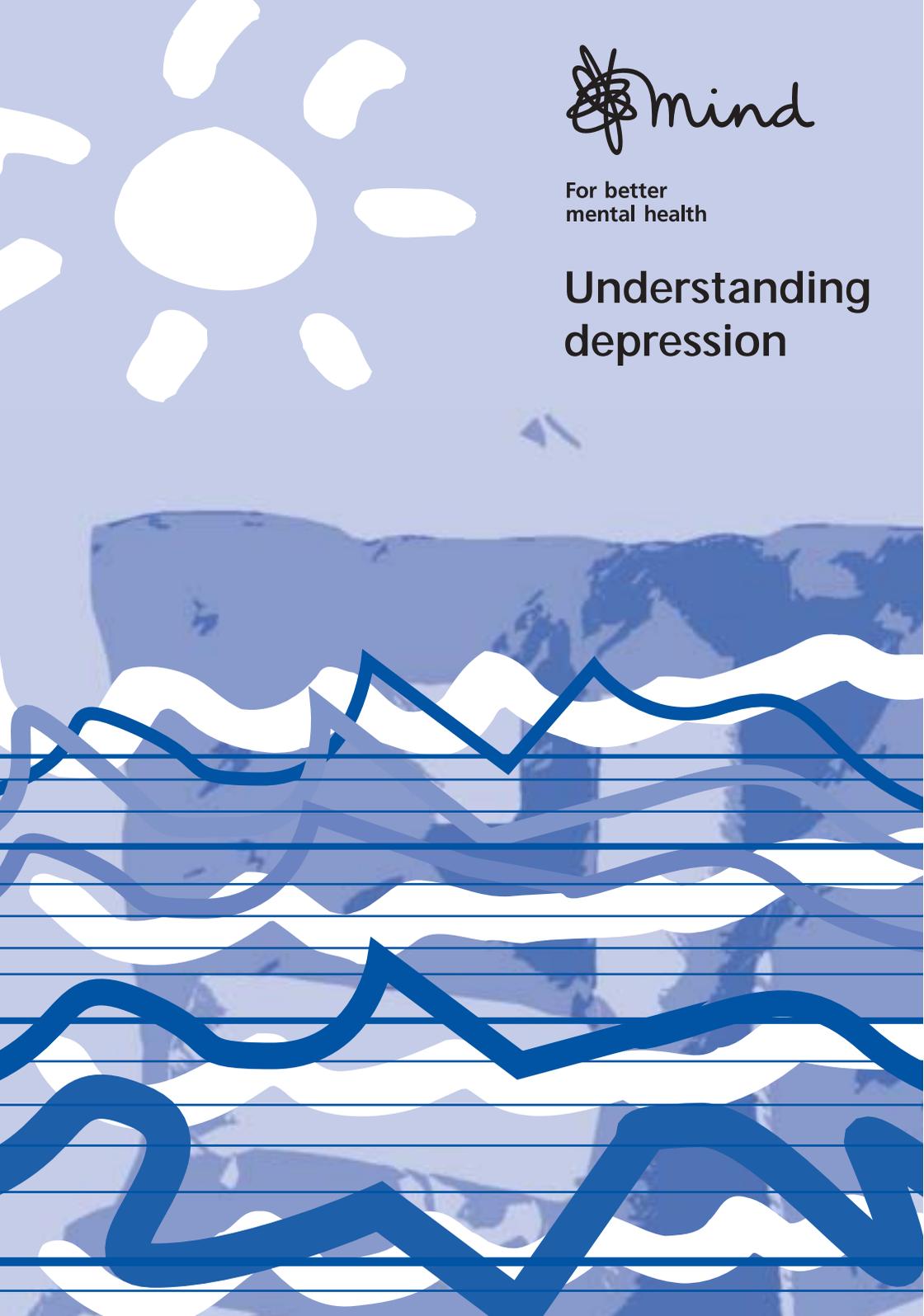




For better
mental health

Understanding depression



'I felt detached from the world around me. All emotions – love, affection, anger – were gone. Actually, I can't say I had no emotions, I did, but they all seemed desperately negative. Most involved fear. Fear that I would never escape the condition.'

'I was so scared of being alone with my thoughts. At night, everything seemed so bleak. I couldn't concentrate on anything; I couldn't read or watch TV. I couldn't relax or unwind. Sleep seemed impossible – so many thoughts were racing through my mind. I would spend hours fantasising about ways of killing myself.'

'Everything to do with everyday life seemed like such hard work. I simply didn't have the energy to go to work, to see friends, to shop, cook or clean. It all seemed pointless! What was the point in eating, when I didn't even want to be alive?'

This booklet describes the symptoms of depression and the different kinds of treatment available. It suggests ways that people can help themselves, and what family and friends can do. It also tells you where to find further advice and information.

If you are depressed, you may feel that nothing can help. But this is untrue. Deciding to do something is the most important step you can take. Most people recover from bouts of depression, and some even look back on it as a useful experience, which forced them to take stock of their lives and make changes in their lifestyle.



What is depression?

We often use the expression 'I'm feeling depressed' when we're feeling sad or miserable about life. Usually, these feelings pass in due course. But, if the feelings are interfering with your life and don't go away after a couple of weeks, or if they come back, over and over again, for a few days at a time, it could be a sign that you're depressed in the medical sense of the term.

In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading your normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major depression (also known as clinical depression) can be life threatening, because it can make people suicidal or simply give up the will to live. (See *Useful organisations*, on p. 12, for more information.)

There are also various specific forms of depression:

Seasonal affective disorder (SAD)

If you usually become depressed only during the autumn and winter, it could be due to not getting enough daylight. You may benefit from spending time sitting in front of a special light box. (For further information, consult the Mind booklet *Understanding seasonal affective disorder*. For details of this booklet, and others mentioned, see *Further reading*, on p. 14.)

Postnatal depression

Many mothers have 'the baby blues' soon after the birth of their baby, but it usually passes after a few days. Postnatal depression is a more serious problem and can appear any time between two weeks and two years after the birth. (For further information, see Mind's booklet *Understanding postnatal depression*.)

Manic depression (bipolar disorder)

Some people have mood swings, when periods of depression alternate with periods of mania. When manic, they are in a state of high excitement, and may plan and may try to execute grandiose schemes and ideas. (See *Understanding manic depression [bipolar disorder]*, for more information.)

At least one person in every six becomes depressed in the course of their lives. One in 20 is clinically depressed. Figures suggest that more women become depressed, but men may find it harder to admit to or talk about. All age groups can be affected, and it's important to take symptoms seriously and not to dismiss them as an inevitable part of growing up or growing old. By recognising and treating the symptoms, and getting help, it's possible to overcome depression, and prevent it coming back.



What are the symptoms of depression?

Depression shows up in many different ways. People don't always realise what's going on, because their problems seem to be physical, not mental. They tell themselves they're simply under-the-weather or feeling tired. But, if you tick off five or more of the following symptoms, it's likely to be because you're depressed.

- feeling low-spirited for much of the time, every day
- being unusually irritable or impatient
- finding it hard to concentrate or make decisions
- blaming yourself and feeling unnecessarily guilty about things
- waking up early, having problems getting to sleep, or, conversely, wanting to sleep much more than usual
- getting no pleasure out of life or what you usually enjoy
- losing interest in your sex life
- feeling tired and lacking energy; doing less and less
- being restless and agitated
- feeling helpless and hopeless
- lacking self-confidence and self-esteem
- being preoccupied with negative thoughts
- feeling numb, empty and despairing
- not eating properly and losing or putting on weight
- using more tobacco, alcohol or other drugs than usual
- self-harming (by cutting yourself, for example) or thinking about suicide
- distancing yourself from other people, instead of asking for help or support
- taking a bleak, pessimistic view of the future
- experiencing a sense of unreality
- physical aches and pains with no physical cause.

Anxiety

People who are depressed are often very anxious. It's not clear whether the anxiety leads into the depression or whether the depression causes the anxiety. A person feeling anxious may have a mind full of busy, repetitive thoughts, which make it hard to concentrate, relax, or sleep. They may have physical symptoms, such as headaches, aching muscles, sweating and dizziness. It causes physical exhaustion and general ill health. (For further information, see Mind's booklet *Understanding anxiety*, details under *Further reading*, on p. 14.)

What causes depression?



There's no one cause of depression; it varies very much from person to person and can happen for a combination of factors. Although depression, as such, doesn't seem to be inherited through the genes (with the possible exception of manic depression), some of us are more prone to depression than others. This could be because of the way we're made, or because of our experiences or family background.

Past experiences can have a profound effect on how we feel about ourselves in the present, and if those feelings are very negative, they can be the start of a downward spiral. In many cases, the first time someone becomes depressed, it's triggered by an unwelcome or traumatic event, such as being sacked, divorced, physically attacked or raped.

Depression is seen by some experts as a form of unfinished mourning. Often events or experiences that trigger depression can also be seen as a loss of some kind. It could be following the actual death of someone close, a major life change (such as moving house or changing jobs) or simply moving from one phase of life into another, as we reach retirement or our children leave home. It's not just the negative experience that causes the depression, but how we deal with it. If the feelings provoked are not expressed or explored at the time, they fester and contribute towards depression. It's important to acknowledge and grieve over what we have lost in order to be able to move on successfully.

Poor diet, lack of physical fitness, and illnesses, such as 'flu, can all leave us feeling depressed. Frequent use of some recreational drugs can also play a part. (For more information, see *Understanding the psychological effects of street drugs* and *Understanding dual diagnosis*, details on p. 14.)

It's clear that people who are depressed show changes to the chemical messengers (called neurotransmitters) in the brain. It's less clear whether this is a cause or a result of the depression.



What can I do to help myself?

Depression has one major characteristic that you need to be aware of when thinking about what you can do to defeat it. It can feed on itself. In other words, you get depressed and then you get more depressed about being depressed. Negative thoughts become automatic and are difficult for you to challenge. Being in a state of depression can then, itself, become a bigger problem than the difficulties that caused it in the first place. You need to break the hold that the depression has on you.

An important thing to remember is that there are no instant solutions to problems in life. Solving problems involves time, energy and work. When you are feeling depressed, you may well not be feeling energetic or motivated to work. But if you are able to take an active part in your treatment, it should help your situation.

Fighting negative attitudes

Try to recognise the pattern of negative thinking when you are doing it, and replace it with a more constructive activity. Look for things to do that occupy your mind.

Activity is good for the mind

Although you may not feel like it, it's very therapeutic to take part in physical activities, for 20 minutes a day. Playing sports, running, dancing, cycling, and even brisk walking can stimulate chemicals in the brain called endorphins, which can help you to feel better. (See *The Mind guide to physical activity*.)

Caring for yourself

You need to do things that will improve the way you feel about yourself. Allow yourself positive experiences and treats that reinforce the idea that you deserve good things.

Pay attention to your personal appearance. Set yourself goals that you can achieve and that will give you a sense of satisfaction.

Look after yourself by eating healthily. Oily fish, in particular, may help alleviate depression. Don't abuse your body with tobacco, alcohol or other drugs, which make it worse.

Alternative and complementary therapies

Practitioners of complementary and alternative medicine concern themselves with the person as a whole, and don't merely treat their symptoms. They can take more time with you than a GP can.

Practitioners may offer treatments such as acupuncture, massage, homeopathy and herbal medicine that many people with depression have found helpful. St John's wort is one of the herbal remedies that have become very popular, and may help to lift your mood. But if you are already taking other medication, it may not be safe to combine them. Consult your pharmacist or GP for more information.

Self-help groups

It can be a great relief to meet and share experiences with other people who are going through the same thing you are. It can break down feelings of isolation and, at the same time, show you how other people have coped. Finding that you can support others can help you, too.

These groups are often led by people who have overcome depression themselves. (For help in locating local self-help groups, talk to your GP, and consult the *Useful organisations* listed on p. 12.)



What treatments are available?

At a time when you may well find making decisions difficult, it can also seem like an added burden to try and choose between a range of treatment options.

What is actually available to you may depend very much on where you live. For example, talking treatments, such as counselling and psychotherapy, are more readily available in London and the South-East than they are in rural areas of northern England. You should be able to choose freely among a range of treatment options, but, in practice, most people attending GP surgeries are offered antidepressants as the first treatment choice.

Antidepressants

Antidepressant drugs are the most common medical treatment for depression. They work on chemical messengers in the brain to lift your mood. They can't cure depression, but they can alleviate the symptoms so that you may feel able to take action to deal with the depression yourself. It often takes between two to four weeks before the drugs take effect. The usual recommendation is that you stay on them for six months in order to prevent a recurrence. They don't work for everyone.

Antidepressants frequently cause unpleasant side effects, which are worse to begin with. Some can be dangerous when used with other drugs. You may experience withdrawal symptoms when you stop taking them. (See *Making sense of antidepressants*, under *Further reading*, on p. 14, for more detailed information.)

It's been suggested that antidepressants have been offered too readily in the past for mild depression, when talking treatments would be more appropriate. A combination of both of them seems to be the most effective way of coping with more severe depression.

Talking treatments

Counselling and psychotherapy involves talking with someone who is trained to listen with empathy and acceptance. This allows you to express your feelings and find your own solutions to your problems.

It can help you to explore issues that are troubling you, to develop a greater understanding of your feelings, thoughts and behaviour, and to make the changes you need to. (See *Further reading*, on p. 14.)

Your GP practice may be able to refer you for counselling and short-term psychotherapy, on the NHS. It can also be obtained from a variety of voluntary and private organisations (see *Useful organisations*, on p. 12, for more information). Psychotherapy is usually more frequent and intensive than counselling, and goes more deeply into childhood experience and significant relationships. Counselling usually takes a more problem-solving approach, focusing more on the present. Most psychotherapists work in private practices.

Cognitive behaviour therapy offers practical skills to explore and change negative thinking patterns at the root of your feelings and behaviour. Clinical psychologists practise CBT, but other health professionals and counsellors also work this way. Your GP should be able to refer you. (See, also, *Useful organisations*, on p. 12 and *Further reading*, on p. 14.)

Hospital admission

If you are severely depressed, you may need the shelter and protection offered by the psychiatric ward of a hospital. It also gives a psychiatrist the opportunity to monitor the effects of different treatments. Hospital can provide a safe and supportive environment, if you are in a state of distress, and it may be comforting to have other people around you and to know that you are being cared for.

However, it can be distressing to be on a ward where you have little privacy, where you have to fit in to routines that may not suit you, and where you may be upset by the behaviour of other patients. Generally, doctors want to keep patients out of hospital, but some patients are compulsorily detained, if it's thought to be necessary, for their own health or safety or the protection of others. (See *Mind rights guide 1: civil admission to hospital*, details on p. 14, for more information.)

Community care

If you have long-term, severe depression, you may need support to live independently, in the community. The Care Programme Approach aims to ensure that you are assessed and that the right services are provided for you by social services and the health authorities. You should be allocated a care coordinator to be responsible for this. Community mental health teams (CMHTs) are often the most easily accessible service for people with mental health problems. They can provide support for people living in their own homes. The CMHTs are multi-disciplinary teams, which may include a psychiatrist, community psychiatric nurses (CPNs), social workers and support workers, among others.

Electroconvulsive therapy (ECT)

This is a controversial treatment, usually offered only when people who are severely depressed haven't responded to drug treatment. It involves passing an electric current through the brain, while you are under general anaesthetic. The resulting convulsion may alleviate the depression, but can also have severe side effects, including memory loss. (For further information, see Mind's booklet *Making sense of electroconvulsive therapy*.)

What can friends or relatives do to help?

The very nature of depression, which brings a sense of hopelessness, helplessness and worthlessness, can prevent someone who's depressed from seeking help. They often withdraw from friends and relatives around them, rather than asking for help or support. However, this is a time when they need your help and support most. Perhaps the most important thing that you can do is to encourage your friend or relative to seek appropriate treatment.

Try not to blame them for being depressed, or tell them to 'pull themselves together'. They are probably already blaming themselves, and criticism is likely to make them feel even more depressed. Praise is much more effective than criticism. You can reassure them that it is possible to do something to improve their situation, but you need to do so in a caring and sympathetic way.



People who are depressed need someone who cares for them. You can show that you care by listening, sympathetically, by being affectionate, by appreciating the person, or simply by spending time with them. You can help by encouraging them to talk about how they are feeling and getting them to work out what they can do, or what they need to change, in order to deal with their depression.

If the person you are supporting is severely depressed, you may be faced with some hard decisions about how much to do on their behalf. If, for example, they are not looking after their physical needs, should you take over and do the shopping, cooking and cleaning for them, if you are able to? Or should you try and encourage them to do it? There are no easy answers to this situation. It will help if you can find someone with whom you can discuss these and other issues.

Supporting a friend or relative who is depressed can be an opportunity to build a closer and more satisfying relationship. However, it can also be hard work and frustrating, at times. Unless you pay attention to your own needs, it can make you feel depressed, too. Try and share the responsibility with as many people as possible, and find people to whom you can express your frustrations. There may be a local support group of others in your situation. (See *Useful organisations*, on p. 12, and *How to cope as a carer*, details on p. 14.)



Useful organisations

Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or Mind *infoline* on 0845 766 0163.

British Association for Counselling and Psychotherapy (BACP)

BACP House, 35–37 Albert Street, Rugby CV21 2SG
tel. 0870 443 5252, fax: 0870 443 5161
minicom: 0870 443 5162, email: bacp@bacp.co.uk
web: www.bacp.co.uk

See website or send A5 SAE for details of local practitioners

British Confederation of Psychotherapists (BCP)

West Hill House, 6 Swains Lane, London N6 6QS
tel. 020 7267 3626, fax: 020 7267 4772
email: mail@bcp.org.uk web: www.bcp.org.uk
A linking body of psychoanalytical psychotherapist societies.
Can provide a register of members

Carers UK

20–25 Glasshouse Yard, London EC1A 4JT
helpline: 0808 808 7777, tel. 020 7490 8818
fax: 020 7490 8824, email: info@ukcarers.org
web: www.carersonline.org.uk
Information and advice on all aspects of caring

Depression Alliance

35 Westminster Bridge Road, London SE1 7JB
tel. 020 7633 0557, fax: 020 7633 0559
email: information@depressionalliance.org
web: www.depressionalliance.org
National charity providing information, support and understanding to anyone affected by depression

The Fellowship of Depressives Anonymous

Box FDA, Self Help Nottingham, Ormiston House

32–36 Pelham Street, Nottingham NG1 2EG

tel. 0870 774 4320, fax: 0870 774 4319

email: fdainfo@aol.com web: www.depressionanon.co.uk

A self-help organisation run by and for people who suffer with depression

The Institute for Complementary Medicine (ICM)

PO Box 194, London SE16 7QZ

tel. 020 7237 5165, fax: 020 7237 5175

email: icm@icmedicine.co.uk web: www.icmedicine.co.uk

Provides information and can send a list of professional, competent practitioners on receipt of an SAE and two loose stamps

The Manic Depression Fellowship (MDF)

Castle Works, 21 St Georges Road, London SE1 6ES

tel. 020 7793 2600, fax: 020 7793 2639

email: mdf@mdf.org.uk web: www.mdf.org.uk

Works to enable people affected by manic depression to take control of their lives. Runs self-help groups

Samaritans

The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF

helpline: 08457 90 90 90, fax: 020 8394 8301

textphone: 08457 90 91 92, email: jo@samaritans.org

web: www.samaritans.org

24-hour telephone helpline offering emotional support for people who are experiencing feelings of distress or despair, including those that may lead to suicide

Further reading

- Beyond Prozac: healing mental suffering without drugs* Dr T. Lynch (Marino Books 2001) £11.99
- Climbing out of depression* S. Atkinson (Lion Publishing 1993) £7.99
- The complete guide to mental health* E. Farrell (Mind/Vermilion 1997) £9.99
- Coping with anxiety and depression* S. Trickett (Sheldon 1997) £6.99
- Depression: the way out of your prison* (3rd ed) D. Rowe (Brunner-Routledge 2003) £10.99
- A head full of blue* N. Johnstone (Bloomsbury 2002) £9.99
- How to cope as a carer* (Mind 2003) £1
- How to help someone who is suicidal* (Mind 2002) £1
- How to improve your mental wellbeing* (Mind 2002) £1
- How to look after yourself* (Mind 2002) £1
- Lifting depression the balanced way* Dr L. Corrie (Sheldon Press 2002) £6.99
- Making sense of antidepressants* (Mind 2004) £3.50
- Making sense of cognitive behaviour therapy* (Mind 2001) £3.50
- Making sense of electroconvulsive therapy* (Mind 2003) £3.50
- The Mind guide to physical activity* (Mind 2001) £1
- Mind rights guide 1: civil admission to hospital* (Mind 2003) £1
- The noonday demon: an anatomy of depression* A. Solomon (Random House 2001) £8.99
- Overcoming depression: a self-help guide using cognitive behavioural techniques* P. Gilbert (Constable 2000) £7.99
- Parenting well when you're depressed* J. Nicholson, A. O. Henry, J. C. Clayfield (New Harbinger 2001) £13.99
- Sunbathing in the rain: a cheerful book about depression* G. Lewis (Flamingo 2003) £7.99
- Understanding anxiety* (Mind 2003) £1
- Understanding bereavement* (Mind 2003) £1
- Understanding dual diagnosis* (Mind 2002) £1
- Understanding manic depression (bipolar disorder)* (Mind 2003) £1
- Understanding postnatal depression* (Mind 2003) £1
- Understanding seasonal affective disorder* (Mind 2002) £1
- Understanding talking treatments* (Mind 2002) £1
- Understanding the psychological effects of street drugs* (Mind 2004) £1

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Mind does this by:

- advancing the views, needs and ambitions of people with experience of mental distress
- promoting inclusion through challenging discrimination
- influencing policy through campaigning and education
- inspiring the development of quality services which reflect expressed need and diversity
- achieving equal civil and legal rights through campaigning and education.

The values and principles which underpin Mind's work are:
autonomy, equality, knowledge, participation and respect.

For details of your nearest Mind association and of local services contact Mind's helpline, Mind*info*Line: **0845 766 0163** Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, Mind*info*line has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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