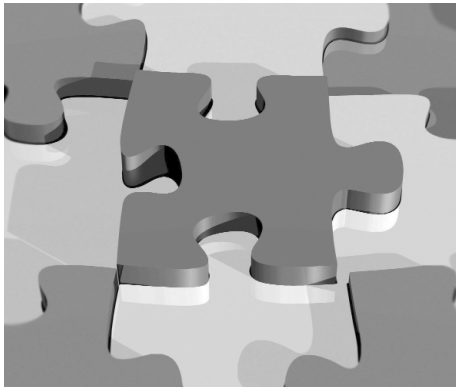


# Editorial

## 28 Competition or complement?

Are graduate mental health workers really competition for counsellors, asks Peter Jenkins. Or could they play a valuable complementary role?



## 30 Collaborative care: a first-person perspective on the graduate worker role

Sarah Hovington offers a unique insight into the graduate worker role

## 32 Give me the tools...

The Depression, Anxiety and Stress Scale is a really valuable tool, says Mary Roberts

## 36 On the receiving end

The right medication plus CBT helped Anne Jeffery deal with depression

## 37 Primary cares

All these depressed people... what do you do? John Hague gives a personal perspective from general practice

## 38 Book reviews

## 40 Delivering primary care mental health in Knowsley: a stepped-care approach

Sandra Stock describes a new primary care mental health service staffed by psychological therapists

## 44 FHCP update

Shane Buckeridge reports on the recent Agenda for Change job seminar workshops



According to the World Health Organisation, depression will be the most common presentation in primary care by 2020, reaching almost epidemic proportions. If you don't feel quite ready for it, then this issue of *HCPJ* on the theme of depression should help.

How do we recognise and assess a depressed client? Most of you in practice in the NHS will know, I hope,

but the lead article by April Russello and Michael Harris will bring back timely reminders concerning a condition that we did not always learn about during our formation as counsellors. Going through a checklist is certainly not the usual way that most of us would work, so it is interesting to see Mary Roberts' article on the Depression, Anxiety and Stress rating Scale (DASS) being utilised by the primary care mental health service in Ipswich. Despite all the current fuss about NICE guidelines, it is good to see that Ian Hughes views the general drift of NICE in the direction of psychological treatment as a positive development for all of us. Peter Bower also keeps our feet on the ground with his look at the research evidence for the effectiveness of counselling for depression, alongside John Mellor-Clark, who comments from the angle of CORE.

What if your client is on medication, as the majority of clients I encounter in my practice invariably are? Helen Lester gives us an alternative viewpoint and an update on the latest drug treatment.

Of course counsellors are not the only healthcare professionals who are involved in meeting clients who present as depressed. The primary care mental health graduate workers are now a year on in their practice as our colleagues – and two articles by Peter Jenkins and Sarah Hovington give a fresh perspective on the role. Among the interesting material here to bend your mind, the issue of change and development for those of us working in the NHS persists. I wonder if it will ever calm down?

On a related note, what do you think of hierarchies? Agenda for Change has us all 'banded', care is 'stepped' and there is an inevitable top and bottom. The pecking order of power appears to have taken hold and I can't say that I am reconciled to it, as it can potentially stigmatise and devalue both clients and their professional helpers. What if you are a Level 1 therapist? Does that mean you are less skilled? Is a GP less useful than a hospital consultant? Is a generalist less valuable than a specialist? Surely each has their place but it does not need to be hierarchical, or does it? Such traditional status issues have bedevilled the NHS for years. Pathways seem a more civilised and less power-driven way of looking at the world, and there is tremendous value in early intervention effectively and skilfully delivered, as well as in the work of specialist practitioners, including counsellors.

Would you like to be a psychological therapist instead of a counsellor? In conversation with Liz Coldridge I mentioned such a possibility and, lo and behold, in Sandra Stock's article you can see that this has happened in her neck of the NHS in Knowsley. I am aware that it has also taken place elsewhere. What does this do to the distinctive contribution of counselling and psychotherapy? The unique contribution of the counsellor in working with any client, depressed or not lies, I believe, in the therapeutic efficacy of working at relational depth in a way that is unique to our profession.

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