

Let's talk depression

Part of the Applied Mental Health Science Series

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What is depression?

Depression is a type of mood disorder. Mood disorders are mental illnesses which affect a person's emotions.

Depression is characterised by persistent feelings of sadness and a loss of interest or pleasure. For example, people often describe living with depression as feeling 'meaningless', 'stuck in a fog' or 'drowning'.

While most of us will have periods of feeling low or down at various points in our lives, depression is longer-lasting and not something that a person can just 'snap out of'.

While most of us will have periods of feeling low or down at various points in our lives, depression is longer-lasting and not something that a person can just 'snap out of'. After occurring for the first time, depression is often experienced as 'episodes' of illness. An episode is a period in which depression reappears. This means, depression may occur over many years, with periods of feeling well in between.

Signs and symptoms

People living with depression often experience a wide range of symptoms in addition to feelings of low mood. **Common symptoms of depression include:**

- low mood – feeling negative, hopeless and having low self-worth
- loss of interest or pleasure in usual activities
- changes to appetite (either increased or decreased appetite)
- changes to sleep (either difficulties with not sleeping enough or sleeping too much)
- feelings of fatigue and tiredness
- lack of concentration
- feelings of guilt and worthlessness
- crying more than usual
- changes to bodily movements (either feeling 'slowed down' or feeling restless or agitated).

If you are experiencing any of these symptoms, consider reaching out to a qualified medical professional, for example a GP, for help and support.

Sometimes people with depression can think about death and dying more than usual. In severe cases, this can also lead to people thinking about ways to end their lives and suicide attempts.

In men, research has shown that depression may also lead to feelings of anger and aggression. Men are more likely than women to use alcohol or drugs to cope with depressive symptoms.

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Depression can affect everything about a person's life, from the way they think about themselves to the way they think and interact with others (including loved ones). People living with depression often struggle to keep doing the things they used to enjoy and may spend more time alone at home.

This can affect relationships with family and friends and work colleagues who may notice a change in behaviour and/or emotional connection. It may be necessary to take sick leave from work to focus on getting better.

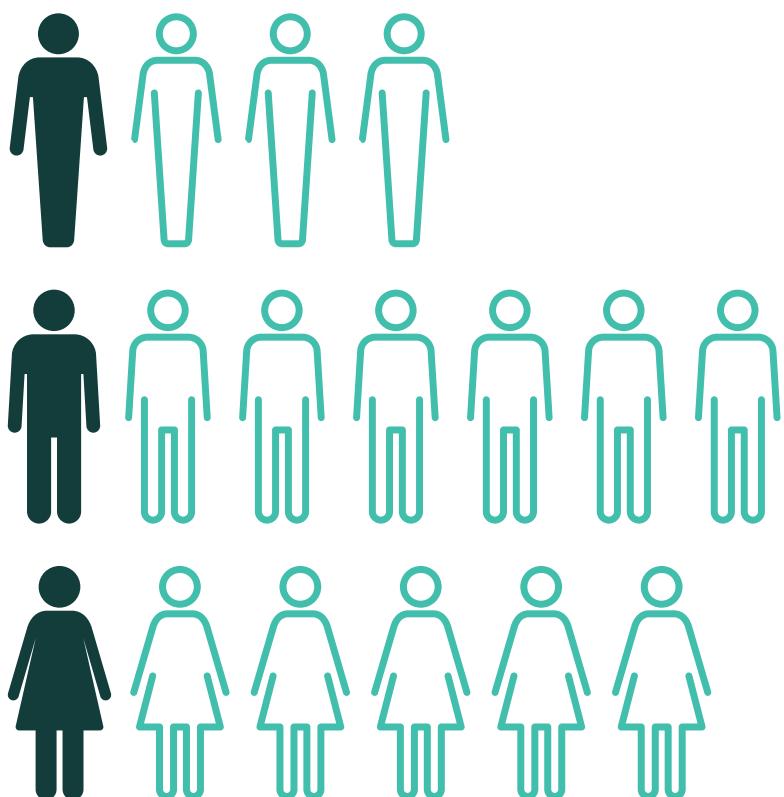
Who is affected by depression?

Anyone can be affected by depression. In fact, depression is the most common mental illness.

In the UK, it is thought that 1 in 4 of us will experience depression in our lifetimes and 1 in 6 of us will have reported experiencing depressive symptoms in the past week.

While 1 in 7 men experience depression, it is more common among women, affecting 1 in 5. The average age of depression occurring for the first time is in early adulthood (25.7 years old), but people of any age can develop depression - from children through to older adults.

Depression can affect people from any ethnic background. Some research shows that Black women in the UK are most at risk of depression, compared with women from other ethnic backgrounds. Data has shown little differences by ethnicity between men. Some people from Black and South Asian ethnic minority groups may experience different symptoms of depression compared to White people, such as feelings of aches and pains, or 'thinking too much'.



Did you know?

We have other guides in our series on Anxiety, OCD, PTSD and Perinatal Anxiety and Depression

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In addition, stigma and shame around mental illness may make it more difficult for people from a minority ethnic group to ask for help from a doctor.

The causes of depression are varied. Research shows that depression can run in families. This means if either of your parents had/have depression, it is more likely you yourself will experience depression. However, this is not always the case, and other factors are also likely to be involved. For example, major life events (such as divorce or bereavement) as well as ongoing difficulties in daily life (such as job insecurity, financial hardship, or conflicts within personal relationships) can all trigger depression. People living with a disability or a long-term illness, or people caring for people living with a disability or a long-term illness, are also vulnerable to depression. In fact, any life circumstances that lead to prolonged stress can build-up over time and increase a person's risk of developing depression. For others, there is no clear cause.

What are the common types of depression?

The American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) describes several different types of depressive illness affecting adults. These include:

Major depressive disorder: characterised by depressive episodes that last at least two weeks and have at least one of the two key symptoms (sadness and/or loss of interest/pleasure) in addition to five other symptoms (such as sleep and appetite changes).

Persistent depressive disorder (dysthymia): lower levels of depressive symptoms that last for a prolonged period (for example, two or more years).

Premenstrual dysphoric disorder: a severe form of premenstrual syndrome which is characterised by extreme disruption to mood in the 7-to-10 days prior to menstruation and can continue for a few days after menstruation has begun.

Depressive disorder due to another medical condition: this diagnosis is given when the depressive disorder is thought to have arisen specifically due to the physiological effects of a physical illness. For example, it can occur in people with multiple sclerosis and dementia, and those who have had strokes.

Importantly, all these types of depression can affect a person's ability to take part in their usual daily life.

How is depression diagnosed and treated?

Depression is typically diagnosed through a conversation with a GP, using a combination of clinical judgement, and nationally recognised criteria.

Did you know?

Formal diagnosis is usually guided by the International Classification of Diseases (ICD) criteria and questionnaire measures, such as the GAD-7 and PHQ-9.

A GP will ask questions about how the person has been feeling and any other symptoms that they might be experiencing. They will also ask about how long they have been feeling this way, whether they have felt like this before and if they have any family history of mental illness. Sometimes a GP may also give a questionnaire to fill in, such as the GAD-7 and PHQ-9, which will ask about the ways they have been feeling in the past couple of weeks.

Depression cannot be diagnosed through blood tests or scans, but the doctor may need to do these things to rule out any other concerns they may have about the person's health.

The treatment offered will depend on the severity of symptoms. A GP may make suggestions around lifestyle changes that might be of benefit such as keeping fit, eating a healthy diet, and spending time outdoors. A GP may refer you to a social prescriber who can support you to access meaningful activities that help you to manage your wellbeing – this is a specific arrangement that aims to connect you with your local community. In addition, for some people who are diagnosed with depression they may be offered psychological (for example, talking therapy) and/or pharmacological (medicines) treatments to try and help reduce symptoms and improve quality of life.

The evidence-based treatment and therapy guidelines used in the United Kingdom and the NHS are based on recommendations from the [National Institute for Clinical Excellence \(NICE\)](#).

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There are many different types of antidepressants, but the most common are called [Selective Serotonin Reuptake Inhibitors \(SSRIs\)](#). Some people must try several different antidepressants before they find one that suits them. For some people, antidepressants will produce side effects; these must always be discussed with a GP. If side effects are experienced, it may feel hard to use these medications and a person may wish to stop taking them. Equally, the medication may help to improve symptoms. Either way, it is important that any changes you wish to consider in relation to your medication are done under the guidance of a GP who can advise on whether this is safe, and how then to do this in a manageable way.

Both psychological and pharmacological treatments are available on the NHS. However, there may be a wait before receiving the first appointment for NHS talking therapies.

What does psychological support for depression look like?

Psychological therapies aim to reduce psychological distress and improve quality of life.

Talking therapies, a type of psychological treatment, focus on understanding the causes of and ways to manage depression. These therapies can vary depending on how severe the depression is and may be done one-on-one or in a group setting.

The most common talking therapy is Cognitive Behavioural Therapy (CBT) which is a time-limited, goal-oriented treatment that is typically suitable for mild to moderate depression. CBT helps people recognise how our thoughts affect our mood, physical feelings, and actions. Sometimes, negative thought patterns that are a symptom of depression can make us feel worse and, in order to cope, we might avoid things we usually enjoy or withdraw from others. In turn, this can end up making the depression even worse. CBT helps us become more aware of negative thought patterns and supports us in breaking the cycle by making small, intentional changes to how we think and behave. For example, it teaches us to recognise when we are catastrophising and to pause before reacting, allowing for a more balanced perspective.

Depending on your symptoms and any other difficulties you may be experiencing, CBT treatment usually involves attending between 8 and 12 sessions. For severe depression a person may need to access medication and talking therapies in combination to help them manage.

Did you know?

In England in 2023-24, there were 1.83 million people referred for NHS Talking Therapies (NHS England Digital, 2025).

To access a talking therapy, in most cases you can either refer yourself or be referred by a GP.

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Other therapy approaches for more severe depression include short-term psychodynamic psychotherapy or interpersonal therapy – both of which take a broader look at a person's previous experiences and relationships.

As mentioned, for some individuals, depression can become a long-term or episodic condition. This means it comes and goes over the course of our lives. This is especially true if left untreated or if there are other underlying factors such as other mental health conditions or past trauma. However, with the right treatment, many people with long-term depression can lead fulfilling lives.

What can you do to support yourself, if you are experiencing depression?

Supporting yourself through depression can be challenging, but there are steps you can take to improve your wellbeing. Remember that depression is common, and seeking help is nothing to be ashamed of. Reaching out to a loved one or a professional can make a real difference and connect you with the right support.

Reach out for support: Whether for yourself or someone else, it's important to recognise that you don't have to face depression alone. Encourage open conversations and let others know you're there to listen without judgement. For yourself, don't hesitate to seek professional help from a GP, therapist, or counsellor who can provide the right support and guidance.

Take small, manageable steps: Depression can make even the simplest tasks feel overwhelming. Break down activities into small, achievable steps. For example, if getting out of the house feels difficult, try moving to different rooms or into the garden, and build from there. Celebrate small victories and encourage others to do the same. This can help prevent feeling stuck and offer a sense of progress. Progress may feel slow, but every small step counts. Remember, depression is treatable, and seeking help is a sign of strength.

Prioritise self-care: Focus on maintaining healthy habits, even when it feels difficult. This includes eating nutritious food, getting enough sleep, and moving your body in some way, whether it's a short walk or stretching, can help boost your mood. Staying connected with friends and family, even if you feel you won't be 'good company', can help you feel supported and not alone. These actions can improve both physical and mental well-being. Encourage a gentle approach to self-care, recognising that consistency is more important than perfection.

How to support someone with depression, with reasonable adjustments

Equality legislation in the UK defines disability as a physical and/or mental health condition that has a substantial and long-term impact on a person's ability to undertake normal daily activities. Under the provisions of the legislation, employers must make reasonable adjustments to ensure that the individual is not disadvantaged at work. They can be changes or adaptations that remove barriers in the workplace.

Have you seen our 'Let's talk adjustments campaign?'

It aims to raise awareness and empower everyone in veterinary workplaces, no matter their role, disability or health condition, to have important conversations about reasonable adjustments.

For many, work provides a sense of **self-worth and structure**, and remaining engaged in some capacity can be protective. That's why supporting people to work in a way that suits their current capacity is vital.

It is always important to have a personalised conversation with the person needing the support - everyone is different and as such what might help them is likely to be different too. For many people, work can be an important source of self-worth and a place they feel valued, so supporting people to work in a way that meets their needs is important.

This could involve:

- **Taking time off:** Either as a period of full leave to rest and recuperate, or to attend mental health appointments/therapy. This can prevent further decline and support recovery.
- **Flexible working or adjusted hours:** Some people may find starting later helpful, particularly if mornings are difficult. Others might benefit from reduced hours

temporarily. Being mindful of their energy levels throughout the day allows them to contribute effectively while protecting their well-being.

- **Managing workload:** Depression can impact concentration, motivation, and energy. Adjustments might include focusing on tasks that play to the person's strengths, providing more time for tasks to be completed, or reducing task-switching.
- **Confidence:** Depression can undermine confidence. Ensuring they know they are supported, not judged, and that their role in the team is valued can really help.

There are also a range of employment and education support schemes that can support with reasonable adjustments:

Access to Work

The Access to Work scheme can help you get or stay in work if you have a physical or mental health condition or disability. Access to Work is not means tested, does not need to be paid back and will not impact other benefits you might receive. To find out more visit the [UK Government website](#).

Disabled Students Allowance

Disabled Students Allowance (DSA) is a fund that can be applied for, to support university students who are ordinarily resident in the UK, to cover extra disability-related costs or expenses they have while studying (which exceed those provided as reasonable adjustments by their university or college). DSA is not means-tested and does not typically need to be paid back. To find out more visit the [Save the Student website](#) or contact your national student finance organisation.

How to talk to someone experiencing depression

When talking to someone with depression, kindness and honesty are key, as they may be feeling guilt or shame. You do not have to say anything profound, and don't worry about 'getting it wrong' - being there is an important first step to showing you notice their feelings and you care about them. Regular one-to ones or wellbeing check-ins are great opportunities to start the conversation. Ensure that these conversations take place in a private and confidential setting where the colleague will feel at ease.

Consider a neutral space outside the workplace, or see if they would like to meet for a walk and talk. If they work remotely, ensure they have enough notice so that they can arrange to take the call at a suitable time in a private space. Ensure you allow enough time for the conversation and are not squeezing it into a ten-minute slot in your busy diary.

Acknowledge their feelings by saying something like, "I can see you're struggling right now" and let them know you're there to listen without trying to fix everything. Avoid minimising their experience with phrases like "It's not that bad" and instead offer empathy, such as, "I'm really sorry you're feeling like this." Offer support in a non-pressuring way, like saying, "If you need anything, I'm here," or ask what support they might like, such as "is there anything I can do to help?"

Be patient, as recovery takes time, and remind them that "I'm not going anywhere." If they seem open to it, gently encourage them to seek further support. You could suggest, "Have you thought about speaking to a professional? I can help you find someone if you like," or offer to help them make an appointment. Let them know that seeking help is a positive step and reassure them that it's okay to take things one step at a time.

Above all, just be there for them, offering kindness, patience, and support at their pace, helping them feel less alone in their journey.

Seeking support

NHS help and support

You can contact a GP for advice, an assessment and referral to local psychological therapies team, or to access medication. In England, Scotland and Wales/Cymru, you can also self-refer to your local NHS Talking Therapies (formerly IAPT) service.

You may also be able to access online CBT programmes such as SilverCloud.

If you need more urgent help and support, you can contact NHS 111 in England, Scotland, and Wales/Cymru, or Lifeline in Northern Ireland on 0808 808 8000 to receive support and advice. If you are deaf or hard of hearing, you can also find useful advice from the [RNID](#) on using the confidential relay service Relay UK, to contact NHS 111 and Lifeline.

You can also contact a GP surgery and ask for an emergency appointment.

If you are in crisis or need immediate medical help call 999 and ask for an ambulance or visit your local A&E department.

General support

- **Vetlife Helpline** – available 24/7 to listen and offer a confidential, safe, and non-judgmental space. Call 0303 040 2551 or visit the [Vetlife website](#) to register and contact anonymously via email.
- **Samaritans** – available 24/7 and provides a safe place for anyone, whatever you are going through. Call 116 123 or email: jo@samaritans.org
- **Shout** – available 24/7 and offers a free, confidential text messaging service for anyone who is struggling to cope. Text SHOUT to 85258.

There are also resources and information provided by [Mind](#) and [Cruse Bereavement Support](#).

If you would like a list of research and resources that have been used/referred to in this guide, please contact info@vetmindmatters.org

About this guide

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The guide has been developed by Dr Neha Cattral, Counselling Psychologist, and Dr Lydia Poole, Senior Lecturer in Clinical Health Psychology, in partnership with the Royal College of Veterinary Surgeons' (RCVS) Mind Matters Initiative.

'Counselling psychologists deal with a wide range of mental health problems concerning life issues including bereavement, domestic violence, sexual abuse, traumas and relationship issues' (British Psychological Society, 2025).

Did you know?

Did you know? Counselling psychologists are protected titles by law and individuals must be registered with the Health Care Professions Council (HCPC) to practise. [You can check if someone is registered on the HCPC website.](#)

Please note that our health information should not be used for diagnosis purposes. If you are concerned about your health, please seek help from a GP or a mental health professional.

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How to feed back and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this guide.

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