

DEPRESSION AND BURNOUT



HOW I HEALED

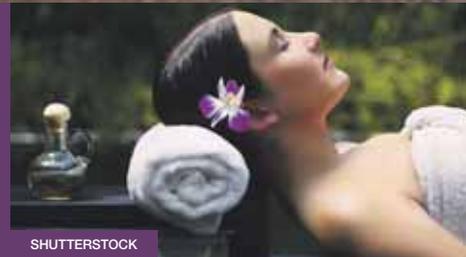
Trisha Goddard on why you should never take your mental health for granted

Managing treatment
How a good relationship with your doctor helps



PRIVATE

Don't ignore it
The stigma attached to stress in the workplace



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CHALLENGES

In times of recession, people find themselves under more pressure than ever. For some, the stress associated with potential debt, redundancy and house repossession will trigger a mental health problem. These can range from depression and anxiety to more severe mental illnesses such as bipolar disorder and schizophrenia

Campaign for change

At mental health charity Rethink, we have seen first-hand how demand for mental health services increases during an economic crisis. Our advice team has received a spike in calls from people feeling concerned, and our mental health services have reported a rise in referrals.

Getting the right treatment

1 All too often, people affected by mental illness don't get the treatment and care that they need. A recent Rethink poll of more than 400 people with mental illness found that the majority are denied the treatments they are entitled to.

Without effective treatment early on, individuals are at risk of becoming more unwell, and for longer. The knock-on impact can result in relationship problems, unemployment and even encounters with the criminal justice system.

In its recent Spending Review, the Government committed to making psychological therapy more readily available to everyone affected by mental illness, including those who are severely unwell. Many Rethink members say that psychological talking therapy has been crucial to their recovery.

Changes to our National Health Service are imminent, and the Government must ensure its plans do not compound the inequalities already faced by people with mental illness. One proposal is for GPs to take responsibility for providing mental health services, but by their own admission, GPs say they lack the expertise and need training.

A long-lasting low mood that interferes with the ability to function, feel pleasure, or take an interest in things is not merely a case of the blues - it is an illness known as depression. According to the Mental Health Foundation, one in six people will have depression at some point in their life. It is most



Paul Jenkins
Chief executive, Rethink

FACTS

➔ Different factors are thought to contribute to depression such as genetics, brain chemistry, upbringing and lifestyle. It can come in different forms from mild, moderate and severe to psychotic, in some rare cases. Symptoms include a long-lasting unhappy mood, low self-esteem and lack of motivation.

➔ Depression affects a person's physical state, mood and thought process. It is not a sign of personal weakness or a condition that can be willed away but an illness that needs treatment.

common in people aged 25 to 44 years. However, these figures are only based on people who actually seek help, and there will be more who remain undiagnosed.

The most important factor is that people can recover from depression as long as they have access to the right support.

Dispelling the myths

2 Having a mental illness is still a taboo subject, and fear of stigma means that many people won't ask for help or tell their friends and family about their condition.

There is a long way to go to dispel the myths around mental illness, but it is a challenge that mental health organisations such as Rethink are more than ready to take on.

One in four of us will experience mental illness at some point in our lives and whether we realise it or not, we will all know someone who has been directly affected. It is time for the stigma and prejudice to stop.



WE RECOMMEND



Trisha Goddard
Presenter and Journalist

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'It's similar to if you start feeling you have a cold looming — you do things to avert it'

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INSPIRATION

Question: Why did television presenter and journalist **Trisha Goddard** find, in some ways, depression and mental health issues more exacting than cancer?

Answer: The insidious, hidden nature of depression and the sense of stigma still attached to it made it a tough battle

TIP

1

LOOK AFTER
YOUR MENTAL
HEALTH

BATTLING DEPRESSION

CHANGE

"I first knowingly had depression in 1994 - only when I had a breakdown," says Trisha, 52. "I was working stupid hours and pregnant with my second daughter, and discovered my husband was having an affair with one of my colleagues: basically there was no fuel left in my system," she explains.

"I tried to keep it secret - although I had a guest who looked at me and said, my god, and I knew they knew. That's the fear with depression - that someone will realise how you are feeling."

After a suicide attempt, Trisha was admitted to a psychiatric unit - taken there by her friend Dr Rosie King. "My first thought when I came round was oh, no - I'm still here," she recalls. "I was pained and panicked and I did that childish thing of feeling that if I sat very still it could help - basically conserving energy while inside my head there was screaming."

Trisha, who has been a mental health advisor since 1988, points out how depression comes

in a 'package': "I then had panic attacks even in the hospital - the sudden movement of wind through trees outside the window terrified me."

Now, things are different: "Through therapy I changed how I was: I will never put my mental health on the line again. I manage my mood, instead of blundering into

'Sometimes you may not even know what the problem is - I didn't, and it was only by talking to someone else that I realised'

situation after situation - my family are my gatekeepers, and they spot if I am doing too much and

flag things up, just as if someone had high cholesterol," she points out, "you look out for that person's health." Trisha also runs regularly - "great therapy".

"Many feel depression is their fault; we need to be open and talk about it." Trisha, who in 2008 had breast cancer, highlights a disjuncture: "With cancer, everyone runs towards you, you are brave and trying to win battles - but you're not seen as a hero if you have depression and it's all people can do to make eye contact.

Frankly, they run away. "But you either choose to live with it or you suffer from it, just like with diabetes or high cholesterol - and of course it takes effort. The first thing is not to think of yourself as a victim. My advice now is that nobody should take their mental health for granted - many of us will have a mental health problem which will need help. We all bang on about the importance of physical health but mental health is just as important.

"It's similar to if you start feeling you have a cold looming - you do things to avert it," she says. "It can be difficult if you are in the middle of depression to recognise it, but if you have a consistently flat mood, or realise that you are taking on everything because you don't want to stop and feel the emptiness - if your behaviour starts to change and stays like that for two weeks, assume things are not right and get help." And there doesn't need to be a problem, or it can just be something trivial or things in general, says Trisha: "Sometimes you may not even know what the problem is - I didn't, and it was only by talking to someone else that I realised."

Sit down and ask for feedback on

your behaviour from friends or family, says Trisha. Write down things that have changed and take that list to the GP. "Do not be fobbed off with medication alone - that is not best practice. There can be talking therapies or gym therapy, for instance.

"Getting to it early is key: if you deal with depression in the early stages it really is a case of a stitch in time saves nine."

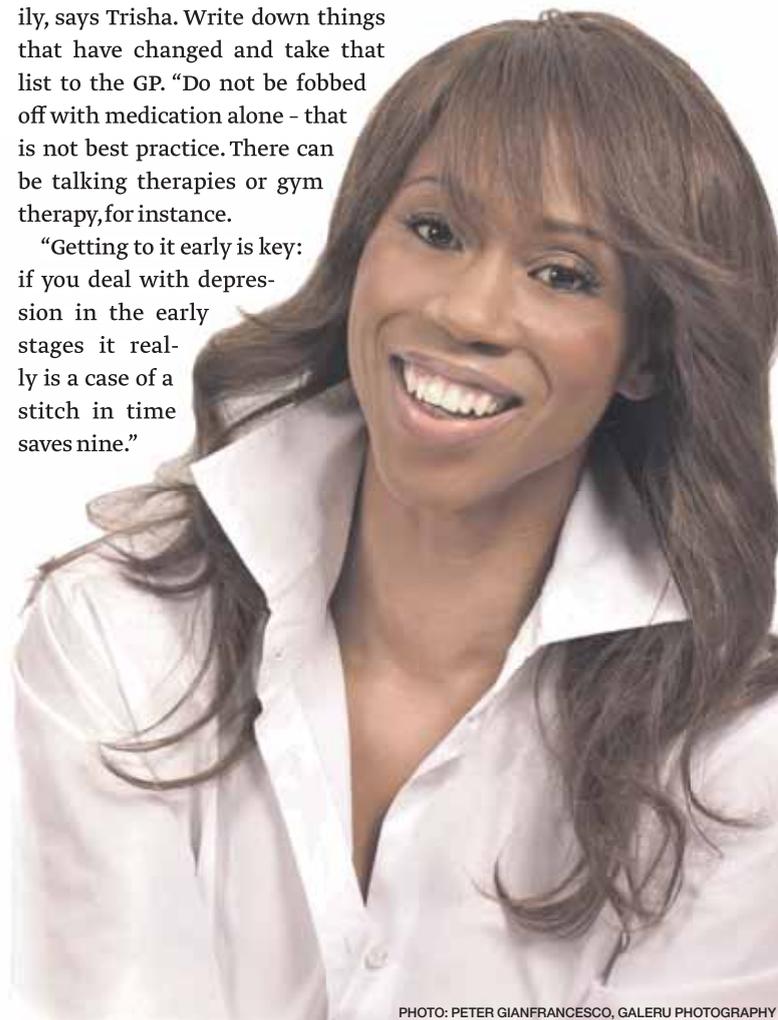


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NEWS

TIP

2

DISCUSS
THERAPIESKnow your
enemy**Anxiety disorders come in varied forms but the key to making a difference is to recognise it early**

There are many anxiety disorders, including phobias, OCD, body dysmorphic disorder, post-traumatic stress disorder and panic attacks. But the one thread they share is their ability to obstruct daily life – leaving people “trapped by fear”, says Catherine O’Neill, services manager for Anxiety UK, which is run by people with personal experience of anxiety.

Anxiety can manifest itself in both physical and psychological symptoms, and can occur alongside other conditions, such as depression, says Catherine. “In most cases, there will be anxiety and depression but anxiety is often overshadowed by depression and can be misunderstood and misdiagnosed by doctors,” she says. “Although all anxiety disorders have the same anxiety underpinning them, they present in different forms.

“The treatment with the most evidence is cognitive behavioural therapy (CBT). The key component of CBT is challenging the avoidance that often occurs with anxiety whether physical or mental – that’s the behavioural component, and the cognitive component looks at thoughts, and how best to deal with the bias you start to have in how you think about things and look at the world”.

It’s wise to have your own strategies, says Catherine. “I have found that yoga, swimming and taking nice, warm baths are all helpful – trying to be nice to yourself, essentially, works.”

How does anxiety start? “It starts with feeling stress,” says Catherine. “Anxiety is very physical and the first time people experience it may be when they start worrying more, or going over things in their head, or can’t sleep.” These are all early warning signs, she says. “Anxiety has a significant impact on your life, and can stop you being able to function. If you catch it early, it improves the picture,” Catherine says. “The problem with anxiety is that it’s self-reinforcing – the more it builds up in the mind, the more firmly it exists. Good recognition and management from early on make all the difference.”



AT PEACE
Meditation has gained increasing interest as a therapy, used alongside other cognitive behavioural therapies
PHOTO: SHUTTERSTOCK

Ways to improve your mind

Question: Treatment for depression and depressive disorders is the stuff of myths and legends. Beyond medication, what works?

Answer: Talking therapy takes many forms and is considered one of the most helpful methods – but new takes on old therapies have a place too

“By far the best-established and most thoroughly researched form of treatment, apart from medication, is cognitive behavioural therapy (CBT),” says Professor Peter McGuffin, director of the MRC SGDP Centre and Honorary Consultant Psychiatrist in Affective Disorders, Institute of Psychiatry, King’s College London.

“This is very much a ‘here and now’ method that focuses on the dysfunctional attitudes (for example, negative and self-defeating thoughts) about oneself, one’s place in the world and one’s future that are often associated with the initiation and perpetuation of depressive symptoms,” he explains.

“The success of CBT depends on establishing a good therapeutic relationship between the doctor/therapist and the patient – but unlike more traditional psychoanalytic



‘This is very much a ‘here and now’ method that focuses on the dysfunctional attitudes’

Professor Peter McGuffin
King’s College London

approaches it is usually delivered over a relatively short period of 12 to 16 weeks and aims not only to get the patient better but to teach the patient ways of fending off symptoms should they recur in future,” Professor McGuffin points out. “CBT and medication should not be thought of

as ‘either or’, as in practice many patients require and benefit from both in combination,” he cautions. Other types of talking treatment that stand up to rigorous scientific scrutiny include interpersonal therapy, which, as the name suggests, focuses on relationships and couple or fami-

ly therapy where the patient is seen with their partner or spouse and, sometimes, other members of the family too. There is also increasing interest in therapy based on ‘mindfulness’, which has its origins in Buddhist meditation but which has also much kinship with the ‘here and now’ aspect of CBT.

Elizabeth Machnicki, a Cotswolds-based therapist whose majority of patients referred to her by GPs are suffering with depression as well as anxiety-related conditions, practises cognitive behavioural hypnotherapy (CBH), which combines the benefits of CBT and clinical hypnotherapy. “This gives both structure and flexibility to therapy allowing for a more holistic and tailored approach.

“CBH is brief, action-orientated, solution-focused and psychoeducational. It is also relaxing and offers the opportunity for imaginal work, e.g., seeing themselves in the future – being as they would like to be; drawing from past helpful experiences and induces ‘parallel awareness’ so that both conscious and unconscious processes and resources are tapped into.”

EMILY DAVIES

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FACTS

■ **1 in 6 adults** at any one time will be affected by mental distress, according to the Office for National Statistics (ONS), though some place the figure at 1 in 4

■ **According to MIND**, around 300 people out of 1,000 will experience mental health problems every year in Britain; of these:

■ **230** will visit a GP

■ **102** will be diagnosed as having a mental health problem

■ **24** will be referred to a specialist psychiatric service

■ **6** will become inpatients in psychiatric hospitals

■ **Mixed anxiety and depression**, according to the ONS 2000 survey, is experienced by 9.2 per cent of adults in Britain. This is followed by general anxiety at 4.7 per cent and depression (without the symptoms of anxiety) at 2.8 per cent

NEWS

TIP

3

ASSESS
STRESS IN THE
WORKPLACE

Look after yourself

■ **Question:** To what extent is stress in the workplace an issue that still needs to be addressed?

■ **Answer:** An estimated 9.8 million working days were lost through work-related stress in 2009/10, according to the Health and Safety Executive (HSE). It's a huge problem – for both employees, and businesses of every size

On average, each person suffering from work-related stress took an estimated 22.6 days off in 2009/10 – and stress has consistently been the second most commonly reported type of work-related illness in the national Labour Force Survey, according to the HSE.

At work it can perhaps be especially tempting to ignore signs of stress, when stigma still exists with regard to ability, or not, to cope under pressure. Pressure is normal, but stress is an ill-health response to pressure, says the stress management consultant Ann McCracken, chair of the International Stress Management Association, who points out that the term “stress” is frequently misused. Prevention before stress strikes is key.

“Few employers get stress management right,” says Ann – even bigger organisations with human resources and occupational health departments, while smaller firms seldom have a strategy in place. Stress comes under the banner of



RELAXING BREAK A visit to a spa could help you to avoid burnout

PHOTO: IVANOVA INGA/SHUTTERSTOCK

health and safety at work – but many firms don't understand what risk assessment of stress means, she points out: “It takes much longer to risk-

assess stress than it does other health and safety factors.

“Good assessment and management of stress in the workplace is a

simple process”, she adds. “Companies need to look at their policies and the HSE's management standards, and see how they can apply them,” says Ann.

The HSE's Management Standards cover six key areas that are sources of stress at work: demands, which includes workload; the amount of control a person has over their work; support, provided by the organisation, line management and colleagues; relationships, including dealing with unacceptable behaviour; a person's role within the organisation; and how change is managed and communicated.

Employees must take responsibility too, Ann cautions. Her message for employees is to voice concerns early. “It's then the responsibility of their manager to move it forward,” she says. “A calm, unemotional dialogue is empowering for the individual and enables the manager to know what to do and where to go next.”

Good solutions for stress management for everyone, whether that stress is at home or at work, can include socialising and exercise, Ann points out. Whether you would choose a visit to a spa or a run, taking time out can be a highly effective way to combat burnout, allowing you to return to everyday tasks of all kinds feeling more refreshed.

EMILY DAVIES

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See the light

Is Seasonal Affective Disorder (SAD) a myth or a truth? The latter, says Professor Cary Cooper, CBE

“Some laugh at the concept of SAD but it's a fact that people get more depressed in winter,” says Professor Cooper, distinguished professor of organisational psychology and health, Lancaster University and chair of the Academy of Social Sciences. “Not just because of the lack of light but because of the change in life circumstances: there is less social and physical activity, which are important factors for feeling psychologically good.”

For the vast majority of people with SAD, it is a mild form of depression – but it is not clinical depression. The extreme end of SAD is an extension of underlying pre-existing depression. “If you have endogenous depression, anxiety or stress then the time of year which brings about SAD can make it worse,” he says.

And what does Professor Cooper recommend? “Beyond the light treatment often advised, get outside as much as possible, especially in daylight and sunshine – be active, go to the gym, be more socially active and don't hibernate at home.”

EMILY DAVIES

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FACTS

- **The Sainsbury Centre** for Mental Health has reported that the total cost of mental health problems in England is currently more than £77 billion a year, which is double previous estimates
- **The costs include** NHS and private care for people with mental health problems
- **The total cost of care** is estimated

to be over £12 billion

- **Depression accounts** for nearly 20% of all sickness absence at work
- **A further £23 billion** is lost as many people diagnosed with a mental health problem are unable to work
- **Reduced quality** of life and loss of life may account for nearly £42 billion every year

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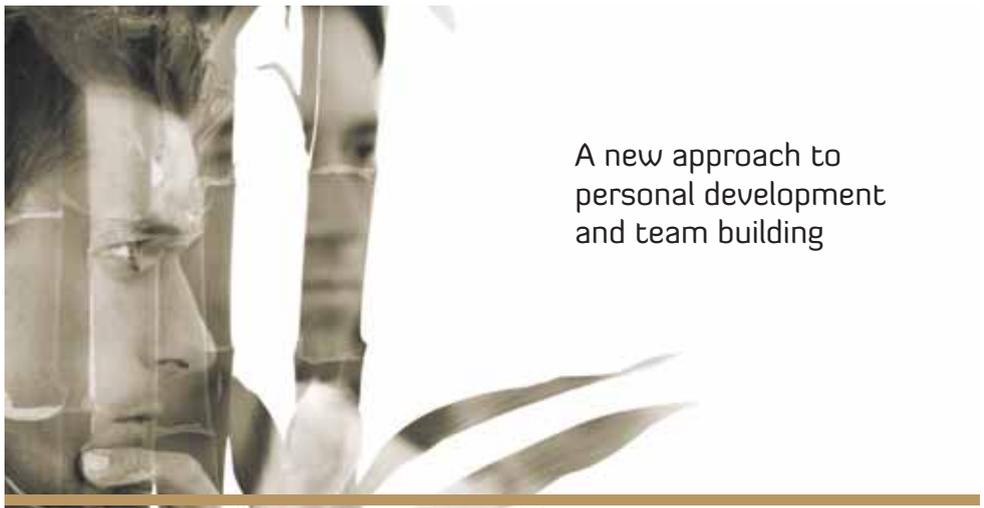
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