



Treatments for serious mental illness

A User Guide

hafal.org

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hafal

*for recovery
from serious
mental illness*

with help from



About this guide

This guide has been developed by service user and carer-led charity Hafal and is based on the experiences of our clients and Members. Although Hafal takes responsibility for the content of this guide we would like to thank Bipolar UK, Diverse Cymru and the Mental Health Foundation for their support and advice which has enabled us to represent the views of service users and carers beyond our services.

In this guide we provide an overview of the main psychological therapies and medications used to treat serious mental illnesses. The guide has been produced using information available at the time of preparation. To ensure you have the most up-to-date information available, please speak to your doctor.

Psychological therapies or medical treatment?

Historically there has been polarised debate about the treatment of serious mental illness. One view held that mental illness is caused by a disordering of thoughts and feelings brought about by life experiences. Those who agreed with this view saw it as logical to treat a serious mental illness mainly through a psychological model of care using **talking therapies** to enable a patient to rebuild emotional structures and 'reorder' their thinking. In its more vigorous form this view was sometimes called "antipsychiatric".

By contrast a "pro-psychiatric" or biological view held that serious mental illness was a result of problems with the brain's chemistry and may also be a result of inherited, genetic problems. This view argued that serious mental illness was best treated mainly with **medication** or other physical interventions that make chemical/physical changes to the brain.

Hafal bases its view on the experience of its Members: we believe that both of these positions over-simplify the causes of serious mental illness. We know that the causes of serious mental illness remain unclear, but that there are probably aspects both of the brain's chemistry and the disordering of thought that contribute to illness. The sensible conclusion must be that **both psychological therapies and medication** can play important roles in directly treating a serious mental illness.

Additionally service users and carers know that serious mental illness itself can cause emotional problems, anxiety and strained relationships: such problems can usefully be addressed through psychological therapies.

So just as medical treatment is generally standard for a person with a serious mental illness, psychological therapy should be too – as well as all the other aspects of recovery detailed in Part 3 of this Guide.

Thanks to the Mental Health (Wales) Measure, all secondary service users in Wales now have the right to a holistic Care and Treatment Plan which they can use to set goals in all areas of life. The Plan covers both medication and psychological therapies – but because both are combined in one 'life area' of the Plan you need to take extra care that any non-medical treatment – including psychological therapy – is covered. Our advice is that you ensure that any need for psychological therapies is recorded in the Care and Treatment Plan – and that psychological therapies are kept on the agenda in case any need arises in the future.

Part 1: Psychological Therapies

Our view

Service users and carers in Wales have told us that they believe all people with serious mental illness should have access to a range of psychological therapies (also known as “talking therapies”).

However, we are concerned that there remains an imbalance in mental health services which do not give sufficient weight to psychological therapies. For example, we believe that many patients would gain from in depth counselling and psychotherapy over and above the limited recommendations of NICE (the National Institute of Clinical Excellence).

We also believe that there is a need to promote a culture in mental health services of kind and listening contact by all staff in relation to clients. This means giving those staff the training, direction and time to engage properly with clients.

Because psychological therapies are not as readily available to people with serious mental illness as medication, they must often be paid for privately. This is an unacceptable situation and we advise patients who have to pay for their own psychological therapies to complain to their Local Health Board. We also advise people who pay privately for psychological therapies that they

choose their therapist or counsellor very carefully, using the websites/numbers listed at the end of this section.

A word about carers and families: carers can be concerned that psychological therapies may invite patients to explore difficulties in childhood and family life. This is understandable and carers may themselves want to seek help in dealing with issues that may arise. However, we suggest patients and families alike focus on recovery as the shared objective, rather than seeking to blame.



Psychological therapies: overview

• What are psychological therapies?

Psychological therapies provide a way of treating a range of mental disorders by talking with a trained therapist. They help people to better understand their problems and make changes; in-depth therapies focus on identifying underlying causes of mental illness. There is a range of different psychological therapies available and many overlap with each other.

• What happens when I get psychological or talking therapy?

Typically every one or two weeks the client talks with the therapist for about 50 minutes in a quiet room. If it's group therapy, this will be with a group of people with similar problems. If it's family therapy one or more family members or people close to you will also be there. The therapist listens sympathetically and non-judgementally. In a hospital setting therapy could be more intensive though this may not be offered and you may need to be persistent in seeking talking therapy options. There are also therapeutic housing services or communities where the main therapeutic approach is through a talking therapy.

- **Is everything I say kept confidential?**

There is a duty of confidentiality, but if you reveal something that is likely to lead to serious harm to yourself or others, your therapist may feel they have to share that specific information. A therapist may also share some details of your conversation with a supervisor, as this is good practice in ensuring you get the best treatment. All this should be set out and agreed with you before the treatment starts.

- **Can I be too ill for psychological therapy?**

We do not believe anybody is “too ill” for psychological therapies. However, it is important that therapists have the necessary training and experience to help people who are very ill. It is sometimes said that talking therapies are inappropriate for people who are very ill but this is based on a misunderstanding: a skilled psychotherapist can engage successfully with patients when they are experiencing psychosis, for example by building confidence and mitigating distress through personal contact. Much would be achieved if talking therapies were routinely available to those experiencing psychosis and in distress with serious mental illness.

- **How long will it take?**

That depends on the therapy. Counselling sessions may range from a one-off session to a series of sessions, depending on your needs. Psychological therapies such as cognitive behavioural therapy (CBT) which is used to treat symptoms may only last for two or three sessions

(although it usually lasts longer). More in-depth psychotherapy will be most beneficial if it is continued over long periods.

- **How do I access these treatments?**

Your GP, psychiatrist or Care Coordinator will usually be your route to a talking therapy on the NHS. If you have a serious mental illness you should have ready access to talking therapies and may need to remind them of that. A good opportunity to do this is when you fill in or update your Care and Treatment Plan: insist that any need for psychological therapies is recorded in this Plan and be persistent in getting this treatment if you think it is for you. Local voluntary organisations may also offer free or low-cost therapy or counselling. You can find them online.

- **Making treatment work**

Whatever the talking therapy, it has been found that for the therapy to succeed, it is important that the relationship between the therapist and the client works well. If you do not feel comfortable with a therapist then it is difficult to work with them. This may or may not be because of anything the therapist has done; sometimes a relationship just does not work. If you are uncomfortable with your therapist ask if you can see someone else. Either talk to the therapist or see your GP, psychiatrist or Care Coordinator to ask for another referral.

You do need to be prepared to commit yourself to this type of therapy and will need to work at it. It will not always be easy and things may get worse

before they get better. It is a good idea to agree at the outset what your goals are and how you will measure progress. If things become stuck and you stop making progress, discuss this with your therapist and agree what you both will do to change this. It may be that you would be better seeing someone else, or maybe the same therapist will try something different. It is important to complete your treatment so keep going even when it seems difficult or if you don't make progress every time you go.

- **Complaining about treatment**

If you feel the therapy you are receiving is abusive or damaging, stop going immediately. You may then wish to contact the therapist's professional body about making a complaint. If you have a less serious grievance but still feel unhappy with the therapy you are receiving, it is a good idea to discuss it with the therapist in the first instance, if you feel able to do that.

To ensure you are treated by a properly trained therapist find one via the relevant professional body, especially if you have not been referred by your GP, psychiatrist or Care Coordinator (see below). You can also ask about their qualifications when you first see them.

- **Are there any risks involved?**

There is a risk as you may find that focusing on your problems makes them worse, or brings out strong emotions, especially if you receive the wrong therapy at the wrong time. There may be a

negative impact on your relationships with those close to you or you may feel you are becoming dependent on the therapist. However, a good therapist should help you deal with these issues so that you can still benefit from the treatment.

- **Where can I go for more information?**

Association for Family Therapy and Systemic Practice in the UK

www.aft.org.uk

British Psychoanalytic Council

www.bcp.org.uk

British Psychological Society

www.bps.org.uk

British Association for Counselling and Psychotherapy

www.bacp.co.uk

Counselling Directory

www.counselling-directory.org.uk

National Counselling Society

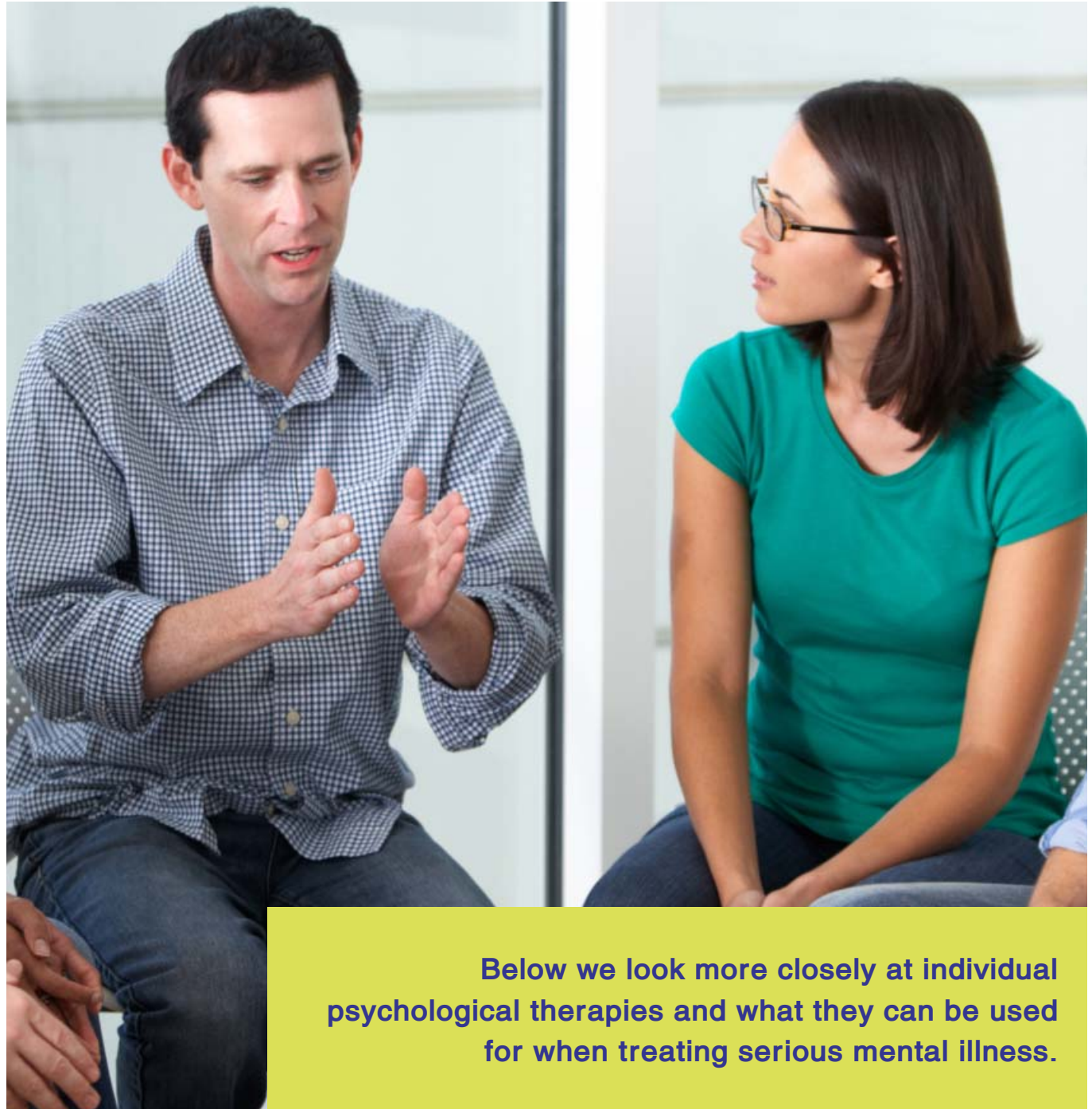
www.nationalcounsellingsociety.org

United Kingdom Council for Psychotherapy

www.psychotherapy.org.uk

British Association for Behavioural and Cognitive Psychotherapies

www.babcp.com



Below we look more closely at individual psychological therapies and what they can be used for when treating serious mental illness.

Guide to psychological therapies

• In-depth psychotherapy

Psychotherapies offer some of the more in-depth talking therapies that attempt to get to the root of emotional problems and to uncover and address possible causes of mental illness. Psychotherapies tend to be longer-term talking therapies (sometimes years long). Some models of psychotherapy are summarised below. Some therapists follow one model strictly but many will use one or more models to find the best treatment for an individual.

Name	What happens?
Psychoanalysis	The therapist will listen to you as you describe your thoughts and then analyse what you say and the way you relate to them, trying to reveal the underlying meaning. As this therapy 'digs deep' and attempts to unearth deeply hidden, negative thoughts and behaviours, it can be a long but revealing process.
Other psychotherapies	There are numerous other forms of psychotherapy. These include: Humanistic therapy: where you are encouraged to find your own solution, as mental illness is seen as the result of the difference between your 'real self' and your 'ideal self'. The focus is on how you feel, not why you feel as you do, and you do not work towards concrete goals. Psychodynamic therapy: this uses a number of different techniques to identify problems in behaviour that developed in childhood, deal with the problems caused by that behaviour, and change the behaviour itself. Existential therapy: this is based on the idea that every person is self-standing and able to make their own choices. It works by helping clients to become more positive and purposeful in approaching their life. Transactional Analysis: this is concerned with the way in which individuals interact with one another (their 'transactions'). It identifies three ways of relating to people: as a Child, an Adult and a Parent. The therapist analyses the role taken on by the client in relating to other people (and examines their past) and encourages them to take on an "Adult" role in order to be able to build healthier relationships and overcome problems.

• Counselling

Counselling and psychotherapy are on a continuum where counselling tends to be short term and psychotherapy is longer term. There are many theoretical models of counselling and psychotherapy and all of them use counselling skills to facilitate self understanding. However, counselling in itself tends to focus on immediate problems and on finding ways of coping with them rather than changing the way you think, for example, or exploring the deep-seated causes behind your problems.

Name	What happens?
Counselling	You discuss your thoughts and feelings about what is happening and the therapist helps you find ways to understand and cope with your problems. The therapist may give practical advice but generally plays a supportive role, allowing you to find your own solution.
Family and Systemic Therapy	Families are helped to develop communication skills and coping methods. It is not about blaming people but trying to understand the problems that arise from how the family or 'system' works. For schizophrenia, the family (including the patient) is also given information to help reduce the chance of relapse. There is usually a pair of therapists involved.
Psychoeducation	Psychoeducation can include a broad range of activities (e.g., providing information, resources and training) to educate the client and their family/carers on how best to help themselves.

- **Cognitive Behavioural Therapy (CBT)** and **Cognitive Analytic Therapy (CAT)**

CBT is recommended by NICE for the treatment of psychosis and schizophrenia.* The goal of CBT is to change the way a client thinks about a particular thing in order to solve a specific problem. Like CBT, CAT is based upon changing behaviour, although it is different in that it involves looking into a client's past in order to identify poor coping habits.

Name	What happens?
Cognitive-Behavioural Therapies (CBT)	CBT targets patterns of behaviour that are holding a client back. You gradually learn new ways of thinking and/or behaving to change how you feel and act. Sessions are structured and you set goals with the therapist. You continue to work on these in between sessions.
Cognitive Analytic Therapy (CAT)	This involves the therapist working with the client to explore their past and understand what has hampered their approach to life previously, and how they can learn from this to make progress in the future. It is used to treat illnesses such as depression, anxiety and personality disorders.

- **Hypnotherapy** (a "complementary" therapy which is essentially a type of talking therapy)

Name	What happens?
Hypnotherapy	Involves inducing a relaxed, hypnotic state and accessing the subconscious mind so that memories are more easily retrieved, and healing suggestions can be absorbed.

*NICE guidelines are used by doctors in the NHS to decide what treatment may be suitable for patients.

Part 2: Medication



Our view

Medication forms a significant part of treatment for many patients with serious mental illness. We advise that whatever medication you are taking for your illness it is **always** worth asking your doctor or pharmacist if anything else might work better. If you are being prescribed medication for the first time tell your doctor you want to exercise choice in your recovery – with the doctor's advice, of course – taking into account the differences between the various medications.

We believe that the decision you make with your doctor about which medication is best for you should be based on three factors: **effectiveness**, **management issues** and **side-effects**.

- The **effectiveness** of a medication is simply a measure of how well it has been found to treat the symptoms of a mental illness; however, bear in mind that ultimately what works may often depend on the individual.
- **Management issues** include a number of things, from dosage (which might be “split” – i.e. taken in two or three doses each day) to monitoring (you may need to have blood tests). Management issues may cause some

inconvenience but this may be worth living with if the outcome is better.

- Only you know what are acceptable or unacceptable **side-effects** of a medication – this should be substantially **your judgement**. If you find out that the side-effects of your new medication are unacceptable, ask for a different one. If you have any side-effects and you believe you would be better off with a different medication make this point to your doctor. Or ask about how you can manage the side effects: for example, constipation, sleep problems, sexual problems, etc., can often be helped by dose changes, time changes or other medicines which can help make an effective medicine tolerable. We also advise that the **minimum effective dosage** of a medication should be prescribed so that the risk of side-effects is minimalised. Ask your GP or pharmacist for further information.
- Ideally your medication should be reviewed periodically – at least annually. It is essential that when it is reviewed, you ask questions and **exercise choice** – with your doctor's advice.

Medication overview

- **How do medications for mental illness work?**
Medications work by affecting the chemicals involved in the brain's functioning. Many are developed to directly target the symptoms of serious mental illness; others are preventative.
- **How long will medications take to work?**
The amount of time a medication will take to work depends on what it is, and upon the individual taking it. Most can take at least a few days to work; some may take several weeks. However, we advise that you give your medication a chance to succeed even if this takes some time, as it may be worth it in the long run.
- **What can I do to help the medication work?**
The most important thing is to comply fully with the programme of medication you have been prescribed. This means taking your medication properly as directed by your doctor or pharmacist and giving it a chance to work. However, we advise that you tell your doctor if there are any unwanted side-effects as soon as possible.
- **Where can I go for more information?**
Accurate and up-to-date information on medications for serious mental illness can be found here: www.choiceandmedication.org.uk/ncmh

Guide to medications

• Antipsychotics

• What are they prescribed for?

Antipsychotics are prescribed to relieve the symptoms of **psychosis** (losing touch with reality) which can often occur when a person has schizophrenia, and sometimes when a person has bipolar disorder. Their therapeutic effectiveness seems to depend on how they stabilise two neurotransmitters, serotonin and dopamine, which are chemicals that convey messages in the brain. Previously NICE held that newer, 'atypical' antipsychotics were preferable to older, 'typical' antipsychotics, but more recent guidance has said that there is little difference in effectiveness between the two. However, atypicals tend to cost more and you need to make sure this is not a factor in deciding which medication you receive. Some of the antipsychotics are taken daily and others in the form of a depot or longer-acting injection.

	Medication names	Main side effects
Antipsychotics	Typical antipsychotics: Chlorpromazine, Flupentixol decanoate (Depixol), Fluphenazine decanoate (Modecate), Haloperidol (Haldol, Serenace), Haloperidol decanoate (Haldol Decanoate), Levomepromazine (Nozinan), Pericyazine (Neulactil), Perphenazine (Fentazin), Pipothiazine palmitate (Piportil), Sulpiride (Dolmatil, Sulpitol), Trifluoperazine (Stelazine), Zuclopenthixol (Clopixol)	Some side effects are particularly associated with specific antipsychotic medications: for more information visit www.choiceandmedication.org.uk/ncmh . Side effects of antipsychotics may include the following:- <i>Extrapyramidal side effects (EPSEs) which may include:</i> <ul style="list-style-type: none"> • Side effects which look a bit like Parkinson's Disease, for example tremor, shaking hands, difficulty in walking, a mask-like expression on the face. • Muscular side effects where the muscles feel very stiff and can go into spasm, particularly the muscles of the eyes and the neck. • Feelings of restlessness both inside the body and the legs (often called akathisia). <i>Hormonal side effects which may include:</i> <ul style="list-style-type: none"> • Menstrual irregularity (having irregular or no periods). • Development of breast tissue and the production of milk in both men and women. • Sexual problems. <i>A range of other side effects, which may include:</i>
	Atypical antipsychotics: Amisulpride (Solian), Aripiprazole (Abilify, Abilify Maintena), Clozapine (Clozaril, Denzapine, Zaponex), Lurasidone (Lautuda), Olanzapine (Zyprexa, Zypadhera), Paliperidone (Invega, Xeplion), Quetiapine (Seroquel), Risperidone (Risperdal, Risperdal Consta)	<ul style="list-style-type: none"> • Weight gain. • Sedation, which can make it difficult for people to get up in the morning. • Metabolic syndrome: some drugs seem to cause problems with blood glucose levels resulting in a person developing type II diabetes, although this is complicated by the fact that people with schizophrenia are more likely to become diabetic. The medication can also cause hyperlipidaemia (the presence of too much fat in the blood). • Anticholinergic side effects, e.g. dry mouth, blurred vision, constipation, problems with passing water and cardiac problems. • Postural hypotension (which means you can feel giddy or faint when you stand up quickly).

• Mood Stabilizers

• What are they prescribed for?

Mood stabilizers are used in the treatment of bipolar disorder, severe depression and schizoaffective disorder – this is when someone may experience some of the symptoms of schizophrenia such as delusions, paranoia and hallucinations and also have a problem with their mood being either high or low. Mood stabilizers are normally used when a person has experienced a couple of episodes of illness. They are then used to prevent the illness coming back so it is often recommended that they are taken long-term.

Name	Details	Main side effects
Lithium Carbonate Brand names include Priadel, Liskonum and Camcolit.	This is licensed for the treatment of both acute mania and maintenance therapy. It is also used in treatment resistant depression. Lithium is a very well tolerated drug but it is important to have the level checked regularly to ensure it is within the therapeutic range. This is normally done every three months. Before starting lithium treatment it important that the doctor takes a blood sample to establish that everything is normal and that the kidneys are working properly. It is also important to check the thyroid and continuing checking it every year as lithium can cause damage to the thyroid gland, and to regularly check kidney function.	The first signs that the lithium level is too high are nausea, vomiting and tremor so if this occurs it's important to go and see the doctor. Other main side effects may include passing a lot of water, being thirsty, weight gain, and shaking of the hands. There are some important drug interactions so whenever any medication is prescribed it's useful to check with the doctor that there are no problems. When buying tablets over the counter always check with the pharmacist. Ibuprofen (for example Nurofen) should not be taken for pain as it can increase lithium levels.
Carbamazepine Brand names include Carbagen SR, Carbum, Tegretol and Tegretol PR.	This is an anticonvulsant used for the treatment of epilepsy. It is licensed for use in bipolar disorder when lithium cannot be taken. SR and PR means that it is a sustained release form which results in the drug being released over a period of time. This doesn't affect how well it works but does reduce some of the side effects.	Main side effects are nausea, rashes, drowsiness and dizziness. It can also cause blurred or double vision, dry mouth and constipation. Occasionally carbamazepine can cause a reduction in white blood cells. These are responsible for fighting infection. You should have your blood checked periodically to check the white cell count. If you suddenly develop a very sore throat and feel really unwell it's a good idea to go to the doctor to have your white cell count checked.
Valproic Acid Depakote (and Sodium Valproate, brand names Epilim, Epilim Chrono)	Valproic Acid (Depakote) is licensed for the treatment of both acute mania and maintenance. Sodium Valproate (Epilim, Epilim Chrono) is an anticonvulsant used for the treatment of epilepsy. It is not licensed for the treatment of mania but is often used as when the drug is in the body it works in the same way as Valproic Acid. The dose can be increased very rapidly over the first three days to treat an acute episode.	Side effects include stomach problems, weight gain, hair loss (hair grows back but it is sometimes curly) and shaking. At the beginning of treatment valproic acid can sometimes affect the liver but this normally sorts itself out over a few weeks. It can sometimes affect how the blood clots so if you suddenly start bruising it's worth going to the doctor for a blood test.
Lamotrigine Lamictal	Lamotrigine is an anticonvulsant used to treat epilepsy but can also be used to help treat people with bipolar depression. It needs to be started slowly so isn't very useful for acute depression but can help prevent bipolar depression coming back.	The main side effects include rashes, drowsiness, double/blurred vision, nausea and headache.

A number of atypical (second generation) antipsychotics are also licensed for the treatment of bipolar disorder including Olanzapine (Zyprexa) and Quetiapine (Seroquel); the latter is used quite commonly and is licensed for treating acute mania and depression and for preventing relapse.

Antidepressants

- **What are they prescribed for?**

Antidepressants can be prescribed if a person with a serious mental illness is feeling depressed, or if depression is the problematic part of bipolar disorder (although they are not helpful for bipolar depression). There are several different varieties of antidepressants, and what will work depends very much on the individual patient (side effects also vary from person to person). Other side-effects can occur when you stop taking the medications, and antidepressants can have negative interactions with some other medications such as antipsychotics. Antidepressants can take a few weeks to work and you can be on them long-term (their best effect is that they can stop depression coming back). Some antidepressants are not suitable for people under 18. The following are the main types of antidepressants, although others are available:

Name	Details	Main side effects
SSRIs (Selective Serotonin Reuptake Inhibitors). The drugs included in this group are Fluoxetine (Prozac), Citalopram (Cipramil), Escitalopram (Cipralex), Sertraline (Lustral), Paroxetine (Seroxat) and Fluvoxamine	SSRIs are the first choice of antidepressant when someone is diagnosed as having depression. They are much better tolerated than the older drugs. They are normally taken once a day in the morning.	The main side effects are nausea and vomiting. They can also make people feel slightly more anxious in the first week but this normally wears off after a few days. They can also cause insomnia, sometimes drowsiness, weight loss, tremor and sexual problems.
SNRIs (Serotonin and Noradrenaline Reuptake Inhibitors). The two drugs in this group are Venlafaxine (Efexor) and Duloxetine (Cymbalta)	These drugs are normally used for more severe depression, which hasn't responded to the SSRIs.	They have very similar side effects to the SSRIs. They can sometimes cause the heart to pound.
Tricyclic antidepressants (TCAs). The drugs in this group are Amitriptyline, Clomipramine, Dothiepin/Dosulepin, Doxepin, Imipramine, Lofepamine, Nortriptyline and Trimipramine	These are much older antidepressants and are now normally used when other antidepressants haven't worked.	The main side effects include dry mouth, constipation, blurred vision, drowsiness, weight gain, problems with passing water. They are dangerous in overdose and they cannot be given to people who have certain physical illnesses.

There are also a couple of other antidepressants which are not included in the groups above:

Mirtazapine (Zispin): This is a widely prescribed antidepressant; it can be used on its own or is sometimes used with venlafaxine to manage its side effects. The main side effects are sedation and weight gain.

Monoamine Oxidase Inhibitors (MAOIs) including Phenelzine (Nardil), Tranylcypromine (Parnate) and Isocarboxazid (Marplan): These are older antidepressants; they are only used in treatment resistant depression and are normally prescribed by psychiatrists who specialise in this area.

Trazodone (Molipaxin): This is often used to aid sleep because it causes sedation.

Reboxetine (Edronax): This is used to improve mood and treat the symptoms of anxiety.

Others include Agomelatine, Bupropion, Mianserin and Tryptophan. For more information go to www.choiceandmedication.org/ncmh

A few facts about antidepressants:

- They take a couple of weeks to work, even longer in people who are older, but you get the side effects straight away.
- They can start to improve your sleep straight away.
- You do not become addicted to antidepressants in a **physical** way (withdrawal should not create a physical craving) but it's a good idea to reduce them gradually, and to discuss with your doctor, if you're stopping them.
- Some people may need to take antidepressants for a long time.

• “Complementary” Medicines

We do not recommend ‘complementary’ therapies as alternatives to conventional medications and there is presently not enough evidence of their effectiveness in treating serious mental illness. Complementary medicines can have side effects or cause complications alongside other medications so advice should be sought before using them.

Therapy name	What it involves
Herbal medicine	Medicinal extracts of herbs have been used to treat mental illness but there is little evidence of effectiveness . There <i>is</i> evidence that St John's wort is mildly effective in mitigating depression though this and many other herbal remedies can have side effects and should be administered under advice. Herbal medicines can be administered in a number of different forms, including tablets and ointments.
Homeopathy	To treat a condition, tiny doses of minerals that would produce the same symptoms in a healthy person are administered. Homeopathy has been used as a long-term complementary therapy for people with serious mental illness taking antipsychotic medication and it has also been used for depression. There is little evidence of the effectiveness of homeopathic treatments.
Nutritional therapy	Using diet to treat ailments and prevent illness by rectifying any vitamin, mineral and other nutrient deficiencies or “imbalances”. Evidence is limited but some studies suggest that, when taken with a standard mood-stabilizing drug, omega-3 fatty acids may be effective in the treatment of bipolar disorder.

Part 3: The Whole Picture

Psychological therapies and medications can each play a very important part in recovery from a serious mental illness, but to be effective, recovery requires a much broader approach. The good news for users of secondary mental health services in Wales is that after years of campaigning we now have a **legal right to a holistic Care and Treatment Plan under the Mental Health (Wales) Measure**. This gives you the opportunity to set goals in all areas of your life, create a plan and, in the process, to take control of your own recovery. The Care and Treatment Plan covers the following life areas:-



For more information on the Care and Treatment Plan – and for hundreds of tips and suggestions from service users and carers about what to include in the Plan – visit www.hafal.org and download our guide:

**Care and Treatment Planning:
A step-by-step guide for
secondary mental health
service users**





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*Hafal is a registered charity,
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Hafal is Wales' leading charity for people with serious mental illness and their carers. Covering all the counties of Wales, Hafal is an organisation managed by the people it supports: individuals whose lives have been affected by serious mental illness. Underpinning our services to clients is our own unique **Recovery Programme**. Based on modern principles of self-management and empowerment, this programme offers clients a methodical way of achieving recovery by focusing on improving all areas of their life. **Find out more @ hafal.org**

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