Module: Depression

Overview

Learning objectives

- Promote respect and dignity for people with depression.
- Recognize common symptoms of depression.
- Know the assessment principles of depression.
- Know the management principles of depression.
- Perform an assessment for depression.
- Use effective communication skills in interactions with people with depression.
- Assess and manage physical health conditions as well as depression.
- Assess and manage emergency presentations of depression (see Module: Self-harm/suicide).
- Provide psychosocial interventions for people with depression and their carers.
- Deliver pharmacological interventions as needed and appropriate, considering special populations.
- Plan and perform follow-up for depression.
- Refer to specialists and link with outside services where appropriate and available.

Key messages

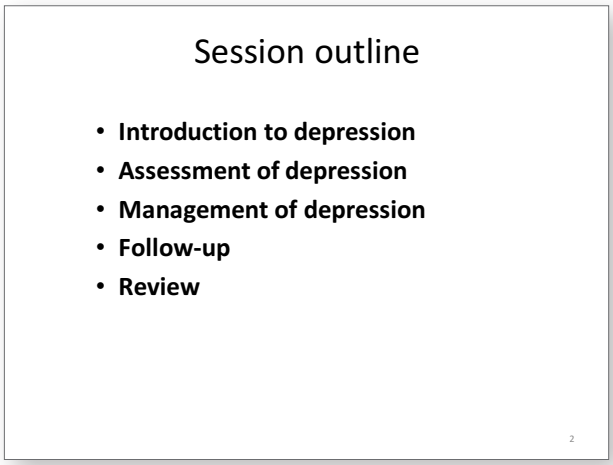
- Depression commonly presents with:
  - Multiple persistent physical conditions with no clear cause.
  - Low energy, fatigue and sleep problems.
  - Persistent sadness or depressed mood and anxiety.
  - Loss of interest in activities that are normal and pleasurable.
- Depression results from a combination of biological, psychological and social factors which significantly impact on a person's ability to function in daily life.
- You can use the mhGAP-IG to assess and manage people with depression.
- You can use effective communication skills to deliver psychosocial interventions to everyone with depression including:
  - Psychoeducation for the person and their carer/family.
  - Strategies to reduce stress and strengthen social support.
  - Promoting functioning in daily activities and community life.
- Many people with depression benefit from brief psychological interventions if available.
- Many people with depression benefit from being prescribed antidepressants that need to be continued for at least 9–12 months after the resolution of symptoms.
- Special populations to consider are children, adolescents and women who are pregnant or breastfeeding.

Session	Learning objectives	Duration	Training activities
1. Introduction to depression	Recognize the common symptoms of depression Promote respect and dignity for people with depression	50 minutes	**Activity 1: Person's story followed by group discussion** Use the person's story to introduce depression **Presentation on depression** Use the person's story to illustrate the presentation on: • Symptoms of depression • Contributing factors to depression • How depression impacts on a person's life • Why it is a public health priority
2. Assessment of depression	Know the assessment principles of depression Use effective communication skills in interactions with people with depression Perform an assessment for depression Assess and manage physical health conditions in depression Assess and manage emergency presentations of depression (see Module: Self-harm/suicide)	40 minutes 30 minutes	**Activity 2: Video demonstration: Assessment** Use videos/demonstration role play to show an assessment and allow participants to note: • Principles of assessment (all aspects covered) • Effective communication skills (what and how this is done) **Activity 3: Role play: Assessment skills** Participants practise how to assess for depression Feedback and reflection
3. Management of depression	Know the management principles of depression Provide psychosocial interventions for persons with depression and their carers Deliver pharmacological interventions where appropriate, considering special populations Refer to specialists and link with outside services where appropriate and available	50 minutes 30 minutes 30 minutes	**Activity 4: Management of depression – which interventions?** Poster presentations and discussions on delivering management interventions **Activity 5: Video demonstration: Managing depression** Use video/demonstration role play to evaluate a management session discussing use of pharmacological and psychosocial interventions **Presentation and quiz on pharmacological interventions** **Activity 6: Role play: Psychosocial interventions** Feedback and reflection
4. Follow-up	Plan and perform follow-up for depression	30 minutes	**Activity 7: Video demonstration: Follow-up** Video with an improving patient at follow-up
5. Review		15 minutes	Multiple choice questions
Total duration (without breaks) = 4 hours 30 minutes			

Step-by-step facilitator's guide

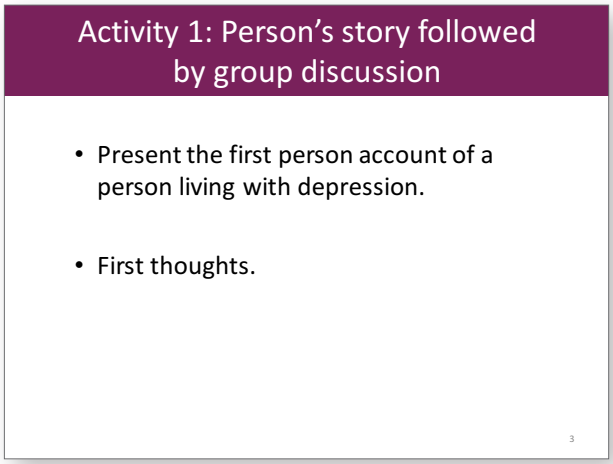
Session 1. Introduction to depression

50 minutes



Begin the session by briefly listing the topics that will be covered.

Activity 1: Person's story followed by group discussion



How to use the **person story technique**.

Introduce the activity (DEP supporting material person stories 1/2/3) and ensure participants have access to pens and paper. Choose one story and tell it – be creative in how you tell the story to ensure the participants are engaged.

First thoughts – give participants time to give their immediate thoughts on what they have heard. Encourage them to reflect on what it may feel like to live with depression and how depression impacts on a person's life.

Facilitate a brief group discussion in plenary (maximum five minutes) about local terms and descriptions used to describe depression.

Gather a consensus about how people with depression are treated and perceived by the local community.

Make a note of the group's answers on a flip chart or black/white board.

Core symptoms of depression

- Persistent depressed mood.
- Markedly diminished interest in or pleasure from activities.

5

Remind participants of the descriptions of symptoms they heard in the person story at the beginning of the session.

Highlight the two core symptoms of depression:
- Persistent depressed mood.
- Markedly diminished interest in, or pleasure from, activities.

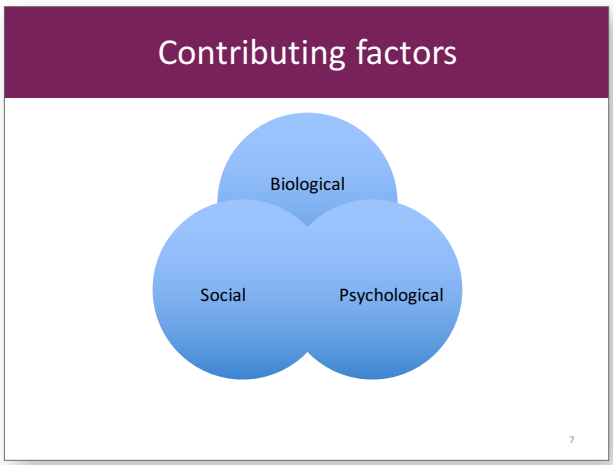
Encourage participants to think of any presentations and then show the next slide.

Common presentations of depression

- Multiple persistent physical symptoms with no clear cause
- Low energy
- Fatigue
- Sleep problems (sleeping too much or too little)
- Anxiety
- Significant change in appetite or weight (weight gain or loss)
- Beliefs of worthlessness
- Excessive guilt
- Indecisiveness
- Restlessness/agitation
- Hopelessness
- Suicidal thoughts and acts

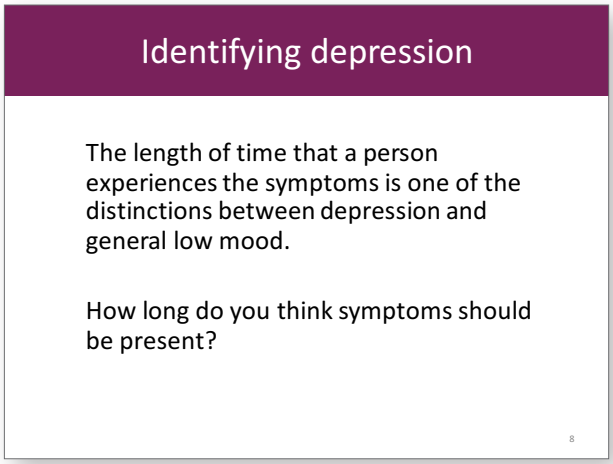
6

Encourage participants to think of any presentations that are not included in the list and/or expand on any of these presentations from personal/professional experiences of interacting with someone with depression.



Explain that depression results from a complex interaction of social, psychological and biological factors.

For example, explain that people who have gone through adverse life events (unemployment, bereavement, psychological trauma) are likely to develop depression. Their depression can, in turn, lead to the person experiencing more stress and dysfunction (such as social isolation, indecisiveness, fatigue, irritability, aches and pains), thus worsening the person's life situation and the depression itself. Biological factors may contribute to a person developing depression, such as a person with a family history of depression.

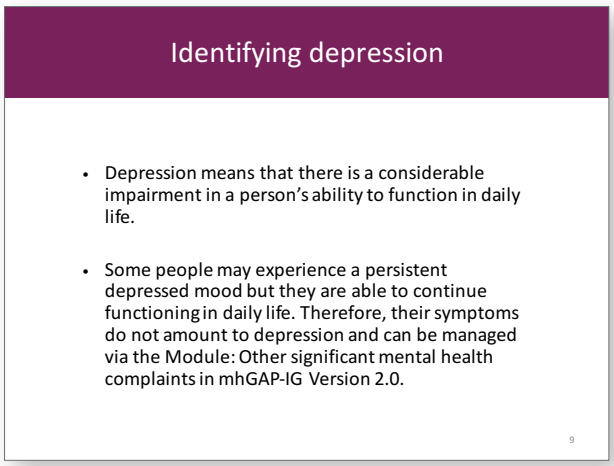


Identifying depression
Explain that differentiating between depression and low mood is an important skill. Low mood is normal and transient; many people can experience low mood from time to time. Depression lasts longer and has a profound impact on a person's ability to function in everyday life.

Therefore, when identifying depression, it is important to consider both:
- The duration of the symptoms.
- The effect on daily functioning.

Ask the participants to think back to the story they heard at the beginning of the session and any knowledge they have from their own experience of working with people with depression and consider how long the symptoms have been present. Explain that they can use their mhGAP-IG to find the answer.

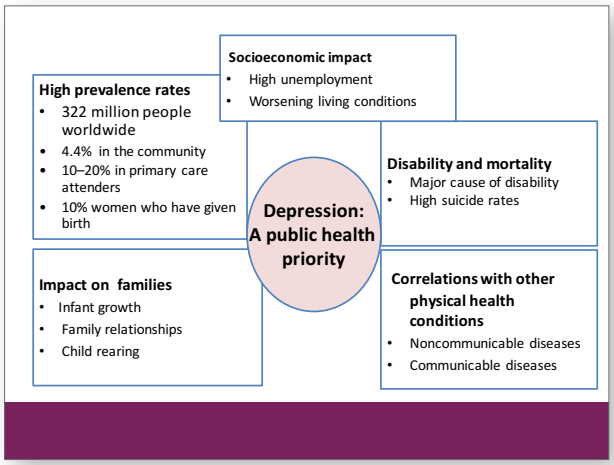
Explain that to identify depression, symptoms must be present for at **least two weeks**.



Identifying depression

Explain that depression has a significant impact on the person's ability to function in daily life. In many cases depression can reduce a person's ability to carry out daily tasks such as cooking, cleaning, washing etc. Those with depression may struggle with getting out of bed and/or engaging in any activities of daily living.

If a person is experiencing persistent low mood but continues to function in their everyday life then they have symptoms not amounting to depression, which is covered within the Module: Other significant mental health complaints in the mhGAP-IG.



Explain to participants that depression is a public health priority. Explain the prevalence rates stated in the slide:

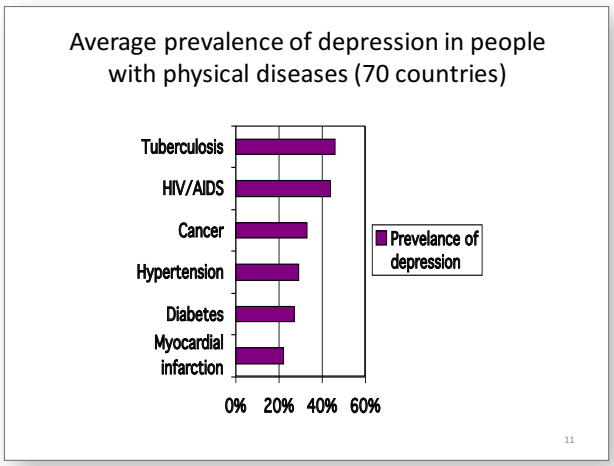
1. It is estimated that more than 322 million people worldwide suffer from depression, resulting in a prevalence rate of 4.4% in the general community and accounting for 10–20% of people who attend primary health-care clinics.

   There is at least a 10% prevalence rate of depression amongst women who have given birth. This is called post-partum depression.

2. Emphasize that by 2030, depression is expected to be among the diseases with the highest burden everywhere in the world. The term "burden" reflects both mortality and disability. Mental disorders are extremely disabling, causing many people not to function well in their daily lives.

3. Explain that depression impacts on family life, including: child development (infant growth), family relationships and the way parents raise their children.

4. Explain the socioeconomic impacts. People with depression are often unable to work, leading to high levels of unemployment; families may lose the main household earner, therefore the family's living conditions may deteriorate. Also, as will be discussed in the next slide, depression is correlated with other physical health conditions. All this makes depression an important public health concern in all countries.

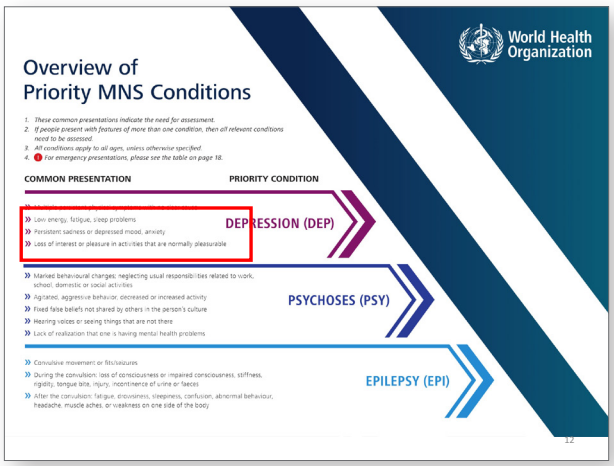


Explain that the relationship between depression and physical health is particularly important to focus on in non-specialized health settings.
Physical conditions can often manifest themselves first, and, if health-care providers only focus on the physical symptoms, the real cause of the problem may go undetected.

Describe the findings on the slide. Highlighting the prevalence of:
- Co-occurring conditions such as diabetes, TB, HIV/AIDS, cancer, hypertension, myocardial infarction.

Explain that research has also shown that depression can:
- Predispose people to other conditions, e.g. myocardial infarctions.
- Depression can also reduce adherence to treatment for chronic diseases including HIV and TB.

Ask the group to share experiences in their clinics of times when they observed someone with depression and a co-morbid physical condition.



Direct participants to the master chart in the mhGAP-IG Version 2.0 (page 16).

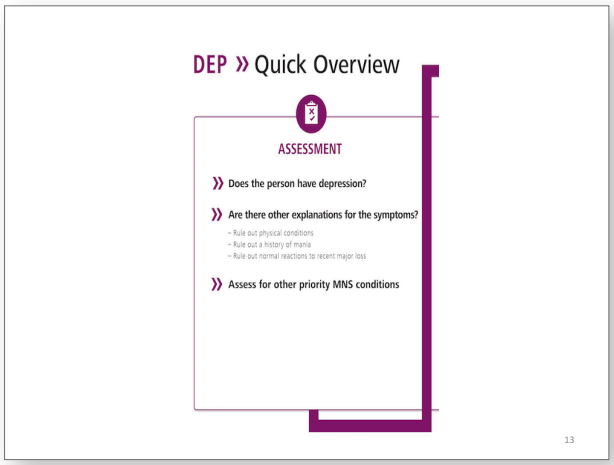
Review the common presentations.

Ask participants to think about how easy or hard it would be to identify depression in their practice.

Session 2. Assessment of depression

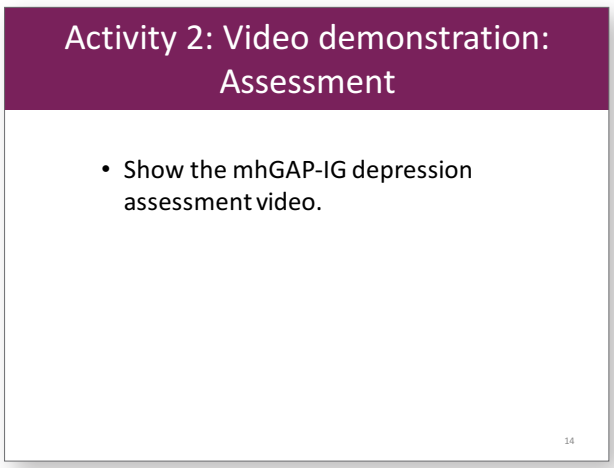
1 hour 10 minutes

Activity 2: Video demonstration: Assessment

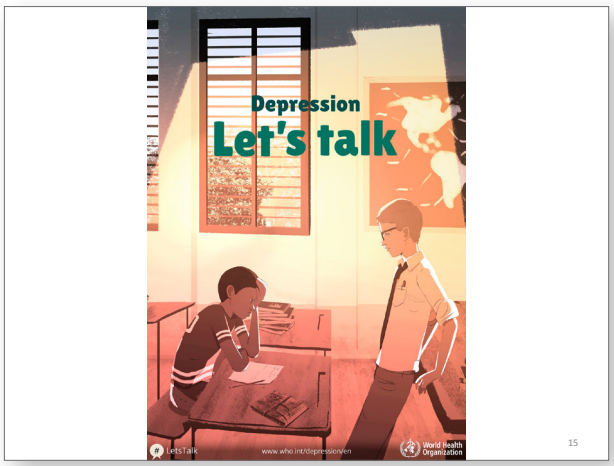


Instruct participants to turn to the assessment page in the mhGAP-IG Version 2.0 page 20.

Describe the principles of assessment for depression as on the slide.

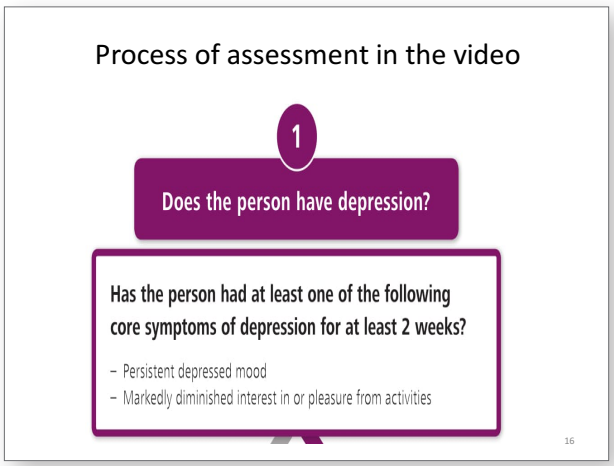


Explain to participants that you are going to show them a video of "Sarah" being assessed for depression (https://www.youtube.com/watch?v=hgNAySuIsjY&index=1&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v). During the video, ask the participants to scan the depression assessment algorithm in the mhGAP-IG Version 2.0 (page 21) to follow the assessment and then discuss it.



After the video explain that:

- Depression may not always be obvious.
- The person often does not know about their condition.
- It is not always necessary to use the term depression to explain what they are experiencing; rather use their own words and their own descriptions to make it easier for them.
- Patience, trust and a good relationship with the person is essential to identifying depression. Use effective communication skills to understand what is happening to them (remind them of the skills taught in Module: Essential care and practice).
- Although depression is common, it can be hard to identify.

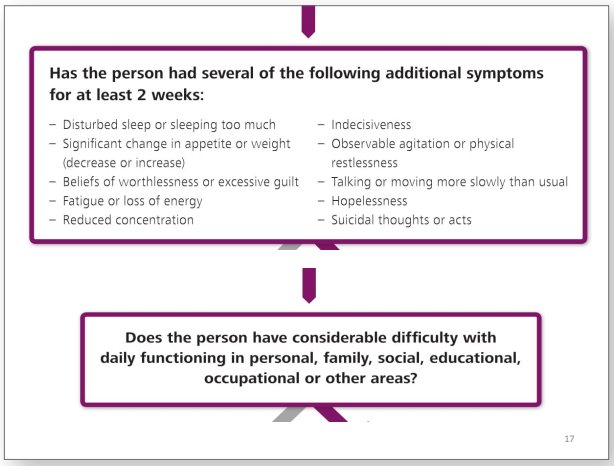


In plenary, use the mhGAP-IG algorithm to decide:

- Does Sarah have depression?
- Did Sarah have at least one of the core symptoms of depression in the past two weeks?

Seek group consensus.

Ask the group how the health-care provider found out how long the symptoms lasted?



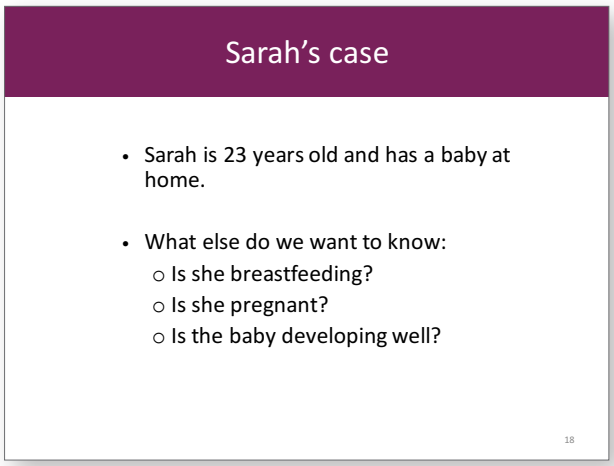
Ask the group if Sarah had any of the additional symptoms in the past two weeks?

Concepts such as "reduced concentration" can be difficult to express. During assessment, ask about activities that require good concentration, such as cooking a meal, reading, listening, watching TV, reciting prayers etc.

Did Sarah have considerable difficulty with daily functioning in personal, family, social, educational, occupational or other areas?

If participants struggle to identify difficulties with daily functioning in the video, remind them that Sarah said, "The little one is only one. I hardly feed and clean her or play with her anymore! Not only that but I am not cooking or cleaning the house either."

Ask participants to suggest questions they could ask to find out this information.



Highlight to the group that in Sarah's case we learned that she had a baby at home.

Ask the following question before revealing the answers:

With that knowledge, what other information do we want to know about Sarah?

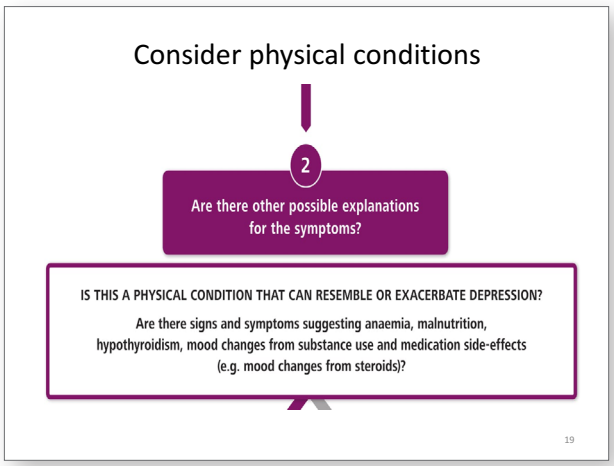
After receiving a few answers from the participants, reveal the answers on the slide and then explain that:

If the woman is breastfeeding or pregnant, it may change the decision regarding medications.

Explain that there are "special populations" (turn to page 26 of mhGAP-IG Version 2.0) for whom interventions may differ, such as women who are pregnant or breastfeeding.

Ask participants why they think that is?

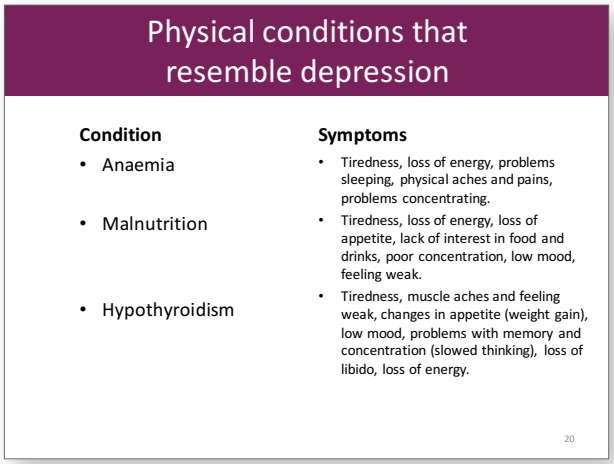
Explain that children and adolescents are considered a special population and to understand the presentation and management of depression in children and adolescents you need to go to the Module: Child and adolescent mental and behavioural disorders in the mhGAP-IG Version 2.0.



Ask the group: How did the health-care provider rule out other possible explanations for the symptoms?

Remind participants that Sarah had her own understanding of what might be happening to her – that she had cancer.

Is this possible? How would you check for this?



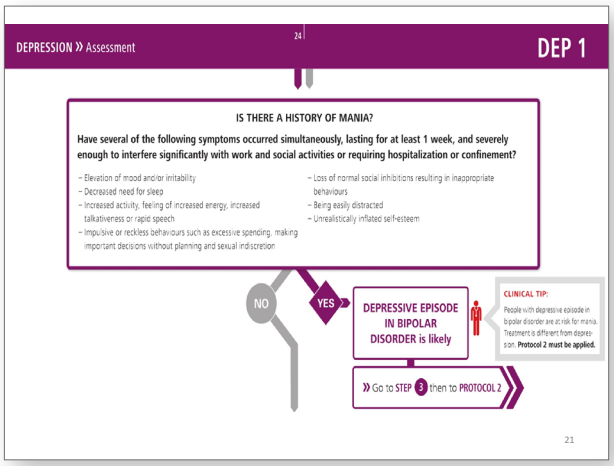
Emphasize again that there are challenges in identifying depression.

Explain that there are several other conditions that resemble depression. Therefore, it may take a number of meetings to establish if the person has depression.

Describe the symptoms of anaemia, malnutrition and hypothyroidism and how they resemble depression (as described in the slides).

Ask participants to reflect on ways they could mitigate the risk of missing depression.

Explain that a thorough psychosocial, medical and mental health assessment is essential. Regular follow-up will help to ensure that the correct identification is made.



Continue with the assessment algorithm in the mhGAP-IG.

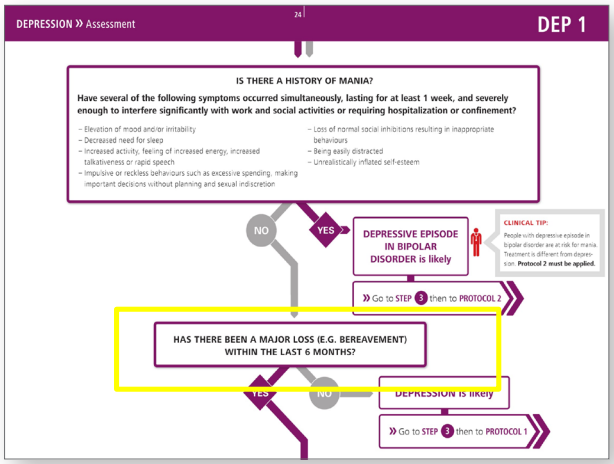
Explain that depression can be present as a part of bipolar disorder.

Explain that bipolar disorder is characterized by episodes in which a person's mood and activity level are significantly disturbed. The symptoms are reflected on the slide and in page 24 of the mhGAP-IG Version 2.0.

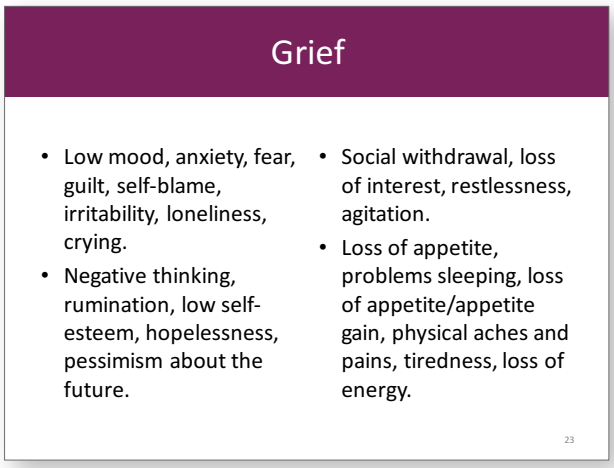
Ask if participants have taken care of someone with mania in the past. What are the symptoms?

Give an example of the common presentation of someone with mania – in the form of a person's story (see DEP supporting material person story 4). After the person's story, discuss the symptoms of mania that the person demonstrated.

Explain that depression and mania can follow one another together in the form of bipolar disorder. This will be discussed in more detail in the Module: Psychoses.



Explain that in addition to ruling out a history of mania, assess whether there has been a major loss (bereavement) in the past six months. A normal grief reaction could account for the symptoms the person is experiencing.

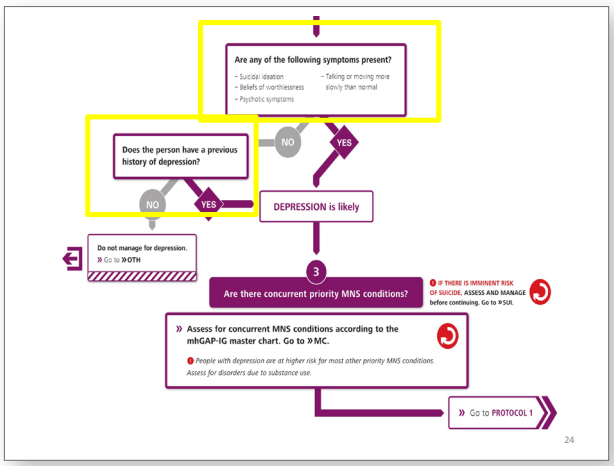


Depression and grief
Explain that grief is a normal reaction to loss. Many people who experience grief report feeling similar symptoms to depression.

Describe the common experiences of grief as shown on the slide.

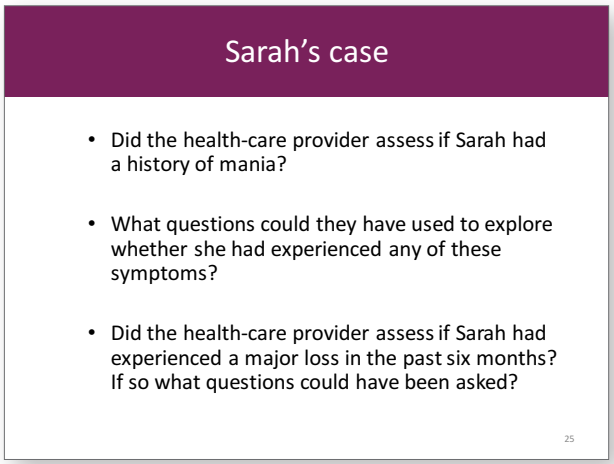
Explain that grief and people who are grieving are examples of why it is important to be open, non-judgemental and attentive to the other person's experience to fully understand the problem.

Responding to a significant loss with grief is normal and the person should be supported to grieve in culturally appropriate ways.



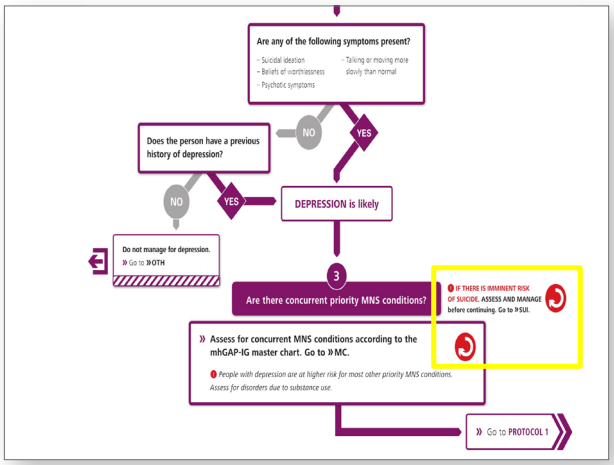
Emphasize that grief must be considered if:

- Symptoms last more than six months;
- Severe symptoms are present – as listed in the slide and mhGAP-IG Version 2.0 page 25; and
- There is previous history of depression.



Bring the group's focus back to the assessment of Sarah that they saw in the video and ask the questions on the slide.

Make a note of any appropriate questions suggested by participants, as they can use these during the role plays.



Assessing for self-harm/suicide
Point out the instruction in the algorithm to ask and assess for an imminent risk of suicide and ask participants: How did the health-care provider address suicide?

Explain that depression can be associated with suicide.

The assessment and management of self-harm/suicide will be covered in detail later in the training.

Assess for imminent risk of suicide

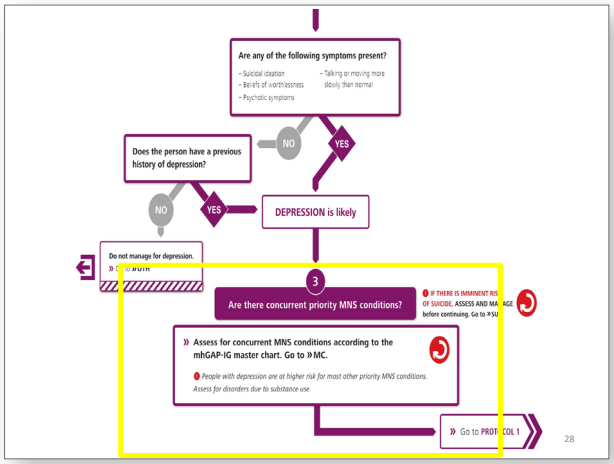
- Talking about self-harm/suicide is **ESSENTIAL.**
- Talking about self-harm/suicide **DOES NOT** increase the risk that the person will commit self-harm/suicide.
- If there is a risk of self-harm/suicide then **GO IMMEDIATELY TO MODULE: SELF-HARM/SUCIDE IN THE mhGAP-IG AND FOLLOW THE STEPS TO MANAGE SELF-HARM/SUICIDE.**

27

For now, it is important to know the three points in the slide.

Having emphasized these points, return to discussing Sarah's case and say:

In Sarah's case she has emotional distress, she is very tearful and feels hopeless. Should we ask about suicide?



Continue discussing the video assessment with Sarah and ask participants:

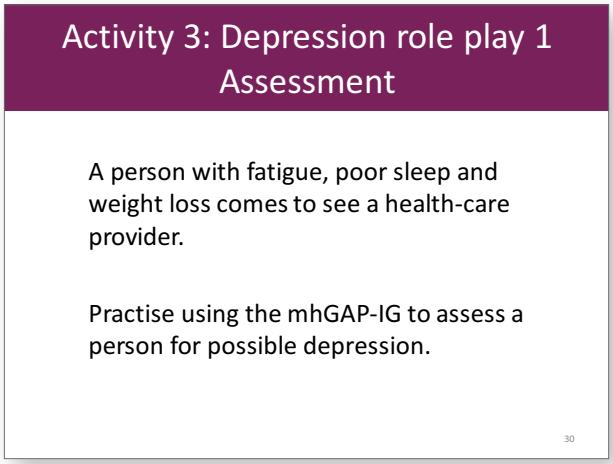
Did Sarah have any other co-occurring priority MNS conditions?

Explain that if participants suspect any other concurrent priority MNS conditions, they should use the master chart and identify which condition they suspect and use the mhGAP-IG to assess and manage that condition.

Recognize that during the discussion about Sarah, the group has already been made aware of special populations, such as women who are pregnant or breastfeeding, but take this chance to choose a volunteer to read through the mhGAP-IG Version 2.0 for working with special populations (page 26).

Answer any queries that the participants may have.

Activity 3: Role play: Assessment skills



See DEP supporting material role play 1.

Print the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency assessment form (see ToHP training forms) in order to assess the participants.

Duration: 30 minutes.

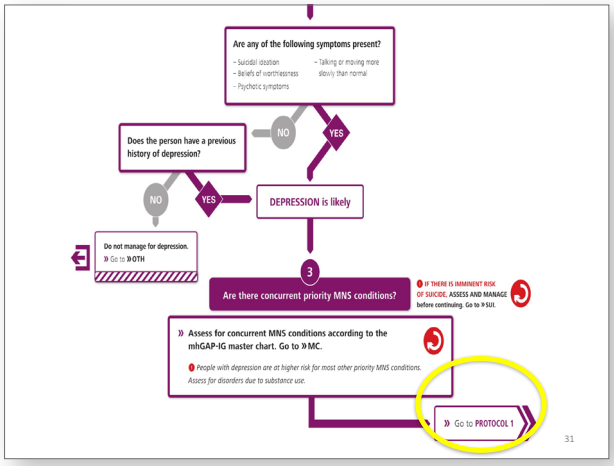
Purpose: This role play gives participants an opportunity to practise using the mhGAP-IG to assess for possible depression.

Situation:
- A person with fatigue, poor sleep and weight loss comes to see health-care provider.

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one to play the role of the person seeking help and one to play the role of the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

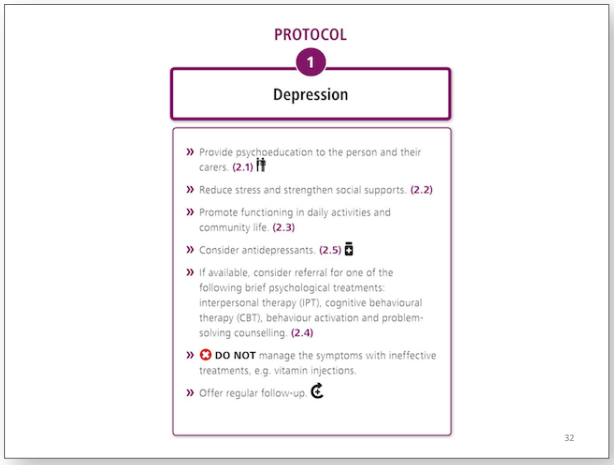
Session 3. Management of depression

1 hour and 50 minutes

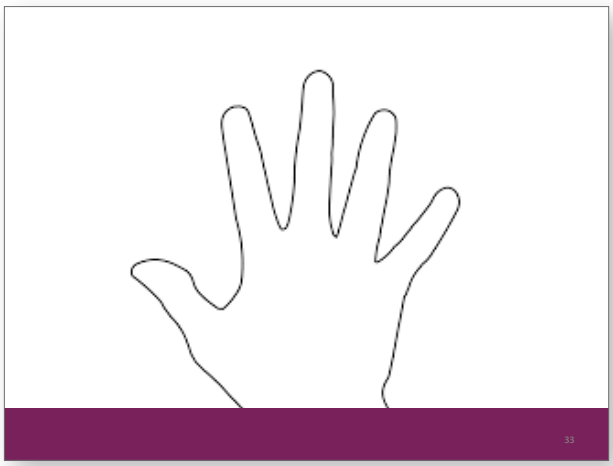


Direct participants back to the final stage of the assessment algorithm in the mhGAP-IG Version 2.0 (page 25).

Explain that if the assessment leads to the conclusion that the person has depression they should "Go to Protocol 1" in the mhGAP-IG Version 2.0 (page 26).



Briefly let the participants read through Protocol 1 and move on to the next slide.

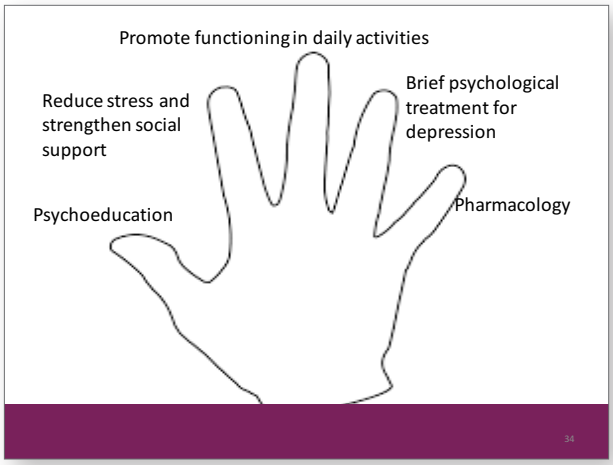


Remind participants how the management "hand" works (described when teaching the Module: Essential care and practice).

Explain that choosing the appropriate intervention is the first step to developing a treatment plan with the person.

Ask participants to name some of the interventions they could use for depression according to the Module: Essential care and practice.

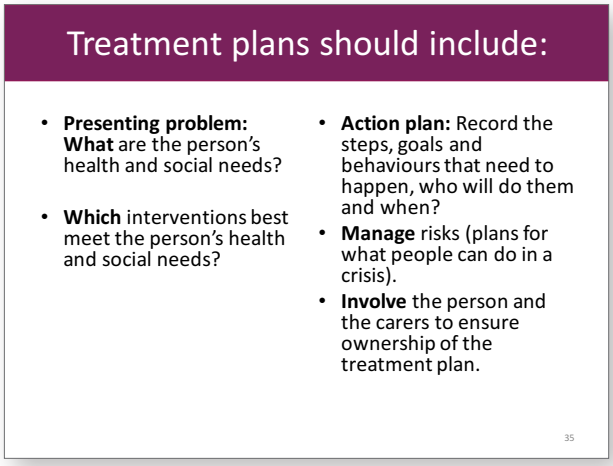
Give the participants a few minutes to suggest some interventions before moving on.



Explain the management for a person with depression.

Explain that depending on the person you are caring for, you can use one or two of these interventions, or you can use all five.

The choice of intervention will depend on a collaborative discussion with the person.



Explain to participants that for the best results, it is essential to involve the person in developing the treatment plan (remind participants of the discussion on treatment planning from the Module: Essential care and practice).

Talk through each point on the slide using the following notes.

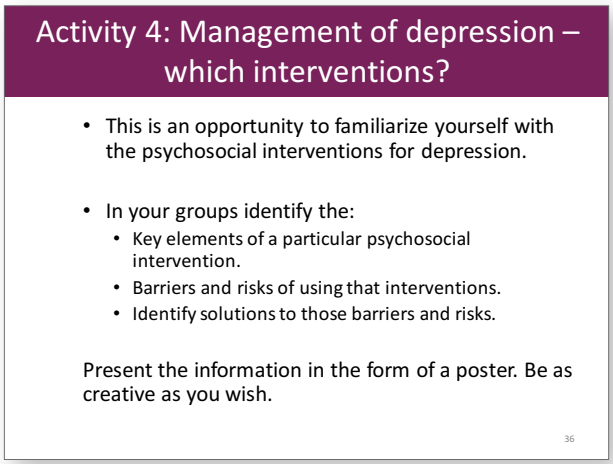
A treatment plan sets out:

- The presenting problem, including the person's health and social needs. For example, does the person have a physical condition in addition, which needs medical attention; does the person need help in accessing social supports, etc.
- Which interventions will be used for which needs and why.

- Actions – record what actions and behaviours need to happen and who will do them.
- Plans for managing risk – plan for what people can do in a crisis and a plan which can be used and understood by the individual and their families, carers and other agencies, as well as colleagues, in a crisis.
- Involve the person so it is something which people feel they own and can engage with. If the person with depression and their carer understands what you are trying to do, they are more likely to do it. So, involve them.

A treatment plan must be based on a thorough assessment of need. This is true for both psychosocial and pharmacological interventions.

Activity 4: Management of depression – which interventions?



Duration: 50 minutes.

Purpose: This activity aims to familiarize participants with different management interventions (as described in the mhGAP-IG). In three groups the participants will:
- Present the basics elements of the management interventions.
- Identify possible barriers and/or risks of using these interventions.
- Identify solutions to these barriers.

Setting up the activity:
- Set up the room with three distinct areas with a table in the middle of each area.
- In each area put pieces of flip chart paper, pens and sticky notes on the table.
- Label the distinct areas according to three management interventions:
  - Psychoeducation.
  - Reducing stress and strengthening social supports.
  - Promoting functioning in daily activities and community life.
- Split the group into three smaller groups.
- Assign different groups to different areas.
- Ask each group to:
  - Identify the basic elements of the particular intervention.
  - Identify any barriers and/or risks to providing that intervention.
  - Identify solutions to those barriers and risks.

Ask the participants to present the basics, barriers and solutions in a poster format. They can be as creative as they want, as long as they remember that their posters will be used to teach the rest of the group about that particular intervention.

Once the posters have been completed, put them on the wall and have the groups come back together as a whole and talk through each poster – teaching the rest of the group about that intervention and evaluating the messages.

Instructions:
In your groups you have 15 minutes to think of:
- The basic elements of the particular management interventions.
- Any barriers and/or risks to using that intervention.
- Solutions to those barriers and/or risks:
  - Psychoeducation: Provide information about depression to the person and/or carer.
  - Reduce stress and strengthen social supports: Offer strategies to address current psychosocial stressors to a person and/or carer. This can include linking people with different social organizations and activities that may offer activities that engage a person.

– Promote functioning in daily activities: Offer strategies to help a person resume daily activities and chores. This can include linking the person with different organizations including education, social and legal organizations.

Ensure the posters include some of the following messages when they are discussing the basic elements.

Psychoeducation:
- What depression is, and its expected course and outcome.
- Depression is very common and it does not mean that the person is lazy or weak.
- Other people may not understand depression because they cannot see it and they may say negative things to you (insert any local stereotypes) but depression is not your fault.
- People with depression often have negative thoughts about their life and their future, but these are likely to improve once the depression is treated and starts to improve.
- What carers and families can do to support the person.
- Range of available treatments and their expected risks and benefits.
- Potential side-effects of any medication and how the person and/or family/carer can monitor it.
- Any potential referrals to other organizations that may support them, why this would be done and how it might help.
- Importance of the person being involved in the treatment, i.e. what the person can do to reinforce feeling better.

Reducing stress and strengthening social supports:
- Using psychoeducation to explain that when people are depressed they often stop doing the things that make them feel good. This can make the depression worse.
- Activities that used to be fun can help people recover from depression.
- Problem-solving to reduce stress with examples of how they would do that.
- Relaxation activities.
- Activities such as seeking further support from friends/family members that they are close to. Use activities that they know help them. Use reading, religion, inspiring phrases that give them strength.
- Linking people to different organizations to encourage engagement.

Promoting functioning in daily activities:
- Use psychoeducation to explain that when people are depressed they often have problems engaging in daily activities.
- Discuss activities and tasks that the person could do to give them a routine and structure to their day.
- Explain that although it may be difficult to get back to the activities the patient enjoys, it is important to slowly start to engage in them again. Discuss with the person and their carer activities that they used to enjoy and how to re-engage with them.
- Try spending time with trusted friends and family members.
- Try to participate in community and other social activities.
- Sleep hygiene messages to promote good sleep.
- Discuss diet and the importance of eating regularly despite change in appetite.
- Discuss the benefits of regular exercise.
- Linking the person to different organizations for educational, social, legal, educational or livelihood support.

When to refer

Consider a referral to a mental health specialist (where available):

- If a person with depression shows any signs of psychotic symptoms (e.g. hallucinations and delusions).
- If the person presents with bipolar disorder.
- If the person is pregnant or a breastfeeding woman.
- In the cases of people with self-harm/suicide.

Consider a referral to a hospital:

- If a person is non-responsive to treatment.
- If a person shows serious side-effects of any pharmacological interventions.
- If a person needs further treatment for any comorbid physical condition.
- There is a risk of self-harm/suicide.

37

Before showing this slide, ask participants: When should they consider a referral to a mental health specialist? Wait to hear a few answers from participants and then discuss the points described in the slide.

Then ask participants: When would they consider referring someone with depression to a hospital? Wait for a few answers then discuss the points of the slide.

It is also useful to ask participants to identify relevant specialists and hospitals in their area.

Link with other sectors

- Linking people with other sectors ensures:
  - That the person receives a comprehensive package of care.
  - It fulfils parts of the psychosocial interventions, e.g. in order to *promote functioning in daily activities and community life.* If the person has identified that they would like to return to their studies and/or start a livelihood activity, it is important to link them to livelihood organizations.

38

Explain that delivering psychosocial interventions requires linking people with other organizations, especially if the person indicated an interest in engaging with any educational, social, legal, educational or livelihood support.

Ask the participants to brainstorm and come up with organizations in their local setting that they could refer to. Give them five minutes to do this.

Brief psychological treatments

- As first-line therapy, health-care providers may select psychological treatments and/or antidepressant medication.
- When deciding, they should keep in mind the:
  - Possible adverse effects of antidepressant medication.
  - The ability to deliver either intervention (in terms of expertise, and/or treatment availability).
  - Individual preferences of the person.

39

Explain that mhGAP-IG recommends **brief psychological treatments** as frontline treatments for depression.

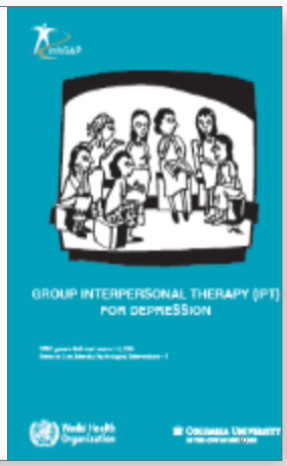
These interventions need to be delivered by trained individuals and the person should be supervised.

Explain that next we will have a look at brief psychological treatments recommended by WHO.

Explain that such brief interventions are not available in many settings yet. Ask the participants what psychological treatments are available in their setting. Then provide a description of WHO brief psychological treatments – from the next few slides.

Group interpersonal therapy (IPT)

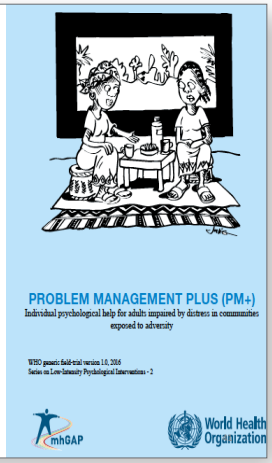
- Assumes that depression is triggered by interpersonal difficulties in one or more problem area:
  - grief
  - interpersonal disputes
  - role transitions
  - Interpersonal deficits.
- By understanding the relationship between interpersonal events and stress, and by helping the person improve their skills to handle these events, we can help the person recover.



Using the points on the slide explain what **group interpersonal therapy** is.

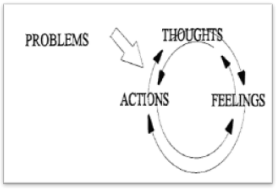
Multi-component behavioural treatment (PM+)

- Problem-solving counselling
- Managing stress (slow breathing)
- Behavioural activation
- Strengthening social supports



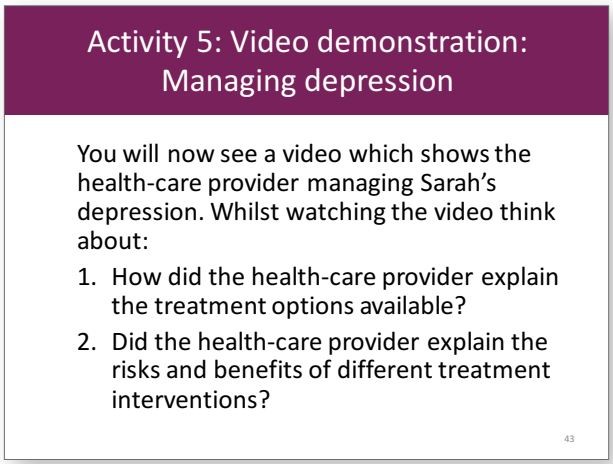
Explain that **problem management plus (PM+)** includes a variety of strategies, such as the principles of **behavioural activation** to have people schedule activities that they may have been avoiding in order to improve their mental well-being.

Thinking healthy – cognitive behavioural therapy for perinatal depression

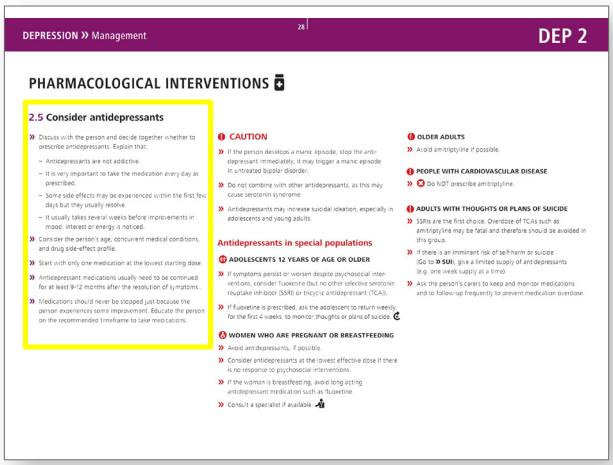


Explain that **"thinking healthy"** uses the principles of **cognitive behavioural therapy** (CBT – identifying the relationship between thoughts, behaviour and feelings) to treat women with perinatal depression.

Activity 5: Video demonstration: Managing depression



Show part 2 of the mhGAP-IG video "managing depression" (https://www.youtube.com/watch?v=hdR8cyx2iYU&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=2). While watching, ask participants to think about the questions on the slide.



Presentation on pharmacology

Direct participants to mhGAP-IG Version 2.0 page 28 point 2.5 (Consider antidepressants).

Have a participant read aloud the points described.

Highlight the importance of discussing whether to start antidepressants or not, together with the person.

The person should be involved in the decision-making process and understand the risks and benefits of taking medication.

Explain how important it is that people understand how to take medication properly and safely.

They should know what to expect when taking medication, e.g. any side-effects, when to expect to see an improvement, etc.

Pharmacological interventions: When NOT to prescribe

- **Do not** prescribe an antidepressant if there is no depression. For example:
  - When the symptoms do not last two weeks and/or do not involve impaired functioning).
  - If the symptoms are part of a normal grief reaction.
  - If the symptoms are due to a physical cause.
- **Do not** prescribe an antidepressant if the person is pregnant/breastfeeding. As first-line treatment, offer psychosocial intervention first.
- **Do not** prescribe if the child is younger than 12.
- **Do not** prescribe to adolescents aged 12–18 as first-line treatment. Offer psychosocial interventions first.

45

Discuss the points on the slide individually, ensuring that people understand when NOT to prescribe antidepressants.

Explain that antidepressants can have adverse side-effects. Refer to Table 1 on page 29.

Antidepressants require that the person stays on them for a long time, as advised by the health-care provider, and this does not suit everyone.

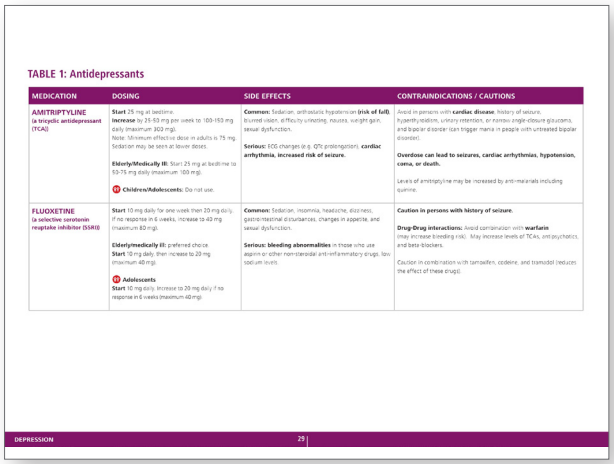


TABLE 1: Antidepressants

MEDICATION	DOSING	SIDE EFFECTS	CONTRAINDICATIONS / CAUTIONS
AMITRIPTYLINE (a tricyclic antidepressant (TCA))	**Start** 25 mg at bedtime. **Increase** by 25-50 mg per week to 100-150 mg daily (maximum 300 mg). Note: Minimum effective dose in adults is 75 mg. Sedation may be seen at lower doses. **Elderly/Medically ill:** Start 25 mg at bedtime to 50-75 mg daily (maximum 100 mg). **Children/Adolescents:** Do not use.	**Common:** Sedation, orthostatic hypotension **(risk of fall)**, blurred vision, difficulty urinating, nausea, weight gain, sexual dysfunction. **Serious:** ECG changes (e.g. QTc prolongation), **cardiac arrhythmia, increased risk of seizure.**	Avoid in persons with **cardiac disease**, history of seizure, hyperthyroidism, urinary retention, or narrow-angle-closure glaucoma, and bipolar disorder (can trigger mania in people with untreated bipolar disorder). **Overdose can lead to seizures, cardiac arrhythmias, hypotension, coma, or death.** Levels of amitriptyline may be increased by anti-malarials including quinine.
FLUOXETINE (a selective serotonin reuptake inhibitor (SSRI))	**Start** 10 mg daily for one week then 20 mg daily. If no response in 6 weeks, increase to 40 mg (maximum 60 mg). **Elderly/medically ill:** preferred choice. **Start** 10 mg daily, then increase to 20 mg (maximum 40 mg). **Adolescents** **Start** 10 mg daily. Increase to 20 mg daily if no response in 6 weeks (maximum 60 mg).	**Common:** Sedation, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction. **Serious: bleeding abnormalities** in those who use aspirin or other non-steroidal anti-inflammatory drugs; low sodium levels.	**Caution in persons with history of seizure.** **Drug-Drug interactions:** Avoid combination with **warfarin** (may increase bleeding risk). May increase levels of TCAs, antipsychotics, and beta-blockers. Caution in combination with tamoxifen, codeine, and tramadol (reduces the effect of these drugs).

DEPRESSION 29

Direct participants to page 29 of mhGAP-IG Version 2.0 (Table 1: Antidepressants). Look through the lists of WHO essential medications.

Ask participants to read the table carefully and ask any questions. Give this 10 minutes if needed.

Gain an understanding from participants on how often they have used these medications and if there is a regular supply in their primary health care facility.

Make a note of their answers as this is useful information to follow-up with in supervision.

Precautions for tricyclic antidepressants (TCAs)

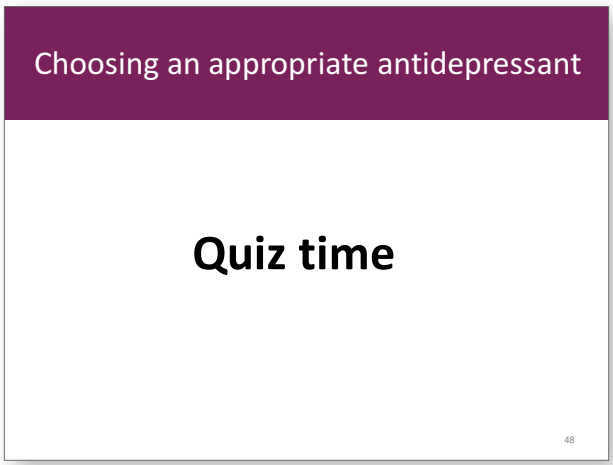
Avoid use in:

- The elderly, people with cardiovascular disease and people with dementia.
- People with ideas, plans or previous acts of self-harm or suicide – to minimize the risk of overdosing.

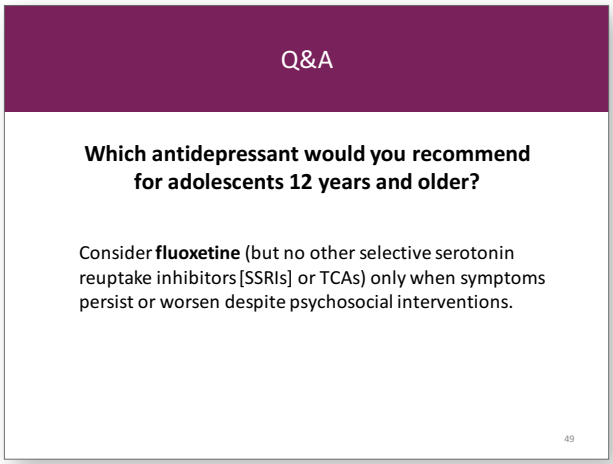
47

Use the points on the slide to explain when to avoid using tricyclic antidepressants (TCAs).

- The elderly, people with cardiovascular disease and people with dementia.
- People at risk of self-harm. Explain that the participants should ask the family to monitor the doses of TCAs in people with a risk of self-harm/suicide, as people may hide the tablets and take them all at once as a way of overdosing.



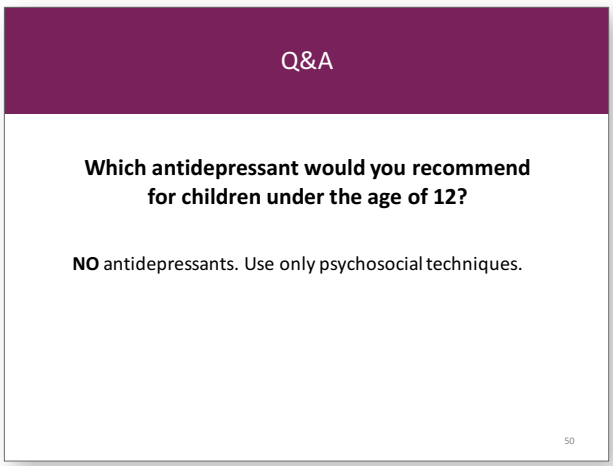
Direct participants to pages 28 and 29 in the mhGAP-IG and answer these questions:



Ask the participants the question written on the slide.

Give them one minute to find the answers in the mhGAP-IG.

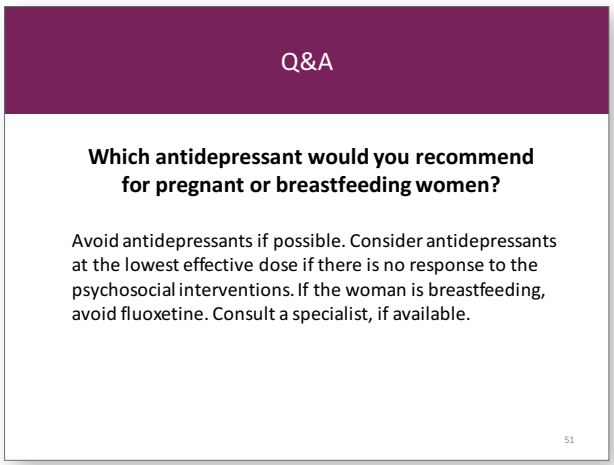
Then reveal the answer.



Ask the participants the question written on the slide.

Give them one minute to find the answers in the mhGAP-IG.

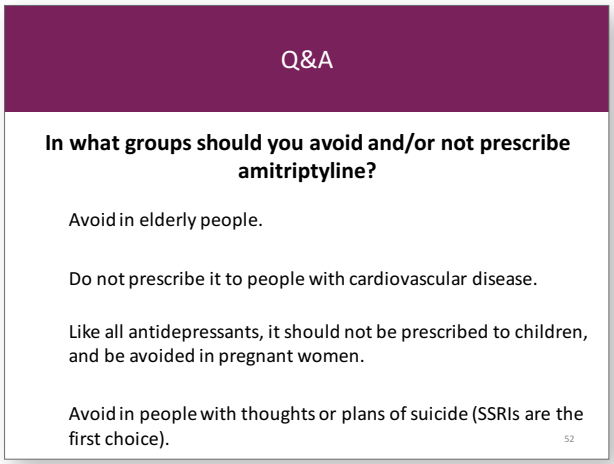
Then reveal the answer.



Ask the participants the question written on the slide.

Give them one minute to find the answers in the mhGAP-IG.

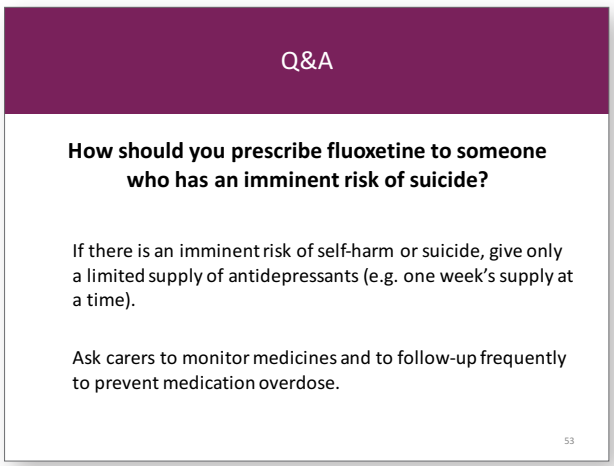
Then reveal the answer.



Ask the participants the question written on the slide.

Give them one minute to find the answers in the mhGAP-IG.

Then reveal the answer.

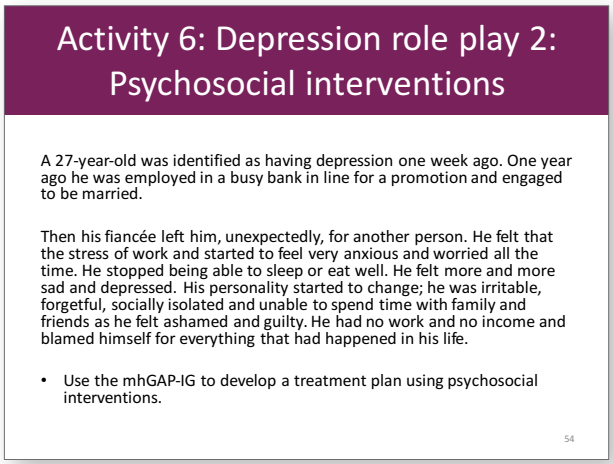


Ask the participants the question written on the slide.

Give them one minute to find the answers in the mhGAP-IG.

Then reveal the answer.

Activity 6: Depression role play 2: Psychosocial interventions



See DEP supporting material role play 2.

Print the three different instruction sheets for the participants playing the different roles.

Ensure the person playing the role of the observer also has a competency checklist (ToHP training forms) in order to assess the participants.

Duration: 30 minutes.

Purpose: This role play will give participants an opportunity to practise delivering psychosocial management interventions to a person suffering with depression.

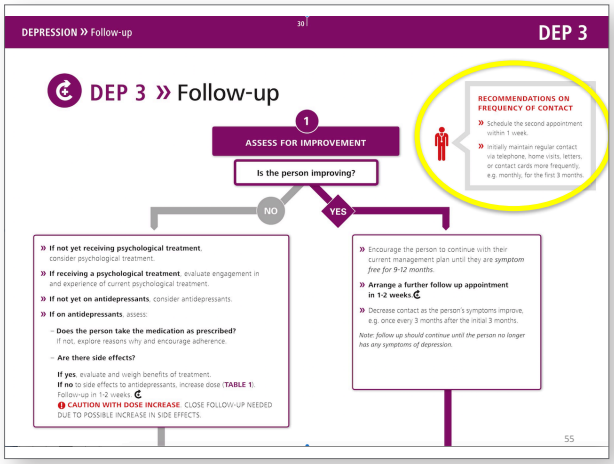
Situation:
- A 27-year-old was identified as having depression one week ago.
- One year ago he was employed in a busy bank and really enjoyed the job.
- He was in line for a promotion.
- He was in a relationship, engaged to be married and was really excited about the future.
- Then his fiancée left them, unexpectedly, for another person.
- He felt that the stress of work and the impending promotion was too much, and he started to feel very anxious and worried all the time.
- He stopped being able to sleep or eat well.
- As his mood deteriorated and he felt more and more sad and depressed, his personality started to change. He was irritable, forgetful and within weeks he had damaged his reputation at work to the point that he was fired.
- That was one year ago.
- Since then he has been very depressed. He is socially isolated, feeling unable to spend time with friends and family as he is embarrassed and ashamed about how his life has changed.
- He has no work and has money problems.
- He blames himself for everything that has happened in his life.

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one to play the role of the person seeking help and one to play the role of the observer.
- Distribute the role play instructions and competency assessment form to each person depending on their role.
- Ensure that the participants keep to the allotted time.

Session 4. Follow-up

30 minutes

Activity 7: Video demonstration: Follow-up



Ensure participants have their mhGAP-IG Version 2.0 open on page 30.

Emphasize that a crucial part of managing depression is ensuring that the participants are able to monitor and follow-up with the person with depression.

Highlight the clinical tip and explain the recommended frequency of contact.

Explain that at every follow-up session they must assess for any improvement or deterioration in the person's condition.

Possible presentations at follow-up

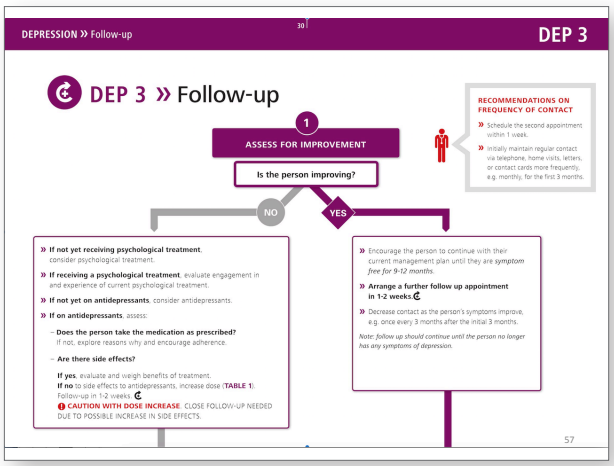
At follow up you may see people:

1. Improving (actively engaging with management interventions and their symptoms are improving).
2. Remaining the same (actively engaged in management interventions but their symptoms are remining the same) or deteriorating (the symptoms are deteriorating and the person is feeling worse).

56

Explain that at each follow-up session they may see the person either improving or remaining the same/deteriorating.

Whichever is the case, it is essential to keep communicating with the person and be flexible, adapting the intervention options as much as possible.



Direct participants to mhGAP-IG Version 2.0 (page 30) and ask them to follow the algorithm as they watch the video.

https://www.youtube.com/watch?v=F3MKvTxQvF4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=3.

Activity 7: Video demonstration: Follow-up

Show the final video of Sarah returning for a follow-up appointment with the health-care provider.

1. Which of Sarah's symptoms had improved at follow-up?
2. What new information did the health-care provider learn?
3. Why was that information important?

58

Show the final part of the mhGAP-IG depression video which involves Sarah returning for a follow-up appointment.

Ask the participants the questions on the slide.

Monitoring people on antidepressants

It is expected that people will have a positive response, but there are some results that will require action – if the person shows:

- symptoms of mania
- inadequate response
- no response.

59

Explain that if prescribing antidepressants, the participants should use the principles of psychoeducation to ensure that the individual and the carer understand the risks, benefits, how to take the medication, and what signs to look out for and monitor. Talk through the points on the slide.

What do you do when symptoms worsen or do not improve after four to six weeks (inadequate response)?

Take three important steps before increasing the dose:

1. Ensure that the assessment is correct.
2. Ensure that the person is taking the medication as prescribed.
3. Ensure that the dose is adequate.

If there is no improvement after four to six weeks at maximum dose, consult a specialist.

60

Explain that it usually takes approximately four to six weeks to feel the benefits of the medication.

If, however, a person does not experience any improvement in symptoms four to six weeks after starting antidepressants, you should consider:

- If the original assessment of depression was correct.
- If the person is taking the medication as prescribed.
- Ensure that the dose is adequate.

When and how to stop an antidepressant

If after 9–12 months of therapy the person reports no or minimal symptoms:

- Discuss the plan with the person before reducing the dose.
- Describe early symptoms of relapse.
- Plan routine and emergency follow-up.
- Reduce dose gradually over at least four weeks.

61

Explain that, just as in the case of Sarah, quite often people want to stop taking antidepressant medication as soon as they start to feel better – state that it is recommended that people continue to take antidepressants for up to 9–12 months after resolution of symptoms.

Some people want to stop because they suffer from side-effects.

It is important to ensure that proper psychoeducation has been given to the person about antidepressant medication before they start so that they understand the risks and benefits.

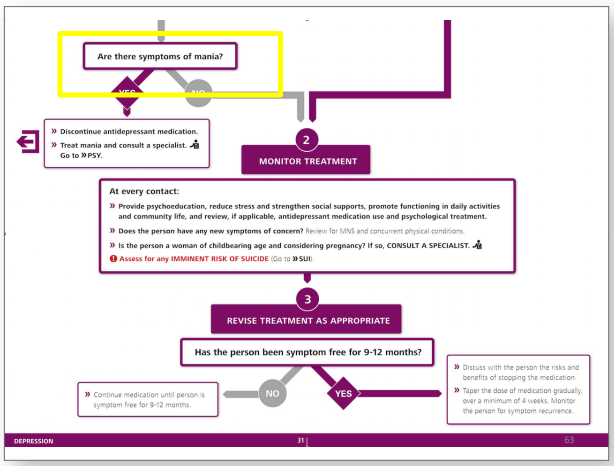
If the person chooses to stop taking medication after 9–12 months (a period of time that you would expect the medication to have been effective) then you must follow the steps explained on the slide.

Antidepressants: Summary

- Time for response to antidepressants four to six weeks.
- Treatment should continue for 9–12 months.
- Taper slowly if ceasing medication.
- Do not prescribe antidepressants to:
  - A functioning person.
  - Someone recently bereaved.
  - Children (under 12) and pregnant/breastfeeding women.
- Avoid TCAs if:
  - The person is elderly, has dementia or has cardiovascular disease.

62

Briefly talk through the summary on the slide.



Ask participants what type of management plan was developed at the end of Sarah's visit?

Emphasize the importance of assessing any changes in mental state and monitoring if any signs of mania are present. Participants may explain to you that follow-up is not possible in their clinical setting because they have too many people to see and they are too busy.

Be empathetic and explain that you understand and explain again why follow-up is so important when treating depression. Remind participants of discussions they had during the Module: Essential care and practice, about identifying barriers and solutions to providing follow-up. Remind participants that an important part of managing depression is linking people to different organizations that can help them. This is also a crucial area to explore in follow-up. Ask participants to start to plan how they can make follow-up more likely in their clinics. What would need to happen? How could they start to make this happen?

Session 5. Review

15 minutes

Duration: Minimum 15 minutes (depends on participants' questions).

Purpose: Review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

Instructions:
- Administer the depression MCQs (see supporting material DEP MCQs) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.

DEP PowerPoint slide presentation

PowerPoint slide presentation available online at:
http://www.who.int/mental_health/mhgap/dep_slides.pdf

DEP supporting material

- Person stories
- Role plays – role plays 3 and 4 are extra material for supplementary activities
- Multiple choice questions
- Video links

  Activity 2: mhGAP DEP module – assessment

  https://www.youtube.com/watch?v=hgNAySuIsjY&index=1&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v

  Activity 5: mhGAP DEP module – management

  https://www.youtube.com/watch?v=hdR8cyx2iYU&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=2

  Activity 7: mhGAP DEP module– follow-up

  https://www.youtube.com/watch?v=F3MKvTxQvF4&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v&index=3

Supporting material available online at:
www.who.int/mental_health/mhgap/dep_supporting_material.pdf