



A recovery programme for depression.

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Please note: for reasons of confidentiality the testimonials used do not relate to the individuals photographed.

Contents.

Step 1.

What is this recovery programme all about?	5
Introduction	5
Meet your recovery team	7
Tips for your recovery programme	11

Step 2.

Understanding the way I feel	13
How is your low mood affecting you?	13
Some information about depression and low mood	15
The 'vicious circle' of depression and low mood	16
Your own personal feelings, behaviours and thoughts	18
Setting some goals	21

Step 3.

My recovery programme	25
Ways of improving your mood	25
Improving the way I feel physically	26
Changing the things I do	29
Changing the way I think	36

Step 4.

Staying well	41
Will my depression come back?	41

Recovery stories

Mia	44
Anne	48
Pieter	61

Final thoughts	66
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Step 1 – What is this recovery programme all about?

Our world can be a hectic and challenging place. Despite modern conveniences and advances, many of us find it a difficult place to be. At different times in our lives a lot of us can feel down and sometimes overwhelmed by our world. Sally and Ben are people like this. These are their stories.

Sally

“I live in a nice house with my two kids and John, my partner, although I don’t see him in the week. He works away most of the time on road building projects. I wish he could get a job locally but there just isn’t anything for him. I have to manage the kids on my own. It’s really hard to keep my temper with them, especially with Josh the little one. He doesn’t sleep very much and he’s always on the go. I just feel so tired all the time but then I can’t get to sleep at night. I get along by napping on the sofa during the day when Josh is at nursery and Emma is at school. Don’t get me wrong, I look after them OK. I cook for them, bath them and stuff. Mostly it’s me I’m neglecting. I don’t really eat much, just snacks and stuff the kids eat – mostly sausages, chips and stuff like that.

I don’t know how it happened but I don’t seem to see my friends anymore. I don’t really do anything anymore. Most days I spend my time watching the TV. Mind you, I don’t actually take much in. If I go out, it’s just to do the shopping. I keep my head down, don’t say anything to anyone. Sometimes my mum phones but I don’t want to bother her. She’s got enough on her plate looking after my dad so I tell her everything is fine.

I try to make an effort at the weekends when John comes back. I know he likes to be home but he’s so tired he just sleeps most of the time he is back here. I think it must be to do with me. If I was a better mother and partner he’d be more interested. I feel a bit of a failure really. I’ve got no job, no life and no future. Sometimes I think it would be better if I was dead. It frightens me when I have these thoughts. I wouldn’t do anything about it but I hate thinking like this. I do actually love them all. I really want things to get better. I just don’t know where to start.”

Ben

“I’m 36. This is the third time I’ve been feeling like this. I just feel so sad all the time. Sometimes it overwhelms me. The hardest thing is the concentration. It’s like I’m in my own world. Basically, I’ve stopped doing all the stuff I used to get a kick out of. I don’t cycle anymore, don’t go to the gym, don’t go out with the lads. I don’t do much of anything anymore. I just can’t seem to get going and sometimes I just sit and cry. All I do is get up, go to work and collapse on the sofa when I get home.

I can’t wait for the weekend when I just stay in bed most of the time. All this started this time

when I was made redundant. Well, not really redundant. They offered me another job but that is 100 miles away. I don't know what to do, whether to take it or not. I like it round here, but I need the money. It's made me feel like I don't do anything very well. I wish I had done more with my life then I could be the one that chooses what to do, instead of the firm pushing me around. I think maybe I am a weak person. Maybe there is something wrong with me.

This is the third time this has happened to me. The first time I felt really bad like this was when my dad died when I was 18. I suppose that's understandable but it happened again when I had my accident a few years ago. I also got pretty miserable when Amy left me but I seemed to get over it that time. I want to know why this keeps happening to me. The main thing is that I want it to stop.”

How should we describe Sally and Ben's problems?

If anything about the way Sally or Ben is feeling sounds like some of your own feelings, this book could help you. In fact, we have tried to write this book so that people can learn how to deal with these kinds of feelings. Of course, everyone is an individual. Everyone is different. Even if you share some of Sally or Ben's feelings, you will also have very different experiences of your own.

People use many words to describe feelings like Sally and Ben's. Some people talk about 'feeling fed up'. Others say they are 'down in the dumps' or that their mood is 'low'. Sometimes we use the word 'depressed' to describe how we feel. In fact, doctors often use the word 'depression' in a medical sense, to describe an illness.

You may find this a helpful idea or maybe not. It does not matter. In this book, we have written about ways in which people can overcome these feelings. The book can help you whether you agree that your feelings are because of a medical illness or because your life is causing you problems at the moment.

In this book, we have included advice about using techniques that have been developed from health related research. However, we have also included things that people who have been depressed themselves have told us they have found useful. We hope you will find all the information constructive. Most of all, we hope you will be able to put some of these suggestions into practice.

At this point we want to reassure you that you are not on your own. We don't want you to use the book without support from other people. Getting over your feelings of low mood is a team effort. So first of all, let's meet the team.

Meet your recovery team.

You

You are the most important person in this team. Only you know what you feel like at the moment. And only you can take the steps that are needed to get back to the way you want to be. Actually, you are the only person that really knows what this feels like and the expert in the 'real' you. You are the 'team captain' and the person who knows what you want to feel like in the future.

Asking for help is hard to do. There is no shame in doing so and you must have had real courage to seek assistance. It's a tough decision to admit you need help. We all like to think that we are invincible but the bravest people are those that know when to call for assistance. Well done for getting this far. Nothing in this book will take your strength away. In fact, we have designed this book to support you as you take steps to get back to normal. Although you might not feel it at the moment, it is the same courageous steps that you took when you asked for help, that will help you take the important steps to recovery.

However, like we said earlier, this is a team effort. Although you are the person in charge of your own recovery, you are not alone. The next important member of the team is this book.

This book

This book will help you manage situations which you are finding difficult at the moment. When you are feeling low, concentration can be affected, so we have tried to make the book as friendly as possible. It is divided into steps. The first step is about understanding the way you feel. The second step is finding out more about depression and low mood. Thirdly, we describe ways to improve your mood. Finally, we have written a step about staying well.

Steps 1 and 2 are important for everyone to read through. Step 3 is different. In it, we describe a range of ways to improve your mood. In this step you can make choices between the different things described to help you. When you are feeling better, step 4 looks at things you can do to keep well.

We have used stories to illustrate how you can use the different techniques we describe in the book. These stories are about ordinary people, not supermen or women. They show how real people with real problems can overcome their difficulties. Before we wrote these stories, we talked to a lot of people who have experienced problems with their mood about what should go in this book. We also asked doctors and other mental health workers for their advice.

Meet your recovery team. *(continued)*

The people who actually wrote this book are a team of researchers working in the NHS and universities. Our group includes nurses, psychologists, doctors and health researchers.

All of us are committed to making life better for the many people who struggle daily with their mood. Like lots of people, some of us also struggle from time to time with our own mood. Everything we suggest in this book is something that we know someone else has found useful or something we ourselves have found personally helpful. All the exercises are things we would be glad to do ourselves. We would feel very happy recommending them to our own friends and relatives.

Your self-help coach

Your self-help coach is a mental health worker who knows about depression and how it can affect people. He or she has also had some extra training in being a self-help coach. Their role is to support you as your mood recovers. They will help you understand your feelings and the impact it has on you. Most importantly, they will help you to choose the most useful exercises for you in the book. Overcoming feelings of low mood can be tough. So when you feel discouraged, your coach will give you advice and offer you support through any difficult times. If you wish, they can also speak to a friend or relative with you.

Self-help coaches normally see people over a three month period. They will be in contact with you weekly or fortnightly, whichever you prefer. They can get in touch with you face-to-face, by telephone or even by email. It is your choice how you want to organise this, although if you wish an appointment in the evening then this will usually be via telephone or email.

Your self-help coach is a really important part of your recovery team. Think of them like a personal fitness trainer. If you go down the gym or play sports, fitness trainers don't do the actual physical work of getting you fit. That's up to the individual. However, the trainer will help devise a fitness plan, monitor your progress and keep encouraging you when the going gets tough. Your self-help coach will act in the same way. They are there to support you.

Your GP

Your family doctor or GP is another important part of your recovery team. Your GP will already know about this programme. GPs should be very supportive of you as you work through your recovery programme.

If you are taking antidepressants or other medication for your low mood, your GP will be the person who prescribes your medication. Although they are busy people, GPs are usually good listeners. When you visit your GP, make sure you explain what you are doing on this recovery programme. In particular, make sure you discuss any changes you would like to make to your medication. It is important to speak to your GP first if you want to stop, reduce or increase the dose.

Your friends and family

For many of us, our friends and families are usually the people we are most close to. When we suffer from low mood they are often the first to notice. They see that the person they know is acting differently. Sometimes of course, we try to hide how we feel from those closest to us. We feel embarrassed or we might want to protect them from how we feel.

Often, we try and hide our feelings and put on a brave face. Sooner or later however, people that know us well do become aware of the changes in us. They see the tiredness; they experience the results of our irritability. Many of us don't want to admit to feeling low because we are embarrassed.

However, if we do talk about how we are feeling with those closest to us, we usually find they are concerned and supportive. Feelings of depression and low mood are so common that often we will find other people have had similar experiences. The old saying that a problem shared is a problem halved may not be exactly true. Even if we fear that people will not understand, telling others about our feelings can feel very supportive.

We believe that families and friends are very important to your recovery. Everyone must make their own choices as to what they say to whom. In general, however, we would encourage you to discuss both the way you are feeling and the recovery programme in this book with at least one person you are close to. If you can, make them part of your team.

Meet your recovery team. *(continued)*

Write down a list of the most important people in your recovery team. There is a 'team sheet' in your pack of materials. Put the team members' contact details next to their names. You are the captain. This is your team.

My recovery team sheet	
Me: The team captain:	My name: My contact details:
My self-help coach:	Name: Contact details:
My GP:	Name: Contact details:
My family and friends:	Name: Contact details:

Tips for your recovery programme.

To help you with your programme, here are some tips that have helped many people with their recovery.

Good and bad days: you are going to have some good days and some bad days. On bad days you will avoid looking at the book. You might even avoid speaking to your coach. You will probably feel guilty about this. However, remember that this is what it feels like to be down. Sometimes we just want to avoid important things. Good days and bad days are all part of your recovery. If you have put the book down for a while or if you have missed contacts with your coach, don't feel guilty about it. Always go back to the book. Contact your coach again. If you really don't feel able to make an appointment, just ring them and rearrange. They will understand and support you.

Keeping notes: because having a low mood affects our concentration it is a really good idea to write things down. Keep a record of what you are doing, the exercises and plans you have made. When you begin to feel better, you can look back at these and see just what progress you are making.

Make a step by step plan: at first it can seem very daunting to work on your problems. Step by step plans break down your recovery into manageable chunks. Doing little and often is the way to overcome depression.

Do something every day: just like trying to get physically fit, the best programmes are regular. Try to do something from your recovery programme each day, even if it is just one thing. But remember, if you have a bad day it is not the end of the world. Tomorrow is an opportunity to try again.

Talk to friends, family and your coach: support from friends, family and your coach is vital. Keep talking to them. Let them know how you are doing.

If something is not working, try another thing: the book is full of different ideas and exercises. Some may not work for you. If this is the case, try another one. Make sure you discuss this with your coach. She or he will help you make the right choices.



Step 2 – Understanding the way I feel.

How is your low mood affecting you?

When people with low mood are asked why they go to their GP for help, the most common answer is that they feel that they are not coping as well as usual. Being unable to cope means different things to different people. Usually what this means is that depression is interfering with their daily routines. These routines include things such as housework, working, childcare, socialising with other people, personal hobbies and interests, and close relationships with others. Sometimes these things have become much more difficult. Sometimes people have stopped doing them altogether.

Although some people want to get back to their everyday routines, other people want to make new changes to their way of life. In other words, some people want to restore their old routines and others want to develop new ones. For example, people might want to be more self confident so that they can go out socially. They might want to feel comfortable with other people and enjoy themselves. Another example might be someone who wants to be less irritable and sleep through the night. We have listened hard to people with depression and we suggest exercises in this book that help people either restore or develop new routines.

Before you choose some exercises to try, we need to do two things. You and your self-help coach need to understand the personal impact your low mood is having on you. You may also need to know a bit more about depression.

What is the impact of low mood on your life?

Many people with low mood find that writing down the impact of their problems on their life is the first step towards recovery. Although it can be quite distressing to list all these things, writing them down can give us something to aim for. It can help to put things in perspective. Being specific now can help us choose one or more of the exercises explained in this book to overcome our difficulties.

Your low mood may affect your home life, your social life, your work and your personal relationships with partners, families and friends. The things you identify now are the things you really want to change. In your pack of materials there is a sheet where you can list all the ways in which your emotional troubles have an impact on your life. Write them down now. Be specific:

- What exactly do you find difficult?
- Where and when is this difficult?
- Are the difficulties associated with specific situations or people?

To the right is a copy of the **Impact sheet** to help you decide what to write. Your coach will help you to use this sheet to choose exercises to overcome your low mood.

Impact sheet

Home – things around your house such as housework, cooking etc.

The things to do with home that I find difficult because of my low mood are:

Work – paid, self-employment, home working or caring for others.

The things to do with my working that I find difficult because of my low mood are:

Relationships – family and close relationships with others.

The things to do with relationships with others that I find difficult because of my low mood are:

Social activities – being with other people.

The things to do with being with other people that I find difficult because of my low mood are:

Personal activities – doing things alone which you enjoy such as reading.

The things to do with personal activities that I find difficult because of my low mood are:

Some information about depression and low mood.

Throughout this book we will use the terms ‘depression’ or ‘low mood’. As we said at the beginning of the book, many people use other terms to explain the way they feel – such as ‘boxed in’, ‘shut in my own little shell’, ‘broken in half’, ‘a wall of pain’, ‘a volcano bursting’. We use the words depression or low mood in this book as a form of short hand for a persistent feeling of sadness, which usually involves people feeling helpless and hopeless.

There are many theories about why people become depressed. No one explanation fits everybody. Different people find different explanations more helpful than others. Depression is sometimes related to unemployment and lack of finances. Stressful life events such as bereavement, relationship break-ups or losing a job can all trigger low mood. Some people become depressed because of traumatic or difficult life experiences. These include abusive relationships in childhood and adulthood. A lack of someone to confide in may also make people more vulnerable, as can a lack of intimacy in our personal relationships.

Some researchers claim there maybe a genetic link, depression runs in families. However, evidence for this is weak; because one member of a family becomes depressed it is not inevitable that someone else in the family will also become depressed. When we are depressed, changes in brain chemicals such as serotonin and noradrenalin may contribute to our symptoms. Antidepressant tablets work by boosting our levels of these chemicals.

What most people with depression want is help to cope with their everyday lives. An important step in recovery is to have knowledge about what is happening to us. There is no specific way a person who is depressed feels. It is an individual experience. Nonetheless, there are many common symptoms which people experience. The following section describes a model that many people use to help them understand and overcome their depression.

Depression has an effect on three different parts of us:

- Things we feel physically.
- Things we do or stop doing.
- Things we think.

Things we feel physically when we are struggling with depression or low mood include not being able to get to sleep and frequent waking, particularly early in the morning. Other physical symptoms include poor appetite, weight loss, comfort eating, tearfulness, exhaustion and poor concentration.

Things we do or stop doing include avoiding things because we feel they might be too difficult or because we have lost interest in them. We end up not doing things that we previously enjoyed. Other symptoms include feeling restless or agitated.

Things we think include guilty or worthless thoughts which make us feel less confident. People might think that everything they do comes out wrong. Some people have thoughts that life is not worth living, whilst others may have definite thoughts of killing themselves.

The 'vicious circle' of depression and low mood.

Things we feel, do and think are all related to each other. For example, our physical feelings can lead to changes in the way we do things and the way we think. If we stop doing things we can feel worse physically and have very negative thoughts. Depressed thoughts can mean that we stop doing things and feel physically unwell.

This 'vicious circle' of unhelpful thoughts, changes in behaviour and physical symptoms can keep your mood low. Here is an example:

George has been feeling anxious and depressed since he was made redundant. He has lost his confidence and his self-esteem is low. He has thoughts that he is no good and can do nothing right. He feels tired all the time, has lost interest in hobbies and interests, and his concentration is poor. He is no longer motivated and has stopped going out, meeting friends or doing the things he used to enjoy. He has become more and more withdrawn. The more of these thoughts, physical symptoms and behaviour he experiences, the more 'down' he has become. This 'vicious circle' of thoughts, physical symptoms and changes in behaviour is keeping George in a low mood.

For example, because George has started to turn down opportunities to meet up with his old friends, they have stopped including him in their plans. He is now starting to think that there is 'something wrong with me'. These thoughts have made him reluctant to contact his friends. He feels embarrassed about explaining himself and doesn't want to take the risk of being rejected.

The more George avoids his friends, the more of these thoughts he has. Because he is thinking this way he is even less likely to get into his old social life routines. This and other vicious circles are keeping George feeling down.





Your own personal feelings, behaviours and thoughts.

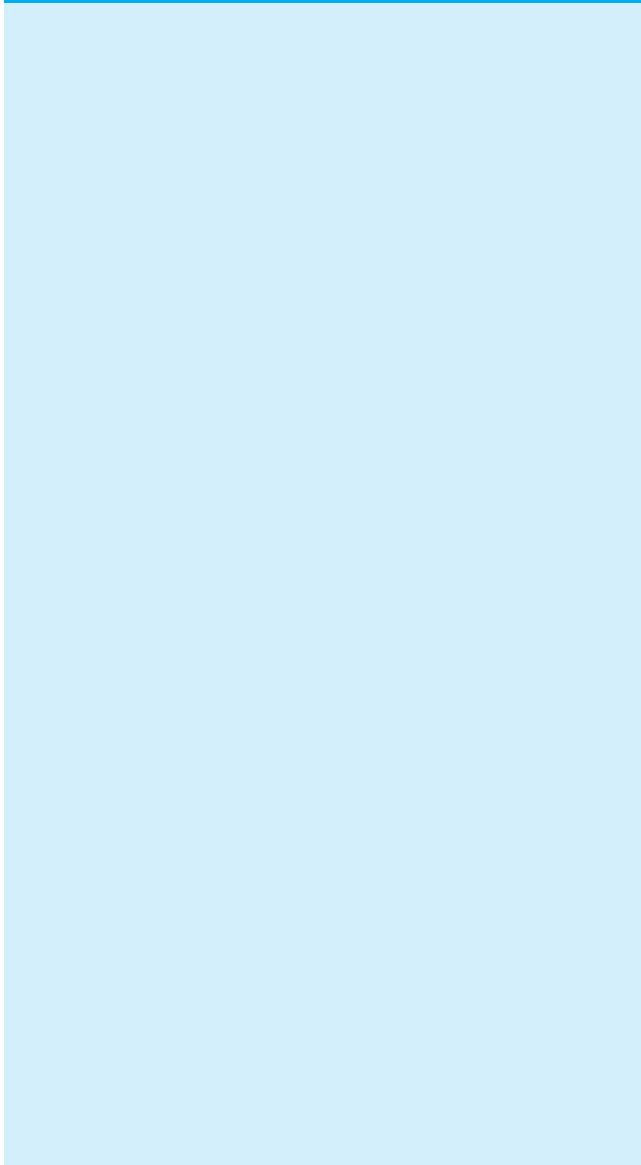
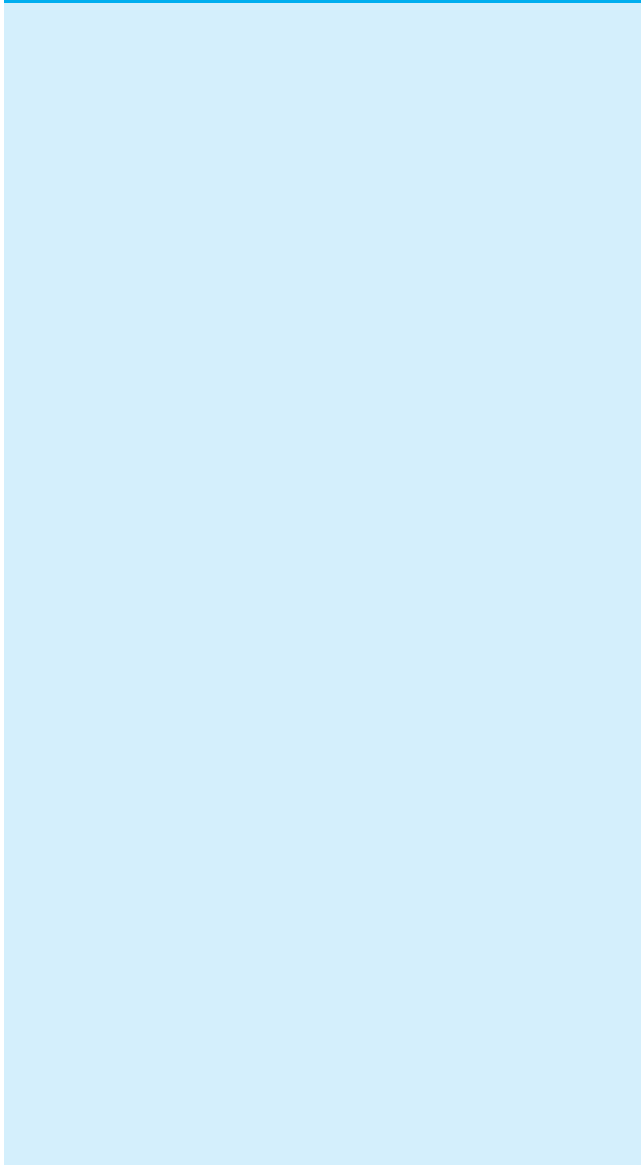
Now let's think about you. What are your feelings, behaviours and thoughts? Here is a copy of a sheet which you can use to write down how your low mood is affecting you. Just jot down the main areas where your physical feeling, the things you do and the way you think are a problem for you.

It can be quite difficult to write these things down. It is like bringing everything out into the open. This is an area where your self-help coach can help you. Although it might be tough, it is an important first step in recovery. Make sure you talk it through with your coach and, if you want to, with a close friend or family member. Have a go now...

My own physical feelings

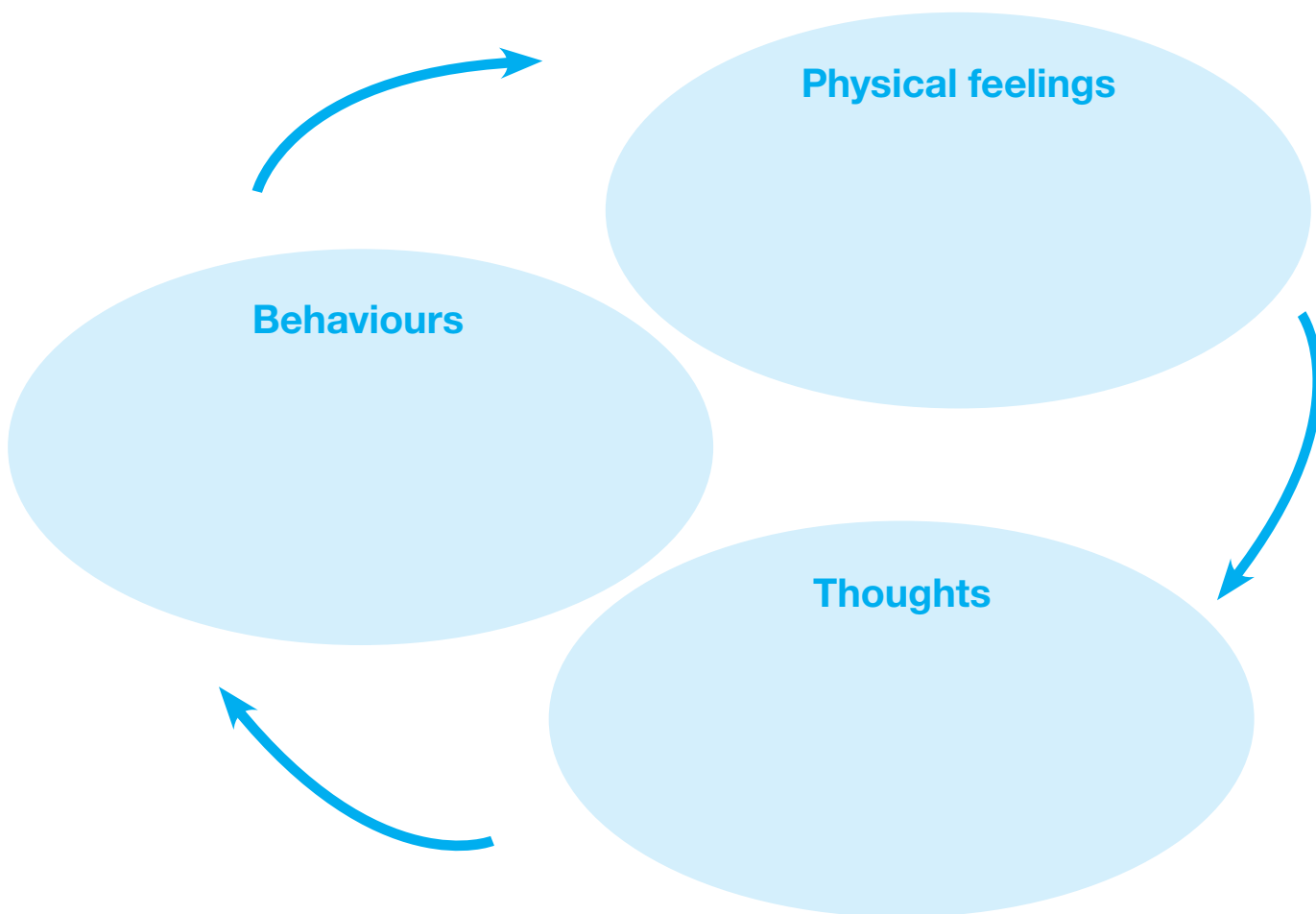
Things I do or have stopped doing

My own thoughts



Your own personal feelings, behaviours and thoughts. *(continued)*

Have a look at your lists on the previous page. Can you identify how the three areas are linked? Write this in the space provided. Once again, your self-help coach can help you with this. Discuss this in the next session you have with your coach.



Setting some goals.

Now you understand how your physical feelings, behaviours and thoughts fit together you can use this knowledge to choose some treatments and activities from this book.

You already know how your low mood affects your life. You wrote this down a few pages ago on the impact sheet.

Many people find it a really good idea to set themselves some goals to start their recovery. You should base these goals around the areas where your life is affected by your low mood. That way you can do something really positive to overcome the impact of your low mood. Remember, your self-help coach will give you some advice here if you need it.

Goals in detail

You are the person who can decide what you want out of your treatment. These will be your goals. Goals will help you to:

- Keep focussed on your recovery.
- Be clear about what you want to achieve.
- Give you feedback on your progress.

A goal is what you want to be able to do at the end of your recovery programme. You should be as clear as you can. You may want ‘to feel better’ or ‘to feel less depressed’ but ask yourself what ‘feeling better’ means you will be able to do.

Examples of a person’s specific goals:

- To go and play badminton once a week and enjoy it.
- To get to sleep in 30 minutes on six occasions weekly.
- To go to work five days a week and concentrate while I am there.
- To meet people twice a week and speak to them confidently.

Setting some goals. *(continued)*

Your own goals

What are your own goals? We have provided some sheets for you to write this down.

Your self-help coach will give you some advice here if you need it. Working with too many goals can be confusing. We would advise you to work with between one and three goals. Here is some advice for setting your goals:

- Ask yourself what you want to be able to do.
- Be as specific as you can by stating how often you want to do something.
- Set realistic goals, things you want to do in the future or used to do in the past.
- State goals positively, start with ‘to be able to...’ rather than ‘to stop...’.
- Ask your self-help coach or someone you know well and trust to help you.

Goals are things to aim for. Pick things that your low mood is getting in the way of, things that you are struggling with at the moment. The techniques in this book are designed to help you reach your goals. So that you know how you are doing, we have written down a simple scale underneath each goal. Circle one of the numbers for each one. This will tell you how difficult you find each goal.

At the moment, you should choose goals that are difficult. As time goes by, however, we hope that the techniques you try will help you to recover. As you do this, your goals will be easier to achieve. Re-rating them every now and then using the same scale is an excellent way to monitor your own personal progress. Aim to do this at least monthly during your recovery programme. Your self-help coach will keep a copy and can give you some spare sheets if you need them.

My goals

Goal number 1

Today's date:

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 2

Today's date:

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 3

Today's date:

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime



Step 3 – My recovery programme. *(continued)*

There are a lot of different things you can do to try and make yourself feel less depressed or down. Probably the last thing you want to do right now is make a choice from a great long list of options. This is where the team comes in.

The book: the rest of this book is full of different ways to improve your mood. The different techniques are fully described. We have also included ‘recovery stories’ which tell how people have used these techniques to overcome their own mood.

Your self-help coach: your coach will explain the different choices and help you decide. Your coach knows the different techniques and how they can help.

Friends and family: you could also discuss what you want to do with your friends and family. Let them read the book and see if they can help you with any of the techniques. Your coach will be happy to talk them too if you want them to.

Your GP: if you have a good relationship with your GP then talk to them as well.

Get the team working with you and for you. A few pages ago you looked at your problems in terms of your own personal feelings, behaviours and thoughts. You saw the way George experienced his depression. You also looked at the vicious circle of your own feelings, behaviours and thoughts. There was a very good reason for this.

Treatments for depression and low mood can be divided into techniques designed to improve our physical symptoms, strategies to alter our behaviours and ways to help us think differently. The idea is to get the vicious circle working in reverse. If our physical symptoms improve, our behaviours and thoughts can also change for the better. If we choose a technique to change our behaviours, thoughts and physical symptoms can change. Changing thoughts can lead to different behaviours and improved physical symptoms. Your vicious circle can be turned into a ‘recovery circle’.

Now is the time to step into your recovery circle. In the following pages we describe a number of very useful ways of improving the way you feel. They are not in any particular order of helpfulness. Some people use one intervention; other people like to try a number of them.

Your self-help coach will help you decide which of these techniques might be the best place to start. However, to help you make a choice, we have collected some recovery stories for you to read. They are stories about ordinary people who have used some of the ideas in this book to cope with their low mood. You may wish to read some or all of these stories first. You can find them on pages 40 to 59.

My recovery programme. *(continued)*

Improving the way I feel physically

In the next few pages we have listed the common physical symptoms experienced by many people with low mood or depression. These are the symptoms that can really interfere with our daily lives. We have written down some ideas which you could use to help you improve these symptoms. If they sound like the kind of things that you would like to try, you should discuss them with your self-help coach.

Poor sleep

Our sleep is often disturbed when our mood is low. Sleep problems can take many forms. Some people have difficulty getting off to sleep. Some people wake early in the morning and are unable to get back to sleep. Some people wake frequently in the night whilst others sleep but wake up without feeling rested. Some people sleep too much, sleeping throughout the day. This can be because they feel so bad and they think that sleep will give them some respite from the unhappiness that they feel. Other people sleep a lot because they feel so tired and have lost energy.

If your sleep is disturbed here are some useful dos and don'ts about sleep which you could find helpful.

- Try not to sleep in the day. The problem with not sleeping at night is that we then feel down, tired and washed out. This tempts us to nap in the day. Unfortunately napping in the day just creates another vicious circle. The more we take daily naps, the harder it becomes to sleep at night.

- Ensure that you prepare yourself for sleep before going to bed. Try to relax for an hour or so before going to bed. Some people find it useful to have a warm bath or a milky drink.
- Eating a large meal in the evening may prevent sleep, so try to eat earlier.
- Don't drink tea or coffee before going to bed. Tea contains caffeine as well as coffee. Caffeine is a stimulant and will keep you awake.
- If you cannot get to sleep, try to relax your body and mind. Focus on resting rather than sleeping. For some people doing some mental relaxation exercises can help.
- Try to go to bed and get up at the same time each day. Keeping to the same routine every day is more likely to restore your sleeping pattern. Avoid those long lie-ins if at all possible.
- Try to do some exercise every day. This could just be a brief walk or doing some gardening. 'Little and often' and 'start small' are good pieces of advice. A ten minute walk every day is a great start.

Problems with eating

When some people feel down they lose their appetite. For other people, they find that they eat more to comfort themselves. Another problem with eating is that when we are feeling low we sometimes find cooking just too much effort. We stop bothering to cook, shop or prepare a meal.

If our appetite is poor it can seem like there is little point in making the effort. Even if we are tempted to eat, we tend to choose convenience or 'junk' foods. This kind of food makes us feel temporarily better but quickly leaves us craving for more.

If your low mood is causing you a problem with eating, here are some useful dos and don'ts which you may find helpful.

- Try to eat small meals regularly. It is often easier to face small amounts of food often rather than a huge meal all at once.
- If you don't want to make a lot of effort to prepare food, try to buy healthy food that doesn't need much preparation. Fruit, yoghurts, salad and fish are examples of foods which are easy to prepare.
- Try to avoid too much comfort eating – it rarely feels comforting in the end. It is easier not to buy it at all when you go shopping than to resist eating it when it is in the cupboard.

Feeling irritable

Irritability is a common experience for many people when they are feeling low. We end up being intolerant of people and snapping at them. We do this with our loved ones, our work colleagues and even people we don't know. In turn, this can make us feel guilty about the way we are behaving. Guilty thoughts are very common when we are feeling down. They can make us feel even worse.

If irritability is one of your depression symptoms, here are some useful dos and don'ts which you could find very helpful indeed.

- Try reminding yourself that the way you are feeling is because of your depression or low mood. This is not the 'real' you. It is a symptom.
- Get your self-help team on board. Explain to your family and friends how depression and low mood affects people. You could ask them to read this book. It is also possible to get your self-help coach to talk to your family. The main idea is for you to help your family and friends understand that your irritability is a symptom of your low mood.
- Many people find they need help to relax. Some simple relaxation exercises might help here. Listening to your favourite music is another good way to relax.
- From time to time, everybody needs to take time out. Many people experiencing depression find that one thing that helps is to have some respite from their day to day lives. Respite can be anything. Mostly it will include something that you find pleasurable, something just for you. This could involve a simple activity such as having a relaxing bath or listening to some favourite music. Other people find that telephoning a friend or going out with friends or family a way to distract themselves from irritations.

My recovery programme. *(continued)*

Lack of concentration

Experiencing difficulties with concentration can be a very distressing symptom of depression. Many people find that they cannot pick up a book or newspaper anymore. Even the thought of reading can be very off putting. Our memories seem to deteriorate and we forget what we have just read or heard. This can happen in conversation with people, not just when reading or watching the TV. Actually, our concentration may not be as bad as we fear. In fact, when we are feeling low or depressed we tend not to listen as carefully as we normally do. Because we don't listen clearly, we don't remember information properly. We then end up worrying about our concentration. Once we start to worry, our concentration gets even worse. It's another vicious circle.

If concentration is a problem for you, here are a couple of useful ideas which you may find helpful to try.

- One useful suggestion is to write things down. It can be very helpful to keep a list of important things to do. Sometimes repeating what somebody has said, either out loud or in our head, can help with remembering things.
- Because our concentration can be affected when we are feeling down or depressed we often simply stop doing things like reading. One solution is to read regularly but for small periods of time only. Alternatively, we could read something that is slightly easier to digest than the material we are used to.

Loss of energy

Feeling like we have no energy is probably one of the most common ways people feel depressed. Loss of energy is a key symptom of low mood and is closely linked to tiredness or fatigue. Energy loss is another vicious circle. The less we do, the less we want to do.

If loss of energy is a problem for you here is a useful idea which you may find helpful to try.

- Although it sounds very difficult to do at first, taking some exercise will actually help with loss of energy. The idea is to break the vicious circle of tiredness followed by inactivity and more tiredness. You should try and plan some exercise into your day every day. Set yourself small goals – this might be a walk, a slow swim or anything that involves even a small amount of movement.

An important thing to remember is that exercise is unlikely to make you any more tired than you already feel. We have suggested some techniques in the next section which might help you plan some exercise into your daily routine.

Changing the things I do.

In this book we have discussed how feeling down often consists of feeling physically unwell, thinking unhelpful thoughts and changes in the way we behave.

Behavioural activation

As we have shown, these feelings, thoughts and behaviours are all linked. We end up in a vicious circle where we withdraw or avoid doing the normal things that we do.

- Some of the things we avoid are regular, **routine** activities such as cleaning the house, washing up, cooking a meal, etc. Our routines also become disrupted. We change the time we go to bed or get up, when we eat and how we cook and care for ourselves. Although we often moan about our daily routines they do make us comfortable in our surroundings.
- Other activities that get disrupted are the things we do for **pleasure**. These can include seeing friends, enjoying a day out with our families, reading or doing whatever interests we have. These are the things that in normal circumstances we find pleasurable. They are the necessary breaks from our routines.

- The third area where we can end up avoiding activities are important **necessary** things such as paying bills or confronting difficult situations at work, home or in our close relationships. Although the consequences of not doing these things can be quite serious, when we feel down we often avoid doing them. Going back to work after a period of sickness can be one such difficult but necessary activity.

Behavioural activation is a technique where we focus on re-establishing our daily routines, increase our pleasurable activities and do the things that are necessary for us. Basically, behavioural activation is about 'acting our way out of depression'.

Changing the things I do. *(continued)*

How do I start to do this?

There are 4 stages to behavioural activation. If you choose to try it, your self-help coach will help you to make a start.

Stage 1 is to fill in a weekly diary of what you are doing now.

Stage 2 is to think about activities that you would like to do or that you wish to start doing again. Some of these things will be routine things. Other things will be pleasurable activities such as going out and meeting people and some things will be important activities that may need to be dealt with quickly.

Stage 3 is to make a list of many of these different activities. You write the most difficult things at the top of the list and the easiest activities at the bottom. When making these lists it is a good idea to make sure that you have some routine, some pleasurable and some necessary activities evenly spread throughout.

Stage 4 is using the **Behavioural activation diary** to plan out how to start doing these things. You can do this by starting with the easiest activities first and adding activities from higher up your list as time goes on.

At each stage you will be able to discuss your plans and activities with your self-help coach. If you wish to read a recovery story of someone who has chosen behavioural activation as part of their programme then go to page 44.

Stage 1

Take a blank Behavioural activation diary

Even if you think that you have done nothing, make a note. This is all helpful information. When you record your activities write down some details about what exactly you have done. It can be helpful to record details such as where you were, when you did things and if you were with anyone.

Behavioural activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							
Afternoon	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							
Evening	What							
	Where							
	When							
	Who							
	What							
	Where							
	When							
	Who							

Changing the things I do. *(continued)*

Stage 2

Think about the things that you want to do. Many of these things will be activities that you have stopped doing since you have started to feel down.

Remember to include routine activities which need to be done such as shopping and cooking. Also include pleasurable activities that you would normally enjoy. Finally try to think of things that are necessary such as paying bills, dealing with conflict or activities associated with work.

Use **worksheet A** to list all these activities. Put them down in any order you like.



Behavioural activation worksheet A

List some routine activities here: e.g. washing up, cleaning the house

List some pleasurable activities here: e.g. going out with friends or family

List some necessary activities here: e.g. paying bills, dealing with difficult situations

Changing the things I do. *(continued)*

Stage 3

Use **worksheet B** to organise all these different things into a list, with the most difficult activities at the top of the list and some easier activities at the bottom. Try to make sure that you mix up routine, pleasurable and necessary activities in the bottom, middle and top of the list.

Stage 4

In this last stage you should take a blank diary sheet to plan out how to start doing some of your activities. Take some routine, pleasurable and necessary activities from near the bottom of your list and write in your diary when you would like to do them.

Once again, being specific is helpful. Write down what the activity is, where it will be done, when it will be done, how it will be done and if it includes other people who it will be done with. Writing things down this clearly will help you when you actually come to do the activity.

Try to schedule something at least once a day, more if you wish, but for most people it is best if they start small.

When you have tried to do some of the activities you have listed, discuss your progress with your self-help coach. Over time, you can move up your list to do other things. You can go at your own pace and your self-help coach will support and encourage you.

For many people even doing what were once pleasurable activities may not bring immediate pleasure. To start with, people often feel a sense of achievement rather than actual pleasure. As the weeks go on you should find that you get back to either your old routine or you develop new ones. The main thing with behavioural activation is to plan carefully and keep going.

Now try to put your lists in order of difficulty...

Behavioural activation worksheet B

The most difficult

Medium difficulty

The easiest

Changing the way I think.

Cognitive restructuring

Cognitive restructuring is a way of changing our unhelpful thoughts by looking at them and challenging them. When we are depressed we have many unhelpful thoughts such as ‘I am worthless’, ‘Everything I do is wrong’, ‘Why does nothing ever go right for me’. These unhelpful thoughts often stop us doing things that we want to. The more unhelpful thoughts that we have, the less confident we are and the lower our self-esteem becomes.

We can then have even more unhelpful thoughts. It is yet another vicious circle.

The features of unhelpful thoughts are:

- they are automatic. We don’t think them on purpose, they just appear in our heads.
- they seem believable and real at the time they appear.
- they are the kind of thoughts that would upset anybody.

You can use cognitive restructuring to help you to put your thoughts in perspective. An example of how this is helpful is given in one of the recovery stories on page 56 of this book. If you want to use this technique your self-help coach can give you some support.

The stages of cognitive restructuring

There are 3 stages to cognitive restructuring.

- Firstly, you need to identify exactly what the content of your unhelpful thoughts are.

- Secondly, you do something to help you examine the thought more objectively. Sometimes this includes collecting ‘evidence’ as to how accurate the thought really is.
- Finally, you reconsider the thought in light of the evidence you have collected. You can then put the thought into perspective.

How do I do cognitive restructuring?

If you want to do some cognitive restructuring you can use a **Thought diary** to collect and write down your thoughts.

Stage 1

Each time you feel sad, depressed or irritable:

- Write down in the first column of your **Thought diary** a brief description of the situation where the thought occurred. You should write down where you were and what you were doing.
- In the second column write down the actual feeling you had. This may be sad, anxious or angry. Also record how bad that feeling was on a scale of 0 –100 percent. 0 percent is not at all, 100 percent is the worst it could be.
- In the third column write down exactly what your thought was and how much you believe that thought to be true. Here 0 percent is ‘I do not believe this at all’, 100 percent is ‘I totally believe this thought’. An example can be found on the **Thought diary**.
- For the time being, ignore the last two columns as you start the diary.

Thought diary

Situation	Feeling Rate how bad it was (0-100 percent)	Thought Rate how much you believe this thought (0-100 percent)	Revised thought Rate how much you believe this thought (0-100 percent)	Feeling How bad was it? (0-100 percent)
E.g. Sitting doing nothing	Sad (70 percent)	Things will never get better (90 percent)		

Changing the way I think. *(continued)*

We suggest that you should collect your thoughts for two weeks in this way. At the end of two weeks look at your diary. Preferably, also talk to your self-help coach about what you have written in the diary. Often these thoughts might be all about a similar topic, such as guilt or feeling a failure. Such thoughts are very common when our mood is low.

Stage 2

Stage 2 is all about collecting some kind of evidence to see if your thought is accurate or not. There are many ways to collect evidence. Some are more difficult than others. In this book we have described one of the most common ways to do this. It is also one of the most straightforward to use yourself.

We suggest that you examine a frequent thought in more detail from the ones you have collected. To do this, take one thought that you have rated yourself as believing in at least 60 percent and which is causing you distress.

Write the thought down on top of the **Evidence table** (on the opposite page). Add in your percentage rating of how much you believe it. In the **Evidence table**, one column is labelled **Evidence for** and one is labelled **Evidence against**.

Next, imagine that you are the judge in a court where the evidence for and against the truth of your thought is being examined. Write down the evidence for and against the thought being true. Remember that you are the judge and you need to present the full picture so that a fair decision can be made.

Sometimes people find this quite difficult. People particularly find it difficult to come up with evidence that the thought is not true. To help you to give your thought a 'fair trial' use some of the following questions:

- If my best friend or partner were giving evidence, what would they say for and against this thought?
- If you rate the belief in your thought as 75 percent, then there is 25 percent of the thought you do not believe to be true. Ask yourself what makes up that 25 percent.

Stage 3

Now you need to reconsider the thought in light of the evidence you have collected. You should be able to come up with a revised thought. Use the fourth column of the thought diary to write down this new thought. You should also rate how much you believe the revised thought.

In the final column rate your feelings again using the same 0-100 percent scale. Notice how by changing your thought, your mood has also changed. This is the way cognitive restructuring can really work to change the way you feel.

Here are some tips to make cognitive restructuring easier

- Unhelpful thinking takes time to change. Often you will need to challenge your thoughts several times before change takes place.
- Ask a friend you trust to help you look for evidence for and against your unhelpful thoughts.
- Practise cognitive restructuring with other thoughts. Use your **Evidence table** to judge them.
- As you become more expert in this, try to catch the thoughts and judge them as they actually occur.

Evidence table	
My thoughts	My belief (percent)
Evidence for	Evidence against



Step 4 – Staying well.

Will my depression come back?

A question often asked by people is, “Will my depression come back?” It is certainly true that the risk of depression returning increases when people have experienced more than one episode of low mood. Your self-help coach will spend some time with you during your final few sessions discussing with you how to stay well.

There are two ways to increase the chances of you staying well.

- Keeping a healthy lifestyle.
- Monitoring your mood.

A healthy lifestyle

We know that the things we do in our lives have an important effect on our mood. Life style activities such as regular exercise, positive relationships with other people and making sure we allow time in our lives for things that give us pleasure all help to keep our mood stable. A balanced diet is another important factor in keeping well.

We suggest that towards the end of this programme you have a look at your overall life style. See if you wish to identify any changes that could help. Pay attention to exercise, diet, sleep, your balance between duties and pleasures and your close relationships. Is there anything that you could do to make any of these aspects of your life more positive? If there are, it could be a really good idea to make some positive changes in the next few weeks.

Monitoring your mood

During your recovery programme, you will have discussed what to do if you start to feel down again. With your self-help coach, you will have written down a plan in case this happens. This plan will be individual to you. It will include monitoring your mood, recognising if problems are happening again, and dealing with setbacks.

However, we have outlined the basic principles below.

- During this recovery programme you have probably learnt a lot about the way you feel when your mood is low. You will have understood your low mood in terms of the way you feel, the things you do or have stopped doing and the things you think.
- Depending on the results of the PHQ9, you will have a number of options. Firstly, if the score is OK you need to remember that everyone has ups and downs in their mood. You should keep up your healthy lifestyle activities and keep monitoring yourself closely to see how you feel for the next month or so.

We suggest that you should pay attention to these aspects of yourself on a regular basis. Notice if you begin to experience any of these feelings again. These could be potential early warning signs.

- Of course, as you know it is quite normal for people to have ups and downs in their mood. This does not necessarily mean that your depression is coming back. However, if these feelings persist or get worse, it is time to act. If these feelings stay around for more than 10 to 14 days.

If the score is showing that your mood is low again, you will need to implement your recovery plan. This might include re-starting some of the useful techniques from this book. It might include getting the team together again. This could include talking to your friends, going to see your GP or seeing a self-help coach.

We suggest that you fill in a short, easily completed mood questionnaire, called the PHQ9. Your self-help coach will teach you how to do this and how to understand the result.



Recovery stories – Mia.

Mia's story is about someone who used a technique from the book which is aimed at improving some of the physical symptoms of depression.

Mia was 22 and lived alone with her young child aged five. For the past six months Mia had been spending a lot of her days crying and was irritable with herself and her son.

She thought that she was not coping anymore. Although she ensured that she cooked for her son, she didn't really eat a meal herself. Instead, she tended to pick at her son's leftovers or just ate junk food. Her sleep pattern was disturbed. She had not been sleeping well, often went to bed in the early hours of the morning but then had to get up early to get her son to school. This left her very tired and so she slept during the day.

She did not know why she felt so low but she started to feel this way when her son started school. She was looking forward to this as she felt that she would have more time for herself. However, she found that she then had 'more time to think'. She spent a lot of her time thinking about her life. She felt angry that she had no money and she felt that with no educational qualifications her future was not good. Mia lived on an estate where there was often trouble and was worried that her son would grow up to be

like some of the other teenagers on the estate. She used to see them stealing, taking drugs and vandalising property.

Mia felt that these problems were having a big impact on her life. She wrote on her **Impact sheet** that she was neglecting her housework and her cooking. She noted that had no energy to do things with her son, such as take him to the park or play games with him. Although money had always been tight, she had always managed to have a social life in the past. Therefore, she also wrote down that her lack of confidence in herself was stopping her going out with her friends.

With the help of her self-help coach Mia decided on the following goals.

Mia's goals

Goal number 1

Today's date:

To sleep for seven hours a night.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 2

Today's date:

To cook a meal for myself everyday.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 3

Today's date:

To take my son to the park twice a week.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Recovery stories – Mia. *(continued)*

Mia read through some of the techniques in her book and decided that she would like to do something to improve her sleep. Her self-help coach suggested that she keep a **Sleep diary**. Mia recorded the following:

- what time she went to bed.
- what time she fell asleep.
- what time she woke up.
- details of other times of the day that she slept and for how long.

Mia kept a diary (opposite) for a week

At the next session with her self-help coach, Mia discussed the diary. She could see the pattern of going to bed late and then going back to bed in the afternoon when her son was at school. She couldn't do this at the weekends because she had to care for him. Mia felt that she slept in the day for two reasons. Firstly, she was tired as she had had little sleep. Secondly, sleeping was better than sitting down, crying and feeling miserable.

Mia decided to try and change her sleeping routine. For the first week she went to bed no later than 1.00am every night and got up at 7.00am in the morning as normal. She also tried not to catnap in the day. To help her with this she and her self-help coach planned activities to do between 1.00-3.00 in the afternoon. Mia came up with some ideas, such as doing a bit of housework or ringing a friend to help to keep her awake.

Each week, she tried to go to bed 30 minutes earlier until she was going to bed at 11.00pm. Despite the fact that she still had some trouble sleeping she was usually asleep by 12.00pm and sleeping until 7.00am. She had also stopped napping in the day.

Although Mia's depression only lifted slightly during these few weeks, she did feel less tired, tearful and irritable. Most importantly, she felt that she had some control over her depression and was more able to make important changes in her life to improve her mood. Some of these changes included getting a part time job working as a lollipop person. This gave her a little more money but more importantly it helped her get to know more people and increased her confidence.

After doing these things, Mia was much less depressed, though many of her problems remained. It was unlikely that she would leave the estate because of her financial situation, and her worries about her son remained the same. However she felt that because her self-esteem had increased she could deal with the difficulties that may lie ahead more easily.

Mia scored her goal sheet again several times during her programme. Her ratings went up as she started to feel better and achieve her goals. These are detailed in **Mia's goal summaries**.

Mia's sleep diary

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Went to bed at 2am	Went to bed at 1am could not sleep, got up till 3.30am - slept till 7am	Went to bed at 2am	Went to bed at 12.00 - did not sleep till 4am then slept until 7am	Went to bed at 2am	Went to bed at 2am	Went to bed at 2am
Slept from 3 - 7am	Slept on settee from 1 - 3pm	Slept from 3 till 7am	Went to bed at 10am	Slept from 3pm till 7am	Slept from 3 till 10am	Slept from 3pm till 9am
Napped from 1 - 3pm		Napped from 1pm to 3pm	Slept till 1pm	Napped from 1pm to 3pm		

Mia's goal summaries

Goal number 1 To sleep for seven hours a night.

Time 1

0

Time 2

4

Time 3

5

Goal number 2 To cook a meal for myself everyday.

Time 1

0

Time 2

3

Time 3

5

Goal number 3 To take my son to the park twice a week.

Time 1

0

Time 2

6

Time 3

6

Recovery stories – Anne.

Anne's story is about someone who used behavioural activation, a technique from the book which is aimed at increasing the things people stop doing because of their low mood.

Anne was 35 and worked as a receptionist three days a week in a dental surgery. Two years previously her mother had died and although she was very sad she felt that she coped well.

A year later a long-term relationship had broken down and since then Anne had felt very low. She had lots of thoughts such as 'I just do not seem to be able to get going'. She also was finding it tough to concentrate on reading and doing things like managing bills. Anne did very little in the evenings and at weekends except watch television. She used to enjoy gardening but had neglected her garden. Anne had also stopped reading the daily paper and did not have it delivered any more.

Anne felt that these problems were having an impact on her life in the following way. She wrote on her **Impact sheet** that a big problem was that she needed to sell her mother's house. She knew she needed to do this as the house was deteriorating because it had been left empty for so long. At home she wanted to make more effort to cook for herself as she was starting to buy more take away meals.

Her low mood did not really influence her ability to work. However, as a result of feeling down she had lost contact with many friends, rarely met other people and did not socialise much. In terms of her personal life, she had been an avid reader, reading two or three library books a week, but this had now stopped.

With the help of her self-help coach Anne decided on the following goals:

Anne's goals

Goal number 1

Today's date:

To read a newspaper or book for at least 30 minutes a day.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 2

Today's date:

To go to the cinema once a week, alone or with a friend.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 3

Today's date:

To join a night class and go once a week.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Recovery stories – Anne. *(continued)*

Anne read through some of the techniques in her book and decided that she would like to do something to get her activities back to normal. She discussed this with her self-help coach and together they decided to try 'Behavioural activation'.

First of all, Anne completed stage 1 of behavioural activation which involved completing a weekly diary of her current activities. Anne's diary confirmed that she was managing to go to work on her three working days, but was doing very little the rest of the time.



Anne's stage 1 behavioural activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	Work	Work	Work	Stayed in bed until 11.30	Tired - lay on couch all day	Stayed in bed until 11pm	Ironing
	Where							
	When							
	Who							
	What	Work	Work	Work	Did some house work	Tired - lay on couch all day	Forced self to go food shopping	Sat and did nothing
	Where							
Afternoon	What	Work	Work	Work	Did some house work	Tired - lay on couch all day	Made a snack & watched TV	Slept
	Where							
	When							
	Who							
	What	Work	Work	Work	Slept	Tired - lay on couch all day	Watched TV	Slept
	Where							
Evening	What	Cooked tea Watched TV	Tired Went to bed	Cooked Watched TV	Cooked Watched TV	Take away (could not be bothered to cook)	Take away (could not be bothered to cook)	Cooked tea
	Where							
	When							
	Who							
	What	Cooked Watched TV	Tired Went to bed	Cooked Watched TV	Cooked Watched TV	Bed	Watched TV	Went to bed
	Where							
When								
Who								

Recovery stories – Anne. *(continued)*

Anne also completed the worksheets from stages 2 and 3 of behavioural activation. She made lists of routine, pleasurable and necessary activities in her life.

When she discussed these with her self-help coach it was clear that selling her mother's house was very important. The house was looking shabby and was losing some of its value. She was not sad about selling it but just felt that she could not manage the effort involved.

Behavioural activation worksheet A

Write down your routine activities here:
e.g. cleaning, cooking, shopping etc.

Cleaning my flat

Shopping (for food)

Cooking

Keeping the garden tidy

I used to see one of my mother's friends and do a bit of shopping and cook her a few meals that she could freeze - not particularly enjoyable but feel I should do it as she is alone.

Behavioural activation worksheet A

Write down your pleasurable activities here:
e.g. going out/visiting friends or family

Used to enjoy going to
the library

Enjoy working

Used to enjoy going for a drink /
out with my friends

Used to enjoy gardening

Just reading the paper

Write down your necessary activities here:
e.g. paying bills etc.

Sell my mother's house and all
that the things that need doing
such as speaking to a solicitor,
estate agents etc.

Arrange an MOT for my car

Recovery stories – Anne. *(continued)*

With the help of her self-help coach, Anne planned to do some of the activities from her **Behavioural activation worksheet B**.

In terms of routine activities, as well as going to work as usual, she decided to cook meals on six days a week and only get one take away. Anne also planned when she would do housework and shopping. She decided to do some of these first thing in the morning as this would help her get up.

As well as the routine activities, Anne decided to do two extra pleasurable things and one from her necessary list. She did not feel able to face meeting anybody but agreed to ring her friend and also buy a paper and read it. Although one of the most difficult necessary things was selling her mother's house, Anne felt that she wanted to at least start the process. She opted to ring three estate agents to get some dates when the house could be valued.

Anne's first stage 4 behavioural activation diary is shown here. It has a range of activities including routine (pink), pleasurable (green) and necessary (blue).

Behavioural activation worksheet B

Now try to put your lists in order of difficulty.

The most difficult

Selling my mother's house
Meeting / going out with friends

Medium difficulty

Reading the paper
Gardening
Library
Arrange MOT for my car
See Ada (mother's friend and do a bit of tidying and cooking)

The easiest

Cleaning my flat
Working three days a week
Cooking for myself

Anne's first stage 4 behaviour activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	Work	Work	Work	Ironing 10am- 11.30am	House work 9.30- 11am		Buy paper and read 10-11am
	Where							
	When							
	Who							
	What	Work	Work	Work			Shopping 11-1pm	
	Where							
When								
	Who							
	What	Work	Work	Work			Ring three estate agents 1-2.30pm	
	Where							
Afternoon	When							
	Who							
	What	Work	Work	Work				
	Where							
	When							
	Who							
Evening	What	Cook a meal 5-6pm	Cook a meal 5-6pm	Cook a meal 5-6pm	Cook a meal 5-6pm	Take out 5-6pm	Cook a meal 5-6pm	Cook a meal 5-6pm
	Where							
	When							
	Who							
	What	Ring friend Susan at 8pm						
	Where							
	When							
	Who							

Recovery stories – Anne. *(continued)*

Anne told her self-help coach the following week that she had managed to do most of the things in the diary.

However, although she had bought the Sunday paper she had found it difficult to concentrate on. Nonetheless she had read the headlines. She was very pleased with the phone call to her friend as her friend had been worried and was glad to hear from her. Anne had rung one of the three estate agents and had booked a valuation for the following week.

She did feel disappointed that she had not contacted the other two estate agents. After a discussion with her coach, she felt that although she had not achieved this goal she had achieved more in one week than she had done for months.

With her coach, Anne planned her next week's diary. As we can see, the routine things stayed the same but she added another pleasurable activity of gardening. Anne also wanted to buy the paper and read it again. In discussion with her coach she opted to buy the paper and read the headlines. Anne also agreed to ring the other two estate agents and to go with the first estate agent to value the house.

Anne's second stage 4 behaviour activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	Work	Work	Work	Ironing 10am - 11.30am	House work 9.30 - 11am		Buy paper and read 10 - 11am
	Where							
	When							
	Who							
Afternoon	What	Work	Work	Work			Shopping 11 - 1pm	
	Where							
	When							
	Who							
Evening	What	Work	Work	Work	Gardening 2 - 3pm		Ring three estate agents 1-2.30pm	
	Where							
	When							
	Who							
Evening	What	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Take out 5 - 6pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm
	Where							
	When							
	Who							
Evening	What			Ring Susan friend at 8pm				
	Where							
	When							
	Who							

Recovery stories – Anne. *(continued)*

A week later, Anne rang her self-help coach. She still felt low but was pleased with what she was achieving.

Anne carried on telephoning her coach weekly to discuss her recovery programme. As can be seen by the final diary example, a few weeks later Anne had now developed a clear routine. She was beginning to get pleasure from many of the things she had been avoiding. She certainly felt that she was coping much better. Ten weeks later, she had achieved all her goals and had decided to attend a night class one evening a week.

The house sale was going through and she had regular contact with her friends again. For Anne, the most important thing was that she now felt in control of her mood rather than her mood controlling her. She recognised that it was her own efforts which had helped her cope better and lift her mood.

Anne scored her goal sheet again several times during her programme. Her ratings went up as she started to feel better and achieve her goals. These are detailed in **Anne's goal summaries**.

Anne's goal summaries			
Goal number 1	Time 1	Time 2	Time 3
To read a newspaper or a book for at least 30 minutes everyday.	0	5	6
Goal number 2	Time 1	Time 2	Time 3
To go to the cinema once a week either alone or with a friend.	0	3	5
Goal number 3	Time 1	Time 2	Time 3
To join a night class and go every week.	0	3	5

Anne's final stage 4 behaviour activation diary

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	What	Work	Work	Work	Ironing 10 - 11.30am	House work 9.30 - 11am		Buy paper and read 10 - 11am
	Where							
	When							
	Who							
	What	Work	Work	Work	Shopping 12 - 1.30pm		Taking people round to view mum's house (2 lots of people!!) 1 - 4pm	Go to Ada's and do some house work for her 12 - 2pm
	Where							
Afternoon	When							
	Who							
	What	Work	Work	Work	Gardening 2 - 3pm			
	Where							
	When							
	Who							
Evening	What	Work	Work	Work		Go to solicitors (3 - 4pm)	Ring estate agent	Gardening 2 - 3pm
	Where							
	When							
	Who							
	What	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Out with Sue to the cinema 7-10pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm	Cook a meal 5 - 6pm
	Where							
	When							
	Who							
	What			Watched a film	Out with Sue to the cinema		Out with Sue to the cinema	
	Where							
	When							
	Who							



Original caption:
End of the runway

Recovery stories – Pieter.

Pieter's story is about someone who used a technique from the book which is aimed at changing the way we think. This technique is called cognitive restructuring.

Pieter was a 52-year-old man who was depressed since taking early retirement six months previously due to his physical ill health. His wife had continued to work and he began to feel that he was no good to anybody. This was making him very irritable and he was snapping at his wife. Since retiring he had not taken on any new activities and was spending most of his day reading the paper and 'pottering about' without actually doing very much.

Although his old friends kept in touch by ringing him and asking him to go for a drink and play darts, he didn't join them anymore.

Pieter felt that these problems were having an impact on his life in the following way. He wrote on his **Impact sheet** that he was feeling useless around the house. His low mood was stopping him going out socially with former work colleagues because he felt ashamed of his situation. He thought his friends might consider him to be work shy.

With the help of his self-help coach Pieter decided on the following goals:

Pieter's goals

Goal number 1

Today's date:

To be able to feel confident enough to meet some of my former work colleagues.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 2

Today's date:

To go to the cinema once a week, alone or with a friend.

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Pieter's thought diary

Situation	Feeling Rate how bad it was (0-100 percent)	Thought Rate how much you believe this thought (0-100 percent)	Revised thought Rate how much you believe this thought (0-100 percent)	Feeling How bad was it? (0-100 percent)
Sitting at home	Sadness (80 percent)	I am no good to anybody (80 percent)		
Letter from work colleague wishing me well	Sadness (90 percent)	My life has absolutely no purpose (90 percent)		
Broke the Hoover	Angry (95 percent)	Everything I touch or do goes wrong. I am hopeless. (100 percent)		

Pieter looked through the book and felt that dealing with his thoughts would help him most. He felt that if he could feel less ashamed of himself this would help his confidence. If he was more confident he felt he would be able to do more things in his life. With the help of his self-help coach, Pieter learnt how to complete some thought diaries. These helped him identify the exact type of thoughts he was having, the situations where these thoughts were occurring and how much he believed the thoughts to be true. To start with Pieter filled in the first 3 columns. An example of one of Pieter's diaries is shown above.

Pieter collected a week of diaries and discussed these at the next session with his self-help coach. Through the diaries the main type of thought he could recognise was that he often felt that he was 'no good'. He saw that there was a link between his thoughts, his belief in how true they were and his mood. He began to see that believing in these thoughts could lead to him feeling less confident and more likely to avoid doing things.

Recovery stories – Pieter. *(continued)*

With help from his self-help coach, Pieter worked on the thought that he was ‘no good’. This was a distressing thought as he believed this to be 80 percent true. He looked at how true or how false this thought really was.

The way he did this was to imagine that he was the judge in a court where the evidence for and against the truth of the thought was being examined. This is shown in Pieter’s evidence table below.

Pieter’s evidence table	
My thoughts	My belief (percent)
I am no good to anybody (80 percent)	80 percent
Evidence for	Evidence against
<p>I do nothing with my day, I just sit and read the paper and do a few chores.</p> <p>I was an active working man and was contributing something to society and now I am not contributing.</p>	<p>Last week my daughter said I was simply wonderful when I looked after (Jack) my grandson when he had a stomach bug and she had to go to a really important meeting.</p> <p>Jean my neighbour was very grateful when I gave her a lift to the hospital for an appointment.</p> <p>Brenda (my wife) said how good it was to see more of me and that we spend more time together.</p> <p>A work colleague asked me if I would be interested in teaching carpentry to youngsters at the local college. My wife, children, and grandchildren love me dearly so I am obviously some good to them.</p>

When Pieter completed this exercise, he reconsidered his belief in his thoughts that he was no good to anybody. Instead of believing it to be 80 percent true, he decided that it was no more than 40 percent true. Because his belief

was less, he felt less sad when he had this thought. His new thought was ‘I am of value to many people, particularly my family’. This example is shown in **Pieter’s second thought diary**.

Pieter’s second thought diary				
Situation	Feeling Rate how bad it was (0-100 percent)	Thought Rate how much you believe this thought (0-100 percent)	Revised thought Rate how much you believe this thought (0-100 percent)	Feeling How bad was it? (0-100 percent)
Sitting at home	Sadness (80 percent)	I am no good to anybody (80 percent)	I am of value to many people, particularly my family (75 percent)	Sadness (10 percent)

Pieter repeated this process a number of times with the same thought. He also tackled other thoughts, particularly about his work colleagues. Pieter began to feel more confident. As a consequence he discussed meeting up with his old work colleagues with his self-help coach. Although very anxious about meeting them, they were actually very welcoming and clearly pleased to see him. Pieter started to get into his recovery cycle. His confidence increased further. The more he challenged his thoughts, the more confident he became and the more his behaviour changed as he started to do more.

As with the other recovery stories, Pieter’s improvement was not immediate and he continued to have days where he was low and depressed. He knew that he had a long way to go before he felt like his ‘normal self’ but as he said “I do think there is a light of at the end of the tunnel” and “I know I have a long way to go – but at the very least I can see the direction I need to turn”. Pieter scored his goal sheet again several times during his programme. His ratings went up as he started to feel better and achieve his goals. These are detailed in **Pieter’s goal summaries**.

Pieter’s goal summaries			
Goal number 1 To be able to feel confident enough to meet some of my old work colleagues	Time 1 1	Time 2 3	Time 3 5
Goal number 2 To become involved in an activity and spend at least 10 hours every week doing it	Time 1 1	Time 2 3	Time 3 4

“I know I have a long way to go – but at the very least I can see the direction I need to turn.”

Final thoughts.

Recovering from depression can be a difficult journey. It takes courage and often seems to involve quite a lot of hard work. We hope that this book has helped you in this journey. We particularly hope that the team approach made it easier.

We wish you well in your recovery programme. As we said at the beginning we are committed to improving the information and help that people with depression receive so please do let us have any comments or changes that you would like to see. You can email us at info@rethink.org

Biographies



Karina Lovell is a Professor of Mental Health at the University of Manchester. Much of her research is centred on developing accessible treatments for people with anxiety and depression.

Karina works with people with anxiety and depression in various NHS settings and with the National Phobic Society. Unlike Professor Richards, Karina finds it much more difficult to follow government health guidelines but swims fairly regularly and has just purchased a trampoline!



David Richards is Professor of Mental Health Services Research at the University of Exeter, UK. He runs a research programme which develops, measures and tests new ways of organising treatments for people with depression and

low mood. He believes passionately that people with these and other common mental health problems are themselves the best managers of their own emotional difficulties. This book reflects his belief that the starting point for any effective treatment should always be the most user friendly approach possible. When not working, he tries to follow government health guidelines through swimming, walking and surfing and can occasionally be found ruminating about the state of the vegetables on his allotment.

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