

The need for dynamic psychotherapy

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A survey of consultant psychiatrists identified the core characteristics of patients who require referral for specialist dynamic psychotherapy. These are patients with neuroses, personality disorders and affective disorders who have longstanding and complex emotional and interpersonal problems which stem from their early life experiences. They need a level of expertise and an intensity and/or length of treatment which cannot safely and reliably be provided by either general psychiatric services or primary care. The survey suggests that 0.1% of the population/year would benefit from referral for specialist dynamic psychotherapy.

Mental health and emotional problems are common. It has been estimated that 10–30% of patients who consult GPs have mainly emotional problems (Gray, 1988). This finding was supported by Goldberg & Huxley (1992) who, using data from a number of sources, calculated that the annual point prevalence of mental disorder among GP attendees was 230 per 1000 population. The *Health of the Nation* handbook suggests that in a population of 500 000 the disease prevalence for depressive disorders is 10 000–25 000 and for anxiety states is 8000–30 000 (Department of Health, 1993). The need for treatment in the population is therefore high.

In planning to meet this level of need it is important that purchasers and providers realise that the type of intervention needed and its intensity varies from patient to patient. For some patients primary care counselling will be all that is required, others need the range of treatments and care that are best provided by general psychiatric services, others need specialist psychotherapy. Comprehensive provision of treatment thus involves three sectors of health care – primary care, general psychiatry and specialist psychotherapy. All three sectors are needed if patients are to receive appropriate and effective help. Under-resourcing of any one of the sectors results in excessive strain and inappropriate demands on the others. To avoid this, estimates are required about the level of need in each sector. This survey provides an estimate of need for specialist dynamic psychotherapy.

The study

A postal questionnaire was sent to all consultant psychiatrists employed by the Leicestershire Mental Health Service. At the time of the survey there were 39 consultants in post. The questionnaire asked whether the waiting list deterred their referring to the dynamic psychotherapy service; for an estimate of the numbers of patients per year whom they would refer if there were no waiting list; and for a free text description of the patients whom (a) they *do* refer and (b) *would* refer if they were not deterred by the waiting list. The response rate was 100%.

Findings

Evidence of unmet need

Seventy-two per cent of the consultants surveyed reported that they are deterred from referring by the length of the waiting list (about 18 months at the time of the survey). The total estimate of how many patients they would refer if there were no waiting list was 290 patients per year. This was 3.5 times their actual referral rate, indicating considerable unmet need.

Patient characteristics

Profile of patients who are referred. Each of the following descriptions taken from the questionnaires represents a feature which many consultant psychiatrists said characterised patients whom they currently refer. Taken together they describe the core profile of patients whom consultants consider to be in need of dynamic psychotherapy.

This core group of patients suffer from “mood disorders”, “personality problems” and “neuroses”, they are “severely psychologically damaged” and have “relationship problems”. They are “unhappy with themselves or the way they relate to others”, and have “long-term difficulties in adjusting to aspects to life” which have their “origin in early life experience”. They are “keen on the idea of psychotherapy” and are able to “work with a psychotherapist”. Although their problems are “complex”, “long-standing” and “severe” they can “contain themselves on a day-to-day basis”. They

need "prolonged treatment" rather than "brief focal therapy" or help with "crisis induced distress".

They tend to have "failed to respond to shorter treatments" and need more than can be provided by the consultant team's "own brand of therapy". When there is a long waiting list they must of course also be "prepared to wait".

Profile of referrals deterred by the waiting list. In contrast to patients who are actually referred, no single commonly held profile emerged of patients whom consultant psychiatrists would like to refer but do not because of the waiting list. They would like to refer "all sorts of cases"; the specifics, however, varied from consultant to consultant although many said that they mainly needed to refer more patients with the core characteristics.

With regard to the non-core patient group the need varied from those with "less prominent relationship and personality problems" to those more "handicapped socially/psychologically"; from those who need "short-term work" to those who need "more intensive work"; from those with "more nebulous problems" and "diffuse anxiety" to those with more specific problems such as "women with profound disturbances relating to childhood sexual abuse"; from those with "neurotic depression" to those with "severe and persistent depressive disorders not responding to medication"; from those who have "not responded to other treatments" to those "suitable patients without any trial of therapy" already undertaken by the consultant's own team. For many it was a question of "urgency", that is those in "immediate psychiatric distress" or with "more urgent need for intervention". These characteristics are held together by the need for therapy which is "more intensive" and which requires "higher levels of psychotherapeutic skills" than can be provided by themselves or their own general psychiatric teams.

Comment

Although psychotherapy was recognised as a separate speciality by the Department of Health in 1975 and by the Royal College of Psychiatrists in 1976, local services are still in their infancy. Many districts either have no, or very limited specialist psychotherapy services. Many of those which do exist have staffing levels well below those required to meet the needs and demands for the service, and hence long waiting lists are common. When planning for future development both purchasers and providers need to have a measure of both the number and types of patients who need psychotherapy. This survey provides such a measure for specialist out-patient dynamic psychotherapy.

Consultant psychiatrists were surveyed because they are a particularly important group of referrers. By virtue of their role and their training

they have an understanding of the range of mental disorders and which treatments are indicated and available locally. Their opinion about the need for psychotherapy is thus significant and must be taken into account when services are being planned and developed.

The survey shows that consultant psychiatrists wish to refer a wide range of patients for specialist dynamic psychotherapy and would do so if they were not deterred by long waiting lists. The crucial factor in determining who to refer is that the patient needs a level of expertise and an intensity and/or length of treatment which cannot be provided effectively and safely by either the general psychiatric services or by primary care. In other words psychiatrists refer for in-depth therapy which is provided in a specialist setting by a well trained therapist.

When the ability to refer is restricted by limited resources, the survey shows that psychiatrists give priority to a well defined group. These are patients with neuroses, personality problems and affective disorders who have long standing and complex emotional and interpersonal problems which stem from their early life experiences. Typically they are patients who need to explore the underlying nature of their problems in a long-term psychotherapeutic relationship.

In addition to identifying the core group of patients who need specialist dynamic psychotherapy the survey also gives a bearing on the level of need. In Leicestershire consultant psychiatrists are responsible for about 40% of referrals to the dynamic psychotherapy service. Thus on the assumption that all sources of referral are equally deterred by the waiting list, the 290 referrals per year needed by consultant psychiatrists represent 40% of the overall need (which is therefore 674 referrals per year). The adult (i.e. aged 16 and over) population of Leicestershire, according to the 1991 National Census, is 685 742. The survey therefore shows that 0.1% of the adult population per year need referral for specialist dynamic psychotherapy. This finding is consistent with a previous but unpublished study conducted in Leicestershire in which general practitioners estimated that they had a need to refer 0.1% of the total population per year.

References

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