Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

course of action are substantial and potentially harmful. Following its consultation on the proposed reforms to the Act, it is hoped that the UK Government will have second thoughts about this particular proposal.

I declare no competing interests.

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Combining active ingredients to treat depression in the wake of COVID-19

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WHO has called for a whole-of-society approach to promote mental health in the response to the COVID-19 pandemic.[1] Addressing poverty, conflict, and abuse have the potential to prevent and alleviate poor mental health, but such a broad stance fails to highlight effective treatments for depression and other common disabling mental disorders. In contrast, the Wellcome Trust is focusing on the active ingredients of interventions (ie, aspects that drive clinical effect, are conceptually well defined, and link to specific hypothesised mechanisms of action) to improve mental health.[2] Although the Wellcome Trust stance is oriented towards research, this model should be applied to clinical practice and policy to improve lives without delay.

Having depression-informed conversations and using these active ingredients to educate and empower people experiencing depression is everyone's business. The increase in the number of people with depression in the wake of COVID-19 will be too big to be handled by specific experts. We have learnt from low-income countries that people without specialist psychological training can provide effective, affordable, first-level psychological treatment.[3] Health and social care professionals, and those working in charities, should use depression-informed conversations with those who they suspect to have psychosocial difficulties.

What are the four elements of a depression-informed conversation? First, being alert to clues and asking questions to determine if someone has a persistent change in mood, accompanied by other classical features.[4] Second, using ingredients known to be active against depression. This element begins with psychoeducation about symptoms and causes of depression and the vicious cycle of uncomfortable feelings, unhelpful thoughts, and unhelpful behaviours. Techniques derived from behavioural activation and problem-solving therapy are brief yet effective.[5,6] A person experiencing depression should be encouraged to select and schedule meaningful activities that will probably give them pleasure or a sense of achievement, and to face fears to counter avoidance. Problem solving requires the person to narrate problems faced (which are often linked to social determinants of their depression), define a specific problem they wish to work on, weigh up the pros and cons of solutions they have generated themselves, and be invited back to discuss how they got on. These approaches should be underpinned by the common elements in social healing: empathy, consensus over treatment goals and how to achieve them, positive regard, expectations, and hope.[7]

Self-care materials describing, for example, how to cope with stress and to be kinder to oneself, are available for free online (eg, eMHPrac, Good Thinking, and MoodGym websites). However, these require digital resources and are available in only a small number of languages.

Third, depression-informed conversations include encouraging adherence to what strategies the person has agreed to try out. Depression might directly affect adherence to their strategies owing to reduced motivation, poor memory, and an impaired ability to problem solve. A motivational conversation includes identifying a person's long-term goals for their health and life and helping them to see that sticking to better selfcare for their mental health will improve the likelihood of achieving these goals.[8] It is important to ensure the person understands their condition and how treatment works, and to help them identify and reduce their barriers to adherence.

Fourth, for those who do not respond to the first three approaches and for those with severe depression, is the conversation about referral for psychological therapy services. Most people experiencing depression prefer to try a psychological approach first. Nevertheless, sequential use of antidepressant medication should be tried for people, including youth, with extended periods of low mood or recurrent depression that have not responded to psychological therapy.[9] Those with severe symptom levels should have combination therapy from the outset.[10] It is ethical to give non-judgemental clear information about antidepressants, their benefits and harms, and how they might later be discontinued. However, in most government settings across the world, treatment components are split between clinicians working in different locations with diverse conceptual models about management. This fragmented system undermines communication and coordination of treatment.

We all need to be depression aware and to practise these techniques. Crucial to the scale-up will be understanding the barriers to and enablers of access. Historically opposing factions of psychological therapists and psychopharmacologists need to co-operate in training and supervising non-specialists, and issuing joint policy. Influencers who have experienced depression, like athletes and musicians, could help reduce stigma by being specific about their type of mental health problem. Greater demand for, and better access to, selfcare and delivery of the best combination of treatments in primary care will give people with depression the best chance of getting well quickly, allowing them to take part in the post-pandemic recovery.

I declare having received treatment for recurrent depression.

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For more on **Good Thinking** see https://www.good-thinking.uk/

For more on **MoodGym** see http://www.moodgym.anu.edu.au

For more on **antidepressants** see https://www.ncbi.nlm.nih.gov/books/NBK361016/