

Supporting someone living with depression

A practical guide for friends, family and partners supporting an adult in the UK.

You may have been supporting someone for weeks, months or years. They may already have a diagnosis, take medication or see a therapist. Depression may be continuous, may have returned, or may change from one day to the next. This guide is for all of those situations.

It covers how to understand what they are dealing with, offer useful help and keep your relationship going. You do not need to become their therapist or manage everything for them. Start with what they say they need, what they can manage now and what you can realistically offer.

Go to the part you need

02 Understanding their experience

04 Practical support

06 Treatment and appointments

08 Passing on concerns

10 Safety and urgent help

12 Sources and further help

03 Talking and listening

05 Friendship and relationships

07 When help is declined

09 Changes and setbacks

11 Support for you

If you are worried about immediate safety

Call **999** if their life is at risk, they have taken an overdose or seriously injured themselves, or you cannot keep them or someone else safe. **Page 10** explains what to do about suicidal thoughts and gives urgent contacts for each UK nation.

You can read this alongside the person if they want to. The suggested words are starting points: change them to sound like you. Support for someone under 18 needs a different approach; see the age-specific links on our website.

Understanding depression

Knowing the diagnosis does not tell you exactly how it feels for this person.

It can affect far more than mood

Depression can drain energy, slow thinking and make decisions difficult. Sleep, appetite, memory, concentration and interest in sex may change. Someone may feel numb, anxious, irritable, guilty or hopeless. Even an ordinary task can involve more effort than you see. A person who is able to work or laugh with you can still be struggling.

Find out what is difficult for them

Ask about their own experience, including things you might otherwise misread. Are mornings especially difficult? Is answering messages tiring? Does company help, or do they need shorter visits? Ask what they want you to understand and what they would prefer to keep private. Their answer may change, so check again occasionally.

Words you could adapt

"What is the hardest part of the day at the moment?"

"Is there anything I keep getting wrong about how this feels for you?"

Keep expectations realistic

Doing something yesterday does not mean they can do it today. Looking well for an hour does not show how the rest of the week has been. Avoid treating a better day as proof that everything is resolved, or a difficult day as a failure. Notice effort without making them feel watched or graded.

Ask before making an assumption

Withdrawal or irritability can affect relationships, but depression does not explain every disagreement. Ask about the particular situation. They can still have preferences, frustrations and valid concerns about how you treat them. You can take the illness seriously while treating them as an adult whose views matter.

Do not put every new problem down to depression

New physical symptoms or a marked change in behaviour need assessment. Call 999 for sudden confusion. Unusual high energy with very little sleep, or hearing or seeing things others do not, needs prompt clinical advice. Do not assume these changes are simply part of their usual depression. Use urgent help if you are worried about safety.

Talking and listening

This applies to the hundredth conversation as much as the first.

Ask what kind of conversation they want

Choose a time and place that suit them. A text, a short walk or sitting alongside each other may be easier than a face-to-face conversation. Ask whether they want to talk about how they feel, think through a problem or have ordinary company. They may prefer to talk to somebody else about some things.

Words you could adapt

"Do you want to talk about it, or shall we just watch something?"

"Would it help to think this through together, or would you rather I listened?"

Give them time to get the words out

Ask one question and leave space for the answer. Allow pauses; avoid finishing sentences or asking several questions at once. If you are unsure you have understood, check gently. A short response such as "That sounds exhausting" may be more useful than a long explanation of what you think they should do.

When the same worries keep coming back

Try not to respond as though they have failed to listen to your advice. Ask what feels hardest right now. You can acknowledge the distress without agreeing with harsh claims about their worth: "I hear how useless you feel. I don't see you that way." If you are becoming overwhelmed, pause and agree another time to talk.

Avoid turning support into a progress test

Repeatedly asking whether they are better can make them feel they need to reassure you. Comments about how fortunate they are, how others cope or how they should think positively can close the conversation. Ask about today, or offer something specific. You do not need to promise that everything will soon be fine.

If you get it wrong

You can repair an awkward moment: "That came out badly. I'm sorry." Ask what would have helped, without making them responsible for comforting you. If they become angry, keep your response calm and brief. It is all right to end a conversation that has become threatening or abusive.

Practical help, day to day

A useful offer is specific, manageable and something they want.

Help with the part they find difficult

Instead of asking them to decide what they need from a long list, offer one possibility. You could bring a meal, sit with them while they make a call, or help open one letter. Ask which part is difficult. Help with that part, and leave them as much choice and control as possible.

Words you could adapt

"I'm going to the shops. Can I bring you something easy for dinner?"

"Want me to sit with you while you go through the post?"

Food, washing and the home

Offer help without commenting on the state of the room or their appearance. A meal that needs little preparation, clean bedding or one load of washing may be enough for today. Ask before cleaning, moving belongings or throwing things away. If essential needs are being missed repeatedly, tell their GP or team rather than assuming you must cover everything.

Appointments, work and money

With permission, help keep letters and appointment details together. Offer a lift or company in the waiting room. If work or bills are adding pressure, help find the relevant advice service or make a list of questions. Avoid making financial decisions for them or taking control of accounts because it seems quicker.

Offer activity as an invitation

A familiar programme, music, a small creative activity or a few minutes outdoors may feel possible. Ask what they enjoy and what has helped before. Keep the option to stop or say no. Activities can offer company or relief; they are not a test of effort or a substitute for treatment.

Check whether the help is useful

Ask occasionally: "Should we keep doing this, change it or leave it?" A routine that helped at one stage may now feel intrusive. If your help has grown, review it together instead of suddenly withdrawing it to see whether they cope. Involve services if a change would leave them without essentials.

Staying connected

Depression can change the rhythm of a relationship for a long time.

Keep ordinary contact alive

Shared interests still matter. Talk about a programme, send a familiar photo or invite them to something small. You do not have to discuss depression each time. Ask whether they want invitations even when they often say no, and what kind of messages feel welcome. Respect requests for space while responding separately to any new safety concern.

Make cancellations easier to handle

A shorter visit, a quieter place or something at home may be more manageable. Agree that plans can change. If they cancel, you can acknowledge it without guilt or a demand for an explanation. You are also allowed to make other plans and keep up your own social life.

Words you could adapt

"Shall I keep inviting you, even if you mostly aren't up for it?"

"No problem about tonight. Do you want me to try you again at the weekend?"

If they seem distant or less affectionate

Depression can affect enjoyment, interest in sex and the ability to respond to others. Silence or reduced affection is not reliable proof that they no longer care. Ask rather than assuming. At the same time, your need for kindness and connection still matters. Choose a calmer moment to talk about one specific thing you miss.

If you miss how things used to be

It can be painful when a friendship or partnership feels less equal. Find somewhere to talk about your own loneliness, frustration or resentment. You do not need to make them recover to reassure you, or pretend the situation has no effect on you. Relationship counselling may be worth discussing if both of you want support with the relationship.

Keep them involved

Ask before discussing their health in a group chat or making plans on their behalf. If others are helping, agree what can be shared and who will do what. Keep some contact that is simply between friends or partners, rather than making every exchange about care arrangements.

Supporting ongoing treatment

They may already know a great deal about depression and their treatment.

Understand the plan they want you involved in

Ask which professionals they see, what support is in place and whether they want you to know the next review date. Treatment can include talking therapies, medication and other support; the right plan depends on the person. You do not need access to every detail to be useful. Their clinician should discuss choices, benefits and difficulties with them.

Before and after an appointment

Offer to write down what they want to discuss: what remains difficult, what has changed, side effects and questions about the next step. Ask whether they want you in the room, nearby or not involved. If you go in, agree your role first. Afterwards, check what was agreed, who to contact if things worsen and whether follow-up is arranged.

Words you could adapt

"Is there anything you want to make sure gets said at the appointment?"

"Would you like me to take notes, or just come along?"

If medication is causing problems

Take side effects and worries seriously. Encourage a conversation with the prescriber or pharmacist rather than arguing about whether they should put up with them.

Antidepressants can take several weeks to help. They should not stop or change the dose without medical advice; stopping suddenly can cause withdrawal symptoms. For a missed dose, check the medicine leaflet or ask a pharmacist.

If they want to stop treatment

Find out why and help them explain it to their clinician. They may feel worse, dislike side effects, feel unheard or believe treatment is no longer needed. A supporter can help them seek a review without taking over the decision. Avoid secretly checking medication, changing doses or hiding tablets in food.

If things are not improving

Help them describe what is still difficult and ask for a review of the plan. Do not tell them to wait for a routine appointment if there is worsening distress, new suicidal thinking or a significant change in behaviour. Contact their team or an urgent service. Immediate danger needs 999.

When they do not want help

A refusal may concern one person, one service or one kind of help.

Find out what the refusal means

They may be exhausted, ashamed, frightened of treatment or remembering a bad experience. They may not agree that your suggestion would help. Ask what is putting them off and listen to the answer. Avoid turning the conversation into a test of whether they want to get better.

Find out what would make help easier to accept

If a phone call feels impossible, offer to sit alongside them or help put their concerns in writing. If they felt dismissed before, discuss whether another clinician or someone accompanying them would help. If they do not want to talk to you, ask whether there is someone else they trust. Do not book things behind their back as a routine way round a refusal.

Words you could adapt

"What puts you off going back?"

"I won't keep pushing this today. If you want to try, I can help with the call."

When they still say no

You cannot make someone accept ordinary support. Keep the offer open and continue the contact they welcome. You can set your own limits as well. Refusing a particular treatment is not, by itself, proof that someone cannot make decisions. Questions about capacity or treatment without consent need professional assessment; the legal rules differ across the UK.

If the disagreement becomes heated

Keep your voice steady, avoid crowding them and stop arguing your case. You can say: "We aren't getting anywhere with this now. Let's leave it." Take a break if it is safe. You do not have to remain in a situation where you are being threatened, intimidated or hurt.

When you remain worried

You can still ask services for advice and pass on factual concerns, even if the person does not want an appointment. Page 8 explains how. A refusal does not stop you calling 999 when life is at risk. If you are unsure how urgent things are, describe the situation to the urgent service for their UK nation on page 10.

Talking to GPs and care teams

You can raise concerns as a friend. You do not have to be their next of kin.

Confidentiality does not prevent staff listening

A clinician may be unable to confirm details or discuss care with you without the person's agreement. That does not mean they should refuse to hear information you want to give. Where possible, tell the person you are worried and ask whether they would like to involve you. You can still pass on a serious concern if they do not agree.

Make the information specific

Give the person's name and identifying details if known, your relationship and a way to contact you. Describe what you directly saw or heard, with dates and examples. Separate facts from what you suspect. Explain what has changed from their usual state and why you are concerned now.

Useful things to include

- Changes in sleep, eating, drinking, daily functioning or contact with others.
- Their exact words about hopelessness, suicide or not feeling safe.
- Known treatment changes or missed appointments, without guessing the cause.
- Where they are, whether anyone is with them and any immediate danger.

Words you could adapt

"I understand you may not be able to discuss their care. I need to pass on information that worries me. Can it go to a clinician today?"

Ask how the concern will reach the right person

At a GP practice, ask which route they use for urgent concerns about a patient. With a team, use the agreed contact number if you have it. Ask when the message will be reviewed and what to do if things worsen. Keep your own dated note of whom you spoke to and what they advised. Do not rely on a portal message or email in a crisis.

Be clear about privacy and the limits of a message

The clinician may discuss what you share with the person or add it to their record. Do not expect secrecy. If disclosure could put you at risk, tell the service first. If help cannot wait and you cannot reach their team, use page 10. For a non-urgent concern, ask which service they use, if they are willing to tell you.

Changes, setbacks and relapse

A long history of depression does not make a new deterioration routine.

Notice change from their usual pattern

They may recognise their own early signs, such as sleep changing, withdrawing further, missing meals or losing the ability to manage familiar tasks. Ask what they have noticed and what has helped previously. Do not assume that because they have been through depression before, they can manage this period without more support.

Agree what to do before things get worse

During a steadier spell, make or update a plan with the person if they want to. Record what helps, what to avoid and who to contact. Date it, note who agreed it and who has a copy, and agree when to review it. Check it again when contacts change or after a difficult period, when they are ready.

Questions to work through together

- What changes tend to tell you that things are getting harder?
- How would you like me to raise a concern?
- What support do you want first, and what should I avoid?
- Who should we contact if your usual team is unavailable?

If they have stopped or changed medication

Ask what happened without assuming carelessness. There may be side effects, supply problems or a deliberate decision. Help them contact the prescriber or pharmacist promptly. Withdrawal symptoms and a return of depression can be difficult to distinguish; do not decide which it is yourself or tell them what dose to restart.

After discharge or a change of team

Ask, with their agreement, who now holds responsibility for follow-up and how to get advice between appointments. Check the contact details in the discharge or care plan. A move out of specialist care does not mean you must become the replacement service. If support is missing or their condition worsens, raise that clearly with the GP or team.

Keep responding to the situation in front of you

A better day does not automatically remove a recent safety concern. A setback may be a reason to review support. If you are worried about a marked change, ask for advice rather than waiting until you can explain it. Use the contacts on page 10.

If you are worried about safety

You do not have to make a risk assessment on your own before calling for advice.

Ask directly about suicide

If their words or behaviour worry you, ask: "**Are you thinking about suicide?**" Listen and take the answer seriously. Do not argue, make them feel guilty or promise secrecy. A denial does not cancel out other signs of immediate danger. Seek advice if you remain concerned.

Immediate danger: call 999

Call if their life is at risk, they are about to act on suicidal thoughts, have taken an overdose or seriously injured themselves, or you cannot keep anyone safe. Stay with them if you can do so safely. If it is safe, reduce access to anything they have said they may use to harm themselves; do not put yourself at risk.

If you are not with them or they stop replying

Try calling and ask where they are. If a message suggests immediate danger and they go silent, do not wait for another reply: call 999. Give their location or last known whereabouts, phone number and exact message. Say what you do not know. A trusted person nearby may be able to check safely.

Urgent concern without immediate danger

Use their crisis-team number if they have one, or the route for where they are. You can call because you are worried about someone else.

- **England:** 111, select the mental-health option.
- **Wales:** 111, select option 2.
- **Scotland:** NHS 24 on 111, mental-health option.
- **Northern Ireland:** GP or GP out-of-hours for urgent medical assessment. Lifeline **0808 808 8000** offers 24-hour crisis counselling.

Samaritans: 116 123, free, day or night, for them or for you. Listening support does not replace emergency help. You should not have to be someone's only source of safety.

Your own health and limits

Your health, safety and relationships matter throughout this.

Notice what you have taken on

Are you regularly losing sleep, missing work, spending money you cannot afford or dropping everything to stay available? You may feel angry, guilty, frightened or lonely as well as caring deeply about them. These feelings are a reason to get support, not a verdict on how good a friend or partner you are.

Make your limits clear and specific

Explain what you can offer, when you are available and what needs another person or service. Give notice where possible. A boundary describes what you will do; it does not threaten them into getting better. If reducing help would leave an essential need unmet, ask services to help arrange an alternative. A crisis number alone is not replacement care.

Words you could adapt

"I can help with this appointment, but I can't do every one."

"I need to sleep tonight. Let's check who you can contact while I'm unavailable."

Share the support, with their involvement

Ask who else they would be comfortable involving. Different people might offer transport, meals, ordinary company or help with an appointment. Agree who is doing what so plans do not depend on one person silently filling every gap. Do not give everyone access to private information simply because they want to help.

Get support in your own right

Talk to your GP if your sleep, mood, anxiety or physical health is suffering. A local carers' service or peer group may help even if you think of yourself simply as a friend or partner. If you regularly provide unpaid support, ask about a carer's assessment or its local equivalent; arrangements differ across the UK.

If you feel unsafe

Depression does not require you to accept abuse, threats or violence. Leave if you can do so safely and call 999 in immediate danger. If stating a boundary may increase the danger, seek support with making a safety plan rather than trying to manage the confrontation alone.

Sources and further help

The links below open the guidance used for this booklet.

The structure draws on Mental Health First Aid Australia's Depression: Mental Health First Aid Guidelines (revised 2018; version 2.3, 2022). This independent UK guide adds detail about established depression, ongoing relationships and UK services. No source organisation has endorsed it.

1. [MHFA Australia: depression guidelines](#)
2. [Mind: supporting someone with depression](#)
3. [Rethink: ongoing support and boundaries](#)
4. [NHS: symptoms of depression](#)
5. [Mind: depression symptoms](#)
6. [NHS: sudden confusion](#)
7. [NHS: bipolar disorder symptoms](#)
8. [Samaritans: listening and starting a conversation](#)
9. [Samaritans: being there for someone](#)
10. [Mind: self-care for depression](#)
11. [NHS: living with depression](#)
12. [NHS: treatment for depression](#)
13. [NHS: antidepressants](#)
14. [Mind: supporting someone coming off medication](#)
15. [Mind: helping someone seek support](#)
16. [Mind: supporting someone who feels suicidal](#)
17. [GMC: listening to friends and family \(39–40\)](#)
18. [NHS England: urgent mental-health help](#)
19. [Samaritans: making a safety plan](#)
20. [Samaritans: supporting someone with suicidal thoughts](#)
21. [Samaritans: immediate danger or a crisis](#)
22. [NHS 111 Wales: mental-health support](#)
23. [NHS 24 Scotland: mental-health services](#)
24. [nidirect: mental-health crisis support](#)
25. [Mind: looking after yourself as a supporter](#)
26. [Carers UK: assessments and support](#)
27. [Samaritans: sharing support](#)

Here for Someone

Read the fuller online guidance at hereforsomeone.org.uk/help/supporting-depression/. The website also has a crisis-plan tool, practical activity ideas and support for friends and family. Find local services through hubofhope.co.uk; check eligibility and opening hours.

For adults aged 18 and over. Independent information, not a diagnosis or individual treatment plan. This guide has not been clinically reviewed. Full source and service check: 26 September 2026. Version 2.1, revised 1 October 2026: planning, contact routes and wording. This was not a new review of every source.