

- Eating disorders including obesity, bulimia and anorexia nervosa
- Insomnia
- Alcohol and drug abuse
- Schizophrenia
- Personality disorders; related identity and self-esteem issues; issues arising from childhood sexual, physical and emotional abuse; aggression; and sexual offending
- Relationship problems including marital distress, psychosexual problems and domestic violence
- Psychological problems associated with older adulthood including dementia, caregiver support, depression, anxiety and insomnia

### **Psychotherapy for problems of childhood and adolescence**

Psychotherapy alone or as one element of a multimodal programme is effective for the following specific problems of childhood and adolescence

- Sleep problems
- Toileting problems including enuresis and encopresis
- Attention deficit hyperactivity disorder
- Pre-adolescent oppositional defiant disorder
- Adolescent conduct disorder
- Adolescent drug abuse
- Child and adolescent depression
- Child and adolescent anxiety disorders including phobias, selective mutism, separation anxiety and generalized anxiety; obsessive compulsive disorder; and post-traumatic stress disorder
- Eating disorders including feeding problems, anorexia, bulimia, and obesity
- Paediatric pain problems including head aches, recurrent abdominal pain, and painful medical procedures
- Adjustment to chronic medical conditions such as asthma and diabetes
- Adjustment problems following major life transitions and stresses including parental separation, bereavement, and physical, sexual and emotional child abuse and neglect
- Adjustment problems associated with developmental disabilities including intellectual disability and autistic spectrum disorder.

### **RECOMMENDATIONS**

1. For mental health problems and psychological adjustment problems associated with physical illness and major life stresses, evidence-based approaches to psychotherapy, such as those reviewed in this report, should be provided by appropriately trained and supervised professional psychotherapists to children, adolescents and adults.
2. Psychotherapy alone or as an element in a multimodal programme delivered by a multi disciplinary team should be available for adults with the following specific problems: depression; bipolar disorder; anxiety disorders; psychosomatic disorders; eating disorders; insomnia; alcohol and drug abuse; schizophrenia; personality disorders; relationship problems; psychological problems associated with older adulthood; adjustment to physical illnesses; and coping with chronic pain and fatigue. Evidence-based psychotherapeutic approaches should be used. These are detailed in the body of the report, and are consistent with international guidelines for best practice such as those produced by the National Institute of Clinical Excellence (NICE) in the UK.
3. Psychotherapy alone or as one element of a multimodal programme delivered by a multidisciplinary team should be available for the following specific problems of childhood and adolescence: sleep problems; enuresis; encopresis; attention deficit hyperactivity disorder; oppositional defiant disorder; conduct disorder; drug abuse; depression; anxiety disorders; eating disorders; paediatric pain problems; adjustment to chronic medical conditions; adjustment problems following major life transitions and stresses including parental separation, bereavement, and child abuse and neglect; and adjustment problems associated with developmental disabilities including intellectual disability and autistic spectrum disorder. Evidence-based psychotherapeutic approaches should be used. These are detailed in the body of the report, and are consistent with international guidelines for best practice such as those produced by the National Institute of Clinical Excellence (NICE) in the UK and the Ameri

- can Academy of Child and Adolescent Psychiatry.
4. Psychotherapy should be offered as rapidly as possible, with short waiting times. This is because clients who do not access services rapidly, are less likely to engage in therapy when it is offered, to deteriorate and later require more intensive services.
  5. Psychotherapy should be offered in primary, secondary and tertiary care settings. This recommendation is consistent with the policy document— *A Vision for Change 2006*. Report of the expert group on Mental Health Policy, Dept. of Health & Children 2006. In primary care settings, relatively brief psychotherapy may alleviate psychological difficulties before they become chronic intractable problems, requiring intensive services. In secondary and tertiary care, specialist psychotherapy may be offered, often as part of multimodal intervention programmes, to address chronic, complex psychological difficulties.
  6. Within the HSE and other health service organizations, service delivery structures should be developed to facilitate the development of psychotherapy services in primary, secondary and tertiary care. This recommendation is consistent with the policy document— *A Vision for Change 2006*. Report of the expert group on Mental Health Policy, Dept. of Health & Children 2006.
  7. Because psychotherapy has the potential to cause significant harm in a small proportion of cases, it is recommended that psychotherapy only be offered by those appropriately trained and qualified, and that all qualified psychotherapists practice within the limits of their competence, and in accordance with a well-defined professional ethical code of practice.
  8. Psychotherapists employed in the HSE and other organizations that offer psychotherapy services, should be registered with the Irish Council for Psychotherapy (and statutorily registered, when this option becomes available).
  9. Psychotherapy training should be offered by programmes accredited by the Irish Council of Psychotherapy. These programme should involve partnerships between universities or other third level educational institutions on the one hand, and HSE or other clinical practice sites on the other. These programmes should meet the European Certificate of Psychotherapy standards set by the European Psychotherapy Association (which represents more than 100,000 psychotherapists across Europe). These standards include a commitment to the practice of psychotherapy in an ethical manner, following training of sufficient depth and duration to allow the mastery of complex skills and the personal contribution of the psychotherapist's personality and preoccupations to the therapeutic endeavour.
  10. Psychotherapists should engage in regular clinical supervision appropriate to the modality of psychotherapy being offered.
  11. Within the HSE and other organizations where psychotherapy is practiced, reliable systems and structures for offering and receiving supervision should be developed.
  12. Psychotherapists should engage in continuing professional development to keep up to date with developments in the field.
  13. Within the HSE and other organizations where psychotherapy is practiced, reliable systems and structures for offering and receiving continuing professional development should be developed.
  14. Psychotherapy services within the HSE and other organizations should be routinely evaluated to determine their effectiveness.
  15. Partnerships between psychotherapy services within the HSE and other organizations on the one hand, and university departments with expertise in psychotherapy service evaluation on the other, should be developed to facilitate the evolution of psychotherapy services in Ireland, and to engage in research on the development of more effective forms of psychotherapy for vulnerable subgroups of clients who have difficulty benefiting from current approaches to psychotherapy.

16. Many of the recommendations listed above require considerable resources, and so the final recommendation is that a system for funding the development of psychotherapy services in Ireland be developed and implemented. Such a system would need to specify how psychotherapy services fit into the HSE and other organizations; what the work contracts, salaries and career structures for psychotherapists should be; how psychotherapy training, supervision, and continuing professional development will be managed and funded; and how psychotherapy research, especially research evaluating its effectiveness in an Irish context will be funded.

These recommendations are consistent with the main recommendations of the *Report of the Expert Group on Mental Health Policy- A Vision for Change* published in 2006 and the *Report of the Working Group on the Role of Psychotherapy within the Health Service - The Role, Value and Effectiveness of Psychological Therapies: Benefits for the Irish Health Service* published in 2005. I refer here to the recommendation that psychotherapy be made available in the Irish public health service to people with mental health problems and psychological difficulties.

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