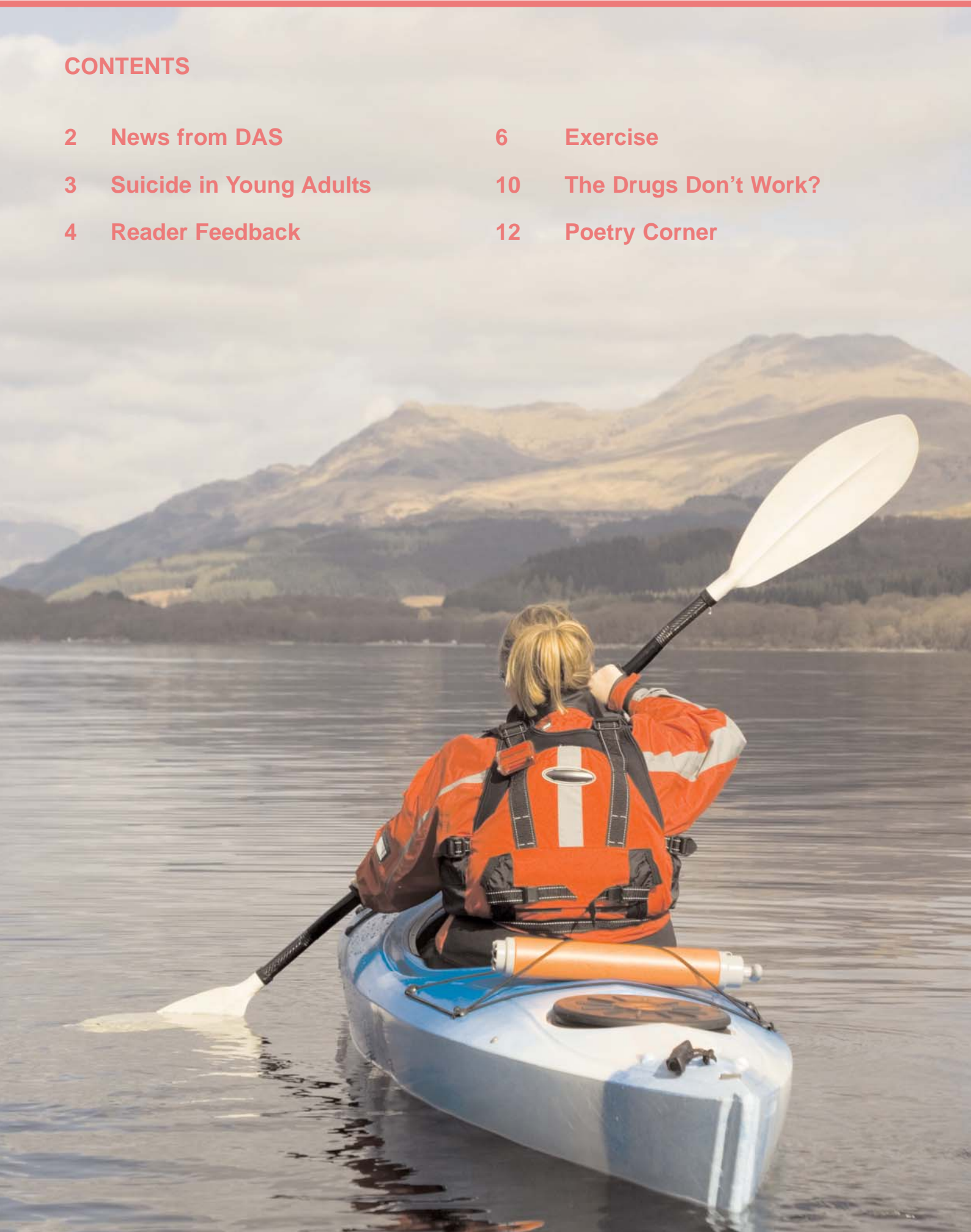




## CONTENTS

- |   |                         |    |                       |
|---|-------------------------|----|-----------------------|
| 2 | News from DAS           | 6  | Exercise              |
| 3 | Suicide in Young Adults | 10 | The Drugs Don't Work? |
| 4 | Reader Feedback         | 12 | Poetry Corner         |





## News from DAS

### Wanted... A New Name for DAS

Depression Alliance Scotland is constantly growing and changing and, as part of this growth, we want to change our name to reflect our status as an independent organisation and the only charity based in Scotland working for people with Depression. However, we haven't decided what our new name will be. This is where you come in! We want to know what you think we should be called. There will be prizes for the three best suggestions.

Have you got an idea for our new name? Then don't keep it to yourself. Give us a call and tell us on **0845 123 23 20** or fill in the form at <http://www.dascot.org/news/new-name.html>. The top three chosen by the DAS Board of Directors will win copies of the Living Life to the Full DVD and the Overcoming Depression book by Dr Chris Williams. You can submit as many ideas as you want.

### The DAS Supporter Scheme has changed

Our subscription scheme was abolished on 1 April 2008 for individuals and voluntary organisations.

This is because we want to reach more people affected by Depression in Scotland. It is now therefore now free for individuals and voluntary organisations to go on our mailing list and receive the newsletter. There is a charge for statutory and private organisations, please contact us for details. If you are a current supporter, you should have received a letter about the changes already and you will not be asked to pay any more. If you are not a supporter and would like to go on the mailing list, please fill out the form below. If you want to make a donation to cover our costs, that would be greatly appreciated. However, we realise a lot of people with depression are on low incomes and there is no obligation to make a donation. Details of how to donate are on the form below.

### Scottish National Depression Week 2008

National Depression Week 2008 will take place between Wednesday June 18th and Tuesday June 24th 2008. The theme will be online support for young adults. If you would like a National Depression Week pack, please contact us on **0845 123 23 20** or visit [www.dascot.org](http://www.dascot.org).

## Join Us!

This newsletter is **free** to individuals and voluntary organisations. If you are not on our mailing list, and would like to be, fill out the form below and send it to **3 Grosvenor Gardens, Edinburgh EH12 5JU** or fill in the form at <http://www.dascot.org/support/supporters/>. If you feel you would like to make a donation to help us cover our costs, please enclose it with your form (cheques made payable to Depression Alliance Scotland or donate securely online at [dascot.workwithus.org](http://dascot.workwithus.org)).

### I would like to join the DAS mailing list

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

Please sign me up for the email bulletin

I enclose a donation of:

£5  £10  £20  £50  Other Amount \_\_\_\_\_

Please send me a standing order form to set up a regular donation

**Data Protection - all personal details are held in the strictest confidence**



## Suicide in Young Adults 'Look OK... Feel Crap?' Lessons Learned



There has been a lot in the news recently about suicide among young adults in Bridgend, with numbers now reaching 17. This is not just an issue for rural Wales; in Scotland, suicide is the biggest killer of young adults between the ages of 18 and 24 years. For most people, suicide is the tragic end to a treatable illness - up to 70% of recorded suicides are completed by people who have experienced some form of Depression. Significantly, most of these people are not receiving help or treatment for their Depression in the months immediately before their death.

Most people can, and do, recover from Depression. Seeking help is crucial. Our campaign, 'Look OK...Feel Crap?' has been running in Scotland for the last 12 months and encourages young adults to do just that. Depression can be particularly devastating when you are young, and our work has shown that many young adults find it hard to describe how they actually feel when they have Depression.

They often experience feelings of guilt and low self-esteem and can feel that they have somehow failed to cope with life pressures, particularly when comparing themselves with others. They can believe that others are judging them and would not understand, and public expectations to go out there and embrace life can result in many young adults putting on a mask so that they appear to be coping

well, when inside their feelings are intensifying and worsening. This can present a huge barrier to their seeking help, leaving many people suffering in silence.

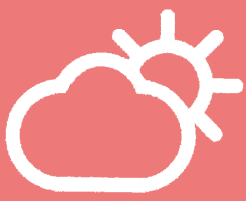
Depression is an illness currently affecting 1 in 10 of our young adults. Often, there is no single cause. Stressful life events can be a contributing factor and might include parental divorce, being bullied or alienated at school or because of their sexual or gender identity, relationship or money worries, starting a new job, settling in at college or university, worrying about exams or adapting to life as a young parent. At Depression Alliance Scotland, we work to improve the experience of people affected by Depression and work to challenge the stigma associated with this misunderstood illness.

'Look OK...Feel Crap?' was designed by young adults and taps into how they feel when unwell with Depression. The campaign has featured in pubs and clubs, libraries, colleges and universities, shopping centres and buses (all the places where young adults go) and will continue over the next 12 months. The message of the campaign is clear in that the most important thing is to reach out for help and not to suffer in silence. We offer information and support to those affected by Depression. We also run a number of self-help support groups and courses that can help people to better understand the nature of low mood and Depression, and what can be done to manage it.

Young adults need to be listened to without judgement, their achievements need to be valued and they need to be encouraged to talk.

Help is available. Visit our website [www.dascot.org](http://www.dascot.org) and see what options are available, both locally and nationally or call us on **0845 123 23 20**.

This article first appeared in *The Scotsman* 21/02/08



## Reader Feedback

### Advance Statements by Audrey Steele

In support of your article on Advance Statements (Autumn 2006), I thought it might be helpful if I gave my personal experiences of the actual writing of the documents. I hope this will encourage everyone involved in using mental health services to seek help to actually put an Advance Statement in place.

I was encouraged by my Advocacy Worker to work with her to compile my Advance Statement fairly early into the introduction of The Mental Health Act 2003. She had been recently trained to help clients to fill out the documentation, so it was a learning process for both of us, as I was one of her first clients to do so.

There are two booklets that help the procedure and are necessary reading. The first deals with the Advance Statement and the second with your 'Named Person'.<sup>1</sup> I like to try and understand these types of booklets myself, but in this case needed a lot of the content explained by my Advocate. I do believe that this is a procedure that most, if not all, of us would need appropriate support with. By now most people working in the mental health field will have been trained in filling out Advance Statements, so I would positively encourage you to speak to someone in your care team to help you with this process or contact your local Advocacy Office.<sup>2</sup> I think if I'd been handed these documents and left to get on with it, I would never have finished filling it out. My advocate was able to simplify and clarify many points that I found complex, but which actually turned out to be quite straightforward, even though they required some thought and discussion. The benefit of having an experienced person assist you is that they have the benefit of having worked through this process with a variety of clients.

There are two main sections in the first document:

1. I would like to receive the following treatments.
2. I would **not** like to receive the following treatments.



I thought this would be quite easy to address, but actually I found it quite straightforward to address number 2, but not number 1. The wording is vital, so that you put it in such a way as it cannot be ambiguous or misconstrued. Simple, easily understood language is important. I would suggest you take as much time as you need to think about what you want in your treatment plan, as this is effectively what this is. This piece of paper could be very positive for you if thought through well, but effectively very negative if written with haste and little thought.

The second part of the Advance Statement is choosing your 'Named Person'. This, again, is something that you need to think about carefully, as this person will speak for you if you are unable to speak for yourself. The person has to be strong enough to fulfil your wishes stated in the first part of the document. I gave this a lot of thought, as I wondered if a relative might be too close to me to be objective when I most needed that kind of support. Friends do not always fully appreciate the situation, so again this must be given thought. The person has to agree to undertake this role, so negotiation with the individual is also necessary. The booklets make it clear who you can or cannot name as your 'Named Person', so that makes it easier.



## Reader Feedback

There is also the opportunity to exclude anyone you do not want to have a say in your treatment.

Finally, all the different sections of the Advance Statement need to be signed by a witness, and I've heard that this is where some people have difficulty finding a suitable person willing to put their name to this official document. The article in the DAS newsletter outlines who can sign this, but if someone has a conflict of interests, they are not allowed to sign on your behalf. If the person is involved in your care, they would not be allowed to sign. Again, assistance from an experienced individual will iron out any discrepancies for you.

I realise that this sounds like an awful lot of effort to produce pieces of paper that might just remain dormant with the people you lodge them with. However, none of us can predict when we might become very unwell and be in a position where we have to receive care. Don't you think it's better to have your needs clearly written in a formal document, just in case that very scenario arises? Then, at least, we all know that we've looked after our own interests as best we can.

I urge you all to put in place your Advance Statement and have it lodged as part of your treatment plan. Good luck!

## Advocacy

**Aileen Lawson** contacted us following our article about advocacy in the Spring 2007 newsletter, to tell us about her positive experience of advocacy. She told us, 'I found AdvoCard in Edinburgh<sup>3</sup> really helpful. I used them for a year and a half. They were easy to access and there were no waiting lists.'

## Useful Information

1. The booklets ***A Guide to Named Persons*** and ***A Guide to Advance Statements*** are published by the Scottish Government and are available through your Mental Health Team or Advocacy Project. You can also read them online at the Scottish Independent Advocacy Alliance website <http://www.siaa.org.uk/content/view/51/40/>
2. Contact DAS if you want details of your local advocacy organisation.
3. **AdvoCard** can be contacted at:  
332 Leith Walk, Edinburgh EH6 5BR  
tel 0131 554 5307  
email: [advocacy@advocard.org.uk](mailto:advocacy@advocard.org.uk)  
web: [www.advocard.org.uk](http://www.advocard.org.uk)

## ★ Contribute to the Newsletter!

We love getting contributions and feedback from readers! If you would like to contribute an article, piece of creative writing or artwork, review a book on Depression, or have your question answered by the doctor, we would love to hear from you. Please contact Trish at 3 Grosvenor Gardens, Edinburgh EH12 5JU, phone 0845 123 23 20\* or email [newsletter@dascot.org](mailto:newsletter@dascot.org).

## The Depression Alliance Scotland Helpline 0845 123 23 20

Calls provided by BT will be charged at up to 4p per minute at all times. A call set-up fee of 6p per call applies to calls from BT residential lines. Mobile and other providers' charges may vary.



## Eight Ways Physical Activity Benefits your Health and Wellbeing by Seamus Kealey



**W**ant to feel better, have more energy and perhaps even live longer? Then get involved with some good old physical activity! The benefits of exercise are wide-ranging and include preventing chronic health conditions, boosting confidence and self-esteem and creating more opportunities to socialise. These benefits are hard to ignore. And the benefits are for your own personal gain! Need more convincing? Check out these eight ways exercise can improve your health and wellbeing.

### **Exercise improves your mood**

What better way to de-stress after a difficult day? Go to the gym for an hour or go for a brisk 30-minute walk or run. This can help you calm down. Exercise stimulates various brain chemicals, which will leave you feeling happier and more relaxed. You'll also look and feel better when you exercise regularly, which can boost your confidence and improve your self-esteem. Exercise has been

proven to reduce feelings of Depression and Anxiety.

### **Exercise combats chronic disease**

Does heart disease play on your mind? Want to prevent osteoporosis? Regular exercise will help! Regular exercise can also help you prevent or manage high blood pressure. Your cholesterol will benefit as well. Regular exercise boosts 'good' cholesterol, while decreasing 'bad' cholesterol. This one-two punch keeps your blood running smoothly, by lowering the build-up of plaque in your arteries. And there's more. Regular exercise can help you prevent Type 2 Diabetes and certain types of cancer.

### **Exercise helps you manage your weight**

This is not rocket science! Exercise burns calories! The more you exercise, the more calories you burn and the easier it is to keep your weight under control. Refuel with carbohydrates, rather than cakes or sugars. Drink plenty of water.



## Exercise can put the spark back into your sex life

Are you too tired to have sex? Or feeling too out of shape to enjoy physical intimacy? Regular exercise can leave you feeling energised and looking better, which may help your sex life. But there's more to it than that. Exercise improves your circulation, which can lead to more satisfying sex. Men who exercise regularly are less likely to have problems with erectile dysfunction than men who don't exercise, especially as they get older.

## Exercise strengthens your heart and lungs

Out of puff? Regular exercise can leave you breathing easier. Exercise pumps oxygen and nutrients to your tissues. Regular exercise helps your whole cardiovascular system - the circulation of blood through your heart and blood vessels works more efficiently. You will find it easier doing the things you enjoy.

## Exercise promotes better sleep

Struggling to fall asleep or stay asleep? It might help to boost your physical activity during the day. A good night's sleep can improve your concentration, productivity and mood. And, yes,

exercise can be the key to better sleep. Regular exercise can help you fall asleep faster and deepen your sleep. Late afternoon or early evening exercise is recommended for sleep improvement.

## Exercise is (should be) fun!

Wondering what to do on your weekend? Get physical! Exercise doesn't have to be a chore. Find an activity you enjoy and go for it! If you get bored, try something new. If you're moving, it's exercise! If you're enjoying it, all the better.

## Exercise as part of a group and become better socially integrated

Meet new people, make new friends and enjoy the social aspect with a group of people you have something in common with. In many areas, you can join a wide variety of fitness classes and sports and social groups. In some areas, there are exercise groups for people who have experienced mental health problems, run by community health organisations.

This article first appeared in *Village Voices* - produced by the LGBT Centre for Health and Wellbeing January 2008.

## Take part in a sponsored event

If either of our articles in this issue inspire you to start exercising, why not take part in a sponsored event to keep you motivated? Here are some events that you can get involved in and help both yourself and DAS.

### ★ Great Scottish Walk: 25th May (Glasgow) and 22nd June (Edinburgh).

Walks of 1, 6 and 12 miles; also Great Wee Scottish Walks in Dumfries, Inverness, Aberdeen, Dundee, Glasgow, Perth, Edinburgh and Galston for the kids. For more information and for an application form either visit the Great Scottish Walk website at [www.greatscottishwalk.com](http://www.greatscottishwalk.com) or contact us and we'll send you one.

### ★ The Men's 10K Run (15th June) and Women's 10K Run (18th May)

Both runs take place in Glasgow. For more information on the Women's run call 0845 2700 166 or visit [www.runglasgow.org/10k/index.php](http://www.runglasgow.org/10k/index.php). For the Men's 10K call 0141 550 7515 or visit [www.mhfs.org.uk/mhfs/10K08.php](http://www.mhfs.org.uk/mhfs/10K08.php).

### ★ Loch Ness Marathon and 10K and 5K Runs (5th October)

Find out more at <http://www.lochnessmarathon.com/>.

★ There are many more events throughout Scotland, the UK and the world, and if you want to take part in any of them and raise funds for us, we will be delighted. You can also make your own event, like **Caledonia MacFarlane**, who is walking 14 miles in the loneliest part of Scotland to raise funds for us. Please let us know if you are doing a sponsored event for us. We'll help you set up a secure electronic sponsor form if you would like. If you don't fancy doing an event yourself, why not sponsor someone else? Visit [dascot.workwithus.org](http://dascot.workwithus.org) to see who's doing events for us.



## The Exercise Experiment

### A personal account by Trish Crawford

**S**ixty-nine per cent of UK adults do not exercise at recommended levels, which, according to the UK Department of Health, are a total of at least 30 minutes a day of at least moderate intensity physical activity, on 5 or more days of the week<sup>1</sup>. I am one of the 69 per cent. I also have Depression. There is a body of research evidence from the Department of Health and others that exercise can not only prevent Depression, but is effective as a treatment of mild, moderate and severe Depression. So, rather than sitting at my computer, preaching at you to exercise, perhaps I should give it a go. Research has found that exercise can lift the mood quickly, so I will follow government guidelines for a week and see if there is any improvement in my mood.

I've checked with my GP and he says it is a good idea for me to exercise. In some areas of Scotland, exercise is available on prescription; not in mine. The idea is catching on; the Mental Health Foundation recently found that the percentage of UK GPs prescribing exercise on prescription has risen from 5 per cent to 16 per cent, and 66 per cent of GPs who do not have access to an exercise referral scheme would use one if it became available.<sup>2</sup>

#### Day 0

I do the Hospital Anxiety and Depression (HAD) test and the Patient Health Questionnaire (PHQ), which are available if you sign up to Living Life to the Full at [www.livinglifetothefull.com](http://www.livinglifetothefull.com). My score is 16 in the HAD and 24 in the PHQ, which means I have clinical Depression. I knew that, but it's still rather depressing seeing it in writing. I find myself feeling hopeless and wondering what is the point of trying to do exercise when my Depression is so bad. I don't feel like there is any hope that it will get better and attempting to swim a few lengths of the pool isn't going to help. Maybe I'm too depressed to do this.

#### Day 1

Actually, this is Day 1 Mark 4. I had planned to start on Sunday and today is Wednesday. I find it very hard to motivate myself to exercise; it seems there is always a convenient excuse for why I cannot do it. Today, it is still really hard to get going and I nearly don't bother. However, getting there is much harder than the actual exercise. When I start swimming, I remember how much I like it. I was very slow, not having done much exercise for a while, and everyone else seemed slimmer and faster than me, but I try not to let that bother me and remind myself that they all had to start somewhere. Afterwards, I am surprised that I feel a bit better and find myself singing along to the radio in the car. Research has shown that one session on the treadmill can help temporarily lift a person's mood, and maybe swimming has the same effect on me.<sup>3</sup>

#### Day 2

I get off the bus two stops early and walk briskly to work. On the way home, I get off four stops early. In total I walk for about 35 minutes. I find it quite hard walking home up the hill, as I'm tired after work. Today, I find I also want to drink more water, which is a good thing, as I usually live on tea and diet drinks. I feel OK by the time I get home, which is an improvement on my usual feelings.

#### Day 4

Had a day off yesterday and now it's Saturday and I want to spend my weekend duvet diving. I feel really lethargic and do not want to exercise. But after a lot of self-talk, I dig my cycle out of the shed, where it has been abandoned for quite a while, and cycle around for half an hour. OK, pushing a bike up a hill must count as moderate exercise? The Department of Health isn't clear on the matter. I do feel better afterwards and feel that I deserve the chocolate bar I bought en route!



## Day 5

I meet a friend for a walk in the Pentland Hills. It's much easier to get motivated when I've got someone to meet. We walk for about an hour and a half, the first half of which is uphill. Time passes quickly, because we're having a good gossip. It's a sunny day and it feels good to get away from the city. I feel cheerful and arrange to go swimming with my friend soon.

## Day 7

I had a day off on day 6 and I wake up today feeling awful. It's hard to get going and I feel bad all day. Again, it takes a monumental effort to go swimming after work. The pool is crowded, but I manage around half an hour. I felt much better afterwards - I love endorphins!

## Day 8

So, it's the day of reckoning, has this helped at all? My score in both the PHQ and the HAD is 11! While it still says that I have significant symptoms, this puts me squarely in the 'moderate' category. I'm really pleased to see such an improvement. But what have I proved exactly? Only that exercise may help me. This totally unscientific, one guinea pig study does not take into account other things that could

affect my mood, like my medication, what is happening in my life, my relationships, what I've had to eat and drink, the Moon in Virgo and all the other things that have an effect on how I feel. It also doesn't take into account bias - that I wanted the experiment to succeed or I would have to think of something else to write for the newsletter - which probably affected how I filled in the questionnaires!

I have found that while I can be very resistant to exercise, especially when my mood is low, the improvement in mood is well worth the effort to get going. I will be looking for ways I can incorporate more exercise in my life, even if it is just getting off the bus a couple of stops early.

So now it's your turn! If you want to find out if exercise can help your depression, why not conduct your own experiment? If you haven't exercised for a while, check with your GP to make sure it is ok for you to do so. Your GP can tell you if exercise on prescription is available in your area too. Good luck!

## References

1. Department of Health, *At least five a week: evidence on the impact of physical activity and its relationship to health*. DOH, Editor. 2004, Stationery Office. p. 1-128
2. Mental Health Foundation News Release 8th Feb 2008  
<http://www.mentalhealth.org.uk/media/news-releases/news-releases-2008/8-february-2008>
3. Bartholomew, J. *Medicine & Science in Sports & Exercise*, 2005; vol 37: pp 2032-2037. News release, University of Texas at Austin

If you want to find out more about the research on exercise and depression it is available on our website: [www.dascot.org/exercise.html](http://www.dascot.org/exercise.html).

## Search the Web and Help Us Support People with Depression

Everyclick is a great new search engine. It works just like other major search engines, but it also generates cash for the charity of your choice, including Depression Alliance Scotland. They have already raised hundreds of thousands of pounds for a wide range of charities. Why not use it to help DAS? Visit [www.everyclick.com/depressionalliancescotland](http://www.everyclick.com/depressionalliancescotland).



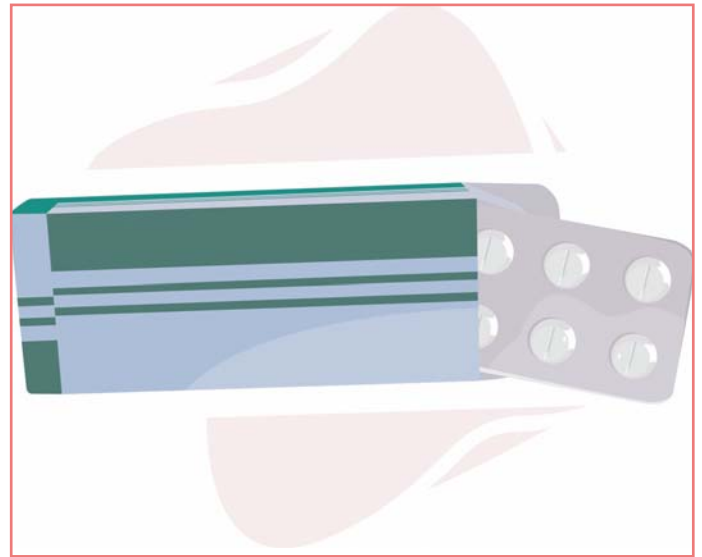


## The Drugs Don't Work?

It has been hard to escape anti-depressants in the news recently. There has been much made in the media of the publication of an analysis of previously unpublished research, which seems to show that drugs like Prozac, Seroxat and Efexor were no better than placebos - tablets with no active ingredients. But what do these revelations mean to people who are depressed and need help to alleviate the suffering Depression can bring? What implications does this have for GPs, who have less than ten minutes to help the depressed patient in distress in their consulting room and nothing but anti-depressants to offer them? What alternatives are available? We take a close look at the evidence.

The research team led by Irving Kirsch, from the Department of Psychology at the University of Hull, analysed thirty-five clinical trials of fluoxetine (Prozac), paroxetine (Seroxat), venlafaxine (Efexor) and nefazadone (no longer available in the UK), involving 5,133 patients, 3,292 of whom had been randomized to medication and 1,841 of whom had been randomized to placebo. Some of this data had not been previously made available by the drug companies.

They found that the placebo effect was 80%, compared to an estimated 50% in pain medication trials, and that the difference between the effect of the anti-depressants and the effect of the placebo was below the UK National Institute for Health and Clinical Excellence (NICE) recommendations for clinical significance, except for patients with severe Depression. The difference for those with severe Depression was due to the fact that that group did not respond as well to the placebo. The study concluded: "there seems little reason to prescribe anti-depressant medication to any but the most severely depressed patients, unless alternative treatments have failed to provide a benefit". However, the researchers also noted



that more data was needed, because in all of the trials analysed - except one - the patients' average scores in the Hamilton Depression Rating Scale at the beginning of the trial showed they were very severely depressed (23 or over).<sup>1</sup>

While these results are important and cannot be ignored, they are not necessarily the death blow to anti-depressants like Prozac that has been reported in much of the media. Another study by Turner et al, which has not received so much media attention, also looked at unpublished evidence, and while their results were similar, the conclusions they drew were not. Turner et al did not use the NICE recommendation for clinical significance. They said that the research proved that anti-depressants were more effective than placebo and when considering the possible benefits of anti-depressant treatment: "be circumspect, but not dismissive".<sup>2</sup>

NICE itself does not recommend anti-depressants as a first line treatment for mild to moderate Depression, suggesting that people should have access to Cognitive Behaviour Therapy and self-help options. NICE are now reported to be re-examining the evidence around this class of anti-depressants. It cannot legally get unpublished data from drug companies, but is to ask them publicly to hand it over, which will leave them facing criticism if they do not comply.<sup>3</sup>



The truth is that no one remedy will work for everyone with Depression. The best way to treat Depression is a holistic approach, which does not rely on one form of treatment. It is important to remember that anti-depressants do have a place in treatment, particularly in severe Depression, as part of an overall package of support. While in an ideal world everyone would have access to non-pharmaceutical interventions, the reality is that in many areas of Scotland, there are long waiting lists for talking therapies, and so GPs are left with nothing but anti-depressants for their patients with Depression. And, so they became over prescribed.

Throughout Scotland, new innovative approaches to the treatment of Depression are being pioneered. These include: hypnotherapy CDs available at your GP surgery; self-help books on prescription; Computerised Cognitive Behavioural Therapy (CCBT); self-help courses based on Cognitive Behaviour Therapy, such as Living Life to the Full and Stresspac; and exercise on prescription.

The Scottish Intercollegiate Guideline Network (SIGN) is currently working on a guideline for the non-pharmacological treatment of Depression. This was instigated by Depression Alliance Scotland, and we have been part of the group, which has been working together exploring alternative interventions to medication, since June. The group is now considering relevant research papers and will make recommendations based on the research. A draft Guideline will be sent out to reviewers - including people affected by Depression. There will then be a national meeting, where representatives can give their views and comments and you can be involved.

Draft copies of the Guideline will be available in August 2008, and the national meeting will take place on Wednesday 10th September this year. We very much hope that some interested readers will be able to come along to the meeting and share their views on the draft. If you have any queries on this or would like to be on the list to review the draft and attend the national meeting, please contact Ruth at Depression Alliance Scotland on 0131 467 3050 or [ruth1@dascot.org](mailto:ruth1@dascot.org). We would be glad to hear from you if you would like to be involved in this.

The controversy around anti-depressants will probably continue raging for a while yet. It is important that the fact that some people are helped by anti-depressants is not overlooked.

“ **No one remedy will work for everyone with Depression** ”

The fact that the drug companies have only selectively published their research is scandalous, and we urge the pharmaceutical industry to be transparent with its research findings, so that

people with Depression and clinicians can make informed choices about the best treatment. We also strongly urge the Scottish Government to fund non-pharmacological treatments for Depression and to ensure that a variety of treatment options for Depression are made available in all areas of the country. We hope that publication of the SIGN guideline will be useful in providing guidance to the Government and to practitioners. Finally, if you are on anti-depressants and have concerns, speak to your GP or prescribing doctor.

Do you agree with this article? Disagree? Comment on the article on our news blog: <http://www.dascot.org/blog/?p=54>

## References

- 1 Kirsch, I., B. J. Deacon, et al. (2008). "Initial Severity and Antidepressant Benefits: A Meta-Analysis of Data Submitted to the Food and Drug Administration." *PLoS Medicine* 5(2): e45. <http://dx.doi.org/10.1371%2Fjournal.pmed.0050045>
- 2 Turner, E. H. and R. Rosenthal (2008). "Efficacy of antidepressants." *BMJ* 336(7643): 516-517. <http://www.bmj.com/cgi/content/short/336/7643/516>
- 3 Drug firms pressed on secret pill data *Observer*, 2 March 2008 <http://www.guardian.co.uk/society/2008/mar/02/mentalhealth.medicalresearch?gusrc=rss&feed=science>



## Poetry Corner

### Send me Roses in Winter

Shower me in their sweet fragrance.  
Infuse me with their healing colours  
Bringing light into my personal Winter.  
Engaging a response, the first spark of recovery  
Living life through my senses again,  
Re-opening this most precious of gifts.  
Unravelling the satin ribbon,  
Beauty sits before me.  
I behold and applaud Nature's cure.



### In and out of Hope

Like a tide's ebb and flow  
I surf in and out on the wave of Hope,  
Looking for positive messages  
Washed up on my shoreline.  
Gazing out at horizon's future,  
the crashing of wave on rock  
bringing my focus back to me and now.  
I try to breathe in the Ocean's energy  
To give me the courage needed in high seas,  
When shelter is hard to find.  
With renewed hope in my heart  
I leave my shore of solace  
To journey inland once again.

Poems from *The Journey Home* - A collection of artwork and poetry embracing the theme of recovery from severe Depression by **Lorraine Nicholson**

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

#### About Us

DAS is the only national Scottish charity dedicated to improving the diagnosis and treatment of Depression, challenging the stigma associated with the illness and offering information and support to those affected by, and working with, Depression.

#### Support Us

DAS answers thousands of calls, emails and letters every year, supports and develops self-help groups around the country and speaks with a strong voice at all levels for improved care and treatment for people affected by Depression. We do all of this with only partial funding from the Scottish Government. Each supporter giving regularly at the rate of £5 per month - that's just 16p per day - helps us keep our vital services going and, just as importantly, plan for the future. Together, with a shared voice, we can make a real and lasting difference for people affected by Depression. Please contact us for a standing order mandate or make a donation online at [www.dascot.org/donate.html](http://www.dascot.org/donate.html).

#### Contact Us

Depression Alliance Scotland  
3 Grosvenor Gardens  
Edinburgh  
EH12 5JU  
Tel.: 0131 467 3050 or 0845 123 23 20  
Fax: 0131 467 7701  
Email: [info@dascot.org](mailto:info@dascot.org)  
[www.dascot.org](http://www.dascot.org)

#### Funders

DAS would like to thank all of its funders, whose financial support is greatly appreciated. DAS receives financial support from the Scottish Government Department of Health, Charitable Trust Funding, Greater Glasgow and Clyde Health Board, NHS Lothian and donations from individuals. Particular thanks to the Barcapel Foundation for their ongoing support of our work with Young Adults. Depression Alliance Scotland is a company limited by guarantee. Registered Office at above address. Registered Company No. 255656. Registered Charity No. SC 034740

#### Editor

Ilena Day

#### Contributors to this Issue

Ilena Day, Trish Crawford, Kirsten Thomlinson, Ruth Lang, Seamus Kealey, Lorraine Nicholson

#### Design and Production

Deirdre Rusling & Trish Crawford

#### Supported and Printed by



**Working with the Community®**

Depression Alliance Scotland © 2008