



# talking about depression

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.

NHS Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

### **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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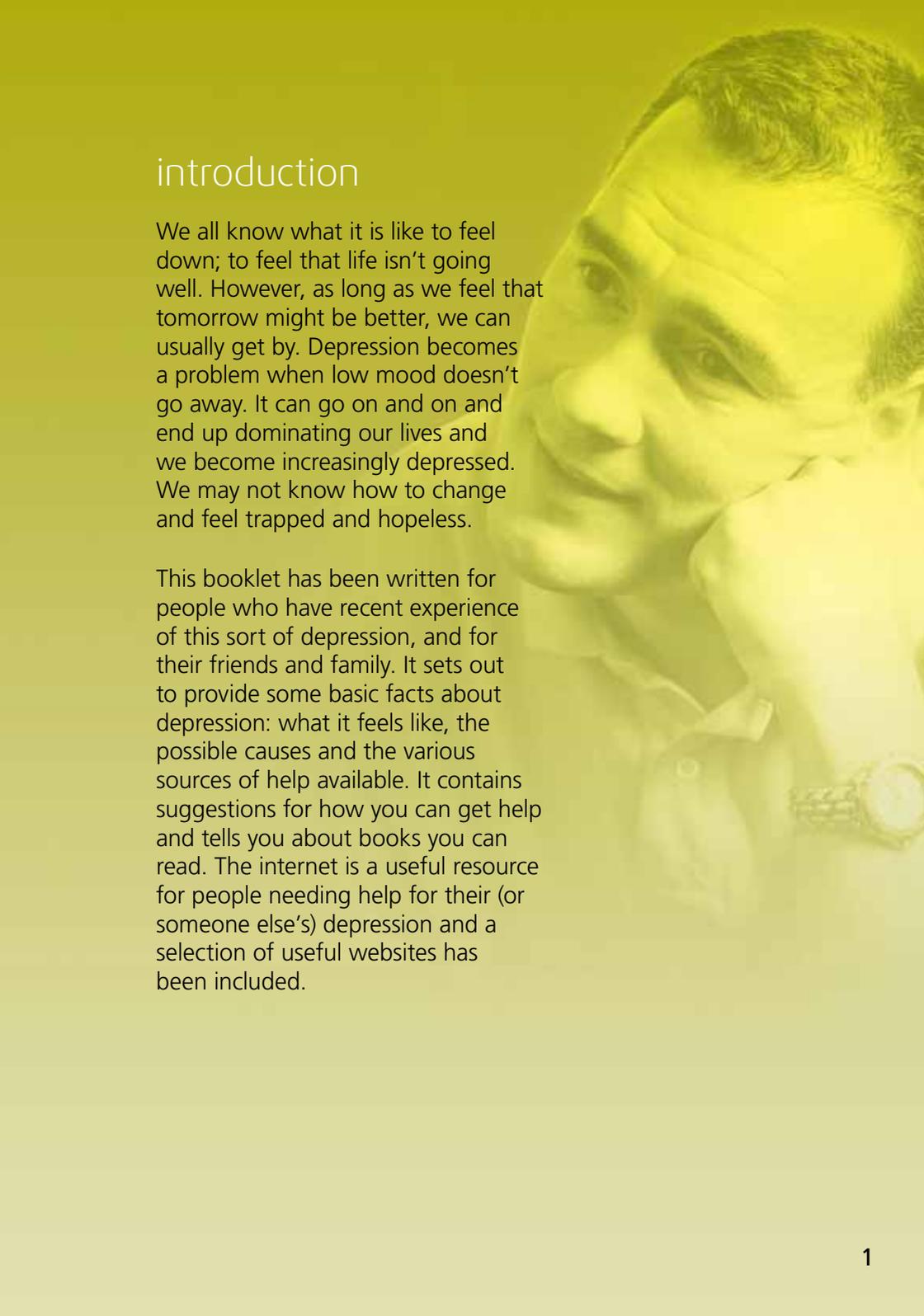
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## introduction

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 dominating our lives and we become increasingly depressed. We may not know how to change and feel trapped and hopeless.

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 some basic facts about depression: what it feels like, the possible causes and the various sources of help available. It contains suggestions for how you can 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 has been included.

## what is depression?

Very few of us can honestly claim we always feel good about ourselves or are entirely satisfied with our lives. Usually we are content with some aspects of our lives, but not all. We like ourselves in certain respects but not in others. We may be uncertain about what lies ahead of us in the future, but believe that on balance it is likely to be bearable.

People often talk about feeling 'depressed' in the everyday sense, when they generally mean they have hit a bad patch and are feeling down. Occasional mild depression such as this is natural and usually goes away given time. This is not true of severe depression.

*'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.'*

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.

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 which are not necessarily our doing and feel guilty.
- Despair of things ever getting 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:

- Concentration 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.
- 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 wanes 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*).

*'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.

Some of us will be overwhelmed by the feelings of hopelessness and despair. It can even seem as if the only way out is to kill ourselves.

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 more effectively with depression is to accept that there is a problem and that something CAN be done about it.

Unfortunately, depression may be a recurrent condition and it is not uncommon for sufferers to experience more than one episode. Most people find that as they recover from spells of depression they can use the experience as an opportunity to take stock and 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 that sets off a depression will be obvious, for example, a bereavement, redundancy or divorce. Sometimes 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 of change and are 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.

Sometimes depression can be brought on by physical ill-health. It can follow on from an illness such as flu after the other symptoms have gone. Poor diet, a lack of exercise or the abuse of drugs or alcohol can 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 whom we trusted as children – abused us, suggested we were not loved, or implied that we were somehow ‘bad’.

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, such as 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 befallen us.

Crucially how we react when things go wrong can also have a bearing on whether or not we become depressed. Each of us has our own way of coping with whatever 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 how we respond. During times of depression, we tend to interpret 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 ordinary depression and which leads people to behave in highly excited and uncontrollable ways in between periods of depression. There is a separate booklet (Talking about *Bipolar Affective Disorders*), 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. The antidepressant drugs act to even out that imbalance. This can help lighten our mood and allow us to cope more effectively. Antidepressants can be very effective in treating depression and many people who take those drugs do extremely well.

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

Most antidepressants take two to four weeks before they 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.

That is a brief summary of antidepressant medications. 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, and enable us to take more control of our life and to cope 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 behaviour therapy (CBT) helps people to address how their thoughts influence their feelings and behaviour. It can be useful in helping people overcome negative ways of thinking and planning ways to become more active. CBT has been

proven to work for the treatment of moderate and severe depression. We may not necessarily feel we have to find out what caused us to become depressed, but may want to use counselling and therapy 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 itself. If it becomes very difficult for us to concentrate on any sort of task, we are likely to feel despondent at our apparent incompetence and become even more depressed. People who are depressed sometimes withdraw from others and may then regard their growing isolation as a sign of their own worthlessness. The negative way of thinking which is part of depression can absorb a huge amount of our energy and attention and become a major preoccupation.

However, there are steps we can take to escape from this vicious circle. More will be said below 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 do enjoyable tasks around the house.
- Get in touch with a friend or relative. It's 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 or 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 simple and work up. 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, drinking in moderation and being physically active. The 'feel good' factor can also be helped by learning new skills, taking time to relax, enjoying different 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. There may be major difficulties in our lives, which these ideas cannot solve. But it is important to find ways of coping with these difficulties without becoming overwhelmed, and people really do find that they help.

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 be helpful in helping us understand depression and in teaching us 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. The ones based on a cognitive behavioural therapy approach are likely to be the most effective.

## the role of partners, family and friends

As a relative or friend you can help by being patient and understanding, by showing a real interest in the person themselves, not just in 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 sort out what has to change to enable them to get over the depression.

*'I found it hard to be patient all the time. It's 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, and their

preoccupation with their problems. If someone feels, for instance, they are never any good at anything, you can help by pointing out situations or tasks they have handled successfully. Doing things together which they can succeed at 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.

However it is not easy to live with or be in regular contact with someone who is depressed and help them cope.

It is very 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 are at a loss as to how to help.

Depression can cause someone's moods 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 any more. 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.

Of course the person who is depressed is important, but 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 unfortunately common among carers because supporting others can be difficult and demanding. If you yourself feel depressed, you should seek help too.

## the future

Recovering from depression can take a long time and many people worry they will never fully recover. We should not forget that someone who has been deeply depressed and has got over it 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 to 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, leisure or community centres (community education offices, further education colleges and public libraries will be able to tell you more). There are also many books and cassettes which teach relaxation techniques.

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

While it often needs 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 which 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 recurrent episodes of depression may benefit from continuing with cognitive 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 national organisations listed below can put you in touch with local sources of help in your area.

### **Breathing Space Scotland**

Tel: 0800 83 85 87

[www.breathingspacescotland.co.uk](http://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)**

Victoria Building

9 – 13 Silver Street

Bury

BL9 0EU

Tel: 0161 797 4484

Email: [babcp@babcp.com](mailto:babcp@babcp.com)

[www.babcp.com](http://www.babcp.com)

### **Depression Alliance Scotland**

11 Alva Street

Edinburgh

EH2 4PH

Tel: 0845 123 2320

Email: [info@dascot.org](mailto:info@dascot.org)

[www.depressionalliance.scotland.org](http://www.depressionalliance.scotland.org)

For information about what's available in your area you can contact:

### **MIND**

PO Box 277

Manchester

M60 3XN

Information line: 0845 766 016

(9.15am – 5.15pm Monday to Friday)

[www.mind.org.uk](http://www.mind.org.uk)

### **NHS24**

Caledonia House

Fifty Pitches Road

Cardonald Park

Glasgow

G51 4ED

Tel: 08454 24 24 24

[www.nhs24.com](http://www.nhs24.com)

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

### **The Samaritans**

Chris

PO Box 9090

Stirling

FK8 2SA

Tel: 08457 909090 24-hours a day, 7 days a week.

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

[www.samaritans.org](http://www.samaritans.org)

## see me Scotland

1/3 Great Michael House  
14 Links Place  
Edinburgh  
EH6 7EZ  
Tel: 0131 554 0218  
[www.seemescotland.org.uk](http://www.seemescotland.org.uk)

The 'see me' campaign was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland.

## Scottish Association for Mental Health (SAMH)

Cumrae House  
15 Carlton Court  
Glasgow  
G5 9JP  
Tel: 0141 568 7000

(Information service  
2pm – 4.30pm Monday to Friday)  
Email: [enquire@samh.org.uk](mailto:enquire@samh.org.uk)  
[www.samh.org.uk](http://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](http://www.bluepages.anu.edu.au)

[www.glasgowsteps.com](http://www.glasgowsteps.com)

[www.livinglifetothefull.com](http://www.livinglifetothefull.com)

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

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

Free site aimed at preventing depression.

## suggestions for reading

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

### **Beating the Blues: A Self Help Approach to Overcoming Depression**

by Susan Tanner and Jillian Ball.  
Published by Southwood Press,  
1991.

ISBN 064-636622-X

**Feeling Good: The New Mood Therapy**

by David D Burns.  
Published by Avon Books, 1999.  
ISBN 038-081033-6

**Mind Over Mood**

by Christine Padesky and Dennis Greenberger.  
Published by Guilford Press, 1995.  
ISBN 089-862128-3

**Overcoming Depression**

by Paul Gilbert.  
Published by Constable and Robinson, 2000.  
ISBN 184-119125-6

**Overcoming Depression: A Five Areas Approach**

by Christopher J Williams.  
Published by Hodder Arnold H&S, 2001.  
ISBN 034-090586-7

**Overcoming Low Self-Esteem Self-Help Manual**

by Melanie Fennell.  
Published by Constable and Robinson, 2005.  
ISBN 184-529237-5

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

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

Contact your local health promotion resource service for copies. You can access their details via [www.show.nhs.uk](http://www.show.nhs.uk)

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