

# IMPACT OF RESIDENT DOCTOR LONG CASE ON PSYCHIATRIC CONTACTS PRE- AND POST-TREATMENT

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## INTRODUCTION

- Modern mental health services face resource limitations within a context of increasing demand for mental health care, resulting in an emphasis on time-limited & outcome-oriented therapies. This raises questions about the role of more exploratory interventions such as psychodynamic psychotherapy (PDP).
- However, highly structured therapies might not always meet the needs of patients who present with complex and interpersonal difficulties.
- The Maudsley Medical Psychotherapy Service (MMPS) is an outpatient service within South London and Maudsley NHS Foundation Trust (SLaM) offering PDP (6-12 months). The majority of therapies are delivered by SLaM resident doctors, primarily in the context of curriculum-mandated psychotherapy cases completed during core psychiatry training.
- Given the changing landscape of NHS therapies, it is important to evaluate the impact of resident doctor-delivered PDP on both patients and the wider mental health service.
- Thus, we conducted a service evaluation to assess the impact of MMPS psychotherapy, using contacts between patients and services as our primary outcome measure.
- Drawing on Bion's idea of the container-contained process, we considered a reduction in service utilisation a positive outcome, perhaps reflecting increased patient "capacity for (...) conscious reflection (...) [and] containing function of the mind" (Ogden 2004).

### Study Timeline



## METHODS

- We compared service utilisation during the two years prior to initial MMPS contact and service utilisation during the two years after completion of MMPS psychotherapy.
- We retrospectively reviewed electronic records of all patients who completed their MMPS intervention in 2023 and 2024, collecting the number of contacts with non-crisis mental health services (e.g. community mental health teams, specialist services) and the number of contacts with crisis mental health services (e.g. home treatment teams, A&E liaison teams).
- Additional data we collected were documented self-harm episodes, inpatient admissions, and additional psychotherapy outside of MMPS.
- Data analysis was completed using Friedman and Wilcoxon signed-rank tests.
- The project was registered and approved as a service evaluation within SLaM (registration n. 116).

Fig 1: Mean annualised number of mental health service contacts per patient pre- and post-therapy

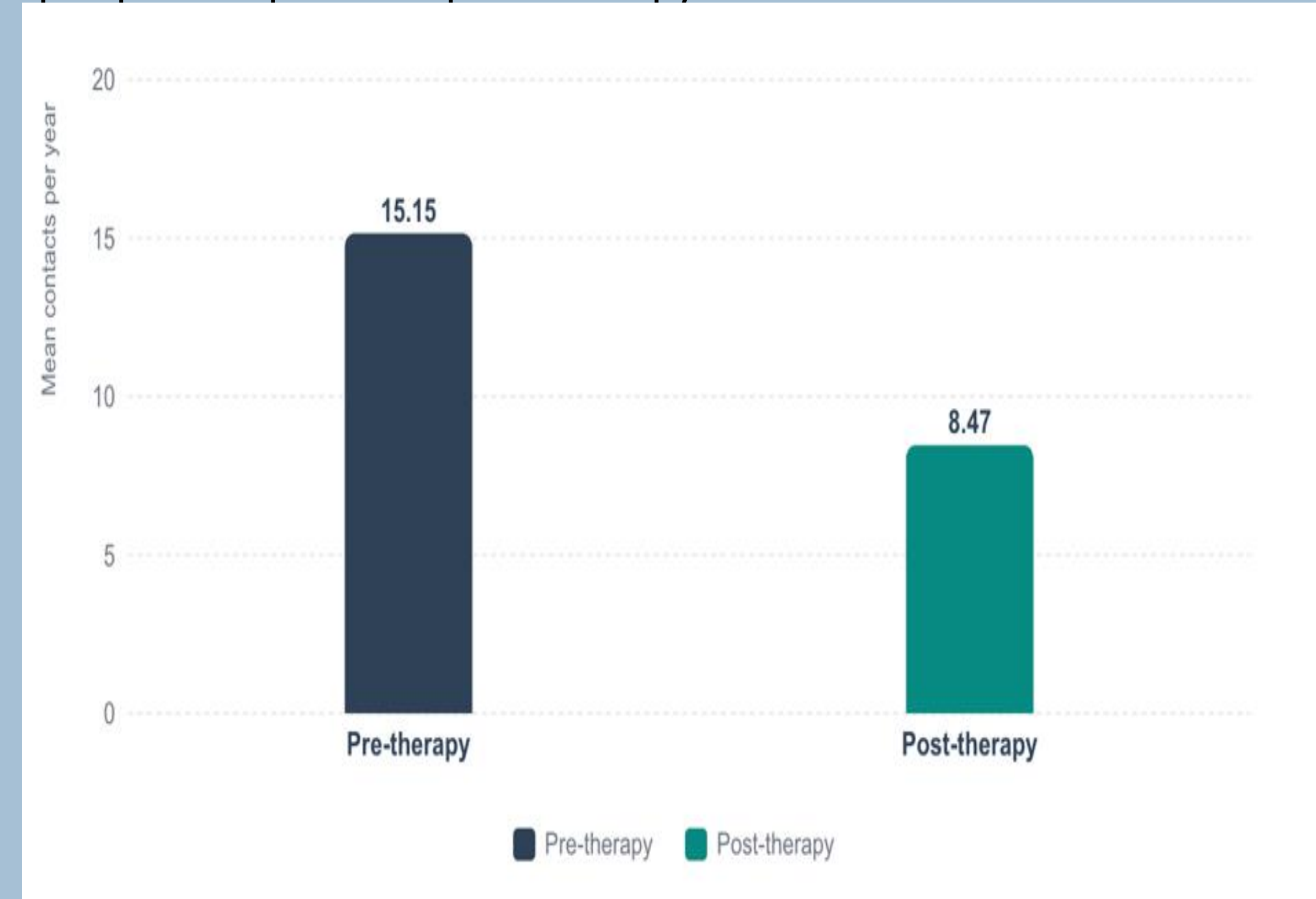


Fig 3: Percentage of patients with at least one documented self-harm episode pre-therapy, during therapy, and post-therapy

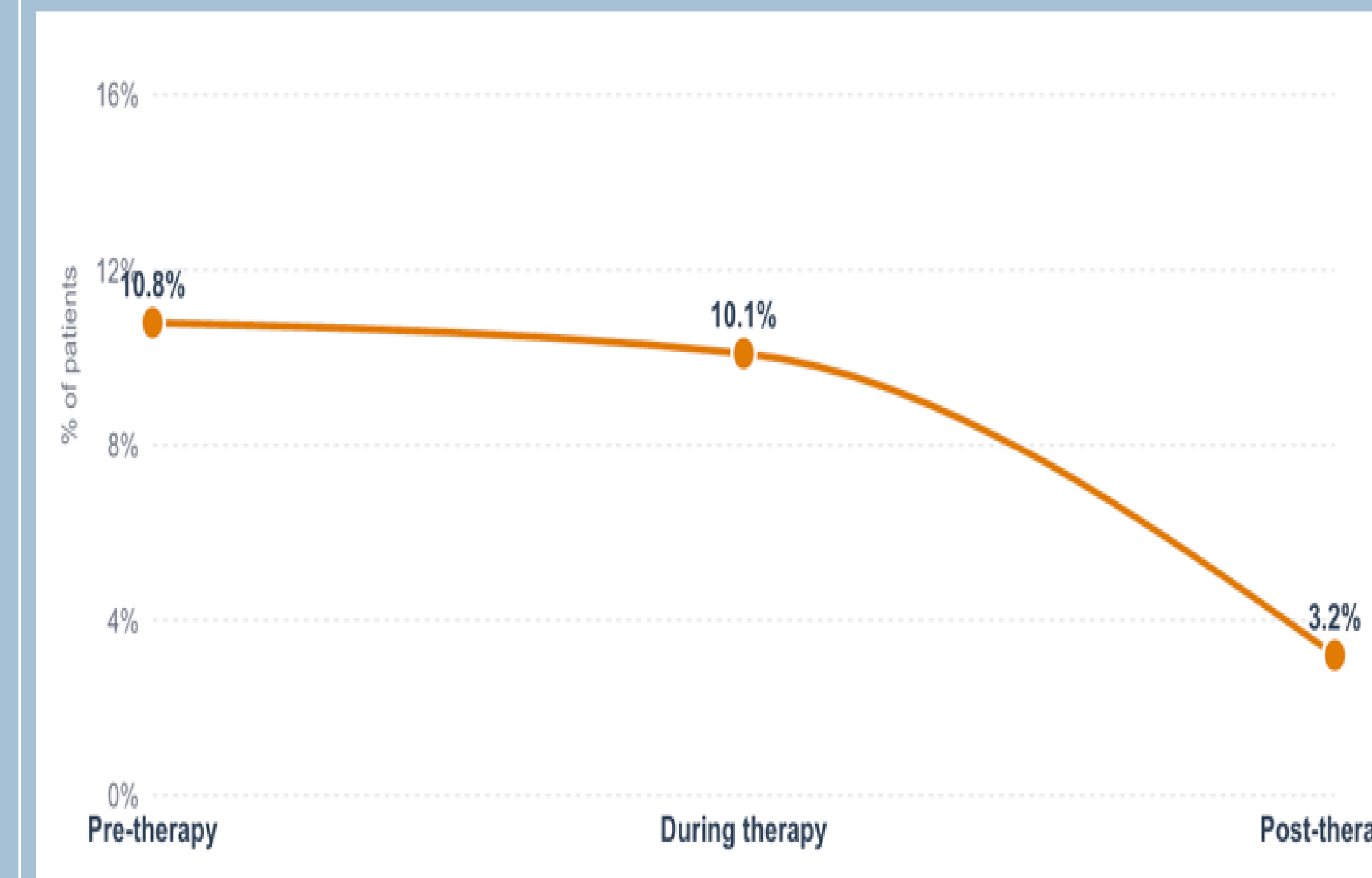
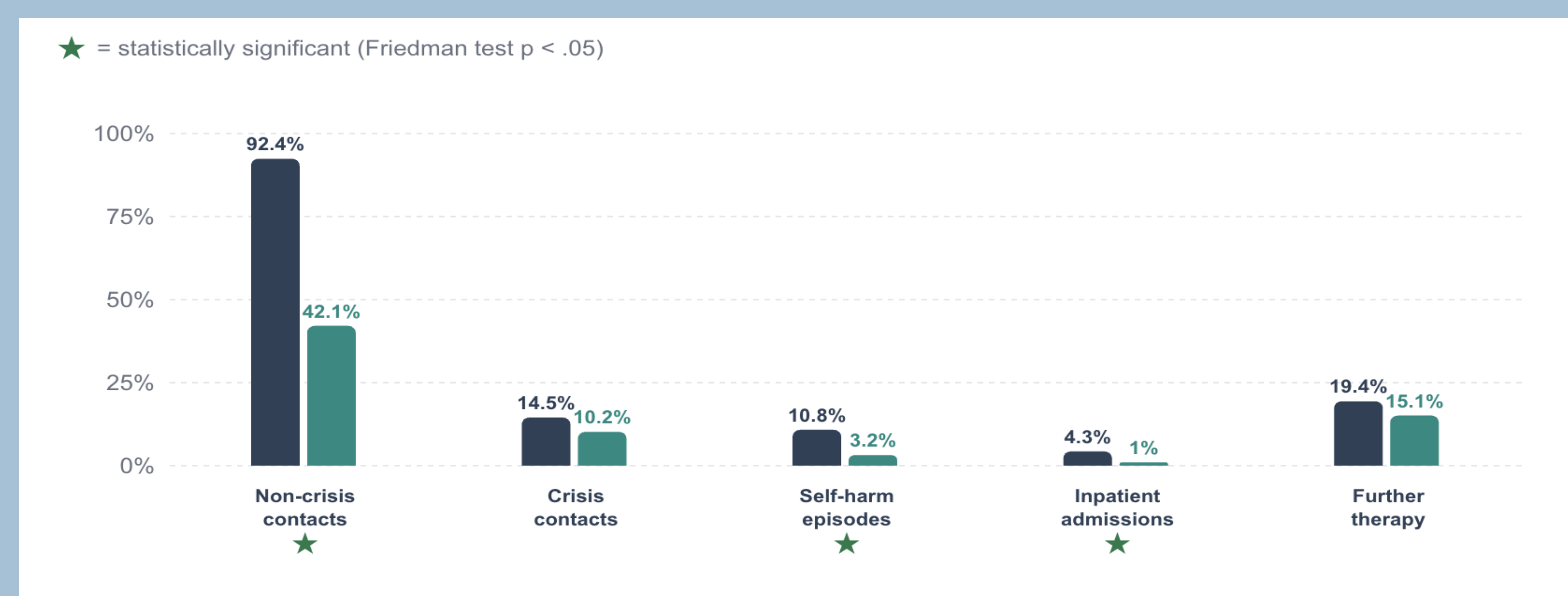


Fig 2: Percentage of patients with at least one event; annualised rates used throughout



## CONCLUSIONS

1. This service evaluation provides correlational evidence that PDP within MMPS not only benefits patients, but also longitudinally reduces wider psychiatric service pressures.
2. This service evaluation equally strengthens the case for the ongoing place of psychodynamic psychotherapy cases in resident doctor curricula.

## REFERENCES

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- None of the authors have any conflicts of interest to declare.
- The authors would like to thank consultant medical psychotherapists and the business manager within MMPS for their theoretical and practical support with this service evaluation.

## RESULTS

- Out of 249 electronic patient records reviewed, 185 were included in the analysis (64 excluded as not offered therapy or stopped therapy very early).
- Four of six outcome measures reached statistical significance, and every outcome moved in the same direction - providing a consistent pattern supporting the container-contained hypothesis.
- Overall service use: Total service contacts reduced significantly following therapy (p < .001), with a 44.1% reduction in mean contacts per year. (See Fig 1)
- Non-crisis community contacts showed the largest change, falling from 92.4% to 42.1% of patients (p < .001). (See Fig 2)
- Self-harm episodes fell from 10.8% to 3.2% of patients – a reduction of more than two thirds (p = .002). (See Fig 2)
- Inpatient admissions fell from 4.3% to 1.0% of patients (p = .040). (See Fig 2)
- A clinically relevant pattern: Self-harm showed no change during therapy, but fell significantly after therapy ended. This delayed effect suggests the containing function of therapy is gradually internalised, becoming apparent only once the external therapeutic relationship ends. (See Fig 3)
- Non-significant findings: Crisis contacts showed a trend towards reduction that did not reach significance (p = .062). Further psychological therapy input did not change significantly (p = .579).

Outcome Measure	X <sup>2</sup> F	df	p value	Kendall's W	Significance
Non-crisis community contacts	132.1	2	< .001	0.361	*** Significant
Crisis contacts	5.565	2	.062	0.015	Trend (NS)
Self-harm episodes	12.61	2	.002	0.034	** Significant
Inpatient admissions	6.414	2	.040	0.017	* Significant
Further psychological therapy	0.308	1†	.579	0.002	Not significant
Total service contacts (composite)	58.14	1†	< .001	0.314	*** Significant

## DISCUSSION

- This service evaluation provides evidence that outpatient PDP delivered by resident doctors was associated with a reduction in contacts with mental health services.
- This finding, as well as the appearance of this change only post-therapy, resonates with research showing that the full impact of analytically-based therapies becomes more apparent after the end of therapy (Fonagy *et al*, 2015).
- Bion's idea of container-contained processes could be a helpful theory for linking PDP with a reduction in service utilisation: As the experience of a containing therapist is internalised, patient capacity to contain their own disturbance gradually increases, reducing the need for a concretely present mental health service.
- Limitations included relatively high rates of referrals from services characterised by frequent contact, as well as the risk of artefactually low numbers of reported self-harm incidents post-therapy due to overall fewer contacts.