

UK needs 10 000 more therapists

One in 6 adults in the UK suffers from depression or chronic anxiety disorder, making mental illness the country's biggest social problem, reports the Centre for Economic Performance in London.

"We are not talking about the 'worried well'," the centre's report states. "We are talking about people whose lives are crippled by their distress."

In *The Depression Report: a New Deal for Depression and Anxiety Disorders*, the centre's Mental Health Policy Group says the 1 million UK residents who currently depend on state benefits because of mental illness now outnumber those who receive unemployment benefits. The Centre for Economic Performance at the London School of Economics is one of Europe's leading economic research groups.

Only 1 in 4 of those who suffer from depression or chronic anxiety is receiving any kind of treatment, the report states, and treatment generally consists of drugs prescribed by GPs.

The authors of the report state that the scale of the crisis is such that the health service can't deliver effective psychotherapy services. This means that recommendations in the clinical guidelines drawn up by the National Institute of Clinical Excellence (NICE) can't be implemented. Although depression and anxiety account for one-third of all disability, only 2% of the National Health Service funds are spent on such services.

"In reality, the waiting lists are enormous and the guidelines cannot be implemented. If the same happened with cancer services, there would be an uproar," the lead author of the report, Lord Professor Richard Layard, told *CMAJ*.

To solve the crisis, the report's authors are calling for 10 000 new therapists to be employed in a massive expansion of psychological therapy services. The authors say this would be cost-effective as people who receive psychotherapy for depression are less likely to relapse and can stay off state benefits for longer.

"Many patients want therapy but don't get any treatment because they don't want to take drugs. This is a huge hidden problem," Layard says.

The report was welcomed by the leading UK mental health charities, which said the NICE guidance on depression and anxiety should be implemented in full. — Colin Meek, Wester Ross, Scotland

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Changing family practice

Family physicians are providing less obstetrical care and inpatient care concludes a new study from the Canadian Institute for Health Information (CIHI). *The Evolving Role of Canada's Fee-for-Service Family Physicians, 1994 to 2003* updates a 2004 report with an emphasis on provincial data in 9 clinical areas for fee-for-service family physicians.

"Our goal was to give provinces the opportunity to look at the data in their own contexts. It is up to them to explain the results. This should help them to ask the right questions," said CIHI's director of Health Resources Information, Francine Anne Roy.

One of the most noteworthy findings is that the number of family physicians providing obstetrical care fell by nearly 50% since 1994. The percentage of male doctors doing obstetrics dropped from 26% in 1994 to 13.2% in 2003; among female physicians, the percentage fell from 27% to 15.7%.

In rural areas, the number of family doctors providing hospital inpatient care dropped from 80% in 1994 to 75% in 2003. Among urban doctors, 61% had provided inpatient care in 1994, but only 48% offered this service in 2003.

"Our college was not surprised by the findings," said Dr. Louise Nasmith, president of the College of Family Physicians of Canada. "The system has become more and more fragmented, and it is harder for doctors to access the care that they need from specialists. It makes it difficult to provide a seamless practice."

Nasmith added that "While there

are more family physicians in urban areas, doctors in rural areas are more likely to provide full-service care. As a result, they are burning out quickly, because they are on call all the time." — Margot Andresen, Ottawa

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News @ a glance

Flu vaccine delays: Production problems will delay delivery of the annual flu vaccine to provinces and territories by at least 1 month. The Public Health Agency of Canada is hopeful the vaccine will be available before the peak flu season, typically mid-December. Production was delayed because manufacturers had difficulty obtaining and then producing 1 of the seed strains (*A/Wisconsin-like*) that the World Health Organization has recommended for inclusion in this year's vaccine.



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Limit pharmacist prescribing: Alberta's move to allow pharmacists limited prescribing authority (*CMAJ* 2006;175[5]:463-4) provoked a strong reaction from delegates to the CMA Annual Meeting, Aug. 23 in PEI. They overwhelmingly approved (93%:7%) a resolution calling on the Alberta government to set conditions that pharmacists must abide by in order to prescribe. These include obtaining patient consent, maintaining a patient record, 24-hour availability, disclosure of potential conflicts of interest as both a prescriber and dispenser, and notifying physicians of changes to a prescription. "This is a strong precedent set in Alberta and it could happen in other jurisdictions," said Dr. James Bell of Alberta, who seconded the motion. "The