



# National Depression Week Issue

## Online Support

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



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## News from DAS

### Scottish National Depression Week 2008

18th - 23rd June



Welcome to the 2008 National Depression Week issue of the newsletter. Keep an eye out for us in the news during the week.

National Depression Week this year sees the launch of our new website: [www.lookokfeelcrap.org](http://www.lookokfeelcrap.org). You can find out more about the site and our **Look OK... Feel Crap?** campaign on page 9.

### Great Scottish Walk

A final shout out to anyone who fancies doing the Great Scottish Walk for DAS. The walk in Edinburgh is on Sunday 22 June, and it's not too late to enter. Visit [www.greatscottishwalk.com](http://www.greatscottishwalk.com) or contact us for more information. Our contact details are on the back page of the newsletter.

### What 'journey' do you follow with Depression?

An Integrated Care Pathway, or ICP, looks at the journey of care that people follow through various illnesses, including Depression. Local Health Boards will be working with local service providers, patients and carers in the next year to consider what this journey is.



This will involve looking at the way in which people are assessed and diagnosed as having Depression and the services in the local area. Each patient will have his or her own particular journey on the road to recovery. Care and treatments offered should be decided after an individual holistic assessment of each patient or service user, and consideration of his/her whole needs, which might include referral to guided self-help or specific agencies that can help with issues affecting their Depression.

National standards, against which each local area will formulate their ICP for a given illness, were launched in December by NHS Quality Improvement Service. DAS was part of the group working on the national standards for Depression. While local areas will measure their own ICPs against these standards, they will also take into account the services available locally and the way the current processes work. Many local areas are keen to involve patients, carers and voluntary organisations in this work.

If you are wondering what is happening in your area, or are interested in whether you can become part of a group setting up your local ICP in Depression, you may wish to contact: Joyce Mouriki, Senior Public Partnership Officer, NHS Quality Improvement Scotland, Glasgow Office, Delta House 50 West Nile Street Glasgow G1 2NP Tel: 0141 225 5565 [joyce.mouriki@nhs.net](mailto:joyce.mouriki@nhs.net).

### Disclaimer

Views expressed in this newsletter are those of the contributors and do not necessarily reflect the views of Depression Alliance Scotland.

## Self-Help Support Groups Update

Groups currently running:

1. Dundee (Monday evenings)
2. Edinburgh (Tuesday evenings)
3. Edinburgh (Wednesday evenings)
4. Glasgow (Maryhill, Monday evenings)
5. Glasgow (City Centre, Tuesday evenings)
6. Inverness (Wednesday evenings)

For all enquiries, please contact the office on 0845 123 23 20\* or email [groups@dascot.org](mailto:groups@dascot.org). You can also find more information about our groups at [www.dascot.org/groupslist.html](http://www.dascot.org/groupslist.html).



## Dear Doctor



**Dear Doctor,**  
**I have read that having Depression might make those affected more at risk of certain physical illnesses, such as Diabetes and Heart Disease. I'm worried about my physical health, yet I feel it might be difficult to ask my doctor,**

**as I always visit about Depression and he doesn't seem interested in my physical health worries.**

**Robert**

Dear Robert

Thank you for your letter, which raises an important issue regarding whether having Depression increases the risk of other illnesses, particularly Heart Disease and Diabetes.

In recent years, we have become more aware of how big a part lifestyle plays in many illnesses. The strong links between smoking and lung cancer and between alcohol intake and liver disease are well established, but now we also know that factors such as diet, obesity, lack of exercise and stress can play a significant part in a wide range of conditions.

Anybody who has suffered from Depression will be aware of how it can affect all aspects of your life: appetite, diet, weight, energy, exercise, sleep, alcohol and cigarette consumption may all change, along with deterioration in mood. And, of course, occupational and relationship problems may well be present and will certainly increase stress.

It is not surprising, then, that people suffering from Depression will generally be more at risk of illnesses, such as Heart Disease and Diabetes, that are significantly influenced by lifestyle. Media interest in this area has been stimulated by recent research in Canada. One study looked at 800 patients with known Heart Disease, and found that those who also suffered from Major Depression or Anxiety Disorder were twice as likely to have a heart attack over the following two years, compared with those with known Heart Disease who did not

suffer from Major Depression or Anxiety Disorder.

Another study looked at more than 30,000 patients and found that younger patients with Type 2 Diabetes (Type 2 Diabetes tends to be associated with obesity, whereas Type 1 Diabetes is caused by failure of the pancreas to produce sufficient insulin) were 30% more likely to have suffered from Depression in comparison with patients who did not have Type 2 Diabetes.

You mention that your doctor 'doesn't seem interested in my physical health worries'. The majority of patients with Depression will also suffer, to a greater or lesser extent, from Anxiety. Often there is anxiety about health matters and GPs may well wish to take a reassuring line, rather than rushing to investigate every symptom that is presented. In these circumstances, it can easily seem to the patient that the doctor is not interested. It is also true that the GP has to be very careful not to assume that symptoms are due to anxiety. Even the most anxious patient can develop serious physical pathology. Indeed, as discussed above, they are at increased risk of doing so.

I would suggest that a good approach to your GP might be to mention that you have read that, as a sufferer of Depression, you may be more at risk of Heart Disease and Diabetes and that, consequently, you would welcome advice on what lifestyle changes you can make to reduce your risk factors. This may shift the consultation away from mental health issues and allow you to mention any symptoms that are concerning you.

Yours sincerely  
Gerry McPartlin

If you are affected by this issue you may be interested to read about the Living Better project for people with long term health conditions and Depression on page 4

Do you have a question you would like to ask the doctor? Write to Dear Doctor, DAS, 3 Grosvenor Gardens Edinburgh EH12 5JU or email [deardocor@dascot.org](mailto:deardocor@dascot.org)



## Q and A:

### Living Better, Improving the Mental Health of People with Long Term Conditions



**D**epression Alliance Scotland is a partner in a new pilot project, *Living Better, Improving the Mental Health of People with Long Term Conditions*, which will be looking at ways that Depression and Anxiety can be tackled in people with Heart Disease and Diabetes. The project is led by the Royal College of General Practitioners Scotland, the Scottish Development Centre for Mental Health and the University of Stirling. Amy Woodhouse has responsibility for managing the project on a day-to-day basis and she told us more about it.

#### Why this project?

Physical health and mental health are often split and treated as separate entities. This project will bring them together in a holistic way. The Long Term Conditions Alliance consulted with patient groups and the feedback received showed clearly that mental health is an area where they don't get help. It was decided to focus on people with Heart Disease and Diabetes, because there is quite a bit of research showing that people affected by these conditions also have undiagnosed mental health issues. Around 30% of people with Heart Disease and Diabetes will also have Depression and Anxiety.

#### How will the project work?

We will be working with Community Health

Partnerships (CHPs) in six parts of Scotland. At the time we spoke to Amy the areas had not been chosen yet, but she told us they will be a mixture of urban and rural areas and will definitely include areas of higher levels of deprivation. In each area, we will focus on two GP practices. The idea is to look at what happens currently, what patient needs are and come up with a plan of action to improve support. We will then work with the practices and the CHP to make changes and implement them. Our work may include, for example, training on mental health for non mental health workers and training in how to look after your mental health. We will be drawing on expertise from our partners in the project; DAS, Diabetes UK and the British Heart Foundation.

The project will use a Stepped Care approach. This provides different levels of support depending on needs. For example, people with lower levels of Depression may be introduced to self-help, given exercise referrals and bibliotherapy, while people who are more Depressed may receive Cognitive Behavioural Therapy and psychological support. The project will be led by priorities set by local areas.

#### What resources will the GP practices get?

The GP practices involved in the project will get time, training and partnership, but not additional



funding. However, this will enable them to continue the good work without having to put in extra funding themselves once the pilots are over. It's about getting what's already there working better and getting services to talk to each other, including the voluntary sector. Often statutory services don't know what voluntary sector services are available in their area and which are suitable for referral.

## What is the timescale?

The project started in January this year and will run until December 2010. The first pilots started in May, the next two will start in July and the rest in October.

## What about areas not included in the project?

We are interested in the learning from this project and how it can be taken on board by other areas. Even though there are only six pilot sites, we will be able to disseminate learning throughout Scotland. The project contributes towards the Scottish Government's Delivering for Mental Health commitment 3 (part of which is to develop treatment models for those who have Depression and Anxiety and who have Coronary Heart Disease and/or Diabetes), so we hope that learning from Living Better will be rolled out to the rest of Scotland.

## Does treating Depression improve the prognosis for long-term conditions such as Heart Disease or Diabetes?

Evidence varies on whether treating Depression improves the prognosis for long term conditions. It depends on the treatment method that the research looks at. For example, older-style tricyclic antidepressants have a negative impact on heart disease, while more modern SSRI antidepressants are more positive. There is evidence that psychological therapies may be beneficial. One of the areas that Living Better will be looking at is exercise, which, research has shown, is beneficial for both physical and mental health. However, patient choice is important, so we won't be recommending one particular intervention.

**Our Dear Doctor question in this newsletter is about recent publicity around research that**

**shows that people with Depression are more vulnerable to long-term health conditions, such as Heart Disease and Diabetes. Will this project have an effect on this?**

The project is about taking a holistic approach to treating people and ensuring that physical and mental health are looked at together. It is not easy to separate mental and physical health. For example, the signs and symptoms of heart palpitations or low blood sugar can be similar to symptoms of anxiety. What the person is treated for can depend on the focus of the doctor.

The links between the long-term health condition and the poor mental health are not always clear. It could be that the stress of living with a long term condition leads to poor mental health or the other way round. In some cases, the mental health condition may be entirely separate from the long term health condition.

“ This is an exciting project and a great opportunity ”

**Do you foresee any problems getting either GPs or patients to engage with the service?**

Stigma will be inevitably raised as an issue that might affect patients and staff. There will be a need to do awareness raising and confidence building for those staff who are not used to working with mental health. At the same time, the project covers an issue that people want to look at and see as important. They are convinced by its relevance. There is a process of change going on in Scotland as a whole. People are being more open about mental health and more able to talk about it, and hopefully this project will be part of that.

This is an exciting project and a great opportunity to look at an area which hasn't had much attention in Scotland, and to spark off connections which benefit people and see them as whole beings, not just physical beings or just mental beings.

If you would like to know more about the project, contact Amy Woodhouse at: [amy@sdcmh.org.uk](mailto:amy@sdcmh.org.uk). For advice about speaking to your doctor about physical health concerns see Dear Doctor this issue on Page 3.



## Getting Support Online – the Good, the Bad and the Ugly



As the Internet has become more widely available, it has radically changed how people get information and support for Depression. It is now possible to find all the information you want about the condition, and more, online, as well as get support and even receive therapy online. To celebrate the launch of our new website aimed at young adults, [www.lookokfeelcrap.org.uk](http://www.lookokfeelcrap.org.uk), we look at some ways the Internet can be used as a support for Depression and the downsides of this type of support.

### The good

There is a growing research base that suggests that Cognitive Behavioural Therapy (CBT) administered over the internet, reading information materials about Depression online and participating in discussion forums can all have a positive impact on Depression. Hester Parr, of Dundee University, did some research into the impact of the internet on people with mental health conditions. The research isn't published yet, but she shared it with us. In it, she points out that the 'democratisation' of medical information on the internet has empowered individuals to understand more about particular health conditions. This empowerment has changed traditional relationships between health professionals and patients. People can research their condition online and also participate in chat rooms, email lists, forums and social networking sites based around their condition. Voluntary organisations can be influential in shaping medical

and other understandings of a condition or treatment, as well as in facilitating 'patient talk' around the issues. This can be especially important for mental health, where, while it may be seen to be stigmatising to seek offline support, the support online can be sought anonymously.<sup>1</sup>

Catherine Eadie has run Mental Health in the UK ([www.zoo.pwp.blueyonder.co.uk](http://www.zoo.pwp.blueyonder.co.uk)) – a user-led site with information about mental health, a support forum and chat room – from her Edinburgh home for ten years. She told us: 'I started the site in the throes of my mental health difficulties... Around that time, forums were more international and many were based in America. I tapped into the UK/Scotland need. At the time, voluntary organisations in the UK didn't have the resources to provide and moderate forums. I had the time to do it.' She explained that the benefits to an individual using her site include: 'the ability to identify that your feelings and symptoms can be similar to what other people feel; there is a real community spirit in the forum and it is open 24 hours, so if you are having a bad night you can still post and get responses; and that people who can't get out because of agoraphobia or severe anxiety can still meet people and communicate online'.

'You can share coping strategies and gain a new understanding of yourself and others – I became far more open minded – and when someone is struggling – everyone on the site offers support – posting over the net anonymously releases something' (A participant in another mental health forum explaining the benefits to Hester Parr).<sup>2</sup>

Catherine also told us that she has personally gained a lot from running the site. This includes a greater understanding of the effect that Mental Health has on people. She has gained an awareness of the scope of mental health problems and how much is linked to society, upbringing, housing and family. She has made many friends, some of whom have been involved from the beginning and have taken over the moderation of the forum.



Another growing area is that of online therapy. DAS is a partner in Living Life to the Full [www.livinglifetothefull.com](http://www.livinglifetothefull.com), a free site which offers a cognitive behavioural approach. There are a number of other sites available, including the Australian sites Mood Gym (<http://moodgym.anu.edu.au>) and E-Couch (<http://www.ecouch.anu.edu.au>). Sites like these are backed by research into their efficacy, although there is some evidence that a lot of participants may drop out.<sup>3</sup>

At present, research is being carried out by Glasgow University, in association with DAS and the National Phobics Society, into whether support from a worker may help people use the Living Life to the Full website. We'll let you know when the results are published.

Last year, the Glasgow University researchers asked visitors to our website, [www.dascot.org](http://www.dascot.org), what sort of help and support they would like to use internet sites. Although many respondents said they were happy to use the site without help, they were also open to various types of support, such as help from a DAS worker in using the site. Issues of confidentiality were seen to be the main barriers to using such sites. This research can be viewed on our website: [www.dascot.org/OnlineSupportReport.html](http://www.dascot.org/OnlineSupportReport.html).

## The bad

It is important to be aware of safety online. Don't give out your name and contact details to strangers. It is easy to set up an anonymous email address, using online providers such as Google, Yahoo! and Hotmail. Take time to build up trust; Catherine cautions that on-line friendships should take longer to build than offline ones. Too often, people trust too quickly online, especially when feeling distressed. The anonymity online can be a blessing, but it can mean that you are drawn into something you don't want to be involved in. There are a lot of desperate people online and it can become easy to feel you've got to help everyone. Setting boundaries is important.

Catherine also made the point that 'while the

Internet is a great tool, it should be used along with services in the community. A great number of people just use it as an alternative, particularly younger people. It... can become counter-productive if all the talking you do is online'. It is important to have a balance.

Be aware of the accuracy of the information provided on websites. Ask who is funding the site. Parr points out that the search for health-related information can be 'confusing, risky and ambivalent, as well as empowering for Internet users. The pharmaceutical industry may gain influence in discussion forums in covert ways, for example'. One site we found claims that they will cure your Depression in three minutes. While this offer is extremely tempting, realistically it is unlikely to do anything much more than line the webmaster's pocket.

## The Ugly

Not everyone is who they seem to be online and there are people who will take advantage of vulnerable people. For example, Catherine told us about how unscrupulous people had led members of her forum to believe that someone had done something to themselves, which was very distressing for everyone, only to find out that the person had made it up to deliberately upset people.

Then there are websites which are definitely not helpful. Recent research found that people searching the web for information on suicide are more likely to find sites encouraging the act than offering support.<sup>4</sup> These pro-suicide sites can exert a deadly pull to those in the depths of Depression, as they seem to be the only places that truly understand the morbid feelings that accompany the illness at its worst. While, when severely Depressed, it can seem logical that suicide is the best course of action, both for yourself and those around you, it is important to hold on to the fact that these feelings will pass once the Depression eases. Pro-suicide sites may perpetuate the hopelessness that leads a person with Depression to see suicide as the answer and encourage people to act on suicidal feelings rather than seek recovery. As Papyrus, the charity for the prevention



of young suicide, puts it: 'The solutions offered by these sites is a final one, there is no way back!'<sup>5</sup>

### To Conclude...

This is a huge subject and we can only touch on some of the issues in an article of this length. The internet is a marvellous resource with many rewarding ways of getting information and support, and research shows that a lot of these options can help your depressive symptoms. Look for the many avenues of support online which are positive and fulfilling, and use the Internet as one tool in your toolbox for recovery from Depression, not the only tool. As in the offline world, not everything or everyone is helpful, so use your common sense and take your time. If you are involved in online forums or social networking sites, these can be a great support, but let friendship and trust build slowly, just as it would offline. Oh, and while you're online, don't forget to visit our new site [www.lookokfeelcrap.org](http://www.lookokfeelcrap.org) and our main site [www.dascot.org](http://www.dascot.org).

### Further Information

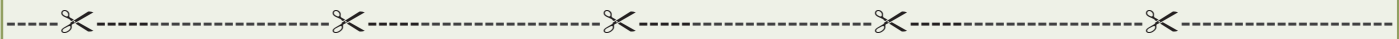
- Mental Health in the UK: [www.zoo.pwp.blueyonder.co.uk](http://www.zoo.pwp.blueyonder.co.uk)
- Living Life to the Full (free online CBT) [www.livinglifetothefull.com](http://www.livinglifetothefull.com)
- Online Support Research [www.dascot.org/OnlineSupportReport.html](http://www.dascot.org/OnlineSupportReport.html)
- Papyrus – the charity for the prevention of young suicides [www.papyrus-uk.org](http://www.papyrus-uk.org)

### References

1. Parr H *Mental Health and Social Space: Geographies of Inclusion* (Blackwell, 2008).
2. quoted by Parr ibid
3. according to research quoted by Parr ibid
4. *Fears Over Pro-Suicide Websites* BBC 11/04/08 <http://news.bbc.co.uk/1/hi/health/7341024.stm>
5. *ACTion for Safety on the Internet – the prevention of young suicide* Papyrus (available on their website [www.papyrus-uk.org](http://www.papyrus-uk.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 [www.dascot.org/support/supporters/](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:

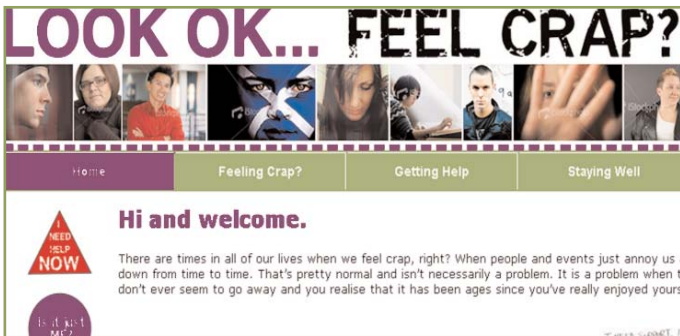
£5  £10  £20  £50  Other Amount \_\_\_\_\_

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

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



## Logging on to LOOK OK... FEEL CRAP?



- providing information to people experiencing Depression, and their friends and families
- encouraging people to share personal stories of their experience
- gauging opinion on topical issues through polls
- sign-posting people onto local and national support agencies.

I wonder as I sit here, how many of you are reading this online and how many in paper format? Since the launch of the **Look OK...Feel Crap?** campaign 12 months ago, increasing numbers of people are visiting our website looking for information and support for low mood and depression. Some 151% more in fact, so in response to my question above, it would be a good guess that a fair few of you are online right now.

Our response to that statistic is the website [www.lookokfeelcrap.org](http://www.lookokfeelcrap.org) – a dedicated campaign site about low mood and Depression in young adults, going live on 18 June! While we knew that general web usage among young adults was high, the web-stats suggest that this can be even more evident among people with Depression, who can be so isolated and withdrawn that they feel unable to use our traditional services by ringing the helpline or attending a support group. Our aim with the website is to start bridging that gap and to move towards an online service that encourages and supports people, similar to what we offer by telephone:

The website also marks another important step for DAS. The **Look OK...Feel Crap?** campaign started as a pilot project in Edinburgh and Lothian, giving us the opportunity to test out the most effective ways of running a campaign targeting young adults. It's been a real success: we've had a huge response from bus advertising and have lobbied at Parliament level to get a motion in support of the campaign. At last count, 37 MSPs had signed up in support of the work we are doing with the campaign! Nae bad. But Depression is not just a local problem, and we are now looking to spread the campaign into different parts of Scotland. The website is the first step towards doing this, and will allow us to reach a much larger group of people in need than we can ever achieve face-to-face. Once the website is up and running, we will then look to see how we can move other aspects of the campaign around Scotland – a whole Scottish bus fleet with the **Look OK...Feel Crap?** campaign perhaps?!

It's an exciting time, so check out the website, and if you want to contribute anything or you have any comments, then please let us know.

### 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).



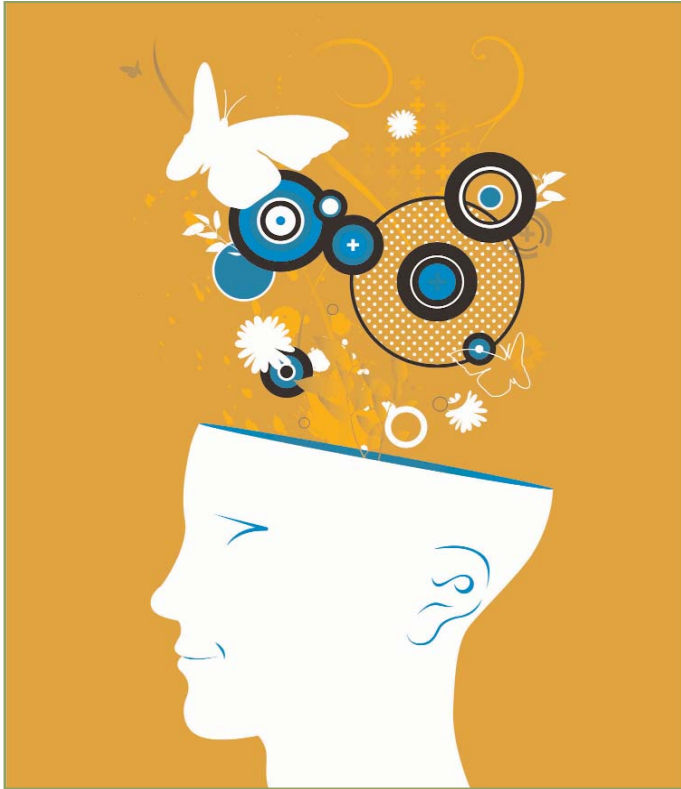
### Contribute to the Newsletter!

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).



## Challenging Perspectives – a Journey Through Depression

By Barry Smith



**In the second part of his journey, Barry looks at the tricky question of why we suffer from Depression.**

In my last article (Issue 4 2007), I described how Western medicine treats physical and mental health as separate entities. I described how this tradition of ignoring the co-dependent relationship between physical and emotional health contributes to a public ignorance of psychophysical illnesses in general and Depression in particular.

It's a complicated business, this Depression. I sometimes feel one has to have suffered from it to understand what it feels like. It is even difficult for a person who has recovered from a bout of Depression to look back and make sense of how crushingly despondent they felt. That's one of the reasons why it is so impressive when someone – be it a medical practitioner, a family member, a friend or a total stranger – is able to empathise with a person suffering from Depression who themselves are so confused by the condition. One of the common responses is 'why?' – 'why has it

happened to me?'; 'why can't I be like everybody else and get on with things?'; 'how come he can live with stress when I know I would just cave in?'; 'how come her response is always so positive when my first thoughts are of problems and failure?'

The question of why some people suffer from Depression and others do not is a tricky one, but it seems important to understand the source of an illness. It is the first step in rehabilitation, the first step in trying to take control of one's life again. Perhaps the simplest explanation of Depression focuses on one tiny part of our enormously complex brain suffering a malfunction and, as in other organs where there is a problem, the challenge is to identify it and apply appropriate intervention. For example, if the efficient uptake of noradrenalin and serotonin through neurotransmitters is a vital factor in enabling one to feel 'normally happy', then an appropriate treatment when symptoms suggest this chemical process is not happening might be through antidepressant drugs, formulated to adjust the chemical imbalance. This is a comfortable solution, as it characterises Depression as a 'physical', as much as a 'mental', illness: the brain is treated as if it were any other organ – there is a bit of it that is not working properly, so treat it with appropriate medication. The significance of this approach is represented by Dr Chris Manning:

'I have personally taken an antidepressant continuously now for 18 years... and give no more thought to the matter than if I had diabetes and needed insulin. It is time for those who need medicines in the medium to longer term to be able to get on with it without the continued soul-searching correctness and challenges of others'.<sup>1</sup>

However, in characterising Depression as a 'neurological problem', one is describing what may be happening rather than providing a true explanation that demands we ask why the brain may be behaving in this deficient way. What happens in the brain may be an effect of the



Depression rather than a cause. Further explanation may indeed be unnecessary if drug therapy was universally safe and successful. But it is not; and no single form of treatment will work for everyone with Depression. Even some of the supposedly more sophisticated SSRI drugs, which are considered to have fewer side effects, have come under critical professional and public scrutiny, especially in the treatment of under-18s. And it is salutary to note that a Scottish survey of the effectiveness of psychiatric drugs found that only 53.8% of respondents rated SSRIs as 'helpful', while 28.5% found them actually 'unhelpful'.<sup>2</sup>

Another difficult question is whether the chemical imbalance in the brain is a genetically inherited part of one's 'neurological personality', or whether it is temporarily triggered by how we respond to life experiences. Evidence suggests there is a weak genetic link, which is stronger in bipolar disorder. This genetic link is likely to be reinforced if one is brought up in a family environment where one or both parents suffer from Depression, suggesting that life experience or – and this is a significant distinction – how one learns to respond to life experience, is a key factor.

Many parts of the world are better off materially than at any time in history. Much of the so-called 'developed world' does not experience the abject poverty and the mean, brutish and short life expectancy of not much more than a century ago. However, as our material needs are better met, so we have to face the emotional challenges of a rapidly changing world. We confront the breakdown of community, the weakening of emotionally supportive relationships, the loss of

belief and faith in institutions like the church, the cult of celebrity and associated peer pressure, excessively negative media reportage and unstable employment patterns. There has never been a Golden Age and all the modern achievement exacts its own forms of existential angst.

If some people are able to respond to these challenges of modern living satisfactorily, while a significant minority suffer from Depression, then perhaps it is not the condition of our society itself which causes Depression. Rather, it is how we have adapted, learned and been socialised into responding to it. Over a long period of time, one may fall prey to a remorseless negativity without even realising it. Associated stress and anxiety will deplete supplies of 'feel good' chemicals, like serotonin and noradrenalin, and Depression creeps up on us or we become particularly vulnerable to the effects of an unexpected personal tragedy.

So-called talk therapies aim to change entrenched attitude and behaviour patterns and habituated negative responses, of which we may not even be aware. Reviewing some of these non-pharmacological approaches to the treatment of Depression will be the subject of my next article.

## References

1. Cited in *A Single Step* (The magazine for members of Depression Alliance in England) Issue 5, May 2003, p.19.
2. The Scottish Association for Mental Health (SAMH) *All you need to know? – A Scottish survey of people's experience of psychiatric drugs* Glasgow 2004. Available on the SAMH website [www.samh.org.uk](http://www.samh.org.uk) or call 0141 568 7000

## The DAS Information Line 0845 123 23 20\*

Support and information on Depression for individuals, their families and friends, and professionals. Open 10am to 2pm weekdays, closed Wednesday. \* Calls to 0845 numbers made from BT landlines will be charged at up to 4p per minute. A call set-up fee of 6p per call applies to calls from BT residential lines. Mobile and other providers' charges may vary. Call 0131 467 3050 if you'd rather use a geographic number.



## Poetry Corner

### If – Rudyard Kipling had been a Depressive

If you can lose your head when your mind  
Is losing it and blaming it on you,  
If you can trust yourself when Depression doubts you,  
But make allowances for the illness too,  
If you can wait and not be tired by waiting  
For appointments that don't materialise,  
Or, feeling hated, don't give way to hating,  
And still see the good and not be paranoid.

If you can dream – and not make dreams your nightmares,  
If you can think – and not make thoughts your pain;  
If you can meet with chaos and disaster  
And carry on as if you are quite sane;  
If you can bear to hear the truth you've told  
Changed by nurses to show your errant ways,  
Or let the story of your life unfold,  
And so admit you've spoilt so many days.

If you can make one heap of all your tablets  
And bin them and not even give a toss,  
And lose, and start again at the beginning  
And never tell the Doctor of your loss;  
If you can force your heart and nerve and sinew  
To wait for the bus and make yourself get on,  
And so hold on when there is nothing in you  
But the driver's voice shouting 'Hey – hold on!'

If you can walk with crowds and yet not panic,  
Or walk alone – but never feel the fear,  
If you can keep your friends when you are manic  
Because these friends believe you are so dear  
If you can fill the unforgiving minute  
With sixty seconds thinking what you ought, t',  
Yours is the Earth and everything that's in it,  
And – which is more – you'll be Sane my daughter.

By Helen Quinlan



[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

We only receive partial funding from the Scottish Government for our work. 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

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\*Calls to 0845 numbers made from BT landlines will be charged at up to 4p per minute. A call set-up fee of 6p per call applies to calls from BT residential lines. Mobile and other providers' charges may vary

#### 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, supporter subscriptions and donations from individuals.

Depression Alliance Scotland is a company limited by guarantee.

Registered Office at above address.

Registered Company No. 255656.

Registered Charity No. SC 034740

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