

Managing Depression - a Practical Guide



Words and guidance from a
Psychotherapist

Aisling Mackey

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INTRODUCTION

Hello, I'm your author and guide Aisling Mackey

Like us all, I am many things – a mom,, a sister, a friend, a tech geek, a psychotherapist, an entrepreneur. I am not, however, a doctor and wish that to be noted from the beginning.

All advice given in these pages comes from real world personal experience, my B.Sc. in Psychology and my time working with clients as a qualified psychotherapist with a Masters in Human and Integrative Psychotherapy.



*Aisling ("Ashling")
Mackey*

CHAPTER I

You've received a Depression Diagnosis – what now?

What is Depression

The World Health Organisation's definition of depression says a lot and also very little. It defines depression as "a common mental disorder....that involves a depressed mood or loss of pleasure or interest in activities for long periods of time. Depression is different from regular mood changes and feelings about everyday life". What it doesn't say... is that depression can make no sense. That it can arrive out of the air for no reason and stay around for an unpredictable amount of time. It can feel like acute physical pain or no feelings at all.

It can be accompanied by crippling panic, anxiety and inertia or aggravation, irritability and agitation. Depression can be extremely challenging. I'm so sorry you're having to deal with it right now.

The symptoms of depression vary from person to person but include:

- Poor concentration
- Feelings of excessive guilt or low self-worth
- Hopelessness about the future
- Thoughts of dying or suicide
- Disrupted sleep
- Changes in appetite or weight
- Feeling tired/low in energy.

CHAPTER I

Understanding Depression

What is Depression

As mentioned, one depression can be so different to the next, You might experience depression as being more agitated, or more teary, flat or sad. One aspect I rarely hear talked about it just how disabling depression is. We can feel a resistance to accomplishing normal tasks in life. A shower can seem an impossible feat. Getting to work takes gargantuan effort. Surviving the day is an act of heroism. And yet, for so many of us, our suffering is hidden and kept to ourselves as we mask it in our everyday lives for fear of stigma or judgement by others. Depression is lonely, isolating and at times, very confusing.

How do we know how to tackle our own depression when it lands? The first port of call tends to be medication and therapy. But there are lots of medications, and lots of type of therapy. How do you know which is right for you?

What if the depression comes back? What if it has arrived not in response to something challenging in life, but out of the blue? Will it happen again? We'll tackle these and many more questions over the course of this booklet.



CHAPTER 1

Types of Depression – biological or situational?

Depression can occur as a reaction to what life brings us, or it can be entirely biological and arrive out of the blue.

“Situational Depression”

(sometimes called Reactive Depression) is when a person’s mood is depressed as a result of a life situation or event. This could be grief or loss, or the losing of a job or one’s health. In this case, the depressive mood is an **appropriate** reaction to what is happening in one’s life.

Depression may also be the result of past experiences that have harmed us or caused us to repress our feelings instead of expressing them.

In some cases depression arrives contrary to or independent of what may be going on in the person’s life. Major Depressive Disorder – MDD – is not an **appropriate** response to that person’s current life or expected happiness. This may present itself in recurring episodes and must exhibit at least five of the following features:

1. Depressed mood most of the day, nearly every day (e.g., sadness, emptiness, hopelessness), or
2. Markedly diminished interest or pleasure in almost all activities (anhedonia)

CHAPTER I

Types of Depression – biological or situational?

Additional symptoms may include:

- Significant weight loss or gain, or changes in appetite
- Insomnia or hypersomnia (sleep disturbance)
- Psychomotor agitation or retardation (restlessness or slowed movement/speech)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive/inappropriate guilt
- Diminished concentration or difficulty making decisions
- Recurrent thoughts of death, suicidal thoughts, or suicidal behaviour

In the case of MDD, a sufferer may have a wonderful family, fantastic job, great friends and a wonderful social life, and yet depression may seem to arrive out of the blue



CHAPTER 2

Building a Support Team

It's important to have the right people in place to reach out to if you are feeling low or need further support when experiencing an episode of depression. Depending on your situation, diagnosis and potential cause of the low mood, the following contacts may be helpful:

- Psychiatrist
- GP
- Therapist
- Group Therapy
- Friends and Family who may be aware of your depression
- (Optionally) a trusted co-worker

Your **Psychiatrist** may be responsible for providing you with medication prescriptions and therapy, or just the former. If you experience recurrent episodes of depression, you may be more likely to be referred to a psychiatrist from your GP for specialist care. This simply means you can receive potentially more accurate and experienced help with your symptoms and is never to be feared. Consider it the same experience as visiting a physiotherapist with a muscle strain.

When you do visit the psychiatrist, be sure to make the most of precious time with them. Write down any observations of your mood that you have made. Bring any mood diaries with you that you may have kept (see more later). Remember the doctor can only judge how you are based on how you appear and what you tell them. Be as accurate and detailed about your wellbeing and the impact of any medication on it as you can be.

CHAPTER 2

Building a Support Team

If you are experiencing your first bout of depression, or your symptoms are mild to moderate, it may be your **GP** you deal with. GPs are the frontline in mental health support, and can prescribe medication and recommend therapy as needed.

A **therapist** is highly recommended to help you cope and recover from all aspects of experiencing a low mood. They can help to guide you through understanding what may have caused you to feel depressed in the first place, what helps to relieve it and teach you how to manage it in the longer term should it return.

Group Therapy is a resource I'll talk more about later, but can be extremely helpful when it comes to relieving depression. The impact of hearing a peer unexpectedly reveal symptoms of experiences similar to your own is enormous. It relieves loneliness, makes you feel supported and less alone. You can learn from others and they from you.



CHAPTER 2

Building a Support Team

Family and friends. Depression is so commonly talked about in the media and amongst the general public, there are few who have not come across it in their daily life or amongst family and friends. Despite this, for some it is still difficult to raise the topic with close ones for fear of stigma or judgement. If you do decide to share, you may find yourself invariably met with “oh I’ve had depression too” or “my brother suffers terribly from it” and people are in general empathetic and understanding. The choice is entirely yours whether to disclose, but there is great comfort and connection to be had from the knowledge that there are people you can be your authentic self with, even when you are struggling or feeling under the weather mentally.

Work colleagues are a different situation. Unfortunately, while the world has come a long way in accepting depression as a very real experience, in the success-oriented work environment it can still be advantageous to keep things to yourself. This is entirely a personal choice and there may be times it helps to disclose things to a trusted colleague. The choice is yours.



CHAPTER 3

Treatment Options

Psychotherapy

Therapy comes in various forms, the most common of which are used to treat depression are below:

- **Psychodynamic Therapy:** what is commonly thought of as traditional talk therapy. It explores past experiences, thought processes and patterns, both conscious and unconscious, that are influencing current emotions and behaviours. It relies on a therapeutic alliance between the client and therapist that provides a safe space for the client to explore past experiences, learn how they have impacted them and discover new approaches to living based on this knowledge.



- **Cognitive Behavioral Therapy (CBT):** Focuses on changing negative thought patterns and behaviors. Is similarly effective as psychodynamic theory but may be more suited to simple presentations of depression symptoms.

CHAPTER 3

Treatment Options

Psychotherapy

A more recent type of therapy is Dialectical Behavior Therapy (DBT), which combines CBT techniques with mindfulness strategies. Interpersonal therapy and family therapy are also recommended to help sufferers with issues stemming from or affecting relationships.

Finding the right therapist to work with shouldn't be rushed. Make sure to read about how they work, what their qualifications are and don't feel shy about trying a session with several to see who you feel a more immediate rapport with.

When you find someone you click with, it really helps the therapeutic relationship to form. Take your time in finding someone.



CHAPTER 3

Treatment Options

Psychotherapy

Therapy remains at the front line of defence against existing and preventing recurring depressions from happening. However, if a patient needs additional support, medication is the next port of call. Of these there are many.

Antidepressants: These can help to balance neurotransmitters in the brain and are used to treat all kinds of depression. Common types include:

- Selective Serotonin Reuptake Inhibitors (SSRIs): Such as fluoxetine (Prozac) and Sertraline (Zoloft).
- Serotonin–Norepinephrine Reuptake Inhibitors (SNRIs): Such as venlafaxine (Effexor) and duloxetine (Cymbalta).

Medication

Less commonly used in the modern day but still sometimes prescribed are:

- Atypical Antidepressants: Such as bupropion (Wellbutrin) and mirtazapine (Remeron).
- Tricyclic Antidepressants (TCAs): Such as amitriptyline and nortriptyline.
- Monoamine Oxidase Inhibitors (MAOIs): Such as phenelzine (Nardil) and tranylcypromine (Parnate).



CHAPTER 3

Treatment Options

Side Effects

Unfortunately, with some of these medications, there can be some initial side effects, and in rarer cases, some of the side effects will persist. You may find you experience some dizziness or nausea upon starting an SSRI, some sleep disturbance, some weight gain, dry mouth or headaches. This is not an exhaustive list – make sure to check the leaflet that comes with your medication for a comprehensive list. The good news is that – particularly with SSRIs (the most commonly prescribed medication type for depression), medications such as Zoloft/Sertraline tend to have only a few temporary side effects if any. Contact your doctor if you experience any



severe or persistent symptoms.

CHAPTER 3

Treatment Options

Medication

With many others they pass in a matter of weeks Try to persist with any new medication for at least a few weeks to see if side effects do pass.

Medication compliance.

Unfortunately it is not uncommon for someone to start on medication, begin to feel much better, and discontinue their medication because they feel so much improved, only to feel much worse again once the medication's effects have worn off. Understandably none of us love taking medication, but the thinking in my opinion should be saying "I was feeling great so I ***kept*** taking my pills.

It's like Head and Shoulders or Sensodyne toothpaste – if you want to keep the depression away, keep taking the medication at least until you have talked to your doctor about a sensible tapering off plan.



CHAPTER 4

Self Help Strategies

Improving Wellbeing – Where to Start

Depression can make you feel lost. You may find you lose sight of yourself for a while – who you are and who you used to be. The whole world can change in colour, shape and outlook. It's very difficult to know how to find your way out of it or know what to do to feel better.



In addition to therapy and medication, there are many approaches that help you feel better. For the purpose of this eBook, I will focus on approaches tried and tested by clients, friends and family and many others I have met. It may not be an exhaustive list, but I believe it will be a good place to start on the road to wellness again.

CHAPTER 4

Self Help Strategies



Group Therapy

While individual therapy helps us to learn about ourselves, our triggers, understand why we are depressed, while building coping skills to deal with it, as mentioned earlier, group therapy can be even more impactful in relieving the symptoms of depression as it is happening. The sheer comfort from knowing you are not alone can stay with you long after a session is over.

Being able to speak completely truthfully amongst peers going through the same thing is invaluable. There is potential to learn so much – as well as to receive invaluable feedback and tips from others on how best to live with depression. I can't recommend it highly enough.



CHAPTER 4

Improving Your Wellbeing



Group Therapy

For those based in the USA, the Depression and Bipolar Support Alliance has a network of groups across the country. See <https://www.dbsalliance.org/support/>.

For those based elsewhere, a quick search for “group therapy depression” should find you what you need.



Calling a Helpline

Sometimes the darkest hours are when there is no one around to talk to. Don't be too shy to pick up the phone to your local or national helpline. There is no shame in seeking support – it shows only courage and bravery.

CHAPTER 4

Improving Your Wellbeing



Meditation

Meditation and mindfulness are two more approaches you could consider adding to your toolkit for wellness. Meditation can take a little while to get used to, but achieving stillness at the beginning or during stressful moments of the day can really help to keep your mood under control and help to feel more grounded.



Mindfulness

Mindfulness provides techniques to help the person practice focus on staying in the now and experience all the senses are receiving as input. It helps to calm anxious, cyclical thoughts, but requires some practice and application to master. My experience is of many people who have trained in it but not many seem to practice it. However, if you are diligent in your application of it, it could be of great help with anxious or melancholic thought management.

CHAPTER 5

Lifestyle choices that help

Ignoring what Depression tells us to do

When depression arrives for a life-reason – a loss of some kind – a grief, loss of a job or relationship, the nature of how it affects us makes sense. It makes us want to stay inside and be quiet, talk to no one, while our mind, body and spirit has a chance to recover, regroup and rebuild. When depression happens for a biological reason, these behaviours – isolating ourselves, staying home – actually work against us in our bid to get well. To help ourselves get well we need to almost do the opposite of what depression wants us to do in order to boost our chances of feeling well.

It's doubly hard because there is resistance in us, wanting to hibernate instead. It takes mind over matter and a true desire to get well to put the cart before the horse and boost our chances of getting well as soon as possible.



CHAPTER 5

Lifestyle choices that help

Staying Active

While exercise can be hard to start at first, there is no question that it works in the battle against depressive moods.

Running, walking, swimming, dancing – whatever gets you moving and ideally gets you outside will have great positive impact on any depression you are carrying. Sea swimming is huge where I live in Dublin, Ireland, and many swear by it when it comes to mood management.

Even walking the dogs is a help. Receiving some sunshine lifts the mood, saying hello to other dog owners and simply moving your body and giving it the message that it's expected to move and be active all help

my mood to lift on those darker days. For you it might be dancing, rowing, the gym – whatever floats your boat, but try to keep moving and reminding that body to wake up and smell the roses instead of hibernating alone inside.



CHAPTER III

Lifestyle choices that help

**Educate Yourself**

The very fact you are reading this booklet shows you have a keenness to learn about your condition, which is a great start. Your local library or online are two other super places to gain information. Sites like the Mayo Clinic's <https://www.mayoclinic.org/> or the World Health Organisation <https://www.who.int> provide a plethora of information about diagnoses, symptoms and treatments. .

**Seek a Steady Life**

Don't worry, your partying days aren't over forever, but it's worth reminding yourself that what goes up, will usually come down. Alcohol and depression unfortunately go hand in hand. As well as avoiding too many nights out, steering clear of too many ups and downs in life – unnecessary drama and stress, where possible, can really help in maintaining mental health and wellbeing. The positive side is that low mood can sometimes teach us how to live a happier life without us even realising.

CHAPTER 5

Improving your wellbeing



Sleep – Sleep Hygiene, Sleep Medication

I can't emphasize enough the value of good sleep when it comes to mood. Less sleep leads to higher anxiety. Higher anxiety can lead to lower mood and less sleep again, and before you know it you are caught in a vicious cycle of being exhausted and unwell.



If you have problems falling or staying asleep, “sleep hygiene” is a set of habits that make it easier to establish a sleep routine and fall asleep more easily. While I normally quote international sources for any documentation in this book, in this case I am proud to let you know about an excellent handout on sleep hygiene available free to everyone from the Irish Health Service. To download the pdf simply go to <https://bit.ly/4d6wMZz> or google “HSE Sleep Hygiene”.

CHAPTER 6

Depression's best friend: Anxiety

Anxiety

At the beginning of group therapy, everyone announces who they are and why they are attending. In years of meetings, I never once heard someone announce that they had depression without saying they had anxiety too. Sometimes anxiety heralds the arrival of depression that comes at a later stage. Sometimes it is there as a companion to low mood, making it even harder to fight against the desire to stay home, see no one, do nothing.

There are various techniques you can use in fighting anxiety – this is by no means a complete list. Things that I find helpful are listed below. Many people also find mindfulness to be a useful activity when trying to stay present in the moment. It's a



CHAPTER 6

Depression's best friend: Anxiety

Anxiety

technique I've spent a lot of time trying, but I happen to find the approaches below a little more efficacious for me.

- Breathing exercises – use the 4-7-8 (breathe in for 4, hold for 7, slow exhale for 8) help reduce stress in the moment. Try for at least 5 minutes.
- Breathing from your stomach, not your chest
- Gentle, repetitive exercise
- Hobbies e.g. crafting, music making – activities to focus the mind without too much intellectual thought. I love to make jewellery, candles and greeting cards.
- Hillwalking/getting outdoors. Focusing on your five senses is a great way to alleviate anxiety symptoms
- See a friend, have a chat
- Write your worries down – even on the notes app on your phone – give them an ear and they will quieten down!



CHAPTER 6

Depression's best friend: Anxiety

Anxiety

There are many other approaches, and many types of anxiety too. Social anxiety, panic attacks, all warrant their own type of approach. However, for most types, the previously mentioned approaches help anxiety as much, if not more than, they help depression, namely:

- Therapy
- Group therapy
- Sharing with friends and family
- Sleep hygiene

Working with your GP will help also though be aware that any shorter acting benzodiazepene medications (Xanax etc.) should only ever be prescribed when absolutely needed due to their tendency to create dependencies.



Mood Monitoring for recurring depression

Mood Monitoring

If you have suffered more than one depressive episode, and want to understand what may be behind any patterns, mood diaries are a fantastic way to gather and analyse as much information as possible about your mood changes.

Using mood diaries, you will find yourself able to predict lower moods before they have fully arrived and what your long term mood patterns look like.

There are many mood diary apps on the market today but those that come generally highly recommended include:

- Daylio
- Moodfit
- Worry Watch (particularly good for anxiety which almost invariably comes with depression)

Download from Google Play or the Apple Store for use on your mobile phone.

If you prepare pen and paper, google “mood diary pdf” and a host of free website pages will come up. Hang it on the back of a door with a pencil on a string and you’re good to go.



CONCLUSION

This is the beginning of feeling better

Depression is hard. Therapy and medication are a great help, but making some tweaks and changes to lifestyle, sleep and joining a therapy group can make real, significant impact on any low mood. There is no silver bullet, but these approaches should help and bring tangible improvements to your mood and quality of life overall.



CONCLUSION

Resources

This section provides links to various helpful resources and organisations. It is currently focused on the USA, UK and Ireland. If you require links for your area, please drop me a line at aisling@aislingmackey.com.



Ireland's greatest source of books and references – the Long Room at Trinity College Dublin's library.

CONCLUSION

Resources

General medical information

Ireland: <https://www.hse.ie>

USA: Mayo Clinic's <https://www.mayoclinic.org/>

World Health Organisation <https://www.who.int>

UK: <https://www.nhs.co.uk>

Find a therapist:

Ireland:

<https://www.iacp.ie>

<https://www.iahip.org>

<https://www.psychologytoday.com/ie>

UK:

<http://www.bacp.co.uk>

<https://www.psychologytoday.com/gb>

USA:

<https://www.psychologytoday.com/therapists>

<https://www.betterhelp.com>

<https://www.locator.apa.org>

Group Therapy Organizations

Ireland:

- <https://www.aware.ie>
- <https://www.turn2me.ie>
- <https://www.focus.org>
- <https://www.grow.ie>

CONCLUSION

Resources

Group Therapy continued:**USA:**

Depression and Bipolar Support Alliance has a network of groups across the country. See

- <https://www.dbsalliance.org/support/>

UK:

- <https://www.mind.org.uk/information-support/guides-to-support-and-services/peer-support-groups/how-to-find-a-support-group/>
- <https://togetherall.com/en-gb/>
- <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/>