Dynamic Psychotherapy Service

Research And Evidence Base
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Introduction
This document sets out some of the findings for the evidence base for psychodynamic psychotherapy with particular reference to the treatments offered by the Leicester Dynamic Psychotherapy service. It considers the indications for and the efficacy of this mode of treatment, and highlights the research task in the areas of cost effectiveness, user consultation, audit processes and research culture.

The Dynamic Psychotherapy Service
The Dynamic Psychotherapy Service is a specialist outpatient psychodynamic psychotherapy service within Leicestershire Partnership Trust. It provides individual and group psychotherapy for adults. In this report, the terms dynamic, psychodynamic and psychoanalytic psychotherapy are synonymous.

The gateway to the service is through an in-depth assessment, which explores the patient’s difficulties and seeks to understand them and how they have arisen. The assessment provides the psychotherapist firstly with a picture of the patient’s capacity to make use of therapy and secondly, with the mode of therapy the patient is most likely to be able to use effectively: long-term individual, short-term individual, or group.

Suitability for treatment is determined through assessment of the patient's wish and ability to work within the discipline of psychodynamic psychotherapy. The therapeutic relationship is central to the work. Its security enables the establishment of trust and subsequently, maturation and working through of difficulties. Psychodynamic psychotherapy helps people to come to better terms with themselves and their difficulties.

“Much distress has been caused by life events of which we are no longer aware. Psychoanalytic/psychodynamic therapy offers a reliable setting for the patient to explore free associations, memories, fantasies, feelings and dreams to do with present and past experiences. Particular attention is given to the interaction with the therapist, through which the patient may re-live situations from their early life. In these ways the patient may achieve a new and better resolution of long-standing conflicts.” (United Kingdom Council for Psychotherapy website).

The Role Of Psychodynamic Psychotherapy In A Modern Mental Health Service
Hook (2001) outlines some of the areas where psychodynamic psychotherapy has a role to play in a modern psychiatric service. These include:

1. Patient directed face to face: specified psychotherapies offered as individual or group therapy, assessments, consultations or ward groups.
2. Patient focussed but indirect, such as case discussion groups or supervision.
3. Staff focussed, including staff support groups, theoretical teaching.
4. Community focussed: working with the wider therapeutic milieu, including services, wards, teams, hospitals and whole Trusts.

All of these can be adapted to a variety of settings including in-patient wards, outpatient settings, community mental health teams and primary care.

Mitchell and Brownscombe Hellier (1999) justify the purchase of psychotherapy in the NHS by reference to its benefits for patients, staff and organizations. Other mental health clinicians benefit from supervision and case discussion, particularly
with more disturbed and complex cases. Such support can help prevent absenteeism and burnout in staff.

**Indications For Treatment**

Service users suffer with a range of mental health difficulties such as personality disorders, neuroses and affective states. They generally have long-standing problems concerning their identity, emotions and relationships. These are often complex problems, which frequently stem from past experiences of abuse and neglect in childhood.

The findings of a recent multi-centre study report conducted by NHS psychotherapy services, established that psychotherapy services work with patients in considerable psychological distress, with severe interpersonal and social impairment and problems in global functioning comparable to patients seen in mainstream psychiatry. (Chiesa, M, Fonaghy, P, Bateman, A. 2003). (Psychoodynamic psychotherapy can also be of benefit to those who are relatively well adjusted emotionally).

Suitability criteria for psychotherapy are not linked directly to psychiatric diagnoses. Nevertheless, in psychotherapy research there is a developing interest in which diagnostic categories will respond to psychotherapy. Gunderson and Gabbard (1999) for example, set out comparative improvement rates from psychoanalytic therapy for selected diagnostic types, and Leichsenring (2005) examines the efficacy of short-term therapy in relation to specific psychiatric disorders.

**Psychotherapy Research**

There is extensive clinical evidence for the effectiveness of psychodynamic psychotherapy in promoting change and improving people’s overall functioning. A brief review of recent research findings is available in “The Oxford Textbook of Psychotherapy.” (Gabbard, Beck and Holmes, 2005).

The effectiveness of psychodynamic psychotherapy is based, primarily, on the quality of the therapeutic relationship. The National Service Framework for Mental Health. (DoH 1999 p.43) summarizes the importance of this focus: “The quality of the relationship between professional and patient in psychological therapies can make as much as a 25% difference in outcome." There is a large amount of clinical experience, which evidences the value of psychodynamic psychotherapy in changing people’s lives and improving overall functioning. (Roth,A, Fonaghy.P, 1996. Hovarth,A.O. Symonds. B.D, 1991).

The unique unfolding of each therapeutic relationship is the core characteristic of psychodynamic psychotherapy. In view of this, it is not a standardised care package. Outcome research therefore faces certain inherent difficulties of methodology. The NHS executive report on psychotherapy services in England (1996) draws attention to the difficulties surrounding research into psychotherapy. While the Randomised Controlled Trial (RCT) has become the gold standard instrument for evaluating clearly defined clinical conditions, there are considerable difficulties in applying this methodology to more complex presentations in psychodynamic psychotherapy. One major problem is that by definition the RCT requires a highly controlled environment with patients assigned to specific diagnostic criteria, using strictly regulated intervention.

RCT methodology has nevertheless been applied to studies of medium-term and an increasing number of short-term psychodynamic psychotherapies. In a recent review of empirical data, Leichsenring (2005), refers to twenty two RCT’s providing evidence for the efficacy of psychotherapy in the treatment of at least eight specific psychiatric disorders.
disorders. In the case of longer-term psychotherapies clinical practice tends to confound RCT requirements because patients rarely have a single clearly defined treatment condition; they present with multiple problems and co-morbidity. The focus is on general functioning rather than specific problems, and psychotherapists adjust their interventions and modify their technique according to their patients changing needs. Gunderson and Gabbard (1999), point out that in longer term therapies uncontrolled variables such as life events and co-morbidity would affect the meaningfulness of results, and that because self-selection of treatment is important, those who are not given treatments they prefer may drop out of an RCT.

Nevertheless, there is a growing body of research demonstrating the effectiveness of psychodynamic psychotherapy. The following studies present some of these findings.

The Evidence Base

1. Target Population.

A Service Population Study. The APP Multi-Centre Study Report to Participating Centres

The study, produced for the Association of Psychoanalytic Psychotherapists, outlines the nature of the patient population served by psychodynamic psychotherapy departments. 14 NHS psychotherapy services providing long-term, medium-term, short-term and group analytic therapies conducted it. The aim of the study was to demonstrate that psychotherapy services increasingly deal with severe and enduring problems referred from CMHT’s and Primary Care.

The report analysed data from 1,110 patients and revealed that 24% of patients had been admitted to an in-patient service at least once, 57% had received previous out-patient psychiatric treatment, and 53% were in a form of non-psychodynamic psychological therapy before treatment. The results demonstrated that the population referred for psychotherapy to the 14 centres show high psychiatric morbidity. The level of symptom distress is shown to be higher than that in the average out-patient in a general psychiatric out-patient clinic, a finding augmented by the use of CORE (a routine outcome measure). Overall the findings point to psychotherapy departments dealing with patients with considerable psychological distress, with severe interpersonal and social impairment, and with problems in global functioning comparable to those seen in mainstream psychiatry.

2. Long-Term Individual Psychotherapy

This mode of psychotherapy is the treatment of choice for patients who have complex and enduring problems, who often present with co-morbidity and who need to work over a sufficiently long period of time to develop the capacity for trust that enables a therapeutic relationship to become an effective change agent. The following studies have examined the efficacy of longer-term treatments.

1. The Differences between Clients receiving Short, Medium, and Long-term Therapy.

Although this project investigates differences in psychological functioning and type of problem between patients receiving short-term, medium-term and long-term psychotherapy, its most significant finding concerns the effect of length of therapy on therapeutic gain. The study supports the premise that patients make more therapeutic gains the longer they are in therapy, but that rate of gain slows after
approximately 16 sessions. The study used the Clinical Routines in Outcome Evaluation (CORE) and the Inventory of Interpersonal Problems (IIP-32) to evaluate patients. Those receiving long-term treatments had more severe problems than those allocated to briefer treatments. This study emphasises the importance of ensuring that long-term therapy is reserved for those patients with more complex or severe problems and that services can offer differing and optimum treatment lengths for each patient.


This study investigates the differential responses of patients in relation to their difficulties. It assessed the lengths of therapy required to promote clinically significant improvement in patients with different symptoms. The sample consisted of 854 adult outpatients attending individual psychotherapy in 5 mental health centres. People with acute distress, who were less seriously unwell, required the smallest number of sessions. Symptoms in people who were more seriously unwell, including character disorder, hostility, and psychotic and paranoid ideation, required over 100 sessions.

3. The Design of Clinically Relevant Outcome Research: Some Considerations and an Example.

This study investigated 684 patients seen for up to 400 sessions. It revealed that long-term psychotherapy has immediate benefits but that this is often followed by a temporary falling off in well being. A gradual and sustained improvement is then associated with the length of the treatment. Initial improvement was shown to be associated with the experience of support associated with beginning psychotherapy. More sustained improvement comes about through development of the patients’ coping skills. This begins to occur at approximately 3-4 months but may take considerably longer with more severe difficulties. Further improvement requires the development of “new ways of dealing with troublesome maladaptive long-standing patterns and new ways of approaching various aspects of life.” This capacity develops through internalising the therapeutic gains and frequently does not begin to emerge in a stable form prior to 100 plus sessions.

4. Outcome of Patients in Long-Term Psychoanalytical Treatment. First findings of the Stockholm outcome of psychotherapy and psychoanalysis study.

This study followed 756 patients who received treatment for up to 3 years in psychoanalysis and psychodynamic psychotherapy. Some patients had 4 to 5 times a week therapy; others had once or twice weekly therapy. All showed similar levels of positive improvement at termination, although there was some correlation between frequency of sessions and ongoing improvement after termination.

5. How to Study the Quality of Treatments and their Long-Term Effects on Patients Well-Being. A Representative, Multi-Perspective Follow-up Study.

This study considers a representative sample of 401 patients. 70-80% of patients demonstrated the achievement of stable improvements that, to date, had lasted 6.5 years on average after therapy had ended. Evidence for this included the evaluation
of the patients themselves, their therapists, rating by independent experts and non-experts, and questionnaires commonly used in psychotherapy research. The evaluation of mental health costs showed a cost reduction through fewer days of sick leave during the 7 years following the end of therapy. Qualitative analysis of the data also point to the value that patients continued to attach to their therapeutic experience.

6. The Place of Psychoanalytic Treatments within Psychiatry.

This study is an overview of effectiveness and efficacy studies, which suggests that psychoanalytic treatments can be helpful where other treatments have proved to be ineffective. Across a range of studies mostly carried out in Europe, the authors conclude that more controlled studies are required but that a clear pattern emerges of longer, more intensive treatments tending to have better outcomes than shorter non-intensive treatments. The impact of therapy was apparent not only in symptom reduction but also in measures of work functioning and reduction in health care costs.


This study demonstrates that research methodology in the evaluation of outcomes of longer-term psychotherapy take full account of changes at the level of personality. The Structural Change Scale is a more effective means of evaluating long-term psychotherapy. This scale indicates that long-term psychoanalytical approaches are better suited to more complex presentations where it is necessary to take comprehensive account of the personality of the patient. Psychoanalytical therapy results in both broader and more specific changes in the personality.

8. A Retrospective Study of 84 Patients Treated with Psychoanalytic Psychotherapy

Eighty-four patients treated with individual psychoanalytic psychotherapy at the Tavistock Clinic, were followed up at 3 to 9 years after the end of treatment. Positive outcome was associated with a greater number of sessions. Patients with severe pathology required a minimum of 60 sessions. The study makes the point that studies based only short-term work underestimate the effectiveness of long-term psychotherapy.

3. Short-Term Psychodynamic Psychotherapy (Stpp).
This mode of psychotherapy is time-limited. Therapies of up to six months focus on specific conflicts or problems, which are generally formulated early in therapy.

1. A Review of Empirical Data for STPP. Are Psychodynamic and Psychoanalytic Therapies Effective?

This paper reviews the empirical evidence for STPP in specific psychiatric disorders. It identifies 22 RCT’s for the following conditions:
- **Depressive disorders** STPP is shown to be as effective as CBT producing stable changes in symptoms and general functioning.
• **Anxiety disorders** An RCT by Bogels et al (2003) suggested that a figure of 36 sessions of STPP was as effective as CBT in the treatment of generalised anxiety disorder.

• **Post-traumatic stress disorder** STPP proved to be as effective as trauma desensitisation and its effectiveness was not only maintained but had also continued to improve at a three month follow-up.

• **Somatoform disorders** Monsen and Monsen (2000), compared patients receiving 33 sessions of psychodynamic psychotherapy to a control group (no treatment or treatment as usual) in the treatment of patients with chronic pain. STPP was significantly superior to the control group on measures of pain, psychiatric symptoms, interpersonal problems and self-awareness. The results remained stable, or even improved, in the 12-month follow-up.

• **Bulimia Nervosa** The study cites three RCT’s, all with positive results. STPP was superior to treatment as usual, to nutritional counselling and to cognitive therapy. This was also true for a mixed sample of patients with bulimia nervosa or anorexia nervosa.

• **Anorexia Nervosa** An RCT by Gowers et al (1994) studied a combination of STPP with nutritional counselling. This yielded significant improvements. Other studies comparing psychotherapy to cognitive analytic therapy, family therapy and routine treatment, produced more modest results.

• **Borderline Personality disorder** Munroe-Blum and Marziali (1995) compared STPP to interpersonal group therapy. STPP yielded significant improvements on measures of symptoms and was as effective as interpersonal group therapy.

• **Substance dependence** STPP was effective in combination with other treatments such as drug counselling. Improvements in psychiatric symptoms and general functioning were greater than with individual drug counselling given alone, although not on measures of drug abuse. STPP yielded significant improvements on measures of alcohol abuse, which were stable at 15-month follow-up and superior to CBT in the number of abstinent days and in the improvement of general psychiatric symptoms.

2. A Randomised Trial of the Effects of Four Forms of Psychotherapy on Depressive and Anxiety Disorders: Design Methods and Results on the Effectiveness of STPP during a One-Year Follow-up.


This very large study provides a full assessment of psychoanalytic psychotherapy for mood disorder in a total of 381 patients. 101 patients were allocated to STPP, 128 to Long-term Individual Psychotherapy, and 97 to Solution Focussed Therapy (SFT,a form of treatment whereby clinician and patient together identify a problem and work towards a solution). Of the patients suffering depressive disorder 30% lost the diagnosis by 7 months. There was a 20% recovery from depressive disorder by 7 months, which increased to 46% in the STPP cohort by 12 months. The SFT group made a comparable improvement at 7 months but did not improve any further. Work ability index, days of sick leave, and measures of social functioning improved for both groups over the first 7 months, but then produced no further notable change. There was a limited gain in social adjustment and this was consistent with current models of change in psychotherapy. (See dose effect response, Howard, k, l., Kopta, S,M., 1994).

3. Comprehensive Assessment of Change in Patients Treated with STPP


Change was assessed in 34 patients at the end of short-term psychodynamic psychotherapy and at 1 year and 2 year follow-ups. The results indicate that when an
appropriate model of STPP is selected (varying with each patient’s capacity), 90% of patients will achieve substantial symptom relief. Achievements in adaptive functioning and some degree of personality change were also noted. Improvement at the end of therapy was sustained throughout the 2-year follow-up.

4. STPP. A 5-Year Follow-up of 36 Neurotic Patients.

36 patients were followed up at 2 years after the end of treatment. 33 of these were again followed up 5 years after the end of treatment. The study pointed to changes occurring between the follow-up times. The same characteristics related to outcome at the 2-year follow-up were related to outcome at the 5-year follow-up. This suggests there is an incubation effect leading to further improvement.


This study showed that patients who had better general personality functioning did well in brief psychotherapy compared to patients suffering from more complex and severe problems who required longer-term psychotherapy.


This Dutch study assigned 84 patients to an antidepressant regime and 83 to a combination of antidepressant and psychotherapy. A large number of patients refused pharmacotherapy alone. Of the 167 patients randomised, 57 started in pharmacotherapy and 72 in combined therapy. The findings indicate that combining psychotherapy and medication is better accepted and that symptomatic indicators of improvement, both clinician-rated and self-rated, suggest high levels of success. Across a range of measures, at 24 month follow-up the success rate of the combined therapy was 60%. The success rate of pharmacotherapy alone was 40%.

7. Psychodynamic Psychotherapy and Clomipramine in the Treatment of Major Depression.

This American study randomly assigned 95 patients to a combination of antidepressant and STPP or an antidepressant alone. There was an attrition rate of 22% but fewer treatment failures for the combined treatment along with better work adjustment scores. Treatment by clomipramine alone was followed by more frequent hospital admissions. Combined therapy was also associated with fewer days lost from work. This, together with saving on hospitalisation costs, led to estimated cost saving per episode of 2,300 dollars.


The purpose of this study was to determine the efficacy of STPP focussed on the problem of panic disorder relative to relaxation training. All patients were diagnosed with primary DSM-IV panic disorder. Participants were 49 adults aged 18-55. All subjects received assigned treatment of STPP or applied relaxation training in twice weekly sessions of 12 weeks. Subjects given psychotherapy had significantly greater reduction in severity of panic symptoms. 93% were considered remitted at end of
treatment and 90% at follow-up at 40 weeks. There was also a secondary outcome of improved psychosocial functioning.

4. **Group Psychotherapy**

This mode of psychotherapy is offered to patients who frequently have complex and enduring problems, and need to work over a sufficiently long period of time, (usually a minimum of 18mths). They are also likely to benefit from undertaking this work within the interpersonal context of a group.

1. **The Long-Term Effects of Group Psychotherapy.**

   This qualitative and quantitative study involves mental health measurements before and after treatment, with follow-up studies conducted at 15 months and 13 years. After 13 years outcome was deemed successful in 12 of the 18 patients studied. The research analysis indicated that patients with severe and complex problems could benefit significantly from group psychotherapy and that clear correlations exist between treatment effects and length of time in therapy. For patients with severe pathology treatment effects begin to accrue from 2.5-3 years.

2. **Assessment of Change after Long-Term Psychoanalytic Group Treatment.**

   This American Study involved in-depth psychometric testing of 69 patients in 3 analytic groups. Maximum benefit was found in patients who stayed in therapy for an average of 32 months. Measures reveal changes in symptoms, target complaints and psychosocial functioning. Changes remained stable at follow-up a year later.

3. **Premature Termination in Psychodynamic Group Therapy: Results from a Prospective Longitudinal Study.**

   This study investigates personality factors and type of psychological distress associated with an increased risk of premature termination of psychodynamic group therapy. 53 subjects who had completed group therapy were compared to 41 subjects who had terminated therapy prematurely. Statistically significant differences were established between patients dropping out of therapy and patients completing in terms of their ability to handle frustration and a tendency to experience higher levels of phobic anxiety.

4. **Personality Changes after Long-Term Group Analytic Psychotherapy.**

   This study evaluates personality change after outpatient long-term group analytic psychotherapy over 2 years with 39 patients aged 18-51. The results demonstrated a significant reduction in symptoms and psychopathology, better social adaptation and better maintenance of personal relationships. Patients diagnosed with anxiety, adjustment and somatoform disorders showed the highest decrease in symptoms. A further study of patients who remained in therapy for 5-7 years showed that the longer duration of group analytic therapy results in an improved ability to internalise the therapeutic relationships within the group, leading to permanent change in the personality.

5. **Group Therapy within the NHS for Women Survivors of Child Sexual Abuse.**
This study (with a 68% response rate to follow-up questionnaires), demonstrated that group therapy with survivors of childhood sexual abuse diminished isolation, guilt and shame. Increases in general well-being enabled patients to make significant life changes.

5. Cost Effectiveness Studies.
The following studies are a sample of cost benefit analysis work undertaken to demonstrate the financial and healthcare savings and the changes in sickness rates that accrue to treatment by psychodynamic psychotherapy.

1. Leicester Dynamic Psychotherapy Service Treatment Effectiveness Study.
This study of the local service assesses the effectiveness of psychodynamic psychotherapy as a treatment modality by establishing the extent to which it reduces the need for other mental health services in patients who have undertaken treatment. The study focussed on patients discharged from treatment in the service between 1995 and 1998, a sample size of 124 patients. Use of psychiatric services prior to treatment was categorised into categories of no previous contact, assessment only, out-patient treatment, and inpatient or day patient admissions. Patients’ use of mental health services during the 5-7 years following discharge from therapy was then determined. 80.5% of patients (n=100) required no further mental health service treatment (n=87) or significantly reduced service treatment (n=13) in the follow-up period.

2. The Economic Impact of Psychotherapy: A Review.
The authors of this study reviewed data on the cost impact of providing psychotherapy for complex psychiatric disorders. The study involved comprehensive reviews of articles in which tested interventions were psychotherapeutic and where outcome measures had implications for cost. The authors concluded that psychotherapy appears to have a beneficial impact on a variety of costs when used in the treatment of the most severe neuroses, affective disorders and personality disorders.

3. Changes in Health Service Utilisation by Patients with Severe Personality Disorders before and after Inpatient Psychosocial Treatment.
This research studied specialised group treatment for patients with chronic and severe personality disorders who place heavy demands on health service resources. Two different groups of patients were selected: A pre-treatment group of 26 patients and a post-treatment group of 26 patients (who had been discharged from therapy for at least a year). The comparison between the 2 samples showed a significant decrease in the use of medical, surgical and psychiatric services in the year following discharge from the hospital. The post treatment group also relied less on alcohol and cigarette consumption, while their employment rate was increased.

This retrospective long-term follow-up study charts levels of work days lost and days of hospitalisation before, during, and after psychoanalytical treatments. The figures
were based on patient’s self-reports and health insurance records. Health insurance records showed evidence of a lasting and remarkably stable reduction in work absenteeism along with a low level of inpatient treatments. Patients' self-reports were not accurate enough to estimate costs and savings, but the health insurance records showed considerable savings accrued over the 7 year follow-up period.

5. **Psychotherapy with Borderline Patients: A Preliminary Cost-Benefit Study.**
   Stevenson, J., Meares, R.
   Australian and New Zealand Journal of Psychiatry. 33, 473-477. 1999. This is a study of the impact of outpatient psychotherapy twice weekly for a year in a cohort of 30 patients. Costs to the health system in terms of inpatient care for the year before treatment were compared with the costs for the year following treatment. The cost of hospital admissions reduced in the year following treatment by 80%.

6. **Training In Psychodynamic Psychotherapy.**
   Education and training at introductory, intermediate and specialist levels is part of the core business of the service. The objectives range from helping clinicians across a range of services to improve the quality and impact of their psychological treatment skills, as well as training psychotherapists to function as specialist practitioners. The following studies give an indication of the benefits of training in psychotherapy for mental health staff.

1. **Leicester Psychotherapy Service Training Study. The Efficacy of Training in Dynamic Psychotherapy.**
   This local study examined the efficacy of training in psychodynamic psychotherapy by sending questionnaires to all visiting therapists (trainees) in the Leicester Psychotherapy Department. It assessed the impact of the training on trainees work in non-psychotherapy settings. Trainees noted improvements in communication skills, assessment and referral skills, anxiety and boundary management, and overall management of the therapeutic relationship. Improvement was also noted in general job satisfaction and motivation at work. These improvements were more prominent in trainees who had had more than two years training, 75% noting improved job satisfaction while 100% felt an improvement in their general motivation at work.

2. **Evaluating Experience: The Manchester Course in Group Psychotherapy.**
   This study evaluates how psychotherapy students experience learning in groups. Results indicate that beneficial effects include greater clarity about one’s position, roles and responsibilities in a team, including practice in the constructive use of the authority of leadership.

3. **Training Nurses in Psychotherapeutic Skills.**
   This is a study of a project initiated by managers. It involved a one year course set up to introduce nurses to psychodynamic principles. The results demonstrate significant changes in nurses’ confidence, competence and understanding of their work, with a reciprocal impact on efficiency and morale.

4. **What can Psychotherapy contribute to Community Psychiatry and vice versa? The North Devon Experience.**
This study demonstrates the mutual benefit of psychotherapy and community psychiatry. It points to the importance of the training function of psychotherapy services in providing training in psychodynamic perspectives for mental health professionals. The paper advocates psychotherapy for the case for bridging the gap between the inpatient medical model and social models of care that fails to consider the patient’s internal world.


This paper demonstrates how careful listening and understanding based on psychoanalytic concepts enhance the treatment of severely disturbed patients. The introduction of psychotherapeutic perspectives onto acute wards is advocated.

Research And Service Development

1. Mental Health Improvement Partnership: Psychodynamic Psychotherapy Workstream.

Following an extensive service review in 2003, the Dynamic Psychotherapy service was selected as a MHIP workstream to establish whether, through service redesign, the waiting list and access problems could be resolved. In addition the targeting of training offered by the service was reviewed. The service redesign work involved extensive process mapping and auditing. The investigation produced a number of improvements. These include the following:

- Improvements to information and booking systems.
- Improvements to waiting list management, including the introduction of new quality standards.
- Introduction of a new model of time-limited longer-term therapy was introduced.
- Improved liaison with other specialist psychotherapy services, including one outcome being the formation of the Psychological Therapies Strategy and Advisory Committee, which has improved communication with other services generally and broadened the scope for developing psychological treatments throughout the care pathway.
- The establishment of a research group within the service to evaluate the evidence base and to promote service developments that are in line with this.

(Full reports of the MHIP psychotherapy workstream process are available from Humberstone Grange Clinic).

2. Service User Questionnaire

As part of the MHIP process, a questionnaire was sent to 71 service users in September 2005 requesting them to comment on different aspects of the service. The aim was to evaluate whether the service is broadly meeting peoples’ needs, what works and what needs to be re-considered.

42 questionnaires were returned representing a response rate of 59%. Service users went to some trouble in answering the questions, which in turn raise further questions for future studies. Modified versions of the questionnaire will now be sent out to people on the waiting list, those currently undertaking therapy, and to those who have been discharged from therapy.

The 2005 questionnaire evaluated various aspects of the service:
Access  The majority of people experienced little difficulty in getting referred, but many cited the length of the waiting list as a problem. Travelling distance to the service was a problem for some people, although this was offset by the value attached to the privacy and independence of the setting.

Assessment  Comments were generally positive with emphasis given to an experience of safety, professionalism and acceptance. Many people wanted more information to inform them better about the process of psychotherapy and the different forms of therapy available.

Waiting Period  Many people felt the service did not communicate with them enough during the wait for therapy. There was some consensus about the value of contact every six months, with a majority favouring receiving a letter. Several comments reflected the importance of tangible evidence that people were being held in mind during the wait.

Treatment  81% of patients undertaking therapy had positive impressions of the service. This compares favourably with the figure of 69% of positive first impressions at assessment, and 57% who, following the assessment, felt the service could help them.

Additional Comments  Service users were asked what other issues we should be seeking their views on, and whether there were any additional comments they might wish to make. The questions produced a range of responses. Many patients were impressed by the professionalism, high standards of the service, and the extent to which they felt they had been helped. Other comments reflected uncertainty, with a few people not feeling clear such as people not always being clear about whether they were getting anywhere, while some commented on what they experienced as unhelpful, such as lack of advice and guidance. Both these categories reflect issues that are inherent to psychodynamic therapy, but others reflect concerns more specific to the service. First and foremost was the length of the waiting list for therapy.

3. Focus Groups.
In tandem with the service user questionnaire, patients using the service were invited to attend focus groups held in October 2005. Focus groups are a valued qualitative research method, increasingly used to elicit the views of different stakeholders in a variety of healthcare settings. Two groups of five participants met in a neutral setting at the Voluntary Action Group address in Leicester. An independent experienced group facilitator attached to the National Institute of Mental Health in England, facilitated the meetings.

Participants expressed a high level of satisfaction with the service. Criticisms were raised in relation to some aspects of access, most notably the length of the wait for therapy. Some participants had experienced what they had perceived as an unhelpful lack of awareness of therapy services in other healthcare professionals. Allied to this were issues about information and communication, with some suggestions about how these might be improved. There were also comments about problems with stigma generally in relation to mental health and calls for mental and physical healthcare services to view the patient more holistically.

The consultation process led to a number of innovations:

- The decision to contact service users on the waiting list every six months, both as a form of waiting list validation and to help people to feel they had not been forgotten.
- Information about the service and the nature of the therapy was reviewed.
- The information leaflet was revised.
- The service is now evaluating the feasibility of setting up a website for further information.