

# Depression

This factsheet explains the causes and symptoms of depression and how it's treated.

This information is for people affected by depression in England who are 18 or over. It's also for their carers, friends and relatives and anyone interested in this subject.

## Key Points.

- Signs of depression include feeling low, feeling bad about yourself, withdrawing from people and low motivation.
- Depression affects different people in different ways.
- If you think you might have depression, you can speak to your GP.
- Depression may be treated with talking treatments and medication. Self-help techniques, peer support groups and coping strategies can also help.
- Different things can lead to depression. Such as your genetics, upbringing, stressful events, and your lifestyle.
- Getting enough sleep, eating healthy foods and keeping active can help improve symptoms of depression.

### This factsheet covers:

1. [What is depression?](#)
2. [What are the symptoms of depression?](#)
3. [How is depression diagnosed?](#)
4. [What are the different types of depression?](#)
5. [What causes depression?](#)
6. [How is depression treated?](#)
7. [What treatment should I be offered through the NHS?](#)
8. [How do I work with my doctor to decide which treatment is best for me?](#)
9. [What if my symptoms don't improve?](#)
10. [What can I do to stop my depression from coming back?](#)
11. [What if I am not happy with my treatment?](#)
12. [What self-care and self-management skills can I try?](#)
13. [What risks and complications can depression cause?](#)
14. [Information for family, carers and friends](#)

## 1. What is depression?

Depression is a long-lasting mood disorder. It lasts for weeks or months, rather than just a few days.<sup>1</sup> It affects your ability to do everyday things, feel pleasure in activities, and can affect sleep and appetite.<sup>2</sup>

Everyone has ups and downs. Often people use the term 'depression' to describe feeling down or low. But not everyone will have depression.

Depression is:<sup>3</sup>

- a mental illness,
- common,
- something that anyone can get, and
- treatable.

Depression isn't:

- something you can 'snap out of',
- a sign of weakness,
- something that everyone experiences, or
- something that lasts forever.

People will experience different depression symptoms and at different intensity levels. For example, someone with mild depression may experience low mood and feel withdrawn for a long time. Someone with more severe depression may feel suicidal.<sup>4</sup>

Your doctor may offer you different treatments depending on how you describe your symptoms.

### How common is depression?

Depression can affect people of any age, including children. It is one of the most common mental illnesses. It affects about 1 in 6 of us.<sup>5</sup>

## 2. What are the symptoms of depression?

Some symptoms of depression are:<sup>6</sup>

- low mood, feeling sad, irritable, or angry
- having less energy to do certain things
- losing interest in activities you used to enjoy
- reduced concentration
- becoming tired more easily
- disturbed sleep and losing your appetite
- loss of self-confidence
- feeling guilty or worthless
- losing interest in sex

- weight loss
- thoughts and movements slowing down
- thoughts of self-harm or suicide.

The NHS recommends that you should see your GP if you experience any symptoms of depression for most of the day, every day, for more than 2 weeks.<sup>7</sup>

Low mood is the most common symptom associated with depression, yet you may still have depression without this symptom. For example, depression may present in older people as physical symptoms or a decline in their cognition, such as reduced concentration.<sup>8</sup>

The NHS website has a self-assessment test which can help you to assess whether you may be living with depression: [NHS Self Assessment \(assets.nhs.uk\)](https://assets.nhs.uk)

[Top](#)

### **3. How is depression diagnosed?**

Your doctor will ask you questions about how you are feeling and how long you have had symptoms for.

Doctors use diagnostic manuals, such as the International Classification of Diseases (ICD-11), to help them reach a diagnosis.

There are no physical tests for depression. But doctors may test your blood or urine to check if you have any physical problems. For example, an underactive thyroid or a vitamin B12 deficiency can cause depressive symptoms.<sup>9</sup>

[Top](#)

### **4. What are the different types of depression?**

You might have heard different terms used to describe depression. In this section we explain what some of these terms mean.

#### **What is clinical depression?**

Clinical depression is a common term for depression. People sometimes use 'clinical depression' if they have been diagnosed by a doctor.

#### **What is a depressive episode?<sup>10</sup>**

A 'depressive episode' is the formal name that doctors give depression when they make a diagnosis. They may say that you are going through a 'mild', 'moderate' or 'severe' episode.

#### **What is recurrent depressive disorder?<sup>11</sup>**

If you have repeated depressive episodes, you may have recurrent depressive disorder.

### **What is reactive depression?**

If your episode of depression is caused by a stressful event such as money worries, discrimination, or relationship breakdown you may have reactive depression.<sup>12</sup>

### **What is a depressive episode with psychotic symptoms?<sup>13</sup>**

Psychotic symptoms means that you may experience hallucinations or delusions alongside your depression. A hallucination means you might hear, see, smell, taste or feel things that others cannot. A delusion means that you might believe things that don't match reality.

See [Section 7](#), 'Treatment for psychotic depression' for more information.

### **What is dysthymia?<sup>14</sup>**

Your doctor might diagnose you with dysthymia if you have felt low for several years. But the symptoms aren't severe enough, or the episodes aren't long enough for a doctor to diagnose recurrent depressive disorder.

### **What is perinatal depression?**

You may experience mental health issues such as depression during pregnancy or in the year following birth.<sup>15</sup>

Having symptoms during your pregnancy is called antenatal, or prenatal, depression. Symptoms after childbirth is called postnatal, or postpartum, depression.

Perinatal depression is a common illness, which affects more than 1 in every 10 people.<sup>16</sup> Your partner can also experience postnatal depression.<sup>17</sup>

You are likely to experience the same depressive symptoms as the general population, but extra evidence that you may be dealing with perinatal depression is:<sup>18</sup>

- Excessive anxiety about your baby
- Low self-esteem, such as not feeling good enough to be a parent
- Not responding well to reassurance
- Not following plans to look after yourself and baby.

### **What is seasonal affective disorder (SAD)?<sup>19</sup>**

SAD affects you at the same time of year, usually in the winter. Some people may find they have symptoms in summer and feel better in winter.

The symptoms are similar to depression. But you may find that you sleep more rather than less, and gain weight due to carbohydrate cravings.

### **What is cyclothymia?<sup>20</sup>**

Your doctor might diagnose cyclothymia if you struggle with persistently unstable moods. You might have several periods of depression and

periods of mild elation. These periods of depression or elation are not severe enough or long enough to diagnose recurrent depression or bipolar disorder. Cyclothymia is more commonly associated with bipolar disorder than depression.

### **What is manic depression?<sup>21</sup>**

Manic depression is now called bipolar disorder. It is a different illness to depression. People with this illness have highs (mania) and lows (depression).

You can find more information about '**Bipolar disorder**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

## **5. What causes depression?**

No one knows what causes depression. It is thought to develop due to a complex mix of genetic, biological, environmental, and cultural factors.

### **Who is at higher risk of depression?**

You may be at a higher risk of developing depression if you:

- have issues such as stress, money worries, bereavement, relationship issues, social isolation, or history of child abuse<sup>22</sup>
- have sleep issues <sup>23</sup>
- don't exercise<sup>24</sup>
- have another mental health condition<sup>25</sup>
- have dementia<sup>26</sup>
- have a physical illness such as heart disease, or chronic pain<sup>27</sup>
- are taking certain medications<sup>28</sup>
- are part of the LGBT+ community<sup>29</sup>
- have a parent or sibling with depression<sup>30</sup>
- have a history of substance misuse<sup>31</sup>
- have recently had a baby<sup>32</sup>

For more information, please see our factsheets:

- Stress – how to cope
- LGBT+ and mental health
- Drugs, alcohol and mental health
- Does mental illness run in families

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Can my hormones cause depression?**

Changes in your hormones may cause depressive symptoms.

For example, you might find that your mood is affected in the weeks before your monthly period. This is called premenstrual syndrome (PMS).

Or you may have a mental health condition called premenstrual dysphoric disorder (PMDD). PMDD is similar to depression. It has similar symptoms of PMS, but the symptoms are more severe.<sup>33</sup>

You may find your mood is affected during the perimenopause or menopause. You may experience symptoms of depression.<sup>34</sup>

[Top](#)

## 6. How is depression treated?

The first step to getting treatment is often through your GP. If your GP thinks you have depression they will talk to you about suitable treatments.

You will decide together which treatment option works best for you.<sup>35</sup> Such as:

- [Talking therapies](#)
- [Couples' behavioural therapy for depression](#)
- [Guided self-help & digital therapy](#)
- [Physical exercise](#)
- [Antidepressant medication](#)
- [Light therapy](#)
- [Electroconvulsive therapy](#)
- [Brain stimulation](#)
- [Nerve stimulation](#)

### What are talking therapies?

Talking therapy is a general term to describe any psychological therapy that involves talking. You may also hear the terms counselling or psychotherapy used to describe talking therapy.

Therapy should offer you a safe, confidential place to talk through areas in your life which are difficult for you. Talking with someone who is trained to listen and ask questions can help you to improve how you are feeling and move forwards.

Talking therapy can take place face to face, over the phone, by video call or online. Tell your therapist if you prefer how your therapy is delivered.

There are different types of talking therapy that you might be offered. The type of therapy you are offered may depend on your symptoms, treatment availability and your preference.

See [Section 7](#) for more information about different talking therapies available for depression.

## How can I access talking therapies?

You can:

- Contact your local NHS talking therapies service directly to access talking therapy for mild to moderate symptoms
- Ask for a referral through your GP
- Search for a private counsellor
- Search for a charity providing free or low cost therapy
- Contact your Employee Assistance Programme, if your employer pays for this service
- Contact student services, if you are a student

You can find more information about the different types of talking therapy and how to access them through our factsheet '**Talking therapies**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **What is couples' behavioural therapy for depression?**<sup>36</sup>

Couples' behavioural therapy is a talking therapy. It should be considered for you if:

- your relationship could be contributing to your depression, or
- it would be helpful for you to have your partner involved in your treatment.

You should be given 15 – 20 sessions over 5 to 6 months.

### **What is guided self-help & digital therapy?**<sup>37</sup>

Guided self-help helps you to think about how your thoughts, beliefs, feelings, and behaviour all affect each other. It gives coping skills for how to manage areas of your life.

You will work through digital or printed resources alone. But you will have regular support from a practitioner. Support can be delivered in person, by telephone or online.

Your treatment will be made up of:

- cognitive behavioural therapy,
- structured behavioural activation,
- problem solving, or
- psychoeducation.

This type of treatment may suit you if you:

- need more flexibility due to other commitments,
- have access to a computer,
- prefer digital therapy,

- have self-motivation, and
- are willing to work alone for some of your treatment.

### **What is an antidepressant?<sup>38</sup>**

Antidepressants are a type of medication. Your doctor might offer you an antidepressant to help reduce your symptoms.

You may need to try different types of medication before you find one that works for you.

Antidepressants can have side effects. They can also affect other conditions you have or other medicines you are taking.

Your doctor should discuss side effects with you. They should also discuss any concerns you have about taking or stopping the medication.

Talk to your doctor before you stop taking medication. Stopping suddenly can cause problems.

If you do not want to take antidepressants, tell your doctor, you can discuss other options.

You can find more information about '**Antidepressants**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **How can physical exercise help?<sup>39</sup>**

Regular exercise, especially if it is outdoors, can help improve your mood. Talk to your GP if you are interested in trying exercise.

GP surgeries can put you in touch with a trained practitioner who will deliver group sessions.

There will usually be 8 people in the session alongside you. The programme should run for 10 weeks. You should have at least 1 session per week.

This programme is sometimes called 'exercise on prescription'.

It can also be a way to meet new people and offer peer support.

You can read more about exercise and self-care in [Section 12](#) of this factsheet.

### **What is light therapy?**

If your depression gets worse in the winter, you may want to try light therapy instead of talking therapies or medication.

But it's unclear how effective light therapy is for depression.<sup>40</sup>

## **What is electroconvulsive therapy (ECT)?**

Electroconvulsive therapy (ECT) is a treatment sometimes used to treat severe depression.

During the procedure an electrical current is briefly passed through your brain while you are under general anaesthetic. You will not be awake during the procedure.<sup>41</sup>

You may be offered ECT if it is your preferred treatment option or no other treatments have worked.<sup>42</sup>

You may be given ECT if your depression is life-threatening, and treatment is needed as soon as possible.

You can find more information about '**Electroconvulsive therapy (ECT)**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## **What is brain stimulation for depression?**

Brain stimulation treatments may be offered to you if you have not responded to other treatment options or medication is not suitable for you.

### Repetitive transcranial magnetic stimulation & Transcranial direct current stimulation.

These non-invasive treatments use:

- electromagnetic coils to stimulate specific areas of your brain,<sup>43</sup> or
- weak electrical currents to stimulate your brain<sup>44</sup>

You are awake during the 20-30-minute procedures, with daily sessions for 2-6 weeks.

There is not a lot of evidence for how these treatments work for depression, the benefits vary for people. But there are no major safety concerns.<sup>45,46</sup>

### Vagus nerve stimulator<sup>47</sup>

The aim of this treatment is to improve mood by sending signals to your brain through the vagus nerve. You will have a small procedure to have the nerve stimulator implanted.

It is unclear how effective this treatment is. There are concerns about complications.

## **How can complementary or alternative therapies help?**

Complementary treatments may help improve your wellbeing and may help with side effects. They can include aromatherapy, acupuncture, massage, and yoga.

Complementary treatments are not part of mainstream healthcare.

You can find more information about '**Complementary and alternative treatments for mental health**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

## 7. What treatment should I be offered through the NHS?

Your doctor should consider depression guidance from National Institute of Health and Care Excellence (NICE) when discussing your treatment options with you.<sup>48</sup>

NICE recommend that depression is treated differently depending on your symptoms and other mental or physical health conditions:

### Treatment for a new episode of less severe depression

Treatment options recommended by NICE guidelines are:

- [Guided self-help & digital therapy](#)
- [Group physical exercise](#)
- [Couples behavioural therapy for depression](#)
- [Antidepressant medication](#)
- Group or individual cognitive behavioural therapy (CBT)
- Group or individual behavioural activation (BA)
- Group mindfulness and meditation
- Interpersonal psychotherapy (IPT)
- Counselling
- Short-term psychodynamic psychotherapy (STPP)

Your doctor should not offer you antidepressants as the main treatment for less severe depression, unless this is your preferred treatment.<sup>49</sup>

You can find more information about the different types of talking therapies listed above in '**Talking therapies**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### Treatment for a new episode of more severe depression<sup>50</sup>

Treatment options recommended by NICE guidelines are:

- A combination of individual cognitive behavioural therapy (CBT) and antidepressant medication
- Individual CBT
- Individual behavioural activation (BA)
- Antidepressant medication
- Individual problem-solving therapy sessions
- Counselling
- Short-term psychodynamic psychotherapy (STPP)
- Interpersonal psychotherapy (IPT)

- [Guided self-help support](#)
- [Group physical exercise](#)
- [Electroconvulsive therapy \(ECT\)](#)
- [Couples behavioural therapy for depression](#)

You can find more information about the different types of talking therapies listed above in '**Talking therapies**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Treatment for depression with personality disorder**

You should be offered treatment for depression if you also have a diagnosis of personality disorder. Treatment should not be withheld.<sup>51</sup>

Your doctor should consider offering you antidepressant medication and a form of talking therapy.

The treatment should be given in a multidisciplinary setting. This means that professionals with different expertise will work together to meet support needs you may have. Treatment can be given for up to 1 year.<sup>52</sup>

Your doctor should consider referring you to a specialist personality disorder treatment programme if they have not done so already.<sup>53</sup>

You can find more information about '**Personality disorders**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Treatment for psychotic depression<sup>54</sup>**

Psychotic depression means that you have depression with psychotic symptoms.

Your doctor should offer to refer you to specialist mental health services for treatment and support.

Once referred you should:

- be offered joined up support from different health professionals with different areas of expertise to support your needs, and
- be offered talking therapies once your psychotic symptoms improve.

You may be offered antipsychotic medication with antidepressant medication.

If you don't want to take both medications, you should be offered the antidepressant medication on its own.

You can find more information about '**Psychosis**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## Treatment for low mood due to perimenopause or menopause

Symptoms of perimenopause or menopause are similar to symptoms of depression.<sup>55</sup> But they are different and should be treated differently.

If you don't have an existing diagnosis of depression, there is no evidence that antidepressant medication helps reduce low mood for peri and menopausal people.<sup>56</sup>

Your doctor should consider offering the following to help with symptoms such as low mood and anxiety:<sup>57,58</sup>

- Hormone replacement therapy (HRT)
- Cognitive behavioural therapy (CBT)

[Top](#)

## 8. How do I work with my doctor to decide which treatment is best for me?

Your doctor should talk to you about the following when considering treatment options for you:<sup>59</sup>

- what, if anything, you think may be causing your depression
- if you have had depression before
- if you have any treatment preferences
- if there is anything that would help you to engage with treatment
- what you would like to gain from treatment

Your doctor should discuss your treatment options with you. They should explain:<sup>60</sup>

- the treatments recommended in the NICE guideline,
- how they will be delivered, and
- where they will be delivered.

They will also deal with anything that may make treatment more difficult for you to access. Such as disability, language, or other communication needs.<sup>61</sup>

You can:<sup>62</sup>

- decline any treatment offered to you
- change your mind once your treatment has started
- attend some or all of your treatment with a friend or family member
- express a preference for the gender of the healthcare professional delivering treatment
- ask to see a professional that you have a good relationship with
- ask to change professional if the relationship is not working

You should reach a shared decision with your doctor on your treatment plan based on your clinical needs and treatment preferences.<sup>63</sup>

If there is a waiting list to start treatment, your doctor should:<sup>64</sup>

- tell you how long the wait is likely to be,
- keep in regular touch with you while you wait,
- make sure you understand how to get help if your depression gets worse,
- make sure that you know who to contact for updates on the waiting time,
- think about giving you self-help support, and
- think about ways to deal with social support issues. Such as putting you in touch with social services or a social prescriber.

Your doctor should offer you a follow-up appointment between 2 - 4 weeks after starting any treatment.<sup>65</sup>

### **What is a social prescriber?**

Social prescribing uses non-medical options to help improve your wellbeing.

You can talk to your GP about being referred to a social prescriber, also known as a link worker. Link workers aren't yet available in all areas of the country. The NHS say there will be more link workers in place by 2024.<sup>66</sup>

A link worker will work with you to find out what is important to you.<sup>67</sup> They can connect you with local support such as:

- activity groups,
- support groups,
- services, such as charities, and
- social services.

[Top](#)

## **9. What if my symptoms don't improve?**

If your depression has not improved after 4 to 6 weeks of treatment your doctor should offer 'further-line treatment' as follows:<sup>68</sup>

- Discuss with you any reasons that could explain why the treatment is not working. Such as problems with medication side effects or missing sessions with a therapist. You should come to a shared decision about how to deal with any issues raised.
- Consider any other conditions you might have that could be affecting why the treatment is not working.
- Reassure you that although treatment has not worked, other treatments can be tried. A decision on treatment offered should be based on clinical need and your preference.
- Consider involving specialist services in your treatment planning.

- Consider referring you to a specialist mental health team or consultant if you want to try a combination of different medications. The side effects should be discussed with you before making the referral.

### **How are chronic depressive symptoms treated?<sup>69</sup>**

If you have had symptoms of depression for at least 2 years you may have chronic depression. You may, or may not, have had treatment for your depression.

If you have not had any treatment, your doctor should offer you:

- cognitive behavioural therapy (CBT),
- medication, or
- a combination of CBT and medication.

If you have already had some treatment, your doctor should consider:

- cognitive behavioural therapy (CBT) that focuses on chronic depressive symptoms. And also covers avoidance, rumination, and relationship difficulties.
- [further line treatment options](#). As above.
- extra social and vocational support. Such as befriending, or a rehabilitation programme if your depression has meant you are unable to work or have withdrawn from social activities over a long period.
- referring you to specialist mental health services, or
- talking to you about coming off medication if you have been on it for a long time and it is not helping.

You can find more information about ‘**NHS mental health teams**’ at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

### **10. What can I do to stop my depression coming back?<sup>70</sup>**

Continuing treatment after your symptoms have improved or gone away may help to keep you well.

Practicing self-care may also help to keep you well. See [Section 12](#).

Your depression may be more likely to come back again if:

- you have a history of depression, or your depression has come back in the past,
- you have other physical or mental health problems,
- your coping techniques are not helping you, or
- you are still dealing with personal, social, and environmental factors linked to your depression. Such as relationship issues or unemployment.

Talk to your GP about continuing talking therapies or medication. Risks of continuing treatment long term should be discussed with you.

If you decide to continue with medication, it should be reviewed every 6 months.

If you don't want to continue with medication your doctor may suggest group cognitive behavioural therapy (CBT) or mindfulness-based cognitive therapy (MBCT).

You should reach a shared decision about your treatment based on your clinical need and preferences.

### **How can group CBT or MBCT help?**

Group CBT or MBCT can be helpful to stop depression from returning. This is known as relapse.<sup>71</sup>

MBCT combines mindfulness techniques like breathing exercises and meditation with cognitive behavioural therapy.<sup>72</sup>

You should be given 8 sessions over 3 months. You should have the option to have more sessions in the following 12 months.

[Top](#)

## **11. What if I am not happy with my treatment?**

If you are not happy with your treatment you can:

- talk to your doctor to see if they can suggest changes,
- get an advocate to help you speak to your doctor,
- ask for a second opinion if you feel it would help,
- ask for an individual funding request,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below.

### **Advocacy**

An advocate is independent from the NHS. They are free to use. They can be useful if you find it difficult to get your views heard.

There are different types of advocates available. Such as:

- **Community advocates.** They can support you to get a health professional to listen to your concerns. And help you to get the treatment that you would like. They aren't available in all areas.
- **NHS complaints advocate.** They can help you make a complaint. They are free to use and don't work for the NHS. They're available in all areas.

You can search online for a local advocacy service. If you can't find a service, you can contact our advice service. We will look for you.

You can find more information about '**Advocacy**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Second opinion**

Talk to your doctor about your issue to see if you can resolve the problem with them first. If you don't agree with their decisions about diagnosis or treatment, you could ask for a second opinion. You are not legally entitled to a second opinion, but your doctor might agree to it if it would help with treatment options.

You can find more information about '**Second opinion**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **Individual funding request**

If you believe that you will benefit from a treatment or service which is not routinely offered by the NHS, you can ask your doctor to make an individual funding request.

Your doctor should make the request if they believe that your situation is very different to other patients with the same condition.

You can find more information in '**NHS Treatment – Your Rights**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **'PALS'**

The Patient Advice and Liaison Service (PALS) at your NHS trust can help to resolve problems or issues you have with an NHS service.

You can find your local PALS' details at [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

### **Complaints**

It is best to try and solve the problem with the team or doctor first. If this does not help you can make a formal complaint. If you are unhappy with their response, you can take your complaint to the Parliamentary and Health Service Ombudsman.

An NHS complaints advocate can help you make a complaint against an NHS service.

You can find more information about '**Complaining about the NHS and social services**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

## 12. What self-care and management skills can I try?

Self-care is how you take care of yourself. Such as how you manage your diet, exercise, daily routine, and relationships. Daily activities and interactions with people can affect how you are feeling.

### How can my diet affect my mood?

Our diet affects both our physical and mental health. There is growing evidence that the food you eat can impact the development, management, and prevention of certain mental health conditions such as depression.<sup>73</sup>

Depression can cause you to eat less or eat more. Eating more as a way of managing emotions is commonly referred to as 'comfort eating'. The foods that you are more likely to want to comfort eat are high-fat and high-sugar.<sup>74</sup>

To manage your diet you can:<sup>75</sup>

- eat regular meals
- eat a healthy balance of fat and reduce the amount of trans-fat you eat
- eat protein as part of every meal
- eat fruit, vegetables, and wholegrains
- eat oily fish such as salmon, mackerel, herring, or trout
- drink 6-8 glasses of water per day
- limit your caffeine in drinks such as tea, coffee, or fizzy drinks
- limit the amount of alcohol you drink

You should not regularly drink more than 14 units of alcohol a week. This is the equivalent of 6 pints of average strength beer or six 175ml glasses of average strength wine. This is to help keep the risks and effects from alcohol low.<sup>76</sup>

If you have depression, making these changes may not have an instant impact on your mood. But can be important for long-term recovery.

### How can exercise help my mood?

Exercising regularly can help your mood.<sup>77</sup> It can also help if you have problems sleeping. Getting proper sleep is important for your mental health.

You can exercise any way you like, as long as it safely increases your heart rate and makes you breathe faster.

How much you can do depends on your age, physical health, and fitness. If you do not exercise already, start with small amounts and fit this into your daily routine. Set yourself achievable goals.

Talk to your GP about [exercise on prescription](#). You can also download the NHS's Couch to 5K app to support a gradual increase in exercise.<sup>78</sup>

Some other ideas are listed below.

- **Walking, jogging or playing sport:** You could get a pedometer or an app that counts your steps. Slowly challenge yourself to walk more steps and reach a personal goal.
- **Gardening or outdoor activities:** There may be a local NHS or charitable gardening scheme in your area. Ask your GP, social prescriber, volunteering services or social services. You can check your area on 'The Conversation Volunteers' website to see if there are any projects in your area. Their details are in [Useful Contacts](#) at the end of this factsheet.
- **Gym:** As well as indoor gyms, there are free 'green gyms' all across the country. See 'The Conversation Volunteers' website for more details in the [Useful Contacts](#) section.

You can find more information about **Physical health and mental illness** on our website: <https://bit.ly/3D5aKGc>

#### Can medication cause weight gain?

Some mental health medication, such as antipsychotic medication, can cause weight gain. Looking after your diet and having regular exercise can help to manage your weight.

Speak to your GP if you have concerns about medication-related weight gain.

#### **How can relationships help my mood?**

Strong social networks can help towards a good quality of life. Support from friends and family can be important to support and maintain your mental health recovery.<sup>79</sup>

If you are socially isolated, you are at a higher risk of developing depression.

There are different ways to connect with people and build relationships such as through:

- Local schemes, see our useful contacts section
- Volunteering, see our useful contacts section
- Social apps, such as Meet-Up
- Talking to a [social prescriber](#), GP, support worker or social worker
- Joining a support group

#### **What is a support group?**

Support groups are where people with similar issues share experiences with each other and get mutual support.

You can search for local mental health support groups online or on the links below:

- **Rethink Mental Illness:** [www.rethink.org/about-us/our-support-groups](http://www.rethink.org/about-us/our-support-groups)
- **Local Minds:** [www.mind.org.uk/about-us/local-minds](http://www.mind.org.uk/about-us/local-minds)

[Top](#)

### 13. What risks and complications can depression cause?

Having depression can cause other problems in your life. For example, depression may cause:<sup>80</sup>

- disturbed sleep
- aches and pains
- low sex drive
- difficulties with work
- money issues
- difficulties keeping in contact with friends and family
- suicidal thoughts or thoughts of self-harming
- substance abuse

If you have any of these problems, speak to your GP.

You can find more information about:

- Suicidal thoughts – how to cope
- Work and mental illness
- Drugs, alcohol and mental health
- Sleep

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

You can find more information about managing money worries on the **Mental Health and Money Advice** website.

[www.mentalhealthandmoneyadvice.org/en/](http://www.mentalhealthandmoneyadvice.org/en/)

[Top](#)

### 14. Information for family, carers, and friends

You can get support if you are a carer, friend, or family member of someone living with depression.

You can get your own support from local carers services. Carers services are free to use and available in most areas. They can often help with emotional and practical issues such as:

- Finding local carer support groups

- Helping you to apply for carers benefits
- Helping you with a carers assessment from your local authority

### Support groups

You can also search for local groups in your area online or ask your GP to help.

### Welfare benefits

Being a carer might mean you can claim certain benefits that might help you and the person you care for.

For more information, please see the Mental Health and Money Advice services website:

[www.mentalhealthandmoneyadvice.org/en/welfare-benefits/what-benefits-are-available-for-mental-health-carers/](http://www.mentalhealthandmoneyadvice.org/en/welfare-benefits/what-benefits-are-available-for-mental-health-carers/)

### Support from the local authority

You can ask your local authority for a carer's assessment if you need practical social support to help care for someone.

You can find more information about '**Carers assessments**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

### **How can I support the person that I care for?**

As a carer you should be involved in decisions about treatment and care planning. But only if the person you support wants you to be involved.

You might find it easier to support someone with depression if you understand their symptoms, treatment, and self-management skills.

Below are some initial suggestions for providing practical day-to-day support to someone with depression.

- Offer them emotional support by being a non-judgemental listener. You don't need to offer solutions.
- If appropriate, remind them that treatment is available and offer reassurance.
- Remember that depression is an illness, people can't 'snap out of it'.
- You could find out about self-help or support groups in their area.
- Encourage them to focus on self-care such as exercise, nutrition, and sleep. You could invite them out on walks or help them do things they used to enjoy.
- If they are choosing unhealthy coping techniques, such as alcohol, suggest different self-care options. Alcohol can

alleviate symptoms short term but make symptoms worse in the longer term.

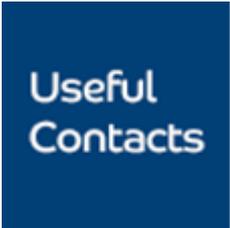
- Keep a note of changes in their medication, or their condition. This may help the person you care for in medical appointments.
- Encourage them to make a crisis plan.
- Take them seriously if they are feeling very unwell and are thinking about hurting themselves. Encourage them to get professional help. Don't leave them alone if there is immediate risk.
- Keep details of any useful contacts such as their doctor or urgent mental health line. [www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/](http://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/)

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a crisis
- Suicidal thoughts – how to support someone
- Responding to unusual behaviour
- Confidentiality and information sharing

at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

[Top](#)

A dark blue square containing the text 'Useful Contacts' in white, sans-serif font. The text is arranged with 'Useful' on the top line and 'Contacts' on the bottom line.

### **Mood Swings Network**

This service provides a range of services for people affected by a mood disorder such as depression, including their family and friends.

**Telephone:** 0161 832 3736

**Address:** 36 New Mount Street, Manchester, M4 4DE.

**Email:** [info@moodswings.org.uk](mailto:info@moodswings.org.uk)

**Website:** [www.moodswings.org.uk](http://www.moodswings.org.uk)

### **The Conservation Volunteers**

This organisation helps people to get involved in local conservation projects and has Green Gyms.

**Telephone:** 01302 388 883

**Address:** The Conservation Volunteers, Sedum House, Mallard Way, Doncaster, DN4 8DB

**Email:** [information@tcv.org.uk](mailto:information@tcv.org.uk)

**Website:** [www.tcv.org.uk](http://www.tcv.org.uk)

**Do-IT**

This is an organisation that supports people to get into volunteering across the country.

**Website:** <https://doit.life/volunteering>

**Pandas Foundation**

This organisation provides advice and support for people struggling with pre- and postnatal depression.

**Telephone:** 0808 1961 776

**Address:** The Fort, Artillery Business Park, Park Hill, Oswestry, SY11 4AD.

**Email:** [info@pandasfoundation.org.uk](mailto:info@pandasfoundation.org.uk)

**Website:** [www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)

**Cruse Bereavement Care**

This organisation provides support for people struggling with bereavement. They offer support by telephone and in local centres across the country.

**Telephone:** 0808 808 1677

**Email:** [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

**Website:** [www.cruse.org.uk](http://www.cruse.org.uk)



Further  
Reading

**Counselling Directory**

This website has lots of information about depression and other self-help resources.

**Website:** [www.counselling-directory.org.uk/depression.html](http://www.counselling-directory.org.uk/depression.html)

**Northumberland, Tyne and Wear NHS Foundation Trust**

This NHS trust has produced a self-help guide for Depression and Low mood.

**Website:** <https://web.ntw.nhs.uk/selfhelp/>

**Overcoming**

This website has information on self-help guides you can buy for a range of different conditions. They are not free resources, but you can read reviews of different books here. You may be able to get some of the books cheaper if you buy them second hand.

**Telephone:** 0720 3122 7000

**Email:** [overcoming@littlebrown.co.uk](mailto:overcoming@littlebrown.co.uk)

**Website:** [www.overcoming.co.uk](http://www.overcoming.co.uk)

## Online cognitive behavioural therapy (CBT) resources

This website is from the NHS. It has a selection of different resources that can help with depression.

**Website:** [www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx](http://www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx)

[Top](#)

## References

- <sup>1</sup> NHS Choices. *Clinical Depression - Symptoms*. [www.nhs.uk/mental-health/conditions/clinical-depression/overview/](http://www.nhs.uk/mental-health/conditions/clinical-depression/overview/) (accessed 23<sup>rd</sup> June 2023).
- <sup>2</sup> World Health Organisation. *Depression*. [www.who.int/health-topics/depression#tab=tab\\_1](http://www.who.int/health-topics/depression#tab=tab_1) (accessed 23<sup>rd</sup> June 2023).
- <sup>3</sup> NHS Choices. *Clinical Depression - Overview*. [www.nhs.uk/mental-health/conditions/clinical-depression/overview/](http://www.nhs.uk/mental-health/conditions/clinical-depression/overview/) (accessed 27<sup>th</sup> July 2023).
- <sup>4</sup> NHS Choices. *Clinical Depression - Overview*. [www.nhs.uk/conditions/clinical-depression/](http://www.nhs.uk/conditions/clinical-depression/) (accessed 23<sup>rd</sup> June 2023).
- <sup>5</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. Information for the public. <https://www.nice.org.uk/guidance/ng222/informationforpublic> (accessed 23<sup>rd</sup> June 2023).
- <sup>6</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F32*. <https://icd.who.int/browse10/2019/en#/F32> (accessed 23<sup>rd</sup> June 2023).
- <sup>7</sup> NHS. *Diagnosis - Clinical Depression*. [Diagnosis - Clinical depression - NHS \(www.nhs.uk\)](http://www.nhs.uk) (accessed 23<sup>rd</sup> June 2023).
- <sup>8</sup> NICE. *Risk factors for depression*. <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 6<sup>th</sup> July 2023).
- <sup>9</sup> NHS. *Diagnosis - Clinical Depression*. [www.nhs.uk/conditions/clinical-depression/diagnosis/](http://www.nhs.uk/conditions/clinical-depression/diagnosis/) (accessed 23<sup>rd</sup> June 2023).
- <sup>10</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F32* <https://icd.who.int/browse10/2019/en#/F32> (accessed 23<sup>rd</sup> June 2023).
- <sup>11</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F33.0-F33.9*. <https://icd.who.int/browse10/2019/en#/F32> (accessed 7<sup>th</sup> July 2023).
- <sup>12</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F33*. <https://icd.who.int/browse10/2019/en#/F33> (accessed 7<sup>th</sup> July 2023).
- <sup>13</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F32.3*. <https://icd.who.int/browse10/2019/en#/F32.3> (accessed 7<sup>th</sup> July 2023).
- <sup>14</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F34.1*. <https://icd.who.int/browse10/2019/en#/F34.1> (accessed 7<sup>th</sup> July 2023).
- <sup>15</sup> NHS England. *Perinatal Mental Health*. <https://www.england.nhs.uk/mental-health/perinatal/> (accessed 31<sup>st</sup> July 2023)
- <sup>16</sup> NHS. *Perinatal Mental Health*. <https://www.esht.nhs.uk/service/maternity/your-pregnancy/perinatal-mental-health/> (accessed 28<sup>th</sup> July 2023)
- <sup>17</sup> NHS. *Overview – Postnatal depression*. <https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/> (accessed 7<sup>th</sup> July 2023).
- <sup>18</sup> Mayo Clinic. *Depression during Pregnancy*. <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/depression-during-pregnancy/art-20237875> (accessed 28<sup>th</sup> July 2023)

- 
- <sup>19</sup> NHS Choices. *Seasonal affective disorder (SAD) - Overview*. [www.nhs.uk/mental-health/conditions/seasonal-affective-disorder-sad/overview/](http://www.nhs.uk/mental-health/conditions/seasonal-affective-disorder-sad/overview/) (accessed 7<sup>th</sup> July 2023).
- <sup>20</sup> World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode. F34.0*. <https://icd.who.int/browse10/2019/en#/F30.2> (accessed 7<sup>th</sup> July 2023).
- <sup>21</sup> World Health Organisation. *International Classification of Diseases (ICD) – 10. Depressive episode. F31*. <https://icd.who.int/browse10/2019/en#/F31> (accessed 7<sup>th</sup> July 2023).
- <sup>22</sup> NICE. *Risk factors for depression*. <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 6<sup>th</sup> July 2023).
- <sup>23</sup> National Institute of Health. *Physical activity may reduce depression symptoms*. <https://www.nih.gov/news-events/nih-research-matters/physical-activity-helps-reduce-depression-symptoms#:~:text=Researchers%20found%20that%20sleep%20problems,depressed%20mood%20and%20mood%20changes>. (accessed 7<sup>th</sup> July 2023).
- <sup>24</sup> National Institute of Health. *Physical activity may reduce depression symptoms*. <https://www.nih.gov/news-events/nih-research-matters/physical-activity-helps-reduce-depression-symptoms#:~:text=Researchers%20found%20that%20sleep%20problems,depressed%20mood%20and%20mood%20changes>. (accessed 7<sup>th</sup> July 2023).
- <sup>25</sup> NICE. *Risk factors for depression*. <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 6<sup>th</sup> July 2023).
- <sup>26</sup> NHS Choices. *Dementia Guide- Mood and dementia*. [www.nhs.uk/conditions/dementia/living-well-with-dementia/#mood-and-dementia](http://www.nhs.uk/conditions/dementia/living-well-with-dementia/#mood-and-dementia) (accessed 7<sup>th</sup> July 2023).
- <sup>27</sup> NICE. *Risk factors for depression*. <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 6<sup>th</sup> July 2023)
- <sup>28</sup> National Institute of Mental Health Institute. *Depression*. [www.nimh.nih.gov/health/publications/depression/index.shtml](http://www.nimh.nih.gov/health/publications/depression/index.shtml) (accessed 7<sup>th</sup> July 2023).
- <sup>29</sup> Stonewall. *LGBT in Britain – Health*. <https://www.stonewall.org.uk/lgbt-britain-health> (accessed 7<sup>th</sup> July 2023).
- <sup>30</sup> Genetics Home Reference. *Depression*. <https://ghr.nlm.nih.gov/condition/depression> (accessed 6<sup>th</sup> July 2023).
- <sup>31</sup> Royal College of Psychiatrists. *Alcohol and depression*. [www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression#faq-accoridon-collapse5d8ac4f-7c18-4bca-86de-6b07bcc5f4e3](http://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression#faq-accoridon-collapse5d8ac4f-7c18-4bca-86de-6b07bcc5f4e3) (accessed 6<sup>th</sup> July 2023).
- <sup>32</sup> NICE. *Risk factors for depression*. <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (access 6<sup>th</sup> July 2023).
- <sup>33</sup> NHS Choices. *Premenstrual Syndrome*. [www.nhs.uk/Conditions/Premenstrual-syndrome/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Premenstrual-syndrome/Pages/Symptoms.aspx) (accessed 20<sup>th</sup> April 2021).
- <sup>34</sup> The Menopause Charity. *Antidepressants and Menopause*. <https://www.themenopausecharity.org/wp-content/uploads/2021/05/Antidepressants-and-Menopause.pdf#:~:text=Menopause%20guidelines%20are%20clear%20that%20antidepressants%20should%20not,they%20actually%20help%20psychological%20symptoms%20of%20the%20menopause>. (accessed 18<sup>th</sup> May 2023).
- <sup>35</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.7.1.
- <sup>36</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.7.1.

- 
- <sup>37</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.5, Table 1.
- <sup>38</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.10.
- <sup>39</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.5 Table 1
- <sup>40</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.41.
- <sup>41</sup> NHS Choices. *Clinical Depression-Treatment*. [www.nhs.uk/mental-health/conditions/clinical-depression/treatment/](http://www.nhs.uk/mental-health/conditions/clinical-depression/treatment/) (accessed 29<sup>th</sup> April 2021).
- <sup>42</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.13.
- <sup>43</sup> National Institute for Health and Care Excellence. *Repetitive transcranial magnetic stimulation for depression*. Interventional Procedures Guidance 543. London: National Institute for Health and Care Excellence; 2015. Para 3.2.
- <sup>44</sup> National Institute for Health and Care Excellence. *Transcranial direct current stimulation (tDCS) for depression*. Interventional Procedures Guidance 530. London: National Institute for Health and Care Excellence; 2015. Para 3.1.
- <sup>45</sup> National Institute for Health and Care Excellence. *Repetitive transcranial magnetic stimulation for depression*. Interventional Procedures Guidance 543. London: National Institute for Health and Care Excellence; 2015. Para 1.1.
- <sup>46</sup> National Institute for Health and Care Excellence. *Transcranial direct current stimulation (tDCS) for depression*. Interventional Procedures Guidance 530. London: National Institute for Health and Care Excellence; 2015. Para 1.1.
- <sup>47</sup> National Institute for Health and Care Excellence. *Implanted vagus nerve stimulation for treatment-resistant depression*. [www.nice.org.uk/guidance/IPG679/InformationForPublic](http://www.nice.org.uk/guidance/IPG679/InformationForPublic) (accessed 4<sup>th</sup> July 2023).
- <sup>48</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.4.
- <sup>49</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.5.3.
- <sup>50</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.6 Table 1.
- <sup>51</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.11.1.
- <sup>52</sup> National Institute for Health and Care Excellence. *Borderline personality disorder: recognition and management*. London: National Institute for Health and Care Excellence; 2009. Para 1.3.6.2.
- <sup>53</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.11.4.
- <sup>54</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.12.
- <sup>55</sup> The Menopause Charity. *Antidepressants and Menopause*. <https://www.themenopausecharity.org/wp-content/uploads/2021/05/Antidepressants-and-Menopause.pdf#:~:text=Menopause%20guidelines%20are%20clear%20that%20antide>

---

[essants%20should%20not,they%20actually%20help%20psychological%20symptoms%20of%20the%20menopause.](#) (accessed 18<sup>th</sup> May 2023).

<sup>56</sup> National Institute for Health and Care Excellence. *Menopause: diagnosis and management*. London: National Institute for Health and Care Excellence; 2015. Para 1.4.7.

<sup>57</sup> National Institute for Health and Care Excellence. *Menopause: diagnosis and management*. London: National Institute for Health and Care Excellence; 2015. Para 1.4.5.

<sup>58</sup> National Institute for Health and Care Excellence. *Menopause: diagnosis and management*. London: National Institute for Health and Care Excellence; 2015. Para 1.4.6.

<sup>59</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.1.

<sup>60</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.4.

<sup>61</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.1.

<sup>62</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.4.

<sup>63</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.5.

<sup>64</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.4.

<sup>65</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.3.

<sup>66</sup> NHS. *Social prescribing frequently asked questions*. See '[Will social prescribing link workers be found only in general practice and Primary Care Networks \(PCNs\)?](#)' (accessed 7<sup>th</sup> July 2023).

<sup>67</sup> NHS. *Social prescribing*. [NHS England » Social prescribing – frequently asked questions](#) (accessed 7<sup>th</sup> July 2023).

<sup>68</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.9.

<sup>69</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.10.

<sup>70</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.8.

<sup>71</sup> National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.8.5.

<sup>72</sup> NHS Choices. *Talking therapies explained*. [www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/](http://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/) (accessed 4<sup>th</sup> July 2023).

<sup>73</sup> Mental Health Foundation. *Feeding Minds*. London: Mental Health Foundation; 2006. Page 6.

<sup>74</sup> Pub Med. *Emotional eating and obesity in adults: the role of depression, sleep and genes*. <https://pubmed.ncbi.nlm.nih.gov/32213213/> (accessed 7<sup>th</sup> July 2023).

<sup>75</sup> British Dietetic Association. *Depression and diet: Food Factsheet*. <https://www.bda.uk.com/resource/depression-diet.html> (accessed 7<sup>th</sup> July 2023).

---

<sup>76</sup> Drinkaware. *UK low risk drinking guidelines*. [www.drinkaware.co.uk/facts/alcoholic-drinks-and-units/low-risk-drinking-guidelines](http://www.drinkaware.co.uk/facts/alcoholic-drinks-and-units/low-risk-drinking-guidelines) (accessed 27<sup>th</sup> July 2023).

<sup>77</sup> Mental Health Foundation. *How to look after your mental health using exercise*. <https://www.mentalhealth.org.uk/explore-mental-health/publications/how-look-after-your-mental-health-using-exercise> (accessed 27<sup>th</sup> July 2023).

<sup>78</sup> NHS Choices. *Couch to 5K: week by week*. [Get running with Couch to 5K – NHS \(www.nhs.uk\)](https://www.nhs.uk) (accessed 7<sup>th</sup> July 2023).

<sup>79</sup> Rethink Mental Illness. *Communities that care report*. <https://www.rethink.org/media/2249/building-communities-that-care-report.pdf> (accessed 7<sup>th</sup> July 2023).

<sup>80</sup> NHS Choices. *Clinical Depression - Symptoms*. [www.nhs.uk/conditions/clinical-depression/symptoms/](http://www.nhs.uk/conditions/clinical-depression/symptoms/) (accessed 7<sup>th</sup> July 2023).

© Rethink Mental Illness 2015  
Last updated July 2023 (Part)  
Next update July 2024  
Version: 11.1

This factsheet is available  
in large print.



Patient Information Forum

## Rethink Mental Illness Advice Service

Phone 0808 801 0525  
Monday to Friday, 9:30am to 4pm  
(excluding bank holidays)

Email [advice@rethink.org](mailto:advice@rethink.org)

### Did this help?

We'd love to know if this information helped you.

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:  
RAIS, PO Box 18252, Solihull  
B91 9BA

or call us on 0808 801 0525

We're open 9:30am to 4pm  
Monday to Friday (excluding bank holidays)



Leading the way to a better  
quality of life for everyone  
affected by severe mental illness.

For further information  
on Rethink Mental Illness  
Phone 0121 522 7007  
Email [info@rethink.org](mailto:info@rethink.org)

 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

 [twitter.com/rethink\\_](https://twitter.com/rethink_)

 [www.rethink.org](http://www.rethink.org)

### Need more help?

Go to [www.rethink.org](http://www.rethink.org) for information on symptoms, treatments, money and benefits and your rights.

### Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

### Need to talk to an adviser?

If you need practical advice, call us on 0808 801 0525 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

### Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to [www.rethink.org/donate](http://www.rethink.org/donate) or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.

