



LETTERS

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The problem of accessing psychotherapies for depression in the UK

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The study by Amick and colleagues confirms what many of us have been saying for decades, that talking therapy is as good as antidepressants for treating depression,^{1 2} and some would say, often better, and without side effects. Never mind that the research looks at cognitive behavioural therapy (CBT) only, which although helpful in some contexts tends to concentrate on the present,³ whereas depression often has its roots in the past. In my experience as both patient and counsellor, any talking therapy will help, and many patients prefer this to taking drugs.

The only problem is—how to get it? This research was done in America, where apparently there is little difficulty in accessing psychotherapy. Anecdotally, in the UK many GPs find it easier in a seven minute appointment to sign a prescription for an antidepressant than to refer to psychotherapy, and if talking therapy is available on the NHS it is usually CBT, because this is the flavour of the month.² Why? Because it is highly structured and relatively easy to research, whereas other therapies are often more difficult to categorise and study. Even CBT is challenging to access on the NHS: waiting lists are often as long as six months (personal communication). However, GPs often don't refer to, or are not aware of, psychotherapy and counselling

services that are available in the community: some are free of charge, while for others a donation is suggested but not insisted upon.⁴ Even these may have waiting lists, but it is foolish to neglect any source of support for people desperate for help.

At least we now have the evidence that talking therapy is useful for a common disorder. But we need more resources and an information campaign among GPs to make sure that it can be offered to every patient.

Competing interests: None declared.

- 1 Amick HR, Gartlehner G, Gaynes BN, et al. Comparative benefits and harms of second generation antidepressants and cognitive behavioral therapies in initial treatment of major depressive disorder: systematic review and meta-analysis. *BMJ* 2015;351:h6019. (8 December.)
- 2 National Institute for Health and Clinical Excellence. Common mental health disorders: identification and pathways to care. (Clinical guideline 123.) 2011. www.nice.org.uk/guidance/cg123.
- 3 Trower P, Casey A, Dryden W. Cognitive behavioural counselling in action. Sage Publications, 1988:pp6, 21.
- 4 Health in Mind. www.health-in-mind.org.uk.

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