Traditionally, double-blind RCTs have been used in testing the efficacy of drugs, and in this situation they are clearly the most adequate. Also in other cases, where the treatment in question can be reduced to a circumscribed and well-defined action (e.g. the cognitive–behavioural therapy with 10 sessions in a major depressive episode), the RCT is a feasible design to test the efficacy. The problem is, however, that the treatment of schizophrenia in everyday practice cannot be pressed into a circumscribed and well-defined package.

An alternative approach to assess psychotherapeutically orientated treatment of patients with schizophrenic psychoses can be brought, for example, from the more than 30-year action research, conducted in the Department of Psychiatry of the University of Turku, Finland by Prof Yrjö O. Alanen and his co-workers [4]. The result of this research is the so-called Finnish Integrated Model for Early Treatment of Schizophrenia and Related Psychoses [3]. The overall goal of this model has been to develop a treatment for new schizophrenic patients that is predominantly psychotherapeutic, family centred and comprehensive, with a psychodynamic and systemic basic orientation. One of the central premises of the model has been the fact that schizophrenia is a very heterogeneous entity. This also leads to a diversity of therapeutic challenges. They should be met flexibly and individually in each case, on the basis of both an individual and interactional interpretation of the situation, and of the consequent definition of the therapeutic needs. This need-specific or need-adapted treatment approach has been described intensively elsewhere [4, 6].

A different approach has also been chosen in assessing the efficacy of this model. It has been done by several follow-up studies of incidence cohorts of consecutive first-time patients in the schizophrenia group from 1960s up to 1990s in the catchment area of Turku [5]. Because of the priority of the development goals, RCTs were not applied in these prospective follow-up studies. It was felt that the main principle of the model, adaptation of the treatment to the patients' and their network's needs, made use of randomized patient groups impractical. Instead, the strategy chosen allowed comparison of the outcomes in different stages of the development of the model. These comparisons show a continuously increasing improvement of the outcome. For example, in the cohorts from the 1980s and 1990s no psychotic symptoms were present at the 5-year follow-up after admission in more that 60% of the patients. This figure is in clear contrast with the corresponding figure from the 1970s (about 40%), and it is also satisfactory when compared to other first-episode follow-up studies.

My main conclusion is that we should not forget the manyfold needs of the schizophrenic patients in seeking for the most effective treatment. Most importantly, psychosocial measures should always be included in the comprehensive treatment regimen of these patients.

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3.8

To Integrate the Psychotherapy of Schizophrenia into the Activities of the Multidisciplinary Team, and to Base it on the Principles of Evolutionary Biology

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In their comprehensive and scholarly review of the application of psychotherapy to schizophrenia, Birchwood and Spencer have revealed two outstanding achievements of recent years. First, they show that psychotherapeutic techniques are able to modify the course of a schizophrenic illness, albeit to a moderate extent; and, secondly, they provide detailed evidence that these improvements have been confirmed in well-conducted, randomized controlled trials. In view of the nature of schizophrenia, and of the extreme difficulty in mounting a controlled trial of any psychiatric treatment, these results are a tribute to the ingenuity and perseverance of a generation of clinicians and researchers.

In the brief space allocated to me, I should like to make only two points. The first is that the psychotherapy of schizophrenia should be integrated into the activities of the multidisciplinary team, rather than carried out in a separate psychotherapy department. Much important psychotherapy is carried out in the daily work of psychiatrists, community nurses, social workers, occupational therapists, art therapists and others who regularly come into contact with patients. It is virtually impossible to evaluate the effect of this "everyday psychotherapy", let alone subject it to randomized

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