

THE CHOICE-D

PATIENT AND FAMILY GUIDE TO DEPRESSION TREATMENT

SECOND EDITION



PRACTICAL
INFORMATION
FROM CANMAT,
CAN-BIND, AND
HOPE+ME



PREFACE TO SECOND EDITION

THE CHOICE–D PATIENT AND FAMILY GUIDE TO DEPRESSION TREATMENT PRACTICAL INFORMATION FROM CANMAT, CAN-BIND, AND HOPE+ME

This resource is the result of a joint venture of the *Canadian Biomarker Integration Network in Depression* (CAN-BIND; canbind.ca), *Hope+Me* (formerly known as the Mood Disorders Association of Ontario; hopeandme.org), and the *Canadian Network for Mood and Anxiety Treatments* (CANMAT; canmat.org). It was funded primarily by the *Ontario Brain Institute* (OBI; braininstitute.ca).

The information in this guide is drawn from the *CANMAT 2023 Update on Clinical Guidelines for the Management of Adults with Major Depressive Disorder*. These updated clinical guidelines, which included patient partners in its development, were structured into eight main topics covering the patient care journey from initial assessment through acute treatment to maintenance, and were published in the May 2024 issue of the *Canadian Journal of Psychiatry* (available here: doi.org/10.1177/07067437241245384). All scientific content in this resource is derived from the research summarized in this article.

The CHOICE–D (**CANMAT Health Options for Integrated Care and Empowerment in Depression**) Project was created in partnership with individuals who have personal experience with depression, for persons living with depression. Written in lay language, our intention is to empower individuals to understand treatment options and to engage in conversations about treatment options with their healthcare providers. This second edition was revised with the assistance of the *CAN-BIND Community Advisory Committee* and *Hope+Me*.

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PREFACE TO FIRST EDITION

THE CHOICE–D PATIENT AND FAMILY GUIDE TO DEPRESSION TREATMENT PRACTICAL INFORMATION FROM CANMAT AND MDAO

This resource is the result of a joint venture of the *Mood Disorders Association of Ontario* (MDAO; www.moooddisorders.ca) and the *Canadian Network for Mood and Anxiety Treatments* (CANMAT; canmat.org). It was funded primarily by the *Ontario Brain Institute* (braininstitute.ca), with significant in-kind support from MDAO and CANMAT. Additional support and guidance were provided by the *CAN–BIND* program (www.canbind.ca).

The information in this guide is drawn from the *CANMAT 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder*, published as a series of seven articles in the September 2016 issue of the *Canadian Journal of Psychiatry* (available here: canmat.org/canmatpub.html#Guidelines). All scientific content in this resource is derived from the research summarized in the original 2016 articles, edited by Dr. Raymond Lam and Dr. Sidney Kennedy, with co-editors Dr. Sagar Parikh, Dr. Roumen Milev, Dr. Glenda MacQueen, and Dr. Arun Ravindran.

The CHOICE–D (*CANMAT Health Options for Integrated Care and Empowerment in Depression*) Project was created in partnership with individuals (drawn from 64 applicants across Canada) who have personal experience with depression, for persons living with depression. Written in lay language, our intention is to empower individuals to understand treatment options and to engage in conversations about treatment options with their health care providers. Multiple stakeholders contributed to reviewing this document, including the public, patients, treatment providers, researchers, and administrators.

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THE CHOICE-D PATIENT AND FAMILY GUIDE TO DEPRESSION TREATMENT

PRACTICAL INFORMATION FROM CANMAT, CAN-BIND, AND HOPE+ME

If you are 18 or older and have been told by a healthcare professional that you have depression or if you think you have depression, this booklet is for you.

Depression is treatable. This resource provides information about different depression treatments, including medication, psychotherapy, neuromodulation, and other alternative treatments. The information will help you decide what questions to ask your healthcare provider and will help you decide what treatment is right for you. A healthcare provider can include psychiatrists, family physicians, physician assistants, nurse practitioners, psychologists, therapists, social workers, and pharmacists.

If your safety is at risk, please call 9-1-1 or visit your nearest emergency department.

North American Suicide Crisis Help line: 9-8-8 (toll-free)

Text: 9-8-8

Visit: www.988.ca (Canada); www.988lifeline.org (USA)

QUICK SUMMARY

How do I know if I have clinical depression?

It is normal to feel sad, lonely, or depressed sometimes. When those feelings become overwhelming and cause symptoms that last for more than two weeks, you should seek help from your healthcare provider. For a list of depression symptoms, refer to page 2.

How should I decide what treatments I should consider: self-help, psychotherapy, or medication?

Medications, psychotherapy, and their combination have been shown to help people with depression. There are also alternative therapies that your healthcare provider may discuss with you (e.g. exercise, light therapy). You may need to try different approaches depending on your personal situation. Work with your healthcare provider to select the best treatment for you. If one treatment does not help, your healthcare provider may change or add another type of treatment.

What self-management can I do for depression (including peer support groups)?

Tracking your symptoms (see page 9), making healthy lifestyle choices (e.g., exercising, eating healthy foods), and using self-help books are some ways to help manage your depression. For a list of self-management tools, refer to pages 45–46.

Support groups run by peers may be available in your local community and can connect you with people who have lived experience with depression. If you live in Canada, you can find support and contact your local mood disorders association by visiting this website: mdsc.ca/finding-help.

Which psychotherapy works for depression?

While there are many useful types of psychotherapy, some, such as cognitive behavioural therapy (CBT), are better than others for treating depression. It is important to talk about different options with your healthcare provider to find the treatment that will work best for you. To learn more, read the “Psychological Treatment” section beginning on page 12. A table of top-rated psychotherapies can be found on page 19.

Why would I consider medication, and which type?

There are some advantages to using antidepressant medication; it works faster than psychotherapy, is more widely available, and is particularly useful in more severe depression. Medications can be combined with other treatment options (e.g., psychotherapy). Importantly, antidepressant medications are not addictive. When selecting a medication, there is no ‘one size fits all’. You may have to try different types and doses to find what works best for you. Sometimes treatment needs will vary and change over time. You should work with your healthcare provider to choose the right medication for you. To learn more, read the “Antidepressant Medications” section beginning on page 22. A table of commonly prescribed antidepressant medications and their associated side effects can be found on page 27.

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INTRODUCTION

What is depression?

Depression is an illness that negatively affects your brain and body. You may feel mentally and physically tired all the time. You may not want to go outside. It might be difficult for you to do normal daily activities. Your healthcare provider will ask you how long you have had symptoms and how the symptoms have affected your life and your relationships. Early detection and treatment can reduce the burden of the condition. Half of depressive episodes are generally brief and resolve within three months.

Depression does not discriminate



Different
Ages



Different
Genders



Different
Ethnicities



Different
Socioeconomic
Backgrounds

Depression does not discriminate. It affects people of all ages, genders, ethnicities, and socioeconomic backgrounds. Anyone can be susceptible.

Learning about depression can help decrease the stigma and correct misunderstandings of mental illness.

How is depression diagnosed?

Healthcare providers in Canada use different tools to diagnose depression. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11) are two resources that help professionals understand and diagnose your symptoms.



What are the symptoms of depression?



- Sadness that has lasted two weeks or more
- Loss of interest in doing things that used to give you pleasure
- Significant weight change or change in appetite
- Increase or decrease in how much you sleep
- Changes to your movement or speech (faster/slower)
- Tired – lacking energy
- Guilt – unworthiness
- Difficulty concentrating
- Thoughts of death or suicide



In order to diagnose depression, at least five of these symptoms should be experienced daily for at least two weeks, and must cause significant difficulty in social and/or work functioning such as missing a friend's birthday or an important work meeting. Depression does not affect everyone the same way, so symptoms and severity may vary from person to person. Your healthcare provider might use other terms to describe your diagnosis. A 'specifier' is a term that provides additional information about your diagnosis that makes it more specific.

How common is depression?

About 10% of Canadians who are 15 years or older have experienced depression lasting for 2 weeks or longer at some time in their lives. Women are more likely than men to be diagnosed with depression; young people are more likely than older people to have depression.

Are there different types of depression?

There are several types of depression, each with its own patterns and causes. The most common is **Major Depressive Disorder (MDD)**, which involves lasting feelings of sadness, hopelessness, and a loss of interest in daily life. Other types include:

- **Persistent Depressive Disorder (PDD):** Ongoing symptoms of depression that may be less severe, but last for two or more years.
- **Seasonal Affective Disorder (SAD):** Depression that usually happens during the winter months when there is less sunlight.
- **Premenstrual Dysphoric Disorder (PMDD):** Often presents as a severe form of depression that some women experience in the days leading up to their menstrual period. Sometimes severe PMDD can present with prominent anxiety, irritability, feeling overwhelmed, and difficulty concentrating, rather than as depression.
- **Substance/Medication-Induced Depressive Disorder:** Depression that is directly linked to the use of certain substances, such as recreational drugs, alcohol or some prescription medications.
- **Bipolar Depression:** Depressive episodes that are part of bipolar disorder, a mood disorder that features episodes of high energy or mood called hypomania/mania.

Each type can feel different and may require different kinds of treatment. A healthcare provider can help you determine what kind of support is right for you.

How does depression affect your social and family life?

Your ability to have healthy relationships may be affected when you are living with depression. Treatment can help to improve social and family relationships. Ask your healthcare provider for resources to share with your friends and family.

What is high-functioning depression?

High-functioning depression is a type of depression where individuals experience significant depressive symptoms but are still able to manage their daily responsibilities and appear to function normally in their work or personal life. People with high-functioning depression may not show obvious signs of sadness, but they may still feel sad, hopeless, or fatigued. Because they can maintain their routines, it is often more difficult to recognize and address. It is important to understand that even if someone seems to be coping, they may still need support and treatment.

What is Difficult-to-Treat Depression (DTD)?

In the past, depression that did not improve was often referred to as treatment-resistant depression (TRD). A better term is difficult-to-treat depression (DTD). DTD describes a chronic depression that does not improve with several standard treatments, including medications and therapies. When this happens, the treatment goal shifts from improving symptoms, to managing symptoms in a way that helps improve your overall quality of life. Treating DTD is a team effort. Your healthcare provider can work closely with you to find the approach that fits your needs best. While managing DTD can be challenging, it is important to remember that progress is always possible with the right support and care and finding the best treatment for you might take several attempts.

How is suicide risk assessed?

Suicidal thoughts, plans, and attempts are common in people with depression. Fortunately, suicide plans and attempts are less common than suicidal thoughts. If you are feeling depressed, your healthcare provider is likely to ask questions about suicide as part of your care. A standard checklist or questionnaire may be used. If you are in crisis or thinking about suicide, call or text 9-8-8. Support is available 24 hours a day, 7 days a week.

Will you always have depression?

Some types of depression can last a long time, and sometimes the symptoms of depression will stop for an extended time (such as after treatment), and then may return. This is known as relapse or recurrence. If you experience periods of time without symptoms (at least two months), your healthcare provider might say your depression is 'going into remission' or has 'lifted'. Depression symptoms may not fully go away with treatment, or the symptoms may change over time. About 25% of people with depression experience symptoms for at least two years. About 35% of people in remission re-experience symptoms within three years.

Are there different phases in depression treatment?

There are two phases in treating depression. The goal in the **acute phase** of treatment is to 'get well'. The goal in the **maintenance phase** is to 'stay well', or maintain your mental health. Your healthcare provider will encourage you to adopt a healthy lifestyle and use strategies to manage your mood. Not everyone needs maintenance treatment. The type of treatment and the length of time you undergo acute or maintenance treatment will depend on your needs and preferences as well as personal characteristics that may increase your risk of feeling depressed again.



How can technology be used to treat depression?

Electronic mental health tools (smartphone mobile applications, online programs) are common and popular. These tools may help you and your healthcare provider to assess, monitor, and manage your depression symptoms. If you want to keep track of your depressive symptoms, ask your healthcare provider about any online tools you want to use. See page 46 for a list of digital tools that may be helpful.

How do you decide which treatment is right for you?

There are many things to consider when choosing a treatment. If your depression is severe (you have intense symptoms and frequent thoughts of hopelessness and/or suicide), you and your healthcare provider are likely to choose a treatment that will act more quickly. Together, you may consider medication, psychological treatment, or other options based on your unique needs, history, and personal preferences. This resource provides information about different treatments.



Patient Health Questionnaire (PHQ-9)

The PHQ-9 is a useful starting point for understanding your mental health and finding the support that is right for you. It is designed to assess the severity of your depression, and can help you identify whether your depression is mild, moderate, or severe. You can also share the results with your healthcare provider to help guide treatment planning and next steps. Rather than providing a diagnosis, this scale provides a measure of the severity of your symptoms.

Over the last two weeks how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Add columns

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?

<input type="checkbox"/> Not difficult at all	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Extremely difficult
---	---	---	--

How do I find my PHQ-9 score?

To find your score, add up the numbers next to each answer you chose on the questionnaire (Not at all = 0, Several days = 1, More than half the days = 2, Nearly every day = 3). Once you have a total, use the guide below to understand what your score means and how it may relate to your level of depression.

Total Score	Depression Severity as Defined by PHQ-9	CAN-BIND Score Guidance
1 – 4	Minimal Depression	Depressive symptoms
5 – 9	Mild Depression	
10 – 14	Moderate Depression	Possible clinical depression
15 – 19	Moderately Severe Depression	Usually clinical depression
20 – 27	Severe Depression	

What does my PHQ-9 score mean?

The table above uses the term “depression” for every score level, which can be misleading. A score of 1-4 means you have a few distressing symptoms, but do not have clinical depression. A score of 5-9 means you have more distressing symptoms, but it is unlikely that you have clinical depression. A score of 10 or higher often corresponds to clinically significant depression.

Clinicians classify clinical depression as mild, moderate, or severe, but these categories typically correspond to scores well above 10. Speak to your healthcare provider about your symptoms if you have a score higher than 10. For more information on levels of severity in clinical depression, see page 8.



Understanding Severity Levels in Clinical Depression

Clinical depression refers to depression as defined by the DSM-5, the primary diagnostic guide used by mental health professionals in North America and many other countries. A diagnosis requires a person to experience at least five symptoms of depression most of the day, nearly every day, for a minimum of two weeks.

What does mild clinical depression look like?

Mild clinical depression involves feeling down or low for most of the day. You might feel tired, lose interest in things you once enjoyed, or have trouble concentrating, but these feelings do not stop you from going about your normal routine, and with some effort you can still manage daily tasks.

What does moderate clinical depression look like?

Moderate clinical depression makes everyday life more challenging. You may feel sad, hopeless, or overwhelmed, and struggle to keep up with work, school, or social activities. Sleep and appetite are typically affected, and you may feel more irritable or restless than usual.

What does severe clinical depression look like?

Severe clinical depression is intense and debilitating. You may feel deeply sad, empty, or worthless, and it can be difficult to do even basic tasks, like getting out of bed or taking care of yourself. Feelings of hopelessness may overwhelm you, and you might have thoughts that life is not worth living, or even thoughts of death or suicide.

The First Step of Treatment – Meeting with Your Healthcare Provider

It may be hard to talk about your depression. It is important that you talk about your symptoms so your healthcare provider can help you find the right treatment.

The chart below is for you to write about your symptoms. It will be helpful for your healthcare provider to know what your symptoms are, how often they occur, and how long they last. Take the chart with you to your next appointment so you can talk about treatment options.

SYMPTOMS	SYMPTOM DESCRIPTION	DURATION AND FREQUENCY OF SYMPTOM	SEVERITY OF SYMPTOM (MILD / MODERATE / SEVERE)
Sadness			
Restlessness or Irritability			
Difficulty concentrating			
Loss of interest in things			
Tiredness and fatigue			
Changes in sleep			
Changes in weight			
Thoughts of doom or suicide			

You can also now track your symptoms with digital tools. For more details on digital tools, go to page 46.

Tips to Make the Meeting More Helpful

Things you might want to mention to your healthcare provider:



Bring your symptoms checklist and a list of questions. Note when the symptoms started, and things that trigger you and make you feel worse.



Write down your current prescription medications, including over the counter medications, and all nutritional or dietary supplements.



Note any medical conditions such as high blood pressure, diabetes, or anything recently diagnosed by your healthcare provider.



Review any personal or family history of depression, other types of mental illness, use of alcohol and/or other substances, since this may also be discussed.

Your healthcare provider can answer your questions about depression and about treatment options. Write a list of questions before your appointment and take the list with you. Some questions you might want to ask:



How do I know if I have depression?

Should I have any blood tests or other tests?

What are the different treatments for depression?

What does treatment cost?

What are common or serious side effects?

Do I need to see a psychiatrist or psychologist?

When will I feel better?

What self-help groups and support groups are available?

Living with Depression

Do not be afraid to ask for help. Work with your healthcare provider to develop a plan to help you manage your depression. Many people with depression find different ways of managing; the following tips may be helpful:

- Talk to your trusted loved ones
- Make healthy lifestyle choices: exercise, eat healthy foods, get enough sleep
- Minimize alcohol, avoid regular use of cannabis and/or other substances
- If you need more time with your healthcare provider, ask for a longer appointment time
- Use a daily pill box if you take medication

More Ways to Help Yourself

Do you wish there was someone you could talk to that has gone through a similar situation without judgment? Peer support is a supportive relationship between people who have lived experience with depression in common. Contact your local mood disorders association that may provide additional support to help you feel less lonely and isolated. If you live in Canada, you can find information about local mood disorders associations on this website: www.mdsc.ca/finding-help. For those living in Ontario, you can also find additional services at Hope+Me's website: www.hopeandme.org.

Remember...

With any treatment, persistence is key. If things do not work out right away, remember that the first person you see may not be the last person you need to talk to. If you are not getting the treatment or support you need from your current healthcare provider, keep pushing forward. Consider reaching out to other providers or asking your current provider for more help. Keep exploring until you find what works best for you.



What is psychological treatment?

Sometimes called ‘talk therapy’ or ‘psychotherapy’, psychological treatment involves discussions with a healthcare provider to learn more about your own behaviour and thinking.

Will psychological treatment work for you?

Psychological treatment can work for people of all ages, genders, and backgrounds. It can be just as effective as medication. It may take longer for you to see results with psychological treatment, so if your depression is severe, your healthcare provider may recommend a different type of treatment. Remember that we are all different, with different needs, so treatments should be selected based on what suits your needs best. Psychological treatment may be especially helpful if you are older, if you are pregnant, or if you are already taking medications.

And remember, just like finding the right medication, finding the right therapist is important—if the first therapist does not feel like a good fit, look for another one. Treatment and providers may change throughout your life, so be open to adjusting your approach as your needs evolve.

Can you use psychological treatment if you have other psychiatric or medical conditions?

Depression is sometimes caused or made worse by other mental and physical illnesses. Psychological treatment can still be effective. Psychological treatment may improve your depression and your ability to complete your other treatments.

How do you choose a psychological treatment?

Talk about different treatments with your healthcare provider. Consider what is available and/or affordable in your area. Evidence from large research studies show that some psychological treatments work better than others for depression, and that group treatment is usually as helpful as individual therapy. Different psychological treatments are described in the following sections. Additional information on psychological treatments can be found in Tables 2 and 3.



How do you choose a therapist for psychological treatment?

The first therapist you meet may not be the right fit, and that is okay. Psychological treatment works best when you have a good relationship and trust your therapist. Do not be afraid to have trial meetings with different therapists to find someone you truly connect with.

One important factor in finding the right therapist is how well your values align. Signs you have a good relationship with your therapist include:

- You and your therapist agree on your treatment goals
- Your therapist can understand and talk about what you are feeling
- Your therapist is sensitive to your cultural identity
- Your therapist wants to know how well treatment is working for you, sometimes using symptom questionnaires to measure the severity of your depression
- Your therapist seems to genuinely care about your needs
- You and your therapist share similar values and beliefs

How long does it take for psychological treatment to start working?

Most psychological treatments for depression take 12–16 sessions, but there are some treatments that have been designed to be given in just 8 sessions. It is important to give the treatment you choose time to work before thinking of changing treatments. You should see some benefits after 4–6 sessions; major improvement may take longer. Psychotherapy is particularly valuable in that its benefits often last a long time.

The First-Line Psychological Treatments for Depression — CBT, IPT, BA

What is Cognitive Behavioural Therapy (CBT)?

CBT focuses on recognizing negative or pessimistic thoughts that can lead to depression. You will learn how to become aware of and question your own negative thoughts, and you will learn methods to stop behaviours that make you feel depressed.

What is Interpersonal Therapy (IPT)?

IPT helps you understand how your relationships and social interactions with others can contribute to depression. Treatment focuses on improving communication skills, resolving conflicts, and building stronger social support. IPT is recommended for adults, especially if combined with antidepressant medication.

What is Behavioural Activation (BA) Therapy?

BA is a treatment that helps you replace negative behaviours with behaviours that can help you feel better. Treatment can be with a therapist or with the help of online tools or mobile applications. BA works particularly well at the beginning of treatment, but more research is needed to better understand its potential long term benefits.

Other Psychological Treatments for Depression

What is the Cognitive Behavioural Analysis System of Psychotherapy (CBASP)?

CBASP is a treatment that combines cognitive, behavioral, and interpersonal therapies. CBASP has not been well studied, but may help for chronic depression, when combined with medication or when other treatments are not working.

What is Short-term Psychodynamic Psychotherapy (STPP)?

STPP focuses on understanding emotions, behaviours, and ways of thinking that may reveal your long-term patterns of emotion and behaviour. Psychodynamic psychotherapies may be helpful to you if combined with medication or if other treatments are not working.

What is Problem-Solving Therapy (PST)?

PST is a treatment that helps you solve everyday problems. PST can help you see how symptoms affect you and how you can make changes for improvement. Research has shown that this can help with mild depression symptoms, though it may not work for everyone.

What is Mindfulness-Based Cognitive Therapy (MBCT)?

MBCT is a type of therapy that involves combining CBT techniques with mindfulness and meditation. It helps you observe and accept your thoughts without judging them as good or bad. Note that MBCT involves more than the mindfulness that is generally practiced. It is especially recommended to prevent depression from coming back after successful initial treatment, but may not be enough to help in the first month or two of starting treatment.

What are Transdiagnostic Psychological Treatments?

Transdiagnostic psychological treatments use psychological strategies to help you improve motivation, manage emotions, change negative thinking, and face difficult feelings. These approaches can work for various emotional issues and can help maintain long-term progress.

Are there other psychological treatments that might also be helpful?

Yes, in addition to the treatments already covered in this section, there are several other psychological treatments that may be helpful. For example, Acceptance & Commitment Therapy (ACT), Long-term Psychodynamic Psychotherapy (PDT), Metacognitive Therapy (MCT), and Motivational Interviewing (MI) may be considered if other treatments aren't helpful or available. While these have less supporting evidence, they may still be valuable to some individuals. For more information, see Table 3.

Does it matter whether you receive treatment in a group or one-on-one?

Both formats are equally effective. Many psychological treatments are delivered in groups. Group treatment may cost less and is more likely to be available in your community. Some people prefer working in a group. One-on-one (individual) therapy is more likely to be customized to your needs so it might work better for you. In group therapy, you can learn how others deal with depression.

Do online or mobile application treatments work for depression?

There are some treatments that can be offered virtually and have been shown to reduce depressive symptoms. These treatments are often referred to as digital health interventions (DHIs). When these treatments are guided by your healthcare provider, they are even more effective. While there are many applications that claim to help with depression, very few have been tested, so work with your healthcare provider to determine which ones may be helpful, come from a credible source, use validated approaches, and provide you with privacy and data protection. For more information about DHIs, see page 31.

Do treatments by phone or video work for depression?

Treatments with a therapist over the phone or video can work as well as in-person treatments. CBT has been delivered successfully by phone or video; CBT treatment by phone or video is especially useful in remote areas to enhance access.

Is it better to use medication together with psychotherapy from the start?

Combining medication treatment with psychotherapy is often the most effective treatment, especially if your depression is severe (symptoms are overwhelming and include frequent thoughts of hopelessness and/or suicide). When your symptoms are less intense, you and your healthcare provider might decide to try either just medication or just psychotherapy.

Is it useful to start with medication and then add psychotherapy later?

Using psychotherapy after medication may be helpful because medication usually works more quickly to reduce symptoms and improve functioning. Psychotherapy teaches skills to help prevent you from getting depressed again.

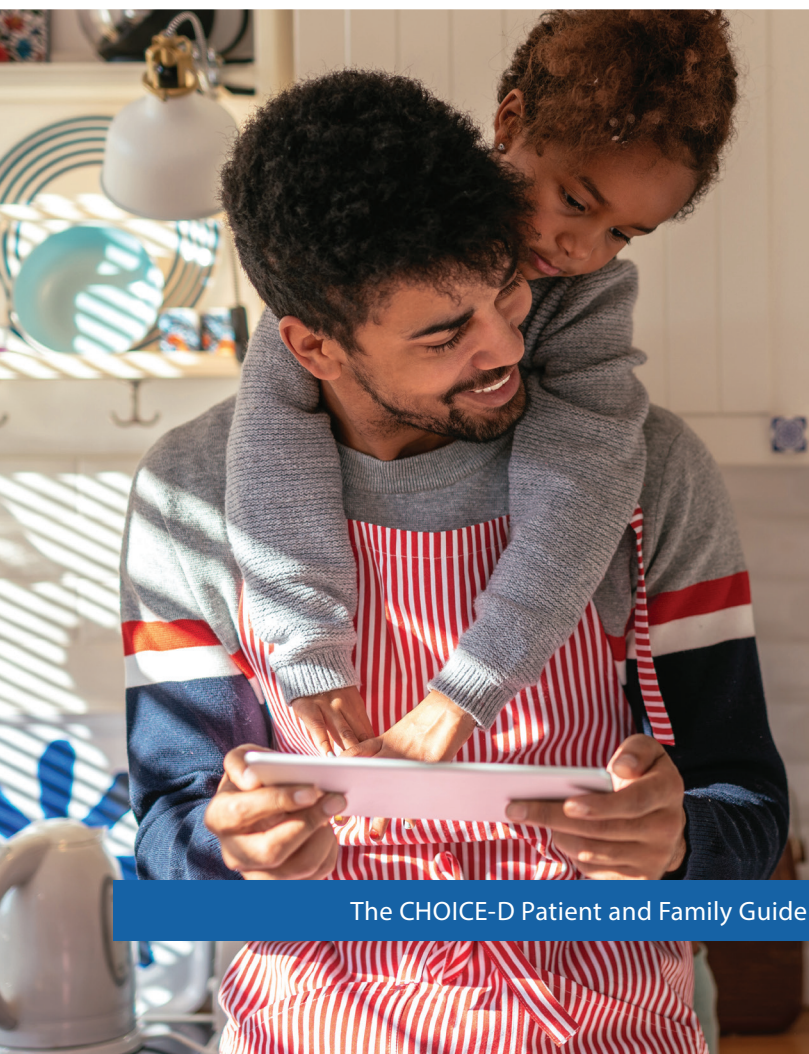


Table 1: Advantages (“pros”) and Disadvantages (“cons”) of Psychological Treatments

PROS	CONS
Minimal unwanted side effects	Often takes a while to see results; May need to try different therapists and types of psychotherapy
Insights learned may endure beyond when psychotherapy ends	May not be as effective when depression is severe
Safe for pregnant or nursing women (i.e., no harm to the fetus or baby)	Often requires a large time commitment (e.g., readings, homework), and may include some emotional unrest when processing difficult thoughts or feelings
Does not contribute to drug interactions for people already taking other medications	Offers limited access to immediate support in times of acute symptom crisis
Different modes of delivery (e.g., phone, video, internet) and settings (e.g., individual or group) allow customization of treatment to meet personal needs	May be costly as coverage from provincial and/or private insurance is limited

Table 2: Top-rated Psychological Treatments for Depression

NAME OF TREATMENT	HOW DOES IT WORK?	TREATMENT RECOMMENDATION LEVEL*
Cognitive-Behavioural Therapy (CBT)	<ul style="list-style-type: none"> • Focuses on the ways that unrealistic thoughts and negative beliefs about yourself can create and reinforce depression • Involves talking with a psychotherapist and completing homework between sessions, particularly by challenging and changing negative thoughts 	Strong
Interpersonal Therapy (IPT)	<ul style="list-style-type: none"> • Focuses on the impact of relationships with others that may create and reinforce depressive thoughts and feelings • Involves talking with a psychotherapist for at least eight sessions 	Strong
Behavioural Activation (BA)	<ul style="list-style-type: none"> • Focuses on changing activities to be more active, identifying fun things, and how to do them • Involves talking with a psychotherapist to identify behavioural solutions to problems and rehearse skills 	Strong

Recommendation Level – Strong: Derived from CANMAT Professional guideline, a first-line treatment supported by strong research evidence

Recommendation Level – Medium: Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommendation Level – Weak: Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

First-line: The first method that a healthcare provider chooses to treat your depression

Second-line: The second best method that a healthcare provider chooses to treat your depression

Third-line: The third best method that a healthcare provider chooses to treat your depression

Table 3: Other Psychological Treatments for Depression

NAME OF TREATMENT	HOW DOES IT WORK?	TREATMENT RECOMMENDATION LEVEL*
Cognitive-Behavioural Analysis System of Psychotherapy (CBASP)	<ul style="list-style-type: none"> • Focuses on understanding the way that depressive thoughts can change your behaviours and relationships • Involves talking with a psychotherapist and working on changing negative patterns in relationships with others 	Medium
Mindfulness-Based Cognitive Therapy (MBCT)	<ul style="list-style-type: none"> • Focuses on using CBT techniques, meditation, breathing, and other strategies to help reduce depressive thinking and behaviours • Involves talking with a psychotherapist and learning/practicing techniques for at least eight sessions to decrease worrying and improve mood 	Medium
Problem-Solving Therapy (PST)	<ul style="list-style-type: none"> • Focuses on developing helpful ways of thinking about depression-related problems and trying out specific skills • Involves talking with a psychotherapist and practicing problem-solving as homework for at least eight sessions 	Medium
Short-term Psychodynamic Psychotherapy (STPP)	<ul style="list-style-type: none"> • Focuses on understanding feelings, thoughts, and behaviours that contribute to depressive symptoms • Involves talking with the psychotherapist to explore early life experiences 	Medium
Transdiagnostic Psychological Treatments	<ul style="list-style-type: none"> • Focuses on using psychological strategies to improve motivation, manage emotions, change negative thoughts, and face uncomfortable feelings • Involves working with a psychotherapist to apply various strategies and maintain long-term progress across different emotional issues 	Medium

Table 3: Other Psychological Treatments Useful for Depression

NAME OF TREATMENT	HOW DOES IT WORK?	TREATMENT RECOMMENDATION LEVEL*
Other Psychological Treatments	<p>Acceptance and Commitment Therapy (ACT)</p> <ul style="list-style-type: none"> Focuses on changing thinking and behaviour to improve flexibility for tolerating painful feelings and experiences <p>Long-term Psychodynamic Psychotherapy (PDT)</p> <ul style="list-style-type: none"> Focuses on understanding feelings, thoughts, and behaviours that contribute to depressive symptoms <p>Metacognitive Therapy (MCT)</p> <ul style="list-style-type: none"> Focuses on improving awareness and understanding of thoughts and feelings of oneself and others to improve flexibility in attention, monitoring, and regulation of thoughts and behaviours <p>Motivational Interviewing (MI)</p> <ul style="list-style-type: none"> Focuses on helping individuals recognize the difficulty in making positive changes to improve negative thoughts and behaviours 	Weak

Recommendation Level – Strong: Derived from CANMAT Professional guideline, a first-line treatment supported by strong research evidence

Recommendation Level – Medium: Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommendation Level – Weak: Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

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Second-line: The second best method that a healthcare provider chooses to treat your depression

Third-line: The third best method that a healthcare provider chooses to treat your depression



What are antidepressant medications?

Antidepressant medications (also called ‘antidepressants’) are medications (usually pills) that can change brain chemicals called neurotransmitters, such as serotonin. These changes may help promote brain cell growth and improve cell connections through a process called neuroplasticity. For a full list of common antidepressants, see Table 5.

Should you try antidepressant medications?

For most people with depression, antidepressants work as well as psychotherapy. Combined treatment may be most effective. For severe depression, antidepressants are often used first because they work faster. Other methods of treatment, such as psychotherapy, may be helpful for those experiencing mild depression. Treatment is not a case of ‘one size fits all’. You may have to try different medications and other treatments to find what works best for you. Remember that your treatment needs will vary and may change over time as needed.

What are the side effects of antidepressants?

Like all medications, there are possible side effects with antidepressants that you should discuss with your healthcare provider. It is important to know about common side effects and be aware that there are other rare side effects. Official government, hospital, and university websites are more reliable sources than online forums or chat rooms. Tell your healthcare provider about all drugs and supplements you are taking because they can affect how well an antidepressant will work.

Are antidepressants addictive?

Antidepressants are not addictive, but some of them can cause withdrawal effects. Withdrawal effects are temporary symptoms that may occur if you stop or reduce a medication too quickly. They are not necessarily harmful, but can be uncomfortable, and happen as your brain adjusts to changes in medications.



How do you select an antidepressant?

Work with your healthcare provider to choose the right medication. Antidepressants work differently for everyone, and there are currently no tests to show which medication will work best for you. Neither age, sex, race, nor ethnicity will determine if a drug will work for you.

Do some antidepressants work better than others?

Research has shown that there are some differences in how well antidepressants work. There are small differences in efficacy between antidepressants; however, there is no evidence that different forms of the same drug (i.e., generic vs. brand, extended vs. immediate release) work differently. For a full list of common antidepressants, see Table 5. One frequently mentioned psychedelic compound called psilocybin (the active ingredient in “magic mushrooms”) is being researched intensively, but is not yet approved in any country for the treatment of depression.

Are antidepressant medications useful for bipolar depression?

Bipolar depression is a different condition from regular major depression. It has unique symptoms and requires its own treatment approach. Getting the right diagnosis is important to find what works best. For more specific information about bipolar depression, consult the bipolar patient guide: www.canmat.org/2020/03/19/the-patient-and-family-guide-to-the-canmat-and-isbd-guidelines-on-the-management-of-bipolar-disorder.



When Medication Feels Helpful: What to Know

How do I know if an antidepressant is working?

How well, and how quickly an antidepressant works depends on how severe your symptoms were to begin with and your response to medication. First, it is important to take your antidepressant medications daily as directed. If there is no noticeable improvement in 2–4 weeks, your healthcare provider may suggest you increase the dose rather than switch to another drug. You should take antidepressant medication for at least 4–8 weeks before deciding if it is working. Sometimes people start medication at a very low dose to minimize the chance of side effects. To see how much you have improved, your doctor will ask questions about your symptoms or give you a questionnaire. You can also use an online mood tracker to see how much you have improved.

What is a partial response?

A partial response to a medication is when you experience some improvement in your symptoms, but not complete relief. For example, you might find that your mood improves slightly, but you still struggle with other symptoms. This does not always mean the medication is not working. It may just require more time, a higher dose, or an additional treatment to work better. Be sure to talk to your healthcare provider about your progress so they can help adjust your treatment plan as needed.

How long do I have to keep taking antidepressants?

Once your symptoms have improved, antidepressant treatment should continue for at least 6–9 months to reduce the risk of symptoms returning. If you and your healthcare provider think that the depression has a high chance to return, you might decide to take medication for a longer period.



When Medication Does Not Feel Helpful: What Comes Next?

What if antidepressant medication does not work for me?

If you notice very little or no improvement after taking an antidepressant for 2–4 weeks or you are experiencing significant side effects, talk to your healthcare provider. Sometimes side effects can get in the way of treatment working well. Your doctor may suggest increasing your dose, adding another medication, or switching to a different medication. Keep in mind that finding the right treatment can take time, and you may need to wait up to 8–12 weeks to feel the full effects.

Why is my doctor adding another medication to the antidepressant?

If an antidepressant is not working well enough, your doctor may prescribe a second medication to boost the effect of your antidepressant. This second medication may be another antidepressant, a mood stabilizer, or an atypical antipsychotic. See Table 6 for more information.

Why would I take an antipsychotic if I have depression?

Atypical antipsychotics, also referred to as second-generation antipsychotics or serotonin-dopamine antagonists, were first introduced for the treatment of bipolar disorder and schizophrenia. These medications also affect neurotransmitters and have been shown to be effective at lower doses for treating depression and anxiety when used in combination with antidepressants, even in the absence of psychotic symptoms.

What if I have been told I have chronic depression?

Several types of treatment exist for chronic depression. There are many drug combinations available, even for severe and persistent depression. Other treatments, particularly psychotherapy, may also be necessary to add onto medications.

Will antidepressant medications make me think more about suicide?

Although it is very rare, you may temporarily experience increased suicidal thoughts with some antidepressants. Teenagers are more at risk of experiencing this side effect. However, adults age 25 and older with moderate-to-severe depression are more likely to experience decreased suicidal thoughts while on antidepressant medication. If you start to feel more suicidal, call or text 9-8-8 and talk with your healthcare provider right away.

How do I safely stop using antidepressants?

Except in very specific circumstances, antidepressants should not be stopped abruptly. If you and your healthcare provider decide that you should stop taking medication, it is important to gradually decrease your dose. It may take weeks or even months to stop the medication completely. Talk to your healthcare provider for the best approach with your treatment plan.

Table 4: Advantages (“pros”) and Disadvantages (“cons”) of Antidepressant Medications

PROS	CONS
Antidepressant medications are often the best <i>starting</i> option for those with severe depression	Different antidepressant medications may need to be tried before finding the best treatment
Combining antidepressants with psychotherapy is often the best <i>long-term</i> treatment in severe depression	Overreliance on medication may delay the consideration of psychotherapy
Antidepressants may improve mood, sleep, clear thinking and decrease physical pain	Antidepressant medications may have unpleasant side effects - such as weight gain, sexual side effects
Antidepressant medication may work more quickly to reduce symptoms and improve motivation	Suicidal thoughts may temporarily increase with some antidepressants, particularly in youth. Talk with your healthcare provider immediately should this occur
Antidepressant medications are not addictive. If you are going to stop taking an antidepressant medication, ask your healthcare provider how to gradually decrease the dose to prevent experiencing side effects from withdrawal	Some antidepressants may interact with other medications including over-the-counter medications. Check with your pharmacist or other healthcare provider

Table 5: Commonly Prescribed Antidepressant Medications

Most medications have a generic (chemical) name and one or more brand names. Brand names are assigned by the pharmaceutical company that makes the drug. In this table, the generic name is listed first (in alphabetical order), followed by the brand name in brackets. Common side effects are listed in order of frequency experienced.

DRUG CLASS	DESCRIPTION	EXAMPLES	COMMON SIDE EFFECTS
Selective Serotonin Reuptake Inhibitors (SSRIs)	SSRIs are the most commonly prescribed antidepressants. They work by decreasing serotonin reuptake in your brain to make it more available to improve your mood.	<ul style="list-style-type: none">• Citalopram (Celexa, Cipramil)• Escitalopram (Cipralex, Lexapro)• Fluoxetine (Prozac, Sarafem)• Fluvoxamine (Luvox)• Paroxetine (Paxil)• Sertraline (Zoloft)	<ul style="list-style-type: none">• Nausea• Trouble sleeping• Nervousness• Tremors• Sexual problems• Dry mouth
Serotonin and norepinephrine reuptake inhibitors (SNRIs)	SNRIs work by improving serotonin and norepinephrine levels in your brain. Some SNRIs can also relieve chronic pain..	<ul style="list-style-type: none">• Desvenlafaxine (Pristiq)• Duloxetine (Cymbalta)• Levomilnacipran (Fetzima)• Venlafaxine (Effexor XR)	<ul style="list-style-type: none">• Nausea• Drowsiness• Fatigue• Constipation• Dry mouth
Tricyclic antidepressants (TCAs)	These are older antidepressants that work as well as newer ones, but usually have more side effects and are more toxic in overdose.	<ul style="list-style-type: none">• Amitriptyline (Elavil)• Clomipramine (Anafranil)• Desipramine (Norpramin)• Doxepin (Sinequan)• Imipramine (Tofranil)• Nortriptyline (Pamelor)• Protriptyline (Vivactil)• Trimipramine (Surmontil)	<ul style="list-style-type: none">• Constipation• Dry mouth• Fatigue• Low blood pressure• Irregular heart rate• Seizures

Table 5: Commonly Prescribed Antidepressant Medications Continued

DRUG CLASS	DESCRIPTION	EXAMPLES	COMMON SIDE EFFECTS
Monoamine Oxidase Inhibitors (MAOIs)	MAOIs are older drugs that stop the breakdown of norepinephrine, dopamine, and serotonin. They can interact with other drugs, and some foods.	<ul style="list-style-type: none"> • Moclobemide (Manerix) • Phenelzine (Nardil) • Selegiline Transdermal (Emsam) • Tranylcypromine (Parnate) 	<ul style="list-style-type: none"> • Nausea • Dizziness • Drowsiness • Trouble sleeping • Restlessness • Headaches
Atypical Antidepressants	These medications do not fit into other antidepressant categories. They are unique in how they work to treat depression.	<ul style="list-style-type: none"> • Bupropion (Wellbutrin SR, Wellbutrin XL) • Mirtazapine (Remeron) • Nefazodone (Serzone)* • Trazodone (Desyrel) • Vilazodone (Viibryd) • Vortioxetine (Trintellix) 	<ul style="list-style-type: none"> • Nausea • Vomiting • Constipation • Dizziness • Blurry vision • Drowsiness • Dry mouth • Sexual problems • Weight gain • Trouble sleeping
Other †	These medications are newer treatments that have shown promise in treating depression. Evidence may be limited.	<ul style="list-style-type: none"> • Ketamine • Esketamine (Spravato) • Combination of Dextromethorphan + Bupropion (Auvelity) • Zuranolone (Zurzuvae) 	<ul style="list-style-type: none"> • Variable

* not available in Canada

† ask your healthcare provider about newer medications

Table 6: Commonly Prescribed Add-On Medications

Other medications are often added to antidepressant treatments to enhance or improve outcomes. The table below lists add-on medications by their generic names, with brand names in brackets. These medications are increasingly referred to as *serotonin and dopamine modulators*.

MEDICATION NAME	DRUG CLASS	TREATMENT RECOMMENDATION LEVEL*
Aripiprazole (Abilify)	Atypical Antipsychotic	Strong
Brexipiprazole (Rexulti)	Atypical Antipsychotic	
Bupropion (Wellbutrin)	Atypical Antidepressant	Medium
Cariprazine (Vraylar)	Atypical Antipsychotic	
Esketamine (Spravato)	Other	
Ketamine	Other	
Lithium	Mood Stabilizer	
Mirtazapine (Remeron)	Atypical Antidepressant	
Modafinil (Provigil, Alertec)	Other	
Olanzapine (Zyprexa)	Atypical Antipsychotic	
Quetiapine (Seroquel)	Atypical Antipsychotic	
Risperidone (Risperdal)	Atypical Antipsychotic	
Triiodothyronine	Thyroid Hormone	

Recommendation Level – Strong: Derived from CANMAT Professional guideline, a first-line treatment supported by strong research evidence

Recommendation Level – Medium: Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

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Third-line: The third best method that a healthcare provider chooses to treat your depression



How Do I Choose the Right Treatment for My Depression?



It is important to discuss your concerns about different treatment options with your healthcare provider. Some things to consider when you are deciding which type of treatment is right for you include:

- How severe your depression is
- Your own preferences and attitudes
- The availability and cost of treatment where you live
- Special circumstances, such as pregnancy

For many people, treatment for depression starts with either medication or psychotherapy. If one approach alone is not enough, adding another can be helpful. A combination of both is often the best way to treat depression symptoms.

Antidepressant medications are likely the best type of treatment for you if...

- You have a severe or high-risk case of depression, and immediate treatment is needed
- Psychotherapy is not easily available to you
- You have depression with psychotic symptoms, such as delusions or hallucinations, or persistent depression

Psychotherapy is likely the best type of treatment for you if...

- You have a mild-to-moderate case of depression
- You are pregnant, planning to become pregnant, or nursing
- You are taking other medications that will have drug interactions with antidepressants

DIGITAL HEALTH INTERVENTIONS (DHIS)

What are Digital Health Interventions (DHIs)?

Digital health technologies are tools that use technology (e.g., computers, smartphones, tablet devices) to help with mental health care (interventions). These tools can be used to detect potential signs of depression, track symptoms, provide digital treatments, and support long-term recovery. They can also include text message support, wearable devices like activity trackers, and virtual care options such as video therapy sessions.

DHIs specifically refer to technologies designed to treat depression or other conditions. These include online mental health programs and mobile apps that use evidence-based therapy methods, like cognitive behavioral therapy (CBT) or behavioral activation (BA), to help manage depression. Importantly, some DHIs are meant to be used alongside therapy, while others aim to replace traditional therapy sessions.

Who can benefit from using DHIs?

DHIs may be helpful for individuals with mild-to-moderate depression. They can provide support at any time, from anywhere, and can be made available in different languages. Because of their accessibility, DHIs may also benefit diverse populations, such as young people, new parents, cultural groups, or those with other mental health conditions, making them valuable tools that can complement traditional mental health services.

What are the challenges of using DHIs?

While DHIs offer many benefits, there are also some challenges. One of the main concerns is that many DHIs have not been fully evaluated for safety and effectiveness, meaning their impact on mental health might not be well understood. Additionally, privacy and security are common concerns, particularly regarding how personal data is managed and protected. It may also be challenging to motivate people with depression to use a DHI on an ongoing basis. Where possible, you should inform healthcare workers involved in your treatment that you are also using a digital app or website.

What should I consider before using DHIs?

There are currently no federal or academic bodies that evaluate or officially recommend DHIs. Because of this, it is important to speak with your treatment provider to ensure that the DHI you choose is both safe and effective. Here are some key questions to consider before using one:

- *Does the DHI have evidence that it works in treating depression?*
- *Does the DHI protect your personal information and maintain data privacy?*
- *Does the DHI use strong security measures to keep your data safe (e.g., password protection)?*
- *Are there potential risks of using the DHI (e.g., feeling worse if you are unable to complete the program)?*
- *Are there hidden costs like subscriptions for some features?*

Unguided vs. Guided Digital Health Interventions (DHIs)

What are Unguided DHIs?

Unguided DHIs (also called self-directed DHIs) are programs that individuals may use on their own, without the support of a therapist or mental health coach. These programs allow users to learn and practice mental health skills at their own pace. While unguided DHIs can be helpful for those with mild depression, they are not usually recommended as the only treatment for severe depression.

What are Guided DHIs?

Guided DHIs are programs that include support from trained therapists, mental health coaches, or peer support workers. These guides may provide feedback, offer encouragement, and help program users stay engaged. Guided support can also be given in real-time or at a later time (e.g., through email or text messages). As the additional support from guides can help users feel more motivated to complete online treatment programs, guided DHIs are generally considered to be more effective than unguided DHIs.

Can chatbots be used as DHIs?

Yes, some unguided DHIs are starting to use artificial intelligence (AI) chatbots to provide feedback and simulate real-time conversations. While these chatbots can offer personalized support and guidance, there are many problems with chatbots and they are generally not yet recommended. More studies are needed to fully understand their benefits and potential risks.





What is Neuromodulation?

Neuromodulation aims to improve your depression by using small electrical currents or magnetic waves to activate specific areas in your brain.

In most cases, no medical equipment goes inside the body, so it is not like surgery. Neuromodulation treatment might be an option for you if other kinds of treatments have not worked.

What is Repetitive Transcranial Magnetic Stimulation (rTMS)?

Magnetic pulses are used in rTMS to increase activity in parts of your brain. You are awake during treatment, usually sitting in a special treatment chair. A psychiatrist will identify a surface area of your head where a magnetic coil will be placed for 20-40 minutes a day for several weeks. You can continue to take medication while undergoing rTMS. Side effects are usually mild and may include headaches, scalp discomfort, lightheadedness or itchy skin. Maintenance treatment is recommended after a first round of rTMS.

It is important to note that only rTMS performed in licensed medical settings is considered safe and effective. Devices sold online and advertised for at-home rTMS use are unregulated, and are not the same as the rTMS devices used in medical settings. These commercially available devices should never be used as a substitute for medically supervised rTMS.

What is Electroconvulsive Therapy (ECT)?

ECT is the most effective treatment for depression, especially severe depression. ECT works by stimulating a variety of normal brain chemicals. Improvement may be seen when other treatments have not been helpful. Though ECT is often portrayed negatively in the media, many people experience significant improvement with ECT. Treatment usually takes place in a hospital after you have been given anesthetic and a muscle relaxant. For approximately 1-2 seconds, while you are under anesthesia ('sleeping'), a small electrical current will be applied to your head, which creates a short (less than a minute), small seizure visible only on brain monitoring equipment (there is little or no body shaking due to the muscle relaxant). A single treatment takes only a few minutes, and after the treatment, you might have short-term side effects like headaches, dizziness, or muscle soreness. Some people have difficulty remembering things around the time of the treatment; older memories are usually not affected. ECT is generally delivered two to three times a week for 4-6 weeks. ECT is often an outpatient procedure so staying overnight in a hospital is not required. After successful ECT, you might continue with antidepressant medication to prevent a relapse or you might choose to have occasional ECT as a maintenance treatment.

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) TREATMENTS

What are Complementary and Alternative Medicine (CAM) Treatments?

There are two types of CAM treatments:

- Physical treatments
- Natural health products



CAM treatments are becoming more popular. Research suggests that some CAM treatments may be a reasonable option especially if you have mild depression. However, there are relatively few high-quality studies done with CAM treatments, so much less is known about effectiveness, side effects and interactions with medications and other treatments. Generally, psychological and medication treatments should be considered before using CAM treatments. You should tell your healthcare provider if you are using any of these treatments.

What are Physical Treatments?

Physical treatments include a variety of practices that aim to improve well-being. These treatments often help reduce stress and promote emotional balance. They include approaches focused on movement, body awareness, relaxation, and light therapy. While these treatments may help improve your overall physical and mental health, it is important to talk to your healthcare provider first to ensure that they are safe and right for you.

What are Natural Health Products?

Natural health products are naturally occurring, non-prescription substances that may promote or preserve good health. It is important to talk to your healthcare provider before taking any natural health products, as some may have side effects or interact with other medications you are taking. **To prevent any potential drug interactions, you should inform your healthcare provider of all supplements you are using.**





Physical Treatments for Mild-to-Moderate Depression

Exercise is any physical activity that improves fitness or health. Ideally, you should exercise at least three times a week for a minimum of 30 minutes. Both strength and endurance-based exercise can change your body chemistry and improve your sense of mental well-being.

Light therapy (also called phototherapy) uses bright light from a special lamp to help restore chemicals in your body that improve mood. Light therapy may also help improve your normal sleep-wake cycle. Light therapy is most often used for seasonal depression or mild-to-moderate depression. During light therapy, you will usually sit in front of a special lamp for 30 minutes daily for up to six weeks. You may have results sooner. Light therapy can be combined with medication. Side effects may include eye-strain and mild headaches.

Acupuncture involves a trained provider inserting several thin, sterile needles into specific points in your skin to activate nerves and muscles, increase blood flow, and influence the production of natural chemicals in your body. Some acupuncturists also send electrical current through the needles or they may use special lasers. Treatments are typically delivered over 10–30 sessions, with each one lasting about 20–30 minutes. There is limited research support for acupuncture, so it is usually added to other treatments, and is not recommended by itself as a treatment.

Table 7: Physical Treatments for Mild-to-Moderate Depression

NAME OF TREATMENT	HOW DOES IT WORK?	TREATMENT RECOMMENDATION LEVEL*
Exercise	<ul style="list-style-type: none"> • Uses physical activity to improve fitness • Physical activity should occur at least three times a week for a minimum of 30 minutes 	Strong
Light Therapy (Phototherapy)	<ul style="list-style-type: none"> • Uses bright light from a fluorescent lamp to help restore certain chemicals in the body and restore the sleep-wake cycle • Involves using the lamp for 30 minutes daily for up to six weeks 	Medium <i>For seasonal depression:</i> Strong
Acupuncture	<ul style="list-style-type: none"> • Inserts thin, sterile needles (with or without electrical current) into specific points in the skin to activate nerves and muscles, increase blood flow, and restore certain chemicals in the body • Treatments typically include 10 to 30 sessions, with each one lasting about 20 to 30 minutes 	Medium

Recommendation Level – Strong: Derived from CANMAT Professional guideline, a first-line treatment supported by strong research evidence

Recommendation Level – Medium: Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommendation Level – Weak: Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

First-line: The first method that a healthcare provider chooses to treat your depression

Second-line: The second best method that a healthcare provider chooses to treat your depression

Third-line: The third best method that a healthcare provider chooses to treat your depression

Natural Health Products for Mild-to-Moderate Depression

St. John's Wort

St. John's Wort affects the body's internal chemical balance to improve mood. For mild-to-moderate depression, it may be used alone. Patients may take varied amounts for 4–12 weeks. Side effects can include stomach upset, headaches, skin irritation, and sensitivity to light. St. John's Wort may also interact negatively with other medications.

Dehydroepiandrosterone (DHEA)

DHEA is a hormone that comes from glands above the kidneys. There are several side effects of DHEA supplements, including acne, sleep problems, headache, and nausea. DHEA may increase the risk of breast cancer and prostate enlargement. It is a second-line treatment for mild-to-moderate depression.

S-Adenosyl Methionine (SAM-e)

SAM-e is naturally made in your body and helps promote a positive mood. It can work well by itself or with antidepressants. It is available over the counter and should be taken with food to avoid stomach upset. Other side effects may include trouble sleeping, sweating, headache, and tiredness. SAM-e is recommended as a second-line option in the treatment of mild to moderate depression, but only in addition to other treatments.

L-Methyl Folate (Folic Acid)

L-methyl folate is the active form of the vitamin folate that occurs naturally in the body. It can also be taken as folic acid, a supplement the body converts into L-methyl folate. Some research suggests it may help improve mood regulation, but evidence for its effectiveness in treating depression is limited. For mild-to-moderate depression, it is recommended as a second-line treatment, but only in combination with other therapies.

Omega-3 Fatty Acids

Omega-3 Fatty Acids are present in fish oils and certain nuts and seeds. Some studies show positive results for managing depression with omega-3 fatty acids, in particular DHA (docosahexaenoic acid). Side effects are rare and usually mild, including diarrhea and vomiting. Omega-3 fatty acids may interact negatively with some other medications. It is a second-line treatment, either alone or in combination with other treatments.

Other Natural Health Products

Several other natural health products, such as saffron, lavender, and roseroot, have been studied for treating depression, but there is very little evidence to support their use. See Table 8 for details.

Table 8: Natural Health Products for Mild-to-Moderate Depression

It is important to talk to your healthcare provider before taking any natural health products, as some may have side effects and/or drug interactions.

TREATMENT	MONOTHERAPY* OR ADD-ON TREATMENT	TREATMENT RECOMMENDATION LEVEL
St. John's Wort	Monotherapy	Strong
L-Methyl Folate (Folic Acid)	Add-on	Medium
DHEA	Monotherapy or Add-on	Weak
Omega-3 Fatty Acids	Monotherapy or Add-On	Weak
SAM-e	Add-on	Weak
Lavandula (Lavender), Crocus Sativus (Saffron), Rhodiola Rosea (Roseroot)	Monotherapy or Add-on	Weak

* Monotherapy, in this case, refers to the treatment of mild clinical depression. For more severe depression, these treatments may not be effective or safe as an add-on.

Recommendation Level – Strong: Derived from CANMAT Professional guideline, a first-line treatment supported by strong research evidence

Recommendation Level – Medium: Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommendation Level – Weak: Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

First-line: The first method that a healthcare provider chooses to treat your depression

Second-line: The second best method that a healthcare provider chooses to treat your depression

Third-line: The third best method that a healthcare provider chooses to treat your depression

AVAILABLE SERVICES FOR DEPRESSION

What are specialty clinics?

Specialty clinics are medical centres that focus on specific types of depression care, offering personalized treatments and therapies to meet the unique needs of an individual. In Canada, some specialty clinics are publicly funded and covered by government healthcare programs, depending on the location and services provided. However, certain treatments that are not covered by provincial health plans may require private insurance or be paid for by the individual.

What are private therapy practices?

Private therapy practices offer individual or group therapy sessions provided by trained therapists, counsellors, or psychologists. These sessions are typically personalized to meet the specific needs of each individual. Private therapy practices are generally not covered by government healthcare programs and may require private insurance. In Canada, many people use extended health insurance through their workplace or other private insurance plans to help cover the costs.

What are advocacy organizations?

Advocacy organizations focus on raising awareness, providing resources, and supporting individuals with mental health conditions. They offer information, treatment options, and support networks for those affected by depression. Many advocacy organizations provide free services and can be a valuable source of emotional support and guidance. Some also advocate for improved mental health policies and services, and may offer peer support groups for individuals seeking connection and understanding.

What are peer support groups?

At peer support groups, you can connect with others who have lived experience of depression by sharing practical knowledge to instill hope in their recovery. These groups are available across many regions worldwide. If you live in Ontario, you can contact Hope + Me at 1-888-486-8236 to learn more about their peer support groups: www.hopeandme.org. If you live outside of Ontario, consider searching for peer support organizations in your local area to find similar resources.



What To Do If You Are Having Trouble Getting Better

If you have been receiving treatment for depression but are having trouble getting better, it is important to know that improvement is still possible. There are still steps you can take to find the right support. Here are some things to consider and discuss with your healthcare provider:

- **Ask your healthcare provider to be reevaluated.** There may be other factors affecting your recovery. It can be helpful to speak to your healthcare provider about whether your diagnosis still matches your current symptoms.
- **Discuss use of alcohol, cannabis or any other substances with your healthcare provider.** Sometimes, even low consumption of alcohol or other substances including “medical marijuana” may interfere with psychiatric medication or worsen psychiatric problems.
- **Review your medications with your healthcare provider.** Medications can take time to work and may require adjustments. Your healthcare provider can help you explore dosage changes or alternative medications.
- **Consider working with a new therapist.** Therapists offer different approaches, and finding the right one can impact your progress. Your needs may also change over time. Be sure to explore your options and find what works best for you.
- **Explore university-affiliated or specialty clinics.** University-affiliated or specialty clinics often focus on more complex depression. They may be able to offer newer or more advanced treatments, which can be helpful if traditional treatments have not worked for you.
- **Consider joining a research study.** Participating in a research study can give you the opportunity to try emerging treatments being tested, with closer monitoring by healthcare providers. Your participation could also help advance treatment options for others.
- **Discuss whether hospitalization might benefit you.** If your symptoms are severe, hospitalization can offer a more structured setting with focused treatment and steady support. If managing at home feels too difficult, talk to your healthcare provider about whether this option might help.

COMMON ABBREVIATIONS AND DEFINITIONS

Table 9: Common Abbreviations and Definitions

Acceptance and Commitment Therapy	Focuses on changing your thinking and behaviour so that it is more flexible. Helps you to tolerate painful feelings and experiences. Involves talking with a psychotherapist, meditation, and breathing techniques.
Acupuncture	Treatment from an acupuncture specialist where small needles are inserted at specific points into the skin.
Acute phase	Initial period of depression treatment when you are working to get better.
Add-on (also called 'adjunctive')	A treatment that is added to something to improve it.
Antidepressant	Medication prescribed by a physician or nurse to treat depression (also can treat anxiety disorders).
Behavioural Activation Therapy (BA)	Helps you replace negative behaviours with behaviours that can help you feel better. Treatment can be with a therapist or with the help of online tools or mobile applications.
Cognitive Behavioural Analysis System of Psychotherapy (CBASP)	Combines cognitive, behavioural, and interpersonal therapies.
Cognitive Behavioural Therapy (CBT)	Focuses on recognizing negative or pessimistic thoughts that can lead to depression. You learn how to become aware of and question your own negative thoughts, and learn methods to stop behaviours that make you feel depressed.
Dehydroepiandrosterone (DHEA)	Hormone produced by glands above the kidneys.
Difficult-to-Treat Depression (DTD)	Depression that does not improve with several standard treatments. The focus of care shifts from improving symptoms to managing symptoms for overall quality of life.

Table 9: Common Abbreviations and Definitions Continued

Electroconvulsive Therapy (ECT)	The most effective depression treatment, particularly for severe depression.
Exercise	Any physical activity that improves fitness or health
First-line treatment	The first method that a healthcare provider chooses to treat your depression.
Interpersonal Therapy (IPT)	Helps you learn how depression can be caused or made worse by issues in your relationships with other people.
L-Methyl Folate	Active form of the vitamin folate that occurs naturally in the body.
Light Therapy (also called 'phototherapy')	Use of a special bright lamp to treat depression.
Maintenance phase	Period of depression treatment when you are working to stay healthy, after signs of improvement in the acute phase.
Meditation	Technique often used to build mindfulness.
Mindfulness	Practice of being fully present in the moment without judging thoughts or feelings.
Mindfulness-Based Cognitive Therapy (MBCT)	Helps you observe and accept your thoughts without judging them as good or bad. It involves combining CBT techniques with mindfulness meditation.
Monotherapy	Treatment that uses only one medication or therapy.
Neurotransmitter	Chemical messenger in the brain that helps nerve cells communicate.
Omega-3 Fatty Acids	Present in fish oils and some nuts and seeds.
Partial Response	Experiencing some improvement in symptoms with a medication, but not complete relief.
Placebo	Treatment with no active medicine, used in research studies as a comparison to a real treatment to test how effective it is.

Table 9: Common Abbreviations and Definitions Continued

Problem Solving Therapy (PST)	Form of psychological treatment to help you resolve specific problems that can then relieve depression symptoms.
Psychodynamic Psychotherapy (short or long-term)	Focus on emotions, behaviours, and ways of thinking that may reveal your long-term patterns of emotion and behaviour.
Psychological treatment (also called 'talk therapy')	Any treatment that involves talking.
Remission	Period when depression symptoms have virtually gone.
Repetitive Transcranial Magnetic Stimulation (rTMS)	Magnetic pulses are used to increase activity in parts of the brain using a magnetic coil.
S-Adenosyl Methionine (SAM-e)	A natural substance in the body, also available at pharmacies as a natural health product.
Second-line treatment	The second best method that a healthcare provider chooses to treat your depression.
St. John's Wort	Natural plant derivative available at pharmacies.
Symptoms	Changes to your health or activity that may mean you are ill.
Third-line treatment	The third best method that a healthcare provider chooses to treat your depression.
Tryptophan	Amino acid found in many common foods, involved in helping create serotonin.
Withdrawal Effects	Temporary symptoms that can occur when you stop or reduce a medication too quickly.
Yoga	Combines physical postures that build strength and flexibility with breathing exercises and meditation to encourage thoughtful connection of the body, mind, and spirit.

HEALTH CARE PROVIDERS

Table 10: Common Healthcare Providers Who Treat Depression

Psychiatrist	A medical doctor who treats mental or emotional disorders. Can order blood tests, brain scans, conduct a physical exam, prescribe medication, provide psychotherapy, deliver brain stimulation, and admit and treat patients in a hospital.
Psychologist	A clinician who specializes in the study and treatment of the mind and behaviour. Can conduct psychological tests to measure intelligence, personality, and symptoms, and provide psychological treatments.
Family Physician (also called 'Primary Care Physicians')	A medical doctor who can diagnose psychiatric problems, order tests, prescribe psychiatric medication, and sometimes can provide psychotherapy.
Therapist (also called 'Psychotherapists')	A trained professional who helps with mental or emotional illness by talking about problems to better understand your thoughts, feelings, and behaviours in healthier ways.
Nurse Practitioner	A specialized nurse who can diagnose illnesses, prescribe medications, order and interpret diagnostic tests, and perform procedures within specific professional limits.
Physician Assistant	A healthcare professional who works in a medical team and can treat and prescribe medications for mental health conditions under the supervision of a physician.
Pharmacist	A healthcare professional who prepares and provides medications, can explain how to use them safely, and works with other healthcare professionals to make sure treatments are effective.
Social Worker	A trained professional who helps individuals, families, groups and communities to enhance their individual and collective well-being, often by using psychological treatments.
Occupational Therapist	A trained professional who helps individuals improve symptoms and coping abilities, ranging from basic self-care to acquiring specific social, work, and leisure skills.

SELF-MANAGING YOUR DEPRESSION

Bibliotherapy

Bibliotherapy involves using self-help books, websites, or other resources to help you with your depression. Bibliotherapy can help you while you are in treatment or while you are waiting for treatment. Bibliotherapy works best if you are working with your healthcare provider.

Mindfulness & Meditation

Mindfulness is the practice of being present in the moment without judging your thoughts or feelings. Meditation is a technique used to build mindfulness, often involving sitting quietly and focusing on your breath or sensations, gently bringing your attention back when it wanders. Practicing mindfulness can help reduce negative thinking and promote a more balanced mood by increasing awareness of your thoughts, feelings, and surroundings.

Peer Interventions

Peer interventions (or support groups) are programs run by specially trained people who have lived with depression. Peer interventions are also helpful if you are receiving other treatments.

Yoga

Yoga encourages thoughtful connection of body, mind, and spirit. It combines physical postures that build strength and flexibility with breathing exercises and meditation. Yoga can help regulate heart rate, promote calmness, and boost the production of natural chemicals in the body that promote well-being. For best results, practice yoga 2–4 times a week for at least 2–3 months.

Lifestyle Factors

Focusing on lifestyle factors can play an important role in supporting your mental health. Here are some helpful areas to consider:

- **Exercise:** Regular physical activity can boost mood by increasing the production of natural feel-good chemicals in the brain. Aim for moderate activity several times a week.
- **Sleep:** Consistent, restful sleep is essential for emotional balance. Try to keep a regular sleep schedule and create a calming bedtime routine.
- **Nutrition:** A balanced diet provides the nutrients your brain and body need to function well. Eating regularly and limiting processed foods can help stabilize mood.
- **Avoiding Substances:** Reducing or avoiding alcohol and recreational drugs can help prevent mood swings and support mental health.
- **Social Connection:** Spending time with supportive people can reduce loneliness and provide a sense of belonging. Staying connected is an important part of healing.

SELF-MANAGING YOUR DEPRESSION

Supporting Someone with Depression

Helping a family member, friend, or loved one struggling with depression can be difficult.

- The Family Matters Guide from Hope + Me offers mental health and recovery resources for families, friends, and supporters. Access the free guide here: www.hopeandme.org/wp-content/uploads/Family-Matters-Guide.pdf
- The University of Michigan's Depression Center Toolkit provides support for individuals with depression, as well as their family and friends. Access the toolkit here: www.depressioncenter.org/outreach-education/depression-center-toolkit.

Digital Tools for Depression

Digital tools are online tools that can help you assess, monitor, and self-manage your depression symptoms. These tools can be used with your healthcare provider to track your mood and progress over time. Here are some examples of digital tools you can explore:

- **BounceBack** is a free, guided self-help program designed to support individuals with depression. Managed by the Canadian Mental Health Association (CMHA), it provides tools, activities, and resources to help you manage your mental health. BounceBack offers both online and phone-based support. Learn more at: www.cmha.ca/bounce-back
- **Catch It** is a free mobile app created by the University of Liverpool. Based on CBT principles, it can help you track mood, record thoughts, and practice reflection exercises to manage symptoms of anxiety and depression. It is a helpful tool for supporting emotional well-being. Learn more at: www.liverpool.ac.uk/it/app-directory/catch-it
- **Good Days Ahead** is an online CBT program that offers self-guided modules, exercises, and educational tools, along with additional guidance from a therapist outside of regular sessions. The program can reduce the need for in-person CBT by half while achieving similar results. Learn more at: mindstreet.com/product
- **Headspace** is a popular mobile app that offers self-guided mindfulness and meditation content to help you improve your stress, anxiety, depression, and overall well-being. It includes both free and paid programs, and can be particularly helpful for dealing with mild severity depression. Learn more about the app at: www.headspace.com
- **MindBeacon** is an online platform that provides virtual CBT sessions guided by trained therapists. It can help you manage your depression using evidence-based care. Funded by the Government of Ontario in 2021, MindBeacon is now free for Ontario residents and is also accessible across Canada. Learn more at: www.mindbeacon.com
- **MoodGYM** is an online self-help program that helps you learn and practice CBT-based skills to prevent and manage depression and anxiety. It is confidential, and offered in English, German, Norwegian, Dutch, Chinese, and Finnish. Learn more at: www.moodgym.com.au

HELPFUL ORGANIZATIONS & WEBSITES

Ontario Brain Institute (OBI) braininstitute.ca

The *Ontario Brain Institute* (OBI) is a provincially funded, not-for-profit research centre maximizing the impact of neuroscience and establishing Ontario as a world leader in brain research, commercialization, and care.

Hope + Me (formerly known as the Mood Disorders Association of Ontario) hopeandme.org

Hope + Me is a leader in group-based and one-on-one peer support for individuals living with mood disorders and their families. Hope + Me offers counselling and provides free support to individuals living with mood disorders since 1985. Need to talk to someone who has been there? Call the 'warm line' at 1-888-486-8236 Monday-Friday, 9:30AM–5:00PM.

Arthur Sommer Rotenberg Suicide & Depression Studies Program asrlife.ca

Scientists with the *Arthur Sommer Rotenberg Chair in Suicide and Depression Studies* are innovators in facilitating research and clinical initiatives, leading to a greater understanding of the causes and prevention of suicide.

CAN-BIND canbind.ca

The *Canadian Biomarker Integration Network in Depression* (CAN-BIND) is a national program of research and learning. Our community includes persons with lived experience, caregivers, researchers, healthcare providers, government agencies, industry partners, and mental health advocates who are working together to achieve mental wellness for all Canadians. CAN-BIND is investigating ways to identify the right treatment for the right person in order to help individuals with depression get well faster, and stay well.

CANMAT canmat.org

The *Canadian Network for Mood and Anxiety Treatments* (CANMAT) is a Canadian organization, formed in 1995, consisting of academic and clinical leaders in depressive, bipolar, and anxiety disorders that provides resources for clinicians, patients, and the public.

Canadian Mental Health Association (CMHA) cmha.ca

The *Canadian Mental Health Association* (CMHA) is a nation-wide, voluntary organization that promotes mental health, and supports the resilience and recovery of people experiencing mental illness.

NOTES

QUICK SUMMARY

How do I know if I have clinical depression?

It is normal to feel sad, lonely, or depressed sometimes. When those feelings become overwhelming and cause symptoms that last for more than two weeks, you should seek help from your healthcare provider. For a list of depression symptoms, refer to page 2.

How should I decide what treatments I should consider: self-help, psychotherapy, or medication?

Medications, psychotherapy, and their combination have been shown to help people with depression. There are also alternative therapies that your healthcare provider may discuss with you (e.g., exercise, light therapy). You may need to try different approaches depending on your personal situation. Work with your healthcare provider to select the best treatment for you. If one treatment does not help, your healthcare provider may change or add another type of treatment.

What self-management can I do for depression (including peer support groups)?

Tracking your symptoms (see page 9), making healthy lifestyle choices (e.g., exercising, eating healthy foods), and using self-help books are some ways to help manage your depression. For a list of self-management tools, refer to pages 45–46.

Support groups run by peers may be available in your local community and can connect you with people who have lived experience with depression. If you live in Canada, you can find support and contact your local mood disorders association by visiting this website: mdsc.ca/finding-help.

Which psychotherapy works for depression?

While there are many useful types of psychotherapy, some, such as cognitive behavioural therapy (CBT), are better than others for treating depression. It is important to talk about different options with your healthcare provider to find the treatment that will work best for you. To learn more, read the “Psychological Treatment” section beginning on page 12. A table of top-rated psychotherapies can be found on page 19.

Why would I consider medication, and which type?

There are some advantages to using antidepressant medication; it works faster than psychotherapy, is more widely available, and is particularly useful in more severe depression. Medications can be combined with other treatment options (e.g., psychotherapy). Importantly, antidepressant medications are not addictive. When selecting a medication, there is no ‘one size fits all’. You may have to try different types and doses to find what works best for you. Sometimes treatment needs will vary and change over time. You should work with your healthcare provider to choose the right medication for you. To learn more, read the “Antidepressant Medications” section beginning on page 22. A table of commonly prescribed antidepressant medications and their associated side effects can be found on page 27.