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## News

### Look OK...Feel Crap?



In June we launched our campaign, Look OK... Feel Crap? to reach out to young adults who are experiencing low mood, stress or anxiety and encourage them to seek help. Thanks to everyone who supported us during the launch and who contacted us for help after hearing about it on the radio. Look out for our posters and flyers in newspapers, on the buses and in the pub. If you would like a campaign pack please contact us on 0845 123 23 20\* or email [info@dascot.org](mailto:info@dascot.org).

### Are you aged between 18 and 35 and looking for support?

As part of a pilot project, we are running structured self-help groups for young adults, based on a cognitive behavioural approach and using materials from Living Life to the Full ([www.livinglifetothefull.com](http://www.livinglifetothefull.com)). By attending a group, people will learn useful skills for overcoming stress and anxiety, covering issues such as understanding why we feel as we do, problem solving, relaxation, overcoming reduced activity, changing unhelpful thinking, looking at helpful and unhelpful behaviour and tips for healthy living. The groups are being set up in Edinburgh, so if you live in the Lothians, or can travel into Edinburgh, then please do get in touch. For more information about these groups, please call us on 0845 123 23 20\* or visit the Living Life to the Full groups page on our website at:

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

### DAS around the town!

Look out for us at the following events:

- **MELA, Pilrig Park, 1-2 September**  
[www.edinburgh-mela.co.uk](http://www.edinburgh-mela.co.uk)
- **CA(I)RE Health Information Day**  
Eric Liddell Centre, 6 September
- **Midlothian Choose Life day**  
Loanhead Miners Hall, 11 September
- **Edinburgh University Freshers' Week**  
12 & 13 September
- **SIREN Conference (Suicide Information Research and Evidence Network)**  
Glasgow Science Centre, 25 September  
[www.chooselife.net/siren](http://www.chooselife.net/siren)
- **Heriot Watt Freshers' Fayre**  
26 September
- **Napier University Freshers' Fayre**  
27 September
- **Queen Margaret University Freshers' Fayre**  
8 October.

### A BIG Thank You



*Simon Kyle (centre) and friends after finishing the Men's 10K*  
To everyone who did a sponsored event for us, especially Fiona McGill, who completed the Great Scottish Walk, and Simon Kyle, one of our Glasgow groups volunteer who raised over £300 doing the Men's 10K run in Glasgow. Thank you to everyone else who has donated money to Depression Alliance Scotland. All money raised will be used to provide support for people with Depression in Scotland and to raise awareness of the condition and stigma that still surrounds mental illness.



## News



### Online Support - How Can We Best Help You?

At Depression Alliance Scotland, we are interested in offering online support for low mood, such as an online cognitive behavioural therapy course with support from a DAS worker. We would like to find out what people who experience depression and low mood think about the idea of online support, and we would really appreciate it if you could complete the short questionnaire about it. The questionnaire takes 2-3 minutes and is completely confidential.

Visit <http://www.onlineassessment.org.uk/das/> to complete it and let us learn from you.

### Website update

Visit our website [www.dascot.org](http://www.dascot.org) for details of the Look OK... Feel Crap? campaign; more about our services and how we can help you; and information about depression, including a new page on antidepressants at [www.dascot.org/antidepressants.html](http://www.dascot.org/antidepressants.html).

Finally, don't forget our online bookshop <http://www.dascot.org/books.htm>. If you buy a book from any of the links on that page, we get a small commission from Amazon!

### Suicide Prevention Week

Choose Life is calling for Scots to lift the lid on their emotions and sign a 'Talk. Listen. Save Lives' pledge, to encourage people to be more open about their and others feelings, in a bid to improve the nation's mental health and help prevent suicide. To sign up to the pledge and confirm your support, you simply need to submit a head and shoulders photograph of yourself to Choose Life. The images received will be used to create a collage that will be unveiled to the public during Suicide Prevention Week 10 -17 September 2007.

Visit [www.chooselife.net/pledge](http://www.chooselife.net/pledge) to complete the submission form and take part!



## DAS Self-Help Support Groups Update

### Groups currently running:

1. Dundee (Monday evenings)
2. Edinburgh (Tuesday evenings. Waiting list only)
3. Edinburgh (Wednesday evenings)
4. Glasgow (Maryhill, Monday evenings)
5. Glasgow (Southside, Tuesday evenings)
6. Glasgow (Clydebank, Tuesday evenings)

7. Glasgow (East End, Wednesday evenings)
8. Inverness (Wednesday evenings)
9. Stirling (Monday 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).

## Help us to increase understanding about depression

Once you have finished reading this newsletter why not help DAS to reach more people with depression by passing it on to a friend or leaving it in your local health centre or library?



## Putting a Brave Face on it – Depression and Older People



**T**he population of Scotland is growing older. Advances in health have led to people living longer lives than any other period of history. In Scotland, the pensioner population is estimated to increase from 17.9% (in 1998) to 24% of the total population by 2036.<sup>1</sup> However, in the UK as a whole, almost 2.5 million people aged 65 and over currently have Depression that is severe enough to impair quality of life. As the population ages, this number could increase to at least 3.1 million over the next 15 years.<sup>2</sup> The good news is that the prognosis for older people with Depression is just as good as in other age groups – provided the appropriate treatment and support is available.

There are some common and prevailing themes reported to DAS:

### Physical health

Older people are more susceptible to physical health problems and therefore may be at increased risk of developing associated depression. Mobility and sensory impairments can be additional complicating factors, which may restrict participation

in activities, contribute to feelings of frailty and add to concerns regarding personal safety.

### Loss

Older people are more likely to experience loss in a variety of ways, making them more vulnerable to the onset of depression. Loss can be through bereavement, loss of caring responsibilities or social contact, family breakdown, adjusting to retirement, loss of financial status, perceived loss of skills and confidence and, for those who may need to move into supported care, loss of a home and familiar surroundings.

### Isolation

Isolation and a lack of social support or community spirit are often reported. These can be exacerbated when a person lives in a more geographically remote area with poorer transport links and service provision. A report for Age Concern in 2005, found that nearly one in three Scottish people over the age of 65 spend more than 6 hours of every day on their own, and one in ten Scottish people over 65 said they are afraid of being lonely.



## Financial status

Financial difficulties can sometimes impinge on an older person's recovery. The benefits and appeals process can be lengthy, complex and stressful, while levels of disposable income also affect choices of activities and other social opportunities.

The UK Inquiry into Mental Health and Wellbeing in Later Life has researched issues around Depression in older people. The report highlights the fact that among older people suffering Depression of such severity as to warrant care and treatment, less than a sixth (15 per cent) were receiving any kind of active management of their illness. The report identifies a number of barriers that stop older people getting help for their depression.

## Stigma

Many older people have lived in a generation when showing feelings was discouraged and mental ill health was viewed as a weakness. Such stigma and lack of understanding about mental ill health can prevent people from discussing their problems with their doctor or family and friends.

## Ageism

Negative attitudes towards ageing in society in general can have an effect on how people perceive themselves. Older people may see no meaning in their existence and therefore be less likely to ask for help with depression or use services.

## Lack of information

Older people and their carers report a need for basic information about depression in later years, how to access help, and how to address potential problems associated with the ageing process.



## Difficulty in accessing services

Good relationships with professionals can be fundamental to a person's recovery. However, problems are frequently reported in this area that is, for many, a focal point for accessing other services. GPs may lack the



necessary awareness, skills or confidence to diagnose and then treat older people with depression.

## Difficulty in diagnosing depression

Multiple health problems can make diagnosis and treatment difficult, because some physical illnesses have symptoms that may mimic or mask depressive symptoms.

## Lack of a range of interventions

Fear of an over-reliance on pharmacological and other medical interventions is a common concern. Older people with depression are having difficulty accessing an adequate range of support services to help address their many needs, and there is clearly a lack of other interventions, such as psychological, social and practical support.

## Getting help

If you are an older person with depression, or have a friend or family member affected by the condition, what can you do? Seeking help can be difficult to do, however, remember that depression is not a weakness, it is an illness, and it is just as treatable for an older person as it is for younger people.

Here are some suggestions for what you could do.

- Speak to your GP and explain the problems you are having. As in all other illnesses, early detection of depression is important to promote recovery as soon as possible. Ask what options are available to you; in some areas of Scotland, GP surgeries are

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## Putting a Brave Face on it – continued

able to offer more than medication for depression.

- Look into self-help. Can you join a self-help support group? Depression Alliance Scotland runs support groups for people of all ages in Scotland. Often people who attend our groups are surprised at how much they have in common even though they come from different ages and backgrounds. If that is not really you; think about individual counselling. While we can't recommend counsellors we can put you in touch with counsellors in your area. Why not phone our helpline on 0845 123 23 20?\* If you prefer to write letters, you can write to us for free at FREEPOST NAT 19086, Edinburgh EH12 5BR, or you can email us at [info@dascot.org](mailto:info@dascot.org). If you are on the internet, you can visit our website at [www.dascot.org](http://www.dascot.org) or do a self-help course on line for free at [www.livinglifetothefull.com](http://www.livinglifetothefull.com).
- Try and get out as much as you can. When you are feeling depressed, you may not want to go out, but you may be surprised to find that if you do, you might feel better. If you feel isolated, Age Concern

Scotland can put you in touch with local groups and day services. Their contact details are over the page.

You don't have to live with depression just because you are older; you have a right to treatment and recovery.

### References

1. Age Concern Scotland website [www.ageconcernscotland.org.uk/olderpeople/default.asp](http://www.ageconcernscotland.org.uk/olderpeople/default.asp) accessed July 2007
2. *Inquiry into Mental Health And Wellbeing In Later Life* Age Concern and Mental Health Foundation 2006 <http://www.mhilli.org/>

### Further Information

#### Age Concern Scotland

Causewayside House,  
160 Causewayside,  
Edinburgh  
EH9 1PR  
Scottish Helpline for Older People: 0845 125 9732\*  
Website [www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk)

London SW16 4ER  
Tel: 020 8765 7434  
Email: [inquiry@ace.org.uk](mailto:inquiry@ace.org.uk)  
Website: [www.mhilli.org](http://www.mhilli.org)

#### The UK Inquiry into Mental Health and Well-Being in Later Life

Michele Lee, Inquiry Project Manager  
c/o Age Concern England  
Astral House, 1268 London Road

#### MOOD (Mental Health Options Older People with Depression) Project West Lothian

Robert Cook  
Answer House, Reveston Lane,  
Whitburn EH47 8HJ  
T: 01501 749974  
Email: [robert@moodproject.org.uk](mailto:robert@moodproject.org.uk)  
Website: [www.mood.fsbusiness.co.uk](http://www.mood.fsbusiness.co.uk)

### 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](http://www.everyclick.com/depressionalliancescotland) for more information.

### The Depression Alliance Scotland Information Line 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 3p per call applies to calls from BT residential lines. Mobile and other providers' charges may vary. Our line is open on Monday, Tuesday, Thursday and Friday 10am - 2pm



## Personal Story

**J**ames McKillop became depressed when he developed dementia. He told us the story of his illness and how he got his life back.

'Round about 1992 I noticed problems with my memory. It was quite a stressful time at work and I found I couldn't remember how to do procedures I had done hundreds of times before, and more and more frequently had to consult my works manual... before the start of a meeting I would get the secretary to write down the names of people and where they sat.'

He describes how he was a regular visitor to his doctor and was treated for Depression. He says 'certainly I was depressed – who wouldn't be when all around them life was crumbling and nothing seemed to make sense any more? Everything that happened discombobulated me. When would I wake up from this nightmare?'

Eventually, James had to leave his job. He tried another one but found it hard to remember how to do simple tasks. Life became more and more restricted and his quality of life was being eroded. He was not working; he left the committees he was on when his term of office ended; and driving became impossible, as he would forget where he was going. Relations with his family became extremely strained as he became abusive and threatening with his wife and children and he became ostracised within his family home.

He says: 'Life had deteriorated so much that I was reduced to sitting at home staring at a blank TV screen. I couldn't even be bothered to switch it on. I was deeply depressed and couldn't be bothered to change clothes, wash or shave, as I had stopped going out. My wife couldn't bear to be in the same room as me and if I walked into a room, she stalked out. The children kept their distance. I ate my meals alone... It was the darkest period of my life, and I still shudder at the memory.'

He was prescribed antidepressants, which did not help, and was told that there was some hardening

of the arteries in his brain, which he took to be just part of growing older. A psychiatrist eventually diagnosed him with dementia, which he only found out about when Alzheimer Scotland intervened, but the turning point came when a support worker, Brenda, who had come round to help him claim benefits, offered him person-centred support. This transformed his life 'from an empty sheet to a full sheet.'

James describes how people with dementia and Alzheimer's disease, including himself, have 'blossomed' with person-centred help. He says 'They have attained a new lease of life, won awards, First Aid Certificates, gained computer certificates and have had their work exhibited locally and nationally. Some have become more creative and have produced poetry and paintings. We have our own group, the SDWG (Scottish Dementia Working Group), a group run by people with dementia for people with dementia.'

### What is the relationship between Depression and Dementia?

James told us that 'not everyone with dementia has Depression. But I have met many people with dementia and all have been treated for Depression in the run-up to diagnosis.' He asks: 'What is the link? When peoples' lives fall apart, does Depression automatically set in as they are unable to make sense of what is going badly wrong in their lives? Is there some other chemical process at work in the brain, when dementia takes a grip and may cause Depression? If pharmacological treatment does not seem to help, are there other illnesses, such as dementia, which can mimic Depression, involved? I'm sorry I can't give an answer, but bear this in mind.' It is reckoned that 50% of people with Alzheimer's Disease and 35% of people with Parkinson's Disease become clinically depressed.<sup>1</sup>

'The average doctor will see two new cases of dementia a year, but this is set to increase. They do not seem to consider dementia when a younger person presents with

*Continued on page 8*



## Personal Story – continued

continuing problems, and yet dementia strikes in the 40s, 50s and early 60s. I personally know such people.

Finally, I am still on antidepressants: Trazadone 50mg and Citalopram 20mg. I don't know if they work, but I rarely feel depressed. Is it the medication or the fact that I now lead a busy life and stimulate my brain daily, which stops me becoming depressed, or is it a combination?

I enjoy my life now and live it to the full.'

### Getting Help

#### Alzheimer Scotland

Dementia Helpline 0808 808 3000  
22 Drumsheugh Gardens  
Edinburgh  
EH3 7RN or visit [www.alzscot.org](http://www.alzscot.org)

#### Scottish Dementia Working Group (SDWG)

National Coordinator – Philip Bryers  
81 Oxford Street Glasgow G5 9EP 0141 418 3939  
E-mail: [pbryers@alzscot.org](mailto:pbryers@alzscot.org)

### References

1. *Journal of Clinical Psychiatry* 1994;55;391.

## 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](http://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](http://www.dascot.org/donate.html) or contact us on 0845 123 23 20\*.**

## 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.



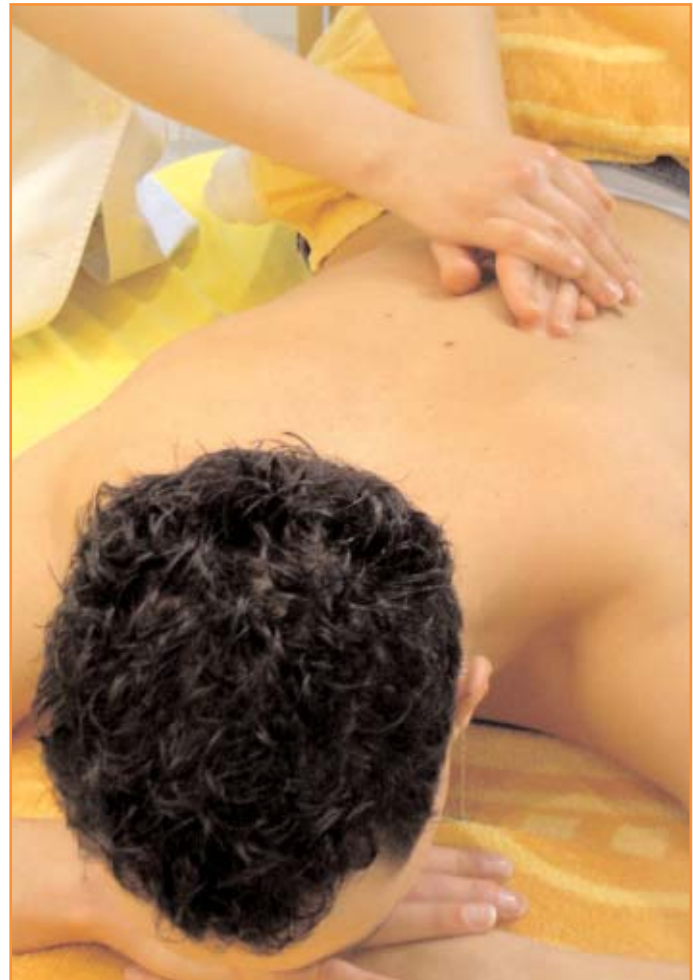
## Massage, anyone?

Not quite an offer... only a suggestion! Be good to yourself – an hour of relaxation could be just what your body, and your mind, are crying out for.

I spent a year (and a shed-load of money) trying out various alternative therapies in a bid to conquer my Depression. From acupuncture to Shiatsu, from the West End of Edinburgh to Haddington, I tried them all. And not just once – I had a few sessions of each, but much as I enjoyed the hour of relaxation (definitely not to be sniffed at), I didn't ever feel any emotional benefits. Had all the needles, candles and oils been for nothing? More importantly, had all the money been for nothing? Well, as they say, nothing ventured, nothing gained. I'd tried and at the end of the day (or year) I came to the conclusion that the best treatment by far, was an hour of massage. It relaxed me, helped me sleep and gave me more energy. It didn't cure my Depression, but it was certainly a feel-good therapy.

There are lots of different types of massage treatments, from the gentle, relaxing aromatherapy, to the vigorous (definitely not relaxing) sports and deep tissue massages. Although sometimes agonising (I am a wimp), these will rid you of all your aches and pains and still deliver a good night's sleep. Massage improves the circulation and helps the body to eliminate toxins and heal tissue injuries. Some therapists operate in a strictly therapeutic manner and some are more holistic, listening to you and your body.

At first I wasn't very comfortable with the idea of stripping off in front of a stranger, but a good therapist will put you at ease and work within your comfort zone. You can keep underwear on and for some types of massage (such as Shiatsu), you can keep all of your clothes on. If you are undressed, you will always be covered by a towel or sheet and the only exposed part of your body will be the part the therapist is working on. Learning to relax, and to put yourself in the hands of someone else, is beneficial in itself.



If it's your first time, ask for advice at a reputable centre that offers a variety of types of massage. I like to vary the type of massage I have; hot stones for total relaxation, deep tissue for regular maintenance and sports injury whenever something (like my back or neck) is really sore.

Although I can't recommend individual therapists, I have been to several centres where I was happy with the environment, the information and the treatments. Prices range from £30-50 for one hour.

Enjoy – but don't plan anything demanding afterwards – that good night's sleep will hit you suddenly from nowhere!

*Carolyn McKerracher*



## What is it like being a DAS volunteer?

**D**ee Fraser was a volunteer facilitator for our Edinburgh self-help support groups. She talked to us about her experiences.

### How long did you volunteer as a self-help group facilitator with DAS?

I volunteered as a self-help group facilitator for about 1 year.

### What interested you about the organisation?

DAS is a unique organisation, in that it combines providing a service for people with depression with working to campaign on behalf of people with depression. I was particularly interested in volunteering as a group facilitator, because I have experienced Depression myself and because I like working with people, and my day job mainly involves paper not people!

### What does your volunteer role consist of?

A group facilitator supports a group of people to discuss their experiences of depression and recover; share ideas and support each other. Facilitators work in pairs and are really there to keep the conversation going and ensure everyone who wants to speak is supported to do so. We are not there to give advice or formal counselling.

### What can people expect when they come along to a group?

The groups are informal. Topics of discussion are chosen by the group members and there is no expectation for anyone to talk if they don't want to. When new people come along, we usually give them an information pack and answer any questions they might have.

### How does a typical group meeting run and what sorts of things do people talk about?

Anything and everything! People swap strategies for managing low moods and talk about a range of feelings or traumatic experiences. Discussions can

just as easily touch on stigma, workplace issues, medication or relationships with friends and family. Wider issues, such as what causes depression and whether depression is an illness or part of someone's character, can also come up – the discussion can be very interesting.

A typical meeting runs for between 1½ and 2 hours and will open with introductions and announcements. There is usually a 15 minute break in the middle of the evening for tea or coffee and a chance to stretch your legs or talk to people individually.

“

**the group provides a sense that you are not alone**

”

### What do you think people find most helpful about coming along to a group?

The most common comment is that the group provides a sense that you are not alone. A lot of people struggle with depression and low mood and don't have a safe place to discuss it with people who really know what they mean, who won't say well-meaning, but unhelpful, things like 'why don't

you just cheer up!' Other comments have included the chance to get out and meet people, getting specific tips and strategies and also getting support through a difficult time from people who really understand.

### What has been the most rewarding part of your volunteering role?

Someone once said (that would sound so much better if I could remember who!) that Depression is an 'illness of the strong.' It has been a privilege to meet strong people struggling with Depression and hear about their strategies for managing day-to-day. That has been the most rewarding part of volunteering with DAS.

DAS thank Dee Fraser for providing us with her invaluable insights and experiences of being a volunteer facilitator.



## Dear Doctor – Self-help books



Dear Doctor,

**My GP has given me a list of books that I can find in my local library. These are supposedly called self-help books, but I'm a bit sceptical. How can reading a book help depression?**

**DAS Supporter**

Dear DAS supporter

I can understand your doubts. The idea that reading a book can help with an illness certainly seems strange. It is also important to acknowledge that a person affected by Depression may find it impossible to concentrate on reading a short magazine article, let alone be able to absorb the content of a self-help book.

Depression is particularly painful in that it affects not only mood and feelings, but also thoughts (and the ability to think clearly) and behaviour. Typically, Depression causes negative thoughts and changes in functioning, such as loss of energy and sleep disturbance. There is also evidence that Depression is associated with changes in certain chemicals that act as messengers within the brain (antidepressant medication aims to counter these chemical changes).

So, Depression causes changes in mood, thoughts, behaviour and chemistry. Experience of helping people affected by Depression has shown that, if an improvement can be made in any one of these four areas, there are likely to be beneficial changes in the other three areas as well. Cognitive Behavioural Therapy (CBT) is probably the best researched non-drug treatment for Depression. CBT is based on the knowledge that, if a person experiencing Depression can begin to challenge their negative thoughts or make positive changes in their daily routine, then improvements in their mood are likely to follow.

From the above, it can be seen that Depression offers much scope for self help. Clearly the scope

may be small when the Depression is at its worst, but Depression is often a recurring or persisting problem that will wax and wane in its severity. Self-help skills acquired in the better times may be invaluable tools to fight with when things get worse, and they may also help to reduce the risk of the Depression recurring.

Some people may have the benefit of working with a counsellor or psychologist to develop their self-help skills, but the availability of such therapists is sadly limited. There is, however, good evidence that reading appropriate books, or 'bibliotherapy', can help people with Depression to acquire self-help skills and improve their symptoms. I also believe that with any illness, particularly one that may be long term or recurrent, recovery will be aided by learning about the illness and understanding it better. Simply learning how common Depression is and how many celebrities and distinguished people have suffered from Depression can do a great deal to reduce the damaging feelings of shame and stigma that often accompany this illness.

In recent years, much work has been done to make structured self-help material available free of charge online. This is an attractive alternative to reading books for some people. Two UK web sites that are aimed at helping those who suffer from problems with Anxiety or Depression (very often the two go together) are [www.livinglifetothefull.com/](http://www.livinglifetothefull.com/) and [www.fearfighter.com/](http://www.fearfighter.com/).

I would certainly encourage you to visit your local library and have a look at the books your GP has suggested. I doubt if it would be helpful to read them all but you will probably find one or two that seem particularly relevant to your needs.

Yours sincerely,

Gerry McPartlin

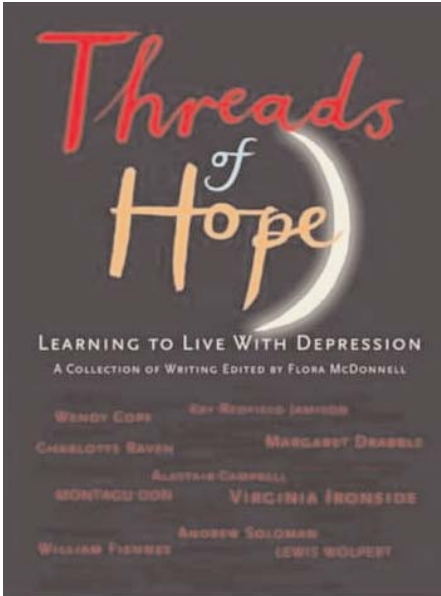
You can find a reading list on our website at [www.dascot.org/books.htm](http://www.dascot.org/books.htm) or call us on 0845 123 23 20 and we will send you one by post.

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 [deardocor@dascot.org](mailto:deardocor@dascot.org). Questions can be anonymous if you would prefer.



## Book review by a DAS Supporter

### Threads of Hope: Learning to Live with Depression A Collection of Writing Edited by Flora McDonnell



Reading books of short stories is not the norm for me, so I wasn't sure what I was getting into here! What I found was a series of brief stories and poems relating to Depression. Some were sad. Others were enlightening and hopeful. All were very easily read and it is a book you can easily dip in and out of, if you are going through a bout of the illness and find it very difficult to sit down and concentrate for any period of reading whatsoever.

Writers include Ted Hughes and Gerard Manley Hopkins, William Finnes and the actress Brenda Fricker, as well as various journalists and experts by experience – those of us who get through the experiences of Depression and can share them to the benefit of others.

The writer and agony aunt, Virginia Ironside, beautifully

described what Depression felt to her: 'I feel as if a grey, leaden liquid has been injected into my brain, slowly leaking down into my body so that every action, however small, feels as if it's being executed through thick treacle.'

Other authors built in positive notes as they were able to gradually climb out of Depression. One anonymous writer said, 'But now I am rebuilding myself, asking for love and, most of all, learning to love myself.'

I found myself nodding in agreement with many of the thoughts, feelings and descriptions of many writers, as it felt like going to a self-help support group where I found the relief of knowing others truly understand and a sense of some of the coping mechanisms that have helped others and might help me.

I would recommend the book as it is practical, moving and inspiring, written by people from all walks of life.

**Threads of Hope: Learning to Live With Depression**  
A Collection of Writing  
Edited by Flora McDonnell

Published by Short Books

ISBN 1-904095-35-6

#### 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.

#### Supporter Services

DAS provides specific services for supporters, including our quarterly newsletter and access to our e-mail support group. Becoming an individual supporter costs: £10.00 per year (waged); £5.00 per year (concessions); £20.00 per year (families). Organisation rates are: £20 (voluntary organisations with less than 10 Staff); £40 (voluntary organisations with less than 100 staff); £80 (voluntary organisations with over 100 staff); £100 (Public/Private organisations with less than 100 staff); and £250 per year (Public/Private organisations with 100 staff and over). To become a supporter, please contact our office for an information pack and an application form.

#### Contact Us

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#### Funders

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