

Low Mood and Depression

A Guide to How You Can Help Yourself



This guide is one of a series about good ways to deal with mental health problems. Such problems are very common and the things you can do to help with them have been shown to be effective.

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Getting the most out of the booklet

This guide asks you to think about your own circumstances and feelings as you read through it. You may find it helps to write in the spaces provided as a way to think more clearly about how you feel.

What you'll need:

A pen and maybe a notebook for extra notes.

Time for reading and thinking about how you can help yourself.

Somewhere quiet to read and think.

To keep going and pace yourself by taking one step at a time.

Support from a family member, friend or health professional if possible.

If you find it hard to read and do the exercises in the booklet, then ask for help. Your concentration, energy and motivation levels may be low at the moment. There may be other things it would be better to do first. You could go and talk to a health worker, such as your doctor or practice nurse.

Low Mood and Depression

Everyone has changes in mood. Sometimes we feel sad, unhappy, fed up, feel down or 'have the blues'. With time our mood usually changes again and we feel better.

However, if your low mood carries on or gets worse, you may have become depressed. Long-term negative thoughts about yourself and your future are common in depression. Many symptoms can affect your ability to function in your day to day life.

Depression is very common. It affects roughly 1 in 20 adults in the UK. It can affect anyone; this includes children and teenagers.

Why Do People Get Depressed? There are many causes of depression. We do not fully understand why

There are many causes of depression. We do not fully understand why people develop depression. It may run in families. It could be due to how you were brought up. It can be caused by stressful life events or changes. These include: being out of work; illness; traumatic events; the end of a relationship; and the death of a loved one. (However, depression is different from grief following the death of a loved one).

Depression may happen just once, or may return again over time. Some people may live with it throughout their lives.



Does any of this fit with your experiences?

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What are the Signs of Depression?

Depression has a wide range of symptoms. They include thoughts, feelings, changes to your body and the way you behave. For example:

| Thinking | Feelings |
|---|-----------------------------------|
| Loss of interest | Fear/Worry |
| Poor concentration | Guilt/Shame |
| Memory loss | Sad/Despair |
| Negative thoughts | Feeling Hopeless/Helpless |
| Thinking about suicide | Loss of confidence |
| Body (physical) | Behaviours |
| Changes in appetite and sleep | Over/under eating |
| Feeling tired | Increase/decrease in sleep |
| Feeling tense/agitated | Avoiding friends/family |
| Reduced sex drive | Self-harm |
| Increase in physical discomfort e.g. pain | Mis-use of alcohol and / or drugs |

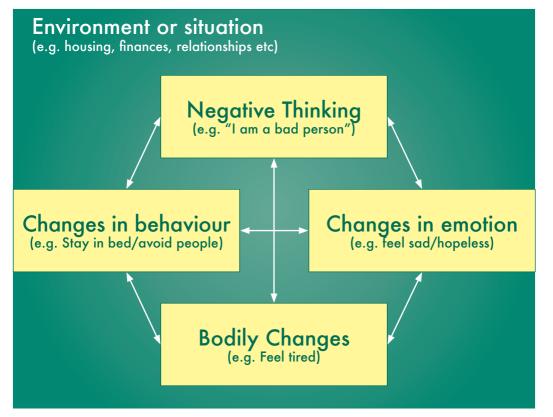
What have you noticed?

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Sometimes these symptoms can be caused by medical problems. For example, an under active thyroid, diabetes, a head injury, stroke, chronic pain or a lack of vitamins and minerals e.g. low vitamin D. You should see your GP to be sure that your symptoms are not related to a medical problem.

The Vicious Cycle of Depression

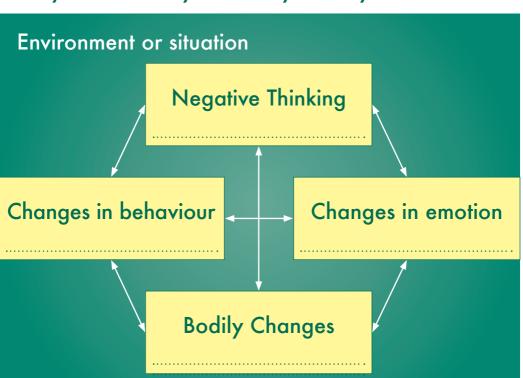
Depression changes the way you think, how your body feels, how you feel emotionally and how you behave. These changes can have an effect on each other. Depression can also have an effect on other parts of your life. For example: how you get on with other people, money, housing and work.



These 'five areas' (thoughts, feelings, body, behaviour and situation) can all affect each other. This keeps the depression going. We call this a vicious cycle. Here are some examples:

Poor Coping: Some people try to cope by using alcohol. Others might call in sick to work. This can make the situation worse in the long term. For example, people could become addicted to alcohol; it could lead to financial or relationship problems. This makes the situation worse and the depression stays. Poor motivation or low energy: People often stop doing things they used to enjoy. The vicious cycle develops as they do less and less. This can make them become more and more withdrawn.

Negative beliefs or hopelessness: Some people do not seek help. This may be due to feelings of worthlessness. For example, "why should anyone help me, I'm worthless". It could be because they feel helplessness. For example, "Nothing can change the way I feel". Sometimes people do not know that they have depression. If this is the case it will not be treated.



Do you notice any vicious cycles in your life?

Overcoming depression

To get over depression you need to break the vicious cycle that keeps it going. You need to change something in your 'five areas'.

So getting better can mean making small changes in how you think; what you do; your physical health; and what is going on in your life. It is also important to take small steps at a time.

Working with our body / physical symptoms

Depression can affect your body as well as your thoughts and feelings. It can change your appetite (eating more or eating less). It can change your sleep patterns (sleeping more or sleeping less). It can also lead to a lack of energy and feeling tired. Some people find they experience more 'aches and pains'. Others become more aware of any physical pain that they have had before.

Many things will affect your body and your mood, including what you do and what you put into your body. This includes:

- Medication
- Alcohol and other drugs
- The quality and quantity of food
- Exercise and activity levels
- Sleep and relaxation
- Pain
- Illnesses
- Even the amount of sunlight you get

It is worth spending some time to think about each of these factors. You may want help and support to make changes that support your physical health. These changes can help improve your mood.

Working with your behaviours

Often people with depression do less. They may stop doing some of the pastimes that they used to enjoy. Sometimes people become more withdrawn and less sociable. They may put jobs off and may start doing things to cope that are unhelpful. Some people may drink more alcohol, stay in bed more or over-eat.

As their behaviour changes; doing less of what is helpful and enjoyable, doing more of what is unhelpful (but may seem enjoyable!), then their mood is made worse. This feeds the vicious cycle.

To get better, it can be useful to notice what has changed. You need to reduce any unhelpful ways of coping that you use. You could also start doing things that will improve your mood (even if you don't feel like it!). Some examples include:

Increase overall activity levels and get more exercise Maintain supportive relationships e.g. with friends and family Engage in enjoyable and pleasurable activities Get out of the house and maintain contact with the outside world.

Make a list of things that you may have to do and a list of things that you enjoy doing.

Things that I need to do:

Things that I enjoy or would like to do:

.....

When you're feeling down, doing more can seem like a huge burden. This may be for many reasons. Maybe you're not sleeping well or you're not eating as well. This is typical of depression. It can sap your energy and make you feel tired and lethargic. Your thoughts may be telling you 'there's no point' or 'I'll do it tomorrow'. These all make it tougher to increase your activity levels and get into healthy and enjoyable routines. The good news is that there is proof that being more active is a great way of beating depression.

But when you feel tired and your head's telling you not to bother, then it is hard to get motivated. So how do you get going? Here are some ideas for you:

'Motivation follows action' 'It's a small step at a time'.

Motivation follows action: When we feel down it is a real effort to get going. However, once we do make a start then we often feel like we want to do a little bit more. This is true no matter how small the start is. If we wait until we feel like doing something before we start, then we may wait for a long time! 'I'll do it tomorrow'... and tomorrow never comes!



But you don't need to take anyone's word for this, you can try it yourself. Think of a small job that you have been putting off. If you can, break it down into even smaller parts. Then taking the smallest bit first just start to have a go at it and see what happens.

Another tip for success is to plan activities. If you schedule them into your day, you are more likely to do them. You could use a diary or a calendar. You could ask someone to remind you. Anything that helps you to remember to begin is a good idea. This is because our memories are also affected by depression.

A small step at a time: Don't try to do everything all at once. You're not going to feel better overnight. Getting out of the depressive cycle takes time. It is best to tackle the things that need doing in small stages. Doing a task may seem like a huge effort when you think about everything you have to do. If we break them down into much smaller stages they may seem less daunting. So for example, before we get back to going out with friends again, we may need to speak to them on the phone first or even text them if that seems easier. Then, once we feel a bit more confident, we could ask them to come round to see us at home before we think about going out somewhere with them. To increase the chances of getting started, you could give yourself a time limit. So you could decide to go for a walk for 10 minutes. Then time yourself. Use a clock to make sure you don't go over the ten minutes (unless you want to, after you begin)!

It can be useful to make a *daily plan*. It can help you to remember the activities that you want to do. It can also encourage you to do things that you *have* to do, (such as the housework), as well as things that you enjoy. You could use an activity schedule like this:

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---------|---------------------|------|-----|-------|-----|-----|-----|
| 9-11 am | Breakfast shower | | | | | | |
| 11-1pm | Phone a friend | | | | | | |
| 1-3pm | Lunch Get paper | | | | | | |
| 3-5pm | 10 mins cleaning | | | | | | |
| 5-7pm | Dinner TV | | | | | | |

Working with your thoughts

With depression your thinking tends to become more negative. You might have what are called 'negative automatic thoughts'. These just pop into your mind and make you feel more depressed. Some examples include: 'I'm no good'; 'They don't like me'; 'Nothing will help'.

This type of thinking can make you interpret things in negative ways. You might take things more personally. You are more likely to jump to conclusions. You may also think that things are far worse than they really are (sometimes called "catastrophising").

When you are down these thoughts seem believable and reasonable. But really they are unrealistic, untrue and just plain unhelpful. So it can help to question your thoughts. You need to make sure that you aren't making yourself feel worse.

One way to question the thoughts or ideas that bother you is to look for 'other proof'. Do not just accept a negative thought that pops into your mind. Instead, take another look at it. See if it is backed up by reality and whether it is helpful.

For example: A friend walks past you in the street and ignores you. Your first reaction may be to think they have fallen out with you. You think that they are ignoring you and so you may feel sad or angry. However, maybe they just didn't notice you or maybe they have things on their mind. If you challenge your initial reaction you might feel better. You are more likely to come to a more accurate interpretation of what actually happened.

This might sound too simple. When you feel down your head might say things like 'I can't do that' or 'It sounds like rubbish', but if we give it a go we may notice a small change. You could use the following table to question any 'negative automatic thoughts' that trouble you.

| Negative automatic thought | Feeling | Alternative thought | New feeling |
|----------------------------------|--------------------------------|---|--------------------------------|
| 'These ideas will never work' | Down, hopeless, demoralised | 'l've got nothing to lose by trying. It might take my mind off my problems' | A bit more hopeful, curious |
| | | | |

You can also see if you use any unhelpful thinking styles. Try to keep an eye out for when you may be using any of them. Here are some examples:

- Personalising: You blame yourself for anything bad that happens. You do this even if it has little or nothing to do with you. If something goes wrong you think it is your fault.
- Catastrophising: You expect things to go wrong, no matter what. You tend to blow up events and how awful or horrid they will be. You over estimate the chances of things going wrong. When things do go wrong you think that it will always be like that.
- D Mind reading: : You think that you know what other people are thinking.
- Over generalising: You find it hard to see a bad event as just one event. This is because our brains try to see patterns in everything. So you might think that because you don't get on with someone then it means that no one will like you. Or if you don't get one of several jobs done then you have 'not done anything'.

Sometimes your thoughts might be linked to *long term beliefs*. These could be about you, about other people or about the world. They may hold you back in your recovery. If so, you may need to talk to someone like your GP, a counsellor or therapist.

Working with our environment or situation

'No man (or woman) is an island', as the saying goes. Each of us is connected to the world and the people around us. We all influence and are influenced by these surroundings. Our environment or situation includes things other than our thoughts, feelings, bodies and behaviour. These are some examples: the people you know; relationships; money and debt; housing; work; organisations; support; and things that have happened to you.

The things that go on in your life can have a big effect on your mood and vice versa. Often people get depressed because of the things that happen to them. These could include redundancy and unemployment, bereavements, ill-health, disability, not having a lot of money, poor housing, discrimination, trauma, debts, and being a carer.

When people are depressed, they find it hard to do normal, everyday things. This can have a knock-on affect on other parts of their lives. It can also have an effect on the people around them. It could have an impact on their caring roles, their work responsibilities, and keeping the house going etc.

It is important to keep these things in mind when tackling depression.

For example, ask yourself these questions:

What has helped me in the past?

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What may help this time?

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To help decide what to do, you can use a simple problem solving method:

- 1 What is the problem?
- 2 List all possible solutions.
- 3 Discuss each solution advantages and drawbacks.
- 4 Choose the best solution or combination of solutions.
- 5 Plan how to carry out the best solution(s).
- 6 Look back at how your solutions have worked and give yourself credit for successes. Try again if it didn't work.

You may need to seek the right kind of extra support and advice to deal with any problems.

Would do you think could help?

Here are some people who may be able to help:

Manchester Community Health Trainers support people with making small changes that benefit their health, e.g. better diet or more exercise. 0161 861 2546

Citizens Advice Bureau for advice on money, housing etc. 08444 111 222

shelter, for help with housing problems 0844 515 1640

Lifeline, for advice about drugs 0161 272 8844

Manchester Carer's Forum, for support for carers 0161 819 2226

Treatments and Support in Dealing with Depression

Antidepressant Medication

This is a common way to treat depression. Antidepressants do not cure depression, but they do reduce the symptoms. This can help you feel more able to deal with the depression yourself.

Antidepressants can improve your:

- Sleep
- Appetite
- Concentration
- Mood
- Energy levels

Antidepressants can be used alongside other things you do to help yourself. This includes the suggestions in this guide as well as going to counselling or other therapies. You can talk to your doctor about what your options are. It can take a bit of time for antidepressants to start working. It often takes between two to six weeks before people start to feel the benefits. You must take them every day for them to work.

Some people experience mild side effects when they start taking antidepressants. These include headaches, dry mouth, blurry vision, sweating, feeling dizzy and feeling sleepy. They often go in seven to ten days. The side effects of different antidepressants vary so you should ask your doctor what to expect and what to do if you have a problem.

If the side effects don't go, your doctor may ask you to lower the dose. You may need to change to another antidepressant.

Antidepressants are not addictive, but if you just stop taking them you may feel some effects. These are called withdrawal symptoms. They include feeling sick, being sick, headaches, anxiety and not being able to sleep. If you are thinking of stopping your medication you should speak to your doctor first. This is because you may need to reduce the amount you are taking slowly. This will give you body time to adjust.

Talking Treatments or Therapies

Your doctor may recommend that you talk to someone who can listen to how you are feeling and help you to deal with difficult thoughts, feelings and behaviours. Some therapies may be quite brief and others continue for longer periods. You may find that the therapy follows suggestions that are similar to those in this guide.

In Manchester you can also ask to see a therapist yourself and they will suggest which form of therapy will suit you best.

For NHS service in North Manchester; 0161 231 0017

For NHS service in Central Manchester; 0161 861 2236

For NHS service in South Manchester; 0161 946 8260

Psychological Wellbeing Practitioner Service (citywide); 0161 226 3871

You could try computerised Cognitive Behavioural Therapy (cCBT) - three FREE websites are:

- www.livinglifetothefull.com;
- www.moodgym.anu.edu.au; and
- www.ecouch.anu.edu.au

cCBT, with personal support in using it is also available from Self Help Services at venues across Manchester, 0161 232 7854

Especially for young people;

- Emerge 16/17, support for 16 & 17 year olds, 0161 226 7457
- 42nd Street, for ages 13 to 25, 0161 832 0170 (Mon, Thu & Fri 12.30pm-4.30pm)

For older people;

□ Age Concern Counselling Service 0800 027 57 87

Things to do in a crisis or emergency:

If you need help and support urgently, you could contact your GP, or you could use a phone line to talk with someone;

Samaritans; 08457 90 90 90 (24 hours) NHS Direct; 0845 4647 (24 hours) Saneline; 0845 767 8000 (6pm to 11pm daily) Crisis Point 0161 225 9500

For more Information Manchester libraries have books and guides about mental health in each branch as well as computer internet access.

Here are some websites that will give you more information about depression and about local services.

www.mhim.org.uk, the mental health in Manchester website with links to a wide range of information, including other languages

www.selfhelpservices.org.uk, Self Help Services in and around Manchester