

Understanding NICE guidance

Information for people who use NHS services

Treating depression in adults

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of people with depression in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with depression but it may also be useful for their families or carers or for anyone with an interest in the condition.

The booklet is to help you understand the care and treatment options that should be available in the NHS. It does not describe depression or the treatments for it in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. You can get more information from the organisations listed on page 23. Technical words and terms printed in **bold** type are explained on pages 21–22.

NICE has also produced a booklet called 'Treating depression in adults with a long-term physical health problem' (see www.nice.org.uk/CG91publicinfo).

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This is an update of advice on depression that NICE produced in 2004 (amended 2007).

The advice in the NICE guideline covers:

- The care, treatment and support that should be offered to adults (aged 18 and over) with depression, and their families or carers.

It does not specifically look at:

- The care and treatment of people with both depression and a long-term physical health problem (NICE has produced separate advice about this; see www.nice.org.uk/CG91).

Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain depression and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic or cultural needs you have. It should also take into account whether you have any physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

If your family or carers are involved, they should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/consent) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.publicguardian.gov.uk

If you are being treated under some sections of the Mental Health Act, healthcare professionals may override your decisions. They should only do this in specific circumstances and if it is in your best interests. If this does happen, they should fully explain the reasons why and your rights to appeal and advocacy.

Depression

Depression is a common mental health problem – it affects nearly 1 in 6 people in the UK. The main symptoms of depression are losing pleasure in things that were once enjoyable and losing interest in other people and usual activities. A person with depression may also commonly experience some of the following: feeling tearful, irritable or tired most of the time, changes in appetite, and problems with sleep, concentration and memory.

People with depression typically have lots of negative thoughts and feelings of guilt and worthlessness; they often criticise themselves and lack confidence. Sometimes people with depression harm themselves, have thoughts about suicide, or may even attempt suicide. Occasionally a person with severe depression may have **hallucinations** and **delusions**. People with depression may have feelings of anxiety as well.

Depression may have no obvious cause, or it can be set off for a variety of reasons (such as physical illness, or difficult things that happened in the past or may be happening now, like bereavement, family problems or unemployment). Some people have what is called 'seasonal depression', which is linked to the change in seasons (usually occurring in winter when the days are shorter). People may have just one episode of depression. However, about half of people who have had an episode of depression will go on to have further episodes. Most people will feel better within 4 to 6 months of an episode of depression, while others experience symptoms for much longer.

Mild, moderate and severe depression

The terms mild, moderate and severe depression are used in this booklet to describe different levels of depression.

Mild depression is when a person has a small number of symptoms that have a limited effect on their daily life.

Moderate depression is when a person has more symptoms that can make their daily life much more difficult than usual.

Severe depression is when a person has many symptoms that can make their daily life extremely difficult.

A person may experience different levels of depression at different times.

Healthcare professionals may use different terms for depression, such as 'major depressive disorder' or 'clinical depression'.

Sometimes a person has very few symptoms of depression that don't affect their life too much in the short term but can do if they continue for a long time – 'dysthymia' is a term that is sometimes used when a person has very few symptoms lasting for 2 years or more. Treatments for mild to moderate depression (see pages 9–12) may be helpful for people with very few symptoms that are persistent.

What should happen when I first talk to a healthcare professional?

Your GP (or another healthcare professional) may ask you whether you have been bothered by feeling down, depressed or hopeless and/or by having little interest or pleasure in doing things in the past month. If your answers indicate that you may have depression, you should be offered an assessment. The assessment should be with someone experienced in treating people with mental health problems – this may be the person who asked you the questions.

Assessment

The assessment will enable your healthcare professional to identify whether you have depression. If you do, they will assess what level of depression you have (see box on page 4). They will also discuss with you which treatments would suit you best. They may ask you about:

- your thoughts, feelings and behaviour
- how long you have had your symptoms and how they are affecting your everyday life
- your relationships, and your living and working arrangements
- whether you have had depression or other mental health problems before – and, if so, whether any treatments were helpful.

You may be asked to answer a written questionnaire.

When assessing you, healthcare professionals should take account of any learning disabilities or other problems that may affect your ability to respond to questions.

Some people find it difficult to discuss their depression, so your confidentiality, privacy and dignity should be respected at all times.

Healthcare professionals should be aware of any sensitive issues relating to being diagnosed with depression and should build a relationship with you based on openness, trust, hope and optimism. They should explain the different ways in which depression develops. They should also discuss the treatments described in this booklet with you and explain that these can help people to recover from depression. You should also be told about self-help groups and support groups for people with depression.

Support for people who might harm themselves

You (and your family or **carer** if you agree) should be advised to look out for negative thoughts, changes in behaviour (such as avoiding social activities and contact with other people, or not looking after yourself properly), hopelessness, changes in mood and thoughts about suicide. This is particularly important during stressful periods or when you have just started a treatment. You should contact your GP or another healthcare professional if any of these occur and you are worried.

You should also be asked whether you have had thoughts about suicide or harming yourself. If you have, your healthcare professional should make sure you have support and give you information about where you can get further help. You should call your GP or another professional if you are not able to cope and your thoughts about suicide become more intense. They will offer you more help, and talk with you and/or see you more frequently. If there is a strong risk that you might harm yourself (or others), you may be referred to a specialist mental health service (see page 17).

Questions you might like to ask your care team

- Why am I being offered an assessment?
- Why have I been diagnosed with depression?
- What type of depression do you think I have?
- What does having depression mean for my health/daily life/work?
- Will I have to go into hospital?
- What could have caused my symptoms?
- How will my progress be monitored and who can I contact if my symptoms get worse?
- Will my diagnosis and treatment remain confidential?
- Are there any support organisations in my local area?

What are my rights regarding my treatment and care?

If you are concerned about not being able to make important decisions at any time (for instance, if you have severe depression or depression accompanied by hallucinations and delusions) you can write some instructions (called **advance statements** and **advance decisions**). The instructions say what treatments and other help you want and do not want to be given. For example, you may not want to be given a particular drug because of its side effects. Your healthcare professional should discuss your instructions with you and can help you to write them if needed. You (and your carer if you agree) should be given a copy of the instructions.

Who will provide my treatment?

Most people with depression are cared for by their GP. Your GP might involve other healthcare professionals, such as a nurse or a mental health worker, in your care. If treatment and support from a specialist mental health service would help you, you could be referred to a psychiatrist, psychologist or mental health nurse. But people who have specialist care usually continue to receive care from their GP as well. Very occasionally people with depression need to be admitted to hospital.

What treatments should I be offered?

Treatments for depression include **psychological treatments** and **antidepressants**. The decision about what type of treatment to have will depend on your preference and a number of other factors, including:

- whether your depression is mild, moderate or severe (see box on page 4)
- how long you have had depression
- whether you have had treatment for depression before and how helpful it was
- the possible side effects of treatments.

If you have a learning disability or other problem that may affect your understanding, you should be offered the same treatments as other people with depression. The treatment may be adapted to suit your needs.

If you have both depression and anxiety, you will be treated first for the one that causes you the most problems. Because treatments for anxiety and depression are similar, treatment for one condition can often help the other.

Once you have started treatment, your healthcare professional should check whether you are feeling anxious or agitated or having thoughts about suicide. They should make sure you know who to contact for help if you find these thoughts and feelings distressing. If you continue to feel restless or agitated, your treatment should be reviewed.

Questions about treatment

- Why have you decided to offer me this particular type of treatment?
- What are the advantages and disadvantages of this treatment?
- What will the treatment involve?
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- When should I start to feel better? What should I do if I don't start to feel better by then?
- What support should I be offered while I have this treatment?
- Are there any risks associated with this treatment?
- What other treatment options are there?
- Can you give me a leaflet explaining the treatment?
- Would it help to make changes to my current treatment?

Treatments for mild to moderate depression

Mild depression can sometimes get better by itself without treatment or by following advice from your GP (or other healthcare professional) on coping with problems and improving sleep. They should offer you advice on going to bed and getting up at regular times, not eating large meals or smoking or drinking alcohol just before going to bed, and taking regular exercise (as this can also improve sleep).

If you do not want treatment or if your healthcare professional thinks you may recover without it, you should be offered another appointment within 2 weeks to see how you are. Your healthcare professional should contact you if you miss this appointment.

Possible first treatments for mild to moderate depression include a self-help programme, a treatment called computerised cognitive behavioural therapy and a physical activity programme (exercise). These are described in the table on page 10. If you decide not to have these treatments or they are not available, you may be offered cognitive behavioural therapy (CBT for short) in a group with other people who have similar problems (see table on page 12).

Initial treatments for mild to moderate depression¹

What treatment have I been offered?	What does it involve?	How long does it usually last?
Self-help programme	A treatment in which a person works through a book, often called a self-help manual. A healthcare professional will provide support and check progress either face to face or by phone.	<ul style="list-style-type: none">Up to 6 to 8 sessions over 9 to 12 weeks.
Computerised cognitive behavioural therapy (CCBT)	A treatment based on cognitive behavioural therapy (CBT – see table on page 12). The person works through a computer programme that helps them understand depression and develop skills to deal with problems, including challenging negative thoughts and monitoring their own behaviour. A healthcare professional should provide some support, show the person how to use the programme and review their progress.	<ul style="list-style-type: none">Between 9 and 12 weeks.
Physical activity programme	A group exercise class.	<ul style="list-style-type: none">Three sessions a week (lasting 45 minutes to an hour) over 10 to 14 weeks.

¹ Where possible, treatment should be provided in your preferred language.

You should not usually be offered an antidepressant if you have mild depression. But sometimes it may help you – for example if:

- you still have depression after having the treatments described on pages 9 and 10 **or**
- your depression has lasted a long time **or**
- you have had moderate or severe depression in the past.

For more information about antidepressants, see the section on treatments for moderate or severe depression (pages 13–18).

Advice on St John's wort

St John's wort is a plant extract that can be bought from health-food shops, herbalists and pharmacies and is used by some people for depression. But your healthcare professional should not offer you St John's wort or advise you to take it, for the following reasons:

- the correct dose for depression is not clear
- different preparations vary in what they contain
- it can cause serious problems when taken with other medicines – particularly the contraceptive pill, **anticoagulants** or **anticonvulsants**.

If you would like more advice about St John's wort, ask your GP or pharmacist.

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your healthcare team.

Further treatment for mild to moderate depression

If self-help, computerised cognitive behavioural therapy and/or physical activity have not helped you, your healthcare professional should discuss with you whether to try either an antidepressant (see pages 13–16) or a psychological treatment.

Psychological treatments include one-to-one cognitive behavioural therapy (CBT) or interpersonal therapy. You may also be offered a treatment called behavioural activation. If you have a regular partner you may be offered behavioural couples therapy. For details of these treatments see the table on page 12.

If you decide not to have an antidepressant, CBT, interpersonal therapy, behavioural couples therapy or behavioural activation, you may be offered counselling or short-term psychodynamic psychotherapy (see table on page 12). However, your healthcare professional should explain that it is uncertain whether counselling or short-term psychodynamic psychotherapy are helpful for people with depression.

Psychological treatments for depression¹

What treatment have I been offered?

What does it involve?

Cognitive behavioural therapy (CBT)

CBT is based on the idea that the way we feel is affected by our thoughts and beliefs and by how we behave. People with depression tend to have negative thoughts (such as 'I am a failure'), which can lead to negative behaviour (such as stopping doing things that used to be pleasurable). CBT encourages people to engage in activities and to write down their thoughts and problems. It helps them to identify and counteract negative thoughts.

- Group CBT consists of a course of sessions run by two healthcare professionals in groups of 8–10 people.
- Individual CBT takes place in one-to-one sessions with a therapist.

How long does it usually last?

- Group CBT: 10 to 12 sessions over 12 to 16 weeks.
- Individual CBT: 16–20 sessions over 3 to 4 months. People with moderate or severe depression may have two sessions a week at the start of treatment. The treatment may be extended further in order to help people stay well.

Interpersonal therapy

A treatment which helps people with depression to identify and address problems in their relationships with family, partners and friends.

- Between 16 and 20 sessions over 3 to 4 months. People with severe depression may have two sessions a week for the first 2 to 3 weeks of treatment.

Behavioural activation

A treatment in which the person with depression and the therapist work together to identify the effect of behaviour on symptoms, feelings and problems. It encourages people to develop more positive behaviour, such as planning activities and doing constructive things that they would usually avoid doing.

- Between 16 and 20 sessions over 3 to 4 months. People with severe depression may have two sessions a week for the first 3–4 weeks of treatment. A further four sessions may be offered in the 3–6 months after the end of treatment.

Behavioural couples therapy

A treatment that enables couples to understand any links between their behaviour with each other and the symptoms of depression. The aim is to help couples develop a more supportive relationship.

- Between 15 and 20 sessions over 5–6 months.

Counselling

Counselling enables people to explore their symptoms and problems. Trained counsellors will not usually give advice, but will offer support and guide people to help themselves.

- Between 6 and 10 sessions over 8 to 12 weeks.

Psychodynamic psychotherapy

A treatment that is called 'dynamic' because it focuses on the different forces (or dynamics) that are present in a person's life and that may be causing them difficulties. The aim is to examine, understand and work through the dynamics and difficulties, which may have begun in childhood.

- Between 16 and 20 sessions over 4 to 6 months.

¹ Where possible, treatment should be provided in your preferred language.

Treatments for moderate or severe depression

If you have moderate or severe depression, you should be offered both an antidepressant and a psychological treatment – this should be either cognitive behavioural therapy (CBT) or interpersonal therapy (see table on page 12).

Taking an antidepressant

Choice of antidepressants

If you decide to start taking an antidepressant, your healthcare professional should discuss with you the different types of antidepressants, any possible side effects, and whether they can affect you if you are taking other medication or have a physical illness. They should also discuss with you any previous antidepressants you have taken and how well they worked.

You should usually be offered a type of antidepressant called a **selective serotonin reuptake inhibitor** (or SSRI for short) because they typically have fewer side effects than other types of antidepressants and are just as effective.

If you are offered a type of antidepressant called a non-reversible monoamine oxidase inhibitor (such as phenelzine), this should only be prescribed by a specialist mental health professional. You should not be offered an antidepressant called dosulepin because it is associated with an increased risk of heart problems.

Starting treatment

Your healthcare professional should discuss any concerns you have about your medication. For example, they should explain that:

- you will not crave antidepressants or need to take more of the medication to feel the same effect as time goes on
- the antidepressant might take some time to work
- you should follow carefully the instructions about taking your medication, even if you are not sure it is working at first
- you should continue with treatment even if you feel better
- you may experience side effects
- there is a possibility that the antidepressant may affect any other medication you are taking.

You should also be offered full written information about taking antidepressants.

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team in the first instance.

If you are aged 30 or over and are not considered to be at increased risk of suicide, your healthcare professional should usually see you 2 weeks after starting treatment. You should then be seen every 2 to 4 weeks for the first 3 months, with less frequent appointments after that if the treatment is working.

There are some concerns about how young people respond to antidepressants in the early stages of treatment. So if you are under 30 you should usually be seen 1 week after starting an antidepressant, and then as often as needed after that.

If you are thought to be at risk of suicide, you should be seen 1 week after starting an antidepressant and then as often as needed, whatever your age.

If you get side effects when you first start taking an antidepressant but they are not too distressing, your healthcare professional should monitor you closely. If you prefer, your medication may be stopped or you can try a different antidepressant. If you are anxious or agitated or not sleeping very well, you may be offered another medicine called a benzodiazepine to take as well as your antidepressant – although you shouldn't usually take this for more than 2 weeks.

Questions about antidepressants

- How long will it take before I start to feel better?
- How long will I have to take an antidepressant for?
- Are there any risks associated with this treatment?
- Will I become addicted to antidepressants?
- What are the side effects of this antidepressant?
- What should I do if I get any of these side effects?
- How long do the side effects last?
- Will it be easy to stop taking the antidepressant?

What happens if I don't feel better after taking an antidepressant?

If, at any stage of your antidepressant treatment, you have questions or you feel you are not getting better, you should go back and see your healthcare professional and discuss your concerns.

If you don't feel any better after 2 to 4 weeks, they should check that you have been taking the medicine as prescribed. If you have been taking the correct dose but there's little or no improvement after 3 to 4 weeks of treatment, they may discuss increasing the dose of your medication with you. But if you have had distressing side effects, or if you prefer, you may be offered a different antidepressant.

If your symptoms have still not improved after you have completed your course of antidepressants, your healthcare professional should arrange to see you more often to check how you are feeling. They will consider a range of options including trying a previous treatment again, increasing the dose of your medication or trying a different antidepressant. Changing antidepressants usually takes about a week; during this time you should be monitored carefully.

If you are offered two medicines to take together, this should usually be started under the care of a specialist. The specialist should advise you that there is a risk of having more side effects than if you were taking a single antidepressant. You should be monitored carefully. In addition to the first antidepressant you may be offered non-antidepressant medication, such as **lithium** or **antipsychotic medication**, or you may be offered another antidepressant (such as mianserin or mirtazapine).

If you are offered lithium, you should have blood tests to check your kidneys and thyroid before your treatment starts and every 6 months during treatment, and you may need to have an **electrocardiogram** (ECG for short) to check your heart. You should also have the lithium levels in your blood measured 1 week after starting lithium, every time the dose is changed and then every 3 months.

If you are taking antipsychotic medication you should have your physical health checked, including your weight, blood pressure, blood sugar levels and cholesterol levels. You should also be asked whether you have had any side effects.

You should not normally be offered buspirone, carbamazepine, lamotrigine, pindolol, valproate or thyroid hormones to take alongside your antidepressant because it's not clear whether these treatments can help people with depression. If your healthcare professional offers you one of these drugs, they should explain why they think it might help and should review the treatment with you after a short time to see if it is helping.

What happens if I don't feel better after either psychological treatment or medication?

If you have tried both psychological treatment and medication separately and they have not helped, you should be offered combined treatment with an antidepressant and cognitive behavioural therapy (CBT).

If you have tried various combinations of medicines or an antidepressant together with CBT and you don't feel better, you may be offered an appointment with a specialist service.

Stopping antidepressants

When it is time to stop taking your antidepressant, this should be done gradually over 4 weeks, although some drugs might need longer (such as paroxetine and venlafaxine). Fluoxetine can be stopped more quickly. You may have symptoms when you stop taking antidepressants or reduce the dose – these can include mood changes, restlessness, sleep problems, dizziness and stomach ache. Symptoms can also occur if you miss doses. These symptoms are usually mild and soon disappear. But they can sometimes be severe, especially if the antidepressant is stopped suddenly.

If you experience severe symptoms while your medication is being reduced or after you have stopped taking it, you should contact your healthcare professional. They might try you on your original dose, or try a similar antidepressant, before gradually reducing the dose again while monitoring your symptoms.

Is there any other support available?

If you have had severe depression for a long time and need extra support, you may be offered social support through a befriending service, as well as any treatment you are having. This should be provided by trained volunteers who will see you at least once a week for between 2 and 6 months. They will talk and listen to you, and offer practical advice and support.

If your depression has lasted a long time, you may need some help to regain your confidence and resume your usual activities, which may mean returning to work. For example, if you have been out of work for some time, your healthcare professional may offer you a place on a rehabilitation programme to help you address these difficulties.

Treatment and care for people who are referred to a specialist mental health service or hospital

People with severe depression who are worried about harming themselves or are at risk of doing so, have hallucinations or delusions, and/or need care from a team of professionals may be referred to a specialist mental health service.

Here your symptoms should be assessed and a member of your care team should discuss in detail with you any previous treatments you have had. They may also talk with you about different treatments you could try, or they may suggest a treatment that you have already tried if there is a reason that could explain why it did not work before.

Your specialist team should develop a 'care plan' with you so that you can receive the treatment and support that is most appropriate for you. It should identify the professionals who are responsible for different aspects of your treatment and care. You and your GP should be given a copy of the plan. The plan should include what should happen in a crisis (a situation where you need help urgently).

If you have severe depression and you and your healthcare professional feel that you are likely to harm yourself or you are finding it difficult to look after yourself, you may be advised to have treatment in hospital. If you need to stay in hospital for treatment, you should be offered the full range of psychological treatments (see page 12). Your healthcare professional should make sure that you can continue with the treatment once you leave hospital.

Crisis resolution and home treatment teams can help you to cope with a crisis and care for you after you leave hospital. They will visit you regularly and provide high levels of care and support to help you adjust to being at home.

Electroconvulsive therapy

A course of electroconvulsive therapy (ECT for short) is sometimes used as a treatment for severe depression if there is a risk to the person's life and urgent treatment is required, or for moderate or severe depression when all other treatments have not helped. ECT is always given in hospital under general anaesthetic and works by passing an electric current through the brain. The person may experience some loss of memory.

You should feel able to give your consent to treatment with ECT freely without feeling obliged or forced into making a decision. You should also be reminded that you can withdraw your consent at any time. Your healthcare professional should ideally involve your carer or advocate when discussing consent with you. If you are not well enough to give your consent, your healthcare professional should take into account any written instructions (such as advance decisions) you have made and your advocate or carer should be consulted.

You should be given full and clear information on how ECT works, and an explanation of the advantages and disadvantages. There are different types of ECT (called unilateral or bilateral ECT) and you should be given information about how they compare in terms of how well they work and their side effects.

Your health should be monitored after each session of ECT and the treatment should stop as soon as you feel better, or if the side effects outweigh the benefits. You should also have your memory and cognition (thought processes) assessed before the treatment starts, at least after every three to four sessions of ECT, and at the end of the course of treatment.

If a course of ECT has helped you, you should be offered an antidepressant or you should continue with any antidepressants you are already taking because this can help you to stay well.

If a course of ECT has not helped you, you should be offered another course only after all other possible treatments have been considered and your healthcare professional has discussed the advantages and disadvantages of treatment with you.

Treatment for people with seasonal depression

If you have depression that usually occurs in winter and gets better in the lighter months, your healthcare professional should offer you the same treatments (psychological treatment and/or antidepressants) as for other forms of depression. If you wish to try **light therapy** instead of the recommended treatments, your healthcare professional should advise you that it is unclear whether light therapy is helpful for people with depression.

How can I stay well in the future?

If an antidepressant has helped you, your healthcare professional should encourage you to continue taking it for at least 6 months after you feel better. This reduces the risk of your depression coming back. They should then discuss with you whether you need to stay on medication after this.

If you are at risk of becoming unwell again, or you have had depression several times in the past, your healthcare professional should advise you to continue taking antidepressants for at least 2 years. They should discuss with you whether you need to stay on medication after this. Depending on your preference and what treatments you have tried in the past, they should also discuss other possible options with you, including taking another medicine in addition to your antidepressant or having CBT.

If you have had depression several times in the past, and have found current treatment with an antidepressant and a second medicine to be helpful, your healthcare professional should advise you to continue to take this combination of medicines, as long as you are not having distressing side effects. If one medicine is stopped, it should be the second one. If you are offered lithium to help you to stay well, it should usually be in addition to an antidepressant, because healthcare professionals are not sure how well lithium works on its own for people with depression.

Psychological treatments can help you to stay well if there is a risk your depression may come back. You should be offered one-to-one CBT (see table on page 12) if you become unwell again or if your depression has improved but you still have some symptoms. You should be offered a treatment called **mindfulness-based cognitive therapy** if you are currently well but have had three or more episodes of depression in the past. This treatment usually takes place in groups and consists of eight weekly sessions lasting 2 hours each. A further four sessions may be offered in the 12 months after the end of treatment.

If you have talked to your healthcare team, and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS').

Information for families and carers

Families and carers can play an important part in supporting a person with depression, particularly if their symptoms are severe. If your family member or friend has depression, their GP or other healthcare professional should ask them whether they would like you to be involved in their care.

If your family member or friend agrees, you should be given information on depression and on how you can support them throughout treatment.

You can help your family member or friend by watching out for any negative thinking, changes in behaviour (such as avoiding social activities and contact with other people, or not looking after themselves properly), hopelessness, changes in mood and thoughts about suicide they may be experiencing. This is particularly important during very stressful periods or when their treatment is just starting or being changed.

As a carer, you may need help and support yourself. Healthcare professionals should give you information about local family and carer support groups and other voluntary organisations, and help you to make contact with them. Anyone with a caring role has the right to a **carer's assessment**.

Questions for families and carers

- How can I support a person with depression?
- Can you provide any information about depression?
- What should I do if I am concerned about my family member or friend?
- What support is available for family members and carers of a person with depression?
- Are there any local family or carer support groups?

Explanation of technical words and terms

Advance decision A legally binding document that states the treatments that a person (aged 18 or over) does not want to be given if they lose the capacity to make decisions about their treatment. There is more information on the NHS Choices website. Go to www.nhs.uk and search for 'advance decisions'.

Advance statement A general statement about a person's preferences for treatment and care. This should be used by healthcare professionals if the person loses the capacity to make decisions about their treatment and communicate their needs. Unlike advance decisions, advance statements are not legally binding.

Anticoagulant A medicine used to prevent blood clots.

Anticonvulsant A medicine used to treat epilepsy.

Antidepressant Medication used to treat depression. Antidepressants work by increasing the activity and levels of certain chemicals in the brain that help to lift a person's mood.

Antipsychotic medication Medication used primarily in the treatment of psychosis (the main symptoms of which are hallucinations and delusions). Some antipsychotics can also treat depression when taken with an antidepressant; examples of these include olanzapine, quetiapine, risperidone and aripiprazole.

Carer In this booklet we use 'carer' to mean a friend or family member who cares for someone with an illness or disability.

Carer's assessment An assessment by social services of a carer's physical and mental health and their needs in their role as a carer. Every person aged 16 years and older who cares for someone on a regular basis has the right to request such an assessment. There should be a written carer's plan, which is given to the carer.

Delusions Having fixed beliefs that are false but which the person believes in completely.

Electrocardiogram (ECG) A test to record the rhythm and activity of the heart.

Hallucinations Hearing voices and sometimes seeing things that are not there.

Light therapy A treatment for seasonal depression involving a device that can create artificial sunlight, such as a light box.

Lithium Medication used mainly in the treatment of a mental disorder called bipolar disorder (or manic depression) but which can also be used to treat moderate or severe depression in combination with an antidepressant.

Mindfulness-based cognitive therapy A psychological treatment that helps people with depression to become aware of negative thoughts and reduces the tendency to react to them. The aim is to encourage people to feel differently about their negative thoughts rather than to change the content of their thoughts.

Psychological treatment A general term used to describe meeting with a therapist to talk about feelings and thoughts and how these affect a person's life and well-being.

Selective serotonin reuptake inhibitor (SSRI) A type of antidepressant. Examples include citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline.

More information

The organisations below can provide more information and support for people with depression. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Depression Alliance, 0845 123 2320
www.depressionalliance.org
- Mental Health Foundation, 020 7803 1100
www.mentalhealth.org.uk
- Mind, 0845 766 0163 (Monday to Friday, 9.00am to 5.00pm)
www.mind.org.uk
- Rethink, 0845 456 0455
www.rethink.org
- SANE, 0845 767 8000 (6.00pm to 11.00pm)
www.sane.org.uk

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. You should also contact PALS if you are unhappy with the treatment you are offered, but you should talk about your care with a member of your healthcare team first. If your local PALS is not able to help you, they should refer you to your local independent complaints advocacy service. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of the guideline aimed at healthcare professionals are available at www.nice.org.uk/CG90

You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N2017).

A booklet called 'Treating depression in adults with a long-term physical health problem' is also available. To order printed copies, contact NICE publications (see above) and quote reference N2019.

The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.

We encourage NHS and voluntary organisations to use text from this booklet in their own information about depression.