Serotonin Reuptake Inhibitors and Social Anxiety

Barlow (2004) observed that psychological interventions are efficacious and safe for the treatment of social anxiety disorder. More recently, following a systemic review and large-scale meta-analysis, Mayo-Wilson concluded that cognitive behavioural therapy (CBT) is more effective than pharmacotherapy with selective serotonin reuptake inhibitors (SSRI's), like sertraline, for the treatment of social anxiety (Mayo-Wilson, 2004). And while sertraline has been seen as the gold standard of pharmacological interventions for social anxiety, Gordon (2013) lists many side effects amongst teenager patients that suggest that sertraline might not be the greatest treatment. But while CBT may be safer, more effective treatment for social anxiety than SRIs, it would also be taxing on resource usage. Priyamvada (2009) reports a 17-session treatment regimen for social anxiety with it being treated over 17 1-hour sessions. Morris describes 12 sessions at 2.5 hours per session, so we can conclude that CBT demands an investment of time.

In Australia, this commitment might be a bit difficult given clinical psychologists comprise the bulk of cognitive behavioural therapy. In 2014, there were 23,878 clinical psychologists in Australia (Australian Institute of Health and Welfare 2016). This shows a ratio of 87 clinical psychologists per one hundred thousand people, which is not adequate in terms of the scope of anxiety disorders within the population. Moreover, not all psychologists are working in the health care system, so the actual ratio may be considerably lower. Training new clinical psychologists might seem like a good response to this shortfall, but the minimum training time to be a clinical psychologist is 6 years. Either our approach to training clinical psychologists has got to change, or we must look somewhere else to meet the demands for cognitive behavioural therapists in order to respond to the high incidents of social anxiety.