

Coping with Depression



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What is depression and what does it look like?

Everyone feels 'low,' 'down in the dumps,' 'blue,' or like they 'can't be bothered' from time to time. Depression is essentially a more extreme form of this. For example, depression tends to describe when these feelings last for most of the day, over an extended period of time. When depressed, people also find that their motivation is low, their appetite is reduced, their sleeping patterns are disrupted and their concentration and memory are poor. Other typical experiences include feeling irritable, weepy and lonely. People who are low or depressed normally have a critical way of thinking about themselves, others and the future. People's behaviour patterns also typically change if they are low or depressed. For example, they tend to spend a lot of their time indoors (often in bed) and don't socialise or do as much as they used to.



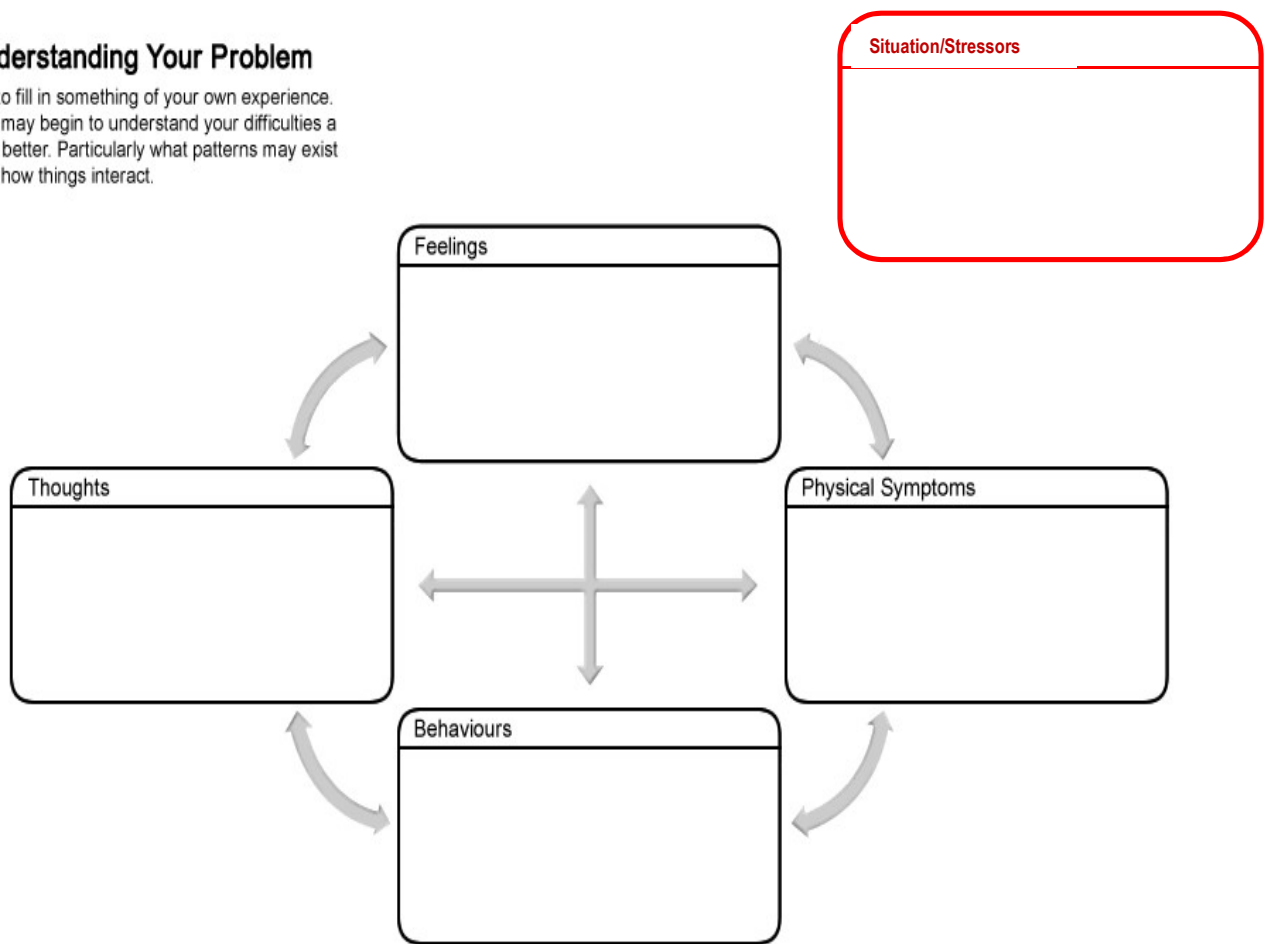
Figure 1: A model for depression

People become depressed for a number of reasons. Research has suggested that depression may have biological ties, it may develop following a significant life event such as the death of a close loved one or being laid-off at from work or it may develop as a result of an individual's personal thinking styles or behaviours.

As *Figure 1* shows, depression is often viewed as a cyclic process, where the negative thoughts contribute to unpleasant feelings, the feelings to unhelpful behaviours, which “feed” the external stressors, in a kind of “snowball effect”. An example of how this process works is as follows: A person may be having a difficult time at work, where they are dealing with a number of stressors on a daily basis (e.g. poor relationships with colleagues, long hours, and little praise for demanding work). If this person is depressed they may be having constant negative thoughts about their job which causes them to stay in bed and not go in. By staying in bed, this individual comes to feel sluggish and has no energy. These negative thoughts, behaviours and physical responses may then impact negatively on that individual’s feelings and they may come to feel sad or lethargic which in turn feeds back into the cycle. In order to treat depression, an individual should be aiming to break this cycle:

Understanding Your Problem

Try to fill in something of your own experience. You may begin to understand your difficulties a little better. Particularly what patterns may exist and how things interact.



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- There are different forms of depression. Below are some of the most common:
 - **Major depression**— severe symptoms that interfere with your ability to function, including work, sleep, study, physical health and enjoyment of life. An episode of major depression may occur only once in a person's lifetime. But more often, a person can have several episodes
 - **Dysthymic disorder, or dysthymia**—depressive symptoms that last 2 years or longer, but are less severe than those of major depression
 - **Minor depression**—similar to major depression and dysthymia, but symptoms are less severe and may not last as long

Do I have depression? – A checklist for seeking help

The following is a list of common symptoms of depression. If you tick a number of these items, you may be experiencing symptoms of depression and it may be beneficial for you seek further guidance. The information in this booklet will be beneficial to you.

Please tick the boxes which regularly apply to you.

Feelings

- | | | | |
|--------------|-----|----------------------------------|-----|
| Sad/Low/Flat | () | Irritable/low patience threshold | () |
| Upset | () | Lonely | () |
| Tearful | () | Unmotivated | () |
| Miserable | () | | |

Physical Symptoms

- | | | | |
|----------------------------------|-----|---------------------------------|-----|
| Poor concentration | () | Lethargic/lacking in energy | () |
| Poor memory | () | Sleeping too much or too little | () |
| Increase or decrease in appetite | () | | |

Thoughts

- | | | | |
|--------------------------|-----|---------------------------------|-----|
| No-one likes me | () | I'm a failure/I'm going to fail | () |
| I'm a waste of space | () | I can't be bothered | () |
| I'm no good | () | It's not worth going on | () |
| Things will never change | () | | |

Behaviour Patterns

- | | | | |
|-----------------------------------|-----|------------------------------------|-----|
| Spending more and more time alone | () | Keeping to yourself | () |
| Staying in bed longer than usual | () | Stopped doing the things you enjoy | () |

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How is depression treated?

There are a number of options for the treatment of depression. Research has shown that both psychotherapeutic and medication-based solutions have been effective. However just as no two people are affected the same by depression, there is no “one size fits all solution”. The best thing that you can do is be as informed as possible on what your options are.

- **Lifestyle Changes:** there are a number of simple lifestyle changes that you should try to make if you feel that your mood is low. These include:
 - **Exercise.** By exercising we boost serotonin, endorphins and other feel good brain chemicals levels. Try doing some exercise every day, including 30-second bursts of “all-out” activity (e.g., sprinting)
 - **Sleep.** Sleep deprivation has a negative effect on mood. Try to get between 7-9 hours of sleep per night and to be regular in your bedtime
 - **Nutrition.** Eating well is important for both your physical and mental health. Try to eat a balanced diet that includes a variety of vegetables, nuts, seeds and berries. Also, try to reduce your intake of sugary foods as these may cause you to crash. If your mood is low you should also consider avoiding alcohol as this is likely to exacerbate your symptoms.
 - **Social Support.** A problem shared is a problem halved. Actively plan to have regular contact with friends and family members; people you care about. Try to keep busy as best you can either through work, social events, volunteering, giving your time to persons in need, or personal projects.
 - **Stress Reduction.** Chronic activation of your stress response system puts you at risk for depression. Consider making changes in your life to minimize and manage stress and therefore reduce the risk for developing depression.

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It may be useful to plan your day to ensure that you are making these lifestyle changes. You could use the following template to plan when you are going to sleep, exercise and do the things that you have to do. Don't forget to include pleasure activities that you enjoy doing.

Day/Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
07.00							
08.00							
09.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
20.00							
21.00							
22.00							

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- **Medication:** anti-depressants have been shown to be effective to treat some forms of depression. It is important to remember however that anti-depressants do not get to the root of the problem and instead just treat the symptoms. Some people experience some side-effects when taking anti-depressant medication. If you have any questions or concerns regarding anti-depressant medication, you should seek advice from your doctor or a medical professional.

- **Psychotherapy:** there are a number of psychological therapies that have been shown to be effective for the treatment of depression. These include but are not limited to:
 - **Cognitive Behaviour Therapy (CBT).** CBT aims to show how your thinking affects your mood and to teach you to notice, challenge and replace unhelpful thoughts about life and about yourself. It is based on the idea that negative thinking is usually habitual, and, like any other bad habit, can be broken.

 - **Acceptance-Commitment Therapy (ACT).** The core message of ACT is to notice and accept what is beyond your personal control and commit to actions that improve and enrich your life. Mindfulness skills enable you to notice unhelpful thoughts and accept your thoughts and feelings. Cognitive-behavioural skills enable you to get clear on your core life values; and commit to behaviours that serve those values – even when your thoughts and feelings are trying to hold you back!

 - **Mindfulness-Based Cognitive Therapy (MBCT).** MBCT is designed to help people who suffer repeated bouts of depression and chronic unhappiness. Like ACT, It combines the ideas of cognitive therapy with meditative practices, mindfulness skills, and behavioral activation skills.

 - **Interpersonal Therapy (IT).** The underlying assumption with interpersonal therapy is that depression and interpersonal problems are interrelated. The goal of interpersonal therapy is to help a person understand how these factors are operating in their current life situation to lead them to become depressed and put them at risk for future depression.

Some Self-help skills for treating depression

- **Be Aware of Negative Automatic Thoughts (NATs).** NATs are common in depression and recognizing them is the first step in noticing and disengaging from them. By becoming aware of these thoughts and the effect that they are having on us, we are free to choose behaviours that move us in valued directions, and therefore working towards *breaking the cycle of depression*.

Below are some common NATs:

- **Overgeneralisation:** Coming to a general conclusion based on a single event or one piece of evidence. If something bad happens once, you expect it to happen again and again. Such thoughts often include the words “always” and “never”. E.g. I forgot to finish that project on time. I never do things right.
- **Filtering (Selective Abstraction):** Concentrating on the negatives while ignoring the positives. E.g. I know he [my boss] said most of my submission was great but he also said there were a number of mistakes that had to be corrected...he must think I’m really hopeless.
- **All or Nothing Thinking:** Thinking in black and white terms (e.g., things are right or wrong, good or bad). A tendency to view things at the extremes with no middle ground. E.g. I made so many mistakes. If I can’t do it perfectly I might as well not bother.
- **Personalising:** Taking responsibility for something that’s not your fault. Thinking that what people say or do is some kind of reaction to you, or is in some way related to you. E.g. John’s in a terrible mood. It must have been something I did.
- **Catastrophizing:** Overestimating the chances of disaster. Expecting something unbearable or intolerable to happen. E.g. I’m going to make a fool of myself and people will laugh at me.
- **Emotional Reasoning:** Mistaking feelings for facts. Negative things you feel about yourself are held to be true because they feel true. E.g. “I feel like a failure, therefore I am a failure”. “I feel ugly, therefore I must be ugly”.

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- **Mind Reading:** Making assumptions about other people's thoughts, feelings and behaviours without checking the evidence. E.g. "John's talking to Molly so he must like her more than me".
- **Fortune Telling Error:** Anticipating an outcome and assuming your prediction is an established fact. These negative expectations can be self-fulfilling: predicting what we would do on the basis of past behaviour may prevent the possibility of change. E.g. "I've always been like this"; "I'll never be able to change". "It's not going to work out so there's not much point even trying".
- **Should Statements:** Using "should", "ought", or "must" statements can set up unrealistic expectations of yourself and others. It involves operating by rigid rules and not allowing for flexibility. E.g. "I shouldn't get angry"; "People should be nice to me all the time".
- **Magnification/Minimisation:** A tendency to exaggerate the importance of negative information or experiences, while trivialising or reducing the significance of positive information or experiences. E.g. "Supporting my friend when her mother died still doesn't make up for that time I got angry at her last year"

If some of these thought processes resonate with how you think about things, it might be useful to try to challenge your NATs. Below is a helpful template to track your challenging thoughts:

Where were you? What's the situation?	Emotion or feeling	Any negative automatic thoughts (NAT)?	Evidence that supports that thought	Contradictory evidence OR Reasons to disengage from the thought	Alternative thought OR Value-guided behaviour	Emotion or feeling following alternative thought or behaviour
<i>e.g., At a party where I don't know many people well</i>	<i>Anxious, small; scared of feeling/looking awkward</i>	<i>These people don't like me; I'm failing (emotional reasoning; mind-reading); I must not feel awkward!! (catastrophizing)</i>	<i>Nobody's talking to me; Feeling awkward is uncomfortable</i>	<i>I was invited; I could make this a good time; Feeling awkward isn't so bad!</i>	<i>Approaching someone and talking; deciding to tolerate the awkwardness</i>	<i>Still anxious (it wasn't perfect) but better and ready for more interaction; feeling stronger as I notice I can "have" awkwardness and still move!</i>

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Some questions to think about when challenging thoughts:

- Are there any of the common Negative Automatic Thoughts (NATs) here?
- Is there any evidence that contradicts this thought that my mind is telling me?
- What would I say to a friend who had this thought in a similar situation?
- Does thinking this way help me live the way I want to?
- What are the costs and benefits of thinking in this way?
- Is there a proactive solution to this unhelpful thought?
- Is there another way of looking at this situation?

- **Problem-solving**

Often when people are depressed they find it difficult to cope with all of their problems which in turn may have a negative effect on their mood. It can help to develop a structured way of working through a problem. Beginning to overcome some of your problems might help you to feel better. You can improve your problem solving skills by learning to apply the steps outlined below:

1. Identify the problem.
2. List a number of possible solutions.
3. Choose the best and most realistic solution from the list. It can be useful to use a pros/cons approach to decide which solution is the best.
4. Break down the solution into a series of steps.
5. Try out your solution and take your time. You can always review and edit your solution as you progress. Once you have completed all of the steps, consider if you have reached the desired outcome.

On the next page is a worksheet to that might help you problem-solve:

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Identify Your Problem

Problem Solving

Identify a problem and try to come up with solutions to overcome it. By considering all of the options you will hopefully come up with the best solution.



Possible Solutions



For

Against



Chosen Solution

Steps Required

1

2

3

4

5

6

7

8

9

10

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- **What if I or someone I know is in crisis?**

- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the Crisis Line Association of BC (250-753-2495), or 310 Mental Health Support Line (310-6789) or the Crisis Intervention & Suicide Prevention Centre of BC (604-872-3311/604-872-0113).

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