NEWS LESSON

Therapy Has Gone Mainstream, but Access Has Not



BEFORE YOU READ

1 Warm up

Talk about these questions with a partner.

1. Does greater openness about therapy prove that a society is taking mental health seriously?
2. Why might the language of care spread faster than access to care?
3. When does a psychological label clarify behaviour, and when does it end the conversation?

2 Key words

These words are in the article. Write the letter of the meaning (A to H) in each box.

1	**stigma**	☐	A	a person who works in a profession such as medicine or therapy
2	**provision**	☐	B	brought in from somewhere else
3	**distress**	☐	C	a complete change in the way something looks or works
4	**diagnosis**	☐	D	a doctor's decision about what illness someone has
5	**practitioner**	☐	E	great worry, sadness or pain
6	**workforce**	☐	F	all the people who are able to do a particular kind of work
7	**transformation**	☐	G	a feeling that something is shameful, held by other people
8	**imported**	☐	H	the supply of a service or something people need

3 Read

Read the article and underline the key words from task 2. The paragraphs are numbered.

The language of therapy is everywhere. The harder achievement is making qualified, useful support available to those who want it.

1 A sentence that once carried weight now barely registers. Therapy has become mainstream in the plainest sense: it is discussed without explanation, by people who assume their listener already understands. Saying that you see a therapist attracts roughly the response of saying that you see a physio, which counts as genuine social progress and should be recorded as such. The question worth asking is what that acceptance has actually delivered.

2 The most recent UK evidence suggests a slow upward drift rather than a transformation. YouGov surveyed 5,058 adults between 16 February and 6 March 2026 for the British Association for Counselling and Psychotherapy. Thirty-seven per cent reported having seen a therapist, up from 35%, and 72% of those who had reported finding it helpful. Self-reported helpfulness is a reasonable signal and a poor measure of clinical outcome, and the distinction matters.

3 Interpreting the rise is harder than quoting it. Reduced stigma, increased distress, better information and expanded provision would all produce the same upward line, and a single survey cannot separate them. Treating the trend as proof that a society has become kinder, or that it has become sicker, is an argument imported from outside the data.

4 The treatment gap is where the story turns. Among those who had considered therapy and not pursued it, 35% cited cost and 22% cited waiting lists. The OECD's modelling puts the problem on a continental scale, estimating that slightly over one in five people across OECD and EU countries experienced a mental disorder in 2023, and that nearly two thirds of people in the EU needing mental healthcare encounter inadequate access. Cultural permission arrived first; capacity has not followed.

5 Language ran ahead of both. Clinical vocabulary now circulates through friendships, workplaces and social media, and psychologists writing in the American Psychological Association's magazine identify the trade-off precisely. The words give people a way to name experiences they previously carried silently. They can also oversimplify, flattening an ordinary conflict into a diagnosis and awarding one party the authority of the clinic.

6 The direction of travel is contested for a reason. A rise in people seeking help is compatible with a population under greater strain and with a population finally willing to say so, and the two readings carry opposite implications for policy. Choosing between them on the strength of a single trend line is a political preference wearing the clothes of evidence.

7 There is a quieter requirement underneath all of it. Useful support depends on qualifications, on a reasonable fit between the person and the practitioner, on confidentiality, and on expectations modest enough to survive contact with a difficult month. None of that is conveyed by the word therapy on its own, and none of it is guaranteed by a culture that approves of the idea.

8 Which leaves the social question the surveys imply but cannot answer. A country that talks easily about getting help has cleared the first obstacle, and the first obstacle is not the expensive one. Whether that openness ever becomes an appointment is decided by funding, workforce and waiting times, not by how comfortable the conversation has become.

Sources: British Association for Counselling and Psychotherapy, public perceptions survey. Picture: AI illustration.

4 True, false or not given

Circle **T** (true), **F** (false) or **NG** (the article does not say).

1. The writer would be equally cautious about a claim that the survey proves society has become sicker. T F NG
2. The YouGov and OECD figures both measure how many people have received treatment. T F NG
3. The writer regards self-reported helpfulness as worthless as evidence. T F NG
4. The survey asked respondents which type of therapy they had tried. T F NG
5. The writer accepts that more people seeking help could mean the population is under greater strain. T F NG

5 Vocabulary

Complete the sentences with words from the box. Two words are not needed.

backlog	capacity	circulates	compatible	contested	conveyed	drift	remit

1. Whether the policy has reduced hospital admissions remains hotly _____ , with each side citing different data.
2. A rise in complaints is _____ with both a decline in standards and a growth in public confidence.
3. The cautious wording of the report _____ how uncertain the authors were.
4. A rumour of this kind usually _____ faster online than any correction can follow.
5. Over several decades there has been a gradual _____ towards smaller households.
6. The clinic is operating at full _____ and cannot take on new patients.

6 Word forms

Use the word in brackets to make a word that fits the gap.

1. The _____ of mental health services varies sharply between regions. (AVAILABLE)
2. A tendency towards _____ makes the report easy to dismiss. (EXAGGERATE)
3. The results are _____ without a control group. (CONCLUDE)
4. The decline in stigma has been _____ uneven across age groups. (NOTICE)
5. Researchers argue that early _____ lowers long-term costs. (INTERVENE)

7 Language focus: collocations

Complete the sentences with words from the box. Two words are not needed. A collocation is a habit, not a rule. Learn the whole phrase, because the verb is usually the part that surprises you.

carry	clear	draw	foot	raise	sink	tilt

1. A single anecdote should not _____ much weight in a policy debate.
2. Researchers must _____ a clear distinction between correlation and causation.
3. The bill must _____ one more hurdle before it becomes law.
4. The findings _____ serious questions about how services are funded.
5. Employers are reluctant to _____ the bill for long-term support.

SPEAK

8 Talk about it

Discuss in pairs or small groups. Give reasons for your answers.

1. Has therapy become normal, or has talking about therapy become normal?
2. Could therapy language make relationships clearer while also encouraging people to label each other too quickly?
3. If demand for support keeps rising, what should governments, employers and communities do first?

9 Role-play: booking a first appointment

Work in pairs. Read your card, then have the conversation. Swap roles and do it again.

Student A · the clinic receptionist

A caller wants to book therapy. The free waiting list is about five months. A private session this week costs 70 pounds. Explain both choices, ask what the caller can manage, and suggest one more option.

Student B · the caller

You've felt very stressed for weeks and want to see a therapist soon. You can't afford much money and you don't want to wait for months. Ask questions and try to find a solution.

Useful phrases

I'd like to book an appointment, please.
How long is the waiting list?
I'm afraid it's about five months.
That's too long for me, I'm struggling now.
Is there anything cheaper?
We could offer you a shorter course of sessions.

Afterwards, tell the class what the caller decided, and say why.

ANSWER KEY

2 Key words

1 G · 2 H · 3 E · 4 D · 5 A · 6 F · 7 C · 8 B

4 True, false or not given

1 T · 2 F · 3 F · 4 NG · 5 T

5 Vocabulary

1 contested · 2 compatible · 3 conveyed · 4 circulates · 5 drift · 6 capacity

6 Word forms

1 availability · 2 exaggeration · 3 inconclusive · 4 noticeably · 5 intervention

7 Language focus

1 carry · 2 draw · 3 clear · 4 raise · 5 foot

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