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The science of the mind: investigating mental health
Treating severe cases

Narrator
As a clinical psychologist within a community health team, Professor Neil Frude usually sees people with severe and enduring mental illnesses.

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One in six of the adult population has got a diagnosable mental illness. Of those, 90% of people who receive treatment receive it entirely within primary care so it's only one in ten and those I guess are the more serious cases who would get referred on, and they would typically be in the UK referred on to community health teams and there would be in a sort of middle sized city there might be sort of between six and ten of these teams, and they would consist of psychiatrists, clinical psychologists, psychiatric nurses, occupational therapists, social workers, very much a multidisciplinary team, and what would typically happen is that somebody referred would then be seen by one member of the team for an assessment, and then the whole team would get together to discuss this week's assessments, and would decided whether they can offer treatment or care and support for the person who's been referred, and in some of those cases it will be treatment by a psychologist within the team. Working as I do within a community health team that that's how people actually come to see me, and I guess mostly now it tends to be people with what are called severe and enduring mental illnesses, very often people with a psychosis with schizophrenia and so on, and need the specialist treatment and need in a sense looking after, need monitoring, and with medication. That's the other thing, of course, is that almost everybody that I see would actually be taking medication but also receiving psychological help and there's nothing sort of odd about that, it really is the usual way of going about things.

Typically for many of the standard sort of problems, I suppose, things like health anxiety, agoraphobia, OCD, and so on, what would happen would that they would be offered between six and ten sessions of treatment which would almost certainly be some form of cognitive behaviour therapy. And typically this would be effective in substantially reducing the problem, if not eliminating it, in about two-thirds of cases, and one of the advantages of CBT over medication is that when the CBT stops, the problem doesn't come back because it's essentially a sort of educational process. It's almost like if you learn French then even if you don't practice it for a while you still, in a sense, have it there or it's ready to be re-learnt very quickly, whereas what tends to happen with medication the evidence is that a relapse is something that can happen, you know some time after stopping taking the medication.

I mean obviously some people are more suitable for psychological treatment than others. I guess it's often easier to work with people who are, who catch on quickly, who are sort of relatively bright, people who are motivated 'cos a lot of therapy, psychological therapy, certainly cognitive therapy, involves homework so you send people off to, to do various tasks and come back and report how it went, and if you've got somebody who never does their homework then that can be something that reduces the effectiveness of the treatment. And then there's this other thing which is called psychological mindedness and I guess that's something like the ability to think about your own thinking. There are some people who are very, we called it metacognitive, that they're able to think about their own thinking processes. And there are other people who don't seem to in a sense recognise that they've got thinking processes. Of course they do have, but they just don't think about that in the same way and because cognitive therapy is largely about thinking about your thinking, so those people it would be quite difficult to work with. And then of course there are people who might be perfectly good to work with, with CBT but they, when they actually present to you for the first time they're in such a dreadful state emotionally that they can't concentrate, they can't focus

and really they're not in a suitable state for cognitive therapy then and there, and what you would hope then is that they will calm down, possibly helped by medication, and that they will come back in some weeks' time when you will be able to engage with them in the sort of relationship and the sort of interaction that would be maximally effective and therapeutic.

There are those cases in which despite all the medication that is available, the various different types of anti-depressant medication, and after all the cognitive therapy, and so on, has been tried but still the person remains profoundly depressed, maybe dangerously suicidal, and at that stage then another treatment that is available very often is ECT, and I know people have very, very strong feelings about ECT. It sounds, in many ways, rather a barbaric treatment to put a sort of high voltage through the brain, and we're not absolutely sure why it works, but clearly in some cases it really does work, and I have seen people who have been profoundly depressed for many weeks and months, who after a very short series of ECT sessions have actually been remarkably improved, so it's very much a last resort but, but certainly you know many people believe that there really is a place for ECT as a last resort treatment.