

Cambridgeshire and Peterborough **NHS**

Mental Health Partnership NHS Trust

A Cambridge University Teaching Trust

Coping with Depression

Primary Care Psychological Treatment Service
Cambridge & Peterborough Mental Health Trust (Cambridge)

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ABOUT DEPRESSION

1.1 WHAT IS DEPRESSION?

Depression is a very painful and difficult human experience. Depression is actually quite common – it affects about one in ten people at some time in their lives. For some people, it might happen only once and pass quite quickly without any outside help. For others, depression may be more of a problem – it may last longer or come back multiple times – in these cases, it may require treatment. Sometimes depression can be so severe it requires admission to the hospital. Because many people are ashamed of feeling depressed and try to hide it, you may not have realised that it is quite so common – but it is.

Symptoms of Depression

Depression has many different symptoms. It is very often characterised by feeling sad, “blue”, and miserable, but it also is accompanied by other changes in how you feel, act, and think. Some of the most common symptoms of depression are listed below.

- **Depressed mood.** Feeling low, sad, miserable, hopeless, or irritable. Sometimes people feel bleak, numb, and empty.
- **Losing interest and enjoyment in previously enjoyed activities.** Nothing seems like fun anymore. Things that used to be enjoyable feel like a chore. Motivation to almost anything is very low.
- **Self-criticism and guilt.** Feeling that you are bad, useless, inadequate, and worthless.
- **Pessimism.** Very negative interpretations of the things that are happening around you. For example, thinking that nothing will work out right.
- **Hopelessness.** Feeling that everything is bleak and pointless, and that it will be always like this. Some people feel as though there is “no point in trying”.
- **Loss of energy.** Feeling tired all the time.
- **Reduced activity.** Sometimes it gets to the point that people do very little, especially when compared to their life before depression.
- **Withdrawal from social activities.** You may stop returning phone calls and begin avoiding occasions that involve socialising with other people.
- **Difficulty concentrating.** You may have noticed that it is harder to read a book or watch a television program.
- **Memory difficulties.** For example, you may forget where you put something, or forget your keys. There are other, more specific, memory changes as well – for example, it becomes easier to remember bad things that have happened to you and more difficult to remember good things.
- **Changes in sleep patterns.** Some people have a lot of difficulty sleeping, while others feel as though they could sleep endlessly.

- **Changes in appetite and weight.** Some people lose their appetite and may notice that they lose weight, while others may “comfort eat”, which often results in weight gain.
- **Loss of interest in sex.**
- **Thoughts of death.** These range of thoughts that it wouldn't be so bad to be killed accidentally, to actively making plans for suicide. ***If you are having frequent or serious thoughts about suicide, then you need to get professional help as soon as possible. If you are not already seeing a mental health professional whom you can tell about these thoughts, then talk to you GP as soon as you can.***

These are some of the most common symptoms of depression, although there are others not listed that you may also experience. When people are “clinically” depressed, they usually have at least five of these symptoms most of the time for at least two weeks, and these symptoms usually cause a great deal of distress. Even if you do not have this exact pattern, you may still need some help.

If you look at the above list, you may notice that these symptoms can be roughly classified into four main groups.

Mood Symptoms - these are often considered to be the core symptoms of depression. In addition to experiencing low mood, people may feel irritable, worthless, and hopeless. People may also lose any sense of interest or enjoyment in their usual activities. Sometimes people may be unable to feel love for the people closest to them.

Physical Symptoms – changes in sleep patterns, appetite, weight, and energy.

Cognitive (“Thinking”) Symptoms – difficulty concentrating, making decisions, or working out problems. Memory difficulties. Changes in the content of thinking also occur. For example, people who are depressed start to think very negatively about themselves (“I’m worthless”), the world (“nobody cares for me”), and the future (“I can’t do it – it’s hopeless”).

Behavioural Symptoms – often, people start to withdraw from social activities and many activities they previously enjoyed.

1.2 MYTHS ABOUT DEPRESSION

Myth #1: *Nothing bad has happened to me, there’s no reason why I should be depressed. It must be my fault.*

Reality: Sometimes it is very hard for people to understand why they have become depressed, and they end up thinking that the depression is in some way their fault. But in almost every case, an outsider like a therapist can help people to see their depression in a different way and that they do not have to blame themselves for feeling like that.

Myth #2: *I don't know why people say this is depression. I've always felt like this. It's just me, and nothing can change it.*

Reality: This is common when people have been treated badly early on, and have felt unhappy all of their lives. In this case, it is very difficult to see that they way they feel is depression, not just how they are. It can be even more difficult to believe that it can change – but it can.

Myth #3: *Depression is biological – like a switch going in your brain – and there is nothing you can do about it. Only pills can make the difference.*

Reality: Depression is, in some sense, biological, more so for some people than others. And medication does help many people. But even if it is biological, it is clear that you may be able to speed the depression on its way by trying to make changes in the way you think and behave.

Myth #4: *Other people can cope with their lives without getting depressed – much worse things happen to them. I'm just weak and pathetic – I should be able to cope.*

Reality: Viewed from the outside, it can look as if everyone is getting on with life and coping better than you. But this is partly because you tend to only focus on people who cope and not notice those who don't. It may also be because people to great lengths to hide it when they feel that they can't cope, so you might never see other people when they are having trouble coping. But it is important to remember that the feeling that you cannot cope is a symptom of depression, and is not a sign that you are weak and pathetic.

Myth #5: *I should just be able to pull my socks up and get on with things. I shouldn't need help from anyone else. Anyway, talking about yourself is just selfish and self-indulgent, and doesn't help.*

Reality: If it were this simple, no one would ever be depressed. In fact, vast amounts of public money are poured into treatments of depression because it is recognised that people cannot just snap out of it, and talking in a constructive way has been shown to help a lot of people.

Myth #6: *Why should I take medication? It won't help, it can't change the things that are making me depressed.*

Reality: It is true that medication will not change the things in your life that are troublesome. But it can help to make you feel better and therefore to cope with your problems in a different way.

1.3 WHAT CAUSES DEPRESSION?

People become depressed for a wide variety of reasons. Research has identified a number of factors associated with both causing and continuing feelings of depression. Some of these factors are listed below.

GENETICS. People may inherit genes that make them more likely to develop depression. If a lot of people in your family have had difficulties with depression, then this may be case for you. However, keep in mind that a high rate of depression in a family may also be because of the way people in the family behave towards each other, and thus not due to the direct effect of genes.

BRAINS AND BIOLOGY. When people are depressed, there are changes in the brain, both in levels of special brain chemicals and in electrical activity. These changes are more marked in people who suffer a lot of physical symptoms of depression (e.g., difficulty sleeping, change in appetite, lethargy). When people recover from depression, these changes disappear and brain activity goes back to normal. It is not known whether brain changes cause depression or are a side effect of depression.

Other aspects of physiology may also contribute to depression. For example, impaired sleep can lead to fatigue, irritability, and poor problem solving, which can set the stage for depression to develop. When people are depressed, they often develop significant problems with sleep, which can help to keep the depression going.

EARLY EXPERIENCE. For some people, life may have been difficult from very early on. There may have been practical difficulties, or they may have been abused or neglected. Their parents may have separated or died. Or they may have had a tough time at school; perhaps they were bullied. In these cases, people are more vulnerable to developing depression, particularly if their early experiences taught them to think negatively.

LIFE EVENTS. For some people, things were going along reasonably well until something awful happened – perhaps their marriage broke up, they lost their job, or a loved one died. Such events can sometimes trigger depression.

ONGOING STRESS. For some people, there is not a single terrible event that gets depression started. Sometimes depression is precipitated by problems that seem to go and on, with no solution in sight. Perhaps they are having financial problems or relationship conflict, or suffer from a chronic illness. Often, ongoing stress can lead to negative thinking, which increases the risk for depression.

As you can see, there are several possible explanations behind becoming depressed. It not the case that one of these theories is true, and the other false. In fact, the reasons behind an individual becoming depressed can be very complicated, and may involve more than one of the above explanations.

1.4 WHY IS IT SO HARD TO STOP FEELING DEPRESSED?

Once someone is depressed, he or she experiences many changes – these changes represent the symptoms of depression. These changes, and people’s reactions to these changes, can actually serve to maintain the depression – helping it to survive. Many of these factors may have also played a role in the development of depression.

THOUGHTS. Negative thinking plays a very important role in feeding depression. Very biased ways of interpreting events and situations that are very harsh, self-critical, unfair, and unrealistic keep people feeling bad.

EMOTIONS. Feelings like discouragement and sadness are common. If the depression continues, more severe emotions such as despair, misery, and hopelessness may take over. Sometimes, anxiety is also present (physical tension, worry). Other people experience emotional numbness – an inability to feel anything. These negative emotions may be the direct product of negative thinking, or may be maintained by harsh and self-critical ways of thinking. If people’s thoughts about themselves and the world are unrealistic and negative, then so too are their emotions.

What affect to emotions have? They may make negative thinking more likely (creating a vicious circle – negative thinking causes negative emotions, which in turn make negative thinking more likely). In combination with negative thoughts, emotions may interfere with sleep and appetite. Emotions can affect level of motivation, resulting in less social and general activity and less effort in taking care of yourself. Feeling bad can also seem to take the pleasure out of things you used to enjoy – and as a result, you may stop engaging in many activities.

PHYSIOLOGY. Depression is accompanied by many physical symptoms. These physical changes may have contributed to the development of depression in the first place, or may have appeared after the depression had already started. One of the most powerful physical changes is impaired sleep. Some people have difficulty sleeping – they cannot fall asleep, or wake up multiple times during the night, or awaken much too early. Other people can’t seem to sleep enough – they may try to escape their unhappiness by sleeping, or may feel so tired that no matter how much they sleep they still feel exhausted. When sleep is “non-restorative” – that is, the persons does not awake feeling refreshed and rested – it can become harder to deal with problems. Depressed people often feel that they lack energy and are exhausted by everyday activities.

People may also experience a change in appetite. When they are depressed, some people feel as though they are never hungry and lose the desire to eat. If these people do decrease the amount of food they eat, they may experience an even greater loss of energy, and further decrease their activity level. Other people increase the amount they eat – for example, some people eat to comfort themselves. This can contribute to weight gain, which sometimes lead to people to feel even more awful about themselves.

As discussed earlier, depression is accompanied by changes in brain function, which may further influence many of the symptoms of depression and make it more difficult to recover.

BEHAVIOUR. Depression usually has a significant impact on people's behaviour. Some of the major areas affected are:

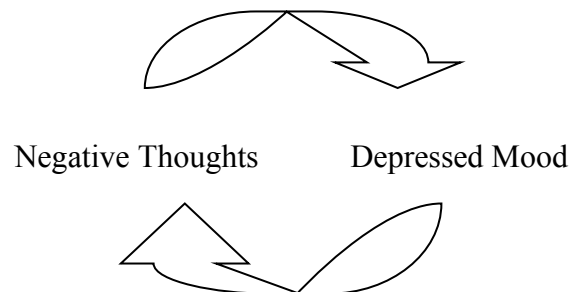
1. Withdrawal from family and friends. Social invitations are refused, phone calls are not returned, visiting with friends and family starts to decline. Social isolation is a strong contributor to depressed mood – it takes away the comfort associated with a connection to others. Depressed people often think that others have no interest in their company.
2. Reduced self-care. Depressed people make take less care in their grooming or dress than other people. Exercise is also often reduced. Decreasing self-care and eliminating exercise contribute to depression by removing sources of well being and increased self-esteem. Changes in eating habits may also represent decreased self-care.
3. Reduced involvement in rewarding activities. Hobbies, sports, reading, going for walks, playing with children – all of these activities may decline. Depressed people often feel to tired or unmotivated to engage in these activities, and the less they participate in them, the less they feel able to do so. They no longer receive the personal satisfaction provided by these activities, further contributing to negative emotions, such as a sense of discouragement.
4. Neglect of duties. The depressed person tends to neglect or procrastinate over small necessary tasks, such as running errands, taking out the garbage, cleaning house, etc. Failing to complete these tasks can worsen negative thinking – adding to the person's sense of inadequacy and lack of control over life. It can also create friction with others and place further stress on relationships.

LIFE SITUATION. Ongoing life stressors haven't gone anywhere, but once someone is depressed they may seem even more stressful and out of control, and may be interpreted as insurmountable. Depression can also cause new problems – for example, in relationships and at work

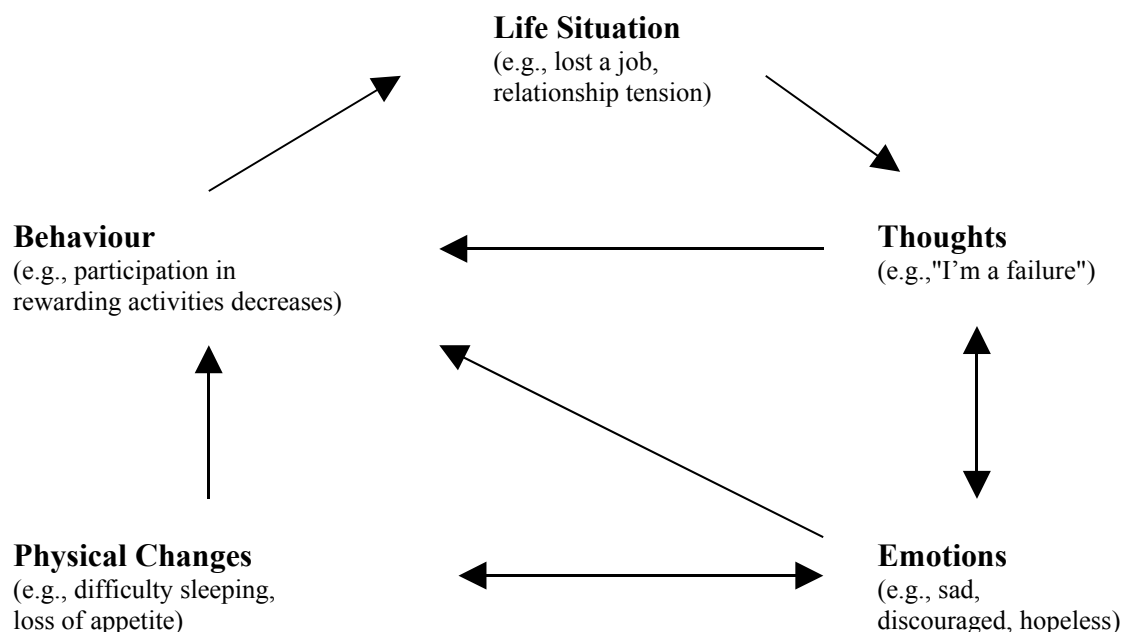
Consider the above list. Depression involves all areas of your life: your emotions, thoughts, behaviours, physical functioning, and life situation (including family relationships, social support, major life events, ongoing stress, etc.).

Each of these areas is connected to all the others. Changes in one area lead to changes in the others. This can lead to a downward spiral. For example, a major life event might trigger low mood and a sense of discouragement. This might lead to negative

thinking – “the fact that I lost this job means that I am incompetent”, “no one will ever want to hire me again”, or “my family thinks I am a failure and will probably leave me”. These kinds of thoughts inevitably lead to a continuance, and perhaps worsening, of depressive emotions, which leads to more negative thoughts, and so on.



As this cycle continues, other changes may take place – perhaps constant worrying and brooding interferes with sleep, leading to fatigue and a lack of energy. Participation in previously enjoyed activities decreases, taking away a source of enjoyment and self-esteem. Even taking care of daily tasks seems like too much effort, and when this stops, negative thoughts about incompetence may emerge, and even the smallest tasks may seem insurmountable. Hopelessness and misery grow. Family relationships start to suffer, further contributing to despair, negative thinking, sleep, and activity level.



Remember – because all of these areas are connected, changes in one area can produce changes in the others. When a depression develops, negative changes in one can cause the others to get worse as well.

BUT, when you are trying to get better, changing one area can lead to improvement in the others – the “upward spiral”.

A SUMMARY

Another way to think about how the different causes and symptoms of depression fit together is like this:

Predisposing factors (that is, things that make you vulnerable to developing depression)

- Genetics
- Tendency for difficulties with brain chemistry
- Difficult or unhappy childhood environment

Precipitating factors (that is, things that happen that might trigger the depression)

- Stressful life events
- Important losses
- Ongoing life difficulties
- Humiliation, feeling trapped, loss of self-esteem

Maintaining factors (that is, things that keep the depression going once it has started)

- Negative thinking
- Vicious circles and downward spirals (for example, negative thinking leads to difficulty sleeping which leads to mood worsening)
- New problems brought on by the depression itself
- Ongoing life difficulties

In other words, there are many different causes of depression, and there are many things that might happen once a depression starts that help to keep it going.

1.5 TREATMENTS FOR DEPRESSION

Depression can almost always be helped. For some people, depression goes away on its own, without any treatment at all. However, for many people, getting some help can be very useful. There are a wide variety of treatments available for depression. Two of the most common are medication and psychological therapy.

Medication. Although an in-depth consideration of medication is outside the scope of this booklet, it is important to note that there is considerable evidence that medication does work well for many people. Many people who take antidepressant medication experience a lift in mood and a reduction in other symptoms (such as loss of appetite or difficulty concentrating).

Sometimes medication is helpful because it reduces the depressive symptoms enough that people are able to sort out the problems in their lives that are contributing to the depression – it gives them a sort of “chemical leg-up”. But medication is seldom a complete treatment for mood problems – although it helps, it is very often important for people to make changes in their lives. It has also been shown that for a number of

people, the most effective treatment is a combination of medication and psychological treatment.

Here is some information about medication:

- Anti-depressant medication is prescribed by a physician or a psychiatrist.
- There are many kinds of anti-depressant medications available; unfortunately, it is impossible to be sure which one will work the best, so sometimes people have to try a few to find one that produces a beneficial effect.
- Usually, medication takes two to four weeks to produce some changes.
- Certain people take medication over the long term. Others take medication for a while to give them energy and a lift in mood that enables them to make some positive changes in their lives. Eventually, these people gradually reduce and stop taking the medication under the supervision of the prescribing physician.
- It can be tempting to stop taking a medication as soon as you get the level of improvement you want. Common result: a rapid return of the problem. It is generally best to stay on the medication until your mood is steady for a while. Consult your physician! If you want to stop taking a medication, talk to your physician, and he or she will help you along.
- There are some side effects to antidepressant medication, such as dry mouth, drowsiness, and weight changes, but these often diminish after the medication is taken for a longer period of time.

Many depressions can be adequately treated without medication. By increasing activity, living a healthier life, dealing openly with problems, and challenging negative thinking, the depression can lift.

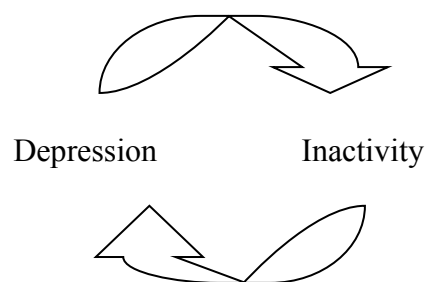
Psychological Treatment. There are many different psychological treatments available for depression. This booklet is based on cognitive-behavioural therapy, a well-researched and common form of psychological treatment. This kind of therapy focuses on the behaviour and thinking of people that are depressed, because these factors often play a very important role in the onset and maintenance of depression.

This booklet in one way you can help yourself feel better. It is designed so that you can work on improving your thoughts, behaviours, and mood on your own, or with the help of a mental health professional or your physician. Sometimes it is helpful to ask someone you trust to help you along – give them a copy of the booklet and discuss your progress and any problems with him/her as you try out the different strategies.

STEPS TO START TACKLING YOUR DEPRESSION

REACTIVATING YOUR LIFE

When people are depressed, they often stop doing many things that used to be a part of daily life – sometimes, they even stop doing things that they previously enjoyed. Withdrawing from these activities and a tendency to stop taking care of yourself can make you feel even worse, even though it may feel like the right thing to do to comfort yourself. In reality, these things make depression get worse. In other words, it is like a vicious circle:



Depression leads to inactivity, but the inactivity makes the depression get worse. What may seem like a good coping strategy actually tends to either keep the depression going, or even make it worse. So – don't wait until you feel like doing more. The more you wait, the less likely you are to get better. Instead, gradually get yourself moving even though you don't feel like it. Sometimes, the less you feel like doing something, the more important it is to do it.

Sometimes starting to move again can seem intimidating – like you don't know where to start. The first question to ask yourself is *what activities can be increased?*

When people feel depressed, their activity in four main areas tends to be reduced, eventually causing the depression to get worse. (You may remember these areas from the previous section).

1. Involvement with family and friends
2. Self-care
3. Personally rewarding activities
4. Small duties

Take a moment to consider these areas. What activities in each area have been affected by depression and could be increased?



STEP 1

Make a list:

Involvement with family and friends.

Examples: Inviting people to do things. Keeping in contact with friends. Returning phone calls. Going to a social group or class.

Your examples: _____

Self care

Examples: Getting dressed each day. Taking the time to bath or shower and get cleaned up. Exercising regularly. Eating properly.

Your examples: _____

Personally rewarding activities

Examples: Reading. Walking. Crafts. Hobbies. Seeing movies. Playing cards. Gardening.

Your examples: _____

Small duties

Examples: Opening bills. Paying bills. Housecleaning. Grocery shopping. Running errands.

Your examples: _____



STEP 2

Now...pick two of the activities that you listed that are the most practical for you to start changing right now. Your first two choices should be from different areas.

Write them down.

1. _____
2. _____



STEP 3

For each of the activities you have chosen, set a manageable goal for the coming week. Remember – when you are depressed it is often very difficult to get moving. As a result, you will need to set lower goals than you usually would.

For example, you might want to get the house cleaned up. A first goal might be to dust one shelf, or vacuum one room. If you wanted to start socialising again, perhaps a reasonable first goal would be to talk on the phone with a friend for five minutes. If you wanted to start exercising again, a good first goal might be to find your running shoes, or have a look at your bicycle to see if it needs any repairs.

To succeed, your goals should be **SMART**:

Specific: Your goal should be very clear – that way, you'll know if you have succeeded. "Call Marie on Tuesday and talk for ten minutes" is much better than "talk to friends more". When you look at a specific goal, you know exactly what to do, and at the end of the week, it is quite easy to evaluate how successful you have been.

Manageable: Remember, depression depletes your energy and decreases motivation. Start off with smaller goals – a good place to start is choosing a goal that you can handle no matter how bad you are feeling. For example, "I'm going to go for a ten minute walk on Monday and Wednesday mornings" is much better than "I'm going to run for two hours every day at 6 am".

Action-oriented: Make a plan for what you will do, not how you will think or feel while you are doing it. For example, "I'm going to spend an hour with the children" is better than "I'm going to spend a pleasant hour with the children".

Realistic: You may find it tempting to set your goals based on what you think you *should* be able to accomplish. DON'T. Your goals should be easy enough to achieve even if you feel terrible. So, "I'm going to clean the kitchen floor on Saturday morning" is better than "I'm going to clean the house from top to bottom by the end of the week".

Time: It is not enough to set a goal – you need to specify when and how you are going to do, as well as how many times or for how long. "Go swimming at the community centre pool on Thursday evening for ten minutes" is much better than "go swimming".

Let's look at another example.

Leslie hadn't looked at her bills for month. Knowing that getting her finances in order was too much to do at once, she pared it back to something more manageable that she felt she would be able to accomplish that week: Spend 20 minutes one day opening the bills. She wasn't going to pay the bills, or maybe not even finish opening the bills – she was just going to spend twenty minutes opening the envelopes and taking a look at what was inside. She thought that Monday evening might be a good time to do this.

Now try paring back your goals to something that would be realistic to do this week. Remember to decide how often or for how long you will do the activity, and when you will do it.

ACTIVITY	HOW OFTEN?	WHAT DAY?
<hr/> <hr/>		

It is a good idea to treat your goals like appointments with yourself. Treat your goals with respect – if you wouldn't break an appointment with someone else (like your physician), then don't break one with yourself. If you must cancel one of these appointments with yourself, reschedule immediately and don't miss it a second time.

What if you do extra? That's great – but you don't get extra credit that allows you to miss your next appointment. Trade-offs often mean that goals start getting neglected.



STEP 4

Now it is time to carry out your goals. Each time you complete a goal, check it off. At first, you may not notice a sense of achievement from completing these goals, but remind yourself that you are doing something positive to help your depression. So make sure you check it off your list – you have done something you wouldn't have done last week, and it probably wasn't easy.

Congratulate yourself. Remember, when people are depressed, they tend to focus on the things they haven't done, and ignore or downplay their accomplishments. Deliberately remind yourself that you did it – it counts, especially during depression.

TROUBLESHOOTING...if you had some difficulty achieving your goal, what got in the way? Look back at the criteria for a SMART goal. Was your goal too ambitious? Too vague? It is probably time to rework your goal. If you set your goal too high or aren't specific enough, it will be harder to achieve. Scale back to something more manageable, and make it as specific as possible. As your energy comes back, you will be able to do more. The most important thing is to start moving, no matter how slowly.



STEP 5

After a week of doing these goals, review the situation.

Do you want to keep doing these goals at the same level until they feel more comfortable?

Do you want to increase the goals slightly?

Have a look at your goals and decide how to set – or re-set – them for the coming week.

Now is a good time to add another goals. Pick one from another area. For example, if you had one goal from Involvement with family and friends, and another from self-care, this time choose one from Personally rewarding activities and Small duties.

After another week of doing these goals, review the situation again.

Are there any problems? Are there things getting in the way of you achieving your goals? Do the goals need to be re-worked – changed, or reduced?

Keep going! If you complete a task, set a new goal. Try to set three goals each week (some of these can be re-worked goals from previous weeks). It is a good idea to follow this schedule:

1. Set three goals. (SMART goals, remember...)
2. Write them down.
3. Check off each goal as you do it.
4. Praise yourself each time you complete a goal.
5. Review your goals every two weeks and decide if they need modification and whether you are ready to add a new goal.

TIP: Usually, having no more than three goals at one time is the most manageable.



TRY THIS....

A problem that people sometimes have is that they have trouble believing they are accomplishing anything at all. It may be time to start evaluating what you are doing, what you are enjoying, and what you are accomplishing.

One way to evaluate this is to record exactly what you do, hour-by-hour – like a personal diary. Try this for a few days. Each time you write down an activity, give it two ratings out of ten - one for ***enjoyment***, and the other for ***achievement***. A 0 for enjoyment would mean that you did not enjoy the activity at all, and a 10 for enjoyment would mean that the activity had been extremely enjoyable. A 0 for achievement would mean that you did not feel like you achieved anything at all after that activity, while a 10 would mean that you successfully accomplished the task.

- Do the ratings at the time, not in retrospect. If you wait until later, your depression may cause you to discount or forget what you have done or how you felt (remember that depression affects how we think about things).
- Remember that things seem more difficult when you are depressed – therefore, a task that once was easy now seems to be quite a challenge. If you manage to accomplish such a task, you should give yourself credit!

Your record of activities can give you information on what you are actually doing and enjoying. You may find that you are more active and competent than you assumed, or that you are doing more things that you enjoy than you thought. Or you might find that you are doing very little and not enjoying yourself at all. In either case, this is a

good place to start setting some goals. It is time to start trying to do a little bit more, and planning activities for specific times during the day.

TIP: Are you a morning person or an afternoon person? When is your energy level the highest? You may want to plan your activities accordingly.

TIP: If your activity plan is very busy – don't forget to schedule in some time for rest. We all need some time to unwind!

NEGATIVE THINKING AND DEPRESSION

Each person is affected differently by outside events, depending on how he or she thinks about these events. For example, imagine that Mary is walking down the street and sees a friend – but the friend walks by her without acknowledging her. Mary thinks to herself – “Oh dear, she must be angry at me. Or perhaps she doesn’t like me and it trying to avoid talking to me. I’ve lost another friend. I will always be alone”. Mary feels awful – she notices her sadness and loneliness growing. Now, imagine that Sarah encounters the same situation. Sarah thinks to herself – “Wow – she is really distracted! I bet she is still thinking about that date she had last week”. Sarah feels a bit amused, and goes about her day.

Note that in this example, the event that Mary and Sarah experienced was the same. But feelings can be very different, depending on how the event is interpreted. Each person’s thoughts determined how the event was experienced.

Clinical experience and research evidence has shown that depressed individuals have particular ways of thinking about the world that can trigger or worsen the experience of depression. When people are depressed, they think very negatively. This thinking is very often:

- **Unfair.** For example, negative events are given much more significance than positive ones.
- **Unrealistic.** Issues become distorted and magnified.

Depression is associated with biased ways of interpreting events and situations. For example,

1. They often think about themselves in a very critical fashion, judging themselves in a harsh and unfair manner. The negative things they have done are very obvious to them, but they have a hard time remembering anything positive about themselves.
“I am so incompetent, I’m just a complete failure”
2. They often see the current situation in an unrealistically pessimistic way, emphasising its negative or threatening aspects and ignoring more positive or promising aspects.
“My situation is terrible and there is nothing I can do about it”
3. They anticipate a future that is bleak and disappointing. Often, they exaggerate the likelihood of very negative outcomes.
“This will never get better – it will probably only get worse”

Together, these ways of thinking are called “the negative cognitive triad”: thinking in an unfair and unrealistic way about yourself, your current situation, and your future.

When people are depressed, they tend to have biased thoughts – thoughts that are generally unfair and unrealistic. They are *distorted* because they are inaccurate reflections of the self, the current situation, and the future. They are also *automatic*; they seem to appear out of nowhere, and are not result of reasoning or decision making. Sometimes they are so automatic they are difficult to identify. Unfortunately, these thoughts can also seem very *plausible* – and so, they can seem to have very little reason to doubt them. Some common forms of distorted thinking include the following:

Filtering. Only looking at the bad, never the good. You may single out a negative detail and dwell on it, ignoring any good things you have done. You may see only your weaknesses and mistakes, and disregard your strengths and accomplishments.

Overgeneralization. One negative event is the beginning of a never-ending pattern. If you fail the first time, you will fail every time. If you have difficulty with one friend, nobody likes you.

All or nothing thinking. You see things as black and white with nothing in between. You are either fat or thin, smart or stupid, depressed or happy, and so on. There is no in-between. Gradual progress is never enough – only a complete change will do. “Who cares if I only did half of it? It’s still not finished!”

Catastrophising. A small disappointment is a disaster. For example, after making an erroneous comment at a meeting, you think you made a complete fool of yourself and it was a complete disaster, everyone at work thinks you are stupid and you may lose your job. As a result, you react to the imagined catastrophe (everyone at work thinks you are stupid, you may lose your job), than to the little event (the erroneous comment).

Labelling. You talk to yourself in a harsh way, calling yourself names like “stupid”, “idiot”, “failure”, or whatever is the worst insult for you. You feel like these labels sum you up.

Mindreading. You know what others are thinking of you, and it’s always bad. As a result, you react to what you imagine they are thinking without bothering to ask.

Fortune Telling. You know what the future will bring, and it’s usually negative. Nothing will work out, so why bother trying? Result: You bring about the future you fear.

Disqualifying the positive. Anything positive about you or anything positive that happens is discounted. For example, “I did manage to get some things done, but anyone could have done that”, or “I enjoyed going out, but I felt depressed again afterwards”.

Personalisation. If something bad happens, it must have been your fault. Other more likely causes are ignored.

Perfectionism. It’s only good enough if it’s perfect. And because it’s never perfect, you are never satisfied and can never take pride in anything.

Shoulds. You know how you should be and how the world should be – but you are not, and neither is the world. “I should not upset people”. “I ought to have achieved more than this.” Result: You are constantly disappointed and angry with yourself and everyone around you.

There are other kinds of distortions, but these are some of the most common. When you catch yourself thinking negatively, it can be useful to look at this list and see if you are using one of the common distortions.

[These and other types of distorted thinking are described in a book called Feeling Good by David Burns (Avon, 1992).]

Where do these thoughts come from?

For some people, patterns of negative thinking begin in childhood. Some people grew up in families where only negative and critical comments were made. In other families, children were discouraged from saying positive things about themselves and may have been rewarded for being self-critical. For other people, the cause of the negative thinking may be more immediate. For example, a major life event (e.g., loss of a job, death of a loved one, divorce, financial setback), social isolation (e.g., after moving), relationship conflict, or stress (e.g., related to employment, physical health, family), may trigger negative thinking. In all of these cases, negative thinking puts people at risk for feeling depressed. In some people, the depression may actually cause the negative thinking.

Whether negative thinking starts before depression or is caused by depression, it can have a very significant influence on your experience of the world. Negative thinking increases the negative impact of difficult life situations and can make people vulnerable to emotional pain. Negative thinking can make depression worse and make it last longer.



STEP 1

Recognise your negative thoughts and how they trigger depressed mood.

Negative thinking is so quick and automatic we don't even realise we are doing it. It is important to learn to become aware of negative thinking as it occurs. A good strategy to help to identify negative thinking is to fill out a sheet (like the one on the page 22) over the course of a week. Every time your mood sinks a little further, ask yourself: *What was going through my mind just then?* Write it down!! Then make a note of the emotions you were feeling. Keep recording your thoughts – maybe you will notice the same kind of thought happening over and over again – you might want to put a checkmark beside thoughts that keep repeating themselves. This will help you identify the most common kinds of negative thinking that you do.

When you start to become aware of distorted thinking, you may feel tempted to attack yourself. “How could I think such stupid thoughts??” Remember, depression causes you to be self-critical, and recognising distorted thinking gives you one more way to beat up on yourself. Instead, remind yourself that distorted patterns of thinking may have been learned during a difficult childhood, or may even be the product of depression itself. You are not stupid for having distorted thoughts – they are *normal* during depression.

TIP: Sometimes it is difficult to identify automatic thoughts. Here are some questions you can ask yourself to help you figure out what your automatic thoughts are:

What was going through my mind right before I started to feel this way?

What does this say about me?

How does this mean about my life? About my future?

What I am afraid might happen?

What is the worst thing that could happen if this is true?

What does this mean about what the other person thinks or feels about me?

What does this mean about other people in general?

There is a blank record form at the back of the booklet that you can copy and use to record your thoughts.

Example:

DATE	SITUATION	NEGATIVE THOUGHT <ul style="list-style-type: none"> • What was going through my mind just then? • Record thought, and if you like, try to classify the kind of distortion 	EMOTION <ul style="list-style-type: none"> • Rate how strongly you feel that emotion (1-100 scale)
1 October	Friend cancels lunch plans	<i>She doesn't like me. (mind-reading)</i> <i>No one likes me. (overgeneralization)</i> <i>Everywhere I go I'm rejected - the world is a cold place. (catastrophizing)</i>	<i>Sad - 100%</i> <i>Lonely - 90%</i> <i>Hopeless - 90%</i>



STEP 2

Learning to challenge these negative thoughts and replace them with more fair and realistic thoughts.

Challenging negative thinking requires deliberate re-thinking of the situation that got you upset. You can use a form similar to the one used for Step 1 (have a look at the next page.)

First, note the date and make a note of the situation. Next, write down the negative thoughts that seem to be related to how you feel (you can categorise the type of distortion if you want.). Then record your emotion and rate its intensity. The next step is the most important: Think about the situation and try to come up with a more fair and realistic assessment. Sometimes this is as simple as reminding yourself you don't have enough information to know for certain what is happening! This process is similar to having an argument with yourself – fight back against your negative thinking by giving yourself a chance to think fairly and realistically about what has happened. Finally, re-assess your emotion after coming up with some alternate, more rational, ways of thinking.

Example:

DATE	SITUATION	NEGATIVE THOUGHT	EMOTION (rate 1-100)	FAIR AND REALISTIC THOUGHT	EMOTION (rate 1-100)
October 1	Friend cancels lunch plans	<p><i>She doesn't like me. (mindreading)</i></p> <p><i>No one likes me. (overgeneralisation)</i></p> <p><i>Everywhere I go I'm rejected - the world is a cold place. (catastrophising)</i></p>	<p><i>Sad - 100%</i></p> <p><i>Lonely - 90%</i></p> <p><i>Hopeless - 90%</i></p>	<p><i>I don't know why she cancelled: maybe something urgent came up. It's only lunch.</i></p> <p><i>Some people do seem to like me, so I must be likable.</i></p> <p><i>This lunch doesn't mean much about the world as a whole.</i></p> <p><i>I've been accepted before.</i></p>	<p><i>Sad - 40%</i></p> <p><i>Lonely - 20%</i></p> <p><i>Hopeful - 40%</i></p>

Here are some strategies to help you come up with more fair and realistic thoughts:

Testing the Reality of Negative Automatic Thoughts

1. What evidence do I have for this thought? Would most people say that it supports your negative thought? If not, what conclusion could you draw instead?
2. Is there any alternate way of looking at this?
3. Is there an alternate explanation?
4. What is a less extreme way of looking at this situation? (Negative thinking tends to be extreme: I'll *always* be alone, I'll *never* succeed at anything. Does this situation mean that you will always be alone, or never succeed at anything??)
5. How would somebody else think about this situation? How would someone else react? Maybe I need to ask around and find out.
6. What would I tell somebody else if they were worried about this? (We are often much more realistic about other people than ourselves.)
7. Am I setting myself an unrealistic or unobtainable standard? What would be more reasonable?
8. Am I forgetting relevant facts?
9. Am I over-focusing on irrelevant facts?
10. Am I thinking in all-or-nothing terms?
11. Am I over-estimating my responsibility in this situation?
12. Am I over-estimating how much control I have in this situation?
13. What if this happens? What would be so bad about that?
14. How will things be in X months/years time?
15. Am I over-estimating how likely this event is?
16. Am I under-estimating how well I can deal with this problem/situation?
17. What are the results of thinking this way? If I think about it another way, would I have better results? (If I call myself an idiot, I will probably feel more discouraged... if I encourage myself to try again and evaluate myself fairly, I might increase my odds of success next time.)

It is not enough to come up with a rational, fair, and realistic thought just once. Negative thinking gets repeated over and over – it is a habit that is hard to break. More balanced thinking will help you feel better, but it will take practice. Unlike negative thinking, it is not automatic, at least at first. It usually takes practice before people get the hang of more realistic thinking, and even then, they can sometimes forget to use their skills. Usually, depressed people do notice emotional differences after a few weeks of really trying to challenge their negative thoughts.

How realistic are your thoughts?

What often helps people to feel more comfortable more quickly when practising realistic thinking is to evaluate the thought they want to modify on a scale of 1 to 10 for its basis in reality. For instance, imagine that while walking down the street, you see Fred on the other side of the road and he fails to respond to your cry of “hello”. This could actually be for a number of reasons other than your belief that, like everyone else, he despises you. The reasons why Fred did not say “hello” could include the fact that Fred really doesn’t like you. Although much of your depressed thinking follows a distorted pattern, it doesn’t mean that negative or unpleasant thoughts are always wrong or unrealistic when a person is depressed (just mostly!).

Your 1 to 10 scale should go something like this. One to 3 means that there is no basis outside your own internal fears and speculation for Fred disliking you. If you evaluate yourself at this level, you can feel more confident within yourself when you look for less self-critical explanations of Fred’s behaviour.

Giving your automatic thought a score between 4 and 6 means that it is based at least somewhat on reality, but is probably biased by distorted thinking. This means that you can bring more problem solving type thinking into your thought change process. For example, a realistic thought could be “Fred has always been a good friend so it is highly likely that he may not have heard me, but there is an equal chance that he may be also be upset because I haven’t returned any of his phone calls for two weeks because I have been feeling so down, so maybe I need to check it out.” As a result of this process, you can feel more confident in “rightness” of the action that you are going to try to take.

If you evaluate yourself between 7 and 10 it means that there is a lot of realistic evidence for the thought that Fred doesn’t like you (for instance, the last time you met he may have told you that he didn’t want to see you again under any circumstances). This recollection may be very unpleasant and upsetting for you, but it shows that your thoughts about Fred are not part of a distorted thinking pattern. As a result of this, you can make yourself aware of the need to minimise the risk of continuing on from correct, reality-based thoughts about yourself and Fred to distorted, generalised and catastrophic thinking about all your other relationships.

TIP: You may find that your realistic thinking sounds false to you, at least at first. You may feel like you are fooling yourself. Only with time and repetition does the realistic thinking – the TRUTH – begin to feel true.

TIP: Overcoming unrealistic negative thinking does not mean replacing it with unrealistic positive thinking (*everybody loves me, nothing bad will ever happen*). Don't worry...unrealistic positive thinking is not what you are asked to do – like negative thinking, it would cause us to react inappropriately to life. The aim is to evaluate yourself and your life in a realistic manner.



STEP 3

Identifying and preparing for “trigger” situations.

It is important to catch yourself in situations that trigger automatic thoughts. Look back over your charts from Step 1 and 2: What are some of your most common trigger situations? Write them down.

1. _____
2. _____
3. _____
4. _____
5. _____

Now – go over your fair and realistic thinking for these situations. When you find yourself in these situations, don’t wait for your automatic thoughts to kick in. Deliberately start rehearsing your fair and realistic thinking. You will have to tell yourself how to look at the situation – almost as though you were giving advice to a friend. If the negative thinking starts – respond! Fight back. You may feel as though you are having an argument with yourself, but that is okay – every time you talk back to your negative thinking, your negative thinking gets weaker and your fair and realistic thinking gets stronger.

TIP: At first, sometimes it may be hard to remember your fair and realistic thinking when you are in the midst of negative thinking. One thing you can try is writing down your fair and realistic thoughts on a cue card that you can carry with you. When you catch yourself thinking negatively, pull out your card (you can always sneak away to the loo if you have too so that you can have some privacy) and remind yourself what kinds of thoughts are fair and realistic. Another strategy is to carry a list of questions to ask yourself about your thinking (see page 25). These kinds of things can help you get started – after you begin to get the hang of it, you can leave the cue cards at home.

PROBLEM SOLVING

When people get depressed, their ability to solve problems declines. Sometimes this means an inability to deal with the problems that started the depression in the first place, but often it expands to difficulty dealing with many of the common problems that occur in daily life.

Why does this happen? There are several reasons.

- Solving problems requires energy – and as depression worsens, energy levels sink.
- Depression causes problems with concentration, memory, and decision-making – and these are all valuable skills to have when solving a problem!
- Everyday problems take a back seat to a bigger problem: The Depression. Often people become very concerned about their mood problem, and put aside other issues in their lives.
- Loss of confidence. Remember the effects of negative thinking? If you think you can't do it, it's not worth it, it won't work anyway – it is less likely that you will feel confident enough to try.

When you consider these factors, it is no great surprise that problems aren't getting solved and are piling up. What can be done? A good place to start is to remind yourself that your problem-solving ability is not as good as it usually is – so go easy on yourself! This is a normal symptom of depression, and can get better.

One way to make problem solving more manageable is to follow a specific process. Try the guidelines below.



STEP 1

Before you solve a problem, you have to figure out what it is. What are the problems you are facing at the moment? Make a list. Some of your problems may be large (“I don't have enough money to pay my rent”) and some may be smaller (“I'm going to need to buy some potatoes if I am going to make dinner tonight”). Other problems are somewhere in between.

Write them all down, even if they seem trivial or embarrassing. Don't spend time thinking about them – just list them and move on. You don't need to worry about writing down every detail. Remember, you don't have to come up with the solutions – just the problems! And you can add to the list at any time.

Problem List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Use additional paper if needed.

**STEP 2**

Now it is time to select a problem from the list. Chose one – a problem that you really want to solve, and one that seems manageable. Later on you can move on to the ones that seem more difficult. Which problem would you like to work on first? Write it down.

Now answer these questions about this problem.

Have you solved similar problems in the past? If so, how did you do it? What strengths or talents did you rely on?

Are there any people who might be able to support you in your efforts to solve this problem? (These should not be people who will solve the problem for you, but people who can help you solve it yourself.) Who are they?

What are the things that you could do that might help this situation? Write down as many things as you can think of – don't worry if they will solve the problem completely or if the idea seems unlikely to work. Write it down anyway! The goal here is to come up with as many ideas as you can, not to evaluate the ideas. Use additional paper if necessary.



STEP 3

Next, you need to choose one of those solutions – have a look, and pick the best option. Think about the advantages and disadvantages to each, and consider whether you have the strength and resources needed to carry them out. It should be an action that will carry you at least part way towards a solution. You don't have to completely solve the problem – it need only move you in the right direction. Remember, if it doesn't work, you can try another action.

Which option do you choose?



STEP 4

Make an action plan. Your idea for a solution probably needs to be broken down into smaller steps. For example – “Get a new job”. It's hard to know where to start! Think about all of the steps that will be needed to carry out this action. Be very specific!

Remember the SMART rules for goal setting? These apply here too – your plan of action should be SMART – and each step of your plan should be SMART too!

Specific: Each step of your action plan should be very clear – that way, you'll know if you have succeeded. You should know exactly what you have to do.

Manageable: Remember, depression depletes your energy and decreases motivation. Each step of your action plan should be small enough that you can handle it.

Action-oriented: Make a goal for what you will do, not for how you will think or feel while you are doing it.

Realistic: Your action plan should not be based on what you think you *should* be able to accomplish. The steps of your plan should be easy enough to achieve even if you feel terrible.

Time: Your plan should only take a short while to carry out. Don't plan to change things forever. A good idea is to plan exactly when and where you will complete the steps of your plan.

So, if one of the solutions to your current problem is to look for a new job, a good first step might be “go to the store and buy a newspaper this afternoon”. A second step might be “tonight, look at the job advertisements and see what is available”. A third step might be “decide which ones I will apply for by the end of the week”, and a fourth step might be “spend one hour updating my resume on Tuesday”. And so on.

So...what is the plan, exactly?



STEP 5

Carry out the plan over the coming week.

Remember, go step by step. Evaluate every step as you go – what happened? What was the outcome? Is it time to move to the second step, or should I modify my plan? Even if a step doesn’t work as well as you hoped, you have probably learned something that will help you make a better plan next time.

TIP: Watch out for negative thoughts!

Remember, when you are depressed, you are likely to have negative thoughts popping into your mind. When you think about solving this problem, are you having any negative thoughts? If so, write them down. Then evaluate them – use the skills you worked on in the last section. How is this thinking holding you back? Try to evaluate the problem and your ability to solve it in a fair and realistic way!



STEP 6

Come back to this section when a week has passed, or when you have achieved your goal – whatever comes first.

What was the outcome?
 Did anything change? What?
 What went right?
 What went wrong?

Here is another spot to watch out for negative thinking. You may be tempted to dwell on failures and on things you haven't done yet, rather than congratulating yourself on any progress you have made. If you succeeded in accomplishing your goal, deliberately force yourself to think about your success. Remember, the problem needn't be solved for you to congratulate yourself!

Now is the time to plan your next move.

- Perhaps you need to keep going. The plan worked, so keep it up!
- Perhaps you need to revise the goal and try again. If it was too difficult, make it a bit easier.
- Perhaps you need to take a whole new approach. Did you learn something new that suggests that a new approach might be useful?

Based on your experience last week, what is the next step?

Keep working on this issue in a step-by-step manner. Remind yourself about any progress you have made.

Perhaps it is time to tackle a new problem – have a look back at your problem list. What should you try to work on next? Follow the steps of problem solving we have worked on, and record your results.

RECOGNISING THE POSITIVE



Keeping Track of Good Things that Happen

One of the very unfair things about depression is that your brain deals with positive information and negative information very differently. Good things that happen are very often discounted, and all the focus is placed on the negative things that happen. If someone says something that you think is critical of you, you may remember it for days – but if someone says something nice, you may tell yourself they don't really mean it. So – what you notice are the negative things, and what you discount and forget are the positive things.

To combat this, you need to start keeping track of the good things that happen in your life by writing them down. This will allow you to develop a more FAIR, REALISTIC, and POSITIVE view of yourself and your situation. This will be very hard. At first, you may think that the things you write down are silly or trivial or don't mean anything. But it is important to write them down anyway! Over time, you may begin to realise that there are more positive occasions than you once noticed – and many that you previously ignored.

Some things you will want to record include:

- Times when you manage to get something done.
- Times when something you do goes according to plan.
- Times when something you do goes better than expected.
- Times when you do something that is worthwhile.
- Times when somebody compliments you.



Reward Yourself!

Tackling depression is hard work. You deserve to reward yourself for any accomplishments you make, or for any positive changes you notice in yourself – like changes in your thinking, behaviour, or mood. Rewards you can give yourself may be limited by money and time, but there are some things you can do. What about letting yourself go for a nice walk when the sun is shining? Or have a nice bath? Or spend half an hour reading a book? Think about what you enjoy – then do it! Sometimes a good reward is allowing yourself half an hour to do something for yourself, something that

you really enjoy. Keep a record of any successes and positive changes you make (including efforts to change) and the rewards you give yourself. Watch out for thoughts like “I don’t deserve a reward – this should be normal behaviour”. Remember, things are more difficult when you are depressed, and any effort to modify your thoughts or behaviour is hard work.



Creating a more positive view of yourself

When people are depressed, it is very unusual for them to be able to name very many good qualities about themselves. Most people can only come up with very negative qualities. In fact, even when not depressed, many of us have grown up in a culture that frowns on people who “blow their own trumpet” and encourages people to be modest about their achievements. Because of this, recognising your positive points can be doubly hard.

Look at the list of adjectives below and give yourself a rating for each. 0 means you have none of that quality, 1 means you have a little, and 2 means you have quite a bit.

kind	efficient	assertive	considerate
flexible	determined	helpful	forceful
compassionate	not easily put off	practical	forgiving
organised	clever	quiet	intelligent
gentle	well-read	forthright	mechanical
attractive	sympathetic	tidy	cuddly
caring	honest	entertaining	responsible
funny	genuine	creative	incisive
giving	thoughtful	conscientious	loving
loyal	warm	good cook	unselfish
artistic	good listener	generous	imaginative
hard-working	good housekeeper	good manager	punctual

Now go through the list, and pick out all the qualities you rated with a 2 or a 1 and write them out below.

If you think of any other positive personal qualities that aren't on the list, add them on and give yourself a rating.

You may have made a number of ratings of 2 and 1, or perhaps only a few. But even if you only have one or two, then that is a start. These are good qualities about yourself that you can use to start building up a better, more positive picture of yourself.

How do your friends and family see you? How would they rate you on that list? Would they have more positive things to say about you? Sometimes it can be quite helpful to think about what a good friend would say. If you feel brave enough, show the list to a friend or family member and ask them to rate you. Compare that list of ratings to your own.

Now try writing your good qualities out on a card. Look at it as often as you can. Instead of listening to the voice in your head that says you are useless, a failure, or whatever insult it prefers, try to think over your positive qualities. If you can make yourself rehearse your good qualities as often as you rehearse the bad ones, then you might come to believe there are some positive things about you.

This booklet was designed to provide information about depression, and to introduce you to strategies that have been shown to be effective in tackling depression. These strategies focus primarily on changing the way you think and the way you act. They are not easy – in fact, it takes a lot of practise to master the skills discussed in this booklet. It is important to keep practising these strategies in order to make them easier and more automatic. It is also important to remind yourself of what you have learned once you are feeling better – because these skills are also important for preventing depression from recurring.

EXTRA TIPS AND ADVICE

6.1 PHYSICAL ACTIVITY

Physically fit people are less vulnerable to depression. In fact, research has shown that exercise can markedly reduce symptoms of depression for many people. Sometimes the improvement in mood happens quickly, and for others it takes a few weeks of regular exercise (three to four times a week, for about 20 minutes at a time). Exercise can improve your energy level, improve physical well being, and burn off stress when you are feeling stress, and provide a sense of accomplishment.

Here are some tips for starting an exercise program:

- Talk to your physician. Ask about any limitations on your activity.
- Pick the right activities. The biggest challenge will be sticking with it! Pick activities that you really enjoy. Some people prefer aerobic (cardiovascular) exercise, like running or fast walking, while other people enjoy anaerobic exercise, like weight training or yoga. It doesn't matter what you pick – both kinds of exercise have been shown to have a positive effect on mood. Sometimes people are most successful at sticking with an exercise routine if they pick several activities and rotate.
- Frequency is more important than duration. Regular short periods of exercise are better than infrequent or irregular long periods.
- Remember – nothing changes overnight. Use your goal-setting skills when you are developing an exercise program – start small and build up over time.

6.2 SLEEP

Depression, stress, and anxiety often disrupt sleep – and unfortunately, a lack of sleep can lead to more depression, stress, and anxiety. It is definitely worth the effort to work on getting a good night's sleep. Here are some tips:

- Avoid over-the-counter sleeping medication. Only take sleeping medication as prescribed by your doctor. If you do take sleeping medication, remember that the best way to evaluate whether it is working is how you feel during the day, not whether it puts you to sleep.
- Set a standard bedtime and rising time. Your body operates on a sleep-wake cycle that works best when it is on a regular schedule. You will find it easier to fall asleep if you keep regular bed and rising times.
- Don't go to bed too early. It may seem like a good idea, but if you never fall asleep until midnight, then don't go to bed at 11 pm. If you want to start falling asleep earlier, do it gradually. Start by going to bed about 30 minutes before you usually fall asleep. You can gradually increase then (for example, 30 minutes a week).

- Save your bedroom for sleep. If you can, avoid associating your bedroom with activities unrelated to sleep – like arguing, watching TV, doing work, exercising, talking on the phone, and so on. Sex, though, is fine.
- Create a good sleeping environment. Not too hot, not too cold. Nice and dark. Is noise a problem? Consider earplugs or devices that emit white noise (e.g., fans).
- Avoid napping during the day. Unless you can keep it to 20 minutes, a nap may make it harder for you to fall asleep at bedtime.
- Prepare for sleep. Avoid strenuous activity, exercise, heavy meals, and bright lights for at least an hour before going to bed.
- Practice deep breathing or distraction strategies when attempting to fall asleep. Focusing on your worries or on how much you need to sleep will only keep you awake! Try to focus on something else, something more pleasant. If you can't stop worrying, sometimes getting up and making a list of your worries can help – remind yourself that you can address the problems on the list tomorrow.
- Are you a clock checker? It might help to turn your alarm clock around so that you can't see the time. Frequently checking the time is keeping you awake instead of letting you sleep!
- Remind yourself that everyone has a terrible night's sleep sometimes – don't get too stressed about it. People can very usually operate just fine the next day, even without a good night's sleep.
- You probably slept more than you think!! Research shows that people – especially those with difficulty sleeping - tend to underestimate how much sleep they actually get.

DATE	SITUATION	NEGATIVE THOUGHT <ul style="list-style-type: none">• What was going through my mind just then?• Record thought, and if you like, try to classify the kind of distortion	EMOTION <ul style="list-style-type: none">• Rate how strongly you feel that emotion (1-100 scale)

DATE	SITUATION	NEGATIVE THOUGHT	EMOTION (rate 1-100)	FAIR AND REALISTIC THOUGHT	EMOTION (rate 1-100)

MANUAL EVALUATION

We would be very grateful to hear about what you think of this manual. It is an evolving document and we will attempt to incorporate people's suggestions.

Are there any parts of the manual that are unclear or difficult to understand?

Are there any parts that were very useful for you?

Do you have any suggestions that would make the manual more effective?

Any other comments:

Please detach this page and send it to:

**Primary Care Mental Health Team
(Depression Manual)
Newtown Centre
Nursery Road
Huntingdon
PE29 3RJ**

Thank you.
