THE BALANCE

Depression

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH / LONDON

Mallorca, Zurich, London
Individual residential care

ENGLISH / SEPTEMBER 2026

01 / QUICK SUMMARY

A clearer starting point

When you are considering care for yourself or someone close to you, it helps to understand both the condition and the support available. This guide explains how THE BALANCE approaches depression and what a private treatment journey may involve.

01

Understand the whole picture

Depression can affect mood, energy, sleep, concentration and daily life. Someone may appear capable while struggling privately.

02

Begin with careful assessment

Symptoms, safety, physical health, previous care and the wider life context inform an individual treatment recommendation.

03

Choose the appropriate level of care

Residential treatment may help when complexity and coordination call for more support. Many people can be treated as outpatients.

AT THE BALANCE

One client

A private residence and care plan organized around the individual.

Two settings

Residential treatment in Mallorca or Zurich, according to suitability.

Continuity

Transition and continuing care planned as part of the treatment journey.

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02 / UNDERSTANDING

Understanding depression

Depression can change how you feel, think and move through the day. It may be experienced as sadness, emptiness, irritability or a loss of interest in things that once mattered. The experience is different for each person.

Mood and connection

Low mood, emotional numbness, hopelessness or withdrawal from relationships and interests.

Energy and daily life

Fatigue, difficulty getting started, slower thinking or ordinary responsibilities feeling overwhelming.

Sleep and physical health

Changes in sleep or appetite, physical discomfort, and difficulty maintaining everyday self-care.

Thinking and self-worth

Reduced concentration, indecision, guilt or harsh self-criticism, sometimes alongside thoughts of death or self-harm.

Look beyond a single label

Grief, burnout, trauma, bipolar disorder, substance use, medication effects and physical illness may overlap with depression. A clinician considers duration, severity, history and context before making a diagnosis.

When more support may help

An assessment can be useful when symptoms persist, daily life becomes harder, or previous care has not brought enough improvement. The recommendation should explain whether outpatient, residential or hospital care is most appropriate.

03 / ASSESSMENT

Understanding what is happening for you

Before recommending treatment, the clinical team builds a shared understanding of your situation and the level of support you need.

01 **Current symptoms and safety**

How you feel now, how daily life has changed, and any immediate concerns about safety or stability.

02 **The wider clinical picture**

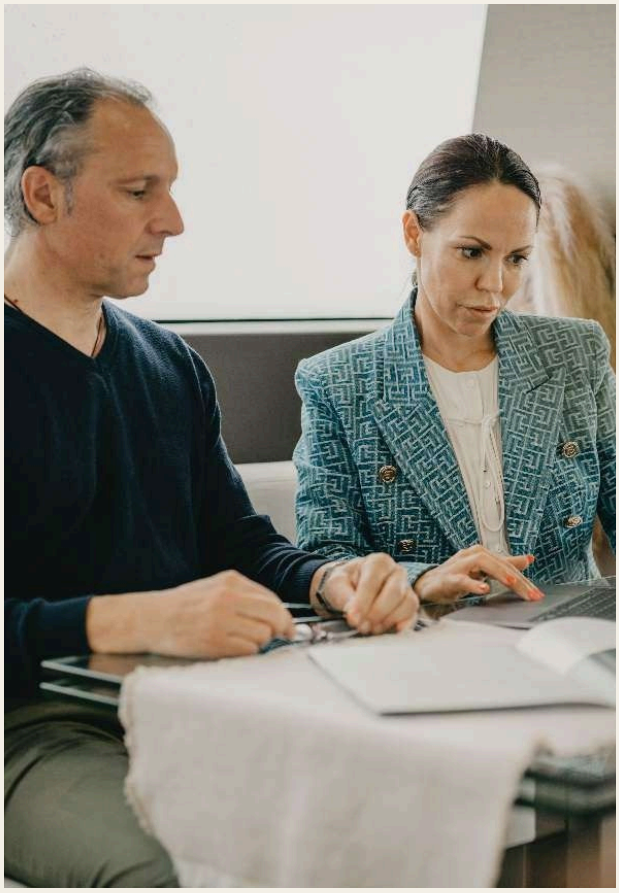
Sleep, physical health, medication, substance use, trauma and any history of elevated or unusually irritable mood.

03 **Previous treatment**

What has been tried, for how long, what helped, and what was difficult or poorly tolerated.

04 **Your life and priorities**

Relationships, responsibilities, support, preferences and what you hope treatment will make possible.



Care-team imagery from the admissions guide.

From assessment to a shared plan

The recommendation brings these findings together. It explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

04 / TREATMENT

Care built around you

Depression care may bring together several forms of support. The clinical team selects and coordinates them around your needs, readiness and response to treatment.

01

Individual psychological care

Psychotherapy is adapted to your energy, concentration, history and goals. Work may address patterns of thought and behaviour, relationships, loss or other factors maintaining distress.

02

Psychiatric and medical review

A prescriber reviews whether medication is appropriate, how previous treatments have worked, and what monitoring is needed. Relevant physical-health concerns are considered alongside mental health.

03

Sleep, nutrition and daily rhythm

A manageable routine can support engagement with treatment. Sleep, nourishment, movement, rest and gradual activity are considered within the wider care plan.

04

Family and the wider life context

With your consent, selected family members or existing professionals can contribute to care. Work, communication and practical responsibilities are considered in a way that protects treatment.

Progress is personal

Goals may include more regular sleep, renewed interest, clearer thinking, safer coping and reconnection with others. Progress is reviewed over time; the pace and outcome vary from person to person.

05 / YOUR STAY

The experience of care

Mallorca, Zurich, London share THE BALANCE individual residential care model. A residence is reserved for one client, with a dedicated chef and personal manager. Treatment and activities are individual, with the program planned around your needs.



Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Residence and care imagery from THE BALANCE admissions guide. The specific residence is confirmed individually.

MALLORCA

Individual treatment and activities, with a residence reserved for one client.

ZURICH

Individual treatment and activities, with a residence reserved for one client.

LONDON

Individual treatment and activities, with a residence reserved for one client.

06 / CONTINUING CARE

From assessment to everyday life

Residential treatment is one part of the journey. Planning for what comes next begins while you are in care.

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, the proposed setting and the individual plan.

03

Personalized residential treatment

Care is reviewed and adjusted as your needs, stability and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Your continuing-care plan may name the clinicians involved, medication and monitoring arrangements, early signs of difficulty, helpful routines and agreed family roles. It should be clear who to contact if symptoms return.

07 / QUESTIONS AND NEXT STEPS

Considering the next step

Do I need residential treatment?

Not necessarily. Suitability depends on your needs, safety, circumstances and available support. Assessment helps establish the appropriate setting.

What if I have tried treatment before?

Previous care is reviewed carefully, including the diagnosis, treatment duration, response and any difficulties. This helps inform the next recommendation.

Can my family be involved?

Yes, where appropriate and with your consent. The team agrees what involvement is useful and how information will be shared.

How is the length of treatment decided?

Duration is recommended according to your needs and reviewed as treatment progresses. The plan also considers the support you will need after returning home.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

General admissions guide

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

Sources: THE BALANCE condition page and admissions guide; NIMH, Depression.
General information; individual care follows assessment.