

Depression

This information explains the causes and symptoms of depression and how it is treated. It is for people who are 18 or over and affected by mental illness in England. It is also for their loved ones and carers, 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 can affect people in different ways.
- If you think you might have depression, options include seeing your GP.
- Treatment for depression includes talking therapy and medication. Self-help techniques, exercise, peer support groups, and coping strategies can also help.
- Depression can develop due to a complex mix of things relating to your environment and cultural. And your family history of mental illness.
- 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 about treatment if I experience a personality disorder, psychotic depression, perimenopause or menopause?
8. How do I decide which treatment is best for me?
9. What if I am not happy with my care or treatment?
10. What self-care and self-management skills can I try?
11. Information for family, carers and friends

[Top](#)

1. What is depression?

Depression is a long-lasting mood disorder. It lasts for weeks or months, rather than just a few days.¹

It affects your ability to do everyday things, feel pleasure in activities, and can affect sleep and appetite.²

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

Depression is:³

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

Depression is not:

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

People will experience depression symptoms 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 For example, someone with mild depression may experience low mood and feel withdrawn for a long time.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.⁴

Your doctor may offer you different treatments depending on how you describe your symptoms. See 'How is depression treated?' below.

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 people.⁵

[Top](#)

2. What are the symptoms of depression?

Common symptoms of depression are:⁶

- 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:⁷

- for most of the day, every day, and
- for more than 2 weeks.

[Top](#)

3. How is depression diagnosed?

Your doctor should 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.

You can see the diagnostic requirement for different depressive disorders in ICD-11 here: <https://icd.who.int/browse/2025-01/mms/en#1563440232>

There are no physical tests for depression. But doctors may offer to test your blood or urine to check if you have any physical problems. For example, an underactive thyroid⁸ or a vitamin B12 deficiency can cause depressive symptoms.⁹

[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?

You might hear the term 'clinical depression.' The term can mean different things to people. But often it means depression that has been diagnosed by a doctor,

Diagnostic manuals, like the International Classification of Diseases (ICD-11), do not use the term clinical depression.

What is a depressive episode?¹⁰

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?¹¹

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

What is a depressive episode with psychotic symptoms?¹²

Psychotic symptoms means that you may experience hallucinations or delusions alongside symptoms of 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 do not match reality.

See section 7, 'Treatment for psychotic depression' for more information.

What is dysthymia?¹³

Your doctor might diagnose you with dysthymia if you have felt low for several years. But the symptoms are not severe enough, or the episodes are not 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.¹⁴

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

According to the NHS, during pregnancy, depression can affect about 1 in 10 of women.¹⁵ Your partner could also experience postnatal depression.¹⁶

Symptoms of perinatal depression include regular symptoms of depression, plus:¹⁷

- 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.

You can find more information about **New parents, pregnancy, and mental health - Perinatal mental health** at www.rethink.org.

What is seasonal affective disorder (SAD)?¹⁸

SAD is a type of depression that affects you at a certain time of year, usually in the winter. But some people may find they have symptoms in summer.

The symptoms are like depression. You may find that you sleep more and may gain weight, due to carbohydrate cravings.

What is cyclothymia?¹⁹

Your doctor might diagnose cyclothymia if you experience ongoing unstable moods.

You might have several periods of depression and periods of mild elation. But 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?²⁰

Manic depression is now called bipolar disorder. It is a different illness to depression. People with this illness have highs, known as mania, and lows or depression.

You can find more information about **Bipolar disorder** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

Top

5. What causes depression?

Depression can develop due to a complex mix of things relating to your environment and cultural. And your family history of mental illness.

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 abuse²¹
- have sleep issues²²
- are not physically active²³
- live with another mental health condition²⁴
- live with vascular dementia²⁵
- live with a physical illness such as heart disease, or chronic pain²⁶
- are taking certain medications²⁷
- are part of the LGBT+ community²⁸
- have a parent or sibling who lives with depression²⁹
- have a history of substance misuse³⁰
- have recently had a baby³¹

For more information, please see our factsheets:

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

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

At www.rethink.org you can find out more about:

- How can I improve my sleep?
- Physical activity and mental health

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).³² Or you may have a mental health condition called premenstrual dysphoric disorder (PMDD).

PMDD is like depression. It has the same symptoms as PMS but more severe.³³

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

You can get more information on **Premenstrual dysphoric disorder (PMDD)** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

6. How is depression treated?

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

You will decide together which treatment option works best for you.³⁵ The usual options are:

- Talking therapies
- Antidepressant medication
- Couples' behavioural therapy for depression
- Guided self-help and digital therapy
- Physical exercise

- Light therapy
- Electroconvulsive therapy
- Brain stimulation
- Treatment for chronic depression

How do the NHS decide on what treatment to offer me?

Your doctor should consider treatment guidance from National Institute of Health and Care Excellence (NICE) before offering you options.³⁶

NICE recommends that depression is treated differently depending on:

- your type of symptoms
- how severe your symptoms are, and
- other mental or physical health conditions you live with.

You can find the NICE guidelines on **Depression in adults: treatment and management** here: www.nice.org.uk/guidance/ng222

What are talking therapies?³⁷

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

You can be offered different types of 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.

See section 7 for more information about different talking therapies available for depression.

You can find more information about the different types of talking therapy and how to access them through our information on **Talking therapies** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What are antidepressants?³⁸

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

You should 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 treatment options.

You can find more information about **Antidepressants** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What is couples' behavioural therapy for depression?³⁹

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 and digital therapy?⁴⁰

With guided self-help you 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 phone, 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.

The NHS are currently testing some newer forms of digital therapy. They are testing how effective they are clinically, and whether they are value for money. You will only be offered these if the NHS meet certain guidelines.⁴¹

How can physical exercise help?⁴²

Regular exercise can help improve your mood, especially if it is outdoors.

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.

You can find out more about **Physical activity and mental health** at www.rethink.org.

What is light therapy?

Light therapy is a treatment that uses a special bright light. It aims to help you feel better when you are feeling sad or tired, especially in the winter.

If your symptoms are worse in the winter, you may want to try light therapy.

It is unclear how effective light therapy is for depression, but some people find it useful.⁴³

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.⁴⁴

You may be offered ECT if it is your preferred treatment option or no other treatments have worked.⁴⁵ 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. Or call us on 0121 522 7007 and ask us to send you a copy.

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 and Transcranial direct current stimulation

These non-invasive treatments use:

- electromagnetic coils to stimulate specific areas of your brain,⁴⁶ or
- weak electrical currents to stimulate your brain.⁴⁷

You are awake during the 20-30-minute procedures, with daily sessions for several weeks.^{48,49}

The National Institute for Health and Care Excellence (NICE) say there are no major safety concerns with these treatments.^{50,51}

NICE say there is some evidence that they work but there are some uncertainties about aspects of the treatment. Like how long the effects last.^{52,53}

If clinicians use these treatments, they should make sure you understand:^{54,55}

- other treatment options, and
- the uncertainty about their effectiveness.

Vagus nerve stimulator⁵⁶

The aim of this treatment is to improve mood by sending signals to your brain through the vagus nerve in your neck.

You will have a small procedure to have the nerve stimulator implanted.

NICE say:⁵⁷

- there are no major safety problems with this treatment,
- it does often cause side effects,
- there is no strong proof on how well it works,
- doctors should only use it in special situations where patients give clear permission, and
- doctors should only use it where the treatment is carefully checked and studied.

How are chronic depressive symptoms treated?⁵⁸

If you have had symptoms of depression for at least 2 years you may have chronic depression.

If initial treatments do not work your doctor should consider:

- referring you to specialist mental health services, or
- different or further treatments.

You can find more information about **NHS mental health teams** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

National Affective Disorders Service

South London and Maudsley NHS Foundation Trust (SLAM) have a service called the National Affective Disorders Service, which treats people with treatment-resistant depression. It only has limited spaces to treat people.

As this service is national, you do not need to live locally to access it. You can read more about this service here: <https://slam.nhs.uk/service-detail/service/national-affective-disorders-service-116/>

If you think you would benefit from this service, ask your GP or NHS mental health team about a referral.

How can complementary or alternative therapies help?

Complementary treatments may help improve your wellbeing, and 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. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

7. What about treatment if I experience a personality disorder, psychotic depression, perimenopause or menopause?

What about 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.⁵⁹

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 last up to one year.⁶⁰

Your doctor should consider referring you to a specialist personality disorder treatment programme if they have not done so already.⁶¹

You can find more information about **Personality disorders** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What about treatment for psychotic depression?⁶²

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 do not want to take both medications, you should be offered the antidepressant medication on its own.

You can find more information about **Depression with psychotic symptoms** at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

What about treatment for low mood due to perimenopause or menopause?

Some of the symptoms of perimenopause or menopause are similar to symptoms of depression.⁶³ But they are different and should be treated differently.

There is no evidence that antidepressant medication helps reduce low mood for peri and menopausal people. Unless you have an existing diagnosis of depression.⁶⁴

Your doctor should consider offering the following to help with symptoms such as low mood and anxiety:^{65,66}

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

Top

8. How do I decide which treatment is best for me?

When considering treatment options for you, your doctor should talk to you about the following:⁶⁷

- 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:⁶⁸

- the treatments recommended in the NICE guidelines,
- 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.⁶⁹

You can:⁷⁰

- decline any treatment offered to you
- change your mind once your treatment has started
- attend some or all 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.⁷¹

Your doctor should offer you a follow-up appointment between 2 - 4 weeks after starting any treatment.⁷²

Decision-making support tool

The NHS have produced a support tool you can use to plan your treatment. You can download the tool here: www.england.nhs.uk/publication/decision-support-tool-making-decisions-about-managing-depression

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 are not yet available in all areas of the country.⁷³

A link worker will work with you to find out what is important to you.⁷⁴ They can connect you with local support such as:

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

[Top](#)

9. What if I am not happy with my care or treatment?

If you are not happy with your care or treatment you can:

- talk to your doctor about your care and treatment,
- ask for a second opinion,
- get an advocate to help you speak to your doctor,
- contact Patient Advice and Liaison Service (PALS) www.nhs.uk/service-search/other-health-services/patient-advice-and-liaison-services-pals, or
- make a complaint.

You can find more information about:

- Second opinions – About your mental health diagnosis or treatment
- Advocacy for mental health – Making your voice heard
- Complaining about the NHS and social services

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

[Top](#)

10. What self-care and self-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.

There are different things you can do to look after yourself. Such as:

- eating healthy food and avoiding too much fat and sugar
- drinking plenty of water
- limiting caffeine and alcohol
- exercising regularly
- getting enough sleep
- developing healthy relationships, and being involved in your community

You can find more information about:

- Worried about your mental health? How to get treatment and support – **This includes self-help advice and information**
- Physical activity and mental health
- Recovery and mental illness
- Social inclusion and mental illness – how can I become more connected?
- How can I improve my sleep?

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

Have the NHS got any self-help guides?

At the following link there is a 10-minute **NHS** video on 'Self-help for low mood on depression.' In the video a doctor explains what you can do to help yourself cope with low mood and depression: www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides

The **NHS** have also produced a self-help guide for Depression and low mood: <https://web.nrw.nhs.uk/selfhelp>

[Top](#)

11. Information for family, carers, and friends

If you are a carer, friend, or relative of someone who lives with depression, you can get support.

How can I get support?

You can do the following.

- Speak to your GP about medication and talking therapies for yourself.
- Speak to your relative's care team about a carer's assessment.
- Ask for a carer's assessment from your local social services.
- Join a carers service. They are free and available in most areas.
- Join a carers support group for emotional and practical support. Or set up your own.

How can I support the person that I care for?

You can do the following:

- Ask the person you support to tell you what their symptoms are. Also, if they have any self-management techniques that you could help them with.
- Encourage them to see a GP if you are worried about their mental health.
- Ask to see a copy of their care plan if they have one. They should have a care plan if they are supported by a care coordinator.
- Help them to manage their finances.

You can find out more about:

- Supporting someone with a mental illness
- Getting help for someone in a mental health crisis
- Suicidal thoughts - How to support someone
- Responding to unusual behaviour linked to mental illness
- Carer's assessments - Under the Care Act 2014
- Confidentiality, information, and your loved one
- Worried about someone's mental health
- Stress - How to cope

at www.rethink.org. Or call us on 0121 522 7007 and ask us to send you a copy.

You can find more information about:

- What benefits are available for mental health carers?
- Can someone else manage my money for me?

at: www.mentalhealthandmoneyadvice.org/en

[Top](#)

Useful Contacts

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.

Phone: 0161 832 3736

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

Email: info@moodswings.org.uk

Website: www.moodswings.org.uk

The Conservation Volunteers

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

Phone: 01302 388 883

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

Email: information@tcv.org.uk

Website: www.tcv.org.uk

Do-IT

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

Website: www.doit.life/volunteer

Pandas Foundation

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

Phone: Book a free callback at <https://pandasfoundation.org.uk/how-we-can-support-you/bookable-call-service/>

WhatsApp Text Support: 07903 508 334

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

Email: supportme@pandasfoundation.org.uk

Website: www.pandasfoundation.org.uk

Cruse Bereavement Care

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

Phone: 0808 808 1677

Website: www.cruse.org.uk

Counselling Directory

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

Website: www.counselling-directory.org.uk/depression.html

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/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies/

References

¹ NHS Choices. *Clinical Depression – Symptoms*. www.nhs.uk/mental-health/conditions/depression-in-adults/symptoms/ (accessed 28th March 2025).

² World Health Organisation. *Depression*. www.who.int/health-topics/depression#tab=tab_1 (accessed 28th March 2025).

³ NHS Choices. *Clinical Depression – Overview*. www.nhs.uk/mental-health/conditions/clinical-depression/overview/ (accessed 28th March 2025).

⁴ NHS Choices. *Clinical Depression – Overview*. www.nhs.uk/conditions/clinical-depression/ (accessed 23rd June 2023).

⁵ National Institute for Health and Care Excellence. *Depression in adults with a chronic physical health problem: recognition and management*. See 2nd para. <https://www.nice.org.uk/guidance/cg91/ifp/chapter/depression-and-long-term-physical-health-problems> (accessed 28th March 2025).

⁶ World Health Organisation. *International Classification of Diseases (ICD) – 11. Depressive episode*. F32. <https://icd.who.int/browse10/2019/en#/F32> (accessed 28th March 2025).

⁷ NHS. *Diagnosis – Depression in adults*. www.nhs.uk/mental-health/conditions/depression-in-adults/diagnosis/ (accessed 28th March 2025).

⁸ NHS. *Causes – depression in adults*. See 'Illness'. www.nhs.uk/mental-health/conditions/depression-in-adults/causes/ (accessed 28th March 2025).

⁹ NHS. *Vitamin B12 or folate deficiency anemia – symptoms*. www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/symptoms/ (accessed 28th March 2025).

¹⁰ World Health Organisation. *International Classification of Diseases (ICD) – 11. Single episode depressive disorder*. 6A70 <https://icd.who.int/browse/2025-01/mms/en#578635574> (accessed 28th March 2025).

¹¹ World Health Organisation. *International Classification of Diseases (ICD) – 11. Recurrent depressive disorder*. 6A71. <https://icd.who.int/browse/2025-01/mms/en#1194756772> (accessed 28th March 2025).

¹² World Health Organisation. *International Classification of Diseases (ICD) – 11. Single episode depressive disorder, moderate, with psychotic symptoms*. 6A70.2 <https://icd.who.int/browse/2025-01/mms/en#651947494> (accessed 28th March 2025).

¹³ World Health Organisation. *International Classification of Diseases (ICD) – 11. Dysthymic disorder*. 6A72. <https://icd.who.int/browse/2025-01/mms/en#810797047> (accessed 28th March 2025).

¹⁴ NHS England. *Perinatal Mental Health*. <https://www.england.nhs.uk/mental-health/perinatal/> (accessed 28th March 2025).

¹⁵ NHS. *Perinatal Mental Health*. See para 4. <https://www.esht.nhs.uk/service/maternity/your-pregnancy/perinatal-mental-health/> (accessed 28th March 2025).

¹⁶ NHS. *Overview – Postnatal depression*. <https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/> (accessed 28th March 2025).

¹⁷ Mayo Clinic. *Depression during Pregnancy*. 'See What are the symptoms of depression during pregnancy?' <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/depression-during-pregnancy/art-20237875> (accessed 28th March 2025).

¹⁸ NHS Choices. *Seasonal affective disorder (SAD) – Overview*. www.nhs.uk/mental-health/conditions/seasonal-affective-disorder-sad/overview/ (accessed 28th March 2025).

¹⁹ World Health Organisation. *International Classification of Diseases (ICD) – 11. Cyclothymic disorder*. 6A62 <https://icd.who.int/browse/2025-01/mms/en#1427638883> (accessed 28th March 2025).

²⁰ World Health Organisation. *International Classification of Diseases (ICD) – 11. Bipolar or related disorders*. <https://icd.who.int/browse/2025-01/mms/en#613065957> (accessed 28th March 2025).

²¹ NICE. *Depression – what are the risk factors?* <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 28th March 2025).

²² 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 28th March 2025).

²³ 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 28th March 2025).

²⁴ NICE. *Depression – what are the risk factors?* <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 28th March 2025).

²⁵ NHS Choices. *Symptoms of dementia – see ‘Symptoms specific to vascular dementia’*. www.nhs.uk/conditions/dementia/symptoms-and-diagnosis/symptoms/ (accessed 28th March 2025).

²⁶ NICE. *Depression – what are the risk factors?* <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (accessed 28th March 2025).

²⁷ Rogers, Donald, and Ronald Pies. *General medical drugs associated with depression*. www.nimh.nih.gov/health/publications/depression/index.shtml (accessed 28th March 2025).

²⁸ Mental Health Foundation. *LGBTIQ+ people: statistics*. www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics (accessed 28th March 2025).

²⁹ Medline Plus. *Depression*. See “Inheritance”. <https://ghr.nlm.nih.gov/condition/depression> (accessed 28th March 2025).

³⁰ Royal College of Psychiatrists. *Alcohol, mental health and the brain*. See “How does alcohol effect mental health?”. www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/alcohol-mental-health-and-the-brain#faq-accoridon-collapse5d8ac4f-7c18-4bca-86de-6b07bcc5f4e3 (accessed 28th March 2025).

³¹ NICE. *Depression: What are the risk factors?* <https://cks.nice.org.uk/topics/depression/background-information/risk-factors/> (access 28th March 2025).

³² NHS Choices. *Premenstrual Syndrome*. www.nhs.uk/conditions/pre-menstrual-syndrome/ (accessed 4th April 2025).

³³ NHS Choices. *Premenstrual Syndrome*. See ‘PMDD’. www.nhs.uk/conditions/pre-menstrual-syndrome/ (accessed 28th March 2025).

³⁴ 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 28th March 2025).

³⁵ 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.

³⁶ 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.

³⁷ NHS England. *Benefits of talking therapies*. www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/benefits-of-talking-therapies/ (accessed 4th April 2025).

³⁸ 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.

³⁹ 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.

⁴⁰ 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.

⁴¹ National Institute for Health and Care Excellence. *Digitally enabled therapies for adults with depression: early value assessment*. Last updated: 14 January 2025. Para 1.1

<https://www.nice.org.uk/guidance/hte8/chapter/1-Recommendations> (accessed 17 June 2025)

-
- ⁴² 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 Table 1 – Group exercise
- ⁴³ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.4.39.
- ⁴⁴ Royal College of Psychiatrists. *Electroconvulsive therapy (ECT)*. See 'What happens when you have ECT?' www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/ect (accessed 4th April 2025).
- ⁴⁵ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.13.1
- ⁴⁶ 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 3.1. <https://www.nice.org.uk/guidance/ipg542/chapter/3-The-procedure> (accessed 17 June 2025)
- ⁴⁷ 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. <https://www.nice.org.uk/guidance/ipg530/chapter/3-The-procedure> (accessed 17 June 2025)
- ⁴⁸ 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 3.1. <https://www.nice.org.uk/guidance/ipg542/chapter/3-The-procedure> (accessed 17 June 2025)
- ⁴⁹ 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. <https://www.nice.org.uk/guidance/ipg530/chapter/3-The-procedure> (accessed 17 June 2025)
- ⁵⁰ 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.
- ⁵¹ 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.
- ⁵² 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.
- ⁵³ 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.
- ⁵⁴ 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 1.2.
- ⁵⁵ 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 1.2.
- ⁵⁶ National Institute for Health and Care Excellence. *Implanted vagus nerve stimulation for treatment-resistant depression*. Paras 2.3 & 2.4 <https://www.nice.org.uk/guidance/ipg679> (accessed 17 June 2025)
- ⁵⁷ National Institute for Health and Care Excellence. *Implanted vagus nerve stimulation for treatment-resistant depression*. Paras 1.1 <https://www.nice.org.uk/guidance/ipg679> (accessed 17 June 2025)
- ⁵⁸ 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.

-
- ⁵⁹ 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.
- ⁶⁰ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.11.3.
- ⁶¹ 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.
- ⁶² 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.
- ⁶³ 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 4th April 2025).
- ⁶⁴ 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 4th April 2025).
- ⁶⁵ National Institute for Health and Care Excellence. *Menopause: diagnosis and management*. London: National Institute for Health and Care Excellence; 2015. Para 1.4.2.
- ⁶⁶ National Institute for Health and Care Excellence. *Menopause: diagnosis and management*. London: National Institute for Health and Care Excellence; 2015. Para 1.4.4.
- ⁶⁷ 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.
- ⁶⁸ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.3.
- ⁶⁹ 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.
- ⁷⁰ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.3.
- ⁷¹ National Institute for Health and Care Excellence. *Depression in adults: treatment and management*. London: National Institute for Health and Care Excellence; 2022. Para 1.3.3.
- ⁷² 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.
- ⁷³ NHS. *Social prescribing frequently asked questions*. See '[Will social prescribing link workers be found only in general practice and Primary Care Networks \(PCNs\)?](#)' (accessed 4th April 2025).
- ⁷⁴ NHS. *Social prescribing*. [NHS England » Social prescribing – frequently asked questions](#) (accessed 4th April 2025).

© Rethink Mental Illness 2025

Last updated: November 2024

Next update: November 2027, Subject to any changes

Version: 12

This factsheet is available in large print.

Rethink Mental Illness Advice and Information Service

Phone: **0808 801 0525**

Monday to Friday 9:30am – 4pm
excluding bank holidays.

Webchat service available

Did this help?

We'd love to know if this information helped you or if you found any issues with it. Drop us a line at:

feedback@rethink.org

Or write to us at:

Rethink Mental Illness,
28 Albert Embankment,
London, SE1 7GR.



We are the charity for people severely affected by mental illness, no matter what they're going through.

For further information on Rethink Mental Illness

Phone: **0121 522 7007**

Email: info@rethink.org



Need more help?

Rethink Mental Illness, a company limited by guarantee. Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 28 Albert Embankment, London, SE1 7GR. Authorised and regulated by the Financial Conduct Authority (Firm Registration Number 624502).
© Rethink Mental Illness

Go to www.rethink.org for information on Mental health conditions and symptoms, treatment and support, physical health and wellbeing, ethnic minorities and mental health, LGBT+ mental health, mental health laws and rights, work, studying, and mental health, police, courts, and prison, and advice for carers.

Do not 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.

Do you have accessibility tools for this information?

You can find this information on our website at www.rethink.org. There is an accessibility function on this webpage called **Recite**. On the desktop site, click on the icon in the top right-hand corner next to 'Donate.' On the mobile site, scroll right and click on the 'Turn on accessibility' icon.

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 rethink.org/donate or call 0121 522 7007 to make a gift.

We are very grateful for all our donors' generous support.



rethink.org