

We are here to help you

Mental Health Awareness is currently at its highest, with its own day, week, and month on the calendar. With hundreds of charities built around it. And campaigns left, right and centre coming from pretty much every private institution. The shared goal seems to be to erase the stigma around it and to encourage help-seeking.

The following study tracks what happens when support is sought. It maps out the assistance available and traces the process to access it.

Note that it includes references to suicide that some may find distressing.

If you are experiencing low mood, feelings of hopelessness, low self-esteem, lack of energy and problems with sleep, contact the NHS to book an appointment with your GP. These could be symptoms of depression.

At your surgery, you will fill in a Patient Health Questionnaire (PHQ-9), a self-report version of the Primary Care Evaluation of Mental Disorders (PRIME-MD) diagnostic tool for common mental disorders. The PHQ-9 is a brief, 9-item scale that includes only the depression-related items from the main PHQ. You score them from 0 (not at all) to 3 (nearly every day).

"Over the last two weeks, how often have you felt that you are a failure or have let yourself or your family down?"

"Over the last two weeks, how often have you thought that you would be better off dead?"

The PHQ-9 makes a tentative diagnosis of depression. Depending on the score, your GP will be able to prescribe you a Selective Serotonin Reuptake Inhibitor (SSRI). It will then reappear at each stage of the treatment for monitoring the illness' severity and response to medication or therapy.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

↓

SERTRALINE

Fast forward a couple of years later, and depression hits back more potent and more active on the outside/side. I had a depression relapse that put me back to bed. I couldn't go to work, so I checked with my GP if I could take anything. They prescribed me my first SSRI, Sertraline. Which kind of did the trick, but at least I could function.

SSRIs increase serotonin levels in the brain. Serotonin is a neurotransmitter, a chemical that carries signals between nerve cells. After delivering the information, the nerve cells reabsorb serotonin; this is the reuptake. SSRIs work by inhibiting reuptakes, leaving more serotonin for further messages.

Low serotonin levels are not the cause of mental health conditions, but a boost can improve symptoms and make people more responsive to other types of treatment.

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Medication can be a short term solution, but it might not work in the long term. You might experience relapses, some more active on the suicidal side. In case of crisis, call SAMARITANS, the charity that provides emotional support to anyone in emotional distress, struggling to cope, or at risk of suicide, through their telephone helpline. Their protocol is to let you know they won't stop you, that the decision relies on you. It will help you realise that something is holding you back from acting if you haven't done it already. Which should encourage you to find what it is that's stopping you from ending your life and hold on to it. After that, they will advise you to contact the NHS for further support. They might also suggest reaching out to other organisations such as MIND or CALM.

SAMARITANS' PHQ-9 LIKE QUESTIONS
Have you let yourself or your family down?
Would you be better off dead?

After 2 hours on the phone, I asked about the next steps. If this is a health issue, how to heal it? They said their role is limited to dissuading you from acting on it; they don't provide further support. They advised me to contact my GP, but I had already gone to my GP a couple of years earlier. All I got was Sertraline which hadn't helped in the long term. Their other suggestion was to reach out to other organisations such as Mind or CALM.

Mind is a charity that provides advice and support to empower anyone experiencing a mental health problem. They can help you understand and manage your situation when you need help. They do this through their emergency advice if you feel like you might attempt suicide or may have seriously harmed yourself. Crisis coping tools are also available if you are in a crisis and need to stay safe, or you can use their helplines if you rather talk to someone. If none of these options feels suitable for you, you can check their A-Z of mental health.

One of the difficulties with mental health is concentrating. If you're struggling to process vast amounts of information, avoid Mind. Essentially it's a mental health wiki platform where you click through a multitude of internal links. At the end of each of their articles, there is a link pointing to the NHS anyway.

Campaign Against Living Miserably's (CALM) slogan is "standing against feeling shit, standing up to stereotypes, and standing together to show life is always worth living." They offer accredited confidential, anonymous and free support, information and signposting to men anywhere in the UK through their helpline and the webchat. Chats are taken by trained staff who are there to listen, support, inform and signpost.

CALM's PHQ-9 HELPLINE QUESTIONS
Have you let yourself or your family down?
Would you be better off dead?

I tried CALM, but it's essentially a database of other mental health charities. Their webchat is not a chat; it's a search engine presented by a bot to provide automated answers. All they can offer is a helpline that, same as Samaritans, will point you to the NHS; they even warn you to call Samaritans in case of emergency.

You can always return to the NHS. If SSRIs don't work for you, they can refer you to their Improving Access to Psychological Therapies (IAPT) program. Their services offer talking therapies, such as cognitive behavioural therapy (CBT), counselling, other therapies, and guided self-help. They also provide help for common mental health problems, like anxiety and depression.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

After an initial assessment over the phone, you will be assigned an IAPT Psychological Wellbeing Practitioner. If they feel this might not be enough, they will also refer you to THE LISTENING PLACE for extra support. There you will openly discuss, examine and reflect on your suicidal thoughts with a warm and supportive volunteer. It will be across fortnightly sessions, based on active listening and befriending: building trust and a supportive relationship, usually for 3 month period.

IAPT ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

THE LISTENING PLACE SELF-REFERRAL FORM
Why would you like therapy?

THE LISTENING PLACE ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

The services The Listening Place can provide are incompatible with the treatment at IAPT. I found out on the 2nd round of my assessment at The Listening Place after going through 2 sets of questions related to trauma. Not only I couldn't take the treatment, but they forgot to remove my details from their database and called me to follow up on my application at least twice.

Your IAPT PWP is a mental health professional trained to support you to work through a self-help programme. You will have regular sessions with them to help you identify and solve any problems and answer questions. The focus is on working together, rather than your PWP simply telling you what you should do. As such, they will go at the pace you want to go and put you in control. Remember, you are the expert in how you are feeling. Their expertise is in supporting people as they use this programme. You will ask a lot of yourself in working through this programme, and at times you will want to give up. Don't worry; it is likely that your PWP has seen this all before and will be able to help you through any difficult times.

PHQ-9 (SESSION 01)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 02)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 03)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 04)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 05)
Have you let yourself or your family down?
Would you be better off dead?

The self-help programme is a guide called "Get Active. Feel good!", based on the idea that by increasing your activity, you will

lift your mood too. I was doing this during a phase where I couldn't physically get out of bed due to paralysis caused by depression. Going for a run in the morning wasn't an option. I couldn't continue the sessions.

Symptoms of depression might prevail after completing the self-help programme. IAPT can then refer you to The Single Point of Access (SPA). This multi-disciplinary team consists of qualified clinicians, administrators, experienced mental health advisors, psychologists, and consultant psychiatrists. They will screen your referral and, if required, carry out an assessment over the phone. This will establish the best way to support you and then use that information to signpost you to a service that best meets your needs.

SPA ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

SPA will refer you to the Short Term Support Service (STSS). You will receive support from a team of psychiatrists, therapists, nurses, social workers, voluntary and community workers. These people are experienced in dealing with a wide range of mental health issues. Some of them will have experienced such conditions themselves. The main point of contact will be your Community Practitioner, who will review your case every 2 weeks after an initial assessment.

STSS ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

I tried Sertraline the 1st time I sought help, and it didn't work in the long run. Now I had to persevere it and expect it to have a different effect on me. On top of that, the Community Practitioner can monitor your medication, but it's your GP who has to approve the prescription. Both the CP and myself had to chase on several occasions before I could get them. It took them two weeks to send it to my pharmacy.

SSRIs are not suitable for everyone. They are not usually recommended if you are pregnant, breastfeeding or under 18 because there is an increased risk of severe side effects. SSRIs also need to be used with caution if you have specific underlying health problems, including diabetes, epilepsy and kidney disease. Some SSRIs can react unpredictably with other medicines, including some over-the-counter painkillers and herbal remedies. Always read the information leaflet that comes with your SSRI medication to check if there are any medicines you need to avoid. Call 111 if the side effects become unbearable.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

When I started taking the medication, things didn't get much better either. I had paralysis as a side effect. I reached out to my CP, but they didn't get back to me, so I called 111. They had me on hold for a while, then asked me a series of questions, then asked me to wait for someone else to call me back. They called back with another batch of questions. It turns out all I could do was wait for my next CP's review as SSRIs take at least two weeks to stabilise.

While adjusting to the treatment, you may begin to feel worse before feeling better. A study from researchers at Otto-von-Guericke University published in the journal *Trends in Cognitive Sciences*, found that the issue is an effect of SSRIs releasing two chemicals at different times. Serotonin is released first but might not lessen depressive symptoms until after weeks. The second chemical, glutamate, takes a few days longer to catch up. According to the study, the serotonin neurons send off a dual signal to the two chemicals, causing the paradoxical period.

Upon your following review, let your CP know about the progress of your medication. They can adjust your dosage.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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SERTRALINE 100Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

↓

SERTRALINE 150Mg

It's a 50Mg increase process with two weeks in between each stage. We went from 50Mg to 100Mg, then to 150Mg. When I got to the highest dose, not only the side effects were getting more intense, but I was also feeling more depressed.

Raising the dose can aggravate the side effects. You might feel dissociative or suicidal. If you believe your life is at risk, call 111; they can refer you to A&E.

111 PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

I tried to get hold of my CP with no luck, so I called 111 again. I went through the 1st round of questions and asked them please not to make me repeat them. They said they could refer me directly to A&E, where an emergency psychiatrist would assess me. I went to the hospital, went through another round of questions at reception, had an extra round at admissions. I then waited for about 20 minutes for a nurse to come with the 3rd round of questions. Then I sat in a waiting area for another 20mins, was sent to another waiting room for myself for another 40mins. Then who I thought was the psychiatrist turned up and asked me the same questions as the previous nurse. It turns out she was a nurse too. She asked me to wait for the psychiatrist. I did for 40mins, gave up and left.

A&E RECEPTION PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

NURSE 1 PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

NURSE 2 PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

If medication is not working for you, discuss with your CP the possibility of exploring other routes. The 1st one is likely to be the Integrated Psychological Therapy Team (IPTT). This specialist psychological therapy service (secondary care) provides assessment, support, and treatment for people aged 18-65 who have a severe mental illness. They have a range of individual and group psychological therapies. This includes cognitive behavioural therapy (CBT), family and couple therapy, perinatal psychotherapy, psychodynamic psychotherapy, cognitive analytic therapy (CAT), trauma-focused therapy and mentalization-based therapy (MBT).

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

There is around a year of waiting list for an assessment at IPTT. After that, depending on the therapy you get assigned it can take up to another year on top to start the treatment. Though it still might be wise to stay at this step as there is quite a good amount of steps after this if you decide to continue with the journey.

Simultaneously your CP can be approached by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) from King's College London. This institution has been fundamentally changing and shaping how we understand, prevent and treat mental illness and other conditions that affect the brain. The legacy, ethos and drive of the IoPPN have ensured its position at the forefront of mental health care, redefining mental illness, its treatment and its place in society. Their academics work with other universities, industries, healthcare providers, and policymakers locally and globally to ensure research influences policy and government on mental health care. Research from the IoPPN has led to the creation of much-needed therapies for some of the most severe mental disorders and changes in how governments worldwide think about mental illness.

IoPPN REFERRAL PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

At one point, the IoPPN was researching Severe Depression within young adult men, which brought their attention to my case. Unfortunately, they had to stop taking referrals due to the pandemic's lockdown.

The private health sector is available too. If your budget is limited, your CP can forward contact details for clinics and charities that provide low fee therapies, such as Westminster Pastoral Foundation (WPF). They offer weekly treatment for people experiencing mild to moderate difficulties.

These consisted of 2 documents with 51 options in total. Despite how promising it seemed initially, it turned out not to be as helpful as I anticipated. Out of those 51 clinics, I was given 3 were part of CALM, which I had previously contacted. Another 7 appeared repeated across the documents. Some were for specific demographics (i.e. women or POC). And not all of them were reachable - a good amount of them have the wrong numbers, and the rest were far away from my area. The remaining ones were oversaturated and not taking in new referrals. WPF wasn't taking referrals but pointed me in the direction of 2 other organisations: Centre70 and The Awareness Centre.

CENTRE 70 supports adults facing social, mental, financial or other personal difficulties through a holistic programme of affordable services, including Advice, Counselling and Wellbeing, Training and Advocacy.

CENTRE70 SELF-REFERRAL FORM
Why would you like counselling?

The application to Centre70 consists of filling in a self-referral form. You then get a confirmation email if you're accepted. Unfortunately, they weren't taking in new referrals. It would have been good to know this before going through questions about trauma. They did have the courtesy to advise contacting the NHS Samaritans, IAPT or A&E with whom I was already familiar.

Besides searching for therapy, you may discuss with one of STSS' psychiatrists switching SSRIs. To avoid precipitating drug interactions, it is safer to incrementally reduce the dose of the first antidepressant and discontinue it before starting the second antidepressant. It may be necessary to shorten the substitution process with severely depressed patients who have failed to respond to one antidepressant.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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VORTIOXETINE 5Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

↓

VORTIOXETINE 10Mg

We tried 5Mg, and after two weeks of side effects, we went up to 10Mg, the same process as with Sertraline, which didn't work either.

If SSRIs result inefficient, you may request your psychiatrist to try antipsychotics instead. These are licensed to treat certain mental health problems whose symptoms include psychotic experiences, including severe depression and the psychotic symptoms of a personality disorder. They do not get rid of the symptoms completely, but they may stop you from being bothered by them. You will feel more stable, so you can lead your life the way you want to. Taking antipsychotics can also reduce the risk of relapse.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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QUETIAPINE 50Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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QUETIAPINE 100Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

↓

QUETIAPINE 150Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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QUETIAPINE 200Mg

Switching the treatment came with new obstacles, like not getting hold of my GP for my medication and having to call 111 for emergency prescriptions. All of this while developing new side effects.

If your CP becomes concerned about your safety, they will refer you to your local Hospital's Home Treatment Team (HTT). They provide short-term treatment for people aged 18-65 with severe mental illness who are going through a crisis. Their service brings together different health and social care professionals, including nurses, social workers and psychiatrists. They work closely with the patient, their carers, GP, local daycare centre and housing provider as required.

HTT ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

Due to the high risk, they got Lambeth Hospital's Home Treatment Team involved, which sent nurses to check

on every 2 or 3 days, who came to your home at unannounced times during the first days to make sure you are safe. Once the risk starts decreasing, you can do the check-ins at the hospital. I was there for six weeks, so I think I saw around 14 different faces? Each time with a new stranger who expected me to share personal experiences with them.

(NURSE 01)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 02)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 03)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 04)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 05)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 06)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 07)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 08)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 09)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 10)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 11)
Have you let yourself or your family down?
Would you be better off dead?

(NURSE 12)
Have you let yourself or your family down?
Would you be better off dead?

While at the hospital, you get a psychiatrist to check your medication. They can add new medicines to your treatment: like Promethazine. Essentially it's an antihistaminic that helps to reduce anxiety.

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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PROMETHAZINE 25Mg

↓ TWO WEEKS

PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

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PROMETHAZINE 50Mg

Days later, I had my first panic attack. I remember I was having trouble breathing. The next thing I remember is waking up in my bedroom surrounded by paramedics. I had wires plugged into my chest connected to some monitors. I decided to quit all medication that day.

You can be with your local HTT for six weeks. They will review your case and discharge you to the Long Term Support Service (LTSS) at the end of that time.

HTT REVIEW PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

The review's outcome doesn't make a difference as the time with the HTT is limited to 6 weeks, whether if you have recovered or not.

Once at the LTSS, you get assigned a care coordinator to check on you regularly and a psychiatric consultant to monitor your medication.

LTSS ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

After the panic attack, I decided not to take any medication, so there wasn't much the psychiatrist could do for me. The relationship with the coordinator was very poor. Every

2 or 3 weeks, they would drop me a text message or maybe call me briefly to check on me, but they had nothing to offer in terms of support. However, the GPRs got in touch again with them regards my case. Unfortunately, my diagnosis was changed at Lambeth Hospital from Severe Depression to ~~schizophrenia~~, which wasn't the disorder they were researching. Therefore I was no longer eligible.

It might take a while, but the LTSS can eventually refer you to other programs. Try optimising the waiting time by getting back on the private therapy search.

THE AWARENESS CENTRE APPLICATION
Why would you like therapy?

THE AWARENESS CENTRE ASSESSMENT PHQ-9
Have you let yourself or your family down?
Would you be better off dead?

After two months of news-less waiting, I went back to the low fee therapy hunt and suggested to THE AWARENESS CENTRE as WPF suggested. I paid for an assessment, allowed them after checking if I was eligible for the low rate options. Even though we had confirmed this was the case, the outcome was that the options suitable for me weren't the low fee ones as these are for trainees and that my case was too severe for them. My response was a short email expressing how disheartening I found the news. Luckily someone else picked up that email, and weeks later, I was offered therapy at a student rate.

One of the programs the LTSS can refer you to is the Secondary Care Psychological Therapies (SCPT). Here you will have access to the Managing Self-Harm and Suicidal Ideation Workshop. In this online six-session course, they talk you through the principles of CBT and mindfulness.

PHQ-9 (SESSION 01)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 02)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 03)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 04)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 05)
Have you let yourself or your family down?
Would you be better off dead?

PHQ-9 (SESSION 06)
Have you let yourself or your family down?
Would you be better off dead?

What came across as group therapy turned out to be a group of very different cases treated with a single approach. We weren't allowed to communicate directly between each other despite being asked to share our individual stories with the group. The guidance we received was generic and, in some instances, non-applicable for some people.

Upon completion, you get a one to one review to discuss how you found the workshop. The therapist also has access to IPTT's database, which allows them to estimate how long you have left on the queue for the NHS's talking therapies.

PHQ-9 (REVIEW)
Have you let yourself or your family down?
Would you be better off dead?

At this point, the NHS process looped and step 18" took me back to step 11".

ACRONYMS GLOSSARY	
A&E	Accident & Emergency
CALM	Campaign Against Living Miserably
CBT	Cognitive Behavioural Therapy
CP	Community Practitioner
GP	General Practitioner
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IoPPN	Institute of Psychiatry, Psychology & Neuroscience
IPTT	Integrated Psychological Therapy Team
LTSS	Long Term Support Service
NHS	National Health Service
PHQ	Patient Health Questionnaire
POC	People of colour
SCPT	Secondary Care Psychological Therapies
SPA	Single point of access
SSRI	Selective Serotonin Reuptake Inhibitor
STSS	Short Term Support Service
WPF	Westminster Pastoral Foundation

Note that it includes references to suicide that some may find distressing.

The following study tracks what happens when support is sought. It maps out the assistance available and traces the process to access it.

We're in a time where Mental Health Awareness is at its highest, with its own day, week, and month on the calendar. With hundreds of charities built around it. And campaigns left, right and centre coming from pretty much every private institution. The shared goal seems to be to erase the stigma around it and to encourage help-seeking.

We are here to help you

Method

Voices

Institutions:

Most of the text used for the institutions’ side comes directly from their websites to preserve the tone and language they use. It has been adapted to fit the narrator’s voice, but it keeps the way they present themselves.

“Our world-leading research impacts and influences on how we understand, prevent and treat mental illness and other conditions that affect the brain.

Our academics work with other universities, industry, healthcare providers and policy makers both locally and globally, to ensure that our research is relevant and influence policy and government on mental health care.

Making a difference is at the heart of what we do at the IoPPN. Research from the IoPPN has led to the creation of much needed therapies for some of the most severe mental disorders and changes in how governments around the world think about mental illness”

https://www.kcl.ac.uk/ioppn/research/impact



Conversations from Calais — Mathilda Della Torre

The study is presented in the 2nd person enabling the reader to experience the journey. This is something graphic designer Mathilda Della Torre did in her project *Conversations from Calais* (conversationsfromcalais.com), a collection of conversations volunteers have had with migrants in Calais. Her aim is to *re-humanise those affected by the refugee crisis by using public space*. Only the parts of the conversations addressed to the refugee are published. This leaves a gap in the dialogue that needs to be taken by the reader. Putting them in the refugees’ shoes.

Personal experience:

The journey is reported by the person scouting it, who describe their experience following the route's indications. The tone is informal and bold as it comes directly from personal experiences. They went into as much detail as possible. Any information that was too personal was crossed out rather than edited. Everything had to be said, but not everything had to be read. Leftover censorship can be used to hide a message from a specific audience rather than to completely omit it. E.g. Swearing is bleeped out on television, so those who could be offended don't have to hear it, yet everyone understands the underlying message.



Johnny Cash "flipping the bird" at San Quentin — Photo by Jim Marshall

Treatment

PHQ-9:

Answering with a scale from 0 to 3 how you cope with a daily activity can be reasonably straightforward. The survey becomes more challenging when it comes to personal beliefs (questions 6 and 7). After doing the test, the questions that are likely to leave a mark on the patient are the ones that took longer to process:

PATIENT HEALTH QUESTIONNAIRE 9 (PHQ 9)				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "a" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Feeling down, depressed, or hopeless	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Feeling tired or having little energy	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Poor appetite or overeating	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead or of hurting yourself in some way	<input checked="" type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
For office coding: 0 1 2 3 Total Score: _____				
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	
Developed by Drs. Robert L. Spitzer, Janet G.W. Williams, Kurt Woenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.				

Patient Health Questionnair 9

Medication:

It takes weeks for a medication to have an effect on depressive episodes. In between that time, you either don't experience any improvement or develop side effects. If after 2 weeks you still haven't noticed any advance, you have to try a higher dose. This pattern is repeated until reaching the maximum dosage allowed. Upon that limit, you can try other medications following the same process. So if the entry prescription is 50Mg and the highest is 200Mg, at a 50Mg increase, that's 8 weeks to confirm it doesn't work for you.

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