

“Knowledge Dispels Fear”

The Depression Self-Help Plan



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Session (1) Clinical Depression

Caution

The Depression Self-Help Plan is designed as a self-help tool for clinical Depression. It is important that you do not diagnose yourself as suffering depression but see your Doctor for an assessment and diagnosis, because there are some medical conditions whose symptoms can mimic those of depression such as thyroid gland problems, pernicious anaemia etc, and if this is the case then it is vital to get it diagnosed and treated by your doctor. If you have any health problems and/or are taking any form of regular medication, are pregnant, then discuss with your doctor before using the depression self-help techniques outlined in this course. The techniques outlined in this course are designed to be used in conjunction with any treatment from your Doctor, not as an alternative to standard treatment by your doctor. The techniques outlined in this self-help plan, such as relaxation, exercise, etc. may cause a few people on long-term medication to require a reduction to their medication; this should not be done by the individual but by their doctor. Do not practise techniques like relaxation while driving a car, or doing any other activity that needs concentration for safety and do not drive immediately after using a relaxation technique, acupuncture or any other technique that makes you drowsy. We also advise that you do not make any life changing decisions such as leaving a job or ending a relationship until you have recovered from your depression, otherwise you may make a mistake that you later regret.

Dedication

The Depression Self Help Plan is dedicated to the millions of men, women and children, their relatives and friends, throughout the world who suffer with depression; and to the health professionals, researchers and therapists who are unlocking the secrets of depression and replacing despair with hope.

Recommended Reading: Depression

DEPRESSIVE ILLNESS

NEW
EDITION

The curse of the strong



DR TIM CANTOPHER

Dr Tim Cantopher (2006) *Depressive Illness: The Curse of the Strong*, Sheldon Press

Welcome

“Remember in the depth and even agony of despondency that you will feel well again.” (Abraham Lincoln)

Hello, and welcome to The Depression Self-Help Plan, which has been written using a holistic, self-help, stress management approach designed to help mild to moderate forms of clinical depression. This plan is the culmination of experience gained whilst helping thousands of people with clinical depression that have rung The Depression Helpline since its foundation nearly 8 years ago.

When we use the term depression in this plan we mean Clinical Depression, which is a serious health problem that can vary in severity from mild to moderate to severe. The vast majority of cases of depression in the UK are in the mild to moderate form, but if depression is left untreated it can progress into the more severe form, so it is absolutely vital that depression is treated as quickly as possible. Depression is an equal opportunities illness, nobody is totally immune, and it is no respecter of intelligence, upbringing, class, gender, nationality or status.

Clinical depression has been increasing decade on decade since the middle of the 20th century. The statistics on depression are staggering, they show that one in four adults will develop depression and/or anxiety at some time in their lives; there are 6 million people in the UK struggling with anxiety and depression and The World Health Organisation have said that over a hundred million people worldwide suffer depression and that by the year 2020 depression is going to be the second leading cause of disability.

Research has suggested that chronic levels of stress can be one factor in the development and maintenance of depression. Stress on its own is probably not enough to cause depression but works in conjunction with other factors such as genetic predisposition, lack of exercise, loss of a job/loved one, excess alcohol, etc. Many researchers view depression as a biological vulnerability to stress. Even if stress wasn't a primary factor in causing the depression, living with depression is stressful to say the very least. Research has shown that self-help techniques like exercise, nutrition, relaxation and complementary therapies can all be useful in helping to relieve and/or prevent clinical depression. Learning them will not only help to relieve the depression but also reduce the chances of it recurring again. Acupuncture is one of the complementary therapy techniques that has been shown to be useful in helping with Stress, Anxiety and Depression; we will be discussing Acupuncture in far more detail in the session 7 – Complementary Therapies. The National Health Service run a free drop-in ear acupuncture clinic at the Gateway Clinic in London so anybody who is near enough to them can receive free acupuncture to help to reduce stress and as you will learn later in the course, chronic unmanaged stress is a factor in causing and/or maintaining depression. Here are the contact details for the Gateway Clinic:

Gateway Clinic
108 Landor Road
London SW9 9NT
Tel: 020 7411 6151

Depression Self Help Plan Outline

“Depression is one of the most common conditions in the UK, affecting 1:5 people at some stage in their lives. It is also one of the most misunderstood. The World Health Organisation estimates by 2020 depression will be the biggest global health concern after chronic heart disease.” (Depression Alliance: A Single Step, Summer 2005)

The Depression Self Help Plan comprises of 7 sessions, which are:

Session	Subject
▪ Session 1	- Clinical Depression: The Facts
▪ Session 2	- Depression Resistant Thinking
▪ Session 3	- Managing Stress
▪ Session 4	- Relaxation Training
▪ Session 5	- Brisk Walking
▪ Session 6	- Healthy Eating
▪ Session 7	- Complementary Therapies

How to Gain Maximum Benefit From This Self-Help Plan

"Knowledge alone is not enough. It is the application of the knowledge that produces the results." (John Townsend)

In order to obtain the maximum possible benefits from this Self Help Plan we recommend you print out each of the sessions and also follow these guidelines below:

1. Do not make any sudden changes in your life, such as changing your job for example, until your depression has been resolved.
2. It is not enough to read about depression self-help techniques; they will only work if you use them on a daily basis.
3. Start with one technique from the self-help plan, when you have integrated that into your life, move on to the next one.
4. Keep your goals realistic; remember – a journey of a thousand miles started with a single step.
5. Go to the resources section at the back of each session and look at the useful websites and free download self-help guides.
6. Remember that recovery from depression does not go in a straight line, there will be days when you are up and days when you are down, but the days when you are down will get less and less as you recover from the depression.
7. Practise, practise, practise.

Hope

" . . . people getting treatment for depression can feel better within a few weeks." (Dr P. Price, PhD, Clinical Psychologist)

We have purposefully started this self-help plan with a page on Hope, because that is the reality; you are not going to be depressed forever. One of the symptoms of depression can be hopelessness; we may think there is no way out of our depression, it can seem that it will go on for years without being relieved, but millions of people with depression have been treated, they have recovered from their depression – and so will you.

These words are not written to give you false hope they are based on reality, you are going to recover and get better. We are not just saying you are going to recover to cheer you up, we say it because it is a fact that depression is one of the most treatable health problems we can develop.

The problem with depression is that it affects our thinking making us more negative and pessimistic about our future. We can think the depression will never end and will go on for the rest of our lives. This is simply not accurate, effective treatment is available. Realistically recovery doesn't occur over night, but you will start to recover in weeks.

Untreated, depression can be like living your worst nightmare, but once treated this nightmare will cease. The future can seem so bleak at the moment but it is important to realise that this is just a temporary problem and you are not always going to feel like this. You may be feeling awful today, but it is not going to be like this forever.

Half the battle in treating depression is identifying that we are depressed and going for treatment. Once you have been diagnosed with depression by your doctor you are 50% along the road to recovery, but it is important to realise that recovery does not go in a straight line; there will be ups and downs on the road to recovery.

When we become depressed we can feel our situation is helpless and hopeless and that the depression will go on for the rest of our lives. Just because we think this, doesn't mean it is accurate. There has been a revolution in the treatments for depression in the past few decades, both in terms of antidepressant medication and in talking treatments.

Many hundreds of millions of people have been affected with clinical depression and have recovered, and so will you. You are now on the road to recovery.

"Congratulations, you have begun."

(Unknown)

Introduction

“Like Diabetes, heart disease, or any other medical condition, clinical depression is an illness.” (Dr P. Price PhD, Clinical Psychologist)

Clinical Depression is a mood condition that has probably been with human kind since the dawn of human evolution. It is not a new health problem peculiar to modern society, however it is more of a problem in today’s modern society because of the myriad of stressors common to a complex industrial society.

Research suggests that clinical depression has been increasing decade upon decade since the middle part of the 20th Century. There are a variety of reasons why depression has been increasing year on year, such as stress, lack of exercise, lower social support, poorer diet etc. Research estimates that 1 in 4 people will develop depression and or anxiety at some time in their lives, and The World Health Organisation has said that Clinical Depression is one of the most important health problems in the world today.

Fifty percent of cases of depression go undiagnosed and therefore untreated. The condition has wide spread negative effects on people and their families; it can surface in alcohol or drug misuse, relationship breakdown, careers problems, unemployment, etc.

Depression is an equal opportunities condition; potentially anyone can be affected. It is so common it is often referred to as the common cold of the mind. There are many myths concerning clinical depression that are so inaccurate. There is still a misperception that depressed people are weak, however this is not so, we are all potentially vulnerable to developing depression. Some of the most capable and intelligent people in our society have been affected by depression, for example, Sir Winston Churchill and Abraham Lincoln.

Clinical depression is a complex condition, not caused by one factor on its own. Research has shown that chronic stress can be a major factor in triggering, exacerbating and maintaining depression and even if the depression was not triggered by stress, living with depression can be very stressful in and of itself. By learning and implementing stress management techniques such as exercise, depression resistant thinking, nutrition, relaxation, and complementary therapies, these techniques can help relieve the depression and make us more depression resistant.

Remember that depression is a temporary problem - there is realistic, effective treatment available. Learning skills, as outlined in this self-help plan, can be useful when used in conjunction with the treatment from your doctor.

When we suffer depression, we can either see it as totally awful or, as totally awful with the capacity to help us grow as human beings. It is an opportunity for learning and you will definitely find out who your real friends are; you will emerge from the other side a wiser and healthier person.

What is Depression

“Depressive illness is not a psychological or emotional state and is not a mental illness, its not a form of madness, it is a physical illness.”

(Dr Christopher Cantopher)

Depression is a term used to describe a health problem which affects our mood. Our mood fluctuates a lot of the time, we can be more up or more down than usual, but low moods, often called the blues, generally last only a few days, the symptoms are not severe, and do not interfere with our ability to live our lives. However when our mood becomes excessively low, remains low for more than a two-week period and interferes with our ability to live our lives then this is called Clinical Depression. Clinical depression is far more severe and the symptoms can go on for weeks, months, and even years in some cases if it is not treated and it does interfere with our ability to function.

Clinical Psychologist Dr Richard O'Connor has said *“Comparing the every day blues with depression is like trying to compare the common cold to pneumonia.”*

It is important to get an accurate definition of depression as people use the word depression to describe having a bad day or bad few days, which in actual fact is not depression. In order to get a diagnosis of depression the symptoms have to be present for most of the day for over 2 weeks.

It is important to realise that clinical depression and anxiety are real, serious, medical health problems just like diabetes, high blood pressure, cancer, heart disease, etc. they are not just in the imagination.

There is a scientifically inaccurate, unfair and unjustified viewpoint that depression is all in the mind. “Get a grip,” “pull your socks up,” “Think happy thoughts,” “Think positively,” “With all the calamities that go on in the world what have you got to be depressed about,” “Snap out of it,” “It’s all in your mind,” “Only weak people suffer depression,” “What doesn’t kill you, makes you stronger,” are all comments that are often said to a depressed person by people who have never suffered or experienced depression themselves. The depressed person already has a negative view about themselves and so these types of comments merely reinforce their already negative thoughts.

We wouldn’t dream of saying these things to a person who has high blood pressure, diabetes, heart disease, or cancer, so why apply them to a person who is depressed. People perceive that high blood pressure, heart disease, diabetes and cancer are all physical illnesses but they think that depression is not. This is incorrect; depression is a physical illness just like diabetes. In diabetes there is a problem with the hormone insulin made by the organ the pancreas, and the same is true of depression, except a different hormone (serotonin) and body system are involved.

Signs and Symptoms of Depression

"Depression is an illness of mind and body. Most people have both physical and psychological symptoms, but their exact nature will vary from one person to another. Different symptoms will be more or less prominent in each person's illness." (Dr K. McKenzie)

The signs and symptoms of clinical depression vary from individual to individual, some people under eat, some overeat; some get insomnia, others excessively sleep; but there are some symptoms common to most. Many people think you have to be suicidal or can't get out of bed in order to be depressed, this is not so.

Depression can vary in its severity from mild to moderate to severe. In mild depression symptoms are not so severe as those in severe depression and a lot of people with mild to moderate clinical depression can still function, go to work, etc. all be it with a struggle. So it is possible to be depressed but not appear depressed. Also to complicate matters further it is possible for a person to be depressed without knowing it (masked depression) because their symptoms may be mainly physically based.

There are many signs and symptoms of depression; these can become worse as the severity of the depression increases, depending on the severity of the depression some of the symptoms can include:

Physical Symptoms

- Fatigue
- Agitation
- Pain
- Muscle aches
- Low or increased libido
- Headaches, Migraines
- Tension headaches
- Neck ache
- Low back pain
- Unable to sleep, early morning wakening or excessively sleeping
- Weight loss or gain, not due to dieting
- Feeling of being slowed down or speeded up
- Gastro-intestinal, constipation, diarrhoea
- Irritable bowel syndrome
- Immune symptoms, increased susceptibility to minor infections

Behavioural Symptoms

- Taking unnecessary risks
- Withdrawing from people
- Neglecting self-hygiene
- Reduced activity
- Neglecting domestic and family tasks
- Excessive smoking, drinking, gambling, sex; taking recreational drugs, excessive shopping, excessive eating, binge eating.
- Behaving out of the ordinary, ie shop-lifting, drink driving etc.

Thinking Symptoms

- Slowed thinking
- Difficulty concentrating
- Poor short term memory
- Problems making decisions
- Ruminating
- Excessive, unrealistic guilt
- Thinking we are worthless
- Thinking we are a failure
- Low confidence
- Low self esteem
- Low motivation
- Excessive worrying
- Depressed thinking
- Self-bullying internal self talk
- Negative, pessimistic thinking about self, other people and the world in general.
- Remembering all the mistakes we have made
- Thinking we are a bad partner, parent etc
- Thinking we are weak and useless
- Oversensitive to perceived criticism
- Suicidal and morbid thoughts
- Self-loathing/hatred
- Excessive self blame
- Helplessness/hopelessness
- Morbid thoughts about death

Feeling Symptoms

- Irritability
- Impatience
- Anger
- Aggression
- Excessive crying
- Excessive worrying
- Feeling sad
- Anhedonia - loss of pleasure in things we used to find pleasurable
- Emotional numbing, loss of feelings towards family, friends
- Overwhelming feeling of impending doom
- Reduced or increased libido
- Feeling useless
- Despair

Social Symptoms

- Relationship difficulties
- Domestic violence
- Problems with keeping a job
- Isolating self from friends and family

Causes of Depression

“Very often, a combination of genetic, psychological and environmental factors is involved in the onset of depression. Later episodes of illness typically are precipitated by only mild stresses.” (NIMH)

Depression is a complex condition, not caused by one single factor on its own but is the result of a matrix of interacting factors such as psychological factors, genes, brain chemistry, etc. What may trigger a depressive episode in one person won't necessarily cause depression in another.

The factors that cause depression tend to work together in its development. For example, chronic stress has been found to be one factor in the development of depression, but chronic stress on its own does not cause depression in everybody, so it is probably the stress in conjunction with other factors that would cause somebody under chronic stress to become depressed. Genetic predisposition on its own is unlikely to trigger depression; it needs to be combined with other factors such as chronic stress for depression to occur.

Some causes of depression such as genetic predisposition, we are not able to influence, however the majority of factors involved in triggering depression we can have some control over and so we can positively influence the depression, helping us to recover more quickly and reducing the chance of relapse.

We still have a lot to learn about the causes of depression but researchers have identified a number of factors that can influence clinical depression. Some examples include:

- **Biological**

Clinical Psychologist Dr Ornstein, in his book *“The Healing Brain,”* says that we tend to view the brain as an organ for rational thought but it is also a very powerful endocrine gland that secretes many potent hormones that influence our mood. To date fifty or so of these neurotransmitters have been identified and more will, undoubtedly be identified in the future. The most well known of these neurotransmitters are the painkillers endorphins, which are drop for drop more powerful than morphine.

Three hormones that play a role in keeping our mood stable are serotonin, noradrenalin and dopamine. One of the reasons it is thought depression occurs is that these neurotransmitters can become out of balance, this is called the monoamine hypothesis of depression, but the monoamine hypothesis is not the sole cause of depression.

Most researchers view depression as being probably caused by a mixture of both biological and psychological factors. Chronic stress for example causes elevated levels of the stress hormone cortisol which has been found to interfere with serotonin synthesis in the brain and so linked to being one factor in depression.

- **Chronic Medical Conditions**

Living with chronic health problems like cancer, chronic pain, diabetes, etc. can be very stress inducing to say the least. It has been estimated that 20% of people with a chronic health problem will develop depression.

- **Genes**

Research studies, including studies on identical twins, have shown that there can be a genetic factor involved in some people's depression. Research shows that one fifth of the population has a genetic predisposition to depression in response to a series of stressful life events. Researchers in New Zealand looked at a gene called 5-HTT which helps control the mood lifting neurotransmitter, serotonin. This gene comes in two versions, short and long, everyone has two copies of the gene. It was found that people who had 2 short versions of the gene were more likely to become depressed in response to stress than people who had the two long versions and were under stress. So it appears that our genes play a role in influencing whether stress induces depression or not, someone with the least protective version of the gene is more than twice as likely to suffer depression than a person with the most protective form.

Even though such studies have revealed that our genes can play a role in depression this doesn't mean that just because one family member develops depression that another family member will also automatically develop depression.

- **Lack of Exercise**

Exercise has not only been shown to relieve depression, but it can also help to prevent it. Depression has been increasing year on year since the 1950s, there are many complex reasons for this, one of them being we are the least physically active than we have ever been, most people no longer do physical labour in their jobs, in fact research has shown that 80% of the population do not exercise at all and this lack of exercise has been shown to be one factor involved in the development of depression.

- **Loss**

Depression can often be triggered by situations involving loss such as the loss of a loved one, loss of a relationship, loss of a job etc.

- **Low Social Support**

Good levels of social support have been found to help buffer people against stress and therefore reduce the risk of depression. Our society has undergone great and rapid change in the last 50 or so years; we used to live in communities with extended families living near us who could offer support and practical help. However our society has now fragmented and we tend to no longer have the extended family living near us. These lower levels of social support have been found to be one factor in the development of depression.

▪ **Medication**

Some medications may trigger or exacerbate depression in a minority of people; however the vast majority of people take these medications with no effect on depression. There are over 200 different types of prescription medications that may be a factor in some people's depression such as:

- Beta blockers
- Cardiac drugs
- Anti-Parkinson's drugs
- Certain types of contraceptive pill
- Decongestants
- Medications to lower blood pressure
- Cholesterol lowering drugs
- Morphine
- Tranquillisers
- Steroids
- Anti-convulsant medication
- Cancer drugs
- Some anti-malarial drugs

Having said this there are many people who have taken these medications for years without developing depression. Do not stop taking any medications you have been prescribed, but discuss any concerns you may have regarding medication and depression with your doctor.

▪ **Natural Light**

Low levels of natural light and sunlight, during autumn and winter months, have been shown to be a factor, for some people, in triggering a type of depression called Seasonal Affective Disorder. Sunlight is thought to pass through the pupil of the eye and helps to influence the production of serotonin. The action of sunlight on the skin helps the body manufacture Vitamin D, which has an antidepressant effect.

▪ **No Identifiable Reason**

You don't have to suffer a life of pain and misery in order to develop depression, in a few people no identifiable reason can be found as a cause for their depression; but that doesn't mean that the depression cannot be treated, it can.

▪ **Poor Diet**

Our diet has undergone radical change since the Second World War. Our fruit, vegetable and complex carbohydrate intake is not as high as it should be and our diet is full of fats and refined sugars that have no nutritional value except calories. The Mental Health Foundation recently published a report, on the role of nutrition in mental health, called "Feeding Minds." It suggests that our diet has undergone radical change over the last 50 years and this poorer diet is a factor for the increase in depression, which has been occurring decade upon decade since the middle of the 20th Century.

The Role of Stress in Depression

“The . . . (stress) axis, the hormonal system that regulates the body’s response to stress is overactive in many people with depression. Research findings suggest that persistent over activation of this system may lay the groundwork for depression.” (NIMH, Depression: The Invisible Disease)

Depression is a complex condition not caused by one factor on its own but is the result of a matrix of interacting factors. Research suggests that chronic stress can be a factor in triggering and maintaining depression, especially when it works in conjunction with a genetic predisposition to depression. There are people under stress who do not develop depression, but research has indicated that people with depression are very sensitive to stress. Depression researcher Brian Quinn, author of *The Depression Sourcebook* said of the role of stress in depression, “Research studies have revealed that depression is a biological vulnerability to stress.”

Stress is one major factor in the development, maintenance and exacerbation of depression. Researchers discovered that two thirds of research subjects who experienced a stressful situation had nearly six times the risk of developing depression within that month. Higher levels of stress hormones like Corticotropin Releasing Factor (CRF) and Cortisol have been found in large amounts in people with depression.

Within our brain we have two stress activation systems –

1. Electrical Short term SAM (Sympathetic Adreno Medullary) and
2. Longer term Hormonal HPA (Hypothalamic Pituitary Adrenocortical axis).

Research is indicating that one of the many factors involved in depression is an over activation of the longer term HPA axis, which causes rises in the blood stream of the stress hormone Cortisol. If secreted in excess, Cortisol interferes with Serotonin synthesis in the brain and research has shown that Serotonin levels influence our mood. The HPA axis is meant to be switched off after a stressful event is over and the levels of cortisol are then supposed to fall back to normal levels, but when the levels of Serotonin become out of balance this makes the HPA axis more sensitive, undermining our ability to deal with stress, this can increase the depression and so we go round in vicious circles.

Also, these systems were designed to switch-on when dealing with short-term, physical threats like an attack by a wild animal, when all the hormonal changes would be dissipated by the physical act of fighting or running away. However in modern life we don’t normally face physical stressors, such as animal attacks, the stressors we face are more chronic, psychosocial stressors that can last for days, weeks, months, even years, such as work, financial, caring for chronically ill relative, retirement, redundancy, noisy neighbours, sleep debt, racism, bullying, work stress, unemployment, retirement, children leaving home, etc.

Dr Linda Carpenter MD, Chief of the Mood Disorders Program, author of an article in March 1999 Newsletter of the Mood Disorders Support Group, entitled 'Depression as a pathological stress reaction,' said: "Four decades of research support the idea that in mood disorders something has gone wrong with the regulation of the HPA stress system."

Researchers Thomas Holmes and Richard Rahe carried out research into the type of situations that most people would find stressful and developed a test called the Holmes and Rahe Social Readjustment Scale. Each stressful life event is given a score, the higher the score the more risk there is of a person developing a stress related problem like depression. Major stressful life events include events such as moving house, divorce, etc. You will find a modified Holmes and Rahe Social Readjustment Scale, written by Psychologist Professor Cary Cooper, PhD, in the resources section of this session. In one study it was found that if you experience a stressful life event then the risk of developing depression is 6 – 9 times higher than for somebody who has not experienced major stressful life events.

The main approach used in this Mind Body Depression Self-Help plan is teaching people how to cope more effectively with stress by using Mind Body and Stress Management techniques and in so doing this will help to reduce depression. The National Institutes of Mental Health, one of the leading organisations in the world for research on depression, have said that stress management techniques such as relaxation, can help to reduce stress, calm ourselves, and in the process, enhance the effects of standard treatments for clinical depression.

A study, by a research team from the School of Nursing, Linfield College, Portland in Oregon, looked at the effectiveness of a stress management programme in helping to reduce anxiety and depression in student nurses. There were two groups, one group was the active treatment group who were taught stress management skills, and the second group were a control group that weren't taught stress management skills. All the subjects in this study in both groups were given pre and post tests to assess their levels of anxiety and depression. The results of this study revealed that the active treatment group had significantly lower anxiety and depression levels than the control group. This study was published in the November 1991 issue of The Journal of American College Health.

Below you will find contact details of two of the leading Stress Management Organisations in the United Kingdom. Contact them for details of your nearest qualified Stress Management Practitioner.

Stress Education Services

Grange House
11, Grange Place
Kilmarnock, Ayrshire, Scotland
KA1 2AB
Tel/Fax: 01563 558833
Email: stresscourses@lineone.net
Web: www.stresstrain.co.uk

**International Stress Management
Association**

PO Box 26
South Petherton
TA13 5WY
Tel: 07000 780 430
Email: stress@isma.org.uk
Web: www.isma.org.uk

Caring For Someone Who Is Depressed

“Being a carer is important because you can help a depressed person to survive. Not only does a carer provide love, care and support in the most difficult moments of a depressed person’s life, they give feedback, act as a reality check, motivate and encourage and ultimately offer a window to a world of hope and normality.” (Clinical Psychologist, Dr Dennis Tannenbaum)

When one of our family or friends develops clinical depression the focus of attention is quite rightly on them, however, it is important not to forget about the people who love and care for them. The pressures, frustrations, and concerns of the family and friends tend to get forgotten. A diagnosis of depression can cause worry, anxiety, and guilt in carers and it is important to realise this is normal and healthy. Carers can be under a lot of stress dealing with the situation, often feeling powerless, wondering what they can do to help their loved one.

Carers play an important role in helping their loved one to recover, although it is vital to realise that they alone are not responsible for resolving the depression. One of the difficult things for carers is that they can feel somewhat helpless or think they should be able to cure their loved one. Carers play one of the most vital roles in helping their relative/friend to recover but it is important for carers to realise they are not physicians or psychotherapists.

It can be difficult for people who have never suffered depression to understand it and to know what to say to the person who is depressed. There have been a number of callers to the Helpline who say they had not been able to understand depression until they had suffered it themselves. Incorrect and inaccurate information can only make the situation worse for both clients and carers. It is important to realise that a person with depression cannot simply resolve their depression by “getting a grip”, “pulling their socks up” or “thinking happy thoughts.” If it were as simple as that they would have already done so. They already have a negative view of themselves and these statements will only make them feel much worse. We would not dream of saying these things to somebody with other serious medical conditions such as asthma, diabetes and high blood pressure and it is important to realize that clinical depression is also a real medical condition and not “all in the person’s mind.”

It is important that as a carer you have access to accurate information; in the resources section we have included details of a book for carers of people with depression called, “Living with the Black Dog: How to cope when your partner is depressed,” by Caroline Carr.

It can also be helpful for you and the person you care for if you follow this Self-help plan with them. It goes without saying that being a carer can be very stressful and frustrating to say the least. The carer may have to take on extra work in the home like washing, cooking, cleaning, looking after the children etc, as well as working. It is important that carers look after themselves as well as looking after the person with depression. The depression charity called Depression Alliance run a support group for carers. We have given you contact details in the resources section of this session. You can contact them on their website at www.depressionalliance.org.uk

Treating Depression

“Many (of us) have limited knowledge and inaccurate beliefs about depression, and stigma often attaches to people who have suffered from depression. These factors have important consequences for prevention, early intervention and treatment of depression; they can lead to delays in seeking help, hinder acceptance of evidence based mental health care and mean that depressed people do not receive appropriate support from others in the community.” (R.A. Parsons, A.F. Gorm)

Depression is a serious condition; research shows that the sooner it is diagnosed and treated the better the long-term prognosis. Millions of people live needlessly with untreated depression. 50% of people who suffer depression go undiagnosed and therefore untreated. Lives are being radically affected by untreated depression; it not only affects the individual but is also involved in the break up of relationships, ruined careers, divorce, substance misuse and suicide. It is vital to get clinical depression treated.

The symptoms of depression can flare up and flare down, just because the symptoms flare down does not mean the depression has gone, in order to properly go it has to be treated. Untreated depression can do many things but one of the worst is that it reduces the person's quality of life. They do not get the enjoyment out of life they used to. Everything, even small things like getting up in the morning to personal hygiene, can take so much more effort.

Lack of good information can impede recovery from depression. Many people with depression can think they are weak and all they need to do is get a grip or pull their socks up. They wouldn't think this if they had diabetes, it's equally not true for depression. People's view of depression and its treatment can be inaccurate and out of date; we get many calls from worried friends and family trying to find out how to get a depressed person to their GP. We wouldn't ignore conditions like high blood pressure, diabetes etc. Depression is as important to treat as high blood pressure and diabetes; treatment prevents it getting more severe.

Some people may think they cannot be helped, but this is not so, there is no reason to put-up with depression, effective treatment is available. People worry over potential side effects of taking medication, but untreated clinical depression has severe side effects. Doctors are there to help you, not to get people hooked on medications. Medication won't turn you into a zombie or change your personality. Part of the reason this self-help plan was written was to dispel the inaccurate myths about depression and to encourage people to seek the treatment they deserve.

There are a variety of techniques that can be used to relieve depression such as:

- Cognitive Therapy
- Exercise
- Stress Management
- Guided Reading
- Medication
- Healthy Eating
- St John's Wort
- Acupuncture
- Relaxation
- Tai Chi
- Yoga
- Massage

Pharmacotherapy (Medication)

" . . . Taking medications for depression is not a sign of personal weakness – and there is good evidence that they do help."

(HealthyPlace.com Depression Community)

Detailed discussion of medications that can be used to treat conditions such as depression are outside the scope of this self-help plan. Having said this it is important to briefly discuss medication in general terms because there is much misinformation about the subject, which can stop people getting effective treatment. There is a lot of controversy around the subject of medications such as antidepressants, however there isn't a single medication, including aspirin and paracetamol, that doesn't have the potential for causing side effects, and the same is true of any medication.

One of the big problems is that when a person is prescribed antidepressant medication very often the first thing they do is go online and do a search for the side effects of their particular medication. This is not necessarily a good thing to do, as there is a lot of misinformation on the Internet, written by well meaning people who have no qualifications or experience in treating depression.

Contrary to popular opinion doctors are not prescription happy, they will generally only prescribe if they think it is warranted. Recovery from depression is a partnership between you and your doctor, you need to have a detailed discussion with your doctor concerning this matter and talk to them about your fears and worries. If you are unhappy then your doctor will be willing to listen to your concerns and will, if clinically applicable, not prescribe the medication but see if self help techniques help you to recover from your depression. In fact The National Institute for Clinical Excellence distributed advice to General Practitioners advising them that ideally antidepressant medication should not be used to treat mild to moderate forms of depression but instead techniques such as exercise and Cognitive Behavioural Therapy, which research suggests can be as effective as a course of antidepressant medication, should be recommended. So, if you are depressed it is not inevitable that you will be given antidepressant medication.

The vast majority of cases of depression in the United Kingdom are in the mild to moderate form; however in severe cases of depression antidepressant medication may be required to help lift the depression, which it does partly by allowing the mood lifting neurotransmitter serotonin to stay in the brain for longer thereby lifting the mood. The suicide rate in the United Kingdom is falling across all age groups, which indicates that treatments for depression, including medication, are having a positive effect.

Keep in close touch with your Doctor; recovery from depression is a partnership between you and your Doctor. If your medication isn't relieving your depression, go back to your doctor, and discuss this with them.

Self-Help

“As with treatment of most conditions, therapy for patients with depression and anxiety, is more likely to succeed if the patients see themselves as active participants in the management of their condition, rather than as passive recipients of care.” (Diagnosis and Management of Depression, Monograph no 2, 2000, American Academy Family Physician)

Self help techniques such as exercise, improving nutrition, reading about your health problem, etc. can help to increase the effectiveness of standard treatment by your doctors. In the west we tend to see ourselves as passive participants in our treatment, but it is important to become more proactive. For example, studies have shown that regular exercise can help us to recover from depression and reduce the risk of a future relapse of the condition. Having said this, if your depression is severe you may not have the motivation or energy for self-help techniques and may have to wait till your doctor’s treatments have reduced your anxiety and/or depression.

There are a variety of self help techniques we can use such as:

- Guided Reading (Bibliotherapy)
- Exercise
- Improving social support
- Relaxation techniques
- Cognitive Behavioural Therapy
- Healthy eating

We shall be teaching you these different self-help techniques throughout the depression self help plan. Start slowly, do one thing at a time and gradually build up. For example if you can only exercise for a few minutes then do so and gradually build up over the weeks. We will be discussing exercise, cognitive behavioural therapy, relaxation training, healthy eating and complementary therapies later in the plan; for now we will be discussing humour and bibliotherapy.

Self help techniques are generally more effective for the mild to moderate forms of anxiety and depression, but tend not be enough on their own to relieve the more severe forms which may require professional input via counselling and/or medication. The self-help techniques can still be useful in severe forms of anxiety and depression but in combination with other techniques.

It can be helpful to join a depression self-help group, a lot of people are put off because they think such a group will be depressing. This is not so, there are a number of advantages to attending a self help group; they often bring in outside speakers to talk on subjects about depression; you will meet people who have recovered from their depression; it will not just be symptom swapping.

Contact the charity Depression Alliance, who have contact details of self help groups throughout the UK, their telephone number is 0845 123 2320.

Bibliotherapy

“A good book can be worth more than a dozen therapy sessions, many excellent self-help books can be used to facilitate progress in therapy.”

(Dr A. A. Lazarus PhD, Clinical Psychologist)

In the case of anxiety and depression a lot of distress can be caused when a person does not have accurate information about their condition or the resources that may be available to them. Guided reading, or Bibliotherapy as it is otherwise known, is a technique where books, videos, audiotapes, CDs, DVDs, Internet, etc, provide information about a particular health problem, which can enable people to cope more effectively.

Bibliotherapy has been found to be as effective as individual or group therapy. More and more research is suggesting that better therapeutic results are achieved when people see themselves as an active part of the recovery process. Studies show that people like using guided reading and in a study of 3,000 people using the book *Ten Days to Self Esteem* by Dr David Burns, 70% of the people in this study showed significant improvement. A follow-up study on people who have used bibliotherapy to treat depression, found that the benefits were maintained over a three-year period.

In a research study by Dr Forrest Scogin at the University of Alabama, published in the *Journal of Consulting and Clinical Psychology*, June 1989, on the use of Cognitive Behavioural Therapy guided reading for mild to moderately depressed people, participants read the book *“Feeling Good: The New Mood Therapy”* or a book on Depression by Dr Peter Lewinsohn. 66% of the subjects demonstrated clinically significant change. A control group on a waiting list, who did not use guided reading, experienced no benefit. Treatment gains were maintained at 6-month follow up.

The National Institute of Clinical Excellence (NICE) and the Department of Health in the United Kingdom are encouraging the use of self-help guided reading schemes, some of which are set up in GP surgeries, however not everybody likes the same books. It is useful to borrow books through your local library and choose books that are based on a Cognitive Behavioural Therapy (CBT) approach. A lot of people like the range of books on anxiety-depression by Dr Clair Weekes. The company Talking Life produce a number of excellent audiotapes and CDs, on stress, anxiety, depression, insomnia etc. Their contact details can be found in the resources section.

There are hundreds of books that have been written on depression but they haven't all been proven to be effective, however there are a number of books that have been used in research studies and shown to be helpful. Some examples of these books include:

1. Burns D. (2000) *Feeling Good: The New Mood Therapy*, Avon Books.
2. Lewinsohn PM (1992) *Control your Depression*, Simon and Schuster.
3. Tanner S and Ball J (2000) *Beating the Blues*, Sheldon Press.
4. Greenberger D. Padesky C, (1995) *Mind over Mood: Cognitive Treatment Therapy Manual for Clients*, Guilford Press.

It is important to say that it is not enough just to read a book, in order to gain maximum benefit it is important to implement and practise the techniques outlined in the books. We have included a list of useful books, booklets, web sites etc, in the resources section.

Diaphragmatic (Relaxation) Breathing

“Conscious breathing, the technique employed by both the yogi and the woman in labour, is extremely powerful. There is a wealth of data showing that changes in the rate and depth of breathing produce changes in the quality and kind of neurotransmitters” (Dr Candace Pert, PhD)

It has been known for thousands of years that breathing has a powerful influence over our physiological and psychological well-being. It can be difficult to understand the link between the way we breathe and our emotional well-being, as we have been breathing since the first moment we were born and take 20,000 breaths a day, so we must have been breathing correctly, as we are still alive! Yet research has shown that the way we breathe can have a powerful effect on how we feel. The way we breathe can either stimulate our stress response or help to switch it off.

We have two basic styles of breathing:

1. Relaxed Abdominal Breathing
2. Stress/Anxiety Inducing Chest Breathing

1. **Relaxed abdominal breathing** is a slow, calm style of breathing where we breathe mainly from our diaphragm/abdomen. If you observe a child that is relaxed and happy you will see that their abdomen moves out when they inhale and it deflates when they exhale; there is very little movement in their chest. Studies have shown that practicing this style of diaphragmatic breathing reduces muscle tension and stress levels within 60 seconds. Abdominal, slow breathing stimulates the Parasympathetic (the relaxation) branch of the Autonomic Nervous System.
2. **In stress/anxiety inducing, thoracic breathing** it is mainly the chest that moves when we inhale/exhale while there is very little movement in the abdomen, and the breathing is shallow and fast. Again observe a child who is distressed. When they become upset their breathing switches from slow, abdominal, diaphragmatic breathing to mainly chest breathing that is fast and shallow. Chest breathing stimulates the Sympathetic (the fight/flight) branch of the Autonomic Nervous System.

When we suffer stress one of the changes brought about by the fight/flight response is to speed up the amount of breaths we take, switching from the slow, abdominal breathing to the faster, shallower, stressful, chest breathing. This is vital and healthy in the short term, however if we are constantly triggering the fight/flight response we can begin to habitually breathe with our upper chest even though the stress may be over. This style of breathing sends signals to the brain that we are under stress when we may not be.

Fortunately, although breathing is controlled mainly by the Autonomic Nervous System, we can voluntarily influence our breathing and help to switch off the fight/flight response by changing our breathing style from fast, shallow chest breathing to breathe diaphragmatically at a slower rate. By doing this we send signals to the brain that the threat is over and the parasympathetic part of the Autonomic Nervous system starts to reverse the biochemical and physiological changes brought about by the fight/flight response. A useful way of learning relaxation-breathing techniques is to take up either Tai chi or Yoga, as breathing techniques are a fundamental part of their philosophy.

Many people who suffer with depression have been shown to have elevated background levels of anxiety. Relaxation/diaphragmatic breathing is one relaxation technique that has been proven to lower anxiety and depression. Diaphragmatic breathing has been shown to help turn off the fight/flight response and lower the levels of stress hormones in the blood stream. In fact the late Dr Alyce Green PhD, co-author of the book *Beyond Biofeedback*, said if she had to choose only one technique to help stress then she would choose diaphragmatic breathing.

Researchers from the Department of Basic Psychology at the University of Valencia in Spain carried out research into the role of breathing and its effects on insomnia. Research has shown that people with chronic sleep problems have elevated levels of stress hormones in their blood stream, which causes sleep problems and that the levels of carbon dioxide in the blood stream have a sedative effect on the central nervous system. The Valencia study looked at people with insomnia, they were divided into two groups, one group received breathing retraining and the other group didn't acting as the control; the data from the study revealed that the breathing retraining was useful in producing drowsiness and therefore helping induce sleep.

One leading researcher into the role of breathing and its impact on physical and psychological wellbeing is Professor Konstantine Buteyko. He developed a breathing technique called Buteyko Breathing, which has been successfully used to help a wide range of health problems like asthma, stress, anxiety, depression, high blood pressure etc. A useful website on buteyko breathing is www.buteyko.co.uk

We have included details of how to download a free, mp3 relaxation file on diaphragmatic breathing that you can use. Details are on the Action Plan page.

Caution

Do not practise diaphragmatic breathing if you have any form of chronic health condition such as lung disease, heart disease, asthma, diabetes, etc. until you have discussed it with your doctor first. Do not practise diaphragmatic breathing while driving or doing any other activity that requires your concentration for safety.

How to Check We Are Diaphragmatically Breathing

"Controlled, scientific studies have established that relaxation can help relieve depression, fatigue and anxiety" (Dr Paul Martin PhD, Clinical Psychologist)

Lie down on the bed or settee, place one hand (palm face down) on your chest and place the other hand (palm face down) on your abdomen (just below your ribcage).

▪

Breathe normally and notice which hand is moving most, ie the abdominal hand or the chest hand.

▪

If the hand on your abdomen is moving and the hand on your upper chest is still, you are using your diaphragm and breathing correctly.

▪

If your upper chest hand is moving more than the hand on your abdomen then you are breathing mainly with your chest and this is a form of stressful breathing.

▪

Checking you are diaphragmatically breathing, in this way on a regular basis, will ensure that the majority of your breathing is relaxed, abdominal breathing and this will help to reduce stress. If you are not diaphragmatically breathing then follow the instructions in Slow Diaphragmatic Breathing Exercise on the next page.

▪

Initially you may find it difficult to breathe using your diaphragm. Don't give up, keep practicing, you may have been breathing with your chest for some time and so it takes time for your body to relearn to use your diaphragm again.

▪

There is a free online video clip that shows how to diaphragmatically breath at the following web site www.anxieties.com

Slow Diaphragmatic Breathing Exercise

“. . . diaphragmatic breathing is considered by many to be the simplest and most effective form of controlled respiration in the reduction of excessive stress.” (Dr George S. Everly M.D.)

Sit or lie down.

▪

Loosen any tight clothing; remove shoes, tie, glasses/contact lenses.

▪

Place the palms of your hands flat on your abdomen just beneath your rib cage, middle fingertips touching, at a point 2 - 3 inches above your navel.

▪

Close your eyes and start to focus your thoughts on your breathing. Try not to think of anything but your breathing.

▪

Begin to inhale slowly through your nose (not your mouth), feel the air flow through your nostrils. Breathe in for a slow count of 1 . . . 2 . . . 3 . . . 4, then exhale to a slow count of 1 . . . 2 . . . 3 . . . 4 and say the word relax to yourself. This will give you a breathing rate of 7-8 breaths per minute.

▪

Try to imagine in your mind's eye that there is a balloon in your abdomen, as you inhale the balloon expands and as you exhale the balloon deflates.

▪

Do not take deep breaths. When you inhale your fingertips on your abdomen should only slightly part, this will help to reduce the risk of over breathing.

▪

Start by practising for a few minutes per day and then over time build up to 5 minutes, twice daily.

▪

If you feel dizzy, stop the exercise and let your natural breathing rhythm take over; you are probably breathing too deeply and/or too quickly.

Caution

Do not use this breathing technique while driving, operating machinery or where you need to concentrate for safety. Do not drive immediately after practising relaxation breathing. After relaxing, open your eyes, do not stand up straight away, wait for a few minutes and then stand up. If you feel dizzy while practising relaxation breathing then you may be breathing too quickly or too deeply, if this is the case just stop the exercise and the symptoms will resolve.

Resources Session (1)

Action Plan: Clinical Depression, The Facts

	Yes	No
▪ The single and most important thing to do on the road to recovery from depression is to see your doctor for assessment and diagnosis, to rule out medical conditions whose symptoms can be similar to depression and to discuss a treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Download the free mp3 diaphragmatic breathing relaxation file from www.utexas.edu/student/cmhc/RelaxationTape/	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check you are diaphragmatically breathing.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Begin to practise daily diaphragmatic breathing.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Consider looking at the recommended websites in the resources section.	<input type="checkbox"/>	<input type="checkbox"/>
▪ Consider looking at the free online Mind and NHS Booklets	<input type="checkbox"/>	<input type="checkbox"/>
▪ Consider borrowing the recommended book for this session, <i>Depression: The Curse of the Strong</i> , by Dr Tim Cantopher	<input type="checkbox"/>	<input type="checkbox"/>

Depression Facts

- Depression is not all in the mind it is a real condition, just like diabetes and high blood pressure are real conditions.
- Depression is one of the most treatable conditions we can develop.
- Depression does not mean you are a weak person or a failure.
- You are going to recover.
- You are not mad, nor will you go mad, depression is a condition of mood not a condition of insanity.
- You are not going to be suffering depression forever.
- Depression is not your fault, nor have you caused it.
- You are not lazy; depression causes fatigue and reduces motivation.

Pin this page up somewhere where you can see it regularly

Useful Websites

Below are some useful websites on anxiety, depression and related problems.

Depression

- www.allaboutdepression.com
- www.depressionalliance.org
- www.depressionet.com.au
- www.infrapsych.com
- www.healthylplace.com
- www.depression-guide.com
- www.beyondblue.org.au
- http://depression.about.com
- www.doingwell.org.uk
- www.mdsg.org
- www.psycom.net/depression.central.html
- www.depression.org.uk

Bi-Polar (Manic) Depression

- www.mdf.org.uk
- www.bi-polar.org.uk

Breathing

- www.breathing.com
- www.physiohypervent.org
- www.buteyko.co.uk
- www.buteyko.com.au
- www.buteyko.co.nz
- www.resperate.com

Post-Natal Depression

- www.apni.org

Suicide

- www.samaritans.org.uk

Seasonal Affective Disorder

- www.sada.org.uk

Carers

- www.depressionfallout.com

Anxiety

- www.anxieties.com
- www.nopanic.org.uk
- www.adaa.org
- www.anxietycare.org
- www.phobics-society.org.uk
- www.panicanxietydisorder.org.au
- www.panicattacks.com.au
- www.patient.co.uk
- www.anxietyhelp.org

Borderline Personality

- www.bpdworld.org

Medication Information

- http://emc.vhn.net
- www.antidepressantfacts.com

Obsession Compulsion

- www.ocdonline.com

Panic Attacks

- www.paniccenter.net

Social Anxiety

- www.social-anxiety.co.uk

Post Traumatic Stress

- www.ncptsd.org

Anxiety Management Training

- www.nopanic.org.uk

St John's Wort

- www.hypericum.com

Useful Addresses

Agoraphobia

- PAX, 4 Manor Brook, London SE3 9AW, ☎ 0208 8527048,
Web: www.panicattacks.co.uk

Anxiety

- No Panic, 93 Brands Farm Way, Randlay, Telford, Shropshire TF3 2JQ,
☎: 0808 808 0545, Fax: 01952 270 962, Email: ceo@nopic.org.uk
Web: www.nopic.org.uk

Bereavement

- Cruse Bereavement Care, PO Box 800, Richmond, Surrey,
TW9 1RG, Fax: 0208 940 7638, ☎ Helpline: 0870-167-1677, Fax: 0208 940 1671
Email: helpline@crusebereavementcare.org.uk
Web: www.cruse.org.uk

Carers

- Carers UK, 20 – 25 Glasshouse Yard, London EC1A 4JT,
☎ 0808 808 7777, Fax: 020 7490 8824, Email: info@carersuk.org
Web: www.carersuk.org

Debt

- National Debt Line, Tricorn House, 51-53 Hagley House, Edgbaston,
Birmingham, B16 8TP, ☎: 0808 808 4000, Fax: 0121 410 6230
Web: www.nationaldebtline.co.uk

Depression

- Depression Alliance, 3 Grosvenor Gardens, Edinburgh EH12 5JU
☎: 0131 467 3050, Email: info@dascot.org Web: www.dascot.org/contact.html
- Depression Alliance Cymru, Westbourne Road, Whitchurch, Cardiff, CF14 2BT,
☎: 029 2069 2891, Web: www.dacymru.uk.com/home/ikml

Bi-Polar (Manic) Depression

- MDF National Office, 21 St Georges Road, London, SE1 6ES, ☎: 08456 340 540,
Fax: 020 7793 2639, Email: mdf@mdf.org.uk , Web: www.mdf.org.uk

Herbal Medicine

- National Institute of Medical Herbalists, Elm House, 54, Mary Arches Street,
Exeter, EX4 3BA, ☎ 01392 426 022, Fax: 01392 498 963,
Email: nimh@ukexeter.freeserve.co.uk Web: www.nimh.org.uk

Mental Health Advocacy

- UK Advocacy Network, Volsolve House, 14-18, West Bar Green, Sheffield,
Yorks. S1 2DA. Email: office@u-kan.co.uk Web: www.u-kan.co.uk

Mind

- 15-19 Broadway, London E15 4BQ, ☎: 0208 519 2122, Fax: 0208 522 1725,
Email: contact@mind.org.uk , Web: www.mind.org.uk

Obsessive Compulsive Disorder

- Obsessive Action, 22-24 Highbury Grove, London N5 2GA, ☎: 0845 390 6232,
Fax: 0207 288 0828, Email: info@ocdaction.org.uk, Web: www.ocdaction.org.uk

Parent Line

- Unit 520, Highgate Studios, 53-79 Highgate Road, London NW5 1TL,
☎: 0808 800 2222, Email: parentsupport@parentlineplus.org.uk
Web: www.parentlineplus.org.uk

Phobias

- Triumph over Phobias, PO Box 1831, Bath, BA 2 4YW, ☎: 0845 600 9601
Fax: 01225 469 212, Email: info@triumphoverphobia.org.uk
Web: www.triumphoverphobia.com

Post Natal Depression

- Association for Post Natal Illness, 145 Dawes Road, Fulham, London, SW6 7EB,
☎:0207 386 0868, Fax:0207 386 8885,
Email: info@apni.org, Web:www.apni.org

Relate (Relationships)

- Herbert Gray College, Little Church Street, Rugby, CV21 3AP, ☎: 01788-573241
Fax: 01788-535007, ☎ Email: enquiries@relate.org.uk
Web: www.relate.org.uk

Samaritans

- Catherine House, 17, Uxbridge Rd, Slough SL1 1SN, Berkshire,
☎: 01753 216500, Fax: 01753 775 787
☎ Helpline 08457 909090, Email: jo@samaritans.org, Web: www.samaritans.org

Seasonal Affective Disorder

- SAD Association, PO Box 989, Steyning, West Sussex, BN44 3HR,
☎: 01903-814942, Fax: 01903-879939, Web: www.sada.org.uk

Self Harm

- National Self Harm Network, PO Box 7264, Nottingham, NG1 6WJ
Email: info@nshn.co.uk, Web: www.nshn.co.uk

Self Help Groups (G-Text)

- 259 Squires Gate Lane, Blackpool, FY4 3RE, ☎: 01253-402237,
Email: g.text@btinternet.com, Web: www.ukselfhelp.info/index.htm

Single Parents

- Span, Millpond, Baptist Street, Easton, Bristol, BS5 0YW, ☎: 0117-951-42318
Fax:0117-935-5208, Email: info@spanuk.org.uk, Web:
www.singleparents.org.uk

Talking Life (Audio Books)

- 36 Birkenhead Road, Hoylake, Wirral, CH47 3BW, ☎: 0151 632 0662,
Fax:0151 632 1206, Email:wendy@talklife.u-net.com,
Web: www.talkinglife.co.uk

Useful Self-Help Books

Agoraphobia

- Zeurcher-White E. (2003) The Agoraphobia Workbook, New Harbinger inc.

Anxiety/Phobias

- Bourne E. (2005) The Anxiety and Phobia Workbook, New Harbinger inc.

Carers (Depression)

- Stillwell V. (1997) Living with a Stranger, Gaskell.
- Carr C. (2007) Living with the Black Dog: How to cope when your partner is depressed, White Ladder Press.

Depression

- Bloch D. (2002) Healing from Depression, Celestial Arts.
- Gilbert P (1997) Overcoming Depression: A Self-help Guide using Cognitive Behavioural Techniques, Robinson.

Bipolar (Manic) Depression

- Miklowitz DJ (2002) The Bipolar Disorder Survival Guide: What you and your family need to know, Guildford Press.

Generalised Anxiety

- Kennerley H. (1997) Overcoming Anxiety: a Self Help Guide using Cognitive Behavioural Techniques, Robinson.

Medication

- Bazire S. Branch S. (2001) Drugs Used in the Treatment of Mental Health: Frequently Asked Questions, APS Publishing.

Obsessive Compulsive Disorder

- Veale D. (2005) Overcoming Obsessive Compulsive Disorder: A Self-Help Guide using Cognitive Behavioural Techniques, Constable and Robinson.

Panic

- Silove D, Manicavasager V. (1997) Overcoming Panic: a Self Help Guide using Cognitive Behavioural Techniques, Robinson.

Post Natal Depression

- Marshall F. (1993) Coping with Post Natal Depression: a practical self-help book for women who suffer, Sheldon.

Post Traumatic Stress Syndrome

- Herbert C, Wetmore A (1999) Overcoming Traumatic Stress: a Self-Help Guide using Cognitive Behavioural Techniques, Robinson.

Relationship Difficulties

- Beck A, (1989) Love is Never Enough, Penguin Books.

Seasonal Affective Disorder

- Rosenthal N. (1998) Winter Blues: Seasonal Affective Disorder – What it is and how to overcome it, Guildford Press.

Social Anxiety

- Butler G (1999) Overcoming Social Anxiety and Shyness: a Self-Help Guide using Cognitive Behavioural Techniques, Robinson.

Useful Self-Help Telephone Helplines, MP3s

- **Norfolk Mental Health Medications Database**
www.nmhct.nhs.uk/Pharmacy/contents.htm

Audiotapes/CDS

(www.talkinglife.co.uk)

- Coping with anxiety
- Coping with depression
- Coping with insomnia
- Coping with pain
- Coping with work stress
- Relaxation Kit

Videos for Patients Ltd

(www.videosforpatients.co.uk ☎: 0207-6105599)

- What you really need to know about Anxiety, Phobias and Panic Attacks
- What you really need to know about Depression
- What you really need to know about Obsessive Compulsive Disorder
- What you really need to know about Stress

Free MP3 Relaxation Files

www.utexas.edu/student/cmhc/RelaxationTape/

Click on the above link to download these free relaxation MP3 files

- Track 01 MP3: Deep Breathing
- Track 02 MP3: Muscle Relaxation
- Track 03 MP3: Muscle Relaxation
- Track 04 MP3: Muscle Relaxation
- Track 05 MP3: Cruise Imagery
- Track 06 MP3: Cruise Imagery
- Track 07 MP3: Cruise Imagery
- Track 08 MP3: Forrest Imagery
- Track 09 MP3: Forrest Imagery
- Track 10 MP3: Forrest Imagery

Useful Free Online Booklets, Self-Help Guides

Free online Mind “How to . . .” Booklets

www.mind.org.uk/Information/Booklets/How+to/index.htm

- How to assert yourself
- How to survive family life
- How to cope with panic attacks
- How to cope as a carer
- How to increase your self- esteem
- How to stop worrying
- How to cope with loneliness
- How to cope with relationship problems
- How to cope with sleep problems
- How to cope with the stress of student life
- How to help someone who is suicidal
- How to parent when you are in a crisis
- How to deal with bullying at work
- How to deal with exam stress

Free online Mind “Understanding . . .” Booklets

www.mind.org.uk/Information/Booklets/Understanding/index.htm

- Understanding anxiety
- Understanding bereavement
- Understanding caring
- Understanding dementia
- Understanding depression
- Understanding eating distress
- Understanding gender dysphoria
- Understanding learning disability
- Understanding manic depression
- Understanding mental illness
- Understanding paranoia
- Understanding schizophrenia
- Understanding self harm
- Understanding attention deficit hyperactivity disorder
- Understanding autism in children and adolescents
- Understanding borderline personality disorder
- Understanding childhood distress
- Understanding disassociative disorder
- Understanding personality disorders
- Understanding phobia and obsessions
- Understanding post-natal depression
- Understanding post-traumatic stress disorder
- Understanding pre-menstrual tension
- Understanding obsessive compulsive disorder
- Understanding seasonal affective disorder
- Understanding the psychological effects of street drugs
- Understanding talking treatments

Free online Mind “Making Sense . . .” Booklets

www.mind.org.uk/Information/Booklets/Making+Sense/

- Making sense of Antidepressants
- Making sense of Counselling
- Making sense of Herbal Remedies
- Making sense of Homeopathy
- Making sense of Minor Tranquillisers
- Making sense of Sleeping Pills
- Making sense of Cognitive Behaviour Therapy
- Making sense of Psychotherapy and Psychoanalysis
- Making sense of Traditional Chinese Medicine

Free online Mind “Guide to . . .” Booklets
www.mind.org.uk/Information/Booklets/Mind+guide+to/

- Mind Guide to Food and Mood
- Mind Guide to Managing Stress
- Mind Guide to Massage
- Mind Guide to Physical Activity
- Mind Guide to Relaxation
- Mind Guide to Spiritual Practices
- Mind Guide to Surviving Working Life
- Mind Guide to Yoga

Free online NHS Self-Help Guides
www.northumberland-haz.org.uk/selfhelp/main.htm

- Sleep Problems: a self-help guide
- Controlling Anger: a self-help guide
- Panic: a self-help guide
- Bereavement: a self-help guide
- Understanding and Coping with Stress and Anxiety: a self-help guide
- Shyness and Social Phobia: a self-help guide
- Depression and Low Mood: a self-help guide
- Post Traumatic Stress Disorder: a self-help guide
- Obsessions and Compulsions: a self-help guide

You will need a PDF reader to view the documents above, you can get a free PDF reader from – www.adobe.com

Free Online BBC Confidence Course
www.bbc.co.uk/health/confidence/learn/index.shtml

Free online National Institute Clinical Excellence Guidelines

- CG22 Anxiety: Information for the public
www.nice.org.uk/page.aspx?o=cg022publicinfo
- CG23 Depression: Information for the public
www.nice.org.uk/page.aspx?o=cg023publicinfo

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