
EUFAMI Position Paper on Psychological and Social Interventions

The demand for psychological and social therapies and the evidence of their effectiveness has been growing in recent years, and the consensus among users, families and service providers is that they should be regarded as a routine component of basic mental health care services, rather than being viewed as additional options that are not consistently available.

EUFAMI believes that recovery can only be achieved by the use of a range of medical, psychological and social interventions and supports the worldwide call for the adequate provision of such evidence based interventions in national mental health services.

This paper describes briefly the main therapies found to be useful in supporting people with severe mental ill health and their family members.

Psychodynamic Therapies

This approach to therapy is a complex one. It involves deep psychological work, which seeks to make unconscious feelings and thoughts hidden from the conscious mind available for analysis. It works to support people to become conscious of buried memories or retrieve feelings that are influencing the way they express or experience their mental distress. Psychoanalysis is centrally concerned with the lived experience of the person.

Cognitive behavioural therapy (CBT)

The main focus of CBT is on a person's thoughts (cognitions) and how they influence how someone acts (behaviour) and feels (emotional responses). The goal of CBT is to help people break out of distorted, harmful patterns of thinking and replace them with healthier ones. It is not the experiences that makes people stressed, angry, depressed or anxious but how they respond and react emotionally to these situations. How we react to and process life is the difficulty.

Humanistic Approaches

Person-centred (or client centred) counselling believes that as humans we all try to attain our potential and become as fully functioning as we can. A humanistic approach proposes a self-concept that is fluid and flexible rather than rigid or fixed. Person-centred counselling focuses on the clients' personal resources for change. Progress is facilitated by the counsellor but led by the clients' sense of themselves.

Service Implications

Clients with severe mental ill health should be offered multiple programmes which integrate pharmacological and psychological interventions. Pharmacological interventions include initial treatment of acute psychotic and depressive episodes, and later maintenance therapy with antipsychotic or antidepressive medication. Psychological interventions include psycho educational family therapy to promote family support, cognitive behaviour therapy to help clients manage residual positive symptoms; social skills training to enhance social competence and reduce social isolation; cognitive rehabilitation to help clients overcome or compensate for cognitive deficits; and individual placement and support or supported employment to promote vocational adjustment. Where service users have difficulty retaining contact with routine outpatient services, treatment should be offered by an assertive community treatment team. These conclusions are broadly consistent with the important role accorded to psychotherapy and psychological interventions in international best practice guidelines.

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