Open Minds Therapies Service
Improving access to psychological therapies in Teesside

Introduction to

Depression
Welcome to

Open Minds Therapies Service

Open Minds Therapies offers a free, confidential and therapeutic service. Anybody who finds their thoughts, feelings and moods difficult shouldn’t have to struggle on. Talking therapies can work for people who experience:

- Anxiety and worry
- Depression
- Panic
- Phobias
- Social shyness
- Stress
- Trauma
- Relationship problems
- Anger

We can work with you on an individual basis or in a group setting. This book has been designed to be used with telephone support provided by Open Minds Therapies. With the support of a member of the therapy team, you will be introduced to Cognitive Behavioural Therapy (CBT) based self-help to help you manage your symptoms of depression or low mood. The information provided in this book may be enough to help reduce symptoms of depression for some people. However, more support may be needed and this will be discussed with your therapist.

Online resources

If you prefer to access Internet-based or electronic resources, you may wish to explore:

- getselfhelp.co.uk
A wealth of CBT-based resources and audio downloads
- Centre for Clinical Interventions (www.cci.health.wa.gov.au)
Workbooks and short sheets focussing on common mental health difficulties
- Mood Gym (www.moodgym.anu.edu.au)
An interactive online program focussing on symptoms of depression and how CBT can help
What is depression?
Statistics show that as many as one in two people are estimated to experience depression at some point in their lives. Symptoms can affect everyday life and be very distressing. Treatment of depression can be psychological therapy, antidepressant medication or a mixture of both; treatment may take time to work but generally has a good chance of success.

Some people might say “I'm depressed” when they actually mean “I'm fed up because I've lost my job, failed an exam or had a row with a friend”. These kinds of ups and downs are common and normal, with most people feeling better quite quickly. With depression, symptoms are experienced daily and over a longer period of time; affecting day to day activities.

There are different types of depression:
- **Postnatal depression**
  It is common for mothers to have the ‘baby blues’ shortly after the birth of a new baby, this usually passes after a couple of days. Postnatal depression can occur any time between two weeks and two years after the birth of a baby.
- **Seasonal affective disorder (SAD)**
  SAD is where episodes of low mood are experienced in winter months where days are shorter and darker.

How common is depression?
About one in four people suffer with anxiety, depression or a combination of the two. The number of people who present at their GP surgeries with anxiety or depression is higher than those who present with any other problem. It is also known that around half of all people who live with these problems do not go to their GP at all. This could be due to not realising that their mood is low or thinking that nobody will be able to help them.

What causes depression?
It is important to remember that everyone is different and there may be many reasons why people become depressed. Here are some reasons that we know can contribute:
- Major life events e.g. having a baby, a relationship breakup, a traumatic incident
- Loss e.g. the death of a loved one, miscarriage of a pregnancy, unemployment or retirement
- Relationship difficulties
- Chronic pain or long term health problems
- Drugs and alcohol (can contribute to lowering mood)

Reflections
What factors may have contributed to your depression or low mood?
*Note: We understand that it can be upsetting to think about negative life experiences and current difficulties. If this section is difficult to think about, perhaps move forward in this workbook to explore coping strategies or speak to the therapy team member who telephones you for your follow up appointment.*

Symptoms of depression
Depression may affect people in different ways. If you are suffering from depression you may have thoughts such as:
- “I have no confidence”
- “I’m no fun to be around”
- “I think I am not coping”
- “I’m in control my life”
- “I’m a failure”
- “I get so confused”

These are all common thoughts, depression affects how we feel, how we think, our body works and how we behave. Place a tick next to the symptoms you experience regularly below:

**How you feel**
- I feel flat
- I feel emotional and teary
- I feel guilty
- I can’t concentrate on things
- I feel down, depressed or hopeless
- I have a poor appetite or I overeat
- I have problems sleeping or sleep too much
- I feel exhausted
- I keep picking up colds and illnesses

**What you do**
- Avoid things because of the fear I can’t cope
- Withdraw from life and other people
- Drink more than usual
- Smoke more than usual
- Seeking reassurance from others
- Unable to keep up with normal routine
- Unable to relax
- Make lots of mistakes
- Quick tempered and snappy
- Start jobs and not finish

**How you think**
- Nothing is going to change
- I have lost in interest in things
- I struggle with motivation
- I feel bad about myself
- I find it hard to relax
- I am letting myself down at the moment
- I am letting other people down
Cognitive Behavioural Therapy (CBT) model

CBT focuses on the way we think and behave, that helps us understand our feelings and our responses to those feelings.

**Cognitive**: mental processes such as thinking.
The word cognitive covers everything that goes on in your mind; such as thoughts, memories and images.

**Behaviour**: everything that you do.
This includes how you act, avoid situations and what you say. Behaviour also includes not doing something, such as biting your tongue instead of speaking your mind.

**Therapy**: a systematic approach used to help with a problem or illness.

Here is an example of how thoughts can trigger depression:

Mary, 34, is currently unemployed and living with two young children. Mary’s relationship with her children’s father came to an end six months ago and the breakdown has affected her self-esteem and mood. Mary often feels low and thinks that she is failing as a mum.

**How does depression affect you?**

Spend a few moments recording how your depression affects you on a daily basis.

1. **Unpleasant/frightening symptoms you experience:**

2. **Your thoughts and beliefs about these symptoms:**

3. **Everyday things that you are avoiding:**

4. **Current stresses in your life:**

   • Sleeps during the day when children are at school
   • Asks mum to collect children from school
   • Avoids speaking to other parents when she drops children off

   Emotional feelings

   Sad, defeated and guilty.

   Physical feelings

   Tearful, sluggish, tired, low in motivation with difficulty concentrating

   “I’m letting my children down”

   “I can’t face waiting at school gates and people asking me how I am”

   “I can’t face another day feeling the same”

   “I’ll never get out of this”

   “Relationships always end in tears for me”
Using the CBT model to understand your depression.

Using your reflections on the previous page, you may wish to try to map out your own symptoms below using the CBT model:

thought;
What words and pictures went through my mind?

emotion;
What physical sensations did I notice? How did I feel emotionally?

behaviour;
What did I do? What didn’t I do? How did I react/respond?
Treating depression
If you are experiencing depression it may seem like another burden to think about the different treatment options available to you.

The National Institute for Health and Clinical Excellence (NICE) guidelines on the treatment of depression recommend:

- **Cognitive Behaviour Therapy (CBT);** a series of sessions with a psychological therapist. CBT helps to identify the negative thoughts and feelings which impact upon your behaviour.
- **Mindfulness-based cognitive therapy;** an approach to wellbeing that involves accepting life and reminding us to focus on the present moment. It teaches us to take time to see what is happening around us in a non-judgemental way instead of overthinking our problems.
- **Behavioural Activation;** its benefits will be discussed further along in this booklet.
- **Other forms of talking treatment;** such as counselling.
- **Medication;** prescribed from your GP. This may be combined with CBT or counselling.
- **Exercise**
- **Watchful waiting;** this means keeping an eye on your symptoms to see if they improve on their own; this is often the case for mild depression.

Important note
It can be a symptom of depression to experience thoughts of suicide or of hurting yourself. For some people, these thoughts come and go quite quickly, for others they stay for longer and are more distressing. Our therapy team will have spoken to you about whether or not this is happening for you and how you can manage these symptoms.

If you feel that thoughts of suicide or hurting yourself are becoming more frequent or intense, or you are concerned that you will act on them, it is important to get help and support as soon as you can. There are lots of ways to do this, you may decide to:

1. Contact a friend or family member who you know will support you to see help
2. Make an appointment with your doctor (or an emergency out of hours appointment)
3. Visit the local accident and emergency department, who can help to explore with you how safe you currently feel
4. Use a telephone helpline. The following can provide emotional support:
   - Mental Health Matters helpline, 6pm-6am, 7 days a week: 0800 052 7350 (Middlesbrough) or 0800 052 0658 (Redcar & Cleveland)
   - Samaritans 08457 90 90 90 (24 hours)

Talking Therapies
The Improving Access to Psychological Therapies (IAPT) programme aims to make psychological treatments that follow NICE guidelines available to everybody who needs them; regardless of age, race, gender or where they live. Middlesbrough and Stockton MIND provide an IAPT psychological therapy service.

Information about our talking therapies and other support services can be found on our website: www.middlesbroughandstocktonmind.org.uk

Behavioural Activation
Behavioural activation involves looking at simple, everyday tasks that you may be avoiding and encourages you to start these tasks. It has been proven that activity helps us to feel better and once we have completed a small task we may feel that we are ready to take on larger tasks which may have caused us frustration in the past.

Activities or tasks that can be useful in improving symptoms of depression can be:

- **Tackling day-to-day jobs in small steps;**
  e.g. deciding to just wash all the mugs first if washing up has built up
  Are there any day-to-day jobs that have been “getting on top” of you?

  What small steps would be useful?

- **Tackling one-off, necessary jobs in small steps**
  e.g. paying gas bill
  Are there any “one-off” jobs that have been “getting on top” of you?

  What small steps would be useful?

- **Starting to do things again that you used to enjoy or starting something new that’s enjoyable**
  Are there any activities that you used to enjoy or would like to try?
Maintaining factors
There are many factors that can contribute to our depression or keep it going. These could include our patterns of thinking, difficulties in relationships or finding it difficult to express our point of view or feelings. These can act as triggers for us feeling depressed.

Unhelpful thinking styles
Over the years we can develop unhelpful thinking habits. These thinking habits often happen just before and during distressing situations and can have a powerful influence on the way we feel. Once you are able to notice these unhelpful thinking styles, you can begin to challenge them yourself using the questions below. See if you can recognise your own thinking habits in the information below (adapted from getselfhelp.co.uk)

Mental Filter
When we notice only what the filter wants or allows us to notice, and we dismiss anything that doesn’t ‘fit’. Like looking through dark blinkers or ‘gloomy specs’, or only catching the negative stuff in our ‘kitchen strainers’ whilst anything more positive or realistic is dismissed.

Ask yourself  Am I only noticing the bad stuff? Am I filtering out the positives? Am I wearing those ‘gloomy specs’? What would be more realistic?

Judgements
Making evaluations or judgements about events, ourselves, others, or the world, rather than describing what we actually see and have evidence for.

Ask yourself  I’m making an evaluation about the situation or person. It’s how I make sense of the world, but that doesn’t mean my judgements are always right or helpful. Is there another perspective?

Mind Reading
Assuming we know what others are thinking (usually about us)

Ask yourself  Am I assuming I know what others are thinking? What’s the evidence? Those are my own thoughts, not theirs. Is there another, more balanced way of looking at it?

Emotional Reasoning
I feel bad so it must be bad! I feel anxious, so I must be in danger

Ask yourself  Just because it feels bad, doesn’t necessarily mean it’s bad. My feelings are just a reaction to my thoughts – and thoughts are just automatic brain reflexes.

Prediction
Believing we know what’s going to happen in the future.

Ask yourself  Am I thinking that I can predict the future? How likely will that happen?

Mountains and Molehills
Exaggerating the risk of danger, or the negatives. Minimising the odds of how things are most likely to turn out, or minimising positives.

Ask yourself  Am I exaggerating the risk of danger? Or am I exaggerating the negative and minimising the positives? How else would someone see it? What’s the bigger picture?

Compare and Despair
Seeing only the good and positive aspects in others, and comparing ourselves negatively against them.

Ask yourself  Am I doing that ‘compare and despair’ thing? What would be a more balanced and helpful way of looking at it?

Catastrophising
Imagining and believing that the worst possible thing will happen

Ask yourself  Ok, thinking that the worst possible thing will definitely happen isn’t really helpful right now. What’s most likely to happen?

Memories
Current situations and events can trigger upsetting memories, leading us to believe that the danger is here and now, rather than in the past, causing us distress right now.

Ask yourself  This is just a reminder of the past. That was then, and this is now. Even though this memory makes me feel upset, it’s not actually happening again right now.

Shoulds and Musts
Thinking or saying “I should” (or shouldn’t) and “I must” puts pressure on ourselves, and sets up unrealistic expectations.

Ask yourself  Am I putting more pressure on myself, setting up expectations of myself that are almost impossible? What would be more realistic?

Black and white thinking
Believing that something or someone can only be good or bad, right or wrong, rather than anything in-between or ‘shades of grey’.

Ask yourself  Things aren’t either totally black or totally white – there are shades of grey. Where is the middle ground?

Critical self
Putting ourselves down, self-criticism, blaming ourselves for events or situations that are not (totally) our responsibility.

Ask yourself  There I go, that internal bully is at it again. Would most people who really know me say that about me? Is this something that I am totally responsible for?
Alcohol

People often drink alcohol to block out difficult feelings or help to relax. When we use alcohol to cope it is easy to depend on and in the long run actually makes us feel worse.

Alcohol is a natural depressant which can affect our mood. It also does not help us deal with the issues we have as they hidden due to the alcohol blocking out emotions.

Alcohol can also affect sleep patterns and can increase our anxiety levels rather than reducing them. People may experience panic attacks more often when under the influence of alcohol and it makes us more prone to stress.

The current UK health guidelines suggest that women should not exceed 2-3 units of alcohol per day and men should not consume more than 3-4 units each day. The daily recommended guidelines are shown in the table:

<table>
<thead>
<tr>
<th>1 unit</th>
<th>1.5 units</th>
<th>2 units</th>
<th>3 units</th>
<th>9 units</th>
<th>30 units</th>
</tr>
</thead>
<tbody>
<tr>
<td>normal beer 4%</td>
<td>1/2 pint (284ml)</td>
<td>small glass wine 12.5%</td>
<td>1/2 pint (284ml)</td>
<td>strong beer 6.5%</td>
<td>440ml bottle/can</td>
</tr>
<tr>
<td>single spirit shot 40%</td>
<td>(25ml)</td>
<td>alcopop bottle 2.5%</td>
<td>(275ml)</td>
<td>strong beer 6.5%</td>
<td>(440ml bottle/can)</td>
</tr>
<tr>
<td>medium glass wine 12.5%</td>
<td>(125ml)</td>
<td>large glass wine 12.5%</td>
<td>(250ml)</td>
<td>bottle wine 12.5%</td>
<td>(750ml)</td>
</tr>
<tr>
<td>bottle spirits 40%</td>
<td>(750ml)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Government advises alcohol consumption should not regularly exceed:

- women: 2-3 units daily
- men: 2-3 units daily

For further information regarding any information within this work-book, or to access support please contact us:

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TS1 2PS
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