Depression in Primary Care

Evidence and Practice

CAMBRIDGE

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Simon Gilbody

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Simon Gilbody: To Cathy and the joyful chaos that is the Gilbody brood.

Peter Bower: To Luke and Nicki, for taking me away from all this.

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Preface

We both have a bit of a reputation as systematic reviewers, and a glance down our CVs means that we are guilty as charged. Frankly, it is not always the best reputation to have. Systematic reviews are sometimes seen as largely technical in nature, ignoring the complex and messy reality of healthcare delivery and reducing everything to a few calculations and a pretty graph. They are also seen as the preserve of methodologically and statistically minded types, the sort of people who are excessively concerned with minutiae and routinely miss the wood while comprehensively searching for the best concealed trees.

Part of the reason for creating this book was to show that reviews can be more than that – that it is possible to link the review process with complex policy issues, and to use the insights generated from reviews to assist in decision making in ways that go beyond simple statements about this or that being effective at such and such a level of significance. However, we also wanted to share our enthusiasm for reviews, because they are actually quite simple and potentially accessible to a wide range of people, and because they remain a crucial part of the scientific armoury and will only get more important as the amount, scope and complexity of research increases.

This book is not meant to provide an answer to the problems of delivering services for depression. The area is too complex, and too value-laden, to submit to such a straightforward approach. What we aim to do is show how the techniques of systematic review and evidence synthesis can be used to make sense of a large and complex literature, to challenge assumptions and provide fresh insights, and add to the debate about the best way to help patients in need. Although the aspiration of the systematic review enterprise is somehow to create a process that would lead to the same result, no matter who did the review, that will only ever remain an aspiration. Ambiguity and subjectivity have a way of creeping into the process, so that the final result is always up for debate. But it is precisely within those debates where the useful work begins.

We would like to acknowledge the many academic and clinical colleagues who have contributed to this endeavour. Some have contributed directly as authors, but we would also like to thank all those colleagues who have shaped our thinking about mental health research and service delivery over the years, and have

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thus contributed in a more roundabout way. Multidisciplinary research being what it is, there are simply too many to name you all, but special thanks (in appropriately random order) go to Karina Lovell, Martin Roland, Linda Gask, Bonnie Sibbald, Anne Rogers, Michael King, Michael Barkham, Robert West, Andre Tylee, Rachel Churchill, Allan House, Trevor Sheldon, David Richards and David Torgerson.

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