

## Checks and choices Women and antidepressants



Girls and women are being let down by the way in which antidepressants are currently being used to treat mental health problems. They are too often prescribed as the only option for mild to moderate mental health problems and women who are prescribed antidepressants are not receiving sufficient reviews of their treatment. Our findings show that:

- a third of women have taken antidepressants
- a quarter of women have been on antidepressants for 10 years or more
- half of women on antidepressants were not offered alternatives at the time of prescription
- a quarter of women on antidepressants have waited a year or more for a review of their medication

**Platform 51 calls on the Government to commission a review into the use of antidepressants.** This should investigate the rate at which they are prescribed as the only option for mild to moderate mental health problems and the frequency at which reviews of antidepressants are carried out.

[www.platform51.org](http://www.platform51.org)

In January 2011 Platform 51 published a report (1) which showed that three in five girls and women in England and Wales experience mental health problems of some kind.

We were concerned at the number of women who had been prescribed antidepressants over long periods of time. We know that antidepressants can play an important role in the treatment of mental health problems. But we were concerned to hear so many examples of women being prescribed antidepressants for mild to moderate mental health problems without being offered alternatives or additional treatments such as talking therapies or social prescribing -that is, non-medical support within the community (2). We also discovered women who did not receive regular reviews of their medication.

We welcome the Government's recent efforts to give mental health the same level of importance as physical health. We also welcome the commitment to expand the Increasing Access to Psychological Therapies (IAPT) programme. However, we believe that these findings highlight a significant problem in how antidepressants are being used to treat mental health problems.

### Scale of the problem

A recent report revealed a 43% increase in the prescription of antidepressants in the last four years (3). As there is no official data in the National Health Service which separates the numbers of men and women being prescribed antidepressants, we commissioned an independent poll of men and women in England and Wales on the use of antidepressants (4). These results are not broken down by type or severity of mental health problem but, as the majority of mental health problems fall within the definition of common mental health disorders, for example depression and anxiety, they present a worrying picture (5). The results showed that **33% of all women had taken antidepressants**, which is the equivalent of approximately 8.45 million women in England and Wales (6).

### Lack of choice

More than half of women were not offered any alternatives to drugs at the time they were prescribed - 57% of women who had taken antidepressants and 51% of those currently on them.

One of the common mental health disorders is depression. The National Institute for Clinical Excellence (NICE) guidelines states that for mild depression, drug treatments are not recommended initially. For those who do not respond to other treatments, drug treatment may be considered. For moderate or severe depression a combination of medication **and** high-intensity psychological intervention is recommended such as cognitive behavioural therapy (CBT) or interpersonal therapy (7). Therefore antidepressants should not be routinely used as the *only*

### Fact

A quarter, 24%, of women on antidepressants have been on them for ten years or more

treatment offered to people with depression. Our research suggests that the NICE guidelines are not always being followed.

*"No-one mentioned other support services, the only thing that was offered to me was the tablets but the reasons why I was depressed were left to the side"* Platform 51 service user

### Frequency of review

Our research showed of those women on antidepressants:

- a quarter, 24%, have waited a year or more for a review at some point during their medication
- half, 48%, have been on them for five years or more
- a quarter, 24%, have been on them for ten years or more.

The NICE guidelines for depression state that people on antidepressants who are not considered at increased risk of suicide should normally be seen by a health professional after two weeks then regularly (every two to four weeks) in the first three months. After this, they should be seen at slightly longer intervals if the response to the medication or support they are offered is positive (8).

We are concerned with what our findings reveal. They show that some women are waiting significant periods of time for a review of their medication. They also show high numbers of women being prescribed antidepressants for long periods of time. Platform 51 recognises that antidepressants can play an important role in the treatment of mental health problems but we think these high numbers paint a worrying picture of the way they are being prescribed and reviewed.

Not only are many women not receiving a choice of treatment in the first instance but, for some of those prescribed antidepressants, they do not receive adequate or appropriate follow-up support.

Many women we work with report voluntarily stopping taking antidepressants. Infrequent reviews of their treatment means this can go unnoticed by health professionals and can also mean they access no support for their mental health problems.

Our findings are supported by wider academic research. In 2009 the University of Southampton estimated that more than two million people were taking antidepressants for more than five years and the largest group are women aged 18 to 45. Commenting on their findings, the lead researcher, Professor Tony Kendrick, said: "Many young women today are picking up repeat prescriptions for months and years apparently without any checks - in many cases these are women who want to stop but can't." (9)



**“If someone had just sat down with me and talked to me about it I would have been alright, but nobody done that, they just give me tablets.”**

### Fact

Half, 48%, of women on antidepressants have been on them for five years or more

“It took me nine years to get cognitive therapy from a GP who was less than sympathetic.”

*“I was on antidepressants for three and a half years without sufficient reviews and came off them myself. It took nearly a year for my GP to notice that I was no longer having repeat prescriptions for this drug.”* (Polling respondent, aged 45-54)

## Choice and control

Girls and women should have choice and control over their health and wellbeing. But these findings suggest that in reality this is not happening.

Often, the women we work with in our centres and through our outreach, stress the importance of being listened to when they seek help. They tell us that understanding the reason they are experiencing poor mental health is important for finding the most appropriate treatment.

The National Mental Health Development Unit found that *women want services that promote empowerment, choice and self-determination. This places importance on the underlying causes and context of their distress in addition to their symptoms.* It recommended that there *should be a range of services to respond to women’s diverse needs such as social, therapeutic and creative, self-help, practical support, medication and psychological interventions* (10).

This is why it is essential that there is a range of support available to women experiencing mental health problems. This is supported by GPs: in a survey 70% said they would prefer to use more social prescribing for common mental health problems if they had the option (11).

*“If I could have just talked to someone about it because there was loads of different reasons why I was the way I was. If someone had just sat down with me and talked to me about it I would have been alright, but nobody had done that, they just give me the tablets and told me to carry on.”* (Platform 51 service user)

## Conclusion

Antidepressants can play an important role in treating mental health problems. But our findings suggest that antidepressants are too often being used as the only treatment and that women are not given sufficient reviews of their prescriptions or support with alternatives.

Women are being let down by this approach.

GPs and health professionals are keen to act in the best interests of their patients and most would prefer to use a range of support to treat mental health problems including more social prescribing and talking therapies.

Platform 51 wants to work with health professionals to ensure that all girls and women receive the most appropriate treatment for

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their mental health needs.

But we think the significance of our latest findings demand further action. **We call on the Government to commission a review into the use of antidepressants.** This should investigate the rate at which they are prescribed as the only option for mild to moderate mental health problems and the frequency at which reviews of antidepressants are carried out.

## About Platform 51

Platform 51 supports girls and women as they take control of their lives. Despite shifts in attitude and changes in the law, women are often unheard, isolated and face discrimination. This is costly both to women and to society .

Girls and women are at the heart of all we do. Our activities, services and campaigns are about things women need and want. We give them a platform to have their say and challenge discrimination.

In our face-to-face work with women we help each woman make sense of what is going on in her life and what she can do to make positive changes. We inspire women to take the first step towards taking control of their lives.

Our women’s centres have evolved in recognition of the importance that girls and women place on being able to focus on their issues in an environment that is women-only, safe and respectful of their diverse needs. We provide educational opportunities, encourage volunteering and taking part in decision-making.

All of the services we offer in our centres and through outreach aim to improve women’s health and wellbeing. In Bristol our centre provides perinatal counselling and support for young mothers; our Doncaster centre provides anger management groups; cognitive behavioural therapy programmes and counselling services and our centre in Knowsley works in partnership with the Improving Access to Psychological Therapies service which bases two members of their staff in the centre.



## References and endnotes

1. Platform 51 (2010) *Women like me: supporting wellbeing in girls and women*. [www.platform51.org/whatwedo/campaign](http://www.platform51.org/whatwedo/campaign)
2. *Social prescribing*, that is, giving patients non-medical sources of support within the community such as arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help.
3. BBC (2011) *Money woes linked to rise in depression*. [www.bbc.co.uk/news/health-12986314](http://www.bbc.co.uk/news/health-12986314)
4. To get a representative picture of the mental health experiences of girls and women, Platform 51 commissioned Opinionium Research LLP to carry out a nationally representative, quota-controlled survey of more than 2,000 UK adults aged 18+ in England and Wales in June 2011.
5. Health & Safety Executive <http://www.hse.gov.uk/stress/furtheradvice/stressandmentalhealth.htm>, accessed 5 July 2011
6. 343 women said they had or were currently taking antidepressants. We surveyed 1031 women. The population figure for women 18+ (25,406,000) comes from the ONS 2008-based UK population projection statistics.
7. NHS/NICE (2009) *Depression – treatment and management of depression in adults, including adults with a chronic physical health problems - quick reference guide*. [www.nice.org.uk/nicemedia/live/12329/45890/45890.pdf](http://www.nice.org.uk/nicemedia/live/12329/45890/45890.pdf).
8. NHS Evidence, Clinical Knowledge Summaries [http://www.cks.nhs.uk/depression/management/scenario\\_ongoing\\_management/responding\\_to\\_treatment\\_preventing\\_relapse#-403651](http://www.cks.nhs.uk/depression/management/scenario_ongoing_management/responding_to_treatment_preventing_relapse#-403651)
9. [www.dailymail.co.uk/health/article-1242502/Hooked-happy-pills-Internal-bleeding-Strokes-Birth-defects-The-long-term-effects-antidepressants-terrifying.html#ixzz1Qkgj8UYx](http://www.dailymail.co.uk/health/article-1242502/Hooked-happy-pills-Internal-bleeding-Strokes-Birth-defects-The-long-term-effects-antidepressants-terrifying.html#ixzz1Qkgj8UYx) from original research: Moore, M. et al. (2009) *Explaining the rise in anti depressant prescribing: a descriptive study using the general practice research database*; *BMJ*2009;339:b3999
10. NMH DU (2010) *Working towards women's well-being: unfinished business*. [www.nmhdu.org.uk/silo/files/working-towards-womens-wellbeing-unfinished-business.pdf](http://www.nmhdu.org.uk/silo/files/working-towards-womens-wellbeing-unfinished-business.pdf)
11. Mental Health Foundation (2009) *Moving on up*; London, MHF. [www.mentalhealth.org.uk/content/assets/PDF/publications/moving\\_on\\_up\\_report.pdf](http://www.mentalhealth.org.uk/content/assets/PDF/publications/moving_on_up_report.pdf)