

Depression

The facts



Aware Defeat Depression

'Keeping Hope Alive'



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'Keeping Hope Alive'

Depression: The Facts

Types, symptoms, causes, treatments



Produced in support of *Protect Life*,
The Northern Ireland Suicide Prevention Strategy
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Written by Prof. Patrick McKeon, Judy Colhoun and Pat Lynch
Illustrations by Louisa Cunningham

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Do you feel...



angry



tired



upset



sad



afraid

a lot of the time?

Are you...

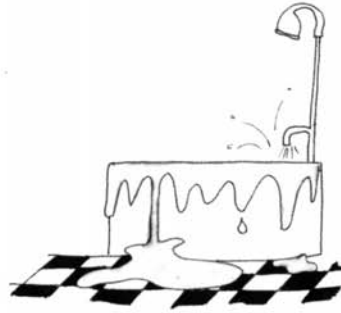


...eating too much?



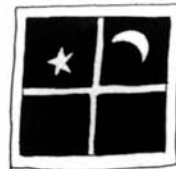
not eating enough?

Do you...



...forget things?

Do you find it hard to sleep?



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Introduction

'Depression: The Facts' is intended to provide the reader with the factual information needed to develop a good understanding of the illness, whether this is a recent concern or you have been dealing with the illness for some time. The booklet looks at important questions such as 'What is depression and what causes it?' as well as providing up-to-date information on treatment options and self-help. We see information as being an important step on the road to recovery and sincerely hope that you will find this publication of benefit. Copies of this booklet have been made available at every GP practice in Northern Ireland as part of *Depression Awareness in General Practice*, an initiative under *Protect Life*, The Northern Ireland Suicide Prevention Strategy, supported by the Health Promotion Agency.

What is Depression?

Depression is a common, devastating yet treatable illness. It is an overwhelming feeling which dulls thinking, mood and concentration, saps energy and interest in food, sex, work and everyday activities and disrupts sleep. It is much more powerful and unpleasant than the short episodes of unhappiness that we all experience from time to time. These feelings don't usually last longer than a few hours to a few days, they don't interfere too much with our lives and we can tolerate them. Depression goes on for much longer. It can last for months rather than days or weeks and is more than we can cope with. A depressed person often feels guilty or worthless and may frequently think about death or suicide. Relationships with loved ones and friends are often damaged.

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Depression is Common

Depression is a common condition bringing great distress to many thousands of people throughout Northern Ireland. The World Health Organisation (WHO) predicts that in the next decade depression will be the second leading cause of disability around the world. It is currently one of the top three leading causes of disability and, according to the Clinical Standards Advisory Group (CSAG)¹, those with persistent depression suffer more impairment of their quality of life than, for example, people with arthritis, diabetes or back pain.

It is estimated that around 7.5% of the population suffer from depression at any point in time. In Northern Ireland, where there is a 25% higher incidence of mental health problems than England², this equates to about 100,000 people. Women are twice as likely as men to be diagnosed with depression. It is most common in adolescence and again in later life. It often happens when we're going through (or have gone through) a time of change or loss, for example adolescence, moving house, children leaving home, loss of a job, childbirth or retirement.

What Causes Depression?

Usually there's more than one cause or factor and these fall under four possible categories:

■ Heredity

We may be born with a greater risk of developing depression if a parent or close relative has suffered or if a parent is alcoholic or anxious. However, just because a person has a risk factor for depression, it doesn't mean that they will get depression. Remember, it's not the illness that's inherited, but a greater vulnerability to developing it under certain circumstances.

■ Environment

Environmental factors such as a stressful job, financial difficulties or relationship problems may act as a 'trigger' for a depressive episode particularly in those who are already vulnerable to depression. The lack of supportive family or friends with whom to talk over problems is another contributing factor.

■ Life Events and Experiences

Life experiences such as abuse, neglect or bullying, especially when they have occurred during childhood and particularly if they are associated with a sense of loss, can greatly impact on us emotionally and lead to depression sooner or later. Life events such as bereavement, job loss, relationship break-up or illness can obviously make us feel sad, angry, stressed or anxious and it can be difficult to tell when these 'normal' reactions have in fact become something more, when we're not coping and have become depressed.

■ Personality

Some people deal with stress better than others. Some personality traits such as liking to be in control all the time or being a perfectionist can make it more difficult to deal with life's problems, especially those that involve change. The way we think about difficult life events such as blaming ourselves or believing we deserved it also contributes to depression.

Most people with depression probably fall into two or more of these categories. The more factors that apply, the greater their vulnerability to depression.

Depression and Alcohol

In addition to the above, misuse of alcohol or street drugs can cause depression or make an existing depression worse because of their depressant effects. It can often be a vicious circle in that people who are depressed often turn to alcohol or drugs to help themselves feel better and then find that while it may give temporary relief from symptoms, the depression actually worsens. Misuse of alcohol also disrupts sleep patterns, has a negative effect on finances, relationships and health, all of which are contributory to depression as we saw above. Tragically, it can also lead someone with suicidal thoughts to act on them.

Depression and Street Drugs

Around 1 in 10 cannabis users have unpleasant experiences, including confusion, hallucinations, anxiety and paranoia. These feelings are only temporary - although as the drug can stay in the system for some weeks, the effect can be more long-lasting than users realise. Long-term use can have a depressant effect, reducing motivation.

Sometimes however, it just happens. Fifty percent of people cannot identify an obvious reason for their depression.

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Depression is Devastating

Depression affects the **Mind, Mood, Body** and **Behaviour**

■ **Mind**

Thinking becomes very negative and often self-critical. We may blame ourselves for everything, believe we're useless, think we'll never get better or even that others would be better off without us. Our view of the world and the future also becomes very negative.

■ **Mood**

Mood becomes persistently low. Feelings include sadness, anxiety, shame or anger. These are experienced in the extreme and are prolonged.

■ **Body**

Physical symptoms may include extreme tiredness, disturbed sleep, weight loss or gain, unexplained headaches or other pains. In fact, tiredness and waking during the night along with feeling anxious and apathetic are the most common early signs of depression.

■ **Behaviour**

It changes behaviour in that we often stop engaging in enjoyable activities and withdraw from social situations as they are no longer pleasurable. We worry a lot and may well turn to alcohol or other drugs to blot out the pain. This then becomes a vicious circle as the depression worsens. At the extreme, risk-taking or suicidal ideas or plans are present. The tragedy of this is that suicide can be mistakenly seen as a permanent solution to a treatable illness.

Symptoms of Depression

One of the problems associated with depression is simply recognising the symptoms. Often the depressed person may be the last to recognise that there is something wrong, particularly if the illness has developed gradually over a period of time. Family members can fail to notice the warning signs. Erratic behaviour, sleep disturbance, tiredness, anxiety and mood swings can be attributed to other factors and in young people and the elderly, may even be regarded as 'normal'. Research indicates that many doctors also find it difficult to diagnose, particularly if the symptoms are not accurately described by the depressed person. **All of this means that of every 4 people in the community with depression, only 2 will seek help and of these only 1 will get adequate treatment.**

It is important therefore to be aware of the signs and symptoms of the illness. Although there are several different types of depression, there are a number of common symptoms, the number and severity of which will vary from person to person. However, a depressed person will normally have at least two out of three of the following core symptoms for more than two weeks:

- An unusually sad mood or anxious state that does not go away (may be worse in the morning)
- Loss of enjoyment and interest in activities that used to bring pleasure
- Lack of energy and tiredness despite rest.

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One of the problems associated with depression is simply recognising the symptoms.



Some of the following symptoms will also be present:

- Slowing of thinking and body movements
- Loss of appetite or eating too much
- Difficulty concentrating or making decisions
- Sleep problems including difficulty getting to sleep, waking early or oversleeping
- Feelings of hopelessness or worthlessness
- Excessive or inappropriate guilt
- Aches or pains without a physical cause
- Recurrent thoughts of death or suicide
- Feeling anxious, tense or irritable
- Negative thoughts about self, others and the world
- Feeling unable to cope with everyday things
- Loss of interest in sex
- Social withdrawal
- Delusions and/or hallucinations (in severe cases)

Doctors classify depressions as mild, moderate or severe, depending on the number and severity of the above symptoms.

The following is a guide:

- **Mild depression:** Four of the symptoms for at least two weeks
- **Moderate depression:** Six of the symptoms for at least two weeks
- **Severe depression:** Eight of the symptoms for at least two weeks.

Different Types of Depression

Depression may be categorised into different types, depending on the pattern of when it occurs, the severity of the symptoms and apparent cause. Doctors sometimes use the term 'clinical depression' and this simply means that it is severe enough to require medical help. The following are the main types of depression:

Unipolar Depression

This is the common form of the illness that many of us can relate to and the symptoms have been outlined on the previous page. Even if you have no personal experience of it, the chances are that you may have a friend or family member who has. It is usually simply referred to as 'depression', 'depressive illness' or 'major depression.'

The following are terms, which are sometimes used to describe different forms of this illness:

■ **Recurrent Depression**

This is where a person experiences more than one episode of depression. Recurrent depression is quite common, although the episode can vary in severity from person to person. Individuals may also be well between these recurring episodes.

■ **Dysthymia**

This is an ongoing mild depression, which lasts for at least two years.

■ **Postnatal Depression**

Normal 'baby blues' affect most women in the days after childbirth, but with postnatal depression the symptoms are more severe and long lasting. It is estimated that this illness affects at least 10% to 15% of women in the first year after having a baby and for about 30% of these, the depression will have begun during the pregnancy. Many incidences of the illness are not diagnosed.

For further information on Postnatal Depression, see 'Postnatal Depression - a guide for mothers and families'

■ **Seasonal Affective Disorder**

This is a form of the illness, which seems to be brought on by lack of sunlight particularly during the winter months.

■ **Secondary Depression**

Secondary depression refers to depressive episodes that occur in response to other mental illnesses such as schizophrenia, as a result of alcohol/drug abuse or arising from a physical illness such as a viral infection or Parkinson's disease.

■ **Psychotic Depression**

This is a severe form of the illness where, in addition to the other symptoms, a person has periods where they lose contact with reality and experience hallucinations or delusions. Many people with psychotic depression require hospital treatment.

■ **Reactive and Endogenous Depression**

These terms which are based on the supposed causes of the illness, are now rarely used. Reactive or exogenous (meaning coming from external factors) depression was seen as a depression which occurred as a result of life events or circumstances, whilst endogenous (meaning coming from within) or biological depression arose from disturbance in the brain's biochemistry. Nowadays the severity of the depression is seen as more important than its causation, so as previously stated, it is generally classified as mild, moderate or severe and treated accordingly.

Bipolar Affective Disorder (Manic Depression)

About 1 in 10 people, who experience severe depression, also have periods when they feel 'high' or elated. This illness used to be called manic depression but is now usually called bipolar disorder. It tends to run in families, usually begins between the early teens and forties but can commence at any age. It affects as many men as women. There is some evidence that the 'highs' or periods of elation associated with the illness are more common in spring, whereas periods of depression are more common in winter. Like unipolar depression, stress can often play a role in triggering the illness in vulnerable people. It is worth noting that between periods of depression or elation, the person's mood may be normal for months or even years. Some of those affected may experience only highs.

Symptoms of Bipolar Affective Disorder

The symptoms of bipolar disorder when depressed are the same as for unipolar depression (see pages 5-6). During the 'highs' or periods of elation, however, some of the following may be experienced:

- Feeling excited or over enthusiastic
- Feeling unusually angry or irritable
- Having great energy, being over-talkative, overactive, restless
- Having racing thoughts, feeling pressure in the head
- Jumping from one topic to another, poor concentration
- Needing very little sleep and having difficulty getting to sleep
- Making big plans and thinking you can do anything
- Poor judgment
- Having an increased interest in pleasurable activities such as sex, alcohol, drugs, religion, music or art
- Being very pushy and domineering and refusing to recognise that there is something wrong
- Having delusions (false ideas) and or hallucinations (visions or voices)

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These symptoms may vary from person to person. However, anyone experiencing five or more symptoms for more than two weeks, should consult their doctor.

Bipolar Disorder can be classified into 3 main types, in accordance with how it affects the individual:

Bipolar I: This is characterised by a major 'high' or period of elation, known as mania. This will usually last a week or more and has a disruptive effect with the sufferer often over talkative and overactive.

Bipolar II: Here there is a slight high referred to as hypomania, which is not generally severe or disruptive.

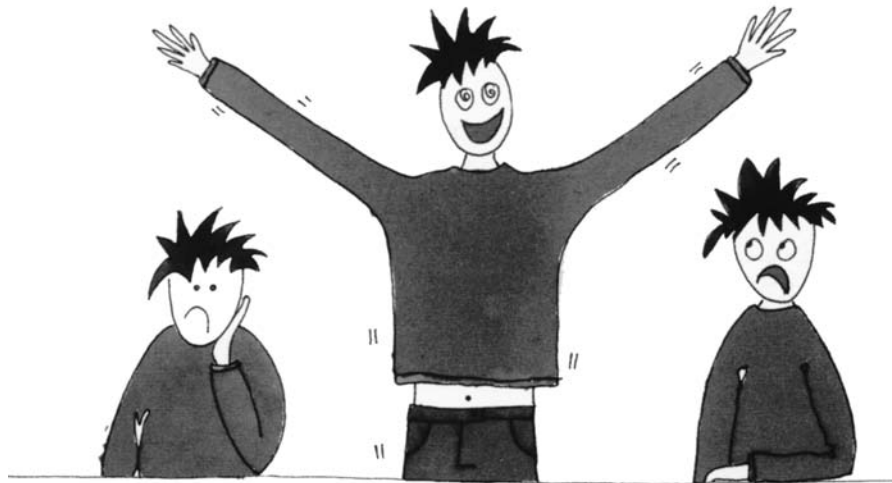
Bipolar III: This is characterised by slight high which is induced by chemicals such as drink, drugs or in some cases, antidepressants.

For bipolar disorder to be correctly treated, it is vital that it is properly diagnosed. Unfortunately, most people will only seek medical help when

they feel low or depressed. But if the 'highs' or periods of elation, even if relatively minor are not reported to the GP, then it can lead to a misdiagnosis. This may mean that inappropriate medication is prescribed, which will not only fail to work effectively, but may even exacerbate the effects of the highs and intensify the periods of depression.

Some people with bipolar disorder can experience an unpleasant high – known as dysphoric hypomania. During this type of elation, the person can actually feel depressed, which can also lead to misdiagnosis and inappropriate treatment. Recognising when someone is actually elated but feeling depressed is a very big challenge for the individual and his/her doctor, but it is vital in order for it to be correctly treated. The key difference can often be seen in the person's face i.e. he/she will typically be expressive, have sparkling eyes and visible energy and enthusiasm. Other signs may include: trouble getting to sleep, anger, irritability, tendency to feel worse in the evening, sensitivity and weepiness.

For further information on bipolar disorder – see our publication, 'Bipolar Disorder: A Practical Guide'



Depression and Anxiety

While anxiety disorders can be experienced by people who are not depressed, they are common symptoms of depression. It is also important to note that a high level of anxiety experienced over a long period of time will often lead to depression. Many people have a mixture of anxiety and depression as a result. The main symptom is overwhelming anxiety and worry - commonly about things that may go wrong or one's ability to cope with, for example, money, family, health, work, even when there are no signs of problems. Sometimes the person cannot identify what they are anxious about at all. Both physical and emotional symptoms are experienced. These include:

Physical

- Fast or pounding heart
- Headaches
- Stomach pains
- Tremors
- Muscle tension
- Inability to relax
- Dizziness
- Sweating
- Dry mouth

Emotional

- Excessive worry
- Irritability
- Restlessness
- Feeling on edge
- Difficulty concentrating
- Mind going blank
- Sleep disturbances



Depression and Suicide

On average, 150 people take their own lives in Northern Ireland each year, though the figures for 2005 and 2006 have been particularly high, at 213 and 291 respectively. Although there are many factors that increase a person's risk of suicide, the most important one is the presence of a mental illness. Feelings of hopelessness and helplessness are often experienced in depression and these can lead to thoughts of suicide. People with severe depression have a 6% lifetime risk of taking their own lives compared to 1.3% for those without. As depression is also the most treatable of all mental illnesses, this again reinforces the need to seek professional help early on.

Depression and Work

Generally speaking, work is good for our mental health. Although those who live in difficult social or economic circumstances are more likely to develop depression than those in a secure and rewarding job, the workplace can itself be a contributing or exacerbating factor. The approach of retirement, potential redundancy, increasing responsibility coupled with reduced control, lack of consultation, poor working environment or a change in occupational role are potential triggers. As well as the symptoms described in this booklet, changes you may notice in a depressed colleague include:

- Impaired memory and concentration, and finding it difficult to make decisions
- Being more prone to accidents, mistakes or losing things
- Being late for work or meetings or even not turn up – due to the stigma of depression, employees may frequently call in sick with other complaints
- Difficulties developing in working relationships or expressing dissatisfaction with themselves, their personal life or their job
- Working more slowly or, conversely, working a lot harder, taking on more and delegating less

What to do if you think you may be depressed

Make an appointment to see your family doctor. Early diagnosis of depression is important as recovery may be quicker than it would be if the depression has worsened. Even if treatment isn't needed, you can be signposted to other sources of support and ways of helping yourself to feel better. Not only is early diagnosis important, but the doctor may want to rule out any physical causes of the symptoms you are experiencing such as under-active thyroid gland or vitamin B deficiency. Both have symptoms in common with depression. Before you go to your appointment, make a note of all the things you have noticed about yourself that make you think you might be depressed. Leave a notepad and pen on the table so you can add to it as you think of things you want to say or ask about. As our memory and concentration are often poor at this time, we may not remember it all when we are in the doctor's surgery. Another suggestion is to ask a family member or friend to accompany you as often they can add in any missing bits or prompt you when you've left something out. The more information the doctor has, the easier it will be for him/her to make an accurate diagnosis. A companion will also be able to remind you of what the doctor has said.

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What to do if you think someone you know may be depressed

The first thing to do is to tell them you are worried about them. Say what you've noticed about them that concerns you. Ask if they think they might be depressed. If yes, then the next step is as above - encourage them to make an appointment with their doctor or offer to do it for them as well as to accompany them if they like. If no, and they can't give any other explanation for what you've noticed, give them some information about depression, tell them what you know, give them this booklet and encourage them to see the doctor. Remember, if someone persistently refuses to acknowledge they might have depression and/or to seek a professional opinion, there is a limit to what you can do to help them. It can be very draining trying to support someone you care for in this situation. You need to look after yourself. Perhaps even just be honest and tell them there's a limit to how much you can help or get involved unless they agree to see a doctor.

For further information on caring for someone who is depressed, see our publication 'Depression - A Guide for Families and Friends'

Depression is Treatable

Many of those affected by depression recover over a period of time without any treatment. However, it is difficult to predict those who will recover and those who will not. Even for those who do recover, the experience of the illness can have a devastating effect on their lives. Moreover, about half of those who have one episode will have another in the future and a small percentage of those with the illness will go on to take their own lives. For these reasons it is very important to seek help as soon as possible.

Depression is a very treatable illness and the vast majority of those affected are treated by their family doctor. Depending on the symptoms, the severity of the depression and the circumstances, he/she may suggest some form of talking treatment such as cognitive behavioural therapy or counselling, and/or medication. A relatively small number of those affected may be referred to the local community mental health services, whilst a few of those with severe depression, may require hospital treatment at some stage.

Talking Therapies (Psychotherapies)

It may seem obvious, but simply talking about your feelings can be helpful. Many of us do this instinctively when we are experiencing difficulties in our lives. In the first instance this means talking to family and friends. Sometimes, however we find it difficult to express our feelings to those nearest to us. We may be afraid of burdening them or feel that they do not understand what we're going through. Perhaps we may feel that they are part of the problem. In these circumstances talking to a trained therapist or counsellor in a structured setting can be more beneficial.



Cognitive Behavioural Therapy is a commonly used talking therapy and has been shown to be an effective treatment for mild to moderate depression. It involves the depressed person and the therapist working together to explore how his/her negative patterns of thinking and behaviour may be contributing to feelings of depression and anxiety. It helps the individual to challenge dysfunctional thinking and look at situations in a more realistic way. Therapy sessions last approximately one hour and typically take place once a week. The number of sessions varies from person to person, depending on the nature and severity of the illness. Cognitive behavioral therapy may be used in conjunction with medication and has been found to be particularly effective at preventing relapse.

Other Therapies

Other talking therapies include **interpersonal therapy**, which is helpful for those experiencing problems in their relationships with others. **Problem solving** or **solution-focused therapy** may also be useful in appropriate circumstances.

Counselling

Counselling can be effective where there appears to be some underlying reasons or circumstances, which have contributed to the onset of or are prolonging the illness. It can help those affected to talk about their feelings and discuss their concerns and worries in a confidential setting. There are organisations which offer counselling for specific problems e.g. RELATE offers help for those with ongoing relationship problems and the Citizens' Advice Bureau provides debt counselling.

For other organisations that may be useful or appropriate to your situation, see page 27

Medication

Antidepressant Medications are the most effective treatment for moderate and severe forms of depression. They usually take between 2 and 6 weeks to begin to work and they should be taken in the correct dosage as prescribed and continued for at least 4 months after the depression has lifted or as otherwise advised by your doctor. This is very important as poor compliance with treatment will greatly increase the risk of the illness recurring. Antidepressants seem to work by boosting the levels of certain chemicals in the brain, notably serotonin and noradrenaline, which appear to be depleted in depression.

Many people are understandingly concerned about taking medication for a period of time. Common fears are that antidepressants may have side-effects or may be addictive. Although side effects can be common, these are usually tolerable and tend to wear off as the treatment goes on. The older tricyclic antidepressants which were introduced in the 1950's and 1960's can cause symptoms such as dry mouth and constipation. The newer antidepressants called SSRI'S and SNRI'S have relatively few side-effects, however they can cause nausea at first and increase feelings of anxiety for a short while. Unless the side effects are very bad, your doctor will normally advise you to continue taking the tablets. Unlike other drugs such as tranquillisers, antidepressants are not addictive or habit forming although there can be withdrawal symptoms if you come off them too quickly. It is important therefore to slowly reduce the dosage under the guidance of your doctor before stopping.

With almost all antidepressants you can eat a normal diet (if not your doctor will tell you). You should avoid alcohol, however, as it is a depressant and may make you feel worse.

Mood Stabilisers are normally used to treat severe recurring depression or bipolar disorder (manic depression). For these debilitating illnesses preventative long-term treatments are necessary and these are commonly known as mood stabilising agents. The objective of these treatments is to keep the individual's mood within a normal range and therefore minimize the effects of the illness. One of the most common of these is Lithium and it is effective as a mood stabilizer in approximately 70% of cases where it is given alone or in combination with other drugs. Where mood swings recur very frequently e.g. rapid cycling mood disorder, other treatments such as carbamazepine or depakote may be used.

Tranquillisers or sedatives may be used to help someone get over a short term crisis and to help them relax or sleep better. As these are addictive, however, their use needs to be closely monitored and they should not be used over a long period of time.

Other Treatments

Electro-convulsive Therapy (ECT) can be effective in severe depression when antidepressants have failed. The procedure involves administering a brief electrical impulse to the skin of the skull to induce a seizure similar to those experienced by those with epilepsy. Although there has been understandable resistance to this form of treatment, there is considerable evidence that it is an effective and life-saving procedure when appropriately used. **Transcranial Magnetic Stimulation** is currently being developed as a less invasive alternative to ECT. It is administered by delivering a low-level electrical current to the left side of the head in the frontal area and appears to work by increasing blood-flow to the frontal lobes of the brain.

Light Therapy is becoming more commonly used in the treatment of Seasonal Affective Disorder i.e. where the depression seems to be brought on or made worse by a decrease in sunlight particularly during the winter months. The depressed person sits in front of a special lamp for about 30-60 minutes each day – preferably in the morning and the lamp mimics daylight by emitting 2500 to 10000 lux, which stimulates the brain by adjusting the activity of the sleep-wake cycle. These lamps can be bought for about £100 depending on size and most GP's will have a list of suppliers.

St John's Wort is herbal compound, which is widely used in Germany. Some studies have shown it to be helpful for mild to moderate depression. It is important that anyone considering taking this medication, should consult their GP, as it can interact with a wide range of other medications. It can also reduce the effectiveness of the oral contraceptive pill and increase the chances of side effects if taken with SSRI antidepressants or anti-migraine drugs, such as imigran.

Self-help

An element of self-help is vital in the recovery process. Unfortunately, most people when they are depressed find that they lack energy and motivation and stop doing many of the things that they used to enjoy. They are understandably reluctant to try new things and may avoid family and friends or social situations, where they feel uncomfortable. This behaviour can lead to feelings of isolation, loneliness and hopelessness, which can prolong and intensify the symptoms of the illness. Although it is appropriate for someone whose depression is acute to rest and take time out to recuperate from the most severe effects of the illness, there is considerable evidence to show that a gradual increase in activity at the right time can have a positive effect, greatly speeding up the recovery process and helping to prevent relapse.

Self-Help Tips

Seek help early. Although this seems obvious it is worth repeating. The earlier the illness is diagnosed the sooner it can be treated. Remember to take any prescribed medication as advised by your doctor. Non compliance is a major factor in prolonging and worsening the symptoms of the illness.

- Learn all about the illness- this will help you understand and come to terms with your own illness. It may also help you get maximum benefit from treatment. You can do this in a number of ways e.g. by visiting appropriate sites on the internet, by reading books (see Aware Defeat Depression suggested reading list) and by attending our public talks.
- Talk about your illness to people who understand such as family and friends. Aware Defeat Depression self-help support groups provide the opportunity to meet with other people who have personal experience of the illness.
- Re-examine your lifestyle and try to achieve a good balance between your work, school or college, your time for activities and your personal time for relaxation and rest.
- Keep as active as possible. Recent research has indicated the huge benefits of exercise for those people with mild to moderate depression. You don't have to be an athlete – a brisk 30 minute walk in the fresh air 3 or 4 times a week is enough. Alternatively you can simply build in physical activity to your everyday life e.g. by taking the stairs instead of the lift, by gardening or washing the car.
- Tackle the cause of your illness, if you think you know what has brought it on. It can help to write down the problem and think of things you can do to bring about an improvement. Don't be afraid to seek help and don't be discouraged if you have setbacks.
- Avoid alcohol and non-prescribed drugs. Although they may alleviate some of the symptoms in the short term, in the longer term these substances may make your depression much worse.
- Avoid excess caffeine. Too much tea, coffee and other caffeine rich drinks such as coke and red bull can increase anxiety symptoms or boost your

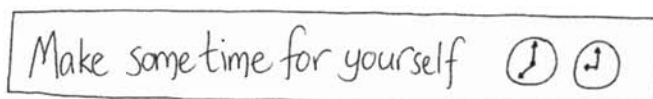
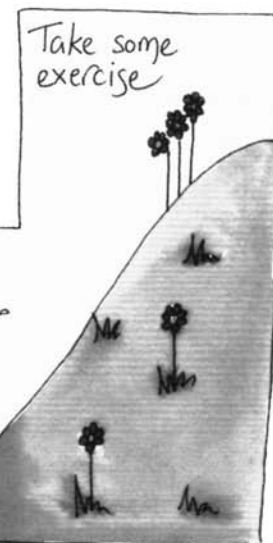
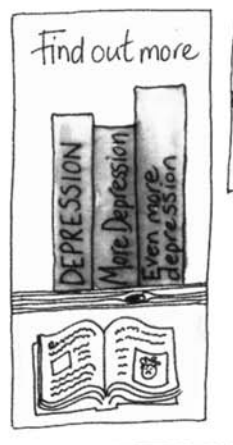
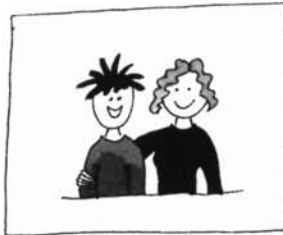
energy for a short while after which you may feel more depressed.

- Try to keep to a regular routine by going to bed at approximately the same time each evening and rising at the same time each morning. Plan a few activities each day and try to avoid napping as this will only exacerbate sleep problems.
- Eat a good balanced diet which is important for your physical and mental well-being. Try to avoid sugary foods which give an instant energy boost but may make you feel worse as their effect wears off.
- Give yourself a treat. Things such as a holiday, a trip to the beach or even a visit to the local cinema with a friend, can give you something to focus on and make you feel better.
- Take up a new hobby or start attending a night class. Again this can give you something to focus on and exercise your brain without being under any pressure.
- Try massage, yoga or other complementary therapies such as reiki or reflexology. These can help you relax and reduce stress.

Whilst you may find all or some of the above helpful, remember don't try to make too many changes in your life too soon. Make small changes – see what works for you and remember that everyone's depression is different and your path to recovery will also be individual to you. Try not to make major decisions when you are depressed e.g. changing job or moving house as the stress may have a negative effect. Depression will make us look on the negative side of things and so our thinking and decision making can be faulty at these times.

Remember – you will recover eventually and may come out of it stronger and better able to cope with life's problems.

How can I help myself?



Keep hope alive
You will get better!

How Aware Defeat Depression can help

■ HELPLINE

Our telephone and email helpline provides a supportive listening and information service for those experiencing depression or bipolar disorder, their relatives and friends.

Lo-call - 08451 20 29 61 (Mon - Fri, office hours)
or email - help@aware-ni.org

■ SUPPORT GROUPS

Our self-help support groups are open to all those affected by depression or bipolar disorder (manic depression), and their relatives and friends. They bring those affected into contact with others who have experience of the illness so that they can share experiences, provide emotional support for each other, obtain information, build self esteem and learn skills, which will help them cope better or help facilitate their recovery.

See our Support Group List and Support Group Information Leaflet

■ PUBLIC TALKS

Two programmes of public talks are held annually across Northern Ireland. These are free and are widely publicised. They are a very practical way of providing factual information about the illness and the treatments available to a wide cross-section of the general public, including those who may be reluctant to attend a support group meeting. Speakers are normally mental health professionals or other appropriately qualified individuals but someone with personal experience of a depressive illness also speaks at many of the talks.

■ EDUCATION PROGRAMME

Through the Mood Matters depression awareness programme for young people, Aware Defeat Depression aims to promote knowledge and understanding of the significance of mental health and depression among young people and to encourage help-seeking behaviour in themselves and others. This programme is delivered in post-primary schools and other appropriate youth settings.

■ PUBLICATIONS AND LEAFLETS

We are committed to maintaining a balance on our board of directors of mental health professionals, sufferers and carers, enabling us to use a range of expertise and experience that underpins our relevant, factual literature series.

RANGE OF INFORMATION AVAILABLE:

BOOKLETS:

- Keeping Hope Alive*** - a guide for family and friends
Depression the Facts
Post-natal Depression - a guide for mothers and families
Bipolar Disorder - a practical guide
Lithium - a practical guide
Mood Matters - depression awareness for young people
Mood Matters - depression awareness for adults with responsibility for young people
- Depressed about Depression?*** - Is someone in your family depressed? (a guide for young people by young people)

LEAFLETS:

- Depression and How We Can Help***
Support Group Information
Support Group List

USEFUL CONTACTS:

Action Mental Health

provides training, information and support to people living with mental illness.

www.actionmentalhealth.org.uk
028 9040 3726

Age Concern

campaigns and provides services to improve the quality of life of all older people.

www.ageconcernni.org
028 9024 5729

The British Association for Behavioural and Cognitive Psychotherapies

provides listings of accredited therapists.

www.babcp.org.uk
01254 875 277

The British Association for Counselling and Psychotherapy

provides listings of accredited counsellors and therapists.

www.bacp.co.uk
0870 443 5252

Cara-Friend

offer counselling, befriending and information for lesbians, gay men and bisexuals.

www.cara-friend.org.uk
028 9032 2023 (gay helpline)
028 9023 8668 (lesbian line)

Carers Northern Ireland

seeks to improve recognition and support for carers through informing and creating dialogue with policy makers and professionals working with carers.

www.carersni.org
028 9043 9843

CAUSE for Mental Health

provide peer-led emotional and practical support to carers and families of people with mental illness.

www.cause.org.uk
028 9023 8284

Citizens Advice Bureau

provide free, confidential and independent advice on debt, benefits, housing, legal, discrimination, employment, immigration, consumer and other problems.

www.citizensadvice.org.uk
028 9050 3000

Contact Youth

provides counselling for young people.

www.contactyouth.org
0808 808 8000

Cruse Bereavement Care

provides counselling and support, information, advice and education and training services.

www.crusebereavementcare.org.uk
0870 167 1677

Eating Disorders Association

offers advice and a listening ear for those affected by eating disorders.

www.eatingdisordersni.com
028 9023 5959

FPA

(Family Planning Association)

provide information and advice on sexual health.

www.fpa.org.uk
028 9032 5488

Frank

provides free, confidential drugs information and advice 24 hours a day.

www.talktofrank.com
0800 77 66 00

Help the Aged

campaigns for change, carries out research and provides local services in communities.

www.helptheaged.org.uk
028 9023 0666

Minding Your Head

public information campaign website aims to increase awareness of mental health issues, provide information on organisations that can offer support, encourage those who may need help and reduce the stigma associated with poor mental health.

www.mindingyourhead.info

Mental Health Foundation

provides information and advice on mental health issues in the UK.

www.mentalhealth.org.uk
020 7803 1100

Northern Ireland Agoraphobia and Anxiety Society (NIAAS)

provides counselling, support, helpline and self-help groups for those experiencing anxiety and agoraphobia.

www.praxiscaregroup.org.uk
028 9023 5170

The Nexus Institute

responds to the needs of adults who have experienced sexual abuse through counselling, training and raising awareness.

www.nexusinstitute.org
028 9032 6803

NICAS

provides advice and counselling for those with alcohol and drug related problems.

028 9033 0499

NIAMH

provide local support for those with mental health needs across NI including housing schemes, home support, advocacy and information services, public education and research.

www.niamh.co.uk
028 9032 8474

Praxis Mental Health

provides supported living, domiciliary care, day activity, drop-in, out of hours and befriending services for people experiencing mental ill health.

www.praxiscaregroup.org.uk
028 9024 8665

Rethink

is a charity dedicated to improving the lives of everyone affected by severe mental illness through advocacy, carer support, community support, employment and training, helplines, housing and nursing and residential care.

www.rethink.org
0845 456 0455

Relate

provide relationship counselling for couples, families and young people and also psychosexual therapy.

www.relateni.org
0870 242 6091

Royal College of Psychiatrists

provides information on a variety of mental health issues.

www.rpsych.ac.uk
028 9092 3763

Samaritans

provide confidential emotional support 24 hours a day.

www.samaritans.org.uk
08457 90 90 90

Suicide Awareness

There are many groups across Northern Ireland working to prevent suicide and support bereaved families. Below we have listed some of them but you may contact the helpline for a fuller list.

SUICIDE AWARENESS GROUP

West Belfast

028 9023 9967

www.suicideawarenessandsupportgroup.com

RAYS

Shankill

028 9031 9333

www.rays.org.uk

PIPS

North Belfast

028 9075 5070

www.pipsproject.com

NORTHWEST BEREAVED BY SUICIDE SUPPORT GROUP

Derry/Londonderry

077 3805 7129

PATHS

Positive Action to Help

Those Bereaved by Suicide

Omagh

028 8283 5302

028 8283 5297

NIAMH LOUISE FOUNDATION

Armagh & Tyrone

077 1787 6037

www.niamhlouisefoundation.com

Suggested Reading

Bates T.

Depression.
The Common Sense Approach,
New Leaf, 1999

Brown G.W. & Harris T.

Social Origins of Depression,
Tavistock Publications,
London, 1978.

Five R.

Moodswing,
William Morrow, New York, 1989.

Freeman W.H.

The Brain,
a Scientific American Publication,
San Francisco, 1979.

Griest J.H. & Jefferson J.W.

Depression and Its Treatment,
Warner Books, New York, 1984
(New Edition 1992)

Milligan S. & Clare A.

Depression and How to Survive It,
Edbury, London, 1993.

McKeon P.

Coping with Depression and Elation,
Sheldon Press, London, 1986
(New Edition 1995).

Styron W.

Darkness Visible,
Jonathan Dape, London, 1991.

Tanner S. & Ball J.

Beating the Blues,
Susan Tanner & Jillian Ball, Australia,
1989 (New Edition 1991)

Williams C.

Overcoming Depression,
Arnold, 2001 (New Edition 2002)

Winokur G.

Depression – The Facts,
Oxford University Press, Oxford,
1981.

Wolpert, Lewis.

Malignant Sadness –
The Anatomy of Depression,
Faber & Faber Ltd., London, 1999.



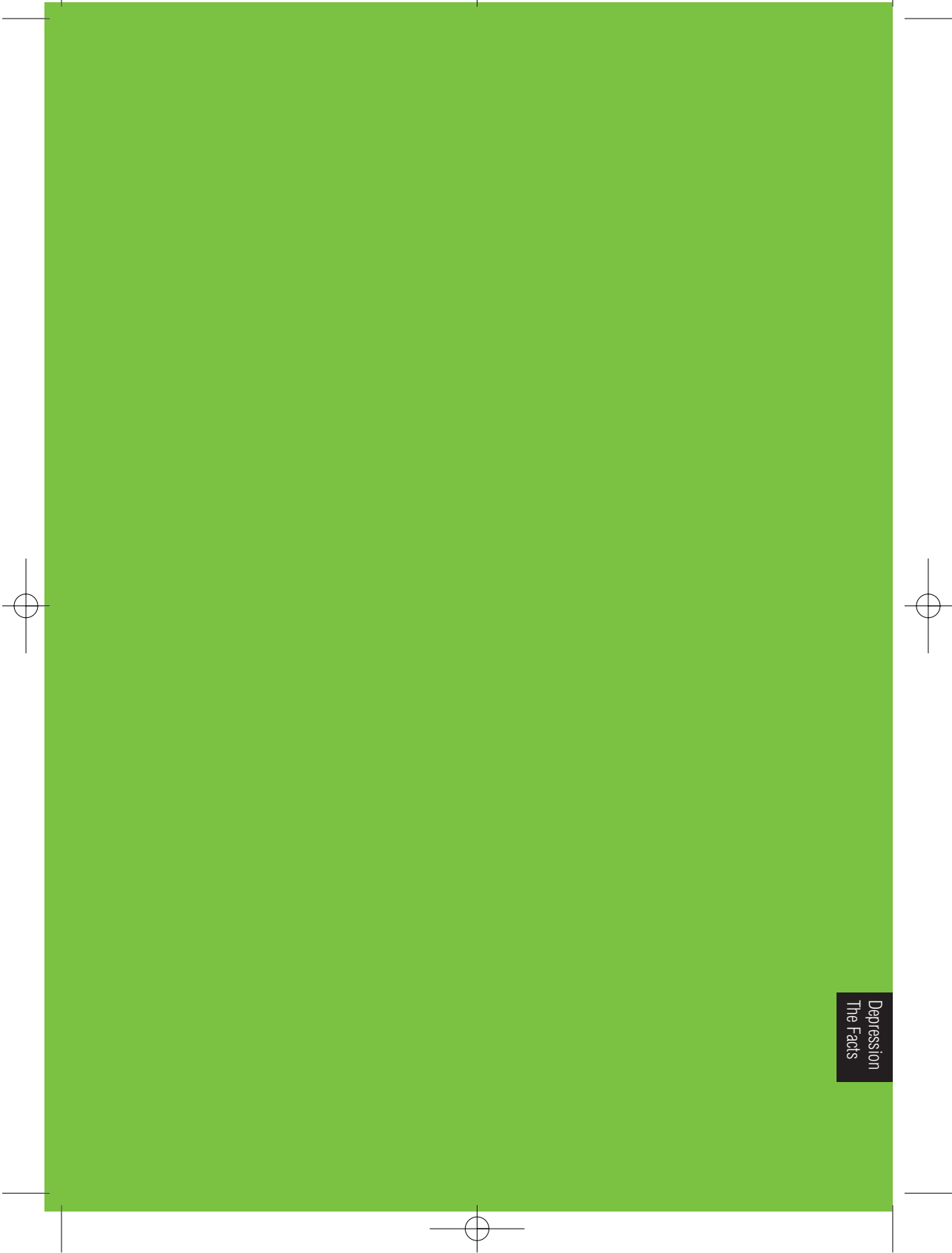
Aware Defeat Depression

'Keeping Hope Alive'

10 Clarendon Street,
Derry, Co Londonderry,
BT48 7ET
Tel: 028 7126 0602
Fax: 028 7130 9229

Phillip House, 123-137 York Street
Belfast,
BT15 1AB
Tel: 028 9032 1734
Fax: 028 9032 1735

Helpline 08451 20 29 61 www.aware-ni.org.uk info@aware-ni.org



Depression
The Facts