

Getting help and support for common mental health problems

Information for the public

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About this information

NICE clinical guidelines advise the NHS on caring for people with specific conditions or diseases and the treatment.

This information explains the advice about the care and treatment of people with common mental health problems that is set out in NICE clinical guideline 123.

Does this information apply to me?

Yes, if you are an adult (aged 18 years or older) who is experiencing a common mental health problem such as depression and/or anxiety disorder (including generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and social anxiety disorder).

No, if you are experiencing a mental health problem that is not listed above.

Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution (www.dh.gov.uk/en/DH_132961). All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain your particular problem and the possible treatments for it. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have any physical or learning disabilities, sight or hearing problems or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

Your family and carers should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care. If you have made an 'advance decision' (known as a 'living will' in the past) in which you have already given instructions about any treatments that you do not wish to have, your healthcare professionals have a legal obligation to take this into account.

All treatment and care should be given with your informed consent. If, during the course of your illness, you are not able to make decisions about your care, your healthcare professionals have a duty to talk to your family or carers unless you have specifically asked them not to. Healthcare professionals should follow the Department of Health's advice on consent (www.dh.gov.uk/en/DH_103643) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from www.nhs.uk/CarersDirect/moneyandlegal/legal In Wales healthcare professionals should follow advice on consent from the Welsh Government (www.wales.nhs.uk/consent).

Common mental health problems

Common mental health problems covered in this information include depression and anxiety disorders such as generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (called OCD for short) and post-traumatic stress disorder (called PTSD for short). Other common mental health problems include phobias about a specific thing (such as spiders) or situations (such as being embarrassed in front of other people). NICE will publish some advice separately for people with a social phobia (also called social anxiety disorder). These mental health problems are called 'common' because combined they affect more people than other mental health problems (up to 15% of people at any one time in the UK). Some people may have more than one mental health problem (such as depression and anxiety).

Depression

The main symptoms are feeling 'low' and losing pleasure in things that were once enjoyable. These symptoms may be combined with others, such as feeling tearful, irritable or tired most of the time, changes in appetite, and problems with sleep, concentration and memory. People with depression typically have lots of negative thoughts and feelings of guilt and worthlessness; they often criticise themselves and lack confidence.

Generalised anxiety disorder

The main symptoms are having a number of different worries that are excessive and out of proportion to a particular situation, and having difficulty in controlling one's worries. A person with generalised anxiety disorder may also feel irritable and have physical symptoms such as restlessness, feeling easily tired, and having tense muscles. They may also have trouble concentrating or sleeping.

Panic disorder

The main symptoms are having unexpected and recurring panic attacks, and also worrying about having another panic attack. One of the symptoms of a panic attack is an increased heart rate. A panic attack may happen because of a particular situation (something that the person fears or wants to avoid), or it may have no obvious cause. People who have panic attacks often change their behaviour as a consequence of the attack, which may develop into phobias such as agoraphobia (a fear of being in places or situations that are difficult to escape from).

Obsessive-compulsive disorder

The main symptoms are having thoughts, images or impulses that keep coming into the mind and are difficult to get rid of (called obsessions), and a strong feeling that the person must carry out or repeat certain physical acts or mental processes (called compulsions). Common obsessions include being afraid of dirt and germs, worrying that something is not safe (such as an electrical appliance), wanting to have things in a particular order, and thoughts and fears of harming someone else. Common compulsions include excessive washing and cleaning, checking things repeatedly, keeping objects that other people might throw away, and repeating acts, words or numbers in a pattern.

Post-traumatic stress disorder

Psychological and physical symptoms that can sometimes follow particular threatening or distressing events. One of the most common symptoms of PTSD is having repeated and intrusive distressing memories of the event. There may also be a feeling of reliving the event through flashbacks or nightmares. There can also be physical reactions, such as shaking and sweating.

Mild, moderate and severe mental health problems

The terms mild, moderate and severe are used in this information to describe different levels of mental health problems.

A *mild* mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life.

A *moderate* mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual.

A *severe* mental health problem is when a person has many symptoms that can make their daily life extremely difficult.

A person may experience different levels at different times.

How can I get help for common mental health problems?

You should be able to get help for common mental health problems in a variety of ways, including seeing your GP or by contacting or visiting health or social care services yourself.

So that you can have the most effective care for a common mental health problem, it is important that you receive the right support and treatment (see [What treatments might I be offered?](#)) from the right professional and at a place most suited to your needs. Most treatments for common mental health problems can be provided through your GP or other [healthcare professionals](#) in [primary care](#). However, if specialist treatment and support would help you, you may be referred to a specialist mental health service, which could be an appointment with a psychiatrist, psychologist, psychological therapist or mental health nurse.

If it is more convenient for you to do so, you should usually be able to attend health or social care services outside normal working hours or have treatment at home or in other places such as community centres or social centres.

Depending on your circumstances, you may be offered crèche facilities, help with travel to the service, or the assistance of an advocate (someone who helps put your views across).

What should happen when I first talk to a healthcare professional?

When you first talk to a healthcare professional, they may ask you a few questions about how you feel. For instance, if they think that you may have depression, they may ask you whether you have been bothered by feeling down, depressed or hopeless, and/or by having little interest or pleasure in doing things in the past month. If they think you may have a problem with anxiety, the healthcare professional may ask you about how often you worry, how it affects your life, and whether you can control your worries.

If your answers indicate that you may have depression or an anxiety disorder, you should be offered an assessment (see [What should I expect to happen at an assessment?](#)). The assessment should be with a healthcare professional experienced in treating people with mental health problems – this may be the same person who asked you the questions above.

Healthcare professionals should take account of any learning disabilities or other problems that may affect your ability to respond to questions, so they may ask a family member or carer about your symptoms.

What can I expect from services for common mental health problems?

If you think that your care does not match what is described in this information, please talk to a member of your health

Healthcare professionals should discuss with you the care, support and treatment that can be offered and the aims of treatment. You should be offered the right care, support and treatment when you need it, and if your needs change, your healthcare professional should respond promptly to these needs. At different stages of your care you may be offered different treatments, and healthcare professionals should support and help you to make the right decisions.

The number of assessments offered and healthcare professionals you see about your mental health problem should be kept to a minimum. If more than one health or social care professional is

involved in providing your treatment, it should be made clear to you why this is happening and there should be one person who organises your care with you (this will usually be your GP).

If you find it difficult to attend a service for assessment, treatment or check-ups, you may be offered the opportunity to keep in contact via telephone, text or email.

Healthcare professionals should take into account whether you have any physical or learning disabilities, sight or hearing problems, or language difficulties. If you have a mild learning disability or other problem that may affect your understanding, you should be offered the same care as other people with the same mental health problems. Assessments or treatments may be adapted to suit your needs.

Healthcare professionals should also consider any religious, ethnic or cultural needs you have. You should be offered assessment and treatment suited to your culture, gender, age and communication needs. You may be offered a therapist who speaks your language as well as English or a translator if needed.

Questions you might like to ask your healthcare professional

- Can you give me more information about my mental health problem and the help you can provide?
- What kinds of treatment and support might I be offered?
- Will I have to see more than one healthcare professional for help with my mental health problem?
- Will my confidentiality and privacy be respected?

What should I expect to happen at an assessment?

The assessment will enable your healthcare professional to identify whether you have a mental health problem and find out how long you have had your symptoms and how they are affecting your everyday life. They may ask you about:

- your thoughts, feelings and behaviour

- whether you have had a mental health problem before – and, if so, whether any treatments were helpful
- whether you have a physical health problem or other mental health problem
- whether anyone in your family has had a mental health problem (now or in the past)
- whether you have experienced domestic violence or sexual abuse
- your relationships, and your living and working arrangements.

You may be asked to answer a questionnaire.

If you have children, you might also be asked about the impact of your mental health problem on them.

As part of the assessment, your healthcare professional should discuss treatment options with you (see [What treatments might I be offered?](#)).

You should also be asked whether you have had thoughts about suicide or harming yourself. If you have, your healthcare professional should make sure you have support and give you information about where you can get further help. You should call your GP or another professional if you are not able to cope and your thoughts about suicide or harming yourself become more intense. You should be offered more help, which may include talking with you or seeing you more frequently or referring you to a specialist mental health service.

If there is a strong risk that you might harm yourself (or others), you may be referred to the emergency services or a specialist mental health service straightaway.

Questions you might like to ask your care team

- What does having a mental health problem mean for my health, daily life and work?
- What could have caused my symptoms?
- How will my progress be monitored and who can I contact if my symptoms get worse?
- Are there any support organisations in my local area?

What treatments might I be offered?

Sometreatmentsmaynotbesuitableforyou,dependingonyourexactcircumstances.Ifyouhavequestionsabouts

Treatments for common mental health problems include psychological treatments (sometimes called 'talking treatments') and drug treatments. The decision about what type of treatment to have will depend on your preference and a number of other factors, including:

- whether you have had treatment for mental health problems before and how helpful it was
- how often you have symptoms and how long they usually last
- whether your mental health problem is mild, moderate or severe (see Common mental health problems) and how it affects your everyday life
- whether you have a long-term physical health problem or another mental health problem.

You should be given information about the treatment itself, including whether it will affect any other treatment you may be having. You should usually be offered brief treatments, or treatments that do not require meeting with a healthcare professional on a regular basis, first. Examples of these might include self-help books or computer programmes. If these are not helpful or appropriate, you should then be offered either longer treatments or more contact with a healthcare professional.

Mild mental health problems can sometimes improve without treatment or by following advice from your GP (or other healthcare professional) on coping with problems. If you do need treatment, those for particular mental health problems are described briefly below.

In addition, if you need help with work, education or social activities, your healthcare professional should tell you about local and national self-help groups, support groups and helplines for people with mental health problems where you can talk to people with similar experiences. If your mental health problem is moderate or severe and has lasted a long time, you may be offered a befriending or rehabilitation programme for extra support.

Depression

If you have mild to moderate depression you should be offered a self-help programme, a treatment called 'computerised cognitive behavioural therapy', a physical activity (exercise) programme or, if

you also have a long-term physical health problem, a peer support group. If you are pregnant or have recently given birth you should be offered counselling and support at home.

If self-help, computerised cognitive behavioural therapy, physical activity or peer support have not helped you, you should be offered either a psychological treatment, such as cognitive behavioural therapy (often called CBT) or treatments called 'interpersonal therapy', 'behavioural activation' or 'behavioural couples therapy', or an antidepressant.

You should not usually be offered drug treatment (antidepressants) for mild depression. However, if you have mild depression that has lasted a long time or has not improved after other treatments, if you have had moderate or severe depression in the past, or if your depression is affecting the treatment of a physical health problem, you may be offered an assessment for an antidepressant.

If you have moderate or severe depression you may be offered a psychological treatment (either CBT or interpersonal therapy) together with an antidepressant.

If you decide not to have an antidepressant or the psychological treatments mentioned above, you may be offered counselling or a type of treatment called 'short-term psychodynamic psychotherapy'. However, your healthcare professional should explain that it is uncertain whether counselling or short-term psychodynamic psychotherapy are helpful for people with depression.

If you have moderate or severe depression and a long-term physical health problem, and psychological treatments and antidepressants have not helped, you may be referred for long-term treatment and support from a dedicated team of professionals – this is called 'collaborative care'.

Psychological treatments can help you to understand how to stay well if there is a risk your depression may come back. CBT can help if you become unwell again or if your depression has improved but you still have some symptoms. 'Mindfulness-based cognitive therapy' can help if you are currently well but have had three or more episodes of depression in the past.

For further information on depression see www.nice.org.uk/guidance/CG90/PublicInfo

Generalised anxiety disorder

You should be offered self-help treatment or a group treatment with other people with generalised anxiety disorder (in which you will be offered advice and education about the disorder and coping with symptoms) as initial treatments for generalised anxiety disorder.

If your symptoms are seriously affecting you, or the initial treatments have not helped you, you should be offered a psychological treatment (CBT or a treatment called 'applied relaxation') or drug treatment.

For further information on generalised anxiety disorder see www.nice.org.uk/guidance/CG113/PublicInfo

Panic disorder

For mild to moderate panic disorder you should be offered self-help treatment. If you have moderate to severe panic disorder (with or without agoraphobia) you may be offered a referral for CBT or an antidepressant if you have had the disorder for a long time, psychological treatment has not helped you, or you decide not to have psychological treatment.

For further information on panic disorder see www.nice.org.uk/guidance/CG113/PublicInfo

Obsessive-compulsive disorder

If you have mild to moderate OCD you should be offered CBT that is adapted for people with OCD and includes a technique called 'exposure and response prevention' (called ERP for short); you may be able to do this treatment on your own with a self-help book, by telephone or in a group with other people with OCD.

If you have moderate OCD you should be offered CBT (including ERP) or an antidepressant; if you have severe OCD you should be offered CBT (including ERP) together with an antidepressant. You should be offered treatment at home if you are not able to attend a clinic or have problems related to your OCD that make this necessary.

If you have symptoms that have lasted a long time or are severely affecting your life, you may be offered an appointment with a specialist mental health service.

For further information on OCD see www.nice.org.uk/guidance/CG31/PublicInfo

Post-traumatic stress disorder

If you have PTSD you should be offered psychological treatment (called 'trauma-focused CBT' or 'eye movement desensitisation and reprocessing' or EMDR for short).

You may be offered drug treatment if you prefer it or decide not to have psychological treatment.

For further information on PTSD see www.nice.org.uk/guidance/CG26/PublicInfo

Social anxiety disorder

Advice about social anxiety disorder is being developed by NICE (due to be published in 2013).

Common mental health disorders during and following pregnancy

If you are pregnant or have recently given birth and are offered psychological treatment, you should receive it within 3 months (ideally within 1 month). It is important to treat mental health problems during pregnancy and after giving birth as quickly as possible because of the possible effect of the mental health problem on you and your baby. If you have had depression or anxiety before, you should be offered psychological treatments (CBT or interpersonal therapy).

For further information on common mental health problems during or after pregnancy see www.nice.org.uk/guidance/CG45/PublicInfo

If you have more than one mental health problem

If you have both depression and anxiety, the condition that causes you the most problems may be treated first. Because treatments for anxiety and depression are similar, treatment for one condition can often help the other.

If you have a common mental health problem and are dependent on alcohol, you should be offered treatment for alcohol dependence first as this may lead to improvements in symptoms of depression and anxiety.

For further information on alcohol dependence see www.nice.org.uk/guidance/CG115/PublicInfo

Drug treatment for common mental health problems

If you are offered drug treatment for a common mental health problem, you should be given full information about the treatment, and your healthcare professional should discuss with you any possible side effects and whether it can affect you if you are taking other medication.

Once you have started taking the drug your healthcare professional should see you regularly to see how you are getting on.

If you are pregnant or are considering becoming pregnant and you have a common mental health problem, your healthcare professional should take this into account when offering you drug treatment for a mental health problem.

There is more information about drug treatment for particular mental health problems in the links provided in the previous sections.

Questions about treatment

- Why have you decided to offer me this particular type of treatment?
- What are the possible risks and benefits of this treatment?
- What will the treatment involve?
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- When should I start to feel better? What should I do if I don't start to feel better by then?
- What support should I be offered while I have this treatment?
- What other treatment options are there?
- Can you give me a leaflet explaining the treatment?
- Would it help to make changes to my current treatment?

Information for families and carers

Families and carers can play an important part in supporting a person with a mental health problem. If a member of your family or someone you care for has a common mental health problem, and they agree to you being involved, you should be given information on the particular mental health problem and on how you can support them throughout treatment. Some treatments for common mental health problems may involve family members or carers.

If your family member or friend has a learning disability or other problems that may affect their ability to respond to questions during an assessment (see [What should I expect to happen at an assessment?](#)), you may be asked about their symptoms.

Healthcare professionals should also discuss with you whether you need any help, and offer support if you do.

Questions for families and carers

- Can I be involved in my family member or friend's care?
- How can I support a person with a mental health problem?
- Can you provide any information about mental health problems?
- Will I be told about my family member or friend's treatment?
- What should I do if I am concerned about my family member or friend?
- What support is available from healthcare professionals for family members and carers of a person with a mental health problem?
- Are there any local family or carer support groups or voluntary organisations?
- Can I have a carer's assessment and what does it involve?

Explanation of technical words and terms

Befriending

Meeting and talking with someone (called a befriender) usually once a week, in addition to any psychological or drug treatment. The befriender may accompany the person with a mental health problem on shopping trips and other activities and offer practical support with any difficulties.

Cognitive behavioural therapy (also known as CBT)

A psychological treatment that is based on the idea that the way we feel is affected by our thoughts and beliefs and by how we behave. Negative thoughts can lead to negative behaviour (such as stopping doing things that used to be pleasurable), which can affect how we feel. CBT encourages

people to engage in activities and to write down their thoughts and problems. It helps them to identify and counteract negative thoughts.

Healthcare professional

A professional who provides treatment and care for health problems. For the treatment of common mental health problems this may include a GP, psychologist, psychiatrist, mental health worker, occupational therapist or nurse.

Primary care

A part of the healthcare service that provides care in the local community, including GPs, nurses, psychological therapists such as primary care mental health workers, or counsellors.

Psychological treatment

A general term used to describe meeting with a therapist to talk about feelings and thoughts and how these affect a person's life and well-being.

Rehabilitation

A programme that can help a person with a mental health problem with employment or social activities if they have been ill for a long time.

Self-help

A treatment that a person can do on their own or with some support from a healthcare professional, using a book or a computer programme. The aim of self-help is to understand about mental health problems and develop ways of coping with the symptoms.

More information

The organisations below can provide more information and support for people with common mental health disorders. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Anxiety UK, 0844 477 5774, www.anxietyuk.org.uk

- Depression Alliance, 0845 123 2320, information@depressionalliance.org.uk, www.depressionalliance.org
- Mind, 0300 123 3393, info@mind.org.uk, www.mind.org.uk
- SANE, 0845 767 8000, info@sane.org.uk, www.sane.org.uk

You can also go to NHS Choices (www.nhs.uk)

Accreditation

