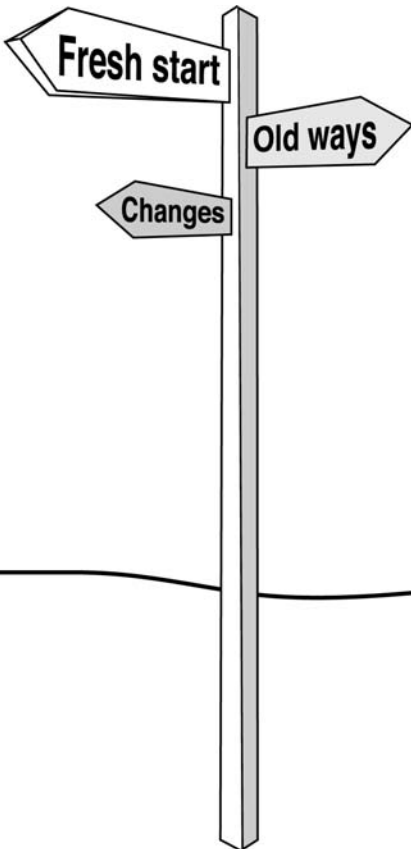




For better
mental health

Making sense of counselling



Making sense of counselling

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Making sense of counselling

Counselling is a form of psychological or talking therapy that offers people a chance to change how they feel and to live better. This booklet introduces and explains the most common types of individual face-to-face counselling in the UK and looks at the kinds of problems it can tackle, and who it can help. It does not cover counselling for groups, couples or families. It is designed to help you to find a professionally trained counsellor.

What is counselling?

Counselling provides a regular time and space for people to talk about their troubles and explore difficult feelings, in an environment that is dependable, free from intrusion and confidential. A counsellor should respect your viewpoint, while helping you to deal with specific problems, cope with crises, improve your relationships, or develop better ways of living.

Despite the name, counsellors don't usually offer advice. Instead, they help you to gain insight into your feelings and behaviour and to change your behaviour, if necessary. They do this by listening to what you have to say and commenting on it from their particular professional perspective.

The word 'counselling' covers a broad spectrum, from someone who is highly trained to someone who uses counselling skills (listening, reflecting back what you say, or clarifying) as part of another role, such as nursing. We use the term here to mean a talking therapy delivered by a trained professional.

Sessions usually take place once a week. Making this regular commitment gives you a better chance of getting to the heart of your difficulties.

How can counselling help?

You may come to counselling because of difficult experiences you've been going through, such as a relationship breakdown, bereavement or redundancy. Or you may want help dealing with feelings of sadness, depression, anxiety or low self-worth that don't seem to be connected to any particular event.

Louise had been feeling very distressed, following the death of her father from cancer a year before. She had not been aware of having any psychological difficulties before. She found herself unable to concentrate during the day, crying much of the time and unable to sleep at night. Her work was suffering and it was putting a strain on her relationship with her partner. A friend suggested that she try counselling.

Not knowing where to start, she went to her GP, who referred her to the practice counsellor. The counsellor offered her eight sessions of counselling. Although she was not sure, at first, whether she would be able to talk freely to a stranger, Louise soon became more comfortable with the counsellor and was able to express feelings about the loss of her father that she couldn't trust anyone else with. She gradually felt better able to concentrate on her everyday life and felt less distressed.

Counselling can also help you overcome mental health problems, such as depression or an eating disorder, even if you are already getting other kinds of help from a GP or psychiatrist. It can also help you come to terms with an ongoing physical problem, illness or disability. Counselling can also be a means of coping with physical symptoms or complaints that doctors can't alleviate. If your GP can't find a physical cause for your problems, you may well want to look further to see whether there is a psychological side to your symptoms.

Peter had been experiencing anxiety attacks, which felt like he was having a heart attack each time. He had a thorough physical check-up to reassure himself, but still continued to get these panic attacks. His GP suggested his symptoms might have a psychological element, and referred him to a voluntary organisation offering affordable counselling. Although he had felt reluctant to consider this before, Peter knew that no physical cause had been found, so decided to try it.

Following a psychological assessment, he was offered counselling once a week. He found the assessment interesting, because it got him thinking about connections between different events in his life. At first he felt rather suspicious of his counsellor, but gradually came to feel that he really was being offered a confidential space in which he could voice any of his feelings – however difficult. He gradually got in touch with very angry feelings and came to believe that he had been suppressing these for a long time, in order to be nice to people and not upset them.

What are the different types of counselling?

There are several types of counselling that follow similar lines to the various different types of psychotherapy. (See p. 19 for a comparison of the two.) Each model has its own theory of human development and its own way of working. Some practitioners work in an 'eclectic' way, which means that they draw on elements of several different models when working with clients. Others practise a form of 'integrative' counselling, which draws on and blends two or more specific types.

From the client's point of view, perhaps the most obvious difference between the types of counselling is whether the counsellor is directive (suggesting courses of action and perhaps giving 'homework' exercises) or non-directive (with the client taking the lead in what's discussed). While it's not possible to include all the various types available, the most popular are discussed below. They are all non-directive, except for gestalt and cognitive behavioural counselling.

Psychodynamic counselling

This is based on the idea that past experiences have a bearing on experiences and feelings in the present, and that important relationships, perhaps from early childhood, may be replayed with other people later in life. It translates the principles and insights of psychoanalysis and psychoanalytic psychotherapy into once-a-week counselling.

The counsellor usually aims to be as neutral a figure as possible, giving little information about him- or herself, making it more likely that important relationships (past or present) will be reflected in the relationship between the client and the counsellor. This relationship is therefore an important source of insight for both parties, and helps the client to 'work through' their difficulties. Developing a trusting and reliable relationship with the counsellor is essential for this work.

Client-centred or person-centred counselling

This is based on the principle that the counsellor provides three 'core conditions' (or essential attributes) that are, in themselves, therapeutic. These are:

- empathy (the ability to imagine oneself in another person's position)
- unconditional positive regard (warm, positive feelings, regardless of the person's behaviour)
- congruence (honesty and openness).

Again, the counsellor uses the relationship with the client as a means of healing and change.

Transpersonal counselling

This is an integrative and holistic approach that utilises creative imagination. It assumes a spiritual dimension to life and human nature. It also presupposes the interconnectedness of all beings with a higher spiritual power, and specifically addresses the bridge between the two.

Transpersonal counselling emphasises personal empowerment. It takes account of the client's past experiences, but also looks to the future and what is likely to unfold for them, the challenges they may face and the qualities that need to emerge in them to meet those challenges. Its basic belief is that whatever the hardships of human experience, the core essence, or soul, remains undamaged.

Transactional Analysis counselling

Transactional Analysis counselling emphasises people's personal responsibility for their feelings, thoughts and behaviour. It believes people can change, if they actively decide to replace their usual patterns of behaviour with new ones.

The counsellor offers:

- 'permission' (for new messages about yourself and the world)
- 'protection' (when changing behaviour and thoughts feels risky)
- 'potency' (to deliver what he or she promised).

Planning the goals of the counselling is part of the process. The focus is on uncovering the 'life scripts' (life plans) that reflect the messages the client was given as a child. The counselling teaches the client to identify in which of the following modes he or she is operating, at any given time:

- the 'child' (replaying their childhood)
- the 'parent' (copied from parents or parent-figures)
- the 'adult' (appropriate to the present situation).

Existential counselling

This helps people to clarify, think about and understand life, so that they can live it well. It encourages them to focus on the basic assumptions they make about it, and about themselves, so they can come to terms with life as it is. It allows them to make sense of their existence.

The counselling focuses the client on how much they already take charge of their life, and not on what they are doing wrong. At the same time, it takes note of any real limitations, so that they can make choices based on a true view of the options available.

Personal Construct counselling

This is based on the idea that nobody can know absolute truth. Instead, each person constructs their idea of the truth from their own experiences, and this affects the way they see the world. The problem is that people can get stuck with a view of things that prevents them from living life to the full, because they can't find any alternative ways of seeing things. Personal Construct counselling helps people to look at different ways of behaving that may be useful in changing the way they see the world.

Gestalt counselling

This is a directive type of counselling, focusing on *gestalten* (patterns of thought, feeling and activity). It encourages people to have an active awareness of their present situation, and also incorporates communication that goes beyond words. A key part of gestalt counselling is the dramatisation, or acting out, of important conflicts in a person's life. This could involve using two or more chairs, for instance, so that they can physically take up different positions to represent different aspects of themselves.

Rational-emotive Behavioural counselling

This takes the view that people have two main goals in life: to stay alive and to be happy. It aims to remove the obstacles that people place in their own way, and also to achieve a healthy balance between short-term and long-term goals.

Cognitive-behavioural counselling

This is another directive model, concerned with the way people's beliefs about themselves shape how they interpret experiences. The objective is to change self-defeating or irrational beliefs and behaviours by altering negative ways of thinking.

Clients learn to monitor their emotional upsets and what triggers them, to identify self-defeating thoughts, to see the connections between their beliefs, feelings and behaviour, to look at the evidence for and against these thoughts and beliefs, and to think in a way that is more realistic and less negative.

The counsellor usually gives the client tasks or homework to do between sessions. This could mean recording thoughts and feelings, or doing something that tests out a basic assumption about themselves. This might mean, for instance, going to the shops when their fear is that they may panic. (See Mind's booklet, *Making sense of cognitive behaviour therapy*. Details of this and other booklets mentioned here may be found under *Further reading*, on p. 34.)

How can I find a counsellor?

While it's not always available under the NHS, there are several different routes into counselling. Counselling can often be accessed through your GP, or through a voluntary organisation. Some workplaces offer counselling, either in-house or by referral to Employee Assistance Programmes (EAPs). Alternatively, lots of people see private counsellors, often through someone's personal recommendation.

Counsellors working in all these different settings may be using any of the models outlined above. Some organisations employ counsellors who all work with one particular counselling model; others have counsellors who together can provide a whole range of approaches.

Counselling through your GP

Some counsellors work in GP surgeries. They will assess whether the method they use (often limited to 6 or 12 sessions) is suitable, and will refer you elsewhere, if not. (See *What's right for me?* on p. 15.) If there's no practice counsellor, GPs may refer clients to a counselling agency, or to a private counsellor or a voluntary organisation. Counselling psychologists (whose training is similar to many counsellors') or psychotherapists may also work as counsellors within a GP practice. They will be able to explain their professional background to you.

The GP or the practice counsellor can also help you decide whether it would be better for you to see a different mental health professional, such as a clinical psychologist, a psychotherapist, a psychiatrist, or a member of the local Community Mental Health Team (CMHT).

Private counsellors

Private counsellors may advertise through the Yellow Pages, GP practices, alternative health clinics, libraries, or on the internet. Most will clearly state their professional credentials, and you should not be reluctant to ask about these or verify them with the professional body concerned. There are also umbrella organisations which list accredited therapists. (See p. 14 and *Useful organisations* on p. 31.)

Voluntary organisations

Voluntary organisations are charities, which rely heavily on donations and grants to help subsidise their work. Most voluntary-sector counselling organisations operate a 'sliding scale' of fees or offer 'affordable' counselling. Some voluntary organisations that are not solely counselling organisations also offer a counselling service, usually focused on a particular issue, such as domestic violence. (See *Useful organisations*, on p. 31, for details of voluntary organisations.)

Some voluntary organisations employ trainee counsellors, or run training courses themselves. Because trainees receive very intensive supervision, the quality of the counselling should be no less good than from qualified counsellors. You may want to ask how much supervision he or she receives, where they are training and whether it is accredited (see p. 14). Trainee counsellors are not usually allowed to work privately.

Work-place counselling

Some employers have an arrangement with an Employee Assistance Programme (EAP). EAPs employ their own counsellors, who usually have their own consulting rooms. As a rule, the counselling is free to clients because their work-place pays the EAP. It usually runs to 6 or 12 sessions. This can be useful for someone trying out counselling, who might decide to pursue something more open-ended afterwards, in which case the EAP counsellor could refer you to another counsellor. In other cases, a few sessions may be very helpful in addressing an immediate problem you are going through. Many EAPs also offer telephone counselling.

How do I know if a counsellor is properly qualified?

The British Association for Counselling and Psychotherapy (BACP) is the umbrella organisation for counselling. Most counsellors are registered with it, and many are accredited by it, but this is not yet a legal requirement. The profession is now working towards a voluntary agreement on minimum standards, ahead of statutory regulations that are due to be in place by 2009. At present, accreditation by the BACP is a guarantee that the counsellor has done a thorough training and has many hours of counselling experience under their belt. The BACP's Resources Directory and website lists counsellors by geographical area. (See *Useful organisations* on p. 31.)

Non-BACP counsellors may well have done a reputable training and be very experienced, but it's important to check this out with them, particularly if you look for a counsellor through an advert. Check the professional body they belong to and ask about their qualifications. Most adverts will state which type of counselling they practise and the range of fees they usually charge.

The BACP also lists counselling organisations. These are professional bodies, and sometimes training institutions, that will also be able to refer you to a suitable counsellor in your area, possibly after an assessment meeting. Again, not all counselling organisations are BACP-registered.

If you find a counsellor through your GP or through personal recommendation, you may already feel confident about them. It's never wrong, though, to ask about their professional membership or training. Even if you are seeing someone on the NHS, you may want to check this out.

Protection against bad practice

Each professional body has its own code of ethics and complaints procedure. Codes of ethics vary in their details, but all of them make it clear that a counsellor should never exploit the client financially, emotionally or sexually. They should also endorse a commitment to equal opportunities. The BACP can provide you with a copy of its code of ethics, and any counsellor should be happy to tell you about the code they abide by and the complaints procedure of their own professional body.

How much does it usually cost?

Counselling on the NHS, in a GP practice for instance, will be free. At a voluntary organisation, you should be able to negotiate a manageable fee, probably within a certain range. Typically, a full fee for someone working full-time would be around £35–40 per session. These organisations vary in how much they can accept as a low fee, but some will charge an unemployed person just a few pounds.

Private counsellors may also be happy to negotiate a fee with you, again depending on your circumstances. A typical full fee would be around £35–55 per session, while a reduced fee is unlikely to be less than £20. Those registered with the BACP (see p. 14) usually state their fee range in its Resources Directory and on its website.

It's important for you and your counsellor to arrive at a realistic assessment of what you can afford to pay. It reinforces your commitment to the counselling and ensures that you value it appropriately. For the same reason, your counsellor may ask that you pay for any sessions you miss (except when he or she is on holiday), and this means your session time can be kept open for you.

What's right for me?

You need to experience counselling before it can begin to make sense to you fully. But this makes it very hard to take a decision, in advance, about what type of counselling would suit you best. If you are paying for private counselling, you could see several counsellors for an introductory appointment, if you wanted to, before making a choice. If you are seeing a GP counsellor, this isn't usually possible. In the end, the most important thing is that you are sure of the counsellor's credentials and that you feel comfortable enough to work with them. The research evidence for different kinds of counselling is mentioned later (see p. 27). In many geographical areas, especially in rural areas or small towns, there is a limited choice of counselling and counsellors. You may have to travel to find something suitable.

When they first meet you, most counsellors will try to assess whether their kind of counselling would suit you. They do this by listening to your reasons for wanting counselling and the difficulties you are having. They may also regard the first session as a chance to see how you respond to their way of working. You may want to ask the counsellor about the differences between counselling models, and what they feel would help you. If you go to one of the professional organisations for an assessment (see p. 14), you may be considered for a wide range of counselling.

How long does it last?

Counselling can be either open-ended or time-limited, depending on where you go and whom you see. Most GP counsellors are funded to offer a maximum of 12 sessions, sometimes 6 or 8, while most private counsellors will take clients on for open-ended work. You can then decide, together, how much counselling you need and when it's right to stop.

Sometimes, even in private counselling, it can be very helpful to choose a focus for the counselling and work towards a specific ending. Most counsellors will assess this when they first meet you. During the first few sessions, the counsellor should make it clear whether or not the work is to be open-ended, and should discuss the length of the 'contract'.

Time-limited work may well clarify the problems that bring you into counselling, so you can decide whether further help would be a good idea. If you want to, ask to be referred for longer-term counselling or for psychotherapy, when the original counselling comes to an end.

Louise felt better able to cope with the loss of her father at the end of her eight counselling sessions with the GP counsellor. As she became less distressed, however, she started to think about how her relationship with her father had affected the way she lived her life, and especially the fact that she was constantly trying to please him. Even after his death, she was finding it hard to shake off the feeling that she should do what she thought he would want. His death made it particularly hard for her to cope with her angry feelings towards him, because it made her feel guilty.

The counsellor suggested she consider having longer-term counselling and gave her the name of a voluntary organisation, which provided counselling with a sliding scale of fees, and of a number of private counsellors in her area.

Is it confidential?

Counselling is always confidential, and this is an important part of the contract between client and counsellor, making it safe for the client. There are some exceptions, which allow the counsellor to work responsibly. Counsellors always discuss clients regularly with a supervisor (an experienced counsellor or psychotherapist), who also has to maintain confidentiality. Supervision is an essential part of the work and, indeed, it's seen as unethical for a counsellor to work without it.

If, under any circumstances, the counsellor is concerned about the client's safety or the safety of a third party, it may be necessary to inform the client's GP, psychiatrist (if applicable) or someone else. Most counsellors have a policy of informing the client of any action they intend to take, beforehand. They should all be happy to tell you their policy on confidentiality, up-front.

Many organisations have a policy of confidentiality to the organisation, so that no information goes outside it, but counsellors are free to discuss a case with the manager, when necessary. If your counsellor is working as part of a GP practice, confidentiality may apply to the practice as a whole, rather than to the individual counsellors, and this may mean that information is available to your GP. If this is the case, they should make it clear to you at the start.

Can I have counselling over the phone?

There are several telephone counselling or listening services, usually free. The Samaritans is probably the best-known service for adults and ChildLine for children. Both are open 24 hours a day and take calls from people distressed or anxious for any reason at all. (See p. 26, and *Useful organisations*, on p. 31, for more information.)

Other phone lines may specialise in bereavement, problems with addiction, serious mental health problems, domestic violence or the aftermath of rape. They can offer you anonymity, and may be a good source of information about other services that would help you. Calls may be one-off, but you may be able to speak to one particular counsellor, regularly, by phone, if you wish. For some people, this feels safer than seeing a counsellor face to face.

What's the difference between counselling and psychotherapy?

Counselling and psychotherapy differ in the length of time they may take and in their intensity. This means both the frequency and the psychological depth of the sessions. At one end of the scale would be brief counselling, once a week or less, for one particular problem. At the other end would be psychotherapy, three times a week or more, conducted over several years. (See Mind's booklet, *Making sense of psychotherapy and psychoanalysis*, listed under *Further reading*, on p. 34.)

However, much psychotherapy is done only once a week and can be limited to one or two years (particularly if it's on the NHS), while counselling can be open-ended, lasting for more than a year and going into greater depth than just addressing one issue. Clearly, there's a large area of overlap between the two. Psychotherapists have usually undergone a longer or more intensive training, however, equipping them to work in a more intensive way, with more sessions a week and with more deep-seated issues.

Counselling is often seen as most appropriate for people who have a particular difficulty they want to deal with, or who are reacting to a distressing or stressful event, such as a bereavement or divorce. Someone who has longer-term difficulties, which

can't be linked to any particular event, may perhaps be better suited to longer-term or deeper work, such as psychotherapy.

Counselling is regarded as more 'supportive' and psychotherapy as deeper-reaching. But the overlap between them means that people with long-term problems may work very successfully with a well-trained counsellor, once a week, over a longer period.

Does it make any difference if I am a user of psychiatric services?

If you are receiving help from the NHS for a mental health problem, such as ongoing depression or anxiety, or a psychotic illness, such as schizophrenia, you have the same access to counselling as anyone else, but you may also have additional sources of counselling available to you. You should talk to your GP, psychiatrist, Community Psychiatric Nurse (CPN) or care coordinator about having counselling. They will discuss with you whether they think it would be a good idea. When you meet the counsellor, be quite open about your involvement with psychiatric services, so that he or she can judge, accurately, whether they will be able to help you.

Your day hospital or day centre, if you attend one, may employ a counsellor. Ask your care coordinator or named worker about whom to discuss this with. CMHTs usually have counsellors or counselling organisations they can refer people to.

Some mental health service users need longer-term help than many counsellors can offer, particularly if it's through the NHS. Someone diagnosed with severe or long-term depression, schizophrenia or a similar problem, may benefit from open-ended counselling or more intensive psychotherapy. But others diagnosed with a psychotic illness may find that thinking about their difficulties in this deeper way is too disturbing, and

therefore unhelpful. This is something your psychiatrist can advise you about, although the counsellor would consider this carefully, too. The key factor could be how much support you have in your life, from friends and family as well as other professionals.

If you do work with a counsellor, he or she is likely to keep in touch with your psychiatrist, to make sure that, together, they are giving you the best kind of support. The possible effects on you of being a service user, such as having been in hospital or perhaps losing your job or home, could also be a focus for the counselling.

Taking medication, such as antidepressants, for a mental health problem needn't stop you from having counselling. If prescription medication helps you deal with difficult symptoms, such as distress, depressed feelings or anxiety, it may enable you to talk about your feelings or what is happening in your life in a way that wouldn't be possible otherwise. Tell your counsellor what you are taking, though, and let your GP know that you're having counselling.

Other mental health professionals may use the word 'counselling' for the kind of talking-based support they offer. It is quite common for the word to be used in this way. Even if the person is not a professional counsellor, they might be using counselling skills as part of their own role (as a nurse, for instance). They should be able to clarify this with you, if need be.

What should I do if I am in crisis?

Most counselling organisations have a waiting list, but some will see you for an assessment quite promptly. Similarly, while most practice counsellors also have a waiting list, you can discuss your difficulties with your GP as soon as possible, and he or she will advise on the best course of action. It may be quicker to find a private counsellor with space to see you, if you can afford this.

If you are struggling with suicidal feelings, you may want to call your GP or go to your local hospital's Accident and Emergency department. Alternatively, call a phone line (some of which operate 24 hours a day), such as Samaritans or ChildLine. This will give you the chance to speak to somebody immediately.

If you have very recently experienced a serious trauma, such as witnessing a violent death or being involved in a train crash, it's no longer thought advisable to have a one-off session of debriefing, where you talk through the event with a professional. Some studies have shown that it's not worthwhile, and may actually be unhelpful. However, different health professionals may support different theories about what is the best course of action to take in these circumstances.

What if I want a counsellor with a particular background?

Well-qualified counsellors are trained to work with people from a wide range of ethnic or cultural backgrounds and with a wide range of difficulties. Professional codes of ethics invariably include a commitment to equal opportunities, and counsellors are mindful about not discriminating on the grounds of ethnic group, gender or sexual orientation.

Carol, a young black British woman, was having difficulties in her relationship with her partner. Since he did not want to have couples counselling, she decided to find a counsellor for herself. She found out about an organisation offering counselling to black and Asian people, but as she had young children, she did not have time to travel to where the organisation was based. Instead, she found a private counsellor and arrived for her first session feeling dismayed that the white counsellor might not appreciate her position as a black woman in the UK.

For two sessions, she felt she had to be 'polite' to the counsellor, not admitting that she believed their experiences were worlds apart. In the third session, a comment from the counsellor led her to admit these difficult feelings, and she was surprised to find that the counsellor was prepared to listen to her fears. She started to feel able to trust her counsellor to respect her experience and empathise with her.

Some clients have a strong preference for finding a counsellor with whom they can identify in some way, perhaps by being of the same ethnic group, or being gay, or being female, because they feel more confident of being respected and understood. There are some organisations that are only for women, for gay men, lesbians, or people from a particular ethnic group. Even those without a special focus may still be able to respond to a request for a counsellor from a particular group. Other organisations stress that what is most helpful is to share your concerns about this with the counsellor you find or are allocated.

Most counsellors believe in not sharing personal information with their clients, to preserve professional boundaries. Unless they work for an organisation such as PACE, which provides counselling and psychotherapy specifically for gay, lesbian and

bisexual people, they may not choose to disclose their sexual orientation to you, even if you are concerned about it. Again, it can be most helpful to think, with them, about why you believe it's important and how you feel about the idea that they might or might not share your own sexual orientation.

There are a few organisations that provide counselling specifically for people who have been through a particular experience, such as bereavement. Some provide free or low-cost counselling to people (often women only) who have been raped or sexually abused, either recently or in the past, or who are suffering domestic violence. There are also telephone-counselling services with this focus. Refuges for women and children escaping domestic violence sometimes offer counselling.

Can I find a counsellor if I'm addicted to alcohol or drugs?

You are likely to need help from a service specifically focused on this kind of problem. Many counsellors believe that it's not helpful to offer someone general counselling if they are using alcohol or drugs heavily, or if they are dependent on them. This is because counselling involves thinking as well as feeling, and you won't be in a position to benefit from it at the moment.

You can seek addiction counselling through your GP or through a voluntary organisation such as Alcoholics Anonymous. (See *Useful organisations*, on p. 31.) Once you have regained control over the drinking or drug-taking, you will be better able to take advantage of counselling to address any issues underlying these activities. (Also see Mind's booklet *Understanding dual diagnosis*.)

What if I have an eating disorder?

Counselling may be helpful if you have a mild or moderate eating disorder, but you may require more intensive treatment if you have more severe difficulties. If your weight is extremely low, this will have to be addressed before you are ready to think about the factors leading up to your current predicament.

You can get help through the NHS, starting with your GP. You may be offered a combination of different kinds of intervention, including counselling or psychotherapy, as part of a package to help you look after both your body and your mind. There are also voluntary organisations that offer help with eating disorders. (See *Useful organisations*, on p. 31 and *Further reading*, on p. 34.)

How can children or young people get help?

Many schools now offer counselling. This is normally confidential, although there are certain exceptions to this rule, to do with child protection, for instance. Counselling and psychotherapy services for children and young people may also be accessed through your GP.

ChildLine, the telephone counselling service for under-18s, also offers advice to concerned adults. Children do not need to give their names and often appreciate the anonymity of the call. They may make just a single call or, if they wish, may phone a named ChildLine counsellor on a regular basis. (See *Useful organisations*, on p. 31, for more information.)

What if I'm looking after a relative or friend who has mental or physical health problems?

If you are suffering from the stress of helping someone else, or distress at seeing their difficulties, you may want to talk to someone about it. Who you talk to depends on whether you want time and space for yourself, or strategies for coping with your friend or relative's problems.

If you are the main support, or carer, for a friend or relative receiving help under the Care Programme Approach (CPA), you should be entitled to an annual assessment of your own needs by the Community Mental Health Team or your GP. CMHTs should be able to give you information about the nature of the person's mental health problem and how it affects them.

There are many carers' support groups, where people can share their experiences. Carers' charities can put you in touch with a group near you. They are also a very valuable source of information and support themselves. (See *Useful organisations*, on p. 31 and *Further reading*, on p. 34, for more information.)

Being involved with someone who has serious or long-term mental or physical health problems can be very demanding emotionally. You may welcome some counselling yourself, where you and your own feelings can be the centre of attention, especially if you have been dealing with your relative or friend for many years. Social services may be able to organise 'cover' so that you can access support or counselling.

Is there evidence that counselling works?

There has been relatively little research into counselling until recently, so it's difficult to assess exactly how effective it is in comparison with other services. This lack of research partly explains why counselling can be difficult to find on the NHS. The NHS is concerned to deliver services that have an 'evidence base', where scientific studies have established that the services or treatments work well. Standard scientific methods are used to show, for example, how well a drug works for a particular illness. Counsellors and psychotherapists often feel that this is not a good way of judging the type of work they do.

Another reason why there isn't more research is lack of funding. Research needs to be able to follow up clients for some time after the end of their counselling, to see how they are getting on, and this is relatively expensive.

Where studies have been carried out, it's usually of counselling in GP practices. One review concluded that there was little evidence to demonstrate how successful counselling was, partly because studies tended to include counsellors working in a variety of ways and with a wide variety of clients. But it did suggest that counselling based on specific models of psychotherapy might be more effective than counselling using general counselling skills, and that it was more effective for milder psychological difficulties. The Department of Health (DoH) is currently encouraging Cognitive Behavioural Therapy to be used as it is seen as producing results in a relatively short period (6–12 sessions).

According to the Department of Health, the people who are likely to get the most from counselling include those who are adjusting to life events, losses or illness, along with those suffering from anxiety, depression or general psychological distress. They recommend that people suffering from severe mental health

problems should not have generic counselling (counselling not based on a particular model). But the DoH also notes that some professionals believe counselling may be helpful for such problems, if it's supportive and offered alongside other forms of help from health services.

Because there isn't very much evidence about who might benefit from what, it's still very much open to the individual to decide which counselling approach to try. There is very clear evidence, however, that the quality of the relationship between the client and the counsellor is very important. This doesn't mean there should be no conflict or difficulty in the relationship, but that client and counsellor should agree on the basic goals of the counselling and feel committed to working together, in spite of any difficulties.

Will I feel better straight away?

Some people feel an immediate sense of relief when they begin counselling, maybe because they are being listened to for the first time, or because they have been struggling for a long time. Other people may feel more anxious or distressed when they start, because they have to pay attention to difficult feelings that, in some way, they would prefer to ignore. In this situation, they may feel worse before they start to feel better. It's always best to share with the counsellor any concerns you have about how you are reacting to the counselling.

What should I do if I am not happy with the counselling?

In the first place, you should try to talk about how you are feeling as honestly as possible. Counsellors are trained to work with difficult feelings, including anger. If you are feeling angry with him or her, it can be very important to say so.

If you are still not happy, particularly if you feel that the counsellor has breached a professional boundary, for instance, by encouraging social contact outside of sessions or sexual contact at any time, then it's possible to make a complaint to their professional body (see p. 15, above). Your counsellor should tell you the name of their professional body and how to pursue a complaint, if you wish to do so. You may also want to consider contacting Witness, an organisation that specialises in tackling abuse by health and social care professionals (see p. 33).

How will I know when it's time to stop?

In open-ended counselling, it will be up to you and your counsellor to decide when to stop. There may be a practical reason that brings it to a close, such as moving to a new area. Otherwise, your counsellor will try to decide with you about an ending, based on what you wanted to achieve and your state of mind.

People sometimes feel quite dependent on their counsellor, and this can make them anxious. Counsellors should never exploit these feelings (and most professional codes of ethics state this clearly). Rather, they are trained to help you to deal with the often difficult feelings that come up when facing endings. This may be the most crucial part of your work together.

References

Treatment choice in psychological therapies and counselling: evidence based clinical practice guideline (Department of Health 2001)

'*Counselling and primary care interventions*' in *What works for whom? A clinical review of psychotherapy research* A. Roth, P. Fonagy (Guilford Press 1996)

Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or *MindinfoLine* on 0845 766 0163

Alcoholics Anonymous

PO Box 1, 10 Toft Green, York YO1 7ND

helpline: 0845 769 7555

web: www.alcoholics-anonymous.org.uk

For anyone who may have a drinking problem

beat (formerly Eating Disorders Association)

103 Prince of Wales Road, Norwich NR1 1DW

adult helpline: 0845 634 1414 youthline: 0845 634 7650

web: www.edauk.com

Support and understanding around eating disorders

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel. 0161 797 4484 web: www.babcp.com

Can provide details of accredited cognitive behaviour therapists

British Association for Counselling and Psychotherapy (BACP)

tel. 0870 443 5252 web: www.bacp.co.uk

The umbrella organisation for counselling in the UK with details of local practitioners

Carers UK

helpline: 0808 808 7777

web: www.carersonline.org.uk and www.carerswales.org

Information and advice on all aspects of caring

Childline

Freepost NATN111, London E1 6BR

helpline: 0800 1111 textphone: 0800 400 222

web: www.childline.org.uk

24-hour helpline for children and young people

Cruse Bereavement Care

PO Box 800, Richmond, Surrey TW9 1RG

helpline: 0844 477 9400 web: www.crusebereavementcare.org.uk

For anyone affected by a death

Foundation for Psychotherapy and Counselling (FPC)

607 The Chandlery, 50 Westminster Bridge Road, London SE1 7QY

tel. 0845 603 1960 web: www.psychotherapy-counselling.org

National referral network of 700 counsellors and

psychotherapists. Find a therapist online or telephone for help from their referrals manager.

Nafsiyat

Top Floor, 262 Holloway Road, London N7 6NE

tel. 020 7686 8666 web: www.nafsiyat.org.uk

For people from diverse backgrounds. Based in North London, providing intercultural psychodynamic psychotherapy.

PACE

34 Hartham Road, London N7 9JL

tel. 020 7700 1323 web: www.pacehealth.org.uk

Counselling for lesbians and gay men

Witness (formerly POPAN)

32–36 Loman Street, London, SE1 0EE

helpline: 08454 500 300 web: www.popan.org.uk

Works against abuse by health and social care workers

Relate

tel. 0845 456 1310

web: www.relate.org.uk

Network of counselling centres for adults with relationship difficulties

Rethink (formerly NSF)

28 Castle Street, Kingston upon Thames KT1 1SS

advice line: 020 8974 6814 web: www.rethink.org

For everyone affected by severe mental illness

Samaritans

Chris, PO Box 9090, Stirling, FK8 2SA

helpline: 08457 90 90 90 minicom: 08457 90 91 92

email: jo@samaritans.org web: www.samaritans.org

24-hour emergency telephone helpline

United Kingdom Council for Psychotherapy (UKCP)

tel. 020 7014 9955 web: www.psychotherapy.org.uk

Umbrella organisation for psychotherapy in the UK, and providing a list of practitioners

WPF Network

23 Kensington Square, London W8 5HN

tel. 020 7361 4864, web: www.wpfnetwork.org.uk

Networks of counselling centres in local communities

Further reading and order form

- How to accept yourself* W. Dryden (Sheldon Press 1999) £7.99
- How to cope as a carer* (Mind 2006) £1
- How to cope with panic attacks* (Mind 2006) £1
- How to cope with relationship problems* (Mind 2006) £1
- How to cope with suicidal feelings* (Mind 2007) £1
- How to help someone who is suicidal* (Mind 2004) £1
- How to improve your mental wellbeing* (Mind 2006) £1
- Learn to balance your life* M. Hinz, J. Hinz (DBP 2004) £10.99
- Living with loss and grief* J. Tugendhat (Sheldon 2005) £7.99
- Making sense of cognitive behaviour therapy* (Mind 2007) £2.50
- Making sense of psychotherapy and psychoanalysis* (Mind 2004) £2.50
- Understanding anxiety* (Mind 2006) £1
- Understanding bereavement* (Mind 2005) £1
- Understanding childhood distress* (Mind 2007) £1
- Understanding depression* (Mind 2007) £1
- Understanding dual diagnosis* (Mind 2007) £1
- Understanding eating distress* (Mind 2007) £1
- Understanding mental illness* (Mind 2006) £1
- Understanding schizophrenia* (Mind 2005) £1
- Understanding talking treatments* (Mind 2005) £1
- When someone you love has depression* B. Baker (Sheldon Press 2003) £7.99

For a catalogue of publications from Mind, send an A4 SAE to the address below.

If you would like to order any of the titles listed here, please photocopy or tear out these pages, and indicate in the appropriate boxes the number of each title that you require.

Please add 10 per cent for postage and packing, and enclose a cheque for the whole amount, payable to Mind. Return your completed order form together with your cheque to:

Mind Publications
15–19 Broadway
London E15 4BQ
tel. 0844 448 4448
fax: 020 8534 6399
email: publications@mind.org.uk
web: www.mind.org.uk
(Allow 28 days for delivery.)

Please send me the titles marked opposite. I enclose a cheque (including 10 per cent for p&p) payable to Mind for £

Name

Address

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Tel.

Mind's mission

- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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**For better
mental health**