

# Citizen Participation and Public Petitions Committee

4th Meeting, 2021 (Session 6), Wednesday  
22 September 2021

PE1873: Provide hypnotherapy for the  
treatment of mental health, psychosomatic  
disorders and chronic pain

## Note by the Clerk

<b>Petitioner</b>	Graeme Harvey on behalf of the Scottish Hypnotherapy Foundation
<b>Petition summary</b>	Calling on the Scottish Parliament to urge the Scottish Government to instruct the NHS to provide hypnotherapy for the treatment of mental health, psychosomatic disorders and chronic pain.
<b>Webpage</b>	<a href="https://www.parliament.scot/get-involved/petitions/view-petitions/pe1873-provide-hypnotherapy-for-the-treatment-of-mental-health">https://www.parliament.scot/get-involved/petitions/view-petitions/pe1873-provide-hypnotherapy-for-the-treatment-of-mental-health</a>

## Introduction

1. This is a new petition that was lodged on 25 May 2021.
2. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe A**.
3. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 113 signatures have been received.
4. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe B** of this paper.
5. Two submissions have been provided by the petitioner. This is included at **Annexe C**.

## Scottish Government submission

6. In its submission, the Scottish Government recognises that Complementary and Alternative Medicines Services (CAMS), including hypnotherapy, may offer relief to some people suffering from a wide variety of conditions.
7. The submission goes on to note, however, that it is up to individual NHS Boards to decide which CAMS they make available based on national and local priorities and the needs of their resident populations.
8. On the issue of mental health interventions, it is noted that in order to evaluate the evidence of effectiveness for psychological treatments, NHS Scotland use [The Psychological Therapies Matrix – A guide to delivering evidence-based psychological therapies](#). The submission states that hypnotherapy does not meet the standard of evidence required for recommendation for use as a psychological treatment on the NHS.
9. The Scottish Government's submission highlights interventions such as counselling, digital therapies and social prescribing as evidence based treatments.
10. When considering hypnotherapy as a method of managing chronic pain, the submission points to the [Scottish Intercollegiate Network Guidelines](#) which identified one systematic review which indicated benefit for chronic low back pain from 'self-regulatory' interventions, such as hypnosis.
11. However, the guidelines also state that "no good-quality studies were identified to evaluate the efficacy of hypnotherapy" and recommends that further research is required to establish the efficacy of this intervention for people with chronic pain.
12. The Scottish Intercollegiate Guideline Network (SIGN) are due to look at the need to update the chronic pain guideline in 2022, however this cannot be guaranteed as there are a number of guidelines that will need to be prioritised following the pause on work to address the Covid-19 pandemic.
13. The submission does note, however, that the Scottish Government will publish a new Framework for Chronic Pain Management that will update the current Scottish Service Model for Chronic Pain this year.
14. The submission concludes by pointing to SIGN's guidance 136 (Chronic pain) has a section on complementary therapies which reports evidence for acupuncture, herbal medicine, reflexology, music therapy, aromatherapy and homeopathy. There was no evidence found for hypnotherapy.

## Petitioner submission

15. The petitioner points to the challenges faced by the NHS in managing mental health, noting long waiting times for therapy based interventions in particular and CBT patient return rate of 60% within two years.
16. The petitioner emphasises that the main reason for the petition is to improve the provision of suitable and effective treatment for many mental health and other health issues.
17. The submission highlights that hypnotherapy is used by health services in many countries around the world and has “been shown to be far more effective, quicker and longer lasting than psychological therapy or talk therapies.” The submission details results from Dr Barrios, psychologist, in the 1970s which shows recovery rates of hypnotherapy at 93% in 6 sessions, compared to 72% over 22 sessions of behaviour therapy and 38% over 600 sessions of psychoanalysis.
18. In his most recent submission, the petitioner responds to the Scottish Government by suggesting that the two main issues are lack of regulation under legislation and a lack of research. The submission explains that hypnotherapy is not regulated because the UK Government decided that it is a safe modality and self-regulation should be sufficient.
19. When considering hypnotherapy intervention for chronic pain, the petitioner highlights a clinical trial conducted in early 2019 in Derbyshire. He details that 400 patients on opioid pain medication were given a 20-minute session over a six week period, resulting in 73% pain eliminated, 23% pain drastically reduced and 4% no change.

## Action

20. The Committee is invited to consider what action it wishes to take on this petition.

### **Clerk to the Committee**

# PE1873: PROVIDE HYPNOTHERAPY FOR THE TREATMENT OF MENTAL HEALTH, PSYCHOSOMATIC DISORDERS AND CHRONIC PAIN

## Petitioner

Graeme Harvey on behalf of the Scottish Hypnotherapy Foundation

## Date Lodged

22 June 2021

## Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to instruct the NHS to provide hypnotherapy for the treatment of mental health, psychosomatic disorders and chronic pain.

## Previous action

I submitted a paper to Miles Briggs MSP who submitted it to Shona Robinson in February 2018. A response was received from her explaining that it was up to individual health boards to determine what treatments they will provide.

## Background information

Hypnotherapy has been in use for over five thousand years, the earliest written records were found in Hieroglyphs in ancient Egyptian tombs dating to around 3000 BC. In 1899 the British Medical Association (BMA) set up an investigation into hypnosis and found that it was both scientifically and medically proven as a sound healing modality and was in use by many doctors until 1949 when the House of Lords made the following decision: "It is not envisaged that the NHS will be dealing with Mental Health issues therefore Hypnotherapy, acupuncture and other holistic remedies should remain in the Private Sector" Clearly the situation has changed. Current talk therapies used by the NHS need a large number of sessions and have long waiting lists. Hypnotherapy can resolve issues in on average three sessions and are much longer lasting resolutions. The saving on drug medication would be more than enough

to cover any costs and waiting times for treatment can be rapidly reduced.

**Briefing for the Citizen Participation and Public Petitions Committee on petition [PE1873](#):  
Provide Hypnotherapy for the treatment of mental health, psychosomatic disorders and chronic pain, lodged by Graham Harvey on behalf of the Scottish Hypnotherapy Foundation**

**Background**

Clinical hypnotherapy is using the state of hypnosis to treat a variety of medical and psychological problems.

It can be used for a variety of therapeutic purposes but is most commonly used in managing the symptoms of long-term conditions or achieving lifestyle changes such as weight loss.

Hypnotherapy is considered as a complementary therapy and is not a regulated profession. This means anyone can set up a hypnotherapy business. However, organisations such as the British Society of Clinical Hypnosis, provide a level of self-regulation by setting standards of training and conduct for members.

There is nothing to prevent the NHS from providing hypnosis. Like any other treatment, NHS boards can commission a treatment if it believes it to be beneficial. This will usually come down to an assessment of its perceived clinical and cost effectiveness.

Some health professionals operating within the NHS may also use it in the course of their normal work. For example, it may be used in smoking cessation, for treating anxiety, phobias or for chronic pain control.

There is no estimate of the extent to which hypnotherapy is currently used in the NHS in Scotland.

## **Scottish Government Action**

There has been no work by the Scottish Government specifically on the topic of hypnotherapy.

## **Scottish Parliament Action**

There has been no work by the Scottish Parliament specifically on the topic of hypnotherapy.

## **Key Organisations and relevant links**

British Society of Medical and Dental Hypnosis - Scotland

British Society for Clinical Hypnosis

The Health and Social Care Alliance

Healthcare Improvement Scotland

**Kathleen Robson**  
**Senior Researcher**

SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at [spice@parliament.scot](mailto:spice@parliament.scot)

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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## Annexe B

# Scottish Government submission of 24 June 2021

PE1873/B

## Complementary and Alternative Medicines Services (CAMS) Policy

- The Scottish Government recognises that CAMS - including hypnotherapy - may offer relief to some people suffering from a wide variety of conditions.
- We recognise that many people choose to use CAMS, this is why the Scottish Government have been working during Covid to ensure this section of the retail sector remains accessible where needed.
- It is still up to individual NHS Boards to decide which CAMS they make available based on national and local priorities and the needs of their resident populations.
- If CAMS is available, it remains the responsibility of clinicians, in consultation with their patients, to discuss and agree the best treatment options based on individual clinical need.
- The Scottish Government recognises that hypnotherapy has been used for a very long time to treat a wide variety of symptoms and welcomes verified information to allow for consideration of its use in healthcare.
- We expect NHS Boards to ensure that the people of Scotland receive care that meets their needs and that this care is safe, effective, person centred and sustainable.
- The efficacy of treatments and safety of practices outside of conventional healthcare professions are not all subject to statutory regulation and we advise that careful consideration always needs to be given to potential risks prior to undertaking any unregulated treatments.

## Mental Health

- “[Matrix - A guide to delivering evidence-based psychological therapies](#)” is a process for evaluating the evidence of effectiveness for psychological treatments. At present, hypnotherapy does not meet the standard of evidence required for recommendation for use as a psychological treatment on the NHS.
- There are many other interventions that would be recommended (for example counselling, digital therapies and social prescribing) as evidenced based treatments where the main elements are around engagement and people feeling that they are getting help.
- People experiencing mental ill health should expect high quality care, which can include the prescription of medication if they need it. The prescription of any medication is a clinical decision made in discussion with the patient, and within the context of their care plan and recovery.
- We are also committed to improving access to alternatives to medication that increase choice and best accommodate patient needs and preference.
- Each case will be different but treatment should always be person-centred and informed by an ongoing assessment of needs to ensure the best possible outcomes for the individual.

## Chronic Pain

- We expect clinicians to be aware of the [Scottish Intercollegiate Network Guidelines on the management of chronic pain](#). While the guideline identified one systematic review which indicated benefit for chronic low back pain from ‘self-regulatory’ psychological interventions, such as hypnosis, it also sets out that “no good-quality studies were identified to evaluate the efficacy of hypnotherapy”, and recommends that further research is required to establish the efficacy of this intervention for people with chronic pain.
- Under normal circumstances, SIGN would look at the need to update the chronic pain guideline 3 years after the last update, i.e. 2022. However, given the pause on current work to address the COVID-19 pandemic and the number of guidelines that will need to be prioritised

for review once SIGN are operating on a full business as usual programme, this cannot be guaranteed.

- Later this year, the Scottish Government will publish a new Framework for Chronic Pain Management that will update the current Scottish Service Model for Chronic Pain. The Framework will set out ways to improve access to care for people with chronic pain and deliver better health outcomes.

## Scottish Intercollegiate Guideline Network (SIGN)

- The aim of SIGN is to improve the quality of healthcare for patients in Scotland by reducing variation in practice and outcome, through the development and dissemination of national clinical guidelines containing recommendations for effective practice based on current evidence.
- Comments relating to CAMS hypnotherapy in specific guidelines are provided below:
  - SIGN 136 (Chronic pain) has a section on complementary therapies which reports evidence for acupuncture, herbal medicine, reflexology, music therapy, aromatherapy and homeopathy. No evidence found for hypnotherapy. The only one that had sufficient evidence to support a recommendation was acupuncture: Acupuncture should be considered for short-term relief of pain in patients with chronic low back pain or osteoarthritis.

## Annexe C

# Petitioner submission of 10 June 2021

PE1873/A

The term Hypnosis was applied to these historical “sleep” techniques circa 1848 by a Scottish Surgeon James Braid, who at the time was working in Manchester and had become interested in the work of Anton Mesmer. A few years later another Scots Surgeon working in India, John Esdaile developed hypnosis for anaesthesia and performed over eighteen hundred surgical procedures including amputations and in one case removing a ten pound cyst, without losing a single patient and found healing and recovery times were much improved.

Here in the UK hypnosis was examined circa 1899 by a board of eleven doctors set up by the British Medical Association. Their conclusions were that hypnotherapy was both scientifically and medically proven as a sound healing modality. Subsequently many doctors practised those techniques.

Clearly today the situation regarding mental health has been taken over by the NHS and they are not coping well. The use of psychotic drugs, psychology and counselling using Cognitive Behavioural Therapy and other talk therapies have very long waiting times and are not working effectively. CBT, for example, has a recorded recidivism rate of circa 60% within two years. Recent reports show that it is only effective in around 30 per cent of patients seen.

There are many issues affecting the NHS but the main reason for this petition is how to improve the provision of suitable and effective treatment for many mental health and other health issues.

Until the real root causes of patient’s issues are dealt with no long term resolution can exist. Psychology and counselling take a long time to work as all they seem to be doing is trying to stack goods on a shelf that is already full.

In the early 1950’s America introduced the Diagnostic and Statistical Manual of Mental Disorders. Known as the DSM it is utilised by countries around the world including the UK. In the first version some 153 disorders were listed. Today we are on version five (updated) in which are listed nearly 400 disorders. Every psychologist on the DSM board has fiscal links with various pharmaceutical companies. Investigation

has shown that many of the so called disorders listed in the DSM-V are fictitious and have been invented to allow a market for a variety of drugs. The most infamous invention is that of ADHD. The inventor of ADHD was Leon Eisenberg who, in his final press interview before his death in 2013, openly declared that ADHD was a classic example of a fictitious disorder. The resultant diagnosis of ADHD has resulted in millions of children around the world being subjected to being chemically coshed with the drug Ritalin. All of this is confirmed in many reports and publications the most recent is the book “cracked” by James Davies PHD a senior British psychology lecturer. (ISBN 978-184831634-6)

Hypnotherapy is used by health services in many countries around the world and has been shown to be far more effective, quicker and longer lasting than psychological therapy or talk therapies. As far back as the early 1970’s the following results were published in the USA by Dr Barrios a highly respected psychologist.

Type	Recovery Rates	Sessions
Psychoanalysis	38%	600
Behaviour Therapy	72%	22
Hypnotherapy	93%	6

In conclusion hypnotherapy is a much more effective and speedier method of dealing with mental health issues. It is also true to say that Scots from the time of Braid and Esdaile to this day (including the petitioner) have been involved in developing new hypnotherapeutic protocols and the training of hypnotherapists around the world. It is both sad and frustrating to find we are being ignored, even vilified, by Health Boards in our own country. All members of the Scottish Hypnotherapy Foundation are members of organisations recognised by the Professional Standards Authority which membership is a prerequisite for recognition by the NHS. As the NHS is a devolved power of the Scottish Parliament it is suggested that there is no need to comply with the House of Lords 1949 decision particularly as there has been a complete change in the provision of Mental Health services since that decision was made.

# Petitioner submission of 2 September 2021

## PE1873/C - Provide hypnotherapy for the treatment of mental health, psychosomatic disorders and chronic pain

On 30/08/2021 BBC1 aired a programme called 'Can Hypnosis fix your life' which showed how hypnosis could resolve some serious issues, how it can work and also how it should not be done.

It is clear from the Scottish Government's response that there are two issues here, that hypnotherapy is not regulated under legislation and a lack of research.

The reason that hypnotherapy is not regulated is that the UK Government decided that hypnotherapy is a safe modality and self-regulation should suffice. Currently there is a lot of work being carried out by the UK Confederation of Hypnotherapy Organisations (UKCHO) to identify and stipulate acceptable standards that can be accepted by the Professional Standards Agency (PSA).

Thousands of research projects have and are being carried out around the world and can easily be found on the internet e.g. Harvard University and many others. It is very clear from the Government response that they are aware of and pay lip service to Hypnotherapy but there does not appear to have been any attempt from the Government to communicate with anyone in the Hypnotherapy field or search the internet for more information. Had this been done, many clinical trials could have been undertaken.

With regard to chronic pain, a clinical trial was conducted at the beginning of last year in Derbyshire. In conjunction with local GPs, 400 patients on opioid pain medication were seen over a 6-week period. Each patient was given a 20-minute session resulting in 73% pain eliminated, 23% pain drastically reduced and only 4 % no change. When the local Health Board became aware of this they ordered it to be stopped. Consequently, the potential reduction in medication prescriptions and reduction in costs could not be measured.