

Occupational Therapy

Occupational Therapy helps people to regain everyday social and life skills, develop new skills and work towards goals in their home life, work and leisure. Occupational Therapists develop action plans and recommend specific activities to:

- Increase self-confidence
- Experience success
- Feel better about life
- Establish a daily routine
- Maintain existing skills and interests and develop new ones
- Minimise the difficulties faced if illness returns
- Make the most of opportunities in the community
- Increase independence

Complementary therapies

Complementary therapies – sometimes called alternative therapies – can help people manage mental health difficulties alongside other forms of treatment. Complementary therapies include acupuncture, reflexology, aromatherapy, meditation, yoga and homeopathy. They generally promote relaxation, a sense of wellbeing and a positive outlook.

Mental & Social Healthcare

Treatments and Therapies

Information for service users and carers

If you would like further information, additional copies or would like to receive this leaflet in another language, large print or audio format please contact the Trust Communications Team at Trust Headquarters, Rikenel, Montpellier, Gloucester GL1 1LY. You can email us at 2gether.comms@glos.nhs.uk or call us on 01452 891604.

2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester GL1 1LY
www.2gether.nhs.uk

CP_007
Review date: April 2013

2gether
Making life better

Foundation Trust
For Gloucestershire **NHS**

There are many treatments that can help people to manage or recover from mental health difficulties. These range from medication and self-help groups to talking therapies – also called psychological therapies – and complementary therapies.

We recognise that every individual is different and what works for one person may not work for another. Sometimes a combination of treatments works best, especially if several factors influence a particular mental health condition.

It is important that you have the information you need about what treatment or support will work best. You can find out more by speaking to the Care Co-ordinator or Named Nurse.

Medication

Medication plays an important role in the treatment of severe mental illness and relieves some of the worst symptoms. It is most effective when used alongside other kinds of care and support such as occupational therapy, talking therapies, social support from family and friends and appropriate housing and day care.

For some individuals, medication is a short-term solution to an immediate crisis. Other people need long-term medication to live with severe and enduring mental health problems. Some people may not want to stay on long-term medication but it can help them to lead full and active lives.

Medication to treat mental health difficulties includes:

- Anti-anxiety drugs
- Anti-depressants
- Anti-psychotics
- Mood stabilisers

You can find out more about individual drugs, correct dosages and side effects from your GP, local hospital pharmacy department, chemist, psychiatrist or mental health team. Information is also available on websites including www.mind.org.uk and www.rethink.org.

Stopping medication suddenly can be dangerous. Anyone thinking of stopping their medication should seek medical advice before doing so.

If you care for someone who suddenly stops taking their medication you should inform the doctor or Community Psychiatric Nurse (CPN). You should also report any side effects that are causing problems.

Anti-anxiety drugs

We use anti-anxiety drugs – or anxiolytics – mainly to treat severe anxiety or sleep disorders. We usually prescribe them for a short period of around two to four weeks as they can cause withdrawal/addiction problems. Side effects can include drowsiness, dizziness, headaches and skin rashes and they can be very addictive.

Anti-depressants

Anti-depressants help to relieve persistent low mood and other symptoms of depression. They also help to improve motivation. Side effects can include nausea, diarrhoea, vomiting, agitation and weight gain. Anti-depressants can be very effective and any side effects usually subside quite quickly. The drugs usually take a couple of weeks to have an effect and individuals should continue to take them for at least six months – even if they start to feel better – to avoid the risk of relapse. They are not addictive but withdrawal symptoms can occur if they are not withdrawn carefully.



Anti-psychotic drugs

We use anti-psychotic drugs – or neuroleptics – to treat schizophrenia, the manic phase of bipolar disorder and other conditions that have psychotic symptoms. Anti-psychotics are sometimes referred to as ‘major tranquillisers’ but this is misleading because they do more than just tranquillise.

Older ‘typical’ anti-psychotics help to treat the symptoms of schizophrenia, such as hearing voices, delusions and paranoia, but side effects can include muscular stiffness, shaky hands, restlessness, drowsiness and weight gain. These side effects vary from person to person.

Newer ‘atypical’ anti-psychotics can be more effective, cause fewer side effects and are not addictive. ‘Atypical’ antipsychotics include amisulpride, olanzapine, quetiapine, risperidone and clozapine. Clozapine can cause a very rare but fatal blood disorder. Individuals taking clozapine require regular blood tests during treatment.

Mood stabilisers

These drugs stabilise mood and we use them to treat bipolar disorder and severe depression. Common mood stabilisers include Lithium and Carbamazepine.

Lithium is extremely effective for most people with a diagnosis of severe bipolar affective disorder. However, overdose can be toxic at relatively low levels, causing tremors, unsteadiness, nausea, vomiting, diarrhoea and convulsions. Blood levels should be monitored on a regular basis, usually every three to six months. There are few side effects at correct dosages.

Carbamazepine is sometimes used as an alternative to lithium in preventing symptoms of manic depression. It is particularly effective for people with rapid swings between mania and depression.

Therapies and self-help groups

Electroconvulsive therapy (ECT)

ECT is usually only given to people who are severely depressed and have not responded to anti-depressants. If this treatment is recommended, individuals will receive a full explanation of what it involves and they will usually need to give their signed consent.

ECT Anonymous is an independent voluntary group concerned about the possible adverse effects of ECT. You can contact ECT Anonymous on 0113 2445454. Mind also produces information on ECT – contact the Mindinfo line on 0845 7660163.

Psychological therapies

Psychological or talking therapies describe a variety of therapies that involve talking, listening and discussions to help identify issues and learn to cope with them. Talking therapies often take place alongside medication and we commonly use them to treat stress, depression or anxiety. Recent research indicates that talking therapies can also reduce relapse rates for people with psychosis and help individuals with personality disorders.

Psychological therapies can take place in hospitals or the community. Individual or group therapy is often held in a hospital or mental health resource centre while Family Work is more likely to take place in the home. Some talking treatments are available on the NHS and some through outside agencies.

Psychotherapy

Psychotherapy can help people explore, express and understand experiences and feelings in order to decrease psychological distress.

- Psychodynamic psychotherapy focuses on linking early development and trauma with current difficulties
- Focused expressive therapy concentrates on expressing strong underlying feelings, such as anger and grief, which seem ‘stuck’
- Supportive psychotherapy helps people overcome their difficulties by exploring practical solutions for psychological problems
- Person-centred and solution-focused therapies usually focus on current problems, the ‘here and now’



Psychotherapy can be short or long term and often consists of weekly sessions lasting about an hour. It can involve individual or group sessions.

Cognitive Behavioural Therapy (CBT)

CBT focuses on understanding how a person's thinking – their cognition – affects their behaviour. It helps people to confront self-defeating and negative thoughts and to challenge the beliefs they cause. The therapist focuses on everyday activities and may ask the person to keep a diary to monitor their thoughts and behaviour. Therapists have used CBT to successfully treat people who hear voices, have delusions or other symptoms of schizophrenia.

Dialectical Behaviour Therapy (DBT)

DBT brings together behavioural and cognitive therapy methods. It helps people who are chronically suicidal and/or repeatedly harm themselves, who have difficulties coping with life or feel out of control, particularly with emotions and relationships.

Family Intervention Work

Family work around psychosis aims to:

- Provide effective treatment and management of people with psychosis
- Address the needs of all family members affected by the illness

Family Intervention Work emphasises positive achievements, focuses on the current situation and addresses difficulties in a constructive way to find potential solutions. Family members sometimes need support to see their current difficulties objectively.

Art Therapy

Drawing, painting and sculpting help many people settle inner conflicts, release deeply repressed emotions, raise self-awareness and increase personal growth. Art Therapy often helps people who find it hard to express their thoughts and feelings verbally.

Music Therapy

Many people turn on soothing music to relax or upbeat music to feel positive. Research suggests that Music Therapy stimulates the body's natural 'feel good' chemicals – opiates and endorphins. This results in improved blood flow, blood pressure, pulse rate, breathing and posture changes.

Sports Therapy

Exercise can help people to feel healthier, fitter and more energetic. It helps to build up muscle and bone strength and minimise weight gain, which can be a side effect of some medication prescribed for severe mental illness. Sports Therapy provides meaningful structured activity, improves health, increases social contact and encourages a sense of fun and play. Sports Therapists assess individuals for their suitability for activities ranging from working out in the gym to badminton, swimming, golf and football.

Self-help Groups

Joining a self-help group can help people who share a common problem – for example substance misuse or self-harm. Individuals often appreciate the support of others in the group who have experienced, or are experiencing, similar difficulties. Self-help groups can help people to realise they are not alone and to discover new ways of coping. Other organisations, including The Manic Depressive Fellowship and Rethink, also run self-help groups.

Gloucestershire Hearing Voices Groups

Voice hearers can feel overwhelmed and find it very difficult to go about their everyday lives. Open discussion with others can help people to accept the voices and find ways of coping. For further information about Gloucestershire Hearing Voices Groups, please visit www.hearingvoices.org.uk or speak to a Care Co-ordinator or Named Nurse.