

## Depression

### GP 10 minute intervention

1. Explain that this is a very common problem (helps to normalise it).
2. Check for underlying issues (eg, bereavement, loss of job, childbirth, carer stress burden, recent diagnosis of a chronic illness for the patient or their spouse etc). If specific cause found, suggest counselling: [www.talk2gether.nhs.uk/](http://www.talk2gether.nhs.uk/) (NHS); [www.chtc.co.uk](http://www.chtc.co.uk) (private).
3. If no specific cause identified, explain: It's a 'whole body' experience, not just a 'brain thing'. Depression is associated with a wide range of unpleasant physical feelings and symptoms, which patients may not directly link to depression. Low energy and tiredness are common and result in reduced activity levels. Other physical changes include poor sleep, changes in appetite and weight, difficulty concentrating and increased pain.

Remember to ask the client about any physical symptoms, including low energy and fatigue, that they are experiencing. It can be reassuring for the patient to realize that these symptoms are related to their depression.

4. Remember to ask depressed patients if they are behaving any differently since they began to feel low. Ask them if this behaviour is helpful or unhelpful? How does it affect their depressed feelings?

#### Key consultation skills to use with depression

1. Written information - this is important where patients have poor concentration and memory
2. Cognitive empathy – be interested in exploring the **meaning** of difficult situations for individual patients

#### Effective treatment for most people:

1. A key way to break the vicious cycle of depression is to increase activity. This is even more helpful if the patient enjoys engaging in the activity or it increases the patient's sense of accomplishment. Increasing exercise may directly alter biochemistry in the brain as well as bringing about positive feelings. Be prepared for resistant patients. If the patient is resistant then you may need to encourage the individual to act 'as if' they are not depressed. This means they need to choose to make helpful behavioural changes despite feeling tired. You could encourage the patient to produce their own written list of activities they can try to engage with eg: going for a short walk, swimming, spending time playing with their children, enjoying a nice warm bath.

Remind the individual that it is important that they are realistic in plans to increase activity:

- What obstacles are in the way of achieving the activity?
- Encourage the patient to plan **small** changes, as if they are '**bite sized**' chunks.

2. Distraction is a simple but helpful short-term intervention to reduce the frequency and impact of unhelpful thoughts. Point out to the patient that going over worrying thoughts again and again makes people feel worse and is unlikely to bring about any solution. Focusing their attention on a practical activity can help distract the patient from the unhelpful thoughts, which in time helps to break the vicious cycle of falling into the trap of unhelpful thinking patterns. Choosing to engage in counselling will give the patient the opportunity to explore these unhelpful thinking patterns in more depth and will assist them/equip them to manage these 'cognitive traps' more adaptively.