Game on?

'So, working on a new computer game then, Dick?'

'Yes, Tom, it's the latest in the Health Play range, The Appointments Trilogy: Advanced Access 2.'

'But I thought Advanced Access was the third and last one in the series?'

'Well, having the fourth in a Trilogy is a pretty cool gimmick, donchathink? Anyway, Tony Blah, the MD, says Advanced Access 1 was too hard.'

'Thought that's what the punters like, Dick.'

'Not this lot, they want to get through all the levels without any hassle. Mainly an adult market, you see; they just don't have the patience or sense of adventure that kids do.'

'Mind you, the first one, Open Access Wars, was a bit of a so-and-so, wasn't it?'

'Yes, Tom, but now it's flogged off cheap to the poorer market so it's still popular. It had some great ideas though. First the player has to get through the Queue Outside The Door — scary or what? You could end up with pulverised toes, a broken nose, or if you're really unlucky, get stabbed by Psychotic IKEA Man who thinks he's queuing for the opening of a large Swedish furniture store.'

'That happened to me — spent 2 months in ITU, in the game that is.'
'Nasty, Tom. Then, if you make it to reception, you have to get past The Dragon Pit and those dragons are vicious, won't let you off the hook. "Are you sure you need to see the doctor today?" "You look well enough to me." "We're awfully busy you know, dealing with sick people." Not easy to get around them and through to the Waiting Room.'

'Hmm, the Waiting Room. Six hours I got stuck on that level because the Kid With Temperature kept vomiting on my trousers and every time I went to the loo to get cleaned up, I'd miss my turn and go back to the beginning of the queue.'

'Exactly, Tom, and when you did get to see the doctor …'

'… he'd be called out, or just tell me it was a virus and to bog off. I'd hardly be in there 2 minutes.'

'We got loads of complaints about Open Access Wars, so then we tried Pre Booking Fantasy Matrix, introducing the Big Cyber Phone In. The Dragons changed tactics: "The next appointment is 3 weeks on Friday unless you're an emergency," so you'd always have to try and convince them you were "urgent" without actually lying, or you'd be put back at the beginning of the phone queue.'

'Once, I'd been allocated 'verruca' as my PC …'

'Presenting Complaint?'

'That's right. Wasn't convincing at all and ended up waiting 6 weeks for the wart clinic.'

'Tricky one, Tom. But if you'd reached The Waiting Room level again — vomiting kids and all — the GP would roast you if it wasn't really urgent and give you a Red Card.'

'Three of those and you'd be off listed, right?'

'Right, Tom, end of game, "nil points", as they say in Eurovision.'

'So then you came up with Advanced Access.'

'Cor-rect. It was brilliant. Same day appointments, the Dragons had turned into Pussy Cats, there was more choice of who to see, and the nurses were really cool, like Lara Croft in uniform. Even the doctors were happy because they'd chilled out, Doing Today's Work Today.'

'So where did it all go wrong, Dick?'

'It was those viruses. First they overloaded the demand circuits and deleted a few of the staff files. That had a knock on effect to availability files, changed the Pussy Cats into Tigers, gave Lara permanent PMS and the GPs all-day hangovers. Today's Work got shifted to the end of the week, the cyber phone lines

were overloaded and the Queue Outside The Door file got mysteriously spliced back in again.'
'Didn't your virus protection help?'

'No, Tom, updated supplies of antiviral software were in short supply last year. We've never really recovered and the customers have gone ape — they don't want to play anymore and have gone whinging to Tony.'

'So what now?'

'Not sure, really. Tony's gone back to his marketing advisors. It's likely to include QOF Station 2 so that the players win points lost by the practice not only for failing to record lifestyle data, but also for not providing an appointment at exactly the desired moment within a 10 minute to 1-year time frame.'

'Hey, good job this isn't real life, Dick.'

'Why's that?'

'Well, no GPs would stick around for when we need them.'

'Oh, Tom, don't take it so seriously. It's only a game.'

Alison Woolf

Mike Fitzpatrick

Leave the kids alone

In 1992, the 'Defeat Depression' campaign set out to educate GPs and the public about depression and the availability of treatment for it.[1] In 2001, the follow-up 'Changing Minds' campaign urged doctors to be alert to the diagnosis of depression 'at any age, even among children and young people'.[2] Both campaigns were backed by the Royal Colleges of Psychiatrists and GPs, by the Department of Health — and by drug companies producing antidepressants.

It is not surprising that these campaigns have resulted in an upsurge in the diagnosis of depression among children as well as adults and that 40 000 under-18s are now taking antidepressants. Alarmed at this dramatic increase in the administration of psychotropic medication to young people — and at studies suggesting that some antidepressants may increase suicidal tendencies — the National Institute of Clinical Excellence (NICE) has now blown the whistle.[3] Its latest report recommends that medication should not be offered at all to children with mild depression and only to those with more severe depression in combination with talking therapies.

The new guidelines, following an earlier edict against the prescription of all antidepressants except fluoxetine to under-18s, have been widely criticised on the grounds that the proposed talking cures (cognitive behavioural therapy [CBT], interpersonal therapy or family therapy) are in short supply. Although I am sceptical whether these therapies are any more effective than drugs, or indeed than no intervention at all, and wary of the dangers of long-term dependence on therapy, my main concern is about the expanding range of the diagnosis of depression.

A central theme of the recent NICE guidance — and of earlier campaigns — is the need for healthcare professionals to have further training 'to detect symptoms of depression, and to assess children and young people who may be at risk of depression'. While some GPs might take offence at this slight on their capacity to make a familiar diagnosis, we must appreciate the need of psychiatrists to boost their fragile professional self-esteem by promoting the notion that they possess esoteric knowledge and skills that enable them to spot cases of depression that would pass unnoticed by the uninitiated.

But the real problem lies deeper. The aim of recent campaigns is not so much to encourage the diagnosis of depression in its traditional form as to promote the reinterpretation of a widening range of human experiences of sadness and loss — by doctors and patients, adults and children — in terms of mental illness. This is the significance of the promotion of claims that 'one in four' people suffer from depression (the estimated 'lifetime prevalence' headlined by the 2001 'Mind Out for Mental Health' campaign). It is in this process of expanding the scope of psychiatric diagnosis that GPs and other health professionals are believed to require further training.

If psychiatrists are disparaging of GPs' diagnostic skills, they are even more dismissive of the capacities of ordinary people to recognise and cope with the exigencies of everyday life. The demand that children with difficulties should be directed into psychotherapy risks undermining the personal resources and informal networks that are crucial to children's psychological development and welfare. The drive towards professional intervention implicitly denies children's capacity to deal with their own difficulties, with the help of parents, family members and friends. Indeed, parents only figure in the NICE guidelines as potential objects of treatment in parallel with their children. Just as family relationships are widely perceived through the prism of abuse, so — whether the subject is bullying or teenage pregnancy — peer relationships are also pathologised. Yet when children experience bereavement or other traumas, they are more likely to benefit from the support of those closest to them than they are from any healthcare or psychological professional.

The key question is not whether fluoxetine or CBT is more effective for children. The key question is whether it is helpful to children or to society to label unhappiness as mental illness. In the legitimate quest to identify and treat appropriately a small number of cases of severe depression, we risk turning a generation of children into life-long clients of the therapeutic state.

REFERENCES

1. Royal College of Psychiatrists. http://www.rcpsych.ac.uk/campaigns/defeat/index.htm (accessed 11 Oct 2005).
2. Royal College of Psychiatrists. http://www.rcpsych. ac.uk/campaigns/cminds/index.htm accessed 11 Oct 2005).
3. NICE. *Latest NICE guidance sets new standards for treating depression in children and young people.* 2005/022. Press Release. http://www.nice.org.uk/page.aspx?o=273113 (accessed 11 Oct 2005).