NEWS LESSON

Therapy Is More Normal. Is It Easier to Get?



BEFORE YOU READ

1 Warm up

Talk about these questions with a partner.

1. Why might therapy feel normal to one person and embarrassing to another?
2. What can stop someone getting professional support?
3. Can knowing more mental-health words improve a conversation?

2 Key words

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

1	**courage**	☐	A the rule that private information is not passed on
2	**shame**	☐	B in relation to the size of the whole group
3	**clinical**	☐	C worked out using a computer or mathematical system
4	**confidentiality**	☐	D the strength to do something that frightens you
5	**expectations**	☐	E an uncomfortable feeling that you have done something wrong or silly
6	**proportionally**	☐	F connected with the medical treatment of patients
7	**escaped**	☐	G what you believe will happen or hope to get
8	**modelled**	☐	H got out of a place or situation

3 Read

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

Therapy has entered everyday conversation, yet openness, availability and good care are three different things.

1 Mentioning a therapist used to require a certain amount of courage. Now it can pass without comment, somewhere between a dentist and a physiotherapist on the scale of ordinary appointments. The shame has faded faster than almost anyone predicted twenty years ago.

2 The figures follow the mood. For the British Association for Counselling and Psychotherapy, YouGov surveyed 5,058 UK adults between 16 February and 6 March 2026. Thirty-seven per cent reported having seen a therapist, compared with 35% in the previous survey, and 72% of those who had therapy said they found it helpful.

3 Rising numbers can mean several things at once, which is why the survey cannot settle the argument on its own. Less stigma may be bringing people forward who would once have stayed quiet. Greater need may be pushing them. Wider awareness may simply have told more people that the option exists. All three can be true together.

4 Openness is also cheap, and access is not. Among respondents who had considered therapy without going, 35% pointed to the cost and 22% to long waiting lists. Those are practical barriers rather than cultural ones, and no amount of public conversation removes them. A person can be entirely comfortable asking for help and still be unable to afford it.

5 The picture across Europe is harder to see clearly. The OECD's modelling suggests that slightly more than one in five people in OECD and EU countries experienced a mental disorder in 2023, most commonly depression or anxiety, and estimates that nearly two thirds of people in the EU who need mental healthcare face inadequate access to it. These are modelled estimates rather than counted appointments, but the direction is consistent with what the UK survey describes.

6 Meanwhile the vocabulary has escaped the consulting room. Psychologists writing for the American Psychological Association describe the benefit plainly: people now have better words for what they feel, and that makes some conversations possible. They also note the cost. Clinical terms can be stretched until they mean very little, or used to close a disagreement rather than explore it.

7 Access is not the only thing that matters either. Useful support depends on a qualified practitioner, a reasonable fit between two people, confidentiality, and expectations realistic enough to survive a bad week. The word therapy covers many different methods, and none of them works for everyone.

8 So the honest summary is that one thing has clearly improved and another has not kept pace. Fewer people are ashamed. Fewer people, proportionally, are still waiting. Those are different achievements, and only one of them has been reached.

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. In the survey, cost was mentioned more often than waiting lists. (T) (F) (NG)
2. The writer thinks the rise in therapy use proves that stigma has fallen. (T) (F) (NG)
3. The OECD figures are based on counted appointments. (T) (F) (NG)
4. The American Psychological Association psychologists advise people to stop using clinical terms in everyday talk. (T) (F) (NG)
5. Between the two surveys, the share of adults who had seen a therapist rose by two percentage points. (T) (F) (NG)

5 Vocabulary

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

approach	consistent	estimates	practitioner	provision	settle	stretched	vocabulary

1. No single study is likely to _____ a debate this complicated.
2. Before you book, check that the _____ is registered with a professional body.
3. The results were _____ across all three regions, which makes them easier to trust.
4. When a word is _____ to cover every small annoyance, it loses its force.
5. Official _____ of how many people need help vary widely between studies.
6. Learners need a wide _____ to talk about their feelings accurately.

6 Verb forms

Write the correct form of the verb in brackets.

1. By 2026, attitudes to therapy had _____ far more than anyone had expected. **(CHANGE)**
2. Clinical terms are often _____ to describe ordinary stress. **(USE)**
3. Therapy might not _____ for everyone, so some people try a different method. **(WORK)**
4. The number of people who have _____ a therapist has risen slightly since last year. **(SEE)**
5. She _____ for six sessions herself because the waiting list was too long. **(PAY)**

7 Language focus: collocations

Complete the sentences with words from the box. Two words are not needed. A collocation is a pair that native speakers expect. If your language lets you say it in three ways, check which one English chooses.

face hold make meet raise run take

1. Having the right words can _____ difficult conversations easier.
2. Many clinics _____ a serious shortage of trained staff.
3. It can _____ months for a first appointment to become available.
4. Campaigns try to _____ awareness of mental health problems.
5. Clinics struggle to _____ demand when referrals keep rising.

SPEAK

8 Talk about it

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

1. Which barrier matters most: cost, waiting time, stigma or finding the right person?
2. Can social media make people more informed about mental health and more confused at the same time?
3. What should someone check before trusting mental-health advice online?

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

4 True, false or not given

1 T · 2 F · 3 F · 4 NG · 5 T

5 Vocabulary

1 settle · 2 practitioner · 3 consistent · 4 stretched · 5 estimates · 6 vocabulary

6 Verb forms

1 changed · 2 used · 3 work · 4 seen · 5 paid

7 Language focus

1 make · 2 face · 3 take · 4 raise · 5 meet

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