

BEYOND DEPRESSION: *Toolkit for Those Who Live With Depression*

Who should read this booklet?

This toolkit has been written for those who suffer from Major Depression, their family and friends.

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Companion toolkits are available for:

- Community members
- Medical professionals

This publication is part of a project supported by The Wellmark Foundation, called *"Beyond Depression: Tools for Collaboration"*, developed by Joan Blundall, MS, HCA, and Carol Hodne, PhD, for Higher Plain Inc. June 2005.



The project focuses on increasing science-based knowledge and skills in identifying and treating Major Depression, and promoting self-care for urban and rural residents in Iowa.

The goals of the project are:

- Create and disseminate toolkits on Major Depression for 1) medical providers, 2) community members, and 3) those who live with Major Depression.
- Offer consultation and technical assistance.
- Provide community and professional trainings.

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Please help us improve future editions of this toolkit by giving us your feedback. The feedback form for this toolkit is found on the web at:
<http://www.beyonddepression.info/pdf/consumer1.pdf>

This publication is designed by Linden Tree Web Works.

An open letter to those who live with depression

This toolkit has been written for those who suffer from Major Depression, their family, and friends. We have developed these materials in the hope that information and knowledge can become powerful tools in confronting the challenges created by living with Major Depression. Depression is like a virus, putting family, friends, and co-workers at risk for infection. Damage can be reduced or avoided. Your knowledge is a powerful prevention tool.

This toolkit provides information on right-sided pages. Tips for dealing with Major Depression and questions to reflect upon are on left-sided pages. This format gives you an opportunity to use the toolkit as a personal workbook. Another publication in this series, *Beyond Depression: Toolkit for Community Members*, includes additional information about Major Depression.

We know that appropriate treatment works whether it is medication, counseling, and/or education. Remember that the disease is not the person. Taking care of the whole person is important to maintaining a high quality of life. Try not to live alone with Major Depression. Community members, friends, and professionals can be enlisted to help you and your family.

We know that treatment works. Joan Blundall has spent much of her personal and professional life living and working with depressed people and their families. Carol Hodne has worked extensively as an advocate for distressed families dealing with harsh circumstances. We have seen tragic losses and remarkable recoveries for those with depression and their families. What has been most impressive is the day-to-day courage exhibited in dealing with this disease.

Our best wishes to you in the journey ahead.

Joan Blundall, MS, HCA

Carol Hodne, PhD

Joan Blundall has over 30 years of experience in the field of mental health, has directed a Rural Community Mental Health Center, and authored book chapters and scientific journal articles.

Carol Hodne is a health psychologist who has focused on rural health and development issues since the mid-1970s and has authored related book chapters and scientific journal articles.

SECTION 1: General Information

Major Depression

Major Depression is a common medical condition much like diabetes, heart disease and other chronic disorders. One in four women and one in seven men are likely to experience an episode of Major Depression at some point in their lives. Many of these people will have repeated episodes. Medical treatment is necessary to control the symptoms of this disease.

Major Depression develops due to a variety of factors. Genetic factors may be a cause since people with a family member with Major Depression are more likely to have the disorder. Personal losses and other stressors, combined with limited assistance from family and community, may lay the foundation for depression to occur and reoccur. Environmental stressors and toxins may trigger an episode. The bottom line is that Major Depression is a biological condition that calls for medical treatment, personal management, and sometimes psychotherapy.

Treatment is important because more than half of those who experience an episode of Major Depression will have later episodes. When treatment does not occur, episodes of Major Depression often recur for longer periods and with greater frequency.

The good news is that 80-90 percent of people diagnosed with Major Depression can be successfully treated and recurrent episodes can be avoided or managed. Appropriate treatment for depression allows for more rapid and complete recovery from other diseases and improves overall health.

When you or a family member have been diagnosed, it is important to work hard to develop a plan for living with this disease. This plan will need to include three primary goals:

- Stabilize your depression to avoid developing more severe symptoms.
- Increase your energy so you can get your life back in balance.
- Reduce the chances of the recurrence of episodes and the deepening of symptoms.

Millions of people around the world who have been diagnosed with Major Depression have found ways to live a satisfying life with this disease. This can be true for you and your family.

SECTION 1: General Information

Recognizing Symptoms of Major Depression

Symptoms of Major Depression must be experienced for at least two weeks for a diagnosis of depression to be made. Many people go for years experiencing these symptoms without ever seeking help.

Symptoms of Major Depression:

- Trouble getting out of bed in the morning
- Sleeping more or less than usual or waking up too early
- Eating all the time or losing your appetite
- Lack of interest in usual activities
- Inability to experience joy or pleasure
- Feeling hopeless, worthless, sad and empty
- Experiencing inappropriate feelings of guilt or blame
- Difficulty in concentrating or making decisions
- Trouble remembering, making calculations
- Less ability to perform daily tasks and less energy
- Reduced interest in sex and intimacy
- Not feeling good about yourself
- Feeling nothing is right, being critical

Your admission of having symptoms and seeking help means that you are courageous and wise. You are on the road to managing this disease. The medical community can help you and your loved ones get beyond depression to live a more satisfying life.

To manage this disease, you and those who are important to you have a role in understanding and combating the symptoms. When symptoms occur more often or are more intense, it is time to get help from your medical provider and others whom you trust.

SECTION 2: Treatment

What Keeps Me and my Family Members from Discussing or Getting Help for Depression?

My beliefs about my disease:

My family's beliefs about depression:

Community values regarding depression:

When I or those I care about experience stigma I feel:

This is what I'd like to tell people:

I can talk to these people about stigma:

SECTION 2: Treatment

Stigma and Blame

Approximately 75% of people with depression do not seek treatment. This is partially due to the person's depression:

- Denial is a stumbling block to getting care. They cannot see that their beliefs and feelings are symptoms of a medical condition.
- Their symptoms prevent them from being able to understand that treatment could improve their situation.
- Their symptoms prevent them from taking steps to care for themselves and monitor their health.
- They often feel like victims with few choices, isolated from being part of a good life, and abused by life itself. They feel hopeless.
- In order to maintain some level of functioning, they must deny the symptoms of the disease and somehow carry on despite the bleakness of their feelings and beliefs.

Stigma

But depression can be misunderstood by family, friends and the community:

- Words like negative, lazy, irritable, miserable, unmotivated, oversensitive, weak, wimpy, grumpy, self-absorbed, hopeless, confused, critical, moody and uncommunicative are undesirable characteristics often used to describe a depressed person.
- **These words describe a medical condition: Major Depression.**
- This misunderstanding prevents family and community from encouraging the individual to seek treatment.

Blame

The depressed person's symptoms and their friends' and family members' misunderstandings of those symptoms lay the groundwork for blame.

- Sufferers of Major Depression may blame their suffering on themselves, their families, or life events.
- Blame eventually comes from families, co-workers and community members.
- **Emotional pain is freely seen as a personal weakness, one that the individual should "snap out of."**
- When people offer personal assistance and try to cheer up the depressed person, **they do so with the expectation that the depressed person can improve.**

When change doesn't come, and their efforts aren't recognized with outward appreciation, friends and family members give up, **only to reinforce the isolation.**

SECTION 2: Treatment

Who Would I Like to Talk to about my Depression?

| Person | Expected Response |
|----------------------------|-------------------|
| Spouse | |
| | |
| | |
| Sibling | |
| | |
| | |
| Children | |
| | |
| | |
| Friends | |
| | |
| | |
| Co-workers | |
| | |
| | |
| Medical provider | |
| | |
| | |
| Pastor | |
| | |
| | |
| Community resources | |
| | |
| | |
| Volunteer helper | |
| | |
| | |

SECTION 2: Treatment

Community Continuum of Care

The medical community can help you and your loved ones get beyond depression to live a more satisfying life. To manage this disease, you and those who are important to you also have a role in combating the symptoms. People who manage their depression well are able to recognize their symptoms, take an active part in understanding depression as a disease, and use a variety of resources in the community.



When your symptoms of depression are under control, you will find yourself using more of the resources on the left side of the graph. When symptoms are less in control, it may be necessary to use those resources on the right side. The presence of symptoms is a clue to the resources that we need at any give time. A key to living well with depression is being responsible for your care and taking actions to get the care you need.

People who have depression, along with clergy, co-workers, and others, have resources that can be used to encourage, solve problems, and refer for help. These people can do a lot to alleviate blame, shame and ignorance.

Communities can spread the message that Major Depression is a medical condition and not a personal weakness.

SECTION 2: Treatment

Risk Factors for Depression

List physical factors that may put you at risk for depression.

List family/social issues that put you at risk for depression.

List economic factors that may put you at risk for depression.

List physical, family, social, and economic factors that may put a family member at risk for depression.

SECTION 2: Treatment

Risk Factors for Depression

Rural and urban residents experience depression at similar rates. Rates of depression for women are generally twice those for men.

Physical Risk Factors

- Depression in your family's genetic background
- Serious, chronic medical illness
- Chronic pain conditions
- Prolonged stress, related physical imbalances
- Care giving with chronic/severe disorders
- Substance abuse
- Illness of the nervous system and exposure to toxins of the nervous system
- Pregnancy, postpartum depression
- Hazards to your health in your environment or workplace

Family and Social Risk Factors

- Major losses; unresolved grief
- Serious or prolonged stressors
- Severe, prolonged, or cumulative traumas
- Divorce, separation, widowhood
- Domestic abuse
- Child sexual and emotional abuse
- Early childhood traumas
- Feeling little control in one's life
- Social isolation & limited social support

Economic Risk Factors

- Serious or prolonged economic stressors
- Economic hardship, scarcity of necessities
- Unemployment, underemployment
- Job insecurity
- Low socioeconomic status (income, education, occupation)
- Social and economic discrimination
- Loss of farm or land
- Financial adjustments, poor cash flow
- Debt negotiation, bankruptcy, foreclosure

This summary was adapted from Hodne, Carol J. (2003). Depression among rural residents: Etiology, treatment, and prevention. Prepared for professional trainings sponsored by United Behavioral Health.

SECTION 2: Treatment

Benefits of Seeking Treatment

List any ways that you would like to see treating depression help:

Improve your relationships with family members, friends, and neighbors

Protect your health and safety

Protect your family's well-being and security

Enhance your job performance and job security

Sustain your business or farm operation

SECTION 2: Treatment

How Family and Friends Encourage the Depressed to Seek Help

You can play a crucial role in encouraging your family member to seek professional help for Major Depression. This is a treatable condition. Emphasize the fact that depression is a medical condition that can be managed with appropriate care. This may encourage your family member to seek care. You may be effective in persuading them that treating depression may:

- Feel better
- Improve their relationships with family members, friends, and neighbors
- Be well and healthy
- Be able to do their jobs better
- Sustain their business or farm operation
- Enjoy their lives like they used to
- Be better able to ward off hopeless feelings

Your personal knowledge of their goals, relationships, and history gives you special insights and skills in appealing to their personal goals and values, and those of your family.

You can offer support in helping someone overcome barriers to seeking help. You can emphasize that :

- Treatment is confidential
- A variety of treatment options are available:
 - Counseling
 - Medication
 - Counseling + Medication combined
- Treatment can be effective
- Treatment can make a difference
- There are a variety of ways to pay for care
- Treatment can help them take care of themselves.

SECTION 2: Treatment

What are the Best Treatments for Depression?

What treatment is right for me?

Has my medical provider given me an assessment to determine if I am depressed?

Do I understand why a specific treatment has been recommended?

Is there anything that would prevent me from following the recommendation?

Do I need more information before I follow up on the recommendation?

With whom will I discuss my depression diagnosis?

SECTION 2: Treatment

What are the Best Treatments for Depression?

Treatment depends on the type of depression, the severity of the depression, how long the depression has occurred, and how well you respond to the treatment. A family medical provider can help you start the process of figuring out what treatment works for you.

After your condition is assessed, your medical provider may:

- Recommend a referral for further evaluation and assessment
- Prescribe medications
- Recommend counseling services
- Decide to wait and see how your mood progresses over time.

Your treatment choice is best made with the consultation of your medical provider. Since depression is a medical condition, your medical provider needs to know about the care you receive in order to best manage your depression with you.

Some depressions require regular, long-term medication treatment. Other depressions only require short-term medication and/or counseling services. It may take some time to find out the best treatment for your depression. Medications may take four to six weeks to be effective.

Quality care for depression includes:

- *An evaluation, sometimes called an assessment*
- *Education regarding the disease and the preferred treatment*
- *Some form of treatment*
- *Ongoing review of progress and problems with the treatment, which occurs throughout the course of the treatment.*

SECTION 2: Treatment

Your Responsibilities as a Patient

- Be open and honest about what is happening to you
- Educate yourself about depression and share what you have learned with people you trust.
- Give your treatment team complete information about your medical history, medications, symptoms, and availability of supports.
- Tell the doctor of any side effects from medications.
- Tell your provider of any changes in:
 - Diet
 - Weight
 - Sleep patterns
 - Interest in sex
 - Mood
 - Ability to concentrate
- Report stressful events such as:
 - Death of a loved one
 - Family problems
 - Income or job changes
 - Accidents
- Follow all recommendations and report any that are not followed immediately.
- Express your concerns and frustrations.
- Involve those who care for you regarding any changes you wish to make in your treatment prior to those changes.

SECTION 2: Treatment

Your Rights as a Patient

Living well with any chronic medical condition such as depression means exercising your rights and responsibilities regarding your health care. As a patient you have these rights:

- The right to ask for help
- The right to be treated as a human being, not just a diagnosis
- The right to be listened to
- The right to be educated about your treatment and your condition
- The right to refuse treatment
- The right to be informed about your condition and recommended treatment
- The right to privacy regarding your condition and care
- The right to have your medical care team communicate with each other in order to insure treatment goals are consistent
- The right to receive quality care based on accepted treatment guidelines.

These rights can only be preserved when you are open, involved, and honest about your needs and expectations. If you are hesitant or unable to direct your care or feel the need to have support to communicate about your concerns, ask a family member to be with you during visits. You may also chose to write things down prior to your appointment in order to communicate your concerns fully.

SECTION 2: Treatment

Who Can Help Me Deal with My Depression?

Who do I need and want on my care team?

Do I know someone who can recommend resources to me?

Do I need to add someone to my care team?

Do all the people who assist me have the information they need regarding my treatment?

Are the people who provide my care trained and certified?

Am I comfortable and confident with the care I am receiving?

SECTION 2: Treatment

Who Can Help Me Deal with My Depression?

Many professionals and community members can help you deal with your depression.

People who understand depression

Nurses can provide education, answer questions, and return phone calls for physicians. They can act as case managers regarding aspects of your care.

Pastoral Counselors have received advanced training to become effective counselors. They can offer assistance with spiritual concerns, grief, and other issues.

Social workers and Mental Health Counselors are trained in therapy techniques and provide counseling, assist with problem solving, and identify resources.

Physician Assistants are trained to assist physicians by providing exams, taking histories, making diagnoses, and designing treatments. They work under the supervision of a physician.

Nurse Practitioners can prescribe drugs in Iowa and treat patients independently. They can perform many of the same functions as a physician.

Physicians provide general health care and can prescribe anti-depressants and/or provide follow-up care when symptoms are stabilized. They are also aware of the drugs you are taking and are sensitive to drug interactions.

Pharmacists not only fill prescriptions but also can educate you on how drugs work, side effects, and how and when to take drugs.

Clinical Psychologists have specialized training in psychology and can diagnose, do biofeedback, hypnosis, and counseling.

Physical and Occupational Therapists can help you regain function and help you develop goals and plans following losses that occur after illness and accidents.

Dieticians can help you set up a healthy eating plan. What you eat can help you with mood and energy levels.

Psychiatrists are able to offer the most specialized care for depression and other mental health disorders.

SECTION 3: Self Care

Medication Issues I Need to Discuss with my Medical Provider

How long will I need to be on this medication?

When will I begin to feel better?

What should I do if I don't feel better?

What if I can't afford the drugs?

Will these drugs affect or worsen any health condition I have?

Can I take herbal remedies, drugs, alcohol, and other medications with these drugs?

What are the side effects?

When taking medications, remember to:

- Keep all appointments
- Discuss all concerns you have about the drugs you take
- Take medication exactly as prescribed
- Tell your clinician about both improvements and setbacks
- Give your pharmacists a list of ALL the meds you are taking to prevent negative drug interactions.

SECTION 3: Self Care

Depression and the Use of Antidepressant Drugs

The decision to take medication for depression is one made between you and your medical provider. Your symptoms, family medical history, your current physical condition, and knowledge of other drugs you are taking should all play a part in making this decision.

In the last two decades many new drugs have been developed, with fewer side effects and greater ability to manage symptoms. Millions of people suffering from depression have been able to have satisfying, successful lives because of the use of currently available medications.

Antidepressants help regulate the mood centers of the brain. Depression occurs when chemicals, called neurotransmitters, don't allow brain cells to send information to each other. This affects the mood center of the brain. An antidepressant drug can be used to bring neurotransmitters to a healthy level by boosting their production or stopping their breakdown. The result is to regulate the mood. Antidepressants are not "happy pills." They cannot make you feel joy. All they can do is help you to function normally, so that you will be able to experience a full range of emotions, not just the sad and hopeless ones.

Taking medication for depression may help you have the energy and motivation to make good use of Cognitive Behavioral Therapy or Interpersonal Therapy. Using other strategies such as having an exercise plan, eating a healthy diet, learning to manage stress, and reaching out to family and friends will also help alleviate your depressed mood.

For many people, taking medication is absolutely necessary for symptoms to be manageable. Taking drugs when needed as recommended is not a sign of weakness. Rather, it is a wise decision when a medical evaluation and a review of alternatives have been completed.

It will be necessary for you, your medical provider, and perhaps a family member or friend to monitor changes in mood and behavior. This monitoring will help your medical provider find the right drug and the right dosage for you.

If you cannot afford the prescribed medications, ask your pharmacist and medical provider about the availability of free or reduced-cost drugs.

SECTION 3: Self Care

Important Questions to Ask a Therapist

What experience do you have in treating depression?

What approach do you use and why?

What would my plan for treatment involve?

How long does this treatment usually last?

What is the cost per session?

What programs are available to assist with treatment costs?

Are you approved to accept insurance?

Do you prescribe antidepressant drugs, or do you work with a colleague who does?

SECTION 3: Self Care

What Forms of Counseling Help People with Depression?

Many forms of counseling therapy are used to treat mental illness. The key to having success with therapy involves finding a therapist you work well with, and together utilizing the therapy that has been shown to be best in dealing with a diagnosis of depression. Cognitive Behavioral Therapy and Interpersonal Therapy have been found to be most effective in treating depression. Effects of these therapies should begin to be apparent after eight sessions. If they are not, medication may be needed to either augment the treatment or replace this treatment option.

Cognitive Behavioral Therapy

helps the depressed person deal with negative beliefs and expectations about themselves. The role of the cognitive behavioral therapist is to help change these distorted beliefs and related behaviors and, therefore, reduce depression symptoms.

Forms of distorted beliefs include belief:

- One is not of value and is inadequate.
- One is a failure and is not capable of achieving goals.
- Things will always go wrong; life is bad or unsatisfying.

Interpersonal Therapy

helps the depressed person focus on problems in key relationships. These troubled relationships may be in the workplace, in the family, or in ongoing relationships. The therapist and client work toward understanding the relationship issues, whether or not these problems can be satisfactorily resolved. When there is an impasse, other alternatives may need to be considered.

When depression symptoms follow a major loss, **grief counseling** may be helpful. Grief is a normal process when we lose someone or something of major value to us. Family members, friends, and spiritual advisors can help in the healing process. Examples of grief that can lead to depression include untimely, unexpected deaths and grief among people who are isolated and have limited emotional support.

SECTION 3: Self Care

What I Need to Do If I Plan to Hurt Myself or Others

GET HELP by contacting:

- family, friend, or relative
- clergy, teacher, counselor
- family doctor
- the nearest hospital emergency room
- local community mental health center
- law enforcement

(Fill in the blanks below.)

Important Phone Numbers:

- Police: _____
- Sheriff: _____
- Community Mental Health Center:

- Hospital Emergency Room: _____
- Mental Health Provider: _____

What Family Members and Friends Can Do:

1. Plan ahead. Keep a list of resources handy.

(Fill in the emergency phone numbers above.)

2. If a crisis occurs, TAKE ACTION. GET HELP.

3. Seek support for yourself, so you can stay strong.

SECTION 3: Self Care

Signs of Danger for Harmful Behavior to Self or Others; Suicide and Homicide

Warning Signs

- Stopped taking medication as required or hoarding medication
- Giving away valued possessions, making last arrangements
- Increased use of drugs; increased use of alcohol
- Changes in sleep and/or eating patterns
- Preoccupation with the subject of death
- Withdrawal from family, friends, and routines that were pleasurable
- Aggressive and disruptive behavior
- Increased irritability and criticism
- History of suicide of family member or friend
- Talk of suicide
- Obtaining firearms

When any of these signs appear, it is necessary to get help. It is better to check out the danger related to these symptoms than to be sorry later. Family and friends of people with depression may be disconnected from the danger signs because the behaviors and feelings they live with every day wear them down.

People who have depression are much more likely to consider suicide than those who are not depressed. Depression is life threatening in two ways: suicide and poor self-care. Depression wears down an individual's ability to hope and believe that the pain they feel can end, laying the foundation for the belief that suicide is a positive alternative. Suicide is seen as an alternative that provides relief from despair. This is why the depressed person may actually seem improved just prior to a suicide attempt. They have a plan to end their misery.

The shortening of one's life may also occur passively since the depressed person may not have the will, energy, or persistence needed to care for himself or herself. This puts individuals with chronic medical conditions such as diabetes, arthritis, cancer, coronary disorders, and obesity at risk, since managing these disorders requires high levels of self-care.

SECTION 3: Self Care

Managing Diet to Help Control My Depression

How does my current diet fit with the 2005 Dietary Guidelines?

What changes do I need to make?

What support or information will help me maintain a healthy diet?

Where would I get this help?

Do I have a friend who will support me with diet changes?

SECTION 3: Self Care

How a Healthy Diet Can Help Manage Depression

When an individual is diagnosed with depression, it is necessary to do everything to increase the ability of their body and brain to function at optimal capacity.

Healthy foods help promote the body's ability to manufacture serotonin and other neurotransmitters. The 2005 Dietary Guidelines Advisory Committee just published its recommendations for proper dietary habits. These guidelines contrast with previous ones because of increases in certain health conditions such as cardiovascular diseases, obesity, hypertension, and cancer. Eating a healthy diet will reduce the risk of these disorders, and help depressed persons to have the physical energy and mental ability to care for themselves.

The following is recommended for active women, most men, teenage girls, and youth between 7-12 years of age.

- 10 serving of fruits and vegetables (a mix of dark green, yellow, starchy, and legumes)
- 4-10 servings of grains (at least half to be whole grain)
- 3 cups of dairy (use fat free or low fat)
- 6 ounces of meat, poultry, or fish

These guidelines are based on an individual's ability to exercise moderately for 30 minutes a day, 3 times a week. For optimum health, 60-90 minutes of moderate exercise is recommended. The amount of food that can be consumed is related to the amount of regular exercise. Consult a dietitian for more information on the best diet for you or go to this website: www.mypyramid.gov.

Other resources include your county public health nurse, physician, a hospital or school dietitian, or friends who have been successful in maintaining a healthy weight in safe ways.

Do not try to cut all fats from your eating regimen. Try consuming good fats like olive oil, canola oil, and omega 3 oils. The brain needs a certain amount of fat to function well and send messages throughout the body. Limit sugars to avoid a sugar "high" followed later by a down mood. Lay the groundwork for your body to work at capacity. No depression medication can make up for the effect poor nutrition has on the brain.

SECTION 3: Self Care

Knowing My Exercise Patterns and Changing Them

Do I have a medical condition that would prevent me from certain forms of exercise?

Is there a type of exercise I enjoy or used to enjoy doing?

How often do I exercise?

Who do I know that would exercise with me even if it were just to take walk?

What plans can I make to exercise that I am likely to maintain?

How will I monitor my exercise goals?

What will I do to reward myself when I meet my goals?

SECTION 3: Self Care

How Exercise Can Help Manage Depression

The role of exercise in reducing depression symptoms is well known to medical professionals and healthy lifestyle advocates. A regular exercise program does much to enhance general health, manage stress, and generally benefit people with depression.

Exercise:

- Creates energy and reduces the fatigue that is often a part of depression
- Improves one's ability to handle stress
- Aids in establishing better sleep patterns
- Increases self-esteem by improving the image of one's body
- Helps release chemicals in the brain called endorphins that help one feel better
- Provides a sense of control by focusing on what one can do to increase well-being
- Reduces the risk for or intensity of chronic illnesses such as cardiovascular disease, arthritis, certain cancers, osteoporosis, and adult-onset diabetes.

For some people, exercise can be as effective in controlling depression symptoms as medication or counseling.

For exercise to work, one must exercise regularly, a minimum of 30 minutes a day. When one is crippled with depression symptoms, this is difficult to achieve. Getting moving at something is the key. Forms of exercise such as walking, gardening, house cleaning, using the stairs instead of an elevator all add up. Set small goals. Once these goals are achieved, one can move to the next phase of exercise, which may include: cardiovascular exercises, yoga, muscle strengthening routines, and flexibility exercises.

SECTION 4: Relationships

Taking Care of Yourself When Family Members or Friends are Depressed

Rate your present ability to take care of yourself in these ways.

1 = weak 5 = strong

| | |
|---|--|
| I recognize my limits | |
| Accept what I can and cannot change | |
| Learn all I can about depression | |
| Set limits on verbal abuse | |
| Remove myself from criticism | |
| Find a confidant and confide in them | |
| Join a support group | |
| Do something pleasurable | |
| Be physically active | |
| Seek spiritual support | |

SECTION 4: Relationships

How Depression Affects Family and Friends

Major Depression impacts not only the individuals who are diagnosed with the disease, but also everyone who is in close contact with them. Family and friends take the brunt of the fallout of depression. Anne Sheffield, in her book *How You Can Survive When They're Depressed: Living and Coping with Depression Fallout*, explores depression through the eyes of those closest to its sufferers. This practical book is a must read for all who have a close relationship with the depressed person.

Rarely is help offered or given to those who are closely related to the depressed person, even though their own mental health is vulnerable. People are caught between putting the needs of the depressed first and needing to minimize their own pain while coping with the needs of family and friends.

Sheffield describes five stages as their family member or friend becomes more remote and ties begin to fray as depression symptoms emerge.

- **Confusion:** We assume the fault may be ours or that if we change our behavior, the situation will improve. We don't know what depression is, what it does to our family, or what to do about the situation. We have difficulty recognizing the person we valued before the symptoms created barriers within the relationship.
- **Self-doubt:** We question our abilities and may even blame ourselves for not being strong enough to hold things together. The free running negativity of those we love deflates our mood and we may begin to believe the critical remarks.
- **Demoralization:** We lose our spirit, our beliefs and our will to go on. We either withdraw from the depressed person or physically remove ourselves from the situation. Resentment begins to build.
- **Anger:** We fluctuate between feeling numb and being angry. Anger seeps in over time and builds to a rage that we may not admit. This lack of admission prevents our investing in the relationship.
- **Desire to escape:** There is a desire to separate from the pain of negativity and from the guilt about abandonment of someone with whom we have a committed relationship. The tension is exhausting.

Education about Major Depression, treatment for the depressed and family members, and diligence in caring for oneself are necessary to ride out difficult periods. How you survive when loved ones are depressed will depend on your coping skills and the supports you utilize in caring for yourself. Just as in dangerous situations a flight attendant warns adults to put on an oxygen mask before putting on a child's, we may need to first stabilize ourselves.

SECTION 4: Relationships

How Children Can Be Supported

- When a parent suffers from depression, seek treatment immediately and if treatment does not seem to be effective, get a second opinion.
- Since depression impacts the ability to parent, the other parent may need to pick up the slack and/or call for assistance from others.
- The whole family will be better able to cope with the depression diagnosis when they communicate about the symptoms and the treatments that can help in recovery.
- Open discussion about asking for help and making plans to deal with problems will empower children to hope.
- Make plans for time away from the pressure, where children can laugh and get excited about life.
- When children act out or rebel, recognize this as a call for help and an opportunity to use this problem as a way to get help.
- Explain how symptoms of depression are temporary and, with treatment, have a good chance of improving over time.
- Most important, help children understand that their parents' moods are not their responsibility or their fault.
- Encourage connections to enlarge the family and share the warmth by being part of church and community activities.
- Finally, help children understand that both parents love them and that it is the disease, not the parent that sometimes interferes with the ability to show that love.

SECTION 4: Relationships

How Having a Depressed Parent Affects Children

When a parent suffers from Major Depression, there is usually conflict in the family and a reduced ability to provide positive parenting skills. About one in four children of depressed parents have depression symptoms themselves. Negativity interferes with intimacy and the child suffers from the distance created by the symptoms of the disease.

Without positive interventions, children of the depressed may have difficulties forming satisfying attachments. The child expects criticism and remoteness and may begin to believe that they are inadequate. They also have difficulties solving problems, probably because they realize on some level that their parents are overwhelmed and may feel hopeless to confront both small and large challenges. The child is affected whether their father or mother is depressed.

Children need education about depression just as much as parents. Without this education, the child may believe he or she is the problem. Teachers, family members, clergy and friends can help when they understand the role they can play in pointing out the child's strengths and capabilities. They provide opportunities for normal events and laughter. **Above all, children need a childhood where they do not have to become caregivers.**

Depression is never an excuse for poor parenting or for abandoning responsibilities. Depression, left untreated, is a road block to good parenting. Treatment of Major Depression helps the parent build and restore parenting strengths and abilities.

Research regarding how children of depressed parents develop is sobering. **These children are at risk for having drug and alcohol problems, school difficulties, being isolated and developing depression.** Risks do not have to become a reality. A better life is possible if we recognize depression, provide treatment, and increase emotional and social supports to families. Children don't need to suffer from the negative consequences of having a parent with depression. **The best gift a depressed parent can give their children is getting treatment for their depression.**

SECTION 4: Relationships

Enhancing Communication within Families

List ways that you would like to improve the social contact that you have with family members, friends, and neighbors.

List activities that you would like to do more often, and people who might do them with you.

In what ways could your family improve ways of listening, showing support, and respecting each other's privacy?

List ways your family could improve in making decisions.

List needs and issues of children in your family that need to be addressed.

SECTION 4: Relationships

Enhancing Communication within Families

Major Depression can affect family relationships and functioning. Marital relationships can become strained and conflicted.

Keep in contact and keep active

Don't become isolated. Keep in touch with family members, friends, and others who support you. Join others in activities that you enjoy, even if only for short periods of time.

Continue in your normal family and personal activities, as much as possible. Maintain your personal relationships, activities, and hobbies, as much as you can.

Build supportive communication

Be patient with your family member. Healing from depression takes some time and it will probably be several weeks before the full benefits of treatment for Major Depression are felt. As this occurs, family communication generally improves. Reassure your family member of your love and commitment.

Encourage family members to share their feelings and listen patiently, while expressing support and willingness to help each other. Do not simply tell them to "shape up" or "snap out of it."

It is important to maintain confidentiality and respect for the privacy of the family member who is depressed. You may need to remind others of this responsibility

Minimize negative communication

Don't blame yourself or your family member. Avoid using the negative, harsh language that is linked to depression symptoms. Don't get pulled into a fight. Have a plan for communication with any children in the family, so they have a chance to discuss their needs and issues and have them addressed. Your family may benefit from talking with a counselor.

Improve individual and family decision making and goal setting

Avoid making major decisions, as an individual or as a family, until it is easier to think clearly. When making decisions and communicating with family members, emphasize the smaller steps that lead to bigger goals. Focus on realistic goals, as an individual and a family.

SECTION 4: Relationships

Building and Using Types of Support

List the types of support that you would like to receive from your family members.

List the types of support that you could offer to your family member who is depressed.

List which types of support you could offer to your other family members.

Write down the types of support that would help you better cope with stress.

SECTION 4: Relationships

People Helping People

If you are close to someone who is showing signs of depression, they may find you to be a safe person with whom to share their feelings and concerns. Encourage them to do so and listen attentively and patiently, while expressing empathy and willingness to be there to help them.

Do not tell them to “shape up” or “snap out of it” or to passively wait until the feelings pass.

You may also play a unique role in encouraging them to seek professional help for this highly treatable condition. You may offer special insights and support in helping them overcome barriers to seeking help.

- Stress that treatment works
- Keep the depressed person’s information confidential and private
- If requested, gather information about help in paying for treatment

Talking with and supporting friends can help someone with depression use coping tactics and follow treatment plans. Your personal knowledge of the depressed individual’s needs and interests can help you offer and provide types of support in a manner that they find acceptable and most helpful.

Ways to help:

1. Provide referrals to primary care and mental health practitioners
2. Listen and sympathize with the person’s excessive feelings of guilt and blame
3. Go with the person to the clinic or give them a ride
4. Show understanding and encouragement
5. Spend time with them in their favorite activities.

SECTION 5: Appendix

ADA (Americans with Disabilities Act)

If you have Major Depression, your ability to perform your work may be impaired until your condition improves. Our government recognizes that people with disabilities should have an opportunity to have a job, regardless of a disability. Sometimes employers do not understand laws that protect employees. The Americans With Disabilities Act is a protection for you.

Americans With Disabilities Act

Employment discrimination is prohibited against "qualified individuals with disabilities." This includes applicants for employment and employees. An individual is considered to have a "disability" if she or he has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Persons discriminated against because they have a known association or relationship with an individual with a disability also are protected.

The first part of the definition makes clear that the ADA applies to persons who have impairments and that these must substantially limit major life activities such as seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working.

The second part of the definition protects individuals who have a record of a disability. This would cover, for example, a person who has recovered from cancer or mental illness.

The third part of the definition protects individuals who are regarded as having a substantially limiting impairment, even though they may not have such an impairment.

If you have questions about the ADA or feel you are being discriminated against, contact the ADA answer line at 1-800-514-0301.

Enhancing Communication with Health Care Providers

Additional suggestions for communicating with health care providers follow:

- Write down questions and issues that you want to discuss during your appointment. Be prepared to introduce topics and express your needs, expectations, and opinions.
- Be ready to provide information, in writing if necessary, on your symptoms and experiences. Provide information related to success and/or problems with treatment.
- Share information about any problems in following the prescribed treatment, such as antidepressant side effects, even if you think the problems are relatively minor.
- Provide the information requested by your provider, including your experiences in monitoring your symptoms.
- Bring a family member or friend. They can help you ask questions, make notes, and help you remember what was said, including the treatment actions you are to consider and/or adopt.
- Be sure you clearly understand the details of the prescribed treatment and medication(s). Don't hesitate to request more information, clarification, or written instructions.
- Use the toolkit "Dialogue for Recovery" from the National Mental Health Association to build more effective communication with your doctor. It is available for free at:
<http://www.nmha.org/bookstore/freeDownloads.cfm>.

SECTION 5: Appendix

Depression Resources

General Information on Mental Health

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901,
Telephone: 888-357-7924; Website: <http://www.psych.org>

American Psychological Association
750 First St., NE, Washington, DC 2002-4242, Telephone: 202-336-5510,
800-374-2721; Website: <http://www.apa.org>
See the Summit on Women and Depression, Proceedings and Recommendations. 2002.
<http://www.apa.org/pi/wpo/women&depression.pdf> and The Behavioral Health Care
Needs of Rural Women. 2002. Website: <http://www.apa.org/rural/ruralwomen.pdf>

National Alliance for the Mentally Ill
2107 Wilson Blvd., Suite 300, Arlington, VA 22201-3042
Telephone: 703-524-7600; 800-950-NAMI; Website: <http://www.nami.org>
This support and advocacy organization of consumers, families, and friends of people
with severe mental illness has local affiliates that may offer guidance on finding
treatment.

Screening for Mental Health Inc. (SMH)
Year-Round Depression Screening Line: 800-573-4433;
Website: <http://www.mentalhealthscreening.org/depression.htm> This non-profit
organization introduced the concept of large-scale mental health screenings in 1991 with
its flagship program National Depression Screening Day.

National Institute of Mental Health
6001 Executive Boulevard, Rm. 8125, MSC 9659, Bethesda, MD 20892-9659
Telephone: 301-443-1193; Website: <http://www.nimh.nih.gov/ormhr/index.cfm>
The Office of Rural Mental Health Research directs, plans, coordinates, and supports
research activities and information dissemination on conditions unique to those living in
rural areas, including research on the delivery of mental health services. It coordinates
related Departmental research activities and related activities of public and nonprofit en-
tities.

National Institute of Mental Health, Information Resources and Inquiries Branch
6001 Executive Boulevard, Room 8184, MSC 9663, Bethesda, MD 20892-9663
Telephone 301-443-4513; Depression brochures: 800-421-4211; Websites:
<http://www.nimh.nih.gov> and
<http://www.menanddepression.nimh.nih.gov> (public education campaign, Real Men.
Real Depression.).

National Mental Health Association
2001 N. Beauregard St., 12th Floor, Alexandria, VA 22311, Telephone: 703-684-7722;
800-969-6642 Mental Health Resource Center; Website: <http://www.nmha.org>
This association promotes mental health through advocacy, education, research, and
services.

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Depression Resources

Rural Health

APA Office of Rural Health 202-336-5500; Website: <http://www.apa.org>
RuralPsych (<http://www.apa.org/rural>), a web-based Resource Center for Rural Behavioral Health, is sponsored by the APA Office of Rural Health. It provides current treatment information and resources from the APA, academic institutions and tertiary care centers, and promotes professional networking.

National Association for Rural Mental Health
3700 W. Division St., Suite 105, St. Cloud, MN 56301

Telephone: 320-202-1820; Website: <http://www.narmh.org>

This organization enhances rural mental health and substance abuse services. It supports mental health providers in rural areas. Membership includes the full spectrum of the rural mental health community.

Depression

National Depressive and Manic Depressive Association

730 N. Franklin, Suite 501, Chicago, IL 60601, Telephone: 312-642-0049; 800-826-3632;

Website: <http://www.ndmda.org> This association educates patients, families, and the public concerning the nature of depression. It maintains an extensive catalog of helpful books.

National Foundation for Depressive Illness, Inc.

P.O. Box 2257, New York, NY 10016, Telephone: 212-268-4260; 800-239-1265;
organization informs the public about depression and its treatment and promotes programs of research, education and treatment.

Depression and Related Affective Disorders Association

John Hopkins Hospital, 600 N. Wolfe St. Meyer 3-181

Baltimore, MD 21287, Tel: 410-955-4647 Web site: <http://www.drada.org/>

The John Hopkins White Papers.

Grief

Grief Net

Website: www.griefnet.org

This Internet community helps people who are dealing with grief, death, and major loss. It offers E-mail support groups for adults and children, library, and various resources.

Suicide Prevention

American Foundation for Suicide Prevention

120 Wall St., New York, NY 10005, Tel: 1-888-333-AFSP or 212-363-3500

Website: <http://www.afsp.org>.

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Recommended Books

Grahm, K. (1997). *Personal History*. New York: Alfred A Knopf.

Sheffield, A. (1998). *How You Can Survive When They Are Depressed: Living and Coping with Depression Fallout*. New York: Three Rivers Press.

Styron, W. (1990). *Darkness Visible*. New York: Vintage.

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<http://www.beyonddepression.info/pdf/consumer1.pdf>

SECTION 5: Appendix

Quotes from Famous People (and Others) Touched by Depression

Do not leave my hand without light.

Marc Chagall, Interview, 1977

I know that summer sang for me

A little while, that in me sings no more

Edna St Vincent Milley, What lips my lips have kissed, 1923

It is better to know some of the questions than all of the answers

James Thurber, Saying

I have had a good many more uplifting thoughts, creative and expansive visions – while soaking in comfortable baths or drying myself after bracing showers- in well-equipped American bathrooms than I have ever had in any cathedral.

Edmund Wilson, A Piece of My Mind, 1956

Too much happens...Man performs, engenders, so much more than he can or should have to bear. That's how he finds he can bear anything.... That's what is so terrible.

William Faulkner, Light in August 13

Whoever you are-I have always depended on the kindness of strangers.

Tennessee Williams, A Streetcar Named Desire, 1947

In the depth of winter, I finally learned that within me lay an invincible summer.

Albert Camus, Summer (L' Ete)

If you come to the conversation knowing everything, you will miss the rest.

Paul Axtell

A friend is someone who walks in when others walk out.

Walter Winchell

I have not moved from there to here without I think to please you, and still an everlasting funeral marches round your heart.

Arthur Miller, The Crucible

The journey is the reward.

Phil Jackson, Sacred Hoops

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Quotes from Famous People (and Others) Touched by Depression

Women are traditionally trained to place others needs first ... their satisfaction to be in making it possible for others to use their abilities.
Tillie Olsen, Silences, 1979

For as he thinks within himself, so he is
King Solomon

Never doubt that a small group of thoughtful committed citizens can change the world; indeed it's the only thing that ever has.
Margaret Mead

Our lives begin to end the day we become silent about things that matter.
Dr. Martin Luther King, Jr.

In colonial America, when their families were unable or unwilling to provide care, those with mental illness were shackled and jailed.
Anne Sheffield, How You Can Survive When They're Depressed, 1998

Ideally a mother is a good listener, communicator, and problem-solver; authoritative without being authoritarian; warm and consistent; and tolerant and patient.

Mothers in the grip of depression are often just the opposite: harsh, critical, irritable, impatient and unaffectionate.

... Fathers count for a great deal in a child's life, and when they suffer from this illness the family equation is going to be thrown out of whack just as when the mother is depressed.

Anne Sheffield, How You Can Survive When They're Depressed

Blaming and shaming never help, understanding and treatment heal.
Joan Blundall

You have to stay in shape. My grandmother, she started walking 5 miles a day when she was 60. She's 97 today and we can't find her.
Ellen Degeneres

Talk low, talk slow, and don't say too much.
John Wayne

"It's difficult to make others understand how desperate a deep depression can make you feel, how lost, how cope-less, how grim. And no light at the end of the tunnel."

Mike Wallace, 1998

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