

## **Episode 4: Coping with depression**

**Welcome back to this final episode on Understanding Depression. We're back with Annie Lundgren, one of the consultants you'd talk to if you called the program. Annie is a licensed social worker Employee Assistance Program counselor.**

**In this episode, we're going to talk about coping with depression, including ways to feel better if you or someone you love is depressed.**

**The most important way of coping with depression is getting help. But Annie, are there other things people can do to help themselves or someone they love?**

Sure, there are ways people can deal with the pessimistic thoughts and fatigue that often accompany depression. First, remember your negative outlook may be a symptom of the depression itself. Second, if you're feeling overwhelmed and hopeless, borrow some hope from the Employee Assistance Program counselor or the counselor in your local area. A professional counselor can give you hope and encouragement when you don't see any relief in sight. Counselors know, from working with many depressed individuals, that, with the appropriate treatment, depressive symptoms will fade.

I also counsel people to take small steps. Break a big task that seems impossible into little steps. For example, if a big project at work is looming and you feel like you'll never be able to get it finished, concentrate on just taking one small step, such as setting up a meeting or gathering the materials you need to write the report. Completing this step can give you confidence to take on the next step. You might also consider giving yourself small rewards for completing interim steps – whatever works for you.

It's also important to keep your expectations realistic. Don't expect too much too soon. It takes time to get better, so you need to be patient with yourself. People rarely just snap out of a depression. They need time and support.

That's why I also tell people to avoid making any major life decisions, like getting married or divorced or taking a new job, when they are dealing with a significant depression. It's better to postpone big decisions until the depression has lifted and your thinking is more clear.

**What about diet and exercise? Can those make a difference?**

Definitely. Medical research shows depressed individuals do best when they fight depression on multiple fronts. It may sound trite, but balanced, regular meals and adequate exercise are key and so are getting enough sleep and avoiding alcohol. Most people find that exercise helps with depression. Try taking a walk around the block during your lunch break or first thing in the morning. Just being outside in the fresh air and sunlight can really make a difference in the way you feel and how you perceive

things. Clinical studies have shown that mild to moderate exercise, three times a week, can relieve depression as much as counseling or an anti-depressant.

**Annie, what about those of us who care about someone who is depressed? What can we do to help?**

You can encourage your loved one to stay with treatment until symptoms begin to fade. You can urge your loved one to pursue a different type of treatment if no improvement occurs. Sometimes clients want to try a medication-only approach. Statistically, such clients are at higher risk of relapse. There are so many types of talk therapy available these days -- brief therapy, cognitive behavioral therapy, family therapy, couples counseling, coaching. Since depression is often related to environmental conditioning, life choices, and thinking styles, talk therapy can help individuals break the *patterns* of depression.

**Annie, how can the benefits program that developed this podcast help with depression?**

During our telephone consults, we screen our callers for depression. While we can't diagnose over the phone, we do ask callers about such symptoms as trouble with eating, sleeping, anger, or feeling overwhelmed. We ask if the callers have a history of depression or whether they have ever thought about suicide. Through the Employee Assistance Program, we can typically refer our callers to our network of counselors for short-term counseling or assessment sessions. For more complicated, longer-standing problems, we can help people call their insurance companies to get connected with counselors for longer-term counseling or with a psychiatrist for an evaluation.

**What if an employee calls you about a depressed family member?**

I often get calls from people who are worried that a spouse or adult child may be depressed. According to the Employee Assistance Program guidelines, the person who is depressed has to call our program directly in order to get a referral, unless it's a child under the age of 18, in which case the parent can get referrals to professionals who can help. There are times I've sent an employee and the spouse for marriage counseling as a way to urge the depressed spouse to get individual treatment for depression.

**What if an employee calls the program and confides that he or she sometimes thinks of suicide? What kind of help can you offer that person?**

We get calls from people who are so severely depressed they have passing thoughts of suicide or even specific suicide plans. We have a firm protocol for handling these calls. Anytime a caller mentions feeling suicidal, we take it very seriously. Our

recommendations depend on the severity of the suicidality. Sometimes we give a caller a local suicide prevention hotline and an urgent outpatient appointment through our network of counselors or through the health insurance network. If a caller is suicidal in thinking and has a specific and immediate plan for self-harm -- and access to lethal means -- we will work with the person and family members or significant others to get him or her to the local emergency room for a psychiatric evaluation as soon as possible.

**Wow. Those must be really intense phone calls.**

Yes, they are. But you know what? I've also gotten calls from employees who have lost a family member to suicide. The emotional anguish of such callers is quite intense. These calls always remind me that depression, left untreated, can get so serious that it's a life-threatening condition. That's why I'm passionate about getting people connected to care.

**Let's move on to what you can do if someone you love is reluctant to get help for depression.**

Sometimes a person might need to sit with their family member to see that he or she calls the program or makes an appointment with the family doctor. It can be helpful to accompany the depressed person to the doctor. People who are depressed may be reluctant to get help or to talk openly about how they feel. If you can, take the counselor or doctor aside or call before the appointment to express your concerns about your loved one's mood and behavior. This information can be crucial in getting your loved the help he or she needs.

The most important thing you can do to help someone who is depressed is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage the person's feelings or make judgments. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in activities that once gave the depressed person pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

And again, do not ignore remarks about suicide – get professional help right away. If you're not sure whether someone is having suicidal thoughts, ask him or her directly. Asking direct questions won't cause your loved one to follow through on thoughts of harming himself. If you do find out that someone is having thought of harming himself, be sure to report it to his therapist or doctor right away. If you can't reach a professional, call 911 or a suicide or a crisis hot line for help. We often give out the national suicide prevention lifeline phone number. That number is 1-800-273-TALK.

Finally, don't accuse the depressed person of faking illness or of laziness, or expect her to "snap out of it." Eventually, with treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, she will feel better. If the depressed person has lost hope, let him or her borrow some of yours.

**Well, thank you so much, Annie, we've really covered a lot of ground here. Listeners, I hope this podcast has helped you learn more about depression and how to get help. Please remember that you can call the program 24 hours a day, seven days a week to speak with an expert consultant like Annie, who can help you find treatment for depression or any other issues you're facing.**

Molly, I just wanted to say one more thing before we go. In my work at an Employee Assistance Program (or EAP) call center, I often get calls from employees or family members who are embarrassed or ashamed about asking for help. Because of the strict confidentiality of our service and perhaps because callers are phoning an 800 number and can't see a consultant like myself, we get calls about everything you can imagine. The people at my call center are well-trained, professional and compassionate. We're not here to judge our callers. We all believe it takes courage to ask for help.

**That's very true, Annie. Thank you so much.**

You're welcome.