

MYTH-BUSTING INFORMATION

**Treatment choices for
unusual distressing
experiences and emotions**

LIKEMIND

A mental health
companion



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Why bother reading this?

Why do treatments or choice about treatments matter?

Are you someone who is struggling with your mood, anxiety, substance use, unusual distressing beliefs or experiences and wondering what might help you?

Are you getting some support from a mental health service, and want to know more about which treatments might be best for you?

Are you unhappy with the treatments on offer and want to know about alternatives?

Are you a friend or relative of someone struggling with these issues and want to know what might be helpful?

If your answer to any of these questions is 'yes' then this booklet is for you.

What? is an 'At Risk' Mental State?

Experiences such as poor sleep, feeling down, worried, irritable, or suspicious of other people are all normal from time to time... But, when these experiences are around for a few weeks, months or even years; when they stop you from doing things that are important to you; when they are accompanied by occasional unusual experiences, thoughts or sensations; or when you are smoking cannabis, or taking other drugs, you may be 'at risk' for greater psychological distress in the longer term.

You can find out more about unusual experiences on page 6.

This booklet is designed for people who have any number of these experiences that are upsetting or difficult to manage.

The booklet gives you advice and information about things that you could try, or treatments and services that might be helpful, now or in the future. Not every treatment will be helpful for you, and not every treatment will be offered. After all, we are all different... we don't all need the same thing.

Lots of people who have low mood, anxiety or other unusual distressing experiences have told us that they want a booklet like this. They want easy to read, accurate and honest information about treatments for these experiences so that they have choices, and can make their own decisions about the right treatments for them. So, this is what we've tried to do!

Even if these experiences have got better or stopped, sometimes unusual distressing beliefs and experiences come back again, particularly at times of stress, so getting treatments that suit you and work over a period of time may be important.

This booklet will tell you about treatments that might be helpful, so that you can discuss them with your GP, mental health support worker or other clinician and make decisions about what may work best for you.

Why does it matter whether I try a new approach or treatment?

By trying to make some changes now, you may be able to protect your mental health for the future. You might also improve your day-to-day life or your upsetting or difficult experience.



This booklet has been written with and for people who've experienced unusual distressing experiences.

There is also a booklet on 'Mental health and getting help', which you might find helpful.

You can find out even more information and updates about treatment choices on our website [likemind.nhs.uk](https://www.likemind.nhs.uk)

“ Many people are seeking to take control of their mental health using self-help, and to find approaches they can use. ”

Jim, Care Coordinator

“ The CBT I had with my therapist has been really helpful. She was really good at identifying where my thinking is going astray and helping it come back to where it should be. ”

Jenny, 32

More information about this booklet

How we describe experiences

This booklet is about the types of help that may be offered for distressing emotions and experiences, and unusual beliefs, such as:

- Low mood, anxiety, poor sleep, irritability
- Struggles with day-to-day activities, college, university or work.
- Paranoia, thinking someone's laughing at you, talking about you, following you or out to get you.
- Having what seem like real experiences of hearing, seeing, feeling, smelling, and tasting things that other people don't.

Why we've chosen the treatments we have

This booklet includes a selection of treatments such as psychological therapies, general health, occupational, service-based and peer (support from other service users) treatments and medications.

We have tried to include the main treatments that are commonly offered but also some that are newer or less common that you may want to know more about.

Some of these are core NHS treatments, but others may not be available in your local NHS. We've added information in the relevant sections of the booklet on where else you might be able to get these treatments.

Are all the treatments equally helpful?

Some research suggests that a number of the treatments in this booklet are as helpful as each other in reducing longer term mental health issues, but other research suggest talking therapies (e.g.cognitive behavioural, interpersonal or problem solving therapies) may lead to fewer major mental health issues a year or more later, compared to other approaches.

How can you get these treatments?

Your current GP, support worker, or mental health worker should be able to talk with you about options that might be available locally and what might be most helpful for you.

Where can you get more information?

We haven't been able to include everything. There are other types of medicines and treatments that we didn't have room to include in this booklet. Also, treatments change and new treatments are developed all the time.

We will keep adding more information on our website likemind.nhs.uk

We will also try to include videos of people talking about different treatments and you can use our discussion forum on the website to get advice.

You can also speak to your family, friends, doctor, mental health support worker or someone else who you trust in your local mental health service about treatment choices.

Want to read more?

For those who want to read more, this booklet was based on information from a recent review by Cristina Mei, Mark van der Gaag, Alison Yung, Patrick McGorry and colleagues in 2021. It is also based on NICE guidelines for treating depression, anxiety, emerging personality disorders and substance use as well as NICE guidelines for preventing unusual distressing experiences and psychosis.

These guidelines recommend that people at greater risk with their mental health are offered CBT, with or without family therapies.

The 'thumbs up' symbol tells us whether the treatment works

The green thumbs up means that the treatment works (the more thumbs up signs, the more evidence there is that the treatment works). So three thumbs up signs means there's lots of good evidence, two thumbs up signs means that there's an encouraging/ reasonable amount of evidence, and one thumbs up sign means there's only limited or poor quality evidence.



The sideways thumb means that it's not clear yet whether the treatment works, because there's not enough evidence.



The red thumbs down sign means that there's enough evidence to suggest that this treatment doesn't work.





“ Treatment recommendations are guidelines not tramlines. ”

Camilla, EIP practitioner

What is good evidence that a treatment works?

All the information we've put in this booklet is based on the most up to date evidence we've got for the treatment.

By evidence we mean studies in journals that have been reviewed and approved by qualified researchers. Some of this research is 'open access' which means you can read it on line yourself. Remember to check that online information is from a 'peer reviewed' journal or a trusted source such as the NHS or a registered charity.

We may get evidence from a natural study, for example, in a clinic, or a group of people where the treatment seemed to work, and we may get evidence from a report on one person where the treatment was carefully tested.

The best quality evidence is the evidence that we get from a randomised controlled trial or RCT.

An RCT is a special type of test of a treatment. In an RCT, people who might be helped by the treatment, are randomly offered either the new treatment, or a comparison or 'control' type of treatment.

The comparison treatment might be no treatment at all, the usual standard treatment or another type of treatment. That way we can see whether the new treatment is better than doing nothing, better than what we usually do or better than other treatments.

Imagine for example, that you want to see whether a special type of vitamin reduces depression. Imagine also that in reality the vitamin will only reduce depression in people who don't have enough of this vitamin in their body.

If you test this vitamin in one person, two people, or even a big group of people, the result (whether the vitamin works) will always

depend on how many of the people who you gave the vitamin tablet to, were lacking in it.

If you tested the tablet in a group of people who mostly all had the vitamin already in their body, you might assume that the vitamin tablet didn't work for anyone, whereas if you tested this in a group of people who mostly lacked the vitamin, you might assume the tablet worked for everyone.

Both of these conclusions would be wrong – and it would be hard to be confident in the result!

What a randomised controlled trial does, is to randomly (like flipping a coin) put people into groups; for example, you might randomly put each person into either the group that will be given the vitamin tablets or the group that will have a neutral sugar tablet.

Because people are randomly put into groups, people lacking in the vitamin will be just as likely to be in the vitamin tablet group, as in the sugar tablet group.

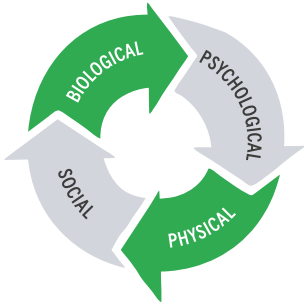
Equally, any other differences between individual people, will be just as likely in each group.

This means that if depression reduces more in the group who were given the vitamin tablet than in the group who got the sugar tablet, you can be pretty confident that this was because of the vitamin tablet itself, and not because of something else that differed between the groups. So, a randomised controlled trial is really good evidence, because the more people there are who randomly get the treatment and have good outcomes, the more confident you can be that the treatment works.

It's quite hard though to do very big trials, so sometimes the results of lots of smaller randomised controlled trials are all combined together into a big test called a 'meta-analysis' so that we can compare whether a treatment works or not in a very big number of people. A meta-analysis of lots of good randomised controlled trials is the best possible evidence.

This example with the depression, also highlights another important point which is that we are all different. What works for one person won't necessarily work for another. Sometimes you might need to try a few different types of treatments to find the

The 'circle' symbol tells us how the treatment works



The treatments that we've included in this booklet work in different ways but they all have the same aim, to help you to feel good mentally and physically. Importantly, whatever way a treatment works, it still affects the whole of you.

For example, medicines mostly work biologically and physically, affecting the brain and body. Medicines are produced now by big companies, but they aren't just 'factory-made' chemicals, some have come from natural ingredients and traditional remedies.

Did you know, for example, that the common pain killer, aspirin, was originally made from the bark of a willow tree? Anti-malaria tablets also traditionally came from the bark of a tree (the Cinchona tree which grows in South America) and a medicine called Digoxin, which is used to slow down a fast heart rate, was first found in foxgloves!

Medicines made by medical companies are sometimes better than natural remedies because they make drugs that are easier to take and work better with as few side effects as possible.

The medicines we've described in this booklet act biologically and physically at first, but should then help you to feel and think more positively and get on with your life (psychological responses).

Psychological (talking) therapies, general health treatments (like exercise), occupational therapies, services and peer support work the other way round by addressing thoughts and what we do (our activities and social life), but as we start to feel happier and more active, this can actually change our brain chemistry (biology) and our physical health too.

On each treatment page you will see a circle shape. Each part of the circle represents a different way in which a treatment might work to improve your health and wellbeing: a biological (brain) way, a psychological (thinking) way; a social (people) way; or a physical (body) route.

The part that is highlighted in green will show you the main way that the treatment works, but remember everything affects us as a whole person!

The example above shows a treatment that would work through a biological (brain)

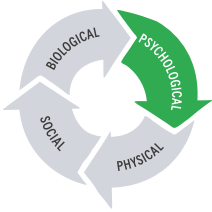
Anyway, that's the introduction out of the way!

We hope this booklet is helpful to you. It's part of a series. You might also find the following booklet helpful:

Myth busting information booklet about mental health and getting help

Remember, you can find them on our website [likemind.nhs.uk](https://www.likemind.nhs.uk)

Self-management



The main focus of this approach is psychological.



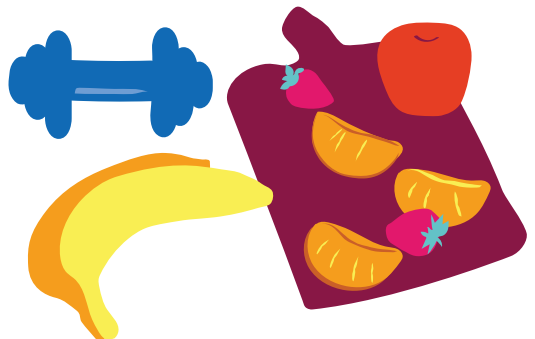
Remember, one thumbs up means that enough people have done research to show that this approach does work.

What is it?

Self-management means your ability to manage the symptoms, treatments, physical, psychological, social and life style effects of living with unusual distressing emotions or experiences.

The main way of training in self-management skills is through teaching, learning, and actively doing things.

You may be given information and advice about support organisations, including how to access peer support or the recovery college. You may in some cases be supported to use CBT and other resources to self-manage anxiety, mood or unusual experiences. This is called guided self-help.



There are a number of books that are recommended to support self management. Your GP or mental health support worker may be able to suggest which of these might be best for you.

Your GP can even 'prescribe' one of these, which means you will be able to get it on prescription. These include books such as 'Overcoming paranoia', 'Overcoming depression and low mood', 'Overcoming anxiety', 'Overcoming low self-esteem', 'Overcoming Distressing Voices', but there are lots of others too which you might find helpful.

What does it aim to do?

Central to this approach is the development of your own personal ways of doing things.

Self-management activities are rooted in your own personal experiences of what works for you, and you take your own approach to each topic.

The main topics that self management works on include:

- Having information about mental health difficulties, treatments and services, such as this booklet and resource pack.
- Developing ways to notice early warning signs that things are going less well so that you can reduce the chances of your problems coming back or getting worse (relapse prevention). Managing your experiences of medication, so that you can tell a health or mental health professional about side-effects and can agree a plan that is best for you.
- Having ways to manage your unusual distressing experiences, anxiety, low mood, poor sleep, substance use or anything else that is bothering you.
- Setting individual recovery goals and developing ways to achieve them.
- Developing life skills important for wellbeing, self-care, productivity and leisure. For example, a healthy diet, exercise, smoking cessation, finance management, positive relationships, organisation, home making and communication.

Does it work?

Evidence collected by NICE suggests these self-management approaches are effective in reducing a variety of anxiety and depression symptoms compared to no intervention.

These approaches can be guided by a practitioner or not guided. The evidence suggests there is little difference in how well guided or non-guided self-management works for anxiety and depression.

Further evidence supports this.

A recent review of 19 randomised trials found that self-help programmes are effective in improving depression symptoms in adults. Another review of 32 clinical trials found that they appear to be effective in reducing symptoms of anxiety and depression in the short term. From the evidence in this review, it is less clear how effective these approaches are in the long-term.

A number of studies (25 randomised controlled trials) have also been run across the world for adults with unusual distressing experiences, to find out what the benefits or potential harms are of self-management approaches compared with other treatments.

These studies found that self-management can help to reduce unusual distressing experiences.

Self-management helped to improve quality of life immediately after using the approach, but the long-term benefit was less clear. Self-management was also found to aid recovery, and this effect continued in the longer term.

There was no definite evidence that self-management helps day-to-day function.

The National Institute for Health and Care Excellence (NICE)

Evidence collected by NICE suggests that self-management, specifically education on anxiety and depression and its risk factors, is useful if you have potential anxiety or depressive symptoms. NICE recommends combining this with a period of active monitoring of symptoms.

In addition to this, NICE recommend individual guided or non-guided self-help approaches as a first step in treatment. These can be written or electronic treatment materials, that are informed by cognitive behavioural therapy, with detailed information on mental health difficulties and coping techniques to try. If this option is chosen, you will be given instructions on how to work through the materials step-by-step. These materials can also be useful in supporting you at any stage of treatment, for example if you go on to receive other psychological therapies.

NICE also said that overall, self-management and peer support are likely to be helpful for people with unusual distressing experiences, but they should not be provided as treatments on their own, for unusual distressing experiences because they were not designed as sole treatments.

Self-management should be provided as additional support for people at all stages to instill hope; improve self-management of distressing experiences; provide information about the nature of experiences and treatments; develop self-monitoring skills; improve coping; and develop skills to manage life changes.

How do I get this treatment?

Training in self-management may come from mental health professionals, peer support workers, through a local recovery college, or it may be provided partly or completely through a computer package, or through a book. You could ask your GP or mental health supporter for advice and a referral.

It is important that whoever you are working with believes that you can contribute to your own health management, and that you can work together to strengthen your own personal skills.

It may be harder to actively form your own self-management approaches and keep these going when you're working with a mental health professional who might be seen as the 'expert'.

So, a recent UK trend is the setting up of peer support groups and recovery colleges, where other people with experiences like your own, carers and mental health professionals work together to support you to learn about mental health and recovery.

Recovery colleges provide a chance to learn more about your experiences, as well as learning life skills and abilities. The way recovery colleges are set up and run encourages you to take responsibility and gives you confidence to go on to further education and employment.

There may be recovery college courses that you could join that could help you with your self-management and recovery.

Main pro

Overall, the evidence suggests that self-management can help to improve mood and anxiety, reduce unusual upsetting experiences, improve your quality of life, and can aid recovery over the longer term.

Main con

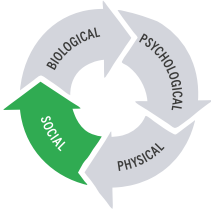
Self-management approaches rely on you taking responsibility for managing your mental health and some people find this difficult.

“ This is the best thing to happen in mental health. It puts a person’s recovery back in the service user’s control. Recovery College can offer a new strand to what is available on mental health to assist people with hope, choice and learning opportunities to develop self-help and self-management skills and explore vocational and personal development. ”

Hastings Peer Trainer

2. Support from other people with similar experiences and understanding

Peer support



The main focus of this treatment is social.



Remember, one thumbs up means that enough people have done research to show that this approach does work.

What is it?

For people who have unusual distressing experiences for the first time, you can think that you're the only one who's gone through strange and sometimes frightening experiences. Peer support is when somebody who's also had these experiences – and often also used mental health services – draws on their experience of personal and social recovery to support you.

A peer support worker will be hopeful for you and for your recovery, helping you to make sense of the future, hold hope for the future, helping you to build your own recovery pathway.

Peer support can involve lots of different things, from one-to-one sessions, to groups and drop-ins, depending on your preference and what the service you are in can offer.

What does it aim to do?

Peer support workers aim to support you to make sense of what's happened and to help you to set goals for yourself, to help you get on with your life. They are not there to give clinical advice or to tell you what to do.

They can help you to think about what kind of goals support your personal and social recovery, like making new friends or getting in touch with old ones or something more practical, like travelling to new places or to the places you used to go to.

They can also talk about how they got through difficulties with these kinds of things, for example being anxious, being worried about being judged by other people because of your experiences, or other difficulties.

Because peer support workers have gone through it themselves, they can often talk about things with you that are not so easy for staff from mental health services to understand.

They can use their experience to help you make best use of the other supports on offer to you.

💬 I feel better supported meeting someone else with this experience, thinking about self help options. Peer support workers are able to give hope and I feel more confident about recovery. 💬

David, 32

👏 Although there are over seven billion people on the planet, the idea that ‘you aren’t alone’ is not always obvious. It can be enormously helpful to connect with someone with similar experiences. Simply hearing someone else’s thoughts about these experiences, can offer valuable views on feelings you thought you were alone with.

Increasing hope, being empowered, and feeling like you belong are some of the main things that peer support offers. Providing a non-judgemental place to reflect and talk openly, without any sense of ‘us and them’, may provide a start for further understanding yourself.

Support from a peer (someone else who’s been through things like you), balances power evenly compared to more traditional therapy relationships. It can be helpful, for example, by sharing coping strategies with each other. Of course it’s important to remember nobody’s path is the same, but it may surprise you how often they cross or run parallel. 🗨️

John, Peer Support Worker

Does it work?

There are a lot of first-hand accounts from people who've been supported by a peer support worker, saying that it's helped them personally and socially, as well as being rewarding for the peer support workers themselves. There is some evidence from a recent 2020 review that one-to-one peer support helps people with mental health issues with their recovery, independence, social support and the number of people they see socially.

A recent review in 2022 of 17 randomised trials showed that peer support interventions are more effective in reducing depressive and anxiety symptoms than standard care (normal care provided by healthcare providers including counselling and medication). The evidence from this review suggested that peer mentoring that is personalized, or professional led psychotherapy and exercise programmes are both more effective than peer group discussions.

A study in 2018 also suggested that peersupported self-management slightly reduced the likelihood of being readmitted to hospital in the following year for people with unusual distressing experiences, including psychosis.

The National Institute for Health and Care Excellence (NICE)

Peer support is recommended by NICE as a useful first step if you show mild to moderate anxiety and depression. NICE also recommends peer support as part of a package of support and as one way to help with recovery from unusual distressing experiences.

It is recommended that you visit psychoeducation groups to learn more about mental health difficulties from trained professionals and people with similar experiences.

Psychoeducational groups for anxiety usually consist of 6 weekly sessions, lasting 2 hours and are led by a trained professional.

It is also recommended that people can attend group self-help interventions where peer support workers or trained practitioners can guide you through the process. These self-help groups usually consist of 6-8 structured sessions, which are goal-focused.

How do I get this treatment?

Peer support may come from a peer worker in your mental health team, through a community group or through a local recovery college. You could ask your GP or mental health supporter for advice and a referral.

Main pro

Peer support workers can be hope inspiring, just by being there, as they are living proof that you are not the only one and that it's possible to get beyond difficult and scary times.

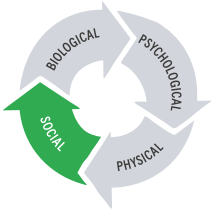
Main con

We don't yet know how peer support works and what it does that's different to a support worker who doesn't have mental health experiences. Some people just want to forget about their experiences as quickly as possible and would not want to be reminded by a peer support worker.



2. Support from other people with similar experiences and understanding

Hearing Voices Network groups



The main focus of this treatment is on social factors.



Remember, a sideways thumb just means not enough people have done research yet that shows that this approach works. This might be really helpful (and some people say it is), we just don't know for sure!

What is it?

A small proportion of people with mental health issues and difficulties with day-to-day life will go on to hear voices or other similar experiences.

The Hearing Voices Network is run by and for people who hear voices, noises, or have other unusual experiences of people speaking to them when no-one seems to be there. If you have these experiences, then the Hearing Voices Network is about 'peer' support – that's support from other people like yourself.

The Hearing Voices Network has peer support groups all over the country; these are based both within, and independent from, services. They may be in-person or on-line. The groups are not a treatment but a source of support which may help you on your journey to recovery. They are also not a one-to-one meeting.

What does it aim to do?

The key idea behind the Hearing Voices Network is that unusual experiences are a reaction to trauma or other difficulties in life. You are supported to talk about your experiences in a way that makes sense to you, using the explanation that you find most helpful.

Through peer support, the groups aim to help you to find your explanation, and provide choices in how you might understand your experiences. Additionally you are encouraged to discuss ways of coping with these distressing experiences.

All hearing voices groups operate in slightly different ways, as the way they work and what they talk about is shaped by you and the others in the group.

Some groups let you just turn up on the day, and some ask that you contact the group first, to arrange to come. A hearing voice group is at its root, a peer support group. Most groups will have someone in an organising and helping role whose job is to take care of arranging and helping the group to run smoothly.

The group doesn't see a difference between mental health staff and service-users, anyone who goes to the group or helps to run it is an equal member, whatever their background.

“ The Hearing Voices Network provides a safe space where people can receive peer support and make sense of their experiences in a way that is meaningful to them. ”

Cassie, hearing voices group member

Anyone can attend a hearing voices group and most groups are happy for you to bring someone along for support if you want to. All members of the group are expected to 'join in'. There is no pressure to talk or share anything personal though – 'joining in' just means listening.

Hearing voices groups are confidential – so what you say in the group is private and no-one will talk about it outside the group, or tell anyone else what you say – and what you talk about is varied to best support you and the others in the group. Many hearing voices groups also run a social programme i.e. social get togethers and events, that you can go to, or even organise if you want to.

Does it work?

The Hearing Voices Network was started by a psychiatrist called Marius Romme. Marius began to question whether unusual experiences, like hearing voices, were a symptom of an illness.

He realised he had not been listening to other people's views, and that it might be better to let people decide for themselves what was or wasn't real.

He brought people together who heard voices and gave them a space to talk about this experience. Those who heard voices felt more free and more in control because they could talk about their voices, without being diagnosed or judged.

💬 Hearing people speak in the group and attending events has given me the courage to find an understanding of mental health issues in a way that I feel comfortable with. 💬

Jack, hearing voices group member

Quite a few people who go to hearing voices groups go on to run and set up their own groups, and the whole Hearing Voices Network is run by people who hear voices and have been to these groups.

Because all the groups are different, and members run the groups themselves, no-one has ‘tested’ whether hearing voices groups ‘work’; but there is some early support for the benefits of peer support (see below) which is a key part of hearing voices groups.

The National Institute for Health and Care Excellence (NICE)

NICE does recommend peer support as part of a package of support and as one way to help with recovery.

How can I get this treatment?

Hearing voices groups are not a treatment, and instead offer a space to talk and an offer of support. There are hundreds of hearing voices groups across the country. To find a group go to the Hearing Voices Network website – hearing-voices.org – and look for the group nearest to you.

There may be recovery college courses that you could join that could help you with your self-management and recovery.

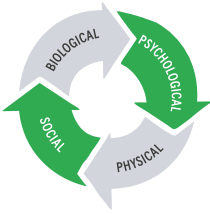
Main pro

Overall, the evidence suggests that self-management can help to improve mood and anxiety, reduce unusual upsetting experiences, improve your quality of life, and can aid recovery over the longer term.

Main con

Self-management approaches rely on you taking responsibility for managing your mental health and some people find this difficult.

Spiritual and faith-based support



The main focus of this approach is social, psychological and spiritual.



Remember, a sideways thumb just means not enough people have done research yet that shows how spiritual or faith-based support may be helpful. This might be really helpful (and some people say it is), we just don't know for sure!

Importantly, this section provides only a simple brief outline of how spirituality and religion may be linked to and support mental health. It by no means covers key points of each faith but emphasises the important role that spirituality, religion and faith can play in mental health and wellbeing.

What is it?

Faith or religion involves beliefs, practices and rituals related to a higher power. Different faiths have different founders or spiritual leads (such as Mohammed for Islam, Buddha for Buddhism, Jesus in Christianity).

Different faiths usually have different beliefs about life after death, as well as rules, or 30 divine laws about how to behave in life and socially. Spirituality and religion are linked. But spirituality can be more general and include many other things.

It can mean different things to different people. Or you can follow a common spiritual belief. You can be spiritual without being religious. Religion and spirituality can help you to develop inner strength, peace, hope and optimism.

Many people within the UK have a religious or spiritual belief. There are some religions that are more common in the UK than others such as Christianity, Islam, Hinduism, Sikhism, Judaism and Buddhism.

What does it aim to do?

Religious beliefs and spirituality tend to be experienced positively. For example, people often find that having a religion or spiritual belief helps them to cope with a variety of life events such as illness, loss and general stress, and for some people it can teach truth on these issues.

In addition, religion and spirituality might help to improve your wellbeing, hope, optimism, meaning and purpose, and inner peace. This is because religious and spiritual beliefs can provide tools to help you to cope with stress. These coping tools include faith and beliefs that give meaning to difficult life circumstances.

Religious and spiritual beliefs might provide answers to big questions in life such as ‘where did we come from?’, ‘why are we here?’, and ‘where are we going?’. But asking yourself ‘big questions’ can sometimes make you feel worse.

Religions might also provide a positive worldview that may involve the existence of a caring god.

Additionally, within many religions prayer is common and this can provide a sense that you have control over some of your life events by communicating with a higher power that you trust.

You may practice meditation as part of spirituality or religion, and this may bring a sense of control, understanding and connectedness.

In addition, most religions emphasize love, compassion and being kind to others, as well as meeting together during faith-based events. These behaviours may give you a sense of belonging which when focussed on positive activities can be important for wellbeing.



Lots of people who use mental health services have said they find religion or spirituality helpful for managing their mental health issues. But often they find it difficult to speak about with their health care professionals. This may be especially so, if the mental health professional does not share the same faith or spiritual background.

If you want to begin thinking or talking about your religious or spiritual needs, you could think about the following questions.

- What keeps you going in times of difficulty?
- What is important to you?
- Are you being listened to as you would wish?
- What makes you feel supported?
- What makes you feel happy?

Talking about how you feel you fit into the world and your personal values may be useful for your health and recovery. It will be important that your mental health practitioner understands your beliefs and perspectives. It may help you figure out your feelings, beliefs and attitude towards religion and spirituality. Try talking to someone who you trust and who respects you. This could be a friend, hospital chaplain, faith leader such as a priest, vicar or imam or a mental health professional.

Does it work?

Overall, there is not enough evidence to draw any firm conclusions about whether having religious or spiritual beliefs can help with unusual distressing beliefs and experiences.

You may find religious and spiritual beliefs to be empowering, for you. Sometimes, these beliefs might be less helpful and have more adverse effects on your mental health. Effects may be more positive in the longer term.

Some small studies have found that positive religious and spiritual coping, such as turning to god or a spiritual leader during difficult times, can help improve your quality of life.

Recently, researchers have developed a new treatment called religiously integrated cognitive behavioural therapy (RCBT), which is similar to CBT (see page 70), but also includes a person's religion to help identify and replace unhelpful thoughts and behaviours.

Several small studies have found that RCBT can help with anxiety and depression, but these are small studies with poor quality, meaning there is still not enough evidence for us to make a conclusion about whether it works or not.

With regards to unusual distressing experiences such as psychosis, the majority of the research found that attempting to incorporate a religious aspect into standard CBT did not improve people's outcomes, or only improved them in the short term. More research is needed before we can make strong conclusions about the effectiveness of this treatment.

The National Institute for Health and Care Excellence (NICE)

NICE do not mention the influence of religion or spirituality in their guidelines. RCBT has not been reviewed or recommended by NICE. This is likely because there are still very few studies that look at the effectiveness of this treatment for psychosis. More research needs to be done before NICE will review this treatment.

How can I find out more?

Speak to your religious or spiritual leader about what support they can offer you if you are struggling. Also, you can ask a mental health supporter how they might include aspects of your spiritual beliefs or people from your religious/spiritual circle in supporting you.

Main pro

Lots of people find having a religious or spiritual belief helpful during difficult times as you have a god, spiritual leader or community to turn to for help or direction if you wish.

Main con

Sometimes people say that there are conflicts in the information they receive from health care professionals and religious/spiritual leaders – This is because spiritual teachings and mental health care have very different origins and roles. Both are important. You can speak to a mental health or health worker or spiritual lead in mental health services if you are confused about any information you have been given and they can help you to get the best support from everyone.

Physical health support

What are they for?

If you don't eat very well, don't do much exercise, or are a bit overweight you are more likely to have problems with your health in the future, like heart problems, strokes and diabetes. Unfortunately, all of these physical health problems are a lot more common if you also have mental health problems or unusual distressing experiences.

This can be because of lifestyle choices, treatment side effects and people not accessing their GP for health issues.

This can affect how long you live. NICE recommends that if you have mental health problems such as unusual distressing experiences, especially if you're taking medication, you should have regular check ups on your physical health and any medication side effects too.

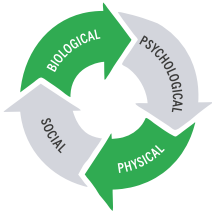
You could have these check ups with your mental health team, or your GP. Typical physical health checks include; response to medications, including symptoms and side-effects; weight, waist circumference, pulse, blood pressure, blood tests to check hormones, glucose and lipid (fat) levels, general physical health and day-to-day function.

Your GP or mental health supporter should be able to provide advice about healthy eating and exercise. You can also discuss any non-prescribed therapies you may wish to use (including any complementary medications) and the safety and effects of these therapies in combination with other medication you might be taking.



3. Physical health support and therapies

Diet



The main focus of this treatment is on biological and physical factors.



Remember, a sideways thumb just means not enough people have done research yet to show whether this works. More thumbs ups means that more people have done research that shows that this approach does work.

What is it?

There has been some interest in the role of diet and food supplements to help when people are having distressing and unusual experiences. Due to a lack of evidence it is unclear at the moment how taking vitamin D might impact unusual and distressing experiences. Because of this, we will now take a closer look at fish oils (unsaturated fatty acids).

What does it aim to do?

There is a little bit of evidence to suggest that unusual distressing experiences may be linked to changes in the way our nerve cells are built and how they work. The way these cells are built and work is linked to the 'building blocks' (essential fatty acids) that they're made from, and possibly to one particular 'building block' – the essential fatty acid in fish oils.

It is thought that by having a much higher level of these fish oils in the body, nerve cells might work and function better, leading to fewer unusual distressing experiences. It is unclear at the moment how vitamin D might have an impact on unusual and distressing experiences.

Does it work?

There are a few small studies suggesting that fish oils (if you take the right amount) may possibly help to reduce unusual, distressing experiences and make it easier to do things like work and socialise, when taken alongside usual medicines.

It has been suggested that taking fish oil, alongside usual medicines may improve the effect of the medicine, so that lower doses are needed.

One study with fish oils has shown significant drops in mild, unusual distressing experiences, in people at risk of developing psychosis, but a more recent study in Australia has shown that taking 1.4g of fish oils daily alongside good quality psychological and social support, is not better at stopping unusual distressing experiences from getting worse than good support alone. The suggested dose of fish oil can range from 700mg to 4g a day which is a very large dose!

👏👏 Eating healthily keeps you happy and fit. I have also found, since changing my diet, that I have more motivation, which has improved my overall lifestyle. I would encourage people to eat healthier. 💬💬

Max, 27



Overall, fish oils – also called Omega-3 - have been explored in three big studies for people with low-level unusual distressing experiences. Findings are mixed with one study finding that it is helpful, and two big recent studies finding no benefit, except in patients where omega-3 was low to start with... But one of these big studies was comparing omega-3 to a psychosocial therapy so the benefits of omega-3 may have been a bit underestimated.

People with unusual distressing experiences appear to have lower levels of vitamin D than the general population, but there is no evidence to date that taking a vitamin D supplement is helpful.

But wait – remember, a healthy diet helps you to have a healthy weight, health and wellbeing

There's not a lot of evidence currently for the impact of diet on unusual and distressing experiences, BUT there's absolutely loads of evidence that eating a balanced and healthy diet is really good for your health and wellbeing in general.

A small number of people may be taking medicines that have weight-gain as a side-effect, who might put on weight very quickly, within a few weeks.

Eating healthily may prevent you from becoming under or over weight. A good diet is one that includes lots of vegetables and fruit, protein (e.g. fish, meat, beans and nuts), fibre and carbohydrates (e.g. rice, pasta, brown bread, potatoes) and not too much fat, sugar or takeaways!

The National Institute for Health and Care Excellence (NICE)

NICE has not yet examined fish oil or vitamin D for unusual and distressing experiences, but it does recommend that you have a good diet, so that you're less likely to put on weight.

NICE reviewed 24 randomised trials of either exercise and healthy eating or just exercise in people who experience unusual distressing experiences.

They found that interventions that included exercise and healthy eating together reduced weight gain and improved wellbeing in people with unusual, distressing experiences.

Healthy eating alone wasn't looked at, and exercise alone wasn't better than usual care at reducing weight. So, it's better to have exercise and healthy eating together for weight and physical health.

How can I get this treatment?

The doses for fish oils can be high so it may be worth checking whether this is likely to be helpful, and whether you can get fish oils on prescription.

You can find more about how to eat a health diet here <https://www.nhs.uk/live-well/eat-well/howto-eat-a-balanced-diet/eating-abalanced-diet/>

<https://www.nhs.uk/live-well/eatwell/how-to-eat-a-balanced-diet/eight-tips-for-healthy-eating/>

✓ Main pro


A healthy diet is a cheap and easy way to help you feel better. You can get advice about healthy eating from your local GP surgery.

If fish oils do help, then they have fewer side-effects than standard medicines and are easier to use than lengthy Talking Therapies.

✗ Main con

There really isn't enough evidence that fish oils or other vitamins work at the moment for unusual distressing experiences, and if you can't get a doctor to prescribe them, then they're expensive. To get the right dose, you have to take either big tablets, or lots of smaller tablets.





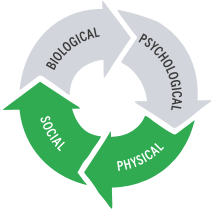
“ Many people are seeking to take control of their mental health using self help. One approach is to make changes to what you eat. There have been positive responses from people who have made changes to their diet, confirming the importance of food and nutrition for improving emotional and mental health.

We often run a Healthy Eating group, designed to help people think about the food they're eating. It's a great place to learn something new, meet new people and look after yourself. ”

Jim Newton, Care Coordinator

3. Physical health support and therapies

Exercise



The main focus of exercise is on physical factors, although it may help with your social life if you take up a sport or group exercise!



Remember, a sideways thumb just means not enough people have done research yet to show whether this works. More thumbs ups means more people have done research that shows that this approach does work.

What is it?

Exercise might be any type of physical activity or movement, like walking, running, yoga or football. Exercise groups and treatments offered through the NHS for unusual, distressing experiences are usually offered alongside medicines and other standard care.

What does it aim to do?

Exercise may help you to manage your weight especially if you're taking some medicines where weight gain is a side effect. It's also been suggested that exercise may help if you feel sad or anxious too, so a possibility might be that exercise reduces how upsetting your experiences are or how much they affect your daily life.

Exercise also aims to improve physical health by helping you to have a healthy weight and a healthy heart. It aims to help your general health and wellbeing. If you are physically fit and healthy, you may find you've got more energy for the things you want to do in the day and you may find it easier to keep a healthy body weight. Also, when you exercise your body produces special chemicals called endorphins that are known to help reduce stress, ward off anxiety and depression, and aid good sleep.

Does it work?

The effects of exercise (e.g. yoga) on unusual distressing experiences have only recently been looked at, so there are only a few studies that have looked at how helpful exercise is for unusual, distressing experiences alongside medicine and other usual care.

A big review of other reviews was recently conducted which included 97 review papers (including 1039 trials). This evidence suggests that physical activity is highly beneficial for improving symptoms of depression and beliefs that give meaning to difficult life circumstances.

Only the studies with a good design were considered – remember these are randomised controlled trials. These have shown that exercise helps when people feel down, flat, or demotivated and one study showed that yoga (alongside usual care such as medicines) was helpful for reducing unusual, distressing experiences and that it also improves your general quality of life.

Results do show that regular exercise can help you to be more healthy generally, with a healthier weight and better mental wellbeing.

A recent big review (meta-analysis) of exercise interventions has shown that exercise alone, can make you more physically fit, which protects against heart disease. It also showed that moderate-vigorous exercise (90 minutes a week or more) can reduce unusual upsetting experiences and give you more energy and motivation. It may also improve your day to day function, quality of life, depression, anxiety and memory.

The National Institute for Health and Care Excellence (NICE)

NICE recommends group physical activity as an option for a first step in treatment for depressive symptoms. This activity is often specifically designed for people with depression. It should usually include more than one session a week over 10 weeks. It also offers a chance for peer support with people who may have similar experiences.

NICE also reviewed 24 randomised trials of either: exercise and healthy eating, or just exercise, in people with unusual, distressing experiences. They found that interventions that included exercise and healthy eating together reduced weight gain and improved wellbeing in people who experienced unusual distressing experiences.

Exercise alone wasn't better than usual care at reducing weight and there weren't any studies that looked at healthy eating alone. So, it's better to have exercise and healthy eating together for weight and physical health. See if you can build up to exercising for one and a half to three hours a week for the best results.

But remember exercise means lots of different things: walking to a friend's, to work, or to the shops all count.

How can I get this treatment?

There are lots of exercise things that you can do for free, like walking, cycling, running, playing football etc. There are lots of online exercises that you can do in your own home. Here is a link to one example: <https://www.nhs.uk/better-health/get-active/home-workoutvideos/> You can also ask your GP or mental health worker about any free passes for local classes, gyms or leisure centres that you might be able to get, as well as any classes that they might be running.



Main pro

Exercise is free to do and it helps you to keep fit, improve your physical health and wellbeing.



Main con

You may find it hard to find the time or energy to get started and there is not enough evidence yet to show whether exercise interventions also help with unusual and distressing experiences.



“

I love going to the gym and I also go to the walking group. It's a great way to socialise and helps gets me out and about. It has improved my fitness which has made me feel better about myself.

Tom, 23 ”

“ I find exercise can help you escape from your feelings for a while, help you feel free again, all the focus and energies go into just keeping running! The sense of calm and achievement afterwards can bolster one's sense of strength, both mental and physical. ”

Jacqui, Care Coordinator and EIP Nurse

Support for alcohol and drug use

A note on alcohol and drug use

Sometimes people use alcohol or drugs as a way to cope with difficult experiences, but it can be difficult to tell the difference between the effects of alcohol and drugs, hangovers and come downs, and mental health problems.

After all, alcohol and drugs can make you feel great but they can also make you feel depressed, anxious, suspicious, paranoid and panicky.

Your GP or mental health supporter can talk to you in a helpful and nonjudgmental way about the use of tobacco, alcohol, prescription and non-prescription medication and drugs.

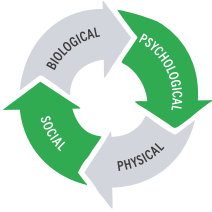
They can discuss how substances might impact on the effects of prescribed medication and psychological therapies you might be receiving, as well as considering the long term impact on your health and mental health. Did you know, for example, that smoking tobacco can affect how medications work?

If you want, your GP or mental health supporter can refer you to someone who may be able to offer additional support with substance use reduction, harm reduction or stopping all together.



3. Physical health support and therapies

Interventions for Alcohol use



The main focus of this approach is psychological and social



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What are the intervention options and what do they aim to do?

Brief interventions:

If you misuse alcohol, brief interventions are first recommended in the community. These could take the form of motivating conversations focused on reducing the impact of alcohol on your life, sometimes called motivational interviewing or motivational enhancement therapy.

These conversations may be about 20 to 30 minutes. They aim to help you to reduce the amount you drink, reduce risk-taking behaviour or consider not drinking. Additional support from community services might be recommended if you have limited social contact or are homeless.



Psychological therapies:

If you engage in harmful drinking or are mildly dependent on alcohol, then you can be offered psychological therapies.

These include:

1. Cognitive behavioural therapies which may be 60 minute sessions once a week for 12 weeks. The aim of CBT is to help you explore and change how you think about your life and remove unhelpful patterns of behaviour by setting goals with your therapist.
2. Behavioural therapies which may also be for 60 minutes a week for 12 weeks. The aim of behavioural therapies is to help you make small and practical changes in everyday life to do more things that are helpful for your mental health and to learn problem solving skills to help tackle problems.
3. Social network or therapies that focus on your social circumstances and which may be 50 minutes a week for 12 weeks. Social behaviour and network therapy include both cognitive and behavioural approaches to help you to build social networks supportive of change in your alcohol use which involve you and members of your friends and family).
4. Behavioural couples therapy is for those with a regular partner who wants to be involved and may also be 60 minute session once a week for 12 weeks. Behavioural couples therapy is similar to other behavioural therapies but should be focused on alcohol-related problems and their impact on relationships.



Do they work?

Recent evidence from 8 trials suggested that brief interventions are effective in reducing hazardous drinking. A review of 23 randomised trials found that extended brief interventions were effective in reducing alcohol consumption in adults and young people.

20 randomised trials were reviewed and showed that CBT is effective in reducing the number of heavy drinking episodes but not necessarily more effective in reducing the number of days when you drink alcohol.

Six randomised trials have been conducted for behavioural therapies with contingency management (where some reward, such as vouchers or cash, was given by the therapist for changes in alcohol use). They were found to be more effective than case management (where a clinician will develop an individual care plan based on recovery goals) in reducing how much alcohol was drunk, and to support people to keep going with controlling their drinking. There was no difference in effectiveness between behavioural therapies and CBT in terms of how much alcohol was drunk.

The clinical evidence from 3 RCTs showed that social network-based therapies were significantly better than case management at helping people to stop drinking altogether immediately after treatment. However, they were less effective longer term.

Evidence from 8 randomised control trials (RCTs) showed that couples therapy was not effective shorter term but was more effective than other therapies in helping people to stop drinking or drink less in the long term.

The National Institute of Health and Care Excellence (NICE) **Main pro**

NICE recommend that those who are vulnerable to alcohol misuse should first be offered brief advice, using evidence-based resources, and information on local services. If you do not respond to these or your difficulties get worse then you may be offered psychological therapies.

How can I get this treatment?

If you are concerned about your drinking then the first step is to discuss this with your GP. Your alcohol intake can be tested and you can discuss treatment options if needed.

Other charities and support groups are also available:

- Drinkline national alcohol helpline on 0300 123 1110
- Alcohol Change UK
- Alcoholics Anonymous helpline on 0800 9177 650
- Al-Anon Family Groups helpline on 0800 0086 811

Talking therapies can be provided through the NHS.

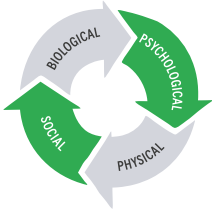
Psychological therapies are shown to be effective in treating alcohol misuse and can teach practical strategies that you can use in the future. Reducing your alcohol use can significantly improve your long term physical and mental health.

Main con

It requires a commitment from you to get the most out of treatments for alcohol use, including completing tasks in your own time.

3. Physical health support and therapies

Interventions for Drug use



The main focus of this approach is psychological and social



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What are the intervention options and what do they aim to do?

Brief interventions:

If you are vulnerable to drug misuse, NICE recommends brief interventions in the first instance. Brief interventions can include information and advice on drug use or group interventions that give information about reducing risky behaviours. Other brief interventions can be focused on motivations to change behaviours, which normally consist of two sessions of 10-45 minutes.

Self-help is also recommended by NICE, which should follow the 12 step principles and is usually in a group format. The 12 step principles for recovery from alcohol or drug use focus on: acceptance, hope, faith, courage, honesty, patience, humility, willingness, brotherly love, integrity, self-discipline, and service and have been grouped into 6 activities: don't drink or use drugs, go to meetings, ask for help, get a sponsor, join a group, and get active.

Psychological therapies:

If you misuse drugs, there are psychosocial interventions available too, which are recommended by NICE.

These include:

- 1. Contingency management:** this intervention includes techniques that aim to change drug use behaviours specific to you by providing incentives, such as vouchers, privileges or small money incentives, for positive changes such as reduction of drug use or stopping altogether. Bigger rewards for longer periods of change can also work well.
- 2. Behavioural couples therapy:** this should be considered if you who have close contact with a nondrug- using partner and you use stimulants or opioids. This usually consists of 12 weekly sessions. Behavioural couples therapy is similar to other behavioural therapies but should be focused on drug- related problems and their impact on relationships.

Do they work?

There is good evidence for contingency management. Evidence from 27 randomised trials shows interventions which include a form of contingency management work well for lowering drug use.

Evidence from 15 randomised trials report that psychosocial interventions work well for the treatment of drug misuse and show better outcomes for individuals.

The National Institute of Health and Care Excellence (NICE)

Similarly to alcohol use, NICE recommend that those who are vulnerable to drug misuse should first be offered brief advice, using evidence based resources, and information on local services.

If you do not respond to these or your difficulties get worse then you may be offered the psychological therapies.

NICE do not recommend routinely offering cognitive behavioural therapy and psychodynamic therapy for treatment of drug misuse as contingency management is more effective. These psychological treatments (in particular, cognitive behavioural therapy) should largely be considered if depression and anxiety relationships.

Main pro

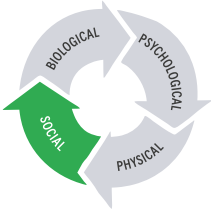
There is enough evidence that these interventions can really help if you are struggling with alcohol or drug use..

Main con

The therapies only really work if you are at least willing to consider changes in your alcohol or drug use, and it's harder to get therapies to support some types of drug use such as cannabis.

4. Support and therapies for work, education and things that you do

Support for meaningful activities (occupations)



The main focus of this approach is on social and occupational factors.



Remember, a sideways thumb just means not enough people have done research yet to show whether this works. This might be really helpful (and some people say it is), we just haven't tested this.

What is it?

Support for what you do. Meaningful activities that are important to you, allow you to carry out practical, purposeful tasks (sometimes referred to as 'occupations').

This could be the day-to-day tasks we all have to do: dressing, cooking and going shopping; as well as the things that make you who you are: your job, interests, hobbies and relationships. Occupational support focuses on the things that are important to you and have meaning in your life.


What does it aim to do?

A balance of activities is important, we all need to look after our basic needs, engage with others, find some kind of purpose in our days and take part in activities which fulfil us, as well as have fun and relax.

When you have been feeling distressed or unwell it is easy to stop doing things, including normal healthy habits and become isolated. Restarting a healthy balance of activities that are important to you leads to an increased belief that you can do things, as well as giving you more confidence and better self-esteem.

likemind.nhs.uk





“ Meaningful Activity (e.g. Football Coaching), has psychological benefits (building positive self-esteem), which positively impact the recovery process (return to a state of wellness), and allow me to have a fulfilling and meaningful life. I can focus on my strengths, well-being and “doing” while I am at the same time engaged in “giving”. ”

Anthony aged 22

Does it work?

Rethink Mental Illness published a report in 2015 which outlined key interventions for people with unusual distressing experiences which they felt should be provided, and had good evidence. These included early intervention (including support with daily occupations).

The National Institute for Health and Care Excellence (NICE)

NICE guidance recommends that occupational support is offered to support people with unusual distressing experiences, to keep or get back to a balanced daily routine, with work, leisure and education.

NICE recommend the use of other support services for individuals who present with common mental health difficulties, like anxiety and depression. It is recommended that for those who need social, educational or occupational support then self-help groups, befriending programmes or employment services are offered. These are based on what is available locally.

How can I get this treatment?

Occupational support is offered as part of a general mental health or early intervention service. Elements may also be offered by other agencies such as community and voluntary services and charities. You can ask for occupational support if you would like to work on this area of your life in more depth.

Main pro

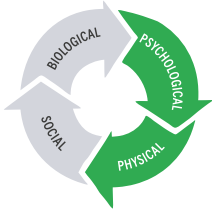
Occupational support is focused on the area which is most important to you, it can support you to make a real difference to everyday life very quickly.

Main con

The formal evidence base is limited.

4. Support and therapies for work, education and things that you do

Using green spaces like parks and woodlands, or blue spaces like rivers, lakes or the sea



The main focus of this approach is psychological and social



for general wellbeing

A sideways thumb means that not enough people have done research yet to show whether this works for unusual distressing experiences, but there is a good amount of evidence that it is helpful for your mood and wellbeing in general.

What is it?

Green spaces are natural spaces like parks, gardens, woodlands, heaths and wetlands. Blue spaces are areas of water like the sea, a lake or a river.

What does it aim to do?

Green and blue spaces are part of the natural countryside that are available for public use. Using green and blue spaces like parks and countryside or swimming in lakes, rivers and the sea may improve your mental well-being.

How does it work?

In general, green and blue spaces may be linked to better air quality, and using green spaces may encourage physical activity, as well as reducing stress. Being outside also boosts your vitamin D levels! Using blue spaces might encourage physical activity, increase opportunity for beneficial social interactions, and improve feelings of wellbeing. Cold water swimming can help reduce feelings of stress, and might even have anti-inflammatory effects.

This is because the ‘dive response’, which happens when you put your face in cold water, stimulates the vagus nerve (the longest nerve from the brain to the body). Stimulation of the vagus nerve has been shown to have antiinflammatory effects and has been used to treat depression.

What does it aim to do?

Four reviews of published studies have found evidence that access to green space is associated with a range of better health and mental health outcomes.

For example, studies have suggested that the more access you have to green spaces like countryside, parks and gardens the less likely you are to feel anxious or depressed, and the better your self-esteem and mood.



In addition, some studies suggest that if you use green spaces you are less likely to have cardiovascular problems, type 2 diabetes and are more likely to live longer. And studies that looked at people’s mental health over several years, found that moving to an area with easier access to green space can help to improve your mental health.

There isn’t much evidence that green spaces can help with unusual distressing experiences specifically. A new study that was published in 2018 found that in Danish children, there was a link between lower availability of green space like parks and countryside and the development of more serious mental health issues like psychosis as adults, but, this is the only study so far.

As using green spaces are free, it seems worth a trip outdoors to try to improve your general wellbeing!

5 reviews of published studies have found that accessing blue spaces can be associated with a range of beneficial mental health and well-being outcomes. A review by the environmental agency suggested that access to blue spaces can help people to feel calm, refreshed, relaxed and ‘restored’.



“ Green space has given me meaningful activity and has helped to reduce nearly all of my mental health symptoms, to a place where I now have balance. I’m now looking at pursuing paid work in this environment that is so important to my wellbeing. ”

Lawrence, 27

Access to blue spaces can also help improve mood and reduce the amount of 'noise' in people's minds. Some studies suggest that using blue spaces can help enhance social relationships. By spending time with others in blue spaces, it might help to improve social confidence and self-esteem.

There's not much evidence yet to suggest that blue space has specific health benefits, but one review found that access to blue space can help increase levels of physical activity, which can be helpful when people are feeling down, or un-motivated. There's also some evidence which suggests that cold water swimming can help reduce feelings of fatigue.

The National Institute for Health and Care Excellence (NICE)

There is currently no specific guidance from NICE about using green or blue spaces to improve unusual distressing experiences (e.g. psychosis). This is probably because there is not enough evidence specifically for these experiences. However, there is a lot of evidence for general wellbeing, and stress reduction.

In fact, research suggests green spaces are so beneficial for general wellbeing that Public Health England (a government department) put together a document to show the government that they need to spend more money on creating more green spaces across the most built up locations in the UK.

How can I get this treatment?

The good news is that most green and blue spaces are free to visit. Use this link to help you to find your local green spaces: getoutside.ordnancesurvey.co.uk/greenspaces/ and this one to find your local blue spaces : <https://getoutside.ordnancesurvey.co.uk/guides/blue-space/>

✓ Main pro

Using green and blue spaces is free, there are no waiting times, they are easy to access, and there's good evidence that accessing green and blue spaces can help with general wellbeing and stress reduction.

✗ Main con

It is not clear whether green or blue spaces can reduce unusual distressing experiences (e.g. psychosis). More research needs to be done.



Introduction to psychological therapies

The psychological treatment you may be offered will depend in part on the difficulties that you want help with, upsetting thoughts (paranoia), low mood or anxiety.

The aim in a psychological approach is to work together with you to help with particular difficulties as well as improving how you feel, your wellbeing and your recovery.

Before you start any psychological work and often when you are first referred to a mental health service, your team or mental health supporter will work with you to agree your needs and make a plan for supporting you. Part of this plan will involve agreeing a shared understanding of your strengths and difficulties.

How do you get to a shared understanding of psychological difficulties?

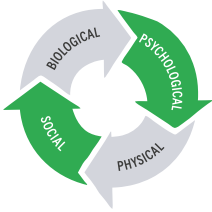
A shared understanding of your strengths and difficulties is sometimes called a formulation. It is a way of making sense of your experiences, by looking at how they have come about in your life and the meaning they have for you.

It is a bit like a personal story that a psychologist or other mental health professional draws up with you. It tries to understand what may be keeping your difficulties going, and helps you to break out of unhelpful ways of doing things and find the best path towards recovery.

It draws attention to your talents and strengths in surviving what might be very challenging life situations.



Arts therapies



The main focus of this treatment is on psychological factors, as well as social factors when it's offered in a group.



Remember one thumbs up means that enough people have done research to show that this approach does work.

What are they?

Arts therapies are treatments which involve creative activities, like art, music or dance, alongside therapy sessions. They can help you express yourself and work through difficulties in new and creative ways. These sessions are supported by a professional who is trained specifically in one or more of the arts therapies.

You don't need experience or to be good at any of these activities! The therapist will guide you through them and give you materials to help you.

Arts therapies are mainly offered in groups but can be offered individually if you'd prefer or there are other reasons why a group would not work for you.

What do they aim to do?

The arts therapies are good if you find it difficult to explain your thoughts and feelings in words. The arts therapies are designed to give you a safe time and space to understand your feelings and thoughts and make sense of them, by giving you new ways to look at and talk about your experiences. The group sessions can also help you connect with other people.

Arts therapies can be helpful if you tend to be withdrawn, don't feel like doing things or find it hard to talk about things. It can help you to feel more confident, interested and better able to do things socially with other people.

What are the options?

Art therapy:

Art therapy uses a mix of art, making and talking; so it's different from other talking therapies because you do art and have the option of talking with the therapist at the same time.

The British Association of Art Therapists says that art therapy is "the use of art materials for self-expression and reflection in the presence of a trained art therapist".

The art therapist will tell you about paint, oil pastels, pencils, different types of paper, materials, clay, glue etc. and help you get started, as art therapy uses lots of different art materials.

You can choose whatever you want to do, for example drawing, painting and making things. Art and drawing might help you to talk and think about things that are happening for you and to understand difficult thoughts, feelings and experiences.

Creating pictures or objects within the therapy may help you to talk with the therapist and others, tell them who you are and how you feel.

Dance movement therapy:

Dance movement therapy uses body movement and dance to address difficult feelings and experiences. You may explore different movements and rhythms as part of this therapy and remember you don't have to be a dancer to be able to do dance therapy.

It may be useful for you to feel more in touch with your body and surroundings and gives you another way of expressing your feelings.



Dramatherapy (registered as just one word to confuse people!)

Dramatherapy offers a safe and supportive space to work creatively in order to help communicate, explore and think about personal experience and feelings. Sessions vary depending on your own creative and imaginative ideas and will be guided by you. You do not have to be good at drama to take part. Sessions involve the use of imagination, movement, character work, role play, writing, drawing, working with objects and images, music, and discussion.

Dramatherapists are trained to help you to use these methods as a way to develop and change. Sessions focus on a particular theme that may have relevance for you and can help you to understand yourself and how you relate to others and the world. It can also help you to feel more in touch with your body and explore and express yourself and connect with other people nonverbally.

Outcomes can include the development of coping strategies, problem solving skills and building confidence.

Music therapy:

Music therapy uses all different styles of music and sounds. You do not have to play an instrument or know anything about music, as you may just listen to different types of music with your therapist and explore ways to use this to communicate feelings. If you do play music, great! There is no right or wrong way to do it..

Does it work?

Art therapy is the most studied of the arts. Several studies have looked at whether art therapy helps with unusual and distressing experiences for people who are already taking medicine and having other mental health support.

Some studies found that art therapy improved the way people thought about themselves and how they related to other people and one study found that people had more motivation and improved mood after art therapy – but one study found that art therapy didn't improve psychological health and none of the studies found effects on unusual distressing experiences themselves.

A recent review of the evidence found 12 studies which suggest that group-based arts therapies can be useful for people with depression or anxiety, but most researchers agree there is not enough good evidence to be sure.

There was a recent RCT looking at art therapy for people with depression and found it can help with recovery and can help people to stay well for over 6 months afterwards but, again, this is not enough on its own so more research needs to be done on this.

Finally, most of the evidence for people who use substances, like alcohol and drugs, look at music therapy and suggest music therapy can be helpful. 21 RCTs were found in a recent review and suggest that when music therapy is added on to standard care (which is normally detoxing and refocusing on other things in life) it improved the chances that people changed their alcohol and drug habits.

More evidence is needed that looks at each of the types of arts therapies and each of the difficulties it can help with to decide which is best for each difficulty.

The National Institute for Health and Care Excellence (NICE)

NICE found six good quality studies and recommended that art therapies (including art, music, drama and dance movement therapies) be considered for those experiencing unusual, distressing symptoms to help with things like motivation, withdrawal, lack of interest and lack of activity.

They also highlighted the need for more high quality research as the current evidence is limited.

One large study that happened more recently, has shown that for people with longer term problems, group art therapy didn't improve mental health, health or day-to-day life more than another activity group.

NICE does not recommend arts therapies for anxiety, depression or substance use yet. This is probably because there is not enough evidence to recommend them but they do show some promise.

How can I get this treatment

The Arts therapies may be offered by a local mental health service in the NHS, but they are not always available. Ask your doctor, care coordinator or GP if you're interested and they will be able to tell you about local options. Some charities offer arts therapies too, but these may be difficult to find so do ask around.

You may also be able to pay privately for arts therapies. You may need to look at different organisations for the different types of therapy.

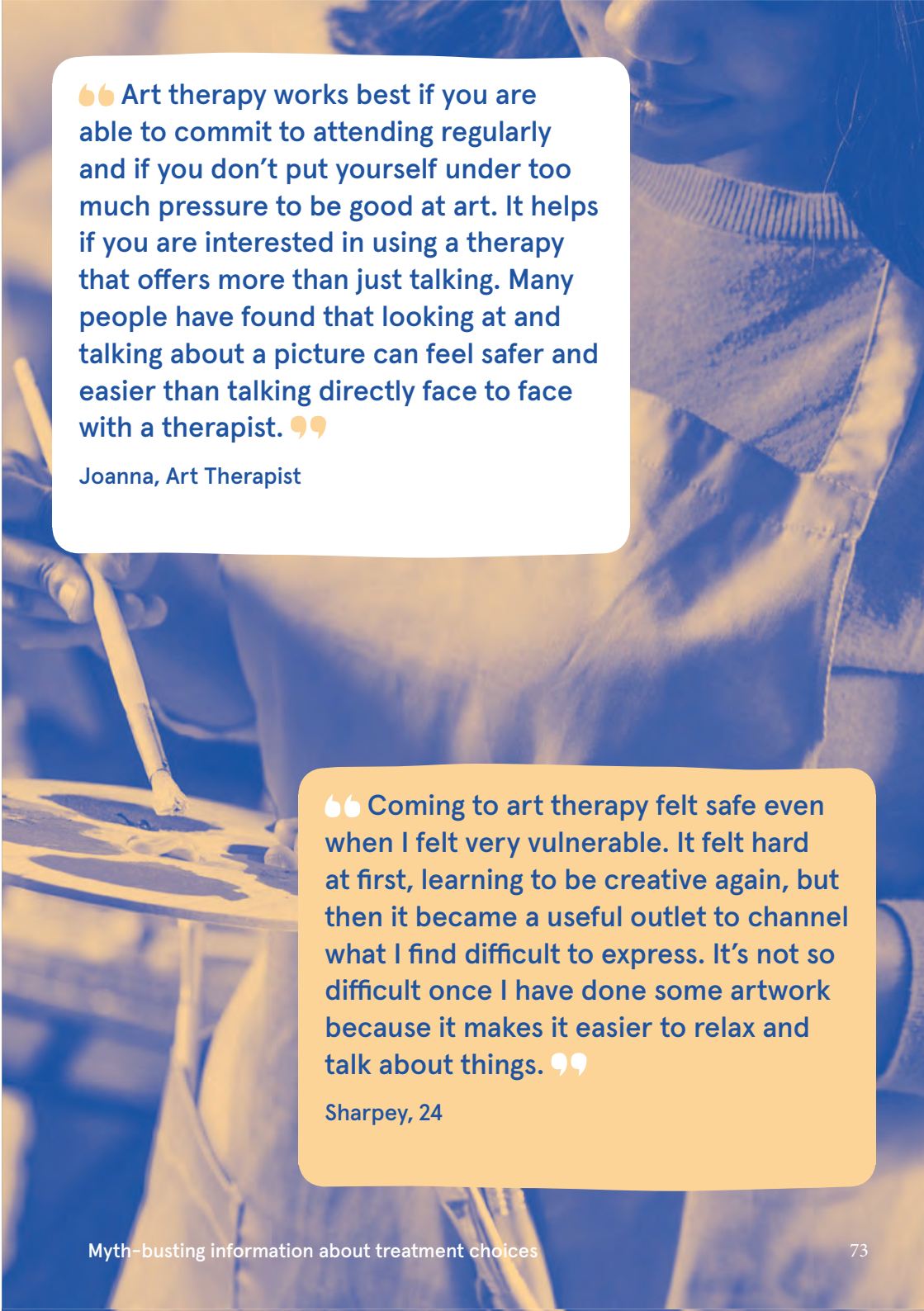
1. Try looking on the British Association of Art Therapists' website where there's a section on finding a private art therapist (<https://baat.org>).
2. For dance therapy, try the Association For Dance Movement Psychotherapy UK (<https://admp.org.uk>)
3. For music therapy, try the British Association for Music Therapy (<https://www.bamt.org>)
4. For dramatherapy, try the British Association for Dramatherapists (<https://www.badth.org.uk>)

✓ Main pro

The Arts Therapies offer different ways to show your feelings and talk about thoughts than other therapies. You will not be asked to do anything you don't want to. Feedback from clients is often positive and dropout is often very small..

✗ Main con

There's not a lot of good quality evidence, so it's hard to know whether they are helpful or not. It may feel hard to start with, to do art and other forms of creative expression with a group of people you don't know..



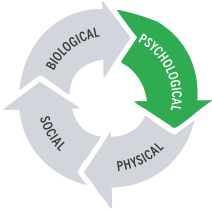
💬 Art therapy works best if you are able to commit to attending regularly and if you don't put yourself under too much pressure to be good at art. It helps if you are interested in using a therapy that offers more than just talking. Many people have found that looking at and talking about a picture can feel safer and easier than talking directly face to face with a therapist. 💬

Joanna, Art Therapist

💬 Coming to art therapy felt safe even when I felt very vulnerable. It felt hard at first, learning to be creative again, but then it became a useful outlet to channel what I find difficult to express. It's not so difficult once I have done some artwork because it makes it easier to relax and talk about things. 💬

Sharpey, 24

Cognitive behavioural therapy



The main focus of this treatment is on psychological factors.



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What is it?

Cognitive behavioural therapy (CBT) is one of the 'talking therapies'. Cognitive relates to what you think, and behaviour relates to what you do.

By meeting on your own with a CBT therapist to talk about things that are bothering you, you will learn about the links between your thoughts and your behaviours, how you came to think and do things the way you do, and how that affects how you feel.

The amount of therapy meetings you have will depend on what is helpful to you, but a guide would be around 8 weekly or fortnightly meetings of about an hour for low mood or depression; 12-15 for anxiety; or 16 or more meetings for unusual distressing experiences. Some newer CBT approaches are shorter and focus on specific issues like sleep, worry, selfconfidence, thinking, or trauma (see below).

CBT doesn't involve lying down on a couch, it isn't about telling you your thoughts are wrong, and it won't make you do anything you don't want to do; it will always respect your view on things and works with you to achieve your goals.

Often you will meet at an NHS base but sometimes you can also meet somewhere that suits you, like your house, a café or even in a park if it's nearby.

What does it aim to do?

CBT deals with thoughts, feelings and behaviour. CBT tries to support you to feel less upset, afraid or bothered by your thoughts and experiences and more able to get on and do the things you want to in life.

It does this by helping you to understand how you came to have these thoughts, experiences or things that bother you and possibly to change how you think about and deal with things.

Sometimes, you can think about things in ways that end up making you more upset, worried or frightened, so that you end up doing things (or avoid doing things) that make the situation worse. CBT helps you to see that there are different ways of thinking about the same situation and that having a new perspective may be helpful.

“ CBT can help people recover, overcome their problems and become less distressed, by looking at the way they think and feel and how their actions and thoughts affect each other. However, CBT does not help everybody. Generally, only people who want therapy and engage fully are likely to benefit. ”

Professor Philippa Garety,
Professor in Clinical Psychology

Thinking and doing things differently can help you break out of vicious cycles that may be maintaining your problems and make you feel better. CBT tries to give you more helpful ways of thinking about things and reacting to them so that you're less down, bothered, frustrated, upset, worried or frightened. The idea is that then you practice thinking or doing things differently in your day-to-day life.

CBT involves working together with your therapist. You decide what main problems you want to work on and discuss them in meetings.

Does it work?

Interventions may address sleep, worry, anxiety, mood, confidence, and trauma. For mood and anxiety, guided self-help CBT resources with 3-6 sessions of 1:1 guidance may be helpful.


Five reviews of controlled trials showed that CBT is effective in treating anxiety and depression in adults. 142 randomised controlled trials for depression found that both individual and group CBT as well as group behavioural activation, group problem solving, mindfulness based cognitive therapy, group mindfulness and group exercise were all equally more effective than other methods for less severe/first episode depression.

There has been a lot of good quality research about how helpful CBT is for unusual, distressing experiences. All of the research, apart from one study, looks at whether CBT is helpful for people who are already taking medicines.

There is clear evidence from lots of different groups of studies (metaanalyses) that CBT helps with unusual distressing experiences. The effect of CBT overall is small medium. This might be because in most studies people are already taking medicines, and also because lots of different types of CBT for lots of different problems are all being compared together.


It also seems to make a difference how experienced and well-trained your therapist is and whether you are joining in with the therapy. CBT works best of all when a welltrained, experienced therapist works with someone who's really engaged in trying to use the therapy to make a difference.

The research suggests that CBT does work, in that it can reduce unusual upsetting experiences, and help with mood, recovery and having a social life.

A person with long hair is sitting on a grassy field, looking towards a building in the background. The scene is bathed in a warm, golden light, suggesting late afternoon or early morning. The person is wearing a dark jacket.

“ The CBT I had with the psychologist has been really helpful. She was really good at identifying where my thinking is going astray and helping me, helping it, come back to where it should be. She really helped with that, and yeah, that’s probably been one of the most important things. ”

Sana, 19

Two people are sitting on a grassy field, facing each other. The person on the left is a woman with long hair, and the person on the right is a man with a beard and glasses. They appear to be in conversation. The scene is bathed in a warm, golden light, suggesting late afternoon or early morning.

“ Having someone else’s point of view on the way my brain works and challenging its patterns, whilst hard, was surprisingly effective for me. Certain lifelong anxieties were lifted swiftly in part. My only real criticism is the waiting list. ”

Rob, 27

When CBT was compared to other talking therapies, for unusual distressing experiences, it came out as the best one to help with dealing with emotions (like sadness, anxiety or fear), and helped about as much as other talking therapies for unusual upsetting experiences, motivation, social life, or stopping experiences from coming back.

All the talking therapies for people with unusual distressing experiences, when people had these and medicine together, were better than medicine alone. This means that it is better to combine medicine with CBT or another talking therapy and the evidence is better for longer therapies (i.e. 16–20 meetings) for unusual distressing experiences.

Only one small study has looked at whether CBT helps with unusual distressing thoughts when people are not taking medicine, and it showed that CBT does help even when people have chosen not to take any medicine.

The National Institute for Health and Care Excellence (NICE)

NICE recommend that CBT is useful for anxiety or depression if you do not respond to low level interventions, like self-management or peer support in the first instance. CBT for anxiety and depression aims to look at how thoughts, beliefs and behaviours interact with each other and teaches coping skills.

“ The CBT enabled me to get in control of what was in my head. Everything is less chaotic and my mind is now freed up to do other things. Now I have the illness – the illness doesn't have me. ”

Tanya, 36

For anxiety, individual CBT is recommended for persistent anxiety that has not responded to low intensity approaches or is impacting on your functioning. It is recommended that the intervention is delivered by trained practitioners with 12-15 weekly sessions of 1 hour or 90 minutes.

For depression, group or individual CBT is recommended if depressive symptoms continue after low intensity interventions are tried or if you have mild to moderate depression. Individual and group CBT usually involves 8 sessions and is delivered by trained practitioners.

NICE recommends CBT along with medication for adults and young people with unusual distressing experiences for symptom reduction and to stop problems coming back. NICE also recommends that CBT should be delivered on a one-to-one basis over at least 16 meetings.

How can I get this treatment?

CBT may be available through your EIP service or through local psychological therapies services within the NHS. However, it isn't always readily available. Ask your doctor, mental health practitioner or GP if you're interested and they will be able to tell you about local options.

You may also be able to pay privately for CBT. Try looking on the register for the British Association of Behavioural and Cognitive Psychotherapists at cbtregisteruk.com where there's a section on finding a private CBT therapist in your local area.

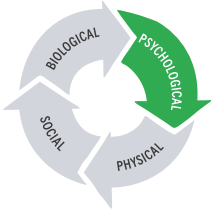
Main pro

Learning how to relate differently to distressing experiences has been shown to be helpful for dealing with emotions and reducing distressing experiences.

Main con

There can be a long waiting list (6 months or more) to start CBT. It can be difficult to talk about personal things. It requires quite a bit of commitment to go to meetings and practice things outside of meeting. It can take a long time (six months or more) and it doesn't work for everyone.

Brief CBT-based interventions



The main focus of this treatment is on psychological factors.



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What is it?

Newer short forms of CBT have also been developed that focus on more specific problems associated with unusual distressing experiences, such as worry and anxiety, low mood, sleep, reasoning, self-confidence, paranoia and voice-hearing.

They are all CBT-based talking therapies, where you meet individually with a therapist but they are much shorter than traditional CBT for unusual distressing experiences, generally involving about 4–8 meetings focused on one problem.

What does it aim to do?

These interventions all aim to improve how you feel and what you do day-to-day, by focusing on your thinking and behaviour, just like the CBT interventions described above.

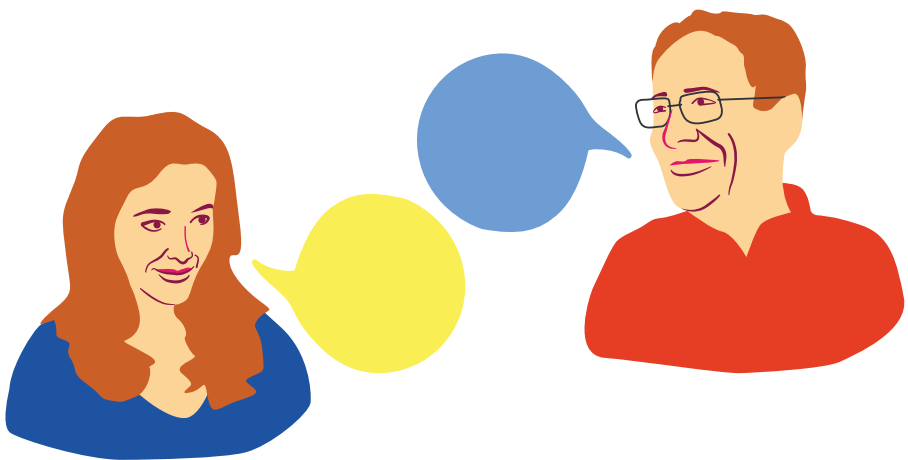
They are different to general CBT for unusual distressing experiences, because they focus on one specific problem, (e.g. worry, anxiety, mood, sleep, reasoning, selfconfidence and thinking patterns) that can make unusual, distressing experiences worse.

By improving this one specific problem, they reduce the distress and impact of your experiences on your life. For example, you may worry a lot about things that might happen in the future or struggle to go out, or to do new things because of anxiety. CBT might help you to understand why you worry or feel anxious, and help you to break out of worry cycles, and gradually work through the things that make you anxious by practicing facing these things, bit-by-bit.

You may feel down and lacking in energy and enthusiasm, sleep too much or too little. CBT can help you to gradually build up the things that you used to do and even add new things, so that you gradually regain your energy and your sense of pleasure, enjoyment and success.

A detailed focus on sleep in CBT can help you to understand why your sleep is poor and can suggest good sleeping habits to help you to sleep better. Paranoia and other experiences can get worse when your thinking spirals out of control, so that you see danger everywhere. CBT can help you to understand and get control over your thinking.

All of these things, if they're a problem for you, can make experiences worse, so dealing with them can make life better. After all, we all know how much harder everything is, if you've not had enough sleep, or feel sad or anxious all the time.



“ I thought it was excellent. My self-confidence has got better and I think more positively. Before, everything seemed like a really big problem and I worried a lot. I do still worry, but I tell myself I can't do anything about it so I write it down instead. I'm feeling really good at the moment. ”

Beth, 22

“ We know that sleeping badly, worrying a lot, and feeling low in confidence can be exhausting. Getting anxious, stopping activities, and becoming isolated can all too easily follow. We've found that it can be really valuable to spend time sorting out – one by one – these problems. After one goal is achieved, we move on to the next. ”

Professor Daniel Freeman

“ I found the therapy challenging and difficult, but it was eye-opening. I didn't realise how much I worried and where the worry was coming from. I now try to take time out just doing things that I actually enjoy. I still find it hard around people but I feel I can still build on the skills. ”

Felix, 19

What's the evidence base?

There are now several trials and a growing evidence that these short interventions work when delivered by well-trained and expert therapists.

Most of them have at least one good randomised controlled trial so far, but early results from these new studies do suggest that focusing on individual difficulties with CBT can work really well on their own.

A new therapy called SlowMo which focusses on reasoning and thinking patterns and works with a therapist, computer and phone app over 8 weeks and has shown real improvements in fear of harm from others... and, a new therapy called Feeling Safe has shown significant benefits on paranoia when several of these brief interventions are combined together into a personalised longer therapy.

They have not yet been reviewed by NICE.

How can I get this treatment?

These Brief Interventions are starting to become available in the NHS, as more therapists are getting the training.

A standard CBT therapist should be able to offer sessions to help with these issues.

Ask your doctor or mental health supporter for more information about seeing a CBT therapist, or refer to the website cbtregisteruk.com to find a private therapist.

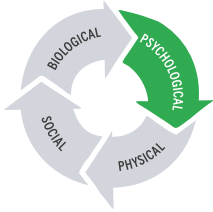
Main pro

These are short interventions with a limited time commitment. Sometimes they include interactive computer exercises and early evidence is promising.

Main con

The interventions are quite set and they focus help on a specific problem area only.

Behavioural Activation



The main focus of this treatment is on psychological factors.



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What is it?

Behavioural activation may sound a bit strange, but it is really just a supportive structured way of planning your time so that it involves more things that you enjoy. It is a brief psychological therapy that is offered in a one-to-one format with a trained therapist or a group led by a therapist. It aims to change how you approach life by focussing on links between the activities you do and your mood. This approach involves working together with your therapist and focuses on what you can do in the present time to help with your mood.

Behavioural activation is one of the talking therapies offered by the NHS. It encourages you to take simple and practical steps to changing aspects of your life. It also teaches problemsolving skills to help you tackle problems which might be affecting your mood.



What does it aim to do?

Behavioural activation is a guided talking therapy which aims to help you unpick how daily activities might be affecting your mood and to help you make practical and simple changes in your life that can positively affect your mood. By doing this, behavioural activation aims to do the following:

1. Increase your access to positive interactions and activities that come from engaging in healthy behaviours.
2. Reduce the times where you avoid positive or healthy behaviours and interactions.
3. Understand the reasons why you may be avoiding these experiences and any other barriers you may face.

Does it work?

A recent review of 53 RCTs found that behavioural activation is as effective as CBT or psychodynamic therapy for the treatment of mild to moderate depression and may be more effective than medication and treatment as usual. There is not much high quality evidence, however, and so more evidence is needed to confirm this. There is a very small amount of evidence that it may help people with unusual distressing experiences.

The National Institute for Health and Care Excellence (NICE)

NICE guidance does recommend behavioural activation for the treatment of mild to moderate depression to stop your symptoms from getting worse. It is recommended alongside other psychological therapies like CBT and mindfulness.

How can I get this treatment?

You can get talking therapies on the NHS from NHS talking therapies services. You can refer directly to a local service online or you can talk to your GP who can share information with you and make a referral.

Main pro

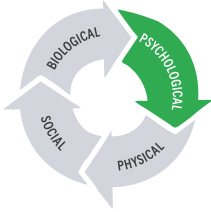
It is useful for you if depression has led to social withdrawal or doing fewer activities or if depression has followed a change of circumstance or routine. If taken part in a group, it can also allow for peer support.

Main con

The evidence is not as high a quality as other psychological therapies. You will also need to be willing and motivated to complete assignments in your own time outside of sessions.



Interpersonal Therapy (IPT)



The main focus of this treatment is on psychological factors.



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What is it?

Interpersonal therapy is an individual talking therapy that you do with a therapist, which focuses on how interpersonal relationships and interactions are related to your emotions and mood. It can consist of 8-20 sessions. It is based on the ideas that poor relationships in your life can affect your mood or sometimes your mood can make your relationships with other people worse. IPT aims to help this.

What does it aim to do?

The goal of interpersonal therapy is to resolve current issues with interpersonal relationships and change relationship patterns which may be influencing depressive thoughts. This therapy does not target depressive thoughts directly but more the social factors that might influence them.

Does it work?

There is less evidence for interpersonal therapy for depression than other therapies. A recent review of 11 trials found that interpersonal therapy had a significant effect on reducing depression in adults. There is more evidence to suggest that interpersonal therapy is effective for depression in adolescents.

The National Institute for Health and Care Excellence (NICE)

NICE does recommend interpersonal therapy as an optional treatment for less severe depression. It is suggested that other therapies such as guided selfhelp, CBT and behavioural activation are offered first, unless you have a specific need that is relevant to interpersonal therapy or have not responded to other therapies.

How can I get this treatment?

You can get talking therapies on the NHS from NHS talking therapies services. You can refer directly to a local service online or you can talk to your GP who can share information with you and make a referral.

✓ Main pro

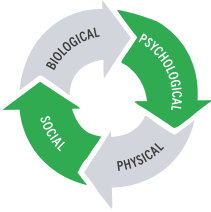
IPT may be helpful if your depression is associated with interpersonal difficulties, especially adjusting to transitions in relationships and loss for example.

✗ Main con

It will need you to be comfortable and willing to examine personal relationships, which not everyone is happy doing..



Family interventions



The main focus of this treatment is on psychological and social factors.



Remember, more thumbs ups just means that more people have done research that shows that this approach does work.

What is it?

Being offered family intervention doesn't mean that you are a 'problem' family, nor that your family is to blame in any way! A family intervention is a talking therapy that focuses on difficulties that the family is facing, and that plans ways of solving them as a family.

What does it aim to do?

It usually includes you, your family (or others who are close to you), and two therapists. It is normally offered to you if you're living with or in close contact with your family. You might expect to meet all together, about 10 times over 3–12 months or more. The therapy may focus on support, education, or treatment, and may include managing crises, solving problems and stopping problems from coming back.

What does it aim to do?

Experiencing unusual and distressing symptoms, low mood or anxiety or struggling with substance use can be difficult not only for you, but also for the people close to you.

If you have close family or friends, they can play an important part in helping you to manage your experiences and stay well. Family interventions focus on encouraging understanding, communication and independence within the family, and working through problems and emotions.

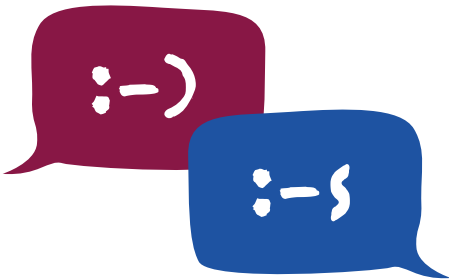
These interventions aim to encourage everyone in the family to talk to one another about things that they are finding difficult and to think of more helpful ways of supporting each other.


Through this process, family interventions help you and your family to better manage the effect of stress and other unusual and distressing experiences on everyone's lives, leading to better health and wellbeing and reducing the chances that problems return.

Unusual upsetting experiences in one person, can affect the whole family, so family interventions are there to help the whole family to cope, to support each other as best they can through a difficult time, and to help you to stay well.

As understanding, communication and coping get easier, everyone should start to feel less emotional, less stressed, and better able to get on with the things that are important to them in their own lives. Less family stress also means you are less likely to have another episode of unusual experiences!

If you are struggling with substance use, a therapy that involves you and your partner may also be helpful. You can find more information about this in the section on substance use.





“ Family intervention for psychosis has a robust evidence base and is recommended by NICE, but only for those in contact with family. Available family members meet regularly to problem-solve current issues and improve understanding, using the service user as expert, and to process emotional upset such as grief, loss and anger. ”

Professor Elizabeth Kuipers,
Consultant Clinical Psychologist

Does it work?

There are a large number of good quality trials (involving over 2,500 people) that show that family intervention, when delivered by expert therapists, is helpful for families with a person who has unusual and distressing experiences.

They generally compare what happens when you have family intervention and usual care (which may sometimes include medicine) together, with what happens if you only have usual care (which may sometimes include medicine).

One big review (meta-analysis) that looked at results from lots of smaller studies found that including the family in therapy could reduce the chances of a relapse – that's when the unusual distressing experiences come back – by 20%. The longer the family intervention went on for, the less likely the experiences were to come back..

Family intervention reduces the likelihood that you will need to go to hospital too. So family intervention is a useful part of helping you to stay well. It also helps you to make the most of the treatments on offer – maybe because your family are on board with and help you get what you need.

Some research has found similar results with systemic therapy which aims to reduce distress and conflict by improving relationships with family and sometimes also with friends, teachers or bosses at school, college, university or work.

The National Institute for Health and Care Excellence (NICE)

NICE recommends family interventions for both adults and young people with unusual and distressing experiences, and stop them from coming back. NICE found that more research is needed on family intervention with younger people.

How can I get this treatment?

Family intervention may be available through your EIP service or through local psychological therapies services within the NHS.


However, it isn't always readily available, especially because it needs two trained therapists. Ask your doctor, mental health supporter or GP if you're interested and they will be able to tell you about local options. You may also be able to pay privately for family therapy in your local area.

Main pro

Family intervention can result in a more supportive family environment, which can mean that your family feel less stressed and more positive and you find it easier to stay well.

Main con

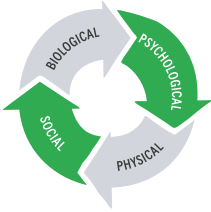
Family intervention is not always available because it depends on having enough trained staff to offer it. You need to be in contact with your family and happy to involve them. It can be practically difficult to get everyone in the family together at the same time.



“ Personally, family work did help for me, immensely. I was able then to get rid of the feelings of terrible guilt I had, which then helped me to re-establish my relationship with my son. I understood what was going on, so I was able to gradually rebuild that and not be frightened anymore. ”

Pavin, service user's dad

Mindfulness-based interventions



The main focus of this treatment is on psychological and social factors, as it's offered in a group.



Remember, more thumbs up just means that more people have done research that shows that this approach does work.

What is it?

The word 'mindfulness' comes from eastern spiritual and religious traditions like Zen Buddhism. It's about being in touch with and aware of the present moment, and taking a non-judgmental approach to your thoughts and things that happen in your life – this is sometimes called being 'mindful'.

People who work in the NHS and in mental health services have started to see that mindfulness can have lots of benefits for people suffering from anxiety and depression, and more recently perhaps also for unusual and distressing experiences. Mindfulness-based therapy usually takes place in a group and involves a mixture of talking and short practices at trying to be 'mindful'. The number of meetings has varied between 6–12.

If you're having unusual distressing experiences, mindfulness is often offered in combination with CBT type therapy.

What does it aim to do?

Mindfulness encourages you to become more aware of unusual and distressing thoughts and feelings. It supports you to accept your thoughts and feelings and notice your experiences without judging them (for example as being negative experiences), or responding to them, (for example by being upset or anxious).

Mindfulness also encourages you to go easy on yourself and be less selfcritical. By learning to react and think differently about everyday things that happen, mindfulness is thought to help you gain a greater sense of control and wellbeing.

Does it work?

Mindfulness-based therapies are a relatively new type of psychological treatment. There have been a number of small RCTs and a bigger 'meta' analysis, that includes mindfulness.

Early results suggest that mindfulness-based therapies may help with distress and general wellbeing, and may increase your ability to have control over your experiences. There is not much good evidence yet on whether it really helps with unusual distressing experiences, but there is lots of good evidence that mindfulness is helpful for depression.

142 randomised controlled trials were reviewed for depression which found that group cognitive behavioural therapy, group behavioural activation, individual cognitive behavioural therapy, group problem solving, mindfulness based cognitive therapy, group mindfulness and group exercise were all equally more effective than other methods for less severe/ first episode depression.

The National Institute for Health and Care Excellence (NICE)

NICE recommends group mindfulness sessions as one option for an intervention if you have new or less severe depression. This can include around 8 regular sessions and is useful for increasing awareness of thoughts and emotions. The group format can allow for peer support but it may not be useful if you experience intense thoughts and find focusing on the body difficult.

NICE does not yet recommend mindfulness-based therapies for unusual upsetting experiences.

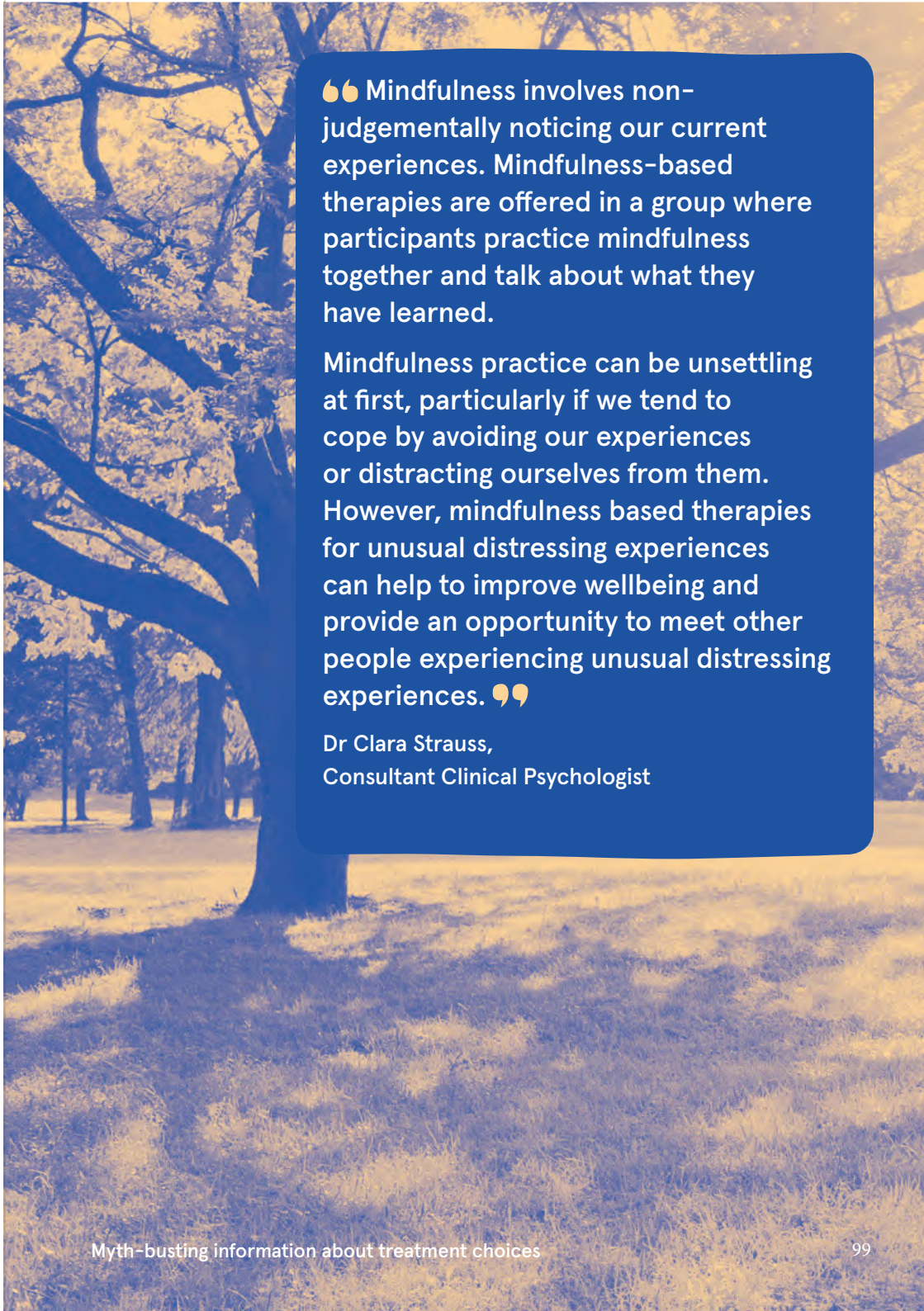
How can I get this treatment?

If you suffer with depression or anxiety, you may be offered mindfulness through your local NHS service. For unusual upsetting experiences, mindfulness is a very new treatment and it is unlikely to be available through your local NHS service as it isn't yet clear whether it works.

Some NHS services also do research on Mindfulness so you may be able to take part in some research and get the therapy this way.

If you're willing to pay privately, some private services and CBT therapists specialise in mindfulness approaches.

You can find out more about this by looking on the register for the British Association of Behavioural and Cognitive Psychotherapists at cbtregisteruk.com where there's a section on finding a private CBT therapist in your local area.



“ Mindfulness involves non-judgementally noticing our current experiences. Mindfulness-based therapies are offered in a group where participants practice mindfulness together and talk about what they have learned.

Mindfulness practice can be unsettling at first, particularly if we tend to cope by avoiding our experiences or distracting ourselves from them. However, mindfulness based therapies for unusual distressing experiences can help to improve wellbeing and provide an opportunity to meet other people experiencing unusual distressing experiences. ”

Dr Clara Strauss,
Consultant Clinical Psychologist


Finally, there are some good online materials and resources, like those published by the Oxford Mindfulness Centre at mbct.co.uk and Sussex Mindfulness Centre at sussexpartnership.nhs.uk/mindfulness

Main pro

Mindfulness-Based Therapies originate from meditation and spiritual approaches, and so might appeal to you if you're more of a spiritual person. They may possibly help if you're feeling upset, bothered, worried or frightened and they may help you with the things you want to do in daily life.

Main con

Mindfulness-Based Therapies involve a lot of work on the part of participants, because it's important to practice at least short mindfulness exercises daily. They also have limited availability and at this stage it's not clear whether they work for people with unusual upsetting experiences..

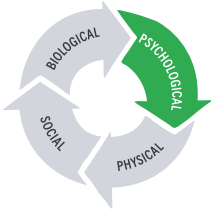


“ The methods of relaxation varied from simple focussing on your breathing patterns, to imagining you’re in a pleasant environment such as a warm sunny beach or walking through a forest.

It can be difficult to get into the right mindset, stay focused and keep your mind from wandering during a session but I found Mindfulness very helpful in reducing stress and anxiety. ”

Craig, 27

Acceptance and commitment therapy



The main focus of this treatment is on psychological factors.



Remember one thumbs up means that enough people have done research to show that this approach does work.

What is it?

Acceptance and Commitment Therapy (ACT, which is pronounced as the word 'act') is aimed at helping you to take active steps towards building a rich, full and meaningful life, and at the same time, helping you to develop psychological skills to be able to deal with painful thoughts and feelings, in better ways so that they have much less impact and influence on your life.

What does it aim to do?

The core skills that ACT focuses on include:

1. Defusion: which means distancing yourself from, and letting go of, unhelpful thoughts, beliefs and memories.
2. Acceptance: which means making room for painful feelings, urges and sensations, and allowing them to come and go without a struggle.

3. Mindfulness: which kind of means being in the moment (the 'here-and-now'), and being open to and interested in your experiences..

At the same time, ACT will help you to clarify what is truly important and meaningful to you – i.e. your values – then use that knowledge to guide, inspire and encourage you to change your life for the better.

Unlike CBT approaches it doesn't focus on the content of distressing thoughts, but just on accepting them and not letting them get in the way of your goals.

Does it work?


A review of 133 studies showed that ACT can be helpful for people with anxiety and depression.

A review of 22 studies found that ACT can be useful in reducing the use of substances as well but this needs to be tested on more people.

There are now at least four RCT studies that have looked at ACT for unusual distressing experiences. These studies have shown that ACT is helpful for reducing the distress that comes with these experiences.

💬 ACT helped to focus on what's important to me rather than all the other stuff that goes on in my head. It gave me that time and space to say 'hang on a minute' and let it go by, rather than getting carried away with thoughts. It gave me a breather where I was able to pause. This really helped me to get my life back on track again. 💬

Louis, 29



🗨️ ACT can make a real difference to people's lives. Understandably, distressing experiences have a major impact and people often get very caught up in struggling with the experience. ACT helps to gently and slowly introduce additional skills and ways of responding to these experiences that allows the person to manage them more effectively.

At the same time, ACT is very good at helping people to reactivate their lives by developing goals that are clearly linked to what is important to the individual. In this way, recovery becomes not just about escaping distress, but about rebuilding a purposeful life. 🗨️

Dr Joe Oliver, Clinical Psychologist

In a US-based study, ACT has also been shown to help people keep out of hospital for longer. Although still early, ACT appears to be useful in helping people develop better psychological health and wellbeing by using the core skills (the defusion, acceptance and mindfulness ones we mentioned above) which help with recovery.

Additionally, there are several studies underway that are looking at the effectiveness of ACT in groups. Early evidence suggests that ACT groups may be both helpful and useful.

The National Institute for Health and Care Excellence (NICE)

NICE does not yet recommend ACT for unusual upsetting experiences, anxiety, depression or substance use.

How can I get this treatment?

ACT is a newer treatment for unusual upsetting experiences. Although some NHS services do offer ACT, it is not yet common place. It is possible to get ACT from an independent therapist, who specialises in ACT.

You can check the main international ACT website which has a list of ACT therapists in the UK – contextualscience.org – or the register for the British Association of Behavioural and Cognitive Psychotherapists at cbtregisteruk.com

Main pro

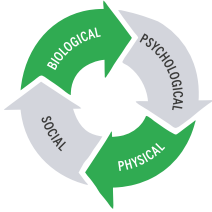
ACT can help you to think more about actively building a meaningful life, and also learning skills to help lessen the impact of your distressing experiences..

Main con

ACT is not yet commonly available in the NHS. The evidence, whilst promising, is still in the early stages so it is not yet possible to say who may benefit more from ACT treatments.

6. Medication therapies

Medication Therapy



The main way these treatments work is biological (brain) and physical (body) factors.

There is a lot of money available for research on medications, some of it from pharmaceutical companies and some from

independent researchers who are not sponsored by pharmaceutical companies, so there is a lot of research into medications. Remember, more thumbs up just means that more people have done research that shows that this approach does work.

What is it?

The medicines in this booklet are all part of a group of medicines that help to reduce or stop depression or anxiety or unusual and distressing thoughts and experiences.

What does it aim to do?

All these medicines work in a similar way by trying to improve your mood and depression, reduce anxiety and stress or reduce unusual and distressing thoughts and experiences.

They try to do this by changing the way that messages are transferred by the chemical messengers in our brain.

There are lots of natural chemical messengers (neurotransmitters) in the brain. The main chemicals that these medicines work on include serotonin, dopamine, norepinephrine, GABA, glutamate, acetylcholine and noradrenaline.

The medicines block or change some of the effects of these chemical messages.

After a few weeks, antidepressant and anxiety medications may help you to feel less down, worried or stressed and more able to do the things you want to do. They don't necessarily change what you think, but sometimes people do find they have a different perspective on their experiences after they've been taking a medicine for a few weeks or months.



Do they work?

The evidence base is different for antidepressant medication, anxiety medication and medication for low level or brief unusual, distressing experiences.

Medications for mood and anxiety

If you are offered or choose medication for depression or anxiety then NICE recommend a type of medication called a selective serotonin reuptake inhibitor (SSRI) which is a form of antidepressant medicine. Sertraline is often offered first. Alternatives are available if that doesn't work, such as Escitalopram, Paroxetine, Fluoxetine or Citalopram.

If SSRIs do not work, a serotonin-norepinephrine reuptake inhibitor (SNRI) can be offered to you, such as Venlafaxine or Duloxetine.

For depression, there are many different types of antidepressants and you may need to try a couple to see which one work for you.

A review of 57 RCTs found that both SSRIs and SNRIs are effective at improving anxiety symptoms.

Evidence suggests that SSRIs and SNRIs are equally effective at improving depressive symptoms and can help people to stay well in the longer term. A review of 66 studies found SSRIs have the most solid evidence base.

Medications for low level or brief unusual distressing experiences

A recent review of medication treatments for low level unusual distressing experiences found no effect of any of the medication treatments that are normally used to treat unusual distressing thoughts and experiences, on significant mental health issues a year or more later. Because of this, there are no licensed medications for low level unusual distressing experiences. Medications may be considered if CBT or other psychological therapies have not been helpful and you are struggling with risk of harm to yourself or someone else. If you are offered medications for these experiences then Aripiprazole or Paliperidone are often tried first, but you may also be offered Risperidone, Lurasidone, Quetiapine.

The National Institute for Health and Care Excellence (NICE)

NICE guidelines do not recommend the use of drug treatments as a first-line treatment for less severe anxiety and depression. Medications are recommended if you have not responded to self-help or group interventions first or you have stated that you would prefer medication over psychological therapies. NICE also do not recommend the use of medications for low-level or brief unusual distressing experiences.

Any time that medication is offered, NICE have guidelines on starting and stopping medication and information on withdrawal. All guidelines should be followed by the healthcare professional and you can discuss these with them.

Main pro

A benefit of medication is that this can be an easy option for people who prefer medical treatments to alternative approaches, particularly for mood and anxiety problems.

Main con

The main downside of medication is the risk of side effects.

What are the main types of side effects?

The main types of side-effects are described below. Some are very common and affect at least one out of every ten people (10%) and some are common and affect at least one out of every 100 people (1%).

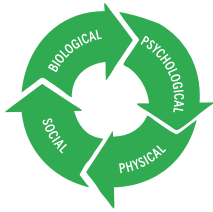
Remember, different medicines have different chances of causing these sideeffects and some have a lot fewer sideeffects than others.

If you notice any of the following sideeffects then you should discuss them with your mental health supporter, pharmacist or doctor. Side effects from SSRI anti-depressant medication may include feeling restless or agitated, feeling or being sick, indigestion, diarrhoea or constipation, loss of appetite and weight loss, dizziness, blurred vision, dry mouth, excessive sweating, headaches, problems sleeping (insomnia) or drowsiness, low sex drive, difficulty achieving orgasm during sex or masturbation, in men, difficulty obtaining or maintaining an erection (erectile dysfunction).

Side effects of SNRIs may include feeling sick, headaches, drowsiness, dizziness, dry mouth, constipation, problems with sleeping, sweating and sexual problems, such as low sex drive or difficulty getting an erection.

Side effects of medications for unusual distressing experiences may include movement problems shakiness, muscle stiffness or spasms, rigid, reduced and uncontrolled movements, feeling restless and agitated, feeling sick, having cold or flu symptoms, breathing difficulties, skin rashes, joint pains, ear infections, feeling tired (or having problems sleeping), feeling anxious or depressed, dizzy or shaky, having headaches, blurred vision, indigestion, not being able to poo or weeing when you don't mean to, having a dry mouth or having too much saliva (spit), a drop in blood pressure, a fast or slow heart rate, being more hungry, putting on weight, hormone and metabolism changes.

Early intervention services



A good early intervention service focuses on all aspects of your physical health and mental health.



Remember, more thumbs up just means that more people have done research that shows that this approach works.

What is it?

A small proportion of people with mental health issues and difficulties with day-to-day life will go on to develop more serious unusual distressing experiences (psychosis).

Unusual and distressing experiences (e.g. paranoia, fear that people are out to get you, hearing or seeing things that other people don't) tend to start when you're in your teens or early 20s, although for some people it can be later... in your 30s or older.

Evidence suggests that what you do and the support you receive in the critical first months and years with these experiences is especially important.

The sooner you get support for unusual and distressing experiences the more likely you are to recover and to reduce the impact on your day to day life.

Early intervention services are made up of mental health workers from a range of different backgrounds, who work with you when you first have unusual and distressing experiences, to try to reduce the impact of these experiences, and help you get back to the things that are important to you.

What does it aim to do?

An early intervention service aims to do two main things. Firstly, it aims to work closely with schools, colleges, young people's services, GPs and other services to help you to get help and support as quickly as possible. Secondly, it aims to provide useful treatments and broad all-round support when you first develop unusual and distressing experiences, to help you to keep up with work, school, college, your social life and friends, and to help you get back to normal life as quickly as possible.


If unusual and distressing experiences are recognised early, then useful treatments and support can reduce the impact of them on your life, allowing you to recover as quickly as possible.

Do they work?

A number of studies have found that early intervention services are better able to reduce unusual and distressing experiences and are better at preventing these experiences from returning, compared to standard community services.

“ The key to early intervention is the way services can convey real hope for recovery, and help people to achieve their goals. It is providing intervention early at the time users and their families most need it, helping them through the crisis in the least stigmatising way and helping people see the light at the end of the tunnel. ”

Professor David Fowler,
Professor in Clinical Psychology



“ I had a really, really good consultant and care coordinator who were just so understanding and the way that they approached it was in a very caring manner... they made me feel as though I wasn't unwell, I was still normal. They made me feel like anything was possible and that if I wanted to achieve something, after this episode, that it was fine. It just felt like they were on my side the whole time. ”

Tembe, 18

“ For me and my daughter, accessing services, when everything was such a fog, and this thing just comes out of the blue, it was so important. I don't know what we'd have done without it. ”

Paula, service user's mum

People using these services also tend to be more engaged and satisfied and have a better quality of life than people using more traditional community services. EIP services lead to better outcomes as they offer a broad set of support including medicine, psychological and vocational support.

The National Institute for Health and Care Excellence (NICE)

NICE backs this evidence and also shows that early intervention services offer more talking therapies than standard services.

A lot of evidence is based on the work of the Early Psychosis Prevention and Intervention Centre (EPPIC) in Australia, but there is also growing evidence from the UK and other countries, such as Norway.

These have found fewer relapses, fewer associated problems, better wellbeing, work and education outcomes for people receiving early intervention services compared to standard care.

How can I get this treatment?

EIP services should be available in all local areas and if you have unusual and distressing experiences your GP should be able to refer you to your local service.

You could also look up your local service on the 'help and support' page of our website [likemind.nhs.uk](https://www.nhs.uk/mentalhealth/early-psychosis-prevention-and-intervention-centre)

In some areas, clinicians with lots of EIP experience are working in general mental health teams instead of EIP teams. If you don't have a local EIP service, you could ask instead to speak to someone in your local mental health

Main pro

Early intervention services help you to recover better than other mental health services.

Main con

There is not yet enough evidence to show whether this better recovery carries on in the long term.

What does recovery mean?

All of these treatments are aimed at helping you to recover after you've had difficulties with depression, anxiety, substance use or unusual upsetting experiences.

Recovery means different things to different people. Some people will stop having these experiences and will never have them again, others will stop having them, but they may come back again and others will still continue to have these experiences at a low level.

Most people think that recovery following these experiences involves rebuilding your relationships, rebuilding your life, increasing self-confidence and self-reliance and developing hope for the future. Working towards these things can help you to reduce the impact of these experiences, and the treatments in this booklet can support you with this.





Your main mental health support person is:

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