

About These Resources

I wrote these resources to support my own clinical work in primary care and to better share information with my patients.

Working as a GP, I noticed a gap between common public explanations of mental health and what the research evidence and day-to-day clinical experience actually show — particularly in relation to what diagnoses mean, what is happening in the brain and body, how treatments work, and how effective they are.

Important areas — such as uncertainty in the evidence, individual variation in response, mechanisms of action, withdrawal effects, and the role of life circumstances — often required careful clarification with patients. Given the time constraints of routine consultations, I began developing written resources that people could read and reflect on in their own time.

This work began in 2018. After looking closely at the research literature in the areas of depression and antidepressants, I wrote patient information leaflets as part of a diploma in community and primary care mental health. I have continued to update these documents since then as evidence develops and as my clinical experience evolves.

I have worked as a GP for over ten years, with a particular interest and extended role in mental health. These resources reflect what I have found most helpful in real clinical practice. The depression and antidepressant documents remain the most detailed. Since then, I have added further documents covering other common mental health presentations seen in primary care, as well as some clinician-focused guides to help colleagues make sense of the evidence base. What began as simple file sharing has gradually developed into this website to make the material easier to access and maintain.

These documents allow conversations to continue outside the consulting room. They are not designed to replace clinical discussion, but to build on it.

If you are a patient and have been directed here by a clinician, the material is intended to support reflection on what has already been discussed. You do not need to read everything — start with the resource you were given and discuss any questions with your clinician.

If you are a clinician, you are welcome to use or adapt these resources in your own work if you find them helpful. Please read them in full and use your own professional judgement about when and how they are appropriate.

The information reflects my reading of the current evidence alongside clinical experience. The aim is to provide explanations that are clear, balanced, and honest about both what is known and what remains uncertain.

These resources are informational and cannot replace individual assessment, diagnosis, or care. Any concerns about mental health should be discussed with a qualified healthcare professional.

Dr Adam Lake