



# Understanding depression

[samh.org.uk](https://samh.org.uk)

**SAMH**  
Scottish Action for Mental Health



**This booklet describes the symptoms of depression and the different kinds of treatment available. It suggests ways that you can help yourself, and what family and friends can do.**

**Since 1923, SAMH has represented the voice of people affected by mental health problems in Scotland. We are here to provide help, information and support.**

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# WHAT IS DEPRESSION?

Depression is a low mood that lasts for a long time, and affects your everyday life.

In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading your normal life but makes everything harder to do and seem less worthwhile. At its most severe, depression can be life-threatening because it can make you feel suicidal or simply give up the will to live.

## When does low mood become depression?

We all have times when our mood is low, and we're feeling sad or miserable about life. Usually these feelings pass in due course. But if the feelings are interfering with your life and don't go away after a couple of weeks, or if they come back over and over again for a few days at a time, it could be a sign that you're experiencing depression.

**"It feels like I'm stuck under a huge grey-black cloud. It's dark and isolating, smothering me at every opportunity."**

## Are there different types of depression?

If you are given a diagnosis of depression, you might be told that you have mild, moderate or severe depression. This describes what sort of impact your symptoms are having on you currently, and what sort of treatment you're likely to be offered.

You might move between different mild, moderate and severe depression during one episode of depression or across different episodes.

**“Sometimes it feels like a black hole but sometimes it feels like I need to cry and scream and kick and shout. Sometimes I go quiet and lock myself in my room and sometimes I have to be doing something at all times of the day to distract myself.”**

There are also some specific types of depression:

- **Seasonal affective disorder (SAD)** – depression that usually (but not always) occurs in the winter.
- **Dysthymia** – continuous mild depression that lasts for two years or more. Also called persistent depressive disorder or chronic depression.
- **Prenatal depression** – sometimes also called antenatal depression, it occurs during pregnancy.
- **Postnatal depression (PND)** – occurs in the weeks and months after becoming a parent. Postnatal depression is usually diagnosed in women but it can affect men too.

PANDAS has information and support for anyone experiencing pre- or postnatal depression (see 'Useful contacts' on p.25).

### **Is premenstrual dysphoric disorder (PDD) a type of depression?**

PDD is a severe form of premenstrual syndrome (PMS). Many women experience PMS, but for some women their symptoms are severe enough to seriously affect their daily life. This is when you might receive a diagnosis of PDD.

While PDD is not a type of depression, most women who experience PDD find that depression is a major symptom. NHS Choices has more information about PMS and PDD (see 'Useful contacts' on p.25).

# WHAT ARE THE SYMPTOMS OF DEPRESSION?

There are many signs and symptoms of depression, but everyone's experience will vary.

This section covers:

- common signs and symptoms of depression
- psychotic symptoms
- self-harm and suicide
- anxiety
- depression as a symptom of other mental health problems.

## Common signs and symptoms of depression

Some common signs of depression include:

### How you might feel

- down, upset or tearful
- restless, agitated or irritable
- guilty, worthless and down on yourself
- empty and numb
- isolated and unable to relate to other people
- finding no pleasure in life or things you usually enjoy
- a sense of unreality
- no self-confidence or self-esteem
- hopeless and despairing
- suicidal.

### How you might behave

- avoiding social events and activities you usually enjoy
- self-harming or suicidal behaviour
- finding it difficult to speak or think clearly
- losing interest in sex
- difficulty in remembering or concentrating on things
- using more tobacco, alcohol or other drugs than usual
- difficulty sleeping, or sleeping too much feeling tired all the time
- no appetite and losing weight, or eating too much and gaining weight
- physical aches and pains with no obvious physical cause
- moving very slowly, or being restless and agitated.

**"It felt like I was really tired, all the time. I had no energy or emotion about anything."**

## About psychotic symptoms

If you experience an episode of severe depression, you might also experience some psychotic symptoms.

These can include:

- delusions, such as paranoia
- hallucinations, such as hearing voices.

If you experience psychotic symptoms as part of depression, they're likely to be linked to your depressed thoughts and feelings. For example, you might become convinced that you've committed an unspeakable crime. These kinds of experiences can feel very real to you at the time, which may make it hard to understand that these experiences are also symptoms of your depression. They can also be quite frightening or upsetting, so it's important to seek help and support. You might feel worried that experiencing psychotic symptoms could mean you get a new diagnosis, but psychosis can be a symptom of depression.

Discussing your symptoms with your doctor can help you get the right support and treatment.

*(See SAMH's online booklet 'Understanding psychosis' for more information.)*

**"I had constant low mood, hopelessness, frustration with myself, feeling like I could cry at any moment."**



## About self-harm and suicide

If you are feeling low, you might use self-harming behaviours to cope with difficult feelings. Although this might make you feel better in the short term, self-harm can be very dangerous and can make you feel a lot worse in the long term. (See SAMH's booklet 'Understanding self-harm' for more information.)

When you're feeling really low and hopeless, you might find yourself thinking about suicide. Whether you're only thinking about the idea, or actually considering a plan to end your life, these thoughts can feel difficult to control and very frightening. If you're worried about acting on thoughts of suicide, you can call an ambulance, go straight to A&E or call the Samaritans for free on 116 123 to talk.

## About anxiety

It's very common to experience depression and anxiety together. Some symptoms of depression can also be symptoms of anxiety, for example:

- feeling restless
- being agitated
- struggling to sleep and eat.

(See SAMH's booklet 'Understanding anxiety and panic attacks' for more information.)

**"I flit between states of anxiety and depression. At times, each seems to fuel the other."**

## Can depression be a symptom of other mental health problems?

Depression can be a part of several mental health problems:

- Bipolar disorder
- Borderline personality disorder (BPD) and other personality disorders
- Schizoaffective disorder.

As feelings of low mood or suicidal thoughts might be the reason you first speak to your doctor about your mental health, your GP might offer you treatment for depression without realising that you are also experiencing other symptoms. If you think you're experiencing other symptoms, you can talk to your doctor about this to make sure you're getting the right treatment to help you.



# WHAT CAUSES DEPRESSION?

There are several ideas about what causes depression. It can vary a lot between different people, and for some people a combination of different factors may cause their depression.

Some people find that they become depressed without any obvious reason.

In this section you can find information on the following possible causes of depression:

- **childhood experiences**
- **life events**
- **other mental health problems**
- **physical health problems**
- **genetic inheritance**
- **medication, drugs and alcohol**
- **sleep, diet and exercise.**

## Is depression caused by a chemical imbalance?

No. As antidepressants work by changing brain chemistry, many people have assumed that depression must be caused by changes in brain chemistry which are then 'corrected' by the drugs. Some doctors may tell you that you have a 'chemical imbalance' and need medication to correct it. But the evidence for this is very weak, and if changes to brain chemistry occur, we don't know whether these are the result of the depression or its cause.

**"I first experienced depression at 15, after psychological abuse and domestic violence (both myself and my mother) at the hands of my father, for many years."**

## Childhood experiences

There is good evidence to show that going through difficult experiences in your childhood can make you vulnerable to experiencing depression later in life.

This could be:

- physical, sexual or emotional abuse
- neglect
- loss of someone close to you
- traumatic events
- unstable family situation.

Research shows that going through lots of smaller challenging experiences can have a bigger impact on your vulnerability to depression than experiencing one major traumatic event.

Difficult experiences during your childhood can have a big impact on your self-esteem and how you learned to cope with difficult emotions and situations. This can make you feel less able to cope with life's ups and downs, and lead to depression later in life.

NAPAC supports anyone who experienced abuse in childhood – including sexual, physical and emotional abuse, and neglect (see *'Useful contacts'* on p.25).

**“I started to feel that depression really took a hold after a torrid time in my job, where I was bullied – I just crumbled.”**

## Life events

In many cases, you might find your depression has been triggered by an unwelcome, stressful or traumatic event.

This could be:

- losing your job or unemployment
- the end of a relationship
- bereavement
- major life changes, like changing job, moving house or getting married
- being physically or sexually assaulted
- being bullied or abused.

It's not just negative experiences that cause depression, but how we deal with them. If you don't have much support to help you cope with the difficult emotions that come with these events, or if you're already dealing with other difficult situations, you might find that a low mood develops into depression.

## When does grief become depression?

Grief, and the low mood that comes with it, is a natural response to losing someone or something we love. How long your grief lasts will be individual to you. But if you feel that what you're experiencing might be something more than just grief, you can talk to your doctor about it.

You might want to try bereavement counselling first, as this may be more helpful for you than general treatment for depression. Cruse Bereavement Care offers support and counselling for anyone affected by bereavement (see 'Useful contacts' on p.25).



## Other mental health problems

If you experience another mental health problem, it's common to also experience depression.

This might be because coping with the symptoms of your mental health problem can trigger depression.

You may find you experience depression if you also experience:

- anxiety
- eating problems
- post-traumatic stress disorder (PTSD).

**“My depression seems to flare up during times when I am stressed and isolated from other people.”**



## Physical health problems

Poor health can contribute to your risk of developing depression.

Many health problems can be quite difficult to manage, and can have a big impact on your mood. These could be:

- chronic health problems
- life threatening illnesses
- health problems that significantly change your lifestyle.

As part of your treatment for a physical health problem you might be offered support for your mental health at the same time.

There are some physical health problems that can cause depression:

- conditions affecting the brain and nervous system
- hormonal problems, especially thyroid and parathyroid problems
- symptoms relating to the menstrual cycle or the menopause
- low blood sugar
- sleep problems.

If you think any of the above conditions apply to you, make sure your doctor knows about them. Some can be diagnosed by simple blood tests – your doctor may suggest these are done to help make the right diagnosis, or you can ask for blood tests if you think they may be relevant.

## Genetic inheritance

Although no specific genes for depression have been identified, research has shown that if you have a close family member with depression, you are more likely to experience depression yourself.

While this might be caused by our biology, this link could also be because we usually learn behaviour and ways of coping from the people around us as we grow up.



## Sleep, diet and exercise

A poor diet and lack of sleep and exercise can affect your mood, and make it harder for you to cope with difficult things going on in your life.

Although a poor diet, or not getting enough sleep or exercise, cannot directly cause depression, they can make you more vulnerable to developing it.

## Medication, drugs and alcohol

Depression can be a side effect of a lot of different medicines. If you are feeling depressed after starting any kind of medication, check the patient information leaflet to see whether depression is a side effect, or ask your doctor.

If you think a drug is causing your depression, you can talk to your doctor about taking an alternative, especially if you are expecting your treatment to last some time. Alcohol and street drugs can both cause depression. Although you might initially use them to make yourself feel better, or to distract yourself, they can make you feel worse overall.



# HOW CAN I LOOK AFTER MYSELF?

Experiencing depression can make it hard to find the energy to look after yourself. But taking an active role in your treatment, and taking steps to help yourself cope with your experiences, can make a big difference to how you feel.

Here are some things you can try:

## Look after yourself

- **Get good sleep.** For lots of people who experience depression, sleeping too little or too much can be a daily problem. Getting good sleep can help to improve your mood and increase your energy levels.
- **Eat well.** Eating a balanced and nutritious diet can help you feel well, think clearly and increase your energy levels.
- **Keep active.** Many people find exercise a challenge but gentle activities like yoga, swimming or walking can be a big boost to your mood.
- **Look after your hygiene.** When you're experiencing depression, it's easy for hygiene to not feel like a priority. But small things, like taking a shower and getting fully dressed whether or not you're going out of the house, can make a big difference to how you feel.
- **Avoid drugs and alcohol.** While you might want to use drugs or alcohol to cope with any difficult feelings, in the long run they can make you feel a lot worse.

**"I've made a list of things I usually enjoy, like knitting or playing the guitar, and I try to do little bits of these activities when I'm feeling low."**

**“Be kind to yourself. If you need ‘me time’, give it to yourself. You are worth it.”**

## Practise self-care

- **Work out what makes you happy.** Try making a list of activities, people and places that make you happy or feel good. Then make a list of what you do every day. It probably won't be possible to include all the things that make you happy but try to find ways to bring those things into your daily routine.
- **Treat yourself.** When you're feeling down, it can be hard to feel good about yourself. Try to do at least one positive thing for yourself every day. This could be taking the time for a long bath, spending time with a pet or reading your favourite book.
- **Create a resilience toolkit.** This could be a list of activities you know improve your mood, or you could fill an actual box with things to do to cheer yourself up. Try including your favourite book or film, a notebook and pen to write down your thoughts or notes of encouragement to yourself. It might feel difficult or a bit silly to put it all together but it can be a really useful tool if you're feeling too low to come up with ideas later on.
- **Be kind to yourself.** None of us achieve all our goals. Don't beat yourself up if you don't do something you planned to, or find yourself feeling worse again. Try to treat yourself as you would treat a friend, and be kind to yourself.



**“I’ve written a letter to myself which I keep along with a few other 'feel good' items in a tin box. The letter reminds me that although the storm has to take its course, it will eventually pass and things will get better.”**

## Keep active

- **Join a group.** This could be anything from a community project or a sports team to a hobby group. The important thing is to find an activity you enjoy, or perhaps something you've always wanted to try, to help you feel motivated.
- **Try new things.** Trying something new, like starting a new hobby, learning something new or even trying new food, can help boost your mood and break unhelpful patterns of thinking and behaviour.
- **Try volunteering.** Volunteering (or just offering to help someone out) can make you feel better about yourself and less alone. Volunteer Scotland can help match you with a volunteering opportunity in your area (see 'Useful contacts' on p.25).
- **Set realistic goals.** Try to set yourself achievable goals, like getting dressed every day or cooking yourself a meal. Achieving your goals can help you feel good and boost your self-confidence, and help you move on to bigger ones.



**“I find reading other people's experiences makes me feel less like I'm alone in this. It's actually made me feel more comfortable.”**



## Challenge your low mood

- **Keep a mood diary.** This can help you keep track of any changes in your mood, and you might find that you have more good days than you think. It can also help you notice if any activities, places or people make you feel better or worse.
- **Challenge your thinking.** Students Against Depression has lots of information and activity sheets to try to help you challenge negative thinking (see 'Useful contacts' on p.25).
- **Try self-help.** If your depression is mild, you might find free online cognitive behavioural therapy (CBT) courses like MoodGYM ([moodgym.anu.edu.au](http://moodgym.anu.edu.au)) can help you tackle some of your negative thinking and avoid your depression growing worse.
- **Contact a helpline.** If you're struggling with difficult feelings, and you can't talk to someone you know, there are many helplines you can contact. These are not professional counselling services but the people you speak to are trained to listen and could help you feel more able to cope with your low mood.

## Connect with other people

- **Keep in touch.** If you don't feel up to seeing people in person, or talking, send a text or email to keep in touch with friends and family.
- **Keep talking.** It might feel hard to start talking to your friends and family about what you're feeling, but many people find that just sharing their experiences can help them feel better.
- **Join a peer support group.** Going to a peer support group is a great way to share tips and meet other people who are going through similar things.
- **Use online support.** Online support can be a useful way to build a support network when you cannot, or don't feel able to, do things in person. Online forums like Elefriends are specifically for anyone struggling with their mental health.

**“What helps is surrounding myself with friends and family who understand without pointing it out, who treat me normally but recognise that everyday life can be a struggle sometimes.”**

# WHAT TREATMENT IS THERE?

The sort of treatment you're offered for depression will depend on:

- how much your symptoms are affecting you
- your personal preference for what sort of treatment you find helps you.

The main treatments for depression are:

- talking therapies
- medication.

This section also covers:

- alternative treatments
- ECT
- treatment to stay well.

**"I really struggled with the SSRIs, even though my GP told me that was the only course of action. They made me feel worse than I did to start with, then incredibly tired. I fought for a referral for CBT and in the end it saved me."**

**Remember: you have a right to be involved in your treatment.**



## Talking therapies for depression

There are many different talking therapies that can be effective in treating depression:

- cognitive behavioural therapy (CBT)
- group-based CBT
- computerised CBT (CCBT) – this is CBT delivered through a computer programme or website
- interpersonal therapy (IPT)
- behavioural activation
- psychodynamic psychotherapy
- behavioural couples therapy – if you have a long-term partner, and your doctor agrees that it would be useful to involve them in your treatment.

Your doctor or mental health professional can talk through the options available in your area and help you find the right kind of talking treatment for you. Unfortunately, we know that in many places NHS waiting lists for talking therapies can be very long.

## Medication for depression

You might also be offered an antidepressant, either on its own or in combination with a talking treatment.

There are different types of antidepressants:

- selective serotonin reuptake inhibitors (SSRIs)
- serotonin and norepinephrine reuptake inhibitors (SNRIs)
- tricyclics and tricyclic-related drugs
- monoamine oxidase inhibitors (MAOIs)
- other antidepressants.

Different people find different medications most helpful. You can talk to your doctor about your options – you might find you need to try out a few different types of medication before you find the one that works for you.

**“Taking care of my diet and body, talking and alternative methods work far better for me.”**

## Treatment for severe and complex depression

If your depression is severe and complex, your doctor should refer you to specialist mental health services.

They can discuss with you the following options:

- trying talking therapies and medication again
- hospital admission
- medication for psychotic symptoms
- planning for and managing a crisis.

## Alternative treatments

There are also other options you can try instead of, or alongside, medication and talking therapies.

If you aren't experiencing many symptoms, or they aren't impacting on your daily life too much, then your doctor might suggest:

- **Watchful waiting** – this means being aware of your mood, and seeing how you feel after a few weeks have passed; many people find that some mild depressive symptoms can go away on their own.
- **Guided self-help** – this is usually using ideas from cognitive behavioural therapy (CBT) one-to-one with a mental health professional to learn problem solving techniques.

- **Physical activity programmes** – these are specifically designed for people with depression and run by qualified professionals.

You might also find these other treatments helpful, however many symptoms you're experiencing:

- arts therapies
- alternative and complementary therapies
- mindfulness
- ecotherapy
- peer support.

Your doctor may be able to refer you to some of these.

## ECT

Electroconvulsive therapy (ECT) should only be considered a treatment option for depression in extreme circumstances.

According to NICE guidelines this could be if:

- you're experiencing a long and severe period of depression
- other treatments have not worked
- the situation is life-threatening.

If you feel like you're in this situation, your doctor should discuss this option with you in a clear and accessible way before you make any decisions.

### **Is neurosurgery ever used to treat depression?**

Neurosurgery for mental disorder (NMD) is only performed very rarely, in extreme circumstances. NMD is only offered if all other treatments have failed and cannot ever be performed without your consent.

## Staying well

If you start to feel better, it's important to discuss with your doctor whether you should continue your treatment. Your doctor can also discuss your options for treatment to stay well after an episode of depression has passed. See the chapter on 'Self-care' for more ideas on staying well.

## Talking treatments

If you're currently receiving a talking therapy, you don't have to stop just because you're feeling better. You can discuss your mood with your therapist and talk about what options might be right for you. NICE recommends CBT or mindfulness based cognitive therapy (MBCT) to help you stay well if you've had episodes of depression in the past.



**“An understanding counsellor who gave me techniques to use as I moved forward helped me get on the right track.”**

**“Fluoxetine has helped me to manage my lows so they do not become as crippling as they used to.”**

## Medication

If you're taking medication for depression, it's important not to stop suddenly. This can be dangerous, and withdrawal symptoms can be difficult to cope with.

NICE recommends that you continue to take your antidepressants for at least six months after your episode of depression ends. If you've experienced several episodes of depression before, you might want to keep taking your medication if you feel it could help you prevent another episode.



# HOW CAN FRIENDS AND FAMILY HELP?

The support of friends and family can play a very important role in someone recovering from depression.

Here are some suggestions for how you can help:

- **Support them to get help.** You can't force anyone to get help if they don't want it, so it's important to reassure your loved one that it's OK to ask for help, and that there is help out there.
- **Be open about depression.** Lots of people can find it hard to open up and speak about how they're feeling. Try to be open about depression and difficult emotions, so your friend or family member knows that it's OK to talk about what they're experiencing.
- **Keep in touch.** It might be hard for your loved one to have the energy to keep up contact, so try to keep in touch. Even just a text message or email to let them know that you're thinking of them can make a big difference to how someone feels.
- **Don't be critical.** If you've not experienced depression yourself, it can be hard to understand why your friend or family member can't just 'snap out of it'. Try not to blame them or put too much pressure on them to get better straight away – your loved one is probably being very critical and harsh towards themselves already. The rest of this Understanding depression booklet can help you learn more about it.

**“Just a simple call or text asking me how I am helps. I don't want sympathy, just to know they are there if I need them.”**

- **Keep a balance.** If someone is struggling, you might feel like you should take care of everything for them. While it might be useful to offer to help them do things, like keep on top of the housework or cook healthy meals, it's also important to encourage them to do things for themselves. Everyone will need different support, so talk to your friend or family member about what they might find useful to have your help with, and identify things they can try to do themselves.

**“Listen carefully, don’t judge and most of all, don’t say, ‘Cheer up.’ It’s just not that simple. Sometimes solutions are unnecessary, so don’t feel you have to provide one.”**

- **Take care of yourself.** Your mental health is important too, and looking after someone else could put a strain on your wellbeing (see SAMH's booklet *'How to cope when supporting someone else'*).





# USEFUL CONTACTS

## **Breathing Space**

T: 0800 83 85 87

W: [breathingspace.scot](https://breathingspace.scot)

*Confidential out of office hours telephone line for people experiencing low mood, anxiety or depression.*

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## **British Association for Counselling and Psychotherapy (BACP)**

T: 01455 88 33 00

W: [bacp.co.uk](https://bacp.co.uk)

*Information about counselling and details of local therapists.*

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## **COSCA (Counselling & Psychotherapy in Scotland)**

T: 01786 475140

W: [cosca.org.uk](https://cosca.org.uk)

*To find a counsellor or psychotherapist.*

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## **Cruse Bereavement Care Scotland**

T: 0845 600 2227

W: [crusescotland.org.uk](https://crusescotland.org.uk)

*Support for anyone affected by the death of someone close.*

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## **Elefriends**

W: [elefriends.org.uk](https://elefriends.org.uk)

*A friendly online community for people experiencing a mental health problem.*

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## **Give Us A Shout**

T: 85258 (text only)

W: [giveusashout.org](https://giveusashout.org)

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## **The National Association for People Abused in Childhood (NAPAC)**

T: 0808 801 0331

W: [napac.org.uk](https://napac.org.uk)

*A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.*

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## **NCT**

T: 0300 330 0700

W: [nct.org.uk](https://nct.org.uk)

*National charity for parents, providing information and support for all parents.*

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## **NHS Inform**

W: [nhsinform.scot](https://nhsinform.scot)

*Information on medical conditions.*

## **National Institute for Health and Clinical Excellence (NICE)**

W: [nice.org.uk](http://nice.org.uk)

*Guidelines on treatments for depression.*

## **PANDAS**

W: [pandasfoundation.org.uk](http://pandasfoundation.org.uk)

*Pre- and post-natal depression advice and support.*

## **SAD Association**

W: [sada.org.uk](http://sada.org.uk)

*Info and advice on seasonal affective disorder (SAD).*

## **Samaritans**

T: 116 123

E: [jo@samaritans.org](mailto:jo@samaritans.org)

W: [samaritans.org](http://samaritans.org)

Freepost: RSRB-KKBY-CYJK, Chris,  
PO Box 9090, Stirling, FK8 2SA

*A 24-hour free telephone helpline.*

## **See Me**

W: [seemescotland.org](http://seemescotland.org)

*National programme to tackle mental health stigma and discrimination.*

## **Scottish Intercollegiate Guidelines Network (SIGN)**

T: 0131 623 4720

W: [sign.ac.uk](http://sign.ac.uk)

*Evidence-based clinical practice guidelines for the NHS in Scotland.*

## **Students Against Depression**

W: [studentsagainstd Depression.org](http://studentsagainstd Depression.org)

*Information and support for students experiencing depression.*





**“Be kind to yourself. If you need ‘me time’, give it to yourself. You are worth it.”**



**@SAMHtweets**



**SAMHmentalhealth**



**@samhscotland**

To read or print SAMH's information booklets visit **samh.org.uk**. If you require this information in Word document format for compatibility with screen readers, please email **communications@samh.org.uk**

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