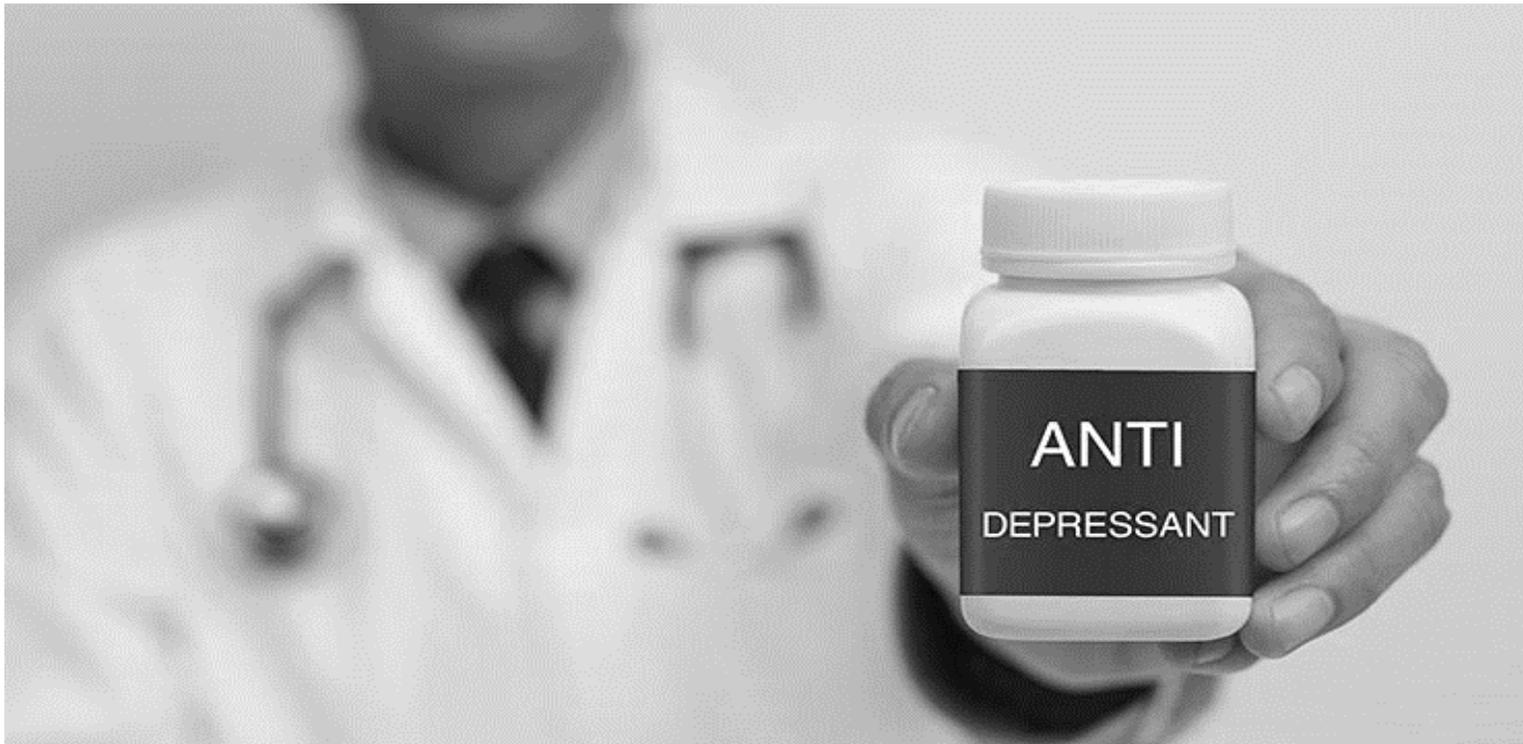


# Medication as “Making Do”?

## Discussions of sadness and low mood in general practitioner settings



Alice Stevenson

BSc (Hons) Psychology

Massey University

Supervisor

Dr John Fitzgerald

# 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

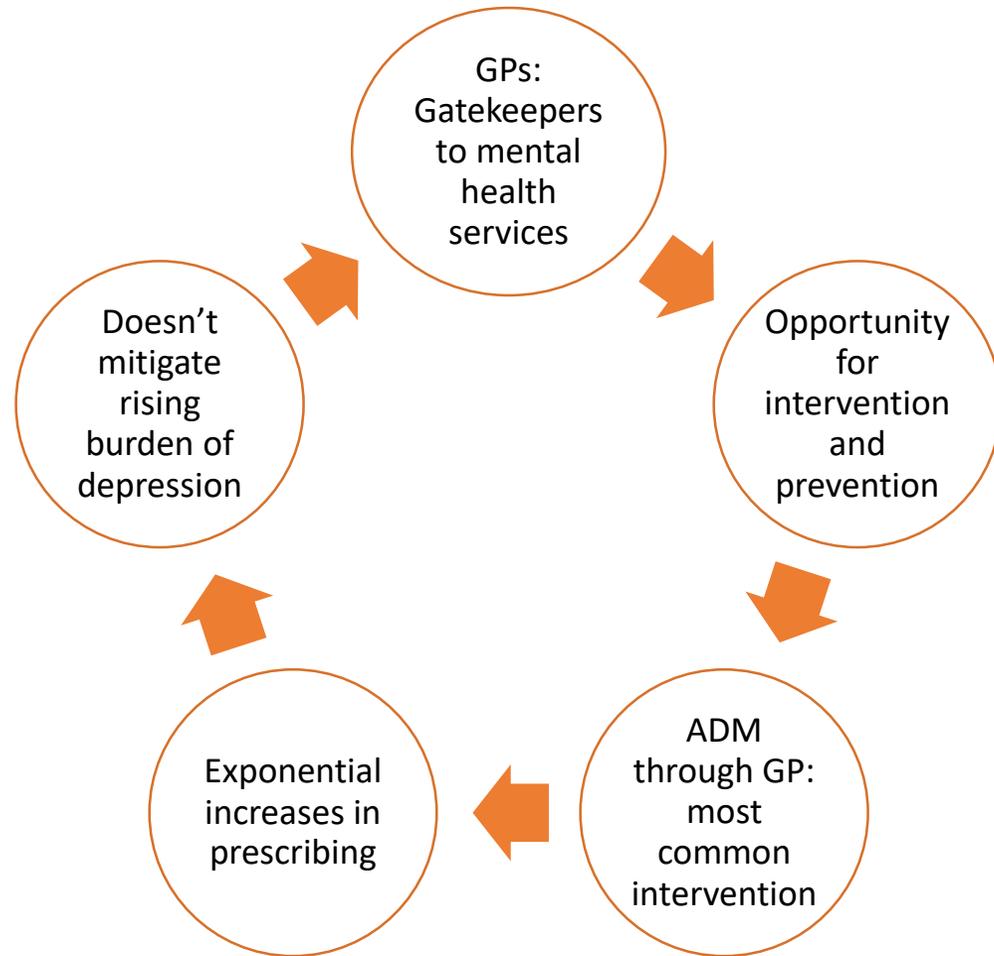
## Psychological Therapies (PT)

Lived experience of PT

Psychology student

Career trajectory: clinical  
psychology

# Background **The Literature**



**Need** evidence-supported PTs

**Need** improved access to PTs

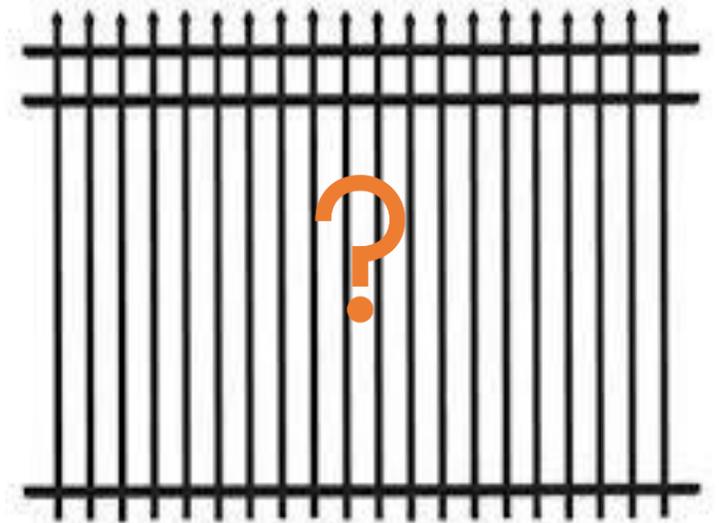
**But**

**Gaps** in broader systemic understandings of primary care

**Gaps** in understandings of service accessibility

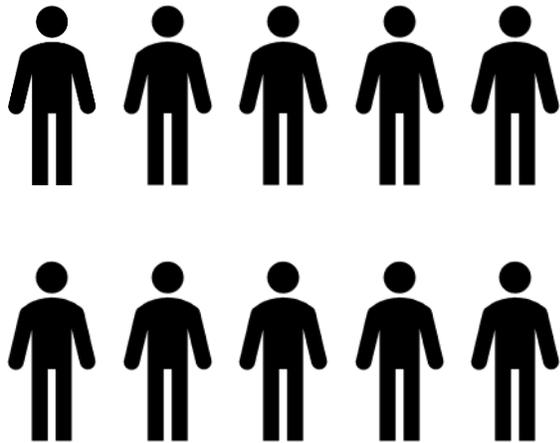
# Aims Research Question

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.”

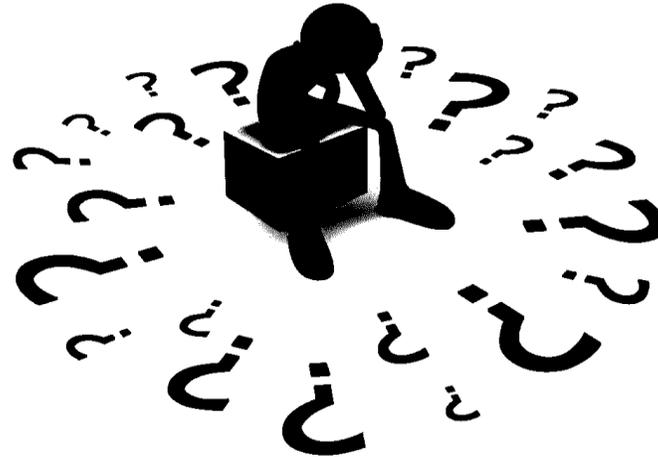
“They tried to promote them like they were the best thing ever... pushed me away even more.”



“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.”

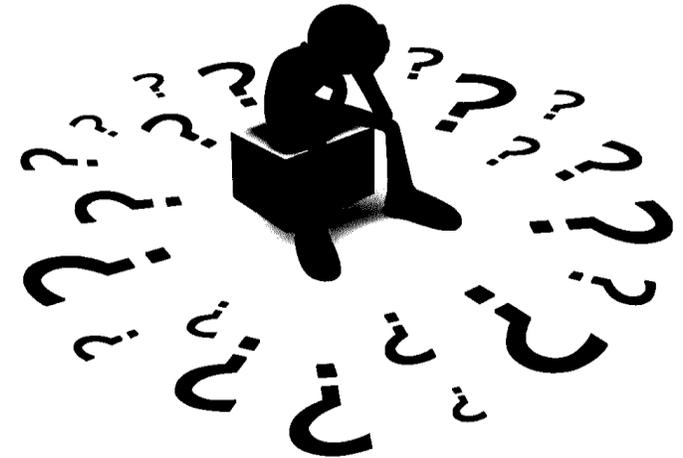


“Why would someone want to sit there and listen to your shit life.”

“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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