotherapy research, especially research evaluating its effectiveness in an Irish context, will be funded.