Psychiatry meets counselling

Rachel Freeth

It might seem to some readers rather unusual for a counselling and psychotherapy journal to include a column written by a psychiatrist. I should like, then, to introduce myself and explain why I have accepted the invitation to write this column.

My main area of work currently is as a practising NHS community psychiatrist in general adult psychiatry (or 'working age adult psychiatry'). However, I have also for many years been a member of BACP; I completed a diploma in counselling in the late 1990s. It is also my desire to return to counselling practice in the near future.

My philosophical and theoretical leanings are in humanistic directions, specifically person-centred. It is very uncommon for a UK psychiatrist to be drawn to person-centred therapy, as most psychiatrists who specialise or have an interest in psychotherapy tend to favour psychodynamic or cognitive-behavioural orientations. My allegiance to the person-centred approach implies, therefore, that many of my philosophical assumptions and beliefs do not fit comfortably within mainstream psychiatric thinking and practice.

Therefore, with my particular background, I do not write as a 'typical' psychiatrist and I certainly do not speak for the profession but out of my own personal concerns and interests. However, it is also important to say that the psychiatric profession is a broad church, making highly questionable the notion of a typical psychiatrist. Nevertheless, scientific and biological conceptions of mental health do heavily dominate psychiatric thinking and practice in the UK. The psychiatric profession is also not without its vested interests.

> 'Even to speak of the importance of the therapeutic relationship in NHS clinical contexts risks a retort along the lines of "Get into the real world"'

In this column, I will be offering some of my own personal experiences and insights from my work as a psychiatrist. This will inevitably include some reflections on working in NHS mental health services and my own conflicts and struggles to bring person-centred values into these settings. I will reflect on what I value about counselling and psychotherapy and what I see as important about this way of helping. Inevitably there will be some bias here, since my training was in the person-centred approach. I am sure, however, that many of the characteristics of therapy that I value are those which therapists from other orientations would recognise and value. It has been the therapeutic relationship and quality of relating with individuals that has been the bedrock of my own work as a psychiatrist.

Yet my attending to these, recognising their importance and trying to facilitate their development has, in my experience, come under severe and increasing threat over the years. Sometimes even to speak of the importance of the therapeutic relationship in NHS clinical contexts risks misunderstanding, professional isolation or a retort along the lines of 'Get into the real world'.

I am sure that to many therapists this must seem bizarre and incomprehensible, as it does to me. How is it that NHS mental health services struggle to provide environments that prioritise the development of safe, therapeutic spaces where helping professionals really attend to the relationships they form not just with patients (or clients or, to use the politically correct term, service users) but also with colleagues? How is it that, in the very setting in which active listening and accurate empathic understanding is most needed, it is often so hard to find? The answers to these questions are, of course, complex.

It must also be said that, when talking about mental health services, I am making generalisations. There are many types of settings and services, as well as a wide range of quality. Without doubt, there are many mental health practitioners, including psychiatrists, who have been able to pioneer and sustain quality services where therapeutic relationships are prioritised and where staff are provided with the essential support and supervision that underpins this. However, in my view, this is increasingly the exception. Saying this should in part explain why I believe that counselling and psychotherapy, particularly non-medical model forms, offer something valuable and desperately needed, especially when they can provide those safe spaces that enable distressed individuals to be deeply heard, understood and valued. ■