Depression may be "invisible", but it can be known and understood (Editorial, 4 August). There is increasing evidence that mental health problems are developmental in nature, and up to three-quarters of adult difficulties start in childhood. Psychotherapy frequently reveals present and past losses, in keeping with known risk factors. Drugs and brief cognitive therapies can help greatly, but they do not engage our complex emotional histories, the rejections, separations and bereavements revived by current adversity. Sometimes it is the loss of a cherished idea of ourselves that precipitates "breakdown". If we have not mourned these experiences fully they persist, corroding our self-esteem.

Decades ago, researchers showed that the poorer you are the more losses you will have, or be threatened with. The distribution of emotional suffering in our society is unequal. So too is access to psychological therapies that can help overcome depression for good. The NHS Improving Access to Psychological Therapies programme is a start, bringing talking treatments closer to communities. But clinicians report that there is often no quick cognitive fix for people with complex histories.

At the Tavistock Clinic a controlled trial of 18 months' psychoanalytic therapy for people who have tried medication and other therapies is nearing completion. We agree that there can be no "medical exactitude" to a condition "experienced in different degrees and different ways by different people". It takes emotional courage to engage in this kind of work, and fortunately this quality is not related to class or gender. As you point out, society needs a better response to depression, and funded provision of therapy for the general population is one solution.

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