



Depression

Introduction

Depression is a serious illness. Health professionals use the words depression, depressive illness or clinical depression to refer to it. It is very different from the common experience of feeling unhappy, miserable or fed up for a short period of time.

When you are depressed, you may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with your daily life, and can last for weeks or months, rather than days.

Depression is quite common and about one in ten people will experience depression at some point. However, the exact number of people with depression is hard to estimate because many people do not get help or are not formally diagnosed with the condition.

Women are more likely to have depression than men, and 1 in 4 women will require treatment for depression at some point, compared to 1 in 10 men. Men are far more likely than women to commit suicide, which may be because men are less likely to seek help for depression. Alternatively, it may be due to other factors including substance misuse, unemployment and social isolation.

Depression can affect people of any age, including children. Studies have shown that about 4% of children aged 5-16 in the UK are affected by depression.

People with a family history of depression are more likely to experience depression themselves. Depression affects people in many ways and can cause a wide variety of physical, psychological (mental) and social symptoms.

A few people still think that depression is not a real illness and that it is a form of weakness or admission of failure. This is simply not true. Depression is a real illness with real effects, and it is certainly not a sign of failure.

Some Thoughts

Societal pressures and consumerism decrease wellbeing; the emphasis has moved from “being” to “having”.

Propagation of the victim state by drugs companies, the condition is medicalised so depression becomes a condition that individuals suffer with, therefore it is not their fault and they can't do anything about it.

Symptoms

The symptoms of depression can be complex. If someone is depressed, they often lose interest in things they used to enjoy. Depression commonly interferes with work, social life and family life. There are many other symptoms, which can be psychological, physical and social.

Psychological symptoms include:

- continuous low mood or sadness

- feelings of hopelessness and helplessness
- low self-esteem
- tearfulness
- feelings of guilt
- feeling irritable and intolerant of others
- lack of motivation and little interest in things
- difficulty making decisions
- lack of enjoyment
- suicidal thoughts or thoughts of harming yourself
- feeling anxious or worried
- reduced sex drive

Physical symptoms include:

- slowed movement or speech
- change in appetite or weight (usually decreased, but sometimes increased)
- constipation
- unexplained aches and pains
- lack of energy or lack of interest in sex
- changes to the menstrual cycle
- disturbed sleep patterns (for example, problems going to sleep or waking in the early hours of the morning)

Social symptoms include:

- not doing well at work
- taking part in fewer social activities and avoiding contact with friends
- reduced hobbies and interests
- difficulties in home and family life

It can take some time to recognise that someone may be depressed. Depression may come on gradually and some people continue to deal with the symptoms without recognizing them. It can take a friend or family member to suggest that something is wrong.

Doctors describe depression by how serious it is

- Mild depression has some impact on daily life.
- Moderate depression has a significant impact on daily life.
- Severe depression makes the activities of daily life nearly impossible. A small proportion of people with severe depression may have psychotic symptoms.

Grief and depression

Even though grief and depression share many of the same characteristics, there are important differences between them. Grief is an entirely natural response to a loss, while depression is an illness. However, sometimes it can be hard to distinguish between feelings of grief and depression.

People who are grieving find that feelings of loss and sadness come and go, but they are still able to enjoy things and look forward to the future. However, people who are depressed have a constant feeling of sadness. They do not enjoy anything and have little sense of a positive future.

Faces of Depression

Depression often looks different in men and women, and in young people and older adults. An awareness of these differences helps ensure that the problem is recognized and treated.

Depression in teens

While some depressed teens appear sad, others do not. In fact, irritability—rather than depression—is frequently the predominant symptom in depressed adolescents and teens. A depressed teenager may be hostile, grumpy, or easily lose his or her temper. Unexplained aches and pains are also common symptoms of depression in young people.

Left untreated, teen depression can lead to problems at home and school, drug abuse, self-loathing—even irreversible tragedy such as homicidal violence or suicide. But with help, teenage depression is highly treatable.

Depression in older adults

The difficult changes that many older adults face—such as bereavement, loss of independence, and health problems—can lead to depression, especially in those without a strong support system. However, depression is not a normal part of aging. Older adults tend to complain more about the physical rather than the emotional signs and symptoms of depression, and so the problem often goes unrecognized. Depression in older adults is associated with poor health, a high mortality rate, and an increased risk of suicide, so diagnosis and treatment are extremely important.

Depression in men

Depression is a loaded word in our culture. Many associate it, however wrongly, with a sign of weakness and excessive emotion. This is especially true with men. Depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness. Instead, they tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. Other signs and symptoms of depression in men include anger, aggression, violence, reckless behaviour, and substance abuse. Even though depression rates for women are twice as high as those in men, men are a higher suicide risk, especially older men.

Depression in women

Rates of depression in women are twice as high as they are in men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression, and perimenopausal depression. As for signs and symptoms, women are more likely than men to experience pronounced feelings of guilt, sleep excessively, overeat, and gain weight. Women are also more likely to suffer from seasonal affective disorder.

Postnatal depression

Many new mothers suffer from some fleeting form of the “baby blues.” Postpartum depression, in contrast, is a longer lasting and more serious depression triggered, in part, by hormonal changes associated with having a baby. Postpartum depression usually develops soon after delivery, but any depression that occurs within six months of childbirth may be postpartum depression.

Types of depression

Depression comes in many shapes and forms. The different types of depression have unique symptoms, causes, and effects. Knowing what type of depression can help an individual manage your symptoms and get the most effective treatment.

Major depression

Major depression is characterized by the inability to enjoy life and experience pleasure. The symptoms are constant, ranging from moderate to severe. Left untreated, major depression typically lasts for about six months. Some people experience just a single depressive episode in their lifetime, but more commonly, major depression is a recurring disorder. However, there are many things you can do to support your mood and reduce the risk of recurrence.

Atypical Depression

Atypical depression is a common subtype of major depression. It features a specific symptom pattern, including a temporary mood lift in response to positive events. You may feel better after receiving good news or while out with friends. However, this boost in mood is fleeting. Other symptoms of atypical depression include weight gain, increased appetite, sleeping excessively, a heavy feeling in the arms and legs, and sensitivity to rejection. Atypical depression responds better to some therapies and medications than others, so identifying this subtype can be particularly helpful.

Dysthymia (recurrent, mild depression)

Dysthymia is a type of chronic “low-grade” depression. More days than not, you feel mildly or moderately depressed, although you may have brief periods of normal mood. The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time (at least two years). These chronic symptoms make it very difficult to live life to the fullest or to remember better times. Some people also experience major depressive episodes on top of dysthymia, a condition known as “double depression.” If you suffer from dysthymia, you may feel like you’ve always been depressed. Or you may think that your continuous low mood is “just the way you are.” However, dysthymia can be treated, even if your symptoms have gone unrecognized or untreated for years.

Seasonal affective disorder (SAD)

There’s a reason why so many movies and books portray rainy days and stormy weather as gloomy. Some people get depressed in the fall or winter, when overcast days are frequent and sunlight is limited. This type of depression is called seasonal affective disorder (SAD). Seasonal affective disorder is more common in northern climates and in younger people. Like depression, seasonal affective disorder is treatable. Light therapy, a treatment that involves exposure to bright artificial light, often helps relieve symptoms.

Bipolar Disorder: When Depression is Just One Side of the Coin

Bipolar disorder, also known as manic depression, is characterized by cycling mood changes. Episodes of depression alternate with *manic episodes*, which can include impulsive behaviour, hyperactivity, rapid speech, and little to no sleep. Typically, the switch from one mood extreme to the other is gradual, with each manic or depressive episode lasting for at least several weeks. When depressed, a person with bipolar disorder exhibits the usual symptoms of major depression. However, the treatments for bipolar depression are very different. In fact, antidepressants can make bipolar depression worse.

Causes

There is no single cause of depression, and people develop depression for different reasons.

Depression has many different triggers. For some people, upsetting or stressful life events, such as bereavement, divorce, illness, redundancy and job or money worries, can be the cause. Usually, different causes combine to trigger depression. For example, you may feel low after an illness and then experience a stressful life event, such as bereavement, which leads to depression.

People often talk about a 'downward spiral' of events that leads to depression. For example, if a person's relationship with their partner breaks down, they are likely to feel low, they may stop seeing friends and family, and they may start drinking more. All of this can make them feel even worse and trigger depression. Experts believe that depression is caused by a combination of biological, psychological and social factors.

Some studies have suggested people are more likely to get depression as they get older and that it is more common among people who face difficult social and economic circumstances.

Depression is complex and a number of things can increase the risk of developing it.

Illness

There may have a higher risk of depression if an individual is diagnosed with a chronic or life-threatening illness, such as coronary heart disease or cancer.

Personality traits

Someone may be vulnerable to depression due to certain personality traits, such as low self-esteem or being overly self-critical. This may be due to genes that have been inherited from parents, or their personality or early life experiences. These can all have a profound effect on the way an individual thinks about themselves in later life.

Family history of depression

Research shows that some genes increase the risk of depression after a stressful life event.

Giving birth

Some women are particularly vulnerable to depression after pregnancy. The hormonal and physical changes, as well as the added responsibility of a new life, can lead to postnatal depression.

Social isolation

Becoming cut off from family and friends may increase your risk of depression, or it may be a response to feeling depressed as the downward spiral takes hold.

Alcohol and drugs

Substance abuse can be a cause of depression. Use of drugs, such as cannabis and cocaine, can also lead to feelings of depression. Some people try to cope by drinking too much alcohol or taking drugs. This can result in a spiral of depression. The isolation, alcohol or drugs make them feel worse about themselves, and in response they isolate themselves and drink or take drugs even more.

Early childhood trauma/abuse

Trauma or abuse at an early age will influence that way that a child views, understands and interprets his world. These views may persist into adulthood long after the events have passed and hinder a more global and flexible approach to life. Feelings of worthlessness and hopelessness pervade.

Unemployment/over employment

Unemployment can lead not only to financial strains but to loss of self esteem and self respect.

Marital or relationship problems

Loss of a relationship can lead to the experiencing of many signs and symptoms of depression.

Treatment

Treatment is based on the type of depression. Understanding the underlying cause of the depression may help the individual overcome the problem. For example, if they are depressed because of a dead end job, the best treatment might be finding a more satisfying career, not taking an antidepressant. If they are new to an area and feeling lonely and sad, finding new friends at work or through a hobby will probably give more of a mood boost than going to therapy. In such cases, the depression is remedied by changing the situation.

Effective treatment for depression often includes some form of therapy. Therapy gives tools to treat depression from a variety of angles. Also, what they learn in therapy gives them skills and insight to prevent depression from coming back.

Some types of therapy teach people practical techniques on how to reframe negative thinking and employ behavioural skills in combating depression. Therapy can also help individuals work through the root of their depression, helping them understand why they feel a certain way, what the triggers are for depression, and what can be done to stay healthy.

Medication can help relieve the symptoms of depression in some people, but they aren't a cure and they come with drawbacks of their own. Learning the facts about antidepressants and weighing the benefits against the risks can help an individual make an informed and personal decision about whether medication is right for them.

Mild depression

If diagnosed with mild depression by a GP, it may improve by itself. In this case, an individual will have another assessment after two weeks to monitor their progress. This is known as watchful waiting.

Antidepressants are not usually recommended as a first treatment for mild depression.

Exercise and other self help technique/books seems to help some people. While progress is being monitored, the GP may refer to a qualified fitness trainer for an exercise scheme or to local library for particular books.

The GP may recommend computerised cognitive behavioural therapy (CBT) such as Beating the Blues.

Moderate depression

If the diagnosis is mild depression that is not improving, or moderate depression, the GP may recommend a talking treatment or prescribe an antidepressant.

Severe depression

For severe depression, the GP may recommend taking an antidepressant, together with talking therapy. A combination of an antidepressant and cognitive behavioural therapy (CBT) usually works better than having just one of these treatments.

If there are any worries about thoughts of suicide, an individual may be referred to a mental health team. These teams are usually made up of psychologists, psychiatrists, specialist nurses and occupational therapists.

How can we help?

When someone you know has depression, you may wonder if there is anything you can do to help. The simple answer is yes. Your support and encouragement can play an important role in their recovery from depression. Yet taking care of yourself is equally important.

Depression can easily wear you down if you don't tend to your own needs, making it hard to provide the support your depressed friend or family member needs. But with the following guidelines, you can learn how to help a loved one who is depressed while maintaining your own emotional equilibrium.

Understanding depression in a friend or colleague:

- **Depression is a serious condition.** Don't underestimate the seriousness of depression. Depression drains a person's energy, optimism, and motivation. Your depressed individual can't just "snap out of it" by sheer force of will.

- **The symptoms of depression aren't personal.** Depression makes it difficult for a person to connect on a deep emotional level with anyone, even the people he or she loves most. In addition, depressed people often say hurtful things and lash out in anger. Remember that this is the depression talking, not the client, so try not to take it personally.
- **Hiding the problem won't make it go away.** Don't be an enabler. It doesn't help anyone involved if you are making excuses, covering up the problem, or lying for a colleague who is depressed. In fact, this may keep the depressed person from seeking treatment.
- **You can't "fix" someone else's depression.** Don't try to rescue your colleague from depression. It's not up to you to fix the problem, nor can you. You're not to blame for their depression or responsible for his or her happiness (or lack thereof). Ultimately, recovery is in the hands of the depressed person.

How to talk to some one about depression

Sometimes it is hard to know what to say or where to start when speaking to someone about depression. You might fear that if you bring up your worries he or she will get angry, feel insulted, or ignore your concerns. You may be unsure what questions to ask or how to be supportive. Try using some of these suggestions to guide your conversation.

Ways to start the conversation:

- I have been feeling concerned about you lately.
- Recently, I have noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you have seemed pretty down lately.

Questions you can ask:

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?
- Do you ever feel so bad that you don't want to be anymore?
- Have you thought about getting help?

Remember, being supportive involves offering encouragement and hope. Very often, this is a matter of talking to the person in language that he or she will understand and respond to while in a depressed mind frame.

What you can say that helps:

Encourage the individual to start looking at how they think about things. Thinking patterns play a very important role in determining how we feel. Changes in feelings occur gradually but the way a person thinks about themselves when they are depressed is very different from how they thought before. Negative thoughts about themselves pervade and the individual believes these thoughts to be true. This in turn creates behaviour that reinforces the feeling and hence the belief. So if we can catch thinking patterns we can start to challenge their validity.

Unhelpful Thinking Patterns

- **Exaggerating the negative:** thinking that things are much worse than they are eg. making a small mistake a thinking that you will lose your job over it. Help them to rationalise what has happened to them in light of their own past experience, nothing bad happened last time, so why should it now.
- **Over-generalising:** "I always do it wrong", "Nobody likes me", "I've never achieved anything". Ask them to be specific about incidents and point out how that it isn't "everything".
- **Ignoring the positive:** always focusing on what is going wrong, mistakes or bad events, failing completely to remember anything good. Notice that it all seems very gloomy and ask or remind them of good things that you know they have achieved, even if it is only the positive step they have taken to approach you.

- **Taking things personally:** always blaming themselves when things don't go well or assume they are not liked if eg. A liked manager is "off-hand", the automatic thought is "he doesn't like me", or "what have I done to upset him." In reality he is probably just distracted having had a meeting with his boss. Help them to challenge the automatic negative thoughts by asking them to think of alternative reasons why something may have happened.

Encouraging a depressed person to get help

Getting a depressed person into treatment can be difficult. Depression saps energy and motivation, so even the act of making an appointment or finding a doctor can seem daunting. Depression also involves negative ways of thinking. The depressed person may believe that the situation is hopeless and treatment pointless.

Because of these obstacles, getting the individual to admit to the problem—and helping him or her see that it can be solved—is an essential step in depression recovery.

How can SALS help

After your initial contact, if the individual has any motivation to change and their symptoms are mild, you can refer to the Relief Series on www.wmas.calmmyou.com and the generic log in to get them started is wmasSALS. It contains a wealth of information that you also may find helpful in dealing with others.

If you feel their problems may require more intervention but they are reluctant to seek face to face counselling then you may consider Beating the Blues, computer delivered Cognitive Behavioural Therapy. Because this is a treatment package that we are offering that they do alone (but not unsupported) it is necessary to assess their suitability. For this reason, only the co-ordinators and HR can complete the assessment and log on the individual. What you can do is give them the website address www.beatingtheblues.co.uk and get them to have a look at the introduction video to see if it meets their needs.

If your colleague resists getting help for depression:

- **Suggest a general check-up with a physician.** Your colleague may be less anxious about seeing a family doctor than a mental health professional. A regular doctor's visit is actually a great option, since the doctor can rule out medical causes of depression. If the doctor diagnoses depression, he or she can refer them to a psychiatrist or psychologist. Sometimes, this "professional" opinion makes all the difference.
- **Offer the services of in-house counselling or help your depressed individual to find their own therapist.** Finding the right treatment provider can be difficult, and is often a trial-and-error process. For a depressed person already low on energy, it is a huge help to have assistance making calls and looking into the options.
- **Encourage your client to make a thorough list of symptoms and ailments to discuss with the doctor.** You can even bring up things that you have noticed as an outside observer, such as, "You seem to feel much worse in the mornings," or "You always get stomach pains before work."

Supporting the depression treatment process

One of the most important things you can do to help a friend or colleague or family member with depression is to give your unconditional love and support throughout the treatment process. This involves being compassionate and patient, which is not always easy when dealing with the negativity, hostility, and moodiness that go hand in hand with depression.

- **Provide whatever assistance the person needs (and is willing to accept).** Help them make and keep appointments, research treatment options, and stay on schedule with any treatment protocols.
- **Have realistic expectations.** It can be frustrating to watch a depressed friend or family member struggle, especially if progress is slow or stalled. Having patience is important. Even with optimal treatment, recovery from depression doesn't happen overnight.

- **Lead by example.** Encourage your friend or family member to lead a healthier, mood-boosting lifestyle by doing it yourself: maintain a positive outlook, eat better, avoid alcohol and drugs, exercise, and lean on others for support.
- **Encourage activity.** Involve staff on long term sick to join in station social activities or encourage them to join in with their friends in fun activities like going to a funny movie or having dinner at a favourite restaurant. Exercise is especially helpful, so try to get your client moving. Going on walks (possibly together) is one of the easiest options. Be gently persistent—don't get discouraged or stop asking.
- **Pitch in when possible.** Seemingly small tasks can be hard for a depressed person to manage. Get them to see who is around to help out with household responsibilities or chores.

Taking care of yourself while helping a depressed person

There's a natural impulse to want to fix the problems of people we care about, but you can't control a someone's depression. You *can*, however, control how well you take care of yourself. It's just as important for you to stay healthy as it is for the depressed person to get treatment, so make your own well-being a priority.

Remember the advice of airline flight attendants: put on your own oxygen mask before you assist anyone else. In other words, make sure your own health and happiness are solid before you try to help someone who is depressed. You won't do your friend or colleague any good if you collapse under the pressure of trying to help. When your own needs are taken care of, you'll have the energy you need to lend a helping hand.

You and your wellbeing

Wellbeing is feeling good and functioning well:

- Feeling good includes emotions like happiness, enjoyment, curiosity, engagement.
- Functioning well is your sense of purpose, achievement and control and choice over your actions. We need both of these areas to be fulfilled to have a positive experience of life.

Increasingly research is exploring a concept called 'positive psychology' – this new focus takes the shift away from the causes of emotional ill-health, and instead looks at what makes us feel good and function well. And that can only be a good thing!

Five ways to wellbeing

Connect...

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Do you and your workmates share a common interest? Do you know your neighbour? Keep in touch, make that call, write that letter, send that text, feel a valued sense of belonging. Building connections will support and enrich you every day.

Be active...

Go for a walk or run. Step outside. Nature is good for us – being in green open spaces increases our sense of wellbeing and relaxation. Cycle to the shops. Play a game. Get muddy in the garden. Dance. If you find it hard on your own, talk to a friend, family member or work mate – help motivate each other. Go to your local library and see what activities are on offer in your area. Search the internet.

Don't forget to eat well – nutrition is a key part of keeping active and keeping mentally and physically healthy. It doesn't have to be boring or expensive: lots of fresh produce and omega-3 rich foods. Exercising makes you feel good and joining others helps you to feel connected. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice...

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Take time to breath, unwind: yoga, meditation, listening to music, reading a book – time on your own. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Get creative: draw, compose music, write poetry, act, dance, paint, cook, knit... Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun and a chance to connect with other people in your community or at work.

Give...

Do something nice for a friend, or a stranger. Thank someone. Smile. Look out, as well as in. Volunteer your time. Join a community group. Search on the internet for your local volunteer bureau. Explore local time-banks. Look in your library or community centre for ways to get involved. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Group exercise

Pair yourself with a partner

Take it in turns to identify a depressed client you work with and identify areas of their life you could explore to encourage them to look at their negative thinking

Consider

- areas where they over generalise, ask them to be specific
- subjects that they may exaggerate
- where they take things personally
- when they ignore the positive aspects of their life

Use the self help booklet to guide

References

www.helpguide.org

Northumberland Mental Health NHS Trust 1999

www.nhs.uk/conditions/depression

www.beatingtheblues.co.uk

www.depressionalliance.org

www.depression.com

www.wmas.calmyou.com The Relief Series

www.beatingtheblues.co.uk