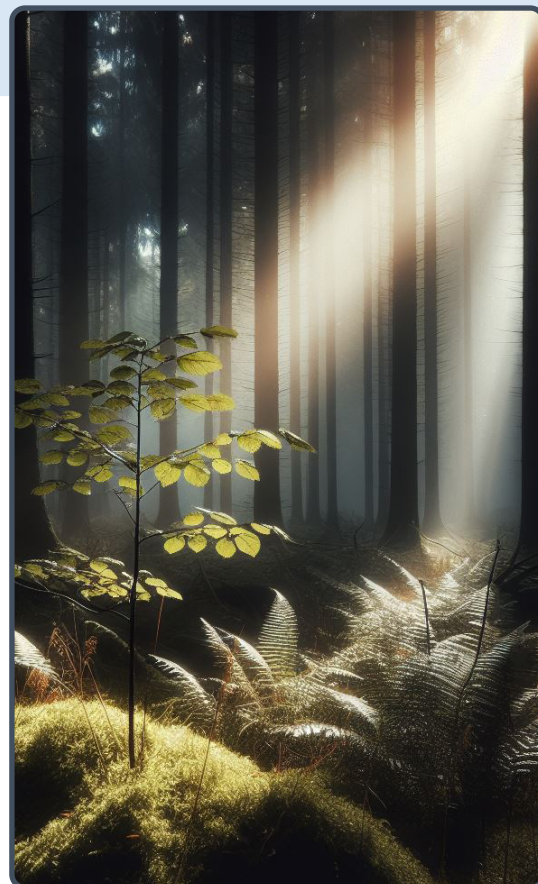


Making decisions about **managing depression**

What is this document?

This document is called a **decision aid**. It is designed to help you compare possible **treatment options**. It is for adults with depression. Depression affects different people in different ways. Thinking about the different options can help you choose what's best for you at the moment.

There may be different people involved in your care, such as members of your GP team, and other professionals such as counsellors and psychologists. In this document, we'll call them your **health and care team**.



You can access help through your GP team, or refer yourself directly to an NHS talking therapies service online (<https://www.nhs.uk/service-search/mental-health/find-an-nhs-talking-therapies-service>). However you choose to access help, the people in your health and care team will be there to help you decide what options you want to try.

How to use this decision aid

This decision aid has 5 sections. You do not have to use all of it – you can just use the sections which you think might be helpful to you. Links to go straight to the main sections are given at the top of the next page.

The information can help you decide what is important to you. There is space for anything you want to write down (or type in, if you are using this decision aid electronically) before you next speak to someone in your health and care team. Noting things down can help you think things through to make a decision about what options you might like to try.

This decision aid can only be a guide because everyone's situation is different and may also change over time. You can come back to it any time and make different choices.

If you're using this decision aid electronically, you can click on the links below to jump straight to the sections that might be most useful to you.

Go to page 3 for more information on your options



Go to page 8 for help on what's important to you



Go to page 11 for help making your decision



1 What is depression?

Most of us go through times of feeling sad, down or low, but when you're depressed you keep on feeling mainly like this for weeks or months.

Depression affects people in different ways and people may have a wide range of symptoms. These include lasting feelings of unhappiness and hopelessness, losing interest in the things you used to enjoy and feeling very tearful. Many people with depression also have symptoms of anxiety.

There can also be physical symptoms. These can include feeling constantly tired, sleeping badly, having no appetite or sex drive, or having aches and pains. Depression can impact your daily life. For example, you might avoid social activities or find it difficult to concentrate or make decisions.

Depression can be a response to difficulties in life. For example, a bereavement, money worries, work related stress or the breakdown of a relationship. It may also be caused or made worse by underlying health issues such as long-term pain or other changes, such as the menopause. Or there may be no obvious cause.

Depression may get better naturally with time, but some people can benefit a lot from the right treatment and support.

This includes care for any underlying health issues if they are present.



2 What are my options?

There are several options you could think about. Research studies have shown that all these options can help people with depression. It is not possible to give the numbers of people who are likely to benefit because different options suit different people.

You and your health and care team can decide together what is best for you at the moment. You may wish to change your mind later on. Your choice will depend on your preferences, what matters most to you, and on your symptoms, including how severe they are.

Not everyone will be helped by the first option they try. If an option does not work for you, you could try another one. The waiting time may vary for each option and sometimes might be longer than you would like to wait. But you could try another option instead, or in the meantime.

A list of the options that may be available for you to choose from is given below: click on a box to go to more detail on that option on the following pages. Some options will involve just you, and some are group options.

Your options at a glance

Active monitoring

Supported self-help options

Medicines:
antidepressants

Talking therapies with just
you and the therapist

Physical exercise in a group

Mindfulness or meditation
in a group

Talking therapies done as
part of a group

For some people, trying more than 1 option at the same time might be a good idea. Or, you could start with 1 option and add another later. Your health and care team will be able to tell you more about this.

You can find out even more about the different talking therapies, mindfulness and supported self help from the **NHS website** at: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/types-of-talking-therapies>



Active monitoring

You could decide with your health and care team to wait and see if your depression improves on its own. This can happen with less severe depression, but sometimes it can be difficult to tell if your symptoms are getting worse. So you could agree to speak to someone from the team every few weeks, to see how you are doing. This approach is known as **'active monitoring'** or **'watchful waiting'**.

You could also try things that have been shown to help improve people's mood and wellbeing. These include trying to have a healthy lifestyle and regular physical activity, like walking, jogging, swimming, dance or gardening. They can be especially helpful if you do them outdoors. If it's possible to do so and you think it might benefit you, taking some time off work and away from responsibilities could also help your depression.

Other options

The table below gives details on how each choice works and the forms it may be available in. There are further options if the first treatment you try does not work for you. Your health and care team can advise you.

	What does this option involve?	Things to think about
Supported self-help options	<p>Reading a self-help guide and working through thinking exercises by yourself. The materials might be printed, online or an app.</p> <p>These focus on how thoughts, feelings, attitudes and behaviours interact. You can learn coping skills to deal with things differently.</p> <p>You'll have support from a therapist, usually over 6 to 8 sessions, by phone, online or in person.</p>	<p>You are not in a group with other people.</p> <p>You will need to take time out to do the reading and thinking exercises, but you can choose when you do them.</p>

	What does this option involve?	Things to think about
<p>Talking therapies done as part of a group</p> <p>Examples include cognitive behavioural therapy (CBT), and behavioural-based therapies.</p>	<p>Group sessions led by 2 therapists. There are different kinds of group talking therapies and the focus of each is different.</p> <p>Your health and care team can help you choose which might be most suited to you.</p> <p>There are usually 8 sessions, and usually about 8 people in the group.</p>	<p>You might find sharing your feelings with others in the group helpful, and feel supported by them. But you might find it difficult to share your feelings in a group.</p> <p>You will have to find time to take part in the sessions. Depending on the therapy, you may need to do some tasks at home in between sessions.</p> <p>Group talking therapies are not recommended for more severe depression.</p>

	What does this option involve?	Things to think about
<p>Physical exercise in a group</p>	<p>Moderate physical activity in a small group with a trained leader. Sessions are specifically designed for people with depression.</p> <p>There are usually 2 or more sessions each week, over 10 weeks.</p> <p>There are usually about 8 people in the group.</p>	<p>This can improve your mood even though it does not directly target your thoughts and feelings.</p> <p>You may get support from other people in the group.</p> <p>It can improve your physical health as well as your mental health.</p> <p>You will have to find the time to take part in the sessions.</p>

	What does this option involve?	Things to think about
<p>Mindfulness or meditation in a group</p>	<p>Group sessions led by 1 or 2 trained experts that help you focus on the 'here and now'. You'll learn how to notice your thoughts, feelings and how your body feels, and see how to deal with these differently. Sessions are specifically designed for people with depression.</p> <p>There are usually 8 sessions, and usually about 8 to 15 people in the group.</p>	<p>It can be helpful for you if you want to learn a different way to handle thoughts and feelings.</p> <p>You may get support from other people in the group.</p> <p>If you have very strong or upsetting thoughts, or if you're uncomfortable focusing on bodily sensations, this might be a bit challenging.</p> <p>You will have to find time to take part in the sessions. You will need to practice what you learn between sessions.</p> <p>This option is not recommended for more severe depression.</p>

	What does this option involve?	Things to think about
<p>Talking therapies with just you and the therapist</p> <p>Examples include cognitive behavioural therapy (CBT), behavioural-based therapies, other psychotherapies and counselling.</p>	<p>One to one sessions with a therapist. There are different kinds of individual talking therapy and the focus of each is different. Your health and care team can help you choose which might be most suited to you.</p> <p>There are usually 8 to 16 sessions, depending on the type of talking therapy.</p>	<p>You are not in a group with other people.</p> <p>You will have to find time to take part in the sessions. Depending on the therapy, you may need to do some tasks at home in between sessions.</p>

What does this option involve?	Things to think about
<p>Medicines: antidepressants</p> <p>You may need to pay a prescription charge for this option. You can find out more about prescription charges on the NHS website.</p>	<p>Taking a medicine every day, usually for at least 6 months.</p> <p>For people with more severe depression, this might be combined with a talking therapy.</p>
	<p>This treatment will not take up much of your time, but it's important to have regular check-ins with your health and care team, especially when starting or stopping the medicine.</p> <p>You should start feeling the benefits within 4 weeks. Your health and care team might want to check in with you within 1 to 2 weeks of starting the medicine to see how you are getting on with it.</p> <p>Some people can get side effects from antidepressants (see page 8).</p> <p>When it's time to stop the medicine, this must be done in stages over time, with the advice of your health and care team (see page 8).</p>

Antidepressants: are they the right first choice?

It's generally recommended that people with less severe depression think carefully about other options first, rather than taking an antidepressant.

You may have had help from antidepressants in the past, but that does not mean you always need them every time you start to feel depressed. But you can still choose this option if you and your health and care team feel this is the right choice for you at the moment. If you have had depression in the past it is particularly important that you ask for support as soon as you realise you are becoming depressed again

For some people, especially people with more severe depression, antidepressants can be a good first choice. Your health and care team can help you decide.

Antidepressants: side effects and withdrawal



Like all medicines, antidepressants can have side effects. They will be mild for most people and will usually wear off over a couple of weeks as your body gets used to the medicine. But some people have side effects that are troubling or more long lasting.

Different antidepressants can have different side effects. You may want to discuss with your health and care team any side effects you would particularly like to avoid (for example weight gain, drowsiness or effects on sexual function).

If you stop taking an antidepressant suddenly or miss a dose, you might get unpleasant withdrawal symptoms. Not everyone gets these, and they can affect people differently if they do happen.

When you want to stop the antidepressant, talk to your health and care team. You usually need to reduce the dose in stages over time (this is called 'tapering'). This should mean withdrawal symptoms do not happen or are much milder. Some people stop antidepressants without much problem over a few weeks or months. But for others it can take longer or be more difficult.

You can find out more about antidepressants on the NHS website at:

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/antidepressants/>

3 What's important to you?

What matters to you is an important part of making a decision about treatment. The next few pages can help you think about this. You might also want to talk about your answers with your health and care team, and your family and friends.

It might help you to think about each of the things listed on the next page, and how much they are a priority for you right now. You can mark a dot on the scale next to each statement to show this (if you are using this decision aid electronically, you can click on the scales to add a dot). You can also write down or type in any other thoughts or feelings about your priorities in the section at the end of the next page.

My priorities at the moment

Low
priority

High
priority



Difficulty sleeping

My relationships with my partner,
family, friends or co-workers

Dealing with anxiety, negative thoughts,
feelings or behaviours

Feeling less withdrawn or isolated

Finding solutions to some of my problems

Being more physically active
and enjoying leisure activities

Coping with the loss of someone important to me

Worries about work, money, benefits or housing

My low mood

Dealing with physical symptoms such as pain or
tiredness, or those related to the menopause

Other priorities, or other thoughts and feelings I have:

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Thinking about preferences for types of treatment

It might help you to think about each of the things below, and put a mark on the scale (or click on it) where it applies to you. You can also write down or type in your own thoughts or concerns in the space afterwards.

Definitely

No strong opinion

Definitely

Thinking about starting treatment

I'd prefer to wait and see how things go before starting treatment

I'd prefer to start treatment straight away

Thinking about group or individual therapy

I don't want to talk about myself in a group of people

I'd like to have the support of other people in a group

Thinking about the waiting time for treatment

I'm prepared to wait to get my preferred treatment

I want to start treatment as soon as possible

Thinking about side effects from medicines

Avoiding any side effects from medicines is very important to me

I'm prepared to accept some side effects from medicines

Thinking about regular appointments

I would be able to get to regular appointments

Getting to regular appointments would be a big problem for me

My thoughts, concerns and questions about treatments

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4 Making a decision

Making the decision

- Think about which option or options might be best for you at the moment. You do not have to make a decision straight away.
- You can take some time to discuss things with family, friends, and your health and care team, and then decide.
- You can always try other options in the future.
- Your health and care team will support you, and review your progress to see how you are doing.



Where can I go for more information?

NHS information about depression:

<https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/>



NHS talking therapies - what they are and where to find them:

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/>

Mind, the mental health charity

(includes information on self care and helping someone with depression):

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/>

Young Minds (information for young people experiencing depression):

<https://www.youngminds.org.uk/young-person/mental-health-conditions/depression>

Age UK (information for older people experiencing depression):

<https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/depression-anxiety/>

Royal College of Psychiatrists

(for more information on stopping antidepressants):

<https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants>

Things to check

I feel sure about the best choice(s) for me

Yes

No

I know enough about the potential benefits and risks of each option

Yes

No

I am clear about which potential benefits and risks matter most to me

Yes

No

I have enough support and advice to make a choice

Yes

No

If you said 'no' to any of these, tell your health and care team and ask them for help.

My thoughts at the moment

I'm not sure what to do

I'm leaning towards

This is because

5 How this decision aid was produced

Who made this decision aid?

This decision aid was developed in line with the [NICE process guide for decision aids](#), with an oversight group of clinical and patient experts. A wide range of stakeholders was invited to comment on an earlier draft. This included people with lived experience of depression and frontline health and care professionals. It is based on the best available evidence and the oversight group's experience and expertise. The sources of further information were identified by the project group. NICE is not responsible for the content of external websites. Omission of a website in this decision aid does not imply that NICE has made a judgment about its content.

You and this decision aid

This decision aid can only be a guide because everyone's situation is different. You should always talk through your options with your health and care team.

Information we used to make this decision aid

- [Depression in adults: treatment and management](#) (2022) NICE guideline NG222: guideline and evidence review B.

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