

Depression Looking at the Phenomenon

Session 5
19th February 2018

Depression and the NHS

(NHS, 2015)

- Treatment for depression usually involves a combination of medicines, talking therapies and self help;
- Type of intervention reliant on upon severity of symptoms;
- Categories are: mild, mild to moderate and moderate to severe depression.
- All dependent upon diagnosis from GP or other health professional via clinical interview

Mild Depression

- 'Wait and see' – in cases of mild depression, it may improve by itself. In this case, the individual will be seen again by a GP after two weeks to monitor progress. This is known as 'watchful waiting'.
- Exercise – there is evidence that exercise may help depression and it is one of the main treatments for mild depression. GP may also refer to a qualified fitness trainer.
- Self-help groups – talking through feelings can be helpful. This could either be with either a friend or relative, or the GP may suggest a local self-help group. GP may also recommend self-help books and online cognitive behavioural therapy (CBT).

Moderate Depression



- Talking therapy – for mild depression that isn't improving, or moderate depression, the GP may recommend a talking treatment;
- There are different types of talking therapy for depression, including cognitive behavioural therapy (CBT) and counselling.
- GP can refer patients for talking treatment or in some parts of the country there is a self-referral system.....

Moderate to Severe/Severe Depression



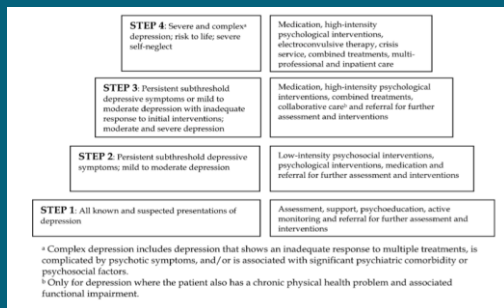
- Antidepressants- There are almost 30 different kinds of antidepressant. They have to be prescribed by a doctor, usually for depression that is moderate or severe.
- Combination therapy- GP may recommend a course of antidepressants plus talking therapy, particularly if the depression is quite severe. A combination of an antidepressant and CBT usually works better than having just one of these treatments.
- Mental health teams - for severe depression, there will be a referral to a mental health team made up of psychologists, psychiatrists, specialist nurses and occupational therapists. These teams often provide intensive specialist talking treatments as well as prescribed medication.

National Institute for Health and Care Excellence (NICE)

- Espouse the benefits of a 'stepped care' model
- The model provides a framework in which to organise the provision of services supportive of patients, carers and practitioners in identifying the most effective interventions
- In stepped care, the least intrusive, most effective intervention is provided first. If this is not effective or the person declines, they should be offered an appropriate intervention from the next step.....

NICE National Institute for Health and Care Excellence

NICE: 'Stepped Care' Model



Is it different for Men?

Different symptoms

- There doesn't seem to be a completely separate type of 'male depression'. However, some symptoms are more common in men than in women.
- <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/depressionmen.aspx>

Different Symptoms

These include:

- irritability
- sudden anger
- increased loss of control
- greater risk-taking
- aggression.
- Men are also more likely to commit suicide

Different ways of coping

Men are diagnosed with depression less than women, but do seem to drink and use illegal drugs more heavily than women. It may be that, instead of talking, men use drugs and alcohol as 'self-medication' to cope with their depression.

What about exercise as a way of coping?

Attitudes

Some men are particularly competitive and concerned with power and success. If you are like this, it may be harder to tell someone that you feel fragile or that you need help.

You may feel strongly that you have to do it on your own.

You may also worry that if you do talk to your partner - or anyone else - about how you feel, they will not be sympathetic.

- These attitudes can stop you from talking to your loved ones and doctors about how you're feeling - so you don't get the help that you need.

Personality

- Shy men seem to be more likely to become depressed.
- However, depression can happen to anyone, even powerful personalities. Winston Churchill called it "his black dog".

Behaviour

- Instead of talking about how you feel, you may use alcohol or drugs to feel better. This usually makes things worse, certainly in the long run. Your work will suffer and alcohol often leads to irresponsible, unpleasant or dangerous behaviour.
- You may also focus more on your work than your relationships or home life. This can cause conflicts with your wife or partners.

What makes men drepressed?

- Relationships
- Communication Styles
- Separation and Divorce
- Pregnancy and Children
- Work, unemployment and retirement

What other problems can depression cause?

- Problems with sex
- Suicide

Men are around 3 times more likely to kill themselves than women.

Suicide is commonest among men who are separated, widowed or divorced.

It is more likely if you drink heavily.

Resource Leaflet RCPSYCH

- <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/depressionmen.aspx>

NICE and NHS Resources

- <http://www.nice.org.uk/Guidance/CG38>
- <http://www.nhs.uk/Conditions/Bipolar-disorder/Pages/Treatment.aspx>

Resources

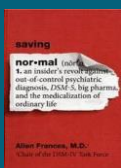
- Paris, J., (2013) *The intelligent Clinician's Guide to the DSM-5*. Oxford: Oxford University Press
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*
- DSM 5
- <http://www.dsm5.org/Pages/Default.aspx>

Resources

- ICD 11 fact and revision
- <http://www.who.int/classifications/icd/revisions/icd11faq/en/>
- ICD
- <http://www.who.int/classifications/icd/en/>
- Allen Frances (Over diagnosing) <https://www.youtube.com/watch?v=yuCWVnzSjWA>

Resources

- Frances, A., (2013). *Saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*. New York: William Morrow.



RESOURCES

- NICE Common Mental Health Problems
- <https://www.nice.org.uk/guidance/cg123/ifp/chapter/Common-mental-health-problems>
- NICE (National Institute for health and care excellence)
- <http://www.nice.org.uk/>
- NICE Clinical Guidelines
- <http://www.rcpsych.ac.uk/workinpsychiatry/nccmh/niceclinicalguidelines.aspx>

- Rethink --- Talking treatment/NICE
- <https://www.rethink.org/diagnosis-treatment/treatment-and-support/talking-treatments/nice>
- Welsh Government Psychological Therapies
- Mental Health Measures(2010)
- <http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

RESOURCES

- WHO Pharmacological treatment in mental disorders in primary health care
- http://www.who.int/mental_health/management/psychotropic/en/

Critiquing the Medical Model

- Morrall, P., 2008. *Trouble with Therapy*. Maidenhead: McGraw-Hill Open University Press
 - David Elkins – Journal Article
- The Human Elements of Psychotherapy: A Nonmedical Model of Emotional Healing**
- Barker, P. 2010. *Mental Health & Ethics*. London: Routledge. eBook
