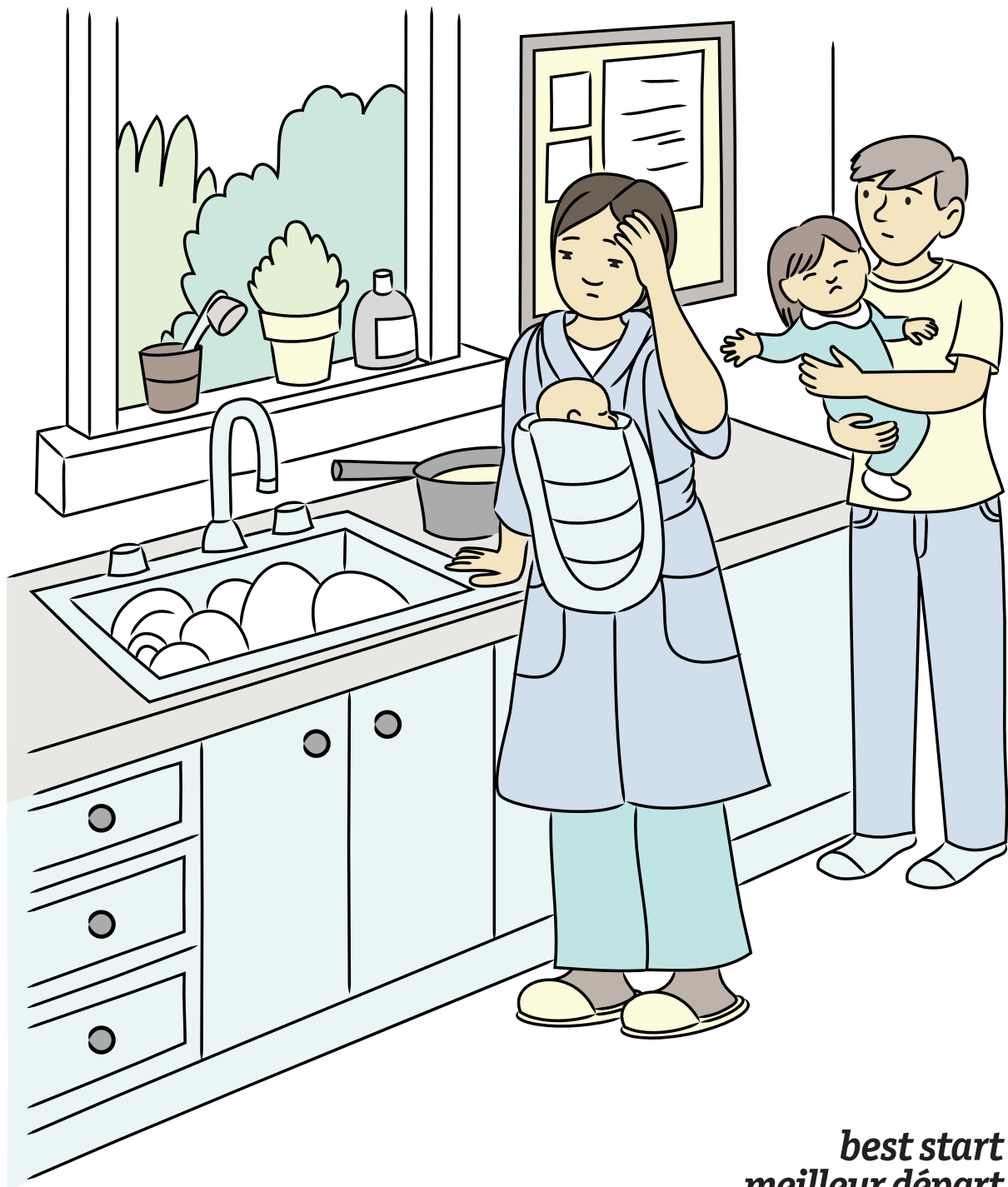


Managing Depression:

A Self-help Skills Resource for Women Living With Depression
During Pregnancy, After Delivery and Beyond



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Managing Depression: A Self-help Skills Resource for Women Living With Depression During Pregnancy, After Delivery and Beyond is based on the Antidepressant Skills Workbook 2nd edition, developed by:

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www.beststart.org • www.bcmhas.ca • www.carmha.ca/publications

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This resource is intended for:

- Women living with depression during pregnancy, after delivery and beyond; and
- Clinicians and service providers working with women living with depression in one-on-one or group settings.

Concerned partners, family members or friends may also find this resource helpful.

This book is meant to provide accurate information about depression. It is not a treatment plan. If expert assistance or treatment is needed, the services of a competent health care professional should be sought.

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Introduction

Depression is one of the most painful and difficult human experiences.

If you're living with depression, you may not have energy, interest in life, and/or the will to make things better. You may also have a negative view of yourself and the world. The future may seem hopeless.

Depression is especially devastating during pregnancy or while adjusting to motherhood.

Family and friends expect mothers to be happy. But when you're living with depression, it may seem impossible to feel cheerful.

The good news is that you can get better and depression ends. Clinicians and service providers can support you in dealing with depression effectively with the use of depression management skills and medication. When depression isn't severe, you can use the depression management skills in this resource, alone. When depression is more severe, you can use these skills and medication as part of your treatment plan. To know the severity of your depression and the best treatment option for you, see a doctor or psychologist.

In this resource, we describe three depression management skills.

They are:

- Reactivating your life,
- Thinking realistically, and
- Solving problems.

Your depression management plan may also include lifestyle changes. That's why this resource includes information about the following topics:

- Healthy eating,
- Active living,
- Sleep,
- Caffeine,
- Drugs and alcohol.



Before we describe the depression management skills, find out how ready you are to make changes now.

Ask yourself the following three questions and mark your answers below:

On a scale of 0 to 100:

How much of a negative effect is my low mood having on my family and I right now?



How important is it for me to feel better?



How much of a priority is getting better for me right now?



What do your scores mean?

If you scored less than 50 on two or three questions:

| THIS SUGGESTS THAT: | ACTIONS TO TAKE |
|---|---|
| ...you may be considering change, but feel uncertain. | Read this resource. Think about what you learned and what steps (if any) you might be ready to take. See a clinician or service provider. Ask for support. |

If you scored 50 or more on two or three questions:

| THIS SUGGESTS THAT: | ACTIONS TO TAKE |
|--|--|
| ...you're ready to change. You've had enough and you're probably ready to take action. | Read this resource. Try the depression management skills. See a clinician or service provider. Ask for support. |

But what if it feels as if you have no time?

Making the time is an important step in feeling better and recovering from depression. Ask a family member or friend to help you out. Or ask your local childcare centre, Ontario Early Years Centre or public health unit for some suggestions. Cultural and religious organizations may also offer support and helpful programs.

Now when you're ready, go to the next page and get started...

What is depression?

Depression is not the same as low mood. Low mood or feeling sad or low is a normal part of life. Most times, when people feel low or sad they are not depressed.

Feeling low is often a reaction to an unpleasant life situation. For example, someone might feel low after having an argument with a partner or a conflict with a boss. Health problems, like a pregnancy complication or an infection after the birth of a baby could also leave someone feeling “down”.

The great news is that low mood often improves when the situation improves. Within a few hours, a few days or maybe a week or two, low mood usually gets better.

Depression is different. The feelings don’t get better. It usually gets worse and other problems, like poor appetite also appear. Life can seem dark and hopeless.

The table below compares low mood and depression. Individuals with low mood or depression may feel some or all of the symptoms listed below.

| | LOW MOOD | DEPRESSION |
|----------------|---|---|
| How do I feel? | I feel down or blue. My mood is low. | I have almost no interest in life. My mood is very low. I feel really tired a lot of the time. I can’t get enough sleep. I feel irritable and/or angry. I have no interest in my baby. I have unexpected changes in my appetite or weight. I feel restless. I feel slowed down. I feel worthless. I feel guilty. I feel numb or empty. I have trouble concentrating. I have trouble making decisions. I worry that something bad will happen to my baby or me. I think about death or suicide. I think about harming my baby. |

| | LOW MOOD | DEPRESSION |
|------------------------|--|--|
| How long does it last? | It lasts a few hours, days, or up to two weeks. When the situation improves, I feel better. | It lasts more than two weeks. The feeling of sadness goes on too long. It's hard to get out of this mood. |
| Could I be depressed? | If you feel sad because of something that happened but feel better when the situation improves, it's probably low mood. Symptoms last less than two weeks. | If you feel sad for more than two weeks, it's probably minor depression. If you feel misery and despair, numbness and/or emptiness for more than two weeks, it's probably major depression. |

If you think you might be depressed, here are some suggestions:

- Share your feelings with someone you trust. Ask that person how you seem to them.
- Talk to a clinician or service provider.

If the feelings continue, a doctor or psychologist can make a diagnosis. Then, together you can work out a treatment plan. This plan may involve:

- Therapy and/or medication, and
- The depression management skills in this resource.

What to do if you feel like hurting yourself or your baby

Depression can make life seem hopeless and unmanageable. Most people living with depression feel this way from time to time. Some people may feel that life is not worth living. They may have thoughts of harming themselves and/or their baby. If this happens to you, get help right away. You need a clinician or service provider to help you get past these feelings. **Make an appointment with your doctor or psychologist. And if you don't have one, make an appointment with a service provider at your local community health centre or public health unit. If you can't wait for an appointment:**

- Look on the Internet for a “Mental health crisis line in _____” (your location)
OR
- Go to the nearest hospital Emergency Room.

Remember:

- If you have depression, you're not alone.
- About 13% of women become depressed while pregnant or after giving birth.
- Being depressed does not mean that you are weak.
- Being depressed does not mean that you're a bad parent.
- **Depression can be managed.**
- **Things can get better.**

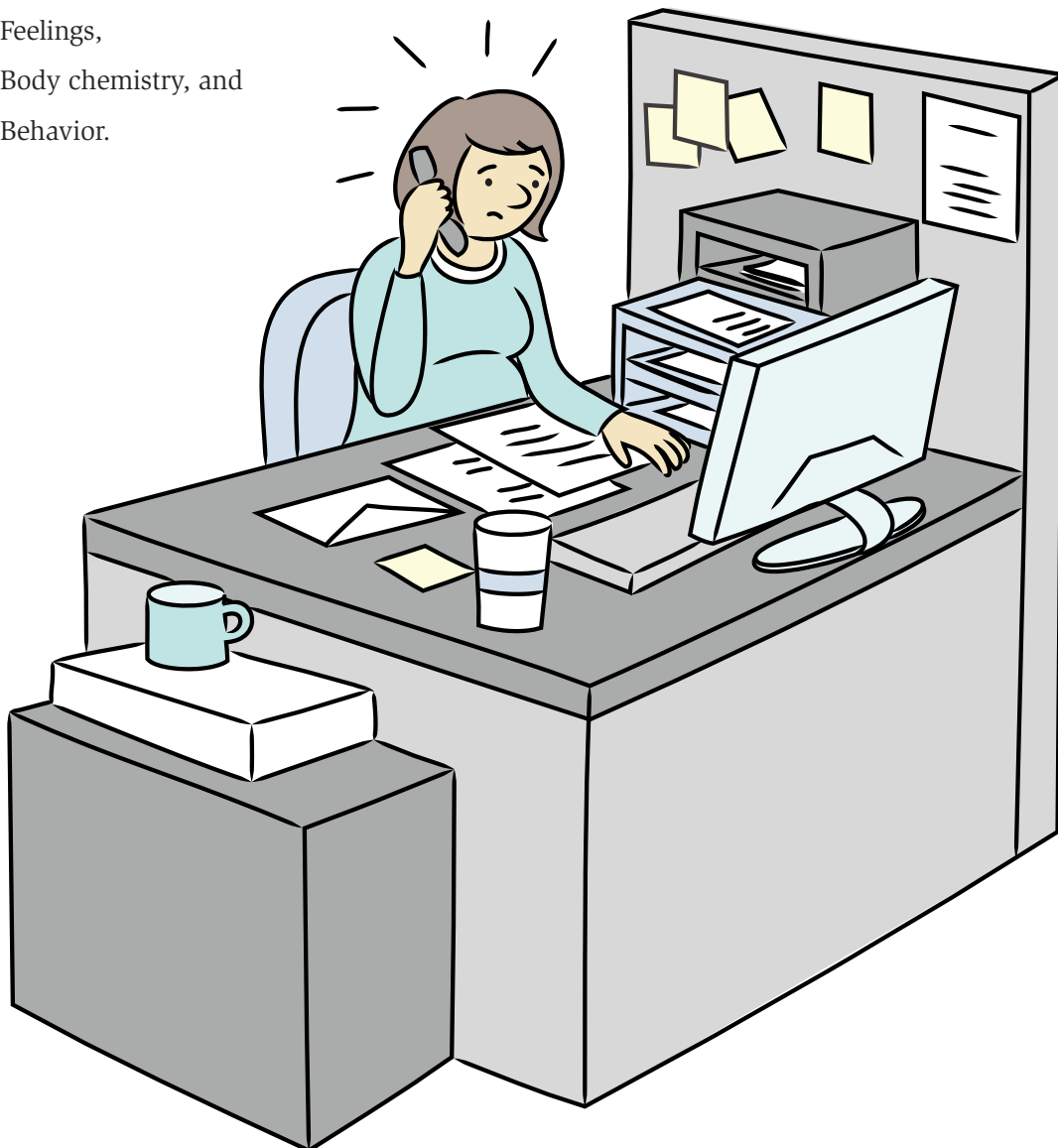
What causes depression?

During pregnancy, after delivery (post partum) and even months later women can become depressed. Research shows that depression has many causes. For example, not having the birth experience that was anticipated could trigger depression. People can also get depressed when things are going well. It can seem as if depression comes out of nowhere!

The common causes of depression have been grouped into five categories. Any of these causes can lead to depression, but if a person living with depression experiences one of these causes, their depression can worsen.

The five common causes of depression include:

- (1) Personal life situations,
- (2) Thoughts,
- (3) Feelings,
- (4) Body chemistry, and
- (5) Behavior.



1. Personal life situations

Depression is often triggered by very stressful life situations. And if you have difficulty successfully managing the situation or the stress, you might begin to feel overwhelmed and hopeless. This is when you are at risk for depression.

Major life events often trigger depression. Loss for example, can be a trigger. Loss can include: the death of a loved one (including losing a baby due to miscarriage, stillbirth, or neonatal death), moving, divorce, financial setbacks, or losing a job.

Conflicts in personal, marital, or family relationships can also be stressful and contribute to the onset of depression. During pregnancy or following the birth of a baby, many relationships change. This change can cause conflict in one or more relationships or it can reopen old conflicts.

Job stress can also set off depression. Examples include: not knowing if a job will continue, friction with a boss or other employees, or feeling overworked. If a woman living with depression already has some stress at work, a pregnancy or going on maternity leave, or coming back from maternity leave can add more stress.

One's physical health can also be a cause of stress. This is especially true for health problems during pregnancy because women worry about the baby, too. A baby's health problems at birth or afterwards can also trigger depression.

An important note about physical health:

Some physical illnesses or their treatments can cause depression. Hypothyroidism (a condition in which the thyroid gland produces too little thyroid hormone) is often associated with fatigue and depression. When a doctor diagnoses depression, possible physical causes are usually checked out.

In addition to these stressful life situations, a lack of contact with other people or social isolation, can be a significant risk factor for depression. For example, new mothers can have a difficult time leaving the house with a new baby, especially following a caesarean section. So it's easy for them to lose touch with others and feel isolated.

2. Thoughts

The way you think about things in your life affects the way you experience the world. The same is true if you're living with depression. If your thoughts are not realistic and/or negative, it can make depression worse.

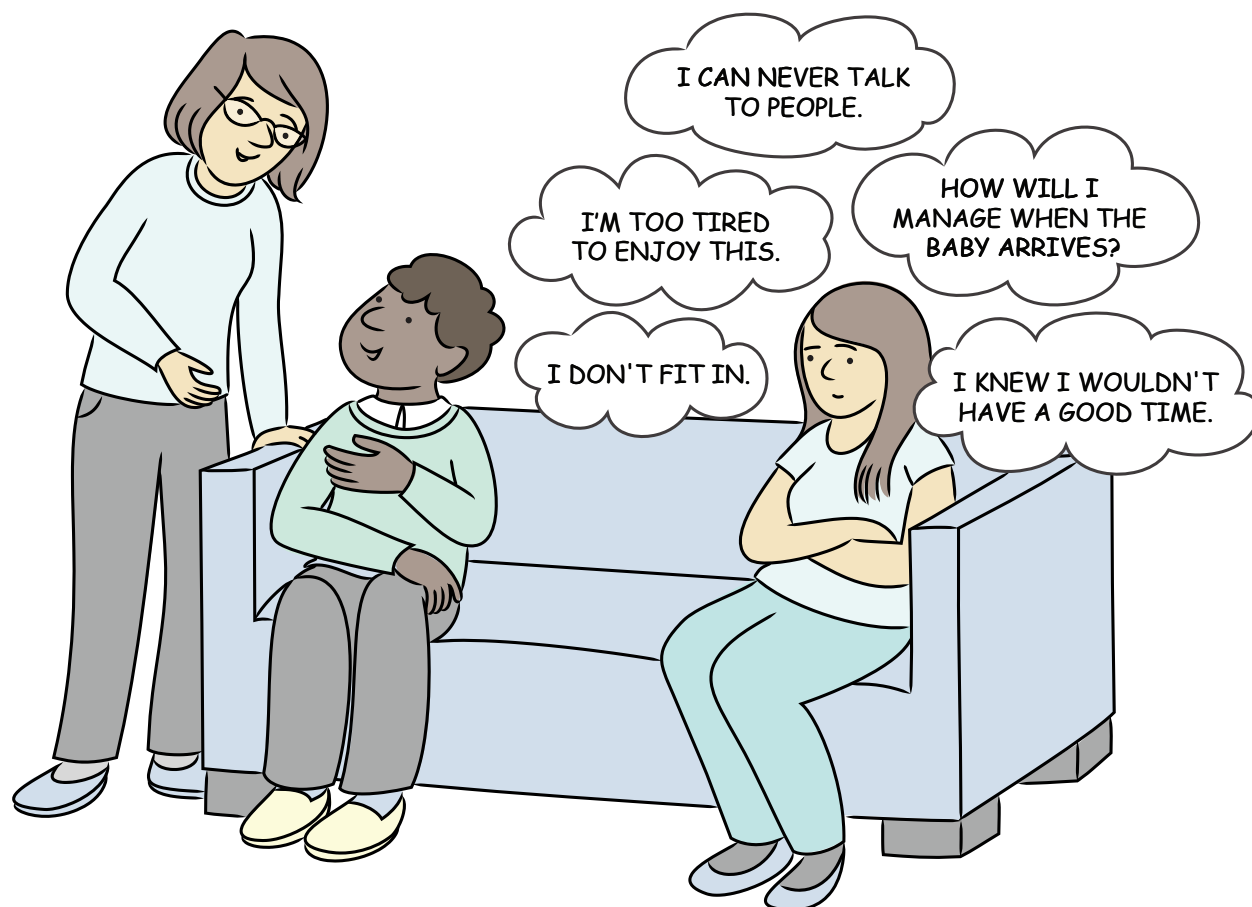
The table below shows how certain thoughts can influence your experience.

| WHAT KIND OF THOUGHTS DO I HAVE? | HOW DO THESE THOUGHTS AFFECT MY EXPERIENCES? |
|---|--|
| Unrealistic, negative thoughts about the situation. | I see the situation in an unrealistically pessimistic way. I emphasize negative or threatening aspects of the situation. I ignore more positive or promising aspects of the situation. |
| Unfair, negative thoughts about myself. | I am very critical about myself. I judge myself in a harsh and unfair manner. |
| Unrealistic, negative thoughts about the future. | I expect the future to be bleak and disappointing. I expect very negative outcomes. |

Why people think the way they do?

Our ways of thinking are strongly influenced by our childhood. People who grew up in families where negative and critical comments were made regularly, people who were discouraged from saying positive things about themselves or people who were rewarded for criticizing themselves, could develop depressive thinking.

It doesn't matter why people may think this way. What matters is that thinking this way influences how they experience life. A person with depressive thinking can become discouraged or hopeless even when things are going well.



3. Feelings

Depression often starts with an inability to deal with a difficult situation. Feelings of discouragement and sadness may develop and as these feelings continue, unhappiness can give way to more intense feelings such as despair and severe anxiety. These feelings can be severe and painful. Physical tension, worry and a sense of impending doom can also be present.

Some people living with depression experience emotional numbness. It's as if they can't feel anything. A mother, for example, may not feel a connection with her baby. It's as though the psychological pain has become so intense that her mind switches off her emotions.

People living with depression often interpret the world in an unrealistically pessimistic way. They are also likely to judge themselves harshly and unfairly. These emotions are largely based on the negative way they see their lives. If thoughts about the world are unrealistic and negative, emotions will be too.

An example of an unrealistic emotion is when a person firmly believes that airplane travel is extremely dangerous and that planes are falling out of the sky frequently. That person will feel frightened when flying. This fear, however, is based on a false belief about airplane safety and is, therefore, unrealistic and inappropriate to the situation.

This is an example of how people living with depression may view different situations in their lives. Their beliefs about certain things and themselves may be unrealistic and these beliefs lead to unrealistic, negative emotions.

4. Body chemistry

Mood changes often occur with chemical shifts in the body. It's not clear how this happens but researchers have found that:

- When people are depressed, certain brain chemicals are less active.
- During pregnancy and delivery some women experience mood changes related to natural hormonal changes.

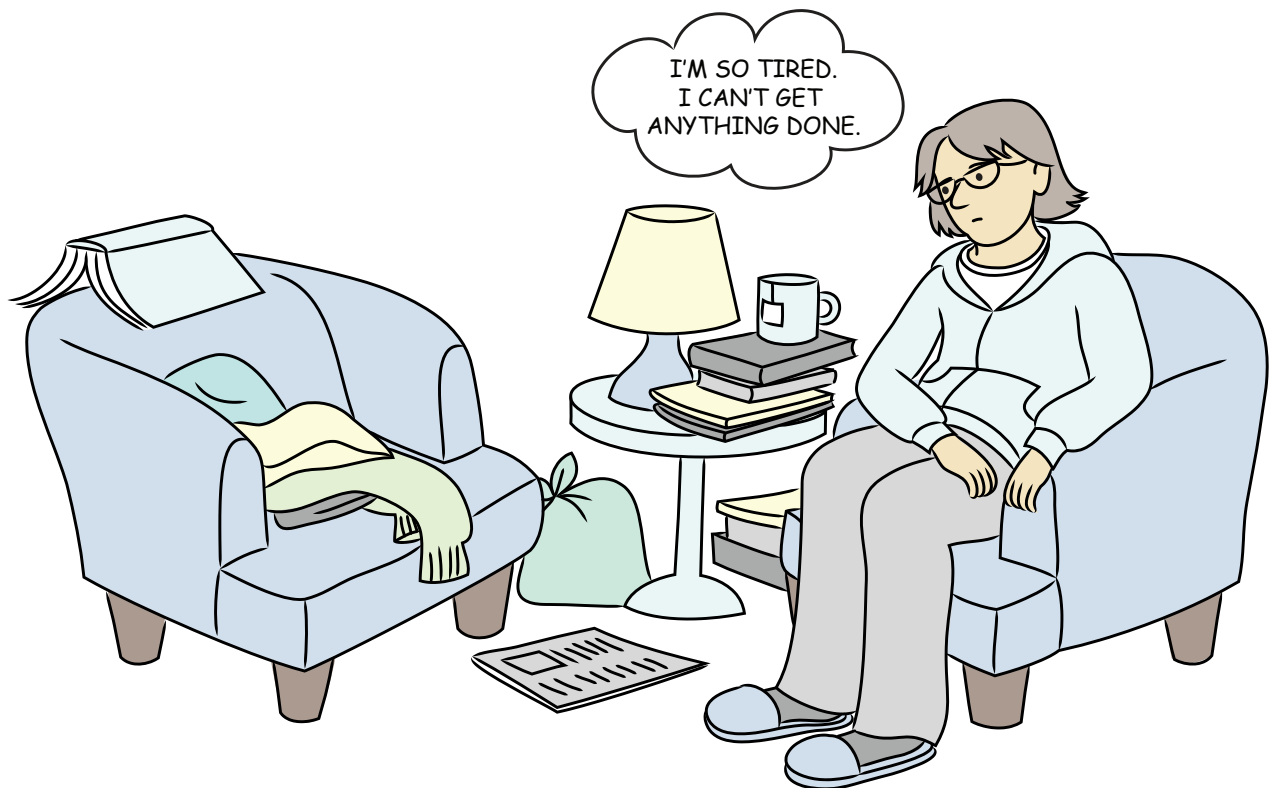
Research has also found that a person's chance of becoming depressed during pregnancy or after delivery increases if they've been depressed before. A family history of depression also increases the risk of depression at these times.

Various physical symptoms go along with depression. Interrupted sleep is one of the symptoms that is the most difficult to manage because it's harder to cope with pregnancy or a new baby when sleep is broken.

Broken sleep has different patterns. Some of them are:

- Not getting enough sleep.
- Difficulty getting to sleep.
- Waking up again and again during the night.
- Waking up too early.

When a woman is pregnant or has a young baby, they are often up at night. This can make sleep problems even worse. And if they don't get enough sleep at night, they might feel so tired that they hide away and sometimes, they can even sleep too much. When sleep is "non-restorative" – meaning that, the person does not wake up feeling refreshed and rested, it can get harder to face the day and deal with life's ups and downs.



The changes that occur in the body because of depression also make it harder to cope with a pregnancy or a new baby. It might even be hard to follow the steps of a depression management program like this one.

Antidepressant medication can help people living with depression:

- Regulate sleep.
- Restore physical energy.
- Actively learn and try out new skills like the ones in this resource.

5. Behavior

Depression usually has a significant effect on daily patterns of behaviour. The table below shows some of the more common effects.

| HOW DO I FEEL? | WHAT AM I DOING/NOT DOING? | WHAT'S THE RESULT? |
|---|---|--|
| <p>I don't have much energy.</p> <p>I don't enjoy activities the way I used to.</p> <p>I can't seem to have fun the way I used to.</p> | <p>I give up activities that I used to enjoy: e.g. crafts, reading and gardening.</p> | <p>The lack of personal satisfaction makes me feel even more discouraged.</p> |
| <p>I'm not interested in how I look.</p> <p>I'm not interested in looking after myself.</p> | <p>I don't groom myself the way I used to.</p> <p>I no longer exercise on a regular basis.</p> <p>Sometimes I forget to eat.</p> <p>Sometimes I eat too much.</p> | <p>My self-esteem drops.</p> <p>I don't have the same sense of physical well-being.</p> |
| <p>I'm not interested in performing small, daily chores around the house e.g. taking out garbage or cleaning.</p> | <p>I neglect household tasks or put them off (procrastinate).</p> <p>Sometimes I don't complete the tasks I start.</p> | <p>I feel inadequate.</p> <p>I don't feel I'm in control of my life.</p> <p>I don't get along with family members.</p> <p>My relationships with others suffer.</p> |
| <p>I don't feel connected to other people.</p> <p>I feel that other people are not interested in my company.</p> <p>I feel miserable.</p> | <p>I ignore phone calls.</p> <p>I refuse invitations.</p> <p>I don't want to get together with family and friends.</p> | <p>I isolate myself.</p> <p>I don't feel like leaving the house.</p> |

What can you do about depression?

You might think that you're depressed, but only a doctor or psychologist can tell you for sure.

The table below will tell you what you can do based on your symptoms.

| I THINK I HAVE THE SYMPTOMS OF: | WHAT CAN I DO? |
|--|---|
| <p>Minor depression (See pages 3 and 4 for a list of depression symptoms).</p> | <p>Talk to family or friends you trust.</p> <p>Tell them how you've been feeling.</p> <p>Allow them to help you problem-solve. <i>It will feel good to know that people care about you.</i> If you can't talk to anyone, call a help-line.</p> <p>Write about your problems, your feelings and your thoughts. <i>This will give you insights about your situation.</i></p> <p>Speak to a clinician or service provider such as a nurse, nurse practitioner, social worker, or physician. <i>They can help you figure out what's been going on and they can make useful suggestions.</i></p> |
| <p>Major depression (See pages 3 and 4 for a list of depression symptoms)</p> | <p>You can do all of the actions above.</p> <p>See a doctor or psychologist. They are the only health care professionals that can make a diagnosis. <i>You need medical care if you think you're this depressed.</i></p> <p>Get help right away, if you feel very depressed, or if you feel like hurting yourself or your baby.</p> <p>Go to the closest Emergency Room if you can't get an appointment right away.</p> <p><i>The most common treatment is antidepressant medication. These medications are usually effective.</i></p> |

How can family and friends provide support?

Family and friends can play an important role in supporting expectant and new mothers. This is especially true when they are suffering from depression.

If you are suffering from depression, you may not have the energy or motivation you need to take care of yourself or your baby. Accept the help that your family and friends offer. And ask for the help you need. Even a commitment of a few hours a week can make a big difference. If you don't know what kind of help you need, consider asking for help:

- Preparing meals.
- Washing dishes.
- Washing and folding laundry.
- Caring for the new baby and/or other children.
- Taking care of the new baby while you sleep.
- Caring for pets.
- Cleaning the house.
- Grocery shopping.

Family and friends can also provide emotional support by listening and encouraging you, or going with you to doctor's appointments. They can also provide informational support by sharing information about resources and programs that are available within the community.

Medication

Antidepressant medications often help to manage depression. Many people living with depression who take antidepressants feel their mood lift after taking their prescribed medication for a period of time. Other symptoms (like loss of appetite, difficulty concentrating and low energy) also improve.

Antidepressants may provide the energy and mood lift you may need to make changes. For example, you might start to exercise regularly, learn assertiveness skills, or work towards life goals.

If you're taking antidepressant medication, here's some information you might find useful:

| WHAT AM I THINKING OR FEELING? | WHAT CAN I DO? |
|---|---|
| I don't think this medication is working. I'm having unpleasant side effects. For example: disrupted sleep, changes in my appetite and changes in my sex drive. | Discuss the symptoms with your doctor. <i>It can take time to find a medication or combination of medications that works well for you.</i> |
| I want to stop taking this medication. | Don't stop suddenly. <i>You might have unpleasant side-effects.</i> Discuss your feelings with your doctor. <i>Usually you'll be told to take less medication over a period of time.</i> |
| I've been taking this medication for a long time. Now I'm able to make some positive changes in my life. | Discuss your feelings with your doctor. <i>Once your mood is steady for a while, the doctor may advise you to take less medication over a period of time.</i> |
| I'm pregnant, so I don't want to take any medication. | Talk to your doctor about a treatment plan that will work for you. <i>You can weigh out the risks and benefits for both you and your baby for different medications. You can discuss other treatment options as well. Potential harms of stopping medication often outweigh potential harms of taking the medication through pregnancy.</i> |
| I'm breastfeeding, so I don't want to take any medication. | Talk to your doctor about a treatment plan that will work for you. <i>You need to weigh out the risks and benefits for both you and your baby for different medications. You can discuss other treatment options as well. Potential harms of stopping medication often outweigh potential harms of taking the medication while breastfeeding.</i> |

For more information about using medications during pregnancy or while breastfeeding, visit the **MOTHERISK website: www.motherisk.org**

Medication is rarely a complete treatment plan. Treatment plans often also include Cognitive Behavioural Therapy (CBT) or Interpersonal Therapy (IPT). See the chart below for a description of these therapies.

| SUPPORTIVE TREATMENT OPTIONS | DESCRIPTION |
|------------------------------------|--|
| Cognitive Behavioral Therapy (CBT) | Talking therapy that teaches new skills to think and act more effectively. (The resource you are reading right now is based on CBT). |
| Interpersonal Therapy (IPT) | Talking therapy that teaches new skills for dealing with partners, friends and family. |

For long-lasting or recurrent depression, the most powerful approach is to combine antidepressant medication with either CBT or IPT.

Depression management skills

In this section, we'll introduce you to three depression management skills that you can use to:

- Stop your mood from getting worse.
- Lessen depression.
- Help prevent depression from happening again.

These skills are:

- (1) Reactivating your life,
- (2) Thinking realistically, and
- (3) Solving problems.

First, we'll explain how each of these skills helps to fight depression. Then, step by step, we'll show you how to use each skill. Think about these skills the way you would if you were learning a new job or a new sport. Practice is very important.

Some people find it helpful to share this guide with a spouse, trusted friend, counsellor or family member. This person can help you practise these skills even when you feel low in energy or unmotivated. If there's no one like that around, you can practise the antidepressant skills on your own. As you work through them, they'll get easier and the result will be worth it.

Depression involves all areas of life:

- Emotions,
- Thoughts,
- Actions,
- Physical functioning, and
- Life situation (including social support, family relationships, employment, finances and so on).

Each area is connected to all the others. As a result, changes in one area produce changes in the others. So when depression first starts, negative changes in thoughts, for example, may cause negative changes in emotions, actions, physical functioning and life situation.

The good news is that when you're working on getting better, changing one area leads to improvements in the others. The goal of treatment is to get all areas of your life spiraling upward. That way, each positive change will improve the others.

SKILL #1 Reactivate your life

People living with depression usually don't do the things that normally keep their mood positive. And if they stop doing these things, their mood often declines further. It can feel as though they are comforting themselves by being less active. In fact, they are likely making the depression worse.

Of course, when you are pregnant or after the baby is born it is very common to feel tired and to give up doing some of the things you used to enjoy. It's helpful though, for you to keep doing some of those things. Depression leads to inactivity, but inactivity makes depression worse. What seems like a good coping strategy actually tends to maintain depression, or make it worse.

The solution: Don't wait until you feel like doing more. Waiting actually makes it less likely that you will get better. And don't wait until you feel motivated. As you get better, you will regain a sense of motivation. Action starts first. Motivation kicks in later. Setting goals to increase your activity level is a powerful method for managing depression. The aim is to *gradually* get yourself moving, even though you may not feel like it. These are the steps to gradually reactivate your life.



Step 1: Identify activities to increase

People living with depression often reduce their activity in four main areas. These are:

- Personally rewarding activities,
- Self-care,
- Small duties, and
- Involvement with family and friends.

Thinking about your life, identify some goals to work on in each of these areas that have been affected by your depression. You can also include activities that were neglected even before the depression began.

Personally Rewarding Activities

Examples:

- Reading magazines or books.
- Walking in a natural setting or having a warm bath.
- Doing crafts or hobbies.
- Seeing movies or watching television.
- Listening to music or guided relaxation.

Increasing your activity in this area will make a difference because:

- It reminds you of your own interests – the things that are important to you.
- It provides you with the rewards you'll need as your depression starts to lift.

There may not be much free time as you prepare for the arrival of the baby or as you adapt to motherhood, but it's important to set some time aside for yourself.

One mother did it this way: When her partner came home from work, she sat by herself for 15 minutes with a cup of tea and a book. This activity reminded her of how much she enjoys reading. She also thought of it as a reward at the end of a busy day with her young baby.

Write your own ideas here:

Self-care

Examples:

- Getting dressed each day.
- Taking time to shower and/or getting cleaned up.
- Exercising.
- Eating breakfast.
- Eating nutritious food.

See the Healthy Lifestyles Information chapter to find out how to make better lifestyle choices during depression.

Increasing your activity in this area will make a difference because:

- It will directly enhance your physical well-being.
- It helps remind you that you are a competent person.

Self-care can be especially challenging as an expectant or new mother living with depression. Eating can be difficult when you have pregnancy-related nausea. And showering can be even more challenging when you have a young baby in the house, because it may seem as if every time you want to get into the shower, the baby starts to cry.

You may have to be creative just to find time, energy and motivation for self-care. For example, one mother asked her family and friends to bring her some nutritious snacks. She found she could nibble on them while she fed her baby.

Write your own ideas here:

Small Duties

Examples:

- Opening the mail.
- Paying bills.
- Housecleaning.
- Grocery shopping.
- Running errands.

Increasing your activity in this area will make a difference because:

- It increases your sense of control.
- It reduces tension with others.

Some of these duties may seem daunting when you're struggling with depression and caring for a small baby. Start with small things, or do them when you have someone to help you. A trip to the grocery store may be easier when you have your partner or someone else with you.

Write your own ideas here:

Involvement with Family and Friends

Examples:

- Keeping in contact with people.
- Returning phone calls.
- Going to a prenatal or parenting group or class.

Increasing your activity in this area will make a difference because:

- It will help you regain a sense of being connected to others.
- It gives other people the chance to provide reassurance and support.
- It takes you away from being alone and thinking depressing thoughts.

Sometimes as a new mother, you may find yourself very isolated. Family and friends fuss over the baby, but barely notice you. Your co-workers may seem distant and there may be days when you speak to no one outside your home. Some women find it easier to connect with others at Ontario Early Years Centres or through social media, such as Facebook.

Write your own ideas here:

Step 2: Choose two of these activities

Pick two activities that are most practical for you to begin changing now. Your two choices should be from two different areas. For example, you might choose one activity that is related to Self-care and another one related to Small Duties or Involvement with Family and Friends.

Write your activities here:

Activity 1:

Activity 2:

Step 3: Set realistic goals

For each of the activities you have chosen, set a manageable goal for the coming week. Start with a simple goal that you know you can achieve even with your low energy and motivation.

For example, perhaps you would like to get the house cleaned up. Your first goal might be to vacuum one room, or dust one shelf. And maybe you want to socialize with people again so your other goal might be to talk to one friend on the telephone for five minutes.

To succeed, your goals must be:

- **Specific**

Depression can make almost anything seem like a failure. You need to have a very clear idea of your goal. This is how you will know you have succeeded.

- **Realistic**

You may find it tempting to set your goals based on how much you think you should be able to accomplish. Don't. Remember that depression slows you down and makes things more difficult. Your goals need to be easy enough to be achievable, even if you feel very depressed in the coming week.

Sometimes it seems overwhelming to think of starting a new activity. In that case, try setting the goal of gathering information related to the activity.

For example: finding the location and hours of the closest Ontario Early Years Centre, or if there is a moms' support group in your community.

- **Scheduled**

You should have a clear idea of when and how you are going to carry out your goal.

For example: planning to take a walk every evening for 15 minutes is much better than just planning to walk more.

Here's an example:

Francine started with working toward two goals in a week:

- To slightly increase her level of physical activity (from doing nothing to one short walk), and
- To slightly increase her level of social activity (from doing nothing to going out once with her daughter to the local library).

Her goals looked like this:

| ACTIVITY | HOW OFTEN? | WHEN EXACTLY? |
|-------------------|----------------------|-------------------|
| Walk, 15 minutes | Once a week to start | Tuesday afternoon |
| Go to the library | Once a week | Friday afternoon |

Francine used her appointment book to write in each of these activities. After she did each activity, she checked it off in her book.



Try setting two goals that would be *realistic* to do this week.

You need to decide:

- How often and for how long you will do the activity?
- When you will do it?

Now write your goals here:

| ACTIVITY | HOW OFTEN? | WHEN EXACTLY? |
|----------|------------|---------------|
| | | |
| | | |

Think of your goals as appointments with yourself. Treat the goal as respectfully as you would an appointment with your doctor. If you must cancel one of these appointments with yourself, reschedule immediately and keep the new appointment.

Note: Don't reward yourself for doing more than the goal you set for yourself by missing your next appointment. If you do more, that's great. But it is important to keep all of your appointments.

Suggestion: Buy an appointment book to keep track of your goals. Or if you are already using a journal to track your pregnancy or postpartum appointments, use it.

When you've completed the goal, check it off. This way, you can show yourself what you've accomplished.

Step 4: Carry out your chosen activities

It's important to realize that you probably won't "feel like" doing your chosen activities. When you're depressed, motivation to do things is much less than usual. And if you wait until you feel like it, most likely, nothing will happen. Do the activity because *you set a goal and an appointment for yourself and because it will help you get better*. After you've done it and checked off each activity, you'll see what you've accomplished.

In the early stages of recovering from depression, you probably won't get much enjoyment from your activities. But as you continue to increase your activity level and focus on recovery, you will enjoy them. You'll even be able to motivate yourself.

When you completed an activity, did you congratulate yourself? If not, do so now. Depression is likely to make you focus on the things you haven't done and ignore or downplay your accomplishments. Remember, positive thoughts will help you feel good about yourself and eventually help you lift your mood.

Recognize yourself for your achievements, no matter how small they may seem. Every victory counts. "I planned to walk around the block and I did it. Good!"

If you didn't succeed, what got in the way? What can you do to make the goal easier?

Recognize that your goal may have been too difficult. Try making it easier for next week, or substitute a different goal. Setting goals that are *too high* and failing to reach them will only discourage you. The problem is not that you can't do it, but that you are eager to get well!

Scale back to something you are sure you can do. Do this, even if you feel no better this week than you did last week. Reasonable goals may be small: washing one dish, making one phone call, opening one bill, walking around one block, or spending five minutes at a hobby. As your energy comes back you will be able to do more. For now, let yourself start slowly.

Step 5: Review your goals

After two weeks of doing your goals, it's time to review the situation.

- Ask yourself, "Do I want to increase the goals slightly or keep doing them at the same level until it feels comfortable?" It's your choice.
- Add another goal. Write a goal from another area. *For example, if you had Self-care and Personally Rewarding Activities goals before, choose one from Involvement with Family & Friends or from Small Duties.*

Write your new goal here:

| ACTIVITY | HOW OFTEN? | WHEN EXACTLY? |
|----------|------------|---------------|
| | | |

Write the new goal into your appointment book or journal along with the two continuing goals. Remember to check off the goal each week as you do it. Praise yourself for completing it.

After two weeks of doing these goals, review the situation again. Are there any goals that you didn't get done? What got in the way? Do you need to reduce or change the goal?

Keep going! Continue to set your ongoing goals. Consider adding more goals as your energy permits. After you have completed a goal (for example, if you finished gathering information about a prenatal class in your community), move on to a new goal.

Keep using these steps:

- Set your goals.
- Write them down.
- Check off each goal as you do it.
- Praise yourself each time.
- Review the goals every two weeks.
- Ask yourself: Do you need to change a goal? Do you need to add a goal?

Eventually, you'll be working on 3-4 goals at a time or maybe more. Remember to keep things manageable by setting goals that are realistic, specific and scheduled.

SKILL #2 Think realistically

Negatively distorted thinking makes depression worse. We call it *depressive thinking*.

Depressive thinking is *unrealistic* and *unfair negative thoughts* about:

- Your situation,
- Yourself, and/or
- Your future.

The aim of this next skill is to challenge depressive thinking and replace it with realistic thinking.

Realistic thinking involves thoughts that are:

- Accurate about your situation. These thoughts allow you to see things clearly or as they are.
- Fair about yourself. They allow you to look at yourself in a balanced way, seeing both the positives and negatives in your life.
- Accurate about your future and that don't exaggerate bad outcomes.

The goal of thinking realistically is not to overcome depressive thinking by replacing it with positively distorted thinking (e.g. *everyone loves me, nothing bad will ever happen, I will always get what I want*). Unrealistic thinking, whether positive or negative, causes us to feel and react inappropriately. The goal of thinking realistically is to see your life and yourself in a fair and realistic manner.

That means being fair and realistic about:

- Yourself (by paying attention to good qualities and strengths as well as problems).
- Your current situation (by weighing the positive and negative aspects of your life accurately).
- Your future (by not exaggerating the likelihood of very negative outcomes).

So, how do you change depressive thinking? Here are the steps:

Step 1: Learn to identify depressive thoughts

Depressive thoughts are unfair and unrealistic. They are *distorted* because they are inaccurate reflections of how the world is or how you are. In the table on the next page you'll find some common forms of distorted thinking during depression.

When you catch yourself thinking depressively, it can be useful to look at this list to see if you are using one of these thought patterns.

| TYPES OF DEPRESSIVE THOUGHTS | YOUR EXPERIENCE OF THE TYPES OF DEPRESSIVE THOUGHT | REALISTIC THINKING |
|------------------------------|--|---|
| Filtering | You only look at the bad or negative side of things. You never see the good, so your whole life appears to be negative. | You consider the positive and negative aspects of life equally. |
| Overgeneralization | You see one negative event as the start of a never-ending pattern. For example, if one friend leaves, they all will. | You recognize that one disappointing situation does not determine how other situations will turn out. |
| All or nothing | You see the world in terms of extremes. There are no in-betweens. You are fat or thin, smart or stupid. Gradual progress is never enough, because only a complete change will do. | You see people and events falling somewhere between the extremes, towards the middle, where most things are found. |
| Catastrophizing | You see a small disappointment as though it is a disaster. | You see events objectively and don't emphasize the negative aspects. |
| Labeling | You talk to yourself in a harsh way. You call yourself names like "bad mother" or "loser". You would never talk to anyone else this way. | You see your strengths and your weakness, but you talk to yourself in a loving way – the way you would talk to a friend. |
| Mind-reading | You feel as though you know what others are thinking about you and it's always negative. So you react to what you imagine they think, without bothering to ask. | You recognize that you don't know what others are thinking about you. You are open to having positive relationships. |
| Fortune-telling | You feel as though you know what the future will bring and it's negative. Nothing will work out, so why bother trying. | You recognize that you don't know how things will turn out. By staying open to the possibility of positive results, you'll be more hopeful and more likely to make things better. |
| Perfectionism | You think it's only good enough if it's perfect. You can't make things perfect, so you're rarely satisfied and you can rarely take pride in anything. | You give credit for accomplishments, even if the result is less than perfect. Few of us reach perfection in what we do, but our achievements are still meaningful. |
| Shoulds | You think you know how the world should be and it isn't like that. You know what you should be like and you aren't. The result is that you are constantly disappointed and angry with yourself and with everyone around you. | You understand the limitations of the world and of yourself. You try to make things better, but are also accepting of how things are. |

Step 2: Recognize your own depressive thoughts and how they trigger low mood

Most thinking is so quick and so automatic that you don't even realize you're doing it. You must learn to become aware of depressive thinking when it occurs. An excellent strategy is to carry a pencil and paper for a week and to make note of these thoughts when they occur.

Although depression can seem like a constant dark cloud, it actually varies over the course of the day. Every time your mood sinks, ask yourself this important question: "What was going through my mind just then?" What was I thinking about? What am I reacting to? Write this down.

For example, perhaps you were going into a prenatal class one evening when you suddenly felt your mood fall. What was going through your mind just then? Perhaps you noticed that everyone in the group was looking at you and you thought that they were judging you negatively. Write it down. It is helpful to understand your thoughts.

Keep recording your thoughts until you notice that the same kinds of depressive thinking come up again and again. When this happens, you have probably identified the most common kinds of depressive thinking you do.

Write some of these depressive thoughts here:

Some of your depressive thoughts may seem obviously distorted. So you might respond: "Wait, the reason they were looking at me in the prenatal class is because I was at the front, not because they were judging me!" It can sometimes be enough just to know that your mind generates depressive thinking in certain kinds of situations.

Try to become aware of the depressive thinking as it happens and remind yourself where it comes from. *"I think this way because my mood is low and because I was a self-conscious kid – not because they were all judging me."*

You may find that you take the depressive thoughts less seriously once you know where they come from. Or you may feel tempted to attack yourself for having such thoughts. Depression causes you to be self-critical. Recognizing depressive thinking can give you one more way to beat up on yourself. Don't. Instead, remind yourself that depressive thoughts are the product of low mood and of your personal history. You are not stupid for having them. They are normal during depression.

Step 3: Learn to challenge these depressive thoughts and replace them with fair and realistic ones

To challenge depressive thoughts you'll need to rethink the situation that had you thinking negatively. To do this, you can use a strategy called Challenging Depressive Thoughts. Take a piece of paper and divide it into columns with the titles: Depressive thought and realistic thought, like the example below. Or photocopy the sample form found at the back of this workbook.

Then, briefly describe the situation. Some examples include: "Bathing my baby," "Walking to the store," "Planning to make dinner." Next, write down the negative thoughts that you had during the situation. If you like, you can write down the type of distorted thinking involved (as shown below).

Finally, think about the situation and try to come up with a more fair and realistic view of the situation. Hint: Depressive thinking often does not consider the facts. To help you to think of realistic thoughts, answer the questions on this page and the next.

Challenging Depressive Thoughts

Situation: Trying to think of stories to entertain my two-year old son.

| DEPRESSIVE THOUGHT | REALISTIC THOUGHT |
|---|---|
| He doesn't like my stories. (Mind-reading) | He's only two. He cannot hold his attention very long. |
| I don't have anything to say. (Overgeneralization) | It's not easy for me to make up stories. I'll use a storybook from the library. |
| I'm a failure as a parent! (Catastrophizing) | He seems happy around me. |
| He'll always prefer his father. (Fortune-Telling) | I can't tell the future. Laughing when his father tells a story is good for both of them and doesn't mean he will always prefer his father. |

It's not easy to come up with fair and realistic thoughts when you feel down and depressed. Here are some questions that will help you do this.

One of my depressive thoughts is:

Who can I talk to about the situation so that I can get the facts and see things realistically?

Would most people agree with my thought? _____

If not, what would be a more realistic thought?

We are often much more realistic about other people than about ourselves. What would I say to a friend in a similar situation?

What will happen if I continue to think this way?

Now, use these questions to come up with more realistic ways of thinking. Notice that it usually feels better to think realistic thoughts than depressive ones.

Step 4: Practice realistic thinking

Depressive thinking gets repeated over and over, sometimes for years, until it becomes automatic. So, it's not enough to come up with a fair and realistic thought just once. More balanced thinking will help you to feel better, but it won't be automatic – at least not for a while. The good news is that changing depressive thinking doesn't take years. In fact, depressed people often begin to notice emotional differences after only a few weeks of practice.

Certain kinds of situations can really trigger depressive thinking. Situations likely to trigger depressive thinking might include:

- Having a disagreement with a family member.
- Attending a social gathering with people you don't know well.
- Meeting with your boss.

In order to get the greatest benefit from thinking realistically, you must catch yourself in situations that normally trigger depressive thoughts for you.

Try to think of a few situations where you often have depressive thoughts.

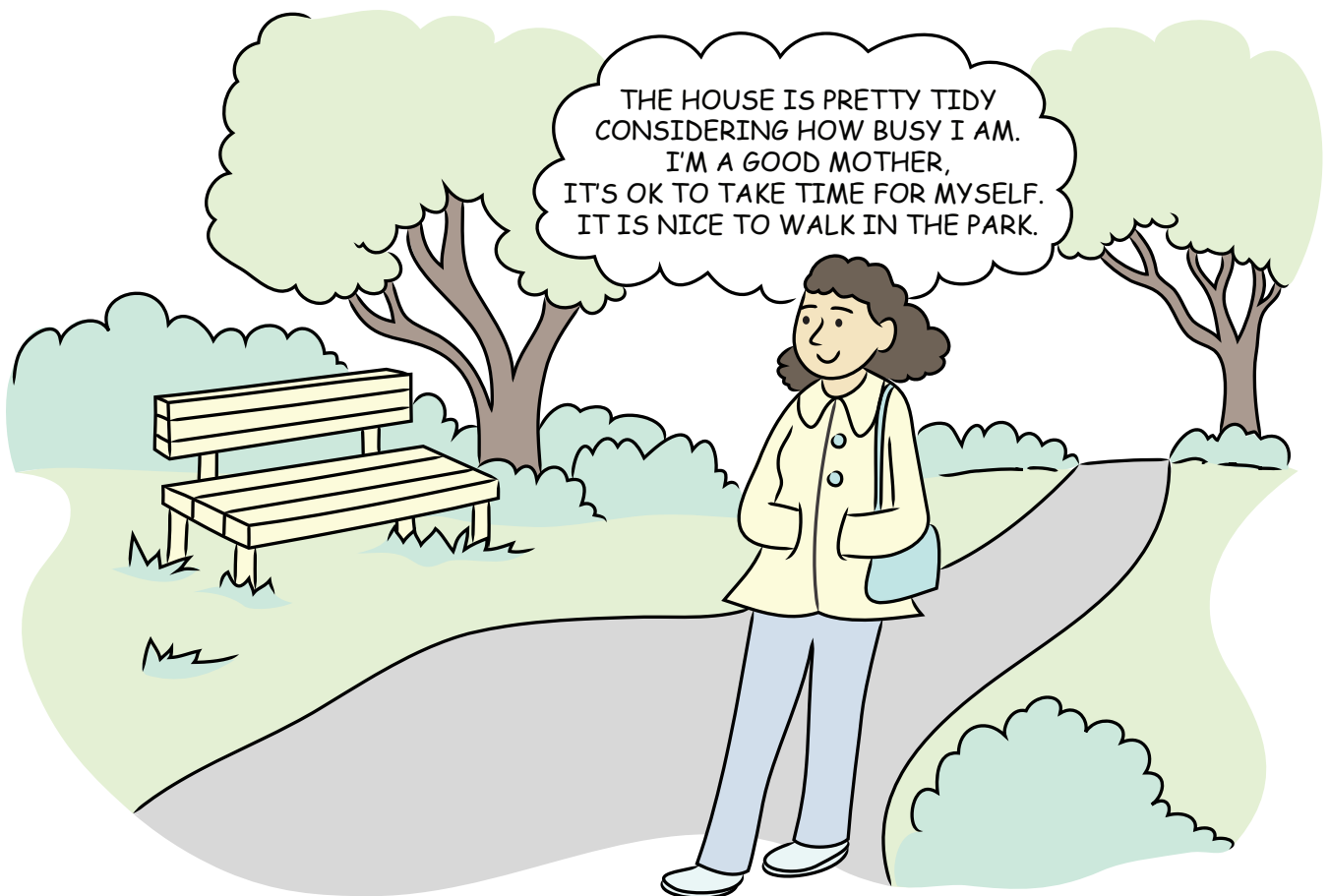
Write them here:

When you find yourself in these situations, deliberately rehearse your fair and realistic thinking. Tell yourself to look at the situation, the same way you would advise or encourage a friend to do.

Talk back to the depressive thinking. Don't allow depressive thinking to happen without replying to it. Every time you talk back, you make the depressive thinking weaker and the realistic thinking stronger. But it takes time before realistic thoughts have more influence over you than depressive ones.

You will probably find that, for the first while, the realistic thinking sounds false to you. For example: you've been thinking: "*my home has to be 100% in order or else it's a disaster.*" But with the busyness of childcare you have very little time for tidying up. This thinking may make you feel like a failure, but it is unrealistic thinking.

A fair and realistic thought would be that: "*Making something to eat is more important right now, given the time I have.*" At first, this realistic thought will seem false, as though you are just fooling yourself. It takes time and repetition for realistic thinking – the truth – to begin to feel true to you. Eventually you will accept realistic thoughts and they'll come to mind naturally.



SKILL #3 Solve problems effectively

Depression is often the result of life problems that have become overwhelming. The strategies that you used for solving these problems were ineffective and may even have made the problems worse.

When living with depression, your ability to solve problems declines for several reasons:

- Solving problems takes energy.
As depression worsens, energy levels decline.
- Everyday problems take a backseat to a bigger problem – the depression itself.
You may become so concerned about the mood problem that other problems slide and get worse.
- Depression causes difficulties in concentration, memory, decision-making ability and creativity.
Most problem-solving requires all of these skills.

Given all of these factors, it is no great surprise that problems don't get solved and instead, pile up. What can you do?

First, recognize that your problem-solving ability may not be as good as it usually is. Don't beat yourself up over this. It is a normal symptom of depression and it does get better. Then sit down and follow these next steps...

Step 1: Choose a problem

The first step in problem solving is to choose a problem to focus on.

One way to identify a problem to focus on is to pay close attention to how your mood changes through the week.

Notice :

- What is happening when your mood goes down?
- What are you thinking about?
- Where are you?
- What happened just before your mood changed?

Some problems might be large ones (for example, *"I have an eviction notice that comes up next week"*) while some are small (*"I'm running low on laundry soap"*). Other problems are somewhere in between (*"There's a pile of mail that I haven't had the courage to look at in over a week"*).

Choose one of the smaller problems that you are experiencing now. Write it down in the space provided below. Try to be specific. For example, "My relationships are a mess" isn't specific: it's not clear what the problem is. A more specific problem could be: "My best friend hasn't called me in a month." This makes it clear what is going wrong and what you want to change.

Write down the problem you want to focus on here:

Step 2: Think of actions to help solve the problem

Write down three things you could do to help solve the problem. Consider things you can do that don't depend on somebody else. Don't try to decide which one is best: just come up with different actions you might carry out. Don't worry if you tried something before and it didn't work – situations change. And don't worry about whether the actions will solve the problem completely. Your aim now is to do something useful, not to fix the whole problem.

Example: Amy (mother of an 11-month old girl) has mixed feelings about returning to work after her maternity leave ends.

The Problem:

Before going on maternity leave Amy was not interested in her work. She told her boss that she wanted a change, but her boss didn't do anything about it. Now she has to go back to work. The situation seems hopeless and she feels depressed.

Three Possible Actions:

Amy can:

1. Go back to work and maybe her boss will offer her another role once she is there.
2. Call her boss and ask about the possibility of work in payroll.
3. Go back to work and ask about a training course that will add to her skills.

Write down three possible actions that you might take to address the problem you've identified.

Possible Actions:

1. _____

2. _____

3. _____

Step 3: Compare these actions

Consider which of these actions are most likely to help the problem. Look at the advantages and disadvantages of each one.

This is what Amy wrote:

| ACTION | ADVANTAGES | DISADVANTAGES |
|---|--|--|
| 1. Go back to work and maybe my boss will offer me another role once I'm there. | It's what I'm used to doing. I won't get into conflict. | My boss might have forgotten my request. Nothing will change. |
| 2. Call my boss and ask about the possibility of work in payroll. | I'll be speaking up for myself. My boss might fix the situation. | I feel pushy. My boss might get angry with me for being so direct and this might become a new problem. |
| 3. Go back to work and ask about a training course that will add to my skills. | I can learn something new. I will feel more in control of the situation and that will help my mood. | I'll still need to deal with the routine of my current job. I might find it tiring to do a training course and come home to a one-year old. |

Now it's your turn. Write down the three possible actions and the advantages and disadvantages to all three actions.

| ACTION | ADVANTAGES | DISADVANTAGES |
|--------|------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |

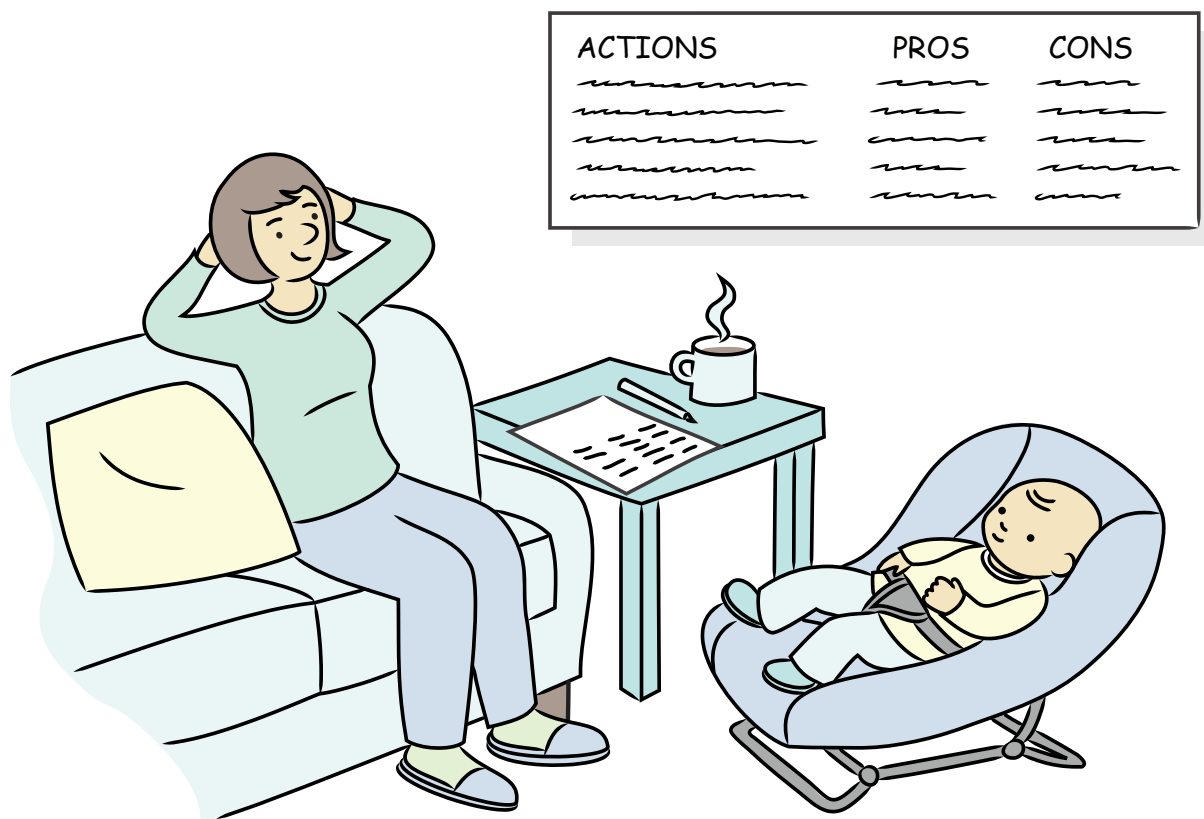
Step 4: Pick the best one

Look over the advantages and disadvantages for each action. Then decide which one is best (or perhaps least bad). There are no fixed rules for how to make this choice. The only rule is that one of the actions must be chosen so that you can begin.

Give yourself a limited time to make this decision so that you can take action. Remember, if you start to move in one direction and discover that it really doesn't work, you can try another action.

Amy chose her second action when returning to work after a maternity leave. She decided to call her boss and ask about the possibility of working in payroll.

Which action do you choose?



Step 5: Make an action plan

There aren't very many problems that you will solve completely with just one action. But there might be many actions that will take you partway toward a solution. Maybe you have been thinking about starting or resuming some exercise to help lift your mood. If so, then perhaps your first action should be to jot down a typical day and week, and consider one or two fitness activities that seem appealing. Just writing them on paper won't solve the problem. But it will take you closer to a solution. The important thing is to get started on a solution.

Your plan should follow four rules. The activities you choose should be:

- Manageable,
- Action-oriented,
- Specific, and
- Time-based.

Let's look at some examples:

Manageable activities

Choose an activity that you can complete whether you feel better or worse than you did last week. It's better to accomplish a goal that is too small than to fail at an ambitious one.

Here's a bad example: Start running.

Here's a better one: Walk one block.

Action-oriented activities

Make a plan for what you will do, not how you will think or feel while you are doing it. You have a certain amount of control over what you do, but you have less control over your emotions and thoughts.

Here's a bad example: Spend a pleasant hour with my children.

Here's a better one: Spend one hour playing with my children.

Specific activities

Be clear about what you need to prepare to complete this activity.

Here's a bad example: Get in shape.

Here's a better one: Phone the community centre to find out whether they teach yoga.

Time-based activities

Plan an activity that will take a short time to carry out. Don't plan to change your lifestyle forever.

Here's a bad example: Keep up regular exercise for the rest of my life.

Here's a better one: Walk 20 minutes three times a week and review after two months.

What's your plan?

Write it here:

Step 6: Evaluate

Come back to this section when a week has passed or when you have achieved your goal. Answer the following questions:

What was the outcome?

What went right?

What went wrong?

Congratulate yourself on any progress you have made. If you succeeded at your goal, deliberately make yourself think about that success, even if the problem still hasn't been solved. A depressed mood will tempt you to dwell on failures and on the things you haven't done. Focus on the positives.

Step 7: Move On

Use this experience to plan your next step.

You have three main options:

Keep going.

Example: Spend another 20 minutes playing with the kids.

Revise your goal and try again.

Example: Walking three times a week for 20 minutes was too difficult. I will walk two times a week instead.

Take a new approach.

Perhaps you learned something useful from your first effort that suggests another way of handling the issue.

Example: If reaching your boss directly by phone takes longer than expected, send an email.

Based on your experience, what will your next step be?

Keep working on this issue in a step-by-step manner. Record your efforts on paper and congratulate yourself for the progress you make.

The road ahead: How to reduce the risk of another depression

When you're depressed, it may seem as if there's no end in sight. It helps to remember that depression during pregnancy or following delivery does end. Unfortunately, some women do go on to experience depression again. It might happen during another pregnancy. Or it might be some time later in their lives.

Is there a way to reduce the risk of another depression? Yes. You may not be able to completely avoid depression but you can make it less likely, less severe and less frequent.

Keep up your efforts.

When you feel terrible, it's obvious that you need to make your mental health a priority. But once you feel better, it can be tempting to forget all about taking care of yourself and using the depression management skills you have learned.

Think about the strategies you have been using to cope. Are there some that you will need to keep up over the long term, even after you feel better?

What strategies do you need to keep up? Write them here:

Stress is part of life. Plan for it!

We all have difficult times in our lives – some more than others. For the person who has recently recovered from depression, stress may be a risk factor for another depression. The solution is not to avoid stress (which none of us can do). Instead, the solution is to plan ahead to manage the stress effectively.

Some stressful events can be predicted. Some people may feel stressed knowing that they will go back to work on a certain date. Others may feel stressed because December is coming and the holidays are always stressful. And expecting another baby, whose birth will bring many demands can also be stressful. Planning ahead for these events can make them less difficult.

Strategies:

- When possible, introduce the stress gradually. For example, if you're returning to work soon, check to see if you can go back part-time at first.
- Lighten up on ongoing responsibilities. For example, give yourself permission to have a slightly less tidy home.
- Keep up your self-care. How do you keep yourself balanced? Don't give these things up when you need them the most. If a weekly lunch with a close friend is important to you, keep doing it. If exercise helps a lot, do everything you can to keep exercising during stressful times.

How to make a mood emergency action plan

A mood emergency action plan is a set of actions that you can do when you notice your mood fall, to help prevent depression. Having a plan can actually reduce the chances of getting depressed again. Knowing that you have a plan in place can make you feel less anxious about the future. This plan can also help you get help sooner.

What are some of the things that you could do to help yourself get better as quickly as possible if you became depressed? Here are some suggestions:

Increase rewarding activities.

Use the steps in the “Reactivate Your Life” section. (See pages 16 - 24)

Reduce your obligations.

Plan how you will scale back on the demands on your energy in the event of depression? For example, perhaps you could get an agreement in advance to get help with childcare from a family member or to reduce your work hours.

Get professional help.

Consider giving permission to a few friends or family members to tell you (or perhaps your doctor) when they notice your mood seems to be falling.

Get support.

Identify people who could help you and list what kinds of help they could provide. Perhaps you need someone to talk to, or maybe you would prefer practical help – like assistance with grocery shopping.

Manage your lifestyle.

Maintain the activities that help your mood the most. A mood decline is no time to stop exercising, getting out of the house, eating properly or keeping a good sleep schedule.

Now, take a few moments to think about how you would handle the early days of a depression.

What could you do to prevent it from getting worse? What would have helped last time?

Use the points above to get you started on making a mood emergency action plan.

Congratulations! You’ve made it to the end. Keep up your depression management skills. We hope you’ll feel it’s worth the effort. ***You’re worth the effort.***

Maya's Story: How I learned to manage depression

(Here is the experience of one person who used depression management skills effectively.)

My name is Maya. I'm 35 years old and Mike and I have been married for 2 years. We were happy and things were going very well for both of us. I got pregnant as we had planned and we were both really excited about having a baby. I gave birth to a little girl. We named her "Brooke" and she's 8 months old now.

While I was pregnant, I found that I was more emotional and sensitive than usual. I used to be a pretty laid back person. I thought it was just the pregnancy... the hormones and all. Somehow, I managed to live with it.

I enjoyed the experience of giving birth. It went well, but afterwards I found that I cried a lot and sometimes I just couldn't stop. When I got home from the hospital I felt a bit better. But I didn't feel as good as before the pregnancy. The main problem was that I felt irritable most of the time. Little things that hadn't bothered me before bothered me a lot. Mike was very patient with me. We both thought that being up with the baby at night was making me cranky.



When Brooke was about 4 months old, I noticed something else. I began to think that I wasn't a good mother. And I didn't think I could do anything right: the laundry, caring for Brooke, even doing my hair. It didn't matter what it was... I felt like a failure. And I noticed something else. I was always hungry and I was gaining weight. This made me feel even worse and just miserable. I was in a vicious circle: the more I ate and gained weight, the worse I felt. It was also harder for me to get things done. I became even more critical of myself – and depressed, too.

My doctor is pretty easy to talk to, so I told her how I'd been feeling. She suggested two kinds of treatment. First, she prescribed antidepressant medication. She said it would help me have more energy so that I could make some changes. After about 2 weeks I did have more energy. That's when she gave me a book that helped me explore how I was feeling. The first section was called "Reactivate your life". After I read it, I realized that since Brooke was born, I hadn't been seeing my friends. In fact, I had been avoiding them. So I decided that once a week, I would meet one friend for tea. The next week, I planned to go to the Ontario Early Years Centre every Thursday. After about a month, I set another goal for myself: a short walk every afternoon after Mike got home from work.

The next section in the book was called "Think realistically". When I read this section I realized that I was very critical of myself. I was actually unreasonable. Even when I did things well, I couldn't accept compliments from friends and family. So I used the self-care guide to come up with ways of thinking that were more "fair" and more "real". One of the questions was "What would you say to a friend in the same situation?" I pretended to write to my friend, Sara. I told her how well I thought she did with her twin boys. Then I practiced telling myself how well I was doing with my baby.

Finally, I answered the question, "What is a less extreme way of looking at the situation?" I wrote down some answers about how I was doing. They were pretty realistic. Whenever I noticed I was thinking unrealistically, or had negative thoughts, I reminded myself of what I had written.

Gradually, I felt the depression lift. I think that the medication helped me to get going. Then, the self-care and depression management activities helped me to look at my life more realistically.

Best of all, I enjoyed being Brooke's mom a whole lot more than I did in the earlier months.

Recommended Reading:

Would you like to find out what other people have said about their experiences living with depression? If so, we suggest the books in this list. You might be able to find them in your local library or parent resource centre.

Pregnant on Prozac: The Essential Guide to Making the Best Decision for You and Your Baby by Shoshana Bennett. GPP Life, 2009

When Baby Brings the Blues: Solutions for Postpartum Depression by A. Dalfen. Wiley, 2009

The Smiling Mask: Truths about Postpartum Depression and Parenthood by O'Reilly, Paterson, Bird and Collins. 2007

Pregnancy Blues: What Every Woman Needs to Know about Depression During Pregnancy by Shaila Kulkarni Misri. Delta, 2006

Down Came the Rain: My Journey Through Postpartum Depression by Brooke Shields. 2005

Inconsolable: How I Threw My Mental Health Out With The Diapers by Marrit Ingman. Seal Press, 2005

Postpartum Depression and Anxiety: A Self-Help Guide for Mothers, 6th edition by Pacific Post Partum Support Society, 2004

Conquering Postpartum Depression: A Proven Plan for Recovery by Ronald Rosenberg, Deborah Greening, James Windell. Perseus Publishing, 2003

Beyond the Blues: Prenatal & Postpartum Depression: a Treatment Manual by Shoshana S. Bennett and Pec Indman. Moodswings Press, 2002

Women's Moods: What Every Woman Must Know About Hormones, the Brain, and Emotional Health by Deborah Sichel, M.D. and Jeanne Watson Driscoll, M.S., R.N., C.S. Quill, 2000

Healthy Lifestyle Information



Healthy Eating

People living with depression may find it hard to eat healthy. Some may not have an appetite, while others may overeat or eat unhealthy food choices. The following is a list of tips on eating healthy during difficult times.

Eat regular meals.

Create a routine to make eating regularly easy. Try to have three set meal times and two set snack times per day.

Eat by the clock, not by your stomach.

Eat during the set meal and snack times to avoid over and under eating. If you've lost your appetite, push yourself to eat anyway. A small meal is better than nothing. If you've been overeating, try to only eat at meal or snack times and make a rule to only eat at the table.

Make it easy.

Choose foods that are easy and quick to prepare. Right now, eating is more important than cooking. Check the labels though, as ready-to-serve foods often have less nutritional value.

Refer to EatRight Ontario for suggestions and support.

Visit: www.eatrightontario.ca or speak with an EatRight Ontario nutritionist, by calling 1-877-510-5102 to get easy-to-use nutrition information to help you make healthier food choices.

Make extra.

Save time by making larger amounts. Freeze the extra for another day.

Make it healthy.

Plan nutritious meals and snacks before you go shopping and only shop for items on your list.

Avoid too much sugar.

Choose complex carbohydrates like whole grain products, brown rice and potatoes over processed foods.

Avoid dieting.

Eat healthy and be more physically active if you want to lose weight. Strict diets often lack the nutrients you need. Check with a physician or nurse practitioner before you try to lose weight.

Eat well with Canada's Food Guide.

Use these guidelines to show you what an average adult needs to eat in one day.

www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php. Your age, body size and how active you are make a difference. And during pregnancy and breastfeeding you'll need 2-3 extra servings of food.



Active Living

Getting regular exercise isn't just good for your physical health, it is also good for your mental health. Regular exercise can reduce your chances of getting depressed as well as reduce the symptoms of depression for all people, including women who are pregnant or who just had a baby.

Here are some facts about exercise and mood:

- Mood tends to improve after a few weeks of regular exercise (three to four times a week, at least 20 minutes at a time).
- Energy improves as the body gets more physically fit.
- Physical activity helps burn off stress.
- Some people get a brief “runner’s high” just after exercising.
(But this may not happen during depression.)

Now, here are some tips for developing an exercise program:

Check with your doctor or service provider before starting an exercise program.

They can tell you if you should avoid any activities. This is very important if you are pregnant or if you recently had a Caesarian section.

Pick the right activities.

Choose exercise activities that you enjoy so that you are more likely to continue doing them. Variety is important so that you don't have to do the same thing every time.

Warm up first and stretch during and after exercising.

Perform gentle stretching exercises during and after each exercise session to help to reduce the risk of pain or injury.

Exercise regularly rather than exercising for a long time.

Aim to exercise briefly three or four times a week. It's better than exercising for longer amounts of time whenever you feel like it.

Focus on enjoyment.

You'll have a better chance of improving your mood if you enjoy the exercise. It's good to feel challenged, too. Try to focus on how you will feel-not how you want to look.

Set a goal you can achieve.

You'll have a greater sense of accomplishment. For example, aim to swim 3 times a week for five minutes when you're starting out, rather than aiming for 70 laps a day.

If you have been diagnosed with bi-polar (manic depressive) mood problems:

Strenuous exercise during a manic phase may make the problem worse for some people. Gentler exercise may be better at these times.

These tips are based on the Canadian Physical Activity Guidelines that you'll find at this website: www.csep.ca/guidelines



Sleep

Stress, anxiety and depression often disrupt sleep. But disrupted sleep can lead to even more anxiety and depression. In other words, sleep difficulties are a cause and an effect of mood problems.

During late pregnancy, when you can't get comfortable in bed, it can be hard to sleep. And right after the baby is born, broken sleep is very common. To help improve your mood, try to get as much uninterrupted sleep as you can.

Tips for better sleep

Create a good sleep environment.

The best bedroom temperature for most people to sleep is 18° to 21° (65°F to 70°F). If noise is a problem, ask your spouse or family member to keep the baby monitor, to give you a few uninterrupted hours of sleep. When the baby fusses, your partner or family member can find out what your baby needs. If your baby is hungry, they can help by bringing you the baby to breastfeed at night. They can also burp the baby and change diapers so you can stay in bed and go back to sleep immediately after a feeding. If baby is not hungry, they can try other soothing strategies such as skin-to-skin contact. To reduce the noise you can also try the following:

- Use earplugs.
- Soundproof the room (cloth hangings can help a bit).
- Use devices that emit white noise (e.g., fans or special noise machines).
- Remove hourly watch beepers or clocks that chime.

Note: Sometimes mothers are advised to consider formula supplementation or formula feeding to reduce fatigue. Research shows that mothers are equally tired, regardless of how they feed their babies.

Your bedroom should be the place where you can retreat and relax.

Leave your cell phone outside of the bedroom and watch TV in another room. The same goes for eating, exercising and so on.

Prepare for sleep.

Ease into it gradually. Plan to avoid housework, heavy meals and bright light (e.g., computers or TV) for at least an hour before bed. Your routine might involve reading while you enjoy a warm drink, or having a bath.

Set a schedule.

Regular hours for going to bed and getting up can help to set your internal clock. When you go to bed and get up at different times, this clock gets disrupted. For example, jet lag is caused by disrupted sleep times, not the travel.

Try relaxation or distraction.

A relaxation CD or mental exercise can take your mind away from your worries. That's why some people "count sheep"! Here's a sample relaxation audio you might like to try:

www.comh.ca/pchc/resources/audio/index.cfm.

If you wake up, get up.

If you wake up and can't fall back asleep within 20 minutes or so, get out of bed. Go to another room and read or do other quiet activities until you feel sleepy. If you have to feed the baby, keep the lighting low. If you can't get back to sleep, have a milky drink or read. Using relaxation breathing or guided relaxation (noted on page 46) can also help.

Good news: breastfeeding hormones generally help you get to sleep faster.

Avoid too much caffeine.

A cup of coffee can help you to get going in the morning. It can also perk you up when your energy is lagging. Later in the day, too much caffeine may disrupt your sleep cycle. Caffeine-free beverages are a better choice after 1:00pm in the afternoon. *The next page contains additional information about caffeine.*

When baby naps, it's time for your nap, too!

Try to nap at least once during the day while your baby is sleeping. If you can't sleep during the day, take a break to rest or lie down. Even a rest break can give you more energy.

If these suggestions don't help: ask your doctor or service provider for advice.



Caffeine

Cutting back on caffeine can help to manage depression. This is because caffeine changes how the body responds to stress. You may feel less anxious if you cut back on how much caffeine you're getting. Caffeine can also make some conditions worse. These include tension headache, irritable bowel syndrome and chronic pain.

Caffeine is an addictive drug.

It takes about three and one-half cups (450 milligrams per day) to become addicted. Some people might get addicted with less.

Are you addicted to coffee?

You probably are addicted if you:

- Develop cravings for a cup of coffee.
- Seem to need more caffeine to get the same effect.
- Get a splitting headache if you don't get any coffee for a couple of days or so.
- Get other symptoms such as drowsiness, feeling irritable, or having trouble concentrating.

Tips to lower caffeine intake:

- Avoid withdrawal symptoms by reducing intake slowly.
- Drop your intake by about half for 4-6 days.
- Drop it again by half for the next 4-6 days.
- Drop it by half again until you are drinking no more than 2 cups per day.

You can use the table below to calculate how much caffeine you are getting every day: Notice the small serving sizes. Your coffee cup may hold three or four of these!

| SUBSTANCE | AMOUNT IN MG | # PER DAY | TOTAL |
|------------------------------|--------------|-----------|-------|
| <i>Coffee</i> | | | |
| Drip (5 oz.) | 130 | X | = |
| Espresso drinks (1 shot) | 90 | X | = |
| Instant freeze-dried (5 oz.) | 70 | X | = |
| Decaffeinated (5 oz.) | 3 | X | = |
| <i>Tea</i> | | | |
| 5-minute steep (5 oz.) | 60 | X | = |
| 3-minute steep (5 oz.) | 30 | X | = |
| <i>Other</i> | | | |
| Red Bull (8.5 oz.) | 80 | X | = |
| Small chocolate bar | 25 | X | = |
| Regular or diet cola | 12 | X | = |
| Hot cocoa (5 oz.) | 10 | X | = |



Drugs and Alcohol

People who are living with depression want to feel better. That's why some will use recreational drugs or alcohol. Even if they get some relief from their alcohol or drug use, it is only short-term.

In the long run, drugs and alcohol can make depression worse because:

- You avoid problems; you don't solve them.
- Drugs and alcohol affect how you work, play, or get along with others.
- You can become dependent on them.
- You risk damaging your physical health.

If you're living with depression:

- Alcohol and drug use may seem tempting.
- Tolerance for the effects of alcohol and drugs may be lower than usual.
- You may not be as able to control your use.
- Drugs and alcohol can interact with some prescription medications.

Drinking alcohol is not safe when you could be pregnant or if you are pregnant. Alcohol is not recommended when you are breastfeeding.

What you can do to work towards a healthier lifestyle by stopping or reducing drug and alcohol use:

- First, examine the problem.
- Then, set goals.
- Finally, work on the problems, one step at a time.

Tips for setting goals:

- Not using works for some people but reducing intake is better than giving up.
- A personal policy of using substances in moderation makes sense for anyone.
- It helps to remember that many people have addiction problems.

If you're living with depression, it's best to avoid alcohol and recreational drugs completely. This is especially true if you have a personal or family history of substance misuse.

If your use of drugs or alcohol is altogether out of your control, remember that:

- Many people have had this problem.
- Many organizations can help you to regain control.
- Help and information is available.

Personal worksheets

Challenging depressive thoughts

Write a brief description below of a situation when you thought negatively.

Then fill in the chart by first writing down the negative thoughts that you had during the situation in the *Depressive Thought* column. Next, think about the situation and write down a more fair and realistic view in the *Realistic Thought* column.

Situation:

| DEPRESSIVE THOUGHT | REALISTIC THOUGHT |
|--------------------|-------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Now, respond to the following questions.

One of my depressive thoughts is:

Who can I talk to about the situation so that I can get the facts and see things realistically?

Would most people agree with this thought? _____

If not, what would be more realistic?

We are often much more realistic about other people than about ourselves. What would I say to a friend in a similar situation?

What is a less extreme way of looking at the situation?

What will happen if I continue to think this way?

Problem solving

Write down three possible actions to solve your problem and the advantages and disadvantages to all three actions. Decide which one is best (or perhaps least bad). Then, take action.

| ACTION | ADVANTAGES | DISADVANTAGES |
|--------|------------|---------------|
| 1. | | |
| 2. | | |
| 3. | | |

Goal setting

Start by setting two goals that would be realistic to do this week.

Decide how often and for how long you will do the activity. Then complete the activity as planned.

After completing the activity, check it off so that you feel accomplished and then plan a new activity.

| ACTIVITY | HOW OFTEN? | WHEN EXACTLY? | COMPLETED |
|----------|------------|---------------|-----------|
| | | | |
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