Depression Alliance Scotland Newsletter

Issue 4

CONTENTS

2-3 News from DAS

4-5 A Journey Through Depression

5-6 Dear Doctor

7-10 Thinking About Cognitive Behaviour Therapy

11 DAS Annual Conference for Volunteers and Group Members

12 Book Review

News from DAS

Happy New Year!
We hope 2008 brings you peace and good health. The short days of winter can sometimes exacerbate low mood. If your depression feels worse in the winter, you may have seasonal affective disorder (SAD) which is caused by lack of light in the autumn and winter months. If you would like more information about SAD, please contact us on 0845 123 23 20*, email **info@dascot.org** or visit **www.dascot.org/sad.html**.

Living Life to the Full DVD now available
A DVD course is now available to help you use the basic concepts of CBT self-help, to improve how you feel and manage your mood. The self-help system in the DVD has worked for many people with low mood and depression. Give it a try and it could help you to 'Live Life to the Full!' The course is written by Dr Chris Williams, who has also contributed to our Cognitive Behaviour Therapy feature this month. The DVD was compiled by Dr Chris Williams in partnership with DAS. For more information, please contact Anna Wood at the START project, on 0141 211 3889 or email: **admin@livinglifetothefull.com**. It is also available online at **www.livinglifetothefull.com**.

The Inverness Self-Help Support Group has Moved to a New Venue
This group is now based at The Highland Hospice, Netley Education Centre, 1 Bishops Road, Inverness. We are running a number of open days in Inverness, so if you want to find out more about what support we can offer, or about the groups, come along to an open day and chat with us, in confidence.

For more information about all the DAS self-help support groups and the open days, contact Mel at **groups@dascot.org**; groups information also available on our website, **www.dascot.org** or phone 0845 123 23 20*.

Online self-help sites are useful, say DAS supporters and visitors to our website
150 people filled in a questionnaire asking for their views on the efficacy of online support. 85% of respondents thought that online self-help would be useful in treating their depression. 63% thought it would be useful to have support to use the sites. Support from trained workers was deemed more useful than support from other site users. Discussion forums/chat rooms were also popular. The report is available to download on our website at **www.dascot.org/OnlineSupportAbstract.html**.

Recovering Mental Health In Scotland
If you are interested in learning more about recovery from mental health problems, then come along to a free half-day event in an area near you.

In 2005, the Scottish Recovery Network (SRN) asked people about their experiences of recovery from long-term mental health problems. The information gathered was used as part of one of the biggest research studies of its kind ever undertaken.

Now that they have analysed the information and reported the findings, they are returning to all of the towns and cities where they gathered the information to let people know what they found. They launched the findings report in Glasgow in October, during World Mental Health week, and since then have visited Dumfries and Dundee. They will also be visiting:

Inverness	23 January 2008
Aberdeen	29 February 2008
Edinburgh	19 March 2008

These events are open to all people with an interest in recovery from long-term mental health problems. To book a place call 0141 240 7790 or email **info@scottishrecovery.net** (Booking is required for these events).

For more information about the Scottish Recovery Network visit **www.scottishrecovery.net**.

Sponsored Walk for Depression Alliance Scotland - Forsinard to Altnabreac, 9 May 2008
DAS supporter Caledonia McFarlane will be doing this walk to raise money for DAS. She says:

'Altnabreac in Caithness on the Far North Line to Thurso and Wick is said to be the loneliest railway halt in the UK. A 14 mile walking route along Forestry Commission tracks connects it to the neighbouring station of Forsinard in Sutherland.

Depression Alliance Scotland Newsletter

Issue 4

News from DAS

On 9 May 2008, I intend to walk this walk, starting at Forsinard, as a sponsored event, both to raise money for Depression Alliance Scotland and to promote awareness of the isolation faced by those with mental health problems, even in this day and age.

I shall be based at the Forsinard Hotel, where Kim Leonard has most helpfully provided valuable advice and local knowledge; she has also agreed to me phoning the hotel at regular intervals on the walk as an extra safety assurance. I expect the walk to take up to five hours including a break, but shall allow six to ensure that I catch the train back from Altnabreac.

Lon a bhaird © John A Butler, reproduced with permission

Altnabreac station © John A Butler, reproduced with permission.

The idea for the walk came to me as I travelled on the Far North Line in summer 2007 and subsequently looked up the route on the Internet. I am immensely grateful to John Butler for his informative site www.jbutler.org.uk, on which I found the walking route.'

Please support Caledonia in this event. If you would like to sponsor her to help her raise funds for the work of DAS, you can do so online at https://dascot.workwithus.org/caledonia.

Shared Voices

what if there was no one to turn to?

what if there was no one to talk to?

what if we weren't here?

Making a difference for people with depression

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 government funding.

By donating to DAS, you can add your voice to ours, until it's so loud that everyone knows the truth about depression:

- Depression affects one in five people in Scotland at some point in their life.
- Depression is the single most common reason for visits to a GP. More than 300,000 people in Scotland visited their GP last year because of depression.
- This is just the beginning – it is estimated that 75% of cases of depression are not recognised or treated.

How you can get involved

- By giving us a regular donation at the rate of £5 per month (that's just 16 pence per day), you can help us to keep our vital services going and, just as importantly, plan for the future. To make your voice count, please contact us for a Shared Voices standing order mandate.
- You could join us as a supporter. Becoming an individual supporter costs: £10.00 per year (waged); £5.00 per year (concessions); £20.00 per year (families). Visit www.dascot.org/supporter.html for more information or contact us on 0845 123 23 20*.

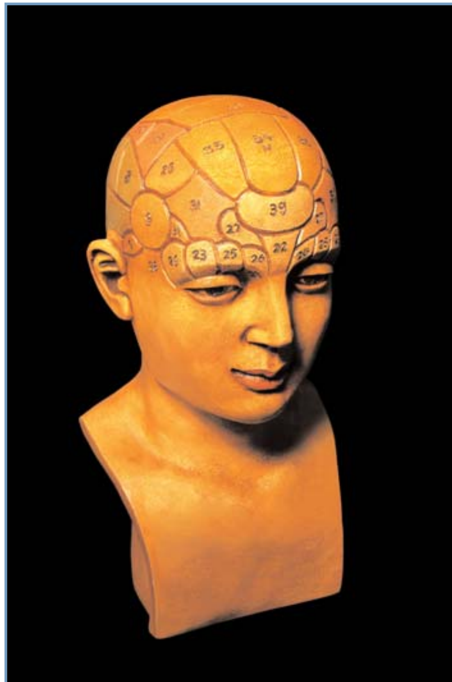
Together, with a shared voice, we can make a real and lasting difference for people affected by depression. If you would rather make a single donation, you can donate online at www.dascot.org/donate.html or contact us on 0845 123 23 20*.

Challenging Perspectives – A Journey through Depression

by Barry Smith

This is the first in an occasional series of articles for the newsletter. In this article, I trace my misgivings about mental health and its implications for people with Depression. I hope I do not paint a bleak picture – rest assured articles later in the series will be sunnier!

Depression is lumped together with a range of human conditions we call 'mental illness'. To describe a condition as 'a physical health problem' does not make sense, but there are established misconceptions of what a 'mental health' condition implies. Within the loose-fitting medical category of 'mental illness', the public have been misinformed, so that the first response is fear before care. To have something amiss with one's heart will likely evoke sympathy and concern, but to be amiss in one's head is likely to evoke antipathy and anxiety. Even today our government reinforces the stigma of mental health by creating policies geared more to controlling a perceived threat to society, rather than to creating resources for treatment.



Our state of ignorance about mental health derives also from the relative youthfulness of psychology and psychiatry. Likewise, of the 50 or more non-pharmacological treatments for Depression alone, most are of recent origin. Until recently, it could be argued that any intervention had a distinct 'hit or miss' quality to it.

So our understanding of how the mind works has some catching up to do! But progress will not be made whilst we continue to make erroneous distinctions between body and mind, a dichotomy which is further muddled by the medical profession choosing to marginalise treatment of the whole person in favour of treating his or her parts. And in this process, the mental receives short shrift. GPs, who are usually the first port of call for people who are subsequently diagnosed with Depression, receive scant training in mental health and even less in Depression. My GP is a good man. I like him. He admits that only ten percent of his training was concerned with 'mental health matters'. I believe this is wrong for two significant reasons.

Firstly, the mental and physical dimensions of the human being are inextricably linked and need to be treated as such. As I write this article, I can affect my heart rate (a 'physical' function) just by thinking about something exciting (a 'mental' function). Likewise, I know from experience I will feel mentally more alert, and indeed happier, if I do physical exercise once a day. There is firm evidence that the choices one makes in life concerning working behaviour, relationships, diet, level of exercise etc all have a significant effect on the many dimensions of health, and that the physical and mental elements of health cannot be separated.

The second reason is the number of people reporting to doctors' surgeries with symptoms of Depression, stress, anxiety and related conditions. I have anecdotal evidence that this figure could represent 35% of surgery visits and I suspect there is a psychological component in more than 50% of cases. The World Health Organisation estimates that Depression will be second only to heart disease as a cause of injury and disease by 2020. Research also shows that the population born since 1945 has seen Depression increase nearly ten-fold since their grandparents' time. [1]

1. Cited in Griffin J and Tyrell I *Breaking the Cycle of Depression* (2002) European Studies Institute

Also, it seems to me that the term Depression is hugely misunderstood. In an abuse of its true meaning, the term has been adopted in common parlance as signifying a kind of mild lowering of the spirits, often brought about by circumstances beyond our control. So the weather can be 'all a bit depressing', and waking up at dawn at a packed airport during a long delay can leave one 'feeling depressed'. It is not surprising that the public perception is about a disappointment, sadness or frustration which causes a degree of ephemeral unhappiness. I sympathise with people in those situations, I have been there myself, but that is not Depression.

Depression is an illness which, at best, leaves you feeling sad, anxious, lost and dispirited. I liken it to living as if in the aftermath of tragic news about family and friends, when in fact there has been no tragedy. Already feeling guilty because 'everybody else' seems to be coping in more stressful situations than oneself, you are told that everybody feels depressed now and then and to snap out of it. This makes you feel like a self-pitying malingerer and worse. At its worst, Depression makes you feel overwhelmed with despondency and despair. Unable to cope with even the basic routines of life, you are held in the deadly grasp of a malignant melancholy in a dark place, from which there seems to be no exit.

But there is a way out from this place and people recover from the deepest depths of Depression to lead happy lives. How this is achieved is the theme that will run through my next articles.

Barry Smith is a member of the DAS Expert User Advisory Group.

Dear Doctor – Antidepressants and weight gain

Dear Doctor

I have been on a particular antidepressant (Mirtazapine) for a year and it has worked reasonably well. It is better than any other that I have tried anyway. However, since I have been on the antidepressant, I have put on more than 3 stone and have gone from being a healthy weight to overweight. I haven't changed my diet much, although I do have a slightly larger appetite now I am on the drug. Other people I know have also put on weight on Mirtazapine. My waistline is now over the healthy limit for risk of heart disease and diabetes that was in the news recently. I also hate being this fat and feel it is affecting my confidence and my mood.

My question is, when do physical health concerns outweigh the benefits of an antidepressant and is weight gain a good reason to come off a drug? I have tried quite a few antidepressants before this and none of them have worked as well as Mirtazapine. I'd appreciate your opinion on this.

Joanna

For the Doctor's response to Joanna, see page 6.

Search the web and support DAS

Use the everyclick.com search engine to search the web and they will donate a proportion of their profits to DAS. Visit www.everyclick.com/depressionalliancescotland for more information.

Dear Doctor – Antidepressants and weight gain

Dear Joanna

Thank you for raising an important issue that concerns many people on antidepressants.

Clearly, mood and appetite are closely intertwined. Expressions such as 'worried sick' and 'eating for comfort' are used in everyday conversation. An alteration in appetite is, in fact, one of the diagnostic features of a depressive illness.

So, it is not surprising that drugs which affect mood, such as antidepressants, may also affect appetite. Indeed, all antidepressants have the potential to affect appetite and the effect will more commonly be an increase rather than a decrease.

However, it is important to emphasise that even though antidepressants may increase appetite this does not mean that they will automatically cause an increase in weight. The normal approaches to diet and weight control are still applicable, though it can, of course, be desperately difficult to control appetite and weight when the mood is low with depression. It is also worth mentioning that weight can be controlled by increased calorie expenditure, through exercise, as well as by reduced calorie intake through diet. This is particularly relevant in depression since exercise can also have a most beneficial effect on mood.

Generally, the older antidepressants, particularly the 'Tricyclics', are more inclined to cause increased appetite than the newer ones, such as the 'SSRIs'. Of the SSRIs, Fluoxetine ('Prozac') seems the least likely to increase appetite. Unfortunately, Mirtazapine, although a newer antidepressant, is often associated with weight gain.

In your case, there are multiple factors to consider: the adverse effect on your self-esteem and mood through having gained 3 stone in weight; the risks to your physical health associated with this substantial weight gain; the fact that Mirtazapine has improved your mood more effectively than the antidepressants you have been on previously; the possibility that a change in treatment may destabilise your mood; and, finally, the possible difficulty of identifying an alternative antidepressant that will help your mood and also make it easier for you to shed some of your unwanted pounds.

Trying to weigh up the risks associated with these various factors is far from easy. Depression can be an extremely severe and debilitating illness and I would generally tend to be more concerned about a current risk of severe depression than about possible longer term adverse effects from being overweight. However, even this very general advice must be tempered by the knowledge that being overweight can itself have a most adverse effect on mood.

Clearly, this is a very difficult question that should be discussed at some length with a doctor who is familiar with the detail of your previous history of depression and the treatments you have received. In the first instance, this could be your GP, who should also be able to suggest forms of advice and support regarding diet and exercise. I would also expect your GP to want to exclude other reasons for your weight gain, in particular under-activity of your thyroid gland. It may well be appropriate for your GP to arrange for you to receive specialist advice from a consultant psychiatrist.

Without being familiar with the details of your past history of depression, I cannot speak with confidence. However, I would be surprised if, having weighed up the pros and cons, any specialist you see does not advise a change of antidepressant.

Yours sincerely,
Gerry McPartlin.

Have you got a question you would like to ask the doctor? Write to Dear Doctor, Depression Alliance Scotland, 3 Grosvenor Gardens, Edinburgh EH12 5JU or email deardoctor@dascot.org. Questions can be anonymous if you would prefer.

Thinking about Cognitive Behaviour Therapy

Any mention of Cognitive Behaviour Therapy (CBT) can often be met with a mixed response. There will be those who think highly of the approach and see it as a cost-effective treatment for depression which works, while others will see it as, at best, limited and at worst, ineffective. In October 2007, the Westminster government put itself firmly in the first category, by pledging to spend £170 million per year to fund cognitive behavioural therapy for people affected by depression and anxiety in England. CBT also gets an almost universal positive response in the media.

So what is it, how does it work and what do real people think? We decided to ask the experts for their views. We talked to a CBT practitioner in Scotland and people affected by depression who have experienced CBT. Finally, we explore whether Scotland should follow England's lead.

About CBT

by Dr Chris Williams

First the positive: CBT can be really effective as a treatment – but, as with all treatments, it can have side effects and will not work for everyone.

How does it work?

CBT aims to help people work out why they feel as they do. The person is encouraged to try to look at how their problems are affecting them in five key areas of their life:

1) Their relationships (whether supportive, unsupportive or absent), their life situations and challenges, coupled with the various practical resources and difficulties they face;
2) In their thinking – which at times of distress can become dominated by negative and upsetting thoughts that worsen how we feel;
3) Emotionally – for example feeling anxious, low, ashamed, guilty or angry;
4) Physically – because we are whole people, depression affects our bodies as well as our emotions;
5) And finally all of these problems can affect our activity levels and affect how we are able to live our lives. We may reduce or avoid doing things, or start doing things like drinking to block how we feel – however, these responses sometimes backfire and become part of the problem.

Two common misconceptions about CBT:

1) CBT is about thoughts and behaviours – it isn't, it's about the whole person.
2) CBT ignores the past. Although CBT focuses on here and now problems, it doesn't ignore the past. Things that have happened to us in the past teach us important rules about how we see and judge ourselves and those around us. CBT focuses on how the past affects us today and tries to help change things that continue to upset or affect us.

Will it be helpful for you?

There are a number of evidence-based ways of getting better. A key issue then is whether you wish to work in a particular way, and whether the approach proves helpful for you. First, look for a practitioner accredited by

continued on page 8

Thinking about Cognitive Behaviour Therapy – continued

UKCP, BABCP or BPS[1] or another accrediting organisation to make sure the service offered is recognised as competent. Also, think about how you like to work on things. CBT is quite a practical treatment, often involving keeping diaries and doing experiments and may particularly suit people who like to organise and plan things.

It also aims to be an empowering form of therapy – helping people to help themselves. Therefore CBT may not be as appropriate for you if your motivation is very, very low, if your degree of depression is very high, or if it is really hard for you to focus or make changes. Finally, we all have different world views, and sometimes the CBT model may just not make sense to you.

Finally, a key to most psychotherapies is whether things 'click' both with CBT and with the therapist or practitioner. Skilled practitioners should be able to work with you at a pace and using a language that make sense to you. If you don't get this, it's worth saying this clearly in sessions, and see if it leads to a different content or pace to therapy. If it doesn't, then maybe try another therapist, or another evidence-based therapeutic approach. Having said that, CBT is probably the thing to try first!

Dr Chris Williams is a senior lecturer in psychology at the University of Glasgow. He is a past president of the BABCP, the lead body for cognitive behaviour therapy in the UK. He is the author of several self-help packages and books, including 'Overcoming Depression' and 'Living Life to the Full' **www.livinglifetothefull.com**

Personal experience of CBT

We spoke to a number of Depression Alliance Scotland supporters and asked about their experience of CBT.

Douglas Pattullo is enthusiastic about CBT: 'Although I have suffered from depression for over ten years, I only received some CBT from a CPN two years ago. 'I used the book Mind Over Mood and I would recommend it. I think CBT really can help and it can be very successful for lots of people, but it won't help everyone. I would also argue strongly that CBT is most effective when you are already recovering from depression, as a way to help that recovery; if you are at the very bottom, in the pits of a severe depression, then I think anyone will struggle to be able to concentrate enough on CBT. And you do need to work at CBT and put in some real mental efforts. It is practical and I am now able to use some of the things I have learned in my everyday life.

> **“It takes hard work and perseverance, but you can change your core beliefs.”**

Noreen Wright agrees with Douglas that it is essential that CBT is given at the right time. She explains: 'In my case, I felt 70% better and CBT gave me skills to use to change my thought patterns, which took me to a place where I was able to think about working again and getting back my life. However, had I not been at that stage I would not have been motivated enough to put it into practice.'

David Fleming points out that CBT involves effort. He told us that 'some people say you can't change, but you can. It takes hard work and perseverance, but you can change your core beliefs. When you read the books, they show how it's been proven to be successful.' He would also agree that timing is important. 'It is very difficult to do it when you're feeling hopeless, you have to be on an upwards curve.'

For Philippa Cochrane CBT was useful at the time, but she now finds it a bit limited. She told us, 'It was the first experience I had of anything other than talking to a GP or counsellor, and it was the first time I really understood the concept of negative and black and white thinking. I found the approach useful, as it enabled me to realise that how I thought didn't always relate to reality. Until then, there was no difference between how I felt and reality.

'The problem is that I also started to realise that CBT could at times have its limitations. Sometimes, what I thought was reality. If you challenge (your thoughts) enough, you can end up proving yourself right. After all, I'm not perfect at my job, my relationships etc. So for me it has become a tool amongst the many tools that I need to have to hand.

'For example, my car broke down this afternoon. Maybe it was my fault, maybe it was because I'd used up the battery inflating my flat tyre after a week of not using the car. However, the CBT process can kick in to prove that I'm not a complete failure because the car broke down. But, breaking down may still have been partly my fault. This is where I can use it to avoid the black and white thinking, but then take it no further.'

Richard Bowen did not have such a positive experience. He told us: 'As part of my recovery from a breakdown and attempted suicide, my Consultant referred me to both group therapy and CBT, on the very reasonable basis that the strands in my ill-health required some different approaches. At this point that I had been seeing a counsellor for a number of years and had come to a reasonable level of understanding of what was going on in my head. An interesting point here is that the understanding did not actually 'cure' me, nor did it prevent me from suffering - although it did facilitate my recovery, as it turned out.

'When I finally managed to see my hugely overworked CBT therapist, I had a bit of a surprise. I discovered that the cognition required of me (personal positive reinforcement) was absolutely useless, because, basically, I was way ahead in personal understanding and trying to carry this out involved me role-playing with myself. It just didn't work, and, consequently, I never got to the behavioural bit, giving up on the idea after a short while…

'The experience left me feeling that, well, it was all a bit simplistic really. But, if it works for people, I don't want to rock the boat – it's more that I am concerned about the universal rave reviews CBT seems to get. It isn't a cure-all and it doesn't work for everyone. Talking to my counsellor about this afterwards, I was given a pointer in the direction of Mindfulness, and that seems like an excellent alternative for someone in my kind of place to explore.'

Janice Walker's Story

For Janice, a combination of understanding, CBT, medication and DAS self-help groups helped her overcome a difficult past. She says:

'I would like to let other readers know about the help and support I have had over the years from Depression Alliance Scotland.

As a child, I had a lifetime of secrets, lies, sexual abuse and depression. I was always criticised, put down and made to believe I was stupid. My mental health problems controlled my life and it led to divorce and many suicide attempts. I came very close to dying, but, thankfully, they all failed. I am now trying to control my illness and not let it control me. I can now look to the future and not to the past. I was vulnerable as a child, and what happened to me was not my fault. I don't feel guilty or ashamed any more.

I've had a lot of help and understanding from the professionals. The medication I am on helps me to enjoy my life. I attend DAS self-help groups and I also attended a course called 'Living Life to the Full', which included the use of CBT. I found it very helpful. After a lot of practice and understanding, I use it to change negative thoughts when they come

continued on page 10

Thinking about Cognitive Behaviour Therapy – continued

into my head. I need my medication to be able to use CBT and the combination of medication and CBT helps me to cope with my life better.

The treatment and help I have had has given me more confidence and the strength to cope with my life and my mental health problem. It takes a lot of hard work from the individual as well. I believe I am now a worthy person and know to never give up. Life is worth living now. Thanks again.'

Should Scotland Follow the English Lead?

For many people with Depression in Scotland, medication is often the only treatment offered. NHS Quality Improvement Scotland said for every 1,000 people, there were 85 daily doses of antidepressants dispensed in 2006, compared with 19 doses in 1992.[2] It is therefore important that the Scottish Government looks at the provision of other treatment for people with Depression, and CBT is an option that has been proven to be effective. However, as of 2006, there were only 25 new CBT therapists per year in Scotland.[3] There is a need for easier access to CBT and, whatever your views on it, any treatment that offers people with depression a real alternative to medication can only be welcomed.

It is, however, important that the Scottish Government recognises that CBT does not help everyone, and that it needs to be given at the right time. This is a great opportunity for the provision of care for people affected by Depression to be improved, but it is crucial that while CBT should be included, alternative non-pharmacological treatments such as Mindfulness or psychotherapy should also be made more available, and a holistic approach should be taken.

Find out more about CBT

Here is a list of some of the most popular books on CBT. There are many more available. Visit our online bookshop to buy them online at **www.dascot.org/books.htm**

Overcoming Depression by Chris Williams
Mind Over Mood by Christine A Padesky and Dennis Greenberger
Feeling Good by David Burns
Overcoming Depression by Paul Gilbert

You can also do a free online course written by Dr Chris Williams called Living Life to the Full at **www.livinglifetothefull.com**. There is also a DVD available. See page 2 of this newsletter for details.

References

1. UKCP are the United Kingdom Council for Psychotherapy **www.psychotherapy.org.uk** tel 020 7014 9955
   BABCP are the British Association for Behavioural and Cognitive Psychologies **www.babcp.org.uk** tel: 0161 797 4484
   BPS is the British Psychological Society **www.bps.org.uk** tel: 0116 254 9568
2. As reported by the BBC **http://news.bbc.co.uk/1/hi/scotland/7084558.stm** accessed 8/11/07
3. This figure taken from a presentation by Gregor Henderson, Director of the National Programme for Improving Health and Wellbeing at the Lothian Alliance Against Depression launch in October 2006

DAS Annual Conference for Volunteers and Group Members

The second Depression Alliance Scotland Conference for volunteers and group members was held on Saturday 3rd November. More than 40 people attended the event, which was held at a hotel and conference centre in Edinburgh. This year, the theme was the importance of making the most of self-help approaches to manage our emotional health. This theme was picked up by the guest speakers, who stressed the valuable role the self-help groups play in encouraging people to share their experiences with others. The Chief Executive, Ilena Day, also pointed out the challenges of running self-help groups, but ended on the encouraging words of Margaret Mead:

'Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.'

The day also concentrated not just on the power of being part of a group, but the importance of using self-help techniques at an individual level to improve our sense of wellbeing. Laura Hope Steckler, a Clinical Psychologist and Mindfulness Instructor, gave a fascinating presentation on Mindfulness. Armed with singing bowl, Laura guided the audience through stretching exercises and highlighted the importance of the breath as a link between body and mind.

The audience then broke into workshops, which included Neurolinguistic Programming (NLP), Living Life to the Full (**www.livinglifetothefull.com**) and the Importance of a Healthy Diet and Exercise. The main feedback that came out of these workshops was that people felt they had gained helpful pieces of information to take away and put into practice in their everyday life.

After lunch at the hotel, the audience heard from Margaret McCathie, Laughter Therapist, who gave an account of her journey of recovery from depression with the help of Dr Patch Adams. After a lively conga and an exercise involving 40 red, heart-shaped balloons, the day was brought to a close. To end in the words of some of our participants:

'As a group member, I feel very lucky to have been able to come along. Thank you for the opportunity.'

'It was amazing to hear from an amazing and inspirational woman as Margaret (Laughter Therapist). Really felt like we can make a difference.'

'I thoroughly enjoyed it… thanks for a wonderful conference.'

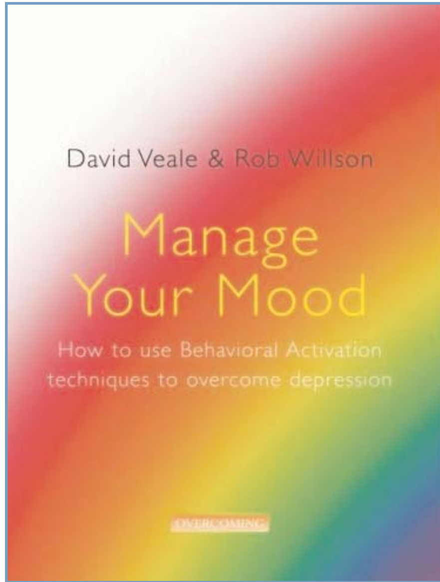
The Depression Alliance Scotland Information Service 0845 123 23 20*

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 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. Call 0131 467 3050 if you'd rather use a geographic number.*

Book review by a DAS Supporter

Manage Your Mood - How to use Behavioural Activation Techniques to Overcome Depression



This sympathetic book adopts the principles of the Cognitive Behavioural Therapy approach in an innovative way, using an approach the authors call 'Behavioural Activation' (the development of approach behaviours rather than avoidance). The book offers support and suggestions to the reader as part of the process of overcoming depression. It is broken down into key sections, which are both readable and useful. These range from a simple explanation of what depression is, its causes and treatment options to a range of chapters on self-help approaches. These include useful sections on thinking, looking at how to 'activate yourself' and obstacles in doing so, as well as a number of other sections, which include physical activity, medication, sleep, diet and exercise.

The book is punchy and modern, both in the style in which it is written and its content. The text is combined with useful charts and tables to support the reader to interact with the content and engage with the approach. I liked it.

Definitely worth a read!

Manage Your Mood - How to use Behavioural Activation Techniques to Overcome Depression
by David Veale and Rob Willson
Robinson Publishing

Book reviews

Many people who contact DAS are looking for useful self-help reading materials. If you have recently read any that you found helpful please let us know. Were you able to use any of the contents to help you understand and manage your depression? Was it easy to read or full of jargon or, indeed, patronising?

Please send your review to DAS. Let us know the book title, author(s), publisher, date published and, if possible, the ISBN number. Please also confirm if you wish your name to be attributed to your review or not. It is recognised that all reviews are personal and do not necessarily reflect the view of DAS. Also, would you like to be a book reviewer for DAS? We will purchase new/recent self-help books about depression and send a copy to you (paying postage). If you are interested in hearing more about this scheme please do get in touch.

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**.

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**
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 (particular thanks to the Barcapel Foundation and the Tudor Trust for their ongoing support), 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

Editor
Ilena Day

Contributors to This Issue
Ilena Day, Trish Crawford, Mel O'Riordan, Gerry McPartlin, Barry Smith, Philippa Cochrane, Noreen Wright, Douglas Pattulo, Janice Walker, Richard Bowen, David Fleming, Dr Chris Williams and DAS Supporters

Design and Production
Deirdre Rusling

Supported and Printed by

Depression Alliance Scotland © 2007