

Depression assessment

Common Presentation of Depression

Multiple persistent physical symptoms
with no clear cause



Persistent sadness
or depressed mood, anxiety



Low energy,
fatigue, sleep problems



Loss of interest or
pleasure in activities that
are normally pleasurable



1 Does the person have depression?

Has the person had at least one of the following core symptoms of depression for at least 2 weeks?

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

Depression is unlikely
Go to OTH

NO

YES

Has the person had several of the following additional symptoms for at least 2 weeks:

- ✓ Disturbed sleep or sleeping too much
- ✓ Significant change in appetite or weight (decrease or increase)
- ✓ Beliefs of worthlessness or excessive guilt
- ✓ Fatigue or loss of energy
- ✓ Reduced concentration
- ✓ Indecisiveness
- ✓ Observable agitation or physical restlessness
- ✓ Talking or moving more slowly than usual
- ✓ Hopelessness
- ✓ Suicidal thoughts or acts

Depression is unlikely
Go to OTH

NO

YES

Does the person have considerable difficulty with daily functioning in personal, family, social, educational, occupational or other areas?

Depression is unlikely
Go to OTH

NO

YES

CLINICAL TIP:
A person with depression may have psychotic symptoms such as delusions or hallucinations. If present, treatment for depression needs to be adapted. **CONSULT A SPECIALIST**



CONSIDER DEPRESSION

Go to STEP 2

2

Are there other possible explanations for the symptoms?

IS THIS A PHYSICAL CONDITION THAT CAN RESEMBLE OR EXACERBATE DEPRESSION?

Are there signs and symptoms suggesting anaemia, malnutrition, hypothyroidism, mood changes from substance use and medication side-effects (e.g. mood changes from steroids)?

No treatment needed

MANAGE THE PHYSICAL CONDITION

YES

NO

NO

Do depressive symptoms remain after treatment?

YES

IS THERE A HISTORY OF MANIA?

Have several of the following symptoms occurred simultaneously, lasting for at least 1 week, and severely enough to interfere significantly with work and social activities or requiring hospitalization or confinement?

- ✓ Elevation of mood and/or irritability
- ✓ Decreased need for sleep
- ✓ Increased activity, feeling of increased energy, increased talkativeness or rapid speech
- ✓ Impulsive or reckless behaviours such as excessive spending, making important decisions without planning and sexual indiscretion
- ✓ Loss of normal social inhibitions resulting in inappropriate behaviours
- ✓ Being easily distracted
- ✓ Unrealistically inflated self-esteem

NO

YES

DEPRESSIVE EPISODE IN BIPOLAR DISORDER is likely

CLINICAL TIP:
People with depressive episode in bipolar disorder are at risk for mania. Treatment is different from depression. **Protocol 2 must be applied.**

HAS THERE BEEN A MAJOR LOSS (E.G. BEREAVEMENT) WITHIN THE LAST 6 MONTHS?

YES

NO

Go to STEP 3 then PROTOCOL 2

DEPRESSION is likely

Go to STEP 3 then PROTOCOL 1

Are any of the following symptoms present?

- ✓ Suicidal ideation
- ✓ Psychotic symptoms
- ✓ Beliefs of worthlessness
- ✓ Talking or moving more slowly than normal

YES

NO

Does the person have a previous history of depression?

DEPRESSION is likely

YES

NO

3 Are there concurrent priority MNS conditions?

Do not manage for depression
Go to OTH

IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing. Go to SUI.

Assess for concurrent MNS conditions according to the mhGAP-IG master chart. Go to MC.

People with depression are at higher risk for most other priority MNS conditions. Assess for disorders due to substance use.

Go to PROTOCOL 1



Spotlight Initiative

