

Towards Better Mental Health

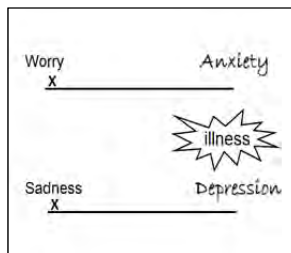
(a synergia psychohealth resource)

Dealing with Anxiety & Depression

Please note: the information contained in this handout is of a general nature, and may not offer specific information for your situation. See your doctor if you have any specific questions or needs.



What are we talking about?



Don't most people worry and have blue days? What then is the difference between a person who is worry-prone and an anxiety condition? How do we distinguish between a person who is very negative, or is having a few down days, and a depressive illness? The simplest answer is that if the worry or sadness is at a point where it interferes with or disrupts everyday functioning in a person's life – then that points towards a mental health issue.



Why do people become depressed &/or anxious?

Is depression really on the increase – or are we just hearing more about it? Today, people are 10 times more likely to be depressed than their grandparents, and 3 times more likely than their parents. Why is this the case? Much can be attributed to the pressures and pace of life today – living in a state of constant change which requires constant adjustment – without enough social support. Modern life is marked by the loss of extended family support, and greater social isolation: there is more to deal with, with less assistance.



Is all depression the same, or are there different types?

Depression does, indeed, have different faces:

- One which is especially linked to the pace of life and pressure to adjust is called *reactive depression*. One study found that in the six months preceding a depressive episode, sufferers tended to have increased arguments with their spouse, marital separation, new jobs, changes in work conditions, serious personal illnesses, serious illness or death of family members, or family members leaving home. *Reactive depression* is therefore a reaction to external events: I can point to a series of life events to explain my sadness, flatness and fatigue.
- On the other hand, there is another type of depression which comes from the inside, sometimes regardless of what is happening in my external life. This is called *Endogenous depression* – which means from the inside. This depression is usually caused by biological, rather than environmental or external factors.
- Some people suffer from depression with anxiety - *agitated depression* – which is accompanied by more or less constant activity, rather than the flatness of depression alone. Indeed, many people who suffer from an anxiety disorder also suffer from depression.

- Depression can also occur as a *side effect of something else* – illness or some medications. Physical diseases which have been linked with depression include: stroke, heart disease, diabetes, thyroid problems, epilepsy, hepatitis, hypertension, glandular fever, even the flu .



Is all anxiety the same, or are there different types?



At its simplest, anxiety occurs because a person's nervous system has been put on constant alert. Imagine a set of traffic lights with the amber light constantly flashing, signalling threat or danger. In such a state, the mind and body cannot shut down – they become hyper-vigilant, scanning the environment for threat. The result is an 'overheated' mind and body.

An anxiety condition can also take number of forms:

- *Generalised anxiety disorder (GAD)* is the most commonly diagnosed anxiety disorder. The person with this condition will either point to one or two situations they are excessively worrying about, or else not be able to identify exactly what they are anxious about – it is a *nameless dread*.
- *Phobias* include specific phobias and social phobia. A phobia is such an intense irrational fear of a specific object or situation that the person now must avoid it. Some phobias concern activities or objects that involve some risk (for example, flying), but many are focused on harmless animals or other objects. *Social phobia* involves a fear of being humiliated: of being judged and found wanting; being exposed as not good enough. *Social phobia* manifests itself as a fear of performing certain functions in the presence of others, such as public speaking.
- *Obsessive-Compulsive Disorder (OCD)*. This disorder is marked by unwanted, intrusive, persistent thoughts (obsessions) or repetitive behaviours (compulsions). These can include: constantly washing hands, counting, and checking things. Feeling anxious in themselves, OCD sufferers try to gain a sense of control by fixating on particular thoughts or actions.
- *Stress disorders*, including *Post-Traumatic Stress Disorder (PTSD)*. Stress disorders are symptomatic reactions to traumatic events in the person's life.
- *Panic disorders* with or without agoraphobia. The sufferer develops panic attacks coupled with the fear of their recurrence. This fear can lead the person to avoid the situation or place where they experienced the first attack but, as panic attacks occur in other settings, the person's world shrinks until they only feel safe at home (agoraphobia).

As can be seen above, a person suffering from an anxiety disorder believes that the threat is 'out there'. The reality, however, is that anxiety may be referred to as *the disease of the imagination* – the threat is actually inside: in my thinking and coping styles.



Who suffers from depression and/or anxiety?

The stats

1 in 5 Australians will have a depressive episode during their lifetime, and 1 in 4 will experience an anxiety disorder. If it isn't you, then it will be someone you know. No one is immune, regardless of age, gender, income or occupation.

- Both men and women are likely to experience depression and/or anxiety**
 However, women are more likely to seek help. When women are stressed, they release *oxytocin* – the *tend and befriend* hormone – prompting them to reach out and to talk to someone or access professional assistance.
 On the other hand, men release *testosterone* – the *fight or flight* hormone – when stressed. They therefore tend to deny there is a problem (*flight*), or try to *fight* the condition through self-medicating behaviours such as drinking.
- Children**
 The average age of the onset of depression is lowering each decade. Children will often display *physical* symptoms of depression or anxiety - complaining of an upset stomach, or sleep problems, or bed-wetting. Sometimes anger or irritability will be how depression manifests in them.
- Teens**
 Adolescence and puberty is a time when hormone levels are spiking and readjusting, and can upset the internal balances and responses to stress. Life transition stressors – e.g. dating, pressures about study and career choice, conflict in relationships or friendship groups, parents splitting up, etc. - can often be the source of depression or anxiety.
- The elderly**
 Many find advancing years a difficult period of transition. Older people may develop an anxiety or depressive condition as they attempt to respond to the significant changes occurring during this life stage – the loss of health, the death of a spouse and friends, loss of independence through moving into a retirement home or high-care facility.

The Black Dog



The Black Dog was a term coined by British Prime Minister, Winston Churchill, who suffered from depression. This image is very dramatic: it suggests that depression can pounce on you suddenly out of nowhere, and then sit on your chest, pinning you to the ground. When you look up, all you can see is blackness.

As helpful as this image is, it can foster a sense of passivity, making me feel like a helpless victim of the Black Dog. The truth is that there is much within my control! I don't have to just wait until Black Dog decides to move on. There are steps I can take to poke him and tickle him to make him shift off me, and therefore ease my symptoms. Better still, there are things I can do to make it less likely the Black Dog will ever visit me or return.



What can sufferers do?

The good news is that 80% of people with depression recover with appropriate treatment – so take heart! We will explore the elements of appropriate treatment in the following sections. In summary, however, the tools we have within our control to fight the Black Dog of depression and the ‘disease of the imagination’ (anxiety) fall into two main categories: our cognitive and coping styles.

- Our *cognitive style* refers to the way we think. Some of us tend to be more perfectionistic than others, while others ruminate over and replay in their minds mistakes they made hours, weeks, or even years before. Both of these thinking styles pre-dispose us towards depressive and anxiety conditions. We will see below that there is a cognitive style which builds up resistance to depression and anxiety.
- Our *coping style* is how we respond to stressful situations. If my main coping style when faced with a stressful situation is to deny, avoid, or numb the pain - at one end of the spectrum; or to become over-involved or control or blame – at the other end of the spectrum, I am more prone to depression and anxiety. We will see below that I can develop a lifestyle and coping style which resist depression and anxiety, and build my resilience.

An image that gives me a sense of control



Let's think about our mental health as a house.

- Our *family history* is like the foundations of the house – the foundation on which our mental health is based. This is because - usually unconsciously – we absorb a lot of thinking and behavioural patterns from our parents and family of origin – both positive and negative. If, for example, a mother is a continuous worrier, it is likely that her children will learn that the world is a fearful place, thus teaching them to be anxious.
- Our *cognitive style* is the roof of the house – a strong roof prevents leaks. Because a person's thought-life determines their emotional and psychological wellbeing, a pattern of negative or irrational thoughts will let the rain in.
- Our *coping style* - can be seen as the walls of the house. I need to have a healthy lifestyle and coping style in place which is strong enough to hold the house up when it is being shaken.
- *Biological factors* such as hormones and chemicals - is the wiring located in all the walls of the house. If my system is being pumped with harmful hormones (such as too much adrenalin and other stress hormones), or harmful chemicals (such as nicotine, too much alcohol, or drugs), the wiring will become corroded.

In order to keep Black Dog outside, all aspects of our house need to be sturdy. The following pages give some practical tools for overhauling our mental health house. But before we examine them, what are the signs that the Black Dog has moved into this house?



What are some signs of not coping?



Depressive episodes are usually characterised by:

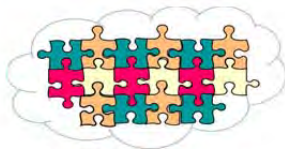
- Insomnia
- Loss of energy
- Feelings of worthlessness
- Excessive or inappropriate guilt
- Concentration problems
- Negative thinking - *I (or you) always... I never... It's all bad, and will always be this bad...*
- Thoughts of death or suicide¹

The answers to two key questions help professionals make a diagnosis of depression:

1. During the past month (or more) have you often been bothered by feeling down, depressed or hopeless? (mood)
2. During the past month (or more) have you often had little interest or pleasure in doing things? (loss of pleasure)

It is important to note that these symptoms need to have existed for a month or longer – over an extended period of time. While we all have down or blue days, depressive episodes will remain for a longer period. In case of clinical depression, this dark negative mood has become the norm in my life, rather than the exception.

Physical effects of *anxiety disorders* can include dizziness, decreased sex drive, irritability, sweating, chest pain, increased muscle tension, rapid breathing and breathlessness, heart palpitations, increased blood pressure, and nausea or diarrhoea.



= a series of smaller problems
to be solved

These symptoms are distressing, and can appear overwhelming when looked at as a whole. So we need to view depression not as one big problem BUT as a series of smaller problems which can be addressed one by one.

So, let's address each major symptom of depression separately. Each of the following strategies will help a person construct a strong mental house.

Insomnia

There are different types of insomnia that suggest different types of disturbance in mental health. If you have trouble falling asleep and toss and turn a lot, it is likely that you are experiencing anxiety. If you fall asleep fairly easily, but are then wide awake after a few hours, this can be a symptom of either depression or anxiety. If you fall asleep easily, but then wake up early in the morning and can't get back to sleep, it is likely that you are experiencing depression.

Sleep is crucial in maintaining good mental health. A good sleep routine is a major coping style strategy. On the other hand, sleep deprivation is still considered one of the most effective forms of torture, because it breaks down a person's sense of reality and resilience.

¹ Sometimes a helpful question to ask people when they are struggling with suicidal thoughts is 'Do you really want to die, OR do you just want to stop feeling so bad?' Usually people will realise that if they could feel better, they would definitely want to keep on living.

When we have trouble sleeping, it is easy to slip into a potentially unhelpful nocturnal routine - awake a lot of the night, but then napping during the day. Being awake whilst everyone else is asleep can exacerbate depression and anxiety because of the sense of being isolated and alone; the resultant lethargy during the following day prevents us from making contact with the outside world. Therefore, it is important to try and develop a 'sleep routine', rather than staying up watching TV or playing computer games. For example:

- Try and go to bed at the same time each night.
- Avoid caffeine (coke and coffee) after mid-afternoon.
- Try to have dim lighting in the hour leading up to going to bed. This allows your brain to release chemicals that help you go to sleep; under bright or fluoro lighting, these chemicals are not released.
- Try to exercise through the day to burn up excess adrenalin, but not during the time leading up to bed time.
- Try and develop a regular pattern of unwinding – have a shower or bath, listen to some relaxing music, read, do a crossword puzzle.
- Most of us have a sleep wave every 90 minutes. If after 20-30 minutes you are still awake, get up & do something quietly, such as reading. If you stay in bed and toss and turn, it is likely that you will become frustrated & produce adrenalin, which makes sleep even harder!

Diet



If you are anxious, and have trouble sleeping at night, try and eliminate caffeine from your diet. Research has found that people who consume five or more caffeine drinks (e.g. coffee, cola and energy drinks) are more likely to experience an anxiety or panic disorder. Try to get more protein in your diet – about five serves a day (e.g. cheese, meat, protein-rich nuts), to help stabilise your brain's chemistry. Eating and drinking right (remember, alcohol is a depressant) are a crucial part of a healthy coping style.

Energy problems



Exercise is essential in maintaining good mental health, especially morning exercise. Even something simple like going for a walk or swim can help with depression as exercise produces endorphins (the feel good, I can cope hormone), and can help reduce the agitation associated with anxiety by reducing the excess adrenalin that keeps us feeling 'wired'. Gary MacDonald, the Australian actor who has dealt with anxiety problems for a large part of his life, was once asked on radio what his advice was to other anxiety sufferers, to which he replied 'Whether you feel like it or not, get out of bed and go for a walk.' Exercise isn't an option for good mental health – it is a vital component of a healthy coping style.

Agitated mind and body

Relaxation training is a useful tool in helping to combat the hyped-up feeling which results from excess adrenalin levels. Books and CDs are available which teach a guided relaxation process. Some people find yoga or Tai Chi helps. Practice mindful breathing – being aware of your body's reaction to taking slow, measured breaths as you inhale and exhale. This particularly helps if you feel a panic attack approaching, or are having trouble getting to sleep. Another

useful sleep technique is 'progressive muscle relaxation.' Starting at your feet, be aware of each muscle in your body by clenching or tightening it, hold for a few seconds, and then release. Repeat two or three times, before moving up to the next muscle in your body. It may also help to time your breathing so that you inhale while you tighten a muscle, and then exhale as you release.

Isolation

When you are experiencing depression or anxiety, it can be tempting to disconnect from those around you and seek solitude. This is actually unhelpful. Your world begins to shrink - you become inward looking and disconnected from the very people and activities that can help combat the condition. Depression and anxiety symptoms are almost inevitably exacerbated by isolation. It is important that you allow time for yourself, but it is just as important to ensure that you spend time with friends or family who can help provide a supportive social network. You may find that by sharing your experience, you won't have to carry it on your own. Coping alone is not the best coping style!



Welcome touch (i.e., hugs, back rubs) is another form of 'therapy' – research has shown that when we receive touch from someone that we love or trust, our brain releases endorphins - those 'feel good' hormones mentioned earlier. Research also suggests that connecting with pets is good for our mental health.

Hopelessness or despair

There are bad days and better days when recovering from depression. It is helpful to create a 'rescue' routine to get you through your worst days: for example, keep a series of your favourite comedy show or movies on hand and enter a lighter world of laughter for a couple of hours. One US psychiatrist prescribes 1.5 hours of comedy viewing per day to his patients as their 'medicine'. Like exercise and touch, laughter helps to release endorphins.

Line up a friend or family member to connect with on your bad days. Ask them to go for a walk with you or take you for a drive.

Emptiness or lack of purpose

Many people say that they find it hard waking up to 'nothing' in the morning. They then feel lost and empty, with no sense of purpose, and end up back in bed 'because there is nothing better to do'. You may find it helpful to create a *Bedtime List of Three* each night before you go to sleep. Write down a realistic list of three things - even small things - that you plan on doing the next day: whether it is paying a bill, doing an hour of gardening, ringing a friend, cleaning the bird cage or going to the library. Make sure they are goals that are achievable, and a mix of 'duty' and 'pleasure'. Then get up the next day and do them. On good days, you will feel that you have pushed Black Dog off you and made him sit on the floor. On bad days it will be hard to feel any sense of pleasure – do the 3 anyway! You will at least have given Black Dog a nudge and made him shift his weight a bit.

Spirituality



The research is pretty clear: people who have a sense of a Being beyond themselves and who connect with some form of spiritual community enjoy better mental health, and get better more quickly if they become unwell. Through faith, we are able to gain purpose, hope and meaning, – even, perhaps particularly, in times of suffering. Spirituality can be a source of comfort and hope during these times. When you can't understand what's going on, or why the illness hasn't gone away, you may find that it helps to go back to the basics of what initially brought you to faith.

We need to draw attention here to a type of spirituality that works *against* good mental health. It is called 'magical thinking', and comes in the form of 'if...then' reasoning: 'If I live a good life, then my life will go well'; 'If I have enough faith, then nothing bad will happen to me'. This type of thinking sets me up for disappointment, confusion and bitterness because life doesn't fit this neat box. The truth is that bad things happen to good people. My spirituality does not immunise me against suffering – it helps me find meaning and strength in the midst of trials.

Stuck-ness

While the above suggestions are all tried-and-true methods of helping to combat mental illness, sometimes we just feel so *bad* that nothing seems to help. It is probably best in this situation to seek a form of professional help. Your GP can help you with your situation, and may offer you a referral to a psychologist through a *Mental Health Treatment Plan* that allows you to claim a partial rebate from Medicare for professional consultations. They may also suggest that you start a course of anti-depressant medication if you need help to manage your symptoms.

Some people have concerns about medication. Usually their fears relate to old-style tranquilisers and sedatives that 'zonked' people out or disturbing scenes from the movie *One Flew Over the Cuckoo's Nest*. Neither of these scenarios has any similarity to how the new generation of modern anti-depressants work. Medication should be viewed as part of the toolbox to help us get out of the dark hole that depression and anxiety place us in. They help realign our brain patterns, so that we can start implementing good coping strategies and work on changing our thinking - usually with the help of a counsellor or psychologist. That's why a medication regime should always be accompanied with counselling: there is a big difference between *feeling* better and actually *being* better. Medication alone will not help us address the cognitive and coping style problems that set us up for depression or anxiety.

There are also various support groups available which may apply to your particular situation, which your GP or counsellor can refer you to.

Stinking Thinking

Cognitive style: The way we think affects the way we feel. *Depression* is characterised by negative thinking on three levels: about myself (*I always... or I never...*); about my immediate circumstances (*It's all bad...*); and then into the future (*It will always be this bad*). This pattern of thinking sets me up for very heavy feelings of guilt and despair.

Anxiety is accompanied by distinct thought patterns also – usually anticipatory stress thoughts (fretting thoughts *before* an event, anticipating horrible scenarios: *What if such and such happens?*), or post-mortem thoughts (regretting thoughts *after* the event: *If only I had, or hadn't, done such and such*). We often play out these tapes in such dramatic technicolour in our minds that they come to resemble something close to a horror movie – with ourselves as the director!



How can we change these patterns? Instead of this *What if* thinking (*it's definitely going to happen*), we need to convert this to *Even if* thinking – to make a plan of how I might deal with it *if* it happens.

In order to manage depression and anxiety, I need to have a healthy cognitive style. Before looking at what this looks like, let's examine unhealthy thinking patterns more fully.

Ruminating:

I receive an invitation to a party. 'What if...?' thinking kicks in immediately: *What if nobody talks to me? ... If nobody talks to me I will look stupid ... It will be embarrassing ... People will wonder what's wrong with me ...*

Ruminating traps me in a spiral of negative scenarios. I become so convinced that these scenarios are probabilities – rather than just part of a diseased imagination – that I decline the invitation rather than open myself up to such a dreadful fate. *The ruminating cognitive style* is a strong predictor for depression and anxiety.

Avoiding:

I receive an invitation to a party. I become so worried about going that I put off the decision 'until later'. Every time I remember that I have to respond to the invitation, I become swamped by worry and distract myself, eventually missing the RSVP date. Now I feel really bad, but rather than deal with the problem, I seek to numb the pain by using (often destructive) coping behaviours - drinking, over-eating, watching lots of TV, etc. As can be seen, the avoiding cognitive style of denying, procrastinating, numbing and distracting doesn't make the problem go away – rather, the problem gets bigger. Depression and anxiety conditions are linked to this style of thinking.

Problem-solving:



Instead of using ruminating or avoiding cognitive styles, we need to develop a problem-solving approach. This approach will look at the problem, consider a range of options, and then make a plan. Mental health requires a 'bias for action': it doesn't necessarily have to be the 'best' plan or the guaranteed fix-it – I just need to try.

Let's return to our *What if...?* fretting. What would *Even if...* problem-solving thinking look like?

I have to go to a meeting. Even if nobody talks to me ...

- *I will take a book and read/play a game on my phone – whilst waiting for meeting to start.*
- *I can make myself useful by offering to help organise the tea & coffee.*
- *I am bound to find another person on their own at the meeting – I will talk to them.*
- *I won't die if I end up sitting by myself for a while.*

What if..? thoughts are inevitably accompanied by anxiety because I convince myself that it is all too hard and would be unbearable. *Even if...* thinking helps me to challenge this – certainly, I might still feel uncomfortable, but I won't have those 'this is unbearable' feelings.

These strategies for changing our lifestyle, coping and cognitive styles empower us to gain mastery over depression and anxiety, rather than feeling that it has mastery over us.

I can tame the Black Dog!



Resources

Books

Living with It: A survivor's guide to panic attacks (Aisbett) Angus & Robertson, 1993
Taming the Black Dog (Aisbett) Harper Collins, 2000
The Feeling Good Workbook (Burns) Plume, 1999
Change Your Thinking (Edelman) ABC Books, 2006
Power over Panic (Fox) Prentice-Hall, 2001
Living with a Black Dog (Johnstone) Andrews McMeel Publishing, 2006
Breaking the Patterns of Depression (Yapko) Doubleday, 1997
Hand-Me-Down Blues (Yapko) St. Martin's Press, 2000
Journeys with a Black Dog (Wigney, Eyers & Parker) Allen & Unwin, 2008

for teens & children

When Nothing Matters Anymore (Cobain) Free Spirit, 19989
Growing Up Sad: Childhood Depression (Cytryn & McKnew) Norton, 1996
More Than Just The Blues (Rey) Simon & Schuster, 2002

Websites

www.beyondblue.org.au Information on depression, anxiety & bipolar disorder
www.ybblue.com.au *beyondblue*'s website for young people
moodgym.anu.edu.au/welcome Cognitive Behaviour Therapy to prevent & combat depression
www.facebook.com/ehub.selfhelp Self-Help Programs for Mental Health and Wellbeing on Facebook:

Government assistance

Mental Health Treatment Plan
Partial Medicare rebates for 6-10 psychologist consultations - organise through your GP