

# Gaining control of your life after having a baby

A Self Help Workbook for Post-natal Depression



# Contents

Part 1	About this book	4
Part 2	Understanding post-natal depression	8
Part 3	Setting goals	15
Part 4	Self monitoring	18
Part 5	Changing the way you behave	25
Part 6	Changing the way you think	28
	Watch out for your rule book	33
Part 7	More helpful techniques	38
Part 8	Bad days, setbacks and relapse	48
Part 9	Useful information	51
	1 Anxiety	51
	2 Relaxation	55
	3 Sleeping better	58
	4 Medication	61
	5 Supporting someone with post-natal depression	64
Part 10	Tips for managing post-natal depression	66
Part 11	Six months on	68
Part 12	Further reading and helpful agencies	70
	Bibliography	71

# Part one

## About this book

### Background

This workbook is different from other books you may have read. Gaining Control of your Life is a practical guide and will tell you about a number of skills to manage your moods. The programme is designed to build your knowledge and confidence step by step to help you work steadily towards your goals. The techniques in this workbook come from “cognitive behavioural therapy”. This is a type of therapy used by psychologists and others to help people manage all sorts of problems. The “cognitive” part deals with how you think, and how this can affect your moods. The “behaviour” part deals with how you can manage your moods by changing what you do.

### Who is it for?

This book is for women who have mild to moderate depression before or after having their baby, or if they are recovering from an episode of severe depression associated with pregnancy. It could also be useful if you are supporting someone with depression.

The book has been written by a Clinical Psychologist (Alison Sedgwick-Taylor), Sue Moos, (Maternal Mental Health Strategy Lead) and two patients (Lauren Thomas who has suffered from anxiety and depression, and Linda Thompson who has suffered from episodes of postnatal depression). Linda has provided invaluable comments and feedback, and is quoted throughout the book. The techniques that are presented are ‘evidence-based’, that is, they have been extensively researched and shown to be effective in the management of mental health difficulties. All the techniques, when used alone but particularly when used together, have been shown to be effective.

*I had postnatal depression after each of my children and received counselling after two episodes. I think this book is great – it clearly explains some useful techniques. No matter how hopeless it feels now, they do work, so give it a go.*

Linda, patient adviser

## Meet Diane, Ros, Kayleigh and Jasmine

Throughout the programme you will be introduced to four characters, Diane, Ros, Kayleigh and Jasmine who will help to bring the techniques to life. You can follow their progress during the programme if this is

helpful. Do not worry if you do not exactly recognise yourself or your problems in the cases described. Our four characters are fictional but based on typical real life situations.



*Hello, I am Diane, a person who you would not expect to have depression. The depression after the birth of my baby, Rory, was made worse by my own high standards. I think I've learnt that I'm a perfectionist and that*

*100% perfect is just not practical, especially with a baby in the house. Learning to cope with “it'll do” and “good enough” has been the key for me in making me happier.*



*I am Ros. When I was a student I had depression. I then had postnatal depression after my first child, Jamie, was born. After my second child, Jenna, was born, I felt like a bad*

*mother and lost all energy and enthusiasm. I found this programme helpful in getting active again. Finally acknowledging there is a problem, with a name and treatment that might help, has been a real relief.*



*My name is Kayleigh. I am a single mum with a beautiful little boy called Joshua. I have had a pretty tough life so far, and a traumatic birth. I have no confidence in myself as a mother and lie awake at night*

*worrying and crying. The programme has helped me become happier about myself and my life. I've a long way to go, but this has been a good start.*



*I'm Jasmine and I was struggling after the birth of my daughter Naomi. My mother-in-law has been really supportive but I needed to learn to feel more confident about looking after*

*my daughter on my own. The thought of this made me anxious and panicky. The book teaches you how to take small steps towards your goals - that makes it so much more manageable.*

## Getting the most out of the workbook

You can choose whether you do the programme in full or just read some of it now and then. You can dip in and out of the book if this is helpful to you. If you want to follow the programme in full, the following structure is suggested:

In our experience we recommend you take between 8–12 weeks to do the programme. However, if you want to take less or more time to read and take in all the information that is fine. Obviously the amount of time you can dedicate to the programme will be affected by the demands of looking after a baby. If you have someone who can help with looking after the baby, and someone with whom you can discuss your progress on a regular basis, this will also be beneficial. This need not necessarily be the same person.

☞ Week 1	Parts 1 + 2
☞ Week 2	Part 3
☞ Week 3	Part 4
☞ Weeks 4 and 5	Parts 5 + 6
☞ Weeks 6, 7 and 8	Part 6 onwards
☞ Weeks 9 and 12	Part 7 onwards

We want you, to find the techniques that work best for you so we suggest you read and try them all. If you prefer particular techniques, and they are working for you, then stick to them.

However, we advise you spend no less than a week practicing the techniques presented in each new section.

Diary sheets are available at the back of the book should you wish to use them.

We suggest you read Parts 1–3 first. Parts 4–7

are about the techniques you will need to learn and practise. Part 8 is about staying well. Additional information that may or may not be relevant to you is provided in Part 9. Part 10 is a summary and Part 11 is a 6-month on review of the progress of our patients. You can also find out about additional reading and useful agencies in the back of this book.

For this programme to work you need to put the suggestions into practice repeatedly. This takes time and considerable determination.

Throughout the programme there will be many opportunities for you to write down your thoughts and feelings. The homework is a very important part of the programme and will really help to make a difference. It is important for you to find time to do this.

Accept offers of help so that you have some free time, and try to set aside some time when the baby is asleep.

You need to have decided that things need to change for you to be regaining control of your life. You need to stick at it. Each little step can add up to a major change for the better.

By picking up this book you are saying that you want things to change. Of course you want to feel better. This workbook is packed full of suggestions on how to start feeling better, but they do take a bit of effort to put into practice. Do not worry if you cannot do all that is suggested, or even half of what is

suggested. If you do just one thing that is described in the book, at least you have taken a step in the right direction.

## Summary

This self-help programme is for anyone struggling to manage their moods around the time of children. It could also be useful if you are supporting someone with depression. The workbook teaches cognitive and behavioural techniques that have been shown in research and clinical practice to be very effective. Reading the workbook will not be enough. You will need to practise and use the techniques over time to feel the benefits.

*"You may be feeling worried about this already. Perhaps you feel you can't even manage the baby, let alone anything else. But the benefits could be a happier, more capable mum, and a happier baby and family. Now isn't that worth trying for?"*

Linda, patient adviser

# Part two

## Understanding depression

We understand that depression is one of the most painful and demanding experiences to endure. One of the most difficult aspects is the thought that nothing can change, or that you will not get better. However, women do get better. Research and the experience of many women have taught us how depression around the time of childbirth starts, what impact it has and how it ends.

We also know that there are techniques that you can use that can help to lift your mood quicker. This workbook will introduce you to these techniques and encourage you to practise what you learn so that these new skills become part of your life. In this way you will get better and have more of a chance of staying well.

Just knowing about these techniques and ideas can help you see that things are not as hopeless as they may seem. Even succeeding with one small goal may be what you need to start feeling better. Every time you pick up this programme you will be taking a positive step, so don't be hard on yourself if you need several attempts to get started.

Linda, patient adviser

### Important Notes

- You are not alone. Between 10% - 15% of women develop depression after childbirth. About the same number of women are depressed before the baby arrives. It can happen to anyone. Getting depressed does not mean you are weak or a bad mother.
- Depression is hard to diagnose yourself. Our moods can dramatically affect our judgements about ourselves. Partners, friends and family are often the first one to notice that something is wrong. However, often we need a professional to help us diagnose our experience.
- Women who have had postnatal depression have a 30% chance of having it again.

Sounds scary doesn't it? But remember that even if you do get depression again, you are likely to recognise your particular symptoms earlier and seek help and support sooner. Doing this workbook may prevent you from being in the 30% too.

Linda, patient adviser

### What is Depression?

Depression comes in many forms and has many causes. It can occur in pregnancy or after having a baby. It should not, however, be confused with 'Baby blues' or other postnatal illnesses. Baby blues occur in up to 80% of women at around three to five days after delivery and lasts up to about 48 hours. It is a brief episode of tearfulness and emotional instability, and treatment is not usually required. For some women the baby blues are more severe and last longer. We know from research that this can be a predictor of subsequent depression as up to 40% of women affected by severe baby blues go on to develop postnatal depression.

Postnatal depression affects 10 to 15% of women after having a baby. This is similar to the number of people affected by depression at other times in their lives. What makes it different is that it occurs at a time when women are particularly vulnerable and when there is a baby to be looked after. In women who have had postnatal depression, there is a 30% chance of recurrence. It usually develops gradually and can vary in severity. In up to a third of women, their depression begins in the antenatal period, but being depressed before the baby is born does not mean a woman will necessarily be depressed after the birth. Half of the women who get postnatal depression develop it by three months after delivery, and three quarters develop it by six months. Postnatal depression resolves over time, but without any treatment it can persist after the baby's first birthday.

Puerperal psychosis is a much rarer and more severe postnatal illness, occurring in one to two women in every thousand births. Because of its severity, it is usually dealt with as an emergency. It usually develops within days of giving birth and always by the third week. The symptoms are quite different from baby blues and postnatal depression: for example, loss of contact with reality (delusions, hallucinations), and abnormal behaviour and speech.

Depression isn't just about feeling sad, but lots of other symptoms too. These symptoms can include changes in your emotions, your thinking, your physical functioning, the way you behave, and the way you feel about your baby and about being a mother.

Some common symptoms of depression that help doctors to diagnose the condition are described below. You may wish to tick the ones that apply for you:

SYMPTOM	YES	NO
Low or sad mood	<input type="checkbox"/>	<input type="checkbox"/>
Loss of interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>
And at least 4 of the following symptoms:		
Tearfulness	<input type="checkbox"/>	<input type="checkbox"/>
Disturbed sleep	<input type="checkbox"/>	<input type="checkbox"/>
Guilt or low self worth	<input type="checkbox"/>	<input type="checkbox"/>
Pessimism or hopelessness about the future	<input type="checkbox"/>	<input type="checkbox"/>
Decreased sex drive	<input type="checkbox"/>	<input type="checkbox"/>
Mood variation during the day	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts or acts	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of harming your baby	<input type="checkbox"/>	<input type="checkbox"/>
Loss of self confidence	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or loss of energy	<input type="checkbox"/>	<input type="checkbox"/>
Agitation or slowing of movement or speech	<input type="checkbox"/>	<input type="checkbox"/>

You need professional assistance if you have thoughts of suicide and/or thoughts of harming your baby. Thoughts of harming your baby are particularly distressing, but not uncommon. It may be reassuring to know that women rarely act on these feelings. Telling someone is the first step to feeling better. You

may not care if you live or die at the moment, but this is a symptom of the disorder, and you can think and feel differently with help.

Don't be scared that if you tell someone how you are feeling, your baby will be taken away. Health professionals are there to help you get well enough to be a good mother for your baby, and knowing how bad you are feeling will help them give you the correct treatment and help.

Linda, patient adviser



### Meet Kayleigh

*I am Kayleigh and I am 18 years old. Joshua is now six months old and the two of us live in a flat in the town*

*centre. Joshua's dad left us two months ago. He said he couldn't put up with how I had changed and that he didn't fancy me anymore. That might be because I have put on weight. I have definitely been eating much more than usual for the last few weeks, even though I'm not hungry.*

*My mum lives nearby but we don't get on and I don't have any brothers or sisters to talk to. I was sexually abused as a child and have cut myself in the past but I haven't done it for a long time. I feel so bad about myself now though that I have started to think about doing it again.*

*I had an awful labour and ended up having a caesarean section. Joshua had to be in the Special Care Baby*

*Unit for a week so I didn't see him much to start with. My aunt helped me a lot until I was better, but she works, so it is difficult for her to be there when I need her. Any routine I had with the baby has gone and I can't be bothered to try and sort it out. I started to go to a mother and baby group at the community centre but I just don't feel like going anymore. Joshua sleeps well at night but I can't - I find it hard to fall asleep and sometimes I just lie awake and worry or cry.*

### Why me, Why now?

There are a number of factors that cause and maintain depression. Each of the factors listed below plays a part in causing depression, and depression then has an impact on these factors. A vicious cycle of inactivity, low mood, isolation, fatigue and negative thinking can feel like it is spiralling beyond your control. The longer it goes on the more you feel like you cannot get out of the trap. Starting somewhere to do something differently can help to make you feel a bit more in control and slow down the depressive vicious cycle.

### Situation

We know that there are certain factors that make it more likely for a woman to become depressed around the time of childbirth. For instance, we know that there is often, but not always, a difficult life situation that triggers depression. We also know that particular situations can make depression worse. Some situations that have been associated with depression include:

- ☐ Major life events, particularly around loss. For example, the death of a loved one, job losses and/or relationship breakdown.
- ☐ Limited social contact. Being socially isolated is a significant risk factor in depression and just being more confined

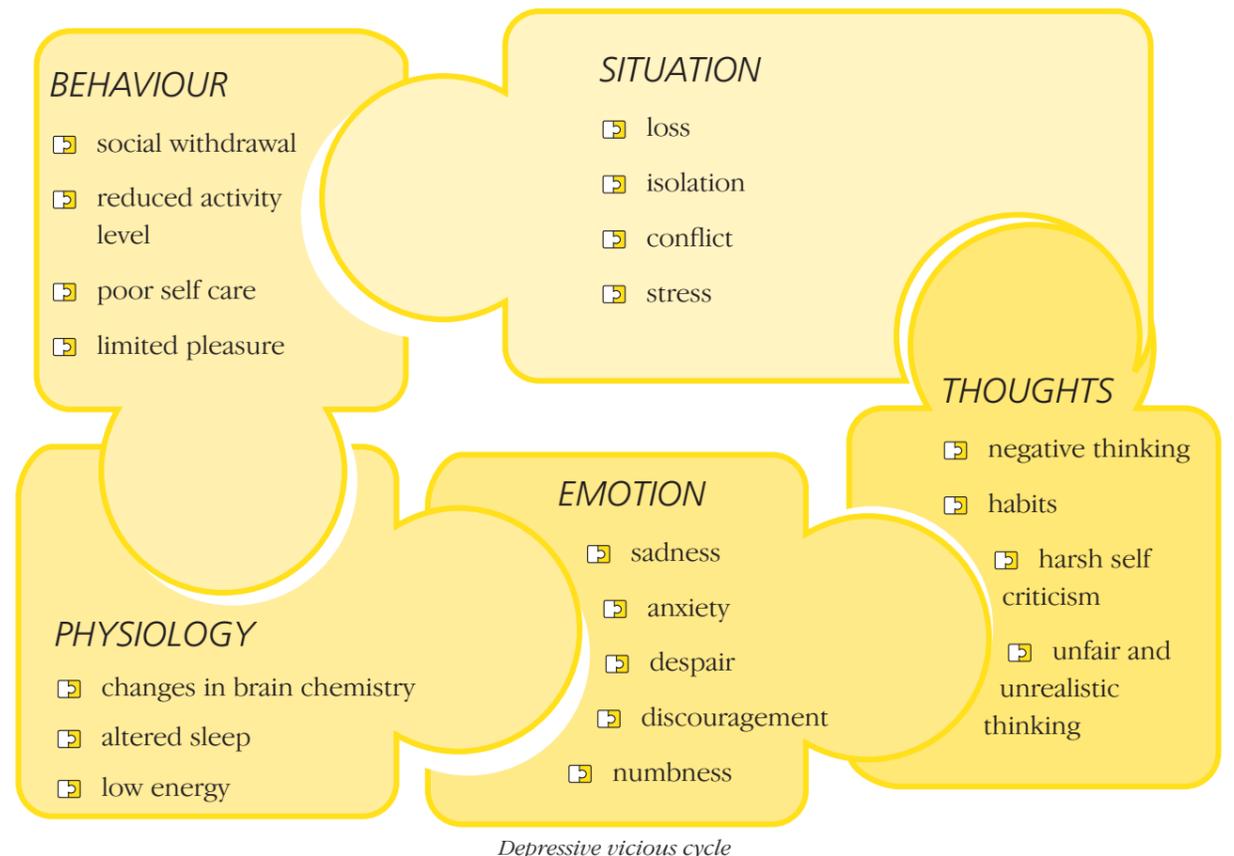
to the home because of a baby's normal routine can make you feel isolated.

- ☐ Relationship Difficulties. Unhappiness in our relationships can contribute to the onset and continuation of depression. After having a baby, women may feel their partner is unsupportive and too demanding.
- ☐ Typical job and work worries include returning to work after the baby, losing your job and being able to juggle childcare and work.
- ☐ Stress related to physical health, for example, conditions including chronic pain. This can also be a problem following a traumatic birth. Some conditions can directly trigger depression and fatigue e.g. hypothyroidism (where the thyroid gland secretes too little thyroid hormone), or anaemia (where there is a low level of iron in the blood).

### Thoughts

Clinical and research evidence has shown that depressed individuals have very particular ways of thinking about themselves, others and the world. These ways of thinking can trigger and worsen the experience of depression.

Each of us is affected differently by situations, depending on how we think about them. Imagine a phone call that is expected from a close friend that does not happen. One person, for example, Kayleigh, may regard this as evidence that the friend does not want to speak to her, is bored of her talking about her baby and thinks the friend is avoiding her. Kayleigh's mood would then become further depressed and she would not call the friend. She feels hurt, upset and fearful of reaching out to anyone else in case they are also bored of her. She stops going to mother and baby group. Her thinking is negative and unrealistic and makes her feel more depressed and

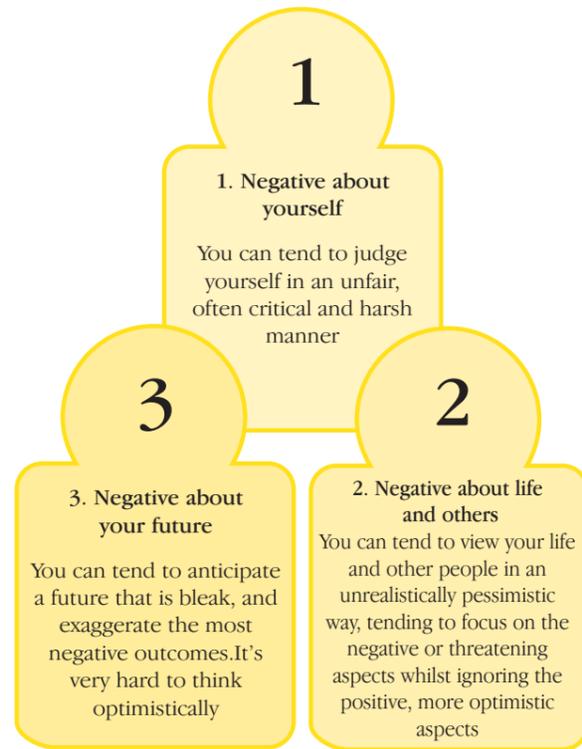


behave in an avoidant way which does not give her an opportunity to disprove her thoughts.

Another person may be curious about the missed call but think that the friend is busy or have forgotten. They would call the friend themselves to have the conversation that was planned and their mood would be unaffected.

This changed thinking has been described as the Negative Triangle. When you are depressed you can often think negatively about yourself, about life and other people and about your future.

*Many people think maternity leave from work is like a long holiday. However, it can be scary to be stuck at home caring for an unpredictable baby without any breaks during the day, people to chat to, or time off.*



The Negative Triangle

### Physiology

Depression can lead to very significant changes in your physical functioning. One of the most important changes is in sleep behaviour. You may be sleeping too much, waking early, be unable to sleep when the baby is asleep, having broken nights or be struggling to get to sleep. If sleep does not restore you, the next day is even harder to face. A vicious cycle of exhaustion, low energy, and worry about not sleeping can cause further depression. It is normal to have a disrupted sleep pattern when you have a baby because of night feeds. But with depression you may be unable to get back to sleep when the baby sleeps in between night feeds. For more information about sleep, please look in the back of this workbook.

The physiological changes of depression make it harder to cope with the demands of life and the needs of a baby – and maybe a toddler too! It certainly makes it hard to have the energy to do a programme like this. Some

people find that antidepressant medication is helpful to lift mood and can help you regain sleep and appetite. The changes in brain chemistry associated with depression have been demonstrated in research. However, we are still not entirely sure what comes first, for example, does depression produce the changes in the brain, or vice versa. All we know is that they are associated and that medication can be very helpful. We also know it is even more helpful if you learn cognitive and behavioural techniques as presented in this book. Research tells us that recovery is more likely to last if you have learnt more coping skills.

### Behaviour

Depression can have a big impact on how you behave. It can make you withdraw from your family and friends, stop you taking care of yourself, stop you doing things you used to enjoy and stop you getting on with your daily duties. It can even affect the way you feel about, and your ability to care for your baby.

Below are some common examples and their likely results:

#### ☐ Withdrawing from others

##### Examples

*Refusing social invitations*

*Avoiding telephone (making or receiving) calls*

*Reducing regular social activities*

*Avoiding talking to and playing with the baby*

##### Likely result

Takes you away from warmth and feelings of connection with others

Confirms your belief that no one wants to be with you or likes you

Limits opportunities for feeling pleasure or a sense of achievement

#### ☐ Not caring about yourself

##### Examples

*Spend less time on your appearance (e.g. hair, make-up, clothing)*

*Not caring about personal appearance*

*Reduced exercise*

*Eating too much, eating too little, or eating 'rubbish'*

##### Likely result

Adds to low self esteem

Adds to self critical thoughts

Limits emotional and physical benefits of exercise

Adds to feelings of fatigue

#### ☐ Not doing the things you used to enjoy

##### Examples

*Not doing hobbies*

*Not having any fun*

*Stopping doing something you used to enjoy*

##### Likely result

Inactivity becomes a habit

Stops you receiving personal satisfaction.

#### ☐ Neglecting your everyday duties

##### Examples

*Leaving everyday tasks for someone else*

*Putting off tasks*

*Not finishing tasks*

##### Likely result

Adds to your sense of inadequacy

Frustrates others

Adds to the feeling that your life is out of your control.

## Summary

Depression comes in many forms and has many causes. It affects not just mood, but also the way we behave, think and feel. Ten to fifteen percent of women will get depressed after they have had their baby, and it can happen to anyone. Depression is hard to diagnose yourself. Our moods can dramatically affect our judgements about ourselves. Often we need a professional to help us diagnose our experience.

There are a number of factors that cause and maintain depression, including our behaviour, difficult life situations, our emotions, physiology and the way we think. The depressive vicious cycle can be interrupted by you using just one of the techniques described in this work book.

# Part three

## Week two if following the programme in full

## Setting goals

### What do you want to change?

The first and most important part of any self-help programme is to set goals for what you want to achieve. You may have made all sorts of previous attempts to change, but unless you have a clear plan and try to stick to it, change will be very difficult. Planning and selecting which areas you want to try and change is a crucial part of successfully moving forward.

Check whether your goals are:

- ☐ Important to you.
- ☐ Achievable but still a challenge.
- ☐ Concrete and specific. For example, if you set a goal such as *“I want to be more sociable and happy,”* this is too big and it will not be easy to measure the achievement. Break your goal down and be as specific as possible. For example, *“I aim to go out with my friends or to a mother and baby group at least once a week and to telephone a friend twice a week.”*
- ☐ Involve the presence, not the absence of something. State what you *will* do instead of what you won't do. For example *“I will*

*answer the phone when it rings.”* rather than, *“I will not avoid speaking to people.”*

- ☐ A beginning rather than an end. Concentrate on starting, not ending the journey. Every journey starts with one small step. You climb a mountain one step at a time!

Goals involve hard work but the rewards are worth it! REMEMBER: It has taken time for you to get to where you are, so it will take time for things to change. With perseverance and practise you can get there!

### Your goals for this programme

Write down some goals to work on during this programme. These may change over time but it is important that you think about what you are trying to achieve.

#### Goal 1

---

---

---

---



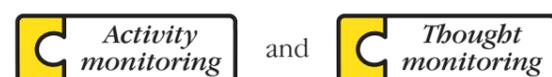
# Part four

## Week three if following the programme in full

### Self monitoring

We understand that you cannot change things until you know more about the problem. This is why we encourage you to keep detailed diaries of your activities, thoughts and feelings. We want you to learn more about the way you behave, think and feel. By recognising patterns in your behaviour, thoughts and feelings you can be clearer about what needs to change.

In this part you will be introduced to 2 kinds of self-monitoring:



Both types of monitoring are equally important. Both take time and effort. Both are effective. Completing diaries may not be easy at first. It takes some practice to get used to monitoring ourselves in this way. However, learning more about how you think and behave can help you to understand what triggers your depression and also helps you to pinpoint what you can do to make it better. The way you think and the way you behave are the keys to unlocking the prison in which you find yourself.

### Activity monitoring

Depression can have a big impact on how you behave. It can make you withdraw from your family and friends, stop you taking care of yourself, stop you doing things you used to enjoy and stop you getting on with your daily duties. It may also affect the daily enjoyment you get from your baby (and other children).

Increasing the amount of activity in your day, particularly the achievement and pleasure you experience in your activity, is a key to your recovery. You may find it helpful to complete Activity Sheets to monitor this aspect of your life. The aim of the sheet is to help you see:

- ☐ how you are using your time
- ☐ whether you are planning your time
- ☐ whether your activity is social, rewarding, and pleasurable
- ☐ whether your activity is not social, is used for unhelpful thinking and is unrewarding
- ☐ which activities give most pleasure, reward and sense of achievement
- ☐ what can be changed to get you feeling better

Have a look at Diane's Activity Monitoring Diary for Monday

Diane is rating pleasure (P) 0–10 (0 = no pleasure, 10 = intense pleasure) and Achievement (A) 0–10 (0 = no sense of achievement, 10 = strong sense of achievement)

Hours	Monday
6am	Awake since last breastfeed S at 3 am. Breastfeeding again. P=0 A=4
7am	Asleep P=8 A=0
8am	Woken up by Rory wanting another feed. Changed and dressed him and myself. P=5 A=6
9am	Having breakfast. Didn't finish it as Rory crying. Put the sterilizer unit on one-handed! P=4 A=5
10am	Put the washing on, made shopping list, attempted to clear up. Had to pick Rory up a lot, so gave up on tidying. P=2 A=2
11am	Breastfeed and nappy change. P=8 A=8
Noon	Rory asleep. Rang Vicky about tonight, then had lunch. P=8 A=9
1pm	Bottlefed Rory. P=3 A=7
2pm	Flying round house tidying up. Tearful now P=2 A=0
3pm	Breastfed and changed nappies P=8 A=8
4pm	Preparing tea and hanging washing out P=5 A=8
5pm	Husband home on time! Had tea together straight away. P=9 A=9
6pm	Brestfeed. Rory crying a lot, but David is looking after him. Worried about going out and leaving Rory. P=6 A=5
7pm	Choir practice with Vicky P=8 A=8
8pm	Rory asleep on David's tummy. Watched telly for half an hour. P=9 A=9
9pm	Breastfed Rory. P=8 A=8
10pm	Rory asleep. Set up sterilizing unit for tomorrow. Exhausted. P=2 A=3
11pm	Asleep
12pm	Asleep. What a day! Was really worried about the first bottle feed and going back to choir practice, but I did it!
1–6am	Breastfed Rory at 3.00 am P=2 A=5

## Using activity diary sheets

- For each hour of the coming week, write down what you actually did.
- For each entry rate how much pleasure (P) you experienced (0–10 scale) 0= no pleasure, 10= intense pleasure)
- For each entry rate how much achievement (A) you felt (0–10 scale) 0 = no sense of achievement 10 = no sense of achievement

This activity diary sheet can become a regular feature of your programme if you find it helpful. Use it to monitor and plan your levels of Pleasure and of Achievement. You can also use it to plan how to become more active generally in you life. (See Part 5.) If you choose not to complete this diary sheet that's OK, but still try to increase pleasure and achievement. The diary sheet is in the back of the book if you want to use it.

## Thought monitoring

Is your thinking balanced, fair and realistic? Probably not. When you are depressed, your thinking is depressed too. We know that thinking changes with our moods. If you have been lucky enough to be very in love in your life you will remember seeing the world through rose tinted spectacles. For example, strangers on the street seem kind, the weather is lovely, the future is bright and you are attractive. In sharp contrast when we are low our thinking becomes unfair and unrealistic. Strangers are out to get you, the weather is awful, there is little hope for the future and your are ugly, fat and undesirable!

Remember the negative thinking triangle...

Keeping diary recordings is a key skill and needs practice to master. If you really cannot get to grips with recording your thoughts in this way do not worry. It's designed to be helpful and if it's not, leave it alone. Do not let this become something else you are not

managing. This is your programme and you will find other things that suit you and are more helpful.

## Using thought diary sheets (Stage 1)

In order to complete the diary sheet follow these instructions:

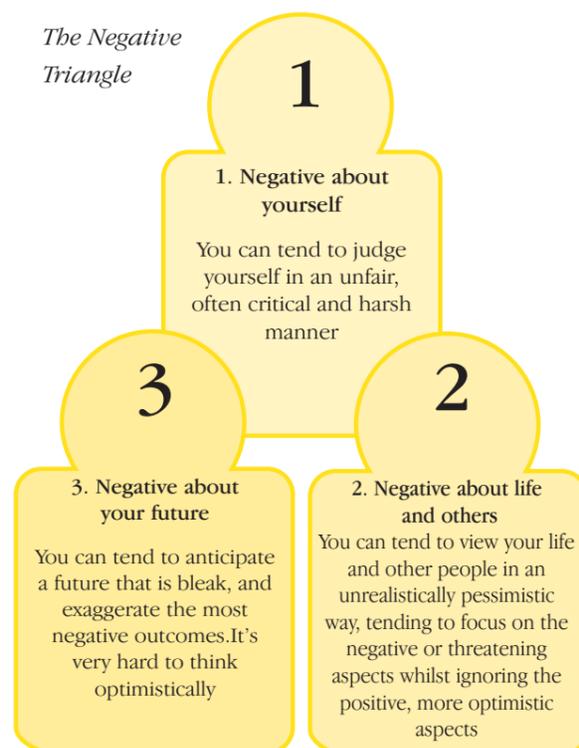
### 1. Situation

Think about how you have been feeling over the last week. Do any days and/or situations stand out for having made you feel an increased intensity of a particular emotion? Think in detail about the situation in which you felt the emotion. Where were you? What were you doing? What had just happened? What time of day was it? Were you alone or with someone? Write down the situation in Column 1 of the thought diary.

### 2. Emotion

Write down the emotion in Column 2 of the thought diary. Usually emotions can be expressed in one word – Sad, Nervous, Enraged, Cheerful, Disappointed, Humiliated, Embarrassed, Hurt, Scared, Excited, Proud, Repelled, Panicky, Irritated, Happy, Anxious, Depressed, Afraid etc.

### The Negative Triangle



## Kayleigh's thought diary

1. Situation	2. Emotion	3. Emotion rating	4. Thoughts
At home alone with Joshua waiting for my aunt to arrive after she finishes work. She was due half an hour ago. Not responding to mobile.	Afraid	80%	Where is my aunt. Maybe she has decided to do some overtime. She could have rung me.
	Worried	60%	I'm falling apart if I cannot handle this, I should be able to handle this.
	Depressed	92%	I feel pains in my chest and feel so unwell. I am sure there is something going on with my health. My weight does not help.
	Angry	38%	This bloody programme isn't helping! I need more help. I am not bonding with my baby Maybe there has been an accident. I need a drink/ I can't cope

### 3. Emotion Rating

Rate out of 100 the strength or intensity of the emotion in column 3.

### 4. Thoughts

Can you recall any of the thoughts that were going through your mind just before or as the emotion surfaced? Write down the thoughts in Column 4, however daft, distressing, irrelevant or true the thought seems now. The more you can catch your thoughts the quicker you will be able to catch and control the mood before it takes over. Ask yourself the following questions:

- What is or was going through my mind?
- What am I afraid might happen?
- Is this reminding me of something else?

Throughout this programme you will be encouraged to complete thought diaries. This

is an important skill which, once mastered, will help you feel more in control of your mood. You will learn what situations and, in particular, what thoughts are making you feel so bad. Once you understand that the way you think can lead to a lowering of your mood, you can start to appreciate that by changing the way you think, you can change the way you feel.

## Thinking errors

There are a number of ways of thinking that can be unhelpful and can make depression worse. Here are the most common thinking errors that occur when we are depressed. Do you recognise yourself in any of the following descriptions?

Tick the ways of thinking that you recognise in yourself. More than one (sometimes all) will apply:

- Jumping to negative conclusions**  
Drawing a negative conclusion when there is little or no evidence to support it. For example, you may think someone is reacting negatively to you when this may not really be the case, e.g. *“My aunt thinks I am a bad mother”*. Or you may convince yourself that things will turn out badly, e.g. *“They won’t like me, so why even try to join in?”*
- Fortune telling**  
Predicting the future in a negative way based on your feelings not necessarily on fact; e.g. *“I’ll get rejected, I’ll make a fool of myself.”*
- Catastrophising**  
Exaggerating the impact of events and convincing yourself that if something goes wrong it will be totally unbearable and intolerable, e.g. *“If I can’t get my baby to sleep, it means I’m a useless mother”, “If I don’t sit and watch the baby while she is asleep she will have a cot death”*.
- All-or-nothing thinking**  
Seeing things in black and white, e.g. Thinking *“I fail at everything”, “nothing works out for me”*. A common form of black-and-white thinking is expecting perfection from ourselves, e.g. *“If I can’t stop my baby from crying I’m a complete failure.”*

- Mind reading**  
You think you know what others are thinking about you and it’s always negative. You react accordingly and rarely check out the truth. For example *“I bet they think I’m a terrible mother – I won’t go to the mother and baby group again”*.
- Personalising**  
Blaming yourself for anything unpleasant, and taking too much responsibility for things that aren’t under our control, such as other people’s feelings or behaviour. For example, if someone doesn’t say *“hello”* we may think we have done something wrong or upset them, but they may have been preoccupied, or they might just have forgotten to wear their glasses!
- Filtering**  
Only looking at the bad never the good. People who think in this way tend to reject their achievements, compliments and other positive experiences by insisting that they *“don’t count”* for some reason, e.g. *“He only gave me that compliment because he knows I feel bad at the moment.”*
- Overgeneralisation**  
Expecting that because something has gone wrong once or twice, that it will always do so. An example is thinking after an unpleasant experience, *“I’m never doing that again, it’s far too difficult”,* or *“I tried this before, I always get it wrong”*.
- Labeling**  
Undervaluing yourself and putting yourself down. For example, *“I’m so stupid/weak/useless”* and *“I don’t deserve any better”*.



### Meet Ros

*My name is Ros, I am 24 years old and have been married to Simon, who is 22, for two years. We have two children. Jamie is nearly two years old and Jenna is 5 months old. Simon and I were both at university when we met and married. He now works as a personal fitness trainer in a leisure centre and meets up with his old student friends every week. We used to do a lot of outdoor activities but we can’t afford it at the moment and anyway I don’t have the time, the energy or the enthusiasm. We live in a small rented town house and still have outstanding student loan repayments. I suffered with depression when I was*

*a student and then had postnatal depression after Jamie was born. Since Jenna was born I haven’t felt very affectionate towards her. I feel irritable most of the time and guilty that I am not being a very good mother. Jenna cries a lot and is difficult to settle. I’m not enjoying being a mother and sometimes I think everyone would be better off if I wasn’t around. Simon doesn’t understand and doesn’t help very much. We are not as close as we used to be.*

*A neighbour has offered to help me out, but when she came round and knocked on the door last week I didn’t answer. Sometimes I don’t answer the phone either. I don’t think I am very good company at the moment so I think people won’t want to spend time with me*

### Ros’s thought diary

1. Situation	2. Emotion	3. Emotion rating	4. Thoughts
8.00pm Thursday evening Watching TV, breastfeeding Jenna. About to put children to bed.	Frustrated	95%	Why do I always have to put them to bed?
Fri 11.00 call from girlfriend inviting me around for a coffee.	Panic	70%	I’m not enjoying being a mum.
19.00 pm Friday Simon about to go out to meet friends at pub.	Angry	70%	I feel too low to go for a coffee. I wouldn’t be very good company. Nice of her to offer but she is just feeling sorry for me.
20.30pm Friday evening	Lonely	6	He is going out and I am left at home. Again!
		95%	I am not happy in my marriage.

## Summary

- Learning to monitor and then increase your activity levels is important to your recovery.
- Monitoring your activity will help you see how much or how little pleasure and achievement you are experiencing and help you plan to make this more balanced.
- Monitoring your thinking will help you to understand the link between your thoughts and your feelings.
- Learning about the thinking errors you might be making will help you to start changing the way you think.

*Like any new task, this takes a while the first time, but gets easier. It will really help you see what negative patterns you have, and that is the first step to changing them forever.*

## Homework

We would like to encourage you to start monitoring yourself. Use the diary sheets provided at the back of the book if you find this helpful. You can use your own method of monitoring yourself. Some people use their own personal journal, others a tape machine. It's best to write down your activity and your thoughts as you go, rather than waiting for the end of the day. Our memories are never as reliable as we imagine and this is particularly true when we are depressed.

There are 3 things that would be useful for you to do in the coming week:

- Complete the activity monitoring diary for the next week.
- Complete the thought diary (Stage 1) over the next week. Write down the ups and downs in your emotions in the way suggested. Notice any patterns in your emotions, thoughts, or the situations where they arose. Make a note of your observations.
- Decide on at least one mini goal for the coming week and write it down below so you can commit to achieving it:

---

---

---

---

---

---

---

---

---

---

Diary sheets are in the back of this book

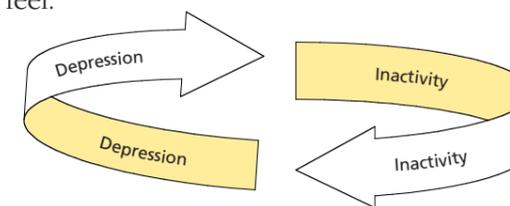
# Part five

## Week four and five if following the programme in full

## Changing the way you behave

If you are following the programme in full you will have started monitoring your activity levels and may have noticed that you have become more inactive as a result of your depression. When depressed you often stop doing the things that make you feel good about yourself and your life. You avoid phone calls that could be invitations, you stop doing anything you don't have to, because you are so tired. You stop exercising and feel more tired. You feel so low; you comfort yourself by being less active.

Opting out of life gives us short term relief but actually makes us more depressed. The more inactive you become, the more depressed you feel.



Often you think that you will wait until you feel better and then you will get active. **DON'T WAIT.** The longer you wait the harder it gets and the more entrenched your depression will have become. The solution is to gradually get more active. This workbook will help you decide on ways in which you can start now to recover.

You may think that the goals you write are so little that they will not make a difference. However, we know that small steps can build up to some significant change and eventually to recovery.

Note down in the spaces below all your ideas on how you could be getting more active starting NOW. At the end of this part of the workbook you can make these ideas into goals.

### Withdrawing from others

#### Examples

Picking up phone calls, keeping in contact with others, going to a class or social group, attending social occasions

Your thoughts on how you could be more active

---

---

---

---

---

## Self Care

### Examples

Getting dressed each day, eating healthily, exercising, personal grooming

Your thoughts on how you could be more active

---

---

---

---

---

## Personally rewarding activities

### Examples

Taking up a new hobby, revisiting an old interest, walking in open air, renting a much loved video to watch

Your thoughts on how you could be more active

---

---

---

---

---

## Everyday tasks

### Examples

Facing opening mail, pay bills, clean house, iron clothes, run errands. Do what you've been putting off

Your thoughts on how you could be more active

---

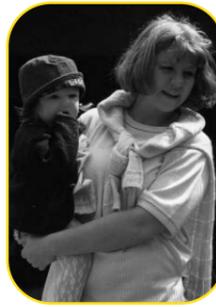
---

---

---

## Meet Jasmine

*My name is Jasmine and I am 28 years old. I live with my husband, Nick, and my daughter Naomi who is 9 months old. We moved house not long after Naomi was born because of my husband's job so I don't know many people where I live. My mother-in-law comes to stay very often and she helps a lot. She does so much with Naomi and is so much better at looking after her and getting her to sleep than I am, that I feel really useless. I dread her going because when she is not there and Nick is at work I really feel I can't cope on my own. Most of the time I can't seem to concentrate on anything and I feel totally exhausted. Sometimes I feel terribly panicky. I have even phoned my husband at work when I have been really desperate. He is a great father and husband and has come home once or twice in the day, but his boss doesn't like it.*



*When I last took Naomi to the Baby Clinic the health visitor asked me how I was feeling and I told her that I feel I am not doing a good job at being a mother. I said that as much as I love Naomi I can't see how things will ever get any better.*

*These were some of the ideas I wrote down to change the way I behave:*

- To feed Naomi and change her nappies whilst mother-in-law is staying.*
- Text Nick instead of ringing him.*
- Attend a Mother and Baby group.*
- Find out about local Yoga classes.*
- Practice my breathing techniques daily.*

## Completing activity diaries

If you are completing activity diary sheets you will be starting to notice changes in your mood throughout the day and week. You may also be noticing which activities make you feel better and which make you feel worse.

Consider the following questions:

- Are there times of the day or days in the week when your mood is brighter or lower?
- Are there situations that seem to depress or lift your mood?
- Which activities seem to make you feel better about yourself and about life?
- Which activities make you feel worse about yourself and about life?
- What is the balance between chores, pleasure, achievement, and socialising? Does this feel OK for you?
- Can you use this information to improve your mood?

## Summary

- Depression can make us opt out of life which gives us short-term relief but in the long term makes depression worse.
- Getting more involved with family and friends, improving how you care for yourself, doing more rewarding activities and picking up your everyday tasks can lead to an improvement in your mood.

## Homework

- Choose two activities that you have not been doing recently. Choose from different areas, for example, self care and everyday tasks. Write these activities below. Remember to make your goals realistic and specific.

Activity 1:

---

---

---

Activity 2:

---

---

---

- Complete your activity diary over the coming weeks and check whether you are including the above activities.
- Continue to complete diary sheets to help you notice moods and thoughts.
- If you have additional, smaller goals for the coming week write them down below as it may help you to achieve them:

*Achieving something small may be just the start you need to get some self confidence and really get into this programme.*

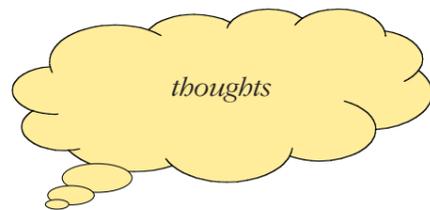
# Part six

Week six, seven and eight if following the programme in full

## Changing the way you think

Once you have started to notice your thinking you have an opportunity to look at your thoughts and change them in a way that could make you feel better both now and in the future.

There are 3 things you need to do to control depressed thoughts. It may help to remember the 3 Cs:



- 1. Catch
- 2. Challenge
- 3. Change

*Catch your thoughts*

*Challenge your thoughts*

*Change your thoughts*

### Catching your thoughts

When we are feeling low it is difficult to recognise unhelpful thoughts. They come and go very quickly, so you might not even be aware you are thinking them.

The diary sheets can help you to practise catching the thoughts that lead to changes in

your mood. This does not mean you will need to be completing diary sheets for ever but it would be helpful to do this at least whilst you are on the programme, so that you can get the hang of it. Catching thoughts may be difficult at first because we are not used to it, but it gets easier with practise.

### Challenge your thoughts

When you are familiar with the kinds of things you say to yourself when under stress, you can begin to challenge these thoughts and find better ways of thinking.

#### Questions to ask yourself to help challenge your thoughts

- ❑ Might I be making thinking errors, for example: jumping to negative conclusions; fortune telling; catastrophising; all-or-nothing thinking; mind reading; personalising; filtering; overgeneralising; labeling
- ❑ Is there a possibility that this thought is not completely 100% true?
- ❑ Is there an alternative explanation?
- ❑ How else could you see the situation? Try

to think of as many alternative explanations as possible.

- ❑ If a friend was in this situation and had this thought, what would I tell him/her? Imagine a friend was thinking your thought, would you still agree with it?
- ❑ Have I been here before, thought this before and found later that my thoughts were not entirely correct?
- ❑ What's the worst that could happen? How likely is it to happen? Even if it did happen, could I live through it?
- ❑ Five years on from now, will I look back on this situation and think differently?

### Completing diary sheets/ Stage 2

You have reached Stage 2 in your thought monitoring. You have been learning to catch your thoughts. Now you need to practise challenging your thoughts and coming up with a changed thought. This is not easy and will take practise. Some people find that this is the key to their recovery. Others don't get this bit at all. Don't worry, there is evidence that the other techniques can help just as much. Have a go and if you have someone who is supporting you, speak to them about your thoughts. It may also help to speak to a supportive friend or member of your family to help you with this. After all if you were learning a new language, to drive a car or learn to swim, you would ask for help when you needed it.

What we ask you to do is to continue to complete the diary sheets as you have been doing but to also complete columns 5, 6, 7 and 8.

The 8 steps are as follows:

#### Stage 1

- ❑ 1. Situation
- ❑ 2. Emotion
- ❑ 3. Emotion strength rating
- ❑ 4. Immediate thoughts

#### Stage 2

- ❑ 5. Evidence for the thought

Pick the most troubling thought for you. Check this thought against the evidence for and against it. What evidence do you have to support the idea that your thought is 100% TRUE? Are you using additional information to support the thought? If so write it down in Column 5.

- ❑ 6. Challenges against thought

Look at the questions on the previous page and ask yourself these questions. Is there a possibility that the thought you are having is not 100% true? Is there another way of looking at the situation? What would you tell a friend?

- ❑ 7. Changed thought

Now that you have considered the evidence for and against your thought and challenged it, can you come up with a fairer, more realistic, balanced thought? Has your thought changed at all? If not, go back to your evidence columns and the questions on the previous page to check you have not missed anything.

- ❑ 8. Changed mood?

Do you feel different or has your mood stayed the same? Make a note of it in column 8.

Have a look at one of Jasmine's diary sheets shown on the next page.

Jasmine's diary sheet:

1. Situation	2. Emotion	3. Emotion rating	4. Thoughts	5. Evidence to support the thought	6. Evidence against the thought	7. Changed thought	8. Emotion rating now
4.30am awake in bed thinking about day ahead	Sad, Depressed, Afraid, (I feel sick with worry)	90% 85% 99%	I'm going to be shattered if I don't get some sleep  Maybe we should ask Brenda to come and live with us permanently Baby is only well looked after when she is staying. There is only a meal on the table for Nick in the evening when she is staying.	Everything gets done and runs smoothly when Brenda is here.	Naomi is fed and changed when Brenda is not around. Nick is happy to cook the evening meal.	There is no need for my Brenda to come and live with us. I am capable of coping on my own. Life will be disorganised for a while and then ok.	60% 40% 50%
10.00 Going to mother and baby group. A group of women are looking at me.	Fear, Embarrassed, Panic	80% 50% 80%	I feel incompetent They will see that I can't look after my baby. 	I can feel my heart beating faster and got sweaty hands. They are looking at me	I am in control of my breathing. They are smiling at me. These are only sensations - they cannot hurt me. They know how this feels.	Everyone finds it difficult being a mother at times. I need to recognise that it is not just me who feels this way.	50% 30% 50%

 Indicates Jasmine's most worrying thoughts

## Troubleshooting for thought challenging

### "I can't 'catch' my thoughts"

Write down your thoughts, as soon as you have them if you can. As soon as you notice yourself getting low, ask yourself "What's going through my mind?" If your thoughts are in the form of questions: "Are they thinking I'm stupid?" write them down in statement form: "They think I'm stupid" – it is easier to argue with statements than questions.

### "I can't remember my challenging questions/self-statements when I need them"

Write down your challenging questions/self-statements in full. They will have more impact, be easier to recall later and you will find you are challenging your thoughts more effectively. You may want to write them on a card and carry them around with you so you can quickly read them when you're feeling your emotions are getting out of control.

### "It's not working"

Practise. Again, this is a skill; do not expect fantastic results immediately. Eventually, rational responses to worrying thoughts will be as automatic as you find the depressive response is now.

Don't be put off if you have both "good" and "bad" days – this is perfectly normal. Sometimes we find we are just too tired, anxious or upset to challenge our thoughts. Try and go back to them later when you feel brighter and work out why it was harder for you at that occasion. But don't let it add to your worries.

## Changing your thoughts

Once you have identified and challenged your worrying thoughts you may be able to recognise how disturbed your thinking has been. Disturbed thoughts are usually pessimistic, irrational and untrue. When our thinking becomes more balanced we begin to feel better about ourselves and our mood can begin to lift.

Think of an alternative, more positive way of seeing the situation. Use the list of questions above and on the previous page to ask yourself questions about your thoughts and then replace them with less worrying thoughts.

### Examples

#### "I'm hopeless"

I'm not perfect, but then nobody is. Everyone's good at some things and not so good at others. I am very good at some things. I am putting myself down.

#### "I can't stand it"

I can probably bear this – I've felt like this before and survived in the past.

#### "I'm going to get anxious and upset in front of everyone and look stupid"

I probably feel more anxious than I look. Anyway, even if it does show, people are a lot more understanding than I think. What's wrong with showing emotion anyway? Being anxious is not the same as being stupid!

#### "Nobody likes me – they're just talking to me to be polite"

There are people who like me. I've had friends in the past and will do again in the future. They wouldn't be talking to me at all if they really disliked me. I don't need to be liked by everyone all the time.

☞ “What’s the point in trying?”

If I don’t try, I won’t know. I have to try things to get better at them. Nobody is expecting me to do it perfectly. I can’t predict the future.

☞ “My health visitor is going to know I can’t look after my baby and she will be taken away from me.”

The health visitor can see that my baby is well fed, clothed and cared for. She knows I am trying to get myself out of this depression and has been supporting me. I am catastrophising.

*“Recognising that there were less negative ways of viewing a situation was really a key thing for me. Now I am well, I still challenge my thoughts as it has been one of the best ways to spot and prevent a relapse.”*

Linda, patient adviser

## Helpful ‘self-statements’

Some people find it useful to make a list of statements they can say to themselves when they are having depressed thoughts. These will be very similar to the kinds of ‘changed thoughts’ mentioned on the previous page. Here are a few examples:

### Some helpful ‘self-statements’

- ☞ “One step at a time.”
- ☞ “Is this really worth getting upset about?”
- ☞ “In the long run, does this really matter?”
- ☞ “I can bear anything for a while.”
- ☞ “This unpleasant situation will soon be over.”
- ☞ “My thinking is not realistic whilst I am depressed.”
- ☞ “I am not alone.”
- ☞ “I am a worthwhile person. I am not perfect but I am valued.”
- ☞ “I’ve got through worse things than this – I’ll be fine.”
- ☞ “If this doesn’t work, it’s not the end of the world.”
- ☞ “I’m doing really well. I might be depressed, but I’m here, facing it. That’s something to be proud of.”

# Watch out for your rule book

## Watch out for your rule book

Your rule book consists of the thoughts you carry around about the way you SHOULD, OUGHT, MUST live your life. You believe and obey them as if they were the TRUTH. These are the common unhelpful rules by which people who get depressed tend to live. Notice that the consequences of not following the rules are believed to be catastrophic.

- ☞ I must be liked by everyone at all times or I am not popular or a good person
- ☞ I must do everything I can to avoid criticism or I am a failure
- ☞ I should not be depressed or show emotions as it is a sign of weakness
- ☞ I must succeed at everything I try or else I am a failure
- ☞ I must always be in control or else I will be in chaos
- ☞ I must always get things right or I will be judged badly.

## Changing your rule book

There are 2 main ways to change an unhelpful rule book

1. The first method is to notice and challenge recurring themes on your thought diary.
2. The second method is known as the downward arrow technique. You can use this method by asking yourself a series of WHAT questions about a particular thought to reach the bottom line of your beliefs or rules.

What does this mean to me/about others/about the world?

What does this say about me/about others/about the world?

and if that were true what would it say about me/others/world

and if that were true etc....

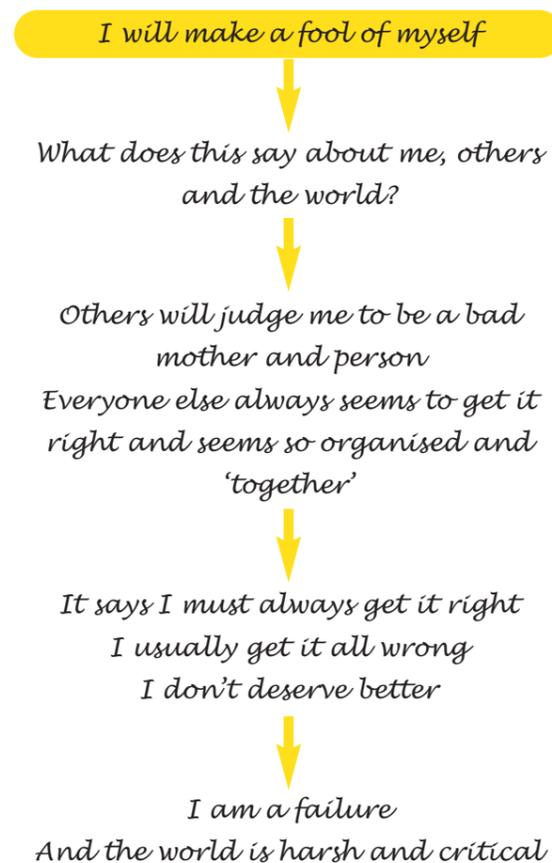
Often, you will need to watch out for these thoughts in the coming months and the growing awareness of yourself may help you to begin to think differently. Sometimes just recognising that you have a particular way of thinking is enough for it to change. Sometimes you have to actively and repeatedly challenge your rule book by asking yourself the following questions:

- ☞ What would be the consequences of not following the rule?
- ☞ Is this rule helpful to me?
- ☞ Is this rule realistic?
- ☞ Where might this rule come from?
- ☞ Is there an alternative, more realistic and fair rule?

Have a look at the work of Kayleigh before doing your own rule book exercise.

## Downward arrow technique

When I did the downward arrow technique on this thought, I became really aware that I was not only ashamed of my job but also ashamed of myself. Have a look at my notes:



When I thought about the rule book questions I recognised that my beliefs were not at all helpful, realistic or fair. I had to examine my beliefs carefully and honestly and realised that they originated from my upbringing.

My childhood experiences made me feel different to others. I have always thought that others had better lives than me. I felt responsible for the bad stuff that went on. I believed that others thought I was a bad girl. I used to think that if I tried harder to be good that things would get better but in truth it was all out of my control. I was a child in a very silly chaotic world.

The key for me has been to let go of some of these beliefs. I am not responsible for the bad stuff in my childhood. I am not a bad person and others are not out to criticise or judge me. Sometimes I get things right, sometimes wrong, just like everyone else. All I can do is carry on trying. When I can keep those thoughts in my head I feel I can face the world again. Bit by bit I can make a life for me and my boy. This will take a long time for me to really believe but realising that my old beliefs were not 100% truths has made it so much easier to get on with life.

## Kayleigh's thought diary:

1. Situation	2. Emotion	3. Emotion rating	4. Thoughts	5. Evidence to support the thought	6. Evidence against the thought	7. Changed thought	8. Emotion rating now
Answer phone invitation from old friend inviting me and Joshua to tea on Friday.	Dread	90%	 I will make a fool of myself I don't want to go and will make up an excuse I can't face it I will make a fool of myself I will be boring I will not be able to manage Joshua and will look stupid	My friend is always so together	She is a friend and wants to see me	I want to accept the invitation as I know it will be good for me and Joshua.	Dread 20%
	Panic	50%		I am low so will be dull	No one is perfect	I can only be myself	Panic 10%
	Embarrassment	60%		She will be amazed at how stressed I am.	I am putting myself down	I do not need to be ashamed of myself.	Embarrassment 35%
	Sadness	70%		I am jumping to conclusions and fortune telling	It might make me feel better	I am often wrong in my predictions	Sadness 0%
						I may enjoy it	Excited 30%

 Indicates Kayleigh's most worrying thoughts

## Rule book exercise

Pick one particularly difficult and recurring thought from your diary sheet. If you have not been completing diaries, you can pick a thought that often pops into your mind and makes you feel bad.

---

---

---

---

---

---

---

---

To reach the bottom line of your beliefs ask yourself the following questions

If your thought were true what would it mean to me *or* say about me/others/the world?

---

---

---

---

---

---

---

---

*and* if that were true what would it say about /me/others/the world?

---

---

---

---

---

---

---

---

*and* if that were true what would it say about me/others/the world?

---

---

---

---

---

---

---

---

Now do a check of your beliefs with the following questions:

Is this rule or belief helpful to me?

---

---

---

---

---

---

---

---

Is this rule or belief realistic?

---

---

---

---

---

---

---

---

Where might this rule or belief come from?

---

---

---

---

---

---

---

---

If you broke the rules what might be the consequences?

---

---

---

---

---

---

---

---

Is there an alternative, more realistic and fair rule or belief?

---

---

---

---

---

---

---

---

## Summary

Changing the way we think is another key skill. There are 3 things you need to do to control depressed thoughts.

### *Catch your thoughts*

### *Challenge your thoughts*

### *Change your thoughts*

- Catching thoughts is not easy but the diary sheets do help with this skill.
- Before the mood has overwhelmed you, try challenging the thought using the questions provided.
- There are a number of questions that you can ask yourself that might help you to examine your thoughts. You can check whether or not you are making any thinking errors, such as jumping to conclusions or mind reading. Once you have done this, you can consider alternative explanations.
- Once your thoughts have been challenged, they can become more balanced, fair and realistic.
- Look out for your rule book. Although you have believed these rules for a long time, it may be time to re-examine them.

## Homework

*Over the coming 2–3 weeks*

Choose a further two activities that you have not been doing recently. Choose from different areas, for example, personally rewarding activities and everyday tasks. Write these activities below:

Remember to make your goals realistic and specific

Activity 1:

---

---

---

---

---

---

---

---

Activity 2:

---

---

---

---

---

---

---

---

- Continue to complete your activity diary (if helpful) and check whether you are including the above activities as well as the goals set in the last part. Notice how you are feeling when you increase your level of activity in particular areas.
- Complete a thought diary (Stage 2) to help you notice moods and begin to challenge your thoughts. Notice any rules emerging.
- If you have additional mini goals for the coming week write them down below as it may help you to achieve them. Remember small changes build up.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

# Part seven

Week nine onwards if following the programme in full

## More helpful techniques

In this section we will give you some ideas on how you can increase your confidence by learning to be more assertive. It will also look at methods to solve your problems, manage your time, improve your confidence and make changes to your lifestyle. Techniques on the following will be presented:

*Assertiveness*

*Time management*

*Problem solving*

*Improving self confidence*

*Managing lifestyle*

We suggest you read all the sections, but work on the areas that seem most relevant to you over the coming weeks, months and years.

### Assertiveness

In our relationships our behaviour can be:

**Passive** – by being passive we communicate to others that we are *not as important* as they are. We allow the other person's needs, wants and rights to take priority over our own and don't express our own needs and wants. Passive behaviour can lead us to feel like doormats or victims.

**Example:** – *Ros is waiting to enter a lift at a shopping centre. A large group of people push by and enter the lift, leaving her standing and without any space to enter the lift. A young man notices and says: 'Sorry love, you coming in?' Ros says: 'No you're alright, I'm waiting for a friend'. She then has to wait for the next lift, feeling embarrassed, humiliated and angry.*

**Aggressive** – aggressive behaviour involves forcing your needs and wants on another person. It is saying that your needs, wants and rights are *more important* than the other person's. The aggressive person attempts to overpower the other person by not allowing him/her a choice. Aggressive behaviour creates a "win-lose" situation; i.e. the aggressive person wins by ensuring that the other person loses. Aggressive behaviour can lead to later retaliation and resentment.

**Example** – *Kayleigh is making arrangements for her friend (Kate) to baby-sit Joshua. Kayleigh says: 'I want you to come over before 6pm' Kate tries to explain that 6pm is too early but Kayleigh says: 'It's just not good enough, you are going to have to do this or I will start to get ill again. Why do you have to make such a fuss over nothing? Thanks a bunch for making me feel upset again!!!!'*

*Kate agrees and comes at 6pm but feels angry at her friend. She also vows to her husband that she will never do it again.*

**Assertive** – assertiveness is active, honest and direct. It communicates an impression of respect for oneself as well as for the other person. It says that my wants, needs and rights are *just as important* as yours. Assertive behaviour requires influencing, listening, and negotiating skills so that the other person feels that their point of view is being respected, even if you don't agree with it. The hope is that both you and they will co-operate willingly with whatever course of action is decided upon. This should lead to open, honest relationships and success without retaliation and resentment: a "win-win" situation.

**Example** – *Ros wants to visit university friends. She is worried about leaving the children, but says to Simon: 'I am aware that you have a lot on at work, but I need a break and so I have, arranged to go to town with Stella. I will go on Saturday morning and be back for tea.*

*Simon is surprised and angry. He says: 'Well that's just great, you go and have a good time and leave me to look after the children. I need a break too...'*

*Ros interrupts and says: 'Simon, I can see that you need a break too and that you are not happy about me having made this arrangement. However, I want to go and see Stella and this weekend, although not perfect, is good timing for both of us. I am going out in the day on Saturday but we can spend the evening together. Maybe you could go out next Saturday for some time away from the children.*

### Assertive communication – how to do it

There are three simple steps to assertiveness. It is important that you understand and practise all three:

**C1** Actively listen to what is being said and then show the other person that you both hear and understand them. In this way, you can demonstrate understanding and empathy for their point of view, even if you don't agree with it. By listening you are respecting their right to express themselves and sending a message to them that they matter.

**C2** Say what you THINK and what you FEEL. This enables you to directly state your thoughts or feelings without insistence or apology. Make sure you own your feelings by using 'I' statements.

**C3** Say what you want to happen. This is essential so that you can indicate in a clear and straightforward way what action or outcome you want without hesitancy or insistence.

Compare and contrast the following examples of aggressive, passive and assertive behaviour in the context of an unsatisfactory meal in a restaurant. It is your Birthday and the meat is tough and the vegetables were cold. How would you react when asked if everything was alright?

**Would you be passive?**

Waitress: *'Is everything alright with your meal?'*

You: *'Fine thanks'*

You (to your friends): *'It was terrible, I'll never come here again'*

**Would you be aggressive?**

Waitress: *"Is everything alright with your meal?"*

You: *"No, it was rubbish. I have never eaten such muck. You should be ashamed to work*

here. Get me the Manager at once. I am not paying. My Birthday has been ruined.”

### Would you be assertive?

Waitress: “Is everything alright with your meal?”

You: “Actually the meat was tough and the vegetables were cold. I do not want to pay for my meal. I would like to talk to the Manger to sort this out please.”

### What are the consequences of being assertive?

- ☑ We maintain our integrity and increase self respect and the respect of others.
- ☑ Our personal relationships are more authentic and satisfying when others are confident of our honesty.
- ☑ Others know where they stand with us when we let them know our opinions, feelings and needs.
- ☑ We increase control over our own life by making our own choices.
- ☑ We strengthen our own judgement when we act on it, allowing us to be independent of the judgement of others.
- ☑ Increased feelings of confidence and self-esteem.

### How to say ‘no’

#### Remind yourself every now and then that:

- ☑ You have the right to say no, without feeling guilty.
- ☑ It is OK for the other person to say no to you.
- ☑ Saying yes when you mean no may reduce your feelings of self worth.
- ☑ It’s better to say no at the time than to let somebody down later.

- ☑ Saying yes to extra work or obligations causes you stress.
- ☑ Taking on too much can mean that other people in your life don’t get enough attention.
- ☑ It might not be such a big deal for the other person to get a no response.
- ☑ Being respected and respecting yourself is more important than being liked.
- ☑ And most importantly everything you say yes to is a no to something else.
- ☑ Try saying no in a casual or impersonal situation where you might otherwise drift into saying yes.
- ☑ Be firm but polite.
- ☑ Give a reason for your “no” response if you feel it’s appropriate, but not as an excuse.

### The process

- ☑ If you need time to think, say “I’ll get back to you,” and make sure that you do.
- ☑ Ask for more information. How long will it take? Is there anyone else who can help you?
- ☑ Use body language to show that by saying no you are not being hostile. Demonstrate that you mean what you say and are not going to be manipulated.
- ☑ Stay calm and relaxed – drop your shoulders and breath deeply, keep your voice slow and calm.
- ☑ Think it through – by listening to the other person you might actually realise that you want to say yes after all.
- ☑ Don’t be manipulated but it is alright to change your mind if you want to.

## Summary

**Assertive behaviour** is active, honest and direct. It communicates an impression of respect for oneself as well as for the other person. It says that my wants, needs and rights are just as important as yours are – not more so or less so. The consequences of being assertive are that:

- ☑ We maintain our integrity and increase self respect and the respect of others.
- ☑ Our personal relationships are more authentic and satisfying when others are confident of our honesty.
- ☑ Others know where they stand with us.
- ☑ We increase control over our own life by making our own choices.
- ☑ Increased feelings of confidence and self-esteem.

## Homework

- ☑ Write down below your personal assertiveness goals. You may wish to be more assertive in particular situations or with certain people in your life. Remember to make your goals achievable, realistic and specific.  

---

---

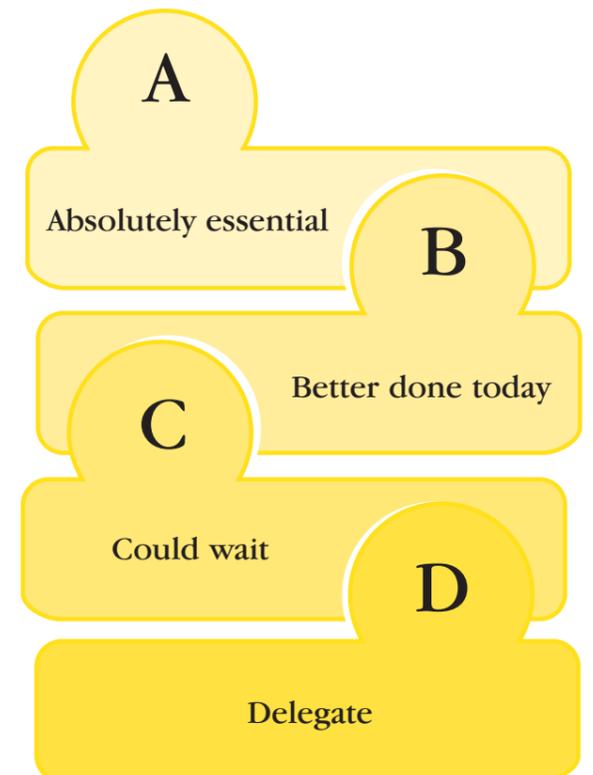
---
- ☑ Over the next few weeks practise being assertive in the situations or with the people that you have listed above. Start off with something easy, like saying no to a stranger and build the confidence to use it in more difficult situations.
- ☑ Continue to manage your moods by gradually increasing your activity levels. Use the activity monitoring diary.
- ☑ Continue to challenge your negative thoughts using the Stage 2 diary sheets.

## Time management

Your time is valuable so be clear about how you want to use it. Good time management means setting goals and planning priorities, not wasting time on low priority jobs or situations beyond your control.

To help you to be in control of your time, here are some useful tips:

- ☑ **Prioritise all jobs needing to be tackled**  
Without setting priorities as to which job is the most important, it is very easy to feel exhausted and overwhelmed as we rush from one job to the next.
- ☑ **Prioritise all the jobs on your list into four categories: A, B, C or D.**  
Tackle the high priority tasks first. If a job does not have to be done today, leave it for another more convenient time.
- ☑ **Assess how you use your time**  
In order to manage time effectively, you need to know how you currently use your time. For two days, log all your activities and how long each task takes. Reflect on how your time could be better managed.



### Plan

Take ten minutes per day to plan. Make a list of all the tasks (major and trivial) and cross them off when they have been completed. When planning your day allow time for interruptions and unforeseen delays. Remember to plan time for pleasure, leisure and relaxation as well!

### Learn to say 'no'

(see assertiveness module).

### Do not be a perfectionist

Looking for perfection in yourself or others only invites disappointment and will increase demands on your time and cause stress for all concerned. Remember that you can make a mistake and that "good enough" is good enough.

### Do not put off decisions

Unresolved problems and unfinished business are a source of tension and use up your energy unnecessarily. If you have time and all the facts you need, tackle the business now.

For a quick way to remember these time management strategies think of:

### The 5 Ps of time management

- Do **CP**lan
- CP**rioritise
- CP**ass
- Do not be a **CP**erfectionist
- or a **CP**rocrastinator

## Homework

Write down below your personal time management goals. Remember to make your goals achievable, realistic and specific:

- Over the next few weeks practise time management skills. Start off with something that is easy, like taking time every morning to plan your day.
- Continue to manage your moods by gradually increasing your activity levels. Use the activity monitoring diary.
- Continue to challenge your negative thoughts using the Stage 2 diary sheets.

## Problem solving

Problems big and small occur throughout our daily lives. Most of them can be solved and usually we sort them automatically without being aware of what we have done. Sometimes problems can seem insurmountable, and this is where using a problem solving plan can be a valuable tool in your mental wellbeing toolkit.

### The 4 stages of problem solving:

#### C1 Define the problem

- What** is the problem?
- When** is it a problem?
- Where** is it a problem?
- Why** is it a problem?
- With whom** is it a problem?
- How often** is it a problem?
- What is** the result of the problem?

This will enable you to describe in detail the nature, intensity, severity, frequency, duration and current consequences of the problem.

#### C2 Planning

- Consider the possible solutions.
- Ask yourself what would someone else do if they were you?
- What would you advise a friend to do if it was happening to them?
- List the pros and cons.
- Make a decision.

#### C3 Implementation

- Put the solution into practice.
- If you do not try, you will never know if you could be successful or whether you can achieve a reasonable solution.

#### C4 Evaluation

- Evaluate the degree of success. Don't look for 100% perfection, as that may not be achievable.
- If you have achieved something you have been partially successful and need to recognise that.

In effective problem solving or decision making it is also important to consider the following factors:

- Behaviour**  
How do you normally behave? Don't assume that because you have always done things in a certain way that you cannot try something different.
- Thoughts and attitudes**  
Do you have any negative or destructive attitudes, either towards the people concerned, towards yourself or about the problem itself?
- Feelings**  
Even though you may be feeling physically or emotionally uncomfortable, it does not mean that life has to go on hold, or that you cannot solve the problem. Use your deep breathing exercises and relaxation techniques and don't forget to congratulate yourself once you have achieved a solution.

## Problem solving exercise sheet

Think of a problem that has been on your mind and try out the techniques now.

### 1. Define the problem

**What** is the problem?

---

---

---

**Where** does the problem occur?

---

---

---

**When** does the problem occur?

---

---

---

**Whom** is the problem better with? Who makes the problem worse?

---

---

---

**How** does the problem make you feel?  
What is your worst fear?

---

---

---

### 2. Think of solutions

Think of as many alternatives as possible – at least 3

1. 

---

---

2. 

---

---

3. 

---

---

4. 

---

---

5. 

---

---

### 3. Evaluate the solutions

Think of the consequences of each solution:

1. 

---

---

2. 

---

---

3. 

---

---

---

### 4. Select the best solution

Select the best solution and start working with it:

---

---

---

### 5. Plan

Think carefully how you can put the solution into action. Jot down a few ideas:

---

---

---

### 6. Implementation

Put your plan into action and note here how it went

---

---

---

### 7. Review

Check the plan is OK and continue the plan until completion.

### 8. Reward yourself

Remember to reward yourself even if it is only to recognise that you have achieved something worthwhile.

## Summary

Problem Solving is a well defined method for tackling the problems and dilemmas that life throws at us.

The stages of Problem Solving are:

*Define the problem*  
*Think of solutions*  
*Evaluate the solutions*  
*Select the best solution*  
*Plan your action*  
*Act on your plan*  
*Review the plan*  
*Reward yourself*  
*Homework*

## Homework

Write down up to 3 problems that need tackling in your life and use the suggested method.

---

---

---

---

Over the next few weeks put one of your Problem Solving plans into action. Start off with something small and achievable.

Continue to manage your moods by gradually increasing your activity levels. Use the activity monitoring diary.

Continue to challenge your negative thoughts using the Stage 2 diary sheets.

## Improving self-confidence

There are different ways to help increase your confidence through being assertive and learning to say no, through managing your time better and through problem solving. Below are further tips for building confidence:

### Guiding principles of self-confidence

- ☑ We gain confidence by achieving small goals.
- ☑ Practise techniques.
- ☑ Behave as if you are more confident than you feel.
- ☑ Be flexible in your behaviour.
- ☑ Learn from your mistakes.
- ☑ Speak encouragingly to yourself.
- ☑ Be kind to yourself.
- ☑ Watch out for the double standards: unfairly strict on yourself and generous with others.
- ☑ Do the best you can, don't put yourself down for not being perfect.
- ☑ Spend time with people who make you feel good.
- ☑ Check out your rule book. In your diary sheets you may have noticed the rules by which you live your life. It may be time to give up or modify these rules if they keep making you feel bad about yourself.

## Managing lifestyle

Your day-to-day lifestyle can be adapted in order to reduce stress. Try these modifications:

- ☑ **Watch what you eat**  
Food is where we get our energy from and so it is important to have a balanced diet. Make sure you eat three meals a day – skipping breakfast or other meals makes the blood sugar level unstable and can make the symptoms of anxiety worse. Try to eat foods that are high in fibre (cereals, potatoes, rice, pasta, wholemeal bread) and eat fewer foods that are high in fat (cakes, pastry, fried food, butter and margarine) or sugar (sweets, cakes, fizzy drinks). High fat and high sugar foods may give you a burst of energy but this disappears very quickly, leaving you feeling tired. High fibre foods are metabolised more slowly and release sugar (energy) into the blood at a steadier rate. This gives you energy for longer and avoids the fluctuations in blood sugar level that can increase anxiety. Eat plenty of fresh fruit and vegetables. You should also include high protein foods such as meat, fish, eggs, beans or pulses.  
  
Remember that if you are breastfeeding you will need extra calories but make sure that you get these calories from the right food groups. If you need more information on diet, speak to your health visitor.
- ☑ **Cut down on tea, coffee and coca cola**  
These all contain caffeine, a stimulant that mimics symptoms of anxiety. A general guideline is that you should drink no more than 5 cups of tea and/or coffee a day; otherwise the caffeine can increase your feelings of anxiety.
- ☑ **Cut down on smoking**  
Nicotine can act as a stimulant and may increase anxiety symptoms. Smoking may seem to relax you but may have the

opposite effect and increase tension. It is also harmful for your children..

- ☑ **Take regular exercise**  
Exercise is a very useful way of reducing feelings of stress and tension. Try to get into the habit of taking some regular exercise. This could be anything that gets the circulation going and increases your breathing rate – for example walking, jogging, cycling, swimming and dancing. It doesn't have to be strenuous, just something that gets you moving about. Choose something that you enjoy and that you can do with the baby or where there are crèche facilities, as you will be more likely to stick to it and it won't feel like a chore!
- ☑ **Try to sleep well**  
It is unlikely that you will get as much sleep as you have been used to when you have a small baby. However, use relaxation techniques as much as you can before you go to bed to help you sleep as well as possible. Read the sleep hygiene appendix.
- ☑ **Set aside time each day for yourself**  
Use this time for relaxation or to do something you enjoy. Even if you have a very busy life, finding half an hour each day to do something pleasurable or relaxing is an important part of managing your moods.
- ☑ **Recognise your strengths and achievements**  
Praise yourself for your strengths and weaknesses. Do not only look at problems and difficulties. Understand that nobody is, or should expect themselves to be, perfect.
- ☑ **Don't let stress build up**  
Talk to friends and seek advice from those around you.
- ☑ **Slow down**  
Rushing around causes adrenaline to be released in the body, which increases

feelings of anxiety. If it's not essential that you rush, slow down. You will feel more relaxed and will achieve more.

- ☑ **Don't avoid things or situations that cause you stress**  
You will never know that you have the strength and strategies to cope unless you confront your fears.

## Homework

- ☑ Write down below your personal lifestyle goals. Remember to make your goals achievable, realistic and specific:  

---

---

---

---

---

---

---

---

---

---
- ☑ Over the next few weeks and months put your goals into action. Start off with a goal that is easy, like taking 15 minutes exercise every other day.
- ☑ Continue to manage your moods by gradually increasing your activity levels. Use the activity monitoring diary.
- ☑ Continue to challenge your negative thoughts using the Stage 2 diary sheets.

# Part eight

## Bad days, setbacks and relapse

**Congratulations!** you have made it through this workbook and our sincere hope is that some of its contents have been helpful to you. The good news is that you now have a number of techniques to use in the management of your moods. The not so good news is that we do not know whether this will keep you well forever. Many people do go on and have further episodes of depression but the techniques you have been taught may reduce this likelihood, and make future episodes less severe and less frequent.

The key message is that you need to continue to use these techniques in your everyday life. When we feel low, managing our mental health becomes our number one priority. When we start to feel better there is a temptation to stop managing our moods.

*You are always going to have bad days. This can be frightening if you think you are slipping back into your depression, but try to remember how much more you know about yourself now, and all the new techniques you have learnt to help you deal with difficult times*

We understand that if you are feeling 'good enough' you may not want to keep up the weekly activity and thought monitoring. However this module will help you identify a plan of action should you begin to feel you are losing control of your mood again.

Think about the TOP 5 techniques that have been most useful to you during this programme. These will be the ones that you need to keep up over the long term, even after you feel better:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Identifying a relapse

It is important that you don't see every setback or disappointment as a failure; this will undermine your confidence. Instead look on your setbacks as opportunities to learn. Every recovery programme will have its ups and downs; everyone has good and bad days. But if you do feel that you are relapsing, answer the following questions to see if you really are. You may just be having an 'off day':

- Are your symptoms of depression as intense as they were when they first occurred?  
 YES  NO
- Are your symptoms increasingly disrupting your day-to-day routine?  
 YES  NO
- Are you experiencing depression as often as you were before you started your self-help programme?  
 YES  NO
- Are your symptoms increasingly disrupting your day-to-day routine?  
 YES  NO
- Are you experiencing depression as often as you were before you started your self-help programme?  
 YES  NO

If you answer "yes" to any of the above questions, you may be experiencing the beginnings of a relapse. Don't worry, there are ways of preventing this stage reaching a complete relapse.

*Each time your baby reaches a new stage sitting, crawling, walking there are new challenges and new rewards. Your routine will have to change which can be stressful, so be kind to yourself and be prepared to take things easy until you adjust.*

There are several reasons why people relapse. Firstly, when recovering from depression we are more vulnerable to stress. Sometimes we forget to use the coping techniques regularly. There could also be a problem with labelling depression correctly after having difficulty with it for so long – the low mood you are experiencing following a disappointing piece of news, for example, may just be a normal reaction to the situation, but we may misidentify our mood as a sign of a relapse into depression.

### Mood emergency action plan

If you think you may be starting to relapse, follow this Action Plan:

- Stop and think**  
**What caused you to feel low?**  
If you feel low, take a few minutes of quiet reflection to try and pinpoint the trigger. It may help, if you can't find the underlying trigger, to fill in the thought diary for a week or two, and see if that helps. You may be feeling under the weather, or be worried about work or a relationship – any new stresses could cause you to have increased symptoms.
- Manage your lifestyle**  
Is your lifestyle healthy? Are you getting enough exercise, are you smoking too much, or drinking too much tea, coffee or other stimulants? Alcohol can also increase the symptoms of depression and anxiety. Keep taking time each day to practise your relaxation and breathing techniques. If your coping strategies are rusty, you may feel unable to deal with life as well.
- Take your time**  
Don't try to take on too much all at once. If you have been fine for a while and then suddenly experience low mood, you may be trying to take too big a step, or move on without adequate preparation. If you don't feel ready for a challenge, then don't take it unless it is essential. If you do, be

sure that you are well equipped with coping strategies.

**☞ Increase rewarding activities**

Remember what you learnt about what makes you feel good. Look back at your entries in the workbook and check that you are still getting the balance right.

**☞ Don't worry**

There is absolutely no reason why one or two days of feeling low should be the start of a relapse. Don't exaggerate the problem. If you do feel low for a few days don't see it as a relapse – look on it as a learning experience.

**☞ Reduce your obligations**

Reduce the demands on yourself. You know enough about yourself now to judge how fast the pace should be and how much you can cope with at any one time. Go easy on yourself for a while.

**☞ Ask for help**

It may be worth seeking professional help if your mood is sliding down again. Give a friend or family member permission to tell you when you seem to be losing control of your mood.

### HELPFUL HINTS

When you are feeling well, try to write a “rainy day” plan which lists the signs that you may see if you were getting depressed again, and the steps you can take to prevent your mood getting worse. These could be things like confiding in a friend, prioritising tasks and planning essential breaks, and getting help with the baby until you are feeling well.

If you think you may be having a relapse, try the following;

- ☞ Check your symptoms against your checklist: you may realise that it is just a bad day.
- ☞ Look at your rainy day plan and see if you can use any of those ideas to help you.
- ☞ Look back through the notes you made while doing this programme. Maybe you need to challenge some thoughts, or revise your rule book? It is easy for things to gradually slip into our old familiar ways of thinking and acting without realising it.
- ☞ Remind yourself how well you have done over the past months and the strengths you found inside.
- ☞ Talk to a close friend and get his/ her opinion on your mood. Often it is easier for partners and friends to tell if we are getting depressed than it is for ourselves.
- ☞ Go for a short walk or do some exercise, this releases chemicals that improve our mood.
- ☞ Remind yourself that you have helped yourself to get better, and you have got all the tools to help you stay in control of your life now.

Good luck

# Part nine

## Useful information

### 1 Anxiety

Anxiety and fear are natural human emotions. Anxiety that is not managed often contributes to the onset of depression. Anxiety and Depression often present together, which is why this information is included. Although the reasons why people feel anxiety can be varied, there are common symptoms which most people feel when anxious. Some of them are listed below.

Tick the ones which apply to you:

#### Physical symptoms

- Tense muscles
- Erratic breathing
- Dry mouth
- Dizzy spells
- Racing heart
- Knots/butterflies in stomach
- Frequent need to go to the toilet
- Diarrhoea
- Stiff jaw
- Tight throat
- Hard to swallow
- Restlessness
- Shaky hands

- Headaches
- Feeling sick in stomach
- Tired all the time

#### Emotional symptoms

- Irritability
- Angry outbursts
- Feeling anxious
- Panic attacks
- Feeling of hopelessness
- Depression
- Not feeling good enough
- Feeling bad about yourself
- Loss of confidence
- Teary
- Fear of criticism
- Difficulty concentrating
- Forgetful
- Feeling under pressure
- Feeling confused
- Difficulty making decisions

## Behavioural symptoms

- Avoiding situations
- Increased smoking
- Increased alcohol drinking
- Increased or decreased eating
- Trouble sleeping or sleeping too much
- Nail biting
- Not wanting to go out socially
- Blushing
- Non-stop talking
- Obsessive actions e.g. checking locks all the time
- Not taking as much care with your appearance

## Anxiety is a normal reaction

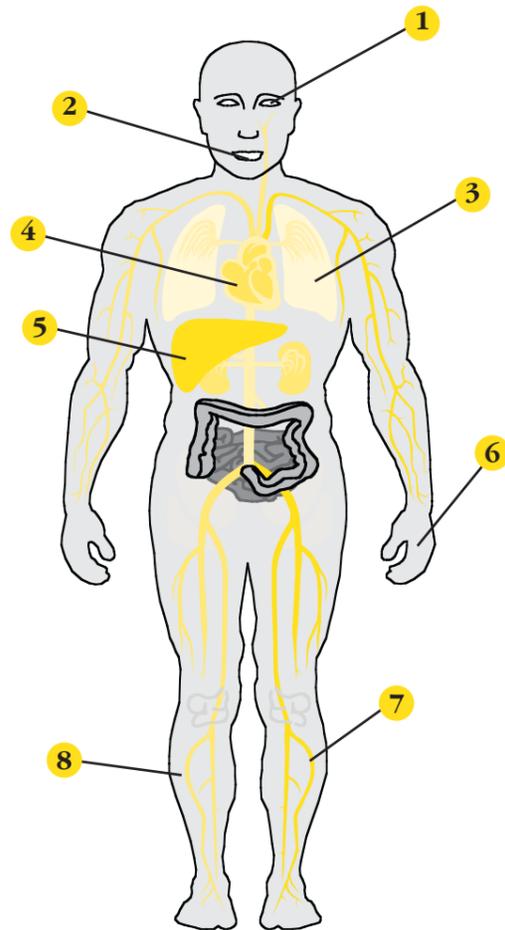
Anxiety is normal. It is the natural response to danger or stress, and helps us survive by preparing our bodies to deal with the threat. Anxiety acts as the trigger for our bodies to release adrenaline, which makes the body work faster and harder so that it can cope with danger by either fighting or running away. This is known as the 'fight or flight' response.

## How your body changes when you are anxious

Adrenaline affects many different parts of the body, getting the body into a state of readiness to deal with the threat. It is adrenaline that produces many of the uncomfortable physical feelings that are associated with anxiety, such as 'butterflies' in the stomach, tense muscles, rapid heartbeat and sweating. When adrenaline is released our senses also become more acute, and our thinking may change – for example we may not be aware of other things, and may become preoccupied with whatever it is that is making us anxious.

## What happens to my body?

Increased adrenaline affects the body in a number of ways which causes physical symptoms of anxiety. When you become anxious you may experience some, or all of these symptoms:



- 1 Increased adrenaline makes vision sharper. After effect - visual disturbance e.g. blurred vision
- 2 Body stops producing saliva leading to dry mouth and difficulty swallowing
- 3 Airways widen to let in more oxygen leading to breathlessness and dizziness
- 4 Heart pumps harder to send oxygen to muscles leading to palpitations

- 5 Liver releases stored energy. Blood and energy is diverted away from skin to muscles. After effect - stomach feels knotted, "butterflies" sensation, nausea, diarrhoea and/or sickness
- 6 Skin sweats to cool hot working muscles
- 7 Blood in skin is diverted to muscles leading to pale skin
- 8 Muscles in use, tense, ready to act faster leading to aches and pains and/or "shaky" feelings.

## Helpful and unhelpful anxiety

The 'fight or flight' response is automatic. As soon as you sense a threat, this response occurs. This was very useful in prehistoric times as there were many dangers such as wild animals, and prehistoric man needed to react to these quickly. This response helped us to be ready to run away or fight immediately after sensing a threat, and so helped us to survive.

Of course, today we don't have to worry about wild animals attacking us. But there are other dangers which mean we still need this response. For example, if you are crossing a road and see a car coming quickly towards you, the 'fight or flight' response occurs. Adrenaline is released into your bloodstream, which prepares your body to jump out of the way. This is obviously a very helpful response.

We also get anxious about all sorts of other things – for example, taking a driving test or speaking in public. These situations can trigger the same reaction, even though there may be no physical danger. A moderate amount of anxiety may still be helpful in these sorts of situations as it can make us more alert and focused and so improve our performance. For instance, some anxiety when going for a job interview or sitting an exam can be useful as it helps us to concentrate. However, if the

anxiety is out of proportion to the situation, or if it goes on for too long, it can become a problem.

When this happens we can feel physically uncomfortable because the body's reaction makes us ready to fight, but there is no danger to fight. So the tendency is to 'run away' or escape from the situation as this helps us to feel better. Unfortunately, this means that when we are faced with the same situation again we will try to avoid it, as experience has shown that this will make us feel better. But this means that we never learn to deal with situation. We are then left with only one rather unhelpful option of running away every time we are faced with that situation. It is much better to face your fears and learn to *control* the symptoms of anxiety.

*Some ways of controlling anxiety symptoms are described in Part three.*

## Why me?

Everyone experiences anxiety and has anxious thoughts, but it is more of a problem for some people than for others. This may be due to a variety of reasons including; personality, family history, life stresses, coping skills, and lack of support.

Anxiety affects people differently. The following are the most common forms of anxiety

- Generalised anxiety disorder (GAD)
- Phobias
- Social anxiety
- Health anxiety
- Panic disorder
- Obsessive compulsive disorder (OCD)

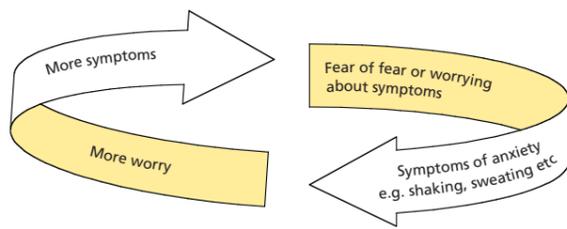
## What keeps anxiety going?

Our responses to anxiety (ie what we think and what we do when we feel anxious) can actually maintain it as a problem. Vicious cycles are often created that mean the anxiety either persists or gets worse.

### Fear of fear

Although the bodily feelings associated with anxiety are harmless, they can be unpleasant and quite frightening. When we experience anxiety symptoms we may worry that we are ill or that something bad is going to happen. This worry makes us even more anxious, which increases the physical symptoms of anxiety. This causes a vicious cycle which makes anxiety worse and stops it going away.

We may also worry about becoming anxious and getting anxiety symptoms. We may say unhelpful things to ourselves such as “What if my mind goes blank”, “I’ll blush and everyone will look at me”, or “This always makes me feel dreadful”. Worrying about becoming anxious can actually bring on anxiety, and can make the anxiety symptoms appear. This leads to an increase in anxiety and so the symptoms also increase. Again, we have fallen into a vicious cycle, known as the ‘fear of fear’ cycle.



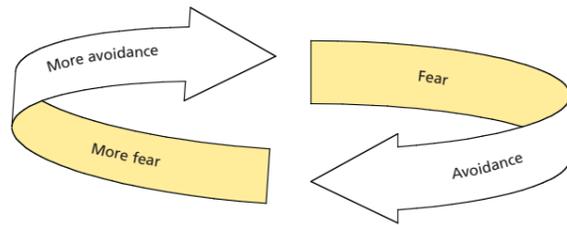
### Avoiding situations that provoke anxiety

It is perfectly natural, when we find a situation distressing, that we will try to avoid that situation in the future. But when anxiety is a problem in our life we may find ourselves avoiding places, activities and thoughts which are not real dangers. For example, supermarkets, going to work, making eye

contact, being alone, remembering certain images, using public transport. These are all important and necessary parts of everyday life, and avoiding them can be very restrictive to us and to others.

### Avoiding something may seem to bring relief, but it does not help in the long term:

- ❑ The relief is only temporary. Our anxiety may increase as we worry about how to avoid the situation again in the future.
- ❑ It makes the situation harder to face in the future because we believe that it will always cause anxiety.
- ❑ Gradually we grow to avoid more things.
- ❑ It starts a vicious cycle:



### Loss of confidence

Over time, anxiety can reduce confidence. It makes it harder to do things that were once easy, and so we may try to avoid doing these things altogether because we are afraid of failing. Loss of confidence also makes us feel bad. If our confidence is low, we may think that others are judging us negatively (e.g. thinking that we’re odd or stupid) and we are probably also judging ourselves negatively.

### Ways of thinking

You may have noticed that how we think plays an important part in fear, avoidance, and loss of confidence. The thoughts we have play a major role in increasing or decreasing our anxiety, and thinking negatively when we are feeling anxious can make things seem worse than they really are, which makes the anxiety more difficult to control. See Part six for more information.

## 2 Relaxation

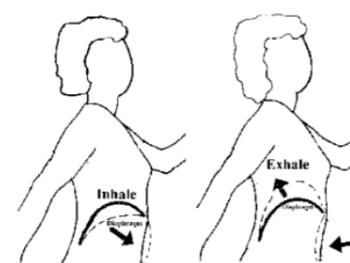
Learning effective relaxation and controlled breathing techniques is important for our wellbeing. Remember that mind and body are connected and one can affect the other. There are a range of different relaxation techniques that you can learn, and it may be worth trying a few to see which suits you best. In this section you will learn two breathing exercises and a ‘progressive muscle relaxation’ technique.

### Controlled breathing

It may seem strange to talk about “learning” breathing, but there are right and wrong ways of breathing, and the wrong way can cause unpleasant physical sensations. You can learn to correct your breathing by using either of the following techniques:

#### Exercise 1: Controlled breathing

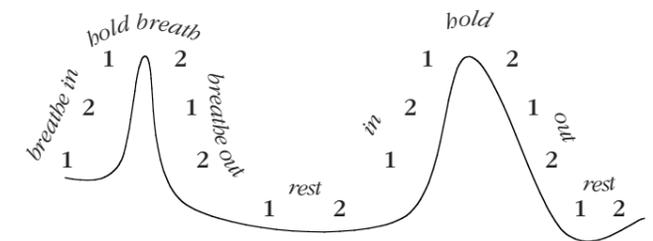
- ❑ Place one hand on your chest and the other on your stomach.
- ❑ Breathe in through your nose, filling your lungs completely so that your stomach comes out. Try to keep the movement of your upper chest to a minimum.
- ❑ Slowly and evenly breathe out through your nose. Allow your stomach muscles to relax.
- ❑ Repeat, and try to get a rhythm going. About 8–12 complete breaths a minute would be relaxed breathing. Don’t take lots of deep breaths quickly, as this can make you feel dizzy and uncomfortable.



#### Exercise 2: the “castle breathing technique”

This exercise can be used for 2–3 minutes at a time, for general relaxation, distraction, or to help you sleep. It is particularly helpful when you are about to enter a stressful situation when it can be used to relax and calm yourself.

- ❑ Breathe in for two counts (counting at a pace that is slow, but comfortable for you).
- ❑ Hold the breath for two counts.
- ❑ Breathe out for two counts.
- ❑ Rest for two counts.
- ❑ Count the same number for the in-breath, the hold, the breath out, and the rest period before breathing in again.
- ❑ As you get more practised you can either



count slightly slower, or count “1, 2, 3”. Always keep the counting even and steady. You can also do this breathing exercise by counting in time to your footsteps when you are out and about.

### Relaxation guidelines

- ❑ Regular practise is essential. If possible set aside a regular time to practise each day.
- ❑ Make sure you choose somewhere quiet to practise where you will not be disturbed.

- ☞ Start the exercise by lying down in a comfortable position. It is easier to relax while you are lying down.
- ☞ Make sure you are wearing comfortable clothes, and that the room isn't too hot or cold.
- ☞ Don't try to practise relaxation if you are hungry or have just eaten.
- ☞ Don't tense your muscles too hard, or you may make them ache.
- ☞ Don't tense any part of the body that is painful or injured.
- ☞ Do not expect too much of yourself at the start. Remember that this is a skill and skills have to be learnt and practised before they are mastered.

## Progressive muscle relaxation

This exercise is called "Progressive muscle relaxation". It will be difficult to read the instructions and relax at the same time, so you may find it useful to record it onto a tape, try to memorise it or get a friend to read it out to you.

Progressive muscle relaxation means that the muscles are relaxed one after the other, starting with the hands and arms and ending with the feet and leg muscles.

Each stage of the exercise focuses on a different group of muscles. At each stage you should concentrate on noticing the feelings in the part of the body you are working on. Tense the muscles tightly (but not too hard) and really concentrate on the feeling of tension. Hold this for five seconds, then release for ten to fifteen seconds, letting the muscles go as relaxed as possible. Try to learn the difference between tight and relaxed muscles by concentrating on the feeling in the muscle as it goes from tight to loose.

The exercise involves doing this for all the parts of your body:

- ☞ **Hands and arms:**  
Clench your fists, feel the tightness in your hands and arms, slowly relax them. See how far they can relax, but do not push or strain. Relax and let everything go. Repeat.
- ☞ **Shoulders and neck:**  
Drop your chin to your chest. Hunch your shoulders tightly, bringing them up and in. Circle your shoulders then let them drop. Relax. Repeat.
- ☞ **Face:**  
Concentrate on tensing your face bit by bit, first pull your eyebrows together, then screw your eyes up tight, and then bite your teeth together. Gradually ease off and relax. Repeat.
- ☞ **Chest and abdomen:**  
Tense your stomach muscles by pulling your tummy in tightly, slowly breathe out, letting go of your stomach muscles, and relax. Repeat.
- ☞ **Thighs and lower back:**  
Keeping the rest of your upper body relaxed, squeeze your thighs and buttocks together. Relax. Push your heels down hard against the floor, feel the tightness in your thighs, gradually let go. Repeat.
- ☞ **Calves:**  
Point your toes down towards the ground, feel the tension in your legs, gradually let the tightness go. Then pull your toes up towards your face. Again, gradually relax. Repeat.
- ☞ **Whole body:**  
Concentrate on your whole body, scanning for any tension. Relax any muscles that feel tense. Breathe slowly, calmly and evenly, letting every feeling of stress or tension go with each breath out. Allow your breathing to deepen your feeling of relaxation.

- ☞ **Mind:**  
Finally relax your mind. Think of something really soothing and restful: for example, lying by a gentle river, under a warm sun and blue sky. Picture a scene that works best for you. Breathe slowly through your nose, filling your lungs completely. Feel yourself getting heavier and heavier. Do not get up and rush about straight away: Getting up too quickly might make you feel dizzy, or make you tense up again straight away. Continue resting for a minute or two, then when you are ready get up, move slowly and stretch gently. Try to keep the relaxed feeling for as long as possible. Do whatever activity you had planned in a slow, calm way.

As you get better at this exercise you can practise it while sitting or standing, or move from a quiet environment, such as your bedroom, to one that is not so peaceful. In this way you will learn to relax in a variety of situations and stand a better chance of coping in 'real life'.

## Troubleshooting for relaxation techniques

It is likely that you will experience a few problems when you first try the exercises. It is helpful to recognise these and know what to do about them.

- ☞ **Muscle cramps:**  
If this occurs you can overcome it by not tensing the muscles so much, or for tensing for a shorter time. Remember that cramp, although painful, is not dangerous.
- ☞ **Wanting to laugh:**  
You may feel self-conscious or have the feeling of wanting to laugh at first, but as the exercises become more familiar, and the bodily sensations feel less strange it will not be as funny.
- ☞ **Unable to concentrate:**  
If you have difficulty finishing the exercises without your mind wandering, don't worry. The best way to make unwanted thoughts go away is by not dwelling on them. Instead let your mind slowly drift back to the exercise, and the particular part of your body you are relaxing.
- ☞ **It feels strange:**  
As you are not used to the exercises it is natural for them to feel strange at first. Accept that it will take practise to feel comfortable with them.
- ☞ **Falling asleep:**  
The aim of these exercises is not to get you to sleep, as you cannot learn to relax while sleeping. If you find that you doze off during the exercises try doing them sitting up (make sure your head, neck and shoulders are supported by your chair). If you want something to help you sleep, try doing the exercise when you are in bed, or keep a relaxation tape just for that purpose.

# 3 Sleeping better

Sleep problems are very common and are usually referred to as insomnia. People can become very distressed when they feel that they are not getting enough sleep and it can be one of the more troubling experiences for depressed and anxious people. It can be particularly distressing when you have had a baby because there may not be an opportunity to catch up on lost sleep and you may feel you can't cope in the daytime because you are so tired.

## How much sleep do we need?

The need for sleep varies from person to person and depends also on our age and levels of activity. As we get older, our sleep patterns change – as babies we can sleep for 17 hours each day whereas in adult life most of us need between 7 and 8 hours a night. Sleep patterns change during pregnancy and after childbirth. We know that breast milk contains relaxation endorphins which help women to get back to sleep and sleep more restfully after night feeds.

## What if I don't sleep?

People can become very worried when they feel that they aren't getting the amount of sleep that they need, and this can make it even harder to fall asleep. The occasional sleepless night has little effect on our physical and mental health, but if this becomes quite frequent you will start to feel tired, drowsy and may find yourself dropping off to sleep during the day. This can be very dangerous if you are driving. You will find it difficult to concentrate and make decisions, it may feel harder trying to look after a baby and family and you may start to feel depressed.

## Types of sleep problems

The following information applies if your baby sleeps through the night and you are still unable to sleep.

Knowing what sort of sleep problem you have can help when it comes to trying to deal with it. (Tick the boxes that apply to you):

### Getting to sleep (onset insomnia or anxiety)

Difficulty with falling asleep is the most common problem that people experience, particularly those with anxiety. It can take several hours for some people to get to sleep but usually the quality of sleep is good when it happens. This is particularly debilitating when you are up during the night feeding the baby anyway.

### Staying asleep

This includes a disturbed sleep pattern, with frequent waking in the middle of the night and difficulty getting back to sleep.

### Early morning waking (early-morning insomnia or depression)

This includes waking earlier than desired, sometimes several times during the early morning hours and having difficulty getting back to sleep. This is common in depression.

### Poor quality sleep

Not getting enough sleep, sleeping lightly, with restless, disturbed and inconsistent sleep and feeling un-refreshed upon waking.

## Causes of sleep problems

There are a number of reasons why sleep problems can develop. These include:

- The natural effects of ageing**  
as we age we sleep less often and less deeply.

- Medical reasons**
  - The need to go to the toilet increases in later life and during pregnancy.
  - Pain and discomfort such as arthritis or an injury.
  - Emotional upset following bereavement or loss.
  - Medication can sometimes interfere with your sleeping patterns.

- Depression and low mood**  
Disturbed sleep is common when someone is depressed. It is common for a depressed person to have problems getting to sleep or to wake up early in the morning and then struggle getting back to sleep again.

- Stress, anxiety and worry**  
Your sleep can be affected by the way that you feel. If you are stressed or worried about something then you may have difficulty falling asleep because your mind is working overtime.

- Surroundings**  
The environment around us can make a big difference to our sleep. For example, a bedroom that is too hot or too cold, too light or too noisy (perhaps your baby is sharing your room and is a noisy sleeper) and a mattress that is too hard or too soft can affect the quality of our sleep.

- Unusual or disrupted sleep routines**  
Working shifts that frequently change can affect the pattern of a person's sleep.

## Good sleep habits

- Develop regular sleep times:**  
This will be easier if your baby sleeps through the night. Go to bed and get out of bed at about the same time, regardless of how tired you are. Try not to take naps during the day because naps may make you less sleepy at night. (However, in the first few weeks after the baby arrives if you are feeding frequently during the night it makes sense to nap during the day if you

can. This is a temporary way of coping at this time).

- Avoid caffeine, nicotine and alcohol late in the day**  
Caffeine and nicotine are stimulants and can keep you from falling asleep. Alcohol can cause waking in the night and interferes with sleep quality.

- Get regular exercise.**  
Avoid exercising close to bedtime because it may stimulate you and make it difficult to fall asleep.

- Don't eat a heavy meal late in the day.**  
However, a light snack may aid sleep.

- Surroundings:**  
Make your sleeping place comfortable by ensuring that it is dark, quiet and the right temperature. Try using a sleeping mask if there is too much light, earplugs or a fan to cover up the sounds if noise is a problem (only do this if there is another adult around to listen out for the baby).

- Pre-sleep routine:**  
Follow a routine to help you relax and unwind before going to sleep, such as reading a book, listening to music or taking a bath.

- Use your bed for sleep and sex:**  
Try not to associate your bed with other activities that create arousal such as talking on the phone, reading and worrying. Avoid anxiety arousal just before bedtime (e.g. avoid arguments and challenging tasks).

- Do not try to fall asleep:**  
This will only increase your frustration and anxiety. Try saying to yourself "I will only concentrate on the relaxing feelings in my body" because this paradoxically is an effective way of increasing sleep by giving up trying to fall asleep!

- Challenge your worrying thoughts**  
If you are lying awake for more than 15 minutes, get up and go into another

room. Write down your negative automatic thoughts, such as “I will never get to sleep” and “I’ll get ill if I don’t get enough sleep” and challenge them. Be more realistic – the most likely consequence of not getting enough sleep is that you will feel tired and irritable.

**Practise relaxation and breathing techniques.**

Visualise a relaxing scene or try to make your mind go blank to enhance restfulness.

**Don’t expect immediate results.**

Give yourself time to unlearn your disturbed sleeping patterns.

Discuss any concerns about your baby’s sleep with your Health Visitor.

## 4 Medication

This section is to provide information about antidepressants. It discusses briefly how antidepressants work, why they are prescribed and their effects and side-effects.

There are different types of antidepressants and they are commonly divided into the four groups seen below. The antidepressants listed below also have brand names and these are shown in brackets.

### Type of antidepressant

Tricyclic Antidepressants: Amitriptyline (Tryptizol, Lentizol), Amoxapine (Asendis), Clomipramine (Anafranil), Dothiepin/Dosulepin (Prothiaden), Doxepin (Sinequan), Imipramine (Tofranil), Lofepramine (Gamanil), Maprotiline (Ludiomil), Nortriptyline (Allegron, Aventyl), Protriptyline (Concordin), Trimipramine (Surmontil)

Selective Serotonin Re-uptake Inhibitors (SSRIs/5-HT Re-uptake Blockers): Citalopram (Cipramil), Escitalopram (Ciprallex), Fluoxetine (Prozac), Fluvoxamine (Faverin), Paroxetine (Seroxat), Sertraline (Lustral). Related drugs: Nefazodone (Dutonin), Trazodone (Molipaxin)

Mono-Amine Oxidase Inhibitors (MAOIs): Isocarboxazid (Marplan), Phenelzine (Nardil), Tranylcypromine (Parnate)

Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs): Reboxetine (Edronax), Venlafaxine (Efexor, Efexor-XL) Duloxetine (Cymbalta).

### What are antidepressants used for?

When a person is depressed, the naturally occurring chemical messengers in the brain that regulate mood are not as effective or as active as normal. Antidepressants are

therefore used to increase the amount/activity of chemical messengers in the brain to help improve mood.

Antidepressants are similarly effective but can produce different side effects. It is possible to try another if the drug you are on does not suit you (please seek medical advice before stopping the antidepressant that you are on).

### How do I take my antidepressant?

Tablets/capsules should be swallowed with at least half a glass of water, whilst sitting up or standing, to ensure they do not stick in the throat.

If your antidepressant is a liquid it should be measured out carefully. Your pharmacist can provide you with a medicine spoon or an oral syringe to do so.

### When should I take my antidepressant?

Take your antidepressants as directed on the medicine label. They will not work if you don’t. You can take Tricyclics and SSRIs with or after food. With SSRIs this may help with feelings of sickness (feelings of sickness may be present for the first few weeks of taking them - seek advice from your doctor if it continues). If directed to take your SSRI tablets once a day, sometimes this is better at night as they can make you drowsy at first. If instructed to take your MAOI once a day, this may be better in the morning as they can make you feel more alert (although they do sometimes have the opposite effect on people).

## How long should I take the antidepressant for?

This should be discussed with your doctor. To help inform you, research has shown that your chances of becoming depressed again, after a first episode of depression, are much lower if you keep taking the antidepressant for 6 months after you are well again. For a second episode, your chances are lower if you keep taking the antidepressant for 1–2 years after you have become well again. For a depression that keeps coming back, continuing to take an antidepressant has been shown to have a protective effect for at least 5 years.

It will often take 2 weeks or more before the antidepressants start to have any effect and maybe up to 6 weeks to give their full effect.

## Are antidepressants addictive?

Antidepressants are not addictive, but if you have taken them for 8 weeks or more you may experience some mild ‘discontinuation’ effects while your body re-adjusts.

It is not advisable to stop taking antidepressants suddenly. Depression can return if treatment is stopped too early and you may experience some discontinuation effects (e.g. headaches, restlessness, nausea, lethargy, sleep disturbance). You should discuss stopping your drugs or reducing them with your doctor.

## What if I forget to take my antidepressants?

If you forget to take your antidepressant you should start again as soon as you remember. Do not try to catch up by taking two or more doses. Inform your doctor of any missed doses at your next appointment. If you have difficulty in remembering to take your doses ask your pharmacist, doctor or nurse for some support with this.

## Will they make me drowsy?

Antidepressants may make you feel drowsy so do not drive or operate machinery until you know how they affect you. Antidepressants are not sleeping tablets, although when taken at night they may help you to sleep. Seek advice from your doctor about your particular antidepressant as some people find that their antidepressant can make them feel more alert/awake.

## Will my antidepressant cause weight gain?

Some people may experience weight gain when on antidepressants due to an increased appetite or a reduction in metabolic rate. If you do start to put on/lose weight and are concerned about this, please consult your doctor.

## Should I avoid anything?

When taking Tricyclics, SSRIs or SNRIs alcohol is best avoided except in moderation (it can make you feel sleepier). Alcohol may also reduce the effect of your antidepressant.

When taking MAOIs alcohol should be avoided. Seek advice from your doctor if you intend to drink. There are also foods that are to be avoided when on MAOIs and your doctor should provide you with a list.

Some antidepressants make you sleepy and slow down your reactions and you should therefore seek advice from your doctor if you intend to drive on them or operate heavy machinery.

If you are taking antidepressants after having a baby and have any reason to believe that you may be pregnant again please consult your doctor.

## What about pregnancy and breastfeeding?

It is possible and sometimes necessary to take antidepressants when pregnant or breastfeeding. However, you should only do this after consulting your doctor

## Will I experience side-effects?

The lists of side-effects may look worrying to you. Most people however get only a small number of MILD effects if any at all. As your body gets used to taking a new medication these side-effects may wear off. Please talk any side-effects over with your doctor. Only stop your antidepressant if your side-effects are really disagreeable, and if they are, book an urgent appointment with your doctor.

It is important to inform your doctor of any other drug you are taking before starting an antidepressant.

### Tricyclics

- ❑ **Common side-effects:** Drowsiness, constipation, dry mouth, blurred vision, weight gain, and sweating.
- ❑ **Uncommon:** nausea, headache, urine retention, low blood pressure, a fast heart beat, reduced desire for sex, difficulty in reaching orgasm.
- ❑ **Rare:** Feeling shaky, skin rashes.

*(Tricyclic drugs are dangerous in overdose)*

### SSRIs

- ❑ **Common side-effects:** Nausea and vomiting, insomnia, reduced desire for sex, difficulty in reaching orgasm.
- ❑ **Uncommon:** restlessness/anxiety, drowsiness, headache, loss of appetite, diarrhoea.
- ❑ **Rare:** dry mouth, skin rashes, feeling shaky.

### MAOIs

- ❑ **Common side-effects:** feeling dizzy or faint after standing, drowsiness, dry mouth, constipation.
- ❑ **Uncommon:** urine retention, headaches.
- ❑ **Rare:** swelling in the legs, sweating, insomnia, blurred vision, skin rashes.

### SNRIs

- ❑ **Common side-effects:** feeling sick, headaches, drowsiness, dizziness.
- ❑ **Uncommon:** not sleeping well, low blood pressure, weight gain, wheeziness, reduced desire for sex, difficulty in reaching orgasm.
- ❑ **Rare:** Skin rashes.

If you have found that your questions have not been answered by this information, please consult your doctor.

Source: Bazire, S. and Branch, S. (2001) *Drugs used in the treatment of mental health disorders: FAQs*. APS Publishing.

# 5 Supporting someone with depression

If someone close to you is experiencing depression during pregnancy or following childbirth it is not easy at times, especially when there is a baby and maybe other children who need caring for. When they are finding life difficult it can often be hard to know what to say or do. They may need a lot of support and their behaviour can be out of character and worrying. Sometimes our worry and concern about someone means we fail to look after ourselves. Added to this, we know that when women are depressed following childbirth, their partner may also become depressed. So it is important to look after yourself. You may find it useful or helpful to talk to someone. Ask friends or relatives for help and support. Remember your emotional well being is important too!

There are a number of things you can do to help someone with depression:

- 📌 **Listen –** let her know you are concerned and are available to listen without being judgemental. This can provide her with an opportunity to discuss her feelings.
- 📌 **Talk openly –** talking about depression may help her know you are open-minded about depression and make it easier for her to talk about her feelings.
- 📌 **Don't tell them to cheer up –** this may be our first reaction when someone is feeling depressed, as it can be hard to understand. However cheering up may seem impossible to her, and it may appear as if you are not taking her feelings seriously.

Accept things as they are, reassure her you care and remain patient and understanding.

Recognise that there will be good days and bad days. Eventually you will realise that the number of good days are beginning to outweigh the number of bad days.

- 📌 **Encourage her to seek help –** when women are depressed around the time of childbirth it is important that they receive the correct help and advice. Their health visitor or GP is often the first step to receiving help and they may refer them on to someone who is a specialist in dealing with mental health problems, such as a Psychiatrist or Psychologist. Offering to go along with them when they have their appointment may be helpful to them.
- 📌 **Learn about depression –** having some idea how women can feel during and after childbirth, can help you to understand their problems and the reasons for their behaviours and moods. For example, if your partner seems disinterested in sex, don't take this as rejection. It is common for women to lose interest in sex when they have postnatal depression, but the closeness of hugs and cuddles are really important.
- 📌 **Distraction –** helping someone forget their problems for a while might be beneficial. This may include supporting them with activities that they have neglected.

- 📌 **Practical help –** providing practical help with everyday tasks can really help take the pressure off her at this time. For example, helping with housework and shopping and making sure that she eats a healthy diet.

- 📌 **Time for yourself –** having time for yourself is important and can help you relax, whether it is simply time spent alone or doing something you enjoy. Looking after yourself will benefit the person you are supporting.

Remember that with help and caring support she will recover.

# Part ten

## 10 Tips for managing depression

### ☑ **Talk about it**

Find someone you can talk to – it could be your partner, family, friends, other mothers, your health visitor or a support group – someone who can listen and support you. Be honest about your feelings and don't bottle it up. Having a good cry and talking about things can really help the healing process.

### ☑ **Accepting help**

Many women find it difficult accepting offers of help, thinking that they should always be the one looking after their baby. Accepting help will aid your recovery – practical help such as childcare while you do this programme, or help with the cooking. Don't be afraid to ask for help.

### ☑ **Stop avoiding people/seek company**

Facing people, phone calls and social occasions can feel like a chore, an ordeal, or a nightmare. However, we need other people and it does eventually help us to get better. Going to a mother and baby group or just going to a friend for coffee will help.

### ☑ **Learn to manage your thinking**

Remember it isn't your fault. Antenatal and postnatal depression are very common, and you are not the only one feeling this way. Just keep reminding yourself of this if you are

feeling negative. When we are depressed we are not thinking straight. Our thoughts become unfair, unrealistic and very negative. You can learn to Catch, Check and Change the way you think. This can lead to immediate relief of your low mood and give you a technique to start regaining control of your moods and your life.

### ☑ **Get active and exercise regularly**

It may be the last thing you feel like but increasing your activity level day by day will start to make you feel better. Begin with a small change and build up to your bigger goals. Getting active with a small baby can seem impossible, but even short walks with the baby in a sling, pram or pushchair can help to improve your mood.

### ☑ **Do something you enjoy every day**

You may not believe that you can ever feel pleasure again, or may believe you don't deserve it. Think of something small that used to make you feel good and plan to include it in your life.

### ☑ **Learn to relax**

Sounds simple, but relaxing is a very useful for when we get wound up by situations or our own thoughts. Relaxation exercises are described in this book or you can purchase a

relaxation tape or CD. When you have a small baby to care for you need to find time to relax. Remember that at this stage it is more important to do this than the housework.

### ☑ **Exercise regularly**

We know that regular exercise does improve mood and prevents further depression. It does not have to be lycra clad trips to the gym – you can do something physical every day that will start to improve your mood. You may have to adjust the type of exercise with a baby around – and definitely in the first six weeks after delivery. Walking is a brilliant way of exercising, and baby can come too!

### ☑ **Get a hobby and do it**

Your concentration may be poor or you can't be bothered. However finding something that will occupy your mind, albeit temporarily, is a good thing. Sometimes even if it does not interest you, go through the motions as it will help you to start regaining control. Time is obviously a key point here, but a hobby can be very helpful when time allows.

### ☑ **Be assertive/look after your needs**

Learning to be assertive, not passive, nor aggressive will be a useful skill for you now and for the rest of your life. There are techniques described in this book that may prove useful. It is especially important when you are adjusting to all the demands that are placed on you in caring for you and your baby.

# Part eleven

## Six months on

Changing some of the ways you behave, think and live in order to lift your mood takes time and effort. Six months on from the programme our sincere hope is that you will be continuing to feel more in control of your moods. The workbook is yours to keep and continue to use. At different times in our lives, new challenges present and you may benefit from revisiting the techniques that helped before and from reading about some other ideas that may seem more relevant now.



Kayleigh

*I'm a bit better now, particularly about valuing myself more. I get lots of pleasure from my son and make sure I spend quality time with him*

*most days. I might get some counselling to sort myself out a bit more. The programme was helpful for getting me back in a routine. I do get out more now and the mother and baby group has been a good way of meeting other mums.*



Diane

*The programme has been incredibly helpful to me. I'm less anxious about Rory. I have returned to work. I'm still a*

*perfectionist and don't really feel great about myself. But at least I can recognise unhelpful ways of thinking now.*



Ros

*Life goes on much the same for me but what has changed is my ability to cope and that I feel less resentful. I so needed*

*a break and the real key was realising that I did not always have to be achieving something. Learning to relax and accept myself and just be still sometimes has helped both Simon and myself. Generally my mood is*

*good but I have to keep an eye on it. If I am feeling wobbly I know to call a friend and arrange something social. I used to take to my bed. Knowing which techniques to use and when has been really helpful. I have recommended it to a number of my friends and colleagues because so many mums seem to be struggling with these difficulties.*



Jasmine

*I have now lived here for a year and I have a really good network of friends. I am not depressed anymore. I am much more*

*independant now, although my mother-in-law still helps out sometimes. I got into such a negative cycle of thoughts about myself, and thought that others were judging me. Accepting what I am and what I do has been the key*

The key message is that there is always something you can do to help yourself. Remember though, if you feel you cannot manage and that you are losing control of your emotions, go and speak to your GP who will be able to talk through additional help that may be available.

# Part twelve

## Further reading and helpful contacts

### Further Reading

Overcoming Depression, (2000) Paul Gilbert, Robinson, London

Overcoming Low Self Esteem, (1999) Melanie Fennell, Robinson, London

Overcoming Anxiety (1997) Helen Kennerley, Robinson, London

The Feeling Good Handbook (1990) David D. Burns, Penguin

10 Days to Self Esteem, (1993) David D. Burns

Manage Your Mind, The Mental Fitness Guide (1995) G. Butler and T. Hope, Oxford University Press

Beating the Blues (1994) Michael E. Thase and Susan S. Lang, Oxford University Press

Mind Over Mood (1995) Dennis Greenberger and Christine Padesky, Guildford Press

Depression. The Way out of Your Prison (2003) Dorothy Rowe

Banish Baby Blues (1990) Anne-Marie Sapsted. Harper Collins

Down with Gloom! (1993) By Brice Pitt and Mel Calman, Gaskell Press

Coping with Postnatal Depression (2005) Sandra Wheatley, Sheldon Press

Surviving Postnatal Depression: At Home, No One Hears You Scream (2000) Cara Aiken, Jessica Kingsley Publishers Ltd

Feelings After Birth: The NCT Book of Postnatal Depression (2002) Heather Welford, the National Childbirth Trust

### Helpful agencies

**Stress Management Workshops**  
(NHS Glos Partnership Trust Primary Mental Health Team)  
www.pmhsglos.org.uk  
01452 383242

**National Association for Mental Health (MIND)**  
www.mind.org.uk  
0208 5192122  
Information Line 0845 7660163 (local rate)

### Saneline

www.sane.org.uk  
0845 7678000 (local rate)

### Samaritans:

(Emergency24hr helpline)  
www.samaritans.org.uk  
0845 7909090 or 01452 306333

### No Panic:

93 Brands Farm Way, Randlay, Telford  
(Helpline 10am – 10pm)  
01952 590545  
0808 8080545  
www.nopanic.org.uk

### Association for Postnatal Illness

020 7386 0868 (helpline)  
www.apni.org

### Perinatal Illness UK

01335 347599  
www.pni-uk.com

### The Birth Trauma Association

www.birthtraumaassociation.org.uk

### Depression Alliance

0845 123 23 20  
www.depressionalliance.org

### Fellowship of Depressives Anonymous

0870 774 4320  
www.depressionanon.co.uk

### SAD Association

01903 814942  
www.sada.org.uk

### Disclaimer:

Gloucestershire NHS Partnership Trust is not responsible for the content or reliability of the above websites and does not necessarily endorse the views expressed within them.

## Bibliography

1. Beck, A.T. (1976) Cognitive Therapy and the Emotional Disorders. New York, International Universities Press
2. Burns, D.D. (1990) The Feeling Good Handbook, Penguin Press
3. D’Zurilla, T.J. (1986) Problem Solving Therapy; A social competence approach to clinical intervention. New York: Springer
4. Dobson, K.S., and Block, L. (1988) Historical and Philosophical Bases of the Cognitive Behavioural Therapies. In K.S. Dobson (Ed.), Handbook of Cognitive Behavioural Therapies (pp.3–38). New York: Guildford Press
5. Dryden, W., (Ed.), Individual Therapy: A Handbook. OUPress 1990
6. Emmelkamp, P.M.G. (1994). Behaviour Therapy with Adults. In A. E. Bergin and, S.L. Garfield (Eds), Handbook of Psychotherapy and Behaviour Change (4th Ed.) USA: John Wiley and sons Inc
7. Freeman, A., & Dattilio, F.M., Comprehensive Casebook of Cognitive Therapy. Plenum Press 1992
8. Goldberg, D. & Huxley, P. (1980). Mental Illness in the Community: The Pathway to Psychiatric Care. London: Tavistock
9. Goldfried, M.R., and Davison, G.C. (1976) Clinical Behaviour Therapy. New York: Holt, Rinehart and Winston
10. Greenberger & Padesky (1995) Mind over Mood, Guildford Press
11. Kanfer, F.H. (1975) Self Management Methods, in Kanfer, F.H. and. Goldstein A.P. (Eds) Helping People Change; A Textbook of Methods (pp. 309–356). Elmsford. New York: Pergamon Press (1991)

12. Mahoney, M. (1978) Cognitive and Self Control Therapies. In Garfield, S.I. & Bergin, A.E. (Eds) Handbook of Psychotherapy and Behaviour Change (2nd Ed.) NY: John Wiley & Sons
13. Meichenbaum, D. (1977) Cognitive Behaviour Modification: an Integrated Approach. New York. Plenum Press
14. Treating Postnatal Depression: A Psychological Approach for Health Care Practitioners. Chichester: Wiley
15. WHO Guide to Mental Health in Primary Care. (2000). Royal Society of Medicine Press

