

Schizophrenia patients denied talking therapies

Mental health services are failing to comply with national guidelines, relying instead on potentially risky drugs

By Nina Lakhani

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Thousands of people with mental health problems are being denied the best and most effective treatments, years after they were approved by the National Institute for Clinical Excellence, according to experts.

Proven talking therapies are not offered to people diagnosed with schizophrenia, despite pleas from patients and families for better access. The majority of patients continue to be treated solely with powerful psychiatric drugs and many are denied access to information about serious side effects, according to new research by Rethink, a mental health charity.

The findings are backed up by a Healthcare Commission survey of 14,000 people with mental health problems to be published on Friday, which shows nearly two-thirds have never been offered a talking therapy.

Nice is due to publish updated guidance for schizophrenia next week, which will add to pressure on mental health services to improve access to the most effective treatments. Compliance with Nice guidance will influence the star ratings given to hospitals for the first time this year.

Less than 15 per cent of people diagnosed with schizophrenia have had cognitive behaviour therapy (CBT), according to Rethink's findings. Two-thirds were given no choice about which medication they were prescribed, while one in three did not feel that they were involved in planning their care.

Dr Tim Kendall, a consultant psychiatrist from the Nice guideline development group, said: "There is no doubt that progress in some areas has not been good enough. Access to psychological therapies is the worst area, but we hope government investment in CBT for people with depression and anxiety will filter through for people with schizophrenia in a few years."

More detailed recommendations about where and how patients should receive talking therapy treatment are due next week, despite a widely recognised shortage of trained therapists.

Rethink's survey of 400 people also found the physical needs of mental health patients continue to be sidelined despite the damaging effects of psychiatric medication. People taking medication for schizophrenia die on average 14 years younger than people without a mental illness. One in 10 patients taking the drug Olanzapine – the most commonly prescribed to mental health patients in the UK – develop diabetes.

The new Nice guidance is set to withdraw unconditional support for newer drugs in light of compelling evidence about dangerous side effects. And ways to improve treatment for people from black and ethnic minority groups will be included for the first time.

Jamal Ahmed, 41, from West Yorkshire was diagnosed with schizophrenia five years ago but has never

heard of the Nice guidance.

Mr Ahmed said: "I have been on an endless list of medications but my psychiatrist never discusses side effects and he doesn't like me asking questions. In his opinion, he's the doctor and so he knows best. What I think doesn't matter. He asks me the same set of questions and I tell him what he wants to hear. But I'd like him to sit down, listen to what I'm saying and come out of his box."

He added: "I found the Hearing Voices group from a poster, which is great because I get support from others in the same boat. Everyone in the group lies to their doctors because they are afraid what will happen if they are honest. There are no other choices."

Rufus May, Clinical Psychologist: 'What's the point of guidelines managers and psychiatrists feel free to ignore?'

The Nice guidelines for schizophrenia are all very "nice" in theory, but they are not being put into practice. Nice recommends choice, lower doses of medication and psychological treatments. What is the point of guidelines that psychiatrists and managers feel free to ignore?

Patients do not feel listened to by their clinicians and either rebel or become passive shadows of their former selves. If implemented, the guidelines would do much to improve this relationship. But listening to patients and achieving a collaborative relationship with them takes time and patience. It seems more efficient to do things the old-fashioned, "we know what's best for you" way. However, if we did spend more time getting alongside people it would build their capacity for recovery and independence, and save time and money in the long-term. Another problem is that most professionals are not trained to implement the guidelines.

Will the new guidelines have more impact? I hope so, but fear not.

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