

Treatments for Severe Mental Illness

A Practical Guide

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hafal for people
with severe
mental illness

Hafal is a charity run by the people it supports: people with severe mental illness and their carers.

Based on the experiences of the hundreds of clients we have supported towards recovery, our Recovery Programme is founded on the belief that in order to be effective, treatment for severe mental illness should take into account all areas of a person's life. In Part 3 of this brief guide, we look more closely at this **"Whole Person Approach"**.

In Part 1 and Part 2 of this guide, we look at the **direct** treatments for severe mental illness: **psychological therapies** and **medication**.

IMPORTANT: This is for general guidance only. Any decisions about treatment should be discussed and agreed with your doctor who can also advise on new information or treatments that have become available since publication.



Psychological therapies or medical treatment?

Historically there has been polarised debate about the treatment of severe mental illness. One view held that mental illness is caused by a disordering of thoughts and feelings brought about by life experiences. Those who agreed with this view saw it as logical to treat a severe mental illness mainly through a "social model" of care – **psychological therapies** which enable a patient to rebuild emotional structures and 'reorder' their thinking. In its more vigorous form this view was sometimes called "antipsychiatric".

By contrast a "pro-psychiatric" or "medical" view held that severe mental illness was a result of problems with the brain's chemistry and may also be a result of inherited, genetic problems. This view argued that severe mental illness was best treated mainly with **medication** or other physical interventions that make chemical/physical changes to the brain.

Hafal bases its view on the experience of our members: we believe that both of these positions over-simplify the causes of severe mental illness. We know that the causes of severe mental illness remain unclear, but that there are probably aspects both of the brain's chemistry **and** the disordering of thought that contribute to illness. The sensible conclusion must be that **both psychological therapies and medication** can play important roles in directly treating a severe mental illness.

Additionally Hafal's members know that severe mental illness itself can cause emotional problems, anxiety and strained relationships: such problems can usefully be addressed through psychological therapies.

So just as medical treatment is generally standard for a person with a severe mental illness, psychological therapy should be too – as well as all the other aspects of recovery detailed in Part 3 of this Guide.

Part 1: Psychological Therapies

Hafal's view

Hafal believes that all people with severe mental illness should have access to a range of psychological therapies (also known as “talking therapies”).

Hafal is concerned that there remains an imbalance in mental health services which do not give sufficient weight to psychological therapies. For example, Hafal believes that many patients would gain from in depth counselling and psychotherapy over and above the limited recommendations of NICE (the National Institute of Clinical Excellence).

Hafal also believes that there is a need to promote a culture in mental health services of kind and listening contact by all staff in relation to clients. This means giving those staff the training, direction and time to engage properly with clients.

Because psychological therapies are not as readily available to people with severe mental illness as medication, they must often be paid for privately. This is an unacceptable situation and we advise patients who have to pay for their own psychological therapies to complain to their Local Health Board. We also advise people who pay privately for psychological therapies that they choose their therapist or counsellor very carefully, using the websites/numbers listed at the end of this section.

A word about carers and families: carers can be concerned that psychological therapies may invite patients to explore difficulties in childhood and family life. This is understandable and carers may themselves want to seek help in dealing with issues that may arise. However, we suggest patients and families alike focus on recovery as the shared objective, rather than seeking to blame.

Psychological therapies: overview

• What are psychological therapies?

Psychological therapies provide a way of treating a range of mental disorders by talking with a trained therapist. They help people to better understand their problems and make changes; in-depth therapies focus on identifying underlying causes of mental illness. There is a range of different psychological therapies available and many overlap with each other.

• What happens when I get psychological or talking therapy?

Typically every one or two weeks, the client talks with the therapist for about 50 minutes in a quiet room. If it's group therapy, this will be with a group of people with similar problems. If it's family therapy one or more family members or people close to you may be there too. The therapist listens sympathetically and non-judgementally. In a hospital setting therapy could be more intensive though this may not be offered and you may need to be persistent in seeking talking therapy options. There are also therapeutic housing services or communities where the main therapeutic approach is through a talking therapy.

• Is everything I say kept confidential?

There is a duty of confidentiality, but if you reveal something that is likely to lead to serious harm to yourself or others, your therapist may feel they have to share that specific information. A therapist may also share some details of your conversation with a supervisor, as this is good practice in ensuring you get the best treatment. All this should be set out and agreed with you before the treatment commences.

• Can I be too ill for psychological therapy?

Hafal does not believe anybody is “too ill” for psychological therapies. However, it is important that therapists have the necessary training and experience to help people who are very ill. It is sometimes said that talking therapies are inappropriate for people who are very ill but this is based on a misunderstanding: a skilled psychotherapist can engage successfully with patients when they are experiencing psychosis, for example by building confidence and mitigating distress through personal contact. In fact much would be achieved if talking therapies were routinely available to those experiencing psychosis and in distress with severe mental illness.

- **How long will it take?**

That depends on the therapy. Counselling sessions may range from a one-off session to a period of several months, depending on your needs. Psychological therapies such as cognitive behavioural therapy (CBT) which is used to treat symptoms may only last for two or three sessions (although it usually lasts longer). More in-depth psychotherapy will be most beneficial if it is continued over long periods.

- **How do I access these treatments?**

Your GP, psychiatrist or Care Coordinator will usually be your route to a talking therapy on the NHS. If you have a severe mental illness, you should have ready access to talking therapies and may need to remind them of that. Be persistent in getting this treatment if you think it is for you. Local voluntary organisations may also offer free or low-cost therapy or counselling. You can find them in the phone book or online.

- **Making treatment work**

Whatever the talking therapy, it has been found that for the therapy to succeed, it is important that the relationship between the therapist and the client works well. If you do not feel comfortable with a therapist then it is difficult to work with them. This may or may not be because of anything the therapist has done; sometimes a relationship just does not work. If you are uncomfortable with your therapist ask if you can see someone else. Either talk to the therapist or see your GP, psychiatrist or Care Coordinator to ask for another referral.

You do need to be prepared to commit yourself to this type of therapy and will need to work at it. It will not always be easy and things may get worse before they get better. It is a good idea to agree at the outset what your goals are and how you will measure progress. If things become stuck and you stop making progress, discuss this with your therapist and agree what you both will do to change this. It may be that you would be better seeing someone else, or maybe the same therapist will try something different. It is important to complete your treatment so keep going even when it seems difficult or if you don't make progress every time you go.

- **Complaining about treatment**

If you feel the therapy you are receiving is abusive or damaging, stop going immediately. You may then wish to contact the therapist's professional body or a support group like WITNESS (helpline number: 08454 500 300; website: www.popan.org.uk) about making a complaint. If you have a less severe grievance

but still feel unhappy with the therapy you are receiving, it is a good idea to discuss it with the therapist in the first instance, if you feel able to do that.

To ensure you are treated by a properly trained therapist find one via the relevant professional body, especially if you have not been referred by your GP, psychiatrist or Care Coordinator (see below). You can also ask about their qualifications when you first see them.

- **Are there any risks involved?**



There is a risk as you may find that focusing on your problems makes them worse, or brings out strong emotions, especially if you receive the wrong therapy at the wrong time. There may be a negative impact on your relationships with those close to you or you may feel you are becoming dependent on the therapist. However a good therapist should help you deal with these issues so that you can still benefit from the treatment.

- **Where can I go for more information?**



Association for Family Therapy and Systemic Practice in the UK

 www.aft.org.uk  01952 444 414



British Psychoanalytic Council

 www.bcp.org.uk  020 7267 3626



British Association of Counselling and Psychotherapy

 www.bacp.co.uk  0870 443 5252

United Kingdom Council for Psychotherapy

 www.psychotherapy.org.uk  020 7014 9955

British Association of Behavioural and Cognitive Psychotherapies

 www.babcp.com  01254 875 277

Below we look more closely at individual psychological therapies and what they can be used for when treating severe mental illness.

Guide to psychological therapies

• In-depth psychotherapy

Psychotherapies offer some of the more in-depth talking therapies that attempt to get to the root of emotional problems and to uncover and address possible causes of mental illness. Psychotherapies tend to be longer-term talking therapies (sometimes years long). Some models of psychotherapy are summarised below. Some therapists follow one model strictly but many will use one or more models to find the best treatment for an individual.

Name	What happens?
Psychoanalysis	The therapist will listen to you as you describe your thoughts and then analyse what you say and the way you relate to them, trying to reveal the underlying meaning. As this therapy 'digs deep' and attempts to unearth deeply hidden, negative thoughts and behaviours, it can be a long but revealing process.
Transactional Analysis	Transactional Analysis is concerned with the way in which individuals interact with one another (their 'transactions'). It identifies 3 ways of relating to people: as a Child, an Adult and a Parent. The therapist analyses the role taken on by the client in relating to other people (and examines their past) and encourages them to take on an "Adult" role in order to be able to build healthier relationships and overcome problems.
Other psychotherapies	There are numerous other forms of psychotherapy. These include: Humanistic Therapy: where you are encouraged to find your own solution as mental illness is seen as the result of the difference between your 'real self' and your 'ideal self'. The focus is on how you feel, not why you feel as you do, and you do not work towards concrete goals. Psychodynamic therapy: this uses a number of different techniques to identify problems in behaviour that developed in childhood, deal with the problems caused by that behaviour, and change the behaviour itself. Existential therapy: this is based on the idea that every person is self-standing and able to make their own choices. It works by helping clients to become more positive and purposeful in approaching their life.

- **Counselling**

Counselling and psychotherapy are on a continuum where counselling tends to be short term and psychotherapy is longer term. There are many theoretical models of counselling and psychotherapy and all of them use counselling skills to facilitate self understanding. However, counselling in itself tends to focus on immediate problems and on finding ways of coping with them rather than changing the way you think, for example, or exploring the deep-seated causes behind your problems.

Name	What happens?
Counselling	You discuss your thoughts and feelings about what is happening and the therapist helps you find ways to understand and cope with your problems. The therapist may give practical advice but generally plays a supportive role, allowing you to find your own solution.
Family and Systemic Therapy	Families are helped to develop communication skills and coping methods. It is not about blaming people but trying to understand the problems that arise from how the family or 'system' works. For schizophrenia, the family (including the patient) is also given information to help reduce the chance of relapse. There is usually a pair of therapists involved.

- **Cognitive Behavioural Therapy (CBT) and Cognitive Analytic Therapy (CAT)**

CBT is recommended by NICE for the treatment of severe mental illness, and it focuses on symptoms.* Rather than unearthing causes of a mental illness or letting the client release their feelings, the goal is to change the way a client thinks about a particular thing in order to solve a specific problem. Like CBT, CAT is based upon changing behaviour, although it is different in that it involves looking into a client's past in order to identify poor coping habits.

Name	What happens?
Cognitive-Behavioural Therapies (CBT)	CBT targets patterns of behaviour that are holding a client back. You gradually learn new ways of thinking and/or behaving to change how you feel and act. Sessions are structured and you set goals with the therapist. You continue to work on these in between sessions.
Cognitive Analytic Therapy (CAT)	This involves the therapist working with the client to explore their past and understand what has hampered their approach to life previously, and how they can learn from this to make progress in the future. It is used to treat illnesses such as depression, anxiety and personality disorders.

- **Hypnotherapy** (a "complementary" therapy which is essentially a type of talking therapy)

Name	What happens?
Hypnotherapy	Involves inducing a relaxed, hypnotic state and accessing the subconscious mind so that memories are more easily retrieved, and healing suggestions can be absorbed.

*NICE guidelines are used by doctors in the NHS to decide what treatment may be suitable for patients.

Part 2: Medication

Hafal's view

Medication forms a significant part of treatment for many patients with severe mental illness. Hafal advises that whatever medication you are taking for your illness it is **always** worth asking your doctor or pharmacist if anything else might work better. If you are being prescribed medication for the first time tell your doctor you want to exercise choice in your recovery – with the doctor's advice, of course – taking into account the differences between the various medications.

We believe that the decision you make with your doctor about which medication is best for you should be based on three factors: **effectiveness**, **management issues** and **side-effects**.

- The **effectiveness** of a medication is simply a measure of how well it has been found to treat the symptoms of a mental illness; however, bear in mind that ultimately what works may often depend on the individual.
- **Management issues** include a number of things, from dosage (which might be “split” – i.e. taken in two or three doses each day) to monitoring (you may need to have blood tests). Management issues may cause some inconvenience but this may be worth living with if the outcome is better.
- Only you know what are acceptable or unacceptable **side-effects** of a medication – this should be substantially **your judgement**. If you find out that the side-effects of your new medication are unacceptable, ask for a different one. If you have any side-effects and you believe you would be better off with a different medication make this point to your doctor. We also advise that the **minimum effective dosage** of a medication should be prescribed so that the risk of side-effects is minimised. Ask your GP or pharmacist for further information.
- Ideally your medication should be reviewed periodically – at least annually. It is essential that when it is reviewed, you ask questions and **exercise choice** – with your doctor's advice.

Medication overview

• How do medications for mental illness work?

Medications work by affecting the chemicals involved in the brain's functioning. Many are developed to directly target the symptoms of severe mental illness; others are preventative.

• How long will medications take to work?

The amount of time a medication will take to work depends on what it is, and upon the individual taking it. Most can take at least a few days to work; some may take several weeks. However, we advise that you give your medication a chance to succeed even if this takes some time, as it may be worth it in the long run.

• What can I do to help the medication work?

The most important thing is to comply fully with the programme of medication you have been prescribed. This means taking your medication properly as directed by your doctor or pharmacist and giving it a chance to work. However, we advise that you tell your doctor if there are any unwanted side-effects as soon as possible.

• Where can I go for more information?

Hafal has produced a guide to atypical antipsychotic medications for schizophrenia called **Your Choice**. This is available at www.hafal.org, or by calling us on 01792 816 600. Other useful information on medications for severe mental illness can be found at the following websites:

www.nmhct.nhs.uk/pharmacy/drug_idx.htm A useful directory provided by the pharmacy service within Norfolk and Waveney Mental Health Partnership NHS Trust

www.bbc.co.uk/health/conditions/mental_health An easy-to-follow BBC guide to medications for mental health

Guide to medications

Antipsychotics

• What are they prescribed for?

Antipsychotics are prescribed to relieve the symptoms of **psychosis** (losing touch with reality) which can often occur when a person has schizophrenia, and sometimes when a person has bipolar disorder. Their therapeutic effectiveness seems to depend on how they stabilise two neurotransmitters, serotonin and dopamine, which are chemicals that convey messages in the brain. Antipsychotics are split into two categories: **typical antipsychotics** and **atypical antipsychotics**.

• What's the difference between typical and atypical antipsychotics?

Typical antipsychotics are the older generation of antipsychotics; atypical antipsychotics are the newer generation. Atypical antipsychotics have been generally found to have a different set of side effects to typical antipsychotics, and these side effects might not be as troublesome to the client. However, typical antipsychotics are still prescribed and may work well for some patients. If you are taking a typical antipsychotic and you are experiencing side effects unacceptable to you, we advise that you talk to your doctor about changing to an atypical antipsychotic.

	Medication names	Main side effects
Typical antipsychotics	Benperidol (Anquil), Bromazine, Chlorpromazine (Largactil), Fluphenazine (Moditen, Modecate), Fluspirilene (Redeptin), Haloperidol (Haldol), Methotrimeprazine/levomepromazine (Nozinan), Pericyazine (Neulactil), Perphenazine (Fentazin), Pimozide (Orap), Pipothiazine (Piportil), Sulpiride (Dolmatil, Sulpitol), Thioridazine (Melleril), Trifluoperazine (Stelazine)	<p><i>Extrapyramidal' side effects which include:</i></p> <ul style="list-style-type: none"> • Side effects which resemble Parkinson's disease such as tremor, shaking hands, difficulty in walking, a mask-like expression on the face. • Muscular side effects where the muscles feel very stiff and can go into spasm, particularly the muscles of the eyes and the neck. • Feelings of restlessness both inside the body and of the legs (often called "restless-legs syndrome"). • Long term side effects called tardive dyskinesia which result in facial movements such as the tongue poking out or smacking the lips together and odd movements of the arms and legs. <p><i>Hormonal side effects which include:</i></p> <ul style="list-style-type: none"> • Menstrual irregularity. • Development of breast tissue and the production of milk in both men and women. • Sexual dysfunction. <p><i>A range of other side effects which include:</i></p> <p>Sedation (feeling drowsy), dry mouth, blurred vision, constipation, problems with passing water, weight gain, postural hypotension (which means you can feel giddy or faint when you stand up quickly) and cardiac problems.</p>
Atypical antipsychotics	Amisulpride (Solian), Aripiprazole(Abilify), Clozapine (Clozaril), Olanzapine (Zyprexa), Quetiapine (Seroquel), Risperidone (Risperidal), Zotepine (Zoleptil)	<ul style="list-style-type: none"> • Sedation, which can make it difficult for people to get up in the morning. • Weight gain – this varies depending on which drug you are taking; it seems to be more of a problem with clozapine and olanzapine. • Metabolic syndrome: a number of these drugs seem to cause some problems with blood glucose levels resulting in a person developing type II diabetes, although this is complicated by the fact that people with schizophrenia are more likely to become diabetic. The medication can also cause hyperlipidaemia (the presence of too much fat circulating in the blood). • The atypical antipsychotics are less likely to produce the extrapyramidal side effects and hormonal side effects described above for the typical antipsychotics although it does depend on the drug.

Mood Stabilizers

• What are they prescribed for?

Mood stabilizers are used in the treatment of Bipolar Disorder (Manic Depression) and also Schizoaffective Disorder – this is when someone may experience some of the symptoms of schizophrenia such as delusions, paranoia and hallucinations and also have a problem with their mood being either high or low. Mood stabilizers are normally used when a person has experienced a couple of episodes of illness. They are then used to prevent the illness coming back so it is often recommended that they are taken long-term.

• What drugs are available?

A number of drugs are licensed for the treatment of Bipolar Disorder.

Name	Details	Main side effects
Carbamazepine	This is an anticonvulsant used for the treatment of epilepsy. It is licensed for use in Bipolar Disorder when lithium cannot be taken. The brand names include CarbagenSR, Tegretol and Tegretol Retard. SR and Retard means that it is a sustained release form which results in the drug being released over a period of time. This doesn't affect how well it works but does reduce some of the side effects.	Main side effects are nausea, rashes, drowsiness and dizziness. It can also cause blurred or double vision, dry mouth and constipation. Occasionally carbamazepine can cause a reduction in white blood cells. These are responsible for fighting infection. You should have your blood checked periodically to check the white cell count. If you suddenly develop a very sore throat and feel really unwell it's a good idea to go to the doctor to have your white cell count checked.
Lithium	This is licensed for the treatment of both acute mania and maintenance therapy. It is also used in treatment resistant depression. Brand names include Priadel, Liskonum, and Camcolit. Lithium is a very well tolerated drug but it is important to have the level checked regularly to ensure it is within the therapeutic range. This is normally done every six months. Before starting lithium treatment it important that the doctor takes a blood sample to establish that everything is normal and that the kidneys are working properly. It is also important to check the thyroid and continuing checking it every year as lithium can cause damage to the thyroid gland.	The first signs that the lithium level is too high are nausea, vomiting and tremor so if this occurs it's important to go and see the doctor. The other main side effects are passing a lot of water, being thirsty, weight gain, and shaking of the hands. There are some important drug interactions so whenever any medication is prescribed it's useful to check with the doctor that there are no problems. When buying tablets over the counter always check with the pharmacist. Ibuprofen (for example Nurofen) should not be taken for pain as it can increase lithium levels.
Valproic Acid	Valproic Acid (Depakoate) is licensed for the treatment of both acute mania and maintenance. Sodium Valproate (Epilim, Epilim Chrono) is an anticonvulsant used for the treatment of epilepsy. It is not licensed for the treatment of mania but is often used as when the drug is in the body it works in the same way as Valproic Acid. The dose is increased very rapidly over the first three days to treat an acute episode.	Side effects include stomach problems, weight gain, hair loss (hair grows back but it is sometimes curly) and shaking. At the beginning of treatment valproic acid can sometimes affect the liver but this normally sorts itself out over a few weeks. It can sometimes affect how the blood clots so if you suddenly start bruising it's worth going to the doctor for a blood test.

A number of atypical (second generation) antipsychotics are also licensed for the treatment of Bipolar Disorder. These include Olanzapine (Zyprexa), Quetiapine (Seroquel) and Risperidone (Risperdal). There are also a number of other drugs used to treat Bipolar Disorder but are not licensed. These include:

Name	Details	Main side effects
Lamotrigine	Lamotrigine (Lamictal) is another anticonvulsant used to treat epilepsy. It is also used to treat people with Bipolar Disorder where depression is much more of a feature	The main side effects include rashes, drowsiness, double/blurred vision, nausea and headache.

Topiramate and **Gabapentin** (both anticonvulsants) have also been used in Bipolar Disorder but with limited success.

Antidepressants

• What are they prescribed for?

Antidepressants can be prescribed if a person with a severe mental illness is feeling depressed, or if depression is the problematic part of bipolar disorder. There are several different varieties of antidepressants, and what will work depends very much on the individual patient (side effects also vary from person to person). Other side-effects can occur when you stop taking the medications, and antidepressants can have negative interactions with some other medications such as antipsychotics. Antidepressants can take a few weeks to work and you can be on them long-term. Some antidepressants are not suitable for people under 18. The following are the main types of antidepressants, although others are available:

Name	Details	Main side effects
SSRIs (Selective Serotonin Reuptake Inhibitors). The drugs included in this group are Fluoxetine (Prozac), Citalopram (Cipramil), Escitalopram (Cipralext), Sertraline (Lustral) and Paroxetine (Seroxat)	SSRIs are the first choice of antidepressant when someone is diagnosed as having depression. They are much better tolerated than the older drugs. They are normally taken once a day in the morning.	The main side effects are nausea and vomiting. They can also make people feel slightly more anxious in the first week but this normally wears off after a few days. There is debate as to whether SSRIs (and SNRIs – below) may pose a slightly increased risk of suicide. They can also cause insomnia, sometimes drowsiness, weight loss, tremor and sexual problems.
SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors). The two drugs in this group are Venlafaxine (Effexor) and Duloxetine (Cymbalta)	These drugs are normally used for more severe depression, which hasn't responded to the SSRIs.	They have very similar side effects to the SSRIs. They can sometimes cause the heart to pound.
Tricyclic antidepressants (TCAs). The drugs in this group are Amitriptyline (Tryptizol), Clomipramine (Anafranil), Dothiepin/Dosulepin (Prothiaden), Doxepin (Sinequan), Imipramine (Tofranil), Lofepamine (Gamanil), Nortriptyline (Allegron) and Trimipramine (Surmontil)	These are much older antidepressants and are now normally used when other antidepressants haven't worked.	The main side effects include dry mouth, constipation, blurred vision, drowsiness, weight gain, problems with passing water. They are dangerous in overdose and they cannot be given to people who have certain physical illnesses.
Monoamine Oxidase Inhibitors (MAOIs). The drugs in this group are Phenelzine (Nardil), Tranylcypromine (Parnate) and Isocarboxazid (Marplan)	These are also older antidepressants. They are only used in treatment resistant depression and are normally prescribed by psychiatrists who specialise in this area.	They have very similar side effects to the tricyclic antidepressants. They also have one very serious side effect in that they can interact with certain foods such as cheese and marmite and result in the blood pressure going up so people who are taking these drugs will have a card which explains all the problems.

There are also a couple of other antidepressants which are not included in the groups above:

Mirtazepine (Zispin): This can be used on its own or is sometimes used with venlafaxine to increase the anti depressant effect. The main side effects are sedation and weight gain

Trazodone (Molipaxin): This is often used to aid sleep because it causes sedation

Reboxetine (Edronax): This is used to improve mood and treat the symptoms of anxiety.

A few facts about antidepressants:

- They take a couple of weeks to work, even longer in people who are older but you get the side effects straight away
- You do not become addicted to antidepressants in a **physical** way (withdrawal should not create a physical craving) but it's a good idea to reduce them gradually if you're stopping them and have a word with your doctor before you stop them
- Some people may need to take antidepressants for a long time.

“Complementary” Medicines

Hafal does not recommend ‘complementary’ therapies as alternatives to conventional medications and there is presently little evidence of their effectiveness in treating severe mental illness. Complementary medicines can have side effects or cause complications alongside other medications so advice should be sought before using them.

Therapy name	What it involves
Herbal medicine	Medicinal extracts of herbs have been used to treat mental illness but there is little evidence of effectiveness. There is evidence that St John’s wort is mildly effective in mitigating depression though this and many other herbal remedies can have side effects and should be administered under advice. Herbal medicines can be administered in a number of different forms, including tablets and ointments.
Homeopathy	To treat a condition, tiny doses of minerals that would produce the same symptoms in a healthy person are administered. Has been used as a long-term complementary therapy for people with severe mental illness taking antipsychotic medication, although there is no compelling evidence that it is beneficial in this role. Has also been used for depression.
Nutritional therapy	Using diet to treat ailments and prevent illness by rectifying any vitamin, mineral and other nutrient deficiencies or “imbalances”. Evidence is limited but some studies suggest that, when taken with a standard mood-stabilizing drug, omega-3 fatty acids can be effective in the treatment of bipolar disorder.

Part 3: the whole picture

Recovery is for everybody. Everyone can make significant steps to regain or enhance mental health and achieve a better way of living. It is the right of those who experience mental illness – and a duty which they owe to themselves – to make improvements in all areas of their lives which together contribute to mental health.

Psychological therapies and medications can each play a very important part in recovery from a severe mental illness, but to be effective, recovery requires a much broader approach. Hafal's clients have found that recovery depends on the three components in the following diagram:



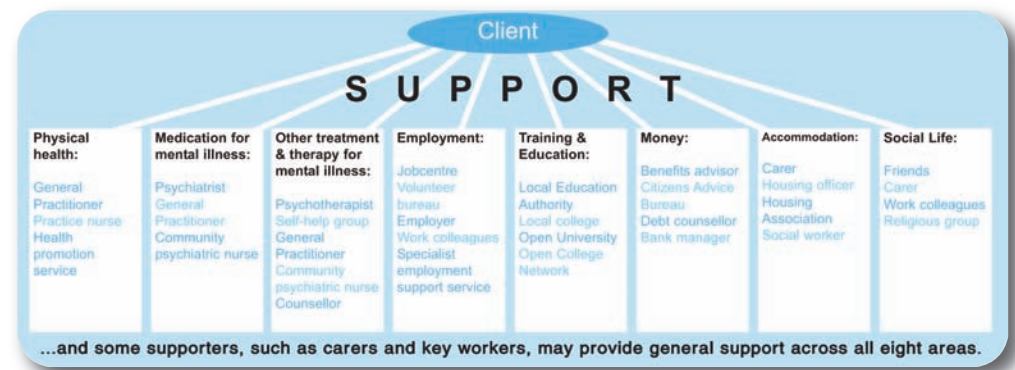
Let us now look at each of these components in turn...

1. Empowerment and self-management

Empowerment means exercising rights and responsibilities in making choices about life.

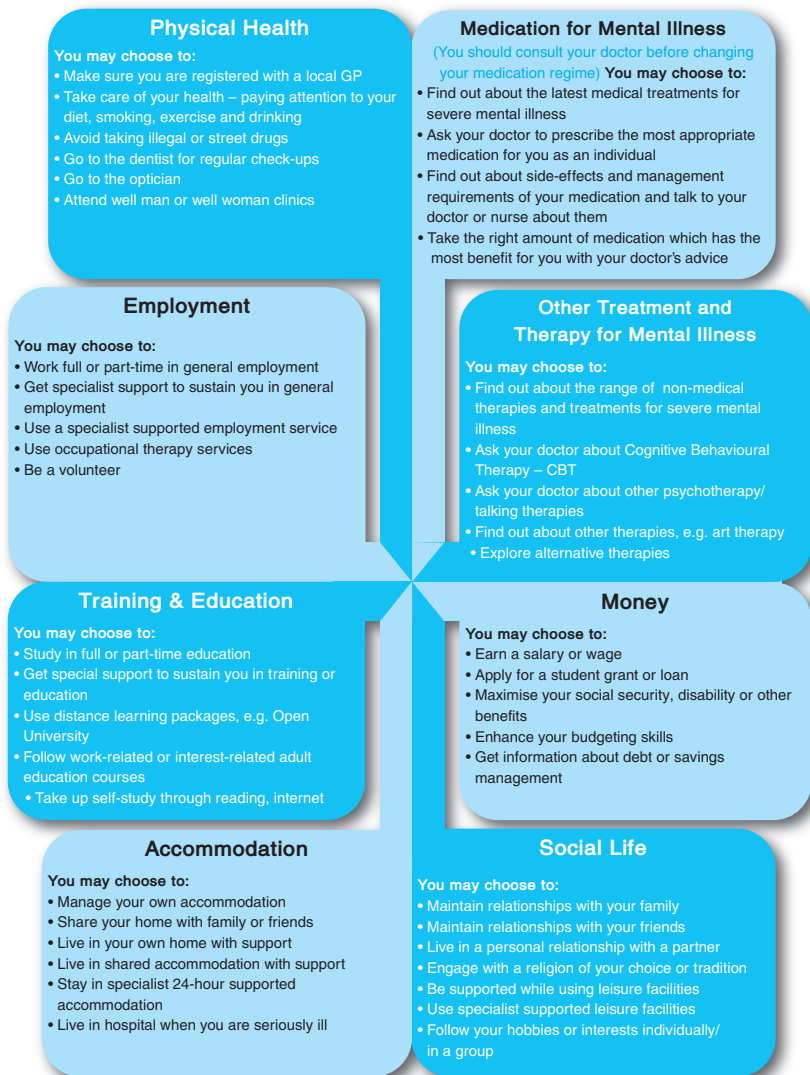
Self-management means taking the actions required to lead a life based on those choices.

Achieving empowerment and self-management does not mean having to make choices and take action alone and without support. When a person takes the lead in making plans and taking action they still often need the help and support of other people. These supporters can be chosen according to their specialist skills and knowledge or because they are friends and family willing to help. **Some examples of supporters are:**



2. A 'Whole Person Approach'

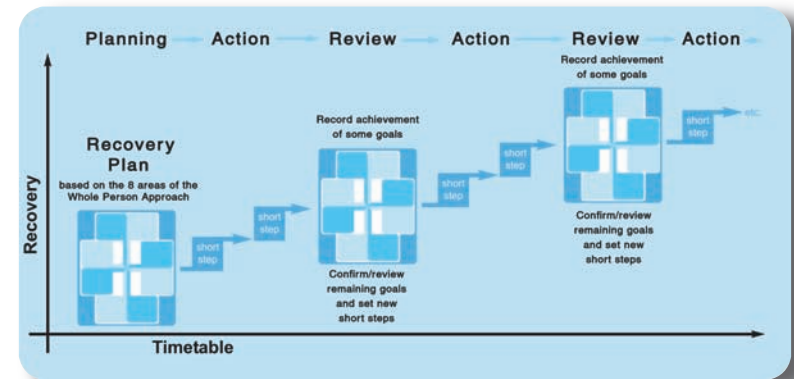
Recovery is not just about medication or other therapies which deal directly with symptoms. We believe that recovery requires a "Whole Person" approach (sometimes called a 'holistic' approach). This means addressing all key aspects of life which together contribute to well-being. By setting goals in all areas of life people can approach recovery more comprehensively. Below we set out the Whole Person Approach along with some example goals which people might set in each of the eight areas.



3. Commitment to progress

Recovery depends on actively taking steps to improve life. It is vital to agree and act upon a step-by-step, goal-focused plan. The key plan for people with severe mental illness is the required Care Plan through CPA (the Care Programme Approach).

Too often planning concentrates on assessment: in other words it says a lot about where the individual is at a particular point but not about where they want to go. Alternatively plans may include long-term goals but not the simple, short-term steps that need to be taken to achieve them. A good plan needs to hold its focus on long-term goals but include the intermediary, less intimidating steps which allow a person to take action. **The process of recovery based on effective planning can be illustrated as follows:**



Hafal is the principal organisation in Wales working with people recovering from severe mental illness, their families and carers. For more information please contact us:

Hafal
Suite C2, William Knox House
Britannic Way, Llandarcy
Neath SA10 6EL
Tel: 01792 816 600
Email: hafal@hafal.org

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