



All About Depression

A booklet for people with depression,
their carers, families and friends

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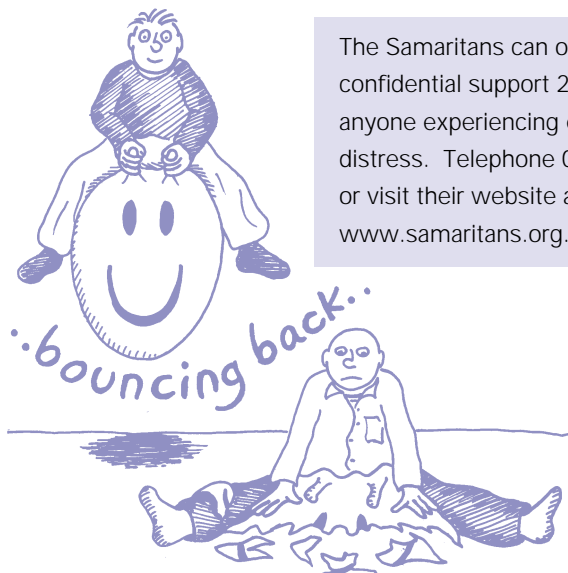
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Introduction

This booklet is for anyone who wants to know more about depression. You may be experiencing depression yourself and wondering where to find help. You may be supporting a friend or relative who seems to be depressed, or you may work with people who have symptoms of depression. This booklet will give you information about depression and the kinds of help, which are available. At the end of the booklet you will find details of useful organisations, as well as examples of further reading. We have included extra information on depression in older people, since depression in this age group is often overlooked.

The message of this booklet is that depression is a common and serious mental health problem, but there are many ways you can help yourself to recover and resume a happy and fulfilling life. The more information you have, the better you will be able to ask for the help you need.



The Samaritans can offer free and confidential support 24 hours for anyone experiencing emotional distress. Telephone 08457 909090 or visit their website at www.samaritans.org.uk

What is depression?

The word depression is used to describe a range of moods – from low spirits to a severe problem that interferes with everyday life. If you are experiencing severe or 'clinical' depression you are not just sad or upset. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. If you are depressed your appetite may change and you may have difficulty sleeping or getting up. You may feel overwhelmed by guilt, and may even find yourself thinking about death or suicide. There is often an overlap between anxiety and depression, in that if you are depressed you may also become anxious or agitated.

Sometimes it is difficult to decide whether you are responding normally to difficult times, or have become clinically depressed. A rough guide in this situation is that if your low mood or loss of interest significantly interferes with your life (home, work, family, social activities), lasts for two weeks or more, and brings you to the point of thinking about suicide then you may be experiencing clinical depression and you should seek some kind of help.

Who becomes depressed?

Anyone can become depressed. Approximately one person in six experiences depression of some kind in the course of their lifetime and one in 20 experiences clinical depression. At any one time, about one in 10 people will have some symptoms of depression. Of course, people who are depressed do not always seek help and even if they do, they may not always be diagnosed as depressed, so these figures are only estimates.

People from all backgrounds, ages and cultures can experience depression, although people vary in how they express their difficulties. For example, some people use words such as 'sad' or 'low' to describe feeling depressed, whereas other people describe their feelings in terms of their body, such as 'a pain in my heart'. In many Western countries women are more likely than men to be diagnosed with depression, this is partly because men are less likely to talk about problems in a way that allows their depression to be picked up. Men are also more likely than women to use alcohol to cope with feeling depressed.



Children and young people

About two per cent of children under 12 experience depression. This rises to about five per cent for teenagers. A particular worry is the rise in the numbers of young men who attempt suicide, which may be associated with depression, hopelessness, or difficulties in their lives.

Adults

Depression in both women and men is often linked to life changes or to loneliness. About 10 per cent of women experience post-natal depression in the weeks following childbirth. Social factors which can make people more at risk of becoming depressed include loss of employment, bereavement and problems with relationships.

Older adults

People over 65 seem to have a slightly greater risk of depression. This risk gets much higher in people over 85 years old. It can be particularly difficult to recognise depression in older people because they are less likely to talk about feeling sad or low, and more likely to talk about physical problems such as loss of energy or difficulty sleeping. This means that GPs, family and friends may not understand how they are feeling. In older people it appears that depression is less likely to 'lift' without help, particularly if they are severely depressed. This may explain why older depressed people have a high suicide rate, particularly men over the age of 75 years old. Depression can also be confused with the effects of other health problems, which are more common in later life. People who are depressed often report feeling confused and having difficulty in thinking and remembering things. In older people it is important to find out whether these problems are due to depression or to the development of dementia – for example in Alzheimer's Disease or following a stroke.

How is depression diagnosed?

Professionals look for the following key symptoms when deciding if you are depressed.

- Depressed or irritable mood most of the day, nearly every day
- Loss of interest or pleasure
- Changes in weight or appetite
- Sleep problems
- Agitation
- Tiredness and loss of energy
- Feeling guilty or worthless
- Difficulty in concentrating or making decisions
- Thoughts of death or suicide

You are likely to receive a diagnosis of depression if you experience **at least five** of these symptoms over a two-week period. However, the most important signs are depressed mood most of the day, nearly every day, or a loss of interest or pleasure in things you previously enjoyed. People have different patterns of depression; for example some people are severely depressed for a relatively short time while others have milder depression over a number of years. Even if the depression seems mild it is still important to identify it, as it can have a big impact on your life and you are more likely to face serious depression later on in life.



Are there different kinds of depression?

The following are some specific types of depression which have been identified.

Bipolar disorder (Manic depression)

About one per cent of the population will experience bipolar disorder at some time in their lives. A diagnosis of bipolar disorder means that you have both 'high' and 'low' mood swings, along with changes in thoughts, emotions and physical health. The mood swings are normally more extreme than everyday ups and downs. This problem is sometimes also referred to as manic depression. Most people with bipolar disorder have their first episode of depression in their late teens or early twenties, and without treatment it is very likely to recur.

[For further information contact the Manic Depression Fellowship – see useful addresses at the end of this booklet]

Post-natal Depression

About 10 to 15 per cent of women experience post-natal depression in the first year after having a baby. They may be unusually tearful, anxious or irritable, and may also find it difficult to play with their babies and respond positively to them. Although most women get the so-called 'baby blues' in the first few days after childbirth because of rapid hormone changes, post-natal depression is very different from this and lasts longer. It is probably due to a mixture of biological, psychological and social factors, and women are particularly at risk of post-natal depression if they do not have a supportive partner or family to help them.



If you seem to be showing signs of post-natal depression your Health Visitor should be able to assess you and either provide help or refer you to another professional. Most women with post-natal depression are helped by supportive counselling, by talking to other women who have been through a similar experience, and by anti-depressant medication.

[For further information contact the Association for Post-natal

Illness – see useful addresses at the end of this booklet]

Seasonal Affective Disorder (SAD)

Some people describe feeling depressed regularly at certain times of the year. A key feature of this kind of depression is the desire to sleep more and eat carbohydrate foods. Usually this kind of depression starts in the autumn or winter, when daylight is reduced. If you experience this kind of depression you may be helped by specially designed bright light therapy.

[For further information contact the SAD Society – see useful addresses at the end of this booklet]

What causes depression?

There are many possible causes of depression. You may have an increased risk of experiencing depression because of your particular biological make-up. On the other hand, depression is also related to what is happening in your life, and the kind of support you receive from others.

Is depression inherited?

There is some evidence that depression seems to run in families, but there is no single gene which causes depression. A family history of depression may increase the risk, but this may be because of difficulties the family has in coping, and it certainly does not mean that depression is inevitable. Genes seem to be more important than childhood experiences in determining the risk of bipolar disorder.

Is depression caused by changes in the brain?

We know that depression is associated with changes in the activity of certain brain chemicals, known as neurotransmitters, which affect our mood and thinking. These chemicals, such as serotonin, are also affected by factors such as activity and exercise. Drug treatment aims to restore 'normal' levels of neurotransmitter activity (see pg. 13).

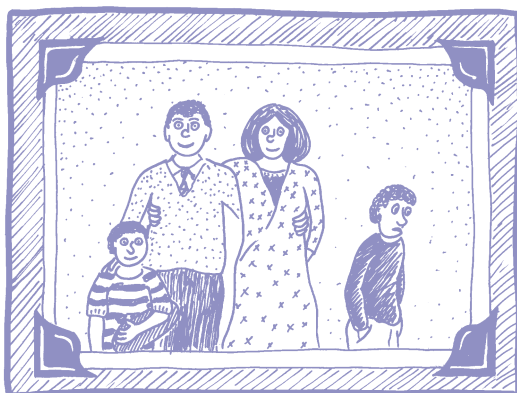
What about childhood experiences?

Past experiences which may be difficult or traumatic, such as losing a parent when very young, can affect your ability to cope with difficult situations. Children who experience abuse or lack of affection are also more at risk of experiencing depression in later life.

What about stress?

An episode of depression can be 'triggered' by stressful things that happen in our lives, particularly events involving a loss of some kind - such as unemployment, leaving home, death of a family member or friend. Even an apparently happy event can also bring a sense of loss; for example, parents can feel they have 'lost' their son or daughter when they get married, even if they are very happy for them. If you have had to cope with a lot of changes or stressful events, one more may seem like the 'last straw'.

Older people often have to cope with repeated losses, including the death of close friends and family. There is an important difference between expressing grief - which is a healthy reaction to loss or bereavement - and depression. Men living alone after the death of their wives seem to be particularly at risk of depression. Young people also experience stress, for example due to problems at school, starting work or a course of study, or problems with relationships. It can be quite difficult to tell whether a young person is going through 'normal' adolescent turmoil or is showing signs of depression.



Styles of thinking and coping

People who are depressed tend to think about bad experiences in ways that make them even more difficult to manage. If you have had bad experiences in the past, which you were unable to control, you may develop a 'hopeless' way of thinking. Feeling 'trapped' in a difficult situation or experiencing a feeling of humiliation can also lead to negative thinking and depression. This is why some forms of treatment aim to help you change your patterns of thinking (see pg. 16).

Health & illness

We all tend to feel miserable when we are ill. But long-term health problems, which prevent someone from leading their usual life, may lead to depression. People who lose their eyesight or hearing can become depressed, as can people with heart disease, chronic lung diseases, and illnesses which prevent them from getting about, such as Parkinson's disease or a stroke. Family and friends can help a lot by helping people find new activities or interests following illness.

Is it 'normal' to become depressed as we get older?

Some difficult life events may become more common with age, for example, children moving away, family illness or disability. Health or financial problems can also increase with age. However, many people find that there are positive benefits of growing older, such as having more free time, being able to take up hobbies, or spend time with grandchildren. It is therefore wrong to assume that depression in older people is a 'normal' reaction to growing older, and it is important that severe depression is recognised, so that people can get the help they need.

Coping with mild to moderate depression

There are a number of things you can do for yourself which can help you cope with mild episodes of depression, or reduce your risk of becoming seriously depressed.

Social Support

Having someone to turn to for support is very important when coping with difficulties. Some people build up a strong network of friends and relatives whom they can talk to, but others may become isolated, particularly if they have no employment or other activity outside the home. People who are already depressed usually find it very difficult to be sociable, and this can make them feel worse. So having someone to support you in a crisis or when things are difficult can reduce your risk of becoming depressed.

Activity & Exercise

If you are physically active or take regular exercise you may benefit from changes in your brain chemicals which affect mood, and from the feeling that you are actively doing something to improve your life. Exercise and activity can also bring important social contact if you are isolated. Outdoor activity seems to be particularly important in staving off depression for older men. However if you don't enjoy exercise it is unlikely to help!



Diet

A healthy diet is important in reducing the risk of depression. In particular, drinking too much alcohol or taking drugs will make you feel worse in the long-term. Some recent research has suggested that people who are depressed or have bipolar disorder may benefit from eating more oily fish, such as sardines, or from taking fish oil supplements, alongside their prescribed medication. However further research into this is needed.

Complementary therapies

Many people are interested in using complementary therapies to relieve depression. There is evidence that the herbal medicine known as St John's Wort (*Hypericum perforatum*) can help many people with mild to moderate depression. However, we do not yet know whether it is effective in treating more severe depression. Before taking St John's Wort check with your doctor or pharmacist especially if you are taking other kinds of medication, for example for heart disease, epilepsy, asthma, or migraine, as St John's Wort may effect how these drugs work. Relaxation techniques, aromatherapy, massage, and acupuncture, may also help people cope when they are feeling low. If you are trying a complementary therapy as well as receiving medical treatment you should inform your doctor so that the effects can be monitored.

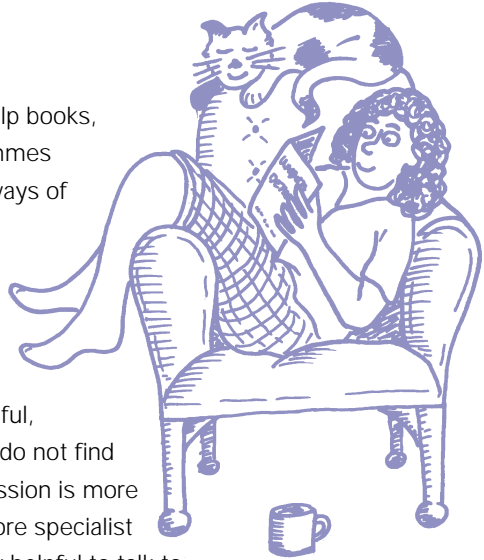
Taking Control

One aspect of depression is the feeling that, whatever you do, you cannot improve your situation. An important step is to find situations or activities where you can feel that you have some control over your life instead of feeling hopeless. Setting yourself small manageable goals can give you a sense of achievement and make you feel better. Older people in

particular may feel that they are no longer valued as employees or needed as parents. Helping other people – for example through voluntary work – is one good way of feeling useful and valued.

Self-help techniques

There are a number of self-help books, guides, and software programmes which can help you to learn ways of coping with mild to moderate episodes of depression. Some of these are listed at the end of this booklet. Bear in mind that although many people have found these helpful, everybody is different! If you do not find them helpful, or if your depression is more severe, you should ask for more specialist help. Some people find it very helpful to talk to others who have been through similar experiences. Some of the organisations listed at the end of the booklet can put you in contact with other people, individually or in groups.



Coping with severe depression - what works?

i) Drug Treatment

Anti-depressants

Anti-depressant drugs act by increasing the activity of those brain chemicals which affect the way we feel. Anti-depressants help between 60 and 70 per cent of people with depression.

A number of different kinds of drugs may be prescribed, for example:

Tricyclic anti-depressants are prescribed for moderate to severe depression. Some examples are dothiepin, imipramine, and amitriptyline. Tricyclic anti-depressants may take several weeks to start working so don't expect results straightaway. They sometimes cause drowsiness, so talk to your doctor if this is a problem. Other possible side-effects include blurred vision, a dry mouth, constipation, sexual problems, and weight gain. These side-effects can usually be reduced by changing to a different brand or by starting at a lower dose and gradually increasing it. Tricyclic anti-depressants are not addictive.

Newer anti-depressant drugs - selective serotonin reuptake inhibitors and selective noradrenaline reuptake inhibitors (SSRIs and SNRIs) target specific chemical 'messengers' in the brain. The most well known SSRI is fluoxetine (Prozac) but there are several other brands. The most significant side-effects from these newer drugs are headaches, stomach upsets, and reduced sex drive. However some people become more anxious and restless when taking them and there have been reports of some people becoming aggressive. As with all drugs, if you have any unusual reactions you should discuss them with a doctor straightaway. For example, venlafaxine (Efexor) can cause a skin rash which should be reported to a doctor immediately.

Mood stabilisers

Lithium carbonate may be prescribed to people with bipolar disorder as a way of stabilising their mood swings. It is also sometimes used as an additional treatment for people with severe depression alongside anti-depressants. High levels of lithium in the blood can be dangerous, so if you are taking lithium you must have regular blood tests. Other mood stabilisers include carbamazepine.

How long do I have to take the drugs?

If you are prescribed drugs for depression you will probably be advised to take them for at least six months, or longer if you have a previous history of depression. Older people may have to carry on taking drugs for longer than younger people. You are more likely to 'relapse' (have another episode of depression) in the three months after you have started to recover - which is why doctors usually recommend taking the medication for a further six months.

It is important to feel confident that you can discuss your medication with your GP or pharmacist. Family and friends can help by encouraging you to report any unpleasant side-effects, especially when a new or different drug is prescribed. There are also special helplines which will give you general advice on medication.

What about coming off medication?

If you stop taking anti-depressant drugs suddenly you can experience unpleasant effects, such as headache, nausea, dizziness and even hallucinations. **Always consult your doctor before stopping taking anti-depressants and never stop suddenly** as the effects may be severe. Remember that it can take at least six weeks for you to begin to recover, but by six months four out of five people will be better.

Children and young people

Tricyclic drugs have been used with children but they seem to be less effective than with adults. The newer SSRIs have not yet been adequately tested with children.

Older people

As people grow older they are increasingly likely to be prescribed drugs for medical conditions. If drugs for depression are added there can be unexpected side-effects, such as

dizziness and confusion. Sometimes just taking too many different drugs can produce symptoms of depression. People with memory problems may forget to take their drugs, particularly if they have lots of different drugs to take. You may like to ask the pharmacist to supply the pills in a 'dosette' - a special container, which has separate compartments for each day of the week, or each time of day.

People diagnosed with dementia (such as Alzheimer's disease) often experience depression, but anti-depressant drugs seem to be less effective for them than for other people of the same age. They may also experience more side-effects from medication, such as loss of appetite or increased confusion. Anti-depressant drugs should only be prescribed to people in nursing homes if they are actually depressed, not to deal with behaviour problems related to dementia.

ii) Non-drug treatments

Cognitive- Behaviour Therapy (CBT)

CBT is a type of talking treatment. It is based on the fact that the way we feel is partly dependent on the way we think about events (cognition). It also stresses the importance of behaving in ways which challenge negative thoughts and unhelpful beliefs. CBT aims to help you examine some of the beliefs you hold about yourself, often as a result of early experiences - such as 'I am worthless'. Although it may sound like common sense, CBT is not just positive thinking. If you are depressed, a CBT therapist will carry out an individual assessment and use questions and exercises to help you see your situation in different ways and to build up coping skills. It is important that CBT is delivered by someone who has been properly trained, such as a clinical psychologist or specially trained nurse. You may also find it useful to have someone to help with the activities such as 'homework' exercises.

Research shows that CBT is effective for people with mild or moderately severe depression. A combination of drugs and CBT produces good results for severe depression. CBT may also reduce the risk of you experiencing another period of depression. CBT has been used successfully with children and young people, particularly those with moderate levels of depression. If you are older you are less likely to be offered talking treatments such as CBT, even though you are just as likely to benefit from them as younger people.

Interpersonal Therapy (IPT)

Interpersonal therapy focuses on your relationships and on problems such as difficulties in communication, or coping with bereavement. There is some evidence that IPT can be as effective as medication or CBT but more research is needed.

Counselling

Counsellors are trained to help you think about the problems you are experiencing in your life and find new ways of coping with difficulties. They give support and help you find your own solutions, rather than offering advice or treatment, but some counsellors also use some of the techniques from talking therapies such as CBT.

iii) Electroconvulsive therapy (ECT)

ECT is a controversial treatment which is used for people with severe depression in an emergency (for example when someone has stopped eating) or for people who have not responded well to other treatments. The person receiving ECT is given an anaesthetic and drugs to relax their muscles. They then receive an electrical 'shock' to the brain, through electrodes placed on the head. Most people are given a series of ECT sessions. Some people say that ECT is very helpful in relieving their depression, although others have reported

unpleasant experiences, including memory problems. There has been a lot of concern about the way ECT has been used, and clearer guidelines and standards have now been developed. ECT cannot be given without your consent, except in very special circumstances, for example when your life is at risk.

There is some evidence that older people may be given ECT rather than offered alternative forms of treatment. This may be because practitioners feel that older people take longer to respond to drug treatment, or because the drugs are not suitable for them. It is important that adequate time is given for drugs or other treatments to be effective before deciding to use ECT. Another important consideration is that people having ECT need a general anaesthetic, which carries more risks in older people. ECT should not be considered when people have severe heart or lung disease.

How can people with depression get help?

The first step is to be honest with yourself: your sadness or unhappiness is interfering with your everyday life. While relatives and friends can often help you through 'bad patches', severe depression needs professional help. That doesn't mean you shouldn't tell people close to you what is going on if you can - it will help them to know, and their ongoing support can be very valuable.

Some employers are sympathetic to those with mental health problems, although others may worry about the effects on your work and that you may need to take time off.

You should visit your family doctor (GP) who will probably offer some kind of treatment or support, or may refer you to a

psychiatrist or clinical psychologist. It's important to remember that treating depression can take time, but you should be confident in the care you are receiving. If, for example, you would like to see a psychiatrist, you can ask your GP to make an appointment for you. Some people prefer to bypass their GP and consult a specialist privately.

Where to get help

There are a number of places where you can go to get further help, as follows:



General practitioners (GP): this is a good place to start. Your GP can help you to find the right type of help. This may include medication, or a referral to another agency for other forms of treatment such as 'talking treatments'. GP surgeries will also hold a range of leaflets and information about local services.

Community mental health centres: in most cases, you will require a referral from the GP in order to be eligible for treatment. Professionals such as psychologists and counsellors within these centres will be able to offer a range of treatments as described above. Most mental health centres will carry out an initial assessment. This involves a discussion in which you and the worker identify what your needs are, and possible steps for managing depression. This process will enable both of you to decide which service and type of help is most suitable.

Local mental health associations or voluntary organisations: some of these operate telephone helplines, others you may visit personally, usually without a formal referral. You can find out about these organisations from local directories of services, your local library, or telephone directory. Availability of these services varies across areas.



Self-help groups: details of these groups can be found in telephone directories and from local advice and information centres. Some addresses are also given at the end of this booklet.

Citizens' Advice Bureaux (CAB): details of your nearest CAB can be found by looking in a local telephone directory. Advisers will be able to tell you more about local services and how to access them. In some cases, they may be able to provide some basic information, or even make initial contacts with other agencies on your behalf.

Community Health Councils (CHC): local CHCs will have information on local services. Their contact numbers will be in your local telephone directory.

Conclusion

Depression is a distressing experience but there are many kinds of help available. Sadly you may not always get the help you need, sometimes because you may feel too hopeless about your situation to ask. After reading this booklet you may like to discuss it with your GP or talk it through with family or friends. You may also like to contact one of the organisations or helplines listed below. Remember that most people do recover from depression and there is a lot you can do to help yourself.

Further Information

The following list is intended as a guide to seeking further information and the Mental Health Foundation does not necessarily endorse or support the content of the publications listed.

Publications

General reading

Depression. Kwame McKenzie (1999) Family Doctor Publications. *A clear but detailed summary for the lay reader*

Depression. Constance Hammen (1997) Psychology Press
A comprehensive book for students and professionals

So Young, So Sad, So Listen. P Graham & C Hughes (1995) Gaskell Press. *Depression in children*

Knowing Our Own Minds. (1997) Mental Health Foundation
A survey of how people in distress take control of their lives

Strategies For Living (2000) Mental Health Foundation
A report of user-led research for people's strategies for living with mental distress

Self-help guides:

Managing Anxiety & Depression - a self-help guide.
N Holdsworth et al. (1999) Mental Health Foundation

Inside Out: A guide to self-management in manic depression. (1995) Manic Depression Fellowship

Coping with Anxiety & Depression. Shirley Trickett. Sheldon Press, London

Software packages

Restoring the Balance (2000) Mental Health Foundation

A simple self-help program providing information and strategies for managing mild to moderate anxiety & depression.

It includes a CD-ROM and worksheets.

Beating the Blues (2000)

A computer-based treatment programme for depression, with clinical supervision. For details contact Dr Judy Proudfoot, Institute of Psychiatry, Denmark Hill, London.

Useful Addresses

Association for Post-Natal Illness

145 Dawes Road, Fulham

London SW6 7EB

Tel: 020 7386 0868

Advice and support given to mothers experiencing post-natal illness. Support by telephone or post by women who have experienced post-natal illness.

Depression Alliance

35 Westminster Bridge Road

London SE1 7JB

Tel: 020 7633 0557

Website: www.depressionalliance.org/

Organisers of the National Depression Campaign which aims to increase awareness of depression and its symptoms. Leaflets available.

Depressives Anonymous (fellowship of) (FDA)

Box FDA
Ormiston House
32-36 Pelham Street
Nottingham NG1 2EG
Tel: 01702 433 838

Self-help/mutual aid organisation for people who have, or are liable to have, depression and their family and friends. Some local groups, Pen Friend Scheme and publications.

Manic Depression Fellowship

Castle Works
21 St George's Road
London SE1 6ES
Tel: 020 7793 2600
Email: mdf@mdf.org.uk
Website: www.mdf.org.uk

MIND

Granta House
15-19 Broadway
London E15 4BQ
Tel: 020 8519 2122 Office hours
Mind Information Line: Greater London: 020 8522 1728
Elsewhere in the UK: 08457 660163 (9.15am-4.45pm Mon - Fri)
Email: info@mind.org.uk
Website: www.mind.org.uk

National charity which offers information on all mental illnesses.

SAD Association (Seasonal Affective Disorder)

PO Box 989

Steyning

West Sussex BN44 3HG

Informs the public and health professionals about SAD and supports and advises people with SAD. It produces a newsletter, hold meetings, has a network of contacts and local groups. They also hire out lightboxes for treatment and raise money for research.

Samaritans

Tel: 08457 90 90 90

Email: jo@samaritans.org

Website: www.samaritans.org.uk

Provides free and confidential emotional support to any person who is suicidal or despairing and increases public awareness of issues around suicide and depression.

Scottish Association for Mental Health

Cumbræ House

15 Carlton Court

Glasgow G5 9JP

Tel: 0141 568 7000

Website: www.samh.org.uk

Provides an information service and leaflets on general mental health issues.



The Mental Health Foundation is the UK's leading charity working for the needs of people with mental health problems and those with learning disabilities. We aim to improve people's lives, reduce stigma surrounding the issues and to promote understanding. We fund research and help develop community services. We provide information for the general public and health and social care professionals. We aim to maximise expertise and resources by creating partnerships between ourselves and others including service users, Government, health and social services.