Psychological Therapies in Scotland
Information for Service Users and Carers

This booklet is based on a document called ‘The Matrix’, which sets out the main evidence based psychological treatments. The Matrix was developed to support services and staff to offer the most up to date scientifically based psychological treatments.

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What you may want to know about Psychological Therapies Services
- Who works there?
- Is there enough to go around?
- Which psychological therapies are most commonly available?
- What is the recommended treatment for what problem?
The Matrix –
A Guide to Delivering Evidence-Based Psychological Therapies in Scotland

In Scotland, we use a document that most people call The Matrix, which sets out the main psychological therapies that can be provided through the NHS. It is a document that is officially called ‘A Guide to Delivering Evidence Based Psychological Therapies in Scotland’. It has been written to help services plan and deliver the best possible treatment services for people who require psychological therapy.

The Matrix
http://www.nes.scot.nhs.uk/Matrix2015/
Section 1

What is in The Matrix?

- It presents **information from the scientific literature** about what is the best treatment for which problem.
- It describes the **supervision and training therapists need** so that they can provide the service in the same way as it is described in the professional literature.
- It presents a way for services to offer people what is known as the ‘stepped’ or ‘matched care’ model – you step through different levels of care, depending on your need.

**What is the purpose of this booklet?**

This booklet will tell you how Psychological Therapies Services are organised and described in The Matrix. The aim is that it will help you if you need to use the services or if you know someone who may need to use them by explaining a range of questions including:

- What are psychological therapies?
- Will they help?
- Why do people need them?
- Where do you get them?
- How do you get them?
- Which one is recommended for which problem?
- What training do staff have?
- How can I complain about the service I receive?
What you may want to know about …

Psychological Therapy
Psychological Therapies Services provide evidence based treatments (treatments that have been proven to be the most effective) for people with mental health problems. There are many myths about what therapy is and who it is for …

Q. What is it?
A. Psychological therapy (sometimes called talking therapy) is a treatment for problems related to your mental health or wellbeing. The approach used is collaborative. Psychological therapy is never done to you (e.g. like having a wound stitched). You can discuss any problems knowing that a trained and registered therapist has the skills that can guide and support you to make changes, which will help you to feel better within yourself. These skills have been developed using the results from psychological therapies research (this is what provides the evidence base mentioned above).

Psychological therapy can be provided in different ways. The most common is individual face to face sessions. It can also be provided as telephone treatment, computerised therapy or sometimes in a group. This should be made clear in your appointment letter. If it does not say anything about this, you can assume you will be seen individually, at least for that appointment.

Sometimes people are offered a chance to hear more about their particular problem and how to cope with it, usually delivered in a group or ‘course’. This is called psycho-education and is sometimes offered as an alternative to psychological therapy or, sometimes it is a first step that can help you get the best out of the therapy you receive following this.
Q. Will it make a difference?
A. Yes, research shows that, if properly delivered, these treatments are as effective as treatments for many physical illnesses.

Monitoring Progress during treatment
Psychological therapists take a scientific approach to treatment and therefore they use a range of ways to measure change including questionnaires and diaries. They will want to ensure that they are working with you to monitor your progress during treatment.

First meeting
Q. What happens when you go for therapy?
A. This may be called an assessment meeting:
The most important thing to remember is that nothing will be done to you. The therapist will not be trying to ‘read your mind’ but will ask you what you think about your problems and will share their own thoughts about what you are saying. Starting a course of therapy will be a joint decision between yourself and the therapist. It is important that you both agree that you have a helpful plan for going forward.
You are likely to be asked what the problem is that has brought you for treatment at this point in your life. You will be asked about things that have happened recently and about important things from the past. You will not be forced to talk about things if you are not ready. You may also be asked to fill in questionnaires about how you have been feeling. These will help you and your therapist to understand your current situation and also to know what changes happen as treatment progresses.

Therapy is a collaborative process. In other words, it is not just up to the therapist to make all the decisions. The client and the therapist **together** will discuss what the options will be and make a decision about the next step.

Not all services are exactly the same so in the first one or two meetings you will also be told how the service works, which is likely to include:

- Whether this might be the right service for the type of problems you are having
- Roughly how many appointments you might be offered
- If you will be expected to do certain things between sessions
- What you should do if you will be late or cannot keep an appointment
- An opportunity to discuss concerns you have about coming for treatment, for example:
  - Confidentiality? Who will know about it? Will my GP get letters?
  - Why might I see a trainee? Are they as good as qualified staff?
  - I find reading or writing difficult does that matter?

If any of these questions are important to you, or if you have other questions, it is essential that you ask your therapist. Your therapist will be used to being asked these questions and you could write them down if you think you might forget.
Q. So, what might happen after an assessment?

A. If you and your therapist have agreed that psychological therapy is likely to help you, you will be offered a number of treatment appointments. During these appointments your therapist will help you to discuss the things that are causing you difficulties and will support you to make changes in your life. This will be partly through discussion in the sessions but there may also be things you and your therapist will agree would be helpful to do between sessions, like completing a diary or trying to practice things you have discussed in your sessions. These methods are an important part of the treatment and if it sounds daunting your therapist will help you, as you gain confidence, to make changes in your life at a pace you both agree is suitable.

Q. How many people have these problems?

A. • Nearly one third of people attending GP surgeries attend with mental health problems – in other words it is very common to suffer with psychological problems at some time in your life.

• According to a national survey – a quarter of adults of working age have a mental illness, of whom up to half are seriously ill.

If you have described difficulties (usually to your GP) that may improve with psychological treatment, you may be referred for or ask to be referred for therapy. A carer can also ask for someone to be referred and sometimes you may be able to refer yourself.
Q. Who needs this treatment?
A. People from all walks of life with many different difficulties may need psychological therapy. Some of these problems may be depression, anxiety, stress, trauma, coping with long term health problems or even coping with other people’s difficulties e.g. alcohol misuse or dementia.

Q. How long does treatment take?
A. Depending upon which therapy it is, and also how serious your problems are, your treatment may take between 6 and 20 sessions generally lasting about 50 minutes per session. This can range from about 30 minutes to 90 minutes however. Sessions may be offered on a weekly or fortnightly basis.

Q. Can I have more?
A. There are recommended lengths of treatment and your therapist will try to work within those guidelines. If you think the duration suggested is not correct (either too long or too short) for your needs, it would be good to discuss that with your therapist. Your treatment will not suddenly stop. Finishing your treatment will be discussed in advance with you.
Q. What if I don’t like it?
A. Starting on a course of therapy is a joint decision. If it turns out to be very different from what you expected you and your therapist may decide to discuss if there are any alternatives. It is important to feel you can discuss with your therapist if you do not like the treatment. Therapists are used to the people they see asking about the treatment they are receiving e.g. is there an alternative? Is there a shorter therapy? I would like to discuss the past, can we do that? etc.

Q. Can I choose/change therapist?
A. This may be possible; however, it can be difficult, especially if there is only one therapist in a service. Occasionally you may feel you need to be specific, for example, about gender or age of a therapist and services will generally try to accommodate this if they can and they will certainly be keen to discuss whatever difficulties this may cause. Very occasionally a clash may occur making you feel you cannot work with a particular therapist. It is important under these circumstances that you can tell your GP or the manager of the service that this is the case. An Independent Advocacy Organisation might be able to help you have this conversation. The Scottish Independent Advocacy Alliance (SIAA) will have details of advocacy groups in your area.

http://www.siaa.org.uk

Q. Can psychological therapy do any harm?
A. It is thought to be very rare. Psychological therapists are supervised to ensure both that they offer the appropriate therapy recommended for the problem you have in the scientific literature, and also to
Section 2

ensure that they are well trained to deliver the treatment properly.

However a project called AdEPT (Adverse Effects of Psychological Therapy) looked at potential harm during therapy.

http://www.supportingsafetherapy.org/clients/during-therapy/signs-of-harm-when-to-say-you-feel-worse

You may find that you feel a bit worse when beginning to discuss difficult personal issues. This is understandable and should improve over time.

However, if you’re finding the process of therapy even more difficult than you expected, you seem to be getting new problems that are traumatic or upsetting or your therapist is behaving in a way you think may be unacceptable, you should seek support and guidance from your GP or other health or social care professionals you are involved with (see link above).

Q. What is supervision and why is it important for trained people?

A. Supervision is the system primarily designed to ensure quality, safety and effectiveness in the psychological therapy that is being delivered. It is required that all therapists, regardless of their seniority or experience, receive regular supervision in order to help them to offer the best possible service and to continue developing their skills. In the supervision session, the therapist will generally describe how they are treating an individual and the supervisor will help them to consider the best way forward and ensure they have all of the skills necessary. Supervision can occur individually or in a group setting. Supervisors will be experienced and qualified therapists, who must also have specific training in supervision. Discussing your treatment in supervision will enable your therapist to think through what you are being offered and to ensure you are getting the very best treatment possible. Confidentiality rules also cover supervisors.
In order to support staff training and enhance staff skills in delivering psychological therapies, on occasion you may be asked if your session can be recorded. This is to ensure quality, and the treatment recorded will be discussed between the therapist and supervisor to ensure the therapy is being delivered in line with the treatment guidelines. You can choose not to allow this and your decision will not affect your treatment. The recordings will be stored securely and deleted following discussion. The services have stringent storage rules and systems to maintain confidentiality, which you can ask your therapist to explain.

Q. How can I complain or give feedback about the service I am receiving?

A. If you wish to give feedback, either negative or positive, or to complain about the service you have received, there are a number of ways you could do that.

Speak or write to:
- your therapist
- the person who referred you
- service manager (directly or over the phone)
- the complaints officer from the service e.g. local health board; local council
- an advocacy group who will provide local information

http://www.siaa.org.uk
https://www.patientopinion.org.uk
http://www.cas.org.uk/publications/patient-advice-and-support-service-pass-leaflet
Q. There are a lot of therapies – can I choose?

A. As services are required to offer Evidence Based Practice, there may be some scope for choosing, depending both on the supporting evidence and availability but it is also possible that a service may only be able to offer one approach. There may be some flexibility within the same approach and it would be important to discuss any questions about this with the therapist.

Q. What affects availability and choice?

A. The first thing that affects availability and choice is the scientific evidence. All therapies offered should be based on the best scientific evidence available.

The second main influence is how many psychological therapists there are in a particular service and/or area. There may only be one therapist in a particular area and they may not be trained in every recommended therapy.

Q. Is it confidential?

A. Psychological treatment is confidential except for the following reasons:

a) you are considered a risk to yourself or to others.

b) your therapist will receive supervision in relation to each person they are seeing therefore their supervisor and possibly their manager may also have access to information. This will still remain confidential.

c) the person who referred you, and/or your GP will usually receive reports on your progress. If you have concerns you can discuss the content with your therapist.

Your therapist will explain the confidentiality process within the service. Feel free to discuss any concerns you have with your therapist.
Q. Can I bring someone in to help/support me?
   - what about my partner/friend/support worker?
   - to the first session/all the sessions?

A. You should discuss this with your therapist. You may wish to phone in advance to do this.

   There are times when it would be positively helpful to have a supporter sitting in on a treatment session. There could be times when it could be positively harmful, such as in a situation where there have been problems in the relationship or even simply when the supporter may find it difficult not to interrupt.

   If you need an interpreter your therapist can arrange this but you may want to contact the service in advance to arrange this. It is not advisable for family members and friends to interpret for you because this might stop you saying what you really want to. Psychological therapy services have access to trained interpreters. This will not cost you anything and includes BSL.

Q. Should I keep taking my medication whilst receiving psychological therapy?

A. Yes, you should never stop taking medication without discussing it with the prescriber. If you are in psychological treatment it may be helpful to have a three way discussion (therapist may phone your GP or psychiatrist and both discuss it with you) to combine approaches if any changes are required.

Q. Will my area be able to offer me the treatment recommended in The Matrix?

A. Your area should be able to offer you one of the treatments recommended in The Matrix. It is unlikely that all of the possible treatments will be available.
**Q. Can I have a treatment that isn’t listed in The Matrix?**

**A.** Where therapies are being developed and evidence is being collected, some services may offer less well established approaches. The evidence base is always changing. If you are interested in a particular therapy you should discuss this with your referrer or therapist.

**Q. I have heard about a new/different therapy that sounded just right for me, can I have that?**

**A.** It may be possible if it is on the list of evidence based treatments – your health board will provide you with a treatment with good evidence for the type of problem that you have.

**Q. I have long term physical health problems and my doctor says she wants to refer me for psychological treatment, how will that help?**

**A.** When you have long term health problems e.g. asthma, diabetes, arthritis you can become stressed or depressed which can have a negative effect on your physical health issues. In this situation, psychological treatment can not only help the psychological problem to improve but also help symptoms/control of the physical health problem. There is a staff training programme available called Emotion Matters, which trains staff to offer emotional support to people who have ongoing physical illness.
PSYCHOLOGICAL THERAPIES IN SCOTLAND

Section 3
What do I need to know about Psychological Therapies Services?

What are these services?
Psychological Therapies Services are provided by a range of organisations. Most frequently they are in the mental health services within the NHS; however, they can be based in teams with many different names:

- Community Mental Health Team
- Primary Care Service/Team
- Psychology Service
- Psychological Therapies Service
- Psychotherapy Departments
- Telephone based CBT Services
- Online Services e.g. Beating the Blues

Increasingly, they are also offered from within other services in your community such as charities and voluntary sector agencies. There could also be other services, which your referrer will be able to tell you about. You may also be able to refer yourself to some services.

All staff providing psychological therapy should be trained to the standards outlined in The Matrix and as described in this document.
Some guiding principles used by services ...

**Recovery focus**

Recovery is about being able to live a meaningful life even if you have symptoms of mental illness. Psychological Therapies Services focus on empowerment of the individual. [http://www.scottishrecovery.net/](http://www.scottishrecovery.net/)

**Evidence based practice**

Evidence based practice is treatment based on the results of scientific research. NHS and Council services plan to offer the treatments recommended from the research in order to get the best results for people with mental health problems.

**Stepped/Matched Care model**

Psychological treatments will generally be delivered using a stepped/matched care approach. This means that the treatment that will be offered is one that best matches your needs, based on the evidence. You will be given the least intense level of treatment for your needs. Each person’s progress will be regularly checked both to ensure that progress is being made and also that the right level of treatment is being offered. It is important and very helpful that a treatment plan is changed if necessary. Your therapist should discuss any changes in your treatment plan with you.

**Q. Where can I find out about evidence based practice?**

**A.** Tables that summarise this evidence can be found in The Matrix. [http://www.nes.scot.nhs.uk/Matrix2015/](http://www.nes.scot.nhs.uk/Matrix2015/)

These evidence tables help therapists and service managers to plan which treatments their service can offer for particular difficulties. You can find a summary of the tables of the most common problems and treatments in this booklet.
Psychological Therapists

What qualifications should a therapist have?

Services have a responsibility to ensure staff are properly trained and supervised to deliver the services they offer.

Most therapists names should appear on the register for their professional group and/or on a therapist register (see below).

A professional register is the list of people who are currently trained and registered to work from a particular professional group e.g. nurse, psychologist. A therapist register is a list of people who have been trained to a particular level in a specific therapy. See links below.

Your therapist should tell you which professional and/or therapist registers they are on.

The most common professional registers are

Health and Care Professions Council (HCPC) – Applied Psychologists, Occupational Therapists, Art Therapists, Physiotherapists and Dieticians [http://www.hpc-uk.org/](http://www.hpc-uk.org/)

Nursing and Midwifery Council (NMC) – Nurses [www.nmc.org.uk/](http://www.nmc.org.uk/)

Scottish Social Services Council (SSSC) – Social Workers [www.sssc.uk.com/](http://www.sssc.uk.com/)

General Medical Council (GMC) – Doctors [http://www.gmc-uk.org/](http://www.gmc-uk.org/)

CAAPS – There is a new group of professionals called Clinical Associates in Applied Psychology. These are staff, trained to Honours Degree Level in Psychology, with additional practical experience and also a professional degree at Masters Level to deliver psychological therapies. As this is a new group the details of accreditation are not yet confirmed. They are currently covered through management supervision and a Scottish Government directive CEL 23(2010). [www.sehd.scot.nhs.uk/mels/CEL2010_23.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_23.pdf)
Therapist registers most commonly include

**BABCP** – British Association for Behavioural and Cognitive Psychotherapists [www.babcp.com/](http://www.babcp.com/)

**BACP** – British Association for Counselling and Psychotherapy [www.bacp.co.uk/](http://www.bacp.co.uk/)

**COSCA** (Counselling and Psychotherapy in Scotland) – Counsellors and Psychotherapists working in Scotland [www.cosca.org.uk/](http://www.cosca.org.uk/)

If you have any concerns about a therapist’s professional behaviour you should try to discuss it with the therapist or with your GP or other referrer.

**Summary – Who delivers psychological therapy?**

**Staff who have been**

1. trained to work for the organisation e.g. in the NHS the person may be a psychologist, a trained nurse, occupational therapist or other trained clinician AND/OR

2. trained in the particular therapy you are receiving AND

3. delivering it under required levels of supervision.

Appointment Thursday @ 10.30am
Is there enough to go around and how long will I have to wait?
The Scottish Government has been helping services to develop ways of delivering services so that no one has to wait longer than 18 weeks. Many services are able to see people within 12 weeks. If you find your problems are getting worse or are concerned about your wait you should speak to your GP.

Can everybody get the treatment they need?
Services have been undergoing changes to ensure people are offered the correct amount of the correct treatment. During a period of development you may occasionally have to wait longer than expected.

Are there enough trained staff available?
There are increasing numbers of psychological therapists becoming available.

Many staff have been receiving training in psychological therapies in recent years. Staff teams often have therapists in training working with them. Both the fully qualified therapists and those in training receive supervision regularly to ensure they continue to improve their skills and ensure you are getting the best treatment possible at all times.

It is important that staff are trained to deliver the best service possible to help people as much as they can. Standards of delivery of psychological therapies are defined by competence frameworks developed by ‘Skills for Health’.

http://www.ucl.ac.uk/clinical-psychology/CORE/competence-frameworks.htm
The most available treatment approaches...

**Behavioural Activation**
A structured approach that encourages you to take part in activities you feel are positive rather than withdrawal and inactivity. It aims to increase how constructive you feel in your life and also how much pleasure you have.

**Behaviour Therapy**
Behaviour is learned and behaviour therapy is a treatment that helps people to learn different ways of behaving. Learning and practising new behaviour may make life easier for you and others.

**Bibliotherapy**
Bibliotherapy, or book prescribing, is the use of recommended books in the treatment of mental or psychological disorders. This system is often operated through local libraries. There are a wide variety of books available which provide help for a broad range of mental health difficulties. You do not generally have to be a member of the library to use these books.

**Cognitive Behaviour Therapy (CBT)**
CBT is a treatment that focuses on how people think and behave. How people think and behave has an effect on their emotions so changing ways of thinking and behaving will help you to change how you are feeling. [http://www.babcp.com/Public/What-is-CBT.aspx](http://www.babcp.com/Public/What-is-CBT.aspx)

**Guided self-help**
Guided self-help is based on cognitive behavioural therapy and is a useful way to help yourself with some guidance from a mental health practitioner. Health Board Areas have unique services within this heading but all staff are trained to listen carefully, get on well with people and generally to be able to offer guidance about the availability and use of mental health related information.
Interpersonal Psychotherapy (IPT)
IPT is a therapy that works by discussing difficulties you are having in the light of key relationships in your life.

Mentalization Based Therapy (MBT)
Mentalization based therapy helps people to separate out their own thoughts and feelings from those around them.

Mindfulness Based Cognitive Therapy (MBCT)
Mindfulness has been defined as paying attention in a particular way: on purpose, in the present moment, and non-judgmentally (in contrast to being absorbed in ruminating on the same thought). Based on meditation principles, it is taught in a group course format such as meditation and mindful movement. You will be taught to use mindfulness in everyday activities.

Motivational Interviewing (MI)
Motivational Interviewing is a style of interaction based upon psychological principles that aim to help you to change particular behaviours that will help your health, such as stopping drinking or improving your way of managing how you deal with a chronic health problem e.g. asthma or diabetes.

Psycho-education
Psycho-education is a group approach that is delivered like a ‘training course’ and can help people with particular problems to learn new ways of coping. The course may provide all the help you need or may be the first part of a treatment programme.

The link below will offer child friendly explanations of therapies, suitable for young people.
http://www.choosing.org.uk/BupCms/DisplayHelpDescription.aspx?HelpId=1
What treatments are recommended for what problems?

The Main Evidence from Scientific Studies...

Recommendations

(A) - very likely to help.

(B) - likely to help.

(C) - may not be enough research available but agreement in professional opinion that it may help.

<table>
<thead>
<tr>
<th>What problem do you have?</th>
<th>What your doctor might call it</th>
<th>Main recommendations</th>
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<tbody>
<tr>
<td>Panic/scared to go out</td>
<td>Panic Disorder with/without Agoraphobia</td>
<td>CBT based interventions (A)</td>
</tr>
<tr>
<td>Severe shyness/difficulties mixing with others</td>
<td>Social Anxiety/Social Phobia</td>
<td>CBT (A) IPT (B)</td>
</tr>
<tr>
<td>Stress/anxiety</td>
<td>Generalised Anxiety Disorder</td>
<td>CBT (A/B) Large group Psycho-education (B)</td>
</tr>
<tr>
<td>OCD/rituals</td>
<td>Obsessive Compulsive Disorder</td>
<td>CBT including Exposure Response Prevention (B/A)</td>
</tr>
<tr>
<td>Hearing voices and feeling troubled</td>
<td>Psychosis (incl schizophrenia)</td>
<td>Prevention – CBT (A) Subsequent episodes (A)</td>
</tr>
<tr>
<td>What problem do you have?</td>
<td>What your doctor might call it</td>
<td>Main recommendations</td>
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</table>
| Swing between feeling down and feeling high over a long period of time | Bipolar Disorder | Relapse Prevention – group psycho-education (A)  
For functional Improvement  
For improved medication adherence  
For regularity of social routines  
Improved social functioning |
| Post natal depression/feeling down | Post natal depression/Non psychotic affective disorder perinatal period | Psycho-educational groups with partner involved (A)  
CBT/IPT/Person Centred Therapy (A/B) |
| Feeling down/depressed | Depression | Behavioural Activation (A)  
CBT (A)  
IPT (A) |
| Problems keeping your life stable and keeping friends | Borderline Personality Disorder | CBT/DBT/MBT/STEPPS (A) |
| Drinking too much | Alcohol Problems/dependence/alcoholism | Motivational Interviewing (A)  
Mutual self help groups (B) |
<table>
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<tbody>
<tr>
<td>I use drugs/buy tablets in the chemist or from others</td>
<td>Substance Use</td>
<td>Motivational interviewing/Contingency management/CBT/Mutual self help groups (A)</td>
</tr>
<tr>
<td>Losing weight/gaining weight/making self sick</td>
<td>Eating Disorders</td>
<td>Self help/Family interventions (C) Psychological therapy for mental health CBT/IPT/Psychodynamic (C) CBT (bulimia) (A)</td>
</tr>
<tr>
<td>I am not sleeping properly</td>
<td>Insomnia</td>
<td>CBT (A) Sleep restriction/Stimulus control/Progressive relaxation (A)</td>
</tr>
<tr>
<td>I can’t seem to lose weight</td>
<td>Obesity/Weight Loss Interventions</td>
<td>Individual or group CBT (A)</td>
</tr>
<tr>
<td>I have a pain/pains a lot of the time</td>
<td>Chronic Pain Interventions</td>
<td>CBT based pain management (A)</td>
</tr>
<tr>
<td>I’ve had a scare with my heart/heart attack</td>
<td>Cardiac Health</td>
<td>Cardiac rehabilitation programme incorporating CBT (A)</td>
</tr>
<tr>
<td>I had a very bad experience</td>
<td>Trauma</td>
<td>EMDR/CBT (A)</td>
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Section 3

**KEY**

(in addition to the therapies discussed on pages 24 and 25)

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Description</th>
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<tr>
<td><strong>DBT</strong></td>
<td>Dialectical Behaviour Therapy</td>
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<tr>
<td><strong>EMDR</strong></td>
<td>Eye Movement Desensitisation and Reprocessing</td>
</tr>
<tr>
<td><strong>STEPPS</strong></td>
<td>Systems Training for Emotional Predictability and Problem Solving</td>
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Useful Contacts

NHS 24 provides non-emergency medical assistance outwith GP surgery times.

This is usually outwith the 8am to 6pm (Monday to Friday) times GP surgeries are open: Call 111 (free helpline 24 hours per day 7 days per week)

Samaritans

24 hours per day 7 days per week
Free phone 116 123

There are also local Samaritan landlines you can call which are charged at your normal rate for calls.

NHS Inform for general information and advice
www.nhsinform.co.uk
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