



Understanding & managing depression

A workbook & guide

An introduction



Depression is a leading cause of disability worldwide, affecting over 300m people regardless of their culture, age, gender, religion, race and economic status. There are many different reasons why an individual may become depressed, many types of depression, many things that keep it going, and many things you can do to make things better.

Depression is more than just feeling a bit sad and it is not something you can just snap out of. It is a mental health disorder and it's important to take it seriously and seek help.

In this booklet we look at some of the reasons why people become depressed, contributors to keeping that going, and some ways of thinking and treatments that can help.

Understanding depression

What is depression?

Most people feel sad or depressed at times. Sometimes you might feel low for a number of reasons. People may say they are feeling depressed when they are feeling down, but this does not always mean they have depression. When intense sadness, including feelings of worthlessness, hopelessness and helplessness, lasts for weeks or even months and interferes with your everyday life, then it might be something more than sadness.

Depression, also called clinical depression or major depressive disorder, is much more than simple unhappiness. It is a common and long-lasting mood disorder that affects how you think, feel and behave and can lead to a variety of emotional and physiological difficulties.

It differs from the everyday feelings of sadness in three main ways.

- Major depression is more intense.
- Major depression lasts longer (every day for two weeks or more).
- Major depression significantly interferes with everyday functioning.

Do I have symptoms of depression?

Everyone feels sad, lonely, or depressed at times. It is a normal reaction to life's struggles, big changes, loss, or damaged self-esteem. However, when these experiences last for long periods of time, become overwhelming, and cause physiological symptoms, they can interfere with your day-to-day life and keep you from leading a healthy, functional and active life.

There are many signs and symptoms of depression, however, everyone is different, and depression will affect people in different ways. Some of the most common signs and symptoms of depression are listed overleaf.



Common signs and symptoms of depression

Tick all boxes which regularly apply to you

How you might behave

- Not able to concentrate
- Withdrawing from close family and friends
- No longer finding enjoyment in things that used to bring pleasure
- Not getting things done at school/work
- Relying on alcohol or sedatives

How you might think

- "I'm a failure"
- "No one likes me"
- "Things will never get better"
- "I'm worthless"
- "I can't be bothered"
- "Others would be better off without me"

How you might feel

- Low/sad/unhappy
- Overwhelmed
- Low patience/irritable
- Upset
- Tearful
- Hopeless

How your body might respond

- Tiredness/lack of energy
- Poor memory
- Decreased pain tolerance
- Sleep problems
- Changes in appetite or weight

If you have ticked most of these boxes, you may be experiencing symptoms of depression or low mood. However, these experiences are common and most people feel some of these symptoms from time to time. If these experiences are overwhelming and persistent (have lasted every day for more than two weeks), seek help to discuss your concerns further.



Common myths about depression

MYTH 1: You can simply 'snap out of it'

Reality: No one chooses to be depressed. Someone who is depressed can't just shut it off or "suck it up". If it was that simple, no one would ever be depressed. Depression is a psychological, social, and biological condition. If you suspect you are experiencing depression, contact your GP or make an appointment with an experienced practitioner.

MYTH 4: Depression is always triggered by something bad happening

Reality: Sometimes it is difficult to understand how depression has developed. A lot of different factors can increase the likelihood of someone developing depression, including traumatic events such as big life changes, loss, and accidents. However, although traumatic events can be a potential trigger for depression, they are not the root cause of it. Depression may arise suddenly and inexplicably, even when things seem to be going well. In almost every case, an outsider like a therapist can help people identify possible factors contributing to depression and help them to stop blaming themselves for feeling that way.

MYTH 2: Talking about it only makes it worse

Reality: It is a common misconception that talking about your feelings of depression will only reinforce the overwhelming feelings and keep you fixated on negative life experiences. In reality, being alone with your thoughts can be much more harmful than letting them out. Talking to a supportive, empathic, and non-judgmental listener has been shown to help a lot of people. An accredited therapist is best equipped to provide constructive support.

MYTH 5: Depression is biological, there is nothing you can do about it

Reality: Biology does play a role in the development of depression, but usually alongside a combination of other psychological and environmental factors. Even if it is partly biological, depression is treatable and there are many things that can be done about it. By making changes in the way you think and behave, you may be able to disrupt the vicious cycle of depression. Additionally, talking therapy does help many people and combining medication with talking therapy is a common treatment strategy for depression.

MYTH 3: Others are better at dealing with their lives, I'm just weak

Reality: On the surface it may appear like everyone is coping better than you. This can be due to the fact that people tend to hide when they can't cope. It may also be because when you are feeling low, you tend to compare yourself with people who appear to be doing better, and not notice those who aren't. In reality, depression is not a sign of weakness or laziness. It has social, psychological and biological origins and can be treated in a variety of ways. Believing that you cannot cope is a common symptom of depression and does not mean you are weak.



Different types of depression

You may have heard a number of different terms being used to describe depression. Major depression is broken down into various subtypes, each with a slightly different set of symptoms. Below are some of the most common subtypes of depression.

There are lots of different subtypes of depression including seasonal affective disorder (SAD) which is caused by the weather and lack of daylight at certain times of the year.

Dysthymia

Dysthymia is sometimes referred to as mild, chronic depression. It is less severe than major depression and has fewer symptoms. People with dysthymia experience a chronically low mood with some moderate symptoms of depression, such as inability to sleep or sleeping too much, low energy or fatigue, poor appetite or overeating, poor concentration, low self-esteem, difficulty making decisions and feelings of hopelessness. With dysthymia, these symptoms of depression can linger for a long period of time often for two years or longer. While not as severe as major depression, dysthymia can still interfere with person's day-to-day life and their relationships. Those who suffer from dysthymia may also experience periods of major depression, this is known as 'double depression'.

Bipolar disorder

Depression also occurs in bipolar disorder, which was formerly known as 'manic-depressive illness'. Bipolar disorder, like major depression, is a mood disorder, however, it is characterised by episodes of mania as well as episodes of depression. Episodes of mania can consist of inflated or grandiose perception of one's self, excessive involvement in activities that can lead to painful consequences, less need for sleep, and a pattern of racing thoughts and very rapid speech. While bipolar disorder and depression share similar symptoms, they are separate disorders with different treatments.

Seasonal affective disorder

Seasonal affective disorder (SAD) is a type of depression where mood is affected by the weather and the time of the year. SAD is sometimes referred to as 'winter depression' as symptoms usually occur and are more severe during the winter, with the person feeling better during the spring and summer. People struggling with SAD may experience several symptoms, including low mood (which may last for months), increased sleep, and increased appetite that is characterised by carbohydrate cravings and weight gain. SAD is more common in northern climates as there is a significant decrease in the hours of sunlight during winter. It is common for people to experience mood changes during periods of decreased sunlight, however, people with SAD experience symptoms that are much more severe and interfere with their everyday life.

Post-natal depression

Post-natal depression refers to episodes of depression following childbirth. Its onset may be related to hormonal changes, emotional difficulties, and social circumstances. It is a very common condition that affects one in ten women (and also some men) usually within one year of having a baby. It is characterised by symptoms of depression that persist for four weeks or more and interfere with emotional and social functioning. People who have experienced depressive episodes before pregnancy may be more vulnerable to developing post-natal depression.

Depression with psychosis

Sometimes depression can become so severe that a person loses touch with reality and experiences psychosis. Psychosis is characterised by a break with reality in which a person experiences delusions (beliefs that have no basis in reality), or hallucinations (hearing or seeing things that are not really there). Delusions and hallucinations may be paranoid in nature or very critical and negative, which makes the depressive state worse. The treatment involves both talking therapies and antidepressant and antipsychotic medications.



What causes depression?

There is no simple answer to what causes depression. It is important to understand that depression is not caused by one thing. There are several different factors that play a part in the onset of the condition. These can be grouped into four main categories – life events, thinking styles, lifestyle factors and biological reasons. Everyone has a certain level of ‘vulnerability’ or ‘risk’ factors. The more risk factors a person has, and the greater the stress levels the person is experiencing, the greater is the chance of experiencing a depressive episode.

Life events

It has been evidenced that early childhood trauma and losses (such as death or separation of parents), or stressful adult life events (such as divorce, loss of a job, death of a loved one, family conflict, retirement), can lead to the onset of depression. It is normal to feel low during these times and often the low mood passes naturally with time, but sometimes the difficult feelings stick around for longer and become problematic. Experiencing several prolonged and severe difficult life events increases the likelihood for a person to develop a depressive disorder.

Thinking styles

Cognitive theory suggests that the way we think and how we interpret events and situations impacts how we feel and can lead to depression. Some of the most common thinking patterns associated with depression are overstressing the negative, taking the responsibility for bad things happening in your life but not good ones, having inflexible rules about how you should behave, thinking that you know what others are thinking and that they are thinking badly of you. When we are depressed, we commonly think about things in a negative manner and this has a negative impact on our mood.

Lifestyle factors

Studies have shown that certain lifestyles, such as not engaging in enough physical exercise, being over or underweight and having fewer social relationships can increase the risk of experiencing depressive symptoms. Sometimes a prolonged exposure to stress can lead to a development of depression. These stressors can be ordinary things such as ongoing problems at work, difficulties in a relationship, or loneliness.



Stressors such as loneliness, relationship issues and work problems can increase the risk of depression



Biological reasons

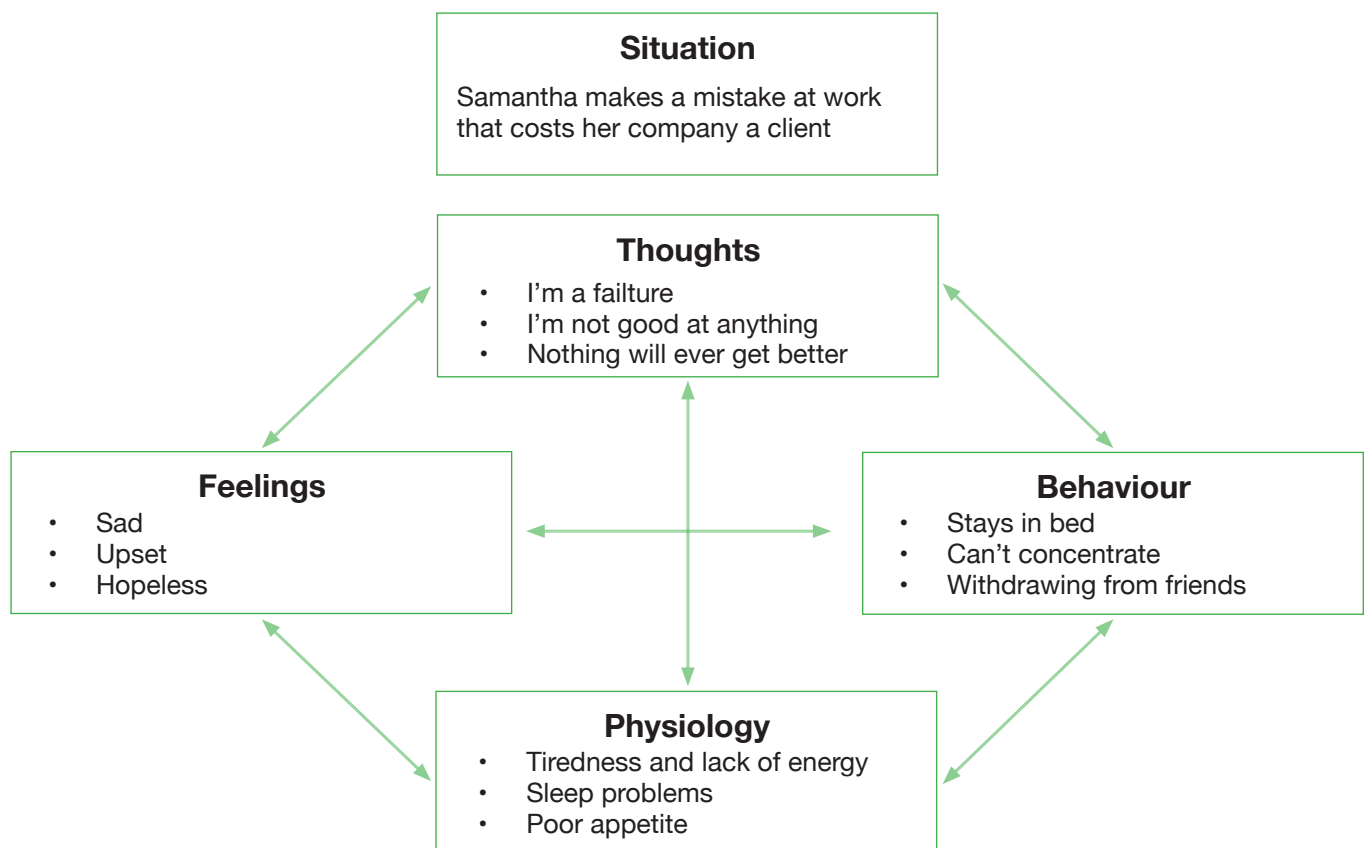
A family history of depression does not mean that all the relatives will develop major depression. People with a family history of depression are more vulnerable to developing depression at some stage in their lives, however an increased vulnerability to the illness, does not necessarily lead to depression itself. Therefore, a genetic predisposition alone is unlikely to cause depression.

A genetic predisposition alone is unlikely to cause depression

What keeps depression going?

When someone is depressed, they experience many changes. Often, these changes develop into a vicious cycle which keeps depression going and makes it difficult to break out of. The vicious cycle of depression consists of a combination of thoughts, feelings, behaviours, and bodily sensations. The first step is understanding these changes and seeing how they fit together into the cycle of depression.

To illustrate how the cycle works we will look at an example below. The diagram shows how these different areas work together and affect each other to keep depression going. We can see how Samantha's thoughts influence her behaviour, physiology and feelings.

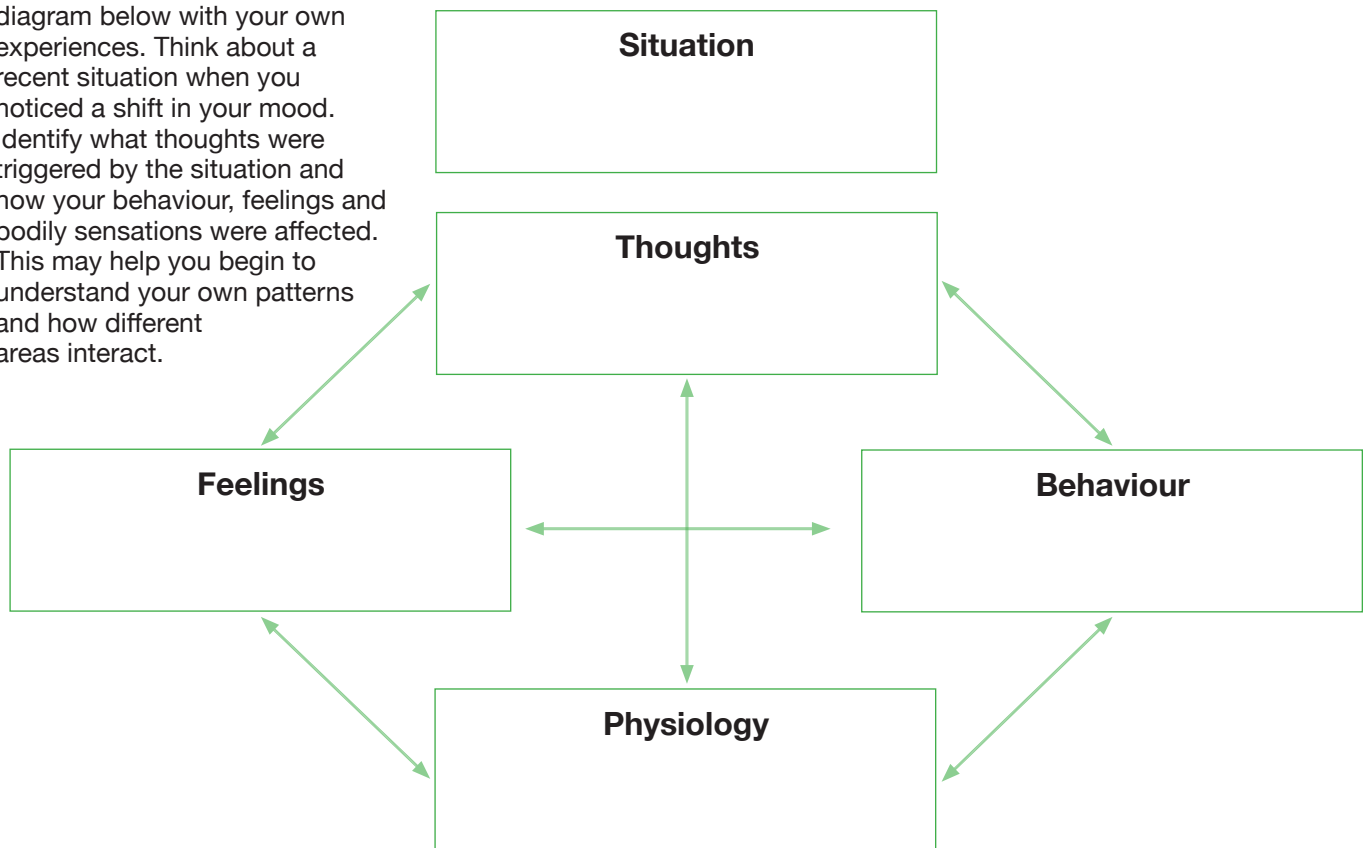


As we can see above, a specific event triggered the cycle of negative thoughts. People who are depressed have a tendency to interpret events in a negative fashion. The negative interpretation of events has been argued to be one of the important factors of keeping depression going. When we are experiencing negative and self-critical thoughts, this tends to have a negative impact on how we feel and how we behave.

In the above example, we can see how Samantha's thoughts about being a failure and not good at anything led to a change in her behaviour. She started staying in bed most of the time, had difficulty concentrating and began to withdraw from her friends. This further fuelled her cycle of depression as it led to her feeling sad, upset, and hopeless about the situation. Her body also reacted to all these changes and she experienced tiredness and lack of energy, started having sleep problems and developed a poor appetite. Looking at this example more closely, we can see how Samantha's thoughts, behaviours, feelings and bodily sensations all interacted and combined to keep her depression going.

TASK 1

Have a go at filling in the diagram below with your own experiences. Think about a recent situation when you noticed a shift in your mood. Identify what thoughts were triggered by the situation and how your behaviour, feelings and bodily sensations were affected. This may help you begin to understand your own patterns and how different areas interact.



Because all of these areas are connected and impact each other, the vicious cycle of depression can be very difficult to manage. However, since all of it is connected, changing one area can lead to changes in the other areas and can eventually lead to a disruption of the vicious cycle.

“IF WE CHANGE HOW WE THINK OR BEHAVE WE CAN CHANGE HOW WE FEEL”

Recognising negative thoughts

When someone is depressed, they tend to think in a certain way. Often, depressed individuals see themselves in a negative light and their self-confidence and self-worth become very low. They also normally have a critical way of thinking about others and the future. If you have been experiencing depression for a long period of time, it can often feel as though you are looking at the world through a ‘gloomy’ lens. It is important to remember that these thoughts can occur occasionally, even when you are not depressed. The difference is that you can generally dismiss these thoughts, however, when you are depressed, these thoughts are around all the time.



Do you have any negative thoughts about yourself? Write them down here.

If you have any negative thoughts about others and the future? Write them down here.

Some facts about the negative thoughts

They are usually automatic, they just happen and are often not based on reason or logic. They are often unrealistic and unreasonable. They often serve no purpose and all they do is make you feel bad and get in the way of you living your life.

- Although these thoughts are unreasonable, they often seem and feel reasonable when you are experiencing them.
- The more you believe and accept negative thoughts as truths, the worse you will likely feel. When we get 'sucked into' negative thinking, we tend to view everything in a negative light.

When people become depressed, their thinking changes, and it often falls into a negative thinking pattern. People use these thinking patterns as an automatic habit and are often not aware of having them. However, when you are constantly and consistently using the same unhelpful thinking style, it can cause a great deal of emotional distress. Being aware of these patterns can help you recognise them when they are happening in the moment. Below are some of the most common unhelpful thinking patterns.

Black and white thinking

When feeling low we might fall into the pattern of only seeing one extreme or the other. You are either wrong or right, good or bad. There are no in-betweens and no shades of grey. This can often leave you feeling as though you are never good enough which can contribute to low mood. Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples of your own black and white thinking.

Overgeneralisation

When we overgeneralise, we take one example from the past or present and, based on that isolated incident, we assume all other experiences will follow a similar pattern in the future. If you use statements such as "I never ...", "Everyone ...", "You always ...", then you are probably overgeneralising.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples of when you overgeneralised.

Mental filter

This thinking pattern is a sort of a 'tunnel vision', a process of 'filtering in' and 'filtering out' certain information. It often involves ignoring the positive parts and focusing solely on the negative elements of a situation, colouring the whole experience by a single negative detail.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples when you applied a mental filter.

Catastrophising

This is a common thinking pattern which accompanies low mood. When we are catastrophising, we tend to 'blow things out of proportion' and view the situation as horrible, awful, or unfixable, even though in the bigger scheme of things, the problem itself might be quite small or easily fixable.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples when you catastrophised.

Jumping to conclusions

When we are feeling low it is common to spend time thinking about the future and predicting what could go wrong. We also tend to make assumptions about what someone else is thinking, without having any evidence to support them. In the end most of our assumptions and predictions don't happen and we have wasted time and energy being worried and upset about them.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples when you jumped to conclusions.

Personalisation

When we are depressed, we often take things to heart. This thinking pattern involves blaming yourself for everything that goes wrong or could go wrong. You might be taking 100% responsibility for things that you are only partly responsible or not responsible for at all.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples of times when you personalised a situation.

‘Should’ing and ‘must’ing:

We often imagine how things should or must be, rather than accepting them as they are. By saying “I should ...” or “I must” we can put unreasonable pressure or demands on ourselves and others. Although these statements are not always unhelpful (e.g. “I should not drink and drive”), they sometimes create unrealistic expectations.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down examples of your own ‘should’ing and ‘must’ing.

Labelling

When we are feeling low, we often label ourselves in a negative way. We might make global statements based on our behaviour in one specific situation. When we label ourselves in negative ways such as “I’m not worthy”, “I’m a failure”, “I’m stupid”, it negatively impacts our self-confidence and mood.

Do you recognise this thinking pattern?

Think back over the last two weeks and write down some instances when you labelled yourself.

Recognising unhelpful behaviours

Reduced self-care

When feeling depressed, the first thing that often falls by the wayside is our motivation to look after ourselves. Simple tasks such as washing ourselves and looking after our appearance can become difficult. We may stop being physically active, spend more time in our beds, and stop eating properly. When we don’t look after ourselves, it negatively affects our self-esteem and self-confidence, thus our thoughts tend to become even more self-critical than usual. This again creates a vicious cycle as we tend to feel bad about ourselves and feel physically unwell, which in turn decreases our motivation to take care of ourselves.

Withdrawal from family and friends

Another big behavioural change that occurs when we are feeling depressed, is that we start refusing invitations, we stop answering and returning phone calls, and we spend less time with our close family and friends. Social isolation is an important factor in keeping depression going as it takes away the connection with others and the belief that we are not alone in this. Thoughts play an important role in this behaviour as, due to our depression, we might think that we are a burden to others or that they don’t want to be spending time with us. It again creates a vicious cycle as our behaviour can in turn push people away and put a strain on relationships.

Less involvement in rewarding activities

When we are feeling depressed, two of the main symptoms are lack of energy and lack of motivation. They keep depression going as they lead to a decrease in engagement in activities such as hobbies, walking, sports, reading, or playing with children. It keeps the cycle of depression going as the less we participate in these activities, the less we feel able to do so, and the worse we feel. We may no longer experience the enjoyment or pleasure that we used to receive by engaging in these activities. This in turn can lead to more negative emotions and thoughts such as feeling low and thinking that we are useless.

Problems with everyday tasks

Due to low mood and a lack of energy or motivation, we find it more difficult to do everyday tasks. Things such as doing the dishes, taking the rubbish out, cleaning the house, and running errands take more energy and effort for us to complete. We might even put them off and not do them until the number of unfinished tasks becomes overwhelming. This again creates a vicious cycle that keeps our depression going as it can lead to more negative emotions and self-critical thoughts such as 'I am useless' or 'I can't do anything right'.

“We may no longer experience the enjoyment or pleasure that we used to receive by engaging in activities”

Treatment of depression

The good news is that we can do something about these thoughts, feelings, and behaviours to change the vicious cycle of depression. Some people may be able to deal with depression on their own, without any treatment at all. However, for many people, getting some help in tackling this condition can be very useful. The first step to getting treatment is to see your GP. Your GP will ask you some questions to assess whether they think you have depression. They will talk with you about possible treatment options or they may refer you to a counselling service. The two main approaches to tackling depression are talking therapies and medication. These may be used individually or in combination.

Talking therapies

The aim of talking therapy is to relieve psychological distress through expressing your feelings and discussing your thoughts with a therapist. It will help you better understand your own difficulties and guide you as you begin to identify and plan different ways and strategies for overcoming depression. There are many different types of talking therapy, however, all of them involve talking to a trained therapist. They may be delivered one-to-one or in a group, with your family, or with your partner. They may be delivered face-to-face, online or over the phone. For some difficulties and conditions, one therapy may be more suitable than another and, overall, different styles of therapy suit different people.

Research has found the following therapies to be effective in treating depression:

- Cognitive-Behavioural Therapy or CBT
- Counselling
- Psychodynamic Therapy
- Mindfulness Based Therapy
- Interpersonal Therapy
- Problem-Solving Therapy
- Behaviour Activation

It is important to understand that, whichever model of therapy is used, it normally takes some time before you begin to notice any changes. However, don't let that discourage you as research has shown these therapies to be effective and they have helped many people.

Our 'Services' page has more detail about these therapies and information on how to access them.

Visit www.firstpsychology.co.uk/therapy-coaching-wellbeing-services



Talking therapies can help you better understand your own difficulties

Medication

Another approach to treating depression is with the use of medication. When you talk to your GP about your depression, they may prescribe antidepressant medication. Antidepressants may be used on their own or in combination with a talking therapy. There are many different types of antidepressant and different people find different medication helpful.

Some of the most common types of antidepressant that you may be prescribed are:

- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
- Tricyclics and Tricyclic-Related drugs
- Monoamine Oxidase Inhibitors (MAOIs)

Your GP should be able to discuss the treatment plan and all the benefits and possible side effects with you prior to you making an informed decision on whether or not you want to try antidepressants. Once you start the course of medication, it is important to talk to your GP before you stop taking them, because stopping suddenly can be difficult to cope with and can be dangerous.

How can I help myself?

When you are feeling depressed, you may blame yourself for all the shortcomings that you think you have, and you may believe that you are helpless and alone in this world.

Beneath these thoughts and feelings is a strong negative belief about yourself, the world, and the future. This negative belief creates a vicious cycle of depression as it leads to a loss of satisfaction in things you used to enjoy and a lack of interest in what's happening around you. As this cycle continues, it can become harder to make decisions and to do the little tasks that used to be easy to do.

The good news is that there are a number of strategies that you can use to overcome low mood and depression. See *right* for more about strategies.

Strategies for overcoming low mood and depression

- Learn how to challenge those unhelpful thoughts and beliefs and find more helpful and balanced alternatives.
- Incorporate strategies that help you become more active in a meaningful way.
- Learn to be kinder to yourself and to notice your good qualities and achievements.

Challenging unhelpful thoughts

Step 1

Recognising your negative thoughts

As discussed earlier in the section 'Recognising negative thoughts' (see *page 11*), negative thinking plays an important role in the maintenance of depression. It happens quickly and automatically, meaning that we are often not even aware that we are doing it. Therefore, the first important step is to become aware of our negative thinking as it occurs in the moment.

A good tool that you can use to help you become more aware of your thoughts is a Thought Diary (see *the example overleaf*). Use a thought diary over the course of a week to write down your negative automatic thoughts. The best way to catch these thoughts is to notice when there is a change in how you are feeling and then ask yourself: "What was going through my mind just then?". Then write it all down. Write the situation that occurred, make a note of the feelings you were having and rate how strongly you felt them. Write down the thoughts that you were having and see if you can identify any of the unhelpful thinking styles that we covered in the section 'Recognising negative thoughts'. Keep recording your thoughts and you may start to notice a pattern.

Situation	Feeling/emotion	Thought
Where were you? What happened?	What did you feel? Rate how strongly you felt the emotion.	What thoughts or images went through your mind?
e.g. I passed by a friend on the street and they saw me but just walked past me and didn't say hi to me.	Sad 100% Lonely - 90%	They don't like me (jumping to conclusions). No one likes me (generalisation). It's because I'm a horrible person and people don't want to spend time with me (personalisation).

As you will start to become more aware of your thoughts, you will increase your ability to separate yourself from your thoughts and recognise them for what they are: just thoughts. They are not facts and they are often not based in reality. With increased self-awareness, you will increase the space between the negative automatic thought and the automatic reaction and create more room for a conscious response to your thoughts. Once you create more space, you will be better able to challenge these thoughts and find more helpful alternatives.

Step 2

Learning to challenge these negative thoughts and replace them with a more helpful and balanced alternative

Once you become more aware of your negative automatic thoughts, the next step is to start challenging them. Remember, the goal is not to only think 'happy thoughts', the goal is to think more accurate and helpful thoughts. Although with time our thinking can become biased, it is within our power to start challenging and changing how we think. The most common strategy to challenging our unhelpful thoughts is to examine them and to see how accurate they are and how fair we are to ourselves. Use the table on the next page as a guide.

1. Write down the situation, feelings and the unhelpful thought that was triggered and that you want to examine. Only work on one thought at a time.
2. Write down how strongly you believe that thought right now? (0% = not at all, 100% = completely).
3. Write down all the reasons why that thought might be true. Ask yourself 'What is the evidence that supports this thought?'
4. Make a list of all the reasons why this thought might not be 100% true all of the time. You might find it helpful to ask yourself:
 - What facts or evidence is there that shows that this thought isn't completely true? If a friend thought this about themselves, what would I say to them? Is there another way of seeing it?
 - When was the last time I had a similar thought and it wasn't true? What is the bigger picture? If I looked back on this thought in 15 years' time what would I say to myself?
5. Go back and read the original thought, all of the evidence for it, and all of the evidence against it. Do this out loud if you can.
6. Say to yourself "Given all of the evidence, is there a more balanced way of thinking about the situation? Is there a more helpful way of thinking about myself or this situation? Have I been judging myself harshly? Is there a fairer, more balanced way of summing this up? What could I do differently that would be more effective in the future?"
7. Write down your new, more balanced thought and rate how strongly you believe the new thought and your old thought right now (0-100%). Do you notice any difference?

REMEMBER, it is not enough to challenge your thoughts and come up with an alternative thought just once. Negative thinking has likely been in place for a long time, so it is an old habit that will take some practice to break. More balanced thinking will help you feel better, but it will take some time and effort.

Situation/ Trigger	
Feelings	
Unhelpful Thought Rate how much you believe the thought	
Facts that support the unhelpful thought	
Facts that provide evidence against the unhelpful thought	
Alternative, more balanced perspective	
Outcome Re-rate thoughts	

Step 3

Preparing for 'triggering' situations

The last step is to identify the situations that are triggering and prepare for them in advance. Look back at some of the negative thoughts you identified for yourself.

My triggering situations:

Try to identify some of your most common triggering situations. Write them down here.

After you've identified your triggers, rehearse your helpful and balanced thinking. When you notice unhelpful thinking, stop, take a breath, and respond consciously. Don't let your automatic thoughts take over, respond to them and challenge them with examples given above. Every time you engage in this exercise, your unhelpful thinking will get weaker and your ability to find more balanced and helpful alternatives will get stronger.



Becoming more active can lead to an improvement in mood and overall wellbeing

Getting active

When we feel depressed, our motivation to engage in everyday activities normally decreases. You may even stop doing activities that used to bring you joy. In the short-term, you might feel a sense of relief for not having to do difficult tasks, which can lead you to do even less. With time you may end up doing very little which can lower your mood and self-confidence even more and keep the depression cycle going.

Becoming more active in a meaningful and gradual way can lead to an improvement in your mood and overall wellbeing. Learning how to be more active can help you create a daily routine which will increase your sense of enjoyment and achievement. One helpful way of doing this is by using an activity planner which can help you do more of the things you have to do, as well as the things you would like to do.

Step 1: Understand your cycle

Use the Activity Diary tool on the next page to record what you are doing during the week. Each time you write down the activity, give it a rating on a scale of 0 to 10 for Enjoyment (E), for the Achievement (A) and for Connectedness to others (C). Once you finish recording your activities over a week, you can have a look through it and see for yourself what you are actually doing and enjoying. You may realise that you are mostly engaging in activities that give you a sense of achievement and not engaging in enough activities that give you a sense of enjoyment, or maybe you realise that you are doing very little and not enjoying yourself at all.

Once you have an overview of your baseline activities, you can ask yourself what activities need to increase or decrease. As we note in the section 'Recognising Unhelpful Behaviours', there are four main activities that we tend to engage in less when we are depressed.

Activity diary

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Step 2: Make your own personalised list of activities

Self-care

Examples: washing your face, brushing your teeth, getting out of bed and dressed each morning, taking a bath, having a healthy meal, going for a walk.

Your examples:

Write down some ways **you** could look after yourself.

Connecting with family and friends

Examples: calling a friend, replying to a text message, joining a family meal, attending a social group.

Your examples:

Write down some examples of how **you** could connect with family and friends.

Rewarding activities

Examples: reading a book, playing a game, listening to music, playing an instrument, gardening, doing yoga, meditating.

Your examples:

Write down some ways **you** could reward yourself.

Everyday tasks

Examples: making the bed, doing the dishes, opening letters, paying the bills, keeping the house tidy, food shopping.

Your examples:

Write down some examples of tasks **you** need to do each day.

Step 3: Now make your own activity diary

Use the Activity Diary overleaf and schedule your week ahead of time. Start by first writing down all the activities you have to do, such as attending appointments, running errands, doing housework. This will show you the time you have left that is free. Then plan other activities that you would like to do. Give yourself space to be busy or to take time to relax. You may find it helpful to use your list above to plan in some time for an activity from each of the four groups. Aim to have a good balance of all three areas: achievement, enjoyment, and connectedness to others.

Activity diary

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Learning self-compassion

When we are depressed, we often get caught up in self-criticism, self-hate and feel shame. This is due to our biased mind that ignores the positive messages and amplifies the negative ones. For example, if someone criticises you, you may remember that for days or even weeks and believe it to be true. But if someone says something nice about you, you might disregard them by thinking to yourself that they didn't really mean it. However, this is something that you have learned to do and whatever has been learned, can also be unlearned. So, let's learn to be kinder to ourselves.

Step 1: Keep track of the good things

Keep a journal and start writing down all the good things that happen in your life. This will help you create a more balanced and realistic picture of your situation and challenge the negative bias that your mind is trapped in.

Some possible things to include:

- When you get something done.
- When something that you do goes according to plan.
- When you do something worthwhile.
- When you do something that goes better than you expected.
- When someone compliments you.

Step 2: Reward yourself

Remind yourself that dealing with depression is a hard and draining task. Things are more difficult when you are depressed and trying to change your thoughts and behaviour is hard work. So, it is important to reward yourself for all the hard work you have been doing. Think about what things would bring you joy and do them unapologetically.

Step 3: Create a more positive image of yourself

When you are depressed it is difficult to see yourself in a positive light. Moreover, societally we have been taught to be humble and to not 'brag'. That is why it can be extremely difficult to recognise your positives. Look at the list of positive traits below and write down a rating for yourself on a scale of zero to two. Zero means you have none of that quality, one means you have a little of that quality, and three means you have quite a bit of that quality.



Write down the good things that happen in your life

Kind	Mature	Versatile
Gentle	Creative	Educated
Strong	Consistent	Willing
Resilient	Appreciative	Experienced
Caring	Capable	Efficient
Assertive	Quick	Open-minded
Hard-working	Sensitive	Logical
Reliable	Perceptive	Serious
Honest	Patient	Supportive
practical	Thoughtful	Resourceful
Responsible	Fit	Realistic
Loyal	Trustworthy	Funny
Motivated	Shows initiative	Punctual
Friendly	Humane	Warm

If you can think of any qualities that are not on the list, add them in the spare boxes above.

Go through the list and write down all the qualities you ranked with a one or a two.

You may have written down quite a few of the positive qualities or you may have written down only a few. If there are only a few, it is a start to you building up a more positive picture of yourself. Write down this list on a piece of paper or a card and look at it as often as possible, especially when you are feeling low. Keep adding to it, ask friends and family what they think your good qualities are. The more you look at your list, the more you will remind yourself of your positive qualities, the more open you will be to the evidence for them, and the more you will believe them.

Summary of key points

- Everyone feels sad sometimes, that does not necessarily mean that you have depression. Once these feelings become overwhelming and persistent, then it might be more serious.
- Depression is a serious and common mental health condition, and not something you can just 'snap out of'.
- There are many different types of depression. You should consult your GP if you suspect you might be suffering from any of them.
- There are many different treatments for depression, the most commonly used are talking therapies and antidepressant medication. These may be used alone or as a combined approach.
- The vicious cycle of depression is maintained by a combination of thoughts, feelings, behaviours, and bodily sensations. Changing one area can lead to changes in the other areas and eventually lead to a disruption of the vicious cycle.



Key steps in overcoming depression

Three things that you can do for yourself if you are feeling low or experiencing depression are:

- Challenge unhelpful thoughts and find more balanced alternatives.
- Incorporate strategies that help you become more active in a meaningful way.
- Learn to be kinder to yourself.

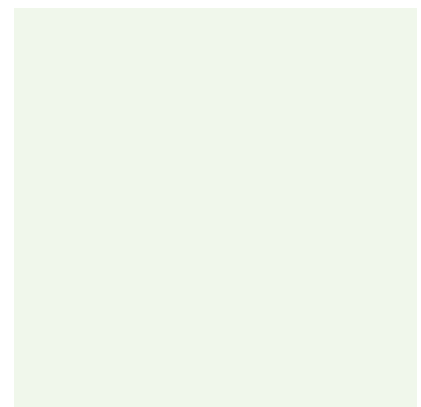
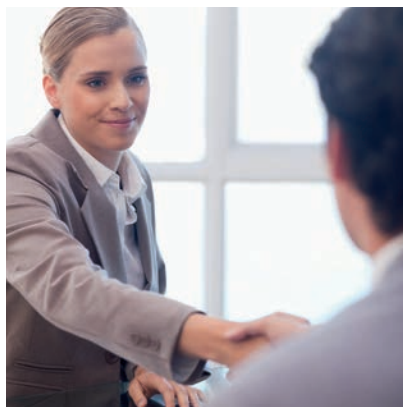
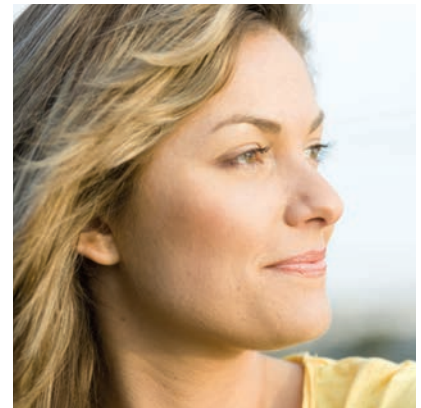


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