The Prince's Foundation for Integrated Health

Guidelines on Integrated Approaches to Mental Health

Chapter 5 - Acupuncture

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Chapter 5 - Acupuncture

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1. What is acupuncture?

Acupuncture is a system of traditional Chinese medicine, which has been used in China and other eastern cultures for thousands of years to restore, promote and maintain good health. It involves the insertion of fine needles into the skin and underlying tissues at specific points. The word acupuncture is derived from the Latin *acus* (needle) and *pungere* (to pierce) (Tavares 2003).

Chinese medicine is based on ancient texts as well as extensive clinical observation and testing. According to modern practitioners, it represents a thorough formulation and reformulation of material by respected clinicians and theoreticians and has developed its own perception of the body and of health and disease.

In this holistic approach to health, the mind, body and spirit are seen as interconnected and are treated as such. The mind and emotions are considered inseparable from the body, and each body organ system has an associated emotion and mental process. According to traditional Chinese medicine, when the health is in balance the emotions are harmonious, the thinking is clear and calm, and sleep is deep and refreshing. Ill health occurs when the body's equilibrium is disrupted.

1.1 The difference between traditional acupuncture and medical acupuncture

With an increasing number of people seeking acupuncture treatment it is important for patients and healthcare professionals to understand the difference between the two styles most commonly on offer, medical acupuncture and traditional acupuncture.

Traditional acupuncture as practised by members of the British Acupuncture Council (BAcC) is a holistic approach to health based on over 2000 years of development and refinement in the Far East. The tradition is as much about the maintenance of health as the management of disease. Traditional acupuncture regards illness as a sign that the body is out of balance. The exact pattern and degree of disharmony is unique to each individual. The traditional acupuncturist's skill lies in identifying the underlying pattern of disharmony and selecting the most effective treatment.

Although acupuncture is often represented as a means of pain relief, traditional acupuncture is used to treat people with a wide range of illnesses. Its focus is on improving the overall wellbeing of the patient, as well as addressing classified symptoms.

According to the British Medical Acupuncture Society (BMAS), Western medical acupuncture is an adaptation of traditional Chinese acupuncture and is based on modern knowledge of the body and pathology (White et al 2009). Medical acupuncture is a model that has developed over the last 30 years and is practised predominantly by doctors, physiotherapists and some nursing staff, mainly in primary care. In this style the practitioner uses acupuncture techniques within the existing scope of their practice and treatment is based on a more symptom-oriented diagnosis, particularly in the treatment of pain and nausea.

2. How does acupuncture work?

Traditional acupuncture works to maintain the body's equilibrium by focusing on all aspects of wellbeing: physical, mental and emotional. Good health is seen not just as the absence of pain or disease. According to traditional Chinese philosophy, good health is dependent on the body's motivating energy moving in a smooth and balanced way through a series of channels beneath the skin. This energy is known as qi (also known as Chi, or Ch'I in the practice of Tai Chi and Chi Qong, see *Chapter 2.3 Tai Chi and Chi Gung* for further information).

The flow of qi can be disturbed by any number of factors. These include emotional states such as anxiety, anger, or grief, as well as poor nutrition, hereditary factors, infections, and trauma. When the qi is unbalanced, illness may result, including conditions such as depression, restlessness, and cravings for stimulants, as well as more physical symptoms.

Having first diagnosed the cause and nature of the imbalance, the acupuncturist inserts ultra fine needles at chosen points along the channels of energy. The aim is to stimulate the body's own healing response and restore its natural balance. Treatment is aimed at the root of the patient's condition as well as their symptoms and the choice of acupuncture points will be specific to their individual needs.

2.1 The science

Western medical acupuncture does not follow traditional Chinese philosophy and principles such as the flow of qi. There is evidence that the therapeutic effects of acupuncture result from stimulation of the nervous system (Zhao (2008) cited by White et al (2009)). Research has also found that in the spinal cord and brain, acupuncture leads to the release of opioid peptides and serotonin (White et al 2009, citing Han & Terenius 1982).

In terms of working with myofascial pain, White et al (2009) cite Melzack et al (1977) who found that the traditional acupuncture meridian pathways frequently coincide with the referral pattern of trigger points.

Acupuncture has widespread autonomic effects (Tavares (2003) citing Ernst & Lee (1985) and Lundeberg (1999)) and releases endogenous steroids (Roth et al (1997) cited by Tavares (2003)). It is also thought to up-regulate endogenous opioid gene production (Tavares citing Guo et al (1996)) which could explain the need for 'top-up' treatments.

Functional magnetic resonance imaging (fMRI) and positron emission tomography have been used to further explore the effect of acupuncture on the central nervous system. Lewith et al (2005) carried out a systematic review of these studies which showed that specific and mainly predictable areas of the brain were activated and deactivated with use of acupuncture at traditional Chinese acupuncture points.

2.2 What a treatment involves

Traditional acupuncture treatment begins with a traditional diagnosis, which includes questions about current symptoms, other treatment received, medical history, details of any medication, diet, lifestyle, sleep patterns and emotional state. The acupuncturist is also likely to feel the patient's pulses on

both wrists, and may ask to look at their tongue. Through this process they will identify qi imbalances that are affecting the patient's mental health and can set about creating an individualised treatment plan.

The treatment itself involves the insertion of fine needles at specific points identified by the practitioner and a range of approaches can be taken as outlined in *Section 4 The main forms of activity.*

The frequency and length of treatment depend on the individual, although some change is usually felt after five or six treatments. Some patients may benefit from treatment over several months or long-term. At the start, treatment will normally be once or twice a week.

Western medical acupuncture follows a more conventional diagnostic approach involving medical examination, investigation and assessment of symptoms but there is great similarity in the techniques applied (White et al 2009).

3. What are the benefits?

The World Health Organisation (WHO) lists acupuncture as a recognised treatment for depression (WHO 2003).

The other areas of benefit they cite are:

- improved feeling of overall wellbeing,
- feelings of relaxation and calmness,
- clear thinking, generally feeling brighter and more alert,
- improved sleep,
- feeling less anxious,
- reduced side effects of patients trying to overcome addictions like smoking, alcohol, coffee and sugar,
- easing of physical conditions such as painful limbs, headaches, arthritis, backache, etc
- strengthening of a person's overall constitution,
- less unwanted side effects from medication and reduction in medication (if sanctioned by the patient's doctor),
- financial savings due to a reduction in medication and increased overall fitness to work.

Acupuncture is considered a safe treatment for all ages when practised by a properly trained and qualified practitioner. Especially important for patients with mental health conditions is the fact that all types of acupuncture can be used alongside conventional medicine, and in consultation with other healthcare professionals. As with any therapy, the response to acupuncture can vary from one person to another.

Acupuncture has the potential to make a significant contribution to mainstream mental health services, and most importantly to the quality of life for the patient. In cases where medication is used, acupuncture can help to reduce side effects from neuroleptics, anti-depressants, and mood stabilisers. This has the potential to allow patients to take a low dose of medication and at the same save the NHS money.

3.1 Northern Ireland pilot of integrated approaches in primary care

The Northern Ireland Department of Health, Social Services and Public Safety commissioned a pilot study of complementary and alternative medicine in primary care. The pilot involved 713 patients with musculoskeletal and mental health conditions who were referred to the service by their GPs. Patients with stress, depression or anxiety were referred to a homeopath or acupuncturist. Those referred to acupuncture typically received weekly treatments and where appropriate supporting 'complementary' treatments such as aromatherapy, massage or reflexology.

The study found that 79% of patients referred to the pilot service reported an improvement in their mental health and that there were reductions in the use of prescribed drugs and use of other healthcare services, highlighting the potential for cost-savings. The authors found that the use of these disciplines fits will within primary care and recommend exploration of the potential for making these disciplines more widely available to patients in Northern Ireland (McDade 2008).

4. The main forms of activity (treatment)

Acupuncture needles are much finer than the needles used for injections and blood tests. They are single-use, sterile and disposable. When the needle is inserted, the sensation is often described as a tingling or dull ache.

As well as needling, acupuncturists sometimes use other techniques to further facilitate change. These techniques may include moxibustion, cupping, auricular acupuncture, electro-acupuncture, and tuina (a style of massage).

4.1 Moxibustion

In moxibustion, a dried herb or 'moxa', usually of the species mugwort (Latin name: *Artemisia vulgaris*), is used to warm and encourage the movement of qi and blood in a specific area. A small tight bundle of moxa is placed either directly on the skin over the chosen acupuncture point, or on the end of an inserted needle. The moxa is then lit and smoulders slowly. Moxa in the form of a stick is commonly used for more generalised application of heat. When lit it is held about an inch above the point or area to be treated and moved in circles or in a slow 'pecking' motion.

4.2 Cupping

Cupping is a technique used on the surface of the skin to stimulate and move stuck or 'stagnant' qi and/or blood and involves the use of rounded cups which are generally made of glass but can also be made of bamboo. A vacuum is created inside the cup by briefly inserting a flame, and having removed it, quickly placing the cup directly onto the part of the body needing treatment. Alternatively, some cups are made of rubber or have a mechanism worked by a small lever which allows for the vacuum to be created once the cup is already on the skin.

4.3 Electro-acupuncture

In electro-acupuncture two needles are inserted into specific acupuncture points and attached to a device that generates tiny continuous electric pulses between the two points. The frequency and intensity of the electric current can be adjusted.

4.4 Auricular acupuncture

Auricular acupuncture (also known as auriculotherapy, ear acupuncture, auricular therapy, or the more recent auriculomedicine) is a clinically proven system involving fine needles being inserted into acu-points located on the ear. This technique is widely used in the treatment of addiction.

4.5 Tuina

Tuina is a branch of traditional Chinese medicine in its own right, the overall aim of treatment being similar to acupuncture. A more harmonious flow of qi through the body's energy channels is encouraged by the application of massage and manipulation techniques.

4.6 Recent survey results

A recent British Acupuncture Council online survey showed that with longer working hours and today's economic and social pressures, many people are finding it hard to cope. Conducted across the UK, the survey revealed that the top three emotional issues treated by acupuncturists

are depression (18%), anxiety (12.8%) and insomnia (10.4%), with stress following closely behind. It also placed depression in the top five health problems presenting amongst acupuncture patients, alongside back pain, fertility, headaches and skin problems.

5. The evidence

This section explores the evidence base for the effectiveness of acupuncture in the treatment of mental health problems.

5.1 Acupuncture and general psychiatric problems

Berman and Lundberg (2002) conducted a pilot study of auricular acupuncture for people in a prison psychiatric unit in Sweden. The intervention consisted of group treatment with auricular acupuncture over a period of nine months. Another psychiatric unit acted as a comparison group (not randomly allocated). Cortisol (stress hormone) levels in saliva were measured at four time points for the treatment group and twice for the comparison group. Overall, the results were inconclusive. Comparison of cortisol levels between the groups over time showed no differences. Inmates who received over 25 treatments were prescribed less psychiatric medication, and inmates treated for over eight weeks experienced improved inner harmony and better clarity over future plans. Berman and Lundberg conclude that although the study was inconclusive it demonstrated that ear acupuncture was perceived as beneficial by the recipients, and future research should explore the longer terms effects, in particular the reduction in prescribing of psychiatric medication.

5.2 Acupuncture for concurrent substance use with anxiety and depression

Courbasson et al (2007) conducted an exploratory study of the benefits of adding auricular acupuncture to a 21 day structured treatment programme for women with concurrent substance use problems, anxiety and depression in Canada. There was a non-randomised comparison group of women who received treatment as usual without acupuncture. At the end of the treatment programme women in the combined group felt significantly less depressed, anxious and better able to cope than they had at the start. They reported that the acupuncture sessions had been calming, helped reduce cravings for drugs/ alcohol, and decreased anger and irritability. Most women rated it as good, very good or excellent. However the differences in the two groups were not maintained at follow-up (one and three months after treatment ended). This may have been partly due to the poor number of completed follow-up questionnaires.

5.3 Acupuncture for anxiety disorders

Pilkington et al (2007) undertook a systematic review of studies investigating the efficacy of acupuncture in the treatment of anxiety disorders. They identified 12 trials of which 10 were randomised controlled trials. Of these, four focused on anxiety disorders (as opposed to other forms such as anxiety before operations). All of the trials demonstrated positive findings but there were some areas of weakness in the methodology.

- Lui et al (1998a, 1998b) conducted a large randomised trial where people with anxiety disorders were randomised to one of three treatments: acupuncture, behavioural desensitisation, or a combination of both. Outcomes were measured on “cure rates” which were based on the disappearance of clinical symptoms. The combined group had a significantly greater improvement rate than the other two groups (although

all patients reported improvements). Overall the quality of the methods and adequacy of reporting of the methods leaves it difficult to draw conclusions from this study, and therefore the clinical implications are unclear.

- Eich et al (2000) found in their trial of body acupuncture compared with sham acupuncture for depression and anxiety, that six out of seven in the group with anxiety disorder responded to treatment (as measured by significant improvement on the Clinical Global Impression Scale) compared with only two of six in the sham acupuncture group.

Two Chinese studies compared acupuncture with drug therapy:

- In the first small trial, Chao-Ying (2003) compared the effectiveness of electroacu puncture with a Western anti-anxiety drug, Trazadone. After six weeks of treatment, there was no difference between those receiving acupuncture and those receiving Trazadone.
- In the second Chinese study, Zhang et al (2003) compared acupuncture with Doxepin, using 296 participants. Again, this study failed to demonstrate that there was a difference between Western medication and acupuncture for anxiety.

In other non-randomised trials, Lanza (1986) compared acupuncture based on Traditional Chinese Medicine points with biofeedback. However, the quality of the reporting of this study makes it difficult to draw any conclusions. In a further study acupuncture was compared to drug therapy (a combination of Flupenthixol and Melitracen). Acupuncture was given for 10 days and treatment consisted of three of these courses with a break in between. Cure rate was reported to be significantly greater in the acupuncture plus drugs group however, the response to treatment was judged by physicians who stated that this combination of drugs is not usually recommended for anxiety.

Pilkington et al (2007) conclude that positive findings were reported for the use of acupuncture in treating generalised anxiety disorder and anxiety neurosis but there is currently insufficient evidence to draw firm conclusions. They did find limited evidence in support of auricular acupuncture for perioperative anxiety. Based on the positive findings, the authors recommend further well designed research in this area.

5.4 Schizophrenia and acupuncture

5.4.1

Beecroft and Rampes (1997) conducted a review of the literature related to the use of acupuncture in the treatment of schizophrenia. They identified six papers on the subject (all of which are quite dated now):

- Lui et al (1986) performed a randomised controlled trial of laser acupuncture (irradiating the Ermen point) compared with mock laser acupuncture (of the Ermen point) plus Chlorpromazine (antipsychotic medication) and irradiation of a non-standard point. They found a marked improvement in the Ermen point

group, slightly less improvement of the Chlorpromazine group and no improvement in those laser stimulated in the non-standard point.

- Jia et al (1987) used laser acupuncture compared with a control group who received Chlorpromazine. Cases were not randomly allocated to one type of treatment or another. Both groups showed similar improvements.
- Zhang et al (1987) used scalp acupuncture in 296 people with hallucinations, and reported that 70% were "cured" after 10–20 sessions. However, this was an uncontrolled study, so conclusions cannot be drawn as to whether the acupuncture was the factor that produced the effect or some other unmeasured factors that helped improve the symptoms.
- Kane and Di Scipio (1979) reported on three people with schizophrenia who received a combination of real and sham acupuncture which was alternated weekly. All three showed an improvement whilst receiving traditional acupuncture, which was lost during the sham acupuncture. However, the numbers are too small to make these findings conclusive.
- Shi and Tan (1986) looked at 500 cases of people with schizophrenia who had been treated with acupuncture. Cure was reported in 55%, 17% were "remarkably improved" and 12% showed no improvement.
- Zhang et al (1990) compared herbs alone, electroacupuncture and herbs, electroacupuncture alone and Chlorpromazine in the treatment of schizophrenia. This study seemed to show benefits of the herbs and less additional benefit attributable to the acupuncture. This study suffers from methodological problems, so findings are not conclusive.
- Shi (1988) compared the treatment of hallucination with auricular acupuncture alone, auricular and body acupuncture, and auricular acupuncture with Chlorpromazine. In all treatments the more frequent and long term the symptoms were, the less the treatments improved them. There were no differences overall between the treatment groups. However, there was no random allocation of treatment, no control group and no clear outcome measures.

Although the evidence suggests that acupuncture or low-power laser treatment could be effective in treating schizophrenia, Beecroft and Rampes (1997) could draw no conclusions due to methodological flaws in the trials and recommend better designed randomised controlled trials (RCTs) for the use of acupuncture with schizophrenia.

5.4.2

Rathbone and Xia (2005) conducted a systematic review of randomised controlled trials of acupuncture for schizophrenia. They identified five trials, two compared acupuncture to antipsychotic medication. The results showed no differences in improvement and did not state how many people dropped out of treatment. Four of the five trials also compared acupuncture combined with antipsychotic medication with antipsychotics alone. The psychiatric symptoms scale score favoured the acupuncture plus medication group over medication alone. However, they conclude that there is currently insufficient evidence to recommend the use of

acupuncture for schizophrenia. More comprehensive, better designed and controlled studies are needed to determine the effects of acupuncture for schizophrenia.

5.5 Depression and acupuncture

5.5.1

Smith and Hay (2004) reviewed studies of acupuncture for depression and wanted to establish whether acupuncture is better than sham acupuncture and no-treatment conditions. They identified all randomised trials that used the Becks Depression Inventory and the Hamilton Depression Scale, and chose seven of nine studies to include in the review. In studies comparing acupuncture and conventional medicine they found no overall significant differences. They conclude that there is a lack of well designed randomised controlled trials to evaluate the role of acupuncture in the treatment of depression, and from reviewing the trials that exist, they conclude that there is insufficient evidence to determine whether acupuncture is more effective than waiting list control (no treatment), non-specific or sham acupuncture, or whether acupuncture plus medication is more effective than placebo because the trials were single studies with small numbers of participants.

5.5.2

Mukaino et al (2005) undertook a systematic review of acupuncture for the treatment of depression. They found 27 potentially relevant articles and six were included. The studies involved 509 patients across ten group comparisons with 253 receiving acupuncture. Three studies compared acupuncture with a sham control, one compared acupuncture to a waiting list, four compared electroacupuncture to antidepressants and two compared electroacupuncture or manual acupuncture combined with antidepressants, to antidepressants. The authors found inconsistent evidence as to the effectiveness of acupuncture for depression although there were some promising results. They conclude that there is not sufficient evidence to recommend acupuncture as a treatment for depression but that large scale RCTs should be held.

5.5.3

MacPherson et al (2004) conducted a preliminary study of people with depression who received acupuncture treatment. Measures of depression including the Becks Depression Inventory were collected at baseline (before acupuncture) and 10 weeks after treatment commenced. Out of 10 people referred for acupuncture, only six completed both baseline measures and the 10 week measures. However, there were significant improvements in depression scores at 10 week time-point. The people with moderate to severe depression demonstrated the most improvements. There were no serious adverse events. Because of the small sample size and lack of control comparison groups, it is difficult for the authors to draw any conclusions and they state that other factors may have influenced the results. They suggest that this trial highlights the complexities of trying to evaluate acupuncture for use with depression. In order to increase the impact of future research, the authors recommend trials that are designed to address the methodological challenges.

5.5.4

Quah-Smith et al (2005) evaluated the effectiveness of laser acupuncture for people with mild to moderate depression in a primary care setting using a double blind randomised trial. The trial involved 30 patients with depression who were randomly allocated to receive either active or inactive (sham) laser treatment. Both the clinician and the patients were blind as to whether the treatment was active or not. All patients received treatment twice a week for four weeks then once a week for a further four weeks. Outcomes were measured using the Beck Depression Inventory at baseline, then at weeks four and eight during treatment, and at weeks four and twelve following treatment. On completion of the treatment the Beck Depression Inventory scores had fallen from baseline by 16.1 points in the intervention group and by 6.8 points in the sham control group ($P<0.001$). At four weeks after treatment only a trend was shown by the difference but was again significant after a further eight weeks ($P=0.007$). The laser acupuncture was tolerated well by the active group with no significant adverse effects. The authors recommend further research to explore the use of laser acupuncture to treat mild and moderate depression in primary care.

5.5.5

Williams and Graham (2006) undertook a pilot study to assess the acceptability and feasibility of acupuncture for older adults with depression. Thirteen patients participated in acupuncture therapy over the six month pilot with an average age of 74 years. Participants completed the Hamilton Depression Rating Scale–17 (HAMD), the Measure Yourself Medical Outcome Profile (MYMOP) and a patient satisfaction scale mid-way through the trial, at the end of the trial and one month following completion. They found that acupuncture can be delivered in a mental health day care setting with minimal disruption and to the satisfaction of patients.

5.5.6

Wang et al (2008) carried out a systematic evaluation of RCTs to assess the effectiveness of acupuncture and moxibustion in the treatment of depression. They found 14 trials which met their criteria, four of which involved double-blind trials. The authors found there was no significant difference between acupuncture and medication, although acupuncture led to improved HAMD scores when compared with Amitriptyline. The authors conclude that it is possible that acupuncture is effective in treating depression but that further trials need to be held due to previous methodological weaknesses.

5.5.7

Fu et al (2008) held a multi-centre randomised controlled study to observe the therapeutic effects of acupuncture with depressive neurosis. Working with 440 cases, people were randomly allocated into three groups: an acupuncture group, a Prozac group and a non-acupuncture point (acupoint) needling group. The therapeutic effect was measured using the HAMD and Asberg's anti-depressant side effect rating scale (SERS). Severe adverse reactions were also measured. The acupuncture group HAMD score was similar to the Prozac group, both of which were better than the non-acupoint needling group. The SERS scores for the acupuncture and non-acupoint needling group were both

significantly lower than those for the Prozac group. There were no severe side effects found from the acupuncture. The authors conclude that acupuncture is a safe and effective therapy for depressive neurosis, with possible better or similar results to those of Prozac but with fewer side-effects.

5.6 Conclusion

Evidence from research so far published does not yet recommend that acupuncture should be a standard treatment for mental health conditions. However, some of the studies indicate some promise especially when combining acupuncture with conventional prescribed medications. In addition, very few serious side-effects have been reported so acupuncture could be considered a relatively safe intervention. More well-conducted and controlled studies are required before there are more definitive answers to whether acupuncture should be recommended.

5.6.1 New trial of acupuncture for depression

One such trial is due to begin in 2009 when Dr Hugh MacPherson, Senior Research Fellow, Department of Health Sciences at the University of York, will lead a trial of acupuncture for depression exploring the effectiveness of acupuncture vs counselling vs usual care alone. The primary aim is to evaluate the clinical and cost effectiveness of acupuncture and counselling when offered in primary care as an adjunct to usual GP care. The team's secondary aim is to compare acupuncture to counselling. The design with both acupuncture and counselling arms in the one trial is supported by the recent Cochrane systematic review of acupuncture for depression that suggested:

"Future studies may need to consider the use of comparative designs using medication or structured psychotherapies (cognitive behavioural therapy, psychotherapy, counselling) or standard care, due to the ethics of administering this intervention to this study population." (Smith & Hay 2004).

As there is some equivalence between acupuncture and counselling in terms of contact time (one hour sessions) with empathetic practitioners, then if acupuncture performs better than counselling or vice-versa, the difference is unlikely to be due to the effects of time and empathy. This comparison will also help inform GPs of the relative merits of counselling and acupuncture. The team will also be conducting health economic evaluations to determine the cost-effectiveness of acupuncture and counselling. The trial is due to run over three to four years with 640 patients. Recruitment commences in the autumn of 2009.

6. Who could provide acupuncture treatment to mental health users?

Traditional acupuncturists work with all aspects of a patient's health. During diagnosis and treatment sessions they address a patient's physical as well as their mental health needs, recognising that the body and mind have an impact on each other.

It is unusual for someone experiencing an acute psychotic episode or with severe mental health problems to be seen in a general acupuncture practice. However, there are some practitioners who have experience in the field of mental health or who are trained in psychiatric care and who either bring patients into their service in some way or create pathways to a local clinic.

As with other medical treatment providers, acupuncturists are very clear about the limits of their expertise. An acupuncturist is not a psychiatric nurse or counsellor, unless they also hold such qualifications. When appropriate they will always refer to or work with other mental healthcare professionals. Acupuncture sessions recognise and treat a patient's immediate presentations as well as other areas of their health and wellbeing. For example sleep patterns, appetite, joint pain, bowel movement, mood and respiration are all taken into consideration.

Likely providers of acupuncture treatment for people with mental health complaints are detailed below:

6.1 Traditional acupuncturists

Acupuncturists who are members of a recognised professional acupuncture body, such as the British Acupuncture Council (BAcC), achieve a high level of training, are professionally accountable, and observe recommended standards of safe and best practice. Training in traditional acupuncture is extensive and includes developing skills in listening, observing and communicating.
The approach to health is holistic and illness is regarded as a sign that the body is out of balance. The exact pattern and degree of disharmony is unique to each individual. The traditional acupuncturist's skill lies in identifying the underlying pattern of disharmony and selecting the most effective treatment.

Traditional acupuncturists recognise that mental ill health has different patterns and syndromes. Through the gathering of signs and symptoms they take a full case history, make a thorough differential diagnosis and construct a treatment plan appropriate for each individual patient. Practitioners of acupuncture are trained to understand and manage some basic approaches to intense emotions and, in some cases, how to appropriately refer patients who are in the midst of a psychiatric crisis. They may help educate, recommend lifestyle changes and point to self-help resources, for example voluntary support in the community.

Traditional acupuncturists can work alongside psychiatrists, mental health nurses, psychologists, physiotherapists, occupational therapists, counsellors, activity co-ordinators and social workers, as appropriate.

6.2 Acupuncturists with expertise in mental health

Acupuncturists with expertise in mental health and those who have undertaken additional training in mental health, or those who may also be registered mental health nurses or psychiatrists. They may also be involved

in a patient's clinical assessment, discharge or in-patient care plan, therapeutic programme, recovery process and ongoing support. Here the advice given would be in their capacity as a mental health professional.

Some of these acupuncturists provide treatment as part of an integrated mental health team – an NHS team attached to out-patients, on a ward or in the community. In such teams each provider can be clear about exactly who is doing what, the extent of their involvement and their contribution to an individual patient's care plan. The acupuncturist can perform an invaluable role by treating mental as well as physical presentations, and by countering the unwanted side effects of medication and supporting the team's mental health medical diagnosis.

6.3 Mental health professionals with acupuncture training

Some mental health professionals, physiotherapists, general practitioners, and nurses have been trained to offer western medical acupuncture, basic acupuncture, and/or auricular acupuncture. In general they will have received a brief training in elementary acupuncture techniques. This form of acupuncture is perhaps best used as a first-aid measure, or to support counselling for example by using certain acupuncture points to aid relaxation. Specific acupuncture treatments have been used as part of a team effort to treat addictions and within detoxification programmes in hospital or community settings.

Traditional acupuncturists consider that basic needling of acupuncture points from a symptomatic perspective can have effective short-term benefits but that a traditional approach can bring about more lasting improvements in all aspects of a patient's health.

7. Service development

7.1 Requirements

The requirements for setting up an acupuncture service within a mental health setting are:

- a private space
- lockable storage
- single-use pre-sterilised disposable needles
- secure needle disposal
- agreed referral criteria
- the right supervision and support (see *Section 9.5 Supervision*)
- an acupuncturist who is appropriately trained and qualified (see *Section 9.2 Education and Training)*
- agreed referral criteria (see below)
- appointments booking system

7.2 Referrals

A system for referrals should be established. This could simply involve a short letter at the beginning of treatment explaining what the client presented with and again a short letter at the end laying out the changes reported. However, it can be effective to agree a range of conditions for which referral to acupuncture will be made, with the indicators for referral clearly set out. It is likely that this will require some awareness-raising for existing mental health professionals.

For a fully integrated service, the referral and appointment systems will be integrated into existing procedures to provide a seamless patient service.

Refer also to some outline care pathways attached in *Appendix 1* at the end of the guidelines for possible routes to use of acupuncture as part of a care plan.

7.3 Evaluation

As with any health service it is important that evaluation is carried out. If possible this could include all the clients using the service. A comprehensive evaluation should include outcome measures such as:

- MYMOP (Measure your medical outcome profile) a tool which is becoming increasingly popular as a way to measure the effectiveness of integrated healthcare approaches (copy available in *Appendix 2)*. (http://www.pms.ac.uk/mymop/).
- The SF-36 health survey questionnaire. This is a short form (SF) questionnaire with 36 questions designed to measure health status (go to http://www.sf-36.org/tools/sf36.shtml for tool plus permission to use).
- The Profile of Mood States (POMS) is an instrument which uses a 65-item questionnaire to assess people's mood states (copy available in *Appendix 2*).
- The WHO 5 – item wellbeing questionnaire is another tool which could be useful for this client group (copy available in *Appendix 2*).
- External academic support and a comprehensive database for patient details are also helpful components of an evaluation.

For more information on setting up new therapeutic modalities, see the dedicated *Chapter 8 Service Development.*

8. Examples of good practice

There are a number of good examples of service innovation by practitioners who have integrated acupuncture within mental healthcare. Funding has been a major issue for service development in this area.

8.1 Park House Acupuncture Clinic, North Manchester General Hospital

Background
The service was originally set up in 1983 by Dr Raza Hussein, a Registrar in Psychiatry who was trained in medical acupuncture, and Consultant Psychiatrist, Dr Alex Theodossiadis, after he had completed a British Academy of Western Acupuncture course. They started a part-time clinic in North Manchester's Psychiatric Hospital in some empty ward space and developed a school of western acupuncture for staff at the hospital for a further four years.

Due to the success of this clinic, in April 1998, Chris Nortley, a psychiatric nurse with extensive training in both medical and traditional acupuncture, was asked to develop and pilot an acupuncture clinic in the Psychiatric Out-Patient Department of Park House Hospital. The pilot was successful and Chris has been employed on a full-time basis ever since as Traditional Acupuncturist/ Clinical Nurse Specialist in Mental Health.

The Park House Acupuncture Clinic was a finalist in the Foundation for Integrated Health's Award for Good Practice in 2003.

The service
The Park House Acupuncture Clinic provides acupuncture for the treatment of mental illness for the Mental Health Unit of North Manchester General Hospital.

Until recently, the service had employed two full-time acupuncturists (one traditional/one medical) however the full-time medical acupuncturist has now retired and will not be replaced by the trust. The service also employs a support worker who practises ear acupuncture part-time, and one clinical acupuncture session a week from Dr Theodossiadis.

Referrals
Patients can be referred by mental health professionals, GPs, consultant psychiatrists and other consultants including endocrinologists, rheumatologists and anaesthetists. Most referrals come from mainstream psychiatric services. (At the time of writing, the service is not open to referrals due to the reduction in acupuncture staff).

The most common referrals are for anxiety and depression but any patient with a mental health condition can be referred. Acupuncture is also used for in- and out-patients with dual diagnosis where substance misuse is complicated by mental illness. Patients can be treated for physical conditions alongside their mental and emotional problems but acupuncture is not provided as a first line treatment for those with psychotic illness.

Those referred are encouraged to discuss any problems they may be having, which will be taken into consideration as part of the treatment. Carers and staff at the trust can also be treated where appropriate.

Assessment and treatment
On referral, a patient is given an appointment to be seen within ten weeks and a leaflet explaining what to expect when they attend.

An assessment is carried out at the first appointment in a private room, taking into account both western and traditional diagnoses. A course of treatments is agreed with the patient and a series of weekly appointments is made. The patient is asked to sign a 'consent to treatment' form.

On the second visit, a physical examination takes place as well as the first acupuncture treatment. Treatments generally last 20 to 30 minutes and patients are offered some refreshment and time to relax before leaving.

The acupuncturist assesses progress at each weekly treatment. Course lengths vary. The average is between 10 to 12 treatments but the service offers a wide degree of flexibility depending on patient need and includes a facility to assess 'urgent' cases immediately.

The Consultant or referring GP is informed in writing of treatment plans and completion. Each case is also presented as a clinical case review between the acupuncturist and the consultant psychiatrist Responsible Medical Officer, at some point during the treatment programme.

Audits
Soon after the service was set up, staff produced a practice manual and a series of service standards which could be used to measure and audit the service. The team audits against its own service standards each year.

The clinic provides approximately 150 acupuncture treatments each week and generally has up to 450 patients on its caseload. Until recently the service was receiving approximately 20 to 30 referrals per month.

A service audit in 2002 showed that 70% of referrals came from psychiatrists and community mental health teams.

Funding
At the time of writing the service is fully funded by the Manchester Mental Health and Social Services Trust as part of mainstream care. However, following a previous threat of closure in 2002 which was warded off following public outcry and the extremely positive results of a trust-commissioned report, the service is again faced with potential closure when acupuncturist Chris Nortley retires in 2010.

Cost
Service overheads are nominal. The clinic operates in what would otherwise be empty ward space and the service spends approximately £2,500 a year on needles and other sundries. The other costs are the acupuncturists' wages which are:

- one full-time Band 8a nurse
- one part-time Band 4 senior support worker.

All other posts are shared with the other clinics in the treatment suite.

Evidence of success and benefits
In a recent patient satisfaction survey 90% of patients agreed that they had been helped to a certain extent by acupuncture with 50% saying their condition had improved 'a great deal'. The majority (90%) said they would use the service again and 62% said they had been able to reduce the level of their prescribed medication.
The failure to attend rate is currently as low as 3%.

Chris Nortley says the clinic is popular with patients and clinicians who see the benefit acupuncture provides to this patient group.

An integrated approach
The original aim of the service was to develop and establish a traditional acupuncture service alongside orthodox western psychiatry in an NHS hospital setting. However, another intention was to support the development of similar services throughout the NHS. The team is clear that this service is easily replicable in mainstream psychiatric services and has developed standards, policies and protocols that can be used by others (see *Appendix 1 Policies and protocols* for Park House Acupuncture Clinic's Procedures and Standards).

8.2 Broadway North Centre Acupuncture Service

Background
An acupuncture service was started at Broadway North Centre over seven years ago, as part of the mental health services provided by Dudley and Walsall Mental Health Trust. The service treats a wide variety of mental health and physical complaints and now has a nine-month waiting list.

The service began after the manager from the resource centre rang the British Acupuncture Council to find a suitable practitioner and has developed gradually over this time following close working with the care teams who witnessed the benefits.

The service
The acupuncture service is included in day services at the resource centre. It is only available to patients with severe and enduring mental health conditions, who are open to the Care Programme Approach (CPA) and as such forms part of their overall care package following assessment.

The acupuncture provided is full-body Traditional Chinese Medicine (TCM) acupuncture and the acupuncturist, Neil Quinton, treats patients in the community as well as inpatients from Dorothy Patterson (pychiatric) Hospital.

Patients are referred to the service from consultant psychiatrists, community psychiatric nurses (CPNs), social workers, occupational therapists (OTs) and from psychology.

Conditions treated with acupuncture include:

- Schizophrenia
- Bipolar disorder
- Anxiety disorders
- Depression

The number of sessions depends on the individual concerned and their condition. Some experience some improvement following two or three sessions, others see Neil over a longer period of time if good results are achieved and there is a clinical arguement to give further treatment. Frequency of sessions also varies, with some patients attending as little as once each month and others, such as those experiencing an acute psychotic episode, who may attend twice a week or more. However, patients most commonly attend once each week for a 12 week intervention.

Neil currently has about 85 one hour contacts each month and the clinic operates 12 months a year, with an occasional week's break.

Funding
The service is funded jointly by Walsall Service User Empowerment, a user group, and Walsall Metropolitan Borough Council (WMBC).

Evaluation
At the time of writing, Neil and the team are evaluating the use of acupuncture for patients with psychosis. They are assessing the impact of acupuncture on sleep, mood, reduction of side effects of medication, and improvement in quality of life, using a range of measures including:

- Pitsburgh Sleep Quality Index (PSQI)
- Hospital Anxiety and Depression Scale (HAD-S)
- Beliefs About Voices Questionnaire (BAVQ-R) (Max Birchwood)
- Early relapse signs (Max Birchwood)
- Patient narrative from semi-structured interviews

The team is on the third cohort and plans to complete the study by the end of June 2009. They will then present their findings to the trust commissioners in the hope of obtaining funding for expansion.

Supervision
Neil has a monthly one hour supervision session with a nurse manager and he considers this to be essential.

Benefits
Neil says that acupuncture has a great deal to offer patients with severe and enduring mental health problems. Patients commonly report:

- much improved sleep,
- improved mood and
- reduced anxiety.

He says that Chinese medicine's approach to lifestyle – which encompasses the effects of diet, exercise and relaxation on mental health – is extremely relevant to contemporary service aspirations of empowering patients to take responsibility for their health and well-being.

8.3 The Gateway Clinic

Background
The Gateway Clinic is the only Traditional Chinese Medicine Clinic in the NHS offering acupuncture, Chinese herbal medicine, qi gong classes and dietary and lifestyle management. It was set up in 1990 by physiotherapist

and acupuncturist, John Tindall, who started offering ear acupuncture as part of the detox service at Lambeth Hospital.

The service became so popular that GPs in Lambeth began referring their patients to him as well. The trust then allowed a bigger part of its budget to fund the service. More practitioners were employed and the service has grown and developed within the local community, the NHS and the Chinese medicine profession. Although under threat of closure for the first time in 15 years, fortunately it was successful in gaining further funding and the clinic sees up to 300 patients a week.

The Gateway Clinic was joint winner in the Foundation's 2003 Awards for Good Practice in Integrated Health.

Auricular acupuncture for stress management
The clinic runs a daily drop-in auricular acupuncture service for stress management. Using the main ear acupuncture point for relaxation, users are able to arrive, sign in and receive a treatment without consultation.

The service is particularly aimed at people with anxiety, depression and in need of stress management. Dominic Joire, clinical director at the Clinic, says that people can attend daily or weekly as they are able.

8.4 Other examples of acupuncture services

In a difficult funding climate people have explored new ways of developing a service. One acupuncturist set up a charity to support self-help services, a mental healthcare focused organisation in Manchester. Funding was low so the charity survived by the acupuncturist working on a voluntary basis. The patients had a limit to the numbers of treatments they received and willingly donated small amounts to cover costs.

9. Governance

The following sections outline areas of particular relevance to the effective governance of acupuncture in mental health services. For more general information about governance issues in integrated health, see the dedicated *Chapter 7. Governance.*

9.1 Regulation

There has been a significant focus on governance in the acupuncture profession for some time and it has been working with the Department of Health towards a system of statutory regulation since 2001. In May 2008 a report was published by a Department of Health steering group (Department of Health 2008) which defined the criteria required for practitioners to go onto a statutory register. It recommended the urgent need to proceed to statutory regulation for acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK.

At the time of writing the Department of Health has published a report (Department of Health 2009) in which it recommends extending regulation to practitioners of acupuncture, herbal medicine and traditional Chinese medicine practised in the UK practitioners. A public consultation has begun and is expected to report in November 2009. The Department of Health recommendation to the Minister would then follow during the early part of 2010. The professions hope that the Minister will accept the original recommendations, which would lead to a shadow council being formed in 2011.

There are several organisations representing the different styles of acupuncture, however the two main bodies for traditional acupuncture as a sole discipline are:

- Association of Traditional Chinese Medicine (ATCM)
- British Acupuncture Council (BAcC).

9.1.1 Statutory healthcare professionals practising acupuncture

Statutorily regulated healthcare professionals who practise acupuncture are able to join the British Medical Acupuncture Society (BMAS). However, the BMAS is not a regulatory body. These professionals remain regulated by their existing regulator such as the General Medical Council, the Nursing and Midwifery Council or the Health Professions Council.

9.2 Education and training

The traditional acupuncture practitioners who will be automatically accepted onto the register when it is formed will all have achieved the appropriate levels of education as defined in the report. Courses are 3600 hours in length and hold bachelor degree with honours status, which is comparable to the majority of other professions. All practitioners will be expected to have received their qualification from an accredited institution or will have a qualification of an equivalent level from an institution recognised by the World Health Organisation (WHO).

There are currently eleven UK institutions that are accredited to offer degree level training in the field of traditional acupuncture education. In total there is an average of 850 students under tuition in any other year.

The degrees offered are regularly validated both by the professional associations and external academic bodies to ensure parity throughout the educational system. It is likely that in the future there will be more institutions offering degrees at this level and already there have been examples of postgraduate educational programmes being established within the UK.

All institutions offering traditional acupuncture education have their programmes accredited by the British Acupuncture Accreditation Board (BAAB), a body established nearly fifteen years ago for the purpose of ensuring that the highest educational standards are maintained.

Following is a list of institutions all offering taught provision in traditional acupuncture.

Universities:

- Westminster
- Middlesex
- Lincoln
- East London
- London South Bank (accreditation pending).

Other institutions awarding university validated degrees:

- College of Integrated Chinese Medicine
- College of Traditional Acupuncture
- International College of Oriental Medicine
- London College of Traditional Acupuncture and Oriental Medicine
- Northern College of Acupuncture.

The British Medical Acupuncture Society runs training programmes in the UK for doctors, dentists and other healthcare professionals.

9.3 Key things to be aware of when employing or contracting an acupuncturist

To ensure that someone is safe and competent to practice they must have the following:

- Appropriate educational qualifications
- Membership of a professional association as outlined in 9.1 above and registered with the appropriate regulator when this becomes possible
- public and professional indemnity Insurance
- continuing professional development
- proper induction into the service or some shadowing
- protocols for complaints procedure
- supervision (see below)

9.4 Contraindications

Acupuncture is considered to be a safe treatment when practised by fully qualified practitioners but there are some areas for caution. Particular care should be taken:

- with patients who are extremely nervous or apprehensive about the use of needles
- during pregnancy
- where a patient has a bleeding disorder or is taking anticoagulants or antiplatelet drugs
- with immunocompromised patients
- where there are skin infections or disorders at needling points

- with valvular heart disease
- with any patients who are going to drive or use machinery

Acupuncture is not advised for patients:

- under the influence of drugs or alcohol
- who have been taking a lot of morphine
- who cannot give consent
- with a severe psychotic condition, unless the practitioner is experienced working with this patient group and is working with the direct support of the care team.

There are very few adverse effects reported from the use of acupuncture when administered by trained and skilled practitioners. Thie (2007) cites a review of studies carried out by White and Ernst (2001) which showed the most common adverse effects to be needle pain following treatment, tiredness and occasional bleeding. They found very few reports of light-headedness or fainting, and 86% of patients reported feeling deep relaxation (Thie 2007, p186).

9.5 Supervision

As with any health professional working in mental health, it is important that a good system of supervision is in place, so that any issues that may come up for the practitioner or crises that may come up for the user can be managed and supported well. For example, the acupuncturist could attend the care team meeting. A practitioner who has been contracted in from a local health centre to provide his or her services to the trust may have a system of peer supervision in place. The consulting psychiatrist or mental health nurse could also engage in peer supervision with the acupuncturist and this would be especially useful in increasing mutual professional understanding.

9.6 Boundaries and consent

9.6.1 The professional relationship

The traditional acupuncture consultation can be similar to talking therapies where the client is encouraged to explore their experience of their symptoms with gentle prompting and questions. It is therefore particularly important that professional boundaries are maintained. This means that the acupuncturist should have awareness of serious mental health problems and how they can present, and how to work with them.

This may require additional training and/or induction by existing mental health practitioners as well as professional boundaries training.

9.6.2 Touch

As touch is involved, it is doubly essential that practitioners are aware of how to maintain their professional boundaries and that clients understand the nature and reason for the touch and are able to provide consent. Practitioners must be aware of patients who do not feel comfortable with touch and must have an understanding of the potential significance of touch to those who may have experienced physical or sexual abuse. Boyd et al (2001) cite Wells and Tschudin (1994) who highlight the importance of giving clients clear information about the intention of touch in massage and aromatherapy, and the same would apply to acupuncture.

9.6.3 Removal of clothing

Auricular acupuncture is applied only to the ears and so does not require the removal of clothing. However, where acupuncture is applied to other areas of the body, clothing will need to be removed and this must be approach with great care and sensitivity, ensuring the client understands what is taking place, has given consent and feels safe, with a third person present where appropriate. In this case, the practitioner will need to use towels to cover the body so that only those areas been worked are exposed. This ensures that the client's dignity is maintained at all times. Qualified acupuncturists will know how to work in this way.

9.7 Multi-disciplinary team support

In addition to practitioners being aware of contraindications, safe boundaries and having structured supervision, both patient and employed or contracted acupuncturists need the support of the care team. Good communication and openness between the responsible psychiatrist and the acupuncturist is important. If the patient has self-referred to the mental health service and is in crisis, the acupuncturist should know how to make a referral. As well as ensuring the patient is accessing the appropriate mental health services, the acupuncturist should know how to advise a referral to for example, the appropriate talking therapies, benefits advice or social services support.

It might also be useful to have a registered mental health nurse as the interface between acupuncturist and psychiatric services. This could be particularly helpful for people who are reluctant to engage in mainstream services but may be willing to try a different type of therapeutic work.

9.8 Safe environment

The acupuncturist must ensure that the environment is safe for both practitioner and client. All needles and other equipment should be stored in a locked cupboard and it is essential that facilities for secure needle disposal are available. The environment should feel safe to the client, so a warm and comfortable clinical setting is preferable and at times it may be necessary for a third party to be present for the safety of both patient and practitioner

9.9 Risk management

It is important that people who work within mental health hold to professional standards and have the appropriate checks to work with vulnerable adults such as criminal records bureau check or vetting and barring scheme.

Patient confidentiality is clearly important but where there is a risk to self and others it is crucial that the health professionals communicate clearly with each other. Acupuncturists will therefore need to be aware of and abide by any relevant protocols.

For more information on Governance issues see the dedicated *Chapter 7. Governance.*

10. Further reading

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