

# Council Report

## The role of the consultant psychotherapist. CR75. £5.00

Psychological therapies are increasingly important in modern psychiatry, as argued in a recent NHS Executive publication, *Psychotherapy Services in England* (1996). They are what the public wants, and their use is increasingly backed by evidence for their efficacy as compared with 'standard care'. In schizophrenia, cognitive-behavioural therapy can reduce the intensity of delusions and the dosage of psychotropic drugs needed, and family intervention reduces relapse rates. In moderately severe depression cognitive therapy, interpersonal therapy and marital therapy have all been shown to be as effective, no more expensive, and better tolerated compared with drug therapy. Anxiety-based disorders respond well to behavioural interventions, and patients with personality disorders can benefit from intensive therapy, especially when delivered in the setting of a therapeutic day hospital or community.

The Royal College of Psychiatrists is committed to a truly integrated approach which offers psychotherapeutic as well as physical and social treatments for mental illness. This document, prepared by the Psychotherapy Faculty and endorsed by Council, describes the role of the consultant psychotherapist (or consultant psychiatrist in psychotherapy) as a champion for the psychological domain in psychiatry. The main functions of the consultant psychotherapist include the assessment and treatment of complex cases, especially where personality factors coexist with major mental illness; training junior psychiatrists and other mental health professionals in psychological methods; providing consultation to in-patient wards and community mental health teams; and in offering staff support and therapy where needed. The consultant psychotherapist works closely with other professionals such as psychologists, social workers, adult psychotherapists, practice counsellors and nurse practitioners.

There is currently a national shortage of consultant psychotherapists, and provision falls well below the minimum level of one consultant per 200 000 population called for in the document. Without consultant psychotherapists, mental health units find it difficult to recruit high calibre junior staff, and at worst are restricted to a medication-only service. There is the added risk of unregulated, unsafe, psychotherapy being offered by practitioners who

are neither fully trained nor equipped to deliver comprehensive high quality services. The document calls for creative thinking and close cooperation between trusts and health authorities in order to fund the posts needed to redress this shortage.

### Summary of key points

- (a) Psychological therapies play an integral part in modern mental health services. There is good evidence for their efficacy, and they are highly valued by users. Consultant psychotherapists (also known as consultant psychiatrists in psychotherapy) have lead roles in the delivery, organisation and development of psychological therapy services.
- (b) The key clinical contributions of the consultant psychotherapist include:
  - (i) the assessment and treatment of complex cases, especially those suffering from severe neurotic and personality disorders;
  - (ii) consultation, liaison and training with mental health workers, for example, by regular supervision and assessment sessions in community mental health teams;
  - (iii) staff support, for example, by facilitation of staff support groups or in-patient wards.
- (c) The consultant psychotherapist needs to maintain close working relationships with other psychiatrists to ensure that psychological therapy services are fully integrated within mental health services and responsive to the needs of consultant colleagues.
- (d) While emphasising the unique contribution of psychiatric (medical) psychotherapy, consultant psychotherapists have a responsibility to ensure that their services are integrated with other psychological therapy services, including those in the primary care setting.
- (e) Consultant psychotherapists make a major contribution to the training, support and professional development of psychiatrists.
- (f) The consultant psychotherapist is a champion of the psychotherapeutic domain within psychiatry, and therefore needs to ensure an active role in academic programmes, service planning and the shaping of purchasing strategy.

- (g) Consultant psychotherapists will ensure that their own practice, and that of the other staff to whom specific clinical responsibilities are delegated, conforms to the highest ethical standards of the profession.
- (h) Each consultant psychotherapist will engage actively in continuing education in order to maintain familiarity with, and judicious adoption of relevant developments in research and the practice of psychological therapies.
- (i) If psychological therapies are to be delivered as set out in government policy, if psychiatric services are to be truly biopsychosocial, and if safety and equity of access is to be achieved, there is a minimum requirement of one whole-time equivalent consultant psychotherapist per 200 000 of the population. Urgent action by consultant psychotherapists and their

psychiatric colleagues is needed to persuade purchasers, especially the new primary care groups, of the values of medical psychotherapy if this is to be achieved.

#### Reference

NHS EXECUTIVE (1996) *NHS Psychotherapy Services in England - Review of Strategic Policy*. London: Department of Health.

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