

# Factsheet 1

## Understanding Depression

We all feel down or fed-up at times but these feelings don't usually last and are a normal response to problems or difficulties in our lives. However, when they don't go away, are more than we can cope with and our ability to carry out our work and have satisfying personal relationships is affected, it may be depression, the illness.

Depression is very common and may affect as many as 1 in 4 people at some stage in their lives. Women are more likely to experience it, but people of all ages and backgrounds are susceptible. Recent studies have shown that between 8-12% of the population (more than 150,000 people in Northern Ireland) experience depression in any year.

### What Causes Depression

There is usually more than one cause or risk factor. Most of these fall into one of the following categories:

**Heredity:** being born to a parent or close relative who has had depression may increase our risk

**Environment:** current factors like poor housing, money worries, stress, relationship problems, physical illness, loneliness

**Life events and experiences:** past issues like bereavement, abuse, bullying, job loss, relationship break-up

**Personality:** people with a more sensitive personality or who have perfectionist tendencies are more vulnerable to depression. It's not **what** happens to us but **how we deal with it** that matters.

Most people with depression probably fall into two or more of these categories, and the more factors that apply the greater the risk. Sometimes there doesn't seem to be any reason.

### Symptoms of Depression

At least two of the following core symptoms for at least two weeks:

- An unusually sad mood that does not go away;
- Loss of enjoyment and interest in activities that used to be enjoyable;
- Tiredness and lack of energy

In addition, people who are depressed can have a range of other symptoms such as:

- Loss of confidence in themselves or poor self-esteem;
- Feeling guilty when they are not really at fault;
- Wishing they were dead;
- Difficulty making decisions and concentrating;
- Moving more slowly or becoming agitated and unable to settle;
- Having difficulty sleeping or sleeping too much;
- Loss of interest in food or eating more than usual, leading to weight loss or weight gain.

The number and severity of symptoms experienced will determine whether the depression is diagnosed as mild, moderate or severe.

### What Helps for Depression

If you think you might be depressed you should see your GP as soon as possible. Earlier treatment leads to a quicker and better recovery. The GP can also rule out any other medical cause for your symptoms. He will decide on suitable treatment depending on the severity of symptoms. Simple lifestyle changes or self-help strategies may be all that is needed for mild depression, but the GP will want to keep an eye on this. The three main types of help for depression are:

## Talking therapies (psychotherapies)

Cognitive behavioural therapy (CBT) has been proven very effective for mild/moderate depression and in preventing relapse. It works on the basis that if we change our unhelpful thinking patterns and behaviour it will improve how we feel. Self-help books based on CBT and computerised CBT are also available and there are other types of therapy and counselling. Ask your GP to tell you about them. Any of these may be used with/without medication as well.

## Medication

Anti-depressants are the most commonly prescribed and effective treatments for moderate/severe depression. It is important, however, to take them exactly as prescribed and only to stop taking them as and when advised by your GP. They are not addictive, but stopping them suddenly or too soon may cause a relapse. They work by boosting certain brain chemicals that affect mood. Any side effects usually disappear or are tolerable, although you should tell your GP about them.

## Self-help strategies

When we're feeling depressed, we tend to do less and less because of the tiredness, difficulty sleeping/eating, and negative thinking. We stop doing things we used to enjoy. It can get so bad that we can't go to work or do things at home. We stay in bed or stay at home doing very little and we isolate ourselves from friends and family. Just increasing our activity levels can make a big impact on our mood, but it's important to get a balance of activities which give you a sense of:

**Closeness** - doing things with other people e.g. walking with or visiting friends/family, talking on the 'phone

**Achievement** - things that make us feel that we have done something useful e.g. doing the ironing, tidying the garden, helping someone else

**Pleasure** - doing something you enjoy e.g. reading, going to the cinema, dancing, visiting the local park

### Other key factors for recovery include:

- Keeping physically active on a regular basis
- Maintaining a regular sleep routine
- Eating a healthy, balanced diet
- Avoiding alcohol, or keeping it to safe limits

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See our Factsheet 3 for more information on looking after your mental health. Take slow, small steps and choose activities that suit you. Don't forget to plan rest/relaxation periods too and remember most people with depression recover fully.



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# Factsheet 2

## Understanding Anxiety

Feelings of anxiety are common, normal, and experienced by everyone in certain situations e.g. sitting an exam, going for interview, crossing the road. In these situations some anxiety is good, as it helps us to focus on what we are doing or be alert to danger. However, when we become anxious and worried when there is nothing to be anxious about and the feelings become intense, last a long time and start to interfere with our daily lives it may be developing into an anxiety disorder.

### Who is at Increased Risk of Having an Anxiety Disorder

People who had difficult childhood experiences, an overly critical parent or who were raised with expectations of very high standards have an increased risk. They may have a very wary or threatening view of the world or be overly sensitive.

### Signs of an Anxiety Disorder

Anxiety affects people in a variety of ways but the symptoms can usually be grouped under four headings:

#### Thinking

We may think things like 'something bad is going to happen', 'I won't be able to cope', or 'I feel bad so it must be bad'

#### Feelings

Anxious, fearful, worried, nervous, restless, agitated

#### Behaviour

Avoiding certain people, places, situations; not going out; only going to places at certain times or only going with someone else or leaving early; increased use of alcohol or drugs

### Physical symptoms

Headaches, muscle and/or chest pain, sweating, tingling, numbness, shaking, dizziness, rapid or shallow breathing, rapid heartbeat or palpitations, dry mouth, nausea, vomiting, diarrhoea

Each person is likely to be affected differently and have more problems with some symptoms than others.

### Types of Anxiety Disorders

**Generalised anxiety disorder** is when a person has overwhelming feelings of anxiety or worry more days than not for six months or more. The worry is usually unfounded or exaggerated and is about things that may go wrong and not being able to cope when they do.

**Panic disorder** – a person with panic disorder suffers from panic attacks. These come on quickly and symptoms are acute, especially hyperventilation, rapid heartbeat and/or chest pain. As the symptoms are similar to a heart attack, the person may fear they are dying. The attack usually eases within a few minutes.

**Phobic disorders** – a person may suffer from agoraphobia (avoidance of certain situations or places for fear of having a panic attack), a specific phobia (exaggerated or unfounded fear of certain things like spiders, flying, being closed in) or social phobia (fear of any situation where public scrutiny may be possible. The person usually believes that others will think badly of them).

**Post-traumatic stress disorder (PTSD) and acute stress disorder** – after experiencing, witnessing or hearing about a distressing or disastrous event, a person may suffer one of these disorders. Acute stress disorder gets better within a month whereas PTSD lasts much longer.

**Obsessive compulsive disorder (OCD)** – a person with OCD has obsessive thoughts (most of these are about fear of harm or contamination) and, in an effort to reduce the anxiety caused by these, carries out compulsive behaviours like excessive cleaning or hand washing.

Many of the symptoms are common to all disorders and people with anxiety may not fit neatly into one particular type.

### **Depression and Anxiety**

These commonly go hand in hand. When we are depressed, we often worry about the future and have a mixture of anxiety and depression. If we have been experiencing high levels of anxiety over a long period of time it may well lead to depression (See Factsheet 1).

### **What Helps for Anxiety**

It is really important to see your GP if you think you are suffering from anxiety as he can not only advise on an appropriate course of action but rule out other causes such as some medical conditions or side effects of certain prescription/non-prescription drugs.

### **Talking therapies**

Cognitive behavioural therapy has been proven to be effective for anxiety disorders in both the short and long term. It works on the basis that if

we change our unhelpful thinking patterns and behaviour it will improve how we feel. Mindfulness is another proven method of controlling anxiety. It is a way of paying attention to the present moment using meditation and breathing and helps us become more aware of our thoughts and feelings so that, instead of being overwhelmed by them, we're better able to manage them.

### **Self-help strategies**

This can really make a difference. Take slow, small steps and choose what suits you:

- Relax – explore what helps you e.g. CD's, reading, yoga, massage
- Be active – you don't have to join a gym! Take the stairs or do tasks more quickly. Do regularly and build up gradually
- Get adequate sleep
- Reduce caffeine intake
- Talk about it with someone you trust
- Challenge your thinking – is it fact or opinion?
- Accept the feelings – 'this is just anxiety', 'It'll pass like before'
- Avoid alcohol or keep to safe limits

### **Medication**

The GP may prescribe a short course of anti-anxiety medication or tranquilisers to help in a crisis. However, these are addictive and should be time-limited until more effective treatment is in place. Some of the modern day anti-depressants are also very effective for certain types of anxiety or when depression is also present.

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See our Factsheet 3 for more information on looking after your mental health. In time, you can learn to manage anxiety better.



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# Factsheet 3

## Looking After Your Mental Health

Our mental health affects how we think and feel and how we cope with life's ups and downs. The World Health Organisation defines mental health as 'a state of well-being in which an individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. When our mental health is good we have a positive view of ourselves, have healthy relationships and are hopeful about the future. However, just like our physical health we need to look after it in order to maintain it. Our mental health doesn't always stay the same. It can change as circumstances change and as we move through different stages of our life. Periods of change and difficult experiences can put it at risk depending on how we think about them and what support we have around us.

### Mental Health Problems

We all have mental health problems from time to time e.g. when we are under pressure at work, are coping with a loss, have relationship problems or a physical illness. We may feel down, stressed or worried, but we normally recover after a relatively short period of time. However, if these difficulties persist or we don't have good support, we may be at risk of developing a mental illness.

### Mental Illness

A mental illness is a diagnosable condition that causes major changes in our thinking, behaviour and physical and emotional feelings. It affects our ability to work and have healthy relationships. The most common mental illnesses are depression (Factsheet 1) and anxiety (Factsheet 2) affecting one in four of us in a lifetime. The more

severe illnesses bipolar disorder (Factsheet 10) and schizophrenia are less common, affecting around one in ten of us.

If you are worried about your mental health or concerned that you may have a mental illness, talk to your GP as soon as possible. He will advise on suitable help or treatment if required.

Using self-help strategies will help all of us to maintain good mental health or improve it when we have a mental health problem or illness.

### How to Take Care of Your Mental Health

**Be active:** This helps lift our mood, reduces stress and anxiety, improves physical health, and gives us more energy. It doesn't have to cost money by for example joining a gym. We just need to find an activity we enjoy such as walking, cycling or swimming and do it regularly. Even doing daily tasks faster so that we get slightly out of breath will help send 'happy' chemicals to our brain. When out shopping or at work take the stairs rather than the lift or escalator.

**Stay connected:** Keeping in contact with trusted and supportive family and friends can help you deal with the stresses of life. They can make you feel included and cared for and can offer different views from whatever's going on inside your own head.

**Make time for relaxation:** Different things work for different people. Try reading, yoga or meditation, or just put your feet up and then make time for it on a regular basis.

**Eat a good, balanced diet:** This is just as important for mental health as it is for physical health. Eat regularly, eat breakfast, eat healthily,

eat fruit and vegetables and drink water. Food and drinks that contain caffeine, sugar and additives may give us a short term 'boost' but this is usually short-lived and may result in increased anxiety and low mood.

**Balance sleep:** Keep to a healthy sleep routine – including going to bed and getting up at more or less the same time each day. The more we sleep the more tired we seem to feel. If you have disturbed sleep patterns try not to 'nap' during the day to make up as this will just make the problem worse.

**Talk about feelings or problems:** 'A problem shared is a problem halved'. This is a wise saying if we choose people we trust and who won't judge us to confide in - just being listened to can help us feel supported and less alone. Talking can be a way to cope with a problem you've been carrying around in your head for a while.

**Have some fun or be creative:** This helps us feel better and increases our confidence. Doing something we enjoy probably means we're good at it and achieving something boosts our self-esteem. Concentrating on a hobby like gardening or listening to music can help us forget our worries for a while and change our mood.

**Be kind to yourself:** Encourage rather than criticise yourself. We are all unique with different strengths and weaknesses. If we were all the same the world would be a very boring place. Yet we may find it difficult to accept compliments, never mind praise ourselves. We often focus too much on our faults. Treat yourself the way you would treat a friend.

**Help others:** Just doing another person a kindness can help us feel good. Helping out can make us feel needed and valued and that boosts our self-esteem. Try looking for volunteering opportunities in your area.

**Beware of alcohol and other drugs:** Drinking too much has a negative impact on our mental health. Whatever the short-term effects, alcohol is a depressant and there are healthier ways of coping with tough times. Drug misuse (whether these are illegal drugs, prescribed or over the counter medications) can lead to mental health problems or even serious mental illness.



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# Factsheet 4

## Depression in Later Years

We all feel down or fed-up at times but these feelings don't usually last and are a normal response to problems or difficulties in our lives. However, when they don't go away, are more than we can cope with, and our ability to carry out daily tasks and have satisfying personal relationships is affected, it may be depression the illness.

Depression is very common and may affect as many as 1 in 4 people at some point. People of all ages and backgrounds are susceptible but it is particularly common among older people. An estimated 25% of those living in the community and 40% of those in residential care homes are affected at any one time.

### What Causes Depression

Usually there's more than one cause or risk factor. Most of these fall into one of the following categories:

**Heredity:** being born to a parent or close relative who has had depression may increase our risk

**Environment:** current factors like poor housing, money worries, stress, relationship problems, physical illness, loneliness

**Life events and experiences:** past issues like bereavement, abuse, bullying, job loss, relationship break-up

**Personality:** people with a more sensitive personality or who have perfectionist tendencies are more vulnerable to depression.

Most people with depression probably fall into two or more of these categories and the more factors that apply the greater their risk. Sometimes there doesn't seem to be any reason.

### Why Are We More at Risk in Later Years

A number of factors contribute to increased risk at this stage - stopping work, having less money, loneliness, health problems, the death of a partner or friends. In spite of this, depression in later years should not be considered as inevitable or normal.

### Symptoms of Depression

At least two of the following core symptoms for at least two weeks:

An unusually sad mood that does not go away;

- Loss of enjoyment and interest in activities that used to be enjoyable;
- Tiredness and lack of energy
- In addition, people who are depressed can have a range of other symptoms such as:
- Loss of confidence in themselves or poor self-esteem;
- Feeling guilty when they are not really at fault;
- Wishing they were dead;
- Difficulty making decisions and concentrating;
- Moving more slowly or becoming agitated and unable to settle;
- Having difficulty sleeping or sleeping too much;
- Loss of interest in food or eating more than usual, leading to weight loss or weight gain.

The number and severity of symptoms experienced will determine whether the depression is diagnosed as mild, moderate or severe.

### What Helps for Depression

If you think you are depressed you should see your GP as soon as possible. Earlier treatment leads to a better recovery. The GP can also rule out any

other medical cause for your symptoms. He will decide on suitable treatment depending on the severity of symptoms. The three main types of help for depression are:

### **Medication**

Anti-depressant medication is effective for the treatment of moderate/severe depression and up to 70% of older people in this category will improve, although recovery may be slower than that expected for a younger person. Modern antidepressants are not addictive and have few serious side effects. However, in older people, antidepressants can lower the amount of salt (sodium) in the blood - this can make you feel weak and unsteady. Ask your GP for advice if this happens and about any other troubling side effects.

### **Talking therapies (psychotherapies)**

Cognitive behavioural therapy (CBT) has been proven very effective for mild/moderate depression and in preventing relapse. It works on the basis that if we change our unhelpful thinking patterns and behaviour it will improve how we feel. However, if waiting lists are long or you can't access CBT there are many excellent self help books based on CBT. Computerised CBT is also available as are

other types of therapy and counselling. Any of these may be used with/without medication.

### **Self-help strategies**

When we're depressed, we tend to do less and less because of the tiredness, difficulty sleeping/eating, and negative thinking. We stop doing things we used to enjoy. It can get so bad that we can't go to work or do things at home. We stay in bed or stay at home doing very little and we isolate ourselves from friends and family. Increasing our activity levels can make a big impact on our mood but it's important to get a balance of activities that give you a sense of:

**Closeness** e.g. walking with or visiting friends/family, talking on the 'phone, going to lunch clubs

**Achievement** e.g. completing daily chores, tidying the garden, volunteering

**Pleasure** e.g. reading, going to the cinema, dancing, visiting the local park, keeping up with hobbies

It is also really important to eat properly, get balanced sleep and to be as active as you can on a regular basis. Avoid alcohol or keep to safe limits.

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See our Factsheet 3 for more information on looking after your mental health. Take slow, small steps and choose activities that suit you. Don't forget to plan rest/relaxation periods too and remember most people with depression recover fully.



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# Factsheet 5

## Understanding Postnatal Depression

Postnatal depression (PND) is an illness affecting up to 15% of mothers. About one third of these will have developed the symptoms during pregnancy. These symptoms include tiredness, anxiety and irritability (See factsheet 1 on Depression) but with PND, there may not be strong feelings of sadness or unhappiness. This may mean that those affected don't seek help as they believe it is the result of sleep loss and coping with the demands of a new baby.

### Is PND different from the 'baby blues'

The 'baby blues' are experienced by about 60% of women, usually starting on the third day after birth. Symptoms include feeling tearful and/or irritable for little or no reason. These are due to hormonal changes and for most women last only one or two days but no longer than 10 days. PND generally starts a few weeks after the birth and lasts longer.

### Who's at risk of developing PND

You are more likely to have PND if you:

- Previously had mental health problems, including depression
- Had depression or anxiety during pregnancy
- Have little support from family or friends
- Had a recent stressful event e.g. bereavement, relationship ending, losing a job
- Have current issues in your life such as relationship or financial problems

### How does PND affect us

You may have some or all of the following symptoms:

- **Feeling really anxious** – Most mothers worry about their baby. If you have PND, the worry can be overwhelming. You may worry that your baby is ill, not putting on weight, crying too much or even worry about harming your baby. You may worry that you have a physical illness or that you will never get better
- **Irritability** - with your partner, baby or other children
- **Tiredness** – all new mothers get tired but depression can make you feel exhausted and lacking in energy
- **Unhappiness/sadness** - feeling worse at certain times of the day
- **Sleeplessness** - unable to fall asleep despite tiredness. Lying awake worrying or waking during the night even when your baby is asleep. Waking too early, before your baby
- **Appetite changes** – poor appetite, forgetting to eat or eating for comfort and then feeling guilty
- **Loss of enjoyment** – not enjoying or interested in anything, even your baby
- **Loss of interest in sex**
- **Negative and guilty thoughts** – e.g. 'I'm a bad mother', 'I can't cope' 'I don't love my baby' leading to loss of confidence and feelings of guilt

The number and severity of symptoms will determine whether the depression is diagnosed as mild, moderate or severe.

A very small number of women with severe depression develop psychotic symptoms. They may hear voices and have unusual beliefs. If you feel this is happening to you, seek help from your GP right away. This is very treatable and everything will be done to ensure you and your baby can stay together.

## What helps for postnatal depression

Mild PND may get better with time and good support but you should still see your GP or health visitor so that the symptoms can be monitored. They can help you decide if you do need treatment and which is right for you.

The three main types of help are:

### Talking therapies (psychotherapies)

Cognitive behavioural therapy (CBT) has been proven very effective for mild/moderate depression and in preventing relapse. It works on the basis that if we change our unhelpful thinking patterns and behaviour it will improve how we feel. However, if waiting lists are long there are lots of excellent self help books, many of them based on CBT. Other types of therapy and counselling are also available.

### Medication

Anti-depressants are effective in treating moderate/severe depression. They are not addictive and have few serious side effects. However, some are safer than others if you are breastfeeding or pregnant. Ask your GP for advice.

## Self help strategies

When we're depressed, we tend to do less and less because of the tiredness, difficulty sleeping/eating, and negative thinking. We stop doing things we used to enjoy. It can get so bad that we can't do daily tasks or go to work. We stay in bed or stay at home doing very little and we isolate ourselves from friends and family. Increasing our activity levels can make a big impact on our mood but it's important to get a balance of activities which give you a sense of:

- **Closeness** e.g. talking to friends or family, going to a parent and toddler group
- **Achievement** e.g. completing a task or doing something you've been putting off
- **Pleasure** e.g. going for a walk, reading, listening to music

It is also really important to ensure you:

- **Eat a good, balanced diet** – eat well and regularly even if you don't feel like it
- **Make up for lost sleep** – take every opportunity to get some sleep or rest. Ask for help with night time feeds if you can and try to sleep when your baby sleeps
- **Stay active** – ask your health visitor if there are mother and baby exercise classes near you, walk your baby regularly.
- **Avoid alcohol** (especially when pregnant or breast-feeding and it can harm your baby) or keep to safe limits.

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# Factsheet 6

## Depression and Work

Our work can be very beneficial to our mental wellbeing. It can provide us with a sense of purpose and achievement and can help us feel good about ourselves and boost our confidence. In fact, we know that being out of work for even a short period of time increases our risk of depression. However, work can be a cause of stress which, if not recognised and addressed, can lead to depression. Up to 1 in 4 people are affected by depression at some stage in their lives and for many, work is a contributing factor.

### What is depression

We all feel down or fed-up at times but these feelings don't usually last and are a normal response to problems or difficulties in our lives. However, when they don't go away, are more than we can cope with and our ability to carry out our work and have satisfying personal relationships is affected, it may be depression. For a list of symptoms and more information on depression in general, see Factsheet 1.

### What causes depression

- **Heredity:** being born to a parent or close relative who has had depression may increase our risk
- **Environment:** current factors like workplace stress, poor housing, money worries, relationship problems, physical illness, loneliness
- **Life events and experiences:** past issues like bereavement, abuse, bullying, job loss, relationship break-up
- **Personality:** people who have perfectionist tendencies or a more sensitive personality are more vulnerable to depression. It's not **what** happens to us but **how we deal with it** that matters.

Most people with depression probably normally have two

or more of these risk factors, and the more that apply the greater the risk. Sometimes there doesn't seem to be any reason.

### What factors at work might increase my risk

- Being under pressure – although this can motivate us and help us to focus, when excessive pressure is the 'norm' and we don't take steps to counteract it, it can lead to stress, depression or anxiety
- Having a job that is very repetitive and doesn't give us enough challenge
- Organisational change
- Having a lot of responsibility without having enough control
- Little opportunity for physical activity which is vital for our mental health

### How does depression affect us at work

If you have depression, you may notice some or all of the following changes in yourself:

- Lack of productivity
- Difficulty concentrating
- Inability to meet deadlines
- Poor timekeeping
- Taking time off work
- Being uncooperative or irritable with colleagues, or even having angry outbursts
- Loss of interest in your work or your colleagues
- Inability to say 'no', working longer hours, or taking on more and more even though you are already under pressure

### How can I help myself at work

- **Maintain a healthy work/life balance.** Take time out for activities you enjoy. Spend time with people you are close to and do something that gives you a sense of achievement outside of work.
- **Keep active.** Do some form of regular physical activity. When this is difficult to fit in, park the

car further away from work, or get off at an earlier bus stop. Use your regular breaks to get up, stretch and move around

- **Talk to someone you trust.** Try to identify if it is work or personal issues that are contributing to your depression, or both. Talk to your employer about work-related issues. Adjustments may be able to be made that will help. Ask your GP's advice about taking time off and, if needed, take it. You could then discuss a 'phased return' approach with your employer for when you are coming back. This could get you back sooner. If you think being off will make you feel worse, ask about the possibility of reduced hours or lighter duties for awhile
- **Be realistic.** Don't expect yourself to be able to do everything or to do it perfectly. Be assertive and learn to say 'no'.

It is also important to eat regularly and healthily, even if you don't feel like it. Cut down on drinks containing caffeine as this can increase anxiety symptoms. Avoid alcohol or keep to safe limits. Get plenty of rest and maintain a good sleep routine. See Factsheet

3 for more information on looking after your mental health.

### **How is depression treated**

If you think you have depression, see your GP. If needed, he/she will help you decide on appropriate treatment.

### **Talking therapies (psychotherapies)**

Cognitive behavioural therapy (CBT) has been proven effective for mild/moderate depression. It works on the basis that if we change our unhelpful thinking patterns and behaviour it will improve how we feel. There are also many excellent self help books based on CBT. Other therapies and counselling are available too.

### **Medication**

Anti-depressants are effective in treating moderate/severe depression. They are not addictive and have few side effects. However, speak to your GP if you have any concerns.

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# Factsheet 7

## Depression, Self-harm and Suicide

We all feel down or fed-up at times but these feelings don't usually last and are a normal response to problems or difficulties in our lives. However, when they don't go away, are more than we can cope with and our ability to carry out our work and have satisfying personal relationships is affected, it may be the illness, depression.

As many as 1 in 4 people experience depression at some stage in their lives. Recent studies have shown that between 8 -12% of the population (more than 150,000 people in Northern Ireland) are affected in any one year.

### What causes depression

There is usually more than one cause or risk factor including life events/experiences, current circumstances, certain personality types and having family members with the illness (See Factsheet 1 on Depression).

Most people with depression probably have two or more of these risk factors, and the more that apply the greater the risk. Sometimes there doesn't seem to be any reason.

### Symptoms of depression

At least two of the following core symptoms for at least two weeks:

- an unusually sad mood that does not go away;
- loss of enjoyment and interest in activities that used to be enjoyable;
- tiredness and lack of energy

In addition, people who are depressed can have a range of other symptoms (See Factsheet 1 on Depression).

The number and severity of symptoms will determine whether the

depression is diagnosed as mild, moderate or severe.

### Self-harm

Self-harm is the name given to any deliberate act of self-injury or behaviour intended to cause harm to one's own body. The most common form of self-harm is overdosing and the second most common is cutting. Other behaviours include burning, poisoning and alcohol/drug abuse. Some people affected by depression, or experiencing distress, may start self-harming to help them soothe unbearable emotional pain or to feel more in control of their lives. The danger with this is that, in time, the relief they experienced initially may diminish. This may lead them to increase the frequency or intensity of the self-harming behaviour, which may put their lives at risk e.g. by accidentally overdosing. In some cases self-harming behaviour may lead to suicidal behaviour.

People can and do stop self-harming as they learn to deal with problems and build other ways of coping into their lives (See Help for self-harm and suicide below). Self-harm is common so you are not alone even though it may feel like it. Over 170,000 people a year go to A&E departments for treatment after an act of self-harm and many more do not.

### Suicide

It is not uncommon for someone who is depressed or experiencing emotional distress to experience thoughts of suicide. These can be very distressing but it is important to realise that this is just another symptom of depression and that they will pass when the depression is helped (See Factsheet 1 on Depression for information about help/treatment).

However, the suicidal



thoughts become dangerous for you if you start thinking about acting on your thoughts. If you are thinking this, your emotional pain and distress probably feels more than you can cope with. But you can survive suicidal thoughts when you find a way to reduce your pain and increase your coping resources, and you can. Many people who have felt as badly as you have got through this, and help and support is available for you.

### **Help for self-harm and suicide**

There are organisations in the community who will help you deal with the problems in your life that have led to this. They will listen to you without judging you; they will see you, the person, not your behaviour. They can help you decide what help/support is right for you. (See Factsheet 11 on Useful Contacts)

**Lifeline is a telephone help and counselling service for anyone in distress or despair. It is available 24/7 and is free from mobile phones.**

**Trained counsellors, experienced in issues such as depression, self-harm and suicide will listen to you and give you confidential help and support.**

**They can give you immediate support, offer you a face-to face appointment, or signpost you to other services in your area.**

**Call Lifeline on 0808 808 8000.**

**Talk to your GP, or the doctor who is most understanding of mental health problems, at**

**your GP practice. Make an appointment as soon as possible and tell him/her exactly how you are feeling.**

### **What if I am feeling suicidal now**

#### **Keep yourself safe – talk to someone!**

- Call Lifeline on 0808 808 8000
- Talk to a friend or family member
- Go to somewhere you'll feel safe, be with other people
- See your doctor
- Call the out-of-hours GP service
- Go to the A&E department
- Call emergency services on 999

#### **Avoid/stop using alcohol or drugs**

While they may seem to help at the time, they will make your problems worse

#### **Tell yourself that**

- Suicide is a permanent solution to a temporary problem
- You've coped so far and you can get through the next...(day, week, hour)
- These are the thoughts of depression/despair and you don't have to act on them

#### **Ask yourself**

- What helped you to feel better in the past?
- What can I do right now that will help me feel better?

Don't try to deal with this alone; suicidal thoughts are difficult enough without 'going it alone'. There are a lot of people who want to listen to you and to help you. Remember, the vast majority of people with depression recover completely. You will look back and be glad that you chose to live!

See our Factsheet 3 for more information on looking after your mental health. Take slow, small steps and choose activities that suit you. Don't forget to plan rest/relaxation periods too and remember most people in emotional distress or despair recover completely.



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# Factsheet 8

## Young People's Mental Health

When you hear the words mental health, what do you think of? Do words like 'nuts' or crazy come to mind? They probably do with most people but that's not what mental health is about. The word 'mental' simply means 'to do with your mind' and mental health is about how healthy your mind is. It is about your thoughts, moods and how you deal with the 'ups' and 'downs' of life. Good mental health doesn't mean you're in a good mood all the time, that's impossible. It means you enjoy good times, cope with bad times and bounce back afterwards.

### Mood matters!

It's normal to have 'good' and 'bad' moods and these change all the time, depending on what's happening to you. You're probably in a good mood when your team wins or you're going out with friends, and feel happy and excited. You might be in a bad mood when you have too much homework or break up with your boy/girlfriend, and feel sad or angry. Even the bad moods don't usually last long but this all depends on what you think about the situation and also what you do about it (your behaviour). About the break up, you might think "I'll never get over this" or "I'll never feel the same about anyone else". Then you might stop talking to friends, going out or enjoying things. You might cry a lot or pick fights with people (behaviour). Thinking and behaving like this is unhelpful. Your mood will probably get worse and you might even lose friends. A more helpful way to think might be "This is really hard, but I'm strong and I will get through it". A more helpful way to behave might be to do something you enjoy with friends and talk to someone you trust about how you're feeling.

Most likely, by talking to people you trust, getting the right support and trying out some of the self-help tips

at the end of this factsheet, you will get through difficult times and feel better again. However, if the moods are lasting a long time (a few weeks or more), are more than you can cope with, and affect your daily activities and relationships, it might be depression.

### What is depression like

"At the minute I feel lost, lonely and can't see that changing for me. I feel like I'm drifting, I drifted through my exams and I'm still drifting."  
"I didn't feel right... I was so sad all the time. I found school really difficult. It was difficult to talk to people and I lost my confidence."

That's what two young people said about it. Many young people become depressed but don't realise what is happening and, more importantly, that with help they will get better. Depression is very common, especially among teenagers. Half of all teenagers feel stressed most of the time and up to 1 in 5 have depression. 1 in 10 do not believe life is worth living.

### How would I know if I had depression

Depression affects your thoughts, feelings (emotions), your body (physical symptoms) and your behaviour

#### What you might think

"I'm useless, nothing ever goes right, life isn't worth living"

#### What you might feel

Unhappy, worried, guilty, angry

#### Your body

Aches & pains, tired, problems sleeping, put on weight or lose weight

## Behaviour

Cry, stay in, forget things, eat more or less, hurt yourself, alcohol and/or drugs

## Why do people get depression

- **Heredity:** having a parent or close relative who has had depression may increase your risk
- **Environment:** things that are happening now such as stress at school, bullying, loneliness, drinking alcohol or using drugs
- **Life events and experiences:** things in your past that were difficult for you like bullying, abuse, someone dying
- **Personality:** being very sensitive or always want to be best at everything. It's not **what** happens to us but **how we deal with it** that matters.

## What helps for depression

The first, most important thing to do is **TALK** about it no matter how hard.

**T**ell someone who can help, an adult that you trust and who won't judge you. Talk with your friends; they may understand more than you think. If you feel you really can't talk to

someone face-to-face, phone **Lifeline on 0808 808 8000. Lifeline is a telephone help and counselling service for anyone in distress or despair.** . It is available 24/7 and is even free from mobiles!

**A**llow time for fun and relaxation. This helps us feel better and increases our confidence. Doing something we enjoy probably means we're good at it and achieving something boosts our self-esteem.

**L**earn the facts. You've taken the first step by reading this factsheet. See your GP. He/she will decide what help or treatment is right for you. Getting practical help with problems and making changes to your lifestyle may be enough, or some sort of talking treatment or counselling might help. If you're feeling very low, you may need to take anti-depressants. These don't always work for under-eighteens or might make you feel a bit worse before you start to feel better. When they do work, they work well but your GP will want to see you regularly while you are taking them.

**K**ee as active and busy as possible. Physical exercise helps lift our mood, reduces stress and anxiety, improves physical health, and gives us more energy. Doing things can help us forget our worries for a while and change our mood.

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See our Factsheet 3 for more information on looking after your mental health. Take slow, small steps and choose activities that suit you. Don't forget to plan rest/relaxation periods too and remember most people with depression recover fully.



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# Factsheet 9

## Understanding Bipolar Disorder

Bipolar disorder (previously known as manic-depression) is a serious illness and, if affected, you may experience depression lasting weeks or months, alternating with bouts of elation ('highs') of variable duration. For months, even years, your mood is otherwise perfectly normal. For people with elation, who do not have the accompanying depressive episodes, it is still referred to as bipolar disorder.

We are all familiar with the changing moods of everyday life, but the mood-swings of bipolar disorder are much more intense and prolonged. They also disturb your everyday life to a considerable degree.

### What causes bipolar disorder

Bipolar disorder usually begins between the early teens and forties. It affects about 1 in 100 people and both men and women equally. The causes are not fully understood but the following factors are known to be involved:

- **Genetics:** although not directly inherited, if you have a parent with bipolar disorder, you have a 10% risk of developing it
- **Biochemical factors:** it is believed to be associated with a chemical imbalance in the brain
- **Stress** – may trigger symptoms if you are already pre-disposed to the disorder
- **Alcohol/drugs** – can also trigger symptoms if you are pre-disposed
- **Other factors** – Very rarely, brain tumours, trauma, haemorrhage, infection or multiple sclerosis, can cause bipolar disorder by damaging a network of nerve cells in the brain called the limbic system.

### Symptoms of depression

At least two of the following core symptoms for at least two weeks:

- An unusually sad mood that does not go away;
- Loss of enjoyment and interest in activities that used to be enjoyable;
- Tiredness and lack of energy

See Factsheet 1 on Depression for a complete list of symptoms.

### Symptoms of elation

- Feeling 'high' 'on top of the world', 'better than usual' or 'better than ever before'.
- Uncharacteristic anger or irritability.
- Great energy and not needing to rest.
- Overactive, restless and easily distracted.
- Racing mind that cannot be switched off, 'pressure in the head'
- Talking rapidly and jumping from one topic to another.
- Decreased need for sleep.
- Excessive and unrealistic belief in one's abilities.
- Poor judgment.
- Increased interest in pleasurable activities: new ventures, sex, alcohol, street drugs, religion, music or art.
- Demanding, pushy, insistent, domineering or provocative behaviour, not able to see the changes from one's usual self – 'there is nothing wrong with me'.
- Delusions (false ideas) and or hallucinations (visions or voices) may occur and they usually relate to grandiose ideas about religion, creativity, sex, politics or business.

Intense elation rarely goes undiagnosed for long but in its less intense form, hypomania, it is less apparent and, for the individual affected, is often, though not always, an enjoyable

experience. With fewer symptoms of elation, it may even go unrecognised for years.

### How is bipolar disorder treated

People affected are usually referred to a mental health team by their GP. A psychiatrist will decide the appropriate treatment for each individual and support will also be available from other mental health professionals such as a community psychiatric nurse.

**Medication** is the main treatment for bipolar disorder and the mood stabiliser, Lithium, works for 75% of people. Alternatives are available for the other 25%. Individuals may need a combination of drugs e.g. anti-depressants during the depressed phase or anti-psychotic drugs if hallucinations or delusions are present.

After just one episode, it's difficult to predict how likely you are to have another and you may not want to start medication at this stage, unless it was very severe and disruptive. If you have a second episode, there is a strong chance of further episodes, so most psychiatrists would recommend a mood stabiliser at this point and it will usually be continued for at least 5 years. Some people will need to take them for much longer depending on the severity or frequency of symptoms. Medication doesn't cure bipolar disorder, it controls the mood swings.

**Psychotherapy or counselling** may help you come to terms with the illness and provide support and guidance for you and your family. It can help you spot relapses and get help earlier. Cognitive behavioural therapy may help with depression. However psychotherapy does not control or stabilise bipolar disorder.

### Self-help

- **Learn** all you can about the illness and what help is available such as your community mental health team and Aware support groups. Learn to spot the early warning signs so you can get help early.
- **Continue your medication** as prescribed. Failing to do so is the most common reason for relapse. Never stop or change it without talking to your doctor.
- **Involve your family/people close to you** in helping you deal with it. Give them information so that they know how best to support you.
- **Choose one person** who sees you often to help you spot a relapse and agree appropriate action with them in advance.
- **Face your fears** – if a relapse occurs, talk it over honestly with those close to you. This can help rebuild relationships if your actions, while ill, have caused distress.
- **Keep a healthy life/work balance** – make time for physical activity, relaxation, fun and relationships.
- **Avoid alcohol/other drugs** or at least stay within safe limits – check with your doctor.
- **Avoid stress**, or learn how to handle it better when impossible to avoid.

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See Aware's booklet 'Understand more about bipolar disorder' and our Factsheet 3 for more information on looking after your mental health.



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# Factsheet 10

## Helping Someone with Depression/Anxiety

Depression and anxiety are the most common of all mental health disorders affecting one in four of us in a lifetime.

(See Factsheets 1 & 2 for more information)

### Signs of Depression

Depression affects people in a variety of ways but the symptoms can usually be grouped under four headings:

#### Thinking

They may think things like "I'm useless, nothing ever goes right, life isn't worth living". They might find it hard to concentrate or make decisions

#### Feelings

They might feel unhappy, worried, guilty, angry

#### Behaviour

They may cry a lot, avoid people, forget things, eat more or less, hurt themselves, misuse alcohol and/or drugs

#### Physical Symptoms

They may experience aches & pains in their body, feel tired, have no energy, put on weight or lose weight

### Signs of an Anxiety Disorder

As with depression, the signs of anxiety can be grouped under the same four headings:

#### Thinking

They may think things like 'something bad is going to happen', 'I won't be able to cope', or 'I feel bad so it must be bad'

#### Feelings

Anxious, fearful, worried, nervous, restless, agitated

#### Behaviour

Avoiding certain people, places, situations; not going out; only going to places at certain times or only going with someone else or leaving early; increased use of alcohol or drugs

#### Physical symptoms

Headaches, muscle and/or chest pain, sweating, tingling, numbness, shaking, dizziness, rapid or shallow breathing, rapid heartbeat or palpitations, dry mouth, nausea, vomiting, diarrhoea

Each person is likely to be affected differently and have more problems with some symptoms than others.

### Help/treatment for depression and/or anxiety

The two main treatments are talking therapy such as cognitive behavioural therapy (CBT) and self help. Medication (anti-depressants) is effective for moderate/severe depression or when depression is accompanied by anxiety (see Factsheets 1 & 2).

### How you can help

As a carer, you may at times feel both hopeless and helpless in the face of your loved one's illness but depression and anxiety are treatable and the vast majority of people make a full recovery. With a good understanding of the illness you can play an important part in this. Through a well informed, caring and supportive approach carers can, working alongside the person who is ill and their doctor, speed recovery, prevent relationship and family breakdown and avoid



other potentially negative consequences of the illness such as unemployment, alcohol abuse, financial difficulties or even suicide.

### **The following tips will be helpful:**

- Encourage them to tell you how they feel
- Try to be a good listener – even if you hear the same thing several times
- Remind them that depression is treatable and is not their fault
- Keep reassuring them that they will get better
- Encourage them to get some regular exercise and to eat a balanced diet
- Encourage them to practice relaxation techniques
- Encourage them to see their GP. Offer to accompany them to appointments to help them describe their symptoms, or ask any questions they may have, but it's also important that they have time with the GP on their own
- Help them to avoid alcohol, or at least keep it within safe limits
- Encourage them to reduce their intake of caffeine if they have anxiety
- Take them seriously if they talk about feeling hopeless or suicidal and seek professional help straight away

### **How you may be affected**

Caring for someone with depression or anxiety can be difficult, stressful and lonely, but help and support are available

You may feel:

- impatient with the person's behaviour
- exhausted by listening and caring
- isolated from your friends

you may worry about:

- losing the person you knew
- coping and asking for help
- the future, including money problems
- stigma – what other people might be thinking or saying
- the person's safety and the risk of suicide

### **Taking care of yourself**

- Share your worries with trusted friends and family members – but do respect the person's right to privacy
- Call the Aware helpline for information and support
- Don't struggle on alone; ask for help when you feel you need it
- Make time for yourself and leisure activities
- Make sure you eat well and get enough exercise
- Go and see your own doctor if you find it hard to sleep or are anxious or depressed
- Ask if a family support worker is available

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Lifeline is a telephone help and counselling service for anyone in distress or despair. It is available 24/7 and is free from mobiles. Trained counsellors, experienced in issues such as depression, self-harm and suicide will listen and give confidential help and support. They can give immediate support, offer a face-to-face appointment, or signpost you to other services in your area.

**Call Lifeline on 0808 808 8000.**

Alternatively, you could call your GP, the out-of-hours GP service, or emergency services on 999. See our Factsheet 3 for more information on looking after your mental health.



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