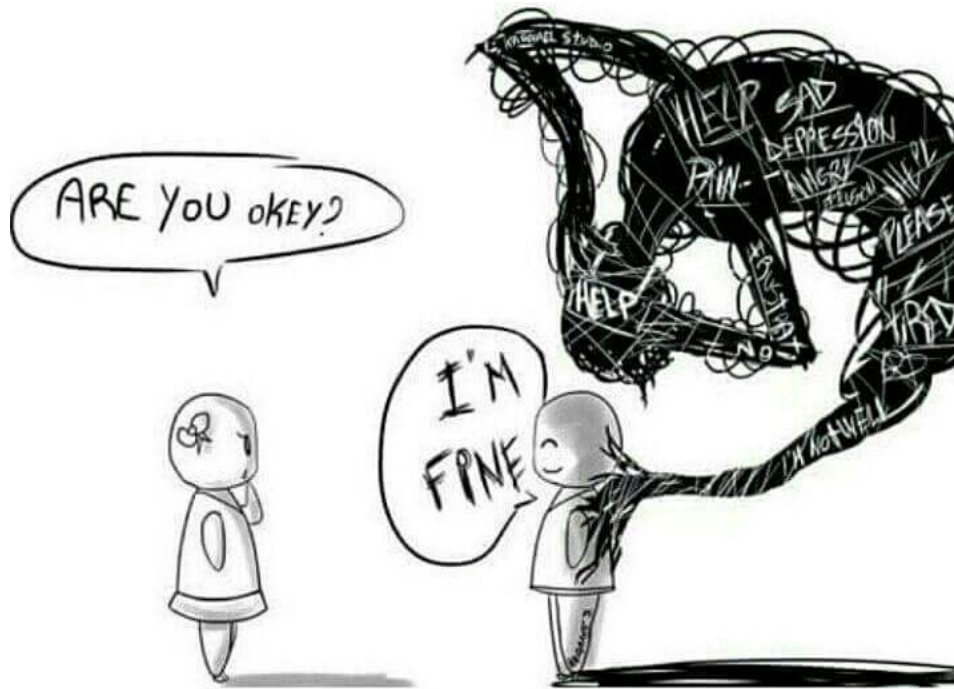


Depression and Coping



Depression is a mental illness that affects 1 in 3 people in their lifetime. This is the most prevalent mental illness and can affect anyone, regardless of age, gender, ethnicity or background.

The causes of depression are often unknown; however theorists have put one of the likely causes of depression down to chemical imbalances in the brain. These chemicals are neurotransmitters called Serotonin, Dopamine and Noradrenaline. Particularly low or high levels of these chemicals can change the mood of a person. Most researchers believe the cause of depression to be a combination of many risk factors which influence mood, yet this is not always the case.

Diagnosis of depression is reliant on the matching of symptoms to the DSM-V criteria. They state that, for a person to be considered to suffer from depression, they must be suffering from at least 5 of the following:

1. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (eg, feels sad or empty) or observation made by others (eg, appears tearful).
2. Decreased interest or pleasure in most activities, most of each day.
3. Significant weight change (5%) or change in appetite.
4. Change in sleep: Insomnia or hypersomnia.
5. Change in activity: Psychomotor agitation or retardation.
6. Fatigue or loss of energy.
7. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt.
8. Concentration: diminished ability to think or concentrate, or more indecisiveness.
9. Suicidality: Thoughts of death or suicide, or has suicide plan.

Once this diagnosis has been made, the patient will be referred to a specialist mental health doctor, who will assess the severity of the depression and attempt to understand potential causes. They will then develop a plan of action with the patient, regarding medication, therapy or counselling. Common treatment methods are usually a combination of pharmaceuticals and therapy.

There are three usual kinds of antidepressant medication: SSRI (Selective Serotonin Reuptake Inhibitors), SNRI (Serotonin and Noradrenaline Reuptake Inhibitors) and Tricyclic Antidepressants. These each have their own way of changing the balance of chemicals in the brain. They also have different levels of effectiveness, side effects and risks, as shown in the table below:

Type of Antidepressant	How they work	Effectiveness	Side Effects	Risk
SSRI (Citalopram, Escitalopram, Fluoxetine, Paroxetine, Sertraline, Vilazodone)	SSRI's reduce the symptoms of depression by increasing the levels of serotonin in the brain. Serotonin is one of the neurotransmitters that carry signals between brain cells. SSRI's stop serotonin from being reabsorbed and lost in the brain, allowing for more to be active in the brain.	<i>See below</i>	Drowsiness, Nausea, Dry Mouth, Insomnia, Diarrhoea, Nervousness, Agitation, Restlessness, Dizziness, Sexual Problems (reduced sexual desire, erectile dysfunction, difficulty reaching orgasm), Headaches, Blurred Vision	<i>Drug interaction</i> – Some other drugs can cause dangerous reactions, so doctors MUST be informed of any other medications or supplements. <i>Serotonin Syndrome</i> - In some cases (rarely), if two or more medications are taken to raise the levels of serotonin, serotonin syndrome may be induced - this results in anxiety, sweating, confusion, tremors, restlessness, lack of coordination and rapid heartbeat. <i>Pregnancy</i> - Some antidepressants can cause problems to the child during pregnancy or breast feeding. <i>Suicide Risk</i> - SSRI's carry the risk of producing more frequent or intense suicidal thoughts in the first few weeks. However, this risk is low.
SNRI (Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine)	Similar to SSRIs in the way they ease the symptoms of depression, using neurotransmitters. SNRIs prevent the reabsorption of Noradrenaline and Serotonin in order to improve mood and help to relieve the symptoms of depression.	<i>See below</i>	Nausea, Dry Mouth, Dizziness, Headache, Excessive Sweating, Tiredness, Constipation, Insomnia, Sexual Problems (reduced sexual desire, erectile dysfunction, difficulty reaching orgasm), Loss of Appetite, Headaches.	<i>Blood Pressure</i> - certain SNRIs can raise blood pressure (Venlafaxine, Desvenlafaxine and Levomilnacipran). <i>Liver Problems</i> - Duloxetine is known to sometimes cause liver problems to worsen. <i>Drug interaction</i> – Some other drugs can cause dangerous reactions, so doctors MUST be informed of any other medications or supplements. <i>Serotonin Syndrome</i> - In some cases (rarely), if two or more medications are taken to raise the levels of serotonin, serotonin syndrome may be induced. This results in anxiety, sweating, confusion, tremors, restlessness, lack of coordination and rapid heartbeat. <i>Pregnancy</i> - Some antidepressants can cause problems to the child during pregnancy or breast feeding. <i>Suicide Risk</i> - SSRI's carry the risk of producing more frequent or intense suicidal thoughts in the first few weeks. However, this risk is low.
Tricyclic (Amitriptyline, Amoxapine, Desipramine, Doxepin, Imipramine, Nortriptyline, Tryptolyline, Trimipramine)	These work in a similar way to SNRIs, however are less selective in the way they prevent reabsorption. It is common for these antidepressants to prevent other chemical messengers from being reabsorbed causing side effects.	<i>See below</i>	Blurred Vision, Constipation, Dry Mouth, Drowsiness, Drop in blood pressure when moving from sitting to standing, Urine Retention, Increased Appetite, Weight Loss, Excessive Sweating, Tremors, Sexual Problems (reduced sexual desire, erectile dysfunction, difficulty reaching orgasm), Sleepiness.	<i>Disorientation</i> – Particularly in older people (however can affect young people too), disorientation and confusion is common when the dosage is too high. <i>Heart rate</i> – In some cases, Tricyclic Antidepressants can cause either increased heartbeat, or irregular heartbeat. <i>Seizures</i> – In people who already suffer from seizures, they commonly cause these to become more frequent. <i>Drug interaction</i> – Some other drugs can cause dangerous reactions, so doctors MUST be informed of any other medications or supplements. <i>Serotonin Syndrome</i> - In some cases (rarely), if two or more medications are taken to raise the levels of serotonin, serotonin syndrome may be induced, this results in anxiety, sweating, confusion, tremors, restlessness, lack of coordination and rapid heartbeat. <i>Pregnancy</i> - Some antidepressants can cause problems to the child during pregnancy or breast feeding. <i>Suicide Risk</i> - SSRI's carry the risk of producing more frequent or intense suicidal thoughts in the first few weeks. However, this risk is low.

Therapy Types for Depression

There are many types of therapy, which offer treatment and relief, in different ways, to offer the same result. Each uses different techniques, dependant on the client's needs. Here is a list of different types of therapy, and how they work:

CBT (Cognitive Behavioural Therapy)

This is, by far, the most common therapy type, as well as the most funded and researched. This is the gold standard therapy for a whole range of disorders and conditions. CBT therapists suggest that the cause of depression is a negative thought process. This results in cognitive distortions, causing a circle of depression which must be broken. CBT challenges the way a client thinks and attempts to change the thought processes involved in negative moods, in order to break the circle.

This therapy is extremely well funded and researched (in comparison to other therapy types) and offers the best results for most people. Studies suggest that 1 in 3 people (who receive CBT for depression) will recover, with CBT alone and no medications. This figure is dramatically improved with the inclusion of antidepressant medication alongside this therapy.

ACT (Acceptance and Commitment Therapy)

ACT is a therapy which focuses on mindfulness and strengthening the client's psychological flexibility. Mindfulness a way of understanding and feeling what is inside the individual. This uses methods of relaxation such as meditation and yoga.

Another key factor is removing 'experiential avoidance'*. This is when people suppress their emotions, thoughts and feelings, in order to 'forget' about them. This, however, does not work. Studies suggest that this does not allow the person to forget, change or remove any negative feelings which they have, and only amplifies them - causing more serious problems, long term. ACT pushes the client to face these thoughts, feelings or emotions and feel them, rather than suppressing them, in order to deal with them in a healthy, beneficial manner.

This therapy is very similar to CBT, However, rather than trying to adapt the mind-set of the client, ACT therapists, ask their clients to accept the feelings they are having in order to come to terms with them.

This is a fairly new type of therapy, so research into the effectiveness of ACT is limited. However, research which *has* been conducted suggests that ACT offers success rates, similar to that of CBT, which is exceptionally high for a young therapy. Also, some research has even suggested results which are better than CBT in some cases. This is extremely promising for the future of the therapy.

Solution Focused Therapy

This therapy was developed in the 1980's and it believes that the client has all the answers to their own troubles. In this therapy, the history of the client is not deemed important but, however, will be spoken about in order to gain an understanding and connection (between client and therapist), yet it is not essential to treatment. This therapy also does not usually formulate a diagnosis on the client.

The idea of solution-focused therapy is that there is not one single starting point or cause of the clients' issues; it develops from a range of different complex factors which lead to one large problem.

The therapist is not considered an expert in finding the solution to the problem in this therapy, but an expert in the process of finding the solution. The therapist is almost seen as a guide to the solution, as they believe that the answer to the problem is in the client.

A common technique to understand the goals of the client is The Miracle Question. This question poses the idea to clients that they went to sleep one night and woke up in the morning and the problem had been solved – but, as they were asleep, they didn't know it had been solved, and then they are asked what would be different and how they would discover the problem had gone away. This gets people to explore what they're really looking for, without the restriction of asking how they'll get there from their current situation.

Other questions are asked in order to gain a solution to the problem, exemption and scaling questions will be asked. Exemption questions are usually asked in order to gain an understanding of when the issue has been improved, or less

bad. For example, “tell me about a time when this wasn’t as bad”. This pushes the client to suggest their own solutions to the problem – if something made them feel better, and then focus on that long term. Scaling questions help the therapist gain an understanding of how good or bad something made the person feel. For example, if the therapist asked a scaling question on how happy did a particular thing make the client feel (from 1 to 10), and the client suggested a low number, they may not focus on it, but if it was a high number, they may look at using that as the solution to the problem, if it’s possible.

Solution focused therapy is often a lot shorter than other therapy types and, with strong effectiveness; this makes the therapy cost effective and a good therapy type. This therapy also has a low relapse rate; due to the fact that it is the clients own solution. Research suggests that this is an effective treatment.

Effectiveness of Antidepressants

Antidepressants tend to work in different ways, for different types of depression. If one does not work for a person, they are often swapped for another type in the same category, or another category all together. For example, if a person is suffering from depression and are prescribed Sertraline, they will start off on 50mg, and then move up gradually to 150mg. If this does not work for the patient, they will be prescribed 200mg. If this still does not work, they may be moved to Citalopram (Both SSRIs). Again, they will be gradually moved up in dosage. However, if this still does not work, then they will be swapped for another category of antidepressant, usually SNRI, with the same process, until they find one which works. This means, it is hard to accurately gauge the effectiveness of antidepressants as a figure, as they change from patient to patient accordingly.

However, studies are run comparing the effectiveness of antidepressants to placebo. This allows researchers to understand how effective the medication is, rather than the psychological effects of thinking the substance will work (if you believe something will work, it probably will). These studies, however, found mixed results. Some found antidepressants to be effective, some not, and some in-between. Some of the more reliable studies showed results that suggest antidepressants show results that are only marginally better than placebo (see figure 1 below).

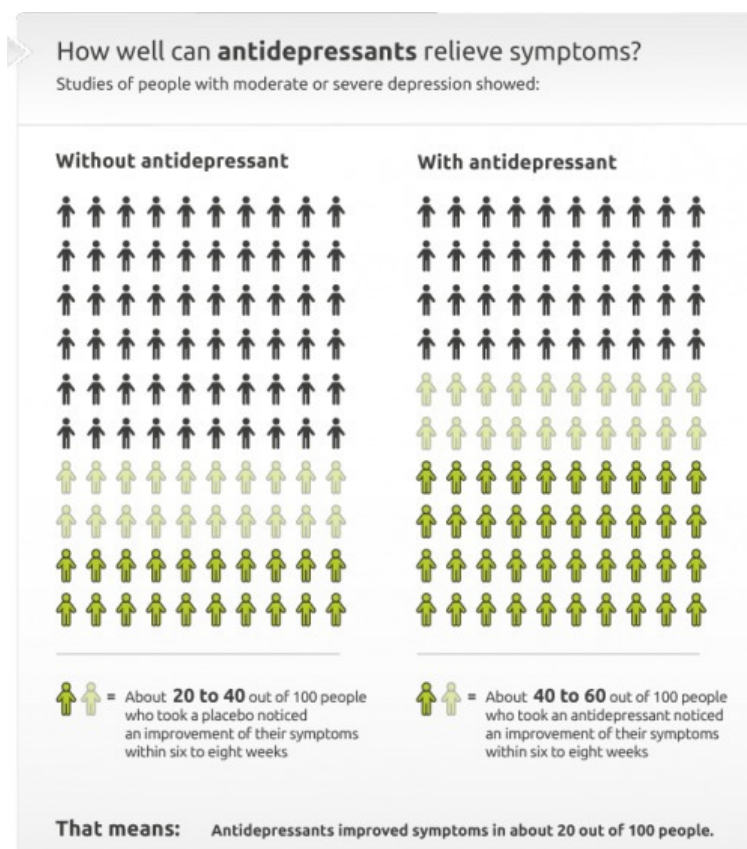


Figure 1: Showing the effectiveness of antidepressants when compared to placebo.

However, depression is one of the conditions which the placebo effect shows particularly high effects in. The placebo effect is so high in depressed patients, because it is a condition which is susceptible to many psychological factors. For example, the simple effect of a smile, even when the feelings of happiness are not felt, improves symptoms slightly for a short period of time.

This research shows some effectiveness - however it is argued whether the level of effectiveness is worth the side effects and risks in some cases. With some antidepressants showing such serious side effects and risks, each patient must be properly assessed to see if this is worth it.

Most research suggests a similar thing - that antidepressants are not for everyone - which is often a suggested reason for the lack of a conclusive answer, whether they work or not. Some people just do not respond to antidepressant effects. This is often the case in severe cases of depression. The most effective treatment for depression is generally considered a combination of a therapy eg, CBT combined with some kind of antidepressant eg, SSRIs.

Coping Strategies

Each different depression sufferer has their own personal coping strategies which work for them, each different from the one before. However, there are some which are more common than others and have evidence to support their benefit to reducing symptoms of depression - these are as follows:

Exercise

There are huge amounts of research that support the claim that exercise aids in reducing the symptoms of depression. There are even claims made that exercise alone offers similar results to some therapies, such as Psychotherapy and Cognitive therapy. This is an excellent thing for depression sufferers to take up. The level or type of exercise does not seem to matter - as long as the individual is doing some form of exercise, whether that be running, walking or lifting weights at the gym, they all offer benefits to mental health. Along with the obvious other benefits to physical health, exercise is highly recommended for depression sufferers. In studies, running is generally seen to offer the best results, however this is only marginally. These are not just short term benefits either - research suggests that the benefits of exercise on depression are long term too.

Being out in nature

Being around nature has well documented stress reduction properties and, in effect, reduces depressive symptoms. A study in 2015 tested this theory, as researchers were not sure why being out in nature helped reduce symptoms. The belief is that being out in nature reduced rumination (negative thoughts which reoccur over and over again). The study compared a walk in an urban environment, versus a walk in nature. The results showed a walk in an urban environment increased rumination and depressive symptoms, yet a walk in nature drastically reduced both. The researchers suggested walking in nature was a "positive distraction". They also believed a reason for this reduction in symptoms to be due to "a sense of being away", from the causal factors of depression.

Social support

Social support is a large factor in reducing depressive symptoms, long term. The idea of a person(s) being there for the individual and having a friendly voice or someone to simply hear them out, is of unparalleled benefit. A common effect of depression is the feeling of being alone and that nobody understands or is there for them. Reaching out to other people, whether that be friends, family or a support group/network, can be a huge benefit to people suffering with depression. Individuals, who state they have low levels of social support, generally have more severe, and difficult to manage, depression. Most explanations for this are based on what is known as 'the buffering hypotheses'. This is the idea that social support offers the best results to people who are, at the time, experiencing stress, in order to lower symptoms. However, the effectiveness of it works during times of less stress, but less effectively.

Healthy eating

Food has been linked with changes in mood, good and bad; however, there are some foods that can ease the symptoms of depression, one of which are foods high in antioxidants. Known as 'superfoods', these foods are extremely high in

vitamins and minerals, as well as antioxidants, which prevent damage in the brain from 'free radicals' (molecules the body produces, which are linked to cell damage, particularly in the brain). Antioxidant rich food prevents this damage.

Also, complex carbohydrates, such as wheat based food (bread, whole grains) have a calming effect on the brain, by increasing the production of serotonin. Studies suggest 'carb craving' is linked to low serotonin.

Lack of vitamin B and D are also linked with low mood. These receptors are usually in the brain, as well as other places in the body, and are, therefore, linked to brain function and mood regulation. For vitamin B, a Mediterranean diet can be adopted. Also, low levels of vitamin D have been linked with higher depression levels - eating vitamin D rich foods and getting enough sunlight can increase mood. Lack of vitamin D, due to lack of sunlight in winter, has been linked to seasonal affective disorder.

Cut out drugs and alcohol

Often, drugs and alcohol are used as a coping strategy for dealing with depression, particularly with drugs such as cannabis/marijuana, due to their stress reduction properties which allow the individual to 'chill out'. This is often the case with mentally stable individuals; however, depressed people can often find themselves much worse off long term, by using this drug. An Australian study on 1600 people showed that cannabis use gives a significantly higher risk of depression in young people. Also, adolescents who use cannabis daily were five times more likely to develop depression and anxiety later on. Also, using cannabis can become an 'escape' from the realities of life. Experiential avoidance, the idea of suppression negative thoughts and feelings, is linked with severe depression, and is what many therapy types focus on removing. However, cannabis use is much like this, by 'being high' the individual avoids the emotions they need to feel and come to terms with, in order to recover. Studies which suggested cannabis can help treat depression and anxiety do not use conventional cannabis, like those found of the streets in the UK. The strains in these experiments are extremely high in the CBD chemical, rather than the chemical which gets the individual high (THC). CBD has many healing properties and could be very beneficial to mankind. However, THC does the opposite. THC is a psychotic chemical that creates the potentially harmful outcomes. Unfortunately, this is the high element in all the cannabis found on our streets and is not natural but manmade and enhanced.

Alcohol is particularly bad for a depression sufferer and, when trying to deal with depression, is well known to make everything a whole lot worse. Alcohol has the ability to heighten emotions so, if the individual is feeling happy, then alcohol can boost this. However, if their mood is low, like it is in depression sufferers, that mood will be extenuated, making it much worse. Alcohol is a depressant drug, meaning that it is likely to make you feel worse anyway, as well as there being a hangover -which means a day of feeling ill, as well as the night of feeling worse than they would without. Alcohol poses no benefit to depression, only negative effects, and should be avoided in large quantities. Alcohol also increases the risk of self-harm and suicide in depression sufferers.

Other drugs, which are commonly used as a coping strategy for depression, are so-called 'party drugs', such as MDMA (ecstasy) and cocaine. These drugs cause huge increases in serotonin in the brain which, short term, relieve the symptoms of depression. However, due to such high levels of serotonin being released all at once, the days after leave the brain with no serotonin in reserve, which results in a few days of more serious depressive symptoms and, commonly, suicidal ideations. These are 'avoid at all costs' drugs, as they are likely to cause extreme low moods, which can often leave the individual at risk of self-harm and suicide.

How this all links to the Expression Sessions

Firstly, the Expression Sessions offers one of the best coping strategies for mental illness, particularly depression, social support. The Expression Sessions offers a place where young people who are suffering, are able to go and freely open up about their feelings, thoughts and emotions, without the fear of being judged or ridiculed. The music part of this offers a way of making it much easier for them to open up to other people, where they may not have done before. Music gives the participants an extremely effective way of accessing and expressing difficult emotions, which they would normally suppress and hide from. By talking with the support workers, writing and producing music, it ensures that they feel the emotions they have to feel, and accept them, rather than making things worse via experiential avoidance.

These sessions offer a similar effect to group therapy – however, in a more fun, less formal manner, suited better to the participants of the group. This kind of environment gives the young people in the group a place to talk, tell others their



emotions, and, potentially, bounce ideas off of each other - meaning that they are able to develop their own solutions to problems, with help from people in the same or similar situations, which can benefit them greatly.

The sessions also touch on avoiding drugs and alcohol. This coping mechanism is used commonly in young people, particularly those who do not have the access to treatment or help that others might. Drugs and alcohol are extremely short term solutions to a problem, which will only grow in size with the use of these. By using drugs and alcohol, sufferers are avoiding and suppressing the issue which, as previously stated, only make the issue worse in the long term. Suppressed emotions cause issues in the subconscious, which lead to more and worse mental health problems. This is why therapies such as ACT push clients to talk about and feel the emotions which they have suppressed.

The Expression Sessions should not be considered an alternative to traditional therapies, but as an extremely effective coping mechanism, which helps the young people to understand and follow through with other helpful techniques to aid their progression in recovery from these mental illnesses, and prevent relapse. In the tacking of depression, The Expression Sessions can offer a considerable aid in helping people through it, with the outside help of professionals, for each participant suffering.

However, the sessions should not set out to diagnose or push any outside treatment options on the young people as, in this condition, they are vulnerable and impressionable and this could interfere with current or future treatments. Alternative treatments, which work for some people, may not work for others and can even hinder their recovery; this should be left to medical professionals. Signposting the participants should be as far as this should go.