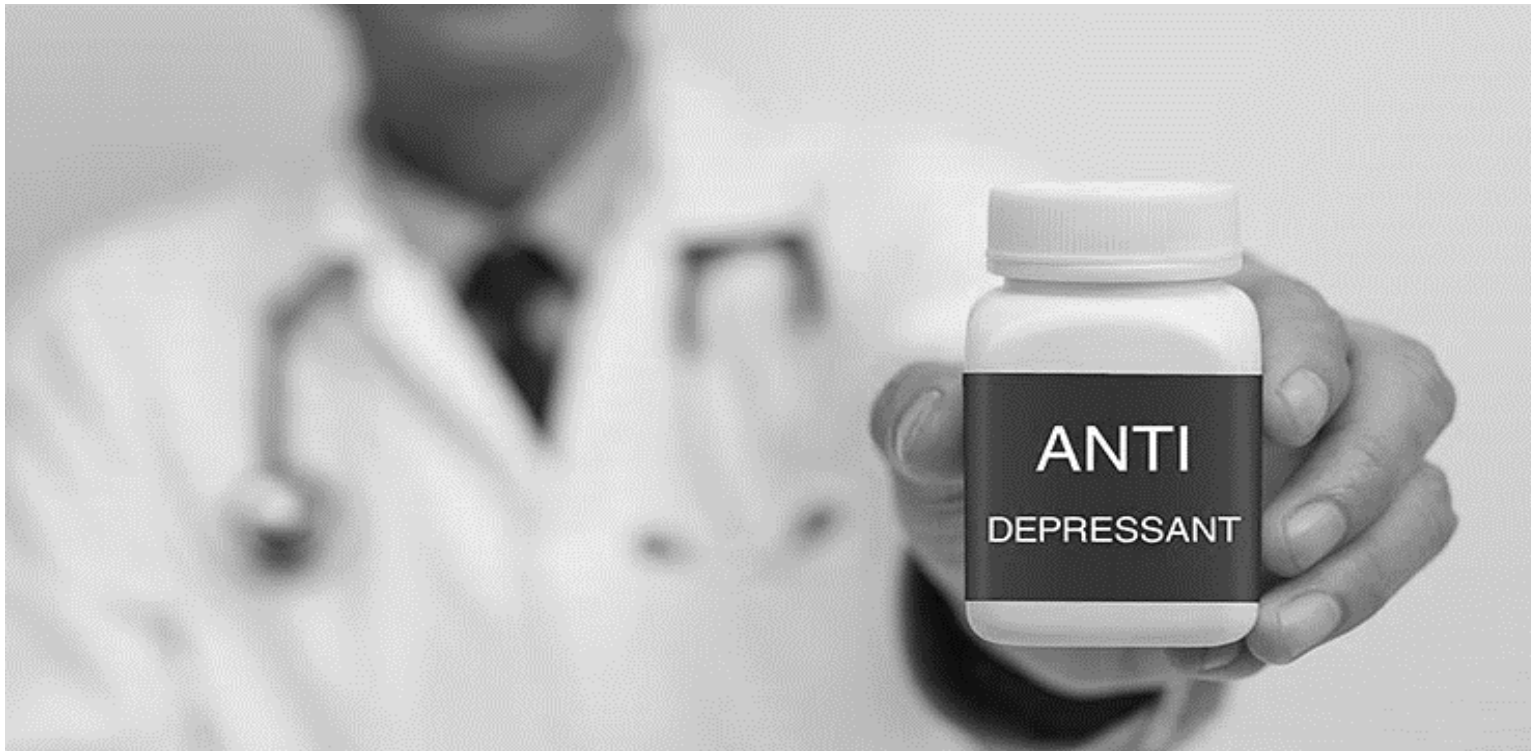


Medication as “Making Do”?

Discussions of sadness and low mood in general practitioner settings



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Background Myself

Antidepressant Medication (ADM)

Lived experience of ADM

Frustration and confusion
expressed by other service
users

GPs positioned as the reason
for rising ADM rates

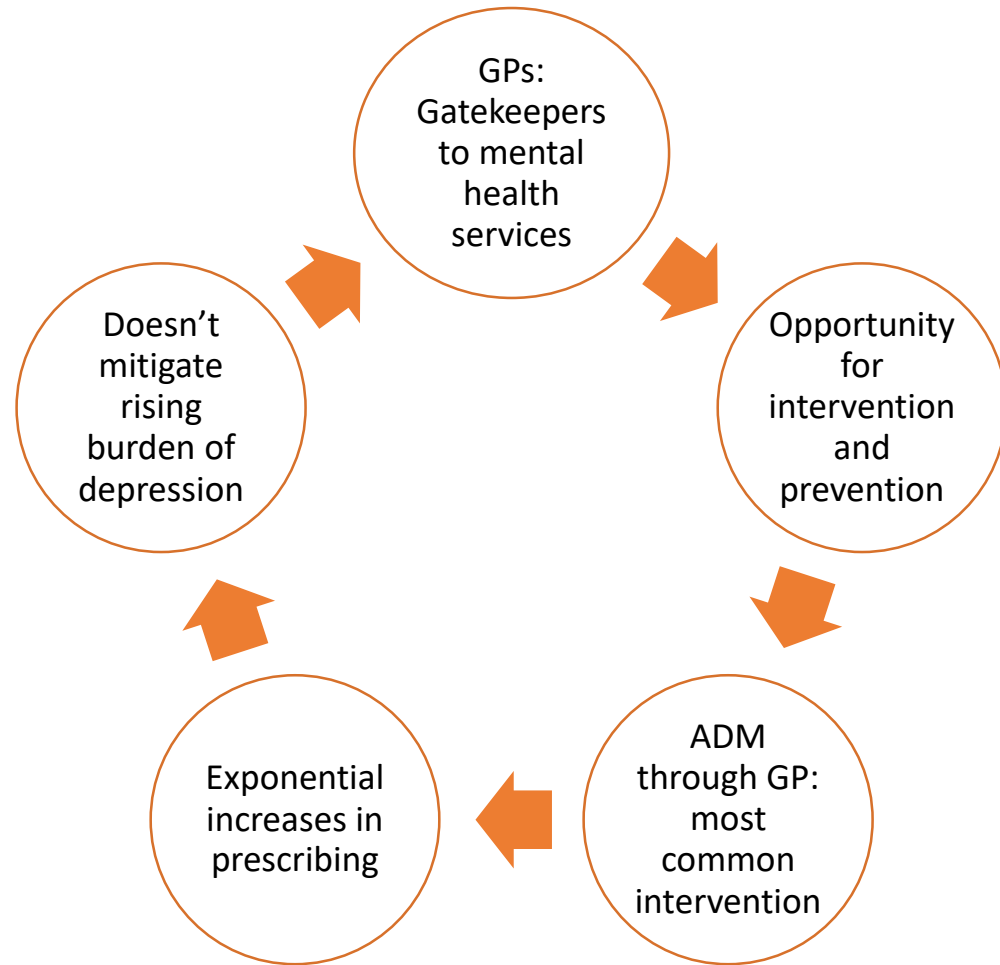
Psychological Therapies (PT)

Lived experience of PT

Psychology student

Career trajectory: clinical
psychology

Background **The Literature**



Need evidence-supported PTs

Need improved access to PTs

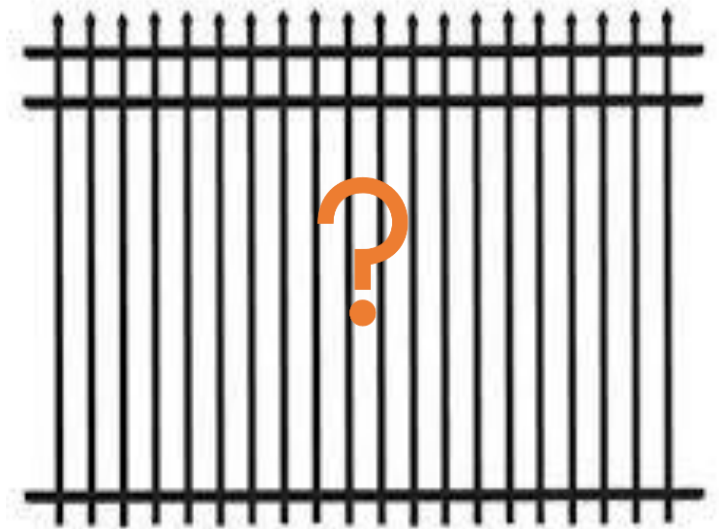
But

Gaps in broader systemic understandings of primary care

Gaps in understandings of service accessibility

Aims Research Question

How are psychological therapies and medication constructed by GPs and service users as interventions for mild-moderate depression in a primary care setting?



Design

Social Constructionist



GPs



Service
Users

Critical Discourse Analysis



SU Findings **Alleviation**

“I felt great because it had come out so a weight had been lifted and now on the medication I feel way better.”

“Now I’ve spoken to (GP) and even talking to you, it just makes my load lighter and lighter.”



“I felt amazing that someone else knew how I was feeling.”

SU Findings Side Effects and Strength

“I hate taking my meds, I’m over it, I’ve had enough.”



“I don’t like taking medication...part of it is I need to be stronger myself.”

“I’m not motivated like I used to be...They make me sleepy, headaches, dizzy spells.”

“The more shit you take, the weaker you are... take a fucking concrete pill or something.”

SU Findings **Selecting Options**

“I just said I’m depressed and I need some pills... I know what I want.”

“They tried to promote them like they were the best thing ever... pushed me away even more.”



“He gave me options: I could be put on medication.”

SU Findings **Views of PT**

“I had an issue talking to people anyway let alone talking to a stranger.”



“Why would someone want to sit there and listen to your shit life.”

“It could only be a positive step in my eyes, it might be good to talk about it.”

SU Findings Fear

“If someone said I’m going to take you to a psychologist I’d freak out... I’d be like why, what have I done? Because I don’t know what they are I have no idea.”



“I think handcuffs. It’s so close to psycho. I wouldn’t have a clue what they do. My misses’ mother spent a lot of time in the old spooker wards and she’s still mental as f...”

GP Findings **Caution to Prescribe**

“There’s a large placebo phenomenon with SSRI’s so one question is whether drugs should be first line at all.”



“The worst bit of my training was an over-belief in the effectiveness of our drugs. We’ve become very two-dimensional when it comes to mental health care.”

GP Findings Endorsing PT

“(PT) is crucial, really really important. I wish I could make every single patient able to access it.”



“Talk therapies have to be the mode, the standard approach. We can’t medicate this stuff away. It’s about humanity.”

GP Findings **Systemic Frustration**

“There’s an economic imperative at the end of the day..”



“There’s just no funding or funding available but limited and I can’t give it to everyone.”

“(PT) would be in most discussions about mood but the barriers the cost and actual access to quality professionals.”

Key Conclusions



Antidepressant
Medication (ADM)

Making do

Psychological
Therapies (PT)

Endorsed despite
confusion and lack of
information

Lack of **choice** and
autonomy in
decision making for
both GPs and SUs

Systemic barriers
rather than
individual

Reflexivity in Research



Reflexive
Journal



Reflexive
Statement



Bias?



Information about
though processes



Scary but
worthwhile



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