



# Handling Depression

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 Push Doctor

## Who is this for?

This booklet is for anyone struggling with depressive symptoms, anyone curious about depression, or that suspects they might have started to see the signs of depression. This booklet is for friends, family and partners of depressed individuals looking to better understand what they are going through, and what they can do to help.

## What can I expect from this?

While this booklet does not replace, or even represent traditional psychological or psychiatric treatment, it is intended to provide accurate, thoroughly researched information about depression overall, alongside coping strategies and techniques to help depressed individuals better cope with their symptoms.



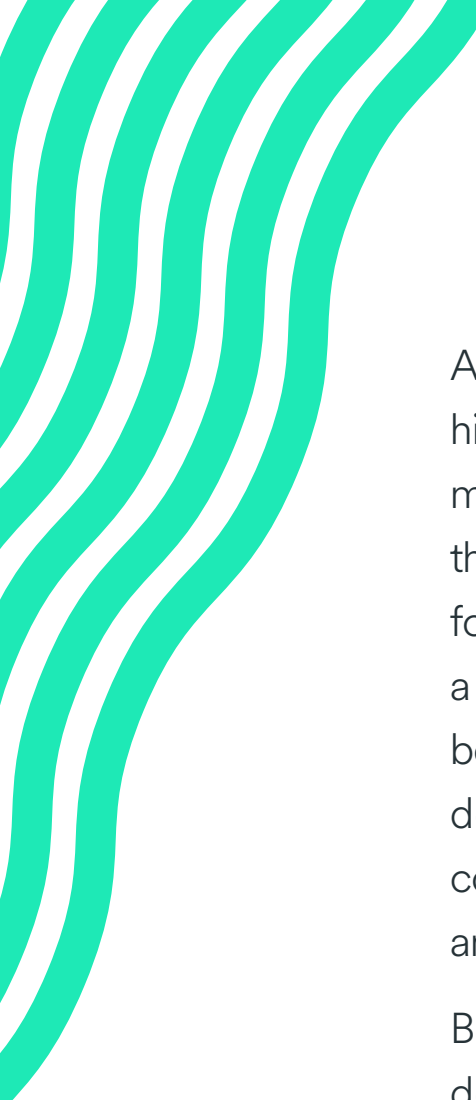
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01

# What is depression?





A 1996 study<sup>1</sup> revealed depression to be the single highest cause of disability worldwide, affecting 50.8 million people at any one time. To put that into context, they discovered that depression alone “was responsible for more than one in every ten years of life lived with a disability”. Lopez and Murray, the main researchers behind the study, go further still, arguing that by 2020, depression could be the second most prominent condition worldwide, second only to heart disease, and closely followed by road traffic accidents.

But what is depression? And what forms does it generally take?

**The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the basis for all mental health diagnoses worldwide. In the authors’ own words, the manual “defines and classifies mental disorders in order to improve diagnoses, treatment, and research”<sup>2</sup>. With regard to depression, therefore, the DSM-5 distinguishes between two major forms both of which have two core symptoms in common – feeling down, depressed or hopeless and having little interest in, or taking little pleasure from, day-to-day activities.**



## 01. Major Depressive Disorder

Depression is characterised as major depressive disorder if five of the symptoms shown on page 8 have been present for at least two weeks. The symptoms of depression are episodic, meaning they are present for a time and then disappear.

Two thirds of patients experiencing episodes of major depression will experience at least one more episode after their first<sup>3</sup>. As such, symptoms may not clear forever once an episode has been experienced, though if they do resurface, they can improve to the point of no longer meeting the criteria for major depressive disorder<sup>4</sup>.

### By the numbers

- Twice as common in women as men
- One of the most prevalent mental conditions
- Three times as common in people living in poverty<sup>5</sup>
- Symptoms are visible earlier in every successive generation<sup>6</sup>

## 02. Chronic Depressive Disorder

Depression is characterised as chronic depressive disorder if five of the symptoms on page 8 have been present, at least half of the time, for more than two years overall. The average duration of chronic depressive disorder symptoms is just over 4.25 years, according to a 2006 study by Klein, Shankman and Rose. The probability of recovery from chronic depressive disorder symptoms sits at 74%, however the relapse rate in the study was 71% – though the distance between recovery and relapse was a median of nearly 5.5 years<sup>7</sup>.

### By the numbers

- 2.5% of the American population meet criteria for a chronic depression diagnosis at some point in their lives<sup>8</sup>
- 20% more likely to be hospitalised with chronic depressive disorder than major depressive disorder
- 19% more likely to attempt suicide with chronic depressive disorder than major depressive disorder<sup>9</sup>

No matter which form of depression is most relevant to you, if either is at all, we can sum up the central three features of depression in what is termed the ‘depressive triad’ – a negative view of the self, the world and the future. Whatever form depression takes, Oltmanns, Martin, Neale and Davison (2012) write that “depressed people see themselves as inadequate and unworthy”, often “filled with guilt and remorse over apparently ordinary and trivial events”, causing them to “[interpret] everyday experiences and social interactions in the most critical fashion”<sup>10</sup>.

**Tick those that apply to you, and fill in the two totals at the bottom:**

I feel profoundly or unreasonably sad, with no obvious cause	
I'm finding little pleasure in things I usually enjoy	
I can't help but focus on my flaws and shortcomings	
I find it much harder than usual to take in new information	
I'm tending to view things in a negative light	
I lack motivation and lose hope at the drop of a hat	
I feel tired and sluggish, no matter how much I sleep	
I have aches and pains with no obvious causes	
I struggle to fall asleep, even though I'm exhausted	
When I sleep, I wake up repeatedly	
When I sleep, I sleep through the day	
Foods that I enjoy suddenly taste bland to me	
My appetite has decreased with no obvious causes	
My appetite has increased with no obvious causes	
My limbs feel heavy and my movements are slower than usual	
I find myself fidgeting and unable to sit still, which isn't like me	
I find it difficult to take initiative and act independently	
I am withdrawing partially, or entirely from social	
I am neglecting my appearance more than usual	
I have had suicidal thoughts	
<b>Total number of symptoms experienced</b>	
<b>Length of time symptoms experienced for</b>	



How many depressive symptoms are you experiencing?

Less than five

Five or more

If symptoms persist, speak to a doctor

How long have you experienced your symptoms for?

Less than two weeks

More than two weeks

Half of the time, for the past two years

If symptoms persist, speak to a doctor

Could be major depressive disorder, speak to a doctor to confirm

Could be chronic depressive disorder, speak to a doctor to confirm

02

# What causes depression?

There are no definitive cover-all causes for depression that reliably result in the development of depressive symptoms in every case. This is often the case for mental illnesses, unfortunately. That said, there are a number of psychological theories that might explain how some, or all depressive



## Serotonin deficiencies

Serotonin is a chemical used to transmit messages between nerve cells – responsible for regulating the body's sleep-wake cycles and its internal clock. It is also believed to contribute to our overall wellbeing and happiness. In the past, it has been argued that lower levels of serotonin in the brain cause depression. This seemed logical because, as Meltzer wrote (1990), serotonin is believed to “play a key role in the modulation of excessive stimuli of a wide variety...of appropriate responses...The overall function of [serotonin in the brain] is to enable the organism to ward off feelings of fear [and] helplessness...”. The notion of lower levels of serotonin in the brain causing depression has since been refuted, instead arguing that the selective serotonin re-uptake inhibitors (SSRIs) that are prescribed to depressed patients are recommended, not because they raise serotonin levels in the brain, but rather that they “increase communication from neurones that release serotonin” instead. A subtle distinction, but an important one. The British Psychological Society’s Ella Rhodes writes that SSRIs instead “switch on anti-depression, rather than switch off depression” in the strictest sense<sup>12</sup>. In other words, SSRIs counter the mechanisms involved in hindering recovery from depression rather than having a primary effect on raising the mood of vulnerable people directly<sup>13</sup>.

## Relationships with others

We don’t need research to tell us that inelegant or misguided social interactions can alienate those around you, leaving you vulnerable to the whims of depressive symptoms. If previously reliable friends withdraw when you try to discuss your symptoms with them, or when they think you aren’t behaving like your usual self – this can worsen your symptoms as your usual sources of support become less available, or entirely unavailable to you.

## Negative life events

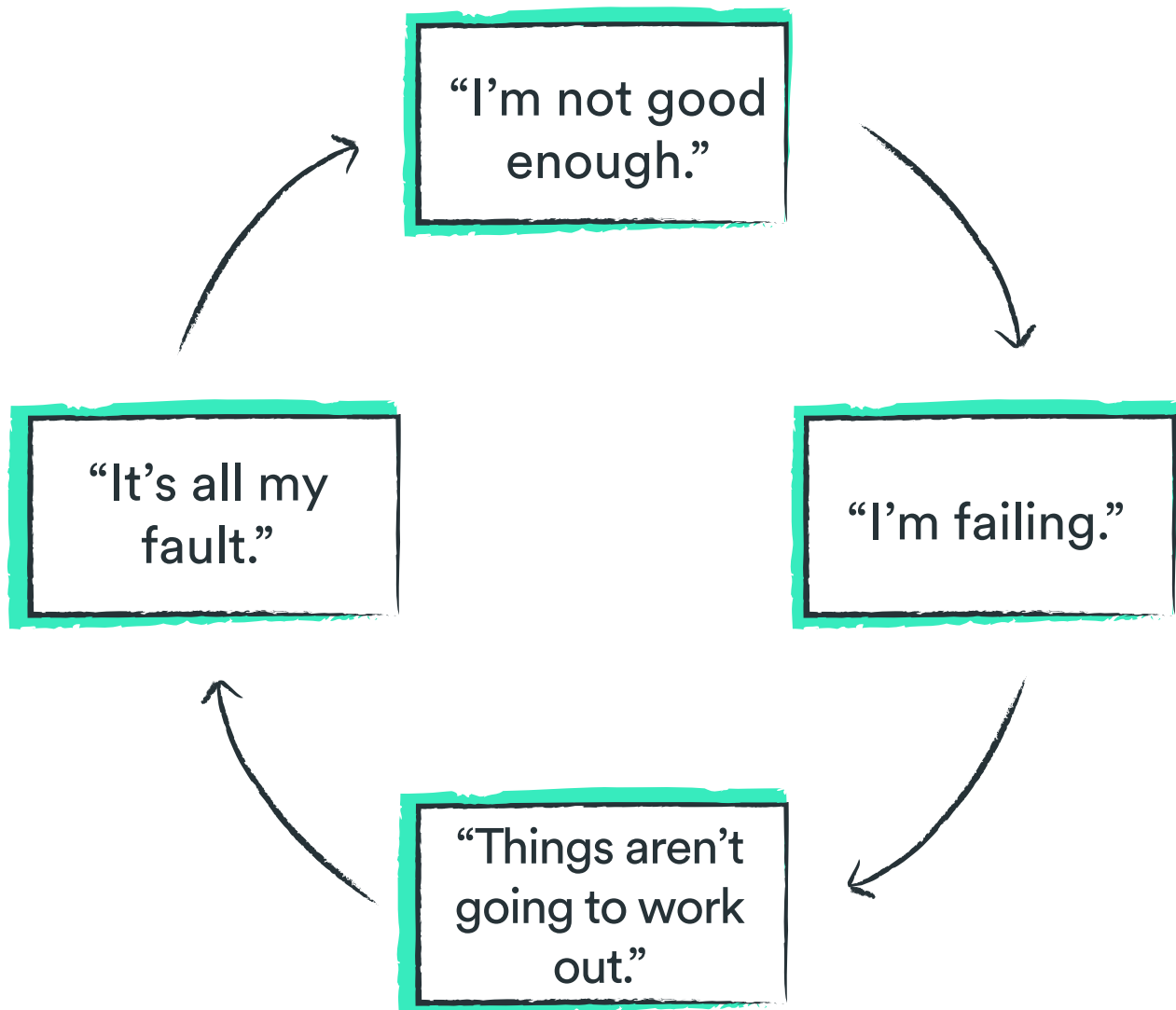
Much like the previous potential cause, depression resulting from negative life events won't surprise you. This notion seems intuitive, irrespective of whether or not scientific research backs it up – which it undoubtedly does. Alloy, Abramson, Walshaw and Neeren (2006) pinpointed the development of hopelessness as particularly potent response to negative life events. They argue that as soon as hopelessness is developed, this can trigger the onset of depression symptoms<sup>14</sup>.

They add that the likelihood of hopelessness developing is determined by three factors – the cause(s) of the negative event, the consequences of it, and the implications of it for you personally. If the negative consequences of an event are viewed as important, persistent and wide ranging, depression is more likely to develop than in cases where the consequences are perceived as unimportant, short lived or limited in scope<sup>15</sup>.

## Stressful life events

Many forms of depression are triggered and maintained by stress – the theory being that stress causes our adrenal glands to produce more cortisol than usual. Though the majority of the effects of cortisol are beneficial (mobilising fat for use as energy or serving as an anti-inflammatory, for instance), it also increases our sensitivity towards threats. If our personalities or circumstances are such that we focus too much on threatening or negative aspects of situations, cortisol could cause us to focus on them even further<sup>16</sup>.

With this in mind, one of the main approaches to helping people cope with both depression and anxiety is to address spirals of stress, which go something like this:



These spirals trap us in a pattern of negative thinking, making us increasingly both stressed and exhausted – providing fertile ground for the development of depressive symptoms<sup>7</sup>.

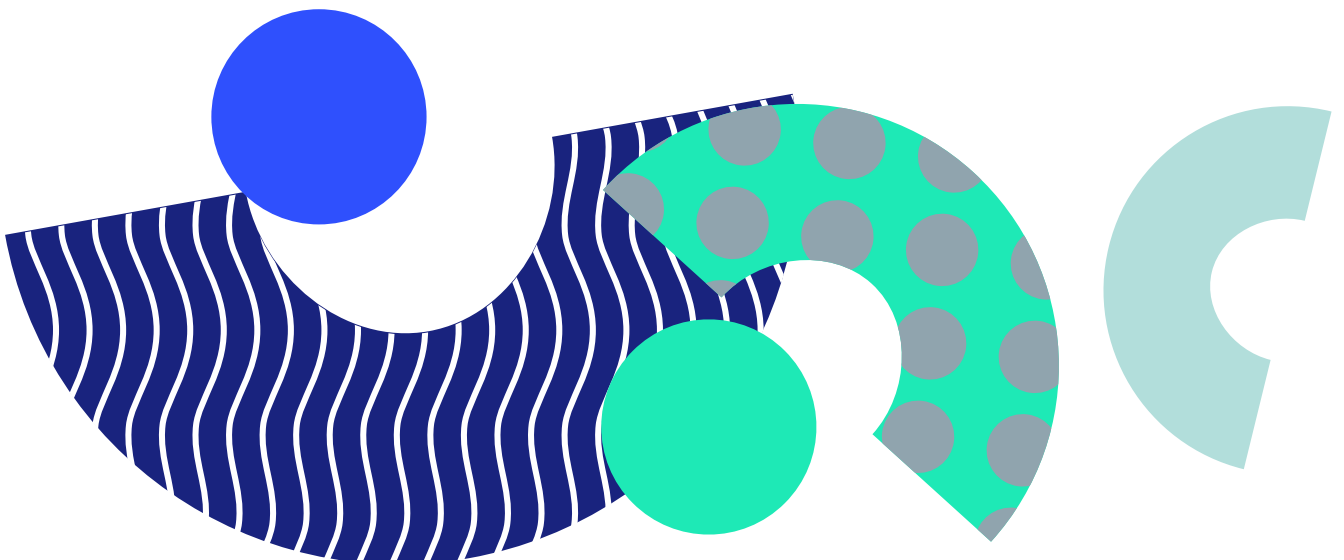
## Dependent personality

Sigmund Freud, perhaps one of the best-known figures in Psychology, argued that the experience of loss was a major trigger for depression – a notion which Monte and Sollod (2003) note receives little support from scientific literature<sup>8</sup>. The theory is interesting enough to warrant discussion nonetheless, as Freud argued (as he often did) that the stage is set for the development of depressive symptoms during childhood.

Freud argued that people prone to depression and depressive symptoms will have formed dependent relationships in childhood, relationships that, in the words of Oltmanns, Martin, Neale and Davison (2012), “foster frustration and hostility”<sup>9</sup>. But, the curious irony of dependent relationships is that no matter who they are with, as soon as they are threatened or compromised in any way, instead of that frustration and hostility being directed to the other person, it is directed at the self instead. Expressing frustration to the other person would risk jeopardising the relationship further, hence why it is avoided, but that doesn’t mean the frustration disappears – so that energy needs to be directed somewhere. Hence why it ends up being applied to the self in the form of depression, or so the theory goes.

# What reduces depression?

Regular exercise, eating a balanced diet and maintaining a healthy sleeping pattern are the first ports of call for any mental complaint – all clinically proven to be beneficial for symptoms. When these elements don't suffice, there are four main approaches to depression self-care that we will describe and provide exercises for in this booklet. Though you are welcome to try any of them at any time, we recommend trying them in order, as we feel that skills learned in each will inform and improve your usage of the later techniques.



## 01. Practicing mindfulness

A commonly used term in therapeutic circles today, and with good reason. Mindfulness is an invaluable skill to help you work on thoughts, feelings and behaviours to change, or at least challenge depressed brain states. Put simply, mindfulness is a process by which we can come to focus upon and enjoy the present moment. It is something that can be used, not just to temper depressive symptoms, but to make the most of life's quieter moments – from walks around the block to sitting waiting for a bus.

As evidence of the efficacy of mindfulness in relation to depressive symptoms, a study carried out by Kuyken et al. (2015) revealed that when over 400 people with recurrent major depression, all of whom were already on courses of antidepressants, were asked to either continue their courses of medication, or accept eight sessions of mindfulness-based cognitive behavioural therapy (CBT). Though there were no differences in relapse rates between the two groups, 71% of those who had undergone mindfulness-based CBT stopped taking antidepressants altogether, and 17% reduced their intake<sup>20</sup>. If that isn't a vote of confidence in mindfulness, what is?


The reason that mindfulness focuses so much on the now is that, really, now is when we exist, when really matters. As Gilbert (2009) writes: “We can be so lost in the hopes or fears of tomorrow, or the regrets of yesterday, we miss the moment now”<sup>21</sup>. We can illustrate the impact that mindfulness can have quite simply – concentrate and pay attention to your left index finger. You'll start being aware of sensations in that single finger that you had no idea were there previously. Now concentrate on your shoulders instead. The same applies, you'll feel sensations there that you simply wouldn't have noticed otherwise.



**Why is this useful?** With these simple exercises we prove what mindfulness is about, and that is a certain clarity in observation. Mindfully eating informs us of texture, colour, weight, the feeling of the food both in our hands and in our mouths, and so on. As soon as our mind deviates and starts to think about something else, positive or negative, we don't panic – we gently return our focus to the intended object of mindful thought. Our intention in mindfully eating, walking or sitting isn't to cast judgements on what we are experiencing, but simply to squeeze out as much detail as we can from the moment to make the absolute most of it.

**What does this mean for depression?** The same technique that we have used above for can be used for breathing. Gilbert (2009) takes us through this step by step<sup>22</sup>:

<b>1</b>	Find somewhere you can sit comfortably without being disturbed
<b>2</b>	Place both feet flat on the floor a shoulder's width apart
<b>3</b>	Straighten your back and rest your hands on your knees
<b>4</b>	Close your eyes, or choose a point to focus on
<b>5</b>	Focus on your breathing, every movement and feeling involved in a single breath, from your nose down to your diaphragm
<b>6</b>	Carry on for 30 seconds, longer if you would like, and feel your breathing start to slow. You may start to feel sleepy, or even slightly heavier in your chair - this is normal, don't worry
<b>7</b>	If your mind wanders elsewhere, which it will do, briefly pay attention to that thought before gently bringing your focus back to the act of breathing



Two helpful analogies to explain how to respond to a wandering mind during this process are as follows. One involves thinking of yourself as being sat by a busy road as you are trying to practice mindfulness. While you are stationary, you will have other thoughts – the shifting traffic in front of you. Attend to ones that are particularly insistent but let them ultimately pass by. Alternatively, think of yourself as being sat behind a waterfall. The flowing water is the steady stream of thoughts outside of your mindful moment, but once again – you can briefly focus on a single, particularly pervasive external thought, but maintain a sense of separation from it and allow it to drift away from you.

When depressive symptoms take hold, it is easy to withdraw from the present moment and become consumed by negativity. Learning to be mindful and practice mindfulness helps to alleviate depression by lifting us above negative thoughts, giving us the opportunity to experience other mental states and appreciate the smaller moments in daily life<sup>23</sup>.

## **02. Activity scheduling**

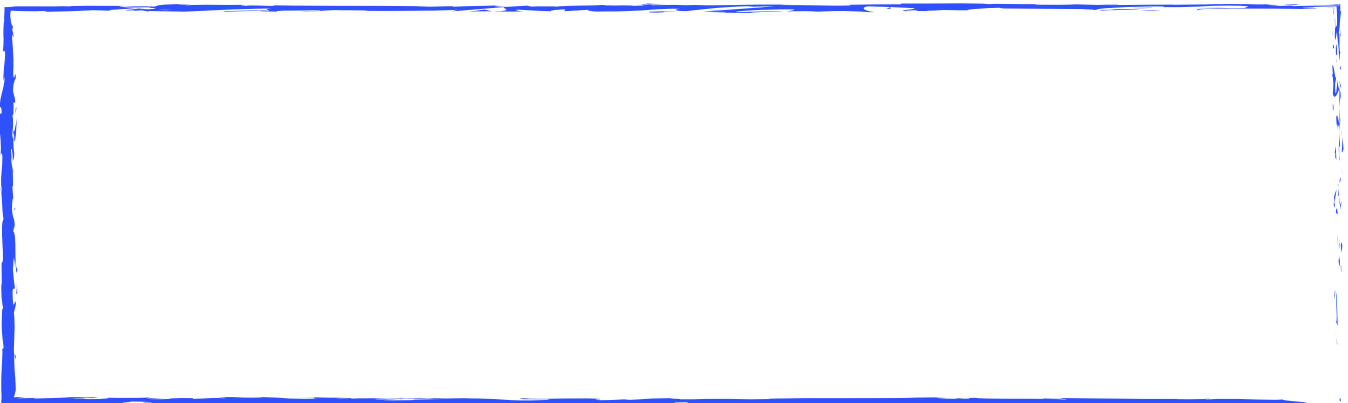
It sounds frivolous to say, but depressed people often feel better when they are more active. Physical activity, even low intensity physical activity like walking, releases endorphins – which naturally make us feel good, albeit fleetingly. At the same time, inactivity frees our mind to wander, and the depressive mind will inevitably wander to negative thoughts. Worse still, once the mind has wandered, being inactive increases the likelihood of dwelling on particularly negative or harmful thoughts.

With this in mind, Greenberger and Padesky (2016) suggest using an activity similar to the below to make a note of activities that you typically enjoy, that enable you to accomplish something, and that fit in with your personality and overall values<sup>24</sup>:

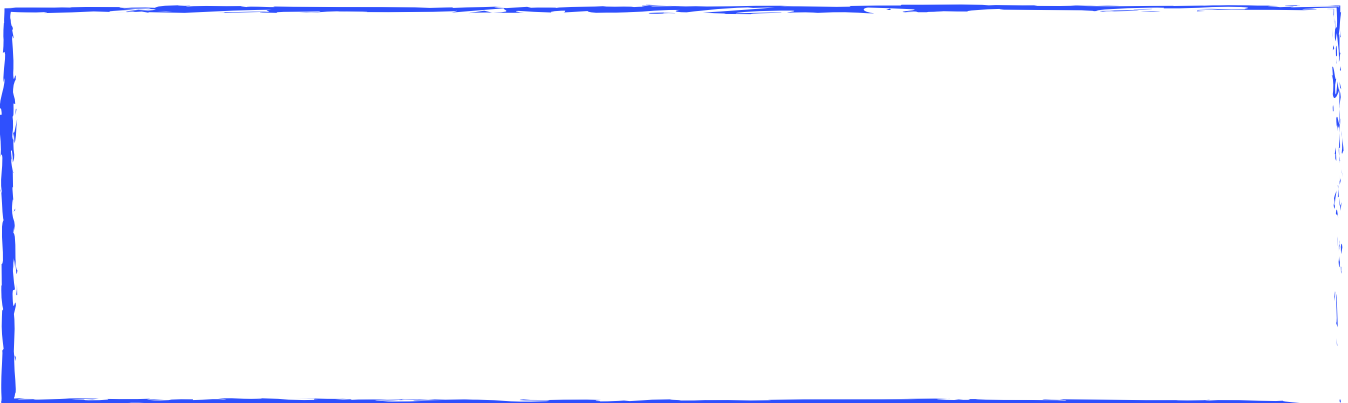
### Activities that I can enjoy



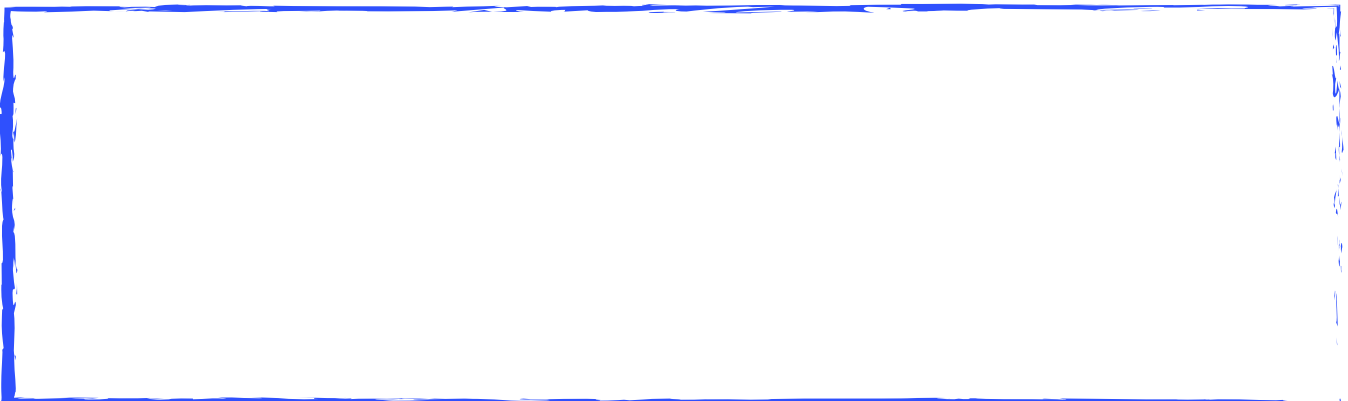
### Activities that accomplish something




### Activities that remove obstacles in life



### Activities that fit in with my values





From here, you can plan as much or as little of your week as is helpful – planning every hour of the day, every other hour, or splitting the day into halves, quarters or eighths. As long as you allow for a reasonable proportion of your identified activities in each day, you will be making behavioural changes that should have a positive impact on your depression.

## **Frequently asked questions about activity scheduling**

### **What if I don't feel like doing the activities I have scheduled?**

Depression, by its very nature, saps the energy or willpower needed to make every day enjoyable activities possible. This will make your activities of choice seem like an impossible feat on some days. The key is rather than giving in entirely, to just do less of the activity than you usually would. As Greenberger and Padesky (2016) note, “motivation often follows doing something rather than coming first, especially when we are depressed<sup>25</sup>” – so you may only be glad of having done something after you have done it. Going to the gym is a perfect example of this for many, reluctant to go in the first instance, but glad that they did after the fact.

## **What if I don't do the activities I have scheduled?**


The key is not to be discouraged, or to beat yourself up. Focus on the next activity instead, or the next day entirely. Missing one or two scheduled activities isn't a reason to forgo activity scheduling entirely, much though it might seem like it in the moment. The goal of the activity scheduling exercise is to increase the amount of positive activities you do, or indeed to increase the amount of activity you do full stop. Perfectly completing the schedule as you have written it is not the goal here, not by a long shot.



## **What if I don't enjoy the activities I have scheduled as much?**

Once again, the very nature of depression will make previously enjoyable tasks significantly less so. More often than not, depression does not neuter enjoyment full stop, however – so it is still worth engaging in activities you have enjoyed in the past for that reason alone. Less enjoyment of an activity is not the same as no enjoyment whatsoever, or even the same as being actively irritated by an activity, so don't hold back.





## What if I don't enjoy the activities I have scheduled at all?

This is where mindfulness can come in. Even if you don't enjoy the activities you have planned in the broad sense, there is enjoyment and appreciation you can get from practicing mindfulness and focusing on the small acts of physicality that make the activity possible, or the sensory experiences around the activity as it is unfolding. Even when it seems like enjoyment is entirely out of reach, look for it. Whether it's in bird's distant tweeting, or the squelching sound your shoes make in the mud as you trudge through it – you might be surprised what small moments end up salvaging the bigger picture, even in a depressed mind.

### 03. Challenging unhelpful thinking

Exactly what it says on the tin. It is clear that one of the main factors in the persistence of depressive symptoms is patterns of unhelpful or negative thoughts. According to Williams (2008), unhelpful thoughts fall into seven categories. Tick which of the feelings and thoughts on page 23 you have had before, and note which lettered category these thoughts fall into<sup>26</sup>:



I criticise myself often		A
The glass is half empty to me, not half full		B
I think I fail more than I succeed		C
I always think the worst will happen		D
I think that others don't like me, without any evidence		E
I feel guilty for things that I'm not remotely involved in		F
I use words 'always' and 'never' frequently, and I mean it		G
I don't recognise my achievements		A
I focus on the unpleasant sides of everyday situations		B
I expect things to go wrong for me		C
I think I will fail at anything I do		D
I draw negative conclusions from minor social behaviours		E
I feel responsible for the feeling and actions of others		F
It seems like bad things constantly happen to me		G
I don't think I'm coping very well with life at the moment		A
I never get sense of achievement from accomplishments		B
I expect to fail		C
I have been told I blow things out of proportion before		D
I expect others to feel the same way about me as I do about myself		E
More often than not, I think mistakes are probably my fault		F
I make a lot of strict rules for myself, and am disappointed if I break them		G

<p><b>Mostly As</b></p> <p>You are your own worst critic. You never give yourself credit, even when you deserve it, and you tend to assume the worst of yourself.</p>	
<p><b>Mostly Bs</b></p> <p>You have a negative mental filter. You tend to view things in a negative light, even when those around you are being entirely positive.</p>	
<p><b>Mostly Cs</b></p> <p>You make negative predictions about the future. No matter what evidence you are presented with, you expect things to go wrong for you.</p>	
<p><b>Mostly Ds</b></p> <p>You have a habit of catastrophising. When there is a negative conclusion to jump to, you do it, expecting the worst outcomes in any situation.</p>	
<p><b>Mostly Es</b></p> <p>You try your hand at mind reading but tend to assume that people come to the same negative conclusions about you that you do already.</p>	
<p><b>Mostly Fs</b></p> <p>You are quick to take responsibility for others, feeling guilty about events outside of your control, that you had nothing (or little) to do with.</p>	
<p><b>Mostly Gs</b></p> <p>You tend to make extreme statements or rules. Dramatic, cover-all sentiments concerning things that should or ought to always happen.</p>	





Thoughts like these are common, experienced by people each and every day. Just because you have some of these thoughts, that doesn't mean you will think like the above all of the time. Just because we have made you aware of the different types of negative thinking doesn't mean you have to notice them all and stamp them out. It is important to understand that negative thinking can affect your mood – making you feel down, guilty, upset or angry – and/or your behaviour - making you stop doing things or avoid doing them completely.

Identifying unhelpful thinking is but one piece of the puzzle. The real question is how we go about challenging negative thoughts as and when they occur. There are a series of questions you can ask yourself when an unhelpful thought has taken hold<sup>27</sup>. Asking yourself all of these in sequence, without rushing your response, can be tremendously helpful:

- Is the thought helpful to you now? Is it worth getting caught up in?
- Is the thought preventing you from doing from what you need, or want to do? Should you let it put you off? Can you act against it?
- What would a friend or loved one that truly cared about you say if you told them what you were thinking?
- If a friend reported the same thought you're having, what would you say to them?
- Is the thought you're having based on a feeling or instinct, rather than objective fact?
- Is the thought applying standards to yourself that you wouldn't be willing to apply to others?
- What do you think you would say about the thought you're having in six months?

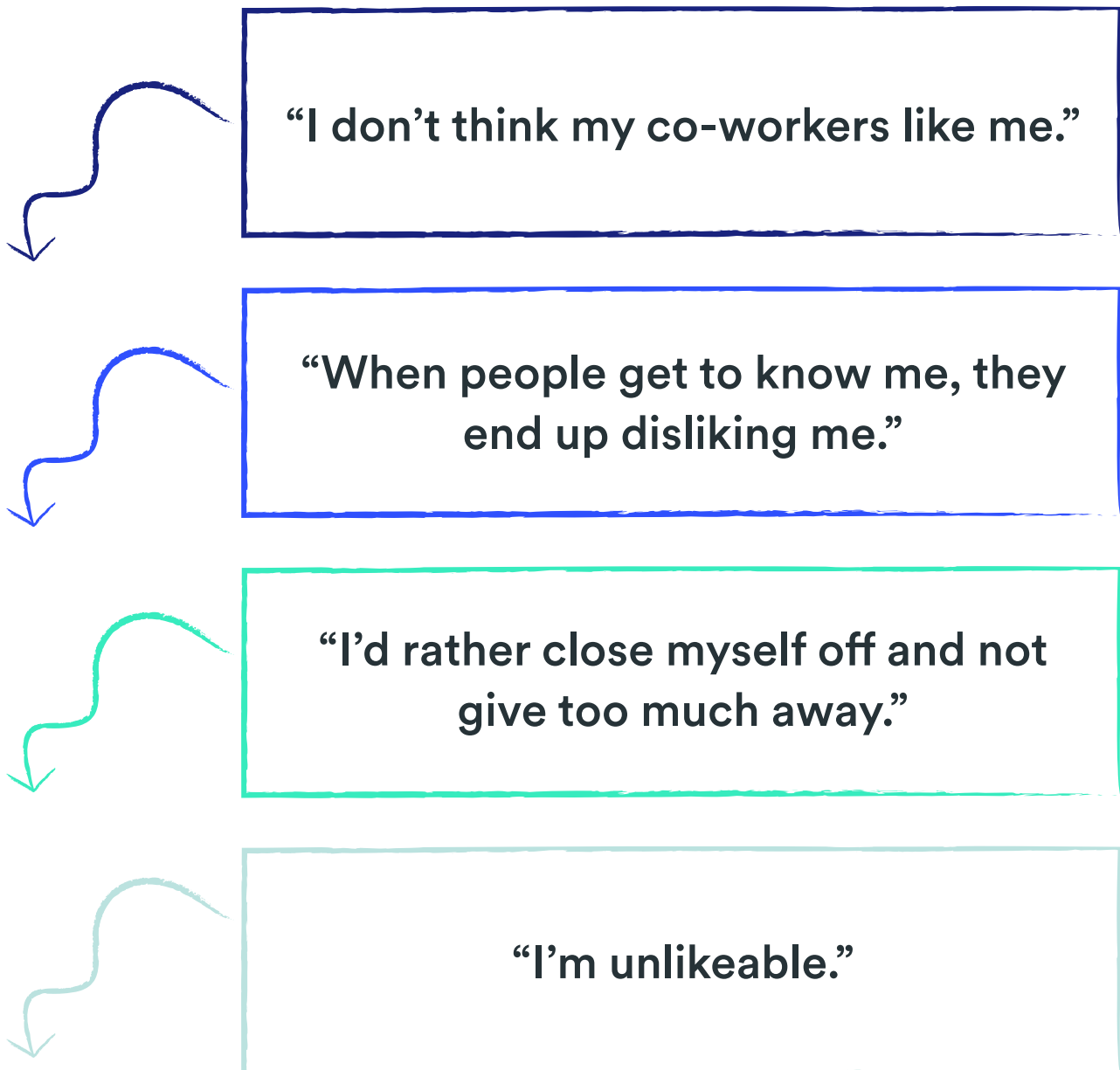


## 04. Changing core beliefs

There are a number of common attitudes that lead to depression and anxiety, silent assumptions or core beliefs that, much like stress spirals, provide fertile ground for the development of depressive symptoms. The following are all common core beliefs that set the stage for depression to take hold, according to Burns (1999)<sup>28</sup>:

- “I need to be loved and approved of to feel good about myself”
- “If someone criticises me, there must be something wrong with me”
- “I must always live up to the expectations of others”
- “I am inferior to other people”
- “I would rather worry and overthink than be optimistic and relax”
- “The problems in my life are impossible to solve”
- “I should strive to be as close to perfect as I can be”

You can pinpoint what your core beliefs are by using the ‘vertical arrow technique’ – which is a lot simpler than it sounds. You start with a broad negative thought you have had recently, for example “I don’t think my co-workers like me”. Write the thought down and draw a small downward arrow underneath it. As you draw the arrow, ask yourself if that thought was true, what aspect of it is upsetting to you, and what that thought means about you. In this case, the answer might be “when people get to know me, they end up disliking me”. Repeat this process again and again until you are left with a thought you can’t break down any further – leaving you with a diagram that looks something like this:



And now an example for you to fill in yourself:

The form consists of four empty rectangular boxes stacked vertically. To the left of each box is a wavy arrow pointing downwards and to the right, towards the box. The arrows are colored as follows: the top one is dark blue, the second is blue, the third is green, and the bottom one is light green. The boxes themselves are outlined in the same color as their respective arrows.

With a core belief established – you will undoubtedly have more than one that you want to investigate, but for our purposes we will look into just one – we can subject it to further scrutiny to see how robust and useful a belief it is. First up, a cost benefit analysis, using the established example core belief earlier.

## Core belief: “I’m unlikeable”

Advantages	Disadvantages
<ul style="list-style-type: none"><li>● You will always be conscientious and cautious in how you speak to people</li><li>● You will never appear overly confident or strident in social situations</li></ul>	<ul style="list-style-type: none"><li>● You may compromise your own personality and values to fit in and be liked</li><li>● You may end up withdrawing from social events where you will be missed</li><li>● Your friends may resent you thinking that they have come to a negative conclusion about you without asking them first</li><li>● This is a belief that you can easily and erroneously manipulate external events to end up supporting</li></ul>

Which column is longer? Which of these sentiments is the most impactful? On balance, does it help you or hurt you to continue holding this belief? How, then, can you change this attitude to be more beneficial to you? Even a slight tweak to this belief, turning it into “I’m unlikeable when I’m drunk” or “I’m unlikeable as a team leader”, will make a difference. Trying to subscribe to a more overtly positive belief like “I’m more likeable than unlikeable”, or even “I’m fundamentally likeable”, is more impactful and helpful still – but if you need to work your way up to a more sweeping and positive set of core beliefs, by all means do so. Any move in a positive direction away from the original negative core belief is an important, beneficial change, no matter how iterative.

Now, as before, an example for you to try filling out yourself with one of the core beliefs you arrived at earlier.

Core belief: “ _____ ”	
Advantages	Disadvantages

# Where do we go from here?

As well as listing the various sources we used to pull together this self care guide, in this section we have also made a number of recommendations for further reading, and organisations you can contact to better understand and learn to cope with the symptoms of depression.



# Reading

Bilkser, D. & Paterson, R. (2019). [Self-Care Depression Program: Antidepressant Skills Workbook \(2nd ed.\)](#). Available for free online.

Burns, D. D. (1999). [The Feeling Good Handbook \(Rev. ed.\)](#). New York, USA: Penguin.

Gilbert, P. (2009). [Overcoming Depression: A self-help guide using cognitive behavioural techniques \(3rd ed.\)](#). Croydon, UK: Robinson.

Greenberger, D. & Padesky, C. A. (2016). [Mind Over Mood: Change How You Feel by Changing the Way You Think \(2nd ed.\)](#). New York, USA: The Guilford Press.

Moodjuice. (2019). [Depression: A Moodjuice Self-Help Guide](#). Available for free online.

Pennine Care NHS Foundation Trust. (2019). [Depression and Low Mood: A Self-Help Guide](#). Available for free online.

Williams, C. (2008). [Overcoming Depression and Low Mood: A Five Areas Approach](#). Boca Raton, USA: CRC Press.



# Organisations

## Breathing Space

0800 838 587

<https://breathingspace.scot/>

A free, confidential helpline for anyone in Scotland experiencing low mood, anxiety or depression.

## Depression Alliance

<https://www.mind.org.uk/>

Now a part of Mind, the UK's leading mental health charity providing advice and support to empower anyone experiencing mental health problems.

## Depression UK

<http://depressionuk.org/>

A national self-help organisation helping people cope with their depression. Find a local depression group to meet up with others having the same struggles as you.

## Living Life to the Full

<https://lltff.com/>

A library of free online courses covering low mood, stress and resiliency – primarily using evidence-based and therapeutically tried-and-tested cognitive behavioural therapy methods.

## Mind Infoline

0300 123 3393

<https://www.mind.org.uk/information-support/helplines/>

A free, confidential helpline providing information on types of mental health problems, where to get help for them, along with mental health medication, alternative treatments and advocacy.

## Moodjuice

<https://www.moodjuice.scot.nhs.uk/>

Offers information and advice to anyone experiencing troublesome thoughts, feelings and actions, with printable self-help guides covering depression, anxiety, stress, panic and sleep problems.

## Rethink

<https://www.rethink.org/>

A mental health charity working to transform the lives of everyone severely affected by mental illness by challenging the ways in which our nation approaches mental health conditions.

## Samaritans

116 123

<https://www.samaritans.org/>

Available 24 hours a day, 365 days a year, the Samaritans are not just for people thinking about ending their lives, but anyone feeling distressed, despairing or desperate for someone to talk to.

## SANELine

0300 304 7000

<http://www.sane.org.uk/home>

An out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including friends, family and carers.

## Young Minds

<https://youngminds.org.uk/>

A mental health charity fighting for a future where all young minds are supported and empowered, no matter what the challenges in terms of mental health.

## Campaign Against Living Miserably (CALM)

0800 585 858

<https://www.thecalmzone.net/>

A registered charity leading a movement against male suicide, offering a free, confidential helpline and webchat 7 days a week.

05

**Medically  
reviewed by**





## Dr Dan Bunstone

A doctor since 2002, a GP since 2008 and our Chief Medical Officer since 2018, leading and advising our team of medical experts on all aspects of health.

**GMC Number: 6053878**



## Dr Eddie Roche

A GP since 2007, Eddie joins us as a medical officer, advising us on medical matters, leading on clinical governance and supporting GPs working on the platform.

**GMC Number: 6054374**



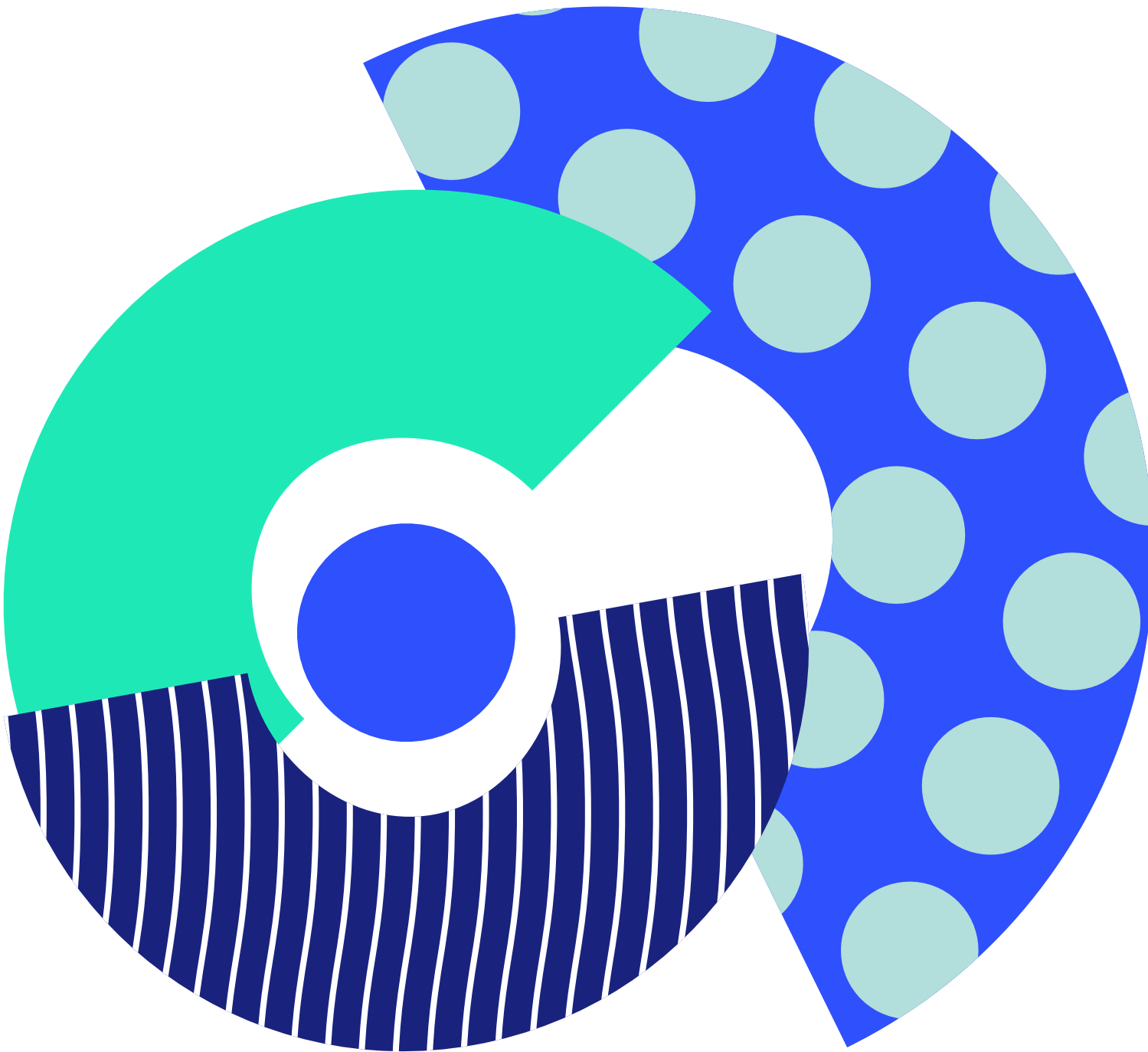
## Dr Tom Micklewright

Dr Tom plays a key role in our medical team, leading on clinical governance to support our GPs, and creating informative content for prospective patients.

**GMC Number: 7263985**

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# Sources



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