

... with Willem Kuyken

'Don't hug the intellectual shoreline'

One moment that changed the course of your career

John Teasdale, a gifted clinical academic, invited me to have a chat with him when I was a young postdoc attending the 'East Meets West' conference at Dartington Hall in Devon. I had been learning to meditate for a few years and found it enormously helpful in all sorts of ways, not least in working with my own mind, which like all minds creates both joy and suffering.

That encounter and conference were pivotal for me because it was a confluence of several personal and professional tributaries – my mindfulness practice, my basic and applied psychology interests and my commitment to working on depression.

One challenge that psychology can address

Last year, a friend of mine had a heart attack. He had timely surgery, great rehab, started exercising and made a good recovery. The massive national

investment in cardiac research, treatment and care made in the last 50 years no doubt helped save his life and that of countless others. Without that investment, though, my friend's access to treatment would have been far more limited and probably would have had a less positive outcome.

Now let's apply this scenario to mental health problems like depression, where only a small proportion of people who could benefit from treatments can access them. Although mental ill health represents about 38 per cent of ill health, most countries spend no more than 13 per cent of their healthcare budget on it. Richard Layard and David Clark estimate mental health problems cost the UK 7 per cent of its national income through its effects on employment, comorbidity, mental health care and social impact.

Stigma still surrounds depression, despite the honesty and bravery of people like Ruby Wax, Marcus Trescothick and Kjell-Magne Bondevik who speak openly about their mental health problems. Sadly, stigma is yet another barrier that stops people from accessing treatment.

Depression is a slow moving public health tsunami that affects us all. Most of us have had direct experience of depression or know someone who has suffered from it. The devastating costs of depression include mental pain, disability-adjusted life years, reduced life expectancy due to associated physical health problems, suicide and direct and indirect societal costs.

There are psychological treatments, such as cognitive behavioural therapy (CBT), that work. However, despite Herculean efforts to widen access to these treatments, availability remains limited. We urgently need to progress our psychological understanding of recurrent depression, enhance the effectiveness of our treatments and make treatments accessible. Stigma needs to be examined as a matter of priority.

One thing I have learned

It takes a village. I have been lucky to have had brilliant mentors and to have developed some amazingly rewarding collaborations. The Psychology Department at Exeter was my professional home for 15 wonderful years, where an evolving group of us co-created a vision around mood disorders, a research programme across the translational arc, a suite of training programmes and the NHS AcCePT research clinic. I learned so much from my colleagues, from what went well and from my mistakes. A supportive culture in which to work, develop through trial and error and to be mentored and mentor is not just nice, but essential.

One nugget of advice

Another psychologist once said to me, 'Don't hug the intellectual shoreline. I wish I had had the courage in my

career to ask good questions and then use the right methodology, even though this meant leaving the safety of the shoreline.' I intend, as best I can, to follow this advice at my new job at the University of Oxford. We are looking at the potential of mindfulness to prevent depression in early adolescence (research), considering how best to scale up the demand for MBCT by training enough mindfulness teachers (training) and working with policy makers to consider its potential in health, education and criminal justice (impact).

One hope

Just as my friend accessed life saving cardiac care, my hope is that in the next 50 years



Most countries spend no more than 13 per cent of their healthcare budget on mental ill health

mental health care is available to people who need it. Can we make a spectrum of low-key yet highly intensive evidence-based treatments available to those who need them? Can we consider the whole lifespan, including inter-generational risk and resilience? Can we broaden our focus to key contexts beyond the individual, to families, schools, workplaces and prisons? Finally, can we get to a place where it is as normal to say 'I manage my depression with mindfulness and CBT strategies' as it is to say, 'I manage my coronary heart disease with exercise, diet and aspirin?'



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