

Depression: the great happy pill betrayal

by ADELE WATERS

The Christmas holiday period is the toughest time of year for many. More people commit suicide during the festive season, and the Samaritans helpline expects to receive a call every six seconds as people confront their loneliness or mounting debts.

At this time of celebration, it is a sobering thought that, as a nation, we are becoming less successful at beating misery - and that's a year-round problem.

- [Depressed or stressed?](#)

The statistics make pretty grim reading. Across the UK, more people than ever are suffering from depression. One in ten people is depressed at any one time, affecting one in three families. Every 14 minutes, someone in the UK kills themselves, and depression is one of the main causes.

At the same time, depression and chronic anxiety cost the taxpayer £7 billion a year. Add to that the £12 billion in lost productivity - or 1 per cent of our total national income - and it's clear depression is not a problem merely for the individual.

So what are we doing to tackle this problem? Not enough, say the experts. Doctors have agreed a step-by-step approach to tackling depression which recommends all patients should be offered a short course (ten to 12 weeks) of psychological treatment or 'talking therapy'.

The guidelines, drawn up in 2004 by the Government's treatment advisory body NICE, recommend cognitive behavioural therapy (CBT) - a form of therapy that helps people recognise unhappiness triggers and develop coping strategies.

Research has shown that talking therapies work just as well as antidepressant drugs in the short term, but in the long term they are more effective at preventing relapse.

However, a Mail investigation has found these guidelines are being consistently ignored, because talking therapies are not funded across the NHS.

Last March, a national survey found 93 per cent of GPs said they had been forced to prescribe antidepressants instead of talking therapies due to a lack of availability.

It found a postcode lottery of care, with patchy provision of services. CBT was not even offered by more than a fifth of primary care bodies. Where it was, average waiting times were five months.

Last week, in research exclusive to the Mail, mental health charity MIND set out to find if there had been any improvement. Researchers contacted GP surgeries across

the country to find out what type of treatments are offered to depressed patients and how long patients had to wait.

They found that 30 per cent had to ask patients to wait more than six months, while 11 per cent admitted they offered no access at all.

Many GPs said the situation had deteriorated. Waiting times averaged three to nine months, but in one surgery it is four years.

GPs reported having patients "in desperate need of help" but not being able to supply that help.

GP Practices used to have funding for a CBT counsellor, but budget cuts have resulted in them having to reduce access to such clinical therapies. "This is just the tip of the iceberg," says Paul Ferrer, MIND chief executive. "These figures only show initial waiting times. Often, people get an introductory appointment with a counselling service and are then put on another waiting list for treatment."

Now, the former social policy adviser to the Government, Professor Richard Layard, is urging it to commit to funding more therapies in its next spending review, due to be announced in the summer.

"These figures illustrate the terrible way in which our NHS neglects people with depression," he says. "Ignoring the NICE guidelines is a national disgrace."

"We need a state-of-the-art plan for depression, just as we have for cancer care, diabetes and cardiac care. There would be uproar if we were failing cancer patients, but just because we are talking about a mental illness, people are too ashamed to speak out. So it's up to all of us to protest."

Dubbed the "happiness tsar", Lord Layard published a report in June calling for a seven-year plan to fund the training of 10,000 extra therapists across the country.

Spurred on by a Labour Party manifesto promise to improve mental health services the previous year, he made an economic case for expanding talking therapies.

He said one million people claimed incapacity benefit and the top cause of disability was no longer back pain, but depression and anxiety. Yet only 2 per cent of NHS funding was directed at treating these conditions.

Evidence shows that CBT can lift at least half of sufferers out of depression. Lord Layard argued that a ten-week course, which costs £750 -about the same as a person's disability benefits for a month - would pay for itself by getting patients back to work.

David Clark, Professor of Psychology at the Institute of Psychiatry at London's King's College, says the evidence exists for talking therapies, so it's more difficult for the NHS to ignore.

"Therapy is as effective as antidepressants in the short term, and studies have compared long-term results. They show that 80-85 per cent of patients on drugs relapsed, but patients who had therapy had a 44-50 per cent chance."

Charlotte Froy, 32, a care worker and mother-of-two, says denying her therapy cost her, her family and the Health Service dearly.

At 19, she was diagnosed with depression. In 2001, a year into a midwifery course, she took an overdose. Though a psychologist recommended therapy, she didn't receive it for another three years.

"It seems crazy that the NHS was prepared to pay thousands of pounds training me for a year to be a midwife, but not the hundreds that would have paid for therapy to allow me to continue it.

"That was a low time. My marriage broke up and I ended up taking six months off work, unemployed.

"Now I've successfully finished a course of therapy, and I've had only one day off sick in the past year."

Charlotte's tale is heartening, but at a time when many NHS Trusts are trying to save money, will the needs of depressed patients square up equally to those with other illnesses, such as cancer?

Dr Chris Manning, a GP and chairman of PRIMHE, a UK charity dedicated to improving care for the mentally unwell, says, so far, the answer has been no.

"We need more psychologists, but if we get it the money needs to be ring-fenced. If it's given to primary care trusts, they will just use the money to pay off their debts. Mind and brain diseases do not feature highly on their agenda."

Today, more than 90 per cent of depression is managed by GPs, not psychiatrists. Earlier this year, their professional magazine, Pulse, launched a campaign to fight for better access to therapy.

Dr Manning says: "The average wait to see a clinical psychologist is nine to 12 months; and to see a psychiatrist? Well, forget it unless the patient is suicidal."

Family doctors have an even harder time getting therapy for children and adolescents. London psychotherapist Derek Draper believes this is shortsighted. "You don't find many adults who start having emotional problems at 30. Usually the cause has occurred in childhood so it makes sense to manage it early."

Furthermore, experts believe more people suffer with depression than are currently diagnosed.

Dr Manning says: "Because of the way the brain's neurochemistry works, depression can manifest itself as headaches or back pain."

"But people need to understand that there is an increasing critical mass of people spending their lives unhappy. This is the biggest challenge for us as a society."

Campaigners want a firm commitment of Government-protected funding for nationwide NHS therapy, for implementation from April 2008. Will that happen?

Lord Layard remains hopeful. "The case is so strong for change," he says. "We just have to keep pushing until we get it."
