

PE1651/ZZZZ

Peter Lucassen submission of 30 January 2018

Stopping with antidepressant medication is very difficult for a certain number of patients. The effectiveness of antidepressants is very moderate. So, as a GP I think that we should not prescribe antidepressants as often as we do now. But we need to see this problem in its larger context, because when you keep focussing on medication and the difficulties of stopping, it is likely the members of the government that have to deal with this matter, fail to see that prescribing medication is the consequence of looking to every day distress with a medicalized (psychiatric) gaze. As long as GPs are not educated in other ways to look at these problems, they will continue prescribing antidepressants and also benzodiazepines. Maybe also because they do not know or lack the time to do otherwise. Moreover, when opportunities to refer people with these kinds of problems are lacking or are too expensive or at a too long distance from where people live, then this situation will continue. Moreover, looking at distress through a medical lens is intertwined with quality targets and money. It is settled very firmly in the whole system. In the Netherlands the government has made it financially possible for general practitioners to contract mental health nurses, who work in the practice and treat many patients with depressive symptoms, burnout, relational problems, problems with loss and so on. This system has contributed to lots of patients not being referred to more specialized professionals; the system does not warrant any financial contribution from patients and is easily accessible for all people. On a larger scale the system has contributed to lower costs for mental health in the Netherlands.