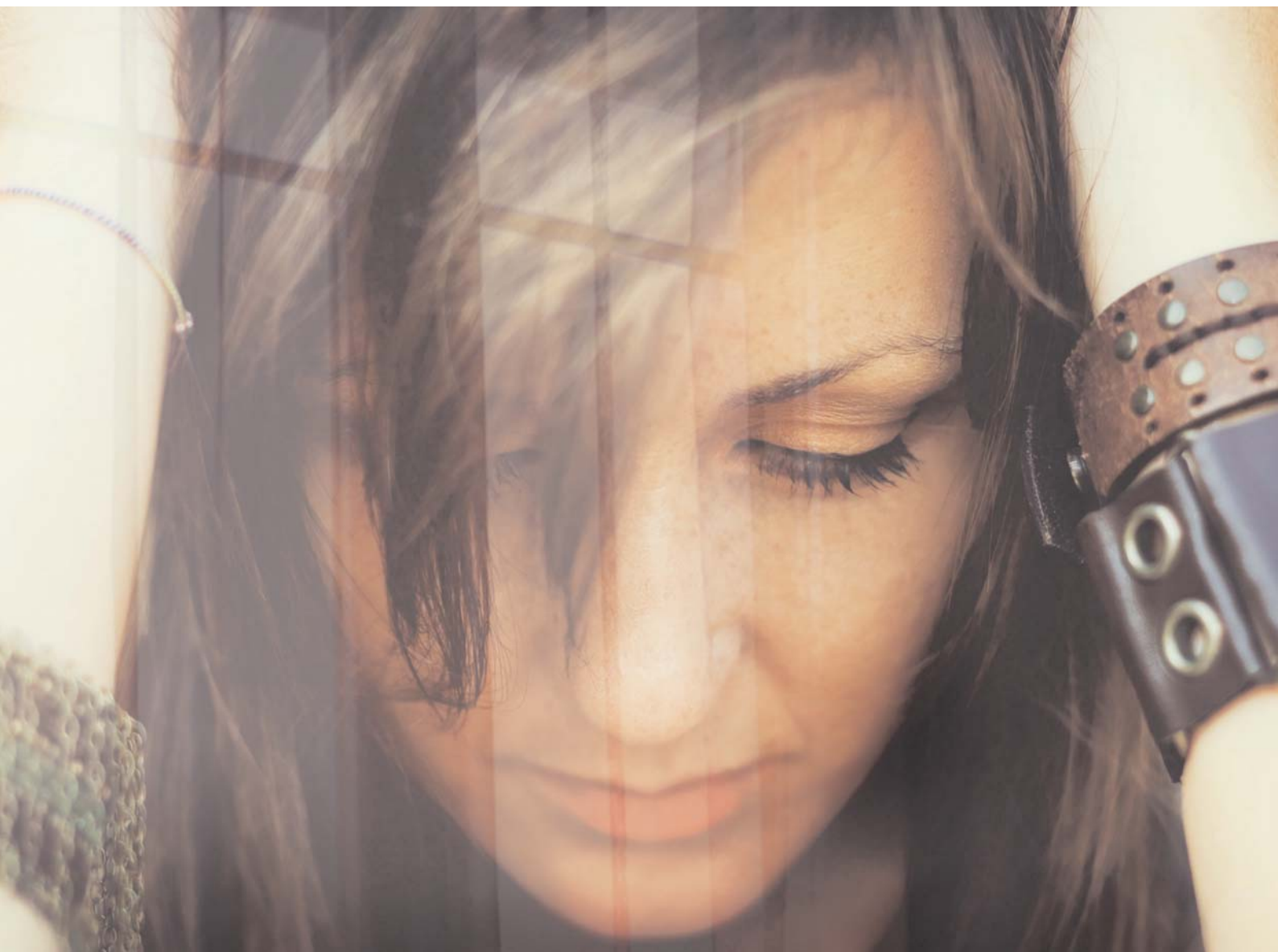




National Depression Week Issue

Depression and Young Adults



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News from DAS

Scottish National Depression Week

It's Scottish National Depression Week on the 4th-10th June 2007. The theme is Depression and Young Adults. If you would like an information pack, please contact us on 0845 123 23 20 or email info@dascot.org.

This year, as part of National Depression Week, we will be launching a pilot project to raise awareness of depression in young adults and to encourage people to get help and support. We will be running a series of structured support groups for young adults in the Lothians affected by depression based on a Cognitive Behavioural Therapy approach using Living Life to the Full self-help materials written by Dr Chris Williams. If you would like more information about this project, please contact us on 0845 123 23 20 or email info@dascot.org.

Get active and support Depression Alliance Scotland!



Exercise has been found to be good for Depression. Why not do a sponsored walk or run and raise money for DAS? We are a named charity for the Great Scottish Walk which takes place during National Depression Week on 10th June 2007. You can do either one, six or twelve miles through Edinburgh and have a lot of fun on the way. This year is the 10th anniversary of the walk, so there will be even more entertainment laid on for walkers. Children can take part in Wee Scottish Walks in Edinburgh, Glasgow, Perth, Dumfries, Dundee, Inverness and Aberdeen. For more information, contact DAS on 0845 123 23 20 or visit www.greatscottishwalk.com to sign up online.

The 10K For Men run is taking place on Father's Day, Sunday June 17th, in Glasgow and you can sign up now at www.mhfs.org.uk/mhfs/jogging_groups.php or for more information about this and about men's jogging groups, get in touch with Sarah McMillan, 10K for Men Project Development Worker, at Men's Health Forum Scotland: sarah@mhfs.org.uk or 0141 550 7515.

You can find information about other events around Scotland on the Jog Scotland website www.jogscotland.org.uk.

Please let us know if you decide to do a sponsored event for Depression Alliance Scotland. You can get an online sponsor form at dascot.workwithus.org. If you would like any help setting this up, or would prefer a good old-fashioned paper sponsor form, please contact us on 0845 123 23 20 or email info@dascot.org.

Wanted: People to take part in research into online Cognitive Behavioural Therapy (CBT)

Depression Alliance Scotland are doing a small research study about the benefits of online CBT. We are looking for people who are currently experiencing Depression to take part in the study. For more information please contact Trish on trishc@dascot.org.

SIGN Guideline on Non-Pharmacological Interventions for Mild to Moderate Depression

In 2005, a proposal by Depression Alliance Scotland for a guideline on the subject of treatments for mild to moderate Depression other than medication was accepted by the Scottish Intercollegiate Guidelines Network (SIGN). SIGN publish evidence based clinical guidelines on a wide range of medical topics. The guidelines are used to translate research into practice, set and monitor standards, and promote clinical excellence in the National Health Service in Scotland.

SIGN are now looking for people with personal experience of Depression, and their friends, family and carers, to share their experiences to help develop this guideline. They also want people with experience to be on the group that will develop the guideline. The process will take about a year and a



News from DAS

half and we can offer you some support through that period. If you would like more information, please contact Depression Alliance Scotland on 0845 123 23 20 or email info@dascot.org.

Self-Help Support Groups: A Study of their Role in Recovery from Depression

This study was carried out into seven of the Depression Alliance Scotland self-help groups in 2005 with funding from the National Programme for Improving Mental Health and Wellbeing. It found that self-help groups are worth developing, are

valued by participants and able to deliver a range of benefits. They need to be adequately funded and founded on high-quality provision, training and supervision. For a summary of the study please contact us on 0845 123 23 20 or email info@dascot.org.

Congratulations!

To Victor, whose story was in our Summer 2006 newsletter. He won a bronze medal in the over 60's heavyweight event at the Scottish Indoor Rowing Championships

Self-Help Support Groups - Update Spring 2007

DAS offers a number of self-help support groups across Scotland, run by and for people with experience of depression. The focus of the groups is to offer people affected by depression the opportunity for confidential local support, contact with others in a similar situation and the opportunity to explore positive coping strategies, in a safe and supportive environment. All our groups are free of charge, with trained facilitators on hand to welcome you and tell you more about how the meeting will run.

We currently have groups in the following areas:

1. Dundee (Monday evenings)
2. Edinburgh (Tuesday evenings)
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 (new group. Monday evenings)

For all enquiries, please contact the office on 0845 123 23 20 or email groups@dascot.org.

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.



The Best Years of Your Life? Depression in Young Adults

It is commonly thought that young adulthood is a time of freedom and fun. Your horizons are becoming broader. You are becoming an adult, developing relationships, starting new jobs or courses. Some people choose to take a year out and travel. The opportunities have increased for this age group. However it can also be a complicated and difficult time, which can lead a person to experience Depression or other common emotional health problems. It is estimated that one in ten of Scotland's young

out an academic year and set you back in your studies. It can affect your peer relationships, friendships, your relationship to your family, romantic attachments, and your first job. When you are young, you are forming your personality and you don't have as much of a sense of self as you do when you are an adult. It can be more difficult to remember how you felt when you were well, and you can start to believe that the way you are when you are depressed or emotionally unwell is your actual personality.



Depression can often be completely overlooked. In younger people, Depression can manifest as agitation and irritability and it is often put down to problem behaviour, and so the fact that they have Depression can be missed. A study of Depression in Scottish schools found that 90% of the teenagers who were found to be clinically depressed, had not previously had their condition identified.

The young people themselves may not realise, or be reluctant to admit, they have Depression. An American study of young people aged between 16 and 29 years found that there are lower treatment rates among young adults. The research found that the young adults did not want to accept that they had Depression, because of negative beliefs and attitudes, stigma, and a lack of past helpful treatment experiences.⁴ Cathy Richards points out that as a young adult, you still tend to think in terms of years at school and university and you have a clear sense of what your year group peers are doing. It can be difficult to see them completing their university course, forming new relationships or getting their first job, when you perhaps haven't made it to college or university. Also you may not value your own successes if you believe that everyone else in your peer group is doing better than you.

people are affected by significant mental health problems and mental illness.¹ According to the National Institute for Clinical Excellence (NICE), at any time, one in thirty-three young people are affected by Depression, which is around one in every school class.² There has also been a sharp rise in the suicide rate in the 15-24 year-old age group since 1980, although this trend is now being reversed.³

What Can Cause Depression in Young Adults?

Often, there is no one cause of Depression. It can be a complex mix of biological, psychological and social factors. In young adulthood there can be some particular stressors that could contribute to a person

We spoke to Cathy Richards, Lead Clinician/Head of Adolescent Psychology at the Young Person's Unit at the Royal Edinburgh Hospital, who explained how Depression can be devastating when you are young. It can knock



becoming depressed. Early loss, such as parental divorce, abuse, overly critical parents or teachers, being alienated or bullied and prolonged physical illness as a child can all lead to a person developing Depression or other forms of mental ill-health as a teenager or young adult. In addition, late adolescence is when most serious mental illnesses become apparent.

Transition

This is a time of transition and change, you're moving from adolescence to being an adult, you're moving from school to being a student, or into work. Young adults tend to be highly mobile. Maybe you will move in to university residences, or live with friends for a while, or go travelling. It can be a very exciting time, but it can also be an unsettling one.

Employment

Entering employment for the first time is an important transition point. It allows young people to make other transitions, like becoming independent from their parents. Andy Furlong, a professor of sociology at the University of Glasgow and the author of a report on Youth Transition and Health was quoted in Well? Magazine:

'Two decades ago, young people would leave school, get a job... and stay there for quite a long time. The steps they took were quite clear and straightforward. Now.... they might leave school and join a youth scheme, then take a temporary job, or go through a spell of unemployment. There are fewer guidelines, fewer clear messages and a greater degree of uncertainty. This is quite difficult to adjust to psychologically.'⁵

He says that young people need stronger systems of guidance. Often they are left to make their way in life 'through a system of trial and error'.

Becoming a Student

A recent study by The Royal College of Psychiatrists found that there has been an increase in students using counselling and health services, and that students reported greater symptoms of mental ill-health compared to non-students of the same age.⁶



Depression is the most common issue for which university counsellors are consulted by students.⁷ Mental health is becoming an issue of growing concern for colleges and universities. A Student Counselling Service can be very helpful. For example, in 2004/5, 76% of students using the University of Edinburgh's counselling service showed a statistically reliable improvement in their mental health.⁸ For those students who don't respond to counselling, sometimes more support can be required. Some UK universities are trialling the use of mentors and Mental Health Support Workers.

Relationships and Sexuality

Young adulthood is a time when you are forming adult relationships and becoming confident in your sexuality. Whether you are gay, lesbian, bisexual or heterosexual it can take time to learn how to develop mature relationships. On top of this, Depression can affect your sex drive and also your self-esteem which may make it harder for you to form positive relationships.

Treatment and Recovery

Increasingly, there is a recognition of the importance of getting help as soon as possible

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The Best Years of Your Life?

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for young people with mental health problems. Most services are not adequately resourced, despite children and young people's mental health being a priority in the Scottish Executive's National Programme for Mental Health and Wellbeing. The good news is that with the right support and treatment, NICE state that there is less chance that the Depression will last over 12 months.⁹

I am a Young Adult Experiencing Depression – What Can I Do?

Here are some suggestions:

- Speak to someone you trust such as a friend, your parents, a tutor or someone at work;
- Get help sooner rather than later. The sooner you get help, the sooner you can be on the road to recovery;
- Try to identify any negative thoughts and challenge them. In Depression, people often start thinking in a negative way. Ask yourself, what would you tell a friend?
- Plan activities that used to be enjoyable. Invite your friends to join you. Don't be too adventurous; but plan things that are manageable for you.
- It is common to have sleeping difficulties and it can be tempting to turn night into day. This can make things worse, so try to have regular sleeping and eating times, even if it is hard to sleep. Turn your mobile phone off and don't stay up late on the computer.
- If you are a student, many universities and colleges have a student counselling service that

can provide you with confidential help.

- Learn to recognise your own successes. It can be easy to compare yourself with your friends and feel that what you are doing is not worth anything, but if you are coping with Depression, everything is much harder and any achievement is worth noting.
- Pace yourself, take regular breaks and time out and reward yourself regularly with things you enjoy, like a trip to the cinema or lunch with a friend. You will find yourself to be more productive after a break.
- Join a self-help group run by Depression Alliance Scotland or another organisation

References

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2. NICE Guidelines 2005
3. Choose Life <http://www.chooselife.net/web/site/Statistics/ScottishTrends.asp>
4. Beliefs and Attitudes Associated With the Intention to Not Accept the Diagnosis of Depression Among Young Adults Benjamin W. Van Voorhees, MD, MPH, Joshua Fogel, PhD, Thomas K. Houston, MD, MPH, Lisa A. Cooper, MD, MPH, Nae-Yuh Wang, PhD and Daniel E. Ford, MD, MPH *Annals of Public Medicine* 3:38-46 (2005) [//www.medscape.com/viewarticle/498574](http://www.medscape.com/viewarticle/498574)
5. Minding the Gap *Well? Magazine* Issue 1 Autumn/Winter 2002
6. Royal College of Psychiatrists Council Report CR112, January 2003
7. Association for University & College Counselling (AUCC) Annual Survey 2002/3 published by the British Association for Counselling & Psychotherapy
8. A Brief Guide to Student Mental Health Provision at UK Educational Institutions Tash Shotton, Edinburgh University Students' Association
9. NICE Guidelines 2005

Further Information and Support

- Depression Alliance Scotland **0845 123 23 20** www.dascot.org
- Living Life to the Full www.livinglifetothefull.com Free web based life skills course.
- The Samaritans 08457 909090 www.samaritans.org.uk 24 hour helpline
- Breathing Space: for anyone experiencing low mood or depression. tel: 0800 83 85 87 from 6pm - 2am. Web: www.breathingspacescotland.co.uk
- YoungMinds: Information and advice for anyone concerned about the mental health of a young person up to the age of 25. 48-50 St John Street, London EC1M 4DG tel: 020 7336 8445 email: enquiries@youngminds.org.uk web: www.youngminds.org.uk
- Depression in Teenagers www.depressioninteenagers.co.uk
- Students Against Depression www.studentdepression.co.uk



Young Adults' Stories of Depression

Elspeth

Like a lot of people, I found it very hard to accept that I might actually be depressed. I battled it for most of my teenage years, before finally accepting I had a problem in my first year at university. A big part of my illness was guilt: I had a roof over my head and a family who loved me and yet I still felt miserable. Whilst I would advise friends describing the symptoms that I felt to seek help, somehow I didn't think I deserved any intervention from antidepressants or talk therapy and that I should just 'snap out of it'.

Eventually, I realised that it was having a crippling effect on my life: I would feel like crying at the prospect of climbing a set of stairs and couldn't face doing things I usually loved. I was no longer able to meet university deadlines and just wanted to curl up in bed all day. The more inactive I became, the more I loathed myself. I was lucky enough to have a huge amount of support from family members who had knowledge of treating and living with Depression.

As well as medication, which had varying effects on me, I found talking about things made me realise how hard I was being on myself and how irrational my feelings were. Experience makes it easier to detect when thoughts are becoming clouded by Depression. I also entered into a loving relationship with my now husband, which helped build my self-esteem. A big part of my recovery was linked to discovering what I wanted to do with my life and the purpose this realisation gave me. I realise not everybody is as fortunate in finding a vocation they are happy with. However, one thing I did learn was to give myself the same advice I might give a friend who came to me for help, rather than setting myself impossible standards.

A DAS Supporter

I first experienced Depression when I was 17 and had started at university. I had always been a worrier and quite a shy and nervous person, but low feelings and misery began to overwhelm me, and I became withdrawn and really felt things were falling apart.

When you are young and experience Depression for the first time, it is completely debilitating, because you don't really know what is happening to you and what is wrong with you. I think everyone does experience episodes of low mood at some stage but feeling low all the time and being unable to lift your mood up again is extremely frightening indeed.

When I first became depressed, I also had tremendous feelings of guilt and confusion at feeling so miserable, because all I had wanted for years was to go to University, but now I was there, I was feeling so wretched. In addition, everyone else my age seemed to be so positive and full of energy and enjoying life, something that made me feel completely isolated and lonely. I felt that everyone expected me, as a young person with my whole life ahead of me, to be full of life and happy and that no-one would understand why I was depressed when I couldn't really identify a reason for me feeling the way I did.

I saw my GP, and I was fortunate in that she was sympathetic and reassuring. She prescribed me antidepressants, which definitely helped me feel better and over a period of time I got back to some kind of normality.

Although I've suffered relapses since then, my advice to other young people suffering from Depression and low mood is please don't suffer on your own. Go to see your GP, accept that Depression is something many other people



Picture posed by models

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Young Adults' Stories of Depression

Continued from page 7

your age will also be experiencing, and take whatever help is available and suits you best, whether that is medication, Cognitive Behavioural Therapy or other talking therapies.

Eileen McPartlin

When I was seventeen, I became extremely unhappy. My self-esteem plummeted and I found it increasingly difficult to concentrate; sometimes nodding off at school. When I started skipping school and became more and more withdrawn, my parents became very concerned and encouraged me to visit my GP, who diagnosed Depression and prescribed anti-depressants. When my mood didn't improve, he referred me to a psychiatrist at the Royal Edinburgh Hospital's Young People's Unit.

Having left school, I began visiting the psychiatrist weekly, who gently helped me learn to talk about my feelings and prescribed me some new anti-depressants. He explained that while my illness had 'knocked the stuffing out of me', there was lots he could do and I would soon be feeling more like my old self again.

He was right, and within a few months I felt confident enough to begin studying Higher Music at my local college. Things seemed to be going well, so when a couple of my classmates applied to study an HND, I did too and began at Napier the following autumn.

Unfortunately, the course proved too stressful and my old symptoms returned. My work seemed to become harder and harder and I began to compare myself very negatively to the rest of my class. I remember feeling like a total failure and that there was no point to anything any more.

A few weeks later, when things hadn't improved, my psychiatrist admitted me into hospital. I remember him reassuring me that hospital was nothing to be frightened of and that I wouldn't be in for long. However, I must admit finding the adult ward quite frightening, so I spent every day by myself in the non-smoking room. My parents were an invaluable support – as they were throughout my illness – visiting me every day and

providing a lifeline to familiarity. I also began attending the Day Unit at the hospital's Young People's Unit, which, besides providing structure and routine, allowed me to meet friendly folk of my own age and paired me with a keyworker in whom I could confide. After I was discharged from the ward, I continued attending the Day Unit every day, enjoying activities like bowling, cinema, art and crafts.

Eventually, I recovered and slowly built my confidence back up. But Depression is a nasty illness and it returned with a vengeance several times during the next few years, making me believe I was a horrible person and that everything was hopeless. At times I gave up completely, resigning myself to the assumption that I'd always be depressed.

My parents, however, never tired of reminding me that I was a valuable person, that I didn't deserve to suffer and that I would eventually recover. They encouraged me to talk about my feelings, providing a shoulder to cry on whenever I needed it. They also helped me discover new hobbies, giving me much-needed activity and less time to over-think.

Although I would never have believed it possible six or seven years ago, today I am well and content and have been for several years. Whilst I would never want to repeat my experiences, they have helped me gain self-awareness and insight and taught me never to take my life for granted.

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picture posed by models



How Independent Advocacy Could Help You



Under the Mental Health (Care and Treatment) (Scotland) Act 2003, local health boards have a duty to provide independent advocacy to anyone who has problems with their mental health, regardless of age, disability, ethnic origin, culture, faith, sexuality, social back-ground or

personal circumstances. This article explores advocacy and how it may be of help to you.

What is Independent Advocacy?

Independent advocacy strives to enable people to be heard. The aim of independent advocacy is for an advocate or representative to support the person to express their needs, thoughts and views and to make informed decisions. Where necessary, the advocate will represent the person to ensure their needs and views on their care are taken into account. Their aim is to give the person as much control and influence over their care and welfare as is appropriate in the circumstances. However, an advocate will not make decisions on a person's behalf. Instead they will help you get the information you need to make informed choices, and will offer support in communicating what these choices are. Independent advocacy is there to help you decide what you want to say and then help you to say it.

Using independent advocacy does not mean you cannot seek advice from others, such as a solicitor or a voluntary sector organisation like Depression Alliance Scotland.

When Might You Need Independent Advocacy?

When you are feeling depressed, it can be hard to express how you feel about situations in your life. You may not like how things seem to be going with different aspects of your life. Maybe you have money problems caused by your Depression and you find it hard to deal with people you owe money to, or you have benefit issues and find it hard to deal with the

Department of Work and Pensions. An advocate could help you put your point of view across.

How Do You Get in Touch With an Advocate?

Each local authority and health board has to ensure that access to an advocacy service is available and that people have the opportunity of making use of these services.

Details of your local independent advocacy service should be in the phone book, or you can contact the Scottish Independent Advocacy Alliance on 0131 260 5380 or visit their website www.siaa.org.uk, which has a directory of advocacy organisations. We'll be happy to help you find your local advocacy service at Depression Alliance Scotland, contact us on 0845 123 23 20 or email info@dascot.org.

Independent advocates do not work for hospitals or social work services and you should never be asked to pay for their services.

Please Give Us Feedback

We would be interested to know if you have ever used advocacy services:

- Was it easy or difficult to access?
- Was there a waiting list?

Would you be willing to share your experiences? You can remain anonymous if you prefer. Please contact us at 3 Grosvenor Gardens, Edinburgh EH11 5JU, phone 0845 123 23 20 or email info@dascot.org.

Further Information

• The Scottish Association for Mental Health
tel: 0141 568 7000 at www.samh.org.uk
email: enquire@samh.org.uk

• The Mental Health Act itself at
www.opsi.gov.uk/legislation/scotland/acts2003

• The Mental Welfare Commission for Scotland
tel: 0800 389 6809 at www.mwscot.org.uk
email: enquiries@mwscot.org.uk

• The Scottish Independent Advocacy Alliance
tel: 0131 455 8183 at www.siaa.org.uk
email: enquiry@siaa.org.uk



Dear Doctor – Long-Term Use of Antidepressants

Dear Doctor

'I've been taking antidepressants for over three years now and I'm convinced they've quite

literally proven to be a lifesaver. I experienced bouts of Depression when I was younger and was prescribed different medication only for short periods of time. However, the Depression soon returned. Is it safe for me to continue long-term use of antidepressants?'

DAS Supporter

Dear DAS Supporter

You raise a very important question to which the short answer is, 'yes - it is safe to continue long term use of antidepressants'.

Some people will experience Depression as a single episode of illness, but, unfortunately, for the majority of people affected by Depression, it will be a recurring problem. The good news, as you have found over the past three years, is that antidepressants are helpful in preventing new episodes of Depression as well as in treating existing episodes. Many folk I know, including one of my own family, have, like you, found that long term use of an antidepressant has transformed the quality of their life after years of battling with Depression.

Preventative use of an antidepressant should be considered for anybody who has shown a tendency towards recurrent Depression. Just

when the decision is taken, will be a matter for discussion between the individual and his or her medical adviser. Generally, anybody who has experienced three episodes of Depression, or two episodes in quick succession, is likely to do better on long term preventative treatment.

When working as a GP, I often reflected on the paradox that Depression is one of the most serious illnesses, causing devastating pain, and yet those affected are often reluctant to take even a course of an antidepressant, let alone long term treatment. I found that, by contrast, folk were, almost invariably, quick to accept life-long medication for high blood pressure and yet high blood pressure causes no symptoms and is simply a risk factor for problems that may never occur.

Sadly, we still have a long way to go to overcome the stigma associated with Depression. This stigma is the major factor that stops people affected from 'coming out' and admitting to themselves, let alone anyone else, that they have Depression.

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.

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?

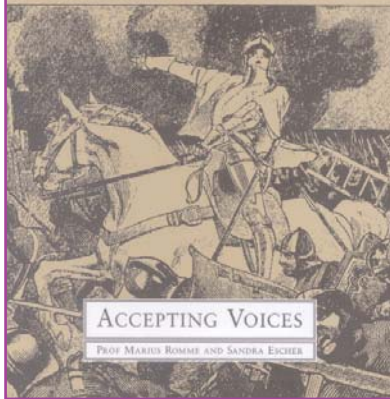
Please send your review to DAS. Let us know the book title, author(s), publisher, date published and, if possible, the ISBN number. Please also confirm if you wish your name to be attributed to your review or not. It is recognised that all reviews are personal and do not necessarily reflect the view 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.



Book Review by Emily Papageorgiou

Accepting Voices by Prof Marius Romme and Sandra Escher

A new analysis of the experience of hearing voices outside the illness model. This original research is a powerful challenge to popular stereotypes and the psychiatric orthodoxy which inhibits rather than stimulates personal growth



Professor Marius Romme & Sandra Escher's book on hearing voices is another invaluable mental health resource from MIND.

Building upon contributions from many leading practitioners in the field, the book systematically details traditional and non-traditional accounts of hearing

individual, and taboos concerning 'the dangerous psychopath'.

Beyond illustrating many psychiatric perspectives on hearing voices, *Accepting Voices* presents many useful non-psychiatric viewpoints into the origins of voices, and different ways of coping with them. Its major strength is when it provides useful techniques for dealing with such experiences. It does this by investigating triggers and by emphasising the importance of personal growth, through learning to identify the different nature of voices. Here the authors place particular attention on the personal context in which the voices can be heard, by focusing on the possible meaning of the voices within the voice hearer's life and by 'training' the voices through self-help techniques.

voices, including non-psychiatric and psychological perspectives, before outlining numerous case studies. The book concludes with an in-depth study of how to take control of hearing voices, detailing the use and merits of methods such as diaries, focusing and voice dialogue techniques.

In particular, it is the case studies derived from research on Dutch and British populations which provide significant insights into different accounts of voice-hearing. Here, Romme and Escher show that hallucinations, especially voice-hearing, are experienced not only by people labelled as mentally ill, but also by a number of people who lead reasonably happy lives, and who do not consider themselves to be psychiatrically disturbed in any way. From this perspective, the book illustrates the ability of people to make sense of, and control, their experiences without recourse to psychiatry; thus breaking the barrier between popular perceptions of a fully 'normal and functional'

Although published in 1993, *Accepting Voices* is still emblematic of three central issues of continued importance in this field of study: the stigma of voice-hearing and the methods to fight it; its psychiatric diagnosis implications; and the challenge of the impact of voice-hearing to self-acceptance and personal growth. This book succeeds in fundamentally addressing all of these issues in a highly innovative, refreshing and expert way, within a realistic framework that provides a significant landmark for future research and classification of mental health problems. As such, it is a substantial text, whose importance and influence will continue to be valued by healthcare practitioners and service users alike.

- **Accepting Voices**
- Prof. Marius Romme and Sandra Escher, London: MIND Publications, 1993
- 258 pp
- £16.40 pb
- ISBN 1-874690-13-8
- www.mind.org.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/uk/depressionalliancescotland for more information.



Young Adults' Stories

Continued from page 8

A DAS Supporter

My Depression started with irritability. I began to get angry with my housemates for little reason. I couldn't help myself. I would get annoyed about small things and I didn't know why I'd changed so much. I apologised, but sometimes it wasn't enough. I didn't know myself why I got so angry, so it was difficult to explain it to someone else. I just always felt unhappy and irritable. One night, I lay in bed listening to a couple of my housemates whispering about my bad behaviour outside my door. I felt lousy and my already low self-esteem hit the floor.

Life at home became horrible. I started avoiding my housemates and they avoided me. I would come in from work and hide in my room until everyone had gone out or to bed and then go down to the kitchen to get something to eat. I felt increasingly lonely and isolated, but I didn't have much energy to go out. I wanted to move out, but I didn't have the energy to arrange it, so I just went to work and hid in my box room. I wondered if it was possible to get bed sores from the amount of time that I spent in bed, but I didn't really see

any alternative. I did try to talk to my GP about how I was feeling, but I found it hard to express what was happening to me and he didn't seem to believe me anyway.

It was a good friend who lived in another town who helped me. When she came home, we went out for coffee and she listened to my problems. She didn't judge me, she had known me from school and she knew

“ She didn't judge me ”

there was more to me than this. It was a relief to have someone to talk to. She suggested I come and live

with her, as one of her housemates had moved out. It was a risk, but I was at such a low ebb, I decided to take her up on it. Making the arrangements was hard, but it was worth it. At first, when I moved into her house, I still wanted to stay in bed all the time, and she didn't criticise me when I did that. Gradually, I started to feel better and to take an interest in life. I started wanting to go out again and to feel good about life. I'm not saying things were perfect, but they were much better. Looking back, I wish I had sought treatment for the Depression, but at the time I wasn't really prepared to admit that was what was wrong with me.

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. 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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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?