MEDICAL PSYCHOTHERAPY IN WALES

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PLAN

- What is Medical Psychotherapy?
- The relevance of psychotherapeutic thinking within medicine
- Psychotherapy and psychiatric training in Wales
- Who 'owns' talking as a therapy in Wales?

WHAT IS A MEDICAL PSYCHOTHERAPIST?

- Holder of a CCT in Medical Psychotherapy
- Post membership, they train in three main modalities:
 - Psychodynamic
 - CBT
 - Systemic therapy
- Focus on one of these modalities

WHAT DO MEDICAL PSYCHOTHERAPISTS DO?

- Nationally, across the UK there are 96 Medical Psychotherapists in post.
- Roles:
- Acting as Approved Clinician (AC) for patients with complex needs e.g. on an inpatient Unit for the treatment of Personality Disorder
- Consultation to in-patient and community teams with regard to complex patients

WHAT DO MEDICAL PSYCHOTHERAPISTS DO?

- Undertake therapy with groups and individuals
- Act as Clinical Lead for Psychological Services
- Act as Psychotherapy Tutor, including leading Case Base Discussion (Balint) Groups, and conducting Work Place Based Assessments (WPBAs)
- Supervision of psychiatric trainees/other mental health professionals
- Contribute systemic thinking to strategic developments within the organisation

•Why do wehave so few Medical Psychotherapists and no higher training scheme in Wales?

WHAT IS THE POSITION NATIONALLY IN WALES?

- Currently there are three Medical Psychotherapy posts in Wales equating to 1.8 WTE. This is a reduction from 3.2 WTE in 2010.
- In its 2014 strategy document Royal College of Psychiatrists in Wales cites Medical Psychotherapy recruitment as one of its five main priorities, due to core competencies in psychotherapy not being met by Welsh Psychiatry Trainees, and the fact that: 'Medical Psychotherapy skills in terms of leadership and management are lacking in Wales'

'EVERYTHING (THE DOCTOR OR THERAPIST) SAYS AND DOES IS POTENTIALLY SIGNIFICANT WITH RESPECT TO THE EVENTUAL THERAPEUTIC OUTCOME'

Karl Tomms (1985)

DOCTORS HAVE THERAPEUTIC RELATIONSHIPS WITH PATIENTS

- Doctors who were positive and enthusiastic when delivering a placebo increased its effectiveness compared with those who were more apathetic about the same treatment (Gryll 1978)
- When doctors believe they are giving an active/potentially helpful drug during a research trial (even though they are actually giving a placebo) their interventions are correlated with a better response (Gracely 1985)

DOCTORS HAVE THERAPEUTIC RELATIONSHIPS WITH PATIENTS (CONT.)

- A re-analysis of a 1985 antidepressant v. placebo trial (McKay 2006) showed that 9.1% of the selfreported variability in outcome was attributable to the psychiatrist providing the medication, and that the effect of the psychiatrist was nearly three times that of the medication.
- Doctors' 'capacity for self reflection and emotional curiosity, their understanding of the therapeutic relationship and unconscious modes of communication' (RCPsych) make a difference to the eventual therapeutic outcome.

PSYCHOTHERAPEUTIC PSYCHIATRY

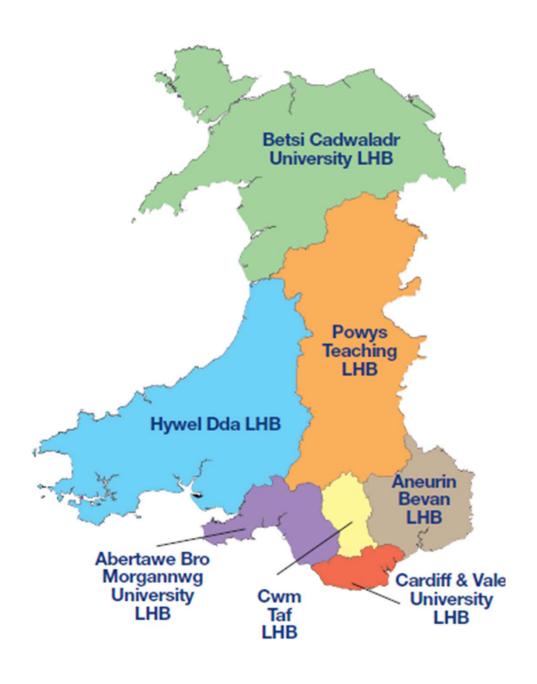
- James Johnston in his Royal College of Psychiatrists' document 'Thinking Cradle to Grave' (2012) writes about the need to develop psychotherapeutic psychiatry.
- Creation of a culture amongst psychiatrists where they can 'develop and maintain a capacity to bear and think with people suffering extreme mental disturbance'
- Need to 'sustain a clinical routine of protecting reflective space in which to examine their own emotions in response to the people who come to them'.

GMC SMALL SPECIALTIES THEMATIC REVIEW QUALITY ASSURANCE REPORT FOR MEDICAL PSYCHOTHERAPY 2011-12

- Consultant Medical Psychotherapists should be appointed as psychotherapy tutors to lead core and higher psychotherapy training – mandatory requirement.
- All psychotherapy supervisors should have training in the model of psychotherapy they are supervising and **continue to be practitioners** of the model.

WHAT WALES THEREFORE NEEDS:

- Each Health Board to employ a CCT holding Medical Psychotherapist for a minimum of 2 weekly sessions
- This is currently a mandatory requirement which would become more 'mandatory' were a higher training scheme in Medical psychotherapy to ever be developed in Wales



MEDICAL **PSYCHOTHERAPIST NUMBERS** IN WALES

Betsi Cadwaladr – 1.0 WTE

Hywel Dda – 0.5WTE

ABMU – 0.2 (0.6) WTE

Powys - 0

Cwm Taf –0

 $\begin{array}{c} Cardiff \ and \ Vale - \\ 0 \end{array}$

Aneurin Bevan 0.1WTE

PSYCHOTHERAPY REQUIREMENTS FOR CORE TRAINEES

• Attendance at 30 Case Based Discussion groups

• 1 short case

• 1 long case

PSYCHOTHERAPY TRAINING REQUIREMENTS FOR HIGHER TRAINEES

- develop psychotherapeutic expertise as they become higher trainees, according to their interest and specialty e.g.
- rehabilitation or general adult trainee cognitive therapy of psychosis
- trainee interested in eating disorders may gain further experience of family therapy or psychodynamic psychotherapy
- training on group therapy may interest a learning disability trainee.
- 2 SAPEs are suggested in total for ST 4-6 for General Adult, it varies amongst other specialties

PSYCHOTHERAPY TRAINING FOR PSYCHIATRIC TRAINEES IN WALES

- A survey of psychiatric trainees undertaken in Wales (Rao and Shooter 2012) revealed that 71% of trainees in Wales felt they were failing to acquire practical skills in psychotherapy during their training and that 88% felt they may not be able to meet the RCPsych minimum competencies in psychotherapy by the end of their training
- Survey is being repeated this year
- Medical Psychotherapy Working Group (MPWG) is also auditing how many trainees meet their minimum requirements

THE UK PSYCHOTHERAPY SURVEY 2012 OF 70 PSYCHIATRY TRAINING SCHEMES

- 84% of these schemes were fulfilling the core psychotherapy curriculum requirements.
- 66% of these schemes have a Consultant Psychiatrist in Psychotherapy with a CCT in medical psychotherapy as the Psychotherapy Tutor
- The curriculum was significantly more likely to be fulfilled when a Consultant Psychiatrist in Psychotherapy with a CCT in medical psychotherapy was the Psychotherapy Tutor (Fisher's Exact test, p<0.05).
- The odds of the curriculum being fulfilled were 5 times higher if the Psychotherapy Tutor was a Consultant Psychiatrist in Psychotherapy.

oWho 'owns' psychotherapy in Wales?

WHO 'OWNS' PSYCHOTHERAPY?

oit is imperative that the 'business' of psychological therapies does not become seen solely as the domain of specialist practitioners or departments but is adopted within the generic mental health policy framework.

• Psychological Therapies In Wales (Policy Implementation Guide 2012)

Welsh Government Psychological Therapies Policy Implementation Guidance 2012

- Staff will be required to deliver interventions at the following three levels:
- Level A Mental health worker. Using engagement and the relationship, informed by counselling and psychotherapeutic skills, to promote change and recovery. Generic skills
- Level B Practitioner able to deliver formulation-based or manualised evidence-based interventions for specific problems, through regular structured sessions for an agreed time.
- Level C Expert psychological therapist. Able to work with complex cases for whom level B interventions are not considered appropriate, or for whom they have failed to achieve necessary outcomes. Able to work autonomously, through formulation and using a particular model at high level, or through integration of different models or approaches. Able to apply models across different conditions and different contexts."

