

The Royal College of Psychiatrists produces:

- a wide range of mental health information for patients, carers and professionals,
- factsheets on treatments in psychiatry such as antidepressants and Cognitive Behavioural Therapy.

These can be downloaded from our website:  
[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk).

A range of materials for carers of people with mental health problems has also been produced by the 'Partners in Care' campaign. These can be downloaded from  
[www.partnersincare.co.uk](http://www.partnersincare.co.uk).

For a catalogue of our materials, contact the Leaflets Department, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Tel: 020 7235 2351 ext. 259; Fax 020 7235 1935; e-mail: [leaflets@rcpsych.ac.uk](mailto:leaflets@rcpsych.ac.uk).

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Royal College of Psychiatrists

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Help is  
at hand

# Depression



The Royal College of Psychiatrists

## About this leaflet

This leaflet is for anyone who is troubled by feelings of depression. We hope it will also be useful for friends and relatives.

It describes what it feels like to be depressed, how you can help yourself, how to help someone else who is depressed, and what help you can get from professionals. It mentions some of the things we don't know about depression. At the end of the leaflet, there is a list of other places where you can get further information.

## Introduction

We all feel fed up, miserable or sad at times. These feelings don't usually last longer than a week or two, and they don't interfere too much with our lives. Sometimes there's a reason, sometimes they just come out of the blue. We usually cope with them ourselves. We may have a chat with a friend, but don't otherwise need any help.

In depression:

- these feelings don't go away quickly;
- they are so bad that they interfere with everyday life;
- there are other symptoms (overleaf).

## What does it feel like to be depressed?

The feeling of depression is much stronger and more unpleasant than the short episodes of unhappiness that we all experience from time to time. It goes on for much longer and it can last

for months rather than days or weeks.

Most people with depression will not have all the symptoms listed here, but most will have at least five or six.

### You:

- feel unhappy most of the time (but may feel a little better in the evenings)
- lose interest in life and can't enjoy anything
- find it harder to make decisions
- can't cope with the things that you used to
- feel utterly tired
- feel restless and agitated
- lose appetite and weight (some people find they do the reverse and put on weight)
- take 1-2 hours to get off to sleep, and then wake up earlier than usual
- lose interest in sex
- lose your self-confidence
- feel useless, inadequate and hopeless
- avoid other people
- feel irritable
- feel worse at a particular time each day, usually in the morning
- think of suicide.

*If only my doctor  
hadn't told me  
sleeplessness was a  
symptom of DEPRESSION -  
I'd never have known I had it*



We may try to cope with our feelings of depression by being very busy. This can make us even more stressed and exhausted. We will often notice physical pains, constant headaches or sleeplessness. Sometimes these physical symptoms can be the first sign of a depression.

## Why does it happen?

As in the everyday depression that we all experience from time to time, there will sometimes be an obvious reason for becoming depressed, sometimes not. There is usually more than one reason, and these are different for different people.

The reason may seem obvious. It can be a disappointment, frustration, losing something or someone important. Sometimes it isn't clear why we feel depressed. We're just 'in a mood', 'have got the hump', 'feel blue,' 'got out of bed the wrong side'. We really don't know why.

## Things that happen in our lives

It is normal to feel depressed after a distressing event – a bereavement, a divorce or losing a job. We may spend time over the next few weeks or months thinking and talking about it. After a while, we seem to come to terms with what's happened. But some of us get stuck in a depressed mood which doesn't seem to lift.

## Circumstances

If we are alone, have no friends around, are stressed, have other worries or are physically run down, we are more likely to become depressed.

## Physical Illness

Depression is more likely when we are unwell. This is true for life-threatening illnesses such as cancer and heart disease, but also for illnesses that are long and uncomfortable or painful, like arthritis or bronchitis. Younger people may become depressed after viral infections, like 'flu' or glandular fever.

## Personality

Anyone can become depressed, but some of us seem to be more likely than others. This may be because of our genes, because of experiences early in our life, or both.

## Alcohol

Many people who drink too much alcohol become depressed. It often isn't clear as to which came first – the drinking or the depression. We know that people who drink too much are more likely to kill themselves than other people.

## Gender

Women seem to get depressed more than men do. It may be that men are less likely to admit their feelings and bottle them up, or express them in aggression, or through drinking heavily. Women are more likely to have the double stress of having to work and look after children.

## Genes

Depression can run in families. If you have one parent who has become severely depressed, you are about eight times more likely to become depressed yourself.

## What about manic depression?

About 1 in 10 people who suffer from serious depression will also have periods when they are too happy and overactive. This used to be called 'Manic Depression', but is now often called 'Bipolar Affective Disorder'. It affects the same number of men and women and tends to run in families.

## Isn't depression just a form of weakness?

Other people may think that someone with depression has just 'given in', as if they have a choice in the matter. The fact is, there comes a point at which depression is much more like an illness than anything else. It can happen to the most determined of people, and calls for help, not criticism. It is not a sign of weakness – even powerful personalities can experience deep depression. Winston Churchill called it his 'black dog'.

## When should I seek help?

- When your feelings of depression are worse than usual, and don't seem to get any better.
- When your feelings of depression affect your work, interests and feelings towards your family and friends.
- If you find yourself feeling that life is not worth living, or that other people would be better off without you.



It may be enough to talk things over with a relative or friend. If this doesn't help, you probably need to talk it over with your family doctor. You may find that your friends and family notice a difference in you and are worried about you.

## Helping yourself

### Don't keep it to yourself

If you've had some bad news, or a major upset, try to tell someone close to you, and tell them how you feel. It often helps to go over the painful experience several times, to cry about it, and to talk things over with someone. This is part of the mind's natural way of healing.

### Do something

Get out of doors for some exercise, even if only for a walk. This will help you to keep physically fit, and you may sleep better. You may not be able to work, but it is good to keep active. This could be housework, do-it-yourself (even as little as changing a light bulb) or any part of your normal routine. It can help take your mind off painful thoughts which make you more depressed.

## Eat well

Depression can make you lose weight and run short of vitamins which will only make you feel worse. Even though you may not feel like eating, try to eat a good, balanced diet. Fresh fruit and vegetables are particularly helpful.

## Beware alcohol!

Resist the temptation to drown your sorrows with a drink. Alcohol actually makes depression worse. It may make you feel better for a few hours, but will then make you feel worse again. Too much alcohol stops you from seeking the right help and from solving problems; it is also bad for your physical health.

## Sleep

Try not to worry about finding it difficult to sleep. It can be helpful to listen to the radio, or watch TV while you're lying down and resting your body, even if you can't sleep. If you can occupy your mind in this way, you may feel less anxious and find it easier to get off to sleep.

## Tackle the cause

If you think you know what is behind your depression, it can help to write down the problem and then think of the things you could do to tackle it. Pick the best things to do and try them.

## Keep hopeful

Remind yourself that:

- you are suffering from an experience which many other people have gone through;
- it may be hard to believe, but you will eventually come out of it;

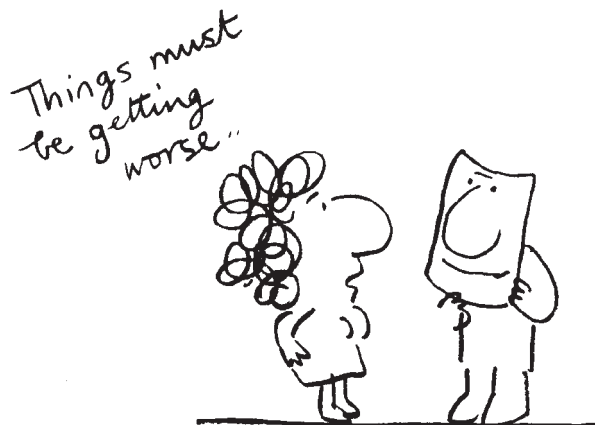
- you will eventually come out of it, although you may find it hard to believe at the time;
- depression can be a useful experience – you may come out of it stronger and better able to cope. It can help you to see situations and relationships more clearly;
- you may be able to make important decisions and changes in your life, which you have avoided in the past.

## What kind of help is available?

Most people with depression are treated by their family doctor. Depending on your symptoms, the severity of the depression and the circumstances, the doctor may suggest some form of talking treatment, antidepressant tablets, or both.

## Psychotherapy/counselling

Simply talking about your feelings can be helpful, however depressed you are. Your GP may have a counsellor at the surgery who you can talk to.



If your depression seems connected with your relationship with your partner, then there are relationship counselling organisations that may be helpful in enabling you to sort out your feelings.

If you have become depressed while suffering from a disability or caring for a relative, then sharing experiences with others in a self-help group may give you the support you need.

If you are not able to get over the death of someone close to you, it is particularly helpful to talk about it with someone.

Sometimes, it is hard to express your real feelings even to close friends. Talking things through with a trained counsellor or therapist can be easier. It can be a relief to get things off your chest. If you can have another person's undivided attention for a while, you are likely to feel better about yourself. There are many different sorts of psychotherapy available, some of which are very effective for people with mild to moderate depression.

Cognitive Behavioural Therapy helps people overcome the negative thoughts that can sometimes be the cause of depression. Interpersonal and dynamic therapies can be helpful if you find it difficult to get on with other people.

Talking treatments do take time to work. Sessions usually last about an hour, and you might need anywhere from 5 to 30 sessions. Some therapists will see you weekly, others every 2 to 3 weeks.

## How do talking treatments work?

It depends on what form of therapy you have. Just sharing your worries with someone else can help – you feel less alone with your troubles and feel supported.

- Cognitive Behavioural Therapy helps you to look at and change the ideas you have that make you depressed.
- Counselling can help you to be clearer about how you feel about your life and other people.
- Dynamic therapies help you to see how your past experiences may be affecting your life here and now.
- Talking in groups can be helpful in changing how you behave with other people. You get the chance, in a safe and supportive environment, to hear how people see you, and the opportunity to try out different ways of behaving and talking.

## Problems with talking treatments

These treatments are usually very safe but they can have side-effects. Talking about things may bring up bad memories from the past, and this can make you low or distressed. Others have reported that therapy can change their outlook and the way they relate to friends and family. This can put strains on relationships. It is important to make sure that you can trust your therapist, and that they have the necessary training. If you are concerned about having therapy, talk it over with your doctor or therapist. Unfortunately, talking treatments are in short supply. In some areas, you may find yourself waiting for several months if you are referred for psychotherapy.

## Alternative remedies

St John's Wort is a herbal remedy available from chemists. It is widely used in Germany, and there is evidence that it is effective in mild to moderate depression. There are now one-tablet per day preparations available. It seems to work in much the same way as some antidepressants, but some people find that it has fewer side-effects. One problem is that it can interfere with the way other medications work. If you are taking other medication, you should discuss it with your doctor.

## Antidepressants

If your depression is severe or goes on for a long time, your doctor may suggest that you take a course of antidepressants. These are not tranquillisers, although they may help you to feel less anxious and agitated. They can help people with depression to feel and cope better, so that they can start to enjoy life and deal with their problems effectively again.

It is important to remember that, unlike many medicines, you won't feel the effect of antidepressants straight away. People often don't notice any improvement in their mood for 2 or 3 weeks, although they may notice that

they are sleeping better and feeling less anxious after a few days.

## How do antidepressants work?

The brain is made up of millions of cells which transmit messages from one to another using tiny amounts of chemical substances called 'neurotransmitters'. Upwards of 100 different chemicals are active in different areas of the brain. It is thought that in depression, two of these neurotransmitters are particularly affected – 'Serotonin', sometimes referred to as 5HT, and 'Noradrenaline'. Antidepressants increase concentrations of these two chemicals at nerve endings, and so seem to boost the function of those parts of the brain that use 'Serotonin' and 'Noradrenaline'. Even so, it is not certain that this is the actual mechanism that improves mood.

## Problems with antidepressants

Like all medicines, antidepressants do have some side-effects, though these are usually mild and tend to wear off as the treatment goes on. The newer antidepressants (called SSRIs) may make you feel a bit sick at first, and you may feel more anxious for a short while. The older antidepressants can cause a dry mouth and constipation. Unless the side-effects are very bad, your doctor is likely to advise you to carry on with the tablets.

As with any group of medicines, different antidepressants have different effects. Your doctor can advise you on what to expect, and will want to know about anything that worries you. Make sure your pharmacist gives you an information leaflet with the tablets. Many people

*A nice, gloomy  
Swedish film will  
cheer you up...*



wonder if these tablets will make them drowsy. Generally, tablets which make you sleepy are taken at night, so any drowsiness can then help you to sleep. However, if you feel sleepy during the day, you should not drive or work with machinery till the effect wears off.

You can eat a normal diet while taking most of these tablets (if not, your doctor will tell you) and they don't cause problems with pain-killers, antibiotics or the Pill. You should avoid alcohol, though. It can make you very sleepy if you drink while you are taking the tablets.

Your GP, not a psychiatrist, will usually be the one who prescribes an antidepressant. At first, he or she will probably want to see you for regular appointments to make sure the tablets agree with you. If they do help, then it is advisable to stay on them for at least 4 months after you feel better. If it is your first episode of depression, you may have to stay on them for longer than this. When it is time to stop, you should come off them slowly, with the advice of your doctor.

People often worry that antidepressants are addictive. Certainly, you may get withdrawal symptoms if you stop an antidepressant suddenly. These can include anxiety, diarrhoea, vivid dreams or even nightmares. This can nearly always be avoided by slowly reducing the dose before stopping. Unlike drugs such as Valium (or nicotine or alcohol), you don't have to keep taking an increasing amount to get the same effect, and you will not find yourself craving an antidepressant.

There are some limits to the use of antidepressants for younger people, in their teens. There is some evidence that SSRI antidepressants can increase suicidal thoughts. For this age group, in the UK:

- Fluoxetine, an SSRI antidepressant, can be used;
- other SSRI antidepressants are not licensed;
- Fluoxetine should usually be used only in addition to psychological therapy;
- it should be given under the direction of a psychiatrist;
- the young person should be monitored weekly at least for the first 4 weeks.

You might like to read our leaflet on antidepressants for further information ([www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)).

### Which is right for me – talking or tablets?

It depends on how your depression has developed and how severe it is. On the whole, talking treatments have been found to help in mild and moderate depression. Medication is not thought to be helpful in mild depression. If your depression is severe, you are more likely to need antidepressant medication, usually for a period of 7-9 months.

People often find that it is useful to have some form of psychotherapy after their mood has improved with antidepressants. It can help you to work on some of the things in your life that might otherwise make you become depressed again.

So, it may not be a case of one treatment or the other, but what is most helpful for you at a particular time. Both talking treatments and antidepressants are about equally effective in helping people get better from moderate depression (see references). Many psychiatrists believe that antidepressants are more effective in treating severe depression.

Some people just don't like the idea of medication, some don't like the idea of psychotherapy. So, there is obviously a degree of personal choice. This is limited by the fact that proper counselling and psychotherapy are not readily available in some areas of the country.

When you are low, it can be difficult to work out what you should do. Talk it over with friends or family or people you trust. They might be able to help you decide.

*If only my doctor  
hadn't told me  
Sleeplessness was a  
symptom of DEPRESSION -  
I'd never have known I had it*



## Will I need to see a psychiatrist?

Probably not. Most people with depression find the help they need at their GP surgery. A small number of people don't improve and need more specialist help. They are likely to be referred to a psychiatrist, or a member of the Community Mental Health Team. A psychiatrist is a medical doctor who specialises in the treatment of emotional and mental disorders. Community team members may be a nurse, psychologist, social worker or occupational therapist. Whichever profession they belong to, they will have specialist training and experience in mental health problems.

The first interview with a psychiatrist will probably last about an hour. You may be invited to bring a relative or friend with you if you wish. There is no need to feel nervous. The sort of questions asked are likely to be practical, rather than deeply probing. The psychiatrist will want to find out about your general background, and about any serious illnesses or emotional problems you may have had in the past. He or she will ask about what has been happening in your life recently, how the depression has developed, and whether you have had any treatment for it already. It can sometimes be difficult to answer all these questions, but they help the doctor to get to know you as a person, and decide on what would be the best option for you.

This might be practical advice, or suggesting different treatments, perhaps involving members of your family. If your depression is severe or

needs a specialised type of treatment, it might be necessary to come into hospital. This is only needed for about 1 in every 100 people with depression.

### What will happen if I don't get any treatment?

The good news is that 4 out of 5 people with depression will get completely better without any help. This will probably take 4-6 months (or sometimes more). So, why bother to treat depression?

Although 4 out of 5 people get better in time, this still leaves 1 in 5 who are still depressed two years later. As yet, we can't accurately predict who will get better, and who will not. Even if you get better eventually, the experience can be so unpleasant that it is worth trying to shorten the time you are depressed. Moreover, if you have a first episode of depression, you have a roughly 50:50 chance of having another one. A small number of people with depression will eventually commit suicide.

Taking up some of the suggestions in this leaflet may shorten a period of depression. If you can overcome it by yourself, then that will give you a feeling of achievement and confidence to tackle such feelings again if you feel low in the future. However, if the depression is severe or goes on for a long time, it may stop you from being able to work and enjoy life.

### How can I help someone who is depressed?

Be a good listener. This can be harder than it sounds. You may have to hear the same thing over and over again. It's usually best not to offer advice unless it's asked for, even if the answer seems perfectly clear to you.

If depression has been brought on by a particular problem, you may be able to help find a solution, or at least a way of tackling the difficulty.

It's helpful just to spend time with someone who is depressed. You can encourage them, help them to talk and to keep going with some of the things they normally do.

Someone who is depressed will find it hard to believe that they can ever get better. You can reassure them that they will get better, but you may have to repeat this over and over again.

Make sure that they are buying enough food and eating enough.

Help them to stay away from alcohol.

If they are getting worse, and start to talk of not wanting to live, or even hinting at harming themselves, take them seriously. Make sure that they tell their doctor.

Encourage them to accept help. Don't discourage them from taking medication, or seeing a counsellor or psychotherapist. If you have worries about the treatment, then you may be able to discuss them first with the doctor.

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## Further help

### **Association for Post Natal Illness**

145 Dawes Road, Fulham, London SW6 7EB;  
Helpline: 020 7386 0868; [www.apni.org](http://www.apni.org)  
Provides information and offers one to one support from mothers who have been through postnatal depression as well.

### **Aware: Helping to defeat depression**

72 Lower Leeson Street, Dublin 2, Ireland;  
Helpline: 00 353 1 890 303 302;  
[www.aware.ie](http://www.aware.ie)  
Provides information and support to people affected by depression in Ireland and Northern Ireland.

### **Depression Alliance**

212 Spitfire Studios, 63-71 Collier Street, London N1 9BE; Tel: 0845 123 23 20;  
[www.depressionalliance.org/](http://www.depressionalliance.org/)

### **Depression Alliance Scotland**

3 Grosvenor Gardens, Edinburgh EH12 5JU  
[www.depressionalliancescotland.org](http://www.depressionalliancescotland.org)  
Tel: 0131 467 3050

Information, support and understanding for people who suffer with depression and for relatives who want to help.

### **Fellowship of Depressives Anonymous**

Box FDA, Self-Help Nottingham, Ormiston House, 32-36 Pelham Street, Nottingham NG1 2EG; Tel: 0870 774 4320; Fax: 0870 774 4319; [www.depressionanon.co.uk](http://www.depressionanon.co.uk)

A national mutual support group for people suffering from depression.

### **MDF The Bipolar Organisation**

Castle Works, 21 St George's Road, London SE1 6ES; Tel: 08456 340 540; Fax: 020 7793 2639; [www.mdf.org.uk](http://www.mdf.org.uk)

### **MDF The Bipolar Organisation Cymru**

22-29 Mill Street, Newport NP 20 5HA; Tel: 08456 340 080; Fax: 01633 244 111; [www.mdfwales.org.uk](http://www.mdfwales.org.uk)

Enable people affected by bipolar disorder/ manic depression to take control of their lives through self-help groups and information on all aspects of the condition.

### **National Association for Premenstrual Syndrome**

41 Old Road, East Peckham, Kent TN12 5AP; Tel: 0870 7772178; [www.pms.org.uk](http://www.pms.org.uk)

Medical charity providing information, advice and support to women affected by PMS, their partners and families.

### **Relate: The relationship people**

Herbert Gray College, Little Church Street, Rugby CV21 3AP; Tel: 0845 456 1310; [www.relate.org.uk](http://www.relate.org.uk)

UK's largest and most experienced relationship counselling organisation.

### **Samaritans**

Helpline: 08457 90 90 90, Helpline (Ireland): 1850 60 90 90; e-mail: [jo@samaritans.org](mailto:jo@samaritans.org); [www.samaritans.org.uk](http://www.samaritans.org.uk)

National organisation offering support to those in distress who feel suicidal or despairing and need someone to talk to. The telephone number of your local branch can be found in the telephone directory.