

Depression

This factsheet might be useful to you if you have depression or if you think you might have depression. It explains the symptoms, causes of depression, and treatments. It may help you if you're a carer, friend or relative of someone with depression.

 KEY POINTS

- Some signs of depression are feeling low, feeling bad about yourself and not wanting to do things.
- Depression affects different people in different ways.
- If you think you might have depression, speak to your GP.
- Professionals describe depression as 'mild', 'moderate' or 'severe'. Your doctor may offer you different treatments depending on how they describe it.
- Depression is treated with medication and talking treatments. Self-help materials, peer support groups and coping strategies can also help.
- Different things can cause depression. Family history, upbringing, stressful events and your lifestyle can all have an effect.
- If you feel low, try to get enough sleep and eat well if you can. It is important to try to keep active, even if you don't feel like it.

This factsheet covers:

1. [What is depression?](#)
2. [What are the symptoms of depression and how is it diagnosed?](#)
3. [What are the different types of depression?](#)
4. [What causes depression?](#)
5. [How is depression treated?](#)
6. [What treatment should I be offered?](#)
7. [What if I am not happy with my treatment?](#)
8. [What self care and management skills can I try?](#)
9. [What risks and complications can depression cause?](#)
10. [Information for family, carers and friends](#)

[Top](#)

1. What is depression?

Everyone has ups and downs. Sometimes you might feel a bit low, or feel grief when you lose someone you love. People may say that they are depressed when they are feeling down, but this does not mean that they have depression.

Depression is a long lasting low mood disorder. It affects your ability to do everyday things, feel pleasure or take interest in activities.

Depression is:

- a mental illness that is recognised around the world,
- common - it affects about one in ten of us,
- something that anyone can get, and
- treatable.

Depression is not:

- something you can 'snap out of',
- a sign of weakness,
- something that everyone experiences, or
- something that lasts forever.

How common is depression?

Depression can affect people of any age, including children. It is one of the most common mental illnesses. About one in 6 people will be diagnosed with depression in their life.¹ The number of people who have depression may be higher than this because not everyone with depression goes to their GP.

[Top](#)

2. What are the symptoms of depression and how is it diagnosed?

Doctors make decisions about diagnosis based on guidelines. The main guideline used by NHS doctors is the International Classification of Diseases (ICD-10).

When you see a doctor they will look for the symptoms that are set out in the ICD-10 guidance. You do not have to have all of these to be diagnosed with depression, you might have just a few of them.

The symptoms of depression are:^{2,3,4}

- low mood, feeling sad, irritable or angry,
- less energy and feeling less able to do things,
- losing interest in activities you used to enjoy,
- loss of concentration,
- becoming tired easily,
- sleeping and eating less or eating more,
- feeling less good about yourself (loss of confidence),
- feeling guilty or worthless,
- losing interest in sex, and
- thoughts of self-harm or suicide, and making suicide attempts.

Your doctor should decide if you have any physical problems which might cause symptoms of depression.

[Top](#)

3. What are the different types of depression?

You might have heard a number of terms used to describe depression. In this section, we explain what some of these terms mean.⁵

Clinical depression

Clinical depression is a common term but it is not a diagnosis. It just means that a doctor has given you a diagnosis.

Depressive episode

Your doctor might say that you are going through a 'depressive episode'. This is the formal name that doctors give depression when they make a diagnosis. They may say that you are going through a 'mild', 'moderate' or 'severe' episode.

Recurrent depressive disorder

If you have had at least two depressive episodes, your doctor might say that you have recurrent depressive disorder. They may say that your current 'episode' is 'mild', 'moderate' or 'severe'.

Reactive depression

If your doctor thinks that your depression was caused by stressful events in your life, they may say that it is reactive.

Dysthymia

Your doctor might diagnose you with dysthymia if you have felt low for several years but you don't have recurrent depressive disorder.

Manic depression

Manic depression is the old name for bipolar disorder. It is a different illness to depression. People with this illness have highs (mania) and lows (depression).

Psychotic depression

If you are very depressed, you may get hallucinations or delusions. This means you hear, see or believe things that aren't real. This is called psychosis. You might start to hear voices that say that you are worthless and that things will never improve, or you may start to believe that someone is poisoning your food.

Post-natal depression

Post-natal depression is a common illness which affects about 1 in 10 women who have had a baby.⁶ You may get symptoms that are similar to those in other types of depression.

Seasonal affective disorder (SAD)

This type of depression affects you at the same time of year, usually in the winter. The symptoms are similar to depression but you may sleep more rather than less. You might also eat more carbohydrates like chocolate, cakes and bread.⁷

[Top](#)

4. What causes depression?

There is no single cause. Different things can cause depression for different people. This section looks at some of the things that might increase your risk.

Hormones and chemicals

Changes in your hormones can affect your mood. Women might notice these changes when they are pregnant, during menopause or during their menstrual cycle. For example these changes can result in a disorder called premenstrual dysphoric disorder (PMDD).⁸ This disorder has a lot of psychological symptoms similar to depression and can cause suicidal thoughts.

Having problems with your thyroid may be linked to low mood and increased risk of depression symptoms.⁹

You are at more of a risk of developing depression if you have low levels of certain B vitamins such as B12.¹⁰

Your family

Depression can run in families. This could be because:

- a) it is passed down in your genes,¹¹ or
- b) your mother had depression when you were growing up.¹²

Your background or situation

Problems during your childhood may increase your chances of having depression. Bad experiences can lead to you thinking negative thoughts about yourself or about the world.

Stressful events, such as problems at home or work, a relationship ending or financial issues may make it more likely you will get depression.¹³

Lifestyle

Having a balanced diet, exercising regularly, avoiding smoking and doing hobbies can help your mental health.

Drugs, alcohol use and smoking

Both legal and illegal drugs can affect your mental health. If you take prescribed medications, make sure you take them in the way your doctor suggests.

If you drink regularly or misuse alcohol you are at a greater risk of developing depression.^{14,15} There may be a link between cigarettes and depression.

You can find more about '**Drugs, alcohol and mental illness**' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

Other illnesses

You may feel low if you have a physical illness. This risk might be higher if you have a long-term or life-threatening illness. Some people with brain injuries and dementia will also have changes in their moods.

For more information on how to look after your physical health see our '**Good health guide**'. You can download this for free at www.rethink.org/resources.

[Top](#)

5. How is depression treated?

The first step to getting treatment is to see your GP. If your GP thinks you have depression, they will talk to you about the treatments they can offer.

Talking therapies

Talking therapy is available on the NHS, from private healthcare providers and sometimes from charities. You will meet a trained therapist for a fixed

number of sessions. Sometimes this will be with a group of people with depression.

There are different types of talking therapy. According to the National Institute of Health and Care Excellence (NICE), cognitive behavioural therapy (CBT) is one of the most effective therapies for depression. It should normally be available in your area.¹⁶

Therapies may have different levels based on how long or intense the treatment is. The level of therapy you get will depend on your symptoms.

When you finish treatment your doctor may suggest Mindfulness Based CBT (MCBT) which can be helpful if your depression comes back.

Other common talking therapies include:

- psychodynamic therapy,
- problem-solving therapy,
- interpersonal therapy,
- behaviour activation,
- mindfulness based therapy
- interpersonal therapy, and
- counselling.

Ask your GP about therapy if you are interested. Not all of these therapies will be available on the NHS in your area.

Mindfulness is a form of meditation that may be as helpful as CBT for treating anxiety and depression.¹⁷

Computerised cognitive behavioural therapy (cCBT)

Computerised cognitive behavioural therapy (cCBT) is one way of treating mild to moderate depression. You learn CBT techniques online using a computer. You will go through the same type of session as you would if you were with a therapist. It can be helpful after you have finished talking therapies to stop your symptoms coming back.

'Beating the Blues' is one of the cCBT programmes you can get. They are free but you need to talk to your GP about it.

Antidepressants

Your doctor might offer you an antidepressant. You may need to try different types before you find one that works for you. If you do not want to take antidepressants, tell your doctor and you can discuss other options.

Antidepressants can have side effects and can affect other medicines you are taking. Your doctor will check if you have physical health conditions or if you take other medication.

It is important to talk to your doctor before you stop taking medication, because stopping suddenly can cause problems.

Exercise Therapy

Having good physical health and exercising can help with depression. Some GP surgeries will put you in touch with local exercise schemes. These might sometimes be called 'exercise on prescription'. See the 'What causes depression'.

Electroconvulsive therapy (ECT)

Electroconvulsive therapy (ECT) is a procedure sometimes used to treat severe depression. In this treatment, an electrical current is briefly passed through your brain while you are under general anaesthetic which means you are not awake during the procedure. You should only have ECT if you have very bad depression and your life may be at risk or no other treatments have worked.¹⁸

Transcranial Magnetic Stimulation (TMS)

TMS involves using magnetic fields to try to change the way the brain works. Scientists think that this could help people with depression and does not cause any major safety concerns.¹⁹

Complementary or Alternative Therapies

Complementary therapies are treatments which are not part of mainstream medical care. They can include aromatherapy, herbal remedies, acupuncture, massage, meditation and yoga. These treatments may help improve your emotional wellbeing and may help with side effects.

You can find more information on these treatments in the following factsheets:

- **Antidepressants**
- **Talking Therapies**
- **Electroconvulsive Therapy (ECT)**
- **Complementary Therapies**

at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

[Top](#)

6. What treatment should I be offered?

The National Institute of Health and Care Excellence (NICE) writes guidance on what treatment doctors should offer you. But your doctor does not have to give you these treatments and the treatments may not be available in your area.

Different treatments may be available in your area. Your doctor might think these suit your symptoms more than the recommended treatments. NICE's Depression in Adults: Recognition and Management (CG90) guidance suggests the following.²⁰

Step 1: Everyone who may have depression

Your doctor should offer you:

- an assessment of your symptoms,
- support,
- information on how to deal with your symptoms,
- monitoring and follow-up, and referral for further assessment and treatment if needed.

Step 2: Mild to moderate depression

Your doctor may offer you:

- low-intensity talking therapies,
- medication, or
- referral for further assessment and treatment if needed.

Step 3: Moderate to severe depression (or mild to moderate depression when other treatments haven't worked)

Your doctor may suggest:

- medication,
- high-intensity therapy,
- combined treatments,
- different professionals working together, and
- referral for further assessment and treatment if needed.

Step 4: Severe and complex depression or if your life is at risk

Your doctor may suggest:

- medication,
- high-intensity talking therapy,
- electroconvulsive therapy (ECT),
- crisis services,
- combined treatments,
- different professionals working together, and
- hospital treatment in emergencies.

[Top](#)

7. What if I am not happy with my treatment?

If you are not happy with your treatment you can:

- talk to your doctor to see if they can suggest changes,
- get an advocate to help you speak your doctor,
- ask for a second opinion if you feel it would help,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or

- make a complaint.

There is more information about these options below.

Advocacy

An advocate is someone separate from mental health services but who understands the system and your rights. They can come to a meeting with you to help you get what you are entitled to.

You can search online to see if there are any local advocacy services in your area or Rethink Mental Illness Advice Service could search for you.

Second opinion

Talk to your doctor about your treatment to see if you can resolve the problem with them first. If you don't agree with their decisions about diagnosis or treatment, you could ask for a second opinion. You are not legally entitled to a second opinion but your doctor might agree to it if it would help with treatment options.

'PALS'

The Patient Advice and Liaison Service (PALS) at your NHS trust can help to resolve problems or issues you have with an NHS service. You can find your local PALS' details at [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can find out more about:

- Second opinions
- Advocacy
- Complaints

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

8. What self-care and management skills can I try?

You can learn to manage your symptoms by looking after yourself. Self-care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling. You will learn how to notice when you are becoming unwell and know what your triggers are.

Your diet

Our diet affects our physical health. Depending on what you eat you could develop problems like obesity, heart disease and diabetes. In the same way, the things we eat may affect our moods and mental health.

Some people deal with their depression by eating high-fat and high-sugar foods. Also, seasonal affective disorder (SAD) can make you crave sugary carbohydrates like cakes and biscuits.

Some ways to manage your diet include:²¹

- eating three times a day,
- not skipping meals,
- drinking at least 1 litre of water a day,
- not having too much caffeine like tea, coffee and chocolate,
- eating fruit, vegetables and wholegrains,
- sticking to the healthy alcohol units, that is 14 units a week for men and women.²²

If you have depression, these changes may not have an instant impact on your mood. However, they can be important for long-term recovery.

Exercise

Exercising regularly can help your mood.²³ Find something you enjoy so you keep it up. You need to be out of breath but not so much that you can't talk while you are doing it. Exercise can help if you have problems sleeping.²⁴ Getting proper sleep is important for your mental health.

How much you can do depends on your age, physical health and fitness. Slowly increase the amount you exercise - doing too much too early may make you lose motivation.

There are programmes like the NHS's Couch to 5KM where they gradually help you go from doing no exercise to walking or jogging for 5 kilometres. Some other options are listed below.

- **Going for a walk:** Get yourself a pedometer or an app that counts your steps. Slowly challenge yourself to walk more steps and reach a goal.
- **Cycling:** Make sure you wear a helmet and high visibility vests or chest strap. Stick to quiet roads if you aren't confident on a bike.
- **Gardening:** There may be a local NHS or charitable gardening scheme in your area. Ask your GP, volunteering services or social services. You can check on The Conversation Volunteers website to see if there are any projects in your area. Their details are in Useful Contacts at the end of this factsheet.
- **Jogging**
- **Playing a sport**
- **Gym:** As well as indoor gyms, there are free 'green gyms' all across the country. You may be able to get direct payments for gym membership or reduced rates if you are not working.
- **Housework:** Doing housework in an active way can be good exercise.

Mental health medication can cause problems with weight. Try to keep your BMI between 18.5 and 25. You can check your BMI on www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx.

There are different tools you can use such as the NHS 12 week weight loss programme. While you may not want to lose weight, it can be helpful to use it as a diary. You can find it here:

www.nhs.uk/Tools/Documents/WEIGHT-LOSS-PACK/all-weeks.pdf

[Top](#)

9. What risks and complications can depression cause?

Having depression can cause other problems. It can affect your health, relationships and work life. Below are some things that may be affected.

- Problems sleeping
- Problems with having sex²⁵
- Drinking more than usual²⁶
- Misusing prescription drugs or using illegal drugs
- Increased risk of suicide²⁷

If you have any of these problems, speak to your GP.

[Top](#)

10. Information for family, carers and friends

You can get support if you are a carer, friend or family member of someone living with depression.

You could get in touch with carer support groups or sibling support groups. You can search for local groups in your area or the Rethink Mental Illness Advice Service can search for you.

You can ask your local authority for a carer's assessment if you need more practical support to help care for someone.

As a carer you should be involved in decisions about care planning. There are rules about information sharing and confidentiality which may make it difficult for you to get all the information you need in some circumstances.

You can find out more information about:

- Carers Assessments and Support Planning
- Caring for yourself being a carer
- Confidentiality and information sharing – for carers, friends and family
- Welfare benefits for carers

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

Supporting the person you care for

You might find it easier to support someone with depression if you understand their symptoms, treatment and self management skills. You can use this information to support and encourage them to get help and stay well.

If you want to support someone with depression, you might find it helpful to learn about symptoms, treatments and self help techniques. This way you may be able to encourage your loved one to take the steps they need to get well. Below are some initial suggestions for providing practical day to day support.²⁸

- Offer them emotional support, patience, affection and encouragement. Remember that depression is an illness and people cannot “pull themselves together”.
- Invite them out on walks, outings, and gentle activities. Encourage them to take part in activities that once gave them pleasure. However, try not to put too much pressure on them as not feeling able to engage in activities they used to enjoy can be a source of further unhappiness.
- Praise daily achievements.
- Encourage them to try self-help techniques and get further treatment if appropriate.
- Find out about self-help or support groups in the area.

Think about what you can do if you are worried about someone’s mental state or risk of self harm. It will help to keep details of their mental health team and discuss a crisis plan with them.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a crisis
- Suicidal thoughts – how to support someone
- Responding to unusual behaviour

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

[Top](#)

Depression Alliance

This service has information on their website and also by post. They run self help groups across the country.

Telephone: 0845 123 23 20

Address: 20 Great Dover Street, London SE1 4LX

Email: information@depressionalliance.org

Website: www.depressionalliance.org



Friend in Need

Friends in Need is a way for people affected by depression to meet online and in their local area. It's free to join.

Website: <https://friendsinneed.co.uk/>

Mood Swings Network

This service provides a range of services for people affected by a mood disorder such as depression, including their family and friends.

Telephone: 0161 832 37 36 (10am - 4pm Mon-Fri)

Email: info@moodswings.org.uk

Website: www.moodswings.org.uk

The Conservation Volunteers

This organisation helps people to get involved in local conservation projects and has Green Gyms.

Website: www.tcv.org.uk/

Do-it

This is an organisation that supports people to get into volunteering across the country.

Website: <https://do-it.org/>



You can find more information about:

- Bipolar Disorder
- Psychosis
- Drugs, Alcohol and Mental Health
- Antidepressants
- Talking Therapies
- Electroconvulsive Therapy (ECT)
- Complementary Therapies
- Advocacy
- Second opinion
- Medication – Choice and managing problems
- Complaints

at www.rethink.org. Or call our Support Care Team on 0121 522 7007 and ask them to send you a copy.

Overcoming

This website has information on self help guides you can buy for a range of different conditions. They are not free resources but you can buy books from £2.99. You may be able to get some of the books second hand.

Website: www.overcoming.co.uk/single.htm?ipg=7761

Online cognitive behavioural therapy (CBT) resources

NHS Choices stress, anxiety and depression:

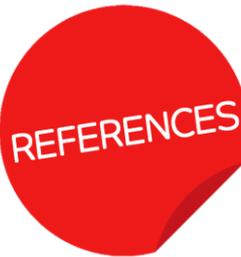
www.nhs.uk/conditions/stress-anxiety-depression/pages/low-mood-stress-anxiety.aspx

Mood Gym

This is an accredited programme developed in Australia. It is free to us but you just need to register.

Website: www.moodgym.anu.edu.au

[Top](#)



REFERENCES

¹ National Institute for Health and Care Excellence. Depression The treatment and management of depression in adults. CG90. National Institute for Health and Care Excellence; 2009.

<https://www.nice.org.uk/guidance/CG90/ifp/chapter/Depression> (accessed December 2015).

² Austin, MP., Mitchell, P. & Goodwin, GM. Cognitive deficits in depression: Possible implications for functional neuropathology. *The British Journal of Psychiatry*. Mar 2001; 178 (3) 200-206.

³ World Health Organisations. International Classification of Diseases (ICD) – 10. F32 Depressive episode.

<http://apps.who.int/classifications/icd10/browse/2010/en#/F33.9> (accessed December 2015).

⁴ NHS Choices. *Postnatal depression* (next review 06/2016).

www.nhs.uk/conditions/postnataldepression/pages/introduction.aspx (accessed November 2015).

⁵ As note 3. F32 & F33

⁶ As note 5

⁷ NHS Choices. *Seasonal Affective Disorder* (next review 09/2017).

www.nhs.uk/conditions/seasonal-affective-disorder/Pages/Introduction.aspx (accessed November 2015).

⁸ NHS Choices. *Premenstrual Syndrome*. (next review 17/12/2017).

www.nhs.uk/Conditions/Premenstrual-syndrome/Pages/Symptoms.aspx (accessed December 2015).

⁹ NHS Choices. *Underactive thyroid (hypothyroidism) symptoms*. (next review 11/05/2017). www.nhs.uk/Conditions/Thyroid-under-active/Pages/Symptoms.aspx (accessed December 2015).

¹⁰ NHS Choices. *Symptoms of vitamin B12 or folate deficiency anaemia*.

www.nhs.uk/Conditions/Anaemia-vitamin-B12-and-folate-deficiency/Pages/Symptoms.aspx [Accessed December 2015]

¹¹ Breen G, Todd Webb B, Butler AW, et al. A Genome-Wide Significant Linkage for Severe Depression on Chromosome 3: The Depression Network Study. *American Journal of Psychiatry* 2011; May 15.

-
- ¹² Bernard-Bonnin, AC. Maternal depression and child development. *Paediatric Child Health* Oct 2004; 9(8): 575–583 (this is a literature review)
- ¹³ Kendler, K.S, Karkowski, L.M, & Prescott, C.A. Causal Relationship Between Stressful Life Events and the Onset of Major Depression. *American Journal of Psychiatry* 1999; 155(6): 837-841
- ¹⁴ Boden, J.M & Fergusson, D.M. Alcohol and depression. *Addiction* 2011; 106: 5 906-914 (literature review).
- ¹⁵ The Mental Health Foundation. *Feeding Minds Report: The Impact of food on mental health*. Dr. Deborah Cornah, 2006.
- ¹⁶ As note 1 at pg 296, 300
- ¹⁷ Sundquist, J. et al. Mindfulness group therapy in primary care patients with depression, anxiety and stress and adjustment disorders: randomised controlled trial. *The British Journal of Psychiatry* 2014; Nov: 1 - 8.
- ¹⁸ National Institute for Health and Care Excellence. Depression in adults recognition and treatment CG90. Para 1.10.4. www.nice.org.uk/guidance/cg90 (accessed January 2016).
- ¹⁹ National Institute for Health and Care Excellence. *Repetitive transcranial magnetic stimulation for depression*. NICE interventional procedure guidance [IPG542]. London: National Institute for Health and Care Excellence; 2015. Page 1.
- ²⁰ As note 22 para 1.2.
- ²¹ Mental Health Foundation. Healthy Eating and Depression: How diet might help protect your mental health. Mental Health Foundation; 2007.
- ²² NHS Change for Life. Alcohol units and guidelines. www.nhs.uk/change4life/Pages/alcohol-lower-risk-guidelines-units.aspx (accessed January 2016).
- ²³ Mental Health Foundation. Exercise and mental health. www.mentalhealth.org.uk/help-information/mental-health-a-z/e/exercise-mental-health/ (accessed December 2015).
- ²⁴ Passos GS, et al . Effects of moderate aerobic exercise training on chronic primary insomnia. *Sleep Med*. 2011;12(10):1018-27
- ²⁵ NHS Choices. *Erectile Dysfunction*. (next review 23/09/2016). www.nhs.uk/Conditions/Erectile-dysfunction/Pages/Causes.aspx (accessed January 2016).
- ²⁶ Royal College of Psychiatrists. *Alcohol and Depression*. (next review August 2018). www.rcpsych.ac.uk/healthadvice/problemsdisorders/alcoholdepression.aspx (accessed January 2016).
- ²⁷ NHS Choices. *Suicide*. (next review 09/02/2017). www.nhs.uk/Conditions/Suicide/Pages/Causes.aspx (accessed January 2016).
- ²⁸ O'Connor. *Undoing Depression: What therapy doesn't teach you and medication can't teach you*. London: Souvenir Press; 2012.

© Rethink Mental Illness 2015
Last updated February 2016
Next update July 2018
Version 9

This factsheet is available
in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927
Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



Leading the way to a better
quality of life for everyone
affected by severe mental illness.

For further information
on Rethink Mental Illness
Phone 0121 522 7007
Email info@rethink.org

 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

 twitter.com/rethink_

 www.rethink.org

Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

Can you help us to keep going?

We can only help people because of donations from people like you. If you can donate please go to www.rethink.org/donate or call 0121 522 7007 to make a gift. We are very grateful for all our donors' generous support.