

Editors of HCPJ

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editorial

Increasingly counsellors working in the NHS will see clients described as having a severe and enduring mental illness, commonly known in NHS-speak as SEMI. The reasons are obvious as the majority of people who are psychologically and emotionally in distress are now seen in primary care. At our autumn FHCP conference Terry Lewis of NIMHE reminded us of the not-so-obvious fact that 25 per cent of all people with SEMIs are now treated entirely in primary care.

Those of us who work in agencies that receive referrals from the NHS may see even more clients with SEMIs, as the article from the Norwich Centre demonstrates (p.18). Some agencies are receiving up to 90 per cent of their referrals from NHS sources and many of these clients are suffering from more than one serious condition.

All sorts of issues around this increasingly difficult state of affairs come to mind, particularly training and assessment. Some of these are explored in the pages of this January issue. How many training courses, for example, take seriously training in the recognition of mental illness? My guess is not many. If you are a counsellor with a prior mental health background your previously gained knowledge and experience can be brought to bear. If not, then without appropriate training you may feel quite vulnerable, and it is increasingly important to have strong and trusting alliances with colleagues. At all times, though, it is imperative to be able to recognise the limits of our competency and our ability to cope with these clients.

For those who are working in agencies a number of political and ethical questions need to be faced. What has happened to the notion of choice for the patient? It is difficult enough at times to obtain the treatment of choice where there are no counsellors in post; it is even more difficult if the only resource to hand is a voluntary agency. Many of these agencies are doing excellent work, subsidising the NHS to a massive degree. Even though the NHS plans to increase partnership working with voluntary agencies, there is still a long way to go in providing adequate support and in monitoring quality of service.

On a recent visit to the Deputy Prime Minister's Office for a consultation exercise on social inclusion it seemed apparent to me that many clients who have been 'labelled' with a diagnosis of mental illness stay in the mental health system and never really return to normal work or normal life, or to receiving their care within primary care. Stigma prevails, and it seems to me that counsellors could do a great deal to help these people. In the recent DoH publication, *The Road to Recovery*, one of the things that SEMI patients requested above all else was NHS personnel who had a positive attitude towards them. We actually believe in the recovery of the client! The eye of the NHS may therefore need to recognise that counsellors are making important contributions to the lives and well-being of those who have been designated as SEMI, and are capable of contributing far more to the care of these clients in the future.

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