

Yes, let's talk about mental health, and let's talk about therapy that actually works

The Globe and Mail (Ontario Edition) · 28 Jan 2022 · SKYE FITZPATRICK CANDICE MONSON OPINION

Getting help is an important first step, but it's just as crucial to seek therapists who will use appropriate and evidence-based approaches

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Jan. 26 marked Bell Let's Talk Day, a years-old campaign focused on talking about mental illness to reduce its stigma and promote its recovery. And there was, and is still, a lot to talk about: One in five Canadians will experience mental illness or an addiction problem in a given year, depression is the leading cause of disability worldwide, and suicide is the second leading cause of death among young Canadians. Many of these issues have only been exacerbated by the COVID-19 pandemic.

But we should be talking more about how we talk – that is: making sure the therapy you get has been shown to work.

Just as mental illness can refer to a vast array of concerns, psychotherapy isn't just one monolithic practice. While the core ingredients of any effective psychotherapy are fairly consistent – a patient talking about what is on their mind with a supportive, empathic person – that's not all it takes for optimal results.

Effective therapies also have unique, evidence-based elements that therapists undertake with patients, such as examining thoughts that may be causing depression, experiencing emotions that are actively being avoided or practising behaviours to curb your anger. These elements have led to the development of many types of psychotherapies for different conditions, which have been rigorously studied for decades.

While those therapies really work, some approaches only kind of work; others don't work at all, or worse yet, are actively harmful. And the latter are all too common: A 2020 white paper by the U.S. mental-health benefit-provider Lyra found 72 per cent of San Francisco-area clinicians surveyed were not practising treatments that were supported by science, with 38 per cent offering at least one potentially harmful treatment, including mandatory critical incident stress debriefing, energy psychology, recovered-memory techniques, and conversion therapy for sexual orientation.

Various mental-health organizations have developed treatment guidelines for different conditions. These guidelines typically recommend first-line treatments, followed by other potential treatments with less evidence for their use. Specific talk therapies, for instance, are the first-line preferred treatment for post-traumatic stress disorder (and one of the first-line treatments in addition to medication for depression), and these therapies are relatively brief. Many psychologists who practise these first-line talk therapies will have countless stories of clients who were in therapy for years – maybe even decades – without having received the treatment that was scientifically shown to be best suited for a certain condition. Sometimes, when patients finally receive such an intervention, their conditions recover in weeks to months and they express their relief –

alongside a profound grief that they spent years unnecessarily suffering because of ineffective therapy.

To avoid such a situation, educate yourself about different therapies for different conditions and the science backing them. For instance, experts at the Society of Clinical Psychology – a division of the American Psychological Association – describe the evidence for these different therapies on its website.

Empower yourself when vetting a prospective therapist by asking them about their experiences providing treatments that work, and pay attention to signs that indicate they can do so competently. Good signs include an initial conversation or therapist profile that features such phrases as “evidence-based,” “outcomebased” or “empirically supported” when describing what they do. You can ask for treatment options and request therapists describe the relevant scientific support for them. Alternatively, they should be able to tell you what the science says about their chosen approach to treatment when you ask them about it. Ensure therapists are monitoring your symptoms and goals, so you know whether the therapy is working for you. This could mean giving you brief questionnaires and giving you feedback on the results.

And make sure your therapist asks you to think about or do things outside of your hour-long therapy session, so you feel better more quickly and in less need of therapy over all.

Ultimately, it should be the responsibility of mental-health care providers to deliver scientific first-line treatments, rather than their clients to hold them to it. If consumers need to be this active in making sure they’re getting first-line psychotherapy, something has already gone very wrong. But while many of us are working to address those issues, let’s spend more time talking not just about getting to treatment, but also about what treatment to get. Don’t just seek help – seek help that is shown to work.