

Editorial



Little did I know when I first decided on the theme 'Working with the medical model' what a tricky terrain it would prove. Tempers have been raised, positions have been struck, and I have been left with more questions than I started with.

So what is the medical model? And what does it mean to work within it? In her lead feature on pages 3-7, Rachel Freeth does a marvellous job of untangling some of the issues. The medical model is more than a disease model of distress, she says; it is equally a method of helping – the process of assessment, diagnosis and treatment that we know and rely on in our health services.

Assessment is part of the fabric of the working lives of all healthcare professionals, with psychological therapy practitioners no exception. We need to show that our therapies work along with the rest of them for the sake of our credibility in the field. Diagnosis is outside our remit – though we need to understand the terminology. But are psychological therapies 'treatments', with all their associations of symptoms and cure? Well, the National Institute for Health and Clinical Excellence (NICE) seems to think so, and so does the mental health charity, Mind. In fact, there are lots of medical conditions that 'treatments' do not 'cure'. In other words, the medical model as a disease model is not a close fit across a lot of physical dis-ease conditions, never mind psychological.

Whether our key consideration is for clients or patients, the key words that apply are surely those chosen by Jill Brennan as the title of her article: pragmatic and holistic. Counsellors may not have chosen the health service as their ideal environment to practise, but this is where the greatest need is. And just as counsellors have had to adapt to using outcome measures, though often hating them to start with, it is very possible to thrive in a GP surgery or secondary care setting, with all this entails. Some of our clients may even find their diagnosis helpful and reassuring: 'Now I know what's wrong with me – and something can be done about it'. Medication may help to shift a mental block and allow psychological therapy to work. And do all GPs really think of antidepressants as a cure for depression? I don't think so.

From a pragmatic point of view, we need to understand the territory in order to extend it – as Pete Bower argues in his article, 'Confronting the hierarchy of evidence'. This applies to practice and training as much as to research. Penny Henderson summarises it nicely in her training recommendation for counsellors who work in healthcare settings: 'Develop an understanding of the culture and effective professional partnerships with colleagues. This will provide a more integrated service for patients despite significant differences in core values.'

Enjoy this issue of *HCPJ*, and please email me your feedback, negative or positive: it will all be most welcome.

Penny Gray
Editor

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