

Talking Therapies

SUMMARY

As part of the Mental Health Foundation's *Strategies for Living* programme of work, qualitative research was undertaken to explore the treatments, therapies, and self-help strategies that people who experience mental distress find helpful. One of the key issues investigated in the research was talking therapies. People identified a number of ways in which talking therapies were helpful to them, most relating more to the 'human relations' elements of therapy than the type of therapeutic approach used.

This *Update* presents a summary of the research findings and some of the recommendations that came out of the project. The full results and recommendations can be found in the *Strategies for Living* research report¹. In addition, *Update* Volume 1, Issue 13 provides information about clinical research funded by the Mental Health Foundation into talking therapies.

BACKGROUND

In February 1997, the Mental Health Foundation published the report *Knowing our own Minds*², detailing the results of a user-led survey of alternative and complementary treatments and therapies in mental health. The evidence, compiled from over 400 returned questionnaires from users and ex-users of mental health services, demonstrated that people find many different ways of living and coping with mental distress. One of the areas identified for further investigation by *Knowing our own Minds* was talking therapies. In the survey, 70% of people reported having experienced a form of talking therapy, and 88% of these had found them helpful or 'helpful at times'.

The *Strategies for Living* research project followed on from the *Knowing our own Minds* survey by investigating in greater depth the key issues raised by the survey, through face-to-face interviews with 71 people. This project was funded by the National Lottery Charities Board.

THE RESEARCH

The *Strategies for Living* research followed a user-led approach, reflecting the concerns of current and former mental health service users in all aspects, and at all stages of the research process. Qualitative research methods were employed in order to gain a deeper understanding of people's experiences of talking therapies. By using in-depth interviews, it was possible to explore people's experiences through their own language and personal meanings. The 71 interviewees were selected to reflect a range of backgrounds and circumstances based on information reported in the *Knowing our own Minds* survey.

THE FINDINGS

“It was someone listening to what I was saying without criticising me, listening to my problems and was making me see them in different ways...”

The therapeutic process

- *Talking* - talking provided an opportunity to release tension, to express things not previously discussed, and to understand feelings.
- *Releasing feelings* - therapy gave some people an opportunity to explore and express feelings in a safe environment.

“I’d say the counselling’s helped me to unblock my feelings ... I was ready to kind of look at what has happened in the past.”

- *Suggestions and strategies* - some people found that receiving guidance or direction from a therapist, or following a more structured approach was helpful.
- *Sharing problems (group therapy)* - some people described how valuable sharing problems with others in a group could be, and how reassuring it was to find others who had experienced similar problems or feelings.

“...I always enjoyed that, because you can pull yourself out there, and there is always someone there who will feel the same or support you in some way, and in fact you always find that there are others with worse problems than yourself.”

Relationship with the therapist

- *Listened to, and understood* - this was important for many people. For some, being listened to and understood was a completely new experience.

“She was ...genuinely understanding, she had had a lot of experience in the field. She just turned around my whole negative outlook and attitude and self.”

- *Feeling safe* - a common theme was finding a safe place to discuss or express difficult issues or feelings. For some, therapy allowed them to talk about the things that they found important.
- *Feeling accepted, being believed* - psychological space was given in a relationship of trust, where the person felt they had been accepted, and believed. Again, for some, this was a new experience.

“...you feel brilliant because at least someone has believed you for once in your life...”

- *Non-judgmental* - feeling that they were not judged or criticised for what they said was important for many people. For some, having a therapist from a similar ethnic or cultural background, or gender was also important if they were to trust that the therapist would be understanding and non-judgmental. As one Asian woman explained:

“... I wanted to talk to somebody of my own culture and my own age and they have children and problems, and ... to understand what I am going through ...”

Outcomes

Some people were able to identify outcomes of the therapy that were not solely a product of the therapeutic process.

- *Learning* - many people said that they had learned from the experience; learned that they could talk about their feelings, learned about themselves, and learned to accept themselves.

“It was helpful because I learnt a lot about myself ... it helped me accept myself for what I am and not think of what I'd like to be, really.”

- *Confidence* - some people hoped that the changes in the way they felt about themselves would enable them to change other aspects of their lives. Many people talked about feeling more confident or assertive, as a result of therapy.
- *Strategies* - a couple of people talked about having learnt strategies for dealing with distressing symptoms.

From all of the interviews for this study, two groups of people stood out as having found therapy particularly beneficial: people who had experienced sexual abuse and the Asian women interviewed. They each spoke powerfully of the value of finding a safe space outside their immediate networks, of finding others who had experienced similar problems, of being believed, and of expressing their feelings through talking and understanding.

IMPLICATIONS

It is clear that there were many reported benefits from talking therapies, and for many people in distress, having access to a form of talking therapy may be the only way they have of finding someone to talk to about the very issues that form the core of their distress. As access to talking therapies was frequently reported as problematic, there is a need for greater availability of such services.

Further, whilst this research focused mainly on the positive aspects of talking therapies, the *Knowing our own Minds* results suggest that the absence of some of these beneficial elements, such as ‘being listened to’, may result in the therapy having a negative effect. It is therefore essential that organisations that provide talking therapies, listen to, and work with, service users to discover what really helps those who use their therapies.

This research highlights the importance and the value of conducting research and service evaluations that constructively listen to service users about what they find helpful. For services to be genuinely evidence-based, it is vital that future research takes into account the evidence provided by the people receiving those services.

The research prompted the following recommendations:

- Everyone in contact with mental health services should have someone to talk to, the right to be listened to and to be taken seriously, particularly in times of crisis.
- Access to all forms of ‘talking treatment’ should be equal: everyone should be offered some form of counselling or psychotherapy - or the opportunity to talk to someone - as a primary part of their treatment, regardless of the diagnosis they have received, their ethnic origin, or any other factor irrelevant to the need to talk to someone.

- Psychiatrists, GPs, CPNs, keyworkers and care managers should ensure that people who are referred for psychotherapy or counselling are given clear information (both verbal and written) about the form of treatment, and what they might expect from it.
- Research organisations and research funders should prioritise further research in participation with service users, in order to understand what it is that people find helpful about talking treatments, and for what problems and in what circumstances they are most helpful.

REFERENCES

¹ Faulkner, A. and Layzell, S. (2000) *Strategies for Living: A report of user-led research into people's strategies for living with mental distress* The Mental Health Foundation, London.

² Faulkner, A. (1997) *Knowing our own Minds* The Mental Health Foundation, London.

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