



talking about depression

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This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people with depression and their friends and family.

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All the quotes in this booklet are from real people.

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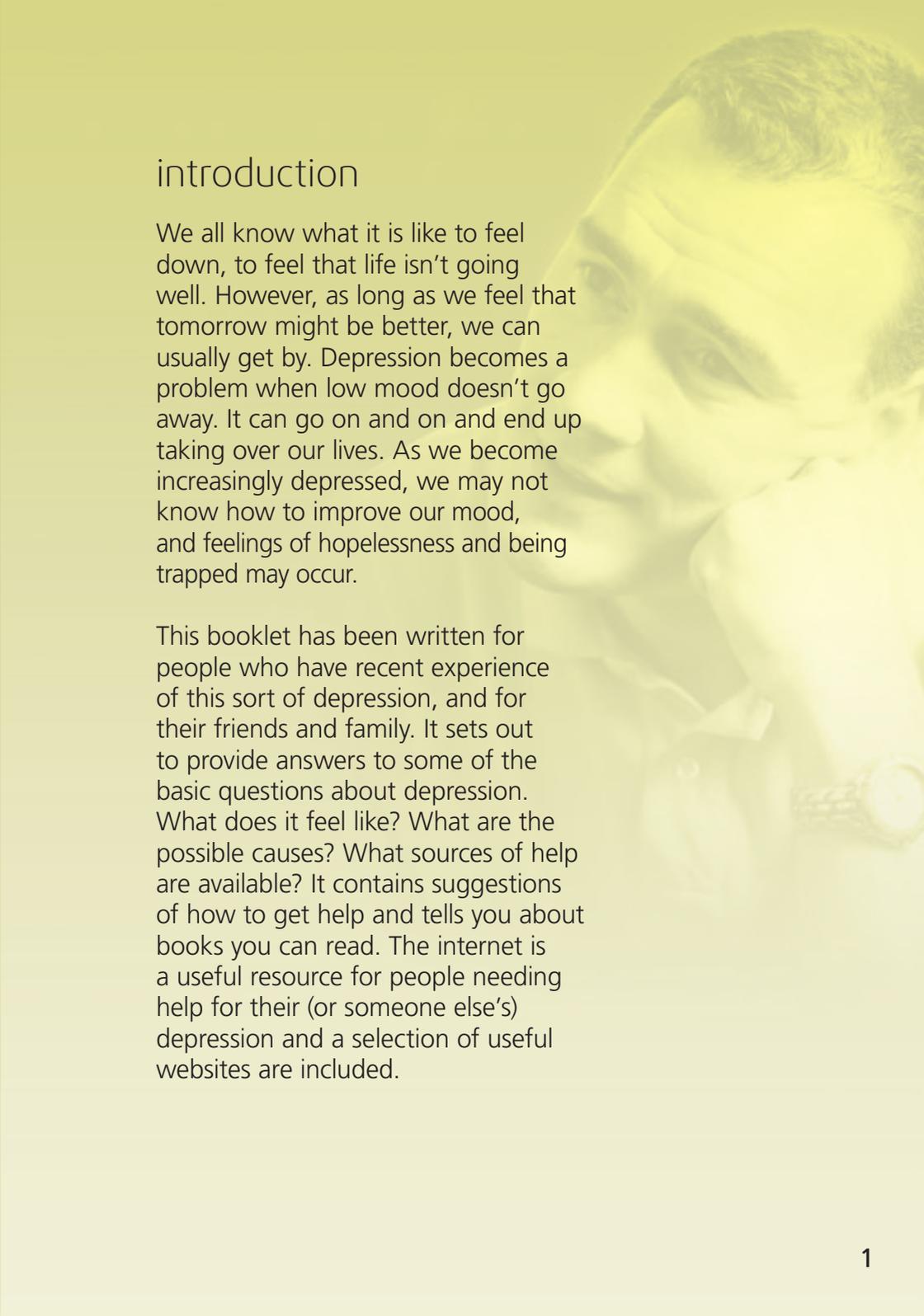
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introduction

We all know what it is like to feel down, to feel that life isn't going well. However, as long as we feel that tomorrow might be better, we can usually get by. Depression becomes a problem when low mood doesn't go away. It can go on and on and end up taking over our lives. As we become increasingly depressed, we may not know how to improve our mood, and feelings of hopelessness and being trapped may occur.

This booklet has been written for people who have recent experience of this sort of depression, and for their friends and family. It sets out to provide answers to some of the basic questions about depression. What does it feel like? What are the possible causes? What sources of help are available? It contains suggestions of how to get help and tells you about books you can read. The internet is a useful resource for people needing help for their (or someone else's) depression and a selection of useful websites are included.

what is depression?

Very few of us can say we always feel good about ourselves or are entirely satisfied with our lives. Usually we are content with some areas of our lives, but not all. We like ourselves in certain ways but not in others.

People often talk about feeling 'depressed' when they have hit a bad patch and are feeling down. Occasional mild depression like this is natural and usually goes away given time. This is not true of severe depression.

The type of depression talked about in this booklet refers to deep feelings of despair and hopelessness. When we experience depression in this way, everything feels like a struggle. We feel bad about ourselves, about everything around us and about the future. Nothing seems worthwhile.

'I no longer felt part of the world I was living in. Everything felt strange and unfamiliar. I didn't know why I bothered going on.'

Each person who is depressed will experience it in their own particular way. It can affect our thoughts and feelings. We may:

- dislike or hate ourselves
- think we are useless or worthless
- feel as if a heavy weight or blanket is bearing down on us

- feel numb and empty
- blame ourselves for all sorts of things that are not necessarily our fault, and feel guilty about it
- worry that things will never get better
- feel irritated with those around us, which then makes us feel bad about ourselves.

The way we behave and the way our body functions can also be altered if we are depressed:

- Concentrating on even simple tasks can be difficult.
- Making even the smallest decisions can seem impossible.
- Our usual sleep patterns may be disrupted so that we wake early and cannot fall asleep again, or we may sleep more than before.
- Our appetite for food can also be affected. Some people may find they eat much more than usual and gain weight, whereas others lose all interest in food and lose weight as a result.
- We may experience physical aches and pains because we are depressed. These can of course be alarming for anyone. However, some people become preoccupied with such bodily symptoms, and this in itself can be a sign of depression.

- Our interest in other people and events often fades when depression takes a hold.
- We may smoke or drink more, or use illegal or non-prescribed drugs when we are depressed.
- We may have thoughts of death or suicide.

People with depression often have other issues like anxiety, stress and drink problems (see *Talking about anxiety* and *Talking about stress* booklets if this applies to you).

'I just wanted to hide away and sleep and sleep. That was the easiest way for me to cope with my feelings.'

'I couldn't make up my mind or decide on anything. My thoughts got so muddled – I couldn't concentrate at all.'

People are affected to different degrees by depression. Some may be able to struggle on with their normal life in the face of a mild form of depression, although everything will require extra effort. Depression can affect both men and women from childhood to old age, and from all walks of life. It affects around seven per cent of Scottish adults in any year.

Part of depression is the feeling that nothing can help and that we are not worth helping. It can be impossible to imagine things changing in any way. This means that the first and most difficult step towards coping better with depression is to accept that there is a problem and that something **can** be done about it.

It is not uncommon for sufferers of depression to experience more than one episode. However, it is a treatable condition and many people go on to recover, using the experience as an opportunity to make positive changes in their lives.

understanding depression

There are various possible explanations of what causes depression. It is likely that the reasons for depression developing will vary from one person to another. Sometimes the cause or trigger for depression will be obvious, for example, a bereavement, redundancy or divorce. In other cases, there may be no apparent reason.

It seems, too, that at certain points in our lives we are more vulnerable to the effects of stress or change, and may be more likely to react by becoming depressed (just as we are more prone to infection when our resistance is low). Key life changes or important events like childbirth and menopause may mean that women are more likely to experience depression at that time. Some people find they become depressed in the winter months because of the lack of daylight or reduced activity. This is known as Seasonal Affective Disorder (SAD).

Sometimes depression can be brought on by physical ill health. It can follow on from conditions like flu after the other symptoms have gone. Poor diet, a lack of exercise or the abuse of drugs or alcohol can also contribute to depression.

Our childhood experiences can have an important effect on how we feel about ourselves in later years. Many men and women who have been sexually or physically abused as children experience depression at points in their lives. But emotional abuse can have very negative effects too. It can be hard for us to value ourselves and believe we are worthwhile people if our parents – or other adults who we trusted as children – abused us and made us feel unloved or a ‘bad’ person.

These early experiences can be counteracted by what happens to us later in life but we may still be vulnerable if things go wrong. If our relationship with our partner breaks down, for example, we may feel that this proves we are unlovable and blame ourselves.

While the reasons behind our experience of depression can be difficult to unravel, it may be helpful to look at how we feel about ourselves. Whether or not we feel good about our lives depends on all sorts of things, including our current circumstances and how these measure up to our expectations and hopes.

Often, we can come to feel depressed because of outside events or circumstances beyond our control. We may be trapped in unemployment or living in poor housing or in a low-paid job with no prospects. We may face illness or disability. In situations like these, if we become depressed, it is easy to feel that we are in some way to blame for what has happened to us.

Crucially, how we react when things go wrong can also influence whether or not we become depressed. Each of us has our own way of coping with the difficulties we encounter in life. How we see and judge ourselves, the things that happen to us, and how we see the future all affect how we feel and respond. During times of depression, we tend to understand all of these things in quite extreme and unhelpful ways that can worsen how we feel.

'One by one, things started to go wrong. I couldn't see any way out of it. I felt helpless, that I must have done something to bring all this on me. I ended up blaming myself.'

Some of us may immediately seek out our closest friend for support and consolation. Some of us may feel we have to carry on as normal and play down our true feelings. It is probably more helpful in the long run if we can find a way of expressing our worries and feelings to other people, rather than bottling them up and putting on a brave face.

There is also a condition called bipolar affective disorder (also sometimes called manic depression), which is less common than depression and leads people to behave in highly excited and uncontrollable ways in between periods of depression. There is a separate booklet (*Talking about bipolar affective disorder*), which may be helpful.

getting help from others

We may find that trying to do things on our own is not enough. Sometimes it is useful to talk things over with someone outside our immediate circle of family and friends. It can be a big step to accept such help, but we should not feel ashamed of needing it.

There are various sources of support available to people who are depressed, each offering different kinds of help. It is worth contacting your doctor or one of the organisations listed later in this booklet to find out what is available in your area.

medical treatment

Many people go to their doctor when they are feeling depressed. As well as giving support and advice, a medical professional can offer treatment for depression. Also, the physical symptoms of depression can be caused by other medical conditions and it is important that those are ruled out. Most commonly, our doctor will be responsible for supporting us. On occasion, however, our doctor may wish to refer us to a psychiatrist, psychologist, counsellor or mental health team.

The doctor might recommend a course of antidepressant drugs to help treat the depression. The depression can be linked to an imbalance in the chemicals inside the brain. There are a number of theories as to how antidepressants work. One, which has increasing evidence, is that antidepressants may help to repair or restore nerve cells that may have been damaged by the stress hormones found in those with depression. This can help lighten our mood and allow us to cope more effectively.

Antidepressants can be very effective in treating depression, including moderate to severe cases, and many people who take these drugs do recover.

Antidepressant drugs are not tranquilisers, although sometimes they can make us feel drowsy. They are not addictive, but can cause mild withdrawal symptoms. It is important that we do not stop taking the drugs suddenly. The more common side effects with the older type of drugs include drowsiness, dry mouth and constipation. The newer drugs can cause nausea, headaches and weight loss. You may need to avoid eating certain types of food and drink when taking some antidepressant medications.

Most antidepressants take two to four weeks before they start to have any effect on our mood, so it is important not to give up too quickly if we do not feel better straight away. Antidepressants should be taken for at least six months after symptoms have disappeared, because this greatly reduces the risk of the depression coming back. It is important to then go back to your doctor to find out if you need to continue with treatment. Some people may be advised to continue treatment for longer than six months.

If prescribed antidepressants, it is important that we ask our doctor to explain the treatment offered. We are entitled to information about the likely benefits and disadvantages of each drug prescribed for us. We can find out more by reading the drug information leaflet given to us by our pharmacist. We may also want to talk about other treatment options, such as counselling, therapy or self-help. These approaches can of course also be offered alongside medication. Our doctor may be able to put us in touch with other sources of help.

counselling and psychotherapy

People sometimes find it hard to talk about their difficulties but it is important to seek help and support. Counselling and psychotherapy give people the chance to talk through their problems. Both focus on present-day feelings and difficulties, which may be current or rooted in the past. This enables us to take greater control of our lives and cope more effectively in the longer term.

With either, it is important to find someone you can relate to and trust. Your doctor will be able to help you find a qualified therapist or counsellor in your area.

'It was the feeling that someone at last understood me – understood what I was going through – that's what helped most.'

Cognitive behavioural therapy (CBT) helps people to address how their thoughts influence their feelings and behaviour. It focuses specifically on how to change depressive thinking and behaviour. Counselling and other psychotherapies tend to

focus more on self-reflection and potentially important past traumas. CBT can be useful in helping people overcome negative ways of thinking and planning ways to become more active. It has been used to treat all types of depression, including mild to moderate cases.

Counselling and psychotherapy can be used to help us bear the pain of depression. It is important to go back to your doctor if counselling or psychotherapy doesn't work.

what you can do

By its very nature, depression feeds off depression. For example, if it is very difficult for us to concentrate on any sort of task, we are naturally likely to feel despondent and more depressed. People who are depressed sometimes withdraw from others and may then regard their growing isolation as a sign of their own worthlessness. Negative thoughts, which are part of depression, can absorb a huge amount of our energy and attention, and become a big source of worry.

However, there are steps we can take to escape from this vicious circle. There is more advice on the following pages about getting help from other people, but there are things we can do to free ourselves from depression and move on. What works for each of us may be different, but these are some things that may help:

- Take up a physical activity, like swimming or just going for a walk. Exercise is a proven treatment for depression.
- Do things that give a sense of pleasure or achievement, such as a hobby, or enjoyable tasks around the house.
- Get in touch with a friend or relative. It is easy to feel that people do not want to hear from us if we have been out of touch for a while, but they may be thinking the same about us and would love to hear from us.
- Give yourself a treat by doing something that really interests you, perhaps something you used to enjoy but have not done for a while.

- Act more confident than you really feel. Sometimes just acting differently can have the effect of changing your feelings, even though it may feel false at first.
- Set yourself a goal each day – start with simple things and work up towards bigger goals. You'll be able to go to bed feeling that you have taken a step in the right direction.

Like everyone else, people experiencing depression need to look after themselves. That means eating healthily, only drinking alcohol in moderation and being physically active. The 'feel good factor' can also be helped by learning new skills, taking time to relax, enjoying creative activities, and keeping in touch with friends or making new ones by joining a club or volunteering.

'The hardest bit was that I just couldn't see how anything was going to change. I couldn't imagine ever feeling any better. I really had to force myself to do some of the things that were suggested to me. It was hard going, but it gradually got easier.'

It is not easy to take action when we are depressed, but it is important to find ways of coping with these difficulties without becoming overwhelmed.

A lot can be gained from meeting with other people who have similar experiences of depression and hearing how they have coped. It can help to know that other people have gone through what we are experiencing and can provide an opportunity for us to help others too.

Self-help books can help us to understand depression and explain some of the practical things we can do to help us feel better. There is a wide range of self-help books and resources that deal with depression. There are some suggestions for reading on pp. 19–20.

the role of partners, family and friends

As a relative or friend you can help by being patient and by showing a real interest in them, not just their problems. You can show your concern by listening sympathetically, and being prepared to spend time with them. This is important as people who are depressed need help to realise what has to change for them to recover.

'I found it hard to be patient all the time. It is hard to show you care when the other person seems so remote and so negative about everything.'

Your role may be to encourage your friend or relative to talk about their feelings rather than bottle things up. This can take a lot of time, going over the same things again and again, but try to be patient. Someone who is depressed is already carrying a heavy load of guilt, so try not to criticise or blame them. Praise and realistic encouragement are likely to be more effective than telling someone to pull themselves together.

Family and friends can also help by challenging the depressed person's negative ways of thinking. If someone feels, for instance, that they are never any good at anything, you can help by pointing out situations or tasks that they have handled well. Doing things that you can succeed at together may help too.

Someone who is depressed is likely to need a lot of prompting and encouragement to seek help. They may not even want help because they don't recognise that they are ill. You can be of assistance by finding out about local support groups or relaxation classes and possibly by accompanying that person to the group or to a doctor's appointment.

It can be upsetting to see someone you love appear to change so much, with no apparent interest in the world or anything in it (including you). You may worry that in some way you have contributed to the depression.

You will often feel helpless. You may feel bewildered and resentful that this has happened to someone you care for.

You may feel annoyed with the person because you don't know how to help.

Depression can cause someone's mood to change so that you feel you do not know the person as well as you did. You might feel like giving up trying to reassure someone, when he or she does not seem to be trying to help themselves anymore. If your friend or relative is severely

depressed you may find yourself doing things on their behalf, such as looking after their physical needs. You may worry about how they will cope in your absence and about the risk of them contemplating suicide.

Sometimes with depression, the depressed person can withdraw completely or become very dependent. Sometimes they can lash out at those around them. If you are concerned about your relative or friend, you should encourage them to see a doctor. If they are suicidal at any time, they need to see someone like their doctor, or go to the Accident and Emergency department of your local hospital as a priority.

'Sometimes I felt I was being dragged down by his depression. I had to fight hard to keep myself from going down too.'

This is a lot to bear on your own and you may need support and advice. If possible, get others to help you and share the load. Talk to your doctor about your concerns. Discuss your own feelings with relatives and friends. You may want to make contact with a local support group for people in your situation.

While the person who is depressed needs a lot of help, there is a danger that the lives of friends and relatives come to revolve totally around the person's depression – and that does not help anyone. Depression and anxiety are common among carers because supporting others can be difficult and demanding. If you yourself feel depressed, you should seek help too.

the future

Overcoming depression can take a long time, but it is a treatable condition and many people go on to recover. People who have been deeply depressed will still experience 'highs' and 'lows' just like everyone else, so we should try not to be too sensitive to these normal moods.

'I feel a great burden has been lifted from my shoulders.'

Learning to relax and free ourselves from the stress that builds up can be enormously important when recovering from depression. It can also help prevent us becoming depressed again in the future. There are now many relaxation and life skills classes in local schools and leisure or community centres. (Community education offices, further education colleges and public libraries will be able to tell you more.) There are also books and CDs which teach relaxation techniques.

'I have a better understanding of myself now. I'm beginning to understand why I got depressed and what signs to watch out for, so it never gets that bad again.'

While it often takes a big effort to make ourselves do something, it can be very satisfying to achieve even a small goal by ourselves. Part of getting over depression is learning to do things which give us a sense of pleasure and achievement and make us feel good.

After depression has lifted, it can be important to learn to recognise early warning signs that it may be returning. People who have repeated episodes of depression may benefit from continuing with cognitive behavioural therapy or medication.

'Sometimes you have to sink to the bottom to see the way back more clearly.'

Depression is often a painful and deeply distressing experience for those affected by it and for people close to them. It is probably one of the biggest challenges someone will face in their lives. It forces us to look at our lives and ourselves and consider how to change things. Although at the time we can be completely overwhelmed by depression, we may come to see it later as a useful experience.

useful addresses

The organisations listed below can put you in touch with local sources of help in your area.

Breathing Space

Tel: 0800 83 85 87 (Mon–Thu:
6 pm–2 am, Fri 6 pm–Mon 6 am)
www.breathingspacescotland.co.uk

Confidential telephone line for people to call when they are feeling down or distressed.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

Imperial House
Hornby Street
Bury BL9 5BN
Tel: 0161 705 4304
Email: babcp@babcp.com
www.babcp.com

Action on Depression

Thorn House
5 Rose Street
Edinburgh EH2 2PR
Tel: 0131 243 2786
Email: info@actionondepression.org
www.actionondepression.org

MIND

Infoline Tel: 0300 123 3393
Email: contact@mind.org.uk
www.mind.org.uk

NHS24

Tel: 111 (24 hours a day, 7 days)
www.nhs24.com

NHS 24 is a 24-hour health service for Scotland.

Samaritans

Tel: 08457 90 90 90
Email: jo@samaritans.org
www.samaritans.org

see me Scotland

Hayweight House
23 Lauriston Place
Edinburgh EH3 9DQ
Tel: 0131 516 6819
www.seemescotland.org.uk

Challenging stigma and discrimination around mental ill health in Scotland.

Scottish Association for Mental Health (SAMH)

Brunswick House
51 Wilson Street
Glasgow G1 1UZ
Tel: 0141 530 1000
Email: enquire@samh.org.uk
www.samh.org.uk

The Scottish Association for Mental Health is the major voluntary organisation in Scotland working to promote mental health.

useful websites

www.bluepages.anu.edu.au

This website provides information on treatments for depression based on the latest scientific evidence.

www.glasgowspcmh.org.uk

This website will tell you all about common stress problems and give ideas on how best to tackle them.

www.llttf.com

Free life skills package – discover how to challenge negative thinking, improve sleep and build confidence.

suggestions for reading

There are many publications about depression. Your GP or local library will be able to suggest some for you. Here are a few that might help.

The Overcoming website has a series of downloadable self-help books and CDs based on Cognitive Behavioural Therapy

www.overcoming.co.uk

Overcoming Depression

by Paul Gilbert.

Published by Constable and Robinson, 2009.

ISBN 978-1-84901-0-665

Overcoming Low Self-Esteem Self-Help Manual

by Melanie Fennell.

Published by Constable and Robinson, 2009.

ISBN 978-1-84901-0-689

Overcoming Depression: Teach yourself

by Alice Muir

Published by Hodder & Stoughton, 2013.

ISBN 978-1-44417-1-150

Feeling Good:

The New Mood Therapy

by David D Burns.

Published by Avon Books, 2000.

ISBN 978-0-38081-0-338

Other topics covered by the *Talking about...* series are:

- Anxiety disorders
- Attention deficit hyperactivity disorder (ADHD)
- Bereavement
- Bipolar affective disorder
- Eating disorders
- Panic attacks
- Personality disorders
- Phobias
- Postnatal depression
- Schizophrenia
- Self-harm
- Stress

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Disclaimer

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.



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