Treatment of depression

This leaflet has been given to you because you have been diagnosed with depression, or because you are suspected of suffering from depression. If you would rather read this information on your phone, you can go to www.psykiatri-regionh.dk/depression (in Danish) or scan the QR code with your phone.

Types of treatment programmes

Many of the outpatient treatment options for depression offered by the mental health services are organised as programmes. A programme is a time-limited treatment involving different types of therapy and other treatment (medication, relative interviews etc.). But there are also other treatment options if you have severe depression. For example, you can always be admitted to an inpatient unit if necessary.

Admission to an open or closed (intensive) ward

If your depression is intense and you are suicidal, you can be admitted for round-the-clock treatment. The intensity of your depression will determine whether you are admitted for treatment in an open or closed ward.

You can be admitted by:

- a psychiatric emergency department
- your own doctor or a practising psychiatrist
- the mental health services central visitation unit (CVD)
- another psychiatric treatment service.

Outpatient treatment programme for first-time depression (single episode)

An outpatient (not hospitalised) treatment programme for depression is offered by a number of psychotherapy outpatient clinics in the region. 84% of all patients referred with depression start in this programme. The treatment is undertaken by specialised teams, and combines therapy and medication. Your programme is organised to suit your specific problems and symptoms.

The most severe depressions are treated in the Outpatient Clinic for Affective Disorders.

Initial interview
Once you have been referred by the mental health services central visitation unit (CVD) for outpatient treatment for depression, you will be invited to an initial interview. This interview will assess your symptoms and problems, life history, current social and relational situation, previous and current treatment, physical condition etc.

Much effort is put into making the right diagnosis, as symptoms of depression can also be a sign of other mental disorders. If other disorders are also present, it is often important to treat the depression first.

Once the therapist has made a diagnosis, you will agree together on the type of treatment you should embark on, or whether you should be referred to another treatment alternative.

Waiting time for initial interview
You must be offered an initial interview in a psychotherapy outpatient clinic no later than 30 days after your referral has been received. If the outpatient clinics in the region cannot guarantee this, you will be referred for an interview and treatment at a private psychiatric treatment facility. This facility will offer the same treatment as you would have been offered by the Mental Health Services in the Capital Region of Denmark. If you are pregnant or have recently given birth, you will be offered an appointment within 15 days.

Before the interview, you will receive some questionnaires via a message in your e-Boks. It is very important that you answer the questionnaires before your appointment, as they form the basis for the interview.

Psychotherapy
The form of treatment normally offered is psychotherapy in groups. But individual therapy may also be an option. The group programme usually consists of 13 two-hour sessions. The group meets at a set time each week on

a weekday during normal working hours. There are usually up to eight participants and two therapists in a group.

The therapy addresses the symptoms and problems you want to work with. Symptoms such as low mood, sadness, suicidal thoughts, low energy, problems in your childhood, loss and trauma, relationships with others and low self-worth.

Various therapeutic methods are used that can help you:

- understand what patterns have led to you feeling the way you do
- change your thoughts and actions
- develop new strategies to tackle things that are difficult
- understand your illness and its symptoms, so you are better able to tackle any new episodes. This is called psychoeducation.

The methods can be cognitive behavioural therapy, metacognitive therapy or psychodynamic therapy.

For the therapy to work, you must be motivated to do your part to get better. This includes 'homework' and things you need to practise between group sessions, as well as reflections on your current situation and life story.

A general rule when treating depression is that the longer the depression has lasted, the longer it takes to recover.

Treatment using and the effect of psychotherapy is also one of the focus areas of the mental health services. The effect of the treatment being offered today is being studied. The results (ready in 2024) will form the basis for new recommendations, teaching etc.

Medication
About half of all outpatients treated for depression take medication. Some start the programme without medication, but some begin taking medication during the programme to speed up the effect of the treatment.

For those taking medication, the programme includes a number of doctor's consultations. This is so that you and your doctor can monitor the effect of your medication and any side effects you may experience. If the medical treatment does not go as expected, your doctor can help you try other medications.

Antidepressants

All medical psychiatric treatment follows the same guidelines from the Danish Medicines Council – an independent council that prepares recommendations and guidelines on medicines for use in the five Danish regions.

This means that doctors have several alternatives they can choose from if you are prescribed antidepressants. Most of these are SSRIs (selective serotonin reuptake inhibitors), which can have slightly varying effects and side effects. SSRIs have also mistakenly been called 'happy pills' in the past. Over half of patients who try this medication experience a very good effect over time.

If an SSRI does not have the desired effect, treatment using SNRIs (serotonin–norepinephrine reuptake inhibitors), lithium or tricyclic antidepressants may be an option.

Medication may play a key role in both the acute phase and the preventive treatment of your depression.

Involvement of relatives

Spending time with a depressive person is demanding as a caregiver. The person who is ill has heavy thoughts and lacks initiative. Relatives are therefore offered an interview, and more if they are involved in the problems.

Treatment results

About 60% feel that they benefit from the treatment. This is a high proportion compared to other countries. The fact that 40% do not see the expected benefit from the treatment may be due to several factors, such as:

- the methods do not suit the individual
- the neurobiological system is complex, and there is much about depression that we do not yet understand
- the treatment requires motivation, with 'homework' to do and things to try etc., before the treatment produces the right effect.

Outpatient treatment programme for recurrent (periodic) depression

16% of patients with depression are referred for treatment in an outpatient programme for recurrent depression. Some of them have already followed the programme for first-time depression (single episode).

Experience shows that it is best to have a break between the two programmes.

The content of this treatment programme is the same as for first-time depression (single episode) – just at a more intensive level.

Special outpatient programme for people with complex depression (regional function)

If the programmes are not sufficiently effective, or if you also suffer from other illnesses, there is a special treatment option for people with complex depression.

The treatment is similar to the other programmes, but extends over a longer period of time and with a focus on your special challenges.

Adapted outpatient support and treatment services for people over 35 who experience relapse or deterioration (F-ACT team)

Adapted support and treatment services in the F-ACT team for people over 35 who have experienced relapse or deterioration of a depression. F-ACT stands for Flexible Assertive Community Treatment. It is a form of outreaching community care on which a lot of outpatient psychiatric care is based.

You can read more about treatment at a F-ACT Team clinic at www.psykiatri-regionh.dk/f-act-team (in Danish) or by scanning the QR code with your phone.

About suicidal thoughts

When your mood worsens, as it does when you have a depression, your thoughts may naturally start circling around death and suicide.

Thoughts of death are thus a natural symptom and not necessarily a crisis that requires urgent treatment. The thoughts disappear again as you start feeling better.

It is always important to articulate and discuss these thoughts. And this will also happen as part of the conversations and therapy you are offered.

However, you and those around you need to always be aware of how your suicidal thoughts develop. If they turn into concrete suicide plans, you are at risk of suicide, and that needs to be addressed.

Other forms of treatment

Electroconvulsive therapy (ECT)
For severe depression that severely affects your sleep and appetite, electroconvulsive therapy (ECT), formerly called electroshock, can be a quick and effective treatment. ECT has been greatly developed over the years, so there are no longer the same side effects as in the past. It is usually administered 3 times a week, for a total of 8-12 sessions.

ECT is an 'electrically triggered convulsion treatment' using a weak current under general anaesthesia. This convulsion alters some processes in the brain, such that depression is reduced or a severe psychotic state can be overcome.

Transcranial magnetic stimulation (TMS)
Magnetic therapy is still in its infancy, and is currently being tested in outpatients. Areas in the brain associated with depression are stimulated using magnetic therapy for half an hour each day, for six weeks. Over the next few years, the necessary knowledge and experience will have been gained that can serve as a basis for actual treatment recommendations.

You are awake during the treatment, seated in a chair designed for the purpose. During treatment, a magnetic coil is placed next to the area of the brain to be stimulated.

More knowledge and counselling

Psykiatriguiden – overview for patients and relatives
In Psykiatriguiden, we have gathered all relevant information about mental illnesses, types of treatment and treatment programmes offered by the mental health services of the Capital Region of Denmark. You can also read about being a relative of a person with mental illness.
Find Psykiatriguiden (in Danish) at www.psykiatri-regionh.dk/psykiatriguiden or by scanning the QR code with your phone.

Living with mental illness
You can find specific tools designed to help you in your everyday life at www.psykiatri-regionh.dk/hverdagen (in Danish) or by scanning the QR code with your phone.

Counselling from PsykInfo
At PsykInfo in the Capital Region of Denmark, nurses with experience from the mental health services offer telephone or personal counselling to both patients and their relatives. You can read more at www.psykiatri-regionh.dk/Psykinfo (in Danish) or call 38 64 13 00. You can also scan the QR code with your phone.