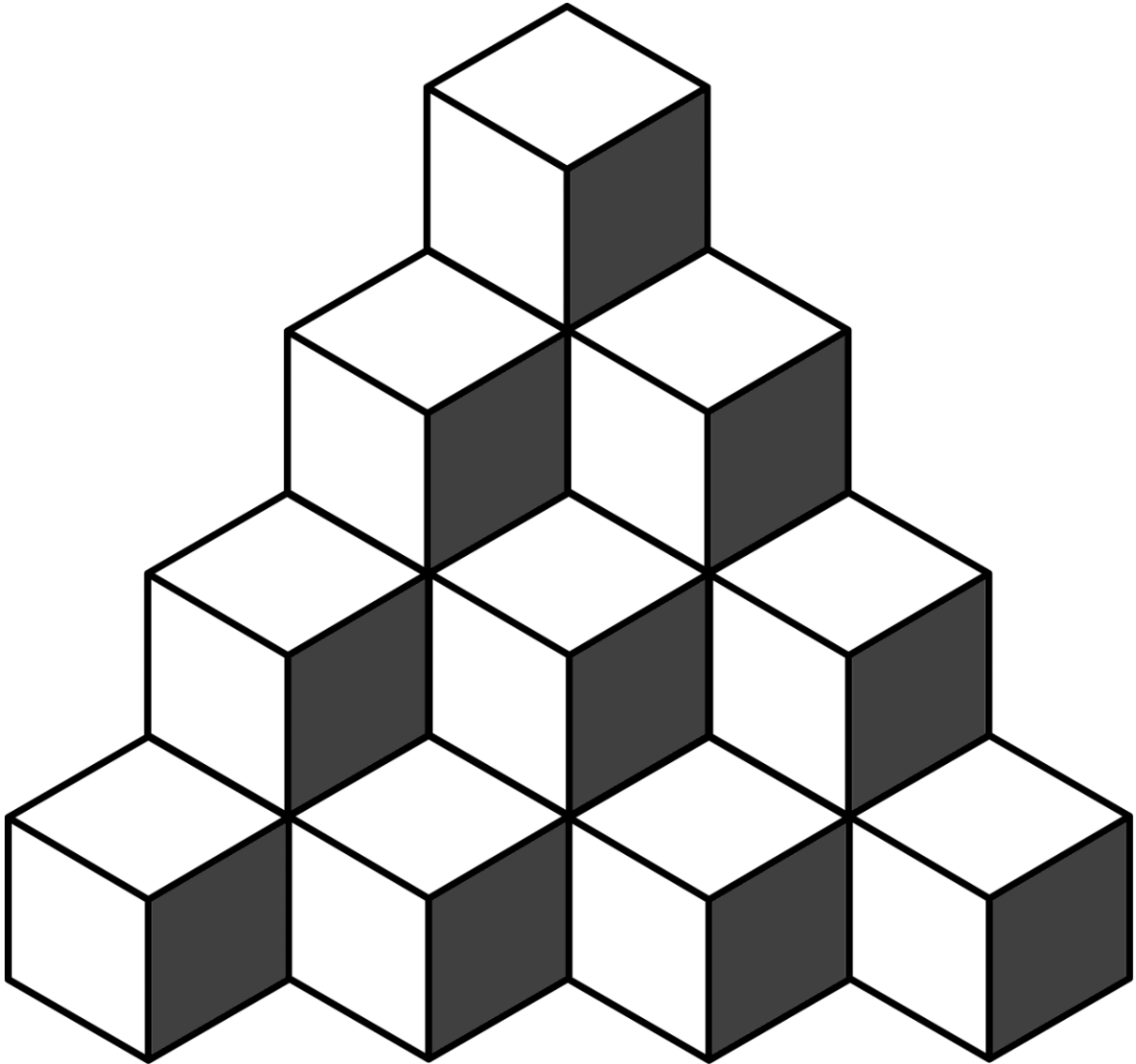


DEPRESSION

# DEPRESSION



# INFORMATION SHEET

# DEPRESSION

## Contents

What is depression?.....	3
What causes depression? .....	4
Am I depressed? .....	4
Treatments for depression .....	5
Acting opposite .....	6
Dealing with things .....	6
Spot the difference .....	7
Repairing or changing relationships.....	7
Avoiding alcohol and drugs.....	7
Self-help resources .....	7
Act now!.....	8
References .....	11

# DEPRESSION

## What is depression?



Depression is very common and can happen to men, women and children. Many successful and famous people battle with depression.

Some people still think depression is 'trivial', that it's somehow not a 'real' health condition. They're wrong.

Depression is not the same as 'sadness'. Depression is a real illness with real symptoms; it's not a sign of weakness, it's not something you can just 'snap out of'. People with depression can't just 'pull themselves together'.

A person suffering from depression may feel anxiety, despair, even physical pain. They may not be able to sleep or concentrate. They may have no energy, feel horrible shame or guilt and find no pleasure at all in life.

People with depression may shut themselves away from others, which often makes it harder for them to get help. Sometimes people with depression think about ending their life because everything seems hopeless.

**If you have thoughts of ending your life, please contact your GP or a health professional straight away.**

The good news is that with the right treatment and support, many people make a full recovery from depression.

# DEPRESSION

## What causes depression?

We don't know for sure, but it's likely to be a mixture of things. Our genes, our experiences and our outlook on life all play a part. Sometimes depression is triggered by things that happen to us, maybe a loss of some kind. Physical illnesses such as chest problems, chronic pain and diabetes can lead to depression too.

## Am I depressed?

To check if you might have depression, have a look at these two questions. They are from a questionnaire called the PHQ-2.

**Over the last two weeks, how often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
My total				

Add up your scores for the two questions. Your score will be somewhere between zero and six. If your score is three or more, you might have depression and might want to complete our slightly more in-depth depression assessment, the PHQ-9.

This won't give you a diagnosis – that's something only a qualified health professional can do – but it can give you a better idea about your symptoms.

# DEPRESSION

Don't worry about your results. We don't store them anywhere, so they're completely confidential to you.

## Treatments for depression

Antidepressants and talking therapies (counselling or psychotherapy) are very helpful and can be accessed through your GP. It's best to contact your GP early if you think you might be becoming depressed. Mindfulness can help too, especially if you have been depressed before.

There are many approaches to the treatment of depression. If at first you find one doesn't work, try different approaches until you find one that you feel comfortable with and that works for you. Remember to give each one a fair chance to work before trying another though.

The great majority of people with depression are treated by their GP. Often, antidepressants won't be your doctor's first choice, as talking therapies can be just as effective as tablets.

If you're prescribed antidepressants, they can take several weeks to work so don't give up hope. Sometimes they work best when taken for a longer time, and they shouldn't be stopped suddenly without medical advice.

Your first appointment with a GP can feel difficult, especially if you view depression as a weakness (which it isn't!) so it might be helpful to write down what you want to talk about before you go. Make a note of any questions or worries you might have. Some people find it helpful to take a friend or family member along.

Depression makes us feel alone and helpless, and it can be hard to summon the energy to get help. A simple 'phone call to your GP can get things moving and start you on the road to recovery.

# DEPRESSION

## Acting opposite

Depression makes us shut ourselves away and slows us down. It can be very hard, but keeping active and staying with people can be very helpful.

Remaining in work or returning to work might be very hard too, but can help us keep a sense of control. Keeping a normal daily routine is usually much better than withdrawing and staying in bed. We might feel like shutting ourselves away, but doing so can make things worse. Ask yourself, 'if I were to act opposite to how I feel, what would I do'? Make a note of your answer below.

## Dealing with things

Putting off problems can make them mount up. Are there things in your life you're putting off dealing with? Might an advocate or some extra support help? The Citizens Advice Bureau can help with a range of issues from housing to money worries. Doing things to address our problems relieves the burden and makes us feel 'in control' again.

Ask yourself, 'what small thing could I do today that would help me begin to feel better about myself?' Make a note of your answer below.

# DEPRESSION

## Spot the difference

Some days you might notice something, however small, that is positive – maybe a reduction in your symptoms, or a pleasant thought or memory – don't delay! Keep a notebook with you and write it down while you remember. Keep noticing the things that are light, optimistic and hopeful, however small or fleeting. Remind yourself of the positive things you noticed at the beginning and end of every day. You can make a start below if you like.

## Repairing or changing relationships

If you're struggling with a difficult relationship, or depression is causing problems in your relationship you can contact [Relate](#) (UK) or you could speak to your GP about other types of relationship counselling.

## Avoiding alcohol and drugs

Alcohol is a depressant – it lowers the mood. Other non-prescribed drugs can have similar effects and are best avoided. If you live in the UK and you think alcohol or drug use might be a problem, you can contact [Alcoholics Anonymous](#) on 0800 9177 650 or [Narcotics Anonymous](#) on 0300 999 1212.

## Self-help resources

There are many good books and websites that can help. Your GP, practice nurse or mental health practitioner will be able to recommend from a range of excellent and helpful material.

# DEPRESSION

## Act now!

The sooner treatment starts, the sooner you'll feel better! If you've been affected by anything you've read here, contact your GP now. Don't delay in seeking help. Depression sometimes lifts on its own, but why take the chance?

Speak with your GP or a health professional for extra information or to get on the road to recovery today.

## Disclaimer

This leaflet is for information only and should not be used for the diagnosis or treatment of medical conditions. We have used all reasonable care in compiling the information but make no warranty as to its accuracy. We recommend you consult a doctor or other health care professional for the diagnosis and treatment of medical conditions, or if you are at all concerned about your health.



# DEPRESSION

PHQ-9. Please read each statement and write a response which indicates how often you have been bothered by the following problems **over the last two weeks**. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

0 = Not at all    1 = Several days    2 = More than half the days    3 = Nearly every day

1	Little interest or pleasure in doing things	<input type="text"/>
2	Feeling down, depressed, or hopeless	<input type="text"/>
3	Trouble falling or staying asleep, or sleeping too much	<input type="text"/>
4	Feeling tired or having little energy	<input type="text"/>
5	Poor appetite or overeating	<input type="text"/>
6	Feeling bad about yourself, or that you are a failure or have let yourself or your family down	<input type="text"/>
7	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="text"/>
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	<input type="text"/>
9	Thoughts that you would be better off dead or of hurting yourself in some way	<input type="text"/>
10	If you identified any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?	<input type="text"/>
Total PHQ-9 score =		<input type="text"/>

# DEPRESSION

The maximum score on the PHQ-9 is 27, lower scores are better. Depression severity is calculated by assigning scores of 0, 1, 2 and 3, to the categories of: 'not at all'; 'several days'; 'more than half the days' and 'nearly every day' respectively. Only the first nine questions are scored by adding the scores of the individual items. The final question is not used in calculating any score or diagnosis; but rather provides an impression of symptom-related impairment. It is strongly associated with both psychiatric symptom severity and health-related quality of life. Scores of 5, 10, 15, and 20 represent cut-off points for 'mild', 'moderate', 'moderately severe' and 'severe' depression respectively.

0 - 5 = mild

6 - 10 = moderate

11 - 15 = moderately severe

16 - 20 = severe depression

Any score other than '0' for question 9 requires immediate follow-up.

# DEPRESSION

## References

Kroenke, K., Spitzer, R.L., Williams, J.B. (2003). The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care* (41) 1284-1294.

PHQ-9 from the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. PRIME-MD® is a trademark of Pfizer Inc. Copyright © 1999 Pfizer Inc. All rights reserved.

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