EP EMBRACE PSYCHIATRY
CLARITY. FOCUS. RESILIENCE.

Understanding Depression

Symptoms, the PHQ-9 self-check, treatment options, and when to get help

If you need help right now

Call or text 988 (Suicide and Crisis Lifeline, available 24/7), or text **HOME** to **741741** (Crisis Text Line). If you feel you may act on thoughts of harming yourself, call 988 or go to your nearest emergency department now. Embrace Psychiatry is not an emergency service.

What Depression Is

Depression (major depressive disorder) is a medical condition — not weakness, laziness, or a bad attitude. It involves changes in brain chemistry, stress-hormone regulation, and life circumstances. It is one of the most common and most treatable mental health conditions.

Common Symptoms

Depression looks different from person to person. Symptoms lasting most of the day, nearly every day, for at least two weeks may indicate depression:

Emotional

- Persistent sadness, emptiness, or hopelessness
- Loss of interest or pleasure in things you used to enjoy
- Irritability, frustration, or anger over small things
- Feelings of worthlessness or excessive guilt
- Thoughts of death or suicide

Physical

- Changes in sleep — sleeping far more or far less than usual
- Changes in appetite or weight
- Low energy or fatigue, even after rest
- Moving or speaking more slowly; or feeling restless and agitated
- Unexplained aches, headaches, or digestive problems

Thinking and functioning

- Trouble concentrating, remembering, or making decisions
- Withdrawing from friends, family, or activities
- Difficulty keeping up with work, school, or household tasks

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The PHQ-9 Self-Check

The PHQ-9 (Patient Health Questionnaire-9) is a standard 9-question screening tool your provider may ask you to complete. Each question asks how often you have been bothered by a symptom over the **last two weeks**:

0 = Not at all **1** = Several days **2** = More than half the days **3** = Nearly every day

Question topic	What it asks about
1. Interest or pleasure	Little interest in doing things
2. Mood	Feeling down, depressed, or hopeless
3. Sleep	Trouble falling/staying asleep, or sleeping too much
4. Energy	Feeling tired or having little energy
5. Appetite	Poor appetite or overeating
6. Self-view	Feeling bad about yourself, feeling like a failure
7. Concentration	Trouble concentrating
8. Movement	Moving/speaking slowly, or being restless
9. Self-harm thoughts	Thoughts of being better off dead or hurting yourself

Scoring: add the nine answers for a total from 0 to 27. Roughly: 0–4 minimal, 5–9 mild, 10–14 moderate, 15–19 moderately severe, 20–27 severe. **Any score above 0 on question 9 deserves prompt attention** — tell your provider right away, or call/text 988. The PHQ-9 is a screening and tracking tool, not a diagnosis by itself; your provider interprets it alongside a full evaluation. We will repeat it over time to measure progress.

Treatment Options

Talk therapy

Cognitive-behavioral therapy (CBT), interpersonal therapy, and other evidence-based therapies help change unhelpful thought patterns, rebuild routines, and improve relationships. Therapy alone helps many people with mild to moderate depression.

Medication

Antidepressants adjust brain chemistry involved in mood regulation. They are not "happy pills," are not addictive in the way people fear, and do not change your personality. They typically take **4–6 weeks** for full effect. (See our separate handout, "Antidepressant Medications.")

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Lifestyle foundations

- **Movement:** regular exercise is one of the most effective non-medication tools for depression — even a daily 20-minute walk counts.
- **Sleep:** keep a consistent sleep schedule; poor sleep and depression feed each other.
- **Light and routine:** get daylight in the morning; keep a simple daily structure, including meals.
- **Connection:** depression tells you to isolate; staying in contact with people, even briefly, helps.
- **Limit alcohol:** alcohol is a depressant and worsens both mood and sleep.

Many people do best with a combination — for example, medication plus therapy plus daily movement.

When to Seek Urgent Help

- You have thoughts of suicide or harming yourself, or a plan to act on them — **call or text 988 now**.
- You feel you cannot keep yourself safe.
- After starting an antidepressant: sudden worsening of depression, agitation, panic, or new suicidal thoughts — contact your prescriber immediately or call 988 (this risk is highest in the first weeks and in young adults).
- You cannot care for basic needs (eating, hygiene, safety).

What Recovery Looks Like

Recovery is usually gradual: sleep and appetite often improve first, then energy, then mood and interest. It is normal to have better and worse days along the way. Keep follow-up appointments even when you start feeling better — stopping treatment early is the most common reason depression returns. If one treatment does not help enough, others can be tried. Depression is highly treatable, and asking for help is a strong step, not a weak one.

Please read: This handout is for education only and is not medical advice. Do not start, stop, or change any medication without talking to your prescriber. If you are in crisis, call or text **988** (Suicide and Crisis Lifeline) or text **HOME** to **741741**.

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