

Psychoanalytic therapy: An effective method to address the UK's mental health crisis

- Around 1 in 6 people aged 16 and over have a mental health condition, with mental ill health identified as the second most common cause of years lived with disability
- The annual cost of mental ill health is currently between £24 billion and £27 billion to employers, and between £70 billion and £100 billion to the UK economy
- Psychoanalytic therapy can reduce symptoms of depression, anxiety and personality disorders, and provide longer-term benefits for patients, health providers, and their communities
- Psychoanalytic therapy has been shown to significantly reduce suicidality, lower long-term reliance upon drug medication, and assist patients to secure and remain in long-term employment.

Mental health in the UK

There has never been a more pressing time to address mental health in the UK. NHS England has identified mental health as the second most common cause of years lived with disability in England¹. The impact of mental ill health is widespread: according to one survey carried out by NHS England, around 1 in 6 people aged 16 and over in England were identified as having a common mental health condition². Around 50% of these conditions are established in patients before they reach the age of 14, and 75% by age 24³. Poor mental health has risen among all age groups, with rates in 6 to 16-year-olds rising from 11.6% in 2017 to 17.4% in 2021⁴. With Child and Adolescent Mental Health Services (CAMHS) struggling to meet demand – waiting lists have lengthened and resources are more stretched⁵ – a medicalisation-based approach is increasingly being taken which does not address the particular needs of individual patients.

In terms of chronic conditions, between 2020 to 2021 there were around half a million people with severe mental illness such as schizophrenia or bipolar disorder⁶. Tragically, the number of people ending their lives by suicide have increased over the past decade⁷. Yet in two-thirds of cases, patients are not in contact with NHS mental health services⁸.

The effects of mental ill health

The effects of mental ill health on individuals are profound. Adults with mental health conditions are more likely to be out of work, to have lower incomes⁹, suffer increased problems with physical health^{10,11}, and increased involvement in the criminal justice system, both as victims and perpetrators^{12,13}. The financial costs on communities, wider society and the UK economy are also considerable – a recent publication revealed that

in 2018, there were 602,000 cases of work-related stress, which represented 44% of all work-related illness and 12.8m lost working days¹⁴. According to government estimates, the total annual cost of mental ill health in the workplace is between £24-27 billion, and the overall annual loss to the UK economy is between £70-100 billion¹⁵. In addition, short-term costs of children and young people's mental health conditions total a further £1.58 billion, with annual long-term costs estimated at £2.35 billion¹⁶.

A population with improved mental health is more likely to access employment opportunities¹⁷, take fewer days off sick, leading to reduced inactivity and improved productivity, also reducing costs for the NHS and other governmental service providers.

What is psychoanalytic therapy, and how can it help?

Psychoanalytic therapy covers a range of evidence-based approaches¹⁸, working with the patient to make the unconscious conscious. In doing so, it aims to help people make deep seated changes in personality and emotional development, alongside relieving troubling symptoms. This can help children and adolescents who have experienced harm, deprivation or loss, and those who have developed emotional and behavioural difficulties, such as personality disorders, depression, learning difficulties, school phobias, eating or sleeping issues. It can also benefit people who suffer from issues such as post-traumatic stress, obsessional behaviours, phobias or anxieties, and assist patients with feelings of depression, relationship difficulties, or problems at work.

There is a wealth of evidence demonstrating these beneficial effects. For example, recent studies have demonstrated that psychoanalytic therapy has helped reduce symptoms of depressive and somatic symptom disorders¹⁹ – one study demonstrated that with access to regular psychoanalytic sessions, there was a reduction of depression symptoms among patients of between 49-52%²⁰. Other studies have demonstrated that symptoms of anxiety and personality disorders, including severe and difficult to treat conditions, are also improved²¹.

A further demonstrable benefit of psychoanalytic therapy is that by assisting patients to address root psychological causes (rather than merely treating the symptoms), patients continue to improve after therapy ends²², and the benefits are realised for significantly longer. One study showed the enduring benefits of psychoanalytic therapy five years after patients being discharged from treatment: 13% of patients who received this were no longer classified as meeting diagnostic criteria for borderline personality disorder, compared to 87% of patients receiving treatment as usual²³. The same study demonstrated a reduction in suicidality among patients receiving psychoanalytic therapy from 74% to 23% over the same timeframe (a 51% reduction), and a threefold

increase in patients remaining in continuous employment or education (3.2 years for patients receiving psychoanalytic therapy, compared to 1.2 years of those without). No other treatment for personality pathology has shown such enduring benefits.

A new UK Mental Health Strategy

The most recent government Mental Health and Wellbeing Plan proposed that “adults experiencing a common mental health condition or severe mental illness should now be offered a range of treatment options, combining psychiatric medication with talking therapies like cognitive behavioural therapy or counselling”²⁴.

Considering the successful record of psychoanalytic therapy in treating a range of mental health conditions (and a particular rate of success among severe and hard-to-treat conditions), the new government must consider expanding provision for psychoanalytic therapy, particularly patients who are unable to access such therapies due to cost. As both the Labour²⁵ and Conservative Party²⁶ manifestos pledged additional resources to support mental health, particularly those of children and young people, there is clear support for a new and robust approach in providing mental health services. *We therefore ask the government to consider current guidance on the efficacy and support provided for psychoanalytic therapy on the NHS, and for this therapy to form part of the next Mental Health Strategy published by the government.*

By providing such support, this will assist local health providers in treating depression and other disorders, relieving debilitating long-term stress and anxiety-related conditions, and assisting people to get back to work and stay in work, improving the wellbeing in families and children. This will also help the government in delivering its objective to increase healthy life expectancy by 5 years by 2035 and reduce the gap in healthy life expectancies between local areas where it is highest and lowest by 2030²⁷.

About the British Psychoanalytic Council

The BPC is the UK's leading professional association and Professional Standards Authority-accredited public register supporting safe, psychoanalytic therapy. It helps to protect the public by accrediting high-quality training, holding a public register of qualified psychoanalytic clinicians, and investigating concerns.

With around 2,000 Registrants, the BPC accredits professional training provided by its Member Institutions, ensuring that they meet required standards. Individuals who qualify from these accredited trainings, or equivalent, are eligible to become BPC Registrants and appear on our public Register. Registrants must comply with the BPC's current Code of Ethics and Continuing Professional Development requirements.

- ¹ NHS Digital (2015) 'Health Survey for England 2014'; NHS Digital (2016) 'Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014'. This estimate reflects the balance of evidence across both the Health Survey for England and the Adult Psychiatric Morbidity Survey.
- ² McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016); Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014; NHS Digital, at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey>
- ³ Kessler, et al. (2005); Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey replication; Archives of General Psychiatry, 62(6), 593-60, at: <https://pubmed.ncbi.nlm.nih.gov/15939837/>
- ⁴ *Mental Health of Children and Young People in England in 2021 - wave 2 follow up to the 2017 survey*, NHS England (2021), at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>
- ⁵ *Children and young people's mental health*; House of Commons Health and Social Care Select Committee (9 December 2021) at: <https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html>
- ⁶ Public health data on severe mental illness (2024); Office of Health Improvement and Disparities, at: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/1/gid/8000030/ati/15/iid/92261/age/1/sex/2/cat/-1/ctf/-1/yr/1/cid/4/tbm/1>
- ⁷ *Suicides in the England and Wales: 2020 registrations*; ONS, September 2020, at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>
- ⁸ The assessment of clinical risk in mental health services (2018); National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, at: <https://documents.manchester.ac.uk/display.aspx?DocID=38466>
- ⁹ Goodman et al. (2011); *The long shadow cast by childhood physical and mental problems on adult life*; National Academy of Sciences, 108(15), 6032 to 6037, at: <https://pubmed.ncbi.nlm.nih.gov/21444801/>.
- ¹⁰ Odgers et al. (2007); *Prediction of differential adult health burden by conduct problem subtypes in males*; Arch Gen Psychiatry, 64(4), 476-484, at: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/210006>
- ¹¹ Goodman et al. (2011).
- ¹² Teplin and others (2005). *Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey*. Arch Gen Psychiatry, 62(8), 911 to 921.
- ¹³ Centre for Mental Health (2016). *Mental Health and Criminal Justice. Views from consultation across England and Wales* (PDF, 1.40MB).
- ¹⁴ Bruan, G (2023); *All That We Are: Uncovering the Hidden Truths Behind Our Behaviour at Work*; Little Brown Book Group, at p.3.
- ¹⁵ *Thriving at Work: a review of mental health and employers* (2017); Department for Work and Pensions and Department of Health and Social Care, at: <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers>
- ¹⁶ *The economic case for a shift to prevention. Annual Report of the Chief Medical Officer 2012 - Our Children Deserve Better: Prevention Pays* (2012); Department of Health and Social Care, at: <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>
- ¹⁷ *Mental Health and Work report* (2008); Royal College of Psychiatrists; at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf
- ¹⁸ These approaches include psychoanalysis, psychoanalytic or psychodynamic therapy and psychodynamic counselling. These can be carried out in different settings such as individual (one to one), group, family or work settings.
- ¹⁹ Leichsenring, F., Luyten, P., Hilsenroth, M. J., Abbass, A., Barber, J. P., Keefe, J. R., Leweke, F., Rabung, S., & Steinert, C. (2015). Psychodynamic therapy meets evidence-based medicine: a systematic review using updated criteria. *The Lancet Psychiatry*, 2(7), 648-660. [https://doi.org/10.1016/S2215-0366\(15\)00155-8](https://doi.org/10.1016/S2215-0366(15)00155-8)
- ²⁰ Goodyer IM, et al; "Cognitive behavioural therapy and short-term psychoanalytic psychotherapy versus brief psychosocial intervention in adolescents with unipolar major depression (IMPACT): a multicentre, pragmatic, observer-blind, randomised controlled trial"; *Lancet*; Volume 4 (2), p109-119, February 2017; at [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30378-9/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30378-9/fulltext). The same study revealed that there were no differences in total costs or quality-of-life scores between treatment groups and prescribing a selective serotonin reuptake inhibitor (SSRI) during treatment or follow-up did not differ between the therapy arms and, therefore, did not mediate the outcome.
- ²¹ Leichsenring, F., Abbass, A., Heim, N., Keefe, J. R., Kisely, S., Luyten, P., Rabung, S., & Steinert, C. (2023); The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders – an umbrella review based on updated criteria; *World Psychiatry*, 22(2), 286-304, at: <https://doi.org/10.1002/wps.21104>
- ²² Shedler, J.; "Getting to Know Me: What's Behind Psychoanalysis"; *Scientific American*, November 2010, p. at: <https://www.scientificamerican.com/article/getting-to-know-me/>
- ²³ Bateman, A. and Fonagy, P. (2008); 8-Year Follow-Up of Patients Treated for Borderline Personality Disorder: Mentalization-Based Treatment Versus Treatment as Usual; *American Journal of Psychiatry*, Volume 165, Issue 5, May 2008, pp631-638; at: <https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2007.07040636>
- ²⁴ *Mental health and wellbeing plan: a discussion paper* (2023); Department of Health and Social Care; Chapter 4, at: <https://www.gov.uk/government/calls-for-evidence/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper>
- ²⁵ Labour Party manifesto (2024), at: <https://labour.org.uk/change/>
- ²⁶ Conservative Party manifesto (2024), at: <https://manifesto.conservatives.com/>
- ²⁷ *Mental health and wellbeing plan: a discussion paper* (2023); Department of Health and Social Care; at: <https://www.gov.uk/government/calls-for-evidence/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper>